PERFORMANCE MONITORING FOR ACTION

CONTRACEPTIVE USE DYNAMICS

Contraceptive use dynamics among adolescents and young adults in Nairobi, changes since 2019 baseline

November 2020

GENDER

Why This Matters

- Urban adolescents and young people are a target group for sexual and reproductive health (SRH) research and services given the population's growing size and limited data on SRH behaviors in comparison to older or married populations.
- Among unmarried, sexually active women, 49.3% of 15-19-year-olds and 64.2% of 20-24-year-olds reported using a modern method of contraception.[1]
- Nationally, about one-fifth of adolescent girls ages 15-19 are pregnant or already mothers.[1]
- The COVID-19 pandemic and local restrictions in response to COVID-19 may have impacted contraceptive use and access among adolescents.
- Contraceptive discontinuation or switching may occur because of method side effects, lack of method choice, quality of contraceptive counseling, or commodity stockouts — factors that may be affected by the COVID-19 pandemic.[2]
- Contraceptive discontinuation and switching to less effective methods contribute to unmet need and negative SRH outcomes such as unintended pregnancy— research on contraceptive use dynamics has been identified as a high priority by the World Health Organization.[3]

Spotlight on Gender Analysis

A gender analysis is critical, inclusive of gender-stratified quantitative analysis and attention to gendered social and economic power dynamics, norms, and underlying inequities.

Understanding the Context: Data from 2019 Baseline[4]

37.2% OF YOUNG WOMEN AGED 15-24

52.7% OF YOUNG MEN AGED 15-24

LIVING IN NAIROBI WERE USING A MODERN CONTRACEPTIVE METHOD AT BASELINE SURVEY (June-August 2019)

- Coital-dependent methods were most common, specifically male condoms (91.4% of male users and 36.1% of female users reported this as their main method).
- Implants and injectables were reported as the main method for 18.4% and 15.2% of female users, respectively.
- Among non-users who had been sexually active in the three months prior to the survey, 85.2% reported that they intended to use a contraceptive method in the future.
- The most common reasons for not using a method at baseline were infrequent sex/not having sex (52.2% of non-users) and not being married (41.0% of non-users).

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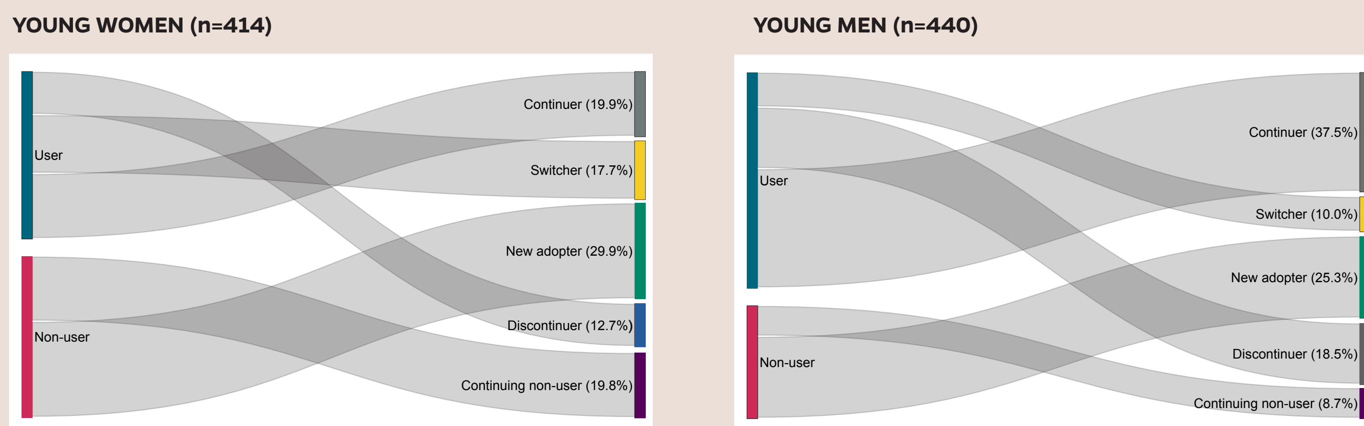
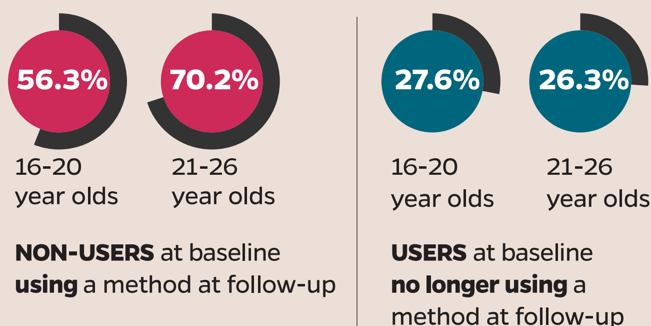
Key Findings: Contraceptive Dynamics

- At the follow-up interview, 19.9% of **female respondents** were still using the method reported at baseline, 17.7% had switched methods, and 12.7% had stopped using a method. In addition, 29.9% of female respondents began using a method and 19.8% remained non-users (Figure 1).
- Among **male respondents**, 37.5% reported using the same method from baseline at follow-up, 10.0% had switched methods, and 18.5% had stopped using a method. About one-quarter (25.3%) began using a method and 8.7% remained non-users (Figure 2).
- 71.0% of respondents reported using any contraceptive method at follow-up.
- The most reported main method at follow-up was male condoms among both female users (36.2%) and male users (80.7%), similar to baseline levels of male condom use (36.1% of female users and 91.4% of male users).

Figure 1. Changes in contraceptive use status from baseline (June-August 2019) to follow-up (August-October 2020)



- Method switching and discontinuation was less than 30% among all respondents.
- Among male discontinuers, the most common main method at baseline was male condoms (85.0%) and among female discontinuers, the most common main methods at baseline were male condoms (29.8%) and emergency contraception (21.9%).
- Table 2 presents changes in method type among female switchers; results should be interpreted with caution given the small sample size.



> ***Maybe your friend was using a certain method... And it affected her negatively so whatever you had planned... you stop or mute**... and you can switch using those methods.*
>
> *– 22-year-old female FGD participant*

Table 1. Main method types among female switchers at baseline and follow-up (n=76)

		Main method at follow-up by method type		
		LARC	Short-acting	Coital-dependent
Main method at baseline by method type	LARC	18.0%	47.9%	34.0%
	Short-acting	20.9%	59.4%	19.7%
	Coital-dependent	8.6%	39.8%	51.6%
	Other/traditional	25.4%	59.9%	14.7%

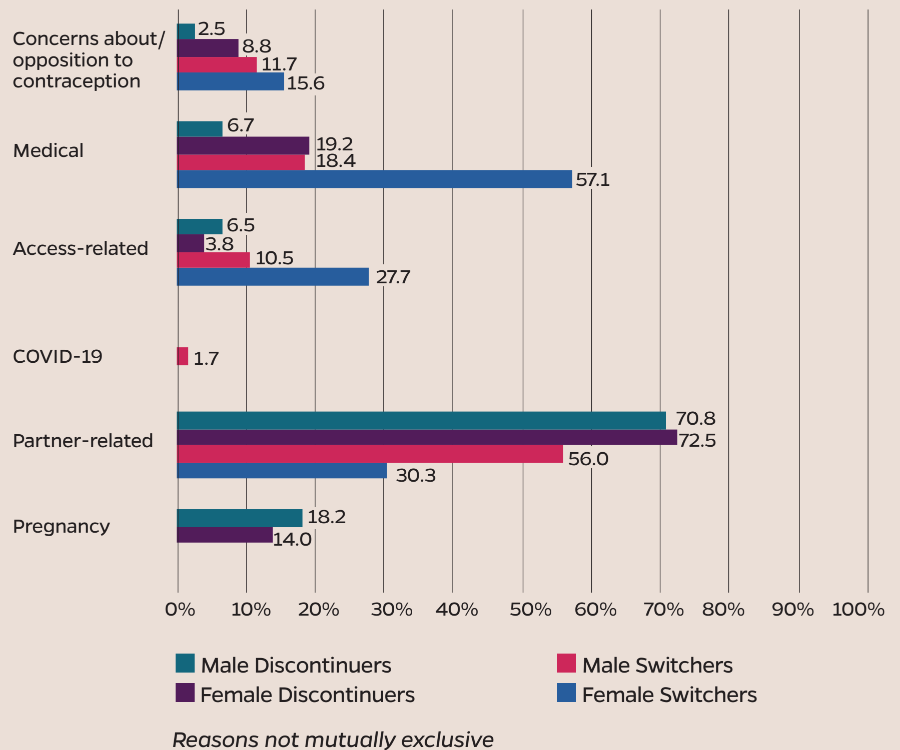
Presented as row percentages
LARC: Implant and IUD; Short-acting: injectables and oral contraceptive pills; Coital-dependent: emergency contraception, male condoms, female condoms, withdrawal; Other/traditional: standard days, herbal pills, other

Key Findings: Reasons for Change in Use Status

- Among both male and female discontinuers and male switchers, partner-related reasons, like infrequent sex and not being married, were the most reported reasons for not using a method or switching to a new method at follow-up.
- For female switchers, medical reasons, like fear of side effects and health concerns, were most reported for switching their method at follow-up.
- For new users at follow-up, pregnancy prevention was the main reason for starting a method.

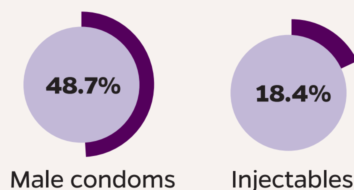
> "A youth can stop using, let's say a condom, if he can't access one. **Maybe he is used to the free ones from [the] health facility. Now when he goes and does not get [condoms], he cannot buy trust from… the chemist.** Now that one will make him not use."
>
> *– 23-year-old male FGD participant*

Figure 2. Reasons for switching and discontinuation among contraceptive users at baseline



Concerns about/opposition to contraception: respondent opposed, interferes with body's processes, religious reasons, others opposed; Medical: breastfeeding, hysterectomy, not menstruated since last birth, subfecund/infecund, fear of side effects, health concerns; *Access-related*: lack of access/too far, cost, preferred method not available, no method available, inconvenient to use; COVID-19: could not go to facility due to *COVID-19* restrictions; *Partner-related*: fear of cheating, partner opposed, partner away, infrequent sex, not married; *Pregnancy*: want to become pregnant.

The most common main methods among female new users:

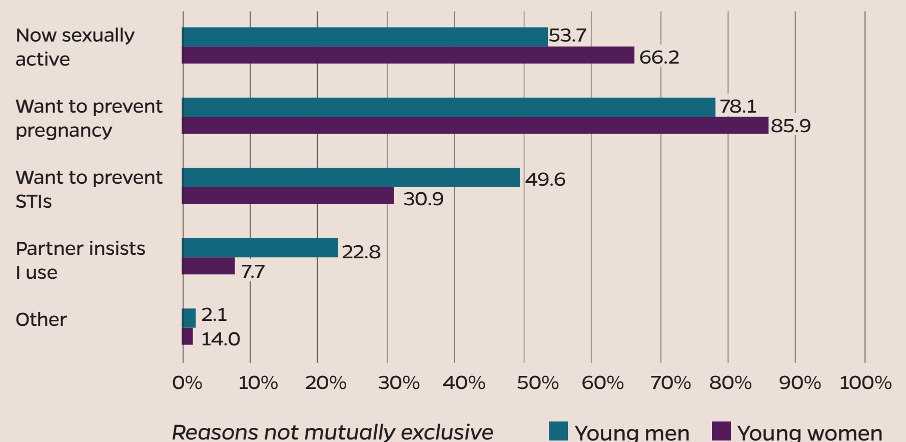


Male condoms Injectables

The most common main method among male new users:

Male condoms

Figure 3. Reasons for uptake among new users



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Action Steps

- Female users who switched methods cited health reasons, such as fear of side effects, as a main reason for switching. While the quantitative survey could not confirm past experiences of side effects, qualitative data from youth focus groups found that even hearing about a friend's experience of side effects acts as a deterrent to using that method. Healthcare providers should offer comprehensive counseling on methods to prepare adolescent and young adult users for potential side effects they may experience to ensure continuity of contraceptive coverage.
- Method switching, while low in this sample, is not uncommon in this age group, as youth figure out which method best fits their needs. Method choice and comprehensive counseling are crucial, especially as young women cite misinformation or negative experiences from friends as a reason not to begin using a method.
- Infrequent sex was cited as a common reason to discontinue or switch using a method. Adolescents and youth should be counseled about where they can easily obtain contraceptive methods, like male condoms, should they need them.

Analytic Sample

The data presented are from the Youth Respondent-Driven Sampling (YRDS) baseline survey and follow-up survey. The YRDS follow-up survey was conducted in August-October 2020 among participants who consented to be re-contacted and provided a contact phone number at baseline and aimed to measure and characterize changes in contraceptive use and determinants since the 2019 round. The analytic sample of this brief has been limited to those who are sexually active and in need of contraception at both baseline and follow-up survey (n=854). Respondents who were not sexually active at follow-up, who wanted to become pregnant within a year at baseline or follow-up, and female respondents who were pregnant at baseline or follow-up are excluded from this analysis, as their contraception needs would have been low or nonexistent.

Methods

In 2019, Performance Monitoring for Action (PMA) Agile carried out a Youth Respondent-Driven Sampling Survey (YRDSS) among adolescents and youth ages 15-24 (N=1357, male N=690 and female N=664) in Nairobi, Kenya between June and August. In 2020, a fully remote follow-up study was conducted with the study cohort (now ages 16-26) to track changes in contraceptive dynamics, and assess the gendered impact of COVID-19. The quantitative surveys were conducted by phone in two distinct sessions to limit participant burden: YRDSS Follow-up (N=1223, male N=610 and female N=613) and Gender/COVID-19 Survey (N=1217, male N=605 and female N=612). Sampling weights accommodate the RDS study design, post-estimation adjustment and non-response adjustment. Virtual qualitative methods included focus group discussions (FGDs) with unmarried youth ages 15-24 (N=64, over 8 groups), FGDs with youth-serving stakeholders (N=32, over 4 groups), and key informant interviews with higher-level stakeholders (N=12). Data collection was conducted from August to October 2020.

Suggested Citation

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