

KEY FINDINGS OF THE 2011 TUPANGE BASELINE SURVEYS

May 2012



KISUMU

Context

Kisumu City is the third largest city in Kenya, and the capital of Nyanza province. Located in the western part of Kenya, Kisumu is home to the second largest fresh water lake in the world, Lake Victoria. Kisumu covers 417Km² of which only 297 Km² is dry land. The population of Kisumu County stands at 968,909 people, 259,258 of whom live in the city (KNBS 2009). Kisumu's economy revolves around agriculture and fishing and it is the retail hub for the entire Lake Victoria basin. The population of Kisumu is young with 63.2 percent of the population aged under 25 years. Compared to the other Tupange baseline cities, Kisumu has a larger young male population, with 40 percent of men aged between 15 and 24 years.

Survey Coverage

This fact sheet presents key findings from the baseline Household Survey (HH) and the Service Delivery Point (SDP) surveys conducted in five urban areas of Kenya and the Urban RH Supply Chain survey conducted in Mombasa and Nairobi. In Kisumu, 1,603 women ages 15-49 and 554 men ages 15-59 were interviewed during the household survey, while the SDP survey covered 56 health facilities, 129 service providers, and 1,053 female clients. The two surveys were designed by the Measurement,

Learning & Evaluation (MLE) Project and the Kenya Urban Reproductive Health Initiative (Tupange). The Household Survey was conducted by the Kenya National Bureau of Statistics (KNBS) and the Research Care and Training Program of Kenya Medical Research Institute (KEMRI) conducted the SDP survey. The Urban RH Supply Chain Survey was designed and conducted by McKinsey & Company in collaboration with Tupange.

Findings

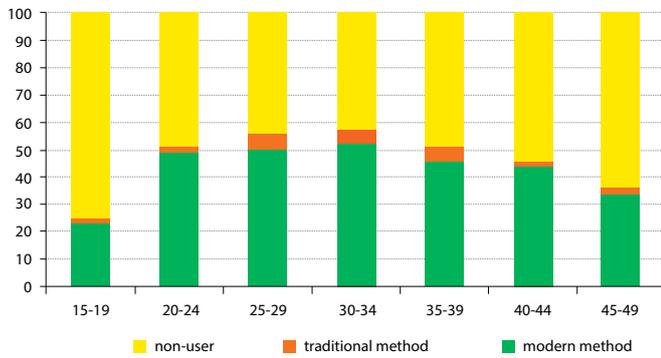
The total fertility rate (TFR) in Kisumu is 3.9 children per woman. The highest age-specific fertility rate (ASFR) is among women aged 20 -24.

The graph shows contraceptive prevalence rate (CPR) among women in Kisumu. Modern method use is highest among women aged 30-34 years, while non-use is highest (over 70%) among women under the age of 19 years.



Current Contraceptive Use Among Women

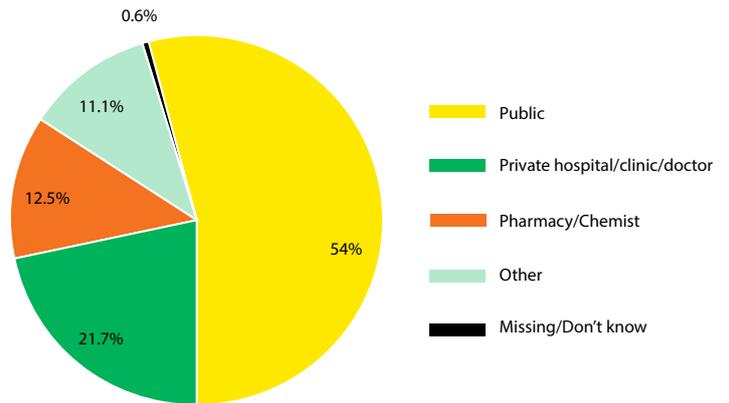
Contraceptive Prevalence Rate Among Women



Source of Contraceptive Method Among Female Family Planning Users

Among current users of family planning, fifty-four percent of respondents in Kisumu accesses their family planning method from public facilities, while twenty two percent seek FP services from private facilities.

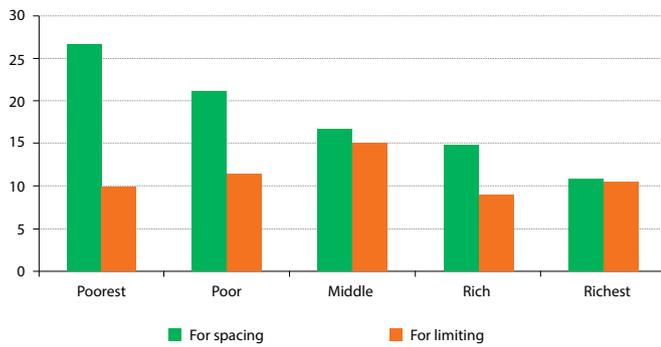
Source of Current Modern Method of Family Planning



Unmet Need by Wealth Quintile

Unmet need for spacing is highest in the poorest populations, and declines steadily as wealth increases, however it is also interesting to note that there remains unmet need for spacing and limiting among the richest population.

Unmet Need for Family Planning Among Married Women, by Wealth, Kisumu

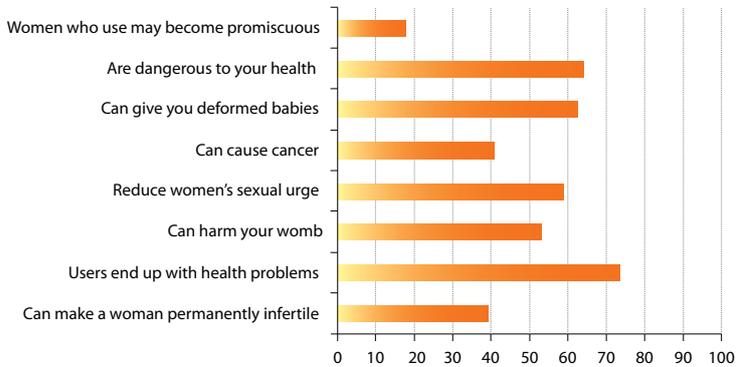




Barriers to Use of Family Planning

Myths and misconceptions about family planning are widespread, with more than 70% of women surveyed believing that users of family planning end up with health problems.

Myths and Misconceptions Among Women Aged 15-49



Counseling about Contraceptive Side Effects among Contraceptive Users

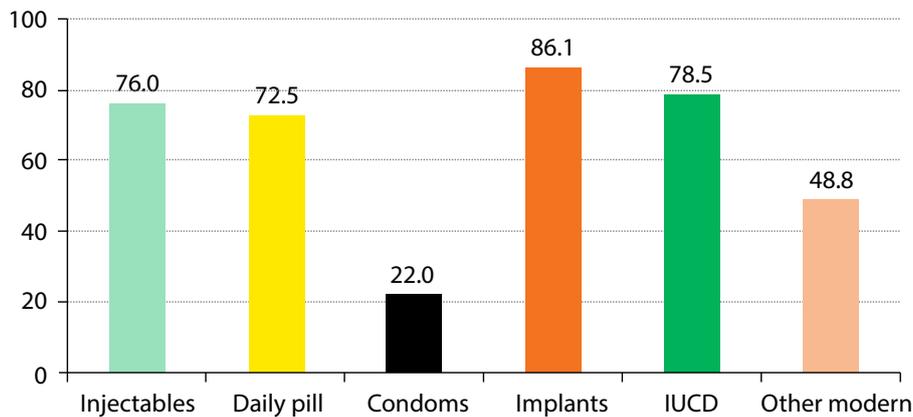
Depending on the method, a substantial percentage of women reported that they did not receive information about their family planning method of choice from their service provider as shown in the chart below.

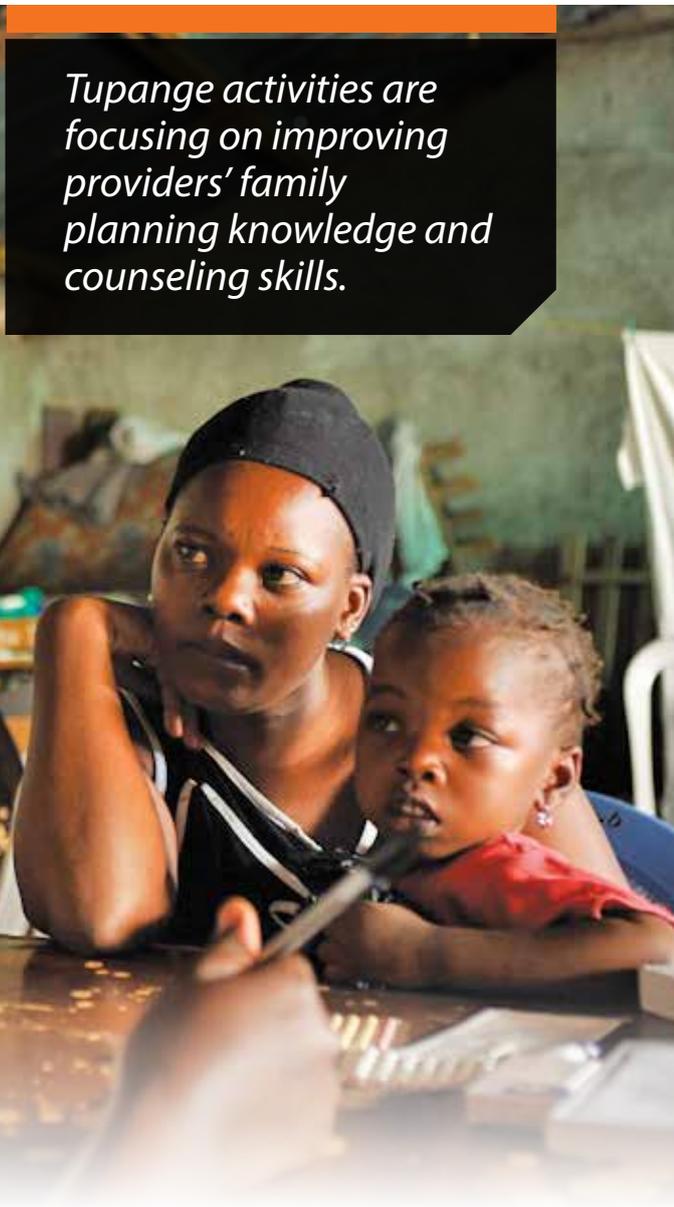
Decision Making

About 40.4 percent of women surveyed in Kisumu felt they needed permission from someone to use a family planning method.



Percent of Women Given Information on Side Effects of Methods





Tupange activities are focusing on improving providers' family planning knowledge and counseling skills.

Program Implications

- There is need to strengthen youth friendly services, targeting young people.
- Programs should strengthen public sector health and family planning services in Kisumu.
- Given the myths and misconceptions surrounding family planning, communication interventions should focus on reassuring both men and women that contraceptives are safe and effective.
- Encourage male involvement in decision making about family size and planning.
- Interventions should focus on integrating family planning into other health services as it provides a significant but under-utilized opportunity to increase uptake.
- Availability of all family planning commodities in both public and private health facilities should be encouraged.