OVERALL KEY FINDINGS

There has been consistent increase in modern contraception use since 2014.

Only 50% of women reported to have received comprehensive method information during their last FP visit.

60% of the pregnancies were unintended.

80% of current users obtained their current modern method from a public health facility.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

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

CONTRACEPTIVE PREVALENCE BY METHOD TYPE
Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=822)

There has been consistent increase in modern contraception use since 2014.

Only 50% of women reported to have received comprehensive method information during their last FP visit.

60% of the pregnancies were unintended.

80% of current users obtained their current modern method from a public health facility.
MODERN CONTRACEPTIVE PREVALENCE BY COUNTY

Percent of women age 15-49 currently using modern contraception by Kenya county

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TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=404)

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<td>IUD</td>
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<td>32</td>
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MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of married/in union modern contraceptive users age 15-49 by method (n=326)

<table>
<thead>
<tr>
<th>Method</th>
<th>Married/in union women</th>
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<tbody>
<tr>
<td>Other modern methods</td>
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<tr>
<td>Emergency contraception</td>
<td>7</td>
</tr>
<tr>
<td>Male contraception</td>
<td>32</td>
</tr>
<tr>
<td>Pill</td>
<td>43</td>
</tr>
<tr>
<td>Injectable (SC)</td>
<td>32</td>
</tr>
<tr>
<td>Injectable (IM)</td>
<td>21</td>
</tr>
<tr>
<td>Implant</td>
<td>6</td>
</tr>
<tr>
<td>IUD</td>
<td>6</td>
</tr>
</tbody>
</table>

Key for method mix charts:
- Other modern methods
- Emergency contraception
- Male contraception
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

‘Other’ category includes male sterilization, female condoms, diaphragm, LAM, and standard days/cycle beads.
12-MONTH DISCONTINUATION RATE
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=429 episodes)

- 46% discontinued for other reasons
- 3% discontinued to become pregnant
- 1% experienced method failure
- 6% were concerned over side effects or health
- 13% had other fertility related reasons
- 8% other method-related reasons
- 14% wanted a more effective method
- 3% other/don’t know

Discontinued but switched methods:
18% Switched

KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND
- Long acting methods have doubled from 13% to 26% between 2014 and 2019.
- 49% of the time, methods were discontinued within one year of starting. 3% did so to become pregnant and 18% switched to another method.
- 81% of demand among all women is being satisfied by a modern method.
- 60% of the pregnancies were unintended, with 46% mistimed and 14% not wanted.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY
Percent of women by intention of their most recent birth or current pregnancy (n=458)
- 14% wanted no more children
- 46% wanted later
- 41% Intended
- 60% of pregnancies were unintended

SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

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=400)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you obtained your method were you told by the provider about side effects or problems you might have?</td>
<td>64</td>
<td>36</td>
</tr>
<tr>
<td>Were you told what to do if you experienced side effects or problems?</td>
<td>94</td>
<td>6</td>
</tr>
<tr>
<td>Were you told by the provider about methods of FP other than the method you received?</td>
<td>73</td>
<td>27</td>
</tr>
<tr>
<td>Were you told that you could switch to a different method in the future?</td>
<td>73</td>
<td>27</td>
</tr>
</tbody>
</table>

Percent of women who responded “Yes” to all four MII+ questions
50% answered “Yes” to at least one MII+ question
50% answered “Yes” to all four MII+ questions
**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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>20</td>
<td>192</td>
</tr>
<tr>
<td>20-24</td>
<td>39</td>
<td>136</td>
</tr>
<tr>
<td>25-49</td>
<td>43</td>
<td>494</td>
</tr>
</tbody>
</table>

**CLIENT EXIT INTERVIEWS**

Percent of female clients age 15-49 who said yes to the following questions (n=489)

- **During today’s visit, did you obtain the method of FP you wanted?**
  - Yes: 46%
  - No: 2%
  - Neither (follow-up visit): 92%

- **During today’s visit, did the provider tell you the advantages/disadvantages of the FP method?**
  - Yes: 54%
  - No: 2%
  - Neither (follow-up visit): 46%

- **Were you satisfied with FP services you received today at this facility?**
  - Yes: 98%
  - No: 2%
  - Neither (follow-up visit): 0%

Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

**KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING**

- About 50% of all women reported to have received comprehensive FP methods information when they obtained their current contraceptive method.
- At the facility, 98% of the clients reported satisfaction with FP services they received while only 54% reported that the provider discussed the advantages and disadvantages of the chosen method.
- Adolescents are less likely to receive FP information from a health provider or a CHW compared to older women.

**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 statements (n=400)

- **Does your partner know that you are using this method?**
  - Yes: 80%
  - No: 20%

- **Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?**
  - Yes: 28%
  - No: 72%

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 statements (n=413)**

- **Would you say that using FP is mainly your decision?**
  - Yes: 55%
  - No: 13%
  - Joint decision: 32%

- **Percent of women who are not currently using FP and agree with the following statements (n=375)**

- **Would you say that not using FP is mainly your decision?**
  - Yes: 25%
  - No: 66%

**KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS**

- Among women using a modern method that can be concealed, 21% reported that their partners do not know that they are using contraception.
- 13% of the women who are using a contraceptive method reported that it is mainly their partner’s decision to use contraception.
- 66% of the decisions not to use and 32% of the decisions to use FP are made mainly by the respondent.
**SECTION 4: WOMEN AND GIRLS’ EMPOWERMENT**

**AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS**
Percent of all women who strongly agree to strongly disagree with each statement

**Exercise of choice (self-efficacy, negotiation) for family planning (n=819)**
- I feel confident telling my provider what is important when selecting an FP method.
  - Strongly disagree: 5
  - Disagree: 2
  - Neutral: 3
  - Agree: 19
  - Strongly agree: 71
- I can decide to switch from one FP method to another if I want to.
  - Strongly disagree: 8
  - Disagree: 4
  - Neutral: 2
  - Agree: 17
  - Strongly agree: 70

**Existence of choice (motivational autonomy) for family planning (n=818)**
- If I use FP, my body may experience side effects that will disrupt relations with my partner.
  - Strongly disagree: 46
  - Disagree: 17
  - Neutral: 5
  - Agree: 11
  - Strongly agree: 22
- If I use FP, my children may not be born normal.
  - Strongly disagree: 62
  - Disagree: 16
  - Neutral: 3
  - Agree: 9
  - Strongly agree: 10
- There will be conflict in my relationship/marriage if I use FP.
  - Strongly disagree: 62
  - Disagree: 16
  - Neutral: 3
  - Agree: 8
  - Strongly agree: 11
- If I use FP, I may have trouble getting pregnant the next time I want to.
  - Strongly disagree: 62
  - Disagree: 14
  - Neutral: 4
  - Agree: 9
  - Strongly agree: 12
- If I use FP, my partner may seek another sexual partner.
  - Strongly disagree: 71
  - Disagree: 13
  - Neutral: 3
  - Agree: 5
  - Strongly agree: 8

**WOMEN’S AND GIRL’S EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING**

The Women’s and Girls’ Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes.

Presented results are only for the existence of choice and exercise of choice domains for family planning.

Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

Range for the combined WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

**Mean WGE score, by education**
- Overall: 4.1
- Tertiary education: 4.4
- Secondary education: 4.1
- None/ Primary education: 4.1

**Mean WGE score, by age**
- Overall: 4.1
- 25-49: 4.1
- 20-24: 4.3
- 15-19: 3.9
**KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS’ EMPOWERMENT**

- Women who score higher on the empowerment scale are much more likely to be using a modern contraceptive method or to intend to use in the future.
- Women who are employed are more likely to be using or intending to use modern contraception.

**SECTION 5: ATTITUDES TOWARDS CONTRACEPTION**

**PERSONAL ATTITUDES**

Percent of women who personally agree with statements made about contraceptive use, by age, residence, and contraceptive use status

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<thead>
<tr>
<th>Age</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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<tr>
<td>Adolescents who use FP are promiscuous (n=822)</td>
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<tr>
<td>15-19</td>
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<td>20-24</td>
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<td>25-49</td>
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<td>FP is only for married women (n=822)</td>
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<tr>
<td>25-49</td>
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<td>FP is only for women who don’t want any more children (n=822)</td>
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<td>15-19</td>
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<td>25-49</td>
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</table>
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- Urban women are more likely to agree/strongly agree to the statement that people who use FP have a better quality of life compared to rural women.

- About half of the adolescents are of the opinion that FP is meant for married women.

- More than half of adolescents are of the opinion that adolescents who use FP are promiscuous.

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE
Median age at reproductive events, by urban vs. rural residence (n=214)

Urban women
- 1.5 average children at first use
- First marriage: 22.5
- First contraceptive use: 22.4
- First birth: 22.0

Rural women
- 2.0 average children at first use
- First marriage: 20.7
- First contraceptive use: 20.6
- First birth: 18.3

Median age: 17.1

KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- Rural women enter sexual activity earlier, marry earlier, give birth earlier, but initiate contraception later than urban women.

- While about 54% of the young women have had first sex by age 18, 19% are married by that age and just 17% have used a contraceptive.
SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD
Public facilities (PMA Phase 1 n=75)

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TRENDS IN METHOD AVAILABILITY: IMPLANT
Public facilities (PMA Phase 1 n=75)

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TRENDS IN METHOD AVAILABILITY: INJECTABLES
Public facilities (PMA Phase 1 n=75)

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TRENDS IN METHOD AVAILABILITY: MALE CONDOMS
Public facilities (PMA Phase 1 n=75)

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TRENDS IN METHOD AVAILABILITY: PILLS
Public facilities (PMA Phase 1 n=75)

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</tr>
</tbody>
</table>

- 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

PMA2020 survey rounds
80% of women obtained their current modern method from a public health facility.

**FACILITY READINESS**
Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=75)

- 79% Yes
- 21% No

**FEES FOR SERVICES**
Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=75)

- 91% No fees
- 9% Fees

**FACILITY READINESS**
Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=52)

- 69% Yes
- 31% No

**KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS**
- Public facilities had reported stock-outs in the last 3 months especially on implant (25%) and injectables (20%) in 2019.
- 80% of the users reported to have obtained their method from a public health facility.
- 31% of facilities that provide IUD do not have trained provider and instruments/supplies needed for IUD Insertion/removal.
PMA Kenya (Bungoma) 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 2019 from 867 households (99.7% response rate), 822 females age 15-49 (99.8% response rate), 93 facilities (98.9% completion rate), and 491 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

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.

### TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

#### ALL WOMEN

<table>
<thead>
<tr>
<th>Data source</th>
<th>Round/ Phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>mCPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need (%)</th>
<th>SE</th>
<th>95% CI</th>
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<td>May-July 2014</td>
<td>467</td>
<td>44.04</td>
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<td>43.88</td>
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#### WOMEN IN UNION

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<th>Data source</th>
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<th>CPR%</th>
<th>SE</th>
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<th>Unmet need (%)</th>
<th>SE</th>
<th>95% CI</th>
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