



PMA KENYA (KITUI)

Results from Phase 2 cross-sectional survey

November–December 2020

OVERALL KEY FINDINGS

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Since 2018, there has been decline in mCPR, from 68% to 58% among married women.

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Demand satisfied by modern contraceptive has been declining since 2018, from 82% to 69% in 2020.

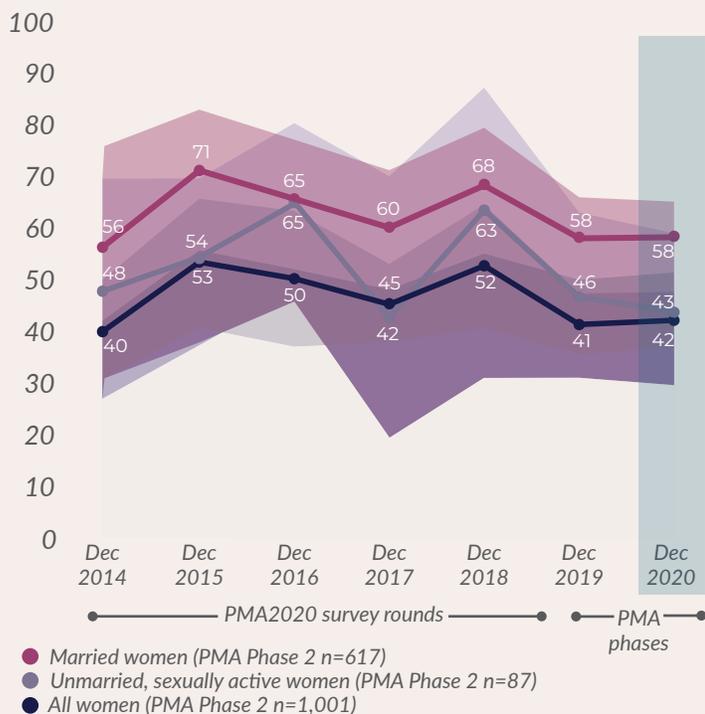
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The number of facilities offering IUDs has increased from 50% in 2014 to 63% in 2020, though uptake is still very low.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

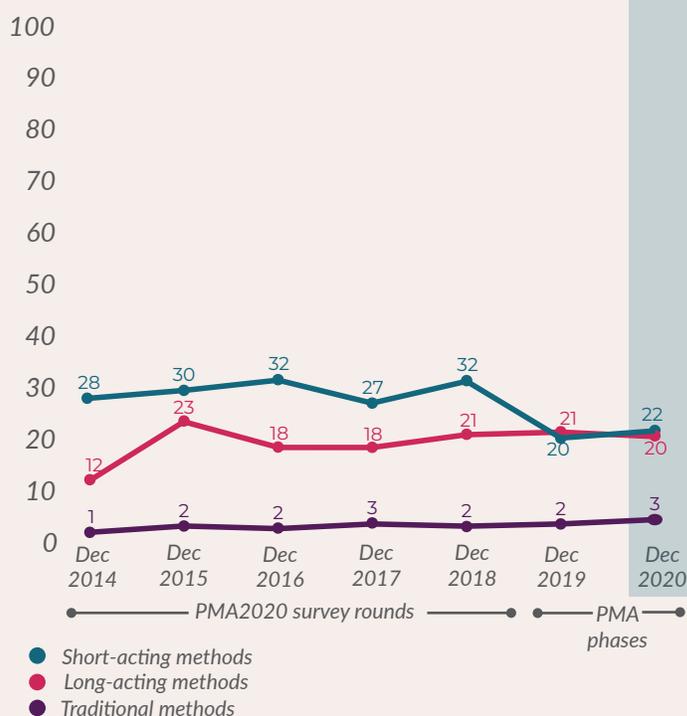
MODERN CONTRACEPTIVE PREVALENCE

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



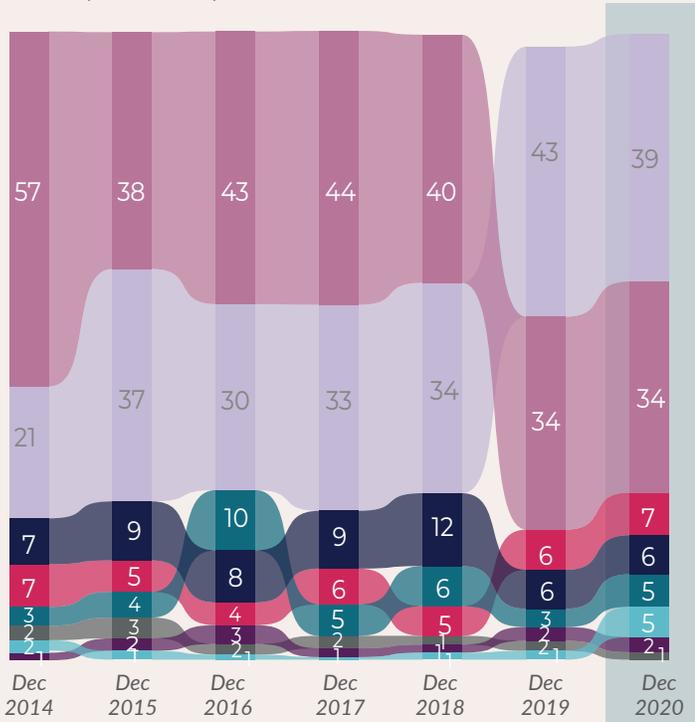
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 2 n=1,001)



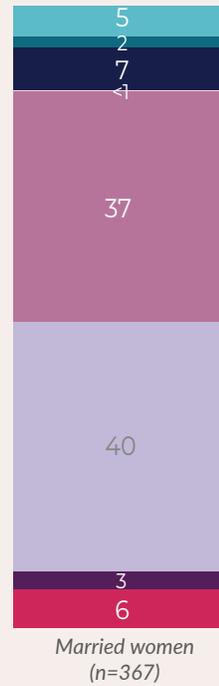
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 2 n=436)



MODERN CONTRACEPTIVE METHOD MIX

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



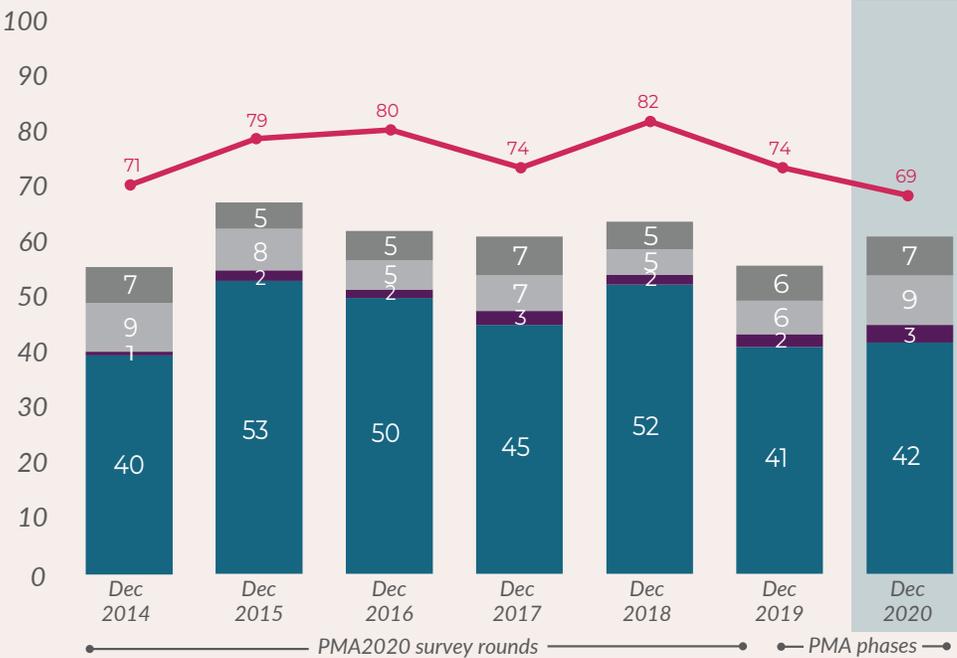
Key for method mix charts:

- Other modern methods
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

"Other modern methods" include male sterilization, standard days/cycle beads, 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=1,001)



INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

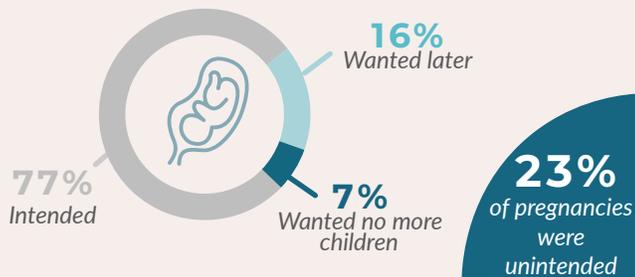
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=482)



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

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=671)



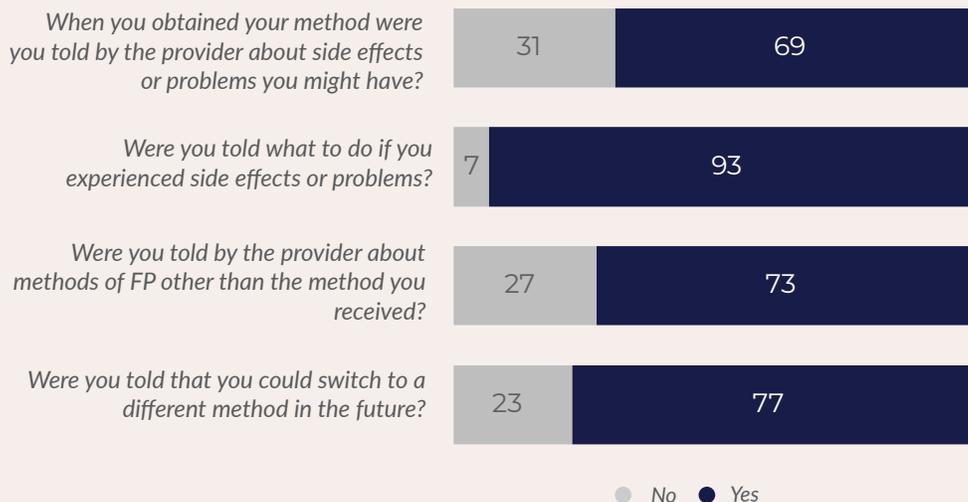
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- There has been little progress in uptake of modern contraceptive, though some progress in uptake of long-acting contraceptive methods is observed.
- Demand satisfied by modern contraceptive has been declining since 2018, from 82% to 69% in 2020.
- Among all women not currently using any contraceptive, the vast majority (83%) have no intention of using any method in the next year.

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=404)

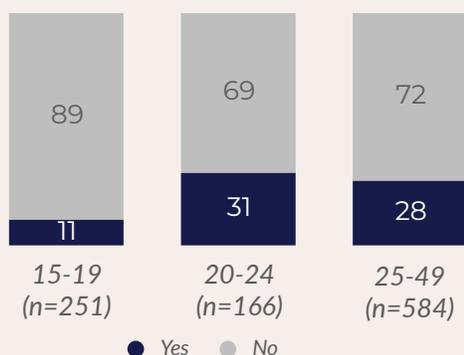


Percent of women who responded "Yes" to all four MII+ questions



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



KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- More than half of current FP users 53% did not receive comprehensive information on FP services when they obtained their current method.
- Adolescent girls are more than 2 times less likely to have discussed FP information 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=410)

Does your partner know you are using this method?



By age



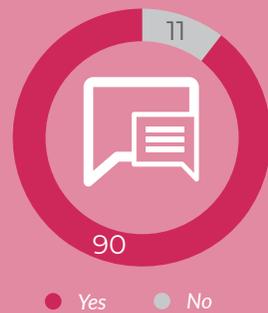
By education



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

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=410)

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



By age



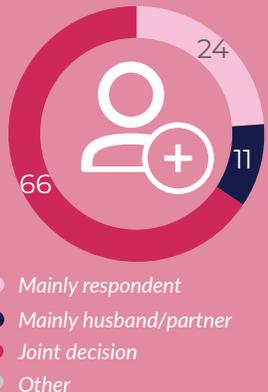
By education



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=469)

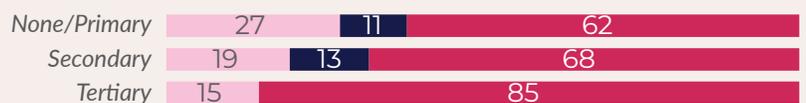
Would you say that using FP is mainly your decision?



By age

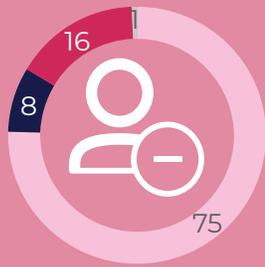


By education



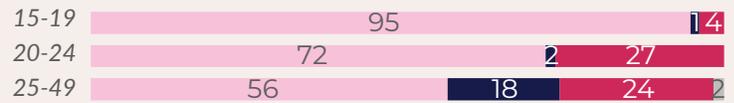
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=489)

Would you say that not using FP is mainly your decision?

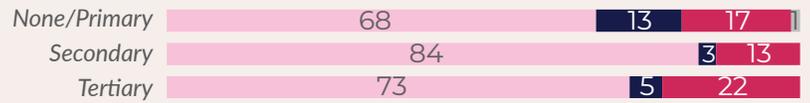


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age

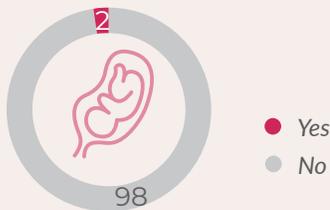


By education



PREGNANCY COERCION

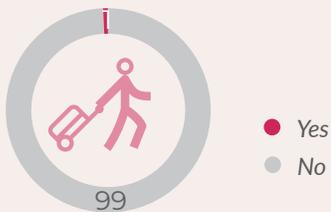
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=617)



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=617)



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=617)



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=617)

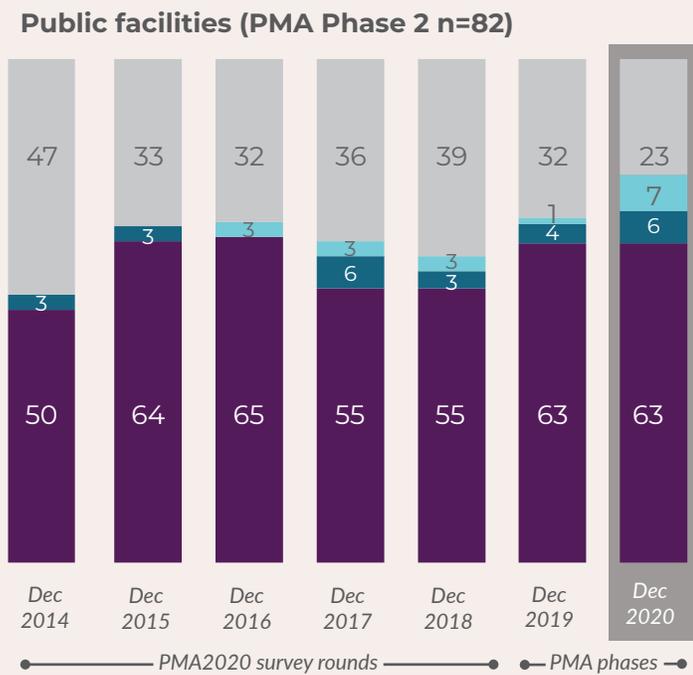


KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

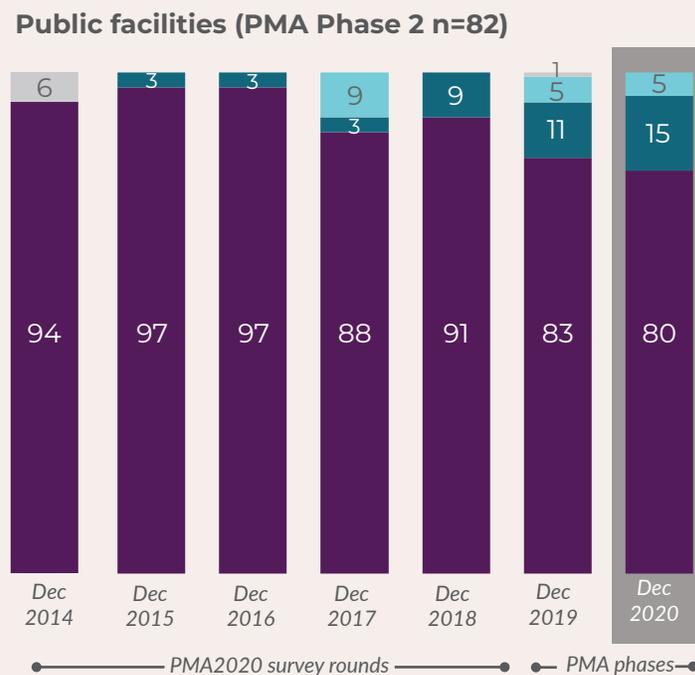
- Among women using a modern method that can be concealed, 94% reported that their partner knows that they are using contraception.
- 9 in every 10 contraceptive users discussed the decision to delay or avoid pregnancy with their partners before they started using.
- While 66% of the women made the decision to use FP jointly with their partner, 75% of the non-users made the decision not to use independently. The percentage of women deciding independently decreased with age.

SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

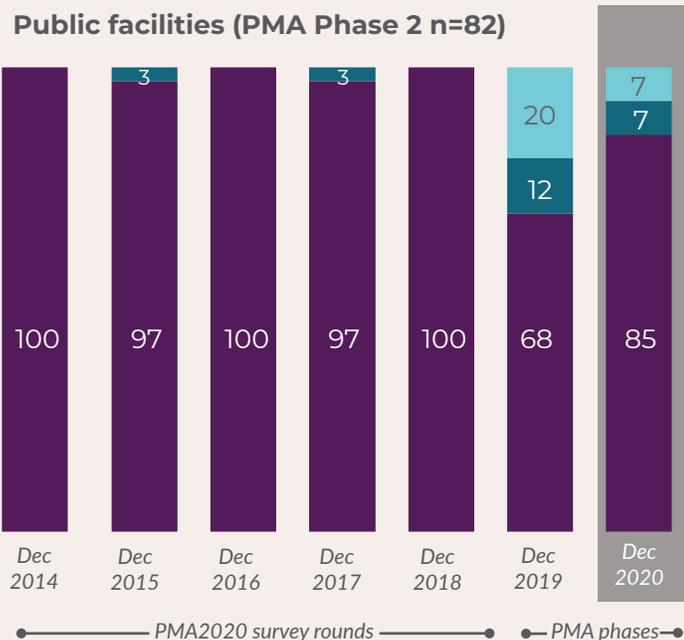


TRENDS IN METHOD AVAILABILITY: IMPLANT

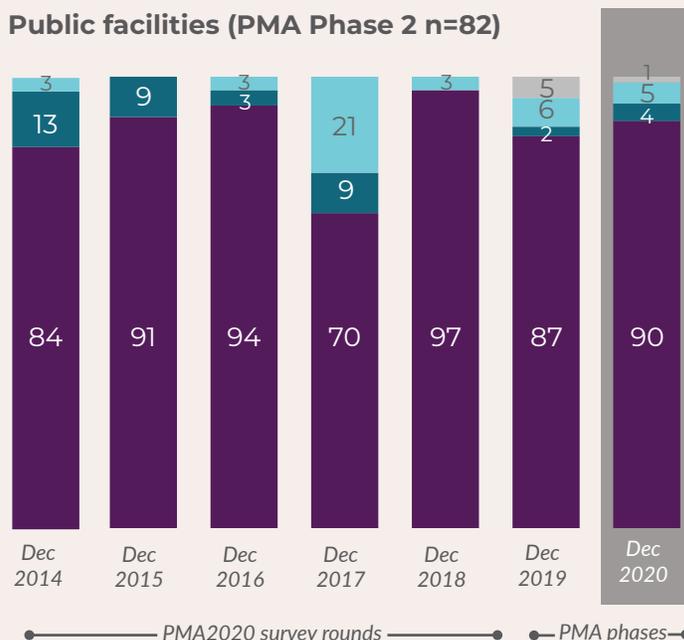


● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: INJECTABLES



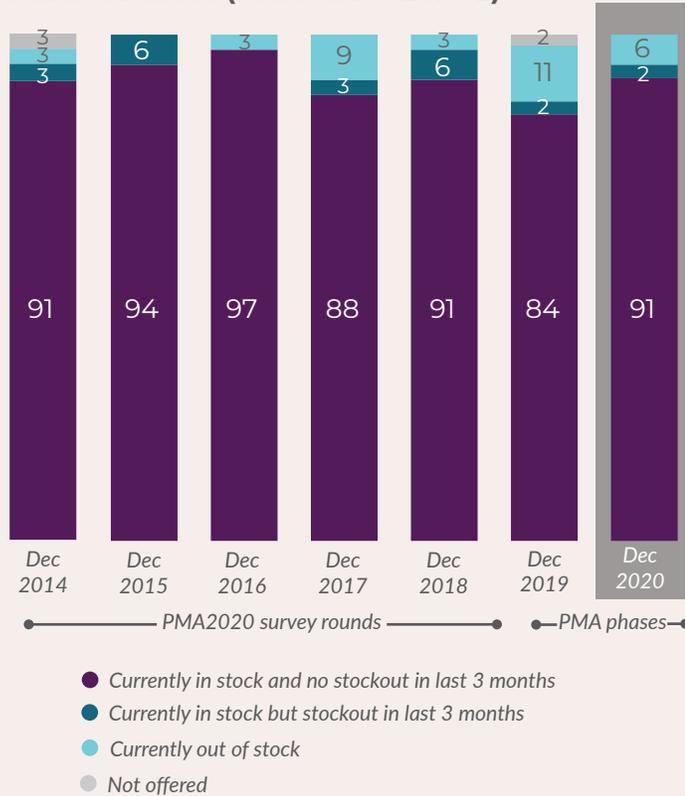
TRENDS IN METHOD AVAILABILITY: PILLS



● 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=82)

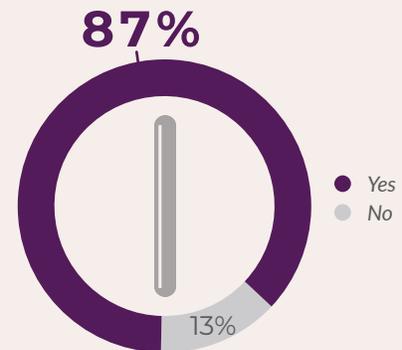


81%

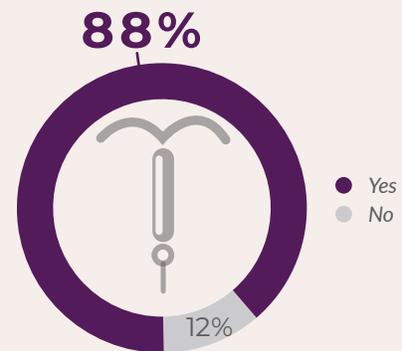
of women obtained their current modern method from a public health facility (n=433)

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=85)



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



MAIN REASON FOR STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

Public facilities (n=72)



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."

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- Public sector is the major provider of contraceptive methods, with 81% of women reporting obtaining their current method from a public facility.
- About 9 in every 10 facilities offering implants and IUDs have a trained providers and instruments/supplies needed for insertion or removal.
- Of the public facilities that experienced an episode of stock outs, the main reason given for stock-outs is that they ordered but did not receive the shipment.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

| ALL WOMEN | | | | 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 | R2 | Nov-Dec 2014 | 473 | 40.36 | 4.59 | 30.94 | 50.55 | 39.65 | 4.52 | 30.40 | 49.70 | 15.30 | 2.55 | 10.56 | 21.65 |
| PMA 2020 | R4 | Nov-Dec 2015 | 560 | 55.08 | 5.56 | 43.03 | 66.57 | 53.18 | 5.92 | 40.50 | 65.47 | 12.23 | 2.28 | 8.11 | 18.05 |
| PMA 2020 | R5 | Nov-Dec 2016 | 585 | 51.51 | 6.35 | 37.94 | 64.85 | 49.96 | 6.18 | 36.85 | 63.08 | 10.69 | 1.38 | 8.03 | 14.11 |
| PMA 2020 | R6 | Nov-Dec 2017 | 572 | 47.62 | 3.55 | 39.95 | 55.40 | 45.11 | 3.49 | 37.64 | 52.80 | 13.54 | 3.15 | 8.02 | 21.93 |
| PMA 2020 | R7 | Nov-Dec 2018 | 548 | 54.31 | 5.47 | 42.38 | 65.77 | 52.47 | 5.59 | 40.38 | 64.27 | 9.66 | 2.33 | 5.65 | 16.03 |
| PMA | Phase 1 | Nov-Dec 2019 | 974 | 43.32 | 2.83 | 37.66 | 49.16 | 41.05 | 2.91 | 35.27 | 47.09 | 12.43 | 1.66 | 9.42 | 16.23 |
| PMA | Phase 2 | Nov-Dec 2020 | 1,001 | 45.14 | 2.75 | 39.61 | 50.79 | 41.89 | 2.65 | 36.60 | 47.38 | 15.96 | 2.17 | 12.02 | 20.89 |

| 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 | R2 | Nov-Dec 2014 | 287 | 57.26 | 6.71 | 42.63 | 70.71 | 56.02 | 6.60 | 41.73 | 69.37 | 20.12 | 4.44 | 12.22 | 31.30 |
| PMA 2020 | R4 | Nov-Dec 2015 | 311 | 72.50 | 6.09 | 57.83 | 83.52 | 70.92 | 6.49 | 55.45 | 82.70 | 12.72 | 3.73 | 6.64 | 23.00 |
| PMA 2020 | R5 | Nov-Dec 2016 | 343 | 67.02 | 6.09 | 52.79 | 78.69 | 65.41 | 5.90 | 51.78 | 76.91 | 11.51 | 2.30 | 7.36 | 17.54 |
| PMA 2020 | R6 | Nov-Dec 2017 | 342 | 62.68 | 5.58 | 49.98 | 73.85 | 59.97 | 5.40 | 47.86 | 70.98 | 13.85 | 3.02 | 8.48 | 21.80 |
| PMA 2020 | R7 | Nov-Dec 2018 | 343 | 70.58 | 5.31 | 57.93 | 80.70 | 68.25 | 5.71 | 54.82 | 79.21 | 10.57 | 3.46 | 5.11 | 20.59 |
| PMA | Phase 1 | Nov-Dec 2019 | 582 | 61.11 | 3.75 | 53.26 | 68.43 | 57.97 | 3.96 | 49.77 | 65.75 | 14.33 | 1.93 | 10.83 | 18.73 |
| PMA | Phase 2 | Nov-Dec 2020 | 617 | 61.57 | 3.41 | 54.43 | 68.24 | 58.18 | 3.39 | 51.15 | 64.89 | 17.92 | 2.95 | 12.69 | 24.71 |

PMA Kenya (Kitui) collects information on knowledge, practice, and coverage of family planning services in 31 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results county-level representative. Data were collected between November and December 2020 from 1,037 households (98.7% response rate), 1,001 females age 15-49 (98.5% response rate), and 88 facilities (92.6% 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.