

FACTORS INFLUENCING CONTRACEPTIVE USE AMONG WOMEN OF
REPRODUCTIVE AGE IN KENYA

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A THESIS SUBMITTED TO THE SCHOOL OF APPLIED AND HEALTH SCIENCES IN
THE DEPARTMENT OF ENVIRONMENTAL AND HEALTH
SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE AWARD OF MASTER DEGREE IN PUBLIC HEALTH OF TECHNICAL
UNIVERSITY OF MOMBASA

2024

DECLARATION

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

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ACKNOWLEDGEMENT

First and foremost, I would like to thank the almighty God who has given me the grace and good health to be resilient throughout the period when I worked on this dissertation and throughout the very intense course work.

Secondly, I wish to treasure all people who participated in one way or the other for their invaluable inputs which aided in the completion of this study; my sincere indebtedness goes to my supervisors Dr. Shadrack Yonge and Prof. Peter Gichangi for their guidance throughout the research work. Special thanks go to Samuel Kamau and Mr. Geoffrey Katana my mentors.

My regards go to my Husband George Makori, my children; Davis, Collins, Moraa Mary, Johnpaul and Vincent. I am most grateful for standing with me and allowing me time to work on this sometimes even at the expense of being with you. Your support will be cherished forever. To my colleagues who encouraged me who took their time to give input to my work my sincere gratitude to you. I want to mention my colleague Robert who guided me and encouraged me through the analysis period more especially at a point of despair I say a big thank you. In all, glory be to our creator Lord father.

TABLE OF CONTENTS

DECLARATION.....	ii
ACKNOWLEDGEMENT.....	iii
TABLE OF CONTENTS	iv
LIST OF TABLES	vii
LIST OF FIGURES.....	viii
LIST OF ABBREVIATIONS AND ACRONYMS	ix
DEFINITION OF TERMS.....	x
ABSTRACT	xi
CHAPTER ONE	1
INTRODUCTION.....	1
1.1 Background of the Study	1
1.2 Statement of the Problem	3
1.4 Research Questions	4
1.5 Objective of the Study.....	5
1.5.1 Main Objective.....	5
1.5.2 Specific Objectives.....	5
1.6 Scope of the Study	5
1.7 Limitations of the Study	5
1.8 Conceptual Framework	6
CHAPTER TWO	7
LITERATURE REVIEW	7
2.1. Historical Background.....	7
2.2 Sociodemographic Characteristics and Uptake of Modern Contraceptives	8

2.2.1. Socio-Economic Factors.....	8
2.2.2 Marital Status	9
2.2.3 Education.....	9
2.2.4 Awareness of MCM	10
2.2.5 Religion.....	11
2.2.6 Residence	11
2.2.7 Age.....	12
2.2.8 Parity.....	13
2.3. Prevalence of Contraceptive Use Among Women of Reproductive Age	13
2.4. Health System Factors and Uptake of Modern Contraceptives Methods	14
2.4.1 Structural Factors	14
2.4.2 Process Factors	17
CHAPTER THREE	18
METHODS AND MATERIALS.....	18
3.1 Introduction	18
3.2 Study Site.....	18
3.3 Study Design	18
3.4 Study Population.....	19
3.4.1 Inclusion Criteria.....	19
3.4.2 Exclusion Criteria.....	19
3.4.3 Dependent Variable	19
3.4.4 Independent Variables.....	19
3.5 Sample Size	20
3.6. Sampling Techniques.....	20
3.7 Data Collection	21
3.7.1 Pre-Testing of Research Instruments.....	22
3.7.2 Validity	22
3.7.3 Reliability.....	22
3.8 Data Management and Analysis.....	22
3.9 Ethical Considerations.....	23
CHAPTER FOUR.....	23

RESULTS AND DISCUSSIONS.....	23
4.1 Results.....	23
4.1.1 Distribution of Survey Respondents by the Selected Variables and MCM Uptake.....	23
4.1.2 Distribution of Service Delivery Points and MCM uptake	25
4.1.3. Distribution of Health System and MCM Adoption Among Women of Reproductive age.....	26
4.1.4 Community Health Volunteers Support in Contraceptive Offering MCM Adoption Among Women of Reproductive Age.....	28
4.1.5. Days that FP Services in the Facilities are Open and MCM Adoption Among Women of Reproductive Age.....	29
4.1.6. Contraceptive Stock Levels in Public Facilities and MCM Adoption Among Women of Reproductive Age.....	29
4.1.7 Contraceptive Stock Levels in Private Facilities and MCM Adoption Among Women of Reproductive Age.....	30
4.1.8. The Prevalence of Modern Contraceptive Use Among Kenyan Women Between the ages of 15 and 49 years.....	31
4.2 Discussion	38
4.2.1. Sociodemographic Factors Influencing Adoption of MCM.....	38
4.2.2. Prevalence of MCM and MCM Adoption.....	40
4.2.3. Health System Factors and Adoption of MCM.....	41
CONCLUSION AND RECOMENDATIONS.....	43
5.1 Conclusion.....	43
5.2. Recommendations	44
5.3. Strength	45
5.4. Limitations	45
REFERENCES.....	46
APPENDICES.....	51
Appendix I: PMA Counties in Kenya	51
Appendix II: Request for Secondary data from performance monitoring and accountability project 2019	53
Appendix III: Questionnaire.....	54

LIST OF TABLES

Table 4.1: Respondent distribution according to the chosen variables and MCM uptake.....	24
Table 4.2: Distribution of Service Delivery Points and MCM uptake.....	26
Table 4.3 :Distribution of Health system and MCM adoption among women of reproductive age.....	27
Table 4.4: Community health volunteers assist in the provision of MCM to women of reproductive age.....	28
Table 4.5 : Prevalence and multivariate analysis of social demographic and health system factors on MCM adoption.....	34

LIST OF FIGURES

Figure 1.1: Conceptual Framework	6
Figure 3.1: Sampling Techniques.....	21
Figure 4.1: Days that FP services in the facilities are open.....	29
Figure 4.2. Contraceptive stock levels in public facilities	30
Figure 4.3. Contraceptive stock levels in private facilities	31

LIST OF ABBREVIATIONS AND ACRONYMS

AOR	Adjusted Odds Ratio
AFDHS	Afghanistan Demographic and Health Survey
CHVs	Community Health Volunteers
CHWs	Community Health Workers
CORPs	Community Own Resources Persons
CPR	Contraceptive Prevalence Rate
COR	Crude Odds Ratio
DFPS	Demand for Family Planning Satisfied
EA	Enumeration Area
FP	Family Planning
ICRH-K	International Centre for Reproductive Health Kenya

LAM	Lactational Amenorrhea Method
LMIC	Low Middle-income Countries
LARC	Long-acting Reversible Contraception
KDHS	Kenya Demographic Survey
KNBS	Kenya National Bureau of Statistics
MII	Method Information Index
MDGs	Millennium Development Goals
ODK	Open Data Kit
PHC	Primary Health Care
PMA	Performance Monitoring for Accountability
PPFP	Postpartum Family Planning
QoC	Quality of Care
RH	Reproductive Health
TFR	Total Fertility Rate
SDGs	Sustainable Development Goals
SDPs	Service Delivery Points
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
WHO	World Health Organization

DEFINITION OF TERMS

Adolescence	Is a time of noticeable physical, physiological, and emotional changes between childhood and adulthood?
Family Planning	Is described as the capability of a person or relationship to employ methods of contraception to achieve what they want in terms of children in a family, the age gap between children, and the precise date of their deliveries.
Long-acting Reversible Contraception	Any form of birth control that doesn't require application or usage more than once every month or once each cycle.
The Quality of Service.	The level of health care that is provided to improve the desired health outcomes.
Service Delivery Points	Any type of facility that provides health services to a community
Total Fertility Rate	The overall live birth rate per 1,000 women aged 15–44.
Unmet Need for Family Planning	Is defined as the proportion of all women of reproductive age who want to delay or stop childbearing but are not using family planning.
Women of Reproductive bearing years (between the age of 15-49 years.	Women's reproductive span that refers to their child bearing years (between the age of 15-49 years.

ABSTRACT

Kenya has one of the most effective family planning strategies in Sub-Saharan Africa. Contraceptive awareness in Kenya is relatively high but the uptake is still low indicating that the unmet needs still exist. Kenya is one of the top countries in the continent with more than 52 million people and it's one of the most populous nations in Africa. The goal of the current research was to pinpoint the factors influencing Kenyan women within the ages of 15 and 49 who use contraception. This research study relies on secondary data obtained from a **cross**-sectional study done by the big project Performance, Monitoring Accountability for Action 2019 survey. The National Council for Science, Technology, and Innovation (NACOSTI) and the Kenyatta National Ethics and Research Committee (KNERC) provided ethical approval for data collection and all participating counties were administratively responsible. The research project's sample included 9,477 women of reproductive age (WRA) from 11 of Kenya's 47 counties. It was carried out utilizing the multistage cluster approach. Data was analyzed using Stata 16.1 analysis software, which generated frequency tables and pie charts. Logistic regression was performed to determine the relationship between Modern Contraceptive Method (MCM) intake and its factors ,95% confidence interval and a 0.05 p-value were used to show the variable correlations. About 39% of the respondents in the survey were aged 15-24 years, more than half 53.4% of the women were married and 4.5% of respondents had no formal education. Women in the middle quintile of wealth had significantly higher (aPOR 1.3, 95% C.I. 1.04, 1.57, p=0.017) odds of using MCM than women in the lowest wealth class and rural respondents were substantially less likely to use modern methods of contraception (aPOR 0.8, 95% C.I. (0.63, 0.93, p=0.033) than urban women. In comparison to married women, single women had lower odds of using MCM (aPOR 0.5 (95% CI. 0.39–0.56 p=0.000), and Muslims had

lower odds (aPOR 0.6 (95% C.I. 0.42, 0.89 p=0.010) of using MCM than Catholics. The provision of family planning (FP) services was shown to be less in NHIF-covered facilities than in non-NHIF-covered ones (aPOR 0.535 (95% CI 0.29, 0.98, p=0.043). In the 11 counties of Kenya, 43.2% of WRA utilize modern contraceptives, and 98.4% of respondents are aware of these options. Contraception use in Kenya is low although MCM awareness is high. Initiatives to be geared towards the 15-19 age group, those from lower socioeconomic classes and people who live in rural areas