

## KENYA (KIAMBU)

Results from Phase 2 cross-sectional survey

## OVERALL KEY FINDINGS



Since 2014, there is a broad contraceptive method mix among all women.

$83 \%$ of demand among all women is being satisfied by a modern method, this has remained consistently high since 2014.


44\% of the facilities offering I UDs and 22\% offering implants lacked a trained provider and instruments/supplies needed for insertion and removal.

## 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 PREV ALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase $2 n=770$ )


PERFORMANCE MONITORING FOR ACTION
 KNBS JOHNS HOPKINS $\underset{\substack{\text { Bloombrg school } \\ \text { of Yublcic Heltr }}}{ }$

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase $2 n=373$ )


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 $2 n=770$ )

## 100




- Modern method
- Unmet need for spacing
- 

Demand satisfied by modern method

- Traditional method
- Unmet need for limiting

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

## 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 ( $n=338$ )

85\%
Do not intend to use

## INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy $(n=504)$
$22 \%$
Wanted later

## SECTION 1 KEY FINDINGS

Since 2017 there has been an increase in MCPR among all women, with half of the women (50\%) using a modern method by 2020.

6\% of women have an unmet need for family planning, with $3 \%$ in need of spacing and 3\% in need of limiting.

Among nonusers, majority of the women (85\%) did not express the 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 ( $n=351$ )


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

answered "No" to at least one MII+ question

53\%
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


## SECTION 2 KEY FINDINGS

Slightly above half of current FP users (53\%) reported receiving comprehensive information on contraceptive methods when they obtained their current method.

Approximately one third of the current users were not told about potential side effects by their provider when they obtained their current method.

Adolescent girls are more than 3 times less likely to have discussed FP with a provider or community health worker.

## 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 ( $n=348$ )


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

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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 ( $n=399$ )

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Would you say that using FP is
mainly your decision?
- Mainly husband/partner
Joint decision
Other
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Percent of women who are not currently using FP and agree with the following statement, by age and education ( $\mathrm{n}=343$ )
Would you say that not using FP
is mainly your decision?

## 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 ( $n=396$ )


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 ( $n=396$ )

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 ( $n=396$ )


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 ( $n=396$ )


- Yes
- No


## SECTION 3 KEV FINDINGS

Among women using a modern method that can be concealed, only $12 \%$ report that their partner does not know that they are using a contraception.

About 8 in every 10 contraceptive users discussed the decision to delay or avoid pregnancy with their partners before starting their method.
Among the current users, more than half of the women (51\%) of the women mainly made the decision to use FP themselves. There were no major differences observed by age.

TRENDS IN METHOD AV AILABILITY: IUD

Public facilities (PMA Phase $2 \mathbf{n = 7 4}$ )


TRENDS IN METHOD AV AILABILITY: IMPLANT
Private facilities (PMA Phase $\mathbf{2} \mathbf{n = 7 4}$ )


PMA2020 survey rounds

- -PMA phases $\rightarrow$

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: INJECTABLE

Public facilities (PMA Phase $2 \mathbf{n = 7 4}$ )


TRENDS IN METHOD AV AILABILITY: PILLS

Private facilities (PMA Phase 2 n=74)


[^0]TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase $2 \mathbf{n = 7 4}$ )


- 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 $2 \mathbf{n = 7 4}$ )


Ordered but did not receive shipment


Ordered but did not receive right quantities

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."

of women obtained their current modern method from a public health facility ( $n=368$ )

## FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal ( $n=77$ )


Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal ( $n=69$ )

56\%


## SECTION 4 KEY FINDINGS

Only 65\% of women obtained their current modern method from a public facility.
Though stock-outs still exist, there is improvement in stock levels of all methods in 2020 compared to 2019.
Of the facilities offering IUD, only $56 \%$ had a trained provider and instruments/supplies needed for insertion and removal

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

| ALL WOMEN |  |  |  | CPR |  |  |  | mCPR |  |  |  | Unmet need for family planning |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Data <br> source | Round/ Phase | Data collection | Female sample | CPR \% | SE | 95\%CI |  | mCPR \% | SE | 95\%CI |  | Unmet need (\%) | SE | 95\%CI |  |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R1 | $\begin{gathered} \text { May-July } \\ 2014 \end{gathered}$ | 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 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R2 | $\begin{gathered} \text { Nov-Dec } \\ 2014 \end{gathered}$ | 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 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R3 | $\begin{gathered} \text { June-July } \\ 2015 \end{gathered}$ | 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 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R4 | $\begin{gathered} \text { Nov-Dec } \\ 2015 \end{gathered}$ | 494 | 50.95 | 5.08 | 40.19 | 61.62 | 49.17 | 5.21 | 38.23 | 60.19 | 9.7 | 1.85 | 6.39 | 14.46 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R5 | $\begin{gathered} \text { Nov-Dec } \\ 2016 \end{gathered}$ | 529 | 44.03 | 2.49 | 38.7 | 49.49 | 42.70 | 2.87 | 36.62 | 49.01 | 9.38 | 1.57 | 6.49 | 13.37 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R6 | $\begin{gathered} \text { Nov-Dec } \\ 2017 \end{gathered}$ | 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 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R7 | $\begin{gathered} \text { Nov-Dec } \\ 2018 \end{gathered}$ | 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 | Phase1 | $\begin{gathered} \text { Nov-Dec } \\ 2019 \end{gathered}$ | 811 | 50.52 | 2.92 | 44.57 | 56.46 | 46.86 | 2.82 | 41.17 | 52.63 | 7.56 | 1.23 | 5.41 | 10.47 |
| PMA | Phase2 | $\begin{aligned} & \text { Nov-Dec } \\ & 2020 \end{aligned}$ | 770 | 53.32 | 2.52 | 48.15 | 58.42 | 49.63 | 2.58 | 44.38 | 54.88 | 6.49 | 1.47 | 4.07 | 10.17 |
| WOMEN IN UNION |  |  |  | CPR |  |  |  | mCPR |  |  |  | Unmet need for family planning |  |  |  |
| $\begin{gathered} \text { Data } \\ \text { source } \end{gathered}$ | Round/ Phase | Data collection | Female sample | CPR \% | SE | 95\%CI |  | mCPR \% | SE | 95\%CI |  | Unmet need (\%) | SE | 95\%CI |  |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R1 | $\begin{aligned} & \text { May-July } \\ & 2014 \end{aligned}$ | 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 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R2 | $\begin{gathered} \text { Nov-Dec } \\ 2014 \end{gathered}$ | 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 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R3 | $\begin{gathered} \text { June-July } \\ 2015 \end{gathered}$ | 262 | 65.16 | 5.39 | 52.97 | 75.64 | 63.3 | 5.92 | 50.04 | 74.82 | 12.75 | 3.38 | 7.12 | 21.80 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R4 | $\begin{gathered} \text { Nov-Dec } \\ 2015 \end{gathered}$ | 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 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R5 | $\begin{gathered} \text { Nov-Dec } \\ 2016 \end{gathered}$ | 285 | 61.68 | 3.13 | 54.70 | 68.21 | 59.8 | 3.64 | 51.73 | 67.38 | 11.08 | 2.54 | 6.68 | 17.81 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R6 | $\begin{gathered} \text { Nov-Dec } \\ 2017 \end{gathered}$ | 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 |
| $\begin{aligned} & \text { PMA } \\ & 2020 \end{aligned}$ | R7 | $\begin{gathered} \text { Nov-Dec } \\ 2018 \end{gathered}$ | 244 | 67.87 | 3.65 | 59.51 | 75.22 | 63.72 | 4.05 | 54.59 | 71.96 | 6.73 | 1.89 | 3.65 | 12.1 |
| PMA | Phase1 | $\begin{gathered} \text { Nov-Dec } \\ 2019 \end{gathered}$ | 436 | 69.68 | 4.05 | 60.87 | 77.24 | 64.71 | 3.68 | 56.9 | 71.8 | 9.99 | 1.98 | 6.63 | 14.79 |
| PMA | Phase2 | $\begin{aligned} & \text { Nov-Dec } \\ & 2020 \end{aligned}$ | 396 | 73.89 | 2.80 | 67.78 | 79.19 | 68.47 | 2.99 | 62.07 | 74.24 | 9.32 | 2.01 | 5.97 | 14.28 |

PMA Kenya (Kiambu) 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 880 households ( $90.5 \%$ response rate), 770 females age 15-49 (98.3\% response rate), and 30 facilities ( $98 \%$ 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.


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