### PERFORMANCE MONITORING FOR ACTION



# PMA KENYA (KIAMBU)

Results from Phase 3 panel survey

November-December 2021

# **OVERALL KEY FINDINGS**



Among panel women, contraceptive use increased by 7-percentage points between 2019 and 2021.



Adolescents (81%) are likely to continue to be non-users since 2020, while 52% of women in a union and 64% of those with 3-4 children are likely to continue using the same method.

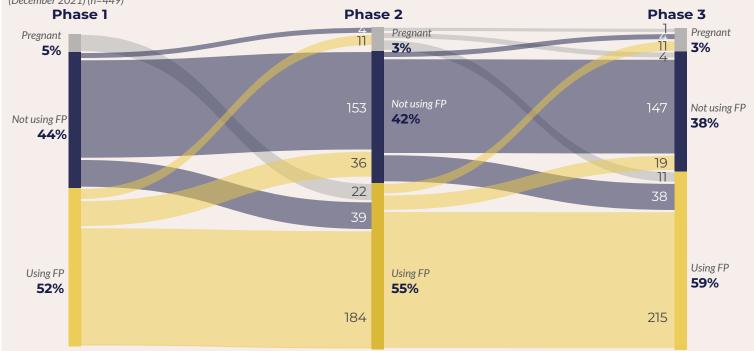


Over 50% of women with intention to use a method in the future in 2020 took up a method within 12 months.

# **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), PMA Phase 2 (December 2020), and PMA Phase 3 (December 2021) (n=449)



The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a grey ribbon flowing from Phase 2 to Phase 3 represents women who were pregnant at Phase 2). The N on each ribbon is the weighted number of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.









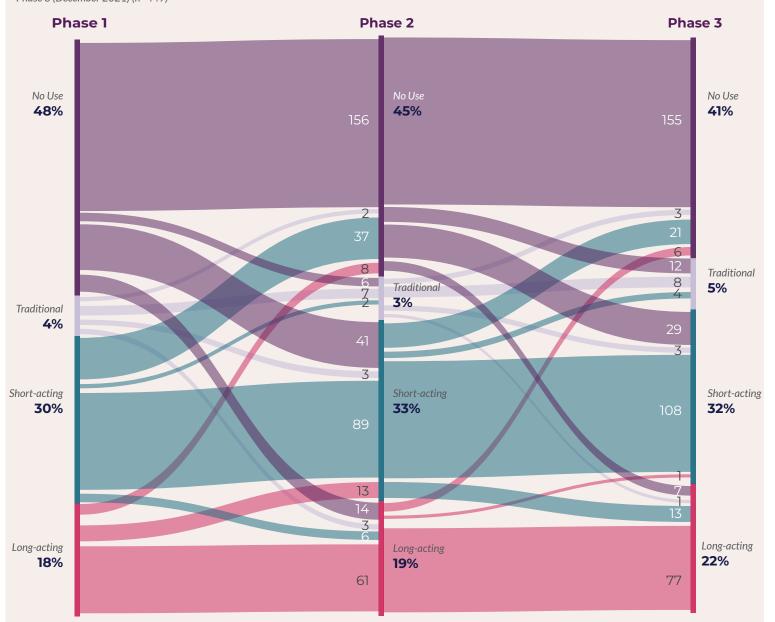






## CHANGE IN CONTRACEPTIVE METHOD TYPE

Percent of women age 15-49 who changed contraceptive method or use status between PMA Phase 1 (December 2019), PMA Phase 2 (December 2020), and PMA Phase 3 (December 2021) (n=449)



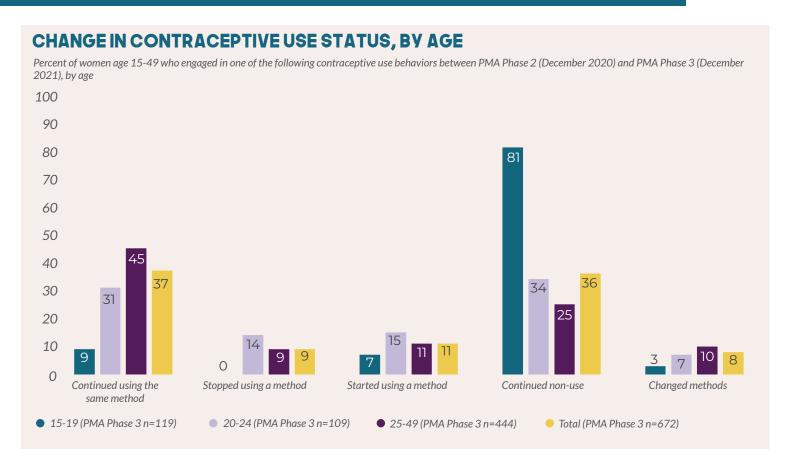
The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a blue ribbon flowing from Phase 2 to Phase 3 represents women who were using a short-acting method at Phase 2). The N on each ribbon is the weighted number of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.

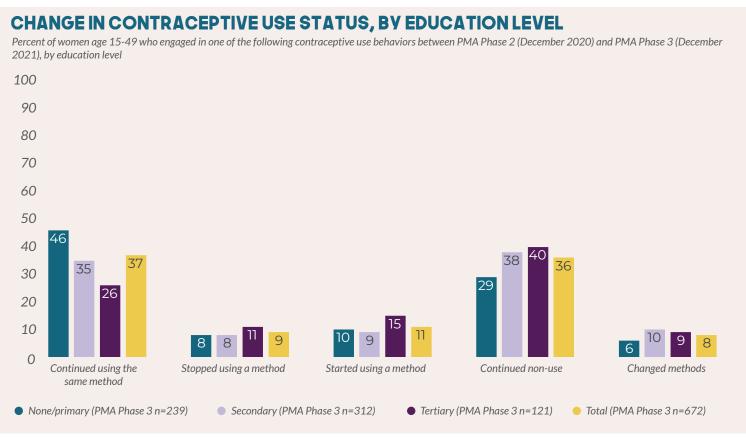
## **KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS**

- Among panel women, the use of contraceptives has increased from 52% in 2019 to 59% in 2021.
- Among panel women, the proportion using long-acting methods increased by 4-percentage points, while those using short-acting methods increased by 2-percentage points from 2019 to 2021.
- Overall, 5% of panel women were using traditional methods in 2021.

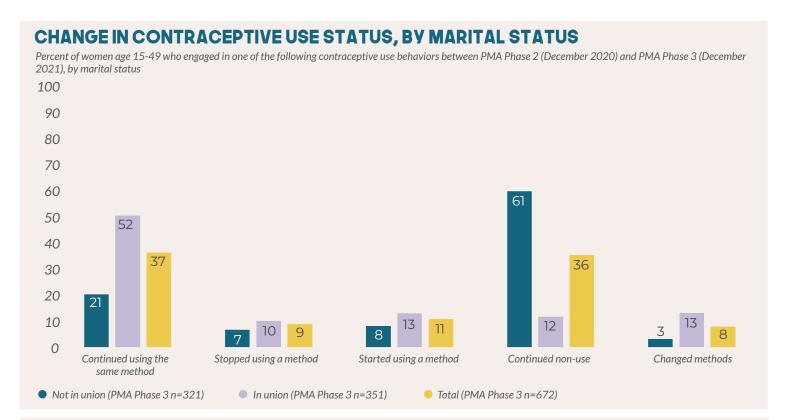


# **SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES**

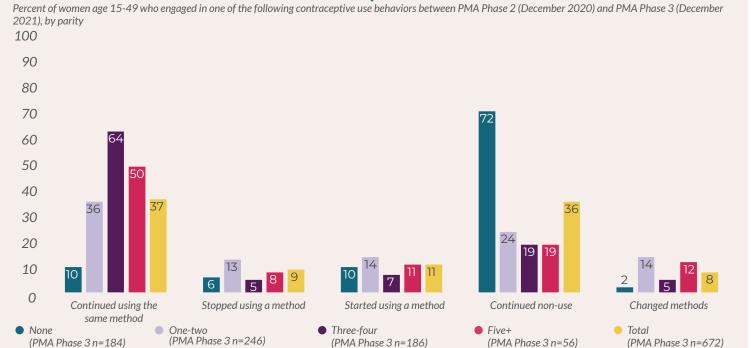












#### KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- The majority of adolescents (81%) remained non-users between 2020 and 2021.
- More panel women with no or primary education continued to use the same method since 2020, compared to women with higher education attainment.
- About 52% of panel women in a union and 64% of those with 3-4 children continued using the same method since 2020.



## **SECTION 3: OTHER PANEL DYNAMICS**

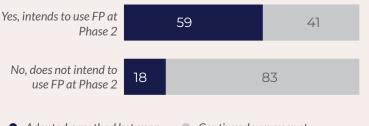
# **METHOD DISCONTINUATION**

Among women 15-49 with unmet need at Phase 3, the percentage that stopped using a contraceptive method or became pregnant since Phase 2 (n=33)



# INTENTION TO USE FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their intention to use FP at Phase 2 (n=309)

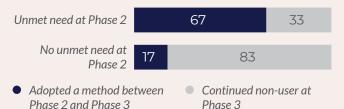


 Adopted a method between Phase 2 and Phase 3

 Continued non-user at Phase 3

# **UNMET NEED FOR FAMILY PLANNING**

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3. by their unmet need status at Phase 2 (n=309)



# KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- Among panel women with unmet need in 2021, 14% had stopped using a method and 17% had experienced a pregnancy in the prior year.
- Among panel non-users in 2020, 59% who reported intention to use in the future had adopted a method by 2021.
- Among panel non-users with unmet need in 2020, 67% adopted a method by 2021.

## **SUMMARY TABLE**

Enrolled at Phase 1
Enrolled at Phase 2
Total Panel Women

Total	Completed Phase 1	Completed Phase 2	Completed Phase 3	Completed Phase 2 and Phase 3	Completed All Three Phases
695	688	527	477	452	449
296	N/A	295	220	220	N/A
*991	688	822	697	672	449

<sup>\*</sup>Inclusive of de jure women, and women who have since aged out of the study

PMA Kenya (Kiambu) collects 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 among 897 women from Phase 1 and/or Phase 2 who consented to follow-up and aged 15-49y at Phase 3; 67% of women were enrolled in the panel survey at Phase 1 between November and December 2019, and 33% of women were enrolled in the panel survey at Phase 2 between November and December 2020. Of the 897 eligible, 19.6% were not reached for follow-up. Of those reached, 699 (77.9% of the eligible female respondents) completed the Phase 3 survey, for a response rate of 99.3% among contacted women. Survey results presented in this brief are among de facto women who completed the female panel surveys at each Phase. Survey results in section 1 of this brief are representative of the Phase 1 population. Estimates depicted in sections 2 and 3 are representative of the Phase 2 population. Sociodemographic data used for indicator disaggregation were collected at Phase 2. 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 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.

