



KENYA (BUNGOMA)

Results from Phase 2 panel survey

November–December 2020

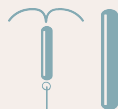
OVERALL KEY FINDINGS



The proportion of women using contraception between Phases 1 and 2 increased from 50.5% to 55.4%.



Women using a short-acting method are more likely to discontinue than those using a long-acting method.

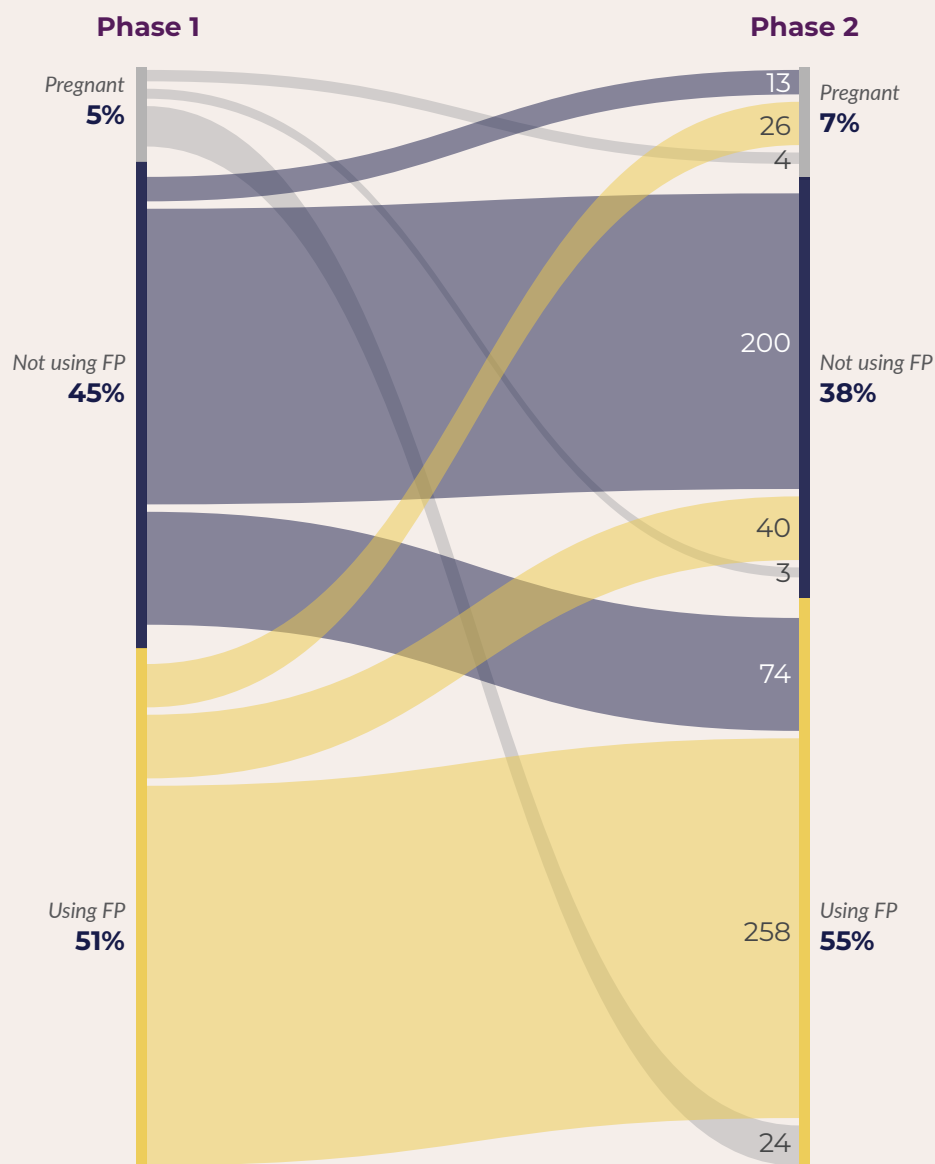


Among women who were non-users in Phase 1, those who intended to use in the future were more likely to adopt an FP method, than those who did not intend to use in the future.

SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

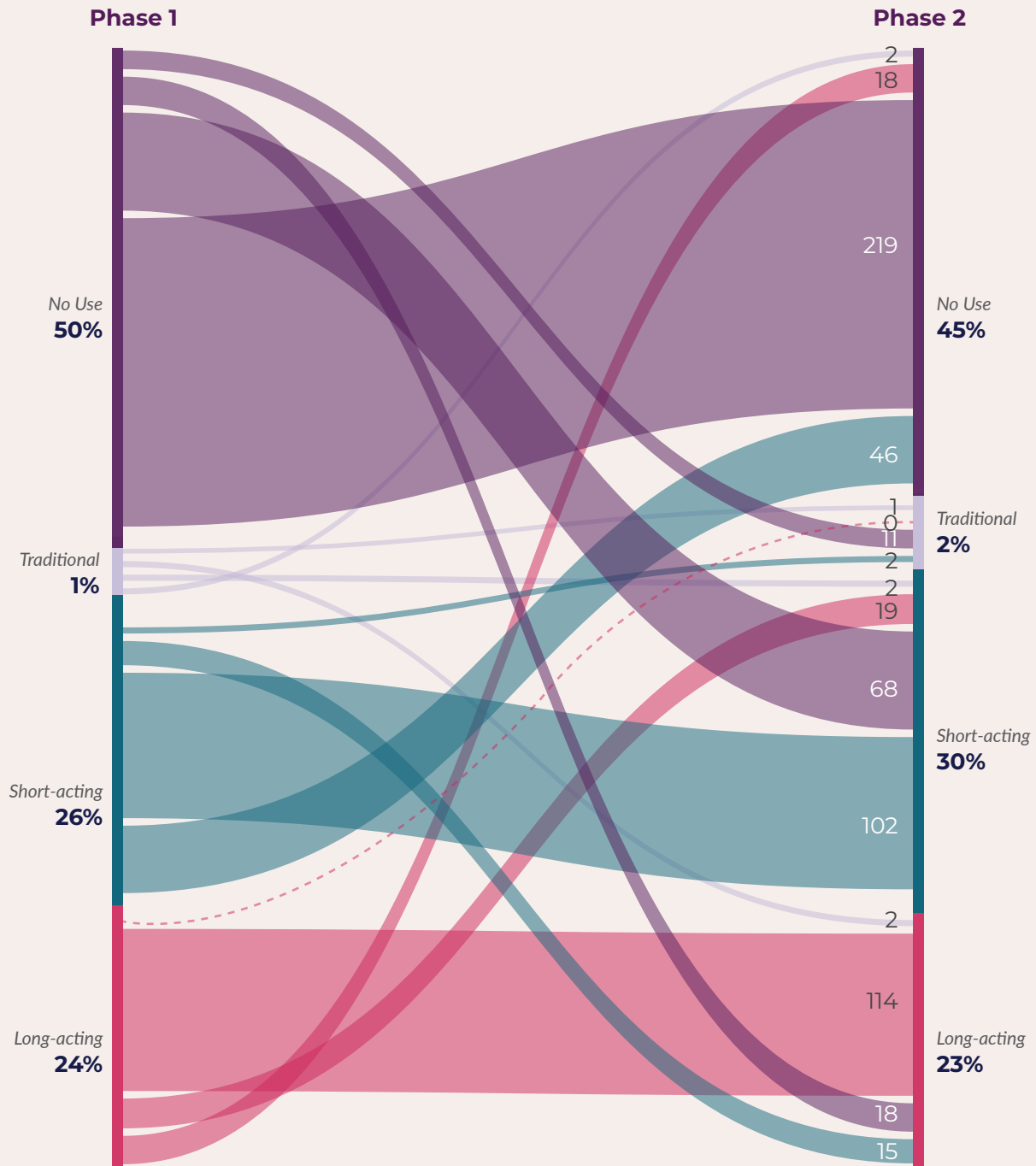
CHANGE IN CONTRACEPTIVE USE OR NON-USE

Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (December 2019) and PMA Phase 2 (December 2020) (n=641)



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=641)



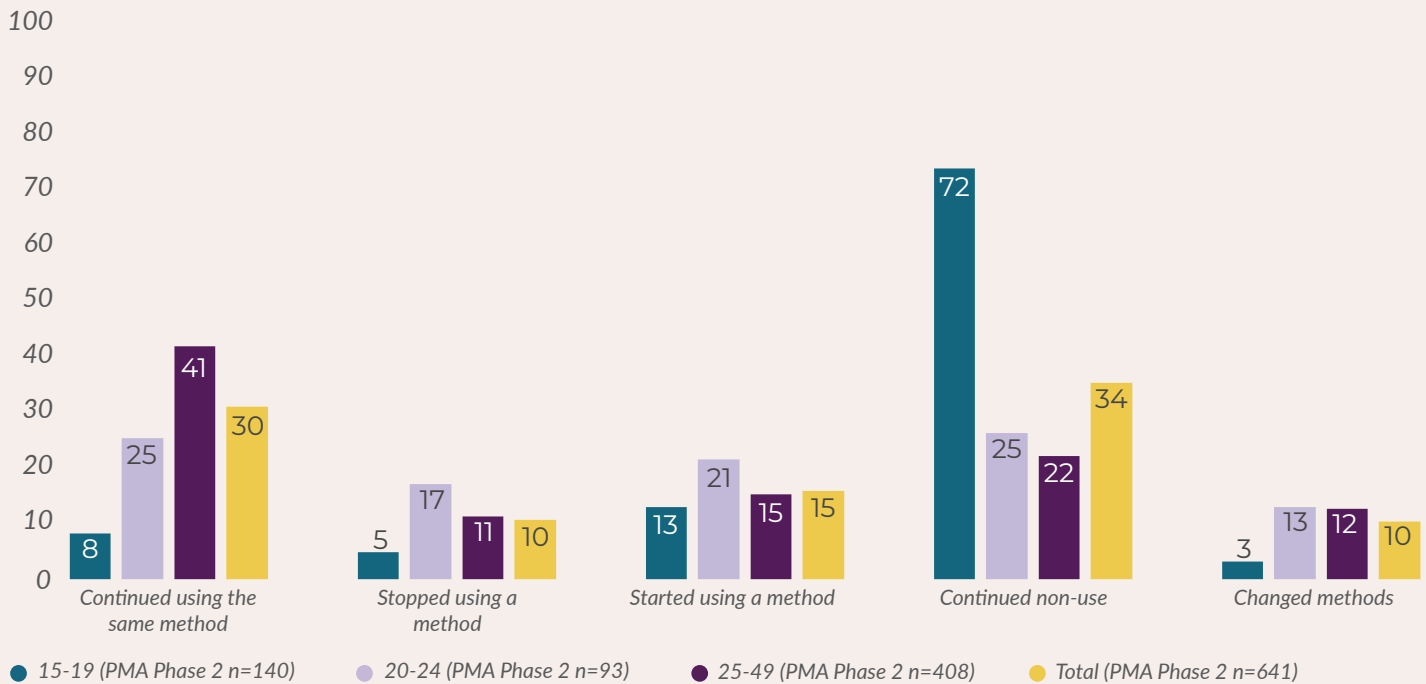
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- Modern Contraceptive Use has increased by 3 percentage points, with a reduction in non-users by 5 percentage points
- Among the 317 women who were not using FP in Phase 1, 97 had adopted a method at the time of interview in Phase 2.

SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

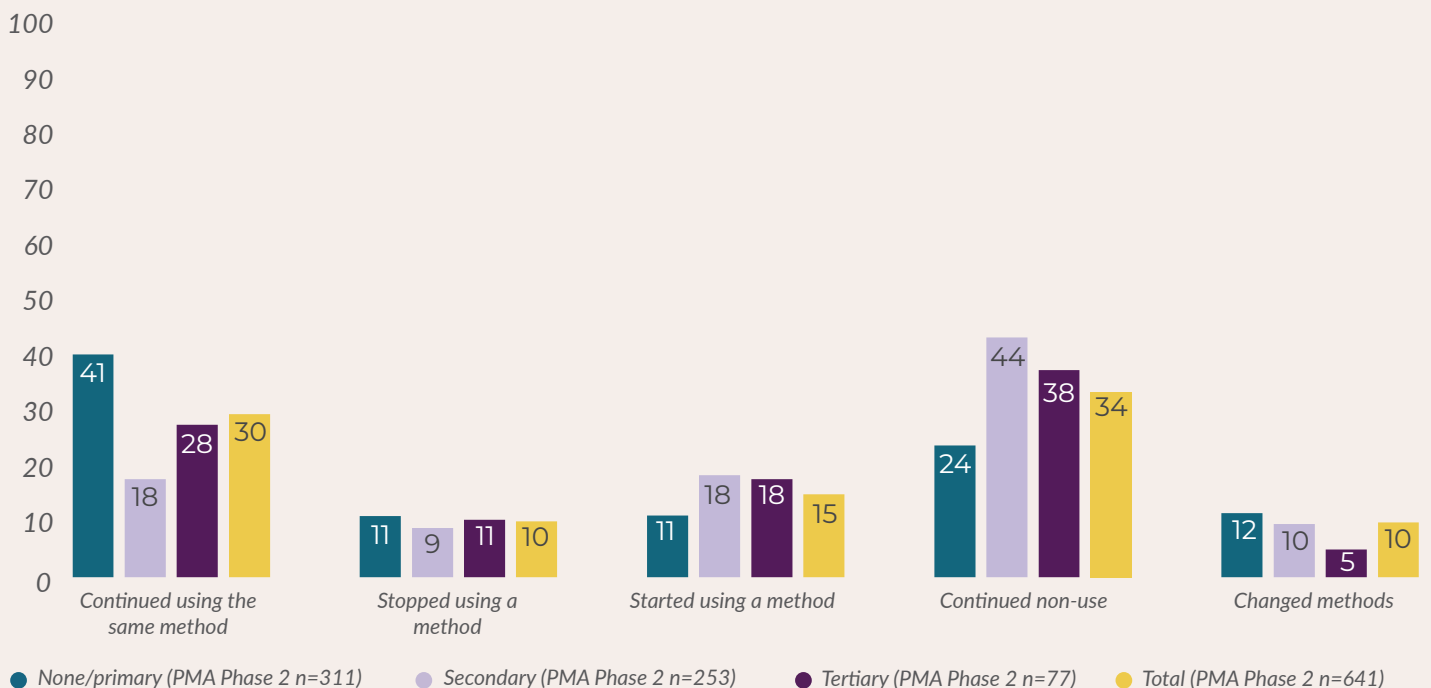
CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

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



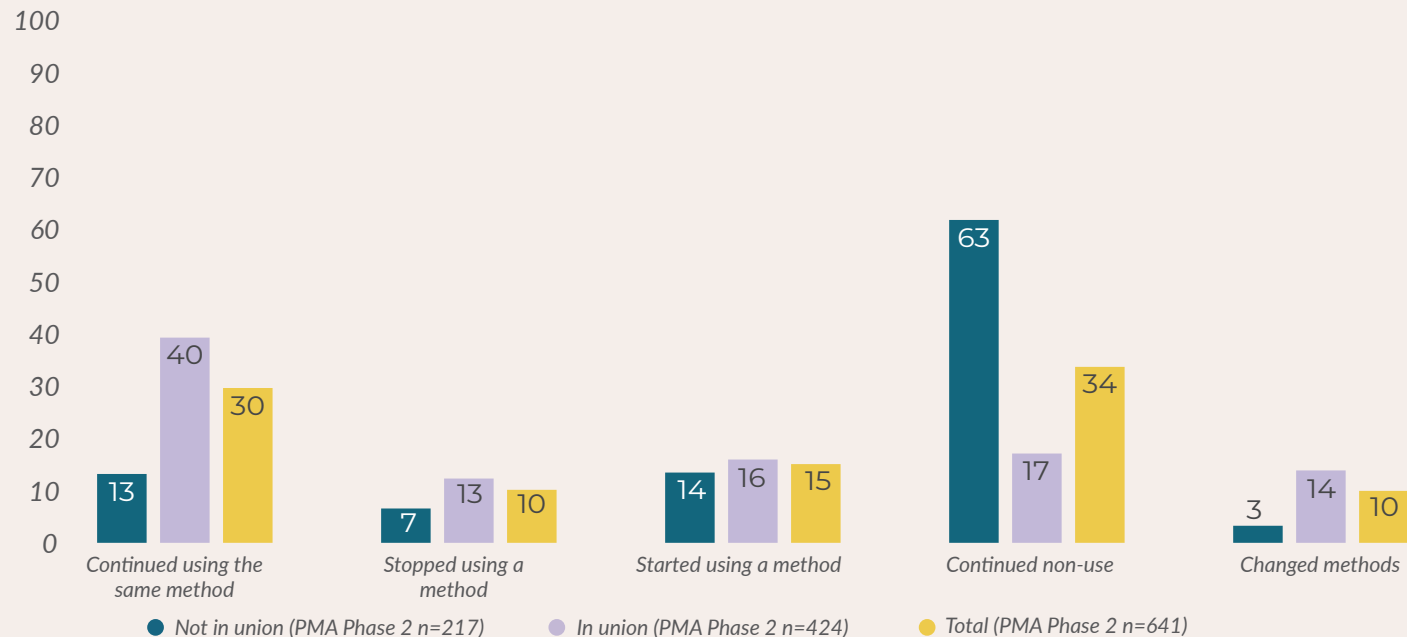
CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

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



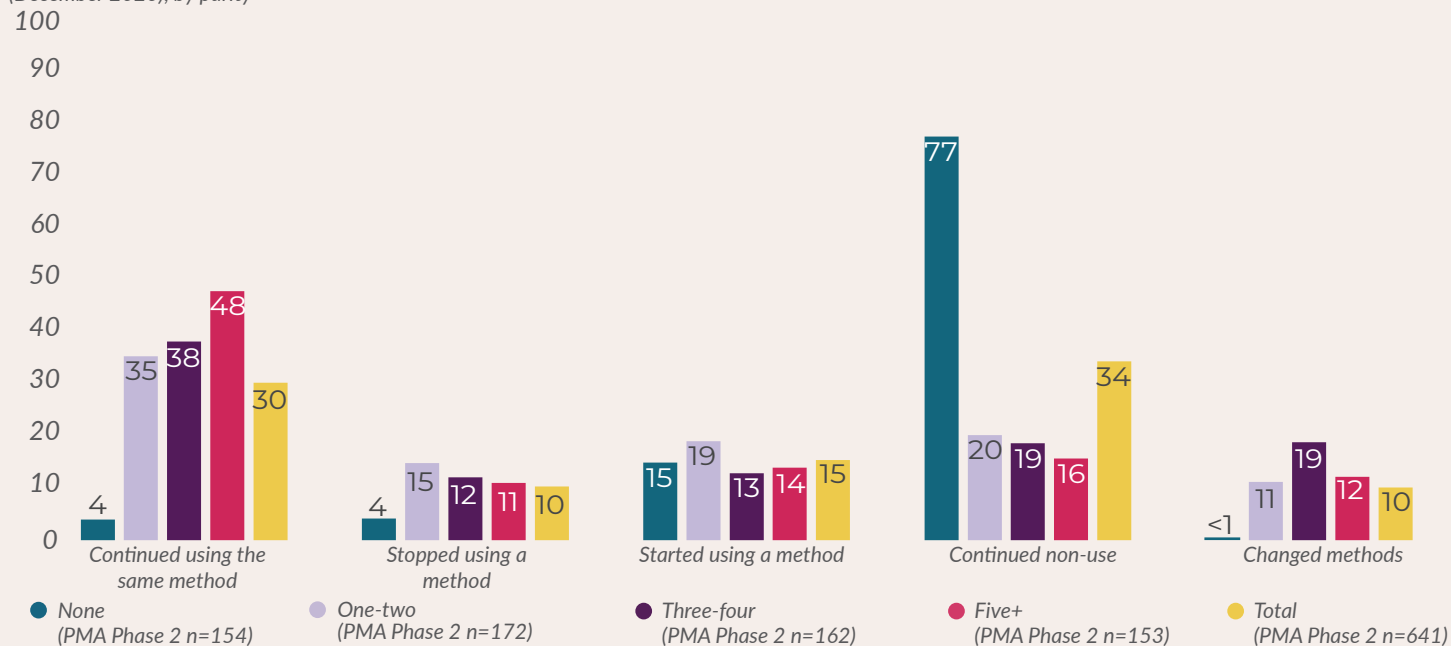
CHANGE IN CONTRACEPTIVE USE STATUS, BY MARITAL STATUS

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



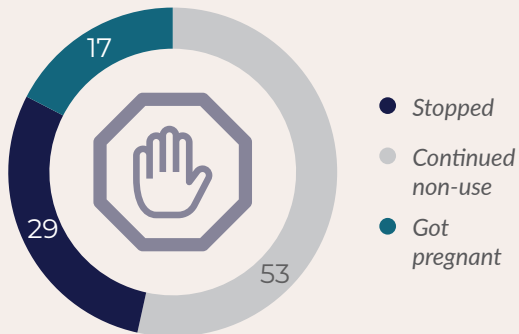
KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- Women are more likely to continue using the same method with increasing age.
- The majority of adolescents, of women not in a union and of women with no children remained non-users between Phase 1 and Phase 2.

SECTION 3: OTHER PANEL DYNAMICS

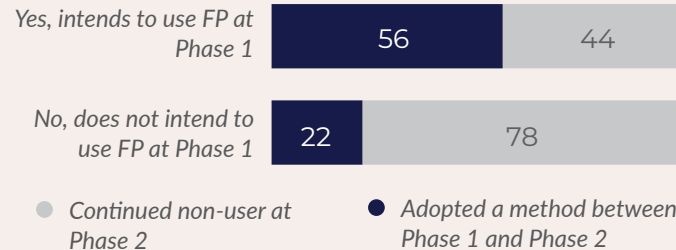
METHOD DISCONTINUATION

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=59)



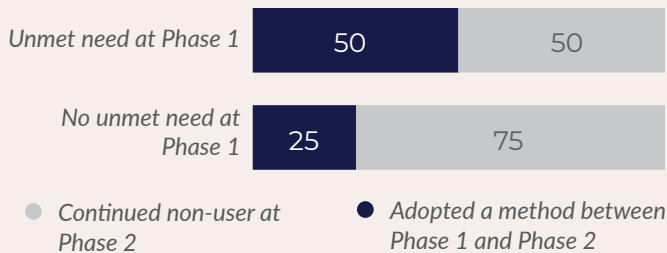
INTENTION TO USE FAMILY PLANNING

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=306)



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=306)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- More than half of women with unmet need for FP at Phase 2 continued to be non-users by phase 2, while 29% stopped using a method.
- Among women not using and intending to use FP in future, 56% began contraceptive use between Phase 1 and 2.
- Among women classified in Phase 1 as having unmet need for contraception, only half had adopted a method by Phase 2.

PMA Kenya (Bungoma) 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 Bungoma 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 (94.4%). Of the 780 eligible respondents, 17.2% were not reached for follow-up. Of those reached, 652 (82.6%) completed the survey, for a response rate of 99.7% 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 (Bungoma) 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.