PERFORMANCE MONITORING FOR ACTION



ΡΜΔ ΚΕΝΥΔ (ΚΔΚΔΜΕGΔ)

Results from Phase 2 cross-sectional survey

November-December 2020

OVERALL KEY FINDINGS



There has been little progress in modern contraception use since 2016 among all women and married women.



42% of the pregnancies were unintended, above the national average of 37%.

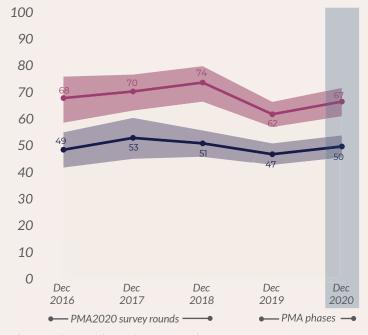


77% of women obtained their current modern method from a public facility.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

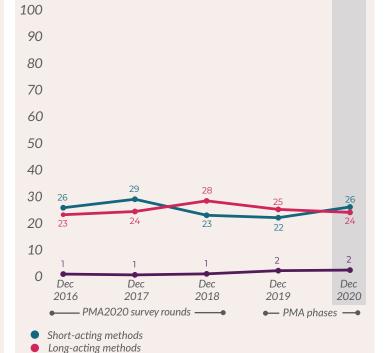
Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



- Married women (PMA Phase 2 n=432)
- All women (PMA Phase 2 n=767)

CONTRACEPTIVE PREVALENCE BY **METHOD TYPE**

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 2 n=767)





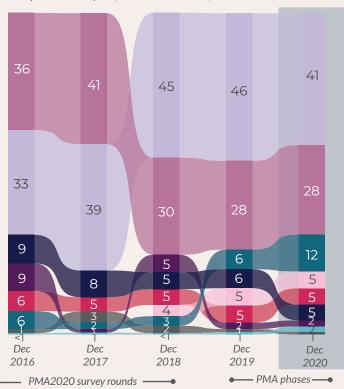




Traditional methods

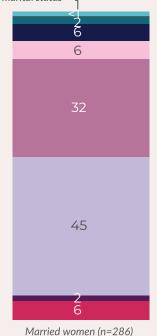
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 2 n=340)



MODERN CONTRACEPTIVE METHOD

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



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

"Other modern methods" include male sterilization, female condoms, standard days/cycle beads, LAM, and diaphragm.

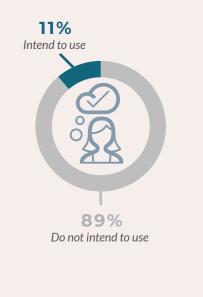
METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 2 n=779)



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=331)





INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY Percent of women by intention of their most recent birth or current pregnancy (n=502) 12 % Wanted no more children 42 % of pregnancies were unintended

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

- 81% of demand among all women is being satisfied by modern methods, a minimal increase since 2018.
- 42% of the pregnancies were unintended, with 30% mistimed and 12% not wanted at all.

Percent of women who responded "Yes"

38%

answered **"Yes"**

to all four MII+ auestions

to all four MII+ auestions

MII+ question

• Only **16%** of all women non-users intend to use contraception in the next 12 months.

SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

40

30

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=348)

When you obtained your method were you told by the provider about side effects or problems you might have?

9 91

No Yes

Were you told what to do if you experienced side effects or problems?

38 62

60

Were you told by the provider about methods of FP other than the method you received?

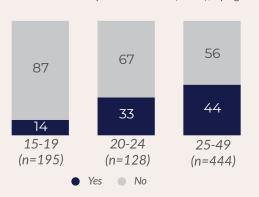
70
62%
answered "No"
to at least one

Were you told that you could switch to a different method in the future?

WITH PROVIDER/CHW

DISCUSSED FP IN THE PAST YEAR

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

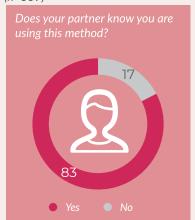
- Only **38%** of all women reported to have received comprehensive FP methods information when they obtained their current contraceptive method.
- Adolescent girls are least likely to have discussed FP with their provider/CHW in the past year.

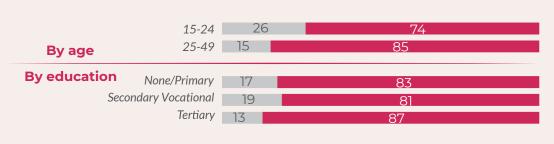


SECTION 3: PARTNER DYNAMICS

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=339)

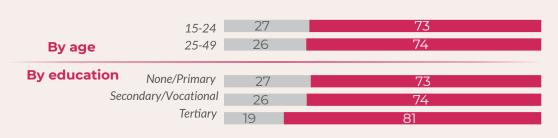




Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

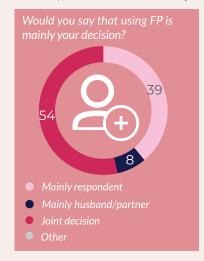
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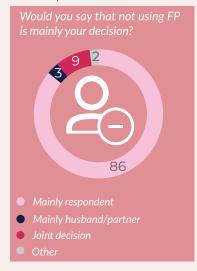
Percent of women who are currently using FP and agree with the following statement, by age and education (n=396)



By age	15-24 25-49	31 42	7	60 51	
By education	None/Primary	39	10	51	
Secon	dary/Vocational	41	5	54	
	Tertiary	32	4	64	



Percent of women who are not currently using FP and agree with the following statement, by age and education (n=334)



	15-24	92	152
By age	25-49	75	7 16 3
By education	None/Primary	83	2 11 4
Secon	ndary/Vocational	90	361
	Tertiary	76	9 15

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=431)



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=431)



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=431)



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=431)



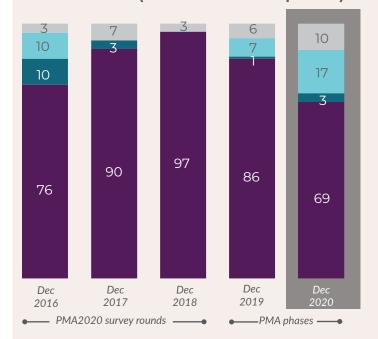
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a modern method that can be concealed, 17% report that their partner does not know that they are using contraception.
- 7 in every 10 women who are using a contraceptive method report that they had discussed the decision to delay or avoid pregnancy with their partner.
- 7% of currently married women report that their partner tried to force or pressure them to become pregnant in the past 12 months.



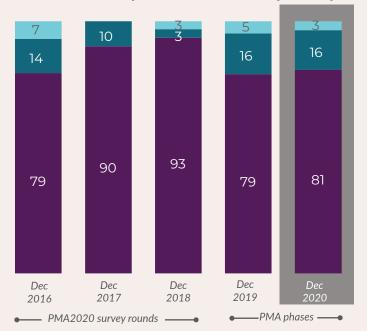
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 2 n=211 episodes)



TRENDS IN METHOD AVAILABILITY: IMPLANT

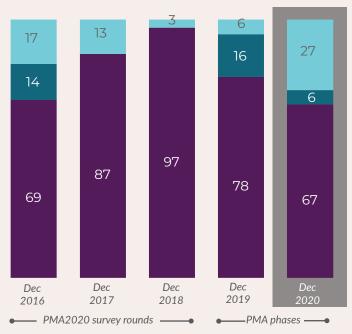
Public facilities (PMA Phase 2 n=211 episodes)



🌒 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

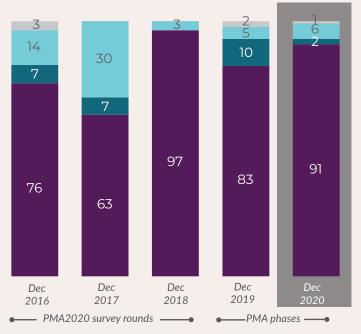
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 2 n=211 episodes)



TRENDS IN METHOD AVAILABILITY: PILLS

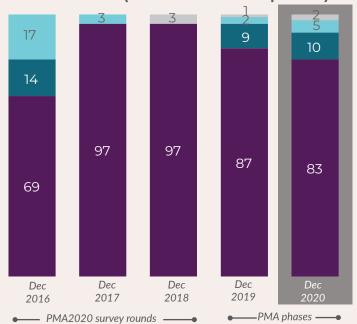
Public facilities (PMA Phase 2 n=211 episodes)



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 2 n=211 episodes)



- 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

MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

Public facilities (n=211 episodes)



46%

Ordered but did not receive shipment



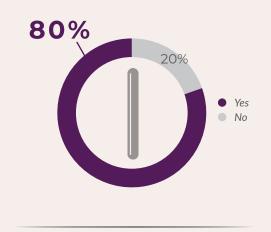
28%

Unexpected increase in consumption

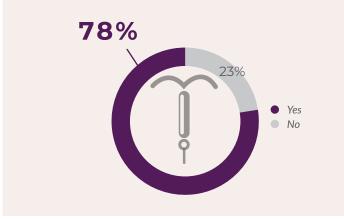
Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=92)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=80)



77%

of women obtained their current modern method from a public health facility (n=377)

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

Contraceptive stock-outs in public facilities have increased in the past year, most notably for injectables and IUD.

78% of the facilities that provide IUDs had a trained provider and instruments /supplies needed for IUD insertion/ removal.

Among public facilities, the most common reason given for stock-outs is that the order was placed, but the shipment was not received.



TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

A	LL WC	MEN		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	R1	Nov-Dec 2016	521	49.44	2.75	43.44	55.46	48.61	2.95	42.19	55.07	11.85	2.07	8.02	17.15
PMA 2020	R2	Nov-Dec 2017	490	53.56	3.50	45.87	61.08	53.01	3.46	45.43	60.46	10.66	2.12	6.85	16.22
PMA 2020	R3	Nov-Dec 2018	502	51.88	2.16	47.13	56.60	50.96	2.19	46.14	55.76	11.98	1.54	9.00	15.78
PMA	Phase 1	Nov-Dec 2019	723	49.01	2.00	44.89	53.13	46.91	1.94	42.93	50.93	9.05	0.92	7.32	11.14
PMA	Phase 2	Nov-Dec 2020	767	52.07	2.29	47.34	56.77	49.80	2.00	45.67	53.93	9.72	1.09	7.69	12.21

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	R1	Nov-Dec 2016	314	69.22	3.78	60.39	76.83	67.85	3.97	58.64	75.86	12.88	3.24	7.33	21.66
PMA 2020	R2	Nov-Dec 2017	294	71.24	3.20	63.77	77.71	70.33	3.09	63.16	76.62	11.24	2.37	7.02	17.50
PMA 2020	R3	Nov-Dec 2018	291	75.26	3.17	67.70	81.53	73.65	3.04	66.49	79.75	12.62	2.68	7.85	19.67
PMA	Phase 1	Nov-Dec 2019	457	64.68	2.38	59.62	69.44	61.83	2.28	57.01	66.42	10.69	1.37	8.18	13.85
PMA	Phase 2	Nov-Dec 2020	432	68.87	2.80	62.83	74.33	66.56	2.58	61.05	71.66	12.02	1.43	9.37	15.30

PMA Kenya (Kakamega) 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 2020 from 792 households (98.8% response rate), 767 females age 15-49 (99.5% response rate), and 101 facilities (97.1% 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.

