# PERFORMANCE MONITORING FOR ACTION



# KENYA (KIAMBU)

Results from Phase 2 panel survey

November-December 2020

# **OVERALL KEY FINDINGS**



Among women not using a method in Phase I and had an intention to use in the next I2 months, the majority had adopted a method by Phase 2.



About 4 in every 10 women with unmet need at Phase 2 discontinued a method between Phases 1 and 2.

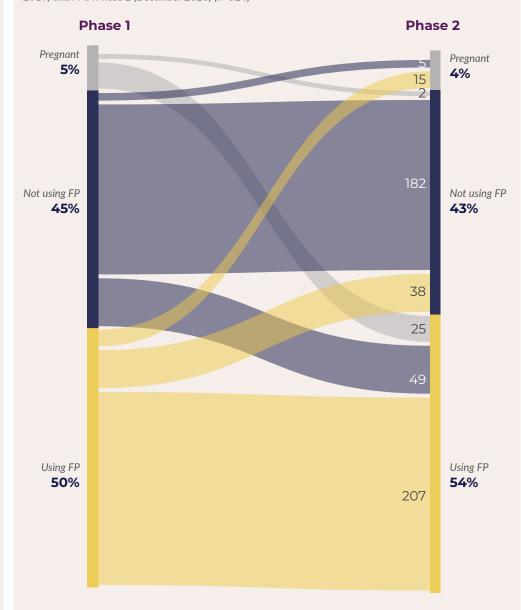


Continued non-use was more common among adolescents aged 15-19, those not in a union and with no children, but was lower among those with intention to use in the future.

# **SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS**

# CHANGE IN CONTRACEPTIVE USE OR NON-USE

Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (December 2019) and PMA Phase 2 (December 2020) (n=524)











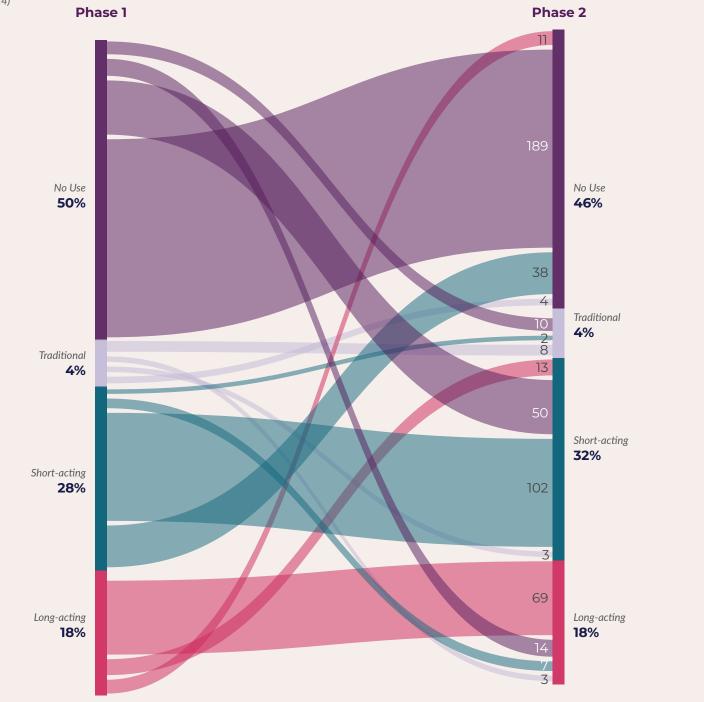






## CHANGE IN CONTRACEPTIVE METHOD TYPE

Percent of women age 15-49 who changed contraceptive method or use status between PMA Phase 1 (December 2019) and PMA Phase 2 (December 2020) (n=524)

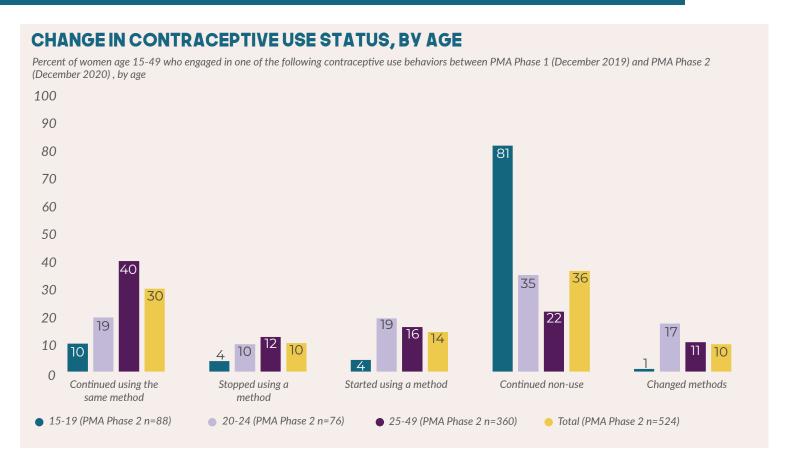


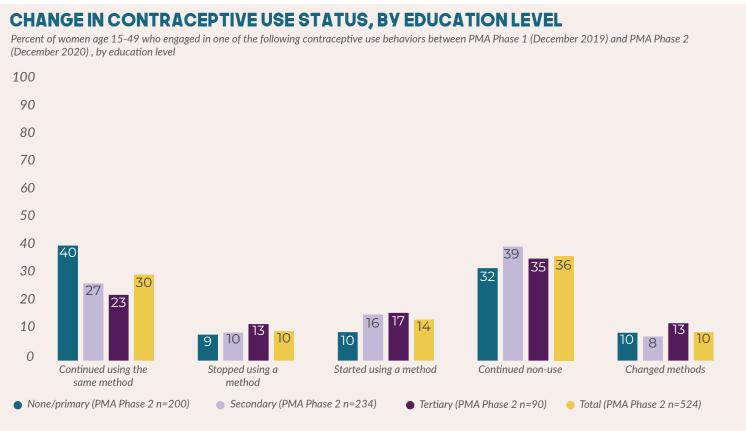
## KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- The proportion of women using contraceptives increased between Phase 1 and Phase 2.
- Among women who were non-users at Phase 1, a large percentage of new adopters reported using short-acting methods at Phase 2.

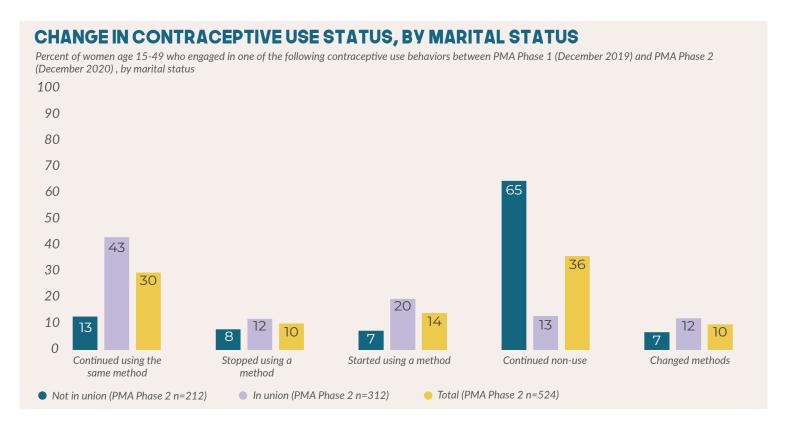


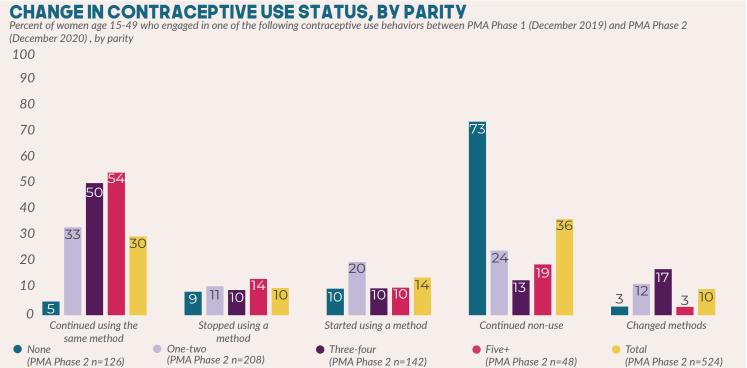
# **SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES**











#### KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- Adolescent women (15-19), women not in a union, and those with no children were relatively more likely to remain non-users.
- Women with more education are almost 2 times more likely to change methods, compared to those with no education.
- Among all women, 14% adopted a new method, 10% switched methods and 30% continued using the same method between Phase 1 and Phase 2.



### **SECTION 3: OTHER PANEL DYNAMICS**

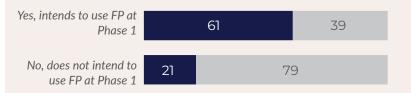
# **METHOD DISCONTINUATION**

Among women 15-49 with unmet need at Phase 2, the percentage that stopped using a contraceptive method or became pregnant between the two surveys (n=30)



### INTENTION TO USE FAMILY PLANNING

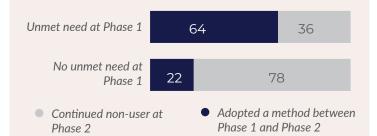
Percent of women age 15-49 who were not using an FP method at Phase 1 and who adopted an FP method, by their intention to use FP at Phase 1 (n=240)



Continued non-user at Phase 2 Adopted a method between Phase 1 and Phase 2

### UNMET NEED FOR FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 1 and who adopted an FP method, by their unmet need status at Phase 1 (n=240)



# KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- Among women with unmet need at Phase 2, 37% had stopped using a contraceptive method, while 3% became pregnant between Phase 1 and Phase 2.
- 6 of 10 women who were not using a method in Phase 1 and had an intention to use in the next 12 months had adopted a method by Phase 2.
- 64% of women with unmet need at Phase 1 adopted a method by Phase 2, compared to 22% of those with no unmet need at Phase 1.

PMA Kenya (Kiambu) collects nationally (and county/region-level) representative data 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 PMA panel survey was conducted in Bungoma region among eligible females aged 15-49 at the time of the Phase 2 survey (collected between November - December 2020), who were interviewed at the Phase 1 survey between November-December 2019 and consented to follow-up 84.8%). Of the 695 eligible respondents, 76.8% were not reached for follow-up. Of those reached, 544 (76.3%) completed the survey, for a response rate of 99.7% among contacted women. For sampling information and full data sets, visit https://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 (Kiambu) 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 Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.

