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Evidence Brief

Breaking barriers: Strategic solutions for family planning access in Kenya

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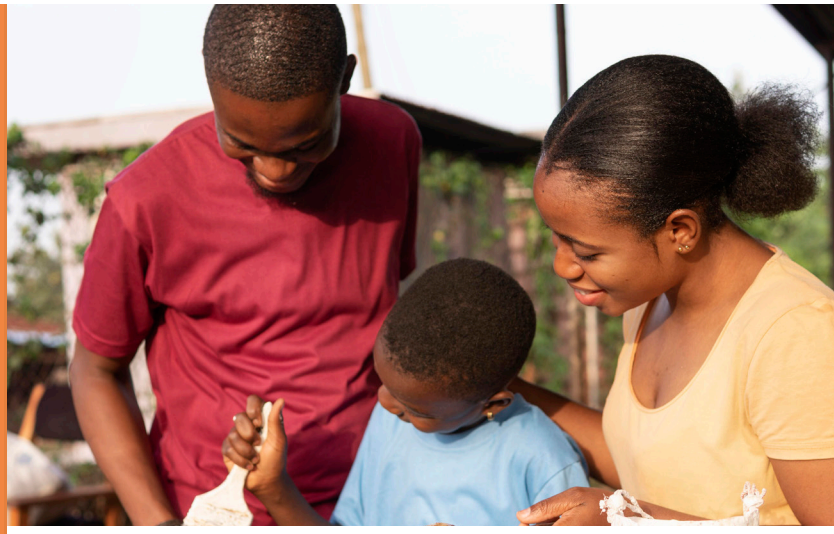
Key messages

- Systemic, cultural, and informational barriers continue to limit access to contraceptive services, especially in rural Kenya.
- Myths and misconceptions about contraceptives continue and require targeted, multi-platform public education.
- Community-based and health worker-integrated models are the most effective for improving contraceptive uptake.
- Gender-inclusive programming that involves both men and women improves decision-making and acceptance of family planning.
- Tailored strategies for young women and rural populations are essential to reducing the unmet need for contraception.
- Peer-led education successfully increases knowledge and uptake among adolescents and young adults.



Executive summary

Despite decades of investment, the unmet need for modern contraception remains high across low- and middle-income countries (LMICs), including Kenya. Women of reproductive age continue to face barriers such as misinformation, weak health systems, limited access to quality services, and restrictive gender norms. Although Kenya's policy frameworks, including the Family Planning Costed Implementation Plan (2017–2022) and the National Reproductive Health Policy (2022–2032), provide strong guidance, implementation challenges persist, particularly in rural areas.

Evidence from six high-quality studies conducted between 2000 and 2024 shows that community-based, health worker–integrated, and peer-led interventions are most effective in increasing contraceptive uptake. Technology-based solutions show moderate success, particularly in urban contexts, while gender-inclusive programmes demonstrate growing potential in transforming social norms and promoting shared decision-making. Tailoring interventions by age, parity, and setting, especially for young, rural, and postpartum women, enhances their impact. To accelerate progress toward Kenya's FP2030 commitments, a coordinated, inclusive, and context-responsive approach is essential.

Background

Despite decades of investment, the unmet need for modern contraception remains high, particularly in LMICs [1,2]. Women of reproductive age continue to face multiple barriers to accessing family planning services, including limited service availability, infrastructure gaps, misinformation, and deeply rooted social and gender norms [3]. Persistent myths, such as fears of infertility and side effects, discourage use, while rural and marginalised communities are disproportionately affected due to weaker health systems and supply chains [3].

Cultural opposition, often rooted in social norms and reinforced by male partners or community leaders, poses an additional barrier [4] [1,3]. In many cases, family planning programmes also fail to involve men or address the gendered dimensions of decision-making, limiting their effectiveness [1,3,4]. Interventions incorporating community-based education, health integration, and peer influencers (including male champions) have been rolled out in settings like Kenya, such as in programmes that combine FP with childhood immunisation. However, data show disparities remain between FP users and non-users in terms of participation and decision-making [5]. While involving men and boys can increase contraceptive use, these gender-inclusive approaches are underutilised, and evaluations often omit critical outcomes such as equitable decision-making or impacts on maternal and neonatal health, limiting understanding of their long-term effectiveness [6].

In Kenya, family planning initiatives are guided by several key policies and guidelines. These include the Kenya Family Planning Costed Implementation Plan (FP-CIP) 2017–2022,[7] which outlines strategic priorities for increasing contraceptive access and uptake; the National Reproductive Health Policy (2022–2032) [8], which provides an overarching framework for reproductive health services; and the Kenya Essential Package for Health (KEPH)[9], which integrates family planning into essential health services. In addition, Kenya adheres to the World Health Organisation (WHO) Medical Eligibility Criteria for Contraceptive Use and Selected Practice Recommendations for Contraceptive Use [10], which provide global, evidence-based guidance on safe and effective provision of contraceptives. These frameworks collectively aim to expand method choice, improve service quality, and promote equity, but implementation challenges, particularly in resource-limited and rural settings, continue to limit their impact.

This policy brief summarises recent evidence to identify the most effective and scalable strategies to increase contraceptive uptake and address unmet need among women of reproductive age in LMICs, with a focus on informing policy and programme implementation in Kenya.

Methodology

This policy brief is based on a review of peer-reviewed studies from 2000 to 2024 that looked at ways to improve contraceptive use in LMICs. An initial general search on PubMed and Google Scholar found 277 studies. After reviewing titles and abstracts, six high-quality studies were selected for their relevance, strong methods, and focus on women of reproductive age. Thematic analysis was used to identify and synthesise the intervention type, effectiveness, strengths, target population, and context from the included studies.

Table 1: Summary of study findings

Study (Year)	Context	Intervention type	Effectiveness	Key strengths	Target population
Memon et al. (2024); Arthur (2024); Nurdini et al. (2024)	South Asia; Uganda; Indonesia	Community-Based Interventions	Highly effective, especially in rural areas	- Culturally sensitive - Community trust - Responsive to local context	Women of reproductive age in rural/community settings
Sinai et al. (2022); Gelgelo et al. (2023); Wondimagegene et al. (2020)	Ethiopia; Nigeria	Health Care Worker Integration	Consistently effective; enhances postpartum counseling	- High professional credibility - Direct access to trusted information	Women seeking medical guidance, especially postpartum.
Nurdini et al. (2024)	Indonesia	Technology-Based Interventions	Mixed results; moderate effectiveness depending on context	- Broad reach-Cost-effective - Easy information dissemination	Younger, urban populations
Wondimagegene, Debelew, Koricha (2020)	Ethiopia	Peer-Led Education	Effective among adolescents-25.1% reduction in unmet need - 7.4% increase in use - 17.7% increase in knowledge	- Relatable and trusted messengers - Reduces stigma-Builds peer trust	Adolescents and young adults
Gelgelo et al. (2023)	Ethiopia	Gender-Inclusive Programming	Emerging evidence of positive impact	- Engages men - Encourages shared responsibility - Challenges harmful norms	Entire community ecosystem

Findings

The evidence synthesis drawing on six high-quality studies from LMICs, including Ethiopia, Nigeria, Uganda, Indonesia, and South Asia [11–16], offers comparative perspectives (Table 1). These included three systematic reviews [11, 12, 16], two cross-sectional studies [13, 14], and one randomised controlled trial (RCT) [15]. Interventions assessed included peer-led education programmes [15], community-based approaches [12, 13, 16], technology-supported solutions [16], and health worker integration strategies [16].

Community-based and health system-integrated approaches were consistently the most effective in increasing contraceptive use, especially in rural contexts. Peer-led programmes were effective among adolescents, while digital health tools showed mixed results, more effective in urban settings with good internet access but less so in rural areas. Gender-inclusive programmes are still emerging, but initial evidence shows promise in changing social norms and enhancing uptake across communities. Overall, these approaches demonstrated varying degrees of effectiveness, with the most success noted in initiatives led by community and health workers in LMICs [16].

Intervention effectiveness by approach

Comprehensive education approach: This approach utilises multiple channels to disseminate accurate and culturally sensitive information on contraception. Strategies include social media campaigns, peer-to-peer education, and sessions led by experts in the communities [15, 16]. Targeted educational programmes that address specific myths, misconceptions, and concerns among different groups can increase knowledge, correct misinformation, and increase acceptance of family planning [11].

Healthcare system integration: Strengthening access through the formal health system means making contraceptives consistently available, especially at primary health facilities [14] and training healthcare workers with skills to provide respectful, client-centered counseling [11]. Strong referral systems are needed to connect community-based services with formal facilities to ensure continuity and follow-up of care.

Community engagement: This intervention aims to enhance contraceptive uptake through community-based and gender-inclusive strategies. By designing interventions that leverage local community structures, the approach ensures contextual relevance and long-term sustainability [16]. Gender-inclusive approaches, such as involving men in reproductive health dialogues and addressing gender-specific barriers, foster equitable decision-making and challenge entrenched social norms [16]. Evidence from Ethiopia's successful implementation of such programmes [11], illustrates the potential of engaging entire communities. Structured platforms for dialogue can support lasting behaviour change and help dismantle harmful myths and cultural resistance to family planning.

Tailored approaches: These approaches prioritise youth, rural women, and multiparous mothers by tailoring services to their unique needs. It also develops age-specific and parity-specific strategies, particularly targeting young women [12]. This includes mobile outreach for hard-to-reach areas, messaging tailored by age, and counselling that recognises a woman's number of children and life stage [13].

Conclusion

The review highlights that community-based, health worker-led, and education-focused interventions are most effective in expanding access to family planning. While technology-based solutions show promise, their success depends on the local context. Gender-inclusive programmes, though not widely used, hold strong potential to tackle deeper social and structural barriers. For Kenya to meet its reproductive health goals and FP2030 commitments, it must invest in context-responsive, inclusive strategies that leave no one behind and reach all groups. A coordinated, multisectoral response is needed to turn these strategies into large-scale impact.

Recommendations

The Ministry of Health and partners should:

- **Promote community-based programmes**: Expand proven models in rural and underserved areas while incorporating digital tools where feasible, such as in urban settings.
- **Prioritise training for health workers**: Equip them with skills to deliver respectful, culturally appropriate, and client-centred family planning services.
- **Incorporate gender sensitivity**: Ensure programmes engage men and support women equitably.
- **Use peer education**: Target adolescents and young adults with school-based interventions; using tailored approaches including Peer-Led Education, mobile outreach for hard-to-reach areas, messaging tailored by age, and counselling that recognises a woman's number of children and life stage.

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