

ADDRESSING LOW USE OF CONTRACEPTIVES AMONG ADOLESCENTS AND YOUTH IN WAJIR COUNTY



KEY FINDINGS:

- Only 2.3% of married women of reproductive age in Wajir are using modern contraceptive methods compared to a national average of 53%.
- Religious beliefs, cultural norms and practices, myths and misconceptions, and unavailability of contraceptives are among a range of reasons for the low use of family planning methods among young women in Wajir.
- As in the rest of Kenya, teenage pregnancy is a concern with 17% of pregnancies reported for 1st ANC visits attributed to teenagers between 10 and 19 years old in Wajir county in 2019.

KEY ACTION ITEMS:

- The Wajir County Government and partners should engage religious and traditional leaders in robust advocacy to create demand and support the use of modern contraceptive methods including making modern contraceptives available for young women who need them.
- Policymakers should include Muslim religious leaders in family planning programming efforts to dispel the perception that Islamic teachings oppose family planning and contraception.
- The county government and its partners should roll out a messaging campaign that is culturally sensitive and age-appropriate on the benefits of family planning methods for the community, with a special focus on the contraceptive benefits for adolescents and youth
- With the 2018/2019 Kenya Health Facilities Assessment showing that less than half of facilities in Wajir provide family planning services to adolescents, efforts should be made to make family planning services available for adolescents and educate providers to enable them to make a range of methods available for young people who need them

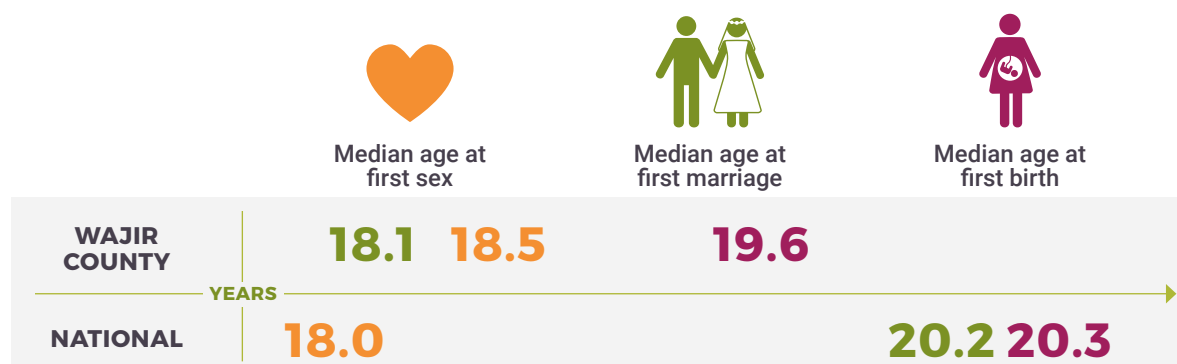
BACKGROUND: Use of modern contraceptives in Wajir County in particular, and the North Eastern region of Kenya in general, is very low. Understanding the reasons for low uptake of contraceptives among women of reproductive age will help policymakers and program implementers to ensure that all women, including adolescents and youth, who need to plan their families have access to a full range of contraceptive methods.

METHODS: In 2018, the Full Access, Full Choice project convened key family planning stakeholders, from government and NGOs, to identify key county-specific program priorities and evidence gaps in adolescent and youth family planning research. This brief is in response to a learning agenda that was developed and informed by a set of study questions advanced by stakeholders from the public sector and non-governmental organizations in Wajir County. In this brief, we address the key question: **What are the reasons for low contraceptive use among women of reproductive age, including adolescents and youth, in Wajir County?**

We present quantitative data from the Kenya Demographic and Health Survey (KDHS) 2014, and supporting evidence from the 2015 Kenya National Adolescent and Youth Survey (NAYS) that was implemented by the Kenya National Council for Population and Development (NCPD), a qualitative study published by Abdi and colleagues (2020) on socio-cultural factors influencing contraceptive use in two Muslim communities (Wajir and Lamu Counties) in Kenya, and data from the Kenya Harmonized Health Facility Assessment (KHFA) 2018/2019.

KEY LIFE TRANSITIONS AMONG YOUNG PEOPLE IN WAJIR

Among women in Wajir ages 25-49, the median age of first sex is 18.5 years. On average, these women got married and had their first birth about one year later (DHS, 2014).



LOW USE AND KNOWLEDGE OF MODERN CONTRACEPTION IN WAJIR

Use of modern contraception is very low in Wajir County as compared to the rest of the country.

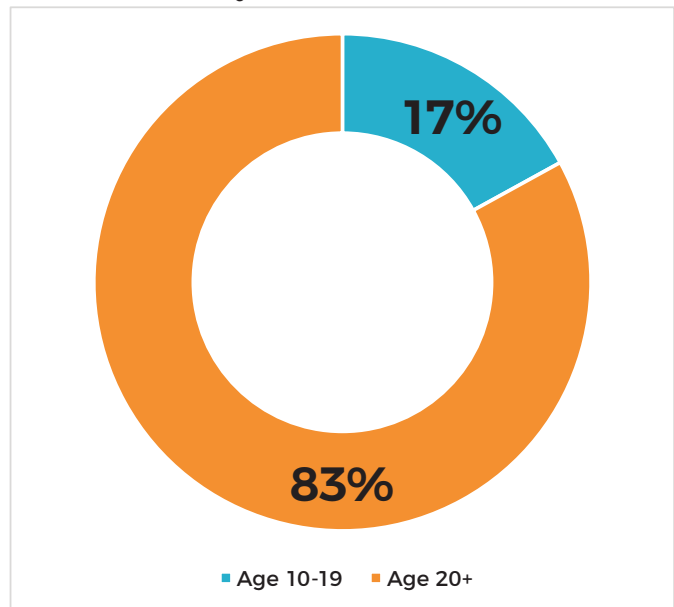
2.3%
of females ages 15-24 in Wajir County use a modern contraceptive as compared to

53.0%
of females ages 15-24 nationally
(DHS 2014)

Wajir County and the neighboring counties of Garissa and Mandera stand out from the rest of Kenya for having the lowest knowledge levels on contraceptive methods among women, especially modern methods.

(SOURCE: KENYA DHS 2014)	KENYA	WAJIR	GARISSA	MANDERA
Percentage all women age 15-49 who have heard of at least one MODERN contraceptive method	98.4	70.5	84.3	49.0
Percentage all young women age 15-24 who have heard of at least one MODERN contraceptive method	97.6	76.4	79.3	47.0

Pregnant women by age at 1st ANC visit in Wajir County health facilities, 2019



Low levels of knowledge and use of modern contraception by adolescents and young women exposes them to unintended pregnancies that can have a major bearing on them realizing their full potential. Potential negative consequences of teen pregnancies include poor maternal health outcomes and school drop-out.

REASONS FOR LOW USE OF CONTRACEPTIVES

A recent study by Abdi et al. (2020) on family planning in Wajir and Lamu counties that have significant Muslim populations, identified socio-cultural factors as playing a major role in influencing contraceptive use in these counties. Informed through in-depth interviews and focus group discussions, the study found that misperceptions on Islamic teachings on and cultural beliefs are integral in influencing the low use of contraceptives in the study areas as summarized in the table below.

Islamic teachings	Varied interpretations of Islamic teachings influence use of FP. Some respondents noted that FP use is supported by Islamic teachings especially for child spacing and other health related reasons. Other respondents opined that God is the provider and sustainer of life, hence use of FP is a sin.
Fertility desires and contraceptive use	Preference for large family size influenced contraceptive use. Men preferred a family size of approximately 15 children while women preferred between 4 and 6 children. Factors influencing the desire for a large family size were Islamic teaching on procreation and considerations for child survival due to high under five mortality rates in the region.
Polygamy	Polygamy influenced low contraceptive use due to the heightened desire for more children among co-wives. The more children a woman has, the more likely she is to inherit more wealth from the husband.
Preference for male children	Gender composition contributed to low contraceptive use. Cultural preference for male children inhibited contraceptive use among women who had given birth to only girls.

(Source: <https://doi.org/10.1186/s12978-020-0898-z>)

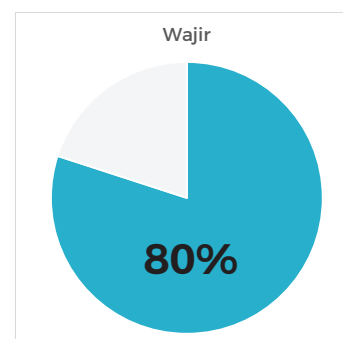
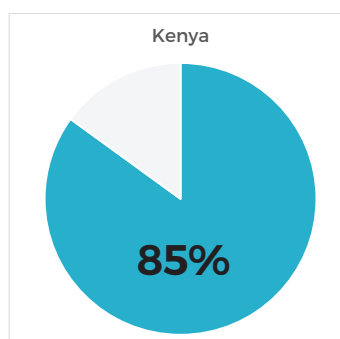
FINDINGS FROM THE 2015 KENYA NATIONAL ADOLESCENTS AND YOUTH SURVEY (NAYS)

An assessment conducted by the Kenya National Council for Population and Development (NCPD) in 2015 in all 47 counties in Kenya identified both socio-cultural influences and service delivery limitations as key challenges for adolescents and youth to access family planning and sexual and reproductive health information and services in Wajir County.

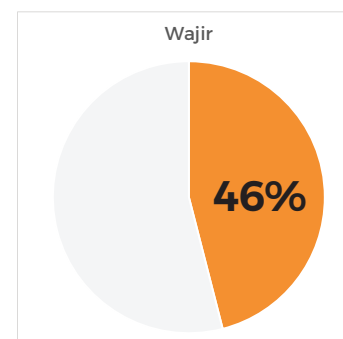
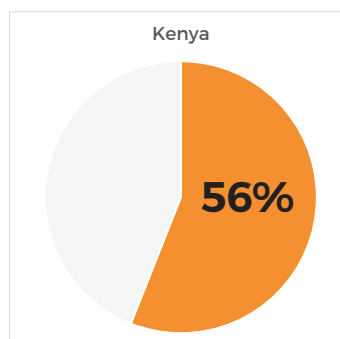
BARRIERS TO FP AND SEXUAL AND REPRODUCTIVE HEALTH AND SERVICES FOR ADOLESCENTS AND YOUTH IN WAJIR COUNTY	
Socio-cultural	<ul style="list-style-type: none"> • Stigma about use of FP • Perceptions on religious restrictions about use of FP • Fear of side effects • Myths and misconceptions • Poverty
Service delivery	<ul style="list-style-type: none"> • Inadequate number of professional healthcare service providers • Unavailability of FP commodities • Inadequate number health facilities/poor infrastructure • Poor management of facilities/corruption • Cost of services

SERVICE DELIVERY CHALLENGES FOR ADOLESCENTS AND YOUTH ARE SUPPORTED BY FINDINGS OF THE KENYA HARMONIZED HEALTH FACILITY ASSESSMENT (KHFA) 2018/2019

Percentage of facilities offering family planning services (KHFA 2018/2019)



Percentage of facilities offering family planning services to adolescents (KHFA 2018/2019)



The KHFA 2018/2019 showed that only 46% of health facilities in Wajir provided family planning services to adolescents. Forty percent (40%) provided male condoms to adolescents with far fewer providing adolescents with oral contraceptive pills (26%), IUCD (25%), and emergency contraceptive pills (22%).

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 generates and synthesizes evidence to inform programs and policies to expand contraceptive method choice for youth aged 15-24 at the global and country levels.

For more information, please contact the FAFC team at fullaccessfullchoice@unc.edu or the AFIDEP team at info@afidep.org.