DETERMINANTS OF UNMET NEED FOR CONTRACEPTION
AMONG HIV POSITIVE WOMEN IN KENYA

BY

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Kenya, with a high HIV prevalence rate for women (6.9%), stands a high risk for Mother-to-child transmission (MTCT) of HIV. Efforts to prevent MTCT can focus on reducing the fertility level of HIV-positive women. The total fertility rate remains high at 4.62 births per woman (KDHS, 2009). The unmet need for family planning is defined as the proportion of married women or those living in consensual unions of reproductive age, presumed to be sexually active, but are not using any method of contraception. These women would either like to postpone the next pregnancy (unmet need for spacing), or do not want any more children (unmet need for limiting), (Westoff 1988).

The study examines the levels of unmet need for contraception among HIV positive women in Kenya as well as the determinants of unmet need for contraception among these women of ages 15-49 years. The study uses data from the 2008/09 Kenya Demographic and Health Survey (KDHS). The data were filtered to yield 318 women of age 15-49 years old who tested HIV positive at that time of the survey. The study established that 18% of the HIV positive women interviewed had experienced some level of unmet need for contraception.

The findings of this study established that Women’s age is very significant in determining unmet need for contraception (OR=3.313, p<0.043). The odds of having an unmet need for contraception increase as the number of living children increases (OR=4.452, p<0.003). Women with primary and no education are more likely to have had a higher unmet need for family planning than women with secondary or higher education, (OR=1.577, p<0.035). Married women were more likely to have unmet need for contraception (OR=1.000, p<0.000) compared to women who were not married at that time of the survey. Maternal level of education and marital status were among the strong determinants of unmet need for contraception, among WLHIV, therefore there is need to improve these women’s knowledge and access to modern methods of contraception. Male involvement in PMTCT and Family planning programs is one of the strategies that can used to enhance men’s participation in family planning and other reproductive health services. (Gallen et al., 1986)