PERFORMANCE MONITORING FOR ACTION



KENYA (KITUI)

Results from Phase 2 panel survey

November-December 2020

OVERALL KEY FINDINGS

There is a marginal increase in the proportion of women using contraceptive methods between Phases 1 & 2.

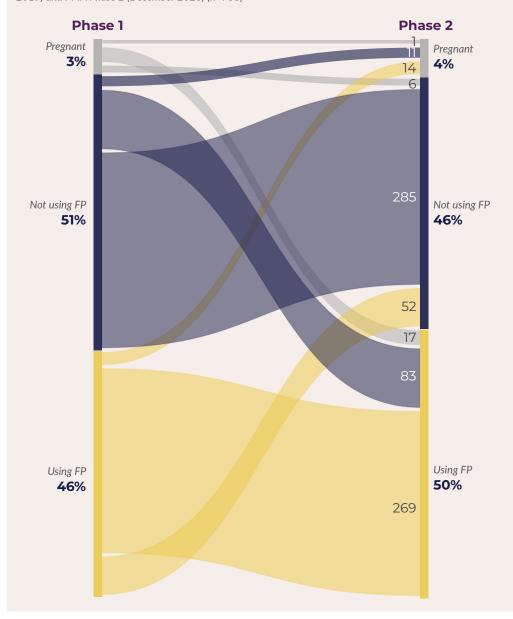
Among women not using family planning in Phase 1, the majority who started using in Phase 2 reported using a short-acting method.

Women who continued using the same method over time were relatively more likely to have three or more children, in union and were 25-49 years old.

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=738)











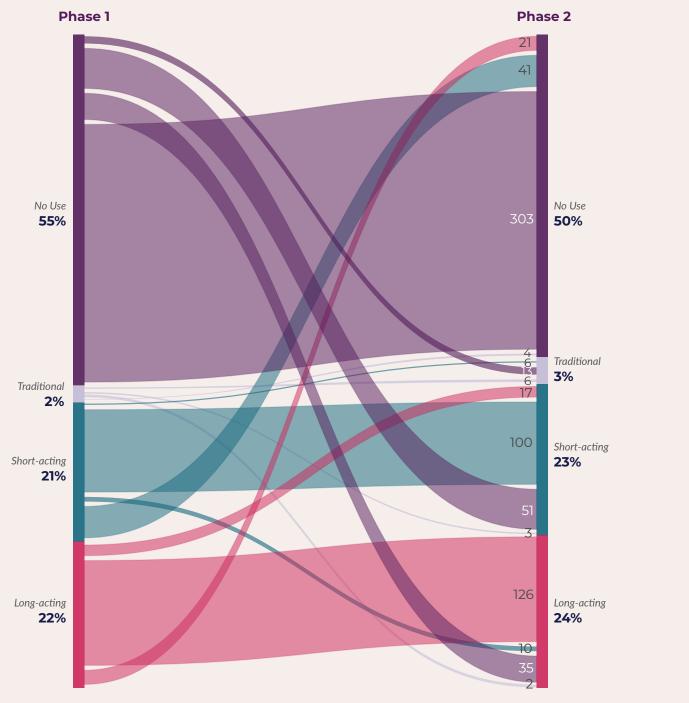






CHANGE IN CONTRACEPTIVE METHOD TYPE

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=738)

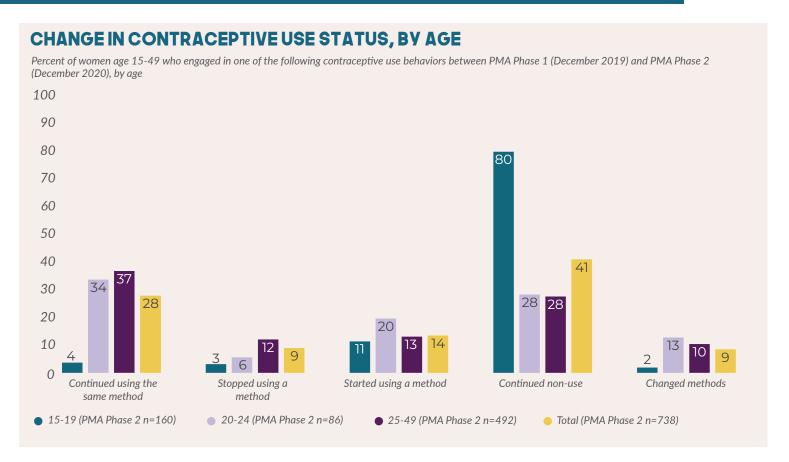


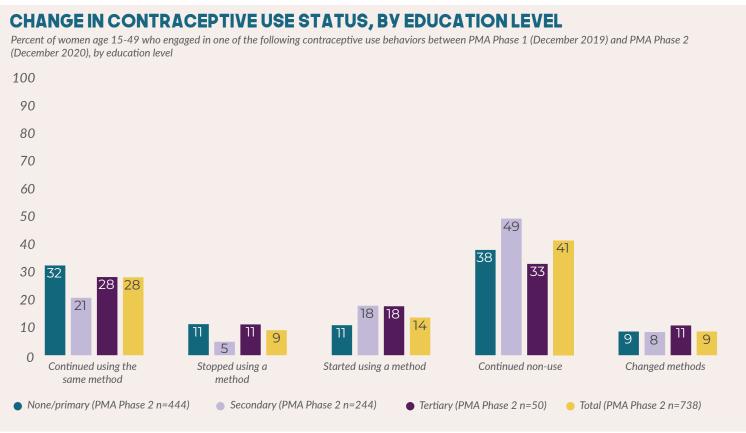
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- Contraceptive use has increased by **4** percentage points among women interviewed at Phase 1 and Phase 2.
- Among women who became non-users between Phases 1 and 2, the majority were using a short-acting method in Phase 1.

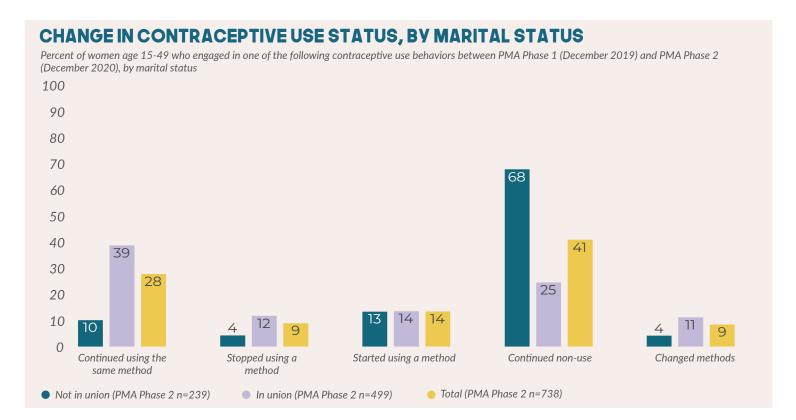


SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

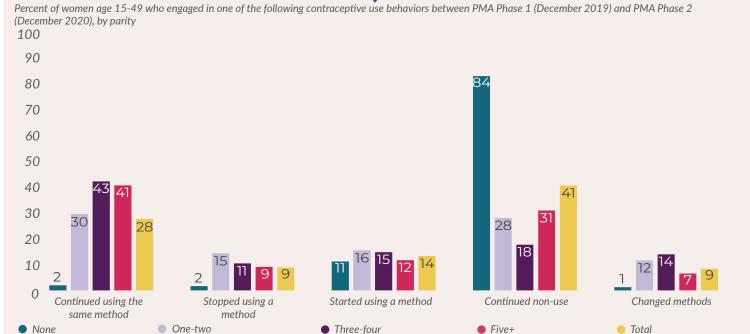












KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

(PMA Phase 2 n=209)

• The majority of adolescents, of women not in a union and of women with no children remained non-users between Phase 1 and Phase 2.

(PMA Phase 2 n=222)

(PMA Phase 2 n=142)

• The proportion of women who continued to use the same contraceptive method was almost **four times** higher among women in union than among unmarried women.



(PMA Phase 2 n=738)

(PMA Phase 2 n=165)

SECTION 3: OTHER PANEL DYNAMICS

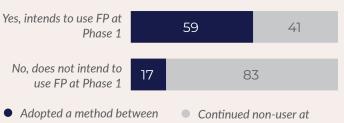
METHOD DISCONTINUATION

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=92)



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=370)

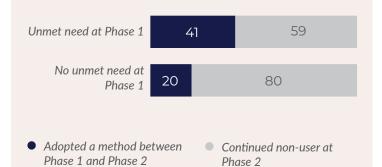


Phase 1 and Phase 2

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=370)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- The majority of women with unmet need for FP by Phase 2 continued to be non-users between Phases 1 and 2, while 27% had stopped using a method.
- Women who intended to use FP in the future in Phase 1 were almost two times more likely to have used a method, compared to women who did not want to use FP in the future in phase 1.
- Less than half of women with unmet need in Phase 1 adopted a method by Phase 2, with 1 in 5 of those without unmet need taking up a method.

PMA Kenya (Kitui) collects nationally (and county/region-level) representative data 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 PMA panel survey was conducted in Kitui 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 (92.6%). Of the 907 eligible respondents, 17.4% were not reached for follow-up. Of those reached, 770 (82.0%) completed the survey, for a response rate of 99.3% 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 (Kitui) 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. 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.

