

# Murang'a County Family Planning

## January to June 2016

### Background

Current status of Kenya's modern contraceptive prevalence rate (mCPR) = 53%

**The goal** = 58% mCPR by 2020; 66% mCPR by 2030

- To reduce the burden of unwanted pregnancies and the risk of maternal deaths of teenage mothers from unsafe abortions, more effort is required to address the high unmet need for contraceptives among youth and adolescents.

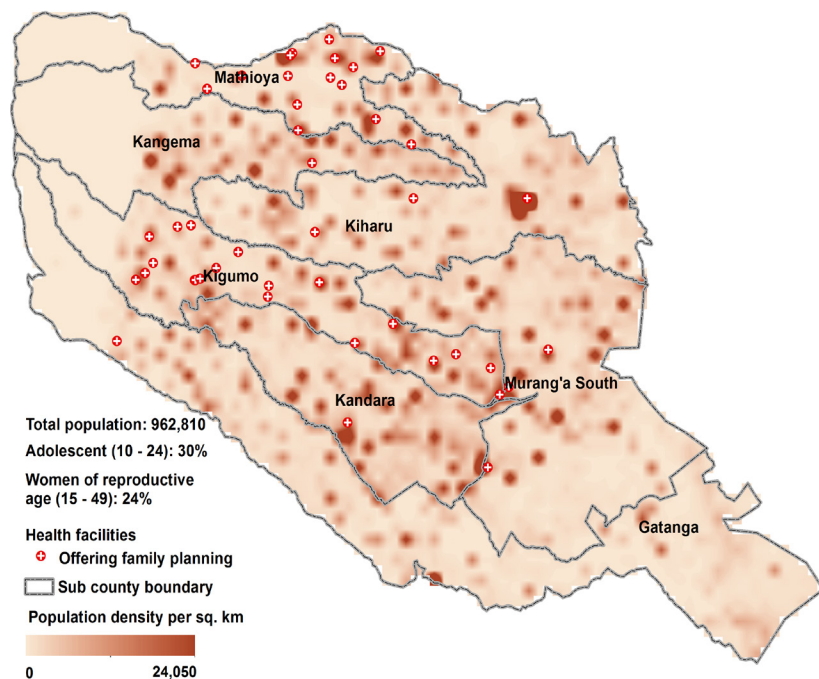
### Key Issues for Family Planning Programming in Murang'a County (Identified from January to June 2016 Data)

#### *A growing youth and adolescent burden of unwanted pregnancies*

- 9,883 pregnancies
- 15 of those who are pregnant are between the ages of 10 years and 14 years
- 1,168 of pregnant women are between the ages of 15 years and 19 years

#### *Low uptake of available family planning opportunities among adolescents and youth*

- Six out of ten women of reproductive age are using family planning methods.
- 5.1% of them are aged between 10 years and 24 years, implying very low uptake and limited services available in this age group.
- 10% of all sexually active 15- to 19-year-old women received a family planning method.
- One out of ten sexually active 15- to 19-year-old women are on a family planning method.



Creating wider access to all contraceptive options, especially long-acting methods that are the relatively effective, can substantially reduce unwanted pregnancies, unsafe abortions, and pregnancy-related maternal mortality.

### Family planning indicators for Murang'a County compared with national rates

Indicator	Murang'a County	National
mCPR	63%	53%
Fertility rate	3	3.9
Proportion of mothers aged between 15 years and 19 years	2.60%	14.70%
Proportion of sexually active teenagers	6.30%	18.10%
No. of unintended pregnancies averted due to modern contraceptive use in 2015	42,818	1,332,864
No. of unsafe abortions averted due to modern contraceptive use in 2015	12,743	396,660

Sources: KDHS 2014; using 2015 DHIS 2 service statistics data, FP2020 impact estimation tools have been used to estimate impact.

### Reliance on short-acting methods

- Nine out of ten family planning users in Murang'a are on a short-acting family planning method.
- 52% of the women users are on an injectable contraceptive.

### Commodity security

- The true commodity contraceptive status of the county is unclear.
- There is an urgent need to carry out a situation analysis on commodity status.

### Poor use of data for decision making

- Key family planning data are often not analyzed to inform programming. Current service statistics are inadequate for determining the needs and preferences of youth.

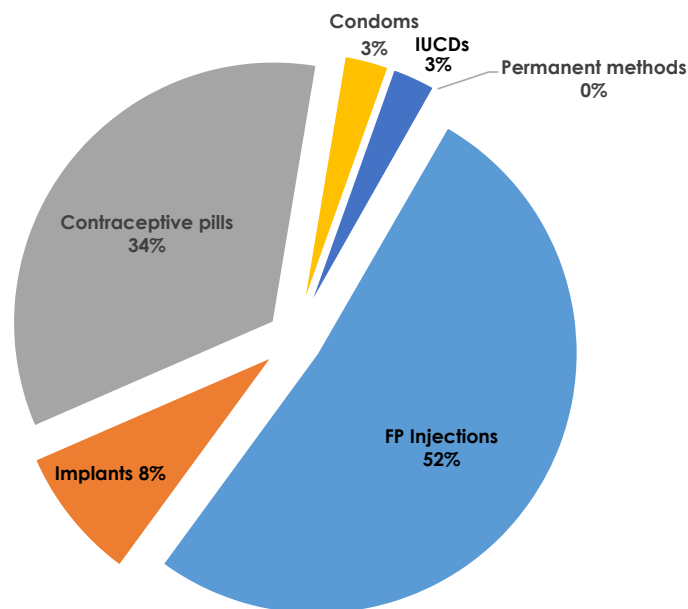
## Lessons Learned

**We can do more:** Focus on the sexual and reproductive health issues of adolescents and youth. A first step is to train providers on youth-friendly services and facilitate health facilities to become youth friendly.

## Other Areas of Focus

- **STRATEGIZE:** Revitalize the provision and use of long-acting family planning methods. Overall, use of long-term family planning methods is known to be more effective in the prevention of unintended (mistimed and unwanted) pregnancies. Use of these methods is very low among the women in Murang'a County. Efforts should be made to promote advocacy activities that would encourage uptake of long-term methods.
- **ACCESS:** Equip ALL facilities with a broad range of quality family planning products and services.
- **LEARN:** The need to utilize opportunities within and between subcounties for benchmarking on data quality and sharing of best practices.

Method mix (percent distribution of contraceptive users by method) — January to June 2016



## References

1. District Health Information Software 2 (DHIS 2), January to June 2016 data.
2. Kenya Demographic and Health Survey 2014.
3. Adding it Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014 (Guttmacher Institute).
4. FP2020 Kenya impact estimates 2016.

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