PERCEPTIONS AND BARRIERS TO CONTRACEPTIVE USE AMONG ADOLESCENTS: A CASE STUDY OF NAIROBI

By

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DECLARATION

This is my original work and has not been presented for any degree in any other university

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DEDICATION

This thesis is dedicated to my beloved family: my husband, Dickson; sons, Kahoro and Cliff.
ABSTRACT

Contraceptive use among teenagers is low worldwide and in the Kenyan context, little is known about factors that underlie the low use of contraceptives among adolescents aged 15-19 years. Similarly, little is known and documented about the perceptions of the adolescents regarding access and use of contraceptives. To develop more responsive interventions, it is important to understand adolescents’ perceptions and the barriers that contribute to low contraceptive use among young people. In Kenya, the focus of the studies has been on whether adolescents are sexually active, information and knowledge of contraceptives, assessment of clinic based family planning services and contraceptive use among high school students. Most studies have been conducted using secondary data without linking information from the adolescents with that of their parents and their teachers; this limits the level of exploring the perceptions. The goal of this study was to identify perceptions and barriers that affect contraceptive use among female and male adolescents in Nairobi, Kenya, to guide policy and programmes. This was achieved using several methods of data collection: adolescents’ respondent interviews, focus group discussions and in-depth interviews with parents of adolescents and teachers of schools attended by those adolescents. The study used a household systematic random sampling design using Kenya Demographic and Health Survey enumeration clusters of 2009 and projections from the 1999 population census for adolescents aged 15-19 years in 8 administrative divisions in Nairobi.

The statistical methods used were bivariate and logistic regression analysis. The bivariate analyses show that socio-cultural, socio-demographic, knowledge, perception and barrier factors are associated with contraceptive use. However, socio-economic factors, free services and privacy of services at the clinic were found to have a weak association with contraceptive use. Among socio-demographic factors, contraceptive use increased by age while more males used contraceptives. More ever married adolescents used contraceptives. Significant socio-cultural factors were living arrangement and more adolescents living with their spouses used contraceptives. More adolescents not attending school and adolescents living in Dagoretti Division used contraceptives. Contraceptive use increased with the level of knowledge of pregnancy prevention methods, knowledge of how to use contraceptives and knowledge of how a contraceptive method works in the prevention of pregnancy and HIV/AIDS. However, knowledge of the risks of unprotected sex was not consistent with use and adolescents with moderate and low knowledge used contraceptives more than those with high knowledge.

Results of the multivariate regression analyses showed that perception and barriers modify background factors on contraceptive use. The effects of background factors on contraceptive use diminished when perceptions and barriers were introduced into one model. The test of significance of the overall regression model showed that, partner communication had the strongest significant effect on contraceptive use. Other significant factors in the model were: knowledge of how to use contraceptives, opinion of adolescents to use contraceptives, ability to get contraceptives for self if adolescents wanted to, marital status and school attendance. Results of regression analysis showed that barriers were not significant in the influence of contraceptive use among adolescents. The study supported the hypothesis that sexual partner communication is associated with contraceptive use among adolescents. The study also showed that knowledge of how to use a contraceptive method and marital status are associated with higher levels of contraceptive use.