



KENYA (SIAYA)

Results from Phase 2 panel survey

November–December 2020

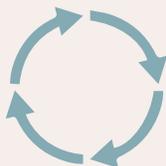
OVERALL KEY FINDINGS



Overall, the proportion of women using contraceptives has increased since Phase 1.



Continued non-use was more common among adolescents, those not in a union or with no children, but was reduced by expressed desire to use in future.

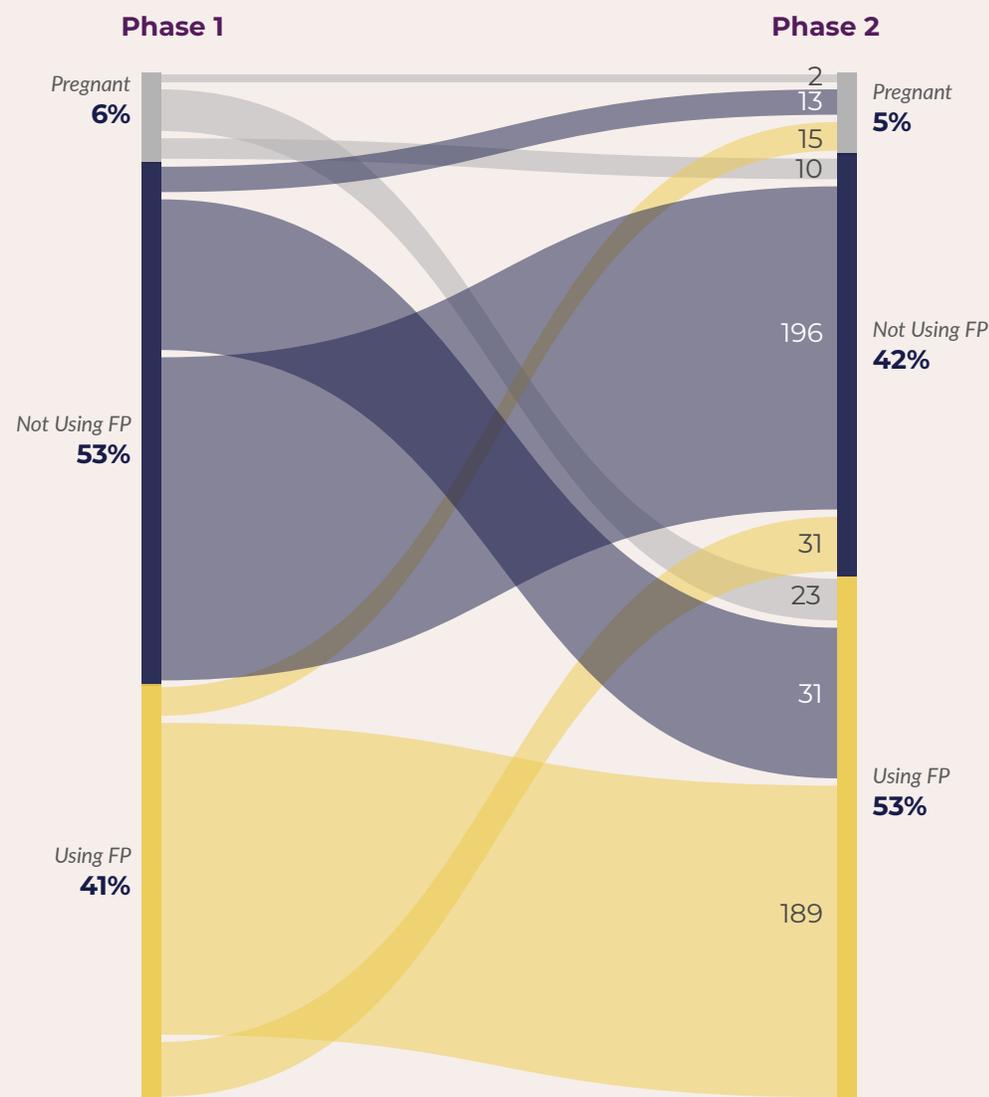


Overall, 72% of the women with unmet need for family planning at Phase 2 continued to be non-users between Phase 1 and Phase 2.

SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

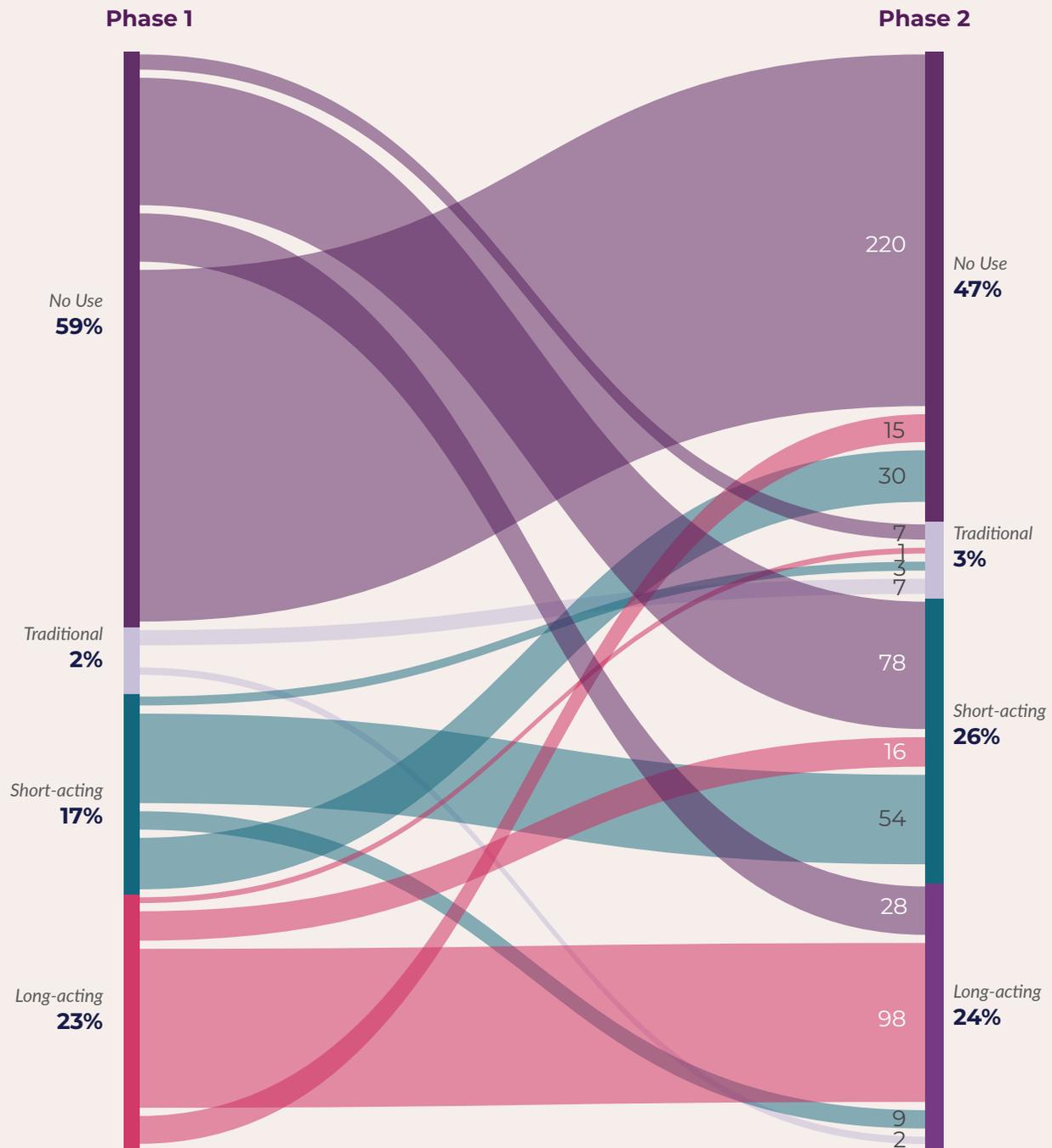
CHANGE IN CONTRACEPTIVE USE OR NON-USE

Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (December 2019) and PMA Phase 2 (December 2020) (n=567)



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=567)



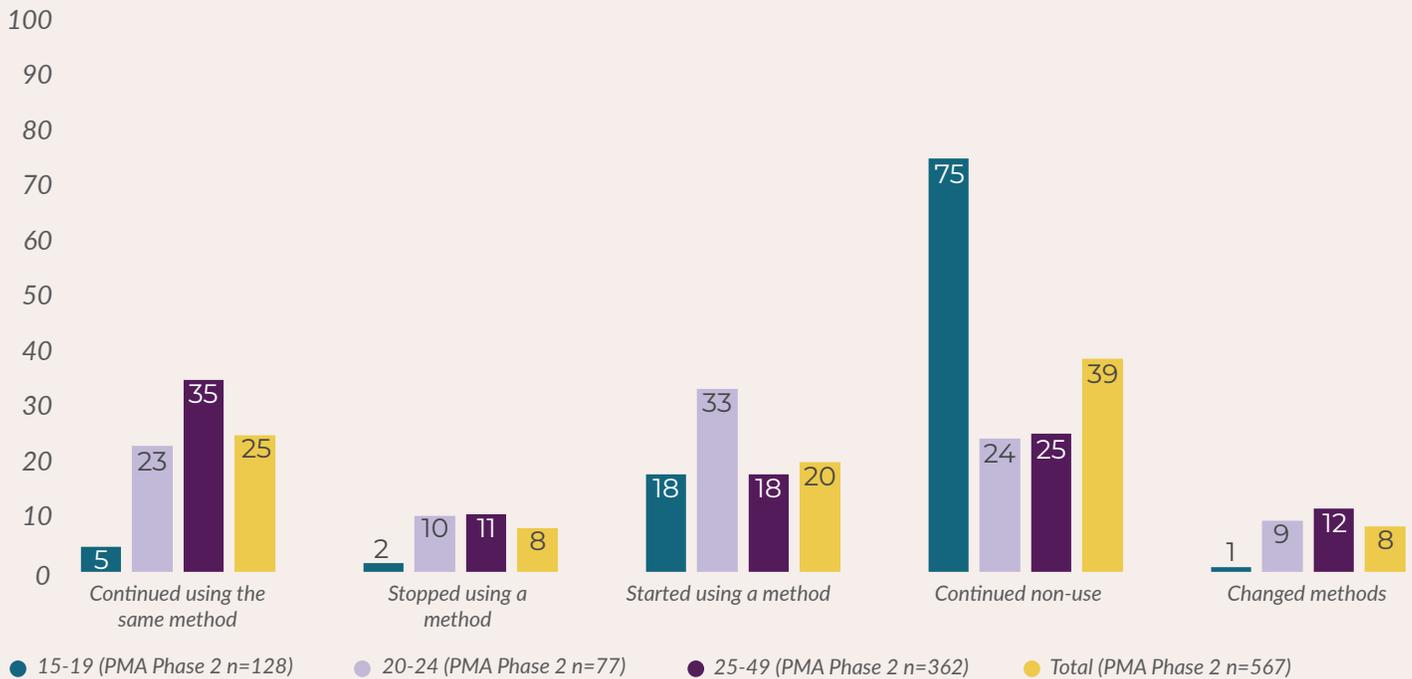
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- Among women not using FP in Phase 1, the majority of those who started using in Phase 2 were using a short-acting method.
- The proportion of women using short-acting methods increased by 9 percentage points, with a marginal increase in women using long-acting methods.
- An increase in the use of traditional methods between Phases 1 and 2 was observed, with a larger proportion being women who were non-users in Phase 1.

SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

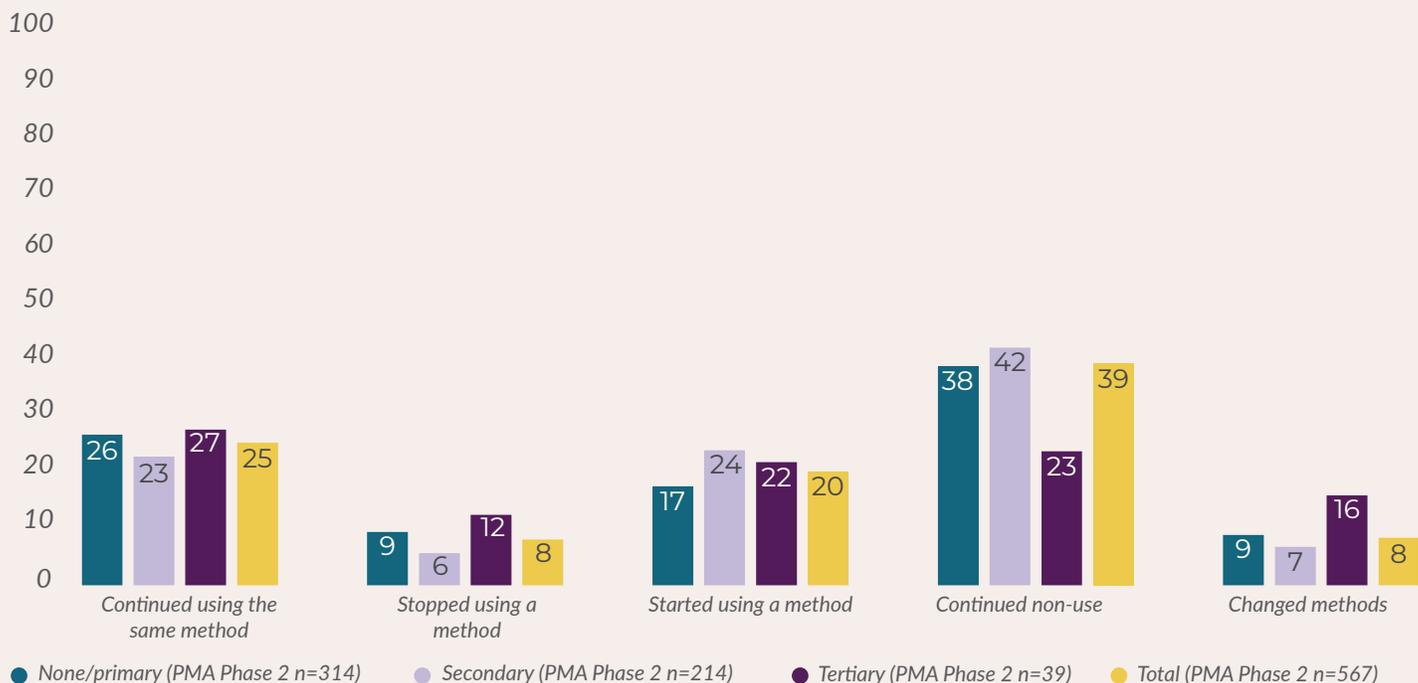
CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 1 (December 2019) and PMA Phase 2 (December 2020), by age



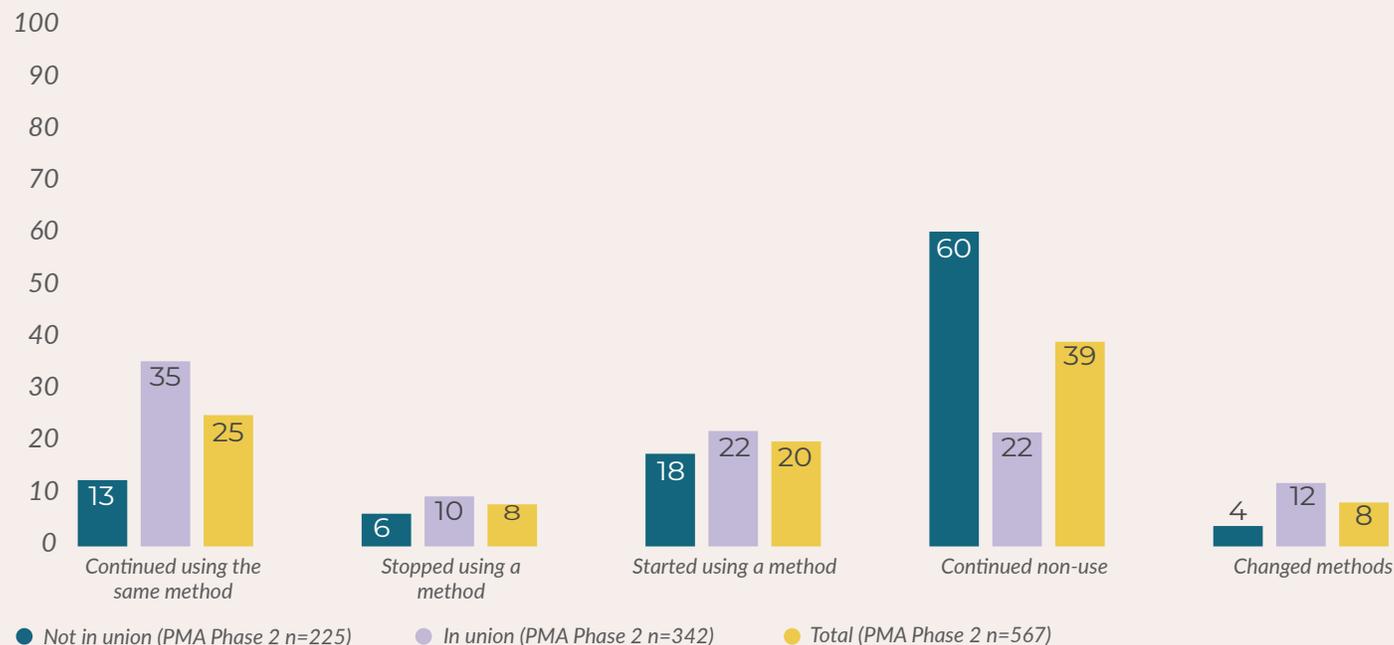
CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 1 (December 2019) and PMA Phase 2 (December 2020), by education level



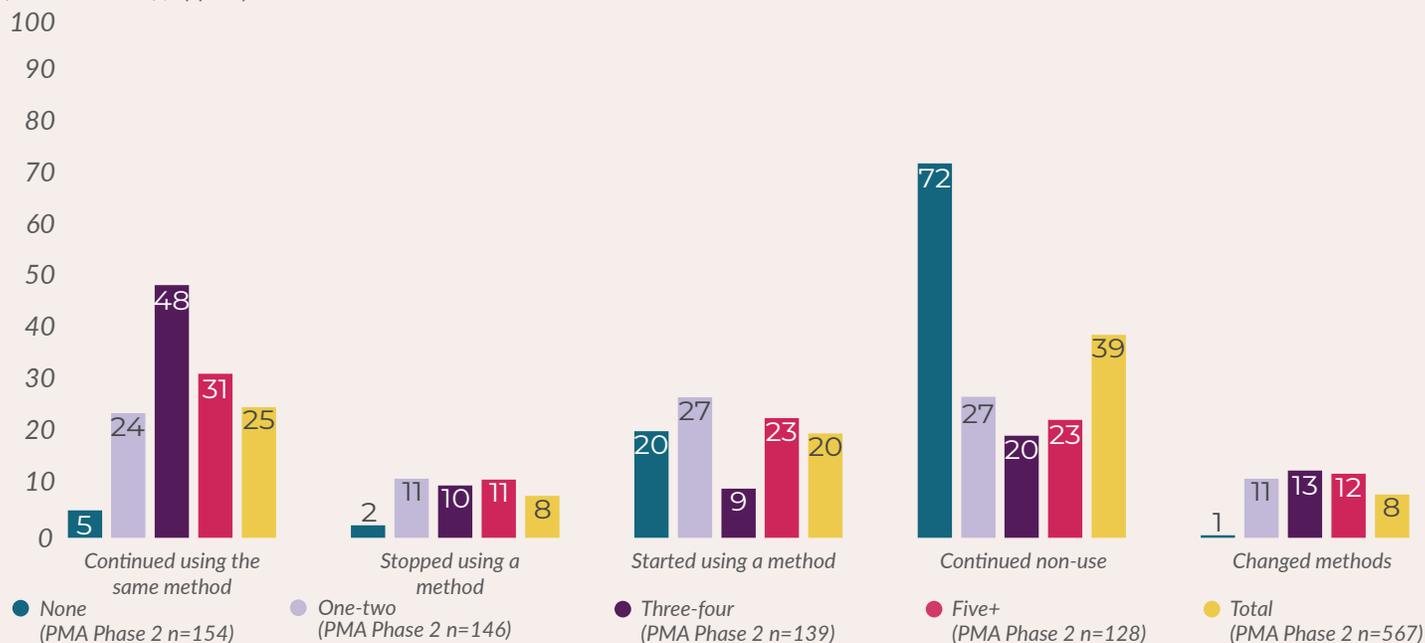
CHANGE IN CONTRACEPTIVE USE STATUS, BY MARITAL STATUS

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 1 (December 2019) and PMA Phase 2 (December 2020), 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 1 (December 2019) and PMA Phase 2 (December 2020), by parity



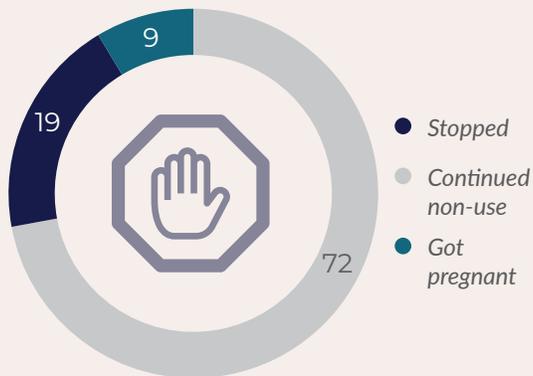
KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- The proportion of women aged 25-49 years who continued using the same method between Phases 1 & 2 was seven times higher compared to women aged 15-19 years.
- Overall, the proportion of women who discontinued or switched methods between Phases 1 and 2 was relatively low among women aged 15-19 years.
- Women with tertiary education were two times more likely to change a method compared to other women.

SECTION 3: OTHER PANEL DYNAMICS

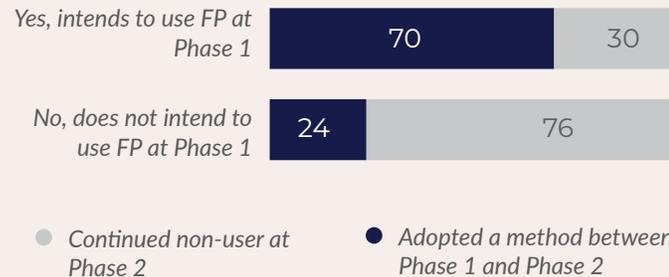
METHOD DISCONTINUATION

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=67)



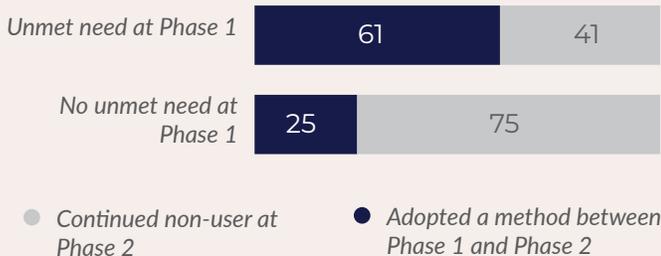
INTENTION TO USE FAMILY PLANNING

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=307)



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=307)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- The majority of women with unmet need for FP continued to be non-users, while 19% had stopped using a method.
- Women who had expressed a wish to use FP in the future were more than two times more likely to adopt a method.
- Nearly two-thirds of women with unmet need adopted a method, with 1 in 4 of those without unmet need taking up a method.

PMA Kenya (Siaya) collects nationally (and county/region-level) representative data 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 PMA panel survey was conducted in Siaya 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 (95.2%). Of the 699 eligible respondents, 19.8% were not reached for follow-up. Of those reached, 593 (83.7%) completed the survey, for a response rate of 99.5% 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 (Siaya) 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.