



PMA KENYA (SIAYA)

Results from Phase 3 cross-sectional survey

November–December 2021

OVERALL KEY FINDINGS



There was a decline in the modern contraceptive prevalence rate over the past year, from 63% to 60% among married women.



Stockouts for implants, pills, IUDs and male condoms increased in 2021 compared to previous years.

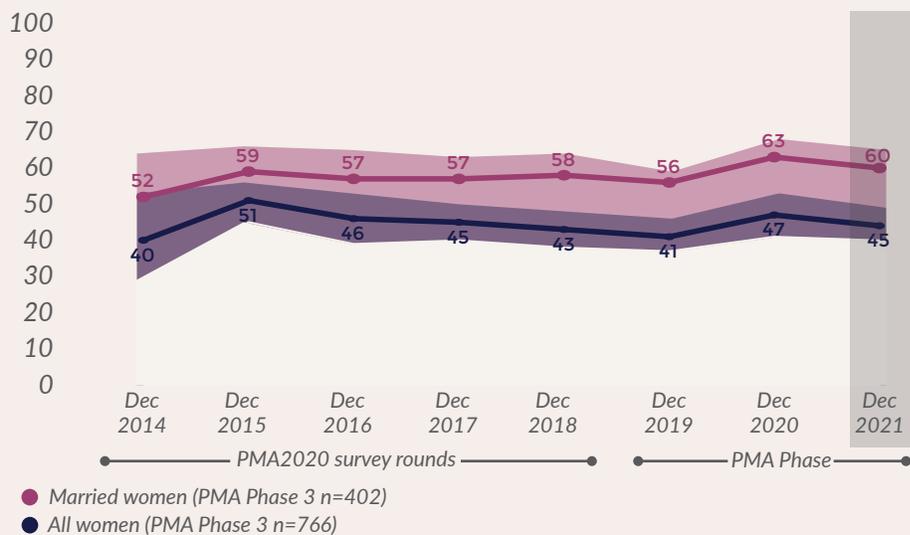


Intention to use contraception in the next 12 months among non-users remains low, at 20% in 2021.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

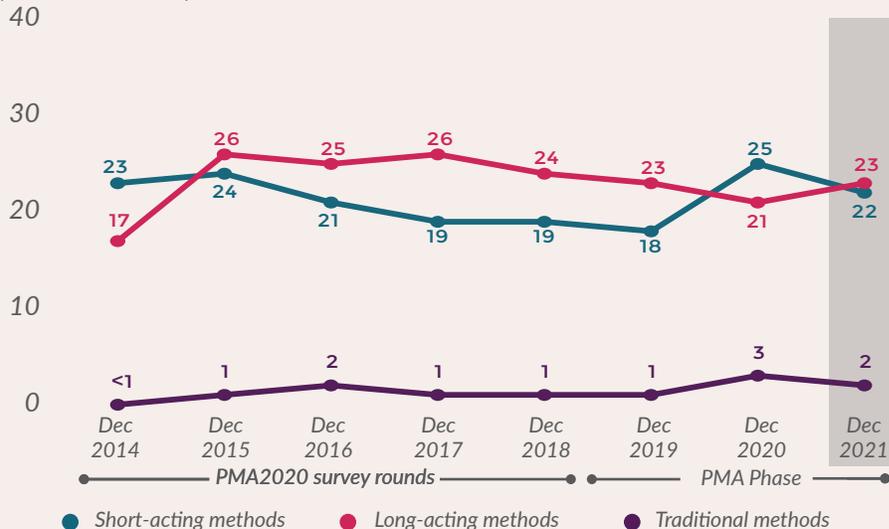
MODERN CONTRACEPTIVE PREVALENCE

Percent of all women age 15-49 currently using modern contraception (mCPR) by marital status



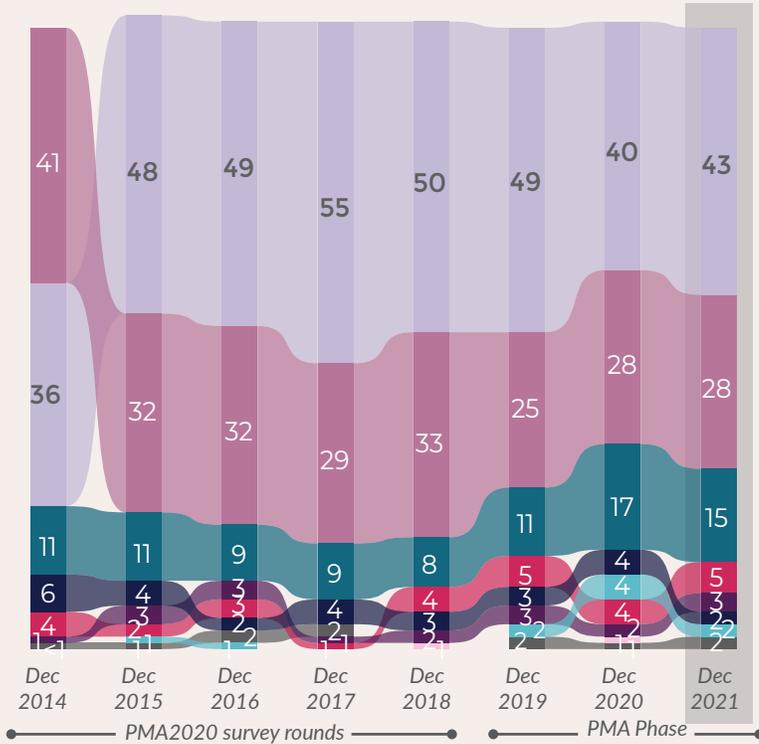
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n=766)



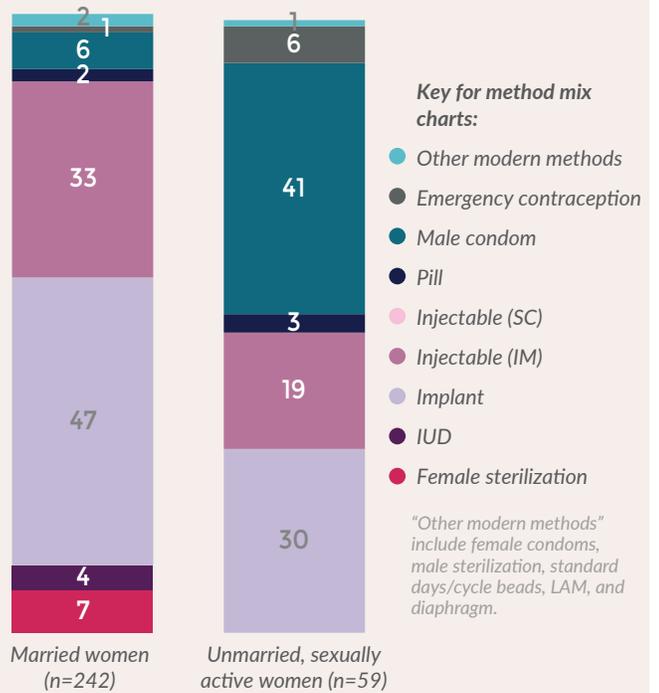
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=348)



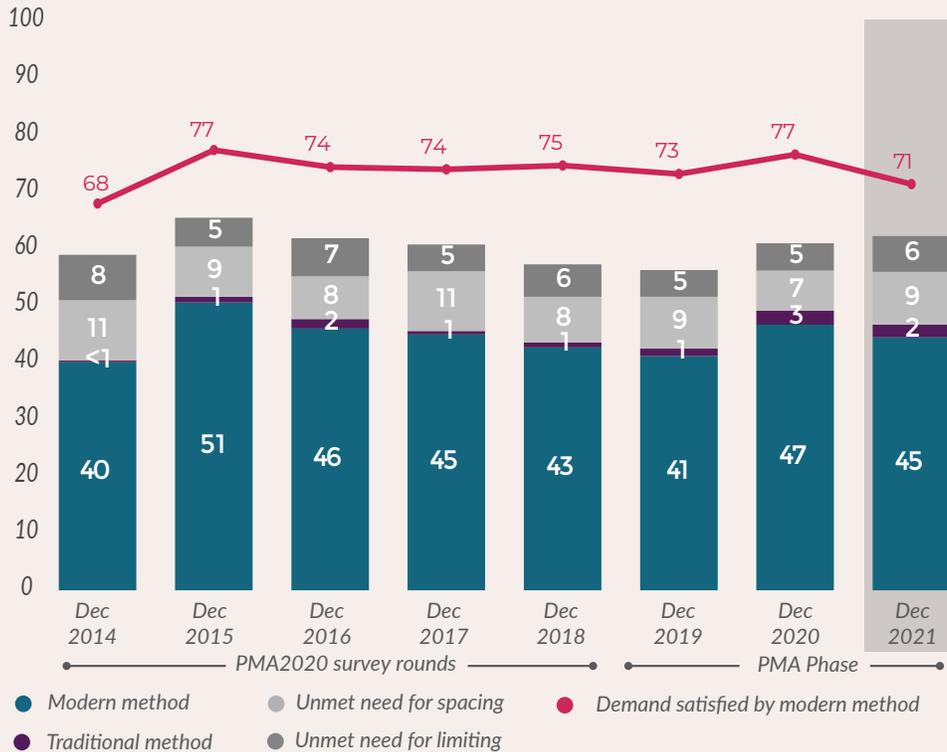
MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method and marital status



METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 3 n=766)



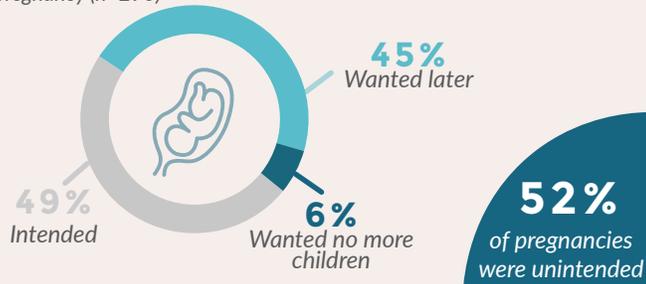
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=366)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=290)



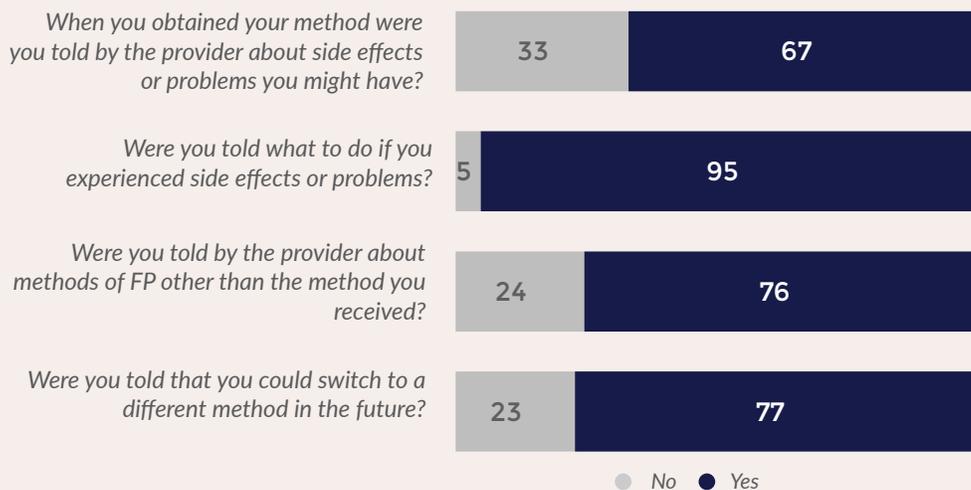
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- The implant remained the most popular method among all women since 2015 and currently accounts for 43% of the total modern contraceptive mix.
- Slightly more than half of the most recent births or current pregnancies in Siaya were unintended, with 45% mistimed and 6% not wanted.
- Only 20% of all non-users reported an intention to use contraception in the next 12 months.

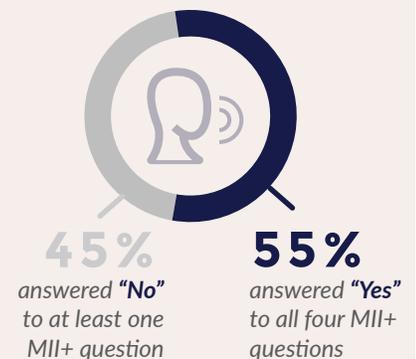
SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

METHOD INFORMATION INDEX PLUS (MII+)

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=343)



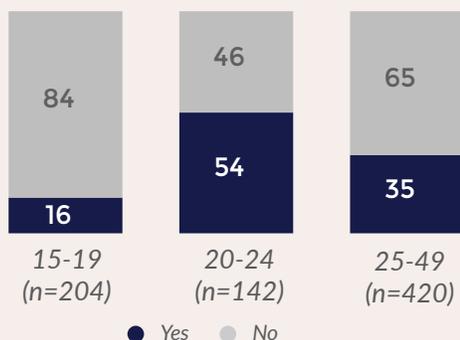
Percent of women who responded "Yes" to all four MII+ questions



Only women who said they were told about possible side effects were asked whether they were told about what to do in the event of side effects.

DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

Percent of women who received FP information from a provider or community health worker (CHW), by age



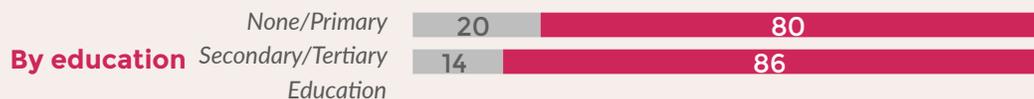
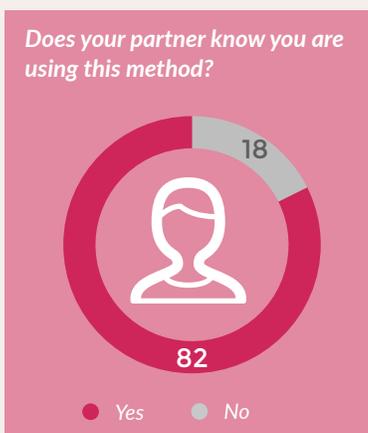
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Just over half of women reported receiving comprehensive contraceptive counselling from a provider when accessing FP services.
- About a third of women reported that they were not informed about contraceptives' side effects.
- Only 16% of adolescents reported that they had discussed family planning with a health care provider or community health worker in the past year. In contrast, 54% of women aged 20-24, and 35% of women aged 25-49 reported similar FP discussions.

SECTION 3: PARTNER DYNAMICS

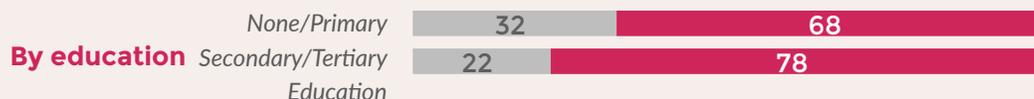
PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=239)



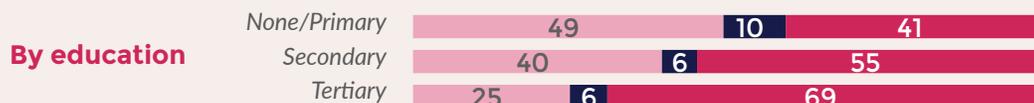
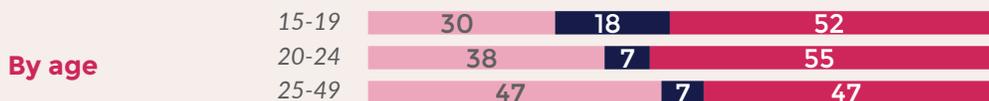
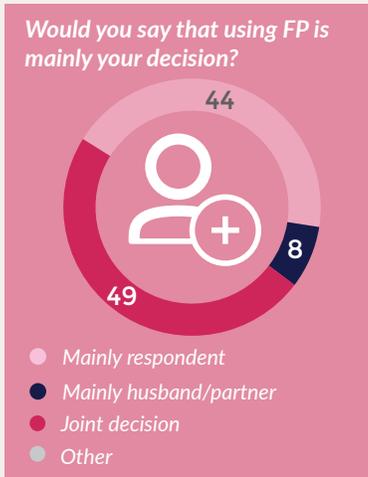
Modern, female controlled methods includes all modern methods except male sterilization and male condoms

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=239)



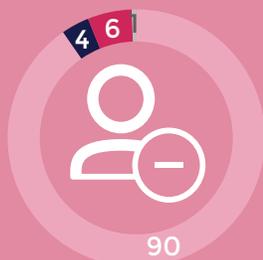
Modern, female controlled methods includes all modern methods except male sterilization and male condoms

Percent of women who are currently using FP and agree with the following statement, by age and education (n=290)



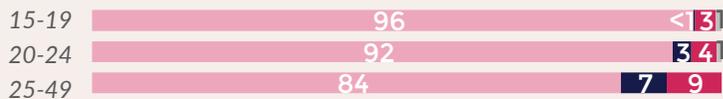
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=371)

Would you say that not using FP is mainly your decision?

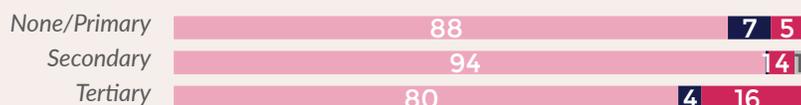


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age

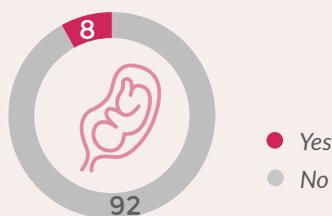


By education



PREGNANCY COERCION

Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=402)



Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=402)



Percent of currently married women who report that their partner said he would leave them if they did not get pregnant in the past 12 months (n=402)



Percent of currently married women who report that their partner took away their FP method or kept them from a clinic in the past 12 months (n=402)



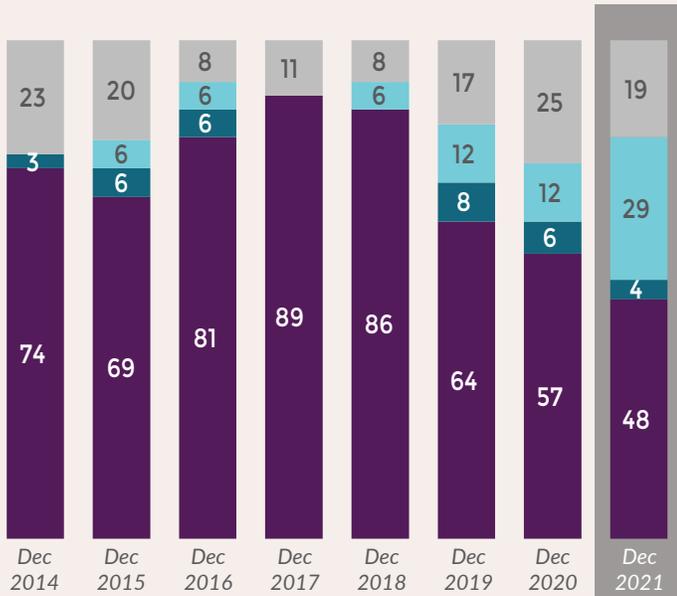
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a female controlled method, 82% reported that their partner knew that they were using contraception, with some variation by age and education.
- About half of women currently using contraception reported that the decision to use was made jointly with their partner, while only 6% of women not using FP reported that the decision to not use contraception was made jointly.
- About 8% of married women reported that their partner tried to force or pressure them to become pregnant or that they feel badly for wanting to use an FP method.

SECTION 4: SERVICE DELIVERY POINTS

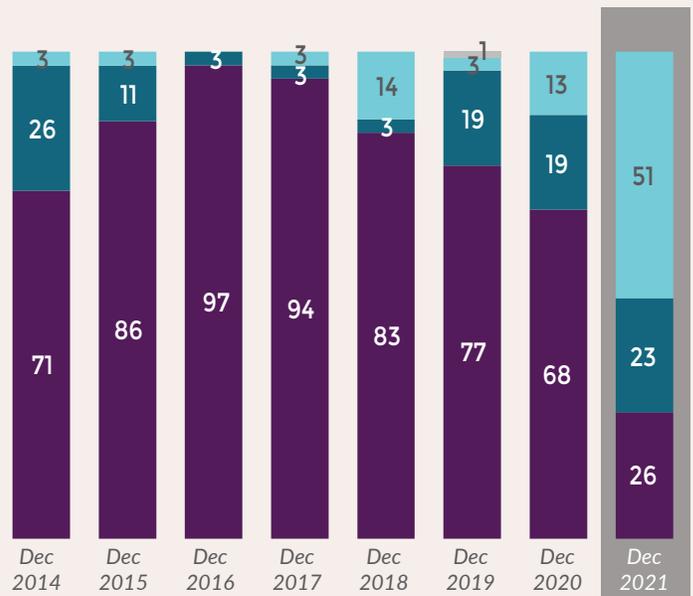
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=77)



TRENDS IN METHOD AVAILABILITY: IMPLANT

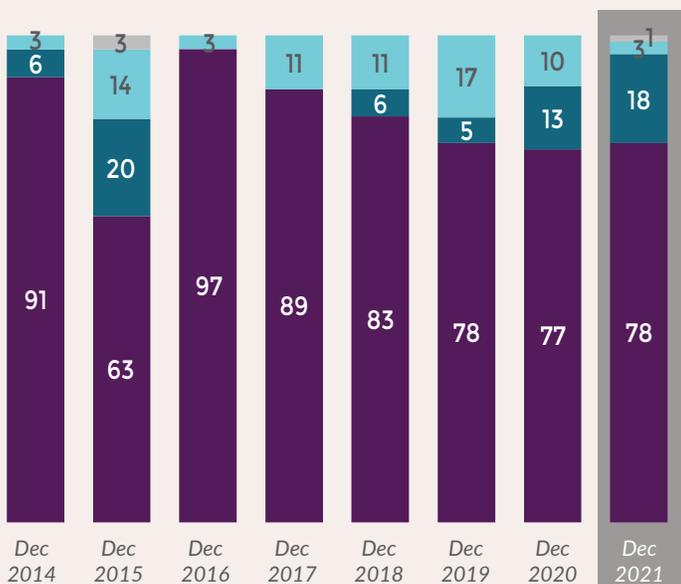
Public facilities (PMA Phase 3 n=77)



● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

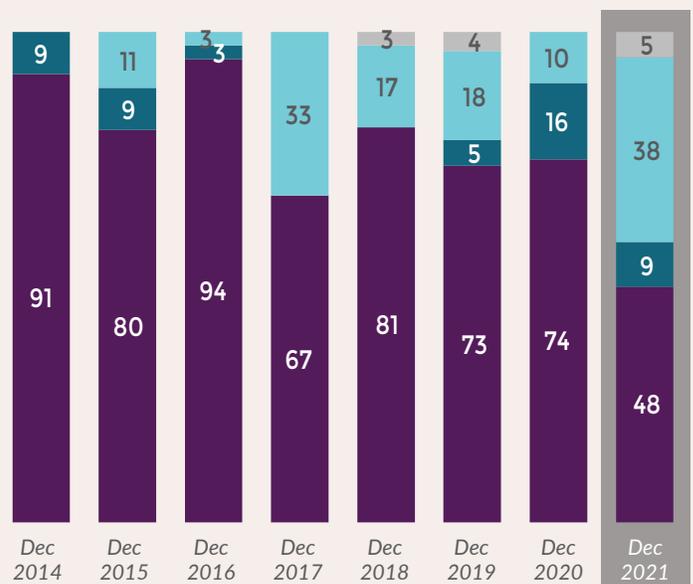
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=77)



TRENDS IN METHOD AVAILABILITY: PILLS

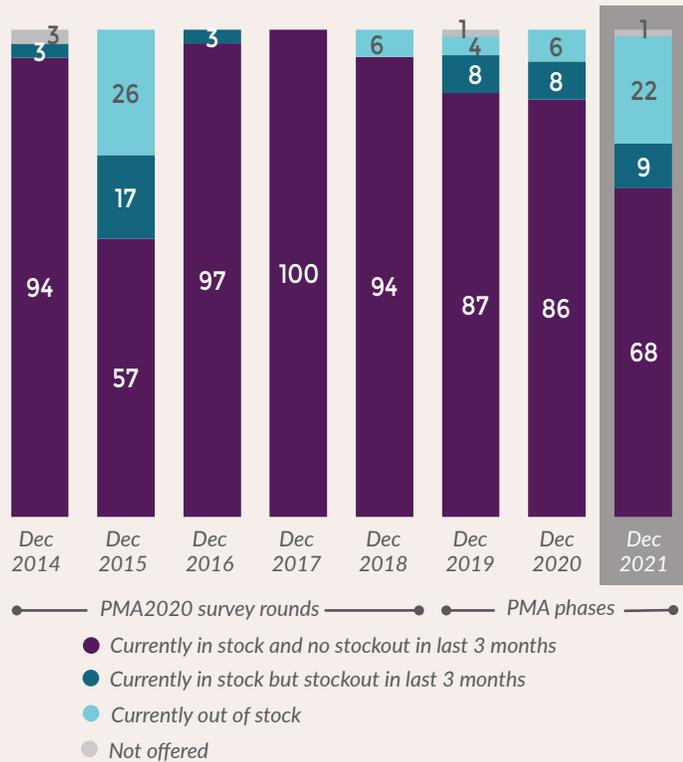
Public facilities (PMA Phase 3 n=77)



● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=77)

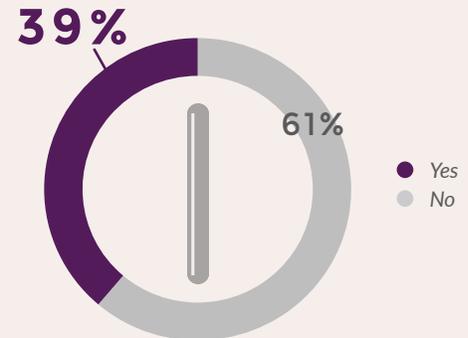


77%

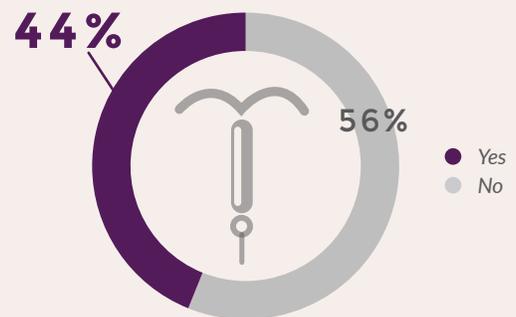
of women obtained their current modern method from a public health facility (n=343)

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=85)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=66)



MAIN REASON FOR STOCKOUT OF ANY METHOD

Public facilities (n=156 episodes)



86%

Ordered but did not receive shipment



9%

Did not place order for shipment

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- Current stockouts for implants (51%), Pill (38%), IUDs (29%) and male condoms (22%) in public facilities have increased in the past year compared to previous years.
- 56% of the facilities offering IUDs and 61% of those offering implants reported they lacked a trained provider and/or instruments/supplies needed for insertion and removal.
- Of the public facilities that experienced stockout episodes of any method, the primary reason (86%) was that they ordered but did not receive the shipment.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				CPR			mCPR			Unmet need for family planning					
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R2	Nov-Dec 2014	431	40.50	5.65	29.10	53.02	40.17	5.64	28.82	52.70	18.58	2.37	13.99	24.27
PMA 2020	R4	Nov-Dec 2015	465	51.54	2.84	45.37	57.66	50.57	2.71	44.71	56.41	13.83	1.03	11.73	16.23
PMA 2020	R5	Nov-Dec 2016	442	47.60	3.00	41.10	54.19	45.95	3.00	39.47	52.57	14.13	2.42	9.62	20.30
PMA 2020	R6	Nov-Dec 2017	442	45.56	2.58	39.97	51.26	44.91	2.49	39.54	50.41	15.15	1.60	11.96	19.00
PMA 2020	R7	Nov-Dec 2018	399	43.59	2.26	38.69	48.61	42.73	2.18	38.01	47.58	13.62	1.78	10.16	18.01
PMA	Phase 1	Nov-Dec 2019	730	42.47	2.41	37.57	47.51	41.19	2.07	36.99	45.53	13.82	1.19	11.55	16.47
PMA	Phase 2	Nov-Dec 2020	779	49.18	3.13	42.78	55.61	46.71	2.96	40.67	52.84	11.79	0.95	9.97	13.90
PMA	Phase 3	Nov-Dec 2021	766	46.69	2.11	42.36	51.07	44.46	2.11	40.16	48.85	15.55	1.64	12.45	19.25

WOMEN IN UNION				CPR			mCPR			Unmet need for family planning					
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R2	Nov-Dec 2014	280	52.17	5.77	39.85	64.22	51.66	5.73	39.46	63.67	23.32	3.00	17.45	30.44
PMA 2020	R4	Nov-Dec 2015	308	60.68	3.52	52.84	68.01	59.25	3.11	52.36	65.80	17.46	1.04	15.30	19.85
PMA 2020	R5	Nov-Dec 2016	275	57.95	3.96	49.13	66.28	56.58	4.05	47.59	65.15	18.68	2.94	13.08	25.97
PMA 2020	R6	Nov-Dec 2017	277	57.33	3.02	50.61	63.79	56.55	2.98	49.93	62.95	18.18	2.29	13.69	23.75
PMA 2020	R7	Nov-Dec 2018	228	58.94	2.92	52.41	65.16	57.71	2.90	51.25	63.92	15.51	2.55	10.71	21.93
PMA	Phase 1	Nov-Dec 2019	418	56.70	2.04	52.46	60.85	55.55	1.89	51.62	59.41	17.53	1.50	14.63	20.85
PMA	Phase 2	Nov-Dec 2020	400	65.90	2.64	60.26	71.12	62.82	2.81	56.86	68.42	14.93	1.43	12.21	18.13
PMA	Phase 3	Nov-Dec 2021	402	63.30	2.78	57.40	68.82	60.15	2.61	54.66	65.40	21.84	2.19	17.66	26.68

PMA Kenya (Siaya) collects information on knowledge, practice, and coverage of family planning services in 25 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are county-level representative. Data were collected between November and December 2021 from 771 households (97.2% response rate), 766 females age 15-49 (98.3% response rate), 95 facilities (94.1% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

Percentages presented in this brief have been rounded and may not add up to 100%.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), National Council for Population and Development, and Kenya National Bureau of Statistics. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.