



African Population and Health Research Center

Policy Brief

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Use of contraceptives among women in Nairobi, Kenya

Summary

Contraceptive use expresses the desire of individuals for spaced or limited births. In Kenya, there is limited research on contraceptive use among women at the community level. The bulk of extant research in Kenya has also focused on regional differences in contraceptives use, neglecting the socio-economic determinants of intra-regional dynamics in contraceptive use. This brief addresses contraceptive use among women in Nairobi city. It is based on a study entitled, 'Prevalence, Perceptions, and Experiences of Unwanted Pregnancy in Nairobi, Kenya'. The goals of the study were to: (a) investigate the prevalence, drivers and management of unwanted pregnancy in Nairobi and (b) understand the beliefs, perceptions, attitudes and experiences surrounding unwanted pregnancy among women in Nairobi. The findings are expected to inform the design of more effective reproductive health and family planning policies and programs in Kenya and elsewhere.

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Who is this policy brief for?

Policymakers, program managers, health practitioners, researchers, and other professionals dealing with sexual and reproductive health; people interested in gender and women's issues; educationists, parents, and all those interested in women's reproductive health outcomes in sub-Saharan Africa.

Why was this policy brief prepared?

This brief summarizes the best available locally-generated knowledge for a better understanding of the issue of contraceptive use among women in Nairobi, Kenya. It highlights information that can support the formulation and implementation of policies that promote the reproductive health and rights of women.

What does this evidence-based policy brief include?

A summary of the study methods, findings, contraceptive use patterns, and discussions on the relationship between contraceptive use and unwanted pregnancy.

What is not included in this policy brief?

Recommendations for implementation.

Full report and references

The evidence that is summarized in this policy brief is described in more detail in the report entitled *Analysis of Unwanted Pregnancy and Pregnancy Termination among Women in Slum and non-Slum Settlements of Nairobi Kenya* by the African Population and Health Research Center (APHRC) and the Population Studies and Research Institute (PSRI), University of Nairobi, Kenya.

In this brief unwanted pregnancy and unintended pregnancy are used interchangeably.

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The Problem

Contraceptive use expresses the desire of individuals for spaced or limited births. Contraceptive behavior has important socio-economic implications. The use of contraceptives reduces unintended pregnancies and abortions, and facilitates family planning and spacing of births. Effective contraception is healthy and socially beneficial for mothers and their children and households (Kaunizt, 2008). Globally, 600,000 women die annually of pregnancy-related causes, and 75,000 die as a result of unsafe abortions (Grimes, 2000). Failure or lack of contraceptive services is the cause of about 200,000 of these maternal deaths. Mothers who have unintended births tend to suffer non-psychotic depression (postpartum depression), feelings of powerlessness, increased time pressures, and a reduction in overall physical health. They also have poorer quality relationships with all their children, tending to physically abuse them more and spend less leisure time with them (Huezo, 1998; Barber, et al., 1999). Children from large families also generally receive less education. The Population Action International has shown that infant mortality in developing countries could be decreased by one-third by increasing the spacing between births to 2 – 4 years. In all, effective contraception improves the social and economic role of women and enables them to participate fully in society (Grimes, 2000).

While contraceptive use has grown in Kenya over the years, both unmet need for family planning and unintended pregnancy remain very high, suggesting important barriers to effective contraception. This brief summarizes the findings of a study on contraceptive use and unwanted pregnancy in Nairobi City. It highlights contraception use among the women who took part in the study and experienced an unintended pregnancy. The aim of this brief is to highlight factors that contribute to the uptake of modern contraception in the slum and non-slum communities, and particularly among those who have once experienced unintended pregnancy.

Study Findings

A total of 1962 women were interviewed and out of these, 1285 reported ever being pregnant. Analysis in this brief is based on 1,873

Table 1: Background characteristics of study participants

	Background Characteristics	Number of Participants (N= 1,873)	%
1 Residence	Slum	926	49.4
	Non-slum	947	50.6
2 Age group	15-19 years	224	12.0
	20-34 years	1124	60.0
	35-49 years	525	28.0
3 Level of Education	No education	45	2.4
	Primary	707	37.7
	Secondary	663	35.4
	Higher	458	24.5
4 Parity	No child	608	32.5
	1-2 children	749	40.0
	3 or more children	516	27.5

Methodology

The study reported in this brief was conducted in the year 2009 - 2010 among women aged 15 - 49 years in four communities: Korogocho, Viwandani, Jericho, and Harambee in Nairobi. The study collected data from a total of 1962 randomly-selected women aged 15 - 49 years. The research was conducted in two phases. Phase I involved the collection of quantitative data through questionnaire administration at the household level to selected respondents. This component used a two-stage sampling design to recruit study participants. The initial stage involved a random sampling of households from the settlements. The sample of households was drawn from APHRC's Nairobi Urban Health and Demographic Surveillance System (NUH-DSS) which is implemented in these settlements. The second stage involved a simple random selection of one eligible woman in each of the sampled households. Phase I sought information on women's social, economic, demographic, pregnancy, birth histories (including miscarriages and or abortions, still births, and neonatal deaths) as well as contraceptive behavior. It also collected information on unwanted pregnancy among women, the number of times this had happened, and why the pregnancy was unwanted. Women who admitted to experiencing unwanted pregnancy were also asked how they managed the pregnancy.

Phase II of the study collected qualitative data through in-depth interviews (IDIs) with the women. Respondents for the qualitative component were 80 randomly selected women who participated in phase I and self-identified as having experienced at least one episode of unwanted pregnancy. The IDIs explored views, experiences, attitudes and beliefs related to unwanted pregnancy and its management. Participants were encouraged to narrate their responses rather than answer (in stimulus-response fashion) to a series of open-ended questions. The current brief relies primarily on data generated from Phase I of the study.

women who were not currently pregnant at the time of survey. Table 1 presents some of the background characteristics of study participants.

	Background Characteristics	Number of Participants (N= 1,873)	%
5 Marital Status	Never married	761	40.6
	Currently married	813	43.4
	Formerly married	299	16.0
6 Ethnicity	Kikuyu	622	33.2
	Luhya	338	18.1
	Luo	351	18.7
	Kamba	328	17.5
	Others	234	12.5
7 Pregnancy wantedness	Intended	968	51.7
	Unintended	304	16.2
	Never pregnant	601	32.1

Contraceptive Use

Table 2 shows the distribution of women reporting actions to prevent pregnancy. Of the 1,873 women who reported that they are currently not pregnant, the majority (71.8%) were using contraceptives. However, only 37.6% of these women were using modern contra-

ceptive methods. Little difference also existed in the use of modern contraceptives between slum and non-slum women. Further, modern contraceptive use tended to be more common among women with primary and higher levels of education.

Table 2: Characteristics of women reporting action to prevent pregnancy

Characteristics	Any family planning method (%)	Modern family planning methods (%)	Total (N)
Contraceptive use	71.8	37.6	1,873
Study Site			
Korogocho	51.1	31.6	399
Viwandani	55.8	42.7	527
Jericho	87.8	38.6	658
Harambee	92.7	34.3	289
Type of Residence			
Slum	53.8	37.9	926
Non-slum	89.3	37.3	947

Characteristics	Any family planning method (%)	Modern family planning methods (%)	Total (N)
Education			
No education	42.2	17.8	45
Primary	60.3	39.2	707
Secondary	73.9	36.0	663
Higher	89.3	39.3	458
Wealth index			
Poor	73.1	41.0	636
Medium	71.2	37.0	619
Rich	70.9	34.6	618

Current use of contraceptive methods

The distribution of women by current contraceptive method used is shown in Table 3. Injectables (42.8%), pills (23.4%), and male condoms (16.5%) are the most commonly used methods among the women. Other methods reported include implants (7.7%), rhythm (20.9%) and inter-uterine devices—IUDs (5.4%). Salient differentials also exist in the contraceptive methods used by slums and non-slum women. The bulk of slum women reported using injectables (63.5%)

followed by pills (20.2%). However, among non-slum women, pills (26.6%) and male condoms (26.6%) were the most common methods used. Only 22.1% of non-slum women used injectables.

Further, while 62.5% of women with no education, 56% of those with primary and 45.6% of those with secondary education reported using injectables, women with higher education mostly used male condoms (36.7%) followed by pills (18.9%).

Table 3: Percentage distribution of women using modern or traditional methods of contraception by background characteristics

Characteristics	MODERN METHODS											TRADITIONAL METHODS				Total
	Female Ster.	Male Ster.	Pill	IUD	Inject.	Im-plants	Male Condom	Female Condom	EC	Dia-phram	Total	LAM	Rhythm Method	With-drawal	Other	
Residence																
Slum	2.3	0.0	20.2	1.4	63.5	5.7	6.3	0.3	0.6	0.3	351	10.2	30.6	2.0	57.1	147
Non slum	5.7	0.3	26.6	9.4	22.1	9.6	26.6	0.3	1.1	0.0	353	1.6	18.1	1.2	78.9	493
Study Sites																
Korogocho	4.0	0.0	21.4	2.4	54.8	7.9	11.1	0.0	0.0	0.0	126	10.3	15.4	1.3	71.8	79
Viwandani	1.3	0.0	19.6	0.9	68.4	4.4	3.6	0.4	0.9	0.4	255	10.1	47.8	2.9	40.6	69
Jericho	5.1	0.0	27.2	8.7	23.6	11.0	25.2	0.4	0.8	0.0	254	1.9	16.4	0.9	80.9	324
Harambee	7.1	1.0	25.3	11.1	18.2	6.1	30.3	0.0	2.0	0.0	99	1.2	21.3	1.8	75.2	169
Education																
No education	0.0	0.0	25.0	12.5	62.5	12.5	0.0	0.0	0.0	0.0	8	18.2	18.2	0.0	63.4	11
Primary	3.3	0.0	22.0	2.5	56.0	6.5	9.4	0.4	0.4	0.0	277	7.4	19.5	0.7	71.1	149
Secondary	2.5	0.0	28.5	4.6	45.6	8.4	10.0	0.4	0.8	0.4	239	2.8	19.9	1.2	76.9	251
Higher	7.2	0.6	18.9	10.6	17.8	8.3	36.7	0.0	1.7	0.0	180	1.3	23.1	2.2	72.9	229
Wealth index																
Poor	3.8	0.0	26.8	5.8	44.1	8.4	12.3	0.4	0.0	0.0	261	4.9	23.0	0.0	72.1	205
Moderate	3.5	0.0	21.0	3.5	43.2	9.6	18.8	0.0	0.9	0.4	229	2.8	20.8	2.4	75.0	212
Rich	4.7	0.5	22.0	7.0	40.7	4.7	19.2	0.5	1.9	0.0	214	3.1	19.2	1.8	74.6	224
Total	4.0	0.1	23.4	5.4	42.8	7.7	16.5	0.3	0.9	0.1	704	3.6	20.9	1.4	73.9	640

While contraceptive use has grown in Kenya over the years, both unmet need for family planning and unintended pregnancy remain very high, suggesting important barriers to effective contraception.

Table 4: Differentials in modern contraceptive use among women in Nairobi (N=1,873)

Variable	Odds Ratio (OR)	P value	Confidence Interval
Pregnancy want-edness			
Intended*			
Unintended	1.40	0.025	1.04 to 1.87
Never pregnant	0.45	0.000	0.31 to 0.65
Residence			
Slum*			
Non-Slum	1.47	0.004	1.13 to 1.91
Age			
15-19 years*			
20-34 years	3.69	0.000	2.18 to 6.25
35-49 years	1.41	0.245	0.79 to 2.51
Level of education			
No education*			
Primary	2.69	0.017	1.19 to 6.08
Secondary	2.70	0.018	1.19 to 6.17
Higher	3.01	0.011	1.28 to 7.04
Marital Status			
Never married*			
Currently married	2.71	0.000	1.94 to 3.79
Formerly married	1.21	0.330	0.82 to 1.78

* Reference category

OR values are statistically significant at the 0.05 level



Adjusting for age, level of education, residence and marital status at (p<0.05 significance level):

- In general, women experiencing unintended pregnancies were 1.40 times more likely to use modern contraceptives compared to those who had intended pregnancy after the unplanned pregnancy experience.
- Women from non-slum settlements were 1.47 times more likely to use modern contraceptives compared to those in slum settlements.
- Women aged 20 - 34 years were 3.69 times more likely to use modern contraception compared to younger women aged 15 - 19 years.
- Residence (slum or non-slum), level of education, age and marital status were positively associated with the use of modern contraceptives.
- Women with higher education were 3 times more likely to use modern contraceptives compared to those with no education.
- Currently married women were 2.71 times more likely to use modern contraceptives compared to those who were never married.

Key Messages

- Although contraceptive use is high (71.8%) in slum and non-slum areas, use of modern contraceptives is still low at 37.6%. The 2008/09 KDHS reports that the use of modern contraceptives is generally low in urban Kenya. Our findings re-echo this point, raising the need for more efforts to make modern contraceptive use more widespread among women in urban Kenya.
- Injectables and pills were the most common modern contraceptive methods used by the study participants. While these can be effective methods, there is also the urgent need to broaden the range of modern contraceptive methods available to urban Kenyan women.
- The occurrence of an unintended pregnancy tended to be a motivation for contraceptive uptake among the women. However, given the gravity of the concerns on unintended pregnancy effects, there is need to improve mass awareness and use of contraceptives as key to early prevention of unintended pregnancy among all women of reproductive age.

References

- Barber, J. S., Axinn W.G., and Thornton A (1999). *Unwanted Childbearing, Health, and Mother-Child Relationships*. Journal of Health and Social Behavior, 40(3), 231-57.
- Huezo, C.M. *An ingredient for success: Motivation and Commitment*. Presented at the Second European Congress of Tropical Medicine, Session on Strategies for the Prevention of Unwanted Pregnancies in the Tropics? Liverpool, England, Sep. 14 - 18, 1998. International Planned Parenthood Federation.
- Kaunitz, A, Glob. libr. women's med., (ISSN: 1756-2228) 2008; DOI 10.3843/GLOWM.10374
- Kenya National Bureau of Statistics and ICF Macro. 2010. 2008-09 Kenya Demographic and Health Survey: Key Findings. Calverton Maryland, USA: KNBS and ICF Macro

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