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

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

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.
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)

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)
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.

- Only 16% of all women non-users intend 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=348)

<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>40</td>
<td>60</td>
</tr>
<tr>
<td>Were you told what to do if you experienced side effects or problems?</td>
<td>9</td>
<td>91</td>
</tr>
<tr>
<td>Were you told by the provider about methods of FP other than the method you received?</td>
<td>38</td>
<td>62</td>
</tr>
<tr>
<td>Were you told that you could switch to a different method in the future?</td>
<td>30</td>
<td>70</td>
</tr>
</tbody>
</table>

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)

Does your partner know you are using this method?

By age
- 15-24: 26% Yes, 74% No
- 25-49: 15% Yes, 85% No

By education
- None/Primary: 17% Yes, 83% No
- Secondary/Vocational: 19% Yes, 81% No
- Tertiary: 13% Yes, 87% No

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

Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?

By age
- 15-24: 27% Yes, 73% No
- 25-49: 26% Yes, 74% No

By education
- None/Primary: 27% Yes, 73% No
- Secondary/Vocational: 26% Yes, 74% No
- Tertiary: 19% Yes, 81% No

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

Would you say that using FP is mainly your decision?

By age
- 15-24: 31% Mainly respondent, 9% Mainly husband/partner, 60% Joint decision, 8% Other
- 25-49: 42% Mainly respondent, 7% Mainly husband/partner, 51% Joint decision, 4% Other

By education
- None/Primary: 39% Mainly respondent, 10% Mainly husband/partner, 51% Joint decision, 4% Other
- Secondary/Vocational: 41% Mainly respondent, 5% Mainly husband/partner, 54% Joint decision, 4% Other
- Tertiary: 32% Mainly respondent, 4% Mainly husband/partner, 64% Joint decision, 4% Other
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.

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)

- 17% 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)

- 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)
SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD
Public facilities (PMA Phase 2 n=211 episodes)

<table>
<thead>
<tr>
<th>Year</th>
<th>Dec 2016</th>
<th>Dec 2017</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
</tr>
</thead>
<tbody>
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<td>PMA2020 survey rounds</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>PMA phases</td>
<td>76</td>
<td>90</td>
<td>97</td>
<td>86</td>
<td>69</td>
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</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

TRENDS IN METHOD AVAILABILITY: IMPLANT
Public facilities (PMA Phase 2 n=211 episodes)

<table>
<thead>
<tr>
<th>Year</th>
<th>Dec 2016</th>
<th>Dec 2017</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
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<tr>
<td>PMA2020 survey rounds</td>
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<td>PMA phases</td>
<td>79</td>
<td>90</td>
<td>93</td>
<td>79</td>
<td>81</td>
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</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

TRENDS IN METHOD AVAILABILITY: INJECTABLES
Public facilities (PMA Phase 2 n=211 episodes)

<table>
<thead>
<tr>
<th>Year</th>
<th>Dec 2016</th>
<th>Dec 2017</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMA2020 survey rounds</td>
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<td>13</td>
<td>3</td>
<td>6</td>
<td>27</td>
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<tr>
<td>PMA phases</td>
<td>69</td>
<td>87</td>
<td>97</td>
<td>78</td>
<td>67</td>
</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

TRENDS IN METHOD AVAILABILITY: PILLS
Public facilities (PMA Phase 2 n=211 episodes)

<table>
<thead>
<tr>
<th>Year</th>
<th>Dec 2016</th>
<th>Dec 2017</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
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<tbody>
<tr>
<td>PMA2020 survey rounds</td>
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<td>10</td>
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<tr>
<td>PMA phases</td>
<td>76</td>
<td>63</td>
<td>97</td>
<td>83</td>
<td>91</td>
</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
TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 2 n=211 episodes)

<table>
<thead>
<tr>
<th></th>
<th>Dec 2016</th>
<th>Dec 2017</th>
<th>Dec 2018</th>
<th>Dec 2019</th>
<th>Dec 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>17</td>
<td>97</td>
<td>97</td>
<td>87</td>
<td>83</td>
</tr>
<tr>
<td>Feb</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</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

FACILITY READINESS

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

- 80% Yes
- 20% No

Public facilities (n=211 episodes)

<table>
<thead>
<tr>
<th></th>
<th>MALE CONDOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>46%</td>
</tr>
<tr>
<td>Feb</td>
<td>28%</td>
</tr>
</tbody>
</table>

- 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."

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

Public facilities (n=211 episodes)

- 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

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

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

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 (ICRH/K), 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.