OVERALL KEY FINDINGS

There has been a decrease in modern contraception use since 2015 among all and married women.

47% of the women reported to have received comprehensive methods information during the FP visit.

76% of the users obtained their current modern method from a public health facility.

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=730)

There has been a decrease in modern contraception use since 2015 among all and married women.

47% of the women reported to have received comprehensive methods information during the FP visit.

76% of the users obtained their current modern method from a public health facility.
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=730)

- Modern method
- Traditional method
- Unmet need for spacing
- Unmet need for limiting
- Demand satisfied by modern method

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

TRENDS IN MODERN CONTRACEPTIVE MIX
Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=315)

MODERN CONTRACEPTIVE METHOD MIX
Percent distribution of married/in union modern contraceptive users age 15-49 by method (n=236)

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

‘Other’ category includes emergency contraception, 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=333 episodes)

- **4%** discontinued to become pregnant
- **42%** discontinued for other reasons

Reasons for discontinuation:
- **4%** experienced method failure
- **9%** were concerned over side effects or health
- **20%** had other fertility related reasons
- **1%** other method-related reasons
- **5%** wanted a more effective method
- **4%** other/don’t know

Discontinued but switched methods:
- **9%** Switched

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

- There has been a general decrease in modern contraceptive use since 2015.
- 46% of the time, methods were discontinued within one year of starting. 4% did so to become pregnant and 9% switched to another method.
- About 54% of the pregnancies were unintended, with 44% mistimed and 10% not wanted.

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY
Percent of women by intention of their most recent birth or current pregnancy (n=413)

- 10% wanted no more children
- 44% wanted later
- 46% Intended
- 54% of pregnancies were unintended

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=310)

- **36**% answered “Yes” to all four MII+ questions
- **64**% answered “No” to all four MII+ questions
- **25**% answered “Yes” to at least one MII+ question
- **75**% answered “No” to at least one MII+ question
- **53**% answered “Yes” to all four MII+ questions
- **47**% answered “No” 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>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
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<tr>
<td>20-24</td>
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<tr>
<td>25-49</td>
<td>44</td>
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**CLIENT EXIT INTERVIEWS**

Percent of female clients age 15-49 who said yes to the following questions (n=292)

- During today’s visit, did the provider tell you the advantages/disadvantages of the FP method? 63%
- During today’s visit, did you obtain the method of FP you wanted? 83%
- Were you satisfied with FP services you received today at this facility? 95%

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**

- 95% of the clients reported satisfaction with FP services they received, but only 63% reported that the provider discussed the advantages and disadvantages of the chosen method.
- 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=311)

- Does your partner know that you are using this method? 76%
- Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner? 70%

Percent of women who are currently using FP and agree with the following statements (n=323)

- Would you say that using FP is mainly your decision? 48%

Percent of women who are not currently using FP and agree with the following statements (n=360)

- Would you say that not using FP is mainly your decision? 13%

**KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS**

- Among women using a modern female controlled method, 24% reported that their partner does not know that they are using contraception.
- 11% of women who are using contraceptive method reported that it is mainly their partner’s decision to use
- 13% of the decisions not to use and 48% of the decisions to use FP are jointly made.
### 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=722)

- **I feel confident telling my provider what is important when selecting an FP method.**
  - Strongly disagree: 8
  - Disagree: 4
  - Neutral: 4
  - Agree: 18
  - Strongly agree: 67

- **I can decide to switch from one FP method to another if I want to.**
  - Strongly disagree: 7
  - Disagree: 6
  - Neutral: 4
  - Agree: 18
  - Strongly agree: 65

#### Existence of choice (motivational autonomy) for family planning (n=706)

- **If I use FP, my body may experience side effects that will disrupt relations with my partner.**
  - Strongly disagree: 39
  - Disagree: 16
  - Neutral: 5
  - Agree: 13
  - Strongly agree: 28

- **If I use FP, my children may not be born normal.**
  - Strongly disagree: 61
  - Disagree: 15
  - Neutral: 3
  - Agree: 7
  - Strongly agree: 15

- **There will be conflict in my relationship/marriage if I use FP.**
  - Strongly disagree: 55
  - Disagree: 18
  - Neutral: 4
  - Agree: 6
  - Strongly agree: 18

- **If I use FP, I may have trouble getting pregnant the next time I want to.**
  - Strongly disagree: 54
  - Disagree: 17
  - Neutral: 4
  - Agree: 8
  - Strongly agree: 18

- **If I use FP, my partner may seek another sexual partner.**
  - Strongly disagree: 65
  - Disagree: 15
  - Neutral: 4
  - Agree: 5
  - Strongly agree: 11

### 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.

#### Mean WGE score, by education

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<th>Mean WGE score</th>
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<tr>
<td>Tertiary education</td>
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<td>Secondary education</td>
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#### Mean WGE score, by age

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<th>Mean WGE score</th>
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</thead>
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<tr>
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<td>4.0</td>
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<tr>
<td>15-19</td>
<td>3.6</td>
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</table>

*PMA KENYA*
mCPR and intent to use contraception, by categorical WGE score
Percent of women using a modern method of contraception and percent of women who intend to use contraception in the next year by categorical WGE score (n=730)

mCPR and intent to use contraception, by employment
Percent of women using a modern method of contraception and percent of women who intend to use contraception in the next year by employment status (n=730)

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 CONTRCEPTION

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

By age

<table>
<thead>
<tr>
<th>Adolescents who use FP are promiscuous.</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
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<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>20-24</td>
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<tr>
<td>25-49</td>
<td>62</td>
<td>38</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FP is only for women who don’t want any more children.</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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</thead>
<tbody>
<tr>
<td>15-19</td>
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<tr>
<td>25-49</td>
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By residence

<table>
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<tr>
<th>Rural</th>
<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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<tbody>
<tr>
<td>Users</td>
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<td>46</td>
</tr>
<tr>
<td>Non-users</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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</thead>
<tbody>
<tr>
<td>Users</td>
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<td>37</td>
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<tr>
<td>Non-users</td>
<td>54</td>
<td>46</td>
</tr>
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</table>

By contraceptive use status

<table>
<thead>
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<th>Disagree/Strongly disagree</th>
<th>Agree/Strongly agree</th>
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</thead>
<tbody>
<tr>
<td>Users</td>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>Non-users</td>
<td>65</td>
<td>35</td>
</tr>
</tbody>
</table>
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- Over 70% of the women agreed or strongly agreed that people who use FP have a better quality of life.
- About 6 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

![Reproductive Timeline Diagram]

**Reproductive Timeline**
Median age at reproductive events, by urban vs. rural residence (n=176)

**Reproductive Events by Age 18**
Percent of women aged 18-24 who experienced reproductive events by age 18 (n=176)

- **Urban women**
  - First sex: 17.1 (Median age)
  - First contraceptive use: 22.5
  - First marriage: 22.1
  - First birth: 21.6
- **Rural women**
  - First sex: 16.2 (Median age)
  - First contraceptive use: 23.1
  - First marriage: 19.9
  - First birth: 18.9

**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 17% have used a contraceptive by that age and 13% are married.
- Rural women start using contraceptives about 7 years after their sex debut while urban women use contraceptives about 5 years after their sexual debut.
TRENDS IN METHOD AVAILABILITY: IUD
Public facilities (PMA Phase 1 n=77)

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<tr>
<td>Currently in stock but stockout in last 3 months</td>
<td>69</td>
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<td>89</td>
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TRENDS IN METHOD AVAILABILITY: IMPLANT
Public facilities (PMA Phase 1 n=77)

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</thead>
<tbody>
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<td>97</td>
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<tr>
<td>Currently in stock but stockout in last 3 months</td>
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<td>66</td>
<td>20</td>
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TRENDS IN METHOD AVAILABILITY: INJECTABLES
Public facilities (PMA Phase 1 n=77)

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<td>63</td>
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TRENDS IN METHOD AVAILABILITY: MALE CONDOMS
Public facilities (PMA Phase 1 n=77)

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<td>3</td>
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TRENDS IN METHOD AVAILABILITY: PILLS
Public facilities (PMA Phase 1 n=77)

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<td>80</td>
<td>94</td>
<td>67</td>
<td>81</td>
<td>73</td>
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</tbody>
</table>

- 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
FACILITY READINESS
Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=76)

- Yes: 78%
- No: 22%

Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=64)

- Yes: 53%
- No: 47%

FEES FOR SERVICES
Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=77)

- Yes: 9%
- No: 91%

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- 76% of the women obtained their current modern method from a public health facility.
- Slightly more than half of the facilities that provide IUD have a trained and instruments/supplies needed for IUD insertion/removal.
PMA Kenya (Siaya) 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 835 households (98.5% response rate), 730 females age 15-49 (98.3% response rate), 98 facilities (98% completion rate), and 299 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

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<tr>
<th>Data source</th>
<th>Round/ Phase</th>
<th>Data collection</th>
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<th>SE</th>
<th>95% CI</th>
<th>mCPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need (%)</th>
<th>SE</th>
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#### WOMEN IN UNION

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<tr>
<th>Data source</th>
<th>Round/ Phase</th>
<th>Data collection</th>
<th>Female sample</th>
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PMA Kenya (Siaya) 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 835 households (98.5% response rate), 730 females age 15-49 (98.3% response rate), 98 facilities (98% completion rate), and 299 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.