



**QUALITATIVE STUDY ON CONTRACEPTIVE USE DYNAMICS IN
KAKAMEGA, KISUMU, MIGORI, NAIROBI, KITUI AND KILIFI
COUNTIES IN KENYA**

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LIST OF ACRONYMS

Acronym	Description
CPR	Contraceptive Prevalence Rate
FGD	Focus Group Discussion
FP	Family Planning
ICRH	International Centre for Reproductive Health
IDI	In-Depth Interview
IUCDs	Intra-Uterine Contraceptive Devices
KDHS	Kenya Demographic and Health Survey
KII	Key Informant Interview
KNBS	Kenya National Bureau of Statistics
mCPR	Modern Contraceptive Prevalence Rate
MFPM	Modern Family Planning Method
MSRA	Marketing & Social Research in Africa
PSK	Population Services Kenya
RH	Reproductive Health
SBCC	Social Behaviour Change Campaign
SEM	Socio-Ecological Model
TFR	Total Fertility Rate
USAID	United States Agency for International Development
WAPOR	World Association for Public Opinion Research

EXECUTIVE SUMMARY

The unmet need for family planning (FP) refers to the need by women to space future pregnancies or limit child bearing, but who are not currently using any modern contraceptive method, nor have any access to these methods (Hossain, et al., 2005; Uganda Bureau of Statistics & ICF International Inc., 2012). This need is associated with increased risks of neonatal and infant mortality, childhood malnutrition, and complications during pregnancy for women (Gribble, Murray, & Menotti, 2008). In Sub-Saharan Africa, meeting the unmet need for modern contraceptives is estimated to reduce maternal and neonatal deaths by 69% and 57% respectively (Guttmacher Institute, 2009).

Kenya like other sub-saharan countries, is currently experiencing a period of rapid growth in its modern contraceptive prevalence rate (mCPR). Recent data indicate that Kenya is on track to achieving its FP2020 goal, however, progress has been starkly uneven across the country with rates of use in many counties being extremely low, including the rate of contraceptive amongst the poorest being half that of the rest of the population (FP 2020, 2016). Additionally, these findings are based on national level data, and therefore there is an urgent need to generate more county-specific data to better understand the reasons for use and non-use of contraception. This will also shed further light on the variations seen across different counties in Kenya, as well as informing county specific communication development. Thus a qualitative study was conducted in the following counties as defined by mCPR: Kisumu, Migori, Nairobi, Kitui and Kilifi incorporating the socio-ecological model to inform design of social behavior change campaign (SBCC) interventions.

Methodology: This study assumed a purely qualitative approach because of the great need for in-depth exploration of critical individual's decision-making in the different counties using a conceptual framework. The study specifically used focus group discussions, key influencer interviews (KII), in-depth interviews (Journey mapping) and literature reviews with the following target groups: current modern family planning methods (MFPMs) users, discontinuers of MFPMs and non-users of MFPMs. The survey took a maximum of 49 days.

Data Analysis: The recorded data was transcribed verbatim and then coded using a thematic framework and analyzed using Nvivo.

Results

From the study, it was identified that most of the respondents are familiar with the modern family planning methods though some were uncertain of how some of the methods work. Peculiar methods that were perceived to help in family planning were also mentioned.

The key drivers to use of MFPMs as mentioned by the respondents include: to limit the number of children a person has, health concerns, frequent sex, convenient to use,

knowledge on the benefits of the MFPMs, minimal side effects, partner/ husband approval, peer pressure, and accessibility of the MFPMs. On the flip side, the main reasons for not using the MFPMs as mentioned by the respondents include: myths and misconceptions associated with the MFPMs, fear of side effects, husband refusal, ignorance, health concerns, inconvenient to use some MFPMs, financial constraints, use of other alternative methods, infrequent sex, religion refusal, stigma, distant health facilities and stock outs of some of the MFPMs.

It was evident that women do not make decisions to use contraceptives in isolation but in consultation with others in their social networks such as: friends, relatives, neighbors, husband/ partner, mothers and doctors/ nurses.

It was noted that several factors compel women to switch from one MFPM to another. Such factors as cited by the respondents include: side effects experienced with some of the MFPMs, method failure, health concerns, boredom, infrequent sex, and husband refusal.

During the discussions with the respondents, we asked them to mention reasons as to why a person would start using MFPMs and then stop. The following are some of the reasons as mentioned by the respondents: health concerns associated with the MFPMs, some MFPMs are perceived to be inconvenient to use, side effects associated with some MFPMs, myths and misconceptions, method failure, infrequent sex, to get pregnant, menopause, husband refusal and out of stock of some MFPMs.

Information on where users obtain their contraceptive method is important for behavior change communication managers and implementers in designing family planning campaigns. During the study, it was identified that women obtain family planning (FP) services from diverse sources such as: health facilities, chemist, herbalists, and retail shops. Among these sources, the most preferred source, in view of the respondents was the public health facilities.

1. INTRODUCTION

The unmet need for family planning (FP) refers to the need by women to space future pregnancies or limit child bearing, but who are not currently using any modern contraceptive method, nor have any access to these methods (Hossain, et al., 2005; Uganda Bureau of Statistics & ICF International Inc., 2012). This need is associated with increased risks of neonatal and infant mortality, childhood malnutrition, and complications during pregnancy for women (Gribble, Murray, & Menotti, 2008). Currently, 24% of sexually active married and unmarried women have an unmet need for modern contraceptives (Khan & Mishra, 2008). In Sub-Saharan Africa, meeting the unmet need for modern contraceptives is estimated to reduce maternal and neonatal deaths by 69% and 57% respectively (Guttmacher Institute, 2009).

According to USAID (2011), the proportion of married men with unmet need for FP is higher in sub-Saharan Africa (1:4) than in developed countries (1:7). In sub-Saharan Africa, most women have an unmet need for spacing, whereas in Asia and Latin America, most women experience an unmet need for limiting childbirth (Darroch & Singh, 2013; Alkena et al., 2013). In Asia, the unmet need for modern contraceptive services is linked to increasing number of unplanned pregnancies (Sing, et al., 2003; Asian Pacific Resource & Research Center, 2006).

Studies have shown that in Kenya about 18% of women have an unmet need for modern contraceptives (Kenya National Bureau of Statistics (KNBS) and ICF Macro., 2014) and this is highest among adolescents 15 to 19 years, ages 20-24 and 40-44, the figures being higher in rural areas than in urban areas. In terms of regional prevalence, the unmet need was noted to be highest in North Eastern and Nyanza regions, and lowest in Central, Nairobi and Eastern regions. Additionally, Rift Valley, Western and Coast regions have an average proportion of women with unmet need for modern contraceptives (KNBS et. al., 2015). Despite this, there has been a continued decline in the Total Fertility Rate (TFR), from 4.9 births per women in 2003, to 4.6 in 2008-09, and further to 3.9 in 2014, which has been associated with a marked increase in the contraceptive prevalence rate (CPR) from 46% in 2008-09 to 58% in 2014 (KDHS, 2009 & 2014). Furthermore, the 2016 PS Kenya quantitative survey showed a remarkable increase in modern contraceptive use among married women from 65.9% in 2014, to 73.3% in 2016. The most commonly used modern contraceptives include injectables (21.6%), the pill (7.2%), sterilization (4.8%), implants (1.9%), condoms (1.8%), and intra-uterine contraceptive devices (IUCDs) (1.6%) respectively (KNBS et al., 2010).

2. PROBLEM STATEMENT

Kenya, like other sub-Saharan countries, is currently experiencing a period of rapid growth in its modern contraceptive prevalence rate (mCPR). Recent data indicate that Kenya is on track to achieving its FP2020 goal, however, progress has been starkly uneven across the country with rates of use in many counties being extremely low, including the rate of contraceptive use amongst the poorest being half that of the rest of the population (FP2020, 2016). Additionally, these findings are based on national level data, and therefore there is an urgent need to generate more county-specific data to better understand the reasons for use and non-use of contraception. This will also shed further light on the variations seen across different counties in Kenya, as well as informing county specific communication development. Thus, a qualitative study was conducted in the following counties as defined by mCPR: Kakamega, Kisumu, Migori, Nairobi, Kitui and Kilifi, incorporating the socio-ecological model to inform design of social behavior change campaign (SBCC) interventions.

3. LITERATURE REVIEW

There exist several barriers to contraceptive uptake and these are contextualized depending on the type of contraceptive and the user group targeted. This section will focus on selected barriers that hinder the uptake of and the reasons for clients' shift to specific contraceptives among the adult population.

3.1. Male Involvement

There is conflicting data on the role of males with regards to family planning. There is one school of thought that argues that family planning cannot be successful without actively engaging men (IGWG, 2009). Indeed, there is evidence that suggests that engaging men as supportive partners in RH has led to improved health outcomes (IGWG, 2006; Rottach et al., 2009; Green et al., 2011; Kraft et al., 2014). Research also shows that the lack of male involvement in decision-making about FP increases maternal and child mortality rates (Okech et al., 2011; Nzioka, 2001; Ngetich, 2013). Indeed, men's support for modern contraceptives positively influences women's current or future use of the modern contraceptive services (Vouking et al., 2014), as in India where the acceptance and use of female sterilization was only significant based on the husband's decision (Char, 2011). On the other hand however, as in Malawi, although men determine family size decision-making and the use of modern contraceptive, it appeared that they were always resistant to family planning initiatives (Paz Soldan, 2004). In Kenya specifically, only 10% of married couples use FP methods that require male involvement in deciding which modern contraceptive method to use—such as condoms, withdrawal or having a vasectomy (Akinrinola & Sasheela, 2004).

The low use of modern contraceptive methods that require male participation in decision making could be due to several reasons. Firstly, men may oppose specific modern contraceptive methods due to rumors, fears, myths and conceptions surrounding these

modern contraceptive methods (NCPD, 2014; Ochako et al., 2015). For instance, the latter include the fear of dissatisfaction with sexual sensation, reduced sensitivity, possibility of conception and the 'embarrassment' encountered when obtaining a contraception (Bongaarts & Bruce, 1995; Casterline, et al., 1997; Nagase, et al., Kamran et al., 2015). In parallel, there is the women's perception that their husbands are opposed to contraceptive methods and use, and this often inhibits the uptake of contraceptives (Sunita & Casterline, 1999).

Secondly, gender norms of what it means to be a man or a woman may affect a couple's ability to make joint decisions about modern contraceptives (Ochako et al., 2015). These gender norms surrounding masculinity, femininity, and male-female relationships also influences the spacing of pregnancies (Schuler, Rottach & Peninah, 2009). A study in Tanzania found that gender equity was associated with lower fertility (Larsen & Hollos, 2003). This thus emphasizes the assertion that gender inequality allows a woman to determine when to participate and withdraw sex thereby controlling her fertility level (Levy, 2008). Thirdly, the lack of information about modern contraceptive methods and services among men limits their decision-making to the few known modern contraceptive methods (Okech et al., 2011). For instance, research shows that men incorrectly consider vasectomy to be the same as castration (MSI, 2015).

3.2. Spousal Communication

Another trigger for modern contraceptive uptake is spousal communication. Although there is a dearth of research on the influence of spousal communication on decision-making about modern contraceptive (Cox et al., 2013), limited evidence shows that spousal communication can increase the acceptance, uptake and continuation of modern contraceptive services (Gizaw & Regassa, 2011; Hartmann et al., 2012; Vouking et al., 2014). In Ghana, for instance, studies show that women who chose to practice contraception risked social ostracism or familial conflict (Adongo, 1997). In some areas, the husband's permission was required to even visit a health facility or to travel unaccompanied, which often resulted in either clandestine or limited use of contraceptives (Biddlecom & Fapohunda, 1998). The preference of a son was also another leading factor influencing contraceptive use especially for newly married women (Kamal & Islam, 2010). Yet another study from the Philippines showed that information dissemination and dispersion of communication materials about male involvement can bring about a positive change in societal acceptance of FP (Clark et al., n. d.). Furthermore, Shattuck (2011) illustrated that frequent communication between spouses increased FP use. The foregoing scenarios underscore the importance of spousal communication in deciding on modern contraceptive uptake among couples.

3.3. Misconceptions and Fears

In a study in Uganda exploring the misconceptions and fears around contraceptives among young people, gender power relations, socio-cultural expectations and contradictions, were among the top obstacles to the use of contraceptives (Nalwadda et al., 2010). Vasectomy has been inconceivably equated to loss of masculinity (Kabagenyi et al., 2014). USAID (2014) also reports that both women and men fear getting

cancerous growth as a result of long term use of pills and injectables, whilst the used of lubricants in condoms cause a painful buildup of pressure in the stomach. In Nigeria, the lack of accurate information on FP was found to be a possible barrier for male involvement in family planning (Akindede & Adebimpe, 2013). In Malawi, the modern contraceptive use was lower among women in polygamous marriages than among those in monogamous marriages (Baschieri, 2013). This may be linked to the perceived fear of not being loved by the husband if one does not, or relatively bears fewer children than her co-wives in a polygamous setting.

3.4. Cultural and Religious Beliefs

In the African culture, the ability to sire children is considered a sign of virility and status (Isiugo-Abanihe, 1994). Since men usually want their wives to have more children so as to earn respect, they will therefore object to modern contraceptive use, as they would like to be accorded such status in society. In polygamous marriages, the wife with most children likely becomes the husband's favorite wife (Ehlers, 1999). Furthermore, some men also believe that contraception use encourages infidelity among women. From a religious perspective, modern contraceptives are discouraged and in some cases banned among the faithful. For instance, men in rural areas often cite religion as a reason for not using contraception (Ali & Ushijima, 2004), while the Catholic doctrine emphasizes that sexual acts are for recreational purposes, and hence oppose any form of modern contraceptive methods (Izugbara et al., 2010). Similarly, Islam holds misconceptions about the permissibility of family planning, contributing to further confusion among couples (Mir & Rashida, 2013). Moreover, studies show that in sub-Saharan Africa, between one-quarter and one half of women report that their religion negatively impacts their contraceptive use (Akintande et al., 2011; Clements & Madise, 2004).

3.5. Household Income Levels

Household income levels also influences a couple's uptake of modern contraceptive methods and services. Research among married couples in Kibera slum in Kenya revealed that employed couples used more contraceptive methods in comparison to those who were unemployed (Ojaka, 2008). The high usage among employed couples can be attributed to their ability to pay for modern contraceptive services, some of which are rather expensive, as noted by a study from South Africa showing low uptake of vasectomy being related to the cost of this service (Johnson et al., 2014).

3.6. Health Concerns

Low uptake of contraceptives is also caused by real and perceived side effects of the various modern contraceptive methods. The fear of side effects or related health concerns have been cited as the major obstacles in the uptake of modern contraceptive methods (Hashmi et. al., 1993; Nishtar et. al., 2013). Some of the feared side effects associated with use of modern contraceptives include bleeding, changes in weight and menstrual patterns, localized pain, change in libido, high blood pressure, shortness of

breath, dizziness, or headaches (Stanback & Shelton, 2008; Alaii, Nanda & Njeru, 2012). In the same vein, a study in Ethiopia showed that disturbance of the menstrual cycle is one of the most common reasons for discontinuation of hormonal methods of contraception (Weldegerima & Denekeew, 2008).

3.7. Knowledge

Knowledge of contraceptives is considered one of the essential factors associated with the uptake of contraceptives (Bongaarts & Bruce, 1995; Casterline & Sinding, 2000; Korra, 2002; Kessy & Rwabudongo, 2006). Biney (2011) observed that lack of knowledge about contraceptives among Ghanaian women led to failure of contraceptive use which in turn led to unintended pregnancies and induced abortions. Similarly, Lindstrom & Hernandez (2006) found out that limited knowledge of contraceptive methods among recent rural-urban migrants in Guatemala was associated with unmet need and limited choice of contraceptives. This is also the case in both men and women (NCPD, 2014). This challenge is compounded by high illiteracy levels among the potential users. Indeed studies have shown that lack of schooling/ illiteracy to a large extent, contributes to non-use of contraceptives (Espejo et al, 2003, Hamid & Stephenson, 2006). Though this is the case, the same qualitative study in Kenya showed that there is increased awareness on the need for male involvement in FP/RH particularly among the younger respondents owing to the pressing challenge of land in rural regions and economic hardship in the urban areas. Nonetheless, another study in Kenya showed that the attitudes of spouses or peers influence an individual's choice of specific family planning method (Kim et al, 2002). The cited studies are however dated, over-relied on quantitative research designs and had a limited geographical scope.

3.8. Quality of FP Services

Empirical evidence suggests that contraceptive use by women is shaped to some degree by the availability of contraceptive services and the perceived quality of those services (Mensch et al, 1996; Magnani et al, 1999; Steele et al, 1999; Mahmood et. al, 2012). Other factors that have been also identified to affect contraceptive use include access to and affordability of family planning services (Rukanuddin & Hardee-Cleveland; 1992; Hennick et al, 2005; Kamran et. al., 2013). A different study in Lesotho (Tuonane, al, 2004) found that the types of healthcare facilities available were a significant predictor of contraception use. The non-availability of contraceptives, frequency of provision of contraceptives, behavior of service providers and long waiting times have also been cited as reasons why women deliberately avoid visiting certain healthcare facilities (Zainabet al, 2001). Counselling was another vital dimension of quality services. Studies indicated that counseling and regular follow-up of contraceptive users led to a high rate of contraceptive use (Brou et al., 2009). Specifically here in Kenya, a situational analysis of counseling effectiveness conducted on a sample of 114 cases revealed that relevancy of information given to clients was increased by 43% when counselling sessions were extended from 2 to 8 minutes (Leon et al., 2001).

3.9. Summary of literature review

To date, numerous previous studies on uptake of modern contraceptives have been largely quantitative in nature and have hence failed to provide detailed explanations for the low uptake of modern contraceptives. Where qualitative studies have been undertaken, these have mostly been limited in geographic scope. The qualitative studies have however uncovered many of the same general barriers identified by the large-scale quantitative surveys, although they have provided better explanatory detail. Therefore, this study sought to build upon this evidence and shed further light on general patterns and trends regarding the uptake of modern contraceptive methods in Kakamega, Kisumu, Migori, Nairobi, Kitui and Kilifi counties.

4. RESEARCH OBJECTIVES

General Objective

The general objective for this study is to assess the dynamics around contraceptive uptake in Kakamega, Kisumu, Migori, Nairobi, Kitui and Kilifi counties in Kenya.

Specific Objectives

The specific objectives of the qualitative research are to:

1. Assess the county-specific dynamics of contraceptive uptake.
2. Explore the factors that are associated with either switching or discontinuation of FP methods including intensity of experienced side effects.
3. Explore county specific obstacles that impede the availability of contraceptives to clients, particularly in the rural areas.
4. Assess the existing quality of FP care being offered in private and public health facilities and its impact on client's satisfaction and FP adoption.

5. THEORETICAL FRAMEWORK FOR THE STUDY

This study was hinged on the socio-ecological model (SEM). The SEM contextualizes individuals' behaviors using five nested hierarchical levels, namely: individual (knowledge, attitudes, behavior etc.), interpersonal (social networks, social support), community (relationships among organizations/ groups), organizational (social institutions with rules and regulations) and policy (e.g. local and national laws, enabling environment) to provide a framework for describing the interactions between these levels (McLeroy, Bibeau, Steckler & Glanz, 1988). These levels are further expounded down below.

Individual characteristics including knowledge, attitudes, behavior, gender, age, levels of income, and level of education influence behavior change of the individual, hence affecting his/her health seeking behavior. In addition, an individual's health seeking behavior is influenced at the interpersonal level where social networks and social support systems including family, friends, peers, co-workers, religious networks, customs or traditions (McLeroy Bibeau, Steckler & Glanz, 1988) are involved.

At the community level, relationships among community groups and networks within defined boundaries such as village associations, community leaders, and businesses all influence an individual's behavior as well. In addition, the socio-cultural norms and values will influence individual behavior change (Auerback, Parkhurst & Caceres, 2011). These eventually influences the individual's choice of FP services.

The organizational level is defined by the rules and regulations for organizational operations. This affects how well services are provided to an individual (s). Finally, the policy level is the highest level with an overarching regulatory role of enacting and overseeing the implementation of local, national and international laws and policies regarding provision of services to individuals.

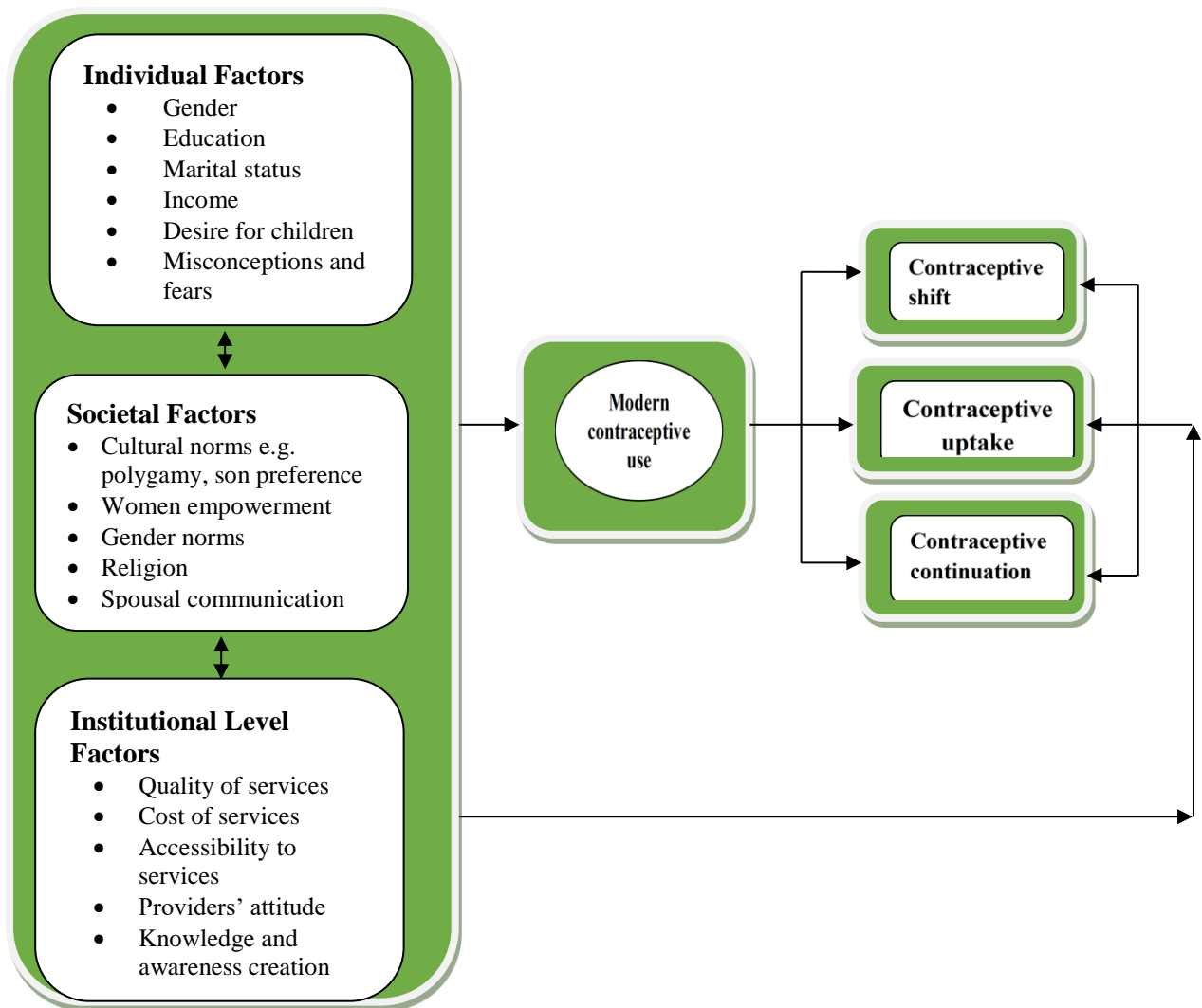
The SEM will explain the interplay of a multiplicity of factors operating at various levels- individual, interpersonal, community, organizational and policy to influence and individual's behavior. This study will therefore investigate the factors that influence individual's uptake, continuation and shift of FP services, operating at individual, societal and institutional levels. These levels are clearly elaborated in the SEM and hence its adoption for this study.

6. Conceptual Framework for the Study

Figure 1 below shows the conceptual framework for this study. The framework conceives the use of modern contraceptives (dependent variable) to be influenced by a multiplicity of individual, societal and institutional factors (independent variables). At the individual level, gender, level of education, marital status, level of income, desire for children and misconceptions and fears influence modern contraceptive use.

At the societal level, cultural norms (e.g. polygamy, son preference), women empowerment, gender norms, religious dogma and spousal communication will influence an individual's choice to use of modern contraceptives. At the institutional level (primarily the reproductive health facility), the operational policies, quality and cost of FP services offered, accessibility to FP services, providers' attitude, health concerns/ side effects of the FP services, and knowledge and awareness creation by the RH facility influence modern contraceptive use. This use will be explored at 3 levels: uptake by previous non-users of FP services, continuation of use by current users of a specific FP method, and a shift from one FP method to another by current users of FP services.

Figure 1: Conceptual Framework for the study



7. RESEARCH METHODOLOGY

The study will assume a purely qualitative approach because of the great need for in-depth exploration of critical individual's decision-making in the different counties. The qualitative nature of the study will enable PS Kenya explore further the intricate reasons behind the low modern contraceptive prevalence rate. This study will not only focus on assessing more precisely the knowledge and attitudes that are usually reported in KDHS, PS Kenya RH TRaC and other program reports, but also probe the decision-making processes to better understand exactly what the drivers and barriers towards other choices other than modern contraception, why there is so much discontinuation of hormonal contraceptives, and what motivates and differentiates these women who use contraception successfully and continuously.

Social behavior change communication (SBCC) is a social process that promotes and facilitates change in knowledge, attitudes, norms, beliefs and behaviors based on a socio-ecological approach for improved health outcomes. SBCC is guided by a comprehensive ecological theory that incorporates both individual level change and change at broader environmental and structural levels. PS Kenya therefore proposes using a combination of qualitative research methods as this will enable different methods to address inherent limitations associated with application of single methodologies. This is important as it will enable relevant information to be gathered and which are necessary for making value adding recommendations.

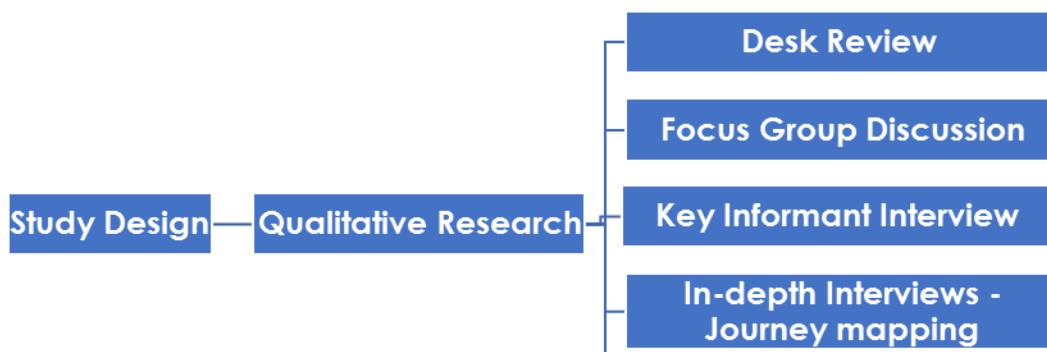
7.1. Selection of Study Sites

The S-Curve pattern of mCPR growth helps countries examine and understand current growth rates. Specifically, Kenya's S-Curve is based on historical patterns and suggests that counties' different rates are based on their level of contraceptive use. This has thus informed our approach and the need to have in-depth understanding of the specific county's communication needs and family planning messaging. This study will focus on: Kakamega, Kisumu, Migori, Nairobi, Kitui and Kilifi as defined by mCPR.

7.2. Study Design and Sampling Strategy

Figure 2 below shows the study design:

Figure 2: Study Design



The various groups of women were selected to represent current FP users, past users and non-users.

Each component of the study was conducted in the six counties. Different counties of concern fall in different sections of the S-curve (Picture 1 below). At each stage, appropriate interventions will be adopted that will maintain progress and lead to movement and transition to different stages in the curve. The S-curve categorization of the counties of focus is as follows:

Kakamega County: Kakamega is under the plateau with mCPR of 60%-69%. According to the S-curve rating, here we are not likely to see new FP users. The intervention will be therefore focus more on maintenance with a view to understanding what works well for them and the level of client satisfaction, including whether the service providers offer balanced counselling and follow up visits amongst other things.

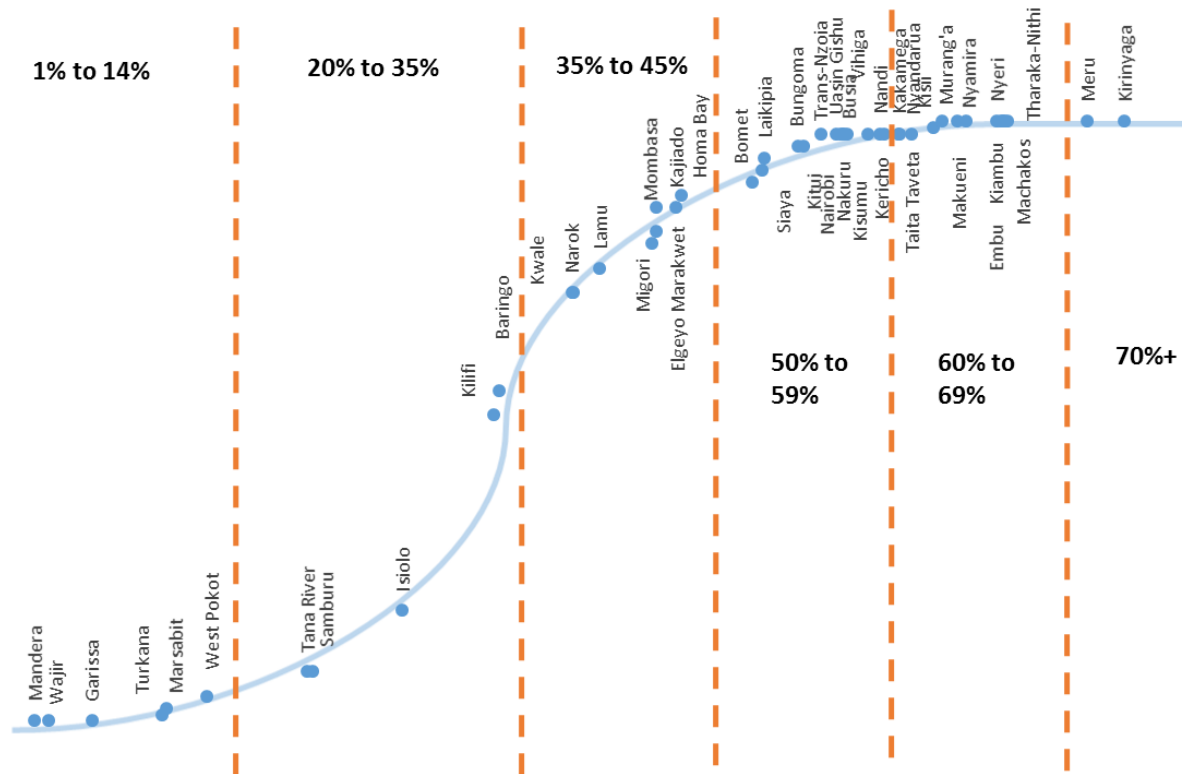
Nairobi, Kitui and Kisumu County: These counties are categorized under Growth Slowing, with mCPR of 50%-59%. These are regions where we will not likely see new FP acceptors. The WRAs are aware of the FP needs and are already users. The use could be more long-term as opposed to long active reversible contraceptives (LARC). Side effects and discontinuations are likely to be seen here with varied reasons for discontinuation which calls for more in-depth understanding.

Kilifi County: This county is in the category where acceleration begins. It has a mCPR ranging between 20% – 35%. This is the county where monitoring of progress of livelihood (agriculture, county planning, water, food etc) and are investing wisely in interventions that will help them live healthier lives including FP. This county is characterized by realization that FP is the avenue to improve livelihoods and start investing wisely on appropriate interventions that will aid in their growth.

Migori County: This County is categorized under Rapid acceleration. It has a mCPR ranging between 35%-45%. This is the county with higher levels of awareness on modern family planning methods (MFPMs), and WRAs are aware of their FP needs whether for spacing or limiting. Moreover, there are high numbers of new FP acceptors. However, there is an element of higher discontinuation that needs further in-depth understanding.

Areas of interventions and unique features include access to MFPMs being high through the social franchising and public sector facilities.

Picture 1: The PMO 2020 S-Curve 2016



7.3. Sampling Design and Procedures

The aim is to generate a sample which will allow for a better understanding of FP uptake. The sampling design and procedure to be used in this study will be purposive sampling. The target respondents will be selected randomly using a recruitment questionnaire.

7.3.1. Target Respondents

In this study, we had two categories of respondents; primary respondents and secondary respondents.

a) Primary Respondents

Our primary respondents were women aged 25 to 49 years with different levels of FP method usage as shown below:

- Women who are not/ have never used a family planning method to avoid getting pregnant (**non-user**)
- Women who have switched from one FP method to another (**Switchers**)
- Women who use the various modern FP methods (**User**)
- Women who have discontinued from FP method (**Discontinuer**)

b) Secondary Respondents

The study also targeted key influencers on use of MFPMs among women. They provided insights on community behavior with regards to FP uptake and their opinions on the MFPM. The key influencers were determined from the FGDs and in-depth interviews. Focus was given to those who are mentioned repeatedly in these discussions and interviews.

The detailed sampling and distribution framework are annexed.

7.4. Data Collection

7.4.1. Desk Review

Desk review entails comprehensive review of relevant documents in relation to the area of study. Desk research was conducted in order to get a better understanding of the MFPMs uptake. Specifically the investigators reviewed quantitative data from PS Kenya surveys, KDHS 2014, and other relevant reports. The investigators reviewed these existing reports to understand the issues that need to be investigated further using qualitative research.

7.4.2. Focus Group Discussions (FGDs)

FGDs are discussions that comprise 8 to 12 participants/ respondents and will be conducted by 2 experienced researchers, a moderator and a note taker. In order to evaluate MFPMs uptake within the study regions, we will endeavor to conduct FGDs with MFPMs: users, non-users and discontinuers.

FGD respondent's recruitment will be adopted as follows;

- Random selection of FGD participants;
- Respondents must be members of target group;
- Respondents will be invited to the focus group discussions through provision of an invitation card which stipulates the venue, time and duration of the FGD.

A screening guide will be used to ensure that the right group is recruited for participation in respective FGDs. During the discussion sessions, a FGD guide will be used. The guide

will be comprised of predominantly open ended, deep probing questions that keep the respondents most engaged.

For each of the FGDs, the participants/ respondents will not exceed 12 nor be less than 8. This is to ensure that group dynamics are checked and put under control in the discussions, thus reducing any form of bias due to dominance. Two FGDs will be conducted per day to allow for transcription and reflection of the information identified in the transcripts. This will give the researchers the opportunity to refine the session guide and prepare the subsequent interviews. Each group discussion will not exceed two and half hours and will be recorded on a Dictaphone to allow transcription, and as a reference for the client.

In order to explore in-depth responses, stimulate better responses and reveal certain aspects of the respondent's perceptions and beliefs on MFPMs, several creative and projective techniques will be used. Projective techniques are unstructured and indirect form of questioning that encourages respondents to project their underlying perceptions, motivations, beliefs, attitudes regarding the issue of concern. In this study, we shall make use of theatre/ role plays projective techniques, cartoon completion projective technique, among others.

The focus group setting will be arranged to allow for free roundtable discussion. The FGD venue will be central and accessible to all respondents. The focus group discussions will administered in the respective local languages: Luhya, Luo, Swahili and Kamba.

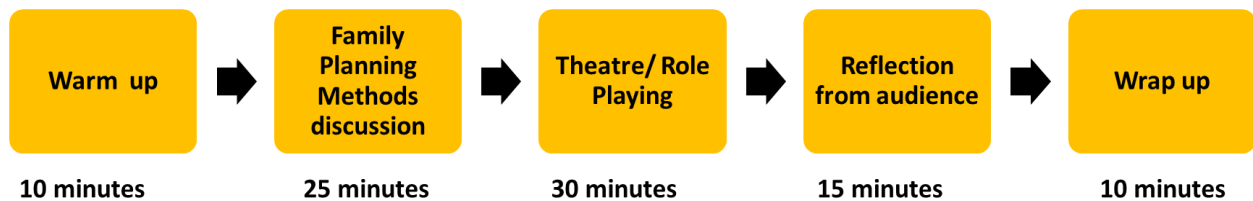
7.4.3. Theatre/ Role Plays



Theatre/role plays allows community members/ respondents to perform in a drama based on the messages that emerge from the story telling process. Role play is a technique in which people spontaneously act out problems of human relations. The session participants stimulate real life situations either as themselves or someone they know. This exercise helps participants demonstrate specifically, in a step by step manner what goes on in certain situations i.e. usage of MFPMs.

The purpose of this technique in this study is to generate insights on usage of MFPMs by getting the participants role play specific interactions and scenarios. PS Kenya will hence use drama to enact specific interactions and events on usage of MFPMs. This technique will take the following process as shown in figure 3 below:

Figure 3: Role Play Format



Warm Up: Ice breaker questions, respondents introduce themselves, their hobbies, their values, among others.

Family Planning Methods Understanding Discussion: This will involve a discussion on: the most pressing reproductive health challenges facing them and their understanding of various family planning methods available, among other topics.

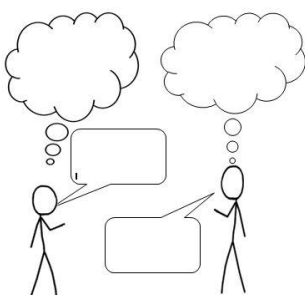
Theatre-Role Playing:

- Facilitator briefs the respondents on task
- The researchers could ask the respondents to role play their usual behaviors on their discussions with regards to family planning methods
- Respondents select a team leader and a time keeper
- Respondents select the audience
- The drama is enacted

Reflection for audience:

- The audience is given a chance to add to the script
- Respondents discuss “what” that is enacted in the drama and the issues that arise.

7.4.4. Cartoon Completion

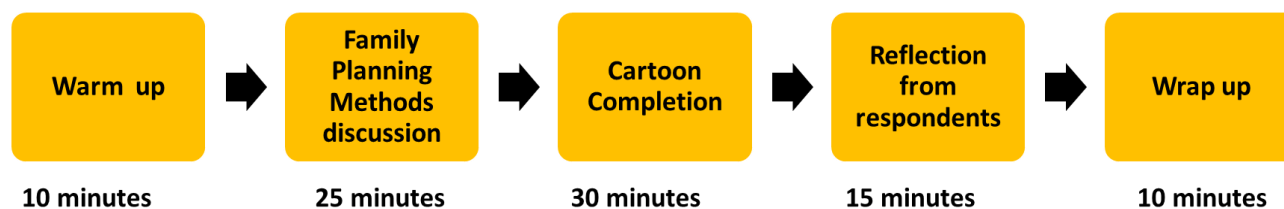


Cartoon completion involves sentence completion and picture interpretation. PS Kenya will work with cartoonists to draw images that can be linked to discussions on usage of family planning methods. Each cartoon character will have empty dialogue boxes and the respondents will be asked to fill them in. Their responses are then used as the basis for discussion.

The benefit of using cartoons is that they enable the respondents to loosen up and have fun with their replies. Cartoon completion is a non-threatening, third-person, projective technique-you are not asking the respondents what they would say but rather what the characters in the cartoon would say. For example in this survey, there will be: bubbles on current user of MFPM discussing with a discontinuer or non- user, bubbles on discontinuer or non-user

discussing with a current user of MFPM. For picture interpretation, the cartoon images will be designed or selected to support the research objective, ranging from vague situations to highly suggestive situations. This technique will take the following process as shown in figure 4 below:

Figure 4: Cartoon Completion Format



Warm Up: Ice breaker questions, respondents introduce themselves, their hobbies, their values, among others.

Family Planning Methods Understanding Discussion: This will involve a discussion on: the most pressing reproductive health challenges facing them and their understanding of various family planning methods available, among other topics.

Cartoon Completion:

- Facilitator briefs the respondents on task
- Respondents are shown cartoon characters in scenarios related to discussions on family planning methods
- Facilitator briefs the respondents on task
- Respondents assume the role of a person and fills the empty balloon with a speech

Reflection from audience:

- Respondents discuss the various responses that emerge.

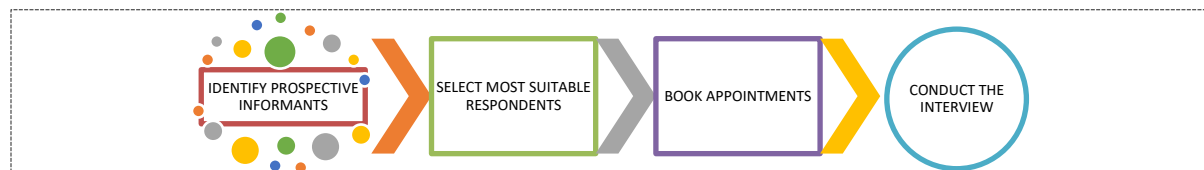
7.4.5. Influencer Guide

These are one on one interviews with respondents and the aim is to explore a topic in-depth. In this study, we will target key influencers on use of MFPM among women. They will provide insights on community behavior with regards to FP uptake and their opinions on the MFPM. The key influencers will be determined from the focus group discussions and in-depth interviews. Focus will be given to those who will be mentioned repeatedly in these discussions and interviews.

Data collected from this approach will be in the form of opinions, experiences and recommendations that are both quantifiable and qualify able. An influencer guide will be used to guide the interviewer to ensure that the questions administered to respondents are relevant and concurrent to the study topics.

The IDIs will be administered by researchers who will be recruited based on professional qualifications, then trained before the commencement of the field work. The IDIs will be administered in English or Swahili or Local language. The influencers would normally adopt the approach stipulated in figure 5 below:

Figure 5: Influencer IDI Approach



7.4.6. In-Depth Interviews-Journey Mapping

This is a one on one interview with a respondent. We will target both men and women to be able to gather insights from both sides. The aim is to explore a topic in-depth and most in-depth interviews will last from 45 minutes to 2 hours depending on the topic and what is being covered. In most cases the researcher will use an open-ended interview approach. Interviews may take place in the respondent's home, workplace, central location or viewing facility. Typically the interview is recorded. They are appropriate for more sensitive subjects for understanding in detail without views of the respondent being influenced by what members of the group say.

The **journey mapping** will be on the perceptions and understanding of modern planning methods. We will want to understand various aspects such as: factors considered when choosing which modern family planning to use, as what point they decide to use or non-use the MFPMs, among other aspects. The in-depth interviews will be administered in the respective local languages.

7.4.7. Ethical Considerations

Ethical approval will be sought from AMREF Health Africa ethical scientific and research committee. PS Kenya and its staff are a member of international member of international research bodies such as WAPOR and MSRA with clear guidelines on ethical principles of carrying out research activities. Prior to fieldwork, we will train our enumerators on best ethical practices when undertaking this survey.

Informed Consent: All respondents will be provided with information prior study collection regarding the purpose of the interviews and verbal consent will be sought before data collection. The reason for tape recording the discussions will be explained and consent sought before commencing of the interviews. (Informed consent form in appendix. It will be translated into Swahili and the respective local languages before the study commences).

Confidentiality: Confidentiality will be strictly observed. Interviews will be conducted in a manner that is comfortable for the respondents and allows the respondents to speak openly and honestly. During transcriptions the respondent's responses will be coded.

Voluntary Participation: Voluntary participation is the cornerstone of an ethical code. It requires that no one should be forced or deceived into taking part in research. PS Kenya shall obtain the respondents consent and this consent will be based on a clear understanding of what the research will involve and how the data collected will be used. The respondents shall be told that they have the right to withdraw from the research at any time and are under no obligation to answer any of the questions asked. The entire discussion will be tape-recorded on a Dictaphone and on some occasion's photos taken for transcription and referencing purposes. Audio recordings or photographs and videos taken will be done after seeking consent to do so from the participants. All recordings will be stored in a password secured database which will only be accessed by the research investigators. All recorded materials will be deleted after a period of 12 months upon completion of analysis and report dissemination. All transcription will be delinked from the recordings.

No harm to the participants: at all times during the study, respondents shall be treated with respect and sensitivity. PS Kenya shall ensure that the respondents are not harmed or adversely affected as a result of participating in the research project.

Compensation: after the focus group discussion, the respondents will be reimbursed their fares and also provided with snacks.

8. STUDY CHALLENGES AND MITIGATION

As expected, there were challenges which presented themselves during the project.

Kisumu

- **Challenge:** Insecurity; field team members were attacked by some of county residents during the last focus group discussion mainly because they thought we were buying IDs
- **Mitigation Action:** Data collection was stopped

Kakamega

- **Challenge:** Data not collected as it was seen as politically unstable
- **Mitigation Action:** Data collection was stopped

Migori

- **Challenge:** Insecurity; field team members were attacked by some of the county residents during the second focus group discussion mainly because they thought we were buying IDs
- **Mitigation Action:** Intervention of local leaders i.e. chief, county commissioner to stabilize the situation

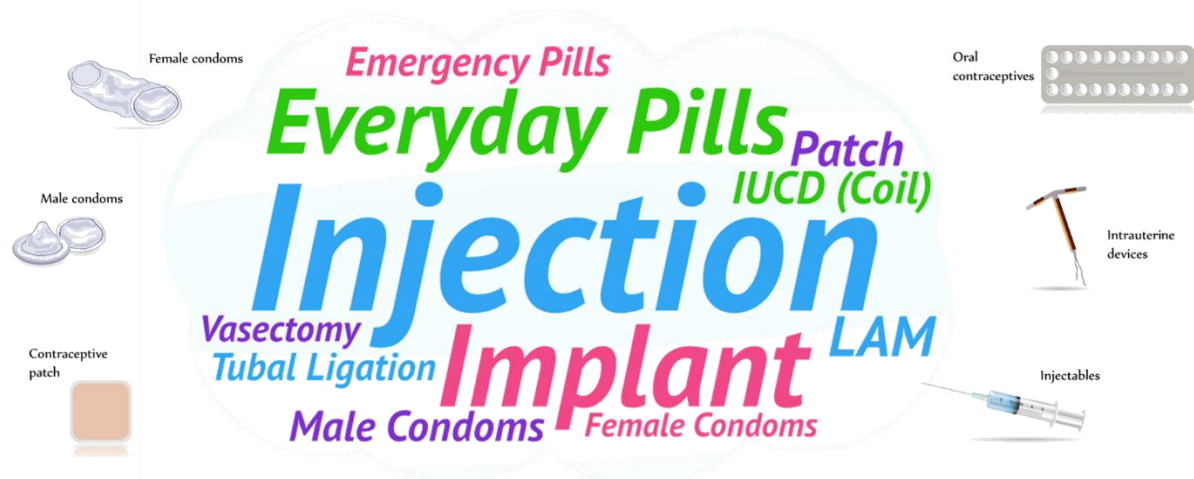
In Nairobi, Kitui and Kilifi there were no challenges faced.

9. RESULTS

9.1. Knowledge of Contraceptive Methods

9.1.1. Modern Family Planning Methods Awareness

During the discussions, we asked the respondents to mention some of the Modern Family Planning Methods (MFPMs) they are aware of in order to understand their knowledge levels of these methods as this is a prerequisite for making a decision to initiate contraceptive use. It was identified that most respondents are familiar with the various modern family planning methods available in the market. Most of the respondents mentioned the following MFPMs: Injection, Everyday pills, Vasectomy, Patch, Tubal Ligation, Implant, LAM, Emergency Pills and Condoms (Male and Female).



Everyday pills, Male condoms, Injection, Implant, Emergency Pills and IUCD (Coil) had the highest mentions compared to the other MFPMs available. LAM, and Patch had the lowest mentions. In the KDHS 2014 report, it was also reported that the mostly widely known modern methods of contraception among women were: Male Condoms (95%), Injectables (95%) and the Pill (94%). Some of the respondents also mentioned brands such as: Femiplan, Depo-Provera, Norplant, Jadelle, Trust Condoms, and Postinor 2. Some of the quotes on this are as listed below:

"...condoms. There are two types for the male and for the female..."
Discontinued use of MFPM, 25 to 35 years, Migori

"...the one that is implanted on the arm..." Non user of MFPM, 36 to 49 years,
Kisumu

“...I know another but I don't know how it's called. You put Elastoplasts here, here or here...” User of MFPM, 25 to 35 years, Kitui

Key to note is that discontinuers and users of MFPMs had the highest awareness levels across all the regions. Respondents from Kisumu, Nairobi and Kitui-which are in the slow growing area in the s-curve-were aware of several MFPMs compared to the other regions. In addition to this, most of the respondents from these regions would even mention the brands of some of these MFPMs.

Most of the respondents from Kilifi-which is in where the acceleration begins in the s-curve-are aware of the implant and injection method. These methods were highly popular there. IUCD, implant, injection and condoms were highly mentioned by Kisumu respondents. Most Migori respondents mentioned pills, injection and implant methods.

9.1.2. Areas of Uncertainty

During the discussions, it was however noted that respondents were uncertain about how some of the MFPMs methods work as described below:

Everyday Pills: in **Migori**, which has a mCPR ranging between 35%-45%, most of the respondents there are uncertain of the period that everyday pills remain effective, as some respondents mentioned taking the pills for 28 days, yet others citing 24 days while or even 18 days.

IUCD (Coil): in **Kitui**, which has a mCPR ranging between 50%-59% and **Kilifi**, which has a mCPR ranging between 20%-35%, some of the respondents were uncertain particularly on how the IUCD is inserted, its shape and its period of effectiveness. As expected, it was mostly cited by non-users of MFPMs. Below are some excerpts of what the respondents had to say about the IUCD, which is mostly known as coil amongst the respondents.

“...the coil comes in different shapes. There is one that is T-shaped and another that is U-shaped. These are used to block the entrance of the uterus...” Non user of MFPM, 36 to 49 years, Kilifi

“...I hear that it is put inside the vagina but I don't know how long they put it for...” Non user of MFPM, 25 to 35 years, Kitui

Emergency Pills: in **Migori**, which has a mCPR ranging between 35%-45%, and **Nairobi**, which has a mCPR ranging between 50%-59%, some of the respondents were mostly uncertain about the emergency pills with regards to the following: the number of times and actual time one should swallow the pill, as some mentioned a person should swallow them before having sex and some mentioned that this medication was to be swallowed daily. This was mostly mentioned by discontinuers of MFPMs. Some of the responses that were captured were as below.

“...you swallow before 72 hours so long as you do not skip the period prescribed...” Discontinued use of MFPM, 36 to 49 years, Migori

“...there are some for taking before 24 hours...the P2...” Discontinued use of MFPM, 25 to 35 years, Nairobi

Female condoms: the female condom had the highest level of uncertainty **across all regions**. This could be attributed to the fact that it was not popular with the respondents (perhaps due to limited availability) and there was limited communication on the use of the device and how it functioned. During the discussions with the respondents, it emerged that the respondents were particularly uncertain of the number of times a person could use it and how it was inserted inside the vagina. These findings are in tandem with a survey conducted over a three-week period in Kenya in 2015, which showed that ignorance about use and complicated nature of female condoms were some of the reasons why women were reluctant to buy and use female condoms. Most compelling responses that emerged from the discussions with respondents are as shown below;

*“...you can even have sex with sex men with the same condom...”
Discontinued use of MFPM, 25 to 35 years, Nairobi*

“...for male condoms, the man has to remove the condom after every round but for the female condom, it doesn't have to be removed after every round...” Discontinued use of MFPM, 36 to 49 years, Migori

Implant: in **Migori**, which has a mCPR ranging between 35%-45%, and **Nairobi**, which has a mCPR ranging between 50%-59%, some of the respondents were uncertain of how and where the implant is placed. This though was mostly mentioned by non-users of MFPMs. Below are some of the quotes that emerged from the respondents during the discussions.

“...I am not sure whether it is placed on the left or right arm...” Non user of MFPM, 25 to 35 years, Migori

Tubal Ligation: in **Migori**, which has a mCPR ranging between 35%-45%, most of the respondents were uncertain of how the Tubal Ligation is administered. They further reported that this method was mostly used by women with special conditions such as: those women who have given birth through Cesarean Section (CS) and sick women who are suffering from Fibroids. This could be attributed to the findings (as you shall see later in this document) that most health facilities in Migori (particularly Awendo) do not administer this MFPM. Some of the quotes that emanated from the respondents on this are as listed below;

“...you know you cannot give birth through CS more than three or four times. So the best thing to do is to remove the ovaries so that you don't go through CS every time...” Discontinued use of MFPM, 36 to 49 years, Migori

"...I have heard that it is a permanent method and it involves having an operation and the ovaries are tied. I am not sure whether it is being tied or cut..." Non user of MFP, 25 to 35 years, Migori

In Kisumu, which has a mCPR ranging between 50%-59%, some of the respondents had the perception that Tubal Ligation was the same thing as the method for 'inverting the uterus'.

"...the tubal ligation is about inverting the uterus or cutting the fallopian tubes..." Discontinued use of MFP, 25 to 35 years, Kisumu

Vasectomy: in **Migori**, which has a mCPR ranging between 35%-45%, women who had discontinued use of MFPs aged 36 to 49 years were uncertain of how vasectomies were carried out. This could be attributed to the fact that this method was not used by them and was also not popular in that region. Below are some excerpts of what the respondents had to say about vasectomy.

"...I have heard of vasectomy. I am not sure whether they cut the organs or just block them..." Discontinued use of MFP, 36 to 49 years, Migori

"...I am told it mainly involves the removal of those organs that produce sperms in men. In which case, the man cannot produce sperms..." Non user of MFP, 25 to 35 years, Migori

It was evident that most of the people who mentioned that they were uncertain about certain MFPs were mostly from Migori. Therefore, there is need for more interventions to be done in Migori to help reduce the levels of uncertainty experienced with the MFPs.

9.1.3. Alternative Methods

The respondents also cited several traditional family planning methods such as: calendar, withdrawal, abstinence and counting beads or necklace. Below are some excerpts of what the respondents had to say about the traditional family planning methods:

"...the natural family planning method where you can use the calendar as a woman and if you have a husband who is brave enough, he can withdraw..." Non user of MFP, 25 to 35 years, Migori

"...I can also inform my husband well in advance when I feel am not safe to have sex so as to avoid conceiving..." Discontinued use of MFP, 25 to 35 years, Kilifi

Peculiar methods that were perceived to help in family planning were also mentioned such as:

'Inverting the woman's uterus immediately after giving birth: across all the regions, this method was described as a temporary method since it was alleged that it could be reversed at anytime a woman wanted to conceive. It was believed that once the uterus was inverted, the sperms and the ovum would not meet as the tubes were 'locked' hence preventing a woman from conceiving. In **Migori**, which has a mCPR ranging between 35%-45%, some of the respondents claimed that this was also done at the health facilities if the woman requested for it immediately after child birth. Some of the responses that were captured are as below;

"...I was told that there was another one where a woman's uterus is put upside down but when you want to conceive you can go back and then it's put in the right direction..." Discontinued use of MFPM, 25 to 35 years, Nairobi

"...the uterus can be changed so that she will never have babies again..." Non user of MFPM, 36 to 49 years, Kisumu

Drinking boiled herbs: in **Nairobi, Kisumu, Kilifi** and **Migori**, respondents mentioned that there were herbs they could use, but there was no clear mention of the name of the herbs or what they were made of, which when boiled and drunk prevented a woman conceiving. Below are a few highlights of quotes from the discussions with the respondents.

"...it is a herb that you boil and pour it into a five liter container and drink it every night to avoid becoming pregnant..." Discontinued use of MFPM, 36 to 49 years, Migori

"...there is a traditional herb that you are given for 3 months, and another for 5 months and the latter one is permanent..." Discontinued use of MFPM, 36 to 49 years, Nairobi

"...there are some herbs that one can boil and you can take one glass of these boiled herbs per day..." Non user of MFPM, 36 to 49 years, Kilifi

"...there are these elderly women who prepare some herbs which can act as contraceptives..." Discontinued use of MFPM, 36 to 49 years, Migori

Drinking cold water immediately after having sex: in **Nairobi**, which has a mCPR ranging between 50%-59%, and **Migori**, which has a mCPR ranging between 35%-45%, respondents believe that drinking water immediately after having sex got rid of sperms and hence prevented them conceiving. Some of the responses that emerged from the respondents are as follows;

"...when you have sex and then take a lot of water, the water neutralizes the sperms...the water washes away the sperms..." Discontinued use of MFPM, 36 to 49 years, Migori

KITUI: In Kitui, which has a mCPR ranging between 50%-59%, some of the peculiar methods that were mentioned are as follows:

Inserting pills/ capsules inside the vagina (spermicides) immediately before having sex once a month. This method was believed to prevent a woman from conceiving; as the capsules dissolved, they were believed to produce chemicals that kill the sperms. The following quote highlighted this;

"...I was given the capsules in Thika District Hospital that you insert inside the vagina before sex that dissolves inside the vagina. It is effective for a month after insertion..." Discontinued use of MFPM, 36 to 49 years, Kitui

Inserting lemon juice inside the vagina immediately after having sex as this was perceived to kill sperms and viruses and hence prevent the woman from conceiving as well as contracting other sexually transmitted diseases (STDs).

Swallowing castor seed once every month: The seeds were believed to prevent the woman from conceiving. This method is also popular in **Kilifi**, which has a mCPR ranging between 20%-35%. In Kitui, the seeds are called 'Mbaiki' and in Kilifi, the seeds are called 'Mbono'.

"...swallow a black seen once per month found in the bush and farms..." Discontinued use of MFPM, 36 to 49 years, Kitui

"...they are in the form of tablets. It's a traditional method. I think it is made from castor seeds. The person selling the drug is an old woman who is well conversant with the traditional family planning methods..." Discontinued use of MFPM, 25 to 35 years, Kilifi

NAIROBI: In Nairobi, which has a mCPR ranging between 50%-59%, the peculiar methods that were mentioned are as follows:

Jumping over a baby immediately after giving birth: This method was considered a permanent family planning method since it was equated to a curse and thus a person would never conceive again.

"...when you have given birth, you cross over a child while he is laying down...when you do that, it's like you have cursed yourself, you will never give birth again..." Discontinued use of MFPM, 25 to 35 years, Nairobi

Drinking coke soda immediately after sex: drinking coke soda immediately after having sex was perceived to remove sperms and hence prevent the woman from conceiving.

"...you buy this coke soda, after having sex with him, you just take the soda and the things will just come out and when you don't have that soda, you can just take very cold water..." Discontinued use of MFPM, 25 to 35 years, Nairobi

Pressing a man's testes before having sex with him: this method was believed to prevent the woman from conceiving mainly because by pressing the testes, the sperms would be 'crushed'.

"...maybe he doesn't want you to use family planning and then he doesn't want a condom so you have to press them when you are massaging him..."
Discontinued use of MFPM, 25 to 35 years, Nairobi

MIGORI: In Migori, which has a mCPR ranging between 35%-45%, the peculiar methods that were mentioned are as follows:

Tying particular strings on the waist: tying particular strings, that had been sourced from a witch doctor, on the waist were believed to prevent the woman from conceiving.

"...it's a string worn on your neck or waist..." *Discontinued use of MFPM, 36 to 49 years, Migori*

Using a ruler to count the safe days was also perceived as a family planning method. Migori respondents claimed that the ruler were given at the health facility.

"...it is provided in a clinic and a person counts it round and round..."
Discontinued use of MFPM, 36 to 49 years, Migori

Traditional drugs that are swallowed after every five years or depending on the number of years a person wants. The traditional drugs that were in liquid form, were believed to help stop the woman from conceiving.

"...it is some traditional drug in the form of a liquid. You can take it and it takes five years before you take it again..." *User of MFPM, 25 to 35 years, Migori*

Placing traditional herbs on the undergarments or along the waist line: The traditional herbs which were mostly sourced from the witchdoctors were perceived to aid in preventing the woman from conceiving.

"...a certain grandmother provides a certain 'stick' that you embed in your favorite garment to avoid becoming pregnant. This is common among students in this vicinity..." *Discontinued use of MFPM, 36 to 49 years, Migori*

"...there is also another one being placed inside a necklace so that one cannot notice. The ones that are placed using a piece of cloth can easily be noticed..." *Discontinued use of MFPM, 36 to 49 years, Migori*

Drinking boiled tea leaves which were perceived to prevent the woman from conceiving.

"...I have a friend of mine who uses tea leaves. She heats them till they are black and then she adds about 1 litre of water. She then takes two tea spoons of the liquid on a daily basis..." *Discontinued use of MFPM, 36 to 49 years, Migori*

Swallowing Aspirin immediately after experiencing periods was also perceived to be a family planning method. This was particularly mentioned by an influencer who in this case was a grandmother.

"...in the past, we used to take 4 tablets of Aspirin immediately after experiencing periods. When you take the Aspirin immediately after periods, you cannot conceive even if you have unprotected sex..." Influencer, Grandmother, Migori

9.1.4. Drivers to using Alternative Methods

In view of the respondents, the main reason why people use these alternative methods is mainly due to:

9.1.4.1. Individual Factors

Fear of side effects that are associated with the modern family planning methods such as decreased sexual drive, and weight gain/loss. Hence due to this, a person opted to use alternative methods.

"...some fear that maybe they will go for family planning and then stop breastfeeding..." Discontinued use of MFPM, 25 to 35 years, Nairobi

"...using herbal is the best way because it does not have side effects...like not having any child later on..." Non user of MFPM, 36 to 49 years, Nairobi

Myths and Misconceptions associated with the modern family planning methods such as: they cause cervical cancer and disappearance of breast milk. Thus due to this, a woman preferred to use alternative methods.

"...cervical cancer are caused by just these things..." Discontinued use of MFPM, 25 to 35 years, Nairobi

Ignorance about availability of MFPMs and their associated benefits, hence the use of alternative methods.

Affordable: some of the methods were free such as: the use of Castor seeds which can be easily found in nearby forests and calendars.

"...they don't cost much. You can get a calendar from anywhere and use it for the whole years but for injections, you have to pay fifty shillings so when you don't have the fifty bob, you will not go for the injection..." Discontinued use of MFPM, 25 to 35 years, Kilifi

"...you know if you are counting your days, you don't have to pay any money..." Non user of MFPM, 25 to 35 years, Kitui

"...let's say you want to use injection, you can be told its Ksh 300 and you don't have that money. Also Norplant is Ksh 500 and when it's done, you are told that more money is needed to have it removed. So you feel it's better to use the cheap one where you don't have to spend money..." Non user of MFPM, 25 to 35 years, Kitui

Easy to use: according to the respondents, most of the alternative methods were easy to use such as the withdrawal method, and calendar method.

It was however noted that most of the respondents do not trust these methods as they tend to fail and were hence not reliable. Some of the responses that were captured are as shown below:

"...what discouraged me from it is that the person who was using it conceived despite using it..." Discontinued use of MFPM, 36 to 49 years, Migori

"...the traditional methods do not help because some of them treat other diseases but do not stop pregnancy..." User of MFPM, 25 to 35 years, Migori

9.1.4.2. Societal Factors

Partner/ Husband Refusal: if the partner or husband refused usage of MFPMs a woman was hence compelled to use the alternative methods in order to avoid conceiving.

9.2. Current use of Contraception

9.2.1. Drivers to use of MFPMs

9.2.1.1. Individual Factors

To limit the number of children a person has: this is mainly because of the increasing cost of living and related economic constraints of raising a large family, hence a person prefers to use the MFPMs.

"...given the economic times are hard and given my income is low, I decided to stop giving birth frequently so as to be able to take good care of my children without straining..." User of MFPM, 25 to 35 years, Migori

"...I had small spacing between my children especially the first born and the second born. I was already pregnant before my first born could start walking. This made me going to the clinic become too tiresome. Even the doctors

advised me to go for family planning. I was even embarrassed walking around pregnant and having a young child..." Discontinued use of MFPM, 25 to 35 years, Kilifi

"...I think poverty is also a driving factor..." Influencer, County Staff, Migori

Health concerns: it was assumed that when a woman gives birth severally, it makes her weak mainly due to the blood lost and the needed strength during this period hence using the MFPMs helped her rest and recover better.

"...giving birth is difficult and taxing so there is need to space so as to rest in between births..." User of MFPM, 36 to 49 years, Kilifi

"...some people get sick when they are pregnant, so you can decide to space for your body to recover..." User of MFPM, 36 to 49 years, Kisumu

Frequent Sex: respondents cited that having frequent sex lead to one using MFPMs as they felt they were at a great risk of getting pregnant.

"...when you cohabit with your partner, there is frequent sex thus you require a family planning method so as not to get pregnant..." User of MFPM, 25 to 35 years, Kitui

Convenient to use: there some of the MFPMs that are considered convenient to use by most of the respondents such as: the injection method unlike the use of everyday pills which require a person to swallow them daily.

"...I like injection because I don't like taking the pills all the time and also I might forget..." User of MFPM, 36 to 49 years, Kilifi

Knowledge on the benefits of the MFPMs: knowing the benefits of the MFPMs resulted in one being compelled to use them.

"...it's because we have been told of the advantages and disadvantages of using the MFPMs..." User of MFPM, 25 to 35 years, Migori

Minimal side effects with some of the MFPMs. Women reacted to birth control procedures differently and hence some MFPMs were perceived to have minimal side effects.

"...some women use them because they have not experienced any side effects..." Non user of MFPM, 25 to 35 years, Migori

9.2.1.2. Societal Factors

Partner/ Husband Approval: some of the partners or husbands encouraged their partner/wives to use MFPMs mainly due to the hard economic times and because of the knowledge of the benefits of the MFPMs.

“...there are some husbands who do not like kids. They can tolerate the first kid but when you get a second child, he or she looks for another wife...” User of MFP, 25 to 35 years, Migori

Peer Pressure: especially from those who are currently using the MFPs.

“...I have a friend who uses, she can tell me to use it and I can start using it though I didn't have plans to use it...” User of MFP, 25 to 35 years, Kitui

9.2.1.3. Institutional Factors

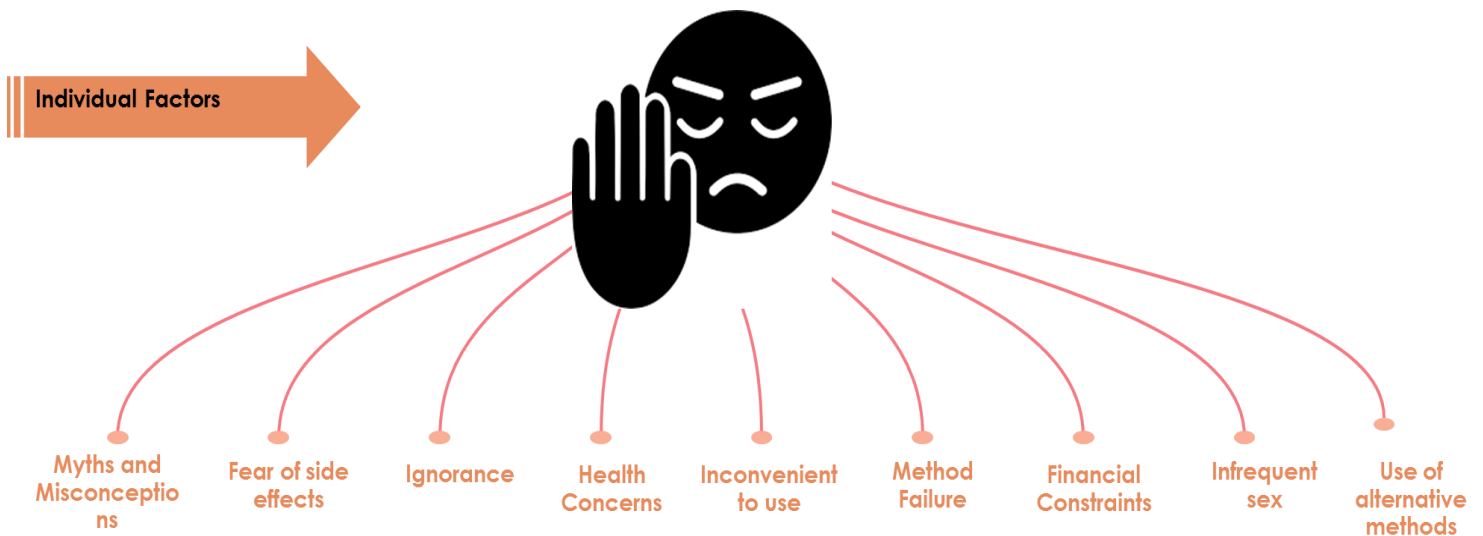
Accessibility: according to the respondents, most of the MFPs were easily accessible and thus acted as positive factor encouraging their use.

“...the hospitals are near and when you go to the hospital, those methods are readily available...” User of MFP, 25 to 35 years, Kitui

9.2.2. Reasons for Not Using MFPs

Reasons for non-use as mentioned by respondents included:

9.2.2.1. Individual Factors



Myths and Misconceptions associated with the MFPMs: the MFPMs were perceived to: have chemicals that cause cancer, led to women giving birth to deformed babies, resulted in women being unable to give birth after using them and leading to them being unable to produce milk if they are breastfeeding. This was also highlighted from the cartoon completion activities done as shown below.

"...I have been told that the coil is risky because when it gets into the stomach, it can lead to diseases..." Non user of MFPM, 25 to 35 years, Migori

"...pills contain a form of metal. When you place it in water, you will see a small metal. It is said that the metal causes problems in the intestines..." User of MFPM, 36 to 49 years, Kisumu

"...there is a study that revealed that the use of these two (pills and Norplant) methods for a long time may make one to have cancer..." Discontinued use of MFPM, 25 to 35 years, Kilifi

Fear of side effects associated with the MFPMs such as: gaining weight, weight loss, heavy menstrual bleeding, making a woman 'watery' and lack of sexual desire. This was also highlighted from the cartoon completion activities done as shown below.

"...my sister told me that when you are taking these injections, you can even end up adding a lot of weight..." Non user of MFPM, 25 to 35 years, Migori

"...I am afraid of the side effects of the modern family planning methods. That's why I don't want to use them..." Non user of MFPM, 36 to 49 years, Kilifi

Ignorance: lack of knowledge on the various MFPMs available.

"...some women come from interior places and have not been enlightened..." Discontinued use of MFPM, 36 to 49 years, Migori

Health Concerns: some of the health concerns associated with the MFPMs as mentioned by the respondents include: high blood pressure, nausea and dizziness.

"...I decided that I am going to count my days because I feel these family planning methods cause a lot of illnesses..." Non user of MFPM, 25 to 35 years, Kitui

Inconvenient to use: some of the MFPMs were considered inconvenient to use such as the female condoms.

Financial constraints: some of the methods such as coils and implants were inserted for free in the public health facilities, however should one desire to remove them before the recommended time, they were asked to pay Ksh 500. Thus, due to financial constraints, one tended to opt to use traditional methods.

“...maybe one wanted to put a coil, Inserting it is free but it is removed as a fee of Ksh 500. So one may opt not to use it because maybe you don't have the Ksh 500...” Discontinued use of MFP, 25 to 35 years, Kisumu

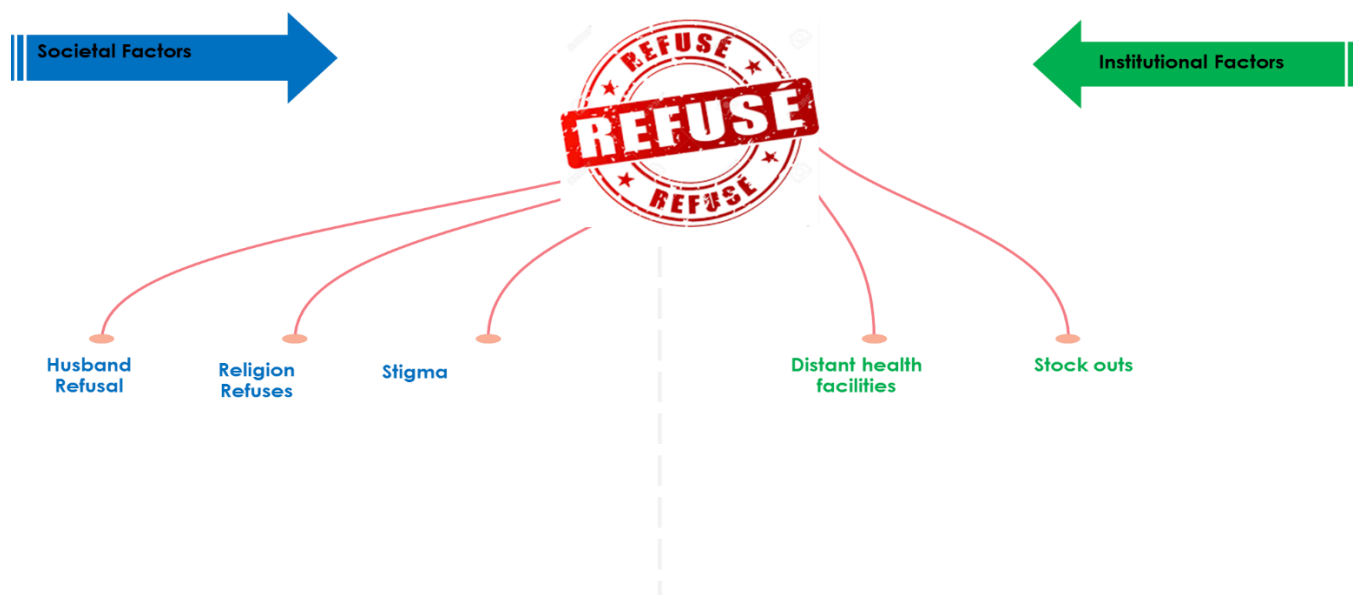
Use of other alternative methods such as herbals, calendar method, which were perceived to be effective in preventing the woman from conceiving.

“...herbal clinics have pills you use for 21 days and 7 red ones taken during menses. They cost Ksh 310 in a month...” User of MFP, 25 to 35 years, Kitui

Infrequent sex: especially when the partner or husband was not around often, this hence led to a woman making the decision not to use MFPs.

“...my husband stays away, therefore I prefer using calendar...” Non user of MFP, 26 to 36 years, Migori

9.2.2.2. Societal Factors



Husband Refusal: this was due to the side effects experienced by the woman that resulted in them being uncomfortable such as: lack of sexual desire and if the husband wanted more children. This was also highlighted from the cartoon completion activities done as shown below.

“...maybe the husband refuses because he wants many children...” Non user of MFP, 36 to 49 years, Kisumu

Religion Refuses: taking into account what respondents reported, some religions do not allow use of MFPMs such as: the Catholic, Akorino, SDA and Legio Maria as they believe that people should fill the earth. In Kitui, it was noted that there is a cult called 'Kavanocha' that discourages women from using the MFPMs.

"...there are some religions which are against the use of modern family planning methods. They claim that family planning kills children in women..."
Non user of MFPM, 36 to 49 years, Kilifi

Stigma: some people feel the community members will start gossiping and they will be seen as sexually immoral.

"...when they go the village dispensary, people will see them and then start talking behind their backs. So there is that fear..." Discontinued use of MFPM, 25 to 36 years, Kisumu

9.2.2.3. Institutional Factors

Distant health facilities: Kilifi and Migori respondents cited that some health facilities were distant and hence this discouraged some women from going to get the MFPMs.

"...distance, for example from Awendo to Migori...lack of facilities in the vicinity..." Non user of MFPM, 25 to 35 years, Migori

Stock outs: some of the Nairobi, Kisumu and Kitui respondents reported that some of the MFPMs were not easily accessible such as: Female condoms, and coil method.

"...the drugs may not be available in the hospitals. So people may get discouraged. We don't have the method in this area..." Discontinued use of MFPM, 25 to 35 years, Kisumu

It is key to note that awareness and knowledge of contraception did not necessarily translate to use. Both users and non-users exhibited lack of factual information on the different contraceptive methods.

Communication aimed at addressing these misconceptions, fears and side effects would aid in dispelling these barriers and encourage more women to use MFPMs.

A communication campaign that addresses the various drivers to use of family planning methods, especially the benefits that they may not have considered previously, would enhance the opportunity to motivate non-users to use MFPMs.

9.2.3. Factors Considered When Choosing Which Family Planning Method to Use

9.2.3.1. Individual Factors

Spacing and Time/ Duration of use: respondents considered how long one has to use the method for i.e. 3 years or 5 years in order to space the children they have, and this was further affected by financial constraints.

"...the cost of living is high so one should use family planning in order to take care of children well..." Non user of MFPM, 25 to 35 years, Kitui

"...my spacing for children was too squeezed and that is what made me to start using the injection method..." Discontinued use of MFPM, 25 to 35 years, Kilifi

Side effects: associated with the MFPMs such as; lack of sexual desire, irregular monthly menstruation, adding or losing weight and increased food appetite. Most would prefer a method with minimal or no side effects. It was noted that some of the respondents took into consideration a method that ensured they still had their regular menstruation as this reassured them that they were fertile. However, yet other respondents were comfortable with a method that resulted in a reduced or no menstrual flow at all, as long as they were assured they still remained fertile.

"...having periods is important, since when the blood stays inside the body, the heart beats fast..." User of MFPM, 36 to 49 years, Nairobi

"...I have to consider whether the given method is compatible with my body. I have to be tested because maybe my body is not compatible with the injection method..."

Return to fertility: how long it took a user to return to fertility after stopping use of the contraception. Most of the respondents indicated that they would like a method that would guarantee them quick, if not immediate, return to fertility once they stopped using them.

"...when I stop using the method, how long will it take before I conceive..." Discontinued use of MFPM, 25 to 35 years, Nairobi

Frequency of sex: according to the respondents, they also took into consideration how frequent they had sex. They believed that some MFPMs were ideal for couples who engaged in frequent sex such as implants, and there were methods which were ideal for those couples who engaged in infrequent sex such as condoms.

"...you may consider whether you are married or single so that you know whether you will take the pills or the implant because if you are married, and sex is frequent, implant is more convenient than pills..." Discontinued use of MFPM, 25 to 35 years, Nairobi

Convenient to use: according to the respondents, some of the methods were not convenient to use such as: pills, and female condoms and hence most preferred the Implant method as after being administered, one did not need to visit the health facility

frequently in comparison to the Injection or oral pills methods, the latter requiring the user to swallow daily.

"...people always choose the method they find convenient. Like in my case, I cannot use pills because I might forget. I like injections because you only go to the hospital after three months..." Influencer, Business woman, Migori

If you have already conceived or not: it was noted that most women also took into consideration whether if they have already given birth, before using the MFPMs as they had the perception that if they used any method before giving birth, they may then not be able to give birth.

9.2.3.2. Societal Factors

Partner/ Husband Approval: the women cited that they sought their partners' or husbands' approval in order to choose a family planning method that would be comfortable for both of them.

"...discuss with partner on the preferred method first then go to the health provider..." User of MFPM, 25 to 35 years, Kitui

"...first the woman has to ensure that her husband agree with the move. You may decide to do it behind his back which later may result in conflicts in the house..." Discontinued use of MFPM, 36 to 49 years, Migori

9.2.3.3. Institutional Factors

Availability of the MFPM: most of the respondents indicated that they considered a method that was available and easily accessible within their locality. For instance, in Migori and Kilifi, the respondents claimed that the Tubal Ligation method was not easily available there, especially in Awendo and Gongoni respectively.

"...TL is not available around so you have to go for the ones that are available..." Discontinued use of MFPM, 36 to 49 years, Migori

"...I have a friend who had to go to Kenyatta Hospital to have the TL done..." Discontinued use of MFPM, 36 to 49 years, Migori

The process of administering: the process of administering the MFPMs was key for some of the respondents as some had a fear of injections and some a fear of surgeries which were necessary for some of the MFPMs on the market such as implants.

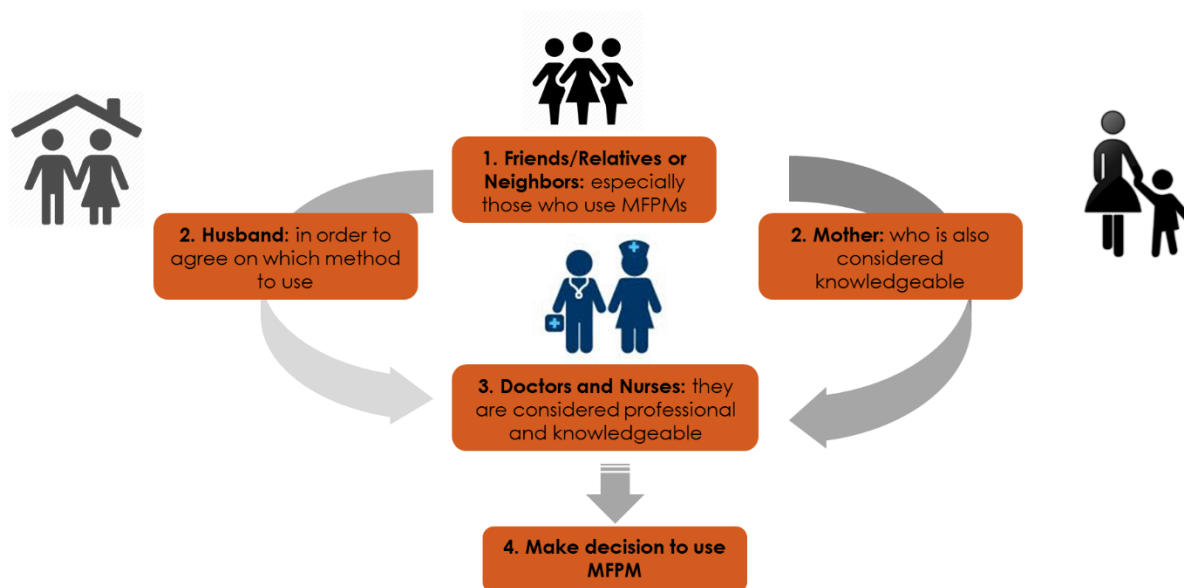
"...I watched how they cut open the arm to insert the Norplant and it discouraged me..." Discontinued use of MFPM, 25 to 36 years, Kisumu

It was noted that most of the respondents did not consider cost as most of the MFPMs were affordable though their only concern with cost were the charges incurred should one want to stop a method mid-way such as implant and IUCD.

It also emerged, especially among the Kilifi respondents, that they first tried a short-term method such as pills to see how their bodies reacted prior to using long-term methods. The main reason for first trying the short-term methods was because one was able to easily stop using it and return to fertility quickly, unlike with the long-term method.

9.2.4. Whom They Consult

It was evident that women do not make decisions to use contraceptives in isolation but in consultation with others in their social networks. The main information they sought from the people they consulted included: how the various MFPMs work, the side effects of the MFPMs and the advantages and disadvantages of the various MFPMs. For friends, relatives and neighbors, they mostly consider those who are currently using the MFPMs. Below are the people they tend to consult, which cut across in all regions:



Friends, relatives and neighbors: respondents reported that they mostly consulted their friends or relatives or neighbors who were currently using the MFPMs in order to understand their experiences with the MFPMs they were currently on. However, some of the respondents claimed that they did not trust all what was said or advised by their peers or relatives this was mainly because they believe every individual had different experiences.

"...first of all you go to a friend of yours to get information about the methods before making your decision..." Non user of MFPM, 25 to 35 years, Migori

"...I will find out if she has ever used it and what was her experience so that I can use it..." Discontinued use of MFPM, 25 to 35 years, Nairobi

Husband: After first seeking advice from friends/ relatives and or neighbors, they then went on to consult their husbands in order to agree on whether to use the MFPMs and which one.

"...if you are married, you have to talk to your husband so that you know which one you are going to use because if you decide for yourself and then he finds out, it would be war in the house..." User of MFPM, 25 to 35 years, Kitui

"...first I had to discuss the matter with my husband. So we had to sit down and talk and agree on how to go about it..." Discontinued use of MFPM, 25 to 35 years, Nairobi

Mother: respondents cited that they also consulted their mothers after hearing what their friends/relatives or neighbors had to say about the MFPMs. The main reason for asking their mothers was because they were perceived to have immense knowledge on the MFPMs or knew the best family planning methods to use. Most respondents tended to trust what their mother recommended.

Doctor/ Nurses: doctors and nurses emerged as the most influential this is mainly because they were considered as professionals and knowledgeable.

"...there is need to consult the doctors because a family planning method that works for someone else may not work for you..." Non user of MFPM, 25 to 35 years, Migori

"...the first time I went with my husband to the doctor and he explained the methods and with that information we choose this method..." User of MFPM, 36 to 49 years, Kilifi

9.2.5. Cartoon Completion

During the focus group discussions, we engaged the respondents in a cartoon completion activity in order to understand how they went about discussing MFPMs in their natural setting with their peers. This activity was intended to explore the respondents' sub-conscious mind whereby it was hoped that they would indicate or mention something that had not been expressed clearly during the discussions. This activity involved showing them different kinds of conversations. In this activity, they were supposed to fill in the 'empty bubbles' according to their own understanding or perception.

For the group comprising MFPMs users, we showed them the following conversations: a user of MFPMs talking to a fellow user of MFPMs, a user of MFPMs talking to a discontinued user of MFPMs and a user talking to a non-user of MFPMs.

A user of MFPMs talking to a fellow user of MFPMs



Perceived Conversation

User B: Family planning methods cause weight loss because of bleeding all the time

User A: Which one are you using that makes you look thin?

User B: It's Femiplan that is making me thin.

User A: Family planning methods make me gain weight but I don't mind as long as it is preventing me from getting pregnant but if I gain more weight I will change

User B: I will stop using this family planning

User A: Talk to the doctor for advice on the best methods

Key points of Note:

This cartoon completion clearly shows:

- The side effects associated with the MFPMs such as: Weight gain, weight loss and heavy menstrual bleeding
- The MFPMs brands used i.e. Femiplan

A user of MFPMs talking to a discontinued users of MFPMs



Perceived Conversation

User: use family planning to avoid giving birth in close succession

Discontinued user 1: Family planning methods cause weight loss

Discontinued user 2: Family planning causes disability on the unborn child

Discontinued user 3: Family planning causes infertility and has side effects

User: In case a method causes side effects, it can be changed

Discontinued user 3: My husband wants me to get another child

Discontinued user 1: I thought family planning makes people gain weight

Key points of Note:

This cartoon completion clearly shows:

- The side effects associated with the MFPMs such as: Weight gain, and weight loss
- The myths and misconceptions associated with the MFPMs such as: infertility, birth defects or abnormalities
- The negative influencers to MFPMs use such as the husband

A user of MFPMs talking to a non-user of MFPMs



Perceived Conversation

User: You are pregnant again?

Non User: I want to get the children that God can bless me with. That is why I don't use any family planning method. Family planning methods makes one infertile

User: If you continue giving birth without planning and spacing, you will grow old quickly because of having many children. I use family planning to help me space my children.

Non user: What can I do and am a married woman?

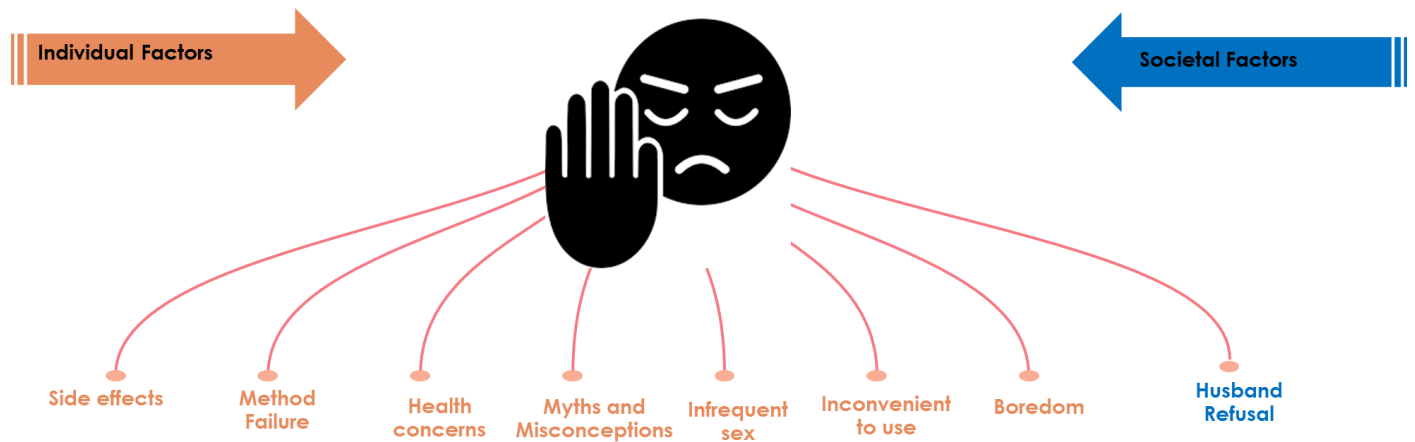
User: Go to the clinic and get Norplant to prevent you from getting pregnant

Key points of Note:

This cartoon completion clearly shows:

- The myths and misconceptions associated with the MFPMs such as: infertility

9.2.6. Reasons for Switching From one MFPM to Another



9.2.6.1. Individual Factors

Side effects: side effects emerged as the main reason as to why people switched from one method to another. Some of the side effects mentioned include: heavy menstruation, weight loss, weight gain, being too ‘watery’ and lack of sexual desire.

“...when I used the Implant, I realized I was heavily bleeding especially during my periods. I removed it and went for the injection...” User of MFPM, 25 to 35 years, Migori

“...I was using the injection but now I am not using it, I am using Norplant. I used to bleed a lot like for 2 months...” User of MFPM, 36 to 49 years, Nairobi

“...the pills made me hypersensitive and I went to change to the injection method...I chose the injection since taking pills is hard for me...” User of MFPM, 36 to 49 years, Kilifi

Method failure: respondents cited that they stopped using everyday pills, coils and injection mainly because they got pregnant while using them and hence opted for other MFPMs.

“...I got pregnant while using the Injection method. I was four months pregnant when I noticed the pregnancy. I thought the Injection had expired...” User of MFPM, 36 to 49 years, Nairobi

“...I was using pills and at times I forgot to take them and that is when I got pregnant. So I went for the injection...” User of MFPM, 36 to 49 years, Nairobi

Health Concerns: according to the respondents, they had switched from one MFPM to another mainly because of the health concerns associated with some of the MFPMs. Some of the health concerns mentioned include: high blood pressure, back aches, frequent headaches, feeling dizzy, and having pimples on the face.

"...there are some you start using and your heart starts beating fast. You seek an alternative method..." User of MFPM, 36 to 49 years, Nairobi

Boredom of consistently using one method hence a person switches to another method

Infrequent sex: due to infrequent sex, one opted to move from a long term method to a short term method such as condoms.

9.2.6.2. Societal Factors

Husband Refusal: it was claimed that this was mainly because the method being used was affecting him during sex such as the IUCD (coil), or was uncomfortable with the side effects of some methods such as 'being cold or too watery'.

"...I was using Depo and later resorted to IUCD, buy my husband complained that the string was hurting him during sex, hence he discouraged me..." Discontinued use of MFPM, 36 to 49 years, Migori

9.2.7. Those who Encourage use of MFPMs

According to the respondents, the following were the main influencers to MFPMs use.

Doctors and Nurses: they emerged as the main influencers to MFPMs use. It was reported that they tended to encourage women to use the MFPMs during the post-natal clinics as there they were taught about the various MFPMs available as well as their benefits.

"...when you visit health care providers especially during clinics, they encourage use of MFPMs..." User of MFPM, 25 to 35 years, Kitui

The Government: the Government was mentioned as an influencer to MFPMs as they encouraged their citizens to give birth to a minimal number of children who could then be easily manageable, as well as to help control population size.

"...the government so that one can get a family that they can manage..." Non user of MFPM, 36 to 49 years, Nairobi

Mothers: mothers were considered to also be influencers to use MFPMs as some tended to encourage their daughters to use the MFPMs.

Friends and Relatives: it was reported that friends and relatives encouraged their peers to use MFPMs especially during social gathering such as during women 'chama' groups.

"...women encourage each other to use MFPMs because of the current times and women empowerment..." User of MFPM, 25 to 35 years, Kitui

Husbands: it was indicated that husbands, especially those who are knowledgeable about the benefits of these MFPMs and also those who wanted to reduce the financial burden, tended to encourage their wives to use the MFPMs.

*“...it is an agreement with the husband to avoid future financial problems...”
Discontinued use of MFPM, 36 to 49 years, Migori*

Non-Governmental Organizations: outreaches by NGOs such as Afya Plus and Tunza often encouraged women to use the MFPMs by providing free FP services.

“...Afya Plus group came during world contraceptive day and provided free FP services...” Non users of MFPM, 25 to 35 years, Kitui

Chiefs: during the chief barazas, chiefs discouraged women from giving birth to many children hence encouraging them to use MFPMs so as to limit the number of children.

“...women are advised not to bear more children than they can comfortable take care of...” Discontinued use of MFPM, 36 to 49 years, Migori

Community Health Volunteers usually went door-to-door sensitizing the community on the benefits of using MFPMs.

Advertisements in the media: such as radio, and TV that encourage women to use MFPMs

9.2.8. What they can do differently

In order to encourage more people to use the MFPMs, respondents felt the following influencers needed to do the following:

Non-Governmental Organizations: They felt that the NGOs could do the following: give gifts or incentives such as T-shirts during the outreaches, approach women during the 'chama' groups meeting and sensitize them on the MFPMs, do outreaches that give free FP services and have more sensitization programs during the chief barazas to encourage more women to use the MFPMs.

NGO



Doctors and Nurses: respondents felt that they should test/ examine patients more to determine which method best suits the patient, ensure they have adequate stock at the health facilities and give advice on how best to manage side effects.

*“...they should come up with ways to deal with the side effects...”
Discontinued use of MFPM, 25 to 35 years, Kisumu*



Friends and Relatives: according to the respondents, friends and relatives can do the following: accompany them to the places where they can get the MFPMs.



Media: they feel the media needs to increase the campaigns on MFPMs and ensure the timings are strategic in order to encourage use of MFPMs.

"...the media has to find the appropriate time to provide advice, for instance at 9 pm because that is the time both partners are together and they are not busy..." Discontinued use of MFPM, 36 to 49 years, Migori

9.2.9. Those who discourage use of MFPMs

Grandmothers: mainly because they have never used them and also they want more grandchildren

"...elderly women discourage people from using them because they never used to use them in the past. They are the ones who discourage people the most from using them..." Discontinued use of MFPM, 25 to 35 years, Kisumu

Husbands: this is because some want more children, some are not comfortable with the side effects that the spouse goes through.

Churches/ religion: such as Muslims, Akorino and Catholic which prohibit women from using the MFPMs

"...they say the drugs destroy our lives as humans. They say children come from God..." Discontinued use of MFPM, 25 to 35 years, Kisumu

Mother-in-laws: This is mainly because they want more children.

Friends and relatives: especially those have discontinued use of MFPMs who mainly complain of the side effects to those who do not use the MFPMs

"...fellow women discourage use of MFPM because of the side effects..." Non user of MFPM, 25 to 35 years, Kitui

Health care providers: some of the respondents cited that some health care providers encouraged clients to use traditional methods such as observing their calendars

Politicians: who encouraged women to shun use of MFPMs and instead give birth to more children.

"...like the politicians that are seeking votes. They tell people to have many children so that the population increases..." Discontinued use of MFPM, 25 to 35 years, Kisumu

It is worth noting that social networks influence contraceptive use by exaggerating side effects and spreading myths.

9.2.10. Cartoon Completion

For the group with non-users of MFPMs, we showed them the following conversations: a non-user of MFPMs talking to a fellow non-user of MFPMs, a non-user of MFPMs talking to a user of MFPMs and a non-user of MFPMs talking to a discontinued user of MFPMs.

A non-user of MFPMs talking to a fellow non-user of MFPMs



Perceived Conversation

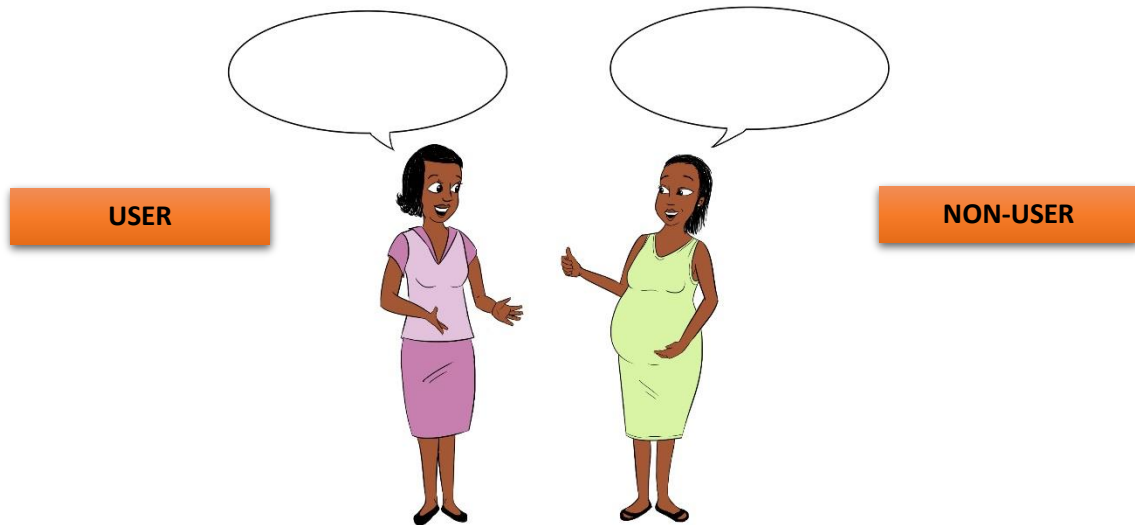
Non-user A: Not using family planning makes a person have many children
Non-user B: Many children are a blessing from God. In ancient times, no family planning was used.
Non-user A: So I continue giving birth or what do I do?
Non-user B: Only God can prevent pregnancy. Do not use family planning just like I never used. We used safe days to prevent pregnancy, you can also use that.

Key points of Note:

This cartoon completion clearly shows:

- The influencer to non-use of MFPM who in this case is the grandmother

A non-user of MFPMs talking to a user of MFPMs



Perceived Conversation

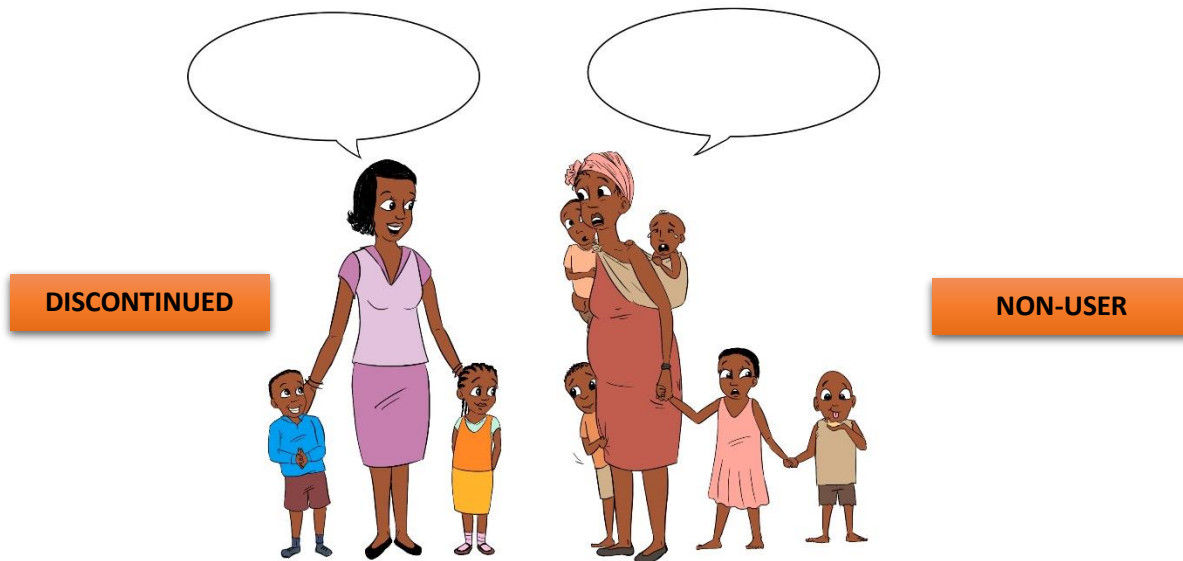
User: Will you continue giving birth without resting? Use family planning
Non-user: I usually forget when am supposed to go back for injection then I find myself pregnant
User: My husband reminds me to go for the injection
Non user: I want to give birth first then use family planning later
User: I use family planning methods so that I am able to plan my children's lives. Family planning will help you educate your children well
Non user: Where can I get this family planning services?
User: See the doctor to advice you

Key points of Note:

This cartoon completion clearly shows:

- Husband involvement in use of family planning methods
- The benefits of using MFPMs, which in this case allows a person to better limit or space children
- The issue of inconvenient to use which is associated with some MFPMs such as: injection and pills

A non-user of MFPMs talking to a discontinuer of MFPMs



Perceived Conversation

Discontinued: Have you ever used family planning?

Non user: I have never used family planning that is why I have many children but I don't mind if it's good.

Discontinued: Family planning has enabled me to plan my family well. I can take care of my two children without much stress

Non user: I will bear the children considering the culture. The children will stop coming by themselves.

Key points of Note:

This cartoon completion clearly shows:

- The reasons for non-use in this case was ignorance and cultural influence
- The benefits of using MFPM i.e. to limit number of children a person has

9.3. Source of Contraception

Information on where users obtain their contraceptive method is important for behavior change communication managers and implementers in designing family planning campaigns. During the discussions with respondents, we asked the respondents to mention the areas where women get FP services from. FP services in this context refers to access of family planning methods.

9.3.1. Current Source of FP services

Health Facilities: most of the respondents cited that they get FP services from health facilities especially during the post-natal clinics.

Health facilities such as: Marie Stopes, Malindi Hospital (Public) in Malindi, Mulango Dispensary (Public) in Kitui, Kangemi City Council (Public), Pumwani Hospital (Public), Westlands City Council (Public) in Nairobi, Rapcom Hospital (Private), Homa Bay District Hospital (Public), Oasis Hospital (Private), Sony Health Center (private), Alliance Hospital (Private), Impact (Private) and Awendo Sub-County in Migori and Kodigo (Public) in Kisumu.

It was noted that most get FP services from public hospitals. These findings are consistent with the results identified in KDHS 2014 where it showed that the public sector is the major source of contraceptive method in Kenya, providing upto 60% of current users. Within the public sector, 24% of users obtain their methods from government dispensaries, 20% from government hospitals and 16% from government health centers.

The methods found at these facilities were mainly the modern family planning such as: Tubal Ligation, IUCD, pills, Injection, Implant, Condoms, and Vasectomy.

"...I heard the teachings when those people came to the hospital. They were encouraging the Norplant and it was free..." Discontinued use of MFPM, 25 to 35 years, Kisumu

Chemist: according to the respondents, people could also get FP services from chemists. The main family planning methods found at the chemists according to them include: emergency pills, everyday pills, injections and condoms.

"...mostly at the chemist, there are injections and pills only..." Discontinued use of MFPM, 25 to 35 years, Nairobi

"...the pills are also sold even from the pharmacies..." Non user of MFPM, 25 to 35 years, Migori

Herbalist: the main family planning methods found at the herbalist were the traditional herbs and traditional drugs.

"...if they want, they can come and bring along some menstrual blood and then I add some herb and cover it and return it to her. She should then tell me the number of years she wants it for and the instruction is that the small container with the menstrual blood must not get lost. If that happens, then the client has herself to blame, if she wants give birth, she opens the bottle or break it..." Influencer, Herbalist, Nairobi

Retail shop: the common family planning method found at the retail shops included the traditional herbs such as the black seed.

"...the black seed, they say the user should take seven tablets...we buy them from the shops. There is a shop in Malindi that sells them..." Non user of MFPM, 36 to 49 years, Kilifi

9.3.2. Most Preferred Source

Amongst the sources mentioned above, the respondents highly prefer the following sources:

Public Health Facilities: respondents reported that they highly prefer public health facilities mainly because one was examined to decipher the best MFPM for each patient, some of the MFPMs were free, they tended to have qualified doctors, had high chances of getting the same doctor when they went back for the next visit, they checked the expiry dates, and they educated a person about the various MFPMs available. However, health facilities were associated with having long queues.

"...I go to the government hospitals because when you go there, they measure your weight and know what is best for you..." User of MFPM, 25 to 35 years, Kitui

"...for public hospitals, almost all doctors are professionals who have undergone the required trainings..." Discontinued use of MFPM, 25 to 35 years, Kilifi

"...at the district hospitals, the nurses will not give you an injection even if you give her money until she does the test..." Discontinued use of MFPM, 36 to 49 years, Migori

9.3.3. Least Preferred Source

The least preferred sources amongst the respondents include:

Private Health Facilities: respondents did not prefer private health facilities as these were perceived to be money-oriented, often were managed by students attending to a patient and who recommended any MFPM without testing. However, some of the respondents preferred private health facilities as they were perceived to have high quality MFPMs and also some do conduct tests.

"...the doctors in the private hospitals do not take their time to examine someone to find out whether their bodies are compatible with the given family planning method. They just give you what you want..." Discontinued use of MFPM, 25 to 35 years, Kilifi

"...in private hospitals, they attend to someone in a hurry so that they can take care of someone else..." User of MFPM, 25 to 35 years, Kitui

Chemist: respondents indicated that they also did not prefer chemists mainly because a person could easily be given an expired FP method, a person had to buy the FP methods, not all FP methods were available at the chemist, and there was a high chance of getting an employee who was not knowledgeable on the various FP methods.

*"...chemists are not considerate since they may give expired ones..."
Discontinued use of MFPM, 36 to 49 years, Migori*

"...some of the attendants in the chemist do not have knowledge about family planning. Their work is to issue the drugs..." Non user of MFPM, 36 to 49 years, Kilifi

Herbalist: respondents did not trust herbalists as they felt that herbalists were not professionals and they might give an over dose of the herbs they give.

"...she can give you an overdose which can affect you..." Discontinued use of MFPM, 31 to 49 years, Kisumu

9.4. Informed Choice of MFPM

Informed choice is an important principle in the delivery of family planning services. Informed choice emphasizes that clients select the method that best satisfies their personal, reproductive and health needs based on a thorough understanding of their contraceptive options.

It is required that all family planning providers inform potential users about the side effects of that particular method, and what they should do if they encounter such problems. This information assists users to make informed decisions about what contraceptive method may work best for them and in coping with the side effects. By making an informed choice, users can choose the method that is right for them and thereby decreasing the likelihood that they will discontinue use of the method.

According to KDHS 2014, 60% of current users of modern contraceptive methods were informed about potential side effects of their method of choice, 52% were told what to do if they experienced side effects and 79% were informed about other methods. This is contrary to this study findings where respondents reported that doctors hardly explained to them the expected side effects and how a potential user should manage them in case they experienced any of them.

9.4.1. What they discuss at the Facility

9.4.1.1. Initial Discussion

Initial discussion mainly went as follows: respondents were first asked if they were menstruating in order to ensure or confirm they were not pregnant, then several tests

were carried out and include: blood tests, and blood pressure. The doctor would then go ahead to explain the various methods available especially during the first time visits, as well as explaining the benefits of the MFPMs and the potential side effects to be expected. For second time visits, the doctors mostly ask the users if there was any method they had previously used.

"...when I went to the health center, I was told of the different modern family planning methods I could use..." User of MFPM, 25 to 35 years, Migori

"...I have ever gone to Tunza clinic. I sat down and they talked to me about a few things...how they work and their duration...what they did not explain well is on side effects..." Discontinued use of MFPM, 25 to 35 years, Nairobi

It was however noted that in most health facilities, doctors did not explain the side effects that should be expected and how one should go about managing these should any occur. It was also noted that in some public health facilities, due to the long queues, doctors just assumed that clients already knew about the available methods and would administer the method the client wanted without counselling them.

"...because they are busy, there is no time for them to explain these things to you, they assume that you know all these things..." Discontinued use of MFPM, 25 to 35 years, Kisumu

9.4.1.2. Advice given for the methods

During the discussions with the respondents, we asked the respondents to state some of the advice given by doctors with regards to the various MFPMs.

For the coil method, respondents cited that they were given the following advice: the doctor advised clients not to have intercourse with their husband or partner for some time after insertion, not to have intercourse with several men, that healing may take one or two months, to keep checking if the coil was still intact especially during the monthly menstruation, to visit the facility in case the user noted the coil had shifted and to visit the facility in case they needed it removed.

"...when you are inserted, you are told not to have other male sexual partners other than your husband..." User of MFPM, 36 to 49 years, Kilifi

"...the doctor advices that for the first few days after it is placed, we should try and feel whether the coil is still in place. We can do this when we visit the toilet or when we go to the bathroom..." Discontinued use of MFPM, 36 to 49 years, Migori

For the everyday pills, respondents were given the following advice: to swallow Brufen in case they experienced irregular menstruation, this was mentioned by respondents from **Migori**, which has a mCPR ranging between 35%-45%; in case a person forgets to swallow

a pill, the person was advised to start swallowing the pills again afresh. Moreover, this method was not suitable for people with diabetes and high blood pressure.

*"...we were told that it is not advisable to take the pill if you have diabetes..."
User of MFP, 36 to 49 years, Nairobi*

For the implant method, they were given the following advice: it was not suitable for people who have Deep Venous Thrombosis, this was mentioned by respondents from **Migori**, which has a mCPR ranging between 35%-45%. This method could not be stopped mid-way, also mentioned by respondents from **Migori**, which has a mCPR ranging between 35%-45%, and clients were to present the card given at the health facility in case they needed to remove the implant.

*"...I was told that when you have veins on the legs, then you not eligible for the implant. This is because such women develop itching body..."
Discontinued use of MFP, 36 to 49 years, Migori*

"...in regards to implant, we were told that you cannot be introduced to another method any time...you have to wait for the period which the implant ought to have lasted to elapse before you get introduced to another method..." Discontinued use of MFP, 36 to 49 years, Migori

It was noted that some doctors/ nurses encouraged women to use traditional family planning methods. This was mostly mentioned by respondents from **Kilifi**, which has a mCPR ranging between 20%-35%.

"...when you go to the clinic, there is usually family planning lessons on how to use the MFPs and which to use but mostly they tell people the best way is to use natural methods..." Discontinued use of MFP, 25 to 35 years, Kilifi

9.4.2. Limitations to Providing Quality FP



Stock outs of some of the MFPs such as IUCDs and Implants in some health facilities especially those in the rural areas. This was mostly mentioned by respondents from **Kilifi** which has a mCPR ranging between 20%-35%.

"...the availability of the FP methods. I get a challenge in accessing IUCDs or Norplant in this facility...I usually request the client to give me time to look for them and I give condoms for usage in the meantime and I take their number and call them once I get them..." Influencer, Clinical Officer, Kilifi



Long queues especially at the public health facilities. Hence, due to this, there was limited time to adequately counsel patients on the best MFP to use.



Illiteracy among some of the clients led to it being difficult to explain how some of the MFPMs were meant to be used.

"...lack of information or education...those who haven't gone to school have difficulty in understanding..." Influencer, Clinical Officer, Kilifi

Limited knowledge amongst some of the health care workers on how to administer some of the MFPMs such as Implants.

"...I need more trainings on procedure of some of these methods like Implants..." Influencer, Nurse, Kilifi



Language barrier between the health care providers and clients meant that communication about available MFPMs was hampered. This was mostly mentioned by Kilifi respondents.

"...I am not from this region so we may not understand each other..." Influencer, Nurse, Kilifi



Limited staff at the health facilities especially at the public health facilities. As thus, staff were not able to sufficiently counsel their clients on the MFPMs. This was mostly mentioned by respondents from **Kitui**, which has a mCPR ranging between 50%-59%.

"...if the clients are coming and you have only one staff, this women will not get enough counselling..." Influencer, Nurse, Kitui



Bad attitude by the health care workers at the health facilities towards the patients.

9.5. Contraceptive Discontinuation

9.5.1. Reasons for Discontinuation

Couples can realize their reproductive goals only when they use contraceptive methods consistently and correctly. Discontinuation of contraception, for reasons other than to conceive, interferes with family planning and increases the risk of unplanned pregnancies. During the discussions with respondents, we asked them to mention reasons as to why a person would start using MFPMs and then stop. Respondents gave the following responses:



9.5.1.1. Individual Factors

Health Concerns: health concerns associated with the MFPMs as mentioned by the respondents included: feeling dizzy, scanty or no menstruation, heavy menstruation, back aches, lack of sexual desire, abdominal pains, nausea, indigestion and high blood pressure. Due to these health concerns, a person would then decides to discontinue using MFPMs.

"...there are many reasons that made me stop using the Norplant. The first one is that I used to feel like fainting when I was using them. The second one, I used to have heavy menstrual bleeding..." Discontinued use of MFPM, 36 to 49 years, Kitui

"...I stopped using it when I was diagnosed with high blood pressure..." Discontinued use of MFPM, 25 to 35 years, Kilifi

"...I used to use the Injection method but I later stopped because I could experience periods even three times in a single month..." Discontinued use of MFPM, 25 to 35 years, Kilifi

"...I used to use Injections but I stopped because I used to feel my heart beating fast and I used to feel pain at the lower abdomen..." Discontinued use of MFPM, 36 to 49 years, Kitui

Inconvenient to use: some of the MFPMs such as the pill was inconvenient to use as a client was prone to easily forgetting to swallow the pills as recommended and hence put themselves at t risk of conceiving. For this reason, they chose to discontinue using this contraception.

"...I used to use pills but I stopped because it required me to take the drugs at a specific time on a daily basis. I could not maintain this so I stopped..." Discontinued use of MFPM, 25 to 35 years, Kilifi

"...I used to skip even two days. I used to forget. Sometimes I could only take the pills when my husband is around. I was later told that one should take the pills everyday even if you don't have sex..." Discontinued use of MFPM, 25 to 35 years, Kisumu

Side effects: some of the side effects associated with the MFPMs as mentioned by the respondents included: lack of sexual desire, itchy skin, and weight gain or weight loss. Thus, due to these side effects, most clients preferred to discontinue using a MFPM.

"...I stopped because when I go to sleep, there was no appetite, the body becomes cold...so you don't feel like having sex..." Discontinued use of MFPM, 25 to 35 years, Nairobi

"...the only problem I had is that I added weight and appetite for sex..." Discontinued use of MFPM, 36 to 49 years, Migori

"...when you are using injections, you stop having your periods and when you are not having periods, you don't feel like having sex..." Discontinued use of MFPM, 36 to 49 years, Kitui

Myths and Misconceptions: Some of the MFPMs such as pills were perceived to cause cervical cancer mainly because it was believed that the pills were not digested but rather were piled up on the ovaries, and as they contained magnesium this caused cervical cancer. Furthermore, some of the MFPMs were perceived to result in women giving birth to deformed babies. IUCDs was also perceived to cause cancer because of the belief that the iron they contained was being emitted and this caused cervical cancer.

"...some people say that pills do collect themselves in one place in the body thereby leading to diseases such as cancer..." Discontinued use of MFPM, 25 to 35 years, Kilifi

The pill and the IUCD were associated with causing cancer as they are perceived to have metals that cause cancer.

Method Failure: respondents claimed that being on specific MFPMs such as pills resulted in a higher chance of the client getting pregnant while using them mainly because of the tendency of forgetting to swallow the pill as recommended and/or the perception that the drugs were expired. It was noted that expired injectables and pills led to unintended pregnancies, resulting in additional children which in turn led to severe economic strain on the family.

"...I got pregnant while using the pills..." Discontinued use of MFPM, 25 to 35 years, Kilifi

Infrequent Sex: especially when one's partner or husband was not around often. The definition of infrequent sex was relative as some respondents mentioned having sex after

2 months or 3 weeks or once a month. It was due to this reason that most decided to stop using MFPMs.

"...when your husband is not there, you are free because the chances of getting pregnant are not there..." Discontinued use of MFPM, 25 to 35 years, Kisumu

To get pregnant: from discussions with the respondents, it was noted that a person might stop using the MFPMs in order to get pregnant.

Menopause: when a woman had reached menopause, she then might be more inclined to stop using the MFPMs.

"...others would stop using because they have reached the age of not seeing menses anymore..." Discontinued use of MFPM, 36 to 49 years, Kitui

9.5.1.2. Societal Factors

Husband refusal: this was particularly because the husband wanted more children or some of the methods affected them such as the coil which they claimed hurt them and/or if the partner was not comfortable with some of the side effects such as 'being cold'.

"...maybe the husband refuses because he wants many children. That makes you leave it..." Discontinued use of MFPM, 25 to 35 years, Kisumu

9.5.1.3. Institutional Factors

Out of Stock: some of the MFPMs were claimed be out of stock from expected sources: hospitals, chemists, and retail shops hence, for this reason, a client would then decide to use another MFPM. This was mostly mentioned by Kisumu respondents.

"...when it runs out of stock in the hospital or in the shops..." Discontinued use of MFPM, 25 to 35 years, Kisumu

9.6. Future use of MFPMs

An important indicator of the changing demand for family planning is the extent to which non-users plan to use contraceptive methods in future. Whether non-users of family planning intend to use a method in the future or not is of significance to family planning programs. This is particularly so since previous research indicates that reported contraceptive intentions have a strong predictive effect on subsequent contraceptive use (Curtis and Westoff 1996), and that a high proportion of women with unmet need do not intend to practice contraception (Westoff and Bankole 1998).

During the discussions with the respondents, it emerged that non-users and discontinued users of MFPM methods intend to use the following methods in future:

MFPMS	PERCEIVED POSITIVES	PERCEIVED NEGATIVES
Condom	<ul style="list-style-type: none"> Prevents a woman from having unwanted pregnancies and STDs unlike other MFPMs that are perceived to expose a person to STDs Creates the desire to have sex Easily accessible Some are free Do not have side effects compared to other MFPMs It is convenient to use 	<ul style="list-style-type: none"> Bursts while having sex Less sensation for men
Implant	<ul style="list-style-type: none"> It is long term No need for regular checkups like for the injection method Can be removed any time Its free to be inserted 	<ul style="list-style-type: none"> Need to pay to be removed when a person wants to discontinue using it before its active period elapses Side effects such as: increased menstrual bleeding and weight loss It is perceived that a person cannot do heavy duties when using this method
Injection	<ul style="list-style-type: none"> Starts working immediately when administered. This was mostly mentioned by Nairobi respondents Compatible with their bodies especially for those who have used it before 	<ul style="list-style-type: none"> Side effects such as: heavy menstrual flow, making a person 'cold' and back aches Inconvenient to use: a person can easily get pregnant while using it as it is perceived some are expired Perceived to cause cervical cancer A person has to go on the exact day scheduled for the next injection
Emergency Pills	<ul style="list-style-type: none"> Can be easily accessed at the chemists Convenient to use since it is not swallowed everyday Its perceived to be easily digested unlike the Everyday pills which are perceived to be indigestible 	

Some of the methods that most do not intend to use in future include:

MFPMS	PERCEIVED POSITIVES	PERCEIVED NEGATIVES
Tubal Ligation		<ul style="list-style-type: none"> • Side effects such as: abdominal pains and heavy menstrual bleeding • Perceived to expose a person to cervical cancer • It is permanent and hence cannot be reversed • It is perceived that a person cannot do heavy duties when using this method • It is perceived that it can make a woman have fistula if not done well. This was mostly mentioned in Nairobi • It needs to be done by a professional such as a doctor unlike other MFPMS that do not require professional interventions such as condoms
IUCD	<ul style="list-style-type: none"> • It is long term and hence a person does not have to go to the health facility frequently like for the pills or injection methods 	<ul style="list-style-type: none"> • Method failure: high chances of getting pregnant while using it • Limits a couple on sex styles to use • Not discreet as the string can be easily seen by the partner • It is perceived that this method cannot be used by women who have several partners as it can shift positions • It is also perceived that a person needs to go with their partner to measure his penis
Everyday Pills		<ul style="list-style-type: none"> • Method failure: high chances of getting pregnant while using it if not swallowed appropriately • Nairobi and Kilifi respondents have the perception that these pills do not get digested but rather pile themselves on the fallopian tubes • Some of the Nairobi and Kisumu respondents believe that the pills have a wire inside them which is perceived to cause cervical cancer • Side effects such as adding or losing weight

9.7. Journey Maps

9.7.1. Meet Akinyi from Kisumu

Biography

- Meet Mary, 31 years, has 4 children and married. She is a discontinuer of MFPMs.

Family planning methods aware of

- She is aware of the injection, Norplant, pills, condom and 'inverting the uterus' method

MFPM used before

- Mary started with the 3 month injection immediately after giving birth to her first born child. She however later realized that she would have heavy menstruation and hence decided to discontinue using the method
- After giving birth to her 3rd born child, she decided to use pills for one year but later became pregnant again.
- After giving birth, she decided to use implant however, it made her sick. She would have constant headaches and stomach pains. Due to this, she decided to remove it.
- She currently uses the calendar method

Whom she consults

- She mostly consulted with her husband when she wanted to use MFPMs and also consulted her husband when she wanted to stop using the MFPMs

MFPMs she would use in future

- She plans to start using the 5-year injection as it is convenient

Source of FP services

- No one has talked to her about MFPMs, the hospitals just ask her the method she wants and she gets the services from the hospital.
- Her less preferred source is the herbalist because they use traditional medicine which may harm people.
 - Her concerns are that some drugs do not work and are harmful to the body, also one may get pregnant while using them.

Communication

- According to Mary, information can be conveyed through seminars or door-to-door visits. In her area information is obtained through vehicles passing by with announcements, radios and notices in hospital walls. She trusts hospitals, seminars and radios.
- She would like to know if it is true this methods cause diseases.

9.7.2. Meet Wambua from Kitui

Biography

- Faith is 42 years old and is married. She is a discontinued user.

Family planning methods aware of

- She is aware of Norplant, condoms and injections

MFPMs used before

- After giving birth to her first child, faith decided to use the injection but later stopped due to heavy menstruation. She feared going to the doctor as the doctor would advise her about other methods
- She is currently using the calendar method
- Faith does not intend to use any MFPM because she is 43 years and hence opted to use the calendar method till menopause

Source of information

- She prefers getting information from doctors who according to her are knowledgeable
- She would like doctors to talk about the benefits of the MFPMs as well as the side effects of the methods.

9.7.3. Meet Riziki from Kilifi

Biography

- She is 44 years old, has 8 children, is married and is a non user of MFPMs.

Family planning methods aware of

- She is aware of Injections, Tubal Ligation and calendar method.

Family planning method she uses

- She has never used any MFPMs since she thinks they have side effects
- Her menstrual period come after one and half years and due to this, she has managed to space her children

Source of information

- She gets information about MFPMs through public hospitals and door to door campaigns. She however prefers home visitations since its secretive
- Mobile clinics are better as long as there is a doctor on board.

Exposure to family planning messages

- Sylvia has heard about family planning through community members, visitors, radios, posters and TV
- She would like to know more about injection and pills for family planning and why her daughters gets menstruation three times in a month.

9.7.4. Meet Akoth from Migori

Biography

- Grace is 30 years, married and is a non-user of MFPMs

Family planning methods aware of

- She is aware of the condoms, Implant, IUCD, Injection, Vasectomy and Tubal Ligation

Family planning method she uses

- She has never used any MFPMs since she perceives them as having side effects. She has heard other women who use the MFPMs complaining of backaches and heavy menstruation when they use the injection method. She has also heard other women complaining of IUCD as they conceive while using it
- She uses beads to count her days.

Informed choice of MFPMs

- She has ever visited a doctor to know which method to use but was told she has deep vein thrombosis on her leg and hence cannot use any other method other than IUCD
- She does not intend to use any MFPMs in future

Source of Information

- She got information about the MFPMs from nurses and CHVs during the ANC clinics
- She prefers getting information from health facilities as she believes the health care workers there are trained and are professionals.

Alternative source of information

- She would also like to get information on family planning methods through mobile clinics and door to door sensitization campaigns

Exposure to family planning messages

- She has seen and heard family planning messages on media, billboards, roadshows and magazines
- She feels the campaigns need to give more information on the side effects of the various MFPMs

9.7.5. Meet Joy from Nairobi

Biography

- She is 37 years old, married, has 3 children and uses IUCD

MFPM used before

- She used to use injection but was not ideal for her since she could have heavy menstrual bleeding

MFPM currently using

- She learnt about the IUCD method from people who would walk around the slums advising people on the benefits of IUCD
- She likes the IUCD because she has diabetes and she was informed that someone with diabetes or high blood pressure can easily get affected when they use the injection or take the pill

Source of Information

- Her most preferred source of information on MFPMs is the doctor from a public hospital as she perceives them as professionals. Her least preferred source is a friend/ neighbor since she may not explain everything
- When she visited the health facility she was told about different family planning methods and the advantages.

Exposure to family planning messages

- She has seen and heard campaigns on family planning methods through TV, and radio stations

9.8. Current Communication

9.8.1. Current source of FP Information

Hospitals/ health facilities: from doctors and nurses especially during ANC visits and posters placed on the hospital walls and noticeboards.

"...in the clinic you are asked whether you would like to have the family planning methods..." Discontinued use of MFPM, 25 to 35 years, Kisumu

"...mine I found at the hospital because after giving birth, you are given the information..." Discontinued use of MFPM, 25 to 35 years, Nairobi

"...there are posters in the hospitals detailing on the benefits and side effects of the family planning methods..." Non user of MFPM, 36 to 49 years, Kilifi

Non-Governmental Organizations in the local area that sensitize the community on the benefits of the MFPMs. Some of the NGOs mentioned include: Afya Jijini and Marie stopes.

Media Platforms such as radio and television which educate the public about the available MFPMs and their benefits through advertisements.

"...I can hear it on radio when professionals talk about it..." Non user of MFPM, 36 to 49 years, Kisumu

Friends and relatives: especially during social gatherings and social groups such as women 'chama' groups when they are sharing their experiences.

"...we do get the information from friends through word of mouth..." Non user of MFPM, 25 to 35 years, Migori

Chief Barazas: where the chief talks about the MFPMs and the benefits of using them as well.

"...the chief can make the announcements..." Discontinued use of MFPM, 25 to 35 years, Kisumu

Roadshows: especially roadshows done by Marie Stopes, Family Care and Tunza that sensitize women on the benefits on MFPMs.

"...we have roadshows that talk about family planning. For instance Marie Stopes does conduct road shows on the same..." Non user of MFPM, 25 to 35 years, Migori

"...Tunza does organize roadshows. The problem is that the roadshows are limited to Bungoni town. Those in the village do not get a chance to receive the information..." Non user of MFPM, 36 to 49 years, Kilifi

"...the Tunza organization does go around and sensitize the public especially on market days on family planning. They also have doctors where interested woman can see them and find out more about family planning..." Discontinued use of MFPM, 25 to 35 years, Kilifi

Posters: posters placed on the road sides that educate people on the MFPMs as well as posters used during training by various organizations such as Tunza.

"...through posters. The posters are done by Marie Stopes mostly..." Discontinued use of MFPM, 36 to 49 years, Migori

"...we also have paintings of Femiplan..." Discontinued use of MFPM, 36 to 49 years, Migori

"...whenever Tunza comes to conduct sensitizations, they always have posters with pictures about family planning. They also do issue brochures with information about family planning..." Non user of MFPM, 36 to 49 years, Kilifi

9.8.2. Most Preferred Source

Hospital: this was because there are doctors and nurses who are knowledgeable about the MPFMs especially those working in government health facilities. Moreover, a client could easily ask questions in case they needed further clarification on something.

*"...I trust information from a specialist who has studied reproductive health..."
Discontinued use of MFPM, 25 to 35 years, Kilifi*

"...I trust the hospital because the doctor will teach me and explain to me how I can use it. If I encounter a problem, I will go back to her..." Non user of MFPM, 36 to 49 years, Kisumu

NGOs such as Marie Stopes: who were perceived to have been involved in health care for a long time.

Media: such as TV and Radio.

TV because one can easily see how contraceptives are used and how they look like. Across all the regions, people prefer Citizen TV and preferred having the adverts late at night from 8pm when children have already slept.

Radio because it can reach a wider audience and a person can call back in case they have questions. Across all the regions, radio Citizen was most preferred. Other radio stations preferred in the various counties are as shown below:

In Kilifi, they preferred: Bahari FM, Kaya FM, Pwani FM and Lulu FM. In Kitui, they preferred: Musyi FM, Syokimau FM, Wikwatyo FM, County FM, Radio Maish and Radio Jambo. In Nairobi respondents preferred Radio Jambo. In Migori respondents preferred Radio Ramogi and in Kisumu, respondents preferred: Radio Nam Lolwe, Ramogi FM, Dala FM and Radio Lake Victoria.

"...I will listen to the advice and they would give their number which I can use to call if I have a problem..." Non user of MFPM, 36 to 49 years, Kisumu

Posters: this is because a person can see the actual demonstrations and this also can reach a wider audience.

"...the posters because you will see the doctor there and the woman there and him injecting her. So you see this is real..." Discontinued use of MFPM, 36 to 49 years, Kitui

Churches: It was perceived that people who teach at the church are from health facilities.

Chiefs: this is because they worked for the government and were perceived to have been trained by doctors on the MPFMs.

9.8.3. Alternative Sources

Respondents mentioned that other alternative sources that they would like to get FP services from included:

Home Visits: where health workers visited them at their homes and taught them together with their husbands/ partners about the readily available MFPMs and their benefits. Respondents felt it was important that men were also involved in the sensitization activities in order to increase MFPM usage amongst women.

"...there is an approach I have seen. Some women are selected who are then tasked with going round the homes teaching people about family planning. I have not seen such in our community..." Non user of MFPM, 25 to 35 years, Migori

"...the relevant health officials should also reach out to the remote areas and villages. Most of the people staying in those areas cannot access the centers and as such are not informed..." Non user of MFPM, 36 to 49 years, Kilifi

Mobile Clinics: this was mainly because they do not have long queues and were easily accessible.

"...we should have people who can educate us on these family planning methods by setting up tents around..." Non user of MFPM, 36 to 49 years, Kilifi

Door to door outreaches by community health workers: this was mainly because it was perceived that people who carried out door-to-door outreaches were from the health facilities. Also, a client could easily ask questions in case they need further explanations. Finally, these were a more personalized approach as they were done at home.

Group Meetings: where people were able to discuss the MFPMs in detail and people were also able to ask questions. It was also said that a person could be easily convinced in such a forum.

"...with seminars, many women can attend and get convinced rather than listening to the message over the radio and using that to convince women. They will not get convinced..." Non user of MFPM, 36 to 49 years, Kilifi

It was evident that respondents were more comfortable with channels which enabled them to project questions about fears and methods of misconceptions as well as one that allowed them to report side effects.

9.9. Exposure to Family Planning Messages

The media plays an important role in communicating messages about family planning. Access to family planning information enhances uptake of services. Most studies have shown that community-level exposure to family planning media messages increases the odds of contraceptive use (Bankole, Rodriguez, and Westoff 1996; McNay, Arokiasamy, and Cassen 2003; Stephenson et al. 2007; Wang et al. 2003).

9.9.1. Advertisement seen or heard

During the discussions with the respondents, we asked them to mention some of the advertisements they had seen or heard on family planning as well as what they liked and disliked about each advert. Some of the adverts mentioned include:

'Wamama Tujipange' advert that advertised family planning pills on television.

"...I have ever seen the family planning pills advert on TV saying 'wamama tujipange' but I never followed up..." Discontinued use of MFPM, 25 to 35 years, Nairobi

Radio advert on family planning: according to the respondents, the advert was aimed at educating women about the benefits of the MFPMs such as the importance of limiting the number of children a person should have mainly due to the hard economic times, how the MFPMs were to be used and where to get the MFPMs.

"...Radio Ramogi was announcing that women should have family planning because if you have another baby while others are still young, even the husband can move out because they are close together..." Discontinued use of MFPM, 25 to 35 years, Kisumu

"...I do hear adverts being aired over the radio. They do encourage people almost on a daily basis to use the modern family planning methods..." Influencer, Grandmother, Migori

What they liked about the radio advert is that the presenter 'Dama Kanini' was advising men on the need to allow their wives to use MFPMs, the benefits of the MFPMs were communicated and people were able to give other ideas as well as ask questions.

TV advert on emergency pills: the respondents mentioned that the advert was aimed at enlightening women on the benefits on the pills. Respondents stated that they had seen this advert on Citizen TV.

"...they were saying that if you have sex and you don't plan to get pregnant, you can have the emergency pill which is very effective..." Discontinued use of MFPM, 25 to 35 years, Kisumu

What they liked about the advert was that they showed how e-pills look like. However, what they disliked about the advert was that it was repetitive.

"...the way they kept repeating it, it ruined the program..." Discontinued use of MFPM, 25 to 35 years, Kisumu

'Panga Uzazi' advert: according to the respondents, the advert promotes Trust condoms and Femiplan. It was aired on Radio Ramogi. What they liked about the advert was that the message was clear and easy to understand and it had a pleasant tune at the beginning which was captivating.

"...maisha ni sawa when using Femiplan..." User of MFPM, 36 to 49 years, Kilifi

TV advert on modern family planning methods. According to the respondents, the advert was aimed at communicating the benefits of using MFPMs, the various MFPMs available, how they worked and where a person was able to get the MFPMs i.e. health facilities, mobile clinics, and school. Some of the respondents cited they saw the advert on a TV program called 'Makutano Junction' and on Citizen TV.

"...it was a skit but they would put in things about family planning, how someone can use family planning...when I watched, I would feel that would help me..." User of MFPM, 25 to 35 years, Kitui

"...they stated that we should visit the mobile clinics to receive the services..." Non user of MFPM, 25 to 35 years, Migori

What they liked about the advert was that there was message on the benefits of the MFPMs and it also created awareness of the other MFPMs that are available. What they however disliked about the advert was that it was aired early in the day which they felt was not appropriate for children to see.

"...I never liked it because the child sitting next to me would ask me what the condom is..." User of MFPM, 36 to 49 years, Nairobi

Roadshow Promotion on family planning methods: According to the respondents the message being communicated was about the benefits of using MFPMs, the various MFPMs available such as Norplant and where they could these could be gotten from i.e. health facility.

"...I heard a road show announcing that they have a new way whereby women can enjoy sex without worries and they went ahead to tell women that it lasts for 5 years on your body..." Non user of MFPM, 36 to 49 years, Nairobi

"...there are times we do have campaigns sensitizing women to go for family planning done through road shows. The road shows also inform the public on where the women can get the services and dates for seminars where women can be taught more....they always say it's free of charge..." Influencer, Business Woman, Migori

What they liked about the advert was that: people could ask questions, people were given T-shirts and caps, many people were informed and those interested in the MFPMs were given them for free. What they did not like however, was the fact that there was no privacy as people could easily be seen going to the doctors, men were not present to get the information and there was free cancer screening as the same time.

"...they explain to you and the one you want, they give you for free..." User of MFPM, 25 to 35 years, Kitui

"...it was done in public and this therefore put our marriages at risk because we can easily be spotted going there..." Non user of MFPM, 36 to 49 years, Kilifi

"...there was the cancer screening that just switched me off..." Non user of MFPM, 36 to 49 years, Nairobi

'Kuwa safe' advert. According to the respondents, the advert was aimed at promoting Trust condoms and was being aired on Citizen TV from 7pm to 10 pm. What they mainly liked about the advert is that it showed how a condom looks like.

"...they advertised it and since some people don't know how a condom looks like, they are able to show it..." Discontinued use of MFPM, 25 to 35 years, Kisumu

Billboards on the roadside promoting MFPMs. The main message being communicated in view of the respondents, was about the benefits of MFPMs. What they liked about the advert was that many people were able to see the advert. However, the billboards were easily torn and were only suitable for people who can read.

9.9.2. Additional Information they would like included in the adverts

Expected side effects: respondents cited that they would like the communication campaigns to also communicate what the expected side effects are, as well as the mitigation actions that should be taken.

"...I would want to know each method of family planning, its side effects and benefits so that we can make informed choices..." Discontinued use of MFPM, 36 to 49 years, Kitui

To show children with the same gender: respondents felt that some of the adverts should show a family with children of the same gender to communicate to the public that a person can still have children after using the MFPMs and that all are children despite their gender.

"...the advertisements on TV do have a man, a woman, a baby girl and a baby boy. Sometimes it is important to use children of the same gender to encourage those couples that have given birth to one gender to feel

encouraged to go for family planning instead of looking for the other gender..." Discontinued use of MFPM, 36 to 49 years, Migori

The adverts should also clearly show the MFPMs that were readily available in the market.

9.10. Recommendation

Knowledge of MFPMs

- There is a continued need for education about a woman's reproductive system and effective use of contraceptives
- There is need for Citizen empowerment and engagement in demanding for improved FP services

Barriers

- Ensuring male involvement in family planning is a critical component to increasing uptake of MFPMs among women
- Addressing some of the barriers to use of modern family planning will significantly influence uptake of modern family planning methods and positively contribute to socio economic development
- Improving accessibility of the various MFPMs especially in the rural areas such as Gongoni in order to increase use of MFPMs
- Ensuring that there is a regular supply of MFPMs, such as implant and injections, every day of the week, rather than specific days as noted in some health facilities in the rural areas
- Educating health providers to clearly explain to women all possible side effects and how these can be managed in order to reduce discontinuation rates and unnecessary switching
- Broadening the range of service delivery channels available, including through commercial and non-profit organizations, community-based and outreach programs so that users have an option to access methods and re-supply/ follow up from acceptable source that will motivate sustained use
- Dispelling the various myths and misconceptions related to specific methods

Communication

- Family planning programs should place an emphasis on informing clients or potential users of MFPMs about all available contraceptive methods through multimedia communication campaigns as well as during counseling sessions

- Encourage door- to- door outreaches by well –respected and known community members including mature women who use the MFPMs
- Advocate for more sensitization programs to target both genders so as to ensure men are well informed of the benefits of the MFPMs

References

Bankole, A., G. Rodriguez, and C.F. Westoff. 1996. "Mass media messages and reproductive behavior in Nigeria." *Journal of Biosocial Science* 28 (2): 227-239