OVERALL KEY FINDINGS

- There has been a decrease in modern contraception use since 2015 among all and married women.
- 42% of the women reported to have received comprehensive methods information during the FP visit.
- Contraceptive stock outs were observed notably for the Injectable, IUD, Pills and Implant.

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 women age 15-49 currently using contraception by method type (PMA Phase 1 n=695)
MODERN CONTRACEPTIVE PREVALENCE BY COUNTY
Percent of women age 15-49 currently using modern contraception by Kenya county

- Bungoma: 50%
- Nyamira: 49%
- Nandi: 49%
- Kakamega: 47%
- Nairobi: 47%
- Kiambu: 47%
- Kericho: 43%
- Kitui: 41%
- Siaya: 41%
- Kilifi: 35%
- West Pokot: 19%

METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=695)

TRENDS IN MODERN CONTRACEPTIVE MIX
Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=339)

MODERN CONTRACEPTIVE METHOD MIX
Percent distribution of married/in union modern contraceptive users age 15-49 by method

Key for method mix charts:
- Other modern methods
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

‘Other’ category includes male sterilization, female condoms, diaphragm, LAM, and standard days/cycle beads.
12-MONTH DISCONTINUATION RATE
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=263 episodes)

- 42% discontinued for other reasons
- 4% discontinued to become pregnant
- Reasons for discontinuation:
  - 1% experienced method failure
  - 9% were concerned over side effects or health
  - 9% had other fertility related reasons
  - 2% other method-related reasons
  - 17% wanted a more effective method
  - 5% other/don’t know
- Discontinued but switched methods: 18%

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

- There has been a general decrease in modern contraceptive use since 2015.
- There has been an increase in preference for LARC from 9% to 21% between 2014 and 2019.
- About 43% of the pregnancies were unintended, with 30% mistimed and 13% not wanted.
- Demand satisfied by modern method has been consistently high since 2015 at above 80%.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY
Percent of women by intention of their most recent birth or current pregnancy (n=409)

- 13% wanted no more children
- 30% wanted later
- 43% of pregnancies were unintended
- 57% Intended

SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

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=337)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you told by the provider that you could switch to a different method in the future?</td>
<td>68</td>
<td>32</td>
</tr>
<tr>
<td>When you obtained your method were you told by the provider about side effects or problems you might have?</td>
<td>53</td>
<td>48</td>
</tr>
<tr>
<td>Were you told what to do if you experienced side effects or problems?</td>
<td>91</td>
<td>9</td>
</tr>
<tr>
<td>Were you told by the provider about methods of FP other than the method you received?</td>
<td>69</td>
<td>31</td>
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</table>

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

- 58% answered “No” to at least one MII+ question
- 42% 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

<table>
<thead>
<tr>
<th>Age Group</th>
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<th>No</th>
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<td>25-49</td>
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CLIENT EXIT INTERVIEWS

Percent of female clients age 15-49 who said yes to the following questions (n=213)

- During today’s visit, did the provider tell you the advantages/disadvantages of the FP method?
  - Yes: 64%
  - No: 36%

- During today’s visit, did you obtain the method of FP you wanted?
  - Yes: 90%
  - No: 10%

- Were you satisfied with FP services you received today at this facility?
  - Yes: 99%
  - No: 1%

Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

- Only 64% of women reported that the provider told them the advantages/disadvantages of the FP method.
- 58% of women did not receive comprehensive information about side effects, what to do about side effects, of other methods, or the possibility of switching methods.
- Adolescent girls are least likely to have discussed FP with their health provider or CHW in the past year.

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 statements (n=337)

- Does your partner know that you are using this method?
  - Yes: 84%
  - No: 16%

- Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?
  - Yes: 81%
  - No: 19%

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 statements (n=353)

- Would you say that using FP is mainly your decision?
  - Mainly respondent: 53%
  - Joint decision: 35%
  - Mainly partner: 13%
  - Other: 1%

Percent of women who are not currently using FP and agree with the following statements (n=307)

- Would you say that not using FP is mainly your decision?
  - Mainly respondent: 73%
  - Joint decision: 9%
  - Mainly partner: 17%
  - Other: 1%

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a modern female controlled method, 84% report that their partner know that they are using contraception.
- 13% of women who are using contraceptive method report that the decision to use was mainly their partner’s decision.
- 17% of the decisions not to use and 53% of the decisions to use FP are jointly made.
SECTION 4: WOMEN AND GIRLS’ EMPOWERMENT

AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS
Percent of all women who strongly agree to strongly disagree with each statement

Exercise of choice (self-efficacy, negotiation) for family planning (n=676)
- I feel confident telling my provider what is important when selecting an FP method.
- I can decide to switch from one FP method to another if I want to.

Existence of choice (motivational autonomy) for family planning (n=671)
- If I use FP, my body may experience side effects that will disrupt relations with my partner.
- If I use FP, my children may not be born normal.
- There will be conflict in my relationship/marriage if I use FP.
- If I use FP, I may have trouble getting pregnant the next time I want to.
- If I use FP, my partner may seek another sexual partner.

WOMEN’S AND GIRL’S EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING
The Women’s and Girls’ Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes.

Presented results are only for the existence of choice and exercise of choice domains for family planning.

Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

Range for the combined WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.
**KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS’ EMPOWERMENT**

- Women who score higher on the empowerment scale are much more likely to be using a modern contraceptive method or intend to use in the future.
- Women who are employed are more likely to be using or intend to use modern contraception.

**SECTION 5: ATTITUDES TOWARDS CONTRACEPTION**

**PERSONAL ATTITUDES**

Percent of women who personally agree with statements made about contraceptive use, by age, residence, and contraceptive use status

<table>
<thead>
<tr>
<th>By age</th>
<th>Adolescents who use FP are promiscuous. (n=692)</th>
<th>FP is only for married women. (n=692)</th>
<th>FP is only for women who don’t want any more children. (n=691)</th>
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<tbody>
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<td>15-19</td>
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By residence

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By contraceptive use status

<table>
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<th>Non-users</th>
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<td>FP is only for women who don’t want any more children.</td>
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<td>52</td>
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</table>
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- More than half of the women agreed or strongly agreed that people who use FP have a better quality of life.
- About 4 in every 10 adolescents are of the opinion that their adolescent counterparts who use FP are promiscuous
- About 5 in every 10 contraceptive non users are of the opinion that FP is only for married women.

SECTION 6: REPRODUCTIVE TIMELINE

KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- While about 6 in every 10 of the young women have had first sex by age 18, only 14% are married by that age and just 17% have used a contraceptive.
- Rural women start using contraceptives about 5 years after their sex debut.
SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD
Public facilities (PMA Phase 1 n=75)

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TRENDS IN METHOD AVAILABILITY: IMPLANT
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TRENDS IN METHOD AVAILABILITY: INJECTABLES
Public facilities (PMA Phase 1 n=75)

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TRENDS IN METHOD AVAILABILITY: PILLS
Public facilities (PMA Phase 1 n=75)

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TRENDS IN METHOD AVAILABILITY: MALE CONDOMS
Public facilities (PMA Phase 1 n=75)

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KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- 73% of the women obtained their current modern method from a public health facility.
- Only 44% of the facilities that provide IUD have a trained provider and instruments/supplies needed for IUD insertion/removal.
PMA Kenya (Nyamira) 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 2019 from 833 households (96.7% response rate), 695 females age 15-49 (97.5% response rate), 83 facilities (98.8% completion rate), and 213 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

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.

### Tables: Contraceptive Prevalence and Unmet Need

#### All Women

<table>
<thead>
<tr>
<th>Data source</th>
<th>Round/Phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR%</th>
<th>SE</th>
<th>95% CI</th>
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<th>Unmet need (%)</th>
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#### Women in Union

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<th>Unmet need (%)</th>
<th>SE</th>
<th>95% CI</th>
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<tr>
<td>PMA 2020</td>
<td>R1</td>
<td>May-July 2014</td>
<td>313</td>
<td>62.97</td>
<td>5.35</td>
<td>50.89 73.62</td>
<td>61.96</td>
<td>5.32</td>
<td>50.03 72.61</td>
<td>16.54</td>
<td>2.52</td>
<td>11.77 22.74</td>
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<tr>
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<td>R2</td>
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<td>327</td>
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<td>R3</td>
<td>June-July 2015</td>
<td>345</td>
<td>72.79</td>
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<td>62.88 80.86</td>
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<td>Nov-Dec 2015</td>
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<td>65.48 80.07</td>
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<td>Nov-Dec 2016</td>
<td>333</td>
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<td>Nov-Dec 2017</td>
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<td>2.86</td>
<td>60.36 72.86</td>
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<td>58.68 72.38</td>
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<td>6.51 17.66</td>
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<td>PMA Phase 1</td>
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<td>57.44 70.74</td>
<td>11.56</td>
<td>1.58</td>
<td>8.67 15.24</td>
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PMA Kenya (Nyamira) 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 2019 from 833 households (96.7% response rate), 695 females age 15-49 (97.5% response rate), 83 facilities (98.8% completion rate), and 213 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

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.