



PMA KENYA (NATIONAL)

Results from Phase 3 panel survey

November-December 2021

OVERALL KEY FINDINGS

Among women with unmet need in 2021, **28%** discontinued contraception in the last 12 months.

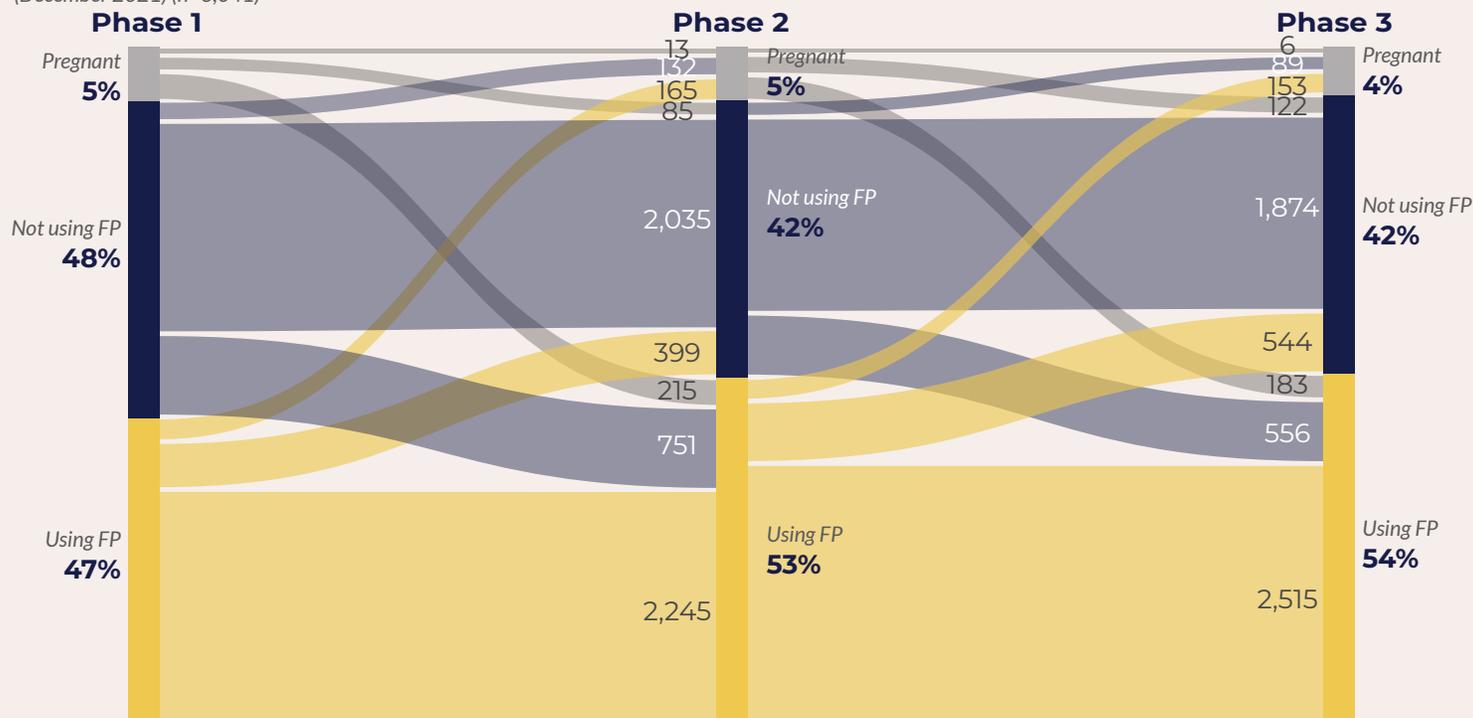
The intention to use contraception in the next 12 months appears to be a strong indicator of method adoption: **55%** of the women reporting contraceptive intentions for the next year also report that they successfully adopted a method they desired within the year.

Overall, there were low rates of continued use of the same contraceptive method which varied by age, marital status, and parity.

SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

CHANGE IN CONTRACEPTIVE USE OR NON-USE

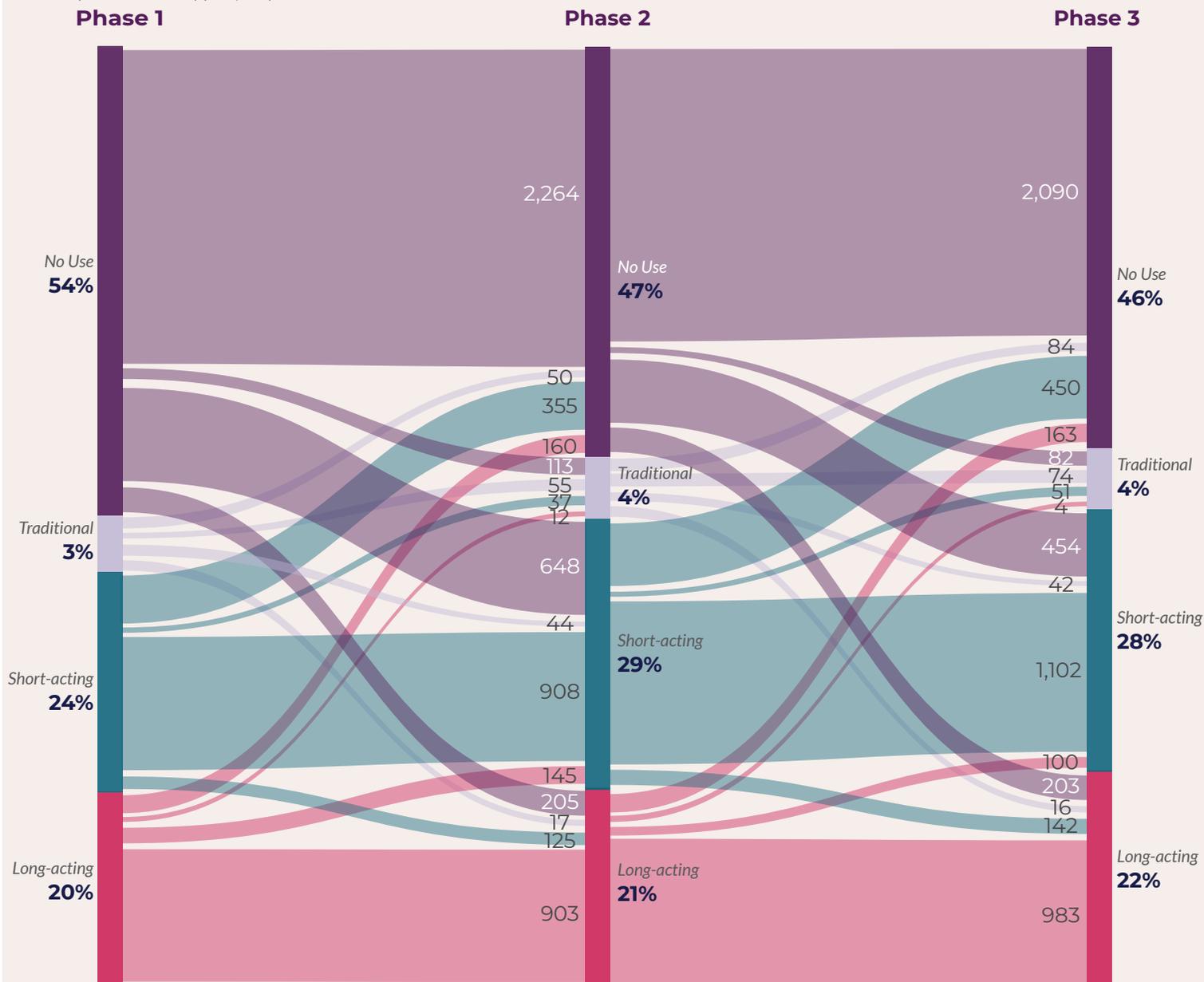
Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (December 2019), PMA Phase 2 (December 2020), and PMA Phase 3 (December 2021) (n=6,041)



The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a grey ribbon flowing from Phase 2 to Phase 3 represents women who were pregnant at Phase 2). The N on each ribbon is the weighted number of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.

CHANGE IN CONTRACEPTIVE METHOD TYPE

Percent of women age 15-49 who changed contraceptive method or use status between PMA Phase 1 (December 2019), PMA Phase 2 (December 2020), and PMA Phase 3 (December 2021) (n=6,041)



The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a blue ribbon flowing from Phase 2 to Phase 3 represents women who were using a short-acting method at Phase 2). The N on each ribbon is the weighted number of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.

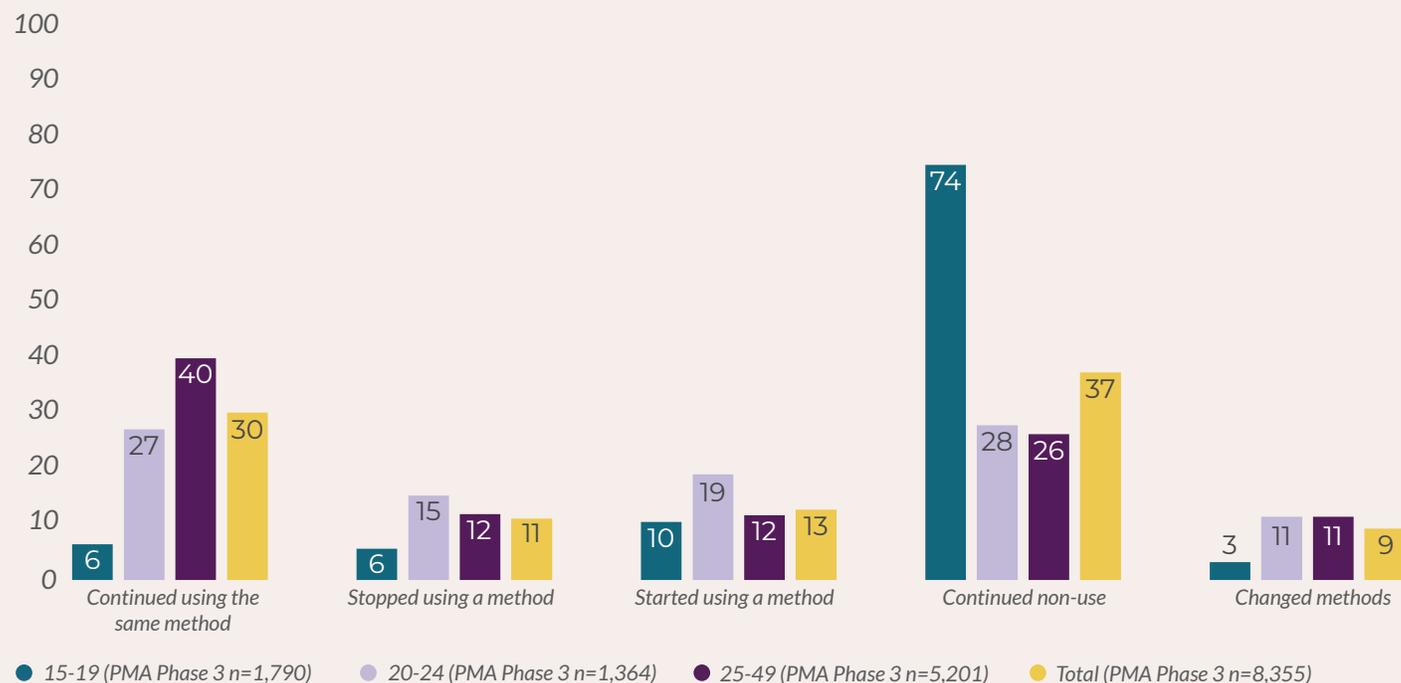
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- Between 2019-2021, there was an increase in FP users from 46% to 53% and a corresponding decrease in non-use of FP from 54% to 46%.
- A striking change in contraceptive use was observed between 2019-2020, where 37% of women who adopted short-acting contraceptive methods in 2020 were non-users in 2019, resulting in a reduction in non-use of FP. In contrast, contraceptive use dynamics observed little change across method types between 2020 and 2021.
- Use of long acting methods has remained fairly consistent between 2019-2021. The adoption of short acting methods and resulting decrease in non-use of contraception has contributed to notable changes in user-dynamics.

SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

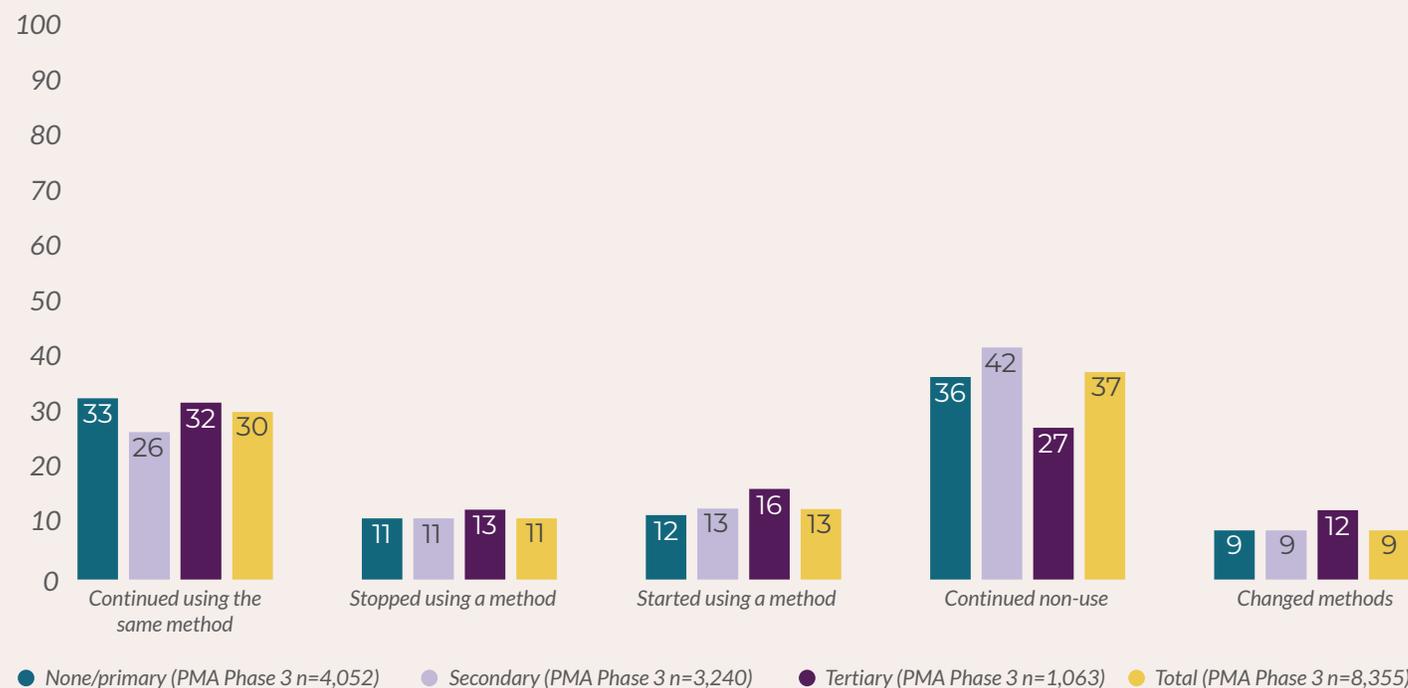
CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (December 2020) and PMA Phase 3 (December 2021), by age



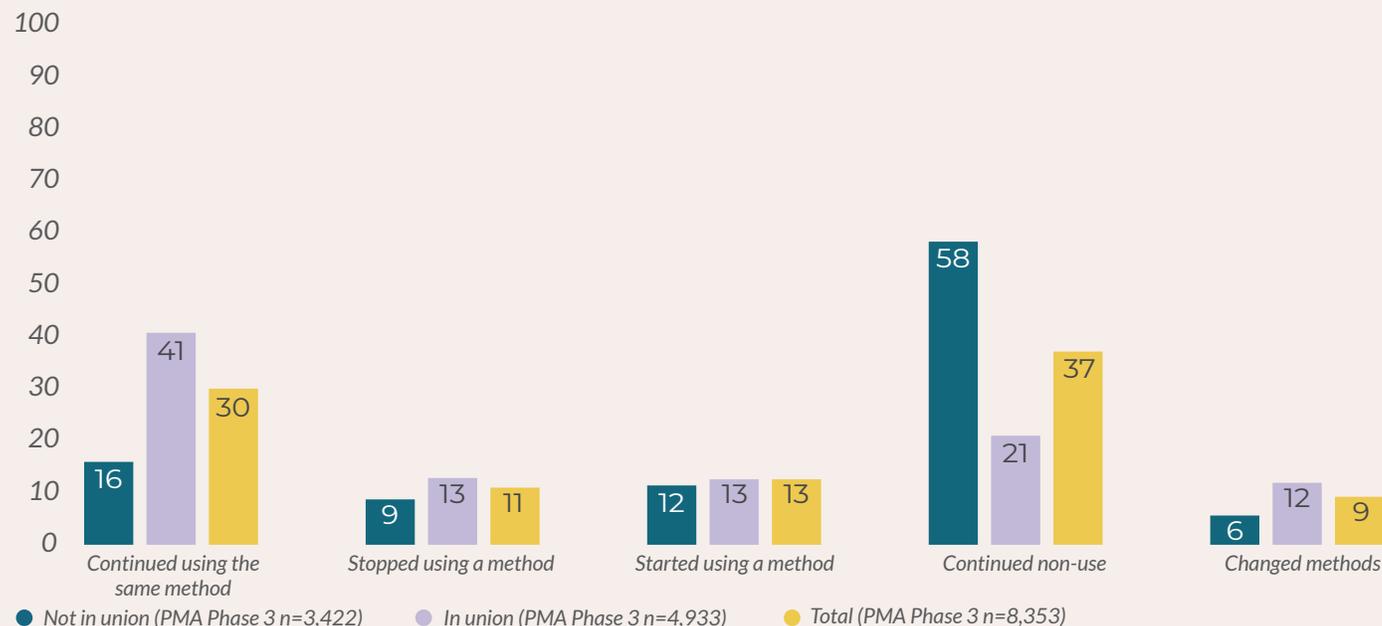
CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (December 2020) and PMA Phase 3 (December 2021), by education level



CHANGE IN CONTRACEPTIVE USE STATUS, BY MARITAL STATUS

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (December 2020) and PMA Phase 3 (December 2021), by marital status



CHANGE IN CONTRACEPTIVE USE STATUS, BY PARITY

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (December 2020) and PMA Phase 3 (December 2021), by parity



KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- Between 2020 and 2021, we observed low proportions of continued use of the same FP method at 30%, with women between ages 25-49 years reporting slightly higher proportions of continued contraceptive use.
- Between 2020 and 2021, 42% of women in-union continued to be users of the same method, while 58% of those not in-union continued to be non-FP users.
- Over 35% of parous women continued using the method they reported at 2020 in 2021, while 71% of non-parous women continued to be non-users between 2020 and 2021.

SECTION 3: OTHER PANEL DYNAMICS

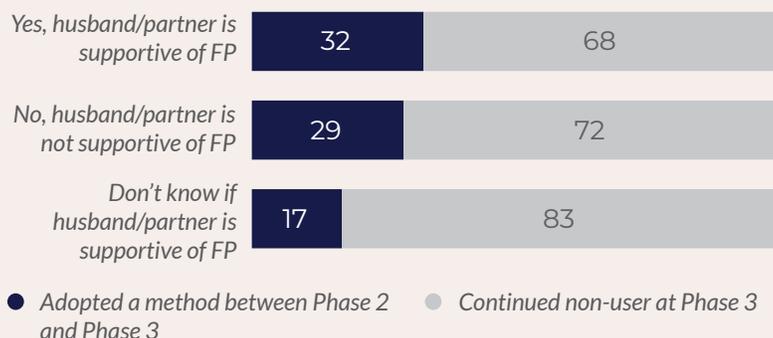
METHOD DISCONTINUATION

Among women 15-49 with unmet need at Phase 3, the percentage that stopped using a contraceptive method or became pregnant since Phase 2 (n=963)



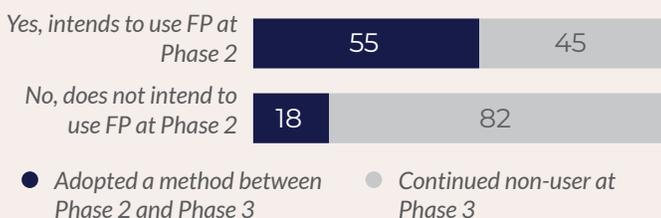
PARTNER SUPPORT FOR FAMILY PLANNING

Percent of women in union age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by husband/partner's support for FP at Phase 2 (n=2,515)



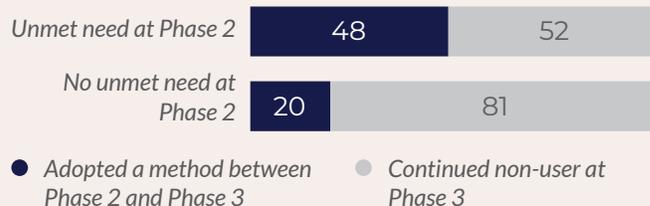
INTENTION TO USE FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their intention to use FP at Phase 2 (n=4,070)



UNMET NEED FOR FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their unmet need status at Phase 2 (n=4,070)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- Among women with unmet need in 2021, 28% had discontinued contraception in the last 12 months.
- While 29% of the women who reported in 2020 that their partners were supportive of FP adopted a method in 2021, 32% of the women whose partners were unsupportive of FP adopted a method within the next year.
- Over 55% of women who reported an intention to use a contraceptive method in the next 12 months also reported successfully adopting a method within the year. In contrast, only 18% of women who reported no such FP intentions reported FP method adoption.

SUMMARY TABLE

	Total	Completed Phase 1	Completed Phase 2	Completed Phase 3	Completed Phase 2 and Phase 3	Completed All Three Phases
Enrolled at Phase 1	8,797	8,729	6,979	6,533	6,096	6,057
Enrolled at Phase 2	2,963	N/A	2,945	2,273	2,260	N/A
Total Panel Women	11,760	8,729	9,924	8,806	8,356	6,057

PMA Kenya collects national (and county level) representative data on knowledge, practice, and coverage of family planning services in 308 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The PMA panel survey was conducted in 11 counties among 10,994 women from Phase 1 and Phase 2 who consented to follow-up and aged 15-49y at Phase 3; 73% of women enrolled in the panel survey at Phase 1 between November and December 2019 and 27% of women enrolled in the panel survey at Phase 2 between November and December 2020. Of the 10994 eligible women, 17.8% of were not reached for follow-up at Phase 3. Of those reached, 8841 (80.4% of the eligible respondents) completed the Phase 3 survey, for a response rate of 99.5% among contacted women. Survey results presented in this brief are among de facto women who completed the female panel surveys at each Phase. 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%. The ages, marital status, education, and parity used for indicator calculation are the reported age at Phase 2. Phase 3 was conducted one year later.

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.