PERFORMANCE MONITORING FOR ACTION

PMA KENYA (KIAMBU)

Results from Phase 1 baseline survey

November–December 2019

FAMILY PLANNING

OVERALL KEY FINDINGS

There has been consistent increase in modern contraception use since 2016.

53% of women reported to have received comprehensive methods information during the FP visit.

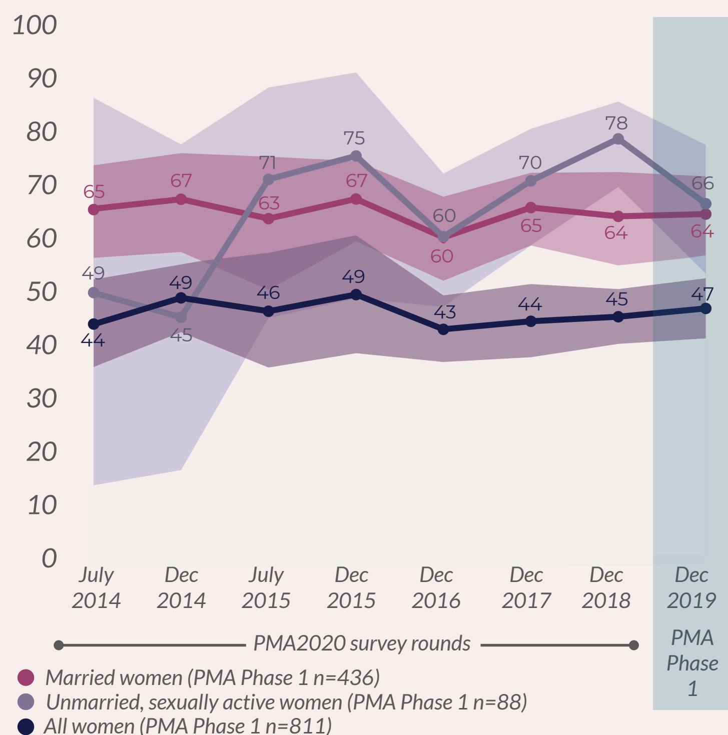
26% of pregnancies were unintended.

59% of users obtained their method from a public health facility.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

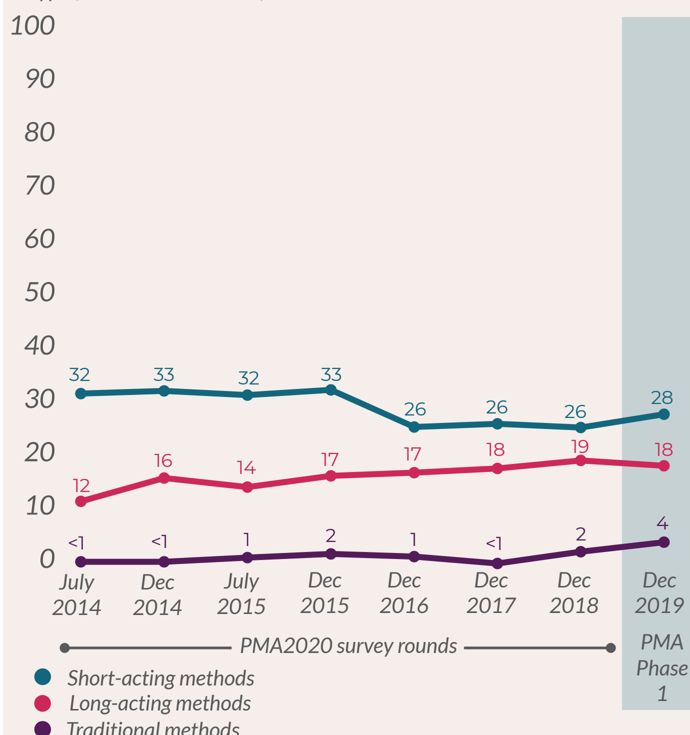
MODERN CONTRACEPTIVE PREVALENCE

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=811)



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INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH

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BLOOMBERG SCHOOL of PUBLIC HEALTH

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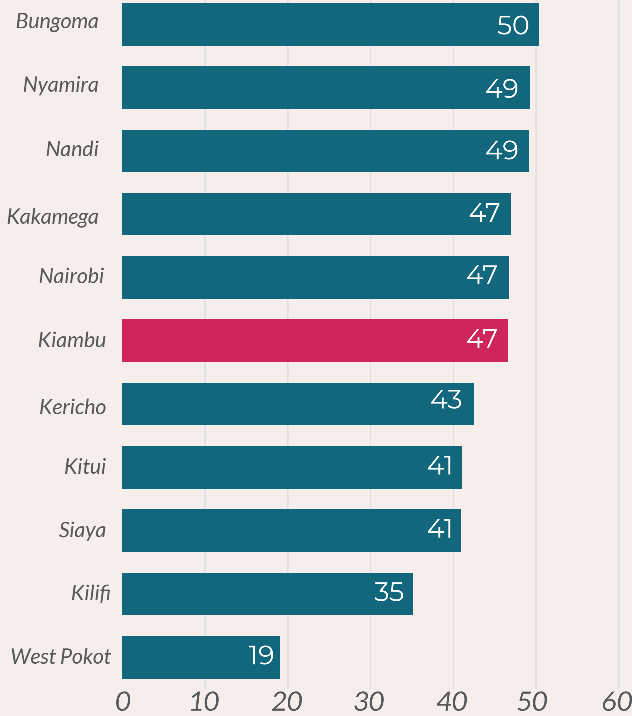
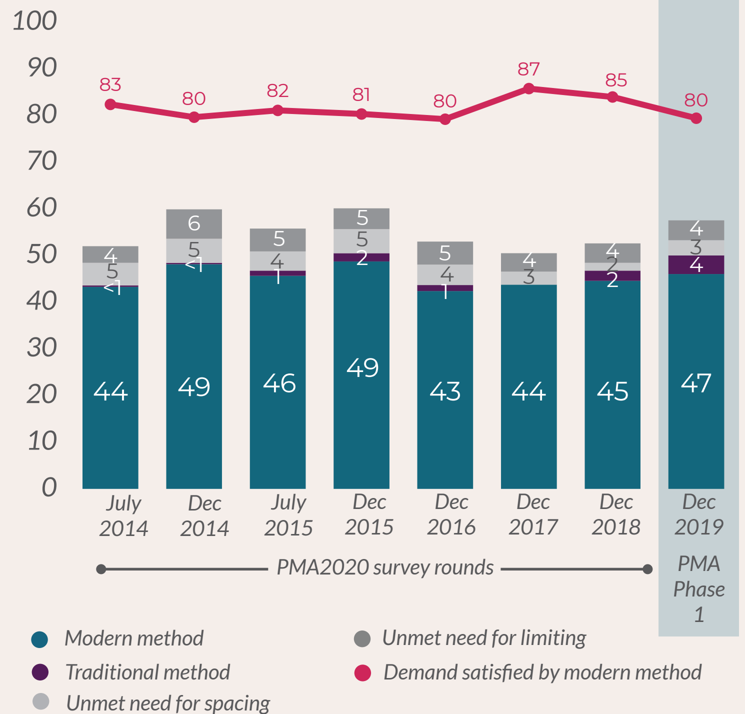
MODERN CONTRACEPTIVE PREVALENCE BY COUNTY

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



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

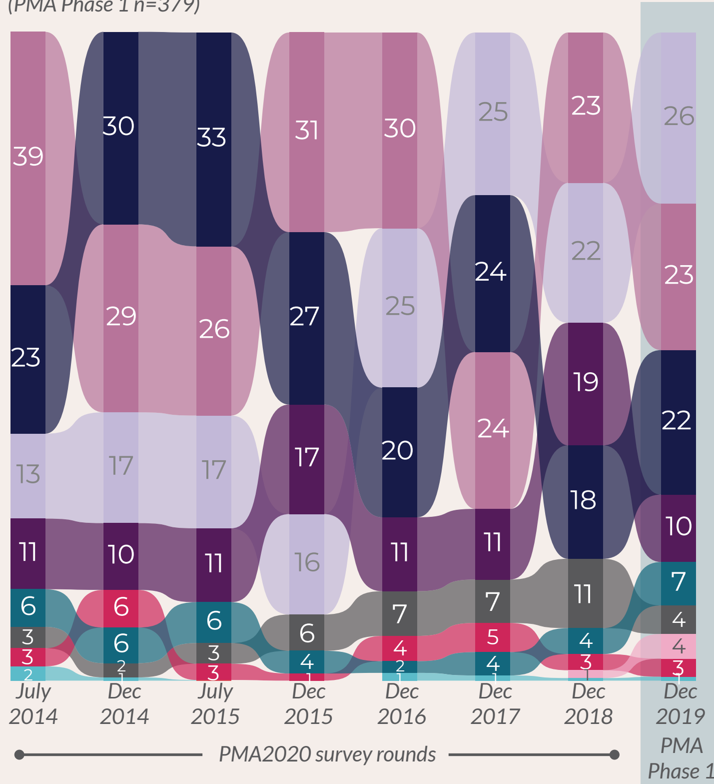
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=811)



Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

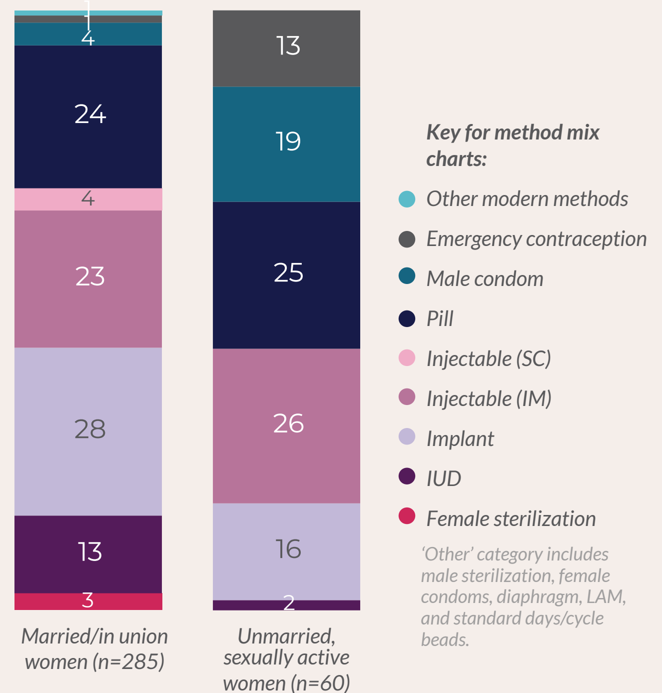
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=379)



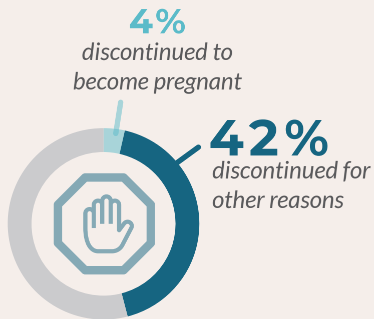
MODERN CONTRACEPTIVE METHOD MIX

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

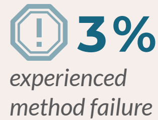


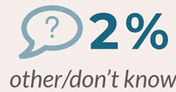
12-MONTH DISCONTINUATION RATE

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=370 episodes)

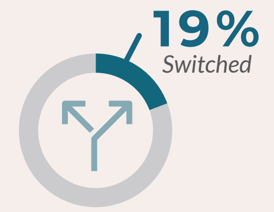


Reasons for discontinuation:





Discontinued but switched methods:

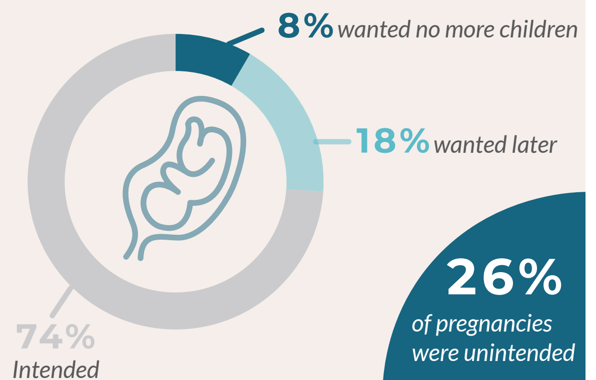


KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- *There has been a general increase in the use of modern contraception in recent years (from 2016).*
- ***80%** of the total demand among all women is being satisfied by a modern method, a decrease from 87% in 2017.*
- ***46%** of the time, methods were discontinued (total discontinuation (27%) and switching (19%)) within one year of starting.*
- *Reasons for discontinuation and switching include: other fertility related reasons (18%), wanted more effective method (12%), side effects/health concerns (5%), wanted to become pregnant (4%), other reasons 8%.*
- ***26%** of the pregnancies were unintended, with 18% mistimed and 8% not wanted.*

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

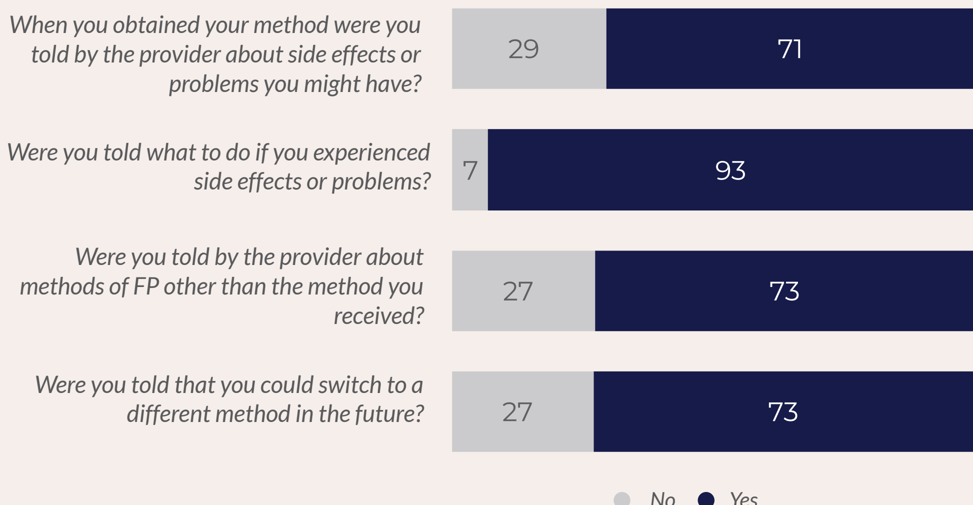
Percent of women by intention of their most recent birth or current pregnancy (n=468)



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=366)



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

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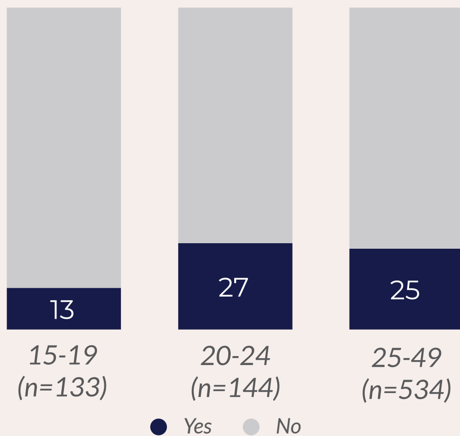
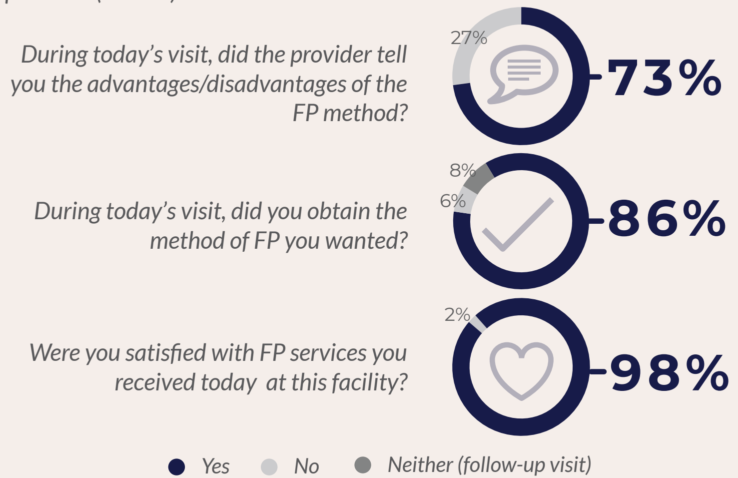
DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

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



CLIENT EXIT INTERVIEWS

Percent of female clients age 15-49 who said yes to the following questions (n=328)



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

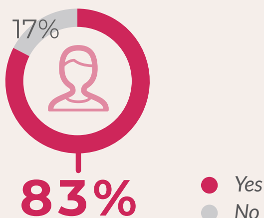
- *More than half (**55%**) of all women reported to have received comprehensive FP methods information when they obtained their current contraceptive method.*
- *At the facility, **98%** of the clients reported satisfaction with FP services they received while **86%** of the clients reported to have obtained their method of choice.*
- *Adolescents are two times less likely to receive FP information from a health provider or a CHW compared to older women.*

SECTION 3: PARTNER DYNAMICS

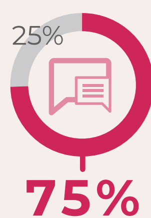
PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=369)

Does your partner know that you are using this method?



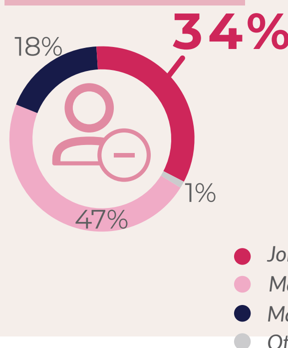
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



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

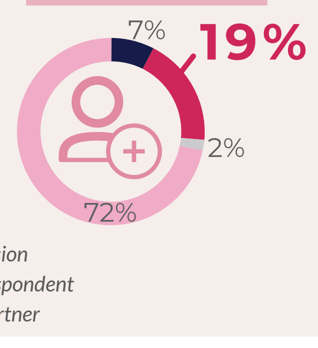
Percent of women who are currently using FP and agree with the following statements (n=403)

Would you say that using FP is mainly your decision?



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?



- Joint decision
- Mainly respondent
- Mainly partner
- Other

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- *Among women using a modern method that can be concealed, **17%** report that their partners do not know that they are using contraception.*
- ***18%** of the women who are using a contraceptive method report that it is mainly their partner's decision.*
- ***19%** of the decisions not to use and 34% of the decisions to use FP are jointly made.*

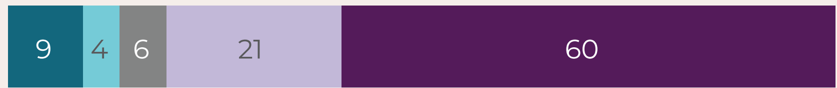
AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

Percent of all women who strongly agree to strongly disagree with each statement

Exercise of choice (self-efficacy, negotiation) for family planning (n=800)

I feel confident telling my provider what is important when selecting an FP method.

I can decide to switch from one FP method to another if I want to.



Existence of choice (motivational autonomy) for family planning (n=792)

If I use FP, my body may experience side effects that will disrupt relations with my partner.

If I use FP, my children may not be born normal.

There will be conflict in my relationship/marriage if I use FP.

If I use FP, I may have trouble getting pregnant the next time I want to.

If I use FP, my partner may seek another sexual partner.

Strongly disagree · *Disagree* · *Neutral* · *Agree* · *Strongly agree*

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

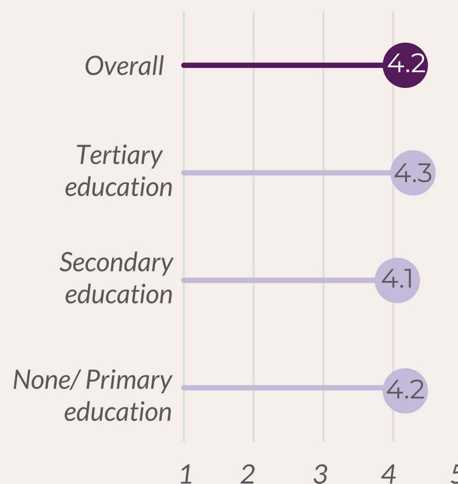
The Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes.

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

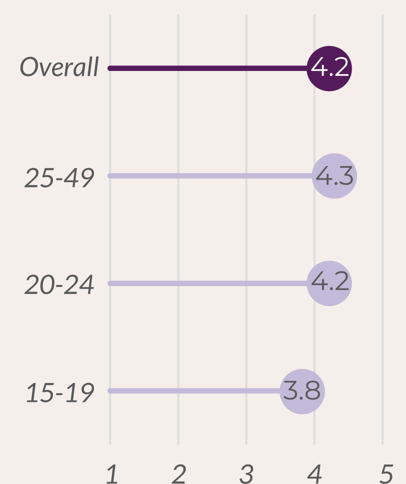
Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains .

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

Mean WGE score, by education



Mean WGE score, by age



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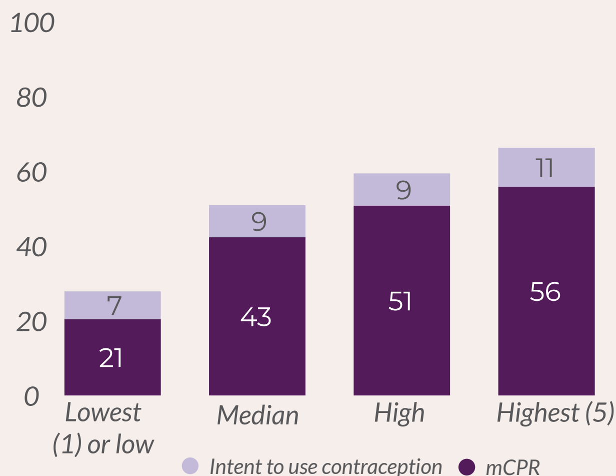
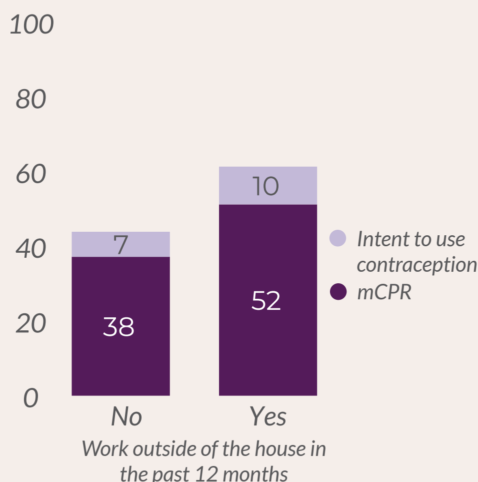
mCPR and intent to use contraception, by categorical WGE score

Percent of women using a modern method of contraception and percent of women who intend to use contraception in the next year by categorical WGE score (n=811)



mCPR and intent to use contraception, by employment

Percent of women using a modern method of contraception and percent of women who intend to use contraception in the next year by employment status (n=811)



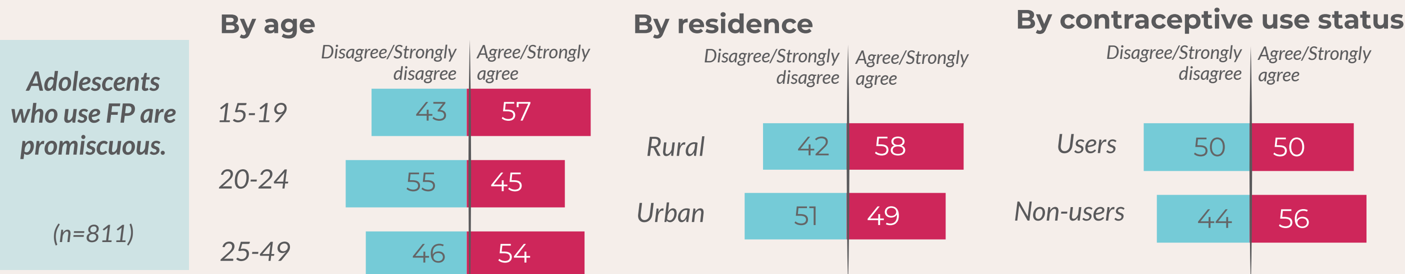
KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

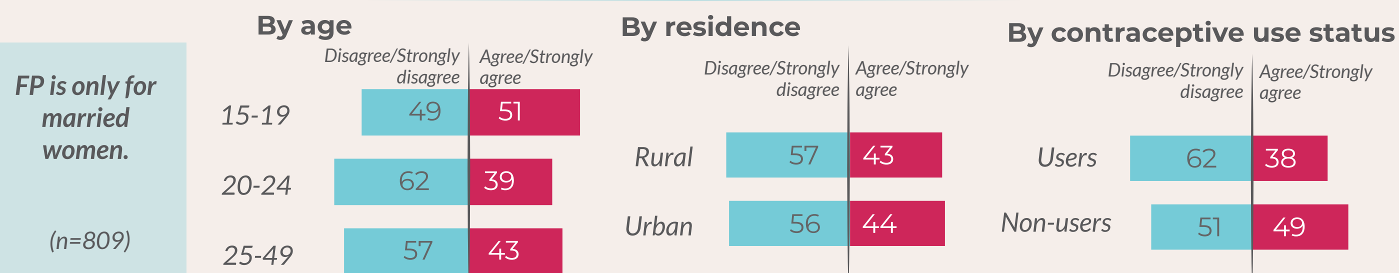
- *Women who score higher on the empowerment scale are much more likely to be using a modern contraceptive method or to intend to use in the future.*
- *Women who are employed are more likely to be using or intending to use modern contraception.*

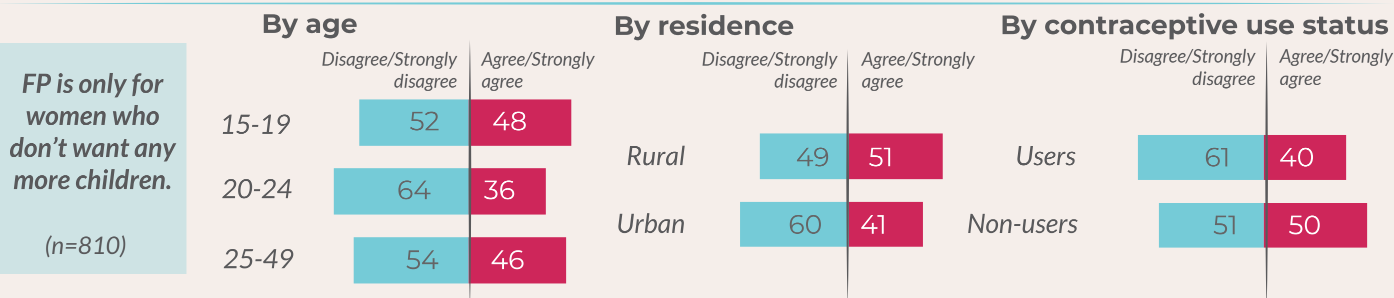
SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

PERSONAL ATTITUDES

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

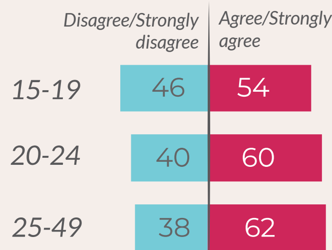


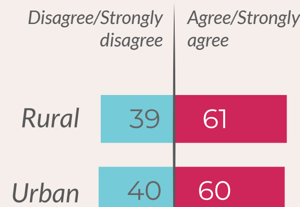


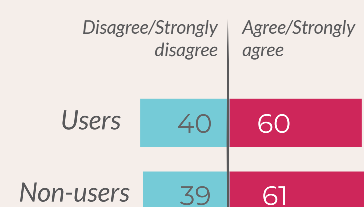


People who use FP have a better quality of life.

(n=809)







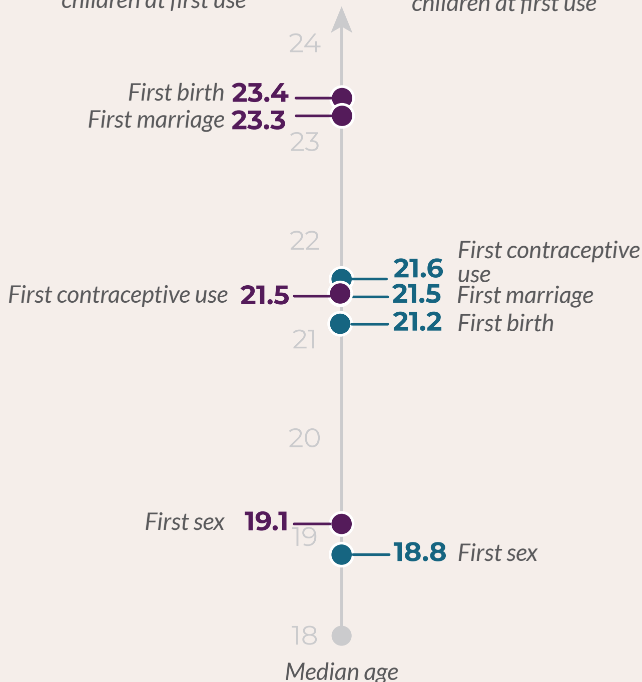
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- *More than half of the women agreed or strongly agreed that people who use FP have a better quality of life. There is no difference by residence or by contraceptive use status.*
- *In every 10 respondents, approximately 5 to 6 have misconceptions about family planning.*
- *About 6 in every 10 adolescents believe in the myth that adolescents who use FP are promiscuous.*

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

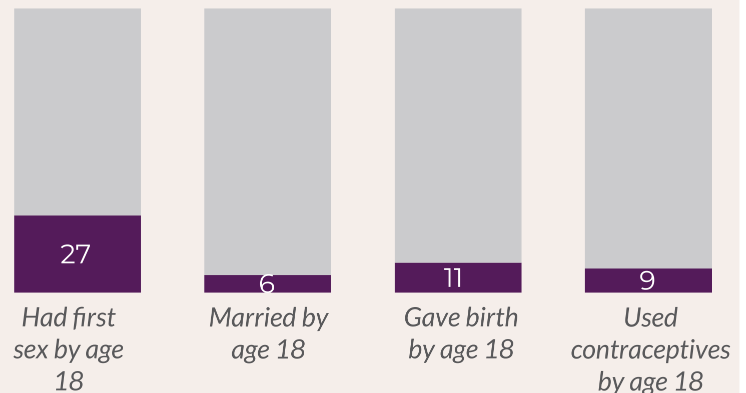
Median age at reproductive events, by urban vs. rural residence (n=203)



Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=203)

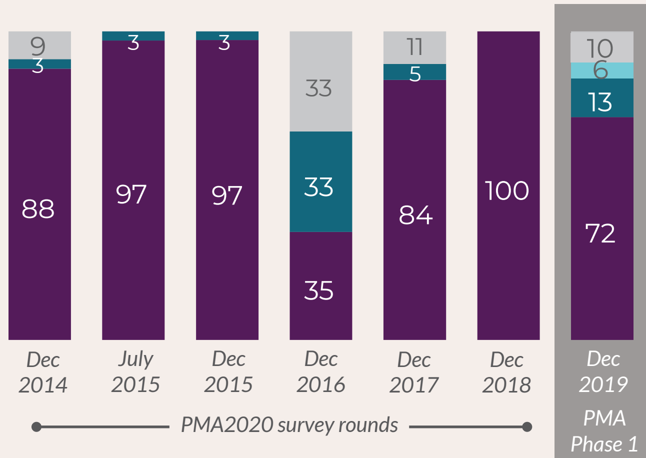


KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- *Rural women enter sexual activity earlier, marry earlier, give birth earlier, but initiate contraception later than urban women.*
- *While about **27%** of the young women have had first sex by age 18, only **6%** are married by that age and just **9%** have used a contraceptive.*

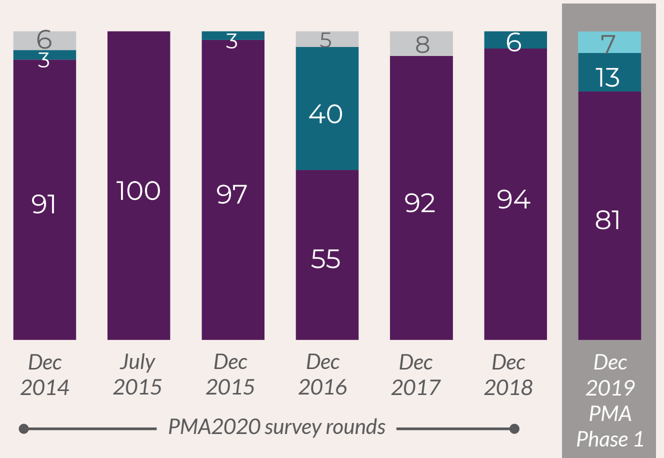
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=72)



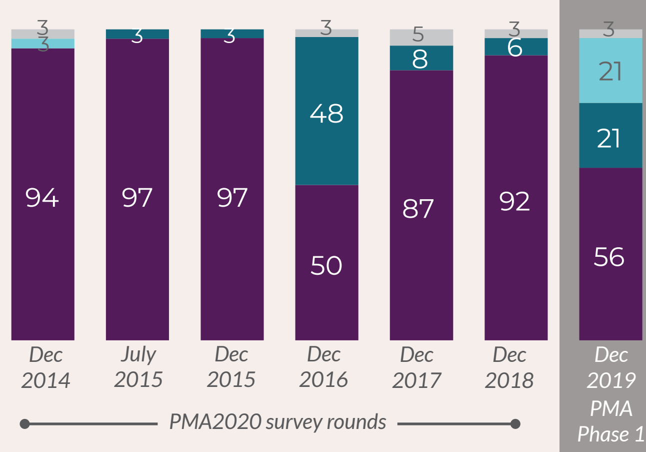
TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=72)



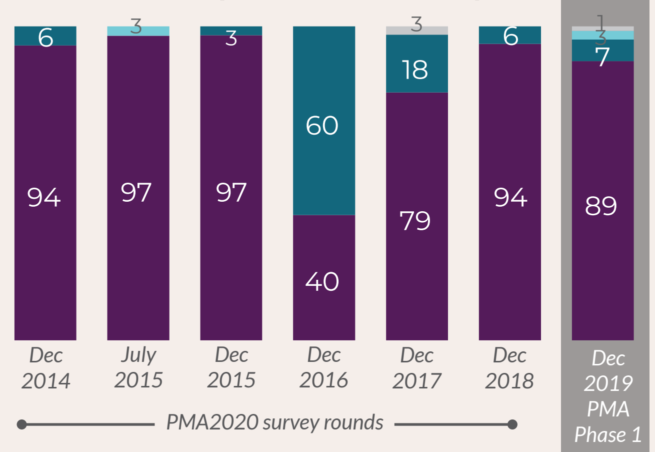
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=72)



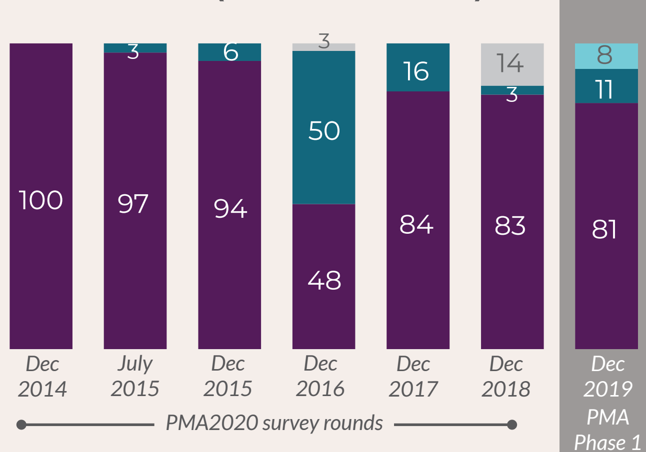
TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 1 n=72)



TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=72)



- 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

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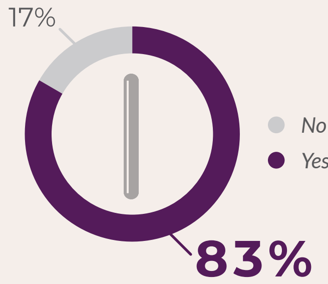
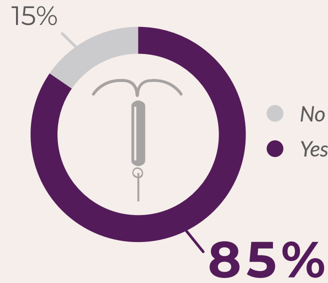
FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=72)



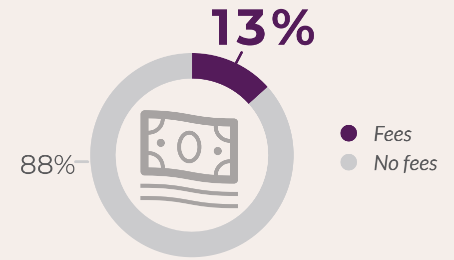
Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=65)



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=72)



59% *of women obtained their current modern method from a public health (facility (n=369)*

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- **10%** *of the public SDPs reported not to be offering IUDs in 2019.*
- **59%** *of the users reported to have obtained their method from a public health facility.*
- **13%** *of the public facilities reported that FP clients have to pay fees to be seen by a provider even if they do not obtain FP.*

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May-July 2014	334	43.93	3.91	35.78	52.43	43.65	3.82	35.67	51.97	8.51	1.12	6.39	11.26
PMA 2020	R2	Nov-Dec 2014	429	48.79	2.97	42.46	55.17	48.53	2.99	42.15	54.95	11.57	2.28	7.51	17.42
PMA 2020	R3	June-July 2015	474	47.15	4.74	37.24	57.28	46.07	5.06	35.58	56.92	9.11	2.29	5.27	15.29
PMA 2020	R4	Nov-Dec 2015	494	50.95	5.08	40.19	61.62	49.17	5.21	38.23	60.19	9.70	1.85	6.39	14.46
PMA 2020	R5	Nov-Dec 2016	529	44.03	2.49	38.70	49.49	42.70	2.87	36.62	49.01	9.38	1.57	6.49	13.37
PMA 2020	R6	Nov-Dec 2017	476	44.21	3.15	37.51	51.13	44.21	3.15	37.51	51.13	6.85	1.41	4.36	10.59
PMA 2020	R7	Nov-Dec 2018	476	47.20	2.28	42.28	52.18	45.04	2.35	39.99	50.19	5.89	1.39	3.52	9.69
PMA	Phase 1	Nov-Dec 2019	811	50.52	2.92	44.57	56.46	46.57	2.75	41.01	52.21	7.56	1.23	5.41	10.47

WOMEN IN UNION

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May-July 2014	194	65.62	4.35	55.79	74.27	65.13	4.05	56.00	73.26	11.48	2.05	7.77	16.64
PMA 2020	R2	Nov-Dec 2014	254	67.34	4.36	57.41	75.92	66.92	4.34	57.06	75.49	14.46	2.89	9.30	21.79
PMA 2020	R3	June-July 2015	262	65.16	5.39	52.97	75.64	63.30	5.92	50.04	74.82	12.75	3.38	7.12	21.80
PMA 2020	R4	Nov-Dec 2015	271	69.23	3.38	61.54	75.98	66.96	3.50	59.05	74.02	13.57	2.19	9.52	18.99
PMA 2020	R5	Nov-Dec 2016	285	61.68	3.13	54.70	68.21	59.80	3.64	51.73	67.38	11.08	2.54	6.68	17.81
PMA 2020	R6	Nov-Dec 2017	237	65.37	3.14	58.29	71.84	65.37	3.14	58.29	71.84	7.78	2.41	3.96	14.73
PMA 2020	R7	Nov-Dec 2018	244	67.87	3.65	59.51	75.22	63.72	4.05	54.59	71.96	6.73	1.89	3.65	12.10
PMA	Phase 1	Nov-Dec 2019	436	69.68	4.05	60.87	77.24	64.17	3.63	56.48	71.20	9.99	1.98	6.63	14.79

PMA Kenya (Kiambu) collects information on knowledge, practice, and coverage of family planning services in 30 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 986 households (95.6% response rate), 811 females age 15-49 (98.7% response rate), 89 facilities (89.9% completion rate), and 332 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.