



PMA KENYA (KERICHO)

Results from Phase 1 baseline survey

November–December 2019

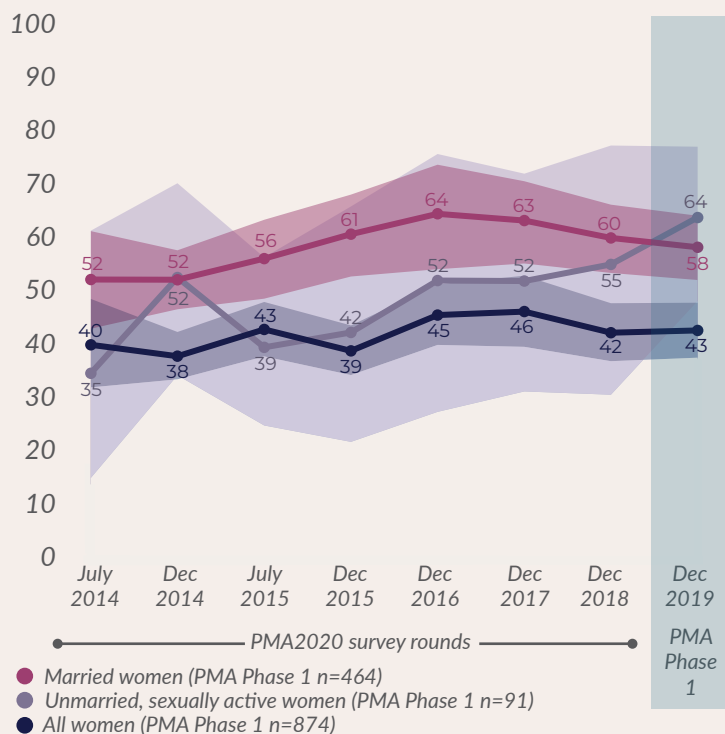
OVERALL KEY FINDINGS

- There has been a **decline in modern contraceptive use** among all and married women since 2017.
- The **injectable** is the most dominant method of contraceptive among married and all women.
- **More than half of the adolescents surveyed** believe that their counterparts who use contraceptives are promiscuous.
- **Eight in every 10 women discussed** the decision to delay or avoid pregnancy with their partner before they started using their current method.
- Women who are **more empowered are more likely to use a method** of contraception or intend to use in future.
- **Stockouts** for all methods of contraception were observed in the public facilities.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

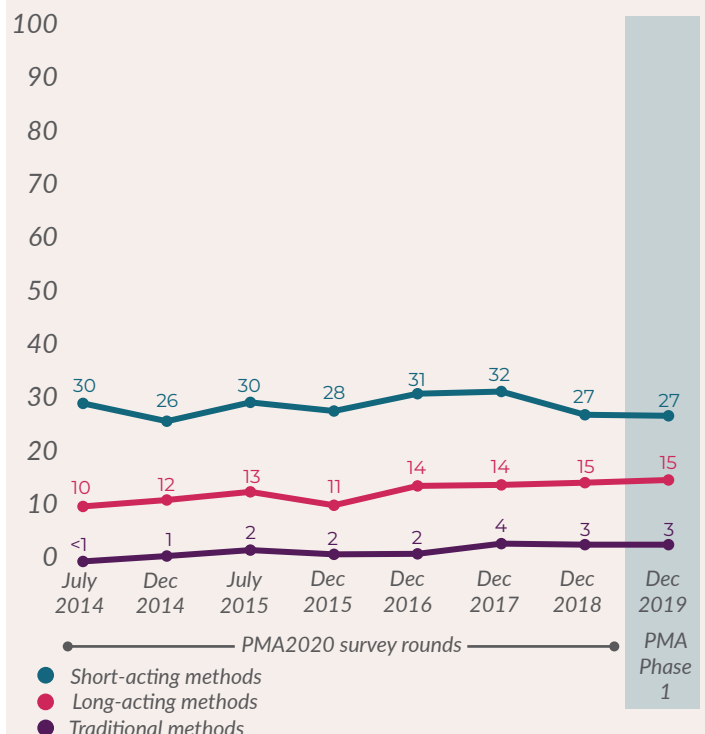
MODERN CONTRACEPTIVE PREVALENCE

Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



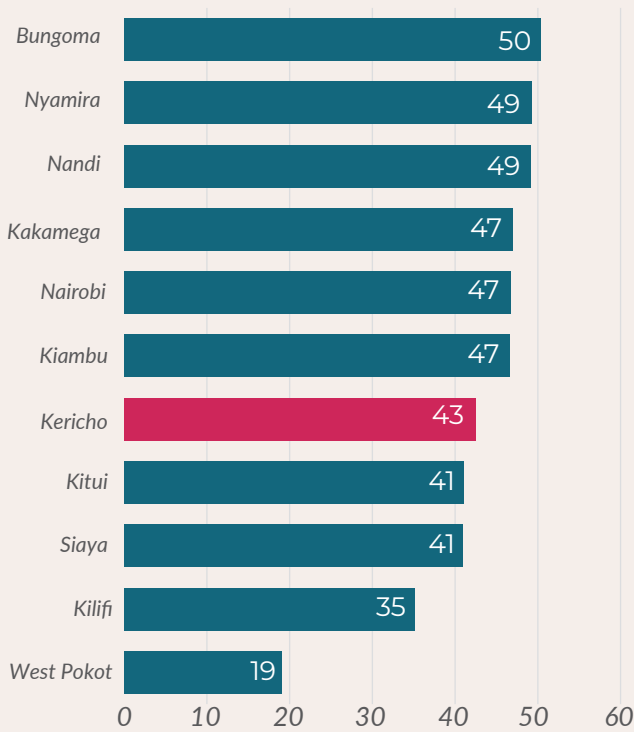
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=874)



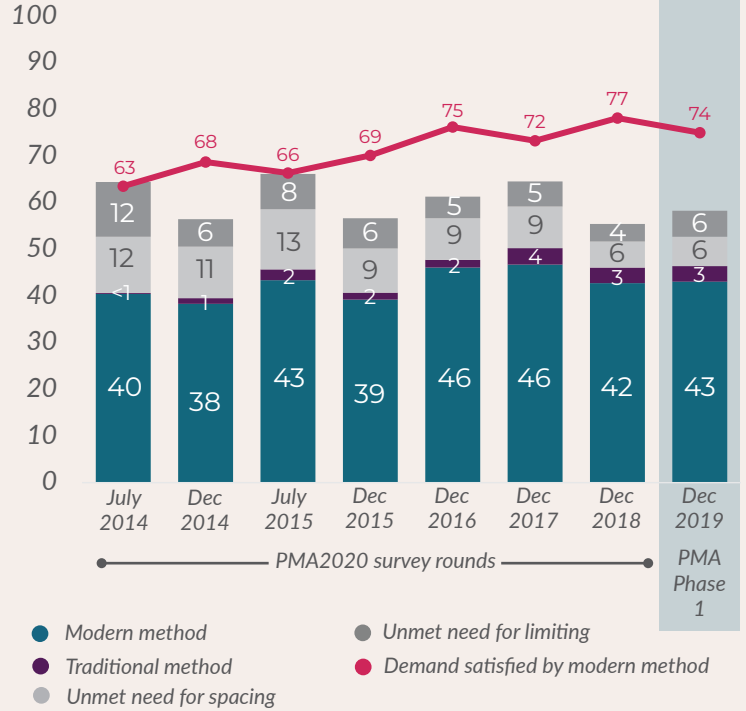
MODERN CONTRACEPTIVE PREVALENCE BY COUNTY

Percent of women age 15-49 currently using modern contraception by Kenya county



METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

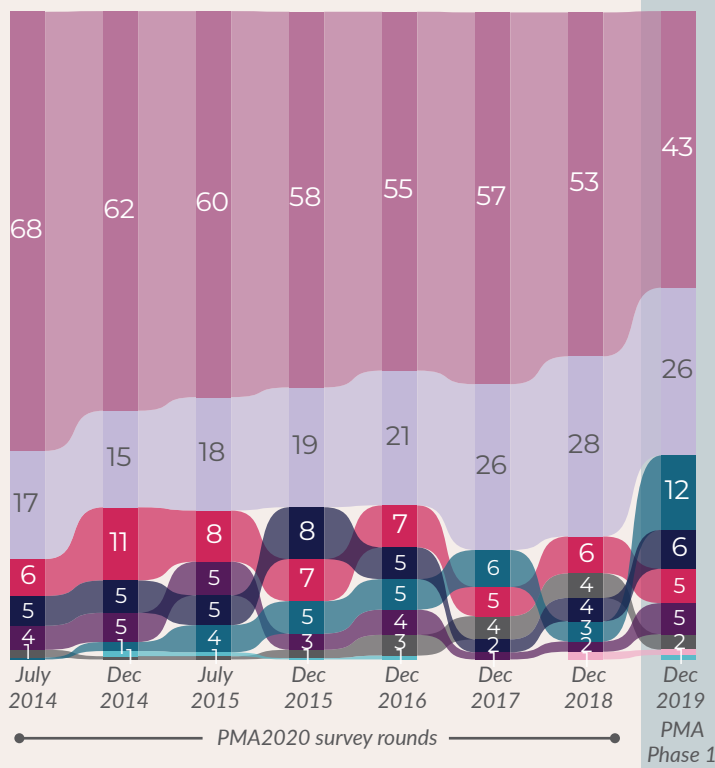
Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=874)



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

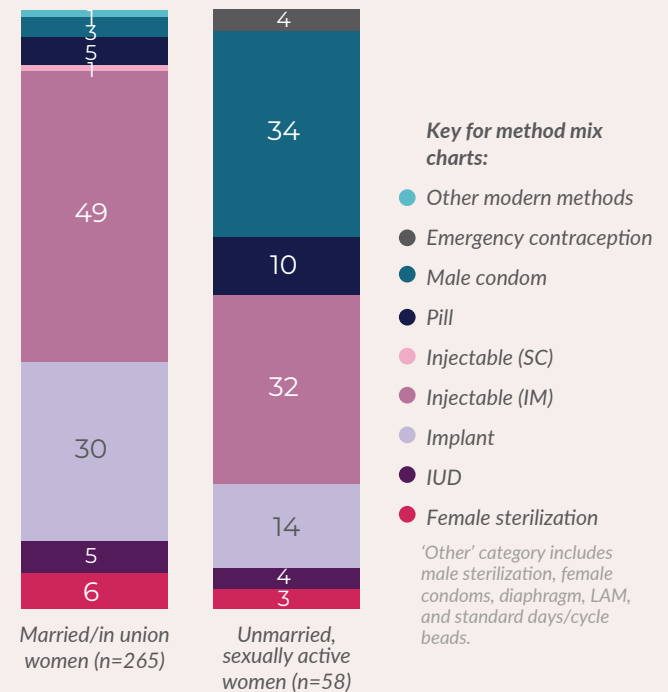
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=369)



MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method



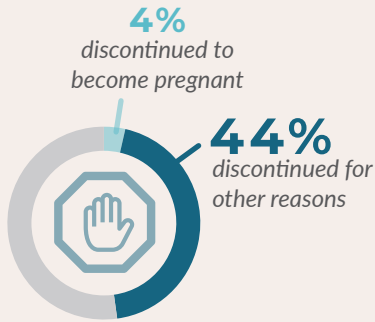
Key for method mix charts:

- Other modern methods
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

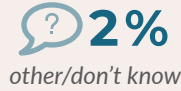
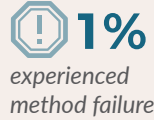
'Other' category includes male sterilization, female condoms, diaphragm, LAM, and standard days/cycle beads.

12-MONTH DISCONTINUATION RATE

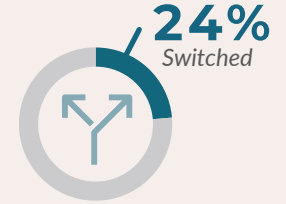
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=372 episodes)



Reasons for discontinuation:



Discontinued but switched methods:

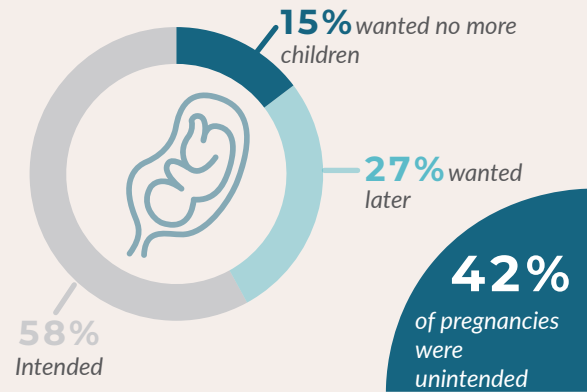


KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Overall mCPR has declined slightly in recent years (from 2016), with a continuing shift away from short-acting towards long-acting methods.
- 74% of demand among all women is being satisfied by a modern method, a slight decrease from 77% in 2018.
- 48% of the time, methods were discontinued (total discontinuation (24%) and switching (24%)) within one year of starting.
- Most common reported reasons for discontinuation and switching include: other fertility related reasons (15%), side effects/health

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

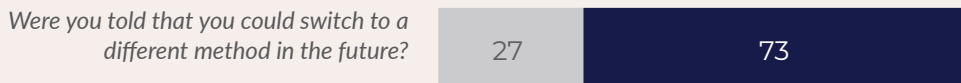
Percent of women by intention of their most recent birth or current pregnancy (n=484)



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=364)



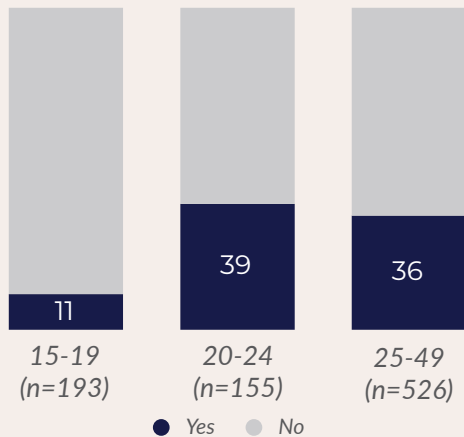
● No ● Yes

Percent of women who responded "Yes" 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



CLIENT EXIT INTERVIEWS

Percent of female clients age 15-49 who said yes to the following questions

During today's visit, did the provider tell you the advantages/disadvantages of the FP method? (n=242)



During today's visit, did you obtain the method of FP you wanted? (n=243)



Were you satisfied with FP services you received today at this facility? (n=243)



● Yes ● No ● Neither (follow-up visit)

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

•96% of clients report satisfaction with FP services they received, however only 61% reported that the provider discussed the advantages and disadvantages of the chosen method.

•Younger women are least likely to have discussed FP with their health provider/CHW in the past year.

•Adolescents are at least three times less likely to receive information compared to older women.

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=364)

Does your partner know that you are using this method?



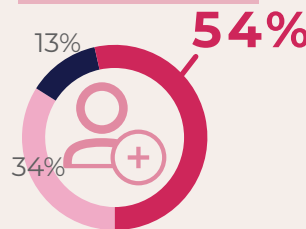
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

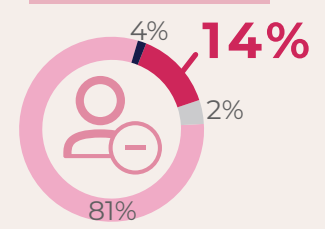
Percent of women who are currently using FP and agree with the following statements (n=392)

Would you say that using FP is mainly your decision?



Percent of women who are not currently using FP and agree with the following statements (n=443)

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



● Joint decision
● Mainly respondent
● Mainly partner
● Other

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

•Among women using a modern method that can be concealed, 17% report that their partner does not know that they are using contraception.

•13% of women who are using a contraceptive method report that it is mainly their partner's decision. 14% of the decisions not to use and 54% of the decisions to use FP are jointly made.

SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

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=865)

I feel confident telling my provider what is important when selecting an FP method.



I can decide to switch from one FP method to another if I want to.



Existence of choice (motivational autonomy) for family planning (n=857)

If I use FP, my body may experience side effects that will disrupt relations with my partner.



If I use FP, my children may not be born normal.



There will be conflict in my relationship/marriage if I use FP.



If I use FP, I may have trouble getting pregnant the next time I want to.



If I use FP, my partner may seek another sexual partner.



● Strongly disagree ● Disagree ● Neutral ● Agree ● Strongly agree

WOMEN'S AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

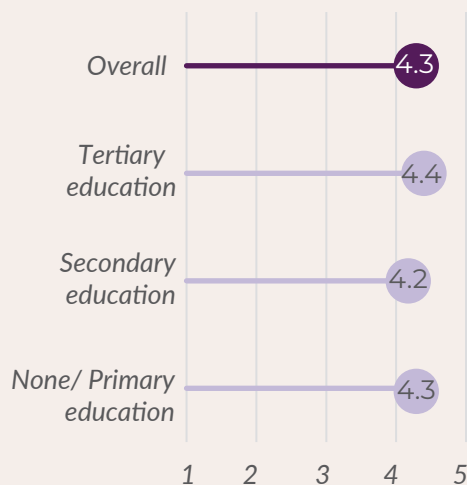
The Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes.

Presented results are only for the existence of choice and exercise of choice domains for family planning.

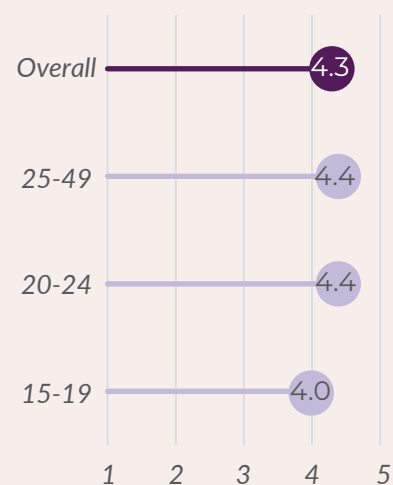
Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

Range for the combined WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE score, by education

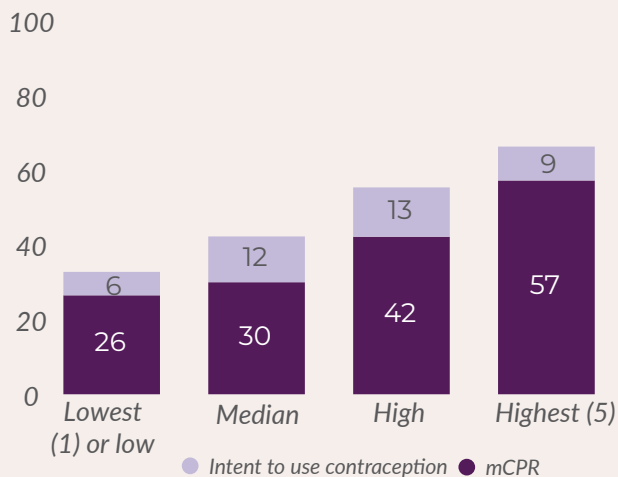


Mean WGE score, by age



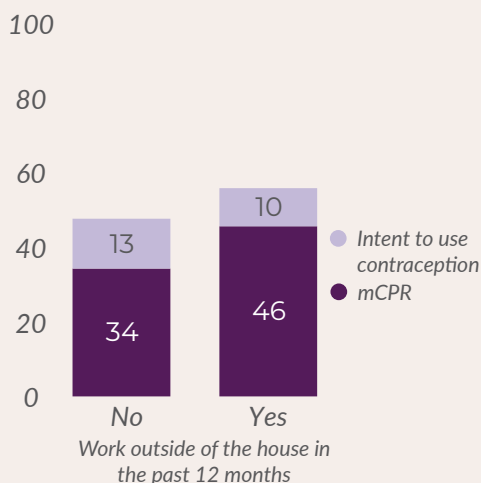
mCPR and intent to use contraception, by categorical WGE score

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=874)



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=874)



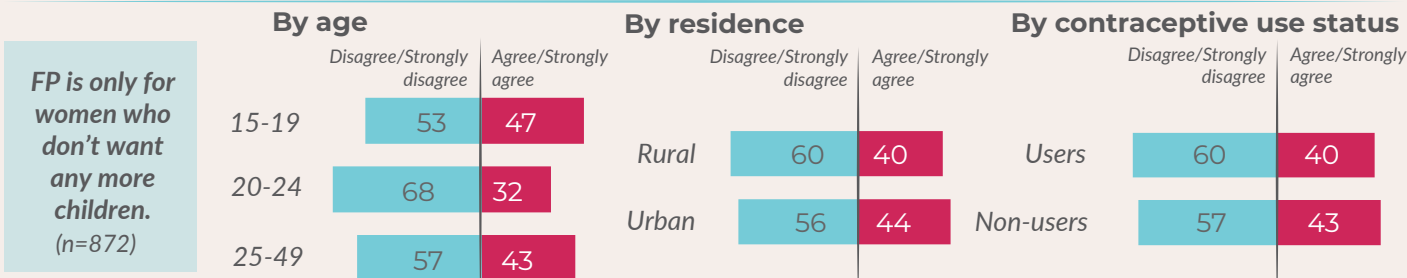
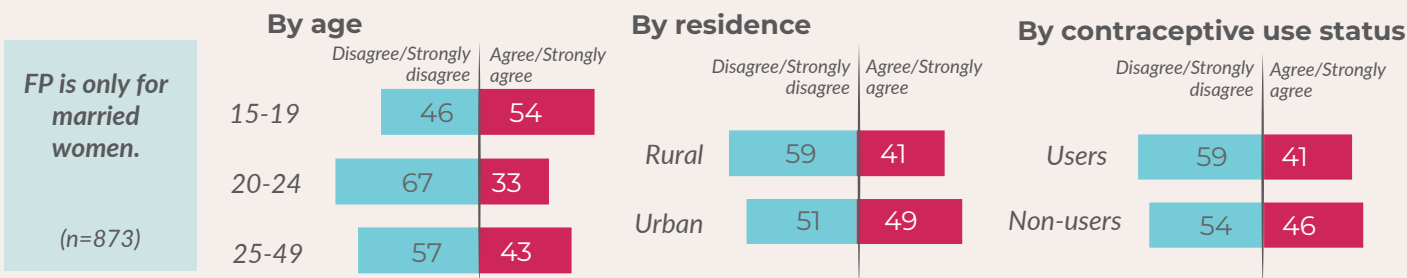
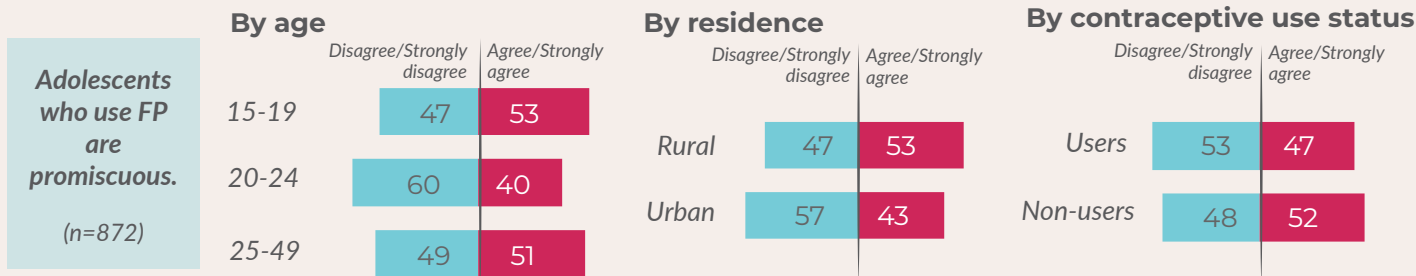
KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

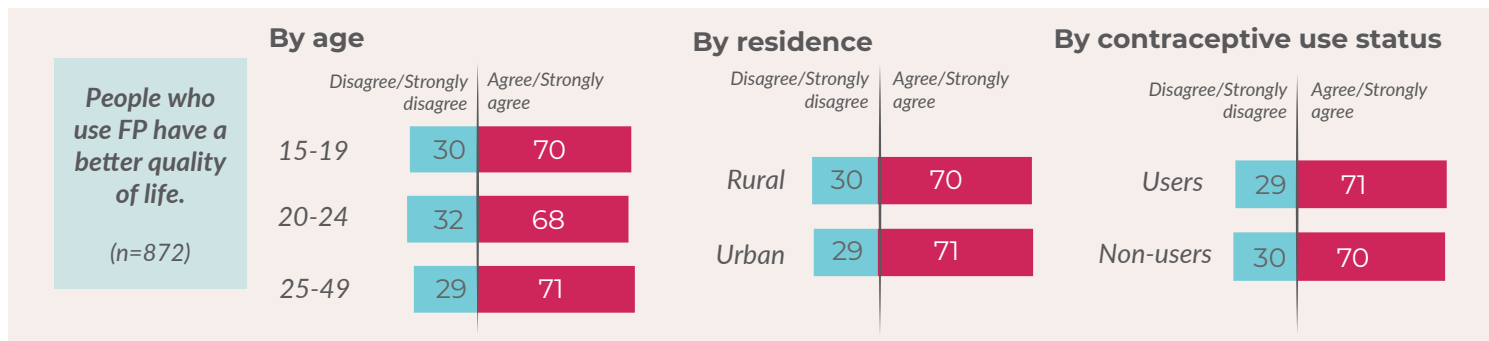
- Women who score higher on the empowerment scale are much more likely to be using a modern contraceptive method or to intend to use in the future.
- Women who are employed are more likely to be using or intending to use modern

SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

PERSONAL ATTITUDES

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





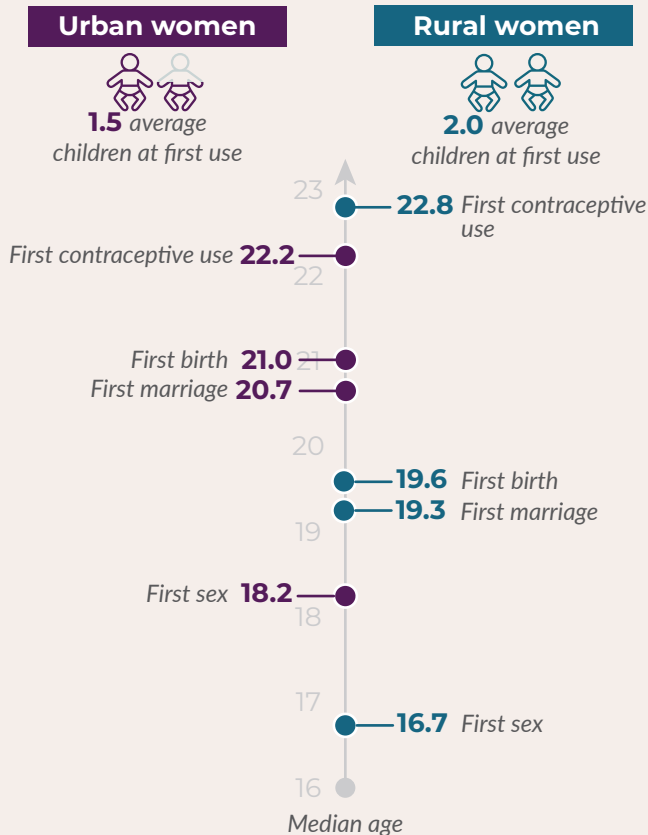
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- Over 68% of the women agreed or strongly agreed that people who use FP have a better quality of life. There is no difference by age, residence or use of FP.
- Approximately 4 in every 10 of respondents have misconceptions about family planning.
- More than half of the adolescents believe in the myth that adolescents who use FP are promiscuous.

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

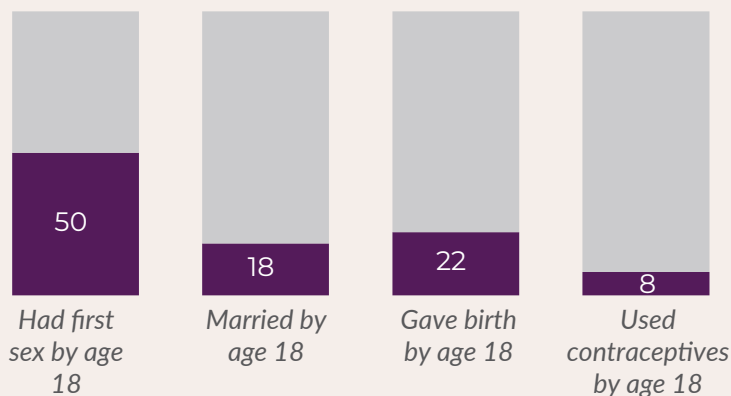
Median age at reproductive events, by urban vs. rural residence (n=218)



Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=218)



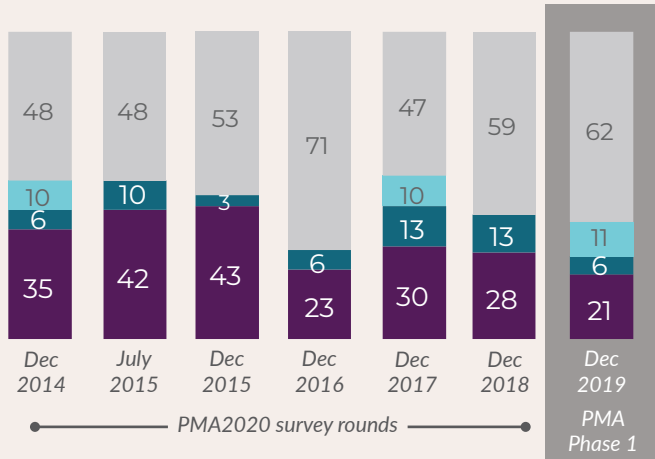
KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- Rural women enter sexual activity earlier, marry earlier, give birth earlier, but initiate contraception later than urban women.
- While half of young women have had first sex by age 18, only 18% are married by that age and just 8% have used a contraceptive.

SECTION 7: SERVICE DELIVERY POINTS

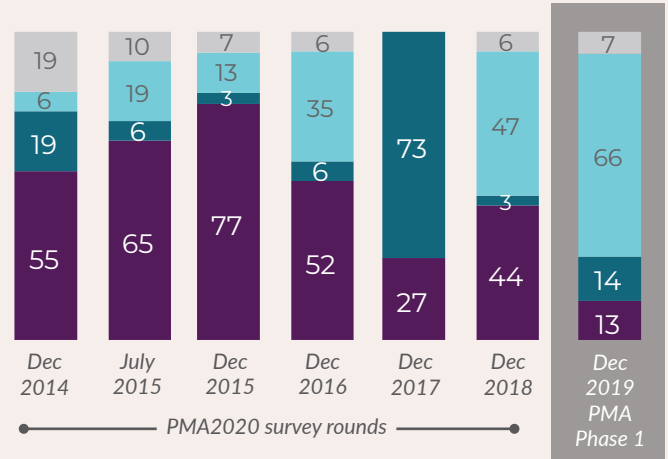
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=71)



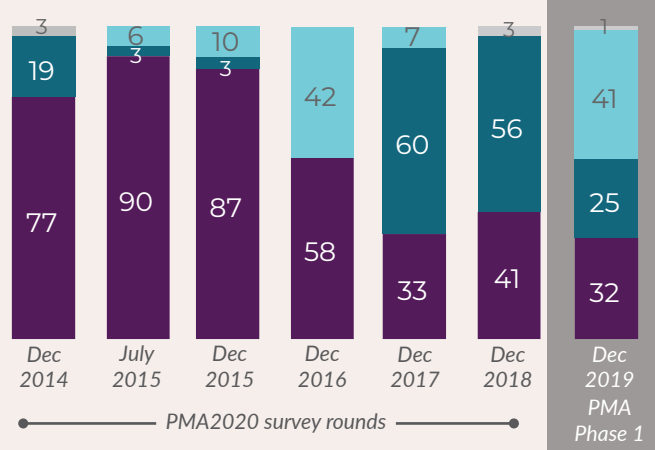
TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=71)



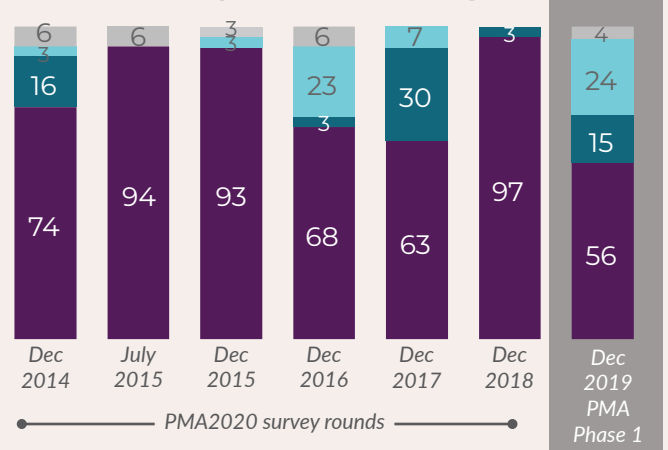
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=71)



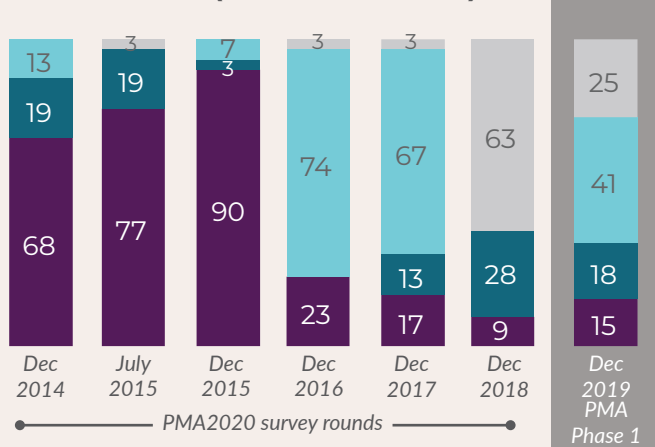
TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 1 n=71)



TRENDS IN METHOD AVAILABILITY: PILLS

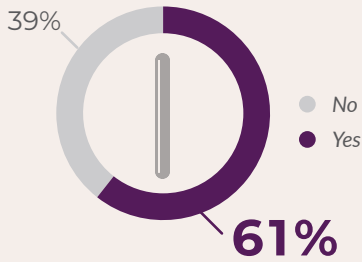
Public facilities (PMA Phase 1 n=71)



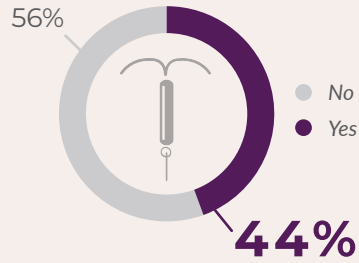
- Currently in stock and no stockout in last 3 months
- Currently in stock but stockout in last 3 months
- Currently out of stock
- Not offered

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=66)



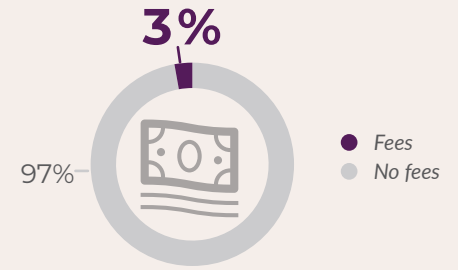
Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=27)



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=71)



61%

of women obtained their current modern method from a public health (facility n=364)

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- Majority of the public SDPs (6 in every 10) reported not to be offering IUDs.
- Contraceptive stockouts have increased steadily in recent years for implants, injectables, male condoms and pills – in public facilities.
- 6 in every 10 facilities that provide implants and 4 in every 10 facilities that provide IUDs have a trained provider and instruments/supplies needed for method insertion/removal.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				CPR				mCPR				Unmet need for family planning			
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May-July 2014	444	40.08	3.87	32.05	48.67	39.88	3.84	31.91	48.42	23.51	2.38	18.73	29.06
PMA 2020	R2	Nov-Dec 2014	476	38.98	1.93	34.87	43.26	37.74	2.04	33.43	42.26	16.72	1.45	13.79	20.12
PMA 2020	R3	June-July 2015	501	45.01	1.91	40.89	49.19	42.72	2.34	37.72	47.88	20.21	2.64	15.08	26.54
PMA 2020	R4	Nov-Dec 2015	615	40.29	2.07	35.88	44.87	38.76	2.14	34.21	43.51	15.71	2.27	11.39	21.27
PMA 2020	R5	Nov-Dec 2016	571	47.00	2.77	40.99	53.09	45.44	2.58	39.85	51.14	13.38	3.36	7.62	22.43
PMA 2020	R6	Nov-Dec 2017	553	49.61	3.44	42.12	57.11	46.06	3.04	39.50	52.76	14.12	2.67	9.23	21.00
PMA 2020	R7	Nov-Dec 2018	531	45.44	2.27	40.51	50.45	42.13	2.48	36.80	47.65	9.24	2.23	5.41	15.34
PMA	Phase 1	Nov-Dec 2019	874	45.80	2.86	39.99	51.73	42.53	2.49	37.47	47.74	11.68	1.66	8.67	15.56

WOMEN IN UNION				CPR				mCPR				Unmet need for family planning			
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May-July 2014	307	52.32	4.28	43.07	61.41	52.03	4.25	42.87	61.06	30.04	3.50	23.04	38.12
PMA 2020	R2	Nov-Dec 2014	308	53.83	2.25	48.92	58.67	52.01	2.54	46.48	57.49	22.22	1.88	18.40	26.56
PMA 2020	R3	June-July 2015	326	59.59	2.69	53.63	65.27	55.95	3.41	48.46	63.17	21.51	2.76	16.13	28.09
PMA 2020	R4	Nov-Dec 2015	332	62.35	3.43	54.67	69.45	60.51	3.55	52.62	67.89	20.39	3.15	14.40	28.04
PMA 2020	R5	Nov-Dec 2016	333	65.75	4.39	55.65	74.61	64.30	4.52	53.96	73.46	15.56	4.55	8.04	27.95
PMA 2020	R6	Nov-Dec 2017	320	66.99	3.46	59.03	74.09	63.04	3.53	55.04	70.39	15.52	2.63	10.60	22.16
PMA 2020	R7	Nov-Dec 2018	310	64.13	2.12	59.34	68.65	59.82	2.92	53.28	66.03	11.56	2.98	6.51	19.71
PMA	Phase 1	Nov-Dec 2019	464	62.46	2.95	56.21	68.32	58.08	2.92	51.97	63.95	15.72	2.24	11.63	20.90

PMA Kenya (Kericho) 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 859 households (99.3% response rate), 874 females age 15-49 (98.9% response rate), 80 facilities (93.0% completion rate), and 245 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.