

UNDERSTANDING FACTORS INFLUENCING ACCESS AND CHOICE OF CONTRACEPTIVES AMONG YOUNG PEOPLE IN MIGORI



KEY FINDINGS:

- Healthcare providers, peers and partners are key influencers of choice of contraception for young women in Migori.
- Pharmacies serve as critical service delivery points for family planning methods for young people but have a limited range of methods available.
- Myths and misconceptions are a barrier to choosing various contraceptive methods, particularly long-acting methods.

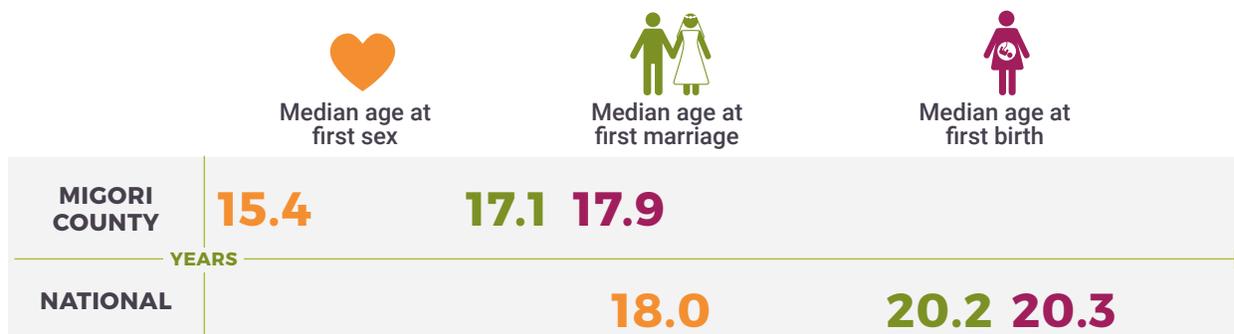
KEY ACTION ITEMS:

- Provide fact-based family planning information at health facilities and other service provision points such as pharmacies and community centers frequented by young people to ensure young clients have accurate information on all contraceptive options. Informational posters and brochures can be used in locations such as pharmacies.
- Migori County, in partnership with stakeholders seeking to improve adolescent sexual reproductive health, should expand the range of contraceptive options in all outlets preferred by young people including pharmacies.
- Strengthen community-based distribution programs to facilitate access to, and use of young people's preferred, contraceptive methods such as injectables.
- Design and implement a communication and advocacy campaign to address the myths and misconceptions among young people that limit their use of contraceptive methods, particularly long-acting methods.
- Devise ways to engage male partners in promoting family planning since they are an influencer on method choice and use of contraception among young women.

METHODS: In 2018, the Full Access, Full Choice project convened key family planning stakeholders, from government and non-governmental organizations, to identify key county-specific program priorities and evidence gaps around adolescent and youth use of a full range of family planning methods. In August 2019, the project undertook qualitative in-depth interviews with 32 female youth ages 18-24 years in Migori, Mombasa, and Nairobi to better understand factors that affect young people's ability to have full access and choice on contraception. Data from this study are presented below, alongside quantitative data from the Kenya Demographic and Health Survey (KDHS) (2014). A learning agenda was developed and informed by a set of study questions advanced by stakeholders from the public sector and non-governmental organizations in Migori county. This brief addresses three of those priority questions: (i) **Who influences adolescents and youth to seek out family planning and which contraceptive methods do they choose to use?** (ii) **Are family planning services accessible and affordable to adolescents and youth in Migori County;** and (iii) **What myths and misconceptions exist around adolescent and youth family planning and how can they best be corrected?**

KEY LIFE TRANSITIONS AMONG YOUNG PEOPLE IN MIGORI COUNTY

Among women in Migori ages 25-49, the median age of first sex is 15.4 years. On average, these women had their first birth about two and half years later (DHS, 2014).

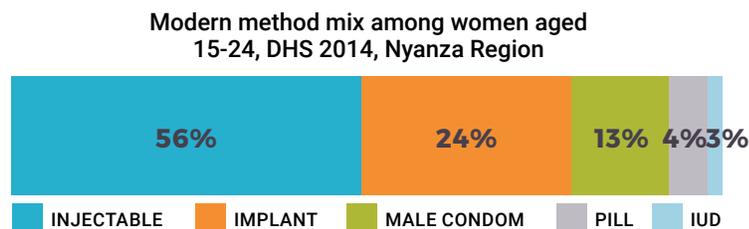
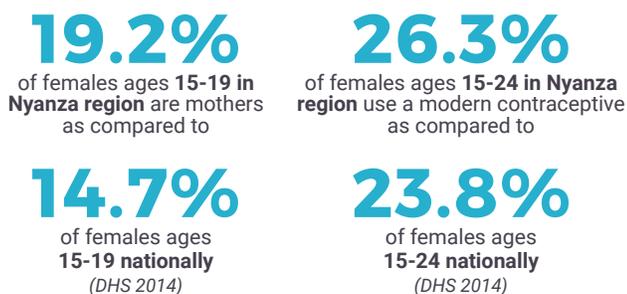


(Kenya DHS 2014)

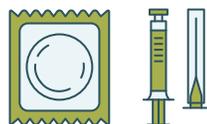
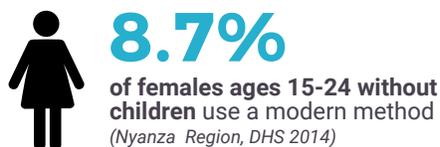
Migori had the youngest median age at first sex, median age at marriage, and median age at first birth compared to other counties that constituted the former Nyanza province, including Homa Bay, Kisii, Kisumu, Nyamira, and Siaya counties, with which it shares socio-economic and cultural ties. The median age at first sex for Nyanza was 16.3 years, while the median age at first marriage and first birth for the region were 18.6 years and 18.9 years, respectively.

TEENAGE PREGNANCY AND USE OF MODERN CONTRACEPTION

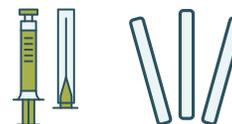
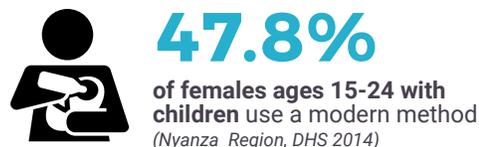
Due to the small sample sizes by county for this age group, we focus on the regional situation of the former Nyanza province that includes Migori, Homa Bay, Kisii, Kisumu, Nyamira, and Siaya Counties.



MODERN METHOD USE DIFFERS BY PARENTAL STATUS



Among users aged 15-24 without children, the two most popular methods were male condoms (44%) and injectables (41%).



Among users aged 15-24 with children, the two most popular methods were injectables (60%) and implants (24%).

HEALTHCARE PROVIDERS, PEERS, AND PARTNERS, INFLUENCE YOUNG FEMALES' CHOICE OF CONTRACEPTION IN MIGORI

From in-depth interviews with young, experienced* family planning users, when questioned about who influenced the choice of methods they were currently using or had previously used, respondents indicated a range of influencers. Healthcare providers were the most frequently mentioned influencers followed by peers and partners.

(*Experienced users refer to the young women who had used two or more family planning methods over time)

Consultations with and advice from health service providers influences the choice of method used as illustrated in the example below:



Interviewer: Okay. Who advised you to use the injection?
Respondent: When I went to the hospital, that doctor was the one who advised me to try the injection.
Interviewer: After the pills had negative effects.
Respondent: After the pills had negative effects.

—24-year old female from Suna East, Migori, with two children

In some instances, first-time users relied on their partners because they had limited knowledge on contraception.



Interviewer: Let us start with the first one that emergency contraceptive pill, that is Postinor-2. How old were you when you used it?

Respondent: I think I was 17. I didn't even know what it helps with, it is my boyfriend who brought it.

Interviewer: And how long did you use it?

Respondent: I used it for that one day only when he brought them, for 72 hours. I didn't use again until when I gave birth, that is when I used again....

—21-year old female from Kuria, Migori, with one child

Some young females indicated that their peers influenced their choice of contraceptives.



“There is a friend of mine who advised me that the 3-month injection is quite a short time and therefore I should opt for a 3-year or 5-year method. I inquired from her about the goodness of this method and she confirmed to me that it is good. From there I decided to change to a 5-year method upon the lapse for the 3 month's injection period, but before then I asked my partner if I could change to the 5-year method and the only thing he asked me is whether the method is good which I did confirm. I told my partner that I will do a trial and if I find otherwise then I will go back so that it be removed, so he gave me the go ahead.”

—21-year-old woman from Suna East, Migori with 3 children

ACCESS TO CONTRACEPTIVES

In general, public health facilities provided contraceptives for free and were also the choice to get long-acting methods by many young females. However, some costs are still incurred to access contraceptives at public health facilities. For example, depending on the distance from the facility, a young woman may need to pay money for transportation and there are often some costs for registration or consultation. As noted below, one respondent said that while implants were provided at no cost initially, there was a cost for their removal. Local private pharmacies are usually the preferred choice for shorter-acting methods that do not require medical expertise, especially if one lives far from a health facility. However, some women indicated that the pharmacies had a limited range of methods to offer.



“Implant is easily accessible. I normally see people visit the hospital and they are given for free. According to me I dislike it because the fixing is done for free but at the time of removal, I pay for it. That is the problem.”

—22-year-old woman from Nyatike, Migori with 3 children



“Pills can easily be accessed since we have got community volunteers who walk around the community to provide condoms and pills.”

—22-year-old woman from Suna East, Migori without a child

Distance to the health facility, and transportation cost influenced accessibility to certain contraceptive methods such as pills and intrauterine device.



“Pills prove a little difficult to access since it they are majorly not found within the shops and chemists. At times they can be accessed from the hospital which is far.”

—23-year-old woman from Nyatike, Migori without children



“Maybe you would not be able to get it at a pharmacy. No one will insert it (IUD) for you easily. You will be sent to a hospital. You might be far from the hospital. You might not have the bus fare to get you to the hospital at the moment, yet you wanted to get it done, so it would take time.”

—24-year-old woman from Suna East, Migori with 2 children

MYTHS, MISCONCEPTIONS AND FEAR OF SIDE EFFECTS INFLUENCE FAMILY PLANNING DECISIONS

Myths and misconceptions are commonly cited as barriers to use of a wide range of contraceptive methods by young people. Respondents from Migori shared a number of myths and misconceptions around contraception including fears that some methods could even cause cancer.



"I heard when a woman swallows those things (oral pills), it can be very terrible. When you swallow those pills, they don't concentrate in your body. It stays in the body and burns your eggs, when the eggs are burnt, if you don't use herbal medicine to wash it away, it causes growths and cancer."

—21-year-old woman from Kuria East, Migori without a child

Some respondents also explained their fear and perceptions of extreme side effects (pain, excessive bleeding) from some family planning methods such as implants, based on rumors and experiences of other people.



"I fear it (implant) I cannot use it completely. I fear it. I hear the implant causes much pain when being removed. I hear the implant causes many problems when used. I hear it causes dizziness. But this depends on an individual"

—21-year old woman from Nyatike, Migori with 1 child

Misconceptions about different methods of family planning also influenced access to some methods such as the IUD. This included misinformation on requirements for method use.



"Some say that before you are put on it, the boyfriend's penis length has to be measured. It comes along with embarrassment having to accompany your boyfriend to the facility. It is not easy to access and that's the reason why you have to accompany yourself with your partner who at times may refuse to go with you."

—22-year old woman from Nyatike, Migori with no children



What is Full Access, Full Choice?

Full Access, Full Choice is four-year, Bill & Melinda Gates Foundation (BMGF) supported project implemented by the University of North Carolina at Chapel Hill Carolina Population Center and the African Institute for Development Policy (AFIDEP). The project will generate and synthesize evidence to inform programs and policies to expand contraceptive method choice for youth aged 15-24 at the global and country levels.

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