



PMA KENYA (WEST POKOT)

Results from Phase 3 cross-sectional survey

November–December 2021

OVERALL KEY FINDINGS



Overall, there was a continued increase in the modern contraceptive prevalence rate over the past year, though only about half of contraceptive demand is met with modern methods.



About 82% of women reported that they received comprehensive contraceptive counseling when accessing FP services.

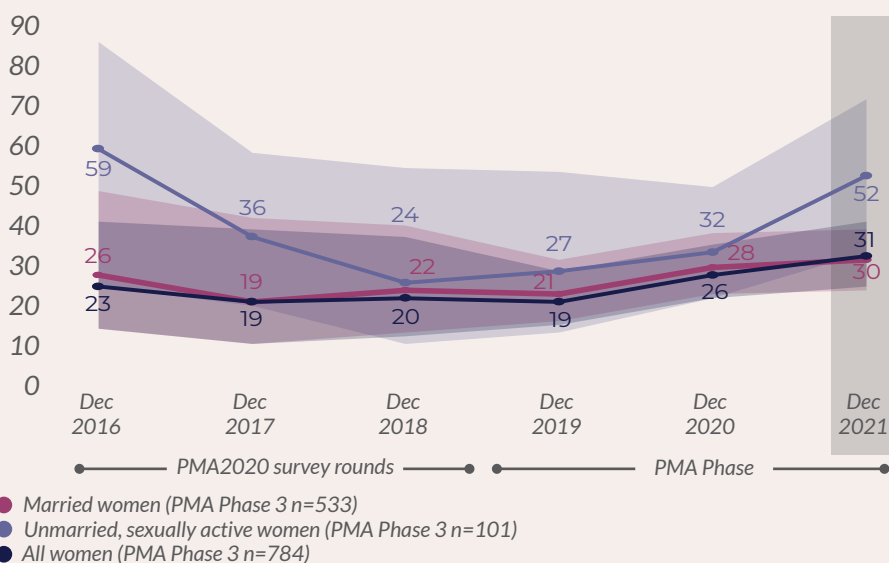


Only about half of the facilities offering implants and IUDs had trained providers for insertion and removal.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

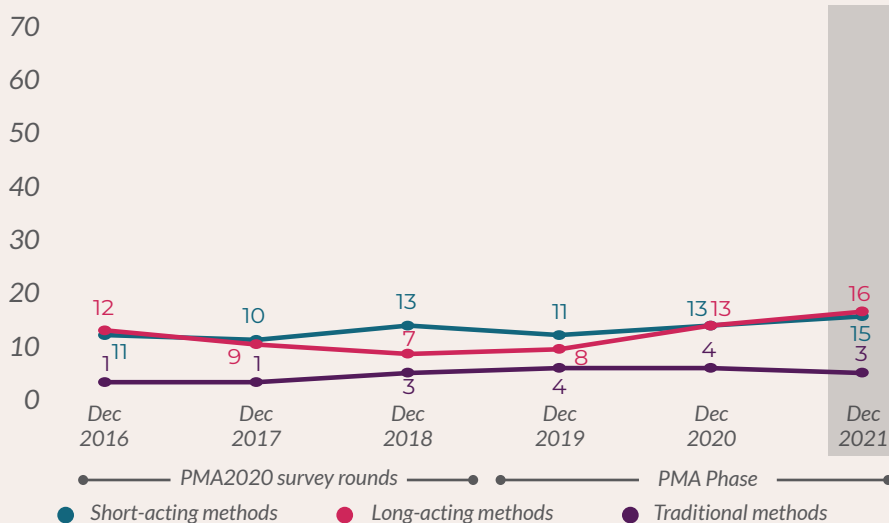
MODERN CONTRACEPTIVE PREVALENCE

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



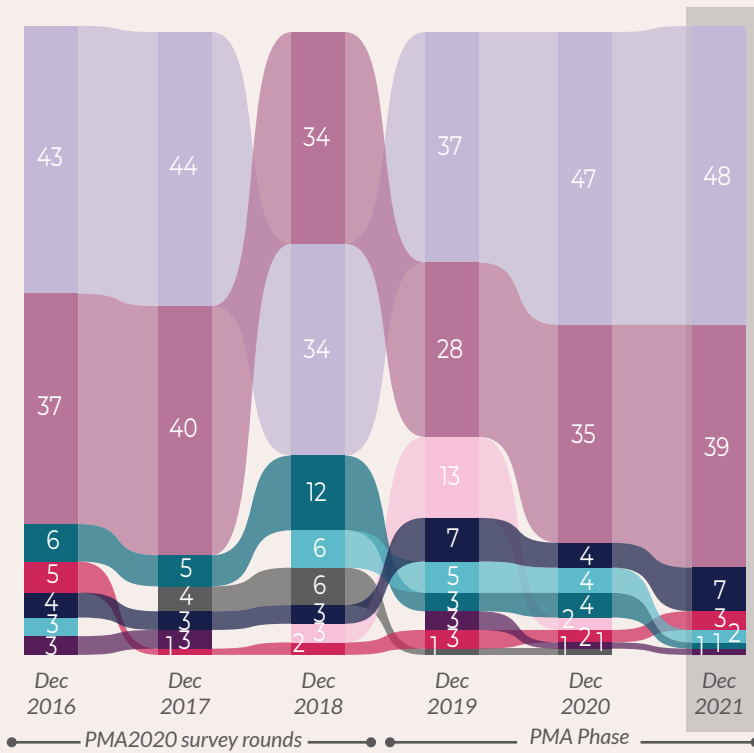
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n=784)



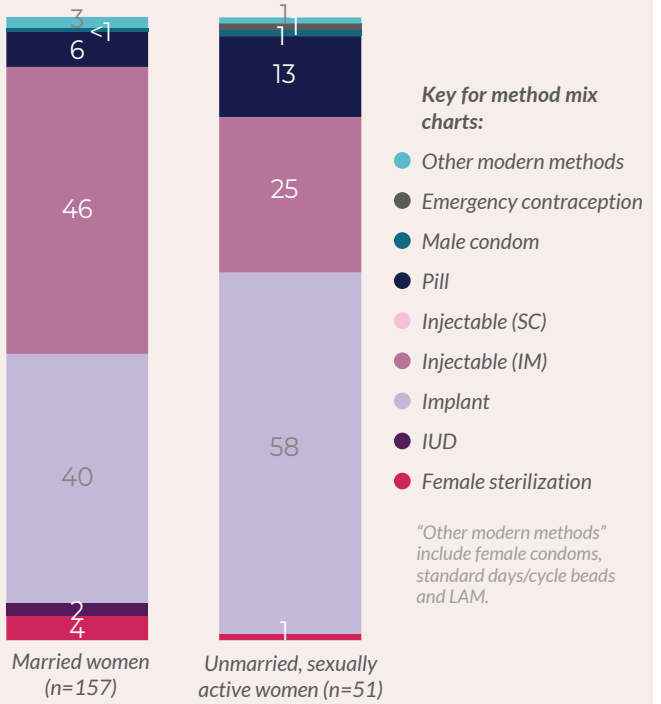
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=235)



MODERN CONTRACEPTIVE METHOD MIX

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



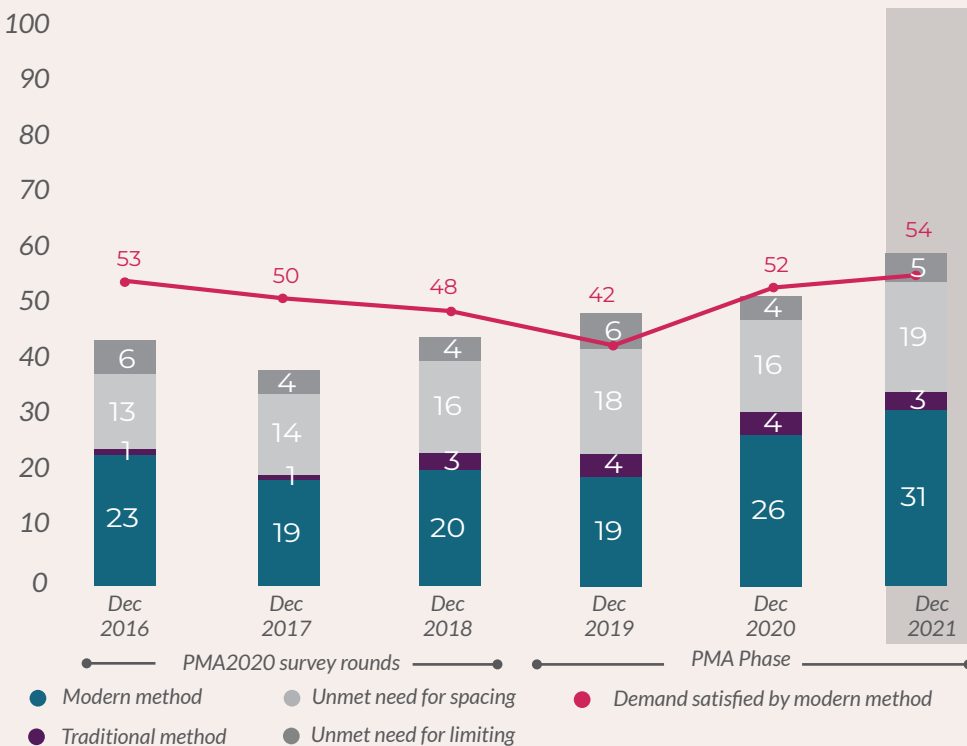
Key for method mix charts:

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

"Other modern methods" include female condoms, standard days/cycle beads and LAM.

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

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 3 n=784)



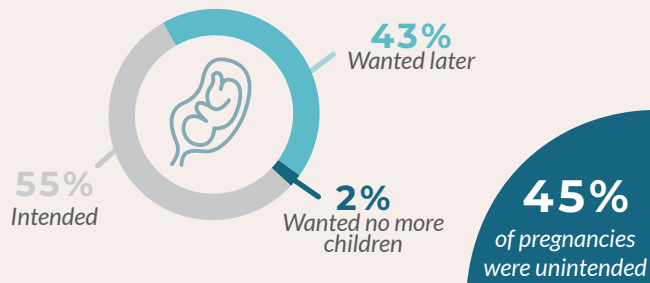
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=472)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=449)



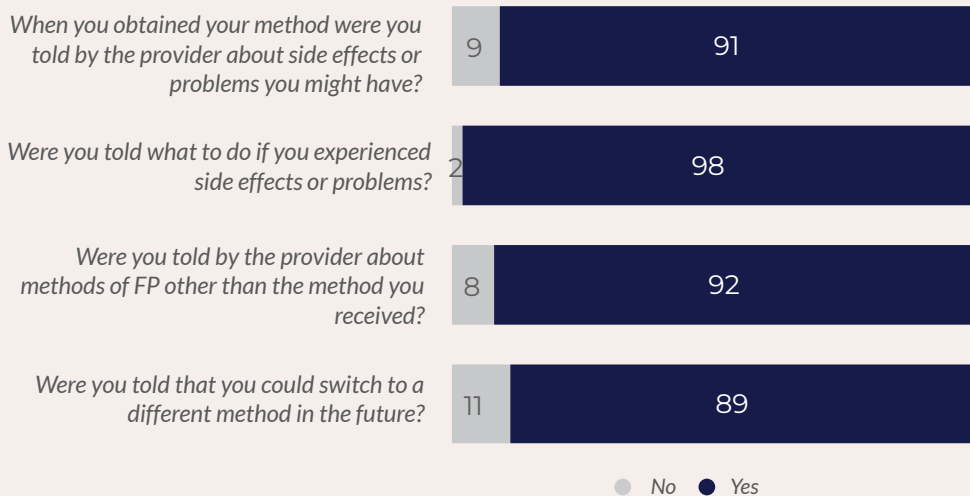
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- The modern contraceptive prevalence rate continued to increase among all women, from 23% in 2016 to 31% in 2021.
- The injectable is the most popular modern method among married women, currently at 46%, while among unmarried sexually active women, the implant is, at 58%.
- 24% of all women in West Pokot have an unmet need for family planning; 19% have an unmet need for spacing and 5% having an unmet need for limiting.

SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

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=229)



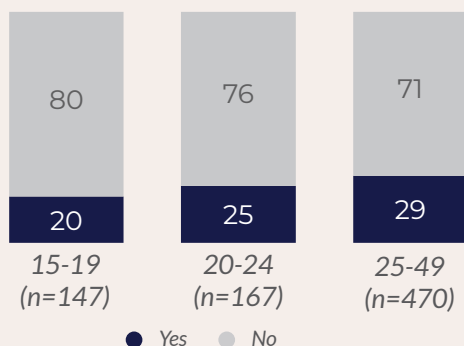
Percent of women who responded "Yes" to all four MII+ questions



Only women who said they were told about possible side effects were asked whether they were told about what to do in the event of side effects.

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



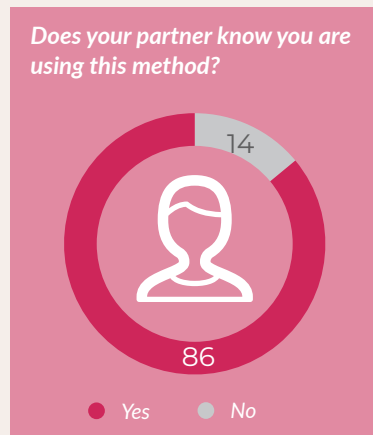
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- About 82% of the women reported that they received comprehensive contraceptive counseling when accessing FP services.
- About 91% of current users of modern contraceptive methods were informed about potential side effects when they received the method.
- Only 20% of adolescents reported that they had discussed family planning with a health care provider or community health worker in the past year.

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 statement, by age and education (n=180)



By age



By education



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

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=178)



By age

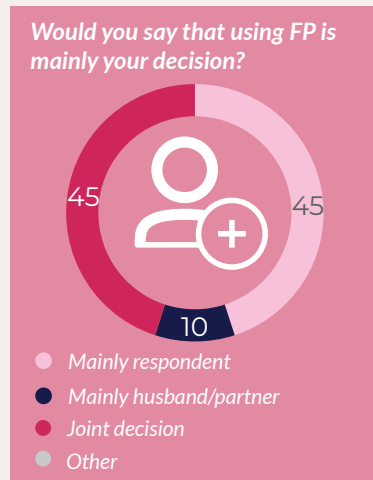


By education



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

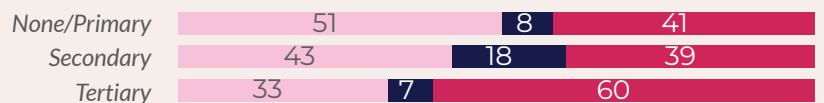
Percent of women who are currently using FP and agree with the following statement, by age and education (n=194)



By age

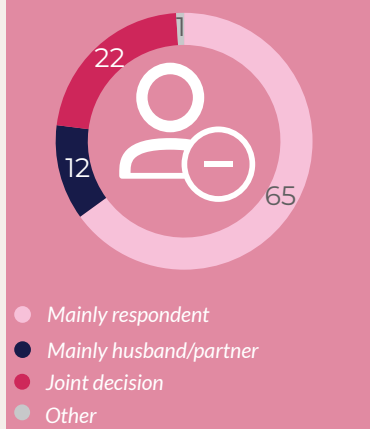


By education

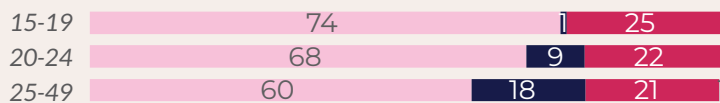


Percent of women who are not currently using FP and agree with the following statement, by age and education (n=477)

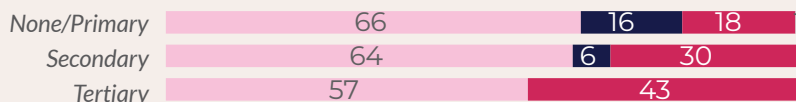
Would you say that not using FP is mainly your decision?



By age

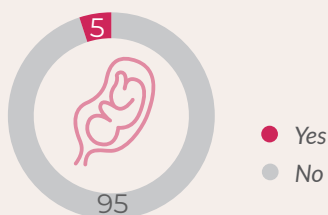


By education

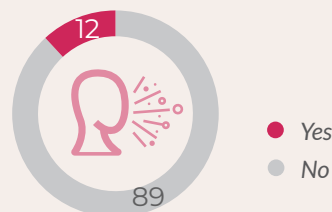


PREGNANCY COERCION

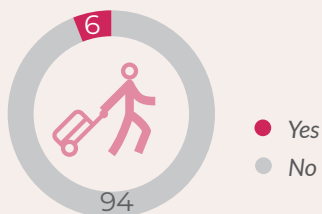
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=529)



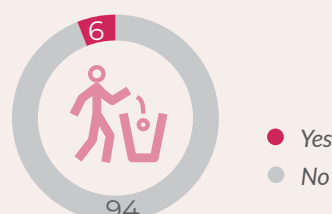
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=529)



Percent of currently married women who report that their partner said he would leave them if they did not get pregnant in the past 12 months (n=529)



Percent of currently married women who report that their partner took away their FP method or kept them from a clinic in the past 12 months (n=529)

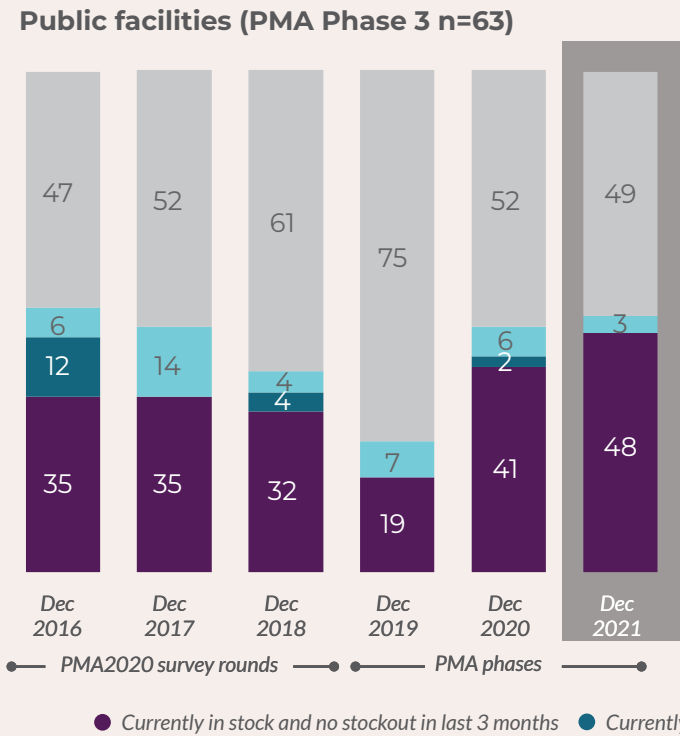


KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

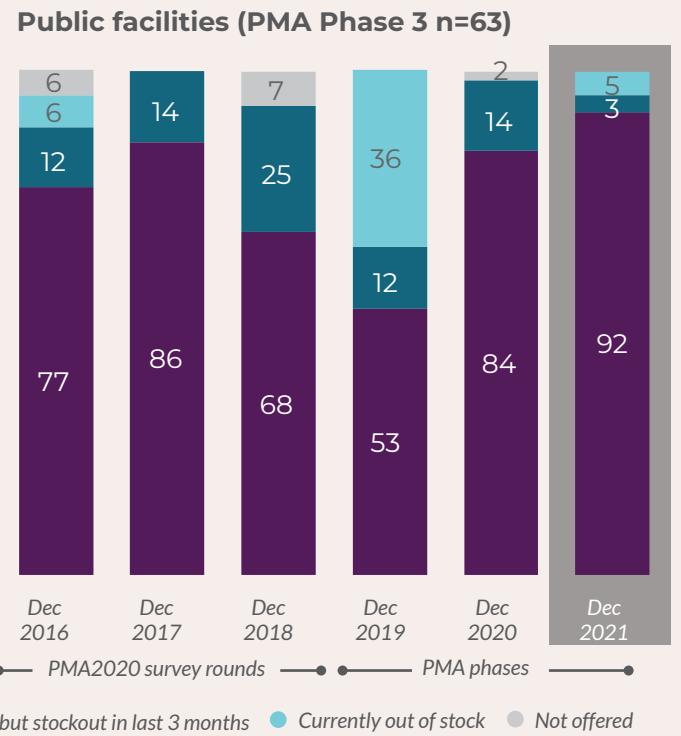
- Among women using a female-controlled modern contraceptive method, 86% reported that their partners were aware of the contraceptive method that they were using.
- Among current contraceptive users, 23% of the women reported that they had not discussed the decision to delay or avoid pregnancy with their partners before they started using their current method.
- Among non-users, 65% of women reported the decision not to use contraceptives was mainly her own, while 22% reported it was mainly made by her husband/partner.

SECTION 4: SERVICE DELIVERY POINTS

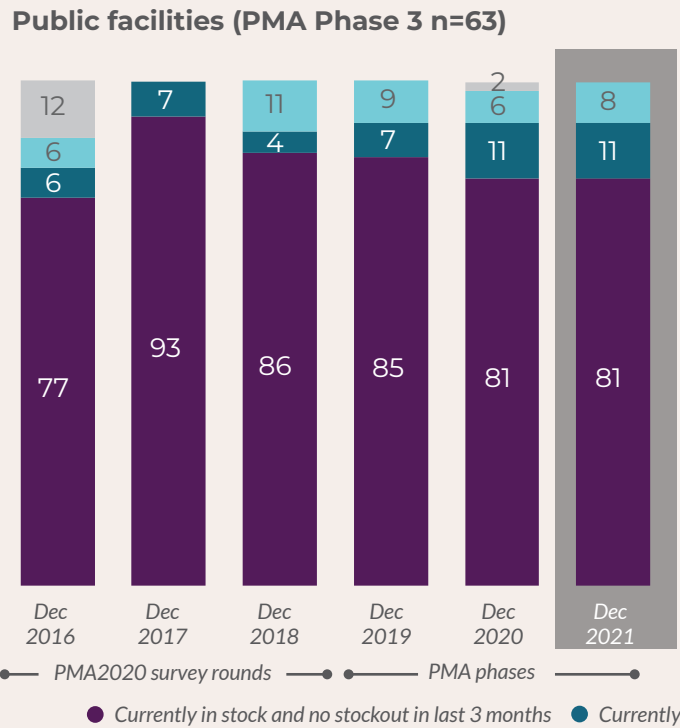
TRENDS IN METHOD AVAILABILITY: IUD



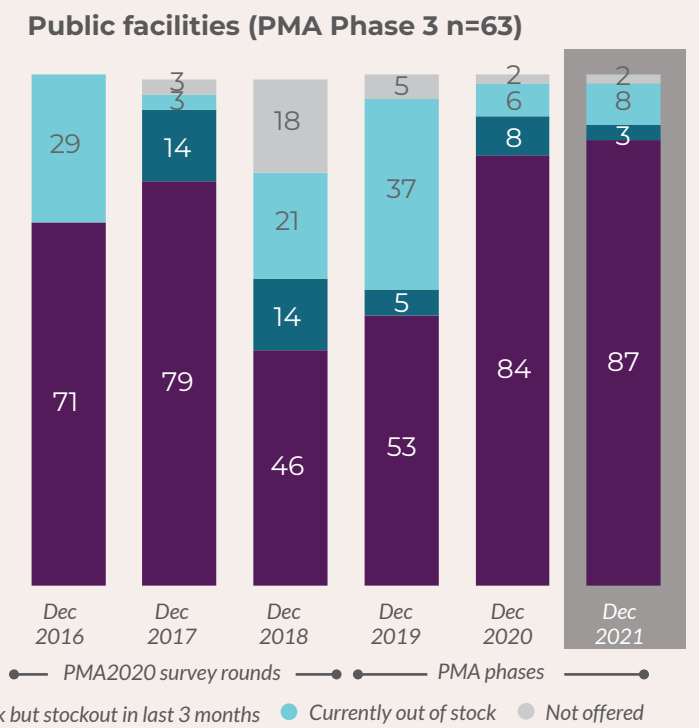
TRENDS IN METHOD AVAILABILITY: IMPLANT



TRENDS IN METHOD AVAILABILITY: INJECTABLES

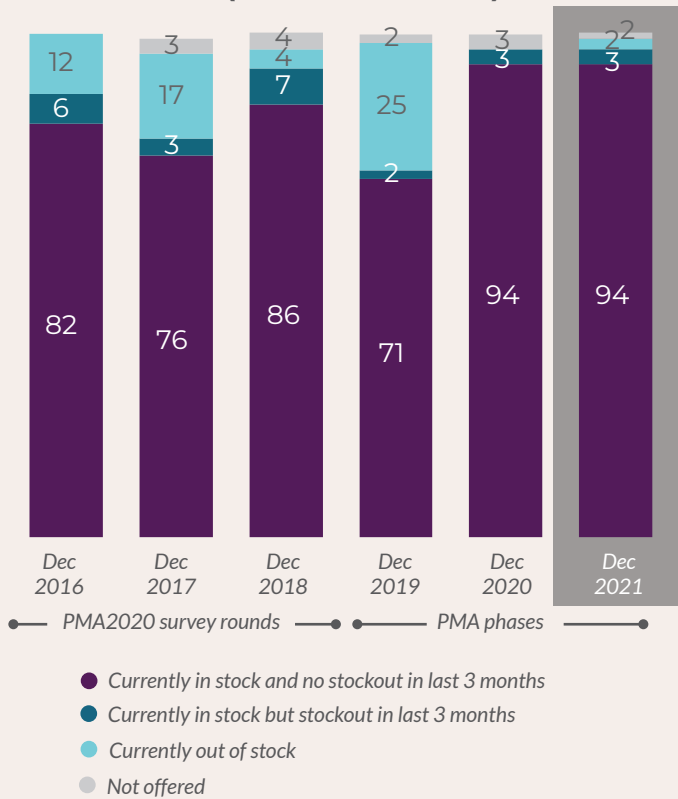


TRENDS IN METHOD AVAILABILITY: PILLS



TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=63)

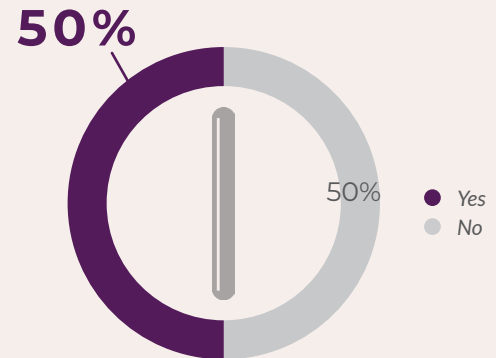


94%

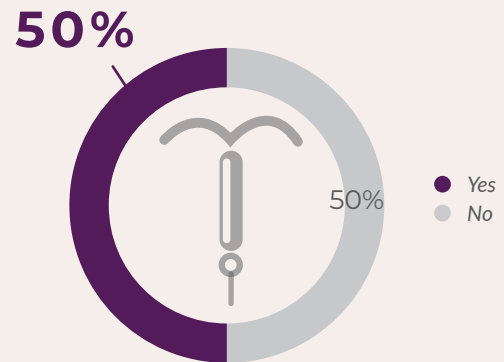
of women obtained their current modern method from a public health facility (n=229)

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=68)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=32)



MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD

Public facilities (n=43 episodes)



Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- While almost all methods were available during the day of the interview, stockouts for injectables and pills were the highest, at 8% each.
- About 50% of the facilities offering IUDs and implants had a trained provider and instruments/supplies needed for insertion and removal.
- The public sector is the primary source of contraceptive methods in West Pokot, providing contraception to 94% of the current users.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Data source	Round/Phase	Data collection	Female sample	CPR			mCPR			Unmet need for family planning		
				CPR%	SE	95% CI	mCPR%	SE	95% CI	Unmet need (%)	SE	95% CI
PMA 2020	R5	Nov-Dec 2016	434	24.16	6.50	12.95 40.57	22.85	6.75	11.55 40.21	18.70	4.16	11.28 29.40
PMA 2020	R6	Nov-Dec 2017	502	19.24	7.34	8.07 39.27	18.54	7.07	7.80 37.98	17.63	2.79	12.33 24.58
PMA 2020	R7	Nov-Dec 2018	474	22.81	7.26	10.94 41.57	20.17	6.00	10.21 35.96	19.28	2.77	13.92 26.07
PMA	Phase 1	Nov-Dec 2019	820	22.87	4.12	15.53 32.35	19.34	3.38	13.33 27.21	23.54	3.51	17.10 31.49
PMA	Phase 2	Nov-Dec 2020	777	30.58	3.84	23.29 38.99	26.31	3.47	19.82 34.03	19.60	3.14	13.94 26.85
PMA	Phase 3	Nov-Dec 2021	784	34.08	4.84	24.94 44.58	30.70	3.99	23.15 39.46	23.28	3.82	18.37 32.00

WOMEN IN UNION

Data source	Round/Phase	Data collection	Female sample	CPR			mCPR			Unmet need for family planning		
				CPR%	SE	95% CI	mCPR%	SE	95% CI	Unmet need (%)	SE	95% CI
PMA 2020	R5	Nov-Dec 2016	304	27.77	8.50	13.50 48.64	25.86	8.69	11.77 47.69	22.29	5.83	12.20 37.20
PMA 2020	R6	Nov-Dec 2017	346	19.21	7.83	7.61 40.70	19.21	7.83	7.61 40.70	19.16	4.32	11.46 30.26
PMA 2020	R7	Nov-Dec 2018	340	24.27	8.12	11.15 45.00	21.53	6.75	10.46 39.17	20.84	3.21	14.69 28.70
PMA	Phase 1	Nov-Dec 2019	553	23.97	4.71	15.66 34.85	20.71	3.91	13.82 29.85	26.79	3.74	19.82 35.13
PMA	Phase 2	Nov-Dec 2020	532	31.96	4.10	24.16 40.91	28.14	4.14	20.46 37.35	21.29	3.35	15.21 28.98
PMA	Phase 3	Nov-Dec 2021	533	33.00	4.82	23.95 43.50	29.70	3.89	22.36 38.27	25.08	4.01	17.76 34.16

PMA Kenya (West Pokot) 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 2021 from 775 households (98.1% response rate), 784 females age 15-49 (98.7% response rate), 72 facilities (90.0% completion rate). For sampling information and full data sets, visit 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 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.