INFLUENCERS AND BARRIERS TO CONTRACEPTIVE METHOD CHOICE AMONG YOUNG WOMEN IN NAIROBI COUNTY





Development Policy

KEY FINDINGS:

- Knowledge on contraceptive methods is high in general, but limited on some specific methods, especially
 for long-acting reversible contraceptives (LARCs) like implants and IUDs.
- · In-depth knowledge about specific contraceptive methods determines the choice of method.
- Myths and misconceptions play a key role in limiting the use of a wide range of contraceptive methods.

KEY ACTION ITEMS:

- The County and National Government and their partners should provide fact-based information about contraceptive use to ensure young people have accurate information on a wide range of contraceptive options and to reduce proliferation of myths, misconceptions, and rumors about contraception. Youthfriendly information platforms including social media, youth-focused radio programs and school-based programming can be used for the campaigns.
- Mass media channels should also be used to reach young people's influencers, including partners, friends, and family members.
- Both public and private sector actors should provide a wide range of family planning commodities at service provision points to enable young people have expanded contraceptive method choice.
- Reach young people through targeted interventions to enhance awareness and increase demand for long-acting contraceptive methods to avoid overdependence on short-acting contraceptive methods and particularly the male condoms

METHODS: In 2018, the Full Access, Full Choice project convened key family planning stakeholders, from government and nongovernmental 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 Nairobi, Mombasa, and Migori, to better understand factors that affect their ability to have full access and choice on contraception. Data from this study are presented below, alongside quantitative data from other large-scale surveys in Kenya including the Kenya Demographic and Health Survey (KDHS) (2014), Shujaaz Inc's annual surveys (2018, 2019) and the PMA Agile Youth Respondent-Driven Sample Survey (YRDSS) 2019 study. 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 Nairobi County. This brief addresses two of those priority questions: (i) What is the level of knowledge of contraception among adolescents and youth? and (ii) What influences adolescent and youth's preference of a method of contraception?

KEY LIFE TRANSITIONS AMONG YOUNG PEOPLE IN NAIROBI

Among women in Nairobi ages 25-49, the median age of first sex was 19.6 years. On average, these women got married and had their first birth about two and half years later (DHS, 2014).



TEENAGE PREGNANCY AND USE OF MODERN CONTRACEPTION



MODERN METHOD USE DIFFERS BY PARENTAL STATUS





Among users aged 15-24 without children, the two most popular methods were male condoms (68%) and the pill (29%).



of females ages 15-24 with children use a modern method (Nairobi, DHS 2014)



Among users aged 15-24 with children, the two most popular methods were injectables (56%) and implants (23%).

MOST YOUTH IN NAIROBI KNOW ABOUT MODERN CONTRACEPTIVES AND WHERE THEY CAN OBTAIN THEM

While unmarried young people age 15-24 in Nairobi have heard of at least 1 contraceptive method (98% of females and 99% of males) and know of a place to obtain contraception (85% of females and 83% of males), most of them rely on the male condom for family planning. Close to 2 out of 3 (63.5%) of young people in this age group rely on male condoms as their current contraceptive method.

Source: PMA Agile YRDSS 2019

Knowledge about different methods and sexual experience are key factors for method choice. While the male condom is the method of choice for most first-time users, over time, young people were more likely to use short-acting and other easily accessible non-condom methods.

Most female first-time users of modern methods choose to use the male condom because that is the only method they are aware of and because the method is also easily accessible.



"...at that time I did not know P2, I did not know P2 and I did not have the knowledge about the implants, the injection and all those stuff, I only knew the condom, so it was only the condom."

—19-year old female from Embakasi South, Nairobi without children Another young female explains how she made her choice taking consideration that condoms would provide dual protection.

"....I find it (condom) the safest way to avoid getting STIs or getting pregnant so... I think it is the safest way for me, for me I trust the condom."

-23-year-old female from Westlands, Nairobi without children

Long-acting and reversible contraceptives (LARCs) were mainly mentioned as a preferred method by older respondents who had children and were looking to achieve the family planning benefits of birth spacing. They had more experience with contraception and were aware of more methods.

EASE OF ACCCESS AND AFFORDABILITY ARE KEY FACTORS TO YOUNG PEOPLE'S CONTRACEPTIVE METHOD PREFERENCE AND USE IN NAIROBI

A number of the young females interviewed indicated that they used a particular method because it was what was available from the service provider although they had gone with the intention of getting a different method.

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I was just trying to see how it is. If it affects me, I go back to the implant again...First, I had come for the implant and found that it was not there, so I decided to use this Depo."

- 24-year-old female from Embakasi, Nairobi with one child

Affordability also factored into why some methods were preferred over the others. Here is one respondent explaining why she decided to use emergency contraceptive pill and not any other method.



"At the time, I think, I don't know, we didn't know much about these injections and the rest, so this was the cheapest and the most affordable method we could use at the time."

–23-year-old female from Ruaraka, Nairobi with no child

FEAR OF SIDE EFFECTS INFLUENCES PREFERENCE FOR CONTRACEPTIVE METHODS

There were several instances where respondents made a decision to use one method over the others because of fear of side effects. Fear of side effects were based on reported experience during previous use or information learned from others.

One respondent had thought of using the injection but instead opted to use the male condom due to fear of side effects.



Interviewer: why did you decide to use the condom instead of the injection? Respondent: I said that...during that time I did not want to start using the injection... the injection also has side effects.

– 21-year-old female from Ruaraka, Nairobi without children

A respondent who had previously used and then discontinued using implants reported she would not be using the method again because of the side effects previously experienced.



Interviewer: Can you think of using it again (in reference to implant) **Respondent:** I cannot.. Because it used to affect me negatively.... I used to stand and get light-headed, I nose bled.

—22-year-old female from Ruaraka, Nairobi with two children

MYTHS AND MISCONCEPTIONS MAY PREVENT USE OF A WIDER RANGE OF CONTRACEPTIVES

We explored data from Shujaaz Inc (2018 and 2019) to better understand the myths and misconceptions about family planning among young women in Nairobi. The study found that approximately 4 in 10 young women believed various myths and misconceptions about contraceptives.



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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