Perceptions as a barrier to Contraceptive Use Among Adolescents: A case Study of Nairobi, Kenya

By

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Abstract

Reports indicate that contraceptive use among adolescents in Kenya is low. This study uses a case study in Nairobi to investigate perceptions that influence contraceptive use among adolescents 15-19 years old. The study utilizes information collected using structured interviews, focus group discussions (FGDs) and in-depth interviews (IDIs) in Nairobi. The results show that the main perceptions associated with contraceptive use are parental approval, opinion of adolescents, ability to get a method for self and discussion with sexual partner. Results of FGDs and IDIs show that teachers lack adequate skills while parents feel inadequate to teach sexuality issues. Despite the fact that the family and school are critical socialization institutions, teachers and parents focus on discouraging use of contraceptives with more adolescents using contraceptives getting sexuality information from other sources and this poses a significant challenge for policies and programs.

Key words: Adolescents, perceptions, barriers, sexuality, contraceptive use, Kenya

Introduction

Contraceptive use among teenagers is low and in the Kenyan context, little is known about factors that underlie the low use of contraceptives among adolescents. Similarly, little is known and documented about the perceptions of the adolescents regarding access and use of contraceptives. In order to develop more responsive interventions that address the problem of low use of contraception among adolescents, it is crucial 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. Majority of studies have been conducted using secondary data and this limits level of exploring individual perceptions. The goal of this study is to identify barriers and perceptions that affect contraceptive use among female and male adolescents in Kenya. This is achieved by using both quantitative and qualitative methods of data collection. Use of qualitative methodology for this study is important as it explores sexuality information by parents, teachers and adolescents on issues that contribute to perception formation.

Literature Review and Theoretical Framework

In explaining factors that influence adolescent contraceptive use, two theories are considered. The two behavior theories are the theory of reasoned action and the opportunity cost perspective. The theory of reason action proposed by Fishbein and Ajzen (1975 and 1980) postulates that behavior is influenced by several factors among them one's belief about the outcome of an action, one's assessment that a particular behavior is desired by significant others and a motivation to comply with views of significant others. According to this theory, adolescents would have to believe that avoiding sex or use of contraceptives would prevent unwanted pregnancy and sexually transmitted infections (STI) and that significant others would not want unplanned pregnancies and STI. Complying with wishes of significant others would mean that adolescents would take action or not take action. Taking action to prevent a pregnancy would influence adolescent abstaining from sex or using a contraceptive method.

Within social environment, there are several factors that would be grouped into significant others, for example, peers, spouses, religion, schools, available information and parents.

Several studies show low contraceptive use among adolescents 15-19 years (Alauddin, 1999; UNFPA, 2001; United Nations Economic and Socio Commission, 2006; Pachauri and Santhya, 2002). In Kenya, although contraceptive prevalence rate of modern method is 39 percent for married women 15-49 years, contraceptive use among women 20-24 is only 23.6 percent and 4.9 percent for all women 15-19 years old (KNBS et al., 2010).

Studies on contraceptive use in Kenya have examined a range of topics mostly at local geographical areas. These include: the effects of health education programs on adolescents sexual behavior (Ayiemba, 2001), influences on sexuality in Kenya (Baker and Rich, 1992), youth friendly adolescents preferences for reproductive health services in Kenya (Erulkar et al., 2005), sexual initiation and contraceptive use among female adolescents in Kenya (Ikamari and Towett, 2007), factors associated with sexual activity among high school students in Nairobi (Kabiru and Orpinas, 2009), teaching human sexuality in higher education, a case from Western Kenya (Khamasi and Undie, 2008), contraceptive use among high school students in Kenya (1995), condom use among male and female upper primary school students in Nyanza, Kenya (Mitika-Tyndale and Tenkorang, 2010), contraception and sexuality among the youth in Kisumu, Kenya (Missie, 2002), improving adolescents reproductive health programs in Africa, lessons from Kenya (Muganda-Onyando, 2003), reproductive health communication in Kenya, situation analysis (NCPD, 1977), an assessment of clinic based family planning services in Nairobi (Ndhlovu, 1997) and adolescence in Kenya, the facts (Njau and Radney, 1995).

Review of literature in this study highlight gaps in exploring the content of sexuality discussions both in school and among family members to help us understand the role of perceptions and barriers in contraceptive use among adolescents.

Data and Methods

This study uses information collected from 519 male and 600 female adolescents 15-19 years of age. The study is based on household primary data collected from the population in eight divisions in Nairobi using demographic and health surveys clusters. Participants of the survey were systematically and randomly selected. The statistical methods used include bivariate and logistic regression analysis. The study used triangulation of Information from both quantitative and qualitative methods to enrich the findings. While the qualitative methods were important in gathering information on causal context of contraceptive use among adolescents and some of the challenges and enablers, quantitative methods were used for statistical measures of perceptions and barriers that influence contraceptive use.

In order to determine the number of adolescents to interview, a probability sample using a normal sampling distribution was used for precision (Israel.D, 1992). With an estimated 95 percent confidence level and +or -0.5 precision,

To complement quantitative data collection method, the study integrated different methods of qualitative methods. Qualitative methods included FGDs for adolescents and parents as well as IDIs for parents and teachers. In-depth interviews among parents and school teachers and FGDs used to establish the nature of discussions on sexuality and contraceptive use held in schools by family members and messages passed during these discussions. Qualitative method provided an opportunity to uncover unexpected results or unforeseen contextual factors. The analysis of qualitative method benefited from perceptions drawn from personal experiences and firsthand observations in vividness, density of information and clarity of meaning.

IDIs were carried out among a group of teachers and parents selected from participating enumeration areas. Forty two (42) teachers from 30 schools in Nairobi mentioned by majority of adolescents during listing of households were interviewed. The schools were linked to the clusters sampled for the study. Teachers identified for IDIs included school administrators, teachers allocated counseling duties and/or any other person identified by the administration to carry out counseling of students.

Where the head teacher was also the school counselor, only one teacher was interviewed in that school.

We also interviewed 137 parents of adolescent respondents. Parents were identified from individual questionnaires and although a skip pattern of households was developed it was not possible to follow the pattern because few parents were willing to be interviewed. About 4 parents were interviewed from each enumeration area with majority 73 from Embakasi which had the highest number of households with adolescents. Out of 137 only 29 male parents agreed to be interviewed. Parents were interviewed at the same period individual respondent questionnaires were administered. Where father and mother were available in the household, they were interviewed separately.

Discussions with the parents was on sexuality information passed at home, who passes the information, how the information is introduced and passed to the adolescents and what sexuality messages are passed during the discussions. Parents also gave recommendations on who should be responsible for discussing sexuality issues (parents or teachers) and their reasons for the recommendations.

The discussion with the teachers was on what they thought about reproductive health needs of the students, existence and adequacy of sexual and reproductive health policies targeted to adolescents, adequacy of information on what topics need to be included in the school curricular, what could be done to make schools more responsive on sexuality issues, reproductive health services students should be entitled to, youth counseling that exist in school or school where the teacher had been involved, individual experiences in counseling, counseling training that teachers have received, recommendations in relation to sexuality education in schools and opinions on who is best suited to conduct sexuality education in schools.

FGDs among adolescents were used to clarify perceptions on contraceptives among young people and messages on sexuality issues discussed among family members and in school.

FGDs were conducted with adolescents who were identified to be sexually active and parents willing to participate. FGDs were conducted to enhance understanding of sexuality issues discussed at home and in schools as well as perceptions on contraceptive use by adolescents and their parents. FGDs were also used to collect information on recommendations by the target groups on how to improve sexuality information for adolescents at home and in schools. Information from sexually active adolescents participating in FGDs was to clarify for the study reasons why they do not use contraceptives.

Data analysis was achieved through immersion in the data (Burnard, 1991), by reading the transcribed texts over and over again to identify emerging themes and developing memos based on issues arising from transcripts. Data analysis involved thematic content examination of the memos, using Atlas Ti coding strategy and the continual investigation of the themes for categories, linkages, and properties. To illustrate responses, we used verbatim quotations.

Results

Basic characteristics of qualitative data collection participants

Table 1 shows a total of 15 in-school and 13 out-of-school adolescents attended FGDs. Married adolescents were 15 while parents were 12. In addition, 137 parents and 42 teachers attended in-depth interviews.

Table 1: Results of qualitative data collection

Data collection Method	Number of sessions	Number of participants
IDIs		
IDIs teachers	30 schools	42
IDIs parents	137*	137
FGDs		
Female unmarried in-school	1	8
Female unmarried out-of-school	1	7
Male unmarried in-school males	1	7
Males unmarried out-of-school	1	6
Males' married out-of-school	1	9
Female' married out-of-school	1	6
Females' parents of adolescents	1	6
Male parents of adolescents	1	6
Total	175	234

Note: * Parents who participated in IDIs were parents of adolescents who were interviewed.

Characteristics of the study population by background and perceptions to contraceptive use

Background characteristics

The study shows that only 8.6 percent of adolescents used contraceptives. Majority of adolescents were-never married, lived with their parents, were in-school, they lived with their parents and lived in Embakasi division.

Perceptions

Overall, perceptions on contraceptive use among adolescents are negative. About 65.1 percent of parents or guardians would object to contraceptives use by unmarried adolescents and 67.6 percent of the adolescents disapprove contraceptive use by unmarried adolescents. Table 2 shows only a small number of adolescents ever used contraceptives. Results show that majority of adolescents cannot get contraceptives for self if they wanted to. The table shows that few adolescents communicate with their sexual partners on contraceptive use. Although teachers are the most important source of sexuality information followed by parents and other sources. Narratives also show that teachers and parents focus on discouraging contraceptive use by unmarried adolescents.

Although the theory of perception formation emphasizes the role of the environment in shaping behavior, teachers and parents who are change agents indicate that lack of adequate skills to teach while parents find it difficult to communicate sexuality issues with their adolescent children. The following excerpts illustrate teachers' and parents' perceptions on sexuality education:

> John (teacher): "Sexuality policy is not there…save for the last one year when they (Education Managers) brought in life skills…enforcement has been a little bit lacking…I think they just have an idea about that (life skills) …it can be used as a vehicle to get to the young people and their sexuality…I think it can be made better…it just came…we just found ourselves in life skills…I think those on the ground were not told what it was meant to achieve. I am saying there are topics in that syllabus that can be used alongside to teach health reproduction".
>
> Janet (teacher): "Nobody is handling the subject adequately. Schools lack proper curriculum, then lack qualified teachers, then lack time. They also lack books and facilities".
>
> Charity (teacher): "First of all as a teacher, we tend to put what we call don'ts…we do not get in detail. We just say do not do this, but nobody sits down with the students to talk to them about their body changes…their sexual urges… and most of the time we just concentrate…like if it is in this sciences…we just say OK, this is the human body…these are the changes that you go through, that (subject) finishes there. If it is religious subject, they (teachers) just say sex is bad…all that…the problem we have is that nobody tells them (students) that in marriage sex is not wrong…nobody tells them that they are students and they will have those urges".

The narratives below further illuminate challenges of discussing sexuality issues at home:

Jane (parent): “We are dealing with growing children who are informed. They are now young adults and they know about sex and since they are your own children, you find it embarrassing to discuss issues of sexuality and HIV”.

Jerusha (parent): “Some of the children are technically more knowledgeable than parents about how contraception occurs”.

Susan (parent): “Using a language that your teenage child will understand…the language that will bring him to the table becomes very hard”.

Joseph (parent): “To add on that of culture…religion is also a very big barrier…at least when it comes to communicating with a child about sexuality. There is no way as father…may be you go to church or mosque and…they do not speak about sexuality. Even fathers (Catholic fathers) or Imams (Muslim preachers)…they do not tell parents to go and discuss about it. So, that looks like it is prohibited. So you as a father, you do not even try to communicate about that”.

Table 2: Percentage distribution of the study population according to background and perception study variables: Nairobi, Kenya, 2010 (N=1119)

Characteristics	Percent
Background characteristics	
Adolescents' characteristics	
Age	
15	21.7
16	21.8
17	24.0
18	21.0
19	11.4
Sex	
Male	46.4
Female	53.6
Marital Status	
Never married	98.3
Ever married	1.7
Socio cultural environment factors	
Living arrangement	
With parents	75.9
With spouse	1.3
Elsewhere	22.1
No information	0.7
Attending school	
In school	86.6
Out of school	11.5
Not information	1.9
Most important source of sexuality information	
Teacher	67.1
Parent	15.3
Other sources	17.6
Place of residence	
Central division	5.5
Dagoretti	4.3
Embakasi	64
Kasarani	1.2
Kibera	6.9
Makadara	4
Pumwani	2.7
Contraceptive use	
Never use	91.4
Ever use	8.6

Source: Primary Analysis of the Data

Table 2: Continued

Characteristics	Percent
Perceptions	
Parent guardian would approve contraceptives for unmarried youth	
Would object	65.1
Would not object	21.2
Other response	13.8
Opinion of unmarried youth to use contraceptives	
Approve	23.8
Disapprove	67.6
Not sure	7.3
No information	1.3
Can get contraceptives for self if wanted	
Yes	23.6
No	67.6
No information	8.7
Partner communication about contraceptives*	
Communicates with partner	7.1
Never communicates	5.8
No information	87.1

Note: (*) Only adolescents who have ever had sex and who had discussed sexuality issues at home were asked if they ever discussed contraceptive use with their sexual partners

Differentials of contraceptive use by perception factors

Perception factors discussed here are parent approval, opinion of unmarried youth to use contraceptives, ability of adolescents to get contraceptives for self and partner communication. The narratives support results of quantitative analysis of perceptions to contraceptive use. The narratives also indicate that parents and teachers have negative perceptions and they focus sexuality messages on negative effects of contraceptives. Many parents would also not allow their children to use contraceptives.

Table 3 shows that perception factors were all significantly associated with contraceptive use at $p<0.01$. The table shows an association of parental approval with contraceptive use. The table shows that 17.7 percent of adolescents who used contraceptives were those whose parents would not object compared with 6.2 percent whose parents would object. Majority of adolescents who used contraceptives also approve contraceptive use by unmarried adolescents and 23.3 percent would approve compared with 4.2 percent disapprove. Table 3 also shows that although teachers were the most important source of sexuality information, adolescents who use contraceptives get their sexuality information from other sources. Other sources in this study include siblings and friends.

The qualitative data analysis supports the association of parental approval and contraceptive use. During IDIs, very few parents talked about advantages of contraceptives with their teenage children and cited disadvantages of contraceptives as their main focus of discussion. Majority of respondents among the parents indicated that if they found their daughters or sons with a contraceptive, they would be annoyed. In FGDs narratives, parents expressed negative perceptions about contraceptive use among adolescents. These perceptions were contrary to the general consensus about the topics they indicated important to discuss at home which included pregnancy prevention and contraceptive use. One parent noted:

> Mary: "I cannot allow such a thing to happen in my house. This family planning thing is a health hazard. That is what I shall tell her (daughter). Family planning destroys one's body. From a personal experience, I can appeal to my daughter not to use contraceptives" (Female parent in FGD session).

Table 3 shows significant association of ability to get contraceptives for self and contraceptive use. Majority of adolescents who used contraceptives could get them for themselves. The table shows that 23.3 percent of adolescents who used contraceptives could get them for themselves compared with 4.2 percent who could not get for themselves.

Results obtained from IDIs and FGDs illustrate that adolescents have negative perceptions on contraceptive use out of mistrust, fears of embarrassment should other peers know about their contraceptive behavior and fears of contraceptive side effects. Perceptions on how sexual partners would react if asked to use contraceptives illustrate some of the reasons why a contraceptive would be used or not used. The following excerpts illustrate fears and mistrusts adolescents have about contraceptive use:

> Jane: "I would wonder…if we have not been using condoms or pills and my boyfriend tells me that we start using…I will ask myself… what is it that he has done out there that we should use them. …I will think that he is not responsible and he is disrespectful and he just wants to use me" (Out-of-school female adolescent)

Female respondents in FGDs expressed their fears that sexual partners would discuss them among their friends and this would be construed to be immoral as illustrated below:

> Mary: "If a boy asks you to use pills, I would fear that the boy will tell others and this will cause the girl to be embarrassed. Contraceptive use is a girl's secret and I would be embarrassed if the boy goes to tell others" (In-school female adolescent).

Communication with sexual partner was significantly associated with contraceptive use and that 77.2 percent of adolescents who communicated with their sexual partner used contraceptives compared with 47.7 percent who never communicate with their sexual partners about contraceptive use.

Among some married adolescents, suggesting the use of contraceptives especially condoms was viewed as an admission of infidelity as illustrated below:

> Joseph: "Let us look at it within marital status, because…like the married couples, when they trust each other, they will not see the need of using contraceptives…so they will not use them" (Male married adolescent).
>
> John: "She will just ignore you…girls are refusing to use condoms because they want sex live" (Out-of-school male adolescent).

Although some adolescents will not use contraceptives in marriage, others welcomed the idea. Husbands look for opportunities to discuss the need for contraceptive use while wives indicated indirect communication that shows support to use as illustrated below:

Rose: "If he (husband) does not quarrel when he finds that I am using a contraceptive, I will know he is OK with them (contraceptives) and he supports" (Female married adolescent)

Jamlick: "When you see a neighbor get a child too soon…that is as a consequence of not using (contraceptives)… that is when you say…it is better to start using them…because next it will be happening (pregnancy) in your own house…that is when I will tell her (wife) to look at what happened to the neighbor" (Male married adolescent).

Table 3: Differentials in contraceptive use by most important source of information and perception factors

Factors	Ever use (Percent)	Never use (percent)	Total	Total number of cases
Most important source of sexuality information	***			
Teacher	6.3	93.7	100	751
Parent	7.6	92.4	100	171
Other sources	18.3	81.7	100	197
Total	8.6	91.4	100	1119
Perceptions				
Parent/guardian would approve contraceptive use for unmarried youth	***			
Would object	6.2	93.8	100	728
Would not object	17.7	82.3	100	237
Other response	5.8	94.2	100	154
Total	8.6	91.4	100	1119
Opinion of unmarried youth to use contraceptives	***			
Approve	23.3	76.7	100	266
Disapprove	4.2	95.8	100	756
Not sure	2.4	97.6	100	82
No information	0.0	100	100	15
Total	8.6	91.4	100	1119
Can get contraceptives for self if wanted to	***			
Yes	23.3	76.7	100	266
No	4.2	95.8	100	756
No information	2.1	97.9	100	97
Total	8.6	91.4	100	1119
Partner communicates about contraceptives	***			
Communicates with sexual partner	77.2	22.8	100	79
Never communicates with sexual partner	47.7	52.3	100	65
No information	0.4	99.6	100	975
Total	8.6	91.4	100	1119

Notes:***-p<0.01, **-p<0.05, *-p<0.1,ns-not significant

Discussion

The results of the characteristics of the study population show low use of contraceptives among adolescents 15-19 years. The results suggest that the environment for contraceptive use both in school and at home is not that favorable. Perceptions of contraceptives are generally negative. Parents disapprove of contraceptive use by unmarried youth and adolescents themselves have negative opinion of unmarried adolescents using contraceptives. In addition, adolescents are not able to seek contraceptives for themselves and communication on contraceptives among sexual partners is low.

All perception factors are significantly associated with contraceptive use and the results show a consistence with parental objection and adolescents' approval of unmarried youth to use contraceptives.

Results of qualitative analysis support association of perceptions and barriers with contraceptive use and importance of sexuality information for adolescents, parents and teachers. Narratives indicate that parents and teachers have negative perceptions and focus their messages on negative effects of contraceptives.

FGD and IDIs in this study show that adolescents are going through socialization process at home and in school with minimum sexuality instruction that would otherwise help them understand biological processes and how to prevent risk sexual behavior. In many schools, sexuality education is left to unskilled teachers who give negative messages on contraceptive use. Parents and teachers give inadequate information on sexuality while parents lack confidence to discuss sexuality issues.

Teachers and parents recommend strengthening of sexuality education in schools. Teachers also recommend a comprehensive sexuality curriculum that is supported with teaching guidelines and materials. They also recommend sexuality education to be an examinable subject to ensure teachers take it more seriously.

Conclusion

To enhance contraceptive use among adolescents and to improve on sexuality education at home, several program issues should be addressed. Programs should strengthen parent child communication. Strategies to educate parents on adolescents' sexuality issues with age specific messages should be developed.

Partner communication was found to influence contraceptive use. Programs should therefore focus on messages that encourage both female and male adolescents spousal communication on sexuality issues and use of contraceptives.

To have an impact on sexuality education, further research is required to identify and develop age specific messages to guide school education curriculum as well as messages for parent child communication program.

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