



KENYA (KAKAMEGA)

Results from Phase 2 panel survey

November–December 2020

OVERALL KEY FINDINGS



Among women not using a method in Phase 1 and had an intention to use in the next 12 months, the majority had adopted a method by Phase 2.



About 4 in every 10 women with unmet need for family planning at Phase 2 had discontinued a method or became pregnant between Phases 1 and 2.

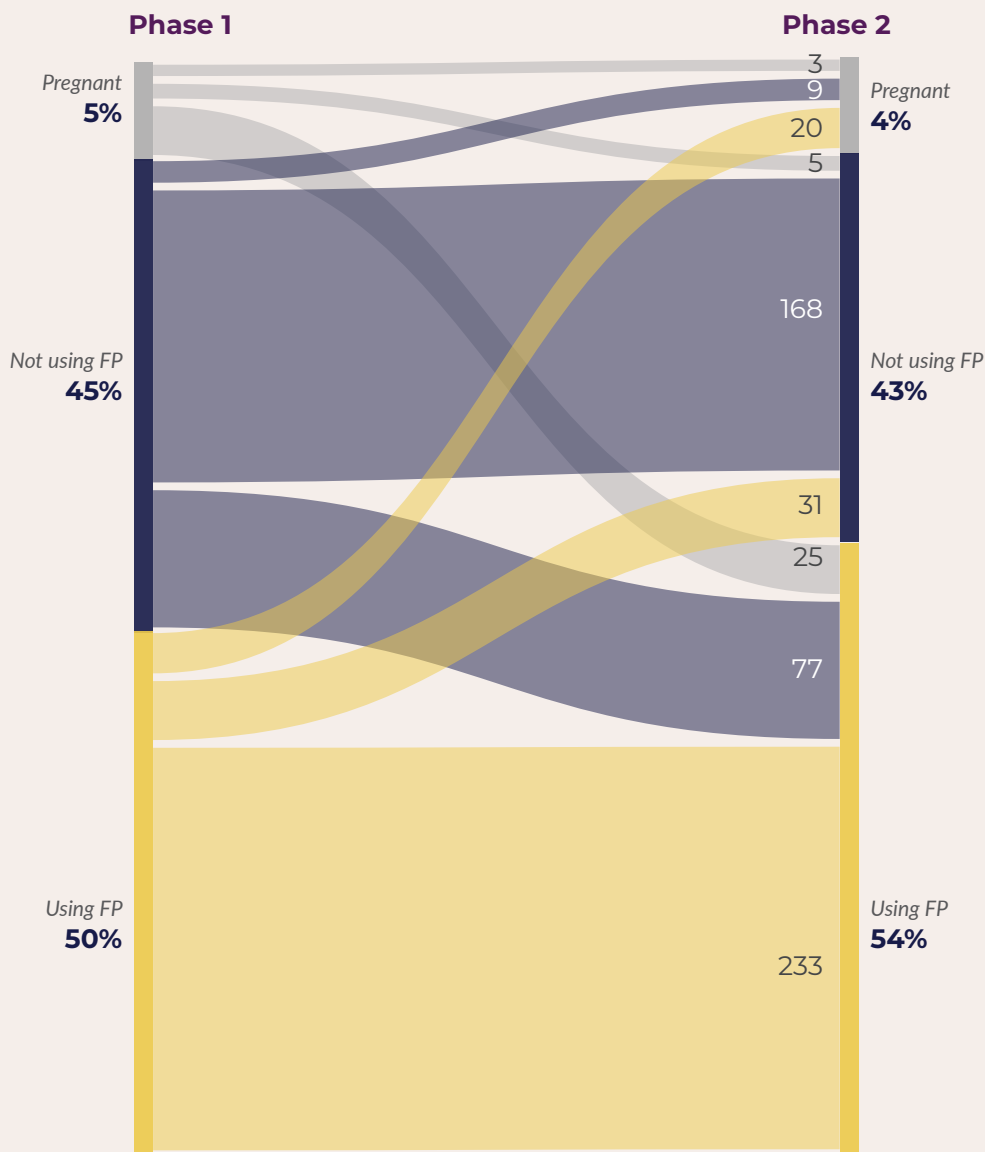


Continued non-use was more common among adolescents aged 15-19, those not in a union and with no children, but was lower among those with intention to use in the future.

SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

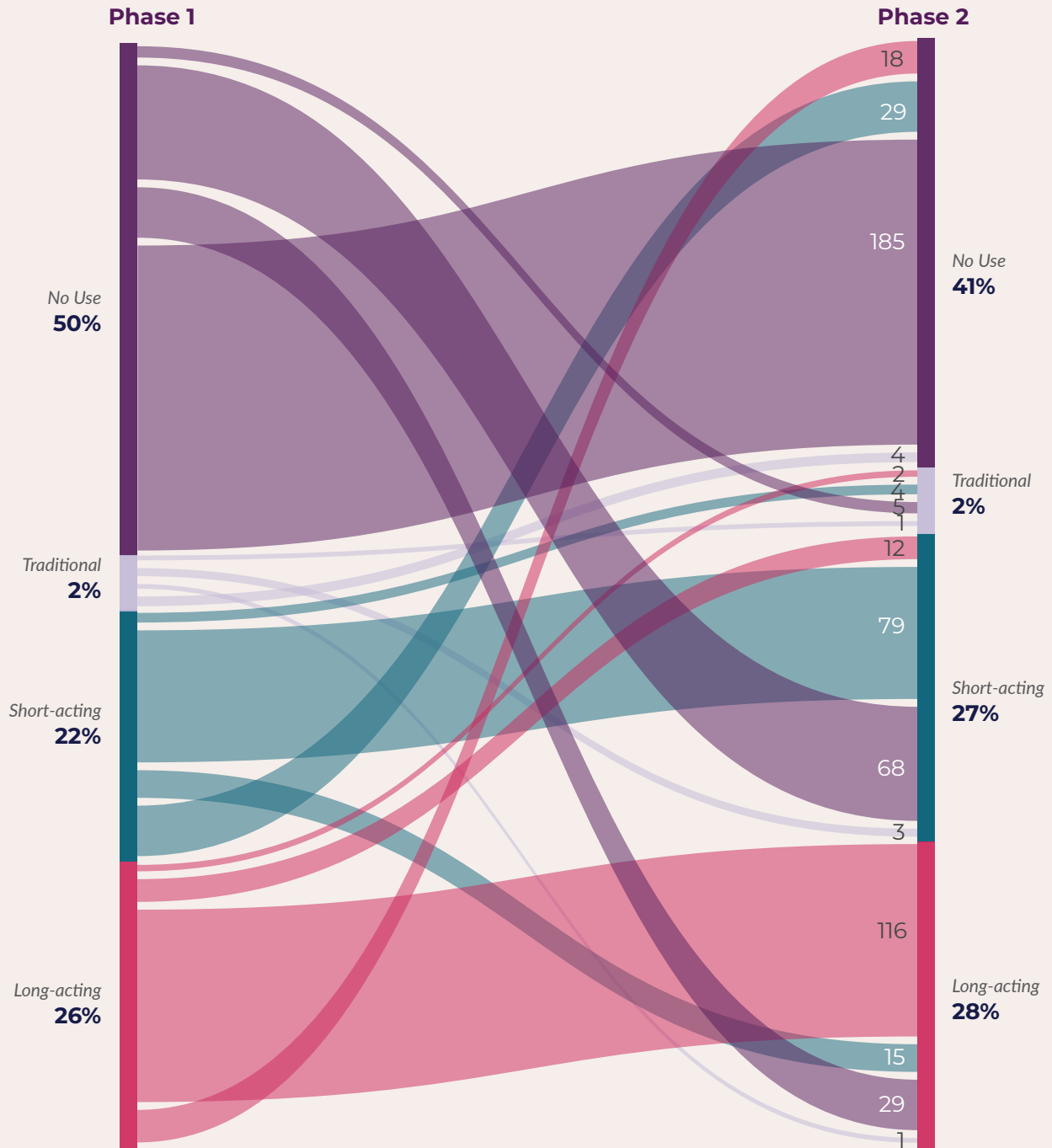
CHANGE IN CONTRACEPTIVE USE OR NON-USE

Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (December 2019) and PMA Phase 2 (December 2020) (n=571)



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=571)



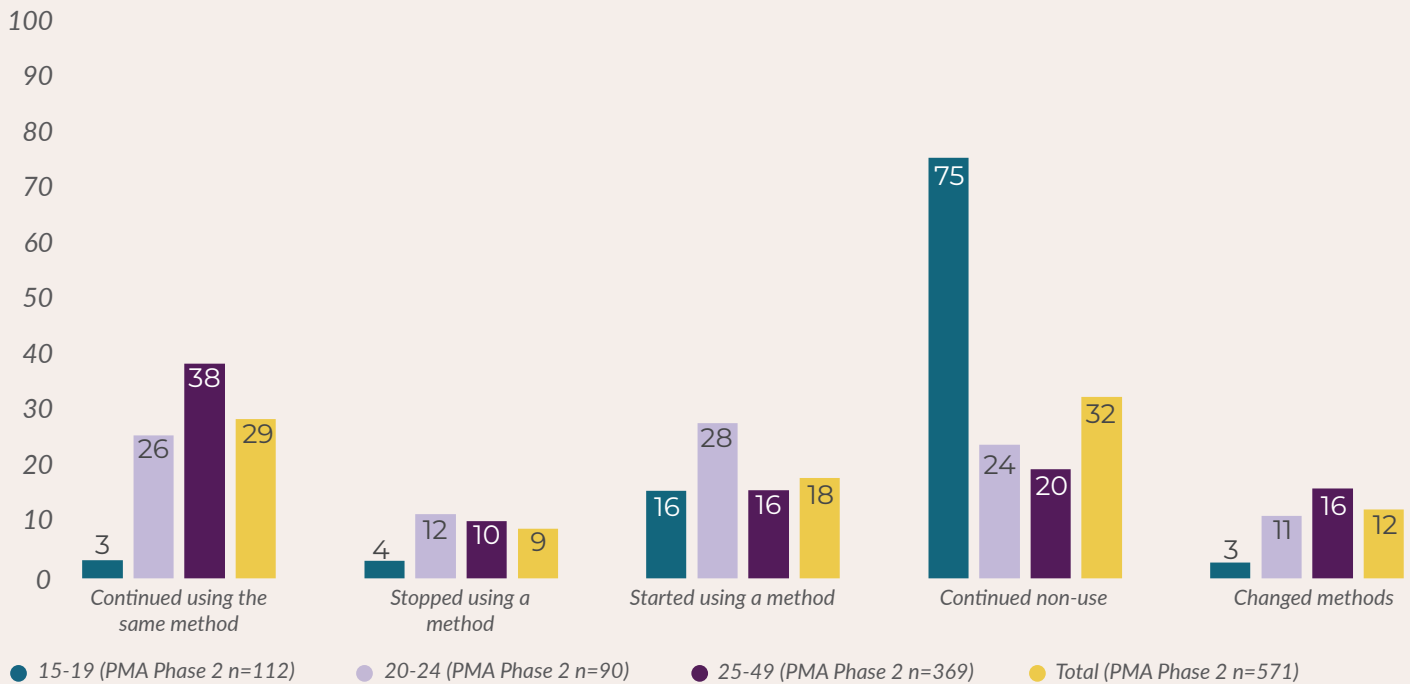
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- The proportion of women using contraceptives increased between Phase 1 and Phase 2.
- Among women who were non-users at Phase 1, a large percentage of new adopters reported using short-acting methods at Phase 2.

SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

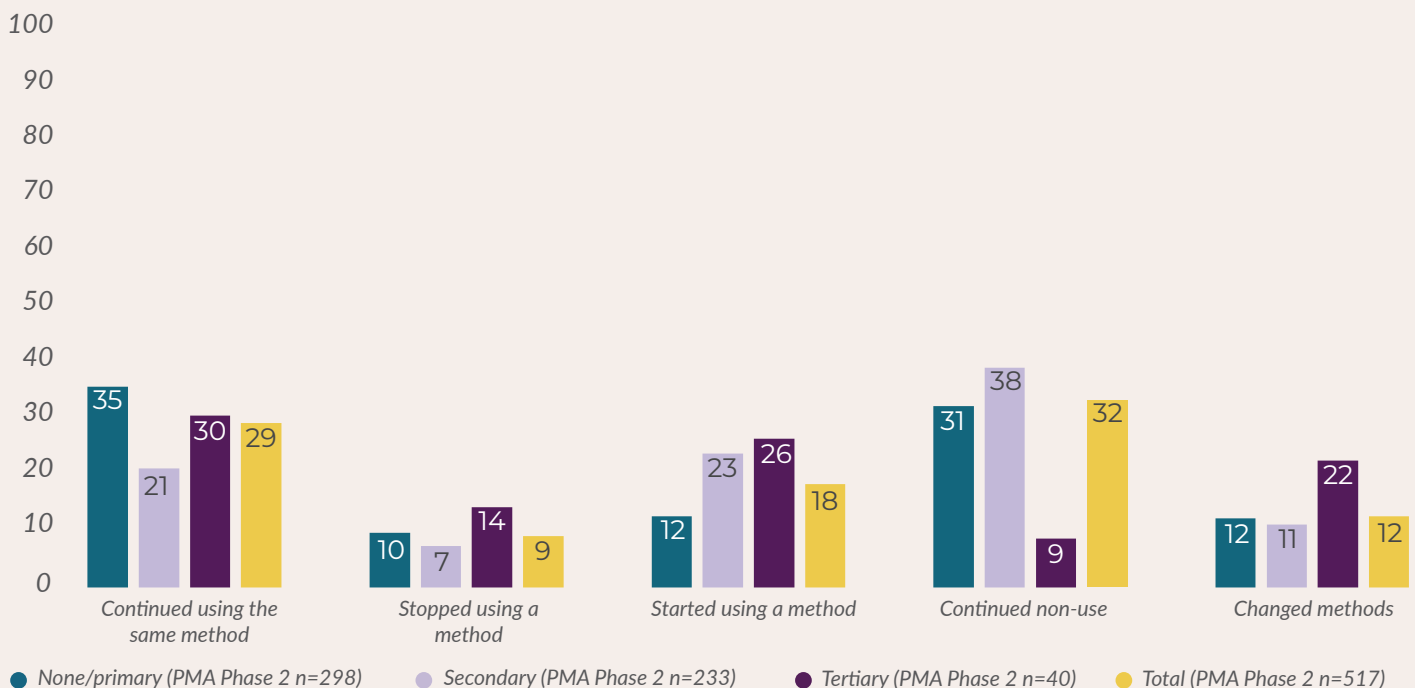
CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

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



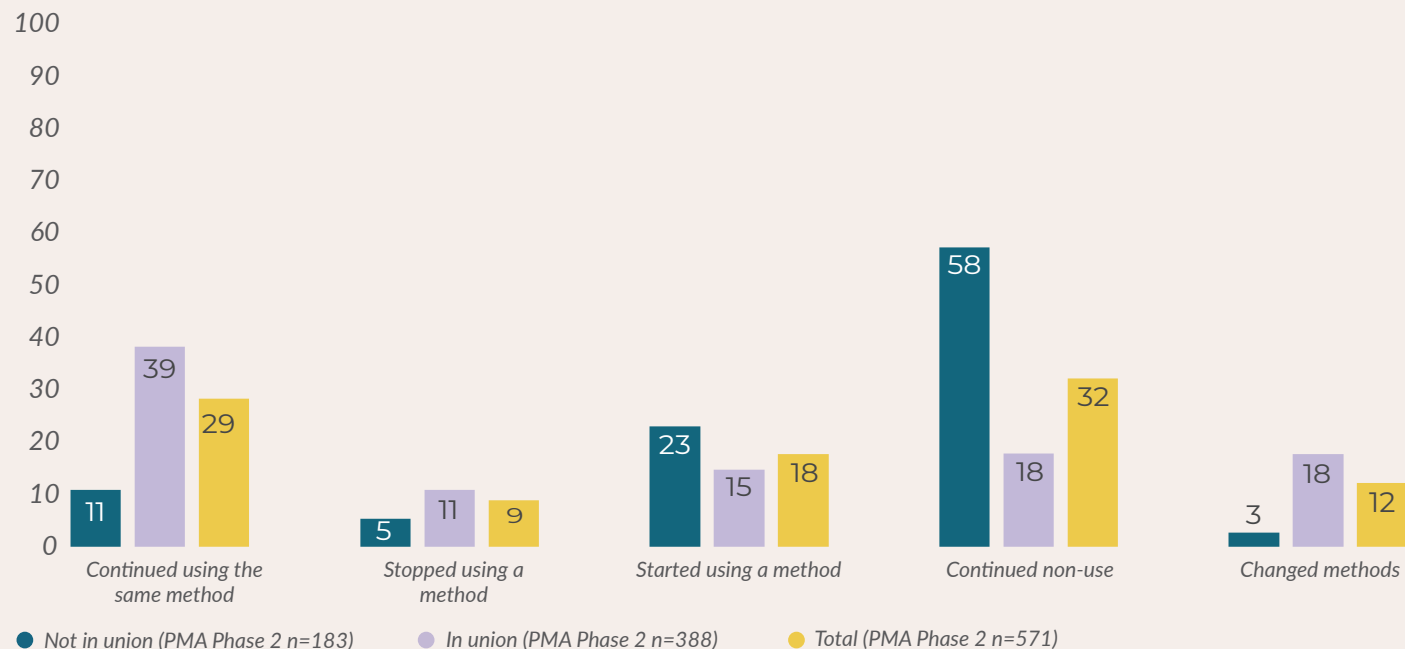
CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

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



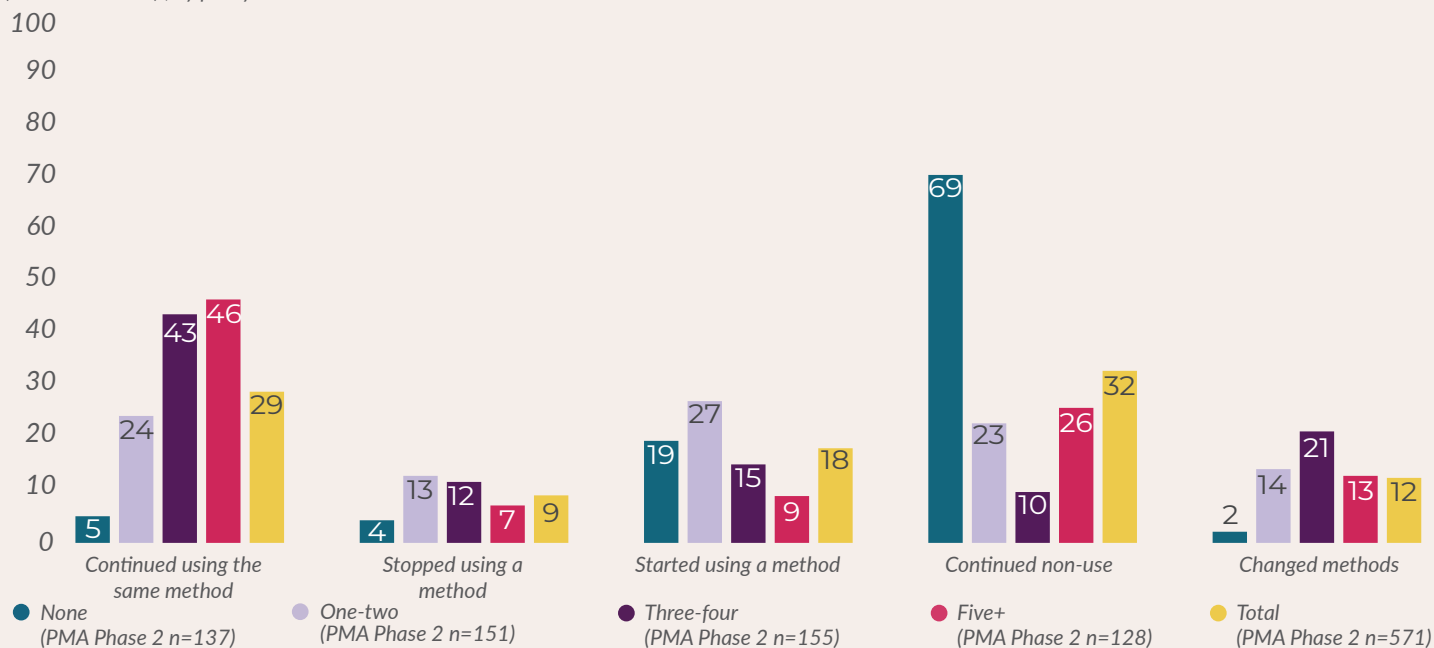
CHANGE IN CONTRACEPTIVE USE STATUS, BY MARITAL STATUS

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



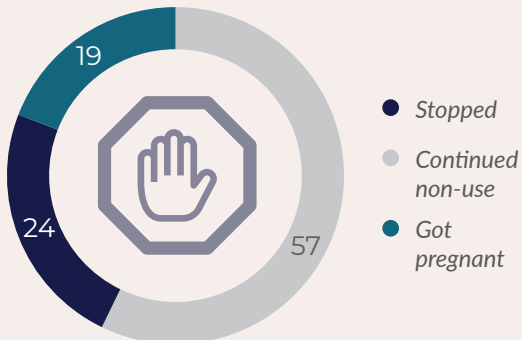
KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- Adolescent women (15-19), women not in a union, and those with no children were relatively more likely to remain non-users.
- Women with more education are almost 2 times more likely to change methods, compared to those with no education.
- Among all women, 18% adopted a new method, 12% switched methods and 29% continued using the same method between Phase 1 and Phase 2.

SECTION 3: OTHER PANEL DYNAMICS

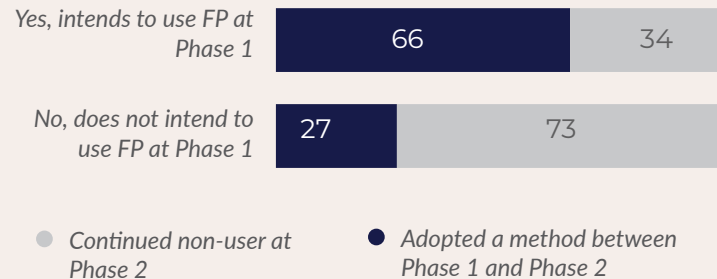
METHOD DISCONTINUATION

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=50)



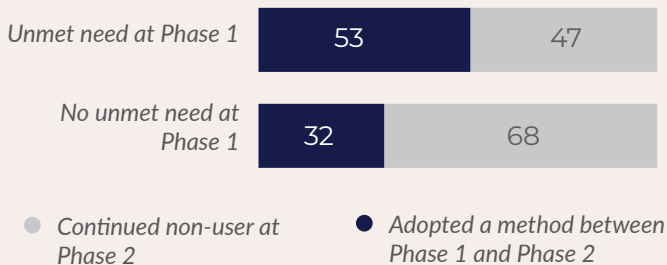
INTENTION TO USE FAMILY PLANNING

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=278)



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=278)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- Among women with unmet need at Phase 2, 24% had stopped using a contraceptive method, while 19% became pregnant between phase 1 and phase 2.
- 6 of 10 women who were not using a method in Phase 1 and had an intention to use in the next 12 months had adopted a method by Phase 2.
- Slightly above half of women with unmet need in Phase 1 adopted a method by Phase 2, compared to 32% of those with no unmet need in Phase 1.

PMA Kenya (Kakamega) 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 (95.2%). Of the 699 eligible respondents, 84.1% 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 (Kakamega) 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.