PMA2020/ Kenya

Monitoring young women's health with PMA2020



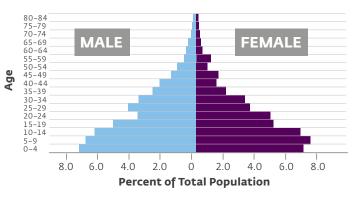
ADOLESCENTS & YOUNG ADULTS HEALTH BRIEF

KEY MESSAGES

- Kenya has a large adolescent and youth population.
- The majority of young women live in rural areas.
- Pronounced disparities in early marriage, early childbearing, and timing of first contraceptive use exist between urban and rural women.
- Approximately 1 in 2 unmarried sexually active women age 15-24 uses a modern method of contraception.
- Unmarried users are less likely to report being counseled on other methods or side effects.

Kenya has a large youth population





More than 1/2 of the Kenyan population is under 24 years of age.

More than 1/3 of the Kenyan population are adolescents (age 10-19 years).

Young women predominantly live in rural areas, and the majority attend at least some secondary school

Distribution of Female Youth Population (%)

AGE	15-19	20-24	TOTAL
	n= 996	n= 1,014	n= 2,010
RESIDENCE			
Urban	28.6	48.1	38.5
Rural	71.4	51.9	61.5
EDUCATION*			
Never Attended	0.7	2	1.4
Primary	47.7	39.9	43.8
Secondary/Vocational	47.3	38.1	42.6
University/Technical	4.3	20	12.2

A higher proportion of females age 20-24 live in urban areas compared to females age 15-19.

More than half of Kenyan females age 15-24 (54.8%) have attended secondary school or higher.

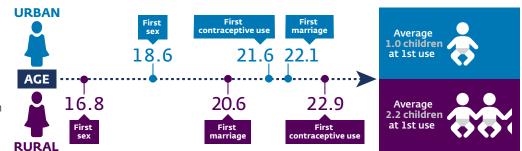
*Education defined as ever attended

Rural women initiate sex earlier and start using contraception later than urban women

The gap between first sex and first contraceptive use among rural women is twice that of urban women.

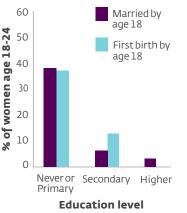
**Median ages are calculated among women age 25-49 to reduce censoring

Median Age at Reproductive Events



Marked differences in patterns of early marriage and childbearing exist among young women age 18-24

Marriage and childbearing by age 18, by education (n=1,374)



The percentage of women age 18-24 who have been married by age 18 is 31% higher among women with no education or only primary education – compared to women with secondary or more education.

The percentage of young rural women age 18-24 who had been married by age 18 is 12% higher than women of the same age in urban areas.

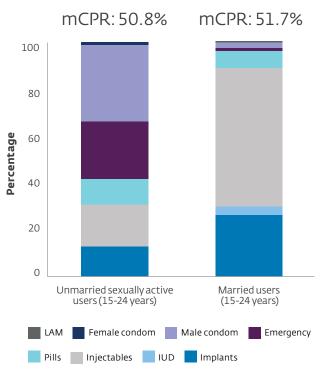


Unmarried sexually active women age 15-24 are less likely to use highly effective methods

The modern contraceptive prevalence rate (mCPR) among women age 15-24 is approximately equal across marital status.

Married women use more effective methods than unmarried women.

Method mix among modern users, by marital status



Unmarried users age 15-24 are less likely than married users to access counseling services

A higher percentage of married modern users obtained their methods at public health facilities than unmarried users.

Unmarried users are less likely to have received counseling on other contraceptive methods and side effects than married users.

Source of contraceptives and counseling among modern contraceptive users by marital status

	Unmarried Users	Married Users
SOURCE OF CURRENT CONTRACEPTIVE METHOD	%	%
Obtained method from public facility	39.3	73.3
COUNSELING	%	%
Counseled on other contraceptive methods	41.3	69.8
Counseled on possible side effects	43.6	64.4
Counseled on what to do if experiencing side effects	78.7	89.2

SAMPLE DESIGN

The PMA2015/Kenya-R4 survey, the fourth round of data collection in Kenya, used a two-stage cluster design with counties as strata. A sample of 120 enumeration areas (EAs) was drawn by the Kenya National Bureau of Statistics from its master sampling frame. In each EA households and private health facilities were listed and mapped, with 42 households randomly selected. Households were surveyed and occupants enumerated. All eligible females age 15 to 49 were contacted and consented for interviews. The final sample included 4,792 households, 4,921 females and 340 health facilities. Data collection was conducted between November and December 2015.