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FACTORS INFLUENCING USE OF CONTRACEPTIVES AMONG SEXUALLY ACTIVE ADOLESCENTS IN INFORMAL SETTLEMENTS IN NAIROBI. A CRITICAL LITERATURE REVIEW

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Abstract

Purpose: The minimal use of contraceptives and contraceptive use continuously exposes adolescents to primary negative sex outcomes like pregnancies and STIs like HIV. In 2012, Adolescents aged 15-19 accounted for 13% of all the new HIV infections globally. The general objective of the study is to assess the factors influencing the use of contraceptives among sexually active adolescents in Nairobi County's informal settlements.

Methodology: The paper used a desk study review methodology where relevant empirical literature was reviewed to identify main themes and to extract knowledge gaps.

Findings: The findings showed that perception positively influences the use of contraceptives though the influence was not very strong at 5%. On sexual behaviors, sexual activity and the number of sexual encounters strongly influenced the use of contraceptives accounting for 99% of the influence. On the other hand, the nature of sexual encounters positively influenced the use of contraceptives though the influence was weak.

Unique Contribution to Theory and Practice: Relevant stakeholders need to invest in training/teaching adolescents on contraceptives and contraceptive use. Increasing knowledge on contraceptives and contraceptive use amongst the adolescents might help eliminate the negative perception on contraceptives and contraceptive use thus increase the use of contraceptives amongst the adolescents thereby minimizing negative outcomes associated with unprotected sex

Keywords: *Access, Contraceptives, sexually active, use of contraception*

1.0 INTRODUCTION

The impact of unsafe sex continues to be felt in Kenya in spite of the various efforts by the Kenyan government and non-governmental organizations to promote abstinence amongst the young people in Kenya. Adolescents are exposed to sex at an early age. Research conducted by the African population and health research center showed that by the age of 16, 14% of adolescent girls in Kenyan slums had experienced sex (APHRC, 2016). The research showed that the median age at first sexual activity in the slums was 16.3%. Research has shown that 22% of adolescent boys and 10% of adolescent girls had had sex before their 15th birthdays (Government of Kenya; IDEA; USAID; PRB and NCAPD, 2015). Over 60% of these did not use any contraceptive on their first encounter regardless of the fact that this intervention is available in hospitals, pharmacies and retail shops.

Unprotected sex exposes adolescents to negative sex outcomes like unintended pregnancies and Sexually Transmitted Infections (STIs) like HIV/AIDS. The KDHS 2008/9 showed that the prevalence of unintended pregnancy was 47% for girls of 15-19 years of age (KNBS, 2015). Adolescent pregnancies are associated with certain negativities. Firstly, such adolescents are likely to drop out of school. Omondi and Onyango noted that 13,000 adolescents drop out of school yearly due to unintended pregnancies (Onyango & Omondi, 2018). Another consequence of unintended pregnancies is abortion. Majority of the adolescents cannot afford safe abortion services and therefore settle for unsafe abortion services which are unsafe and at times deadly. Half a million induced abortions occurred in Kenya in 2012 (APHRC, MOH, IPAS, Guttmacher Institute, 2015). Women aged 19 and below accounted for 17% of all the women seeking post abortion care services. The same group accounted for 45% of severe abortion related complications admitted in Kenyan hospitals. Other negative consequences associated with unintended teenage pregnancies include malnutrition, maternal death (WHO, 2015), undesirable medical conditions like obstetric fistula (Rachakonda, 2015), dropping out of school, poor academic performance, low self-esteem and symptoms of depression increased dependency burden on the teenagers' providers. Unwanted teenage pregnancies impact the child in the following ways: abandonment of the new born child, adoption, malnutrition and low birth weight. Further, STIs are a major global cause of acute illness, infertility, long-term disability and death with serious medical and psychological consequences of millions of men, women and infants (World Health Organization, 2018)

Adolescents who are unmarried and not sexually active, or unmarried and sexually active, or married and wanting to postpone, space or limit pregnancy, or adolescents wanting to prevent STIs only are all at different stages of their reproductive lives and have different contraceptive needs (WHO, 2015). The extent to which these needs are effectively addressed influences the uptake of contraceptives by the adolescents.

In view of the above vices, governments, government officials and public figures have cited the need to minimize and if possible, bring to an end adolescent pregnancies and STD infection rates. On the world population day 2013 themed: "adolescent pregnancy-stop it" government officials emphasized the need to stop teenage conceptions (UNFPA Kenya Country Office, 2013) Contraception promotes safe motherhood as a woman can decide when they want to begin having

children, how far apart they want their children to be and when they want to stop having children. Further contraceptives like condoms are known to prevent the transmission of Sexually Transmitted Infections like HIV. These advantages empower adolescents to live a healthy, safe and fulfilling life socially, economically, emotionally and psychologically. Contraception choices are not just reproductive choices and rights, but also fundamental human rights that all governments are legally obligated to protect, respect, and fulfill. They include, but not limited to: the right to birth control; freedom from coerced sterilization, abortion, and contraception; the right to access good-quality reproductive healthcare; the right to receive education about sexually transmitted infections (STIs) and other aspects of sexuality. These rights are not only accorded to adults but to adolescents as well. Children's Rights Convention Article 6(1) State Parties recognize that every child has the inherent right to life. Hence children should not die for causes related to unsafe abortion or birth related complications due to motherhood at a young age. Further, Article 6(2) of the provisions of the convention states that State Parties shall ensure to the maximum extent possible the survival and development of the child. Pregnancies at an early age and STIs threaten the survival and the development of children not only due to the psychological and emotional burden but also due to the stigma associated with these scenarios.

Many factors have been known to influence the use of contraceptives. Individuals who are exposed to contraceptives messages tend to use contraceptives more than individuals who are not (Rutaremw, 2015). The levels of education, marital status and wealth identified as influencers to use of contraceptives (UNFPA Kenya Country Office, 2015) in that woman who are more educates, married and were wealthy, were likely to use contraceptives than their counterparts. This was attributed to the fact that such women are more aware, they feel the need and have the economic capacity to access and use contraceptives. In his study on contraceptive use in Nairobi city slums, Michael (2015) found that partner's approval, quality of the services, friendliness of the staff administering the services and the woman's knowledge about family planning services influenced the use of contraceptive (Michael, 2015). The WHO noted that Availability and accessibility of contraceptive services and the perceived level of control in acquisition and use of contraceptives influenced the use of contraceptives amongst the adolescents (WHO, 2015). The organization noted that adolescents that reported that contraceptives were available and were easily accessible tended to use contraceptives more regularly than those who reported otherwise. The contraception practice can therefore help avoid the undesired consequences of unprotected sex.

1.2 Statement of the Problem

The minimal use of contraceptives and contraceptive use continuously exposes adolescents to primary negative sex outcomes like pregnancies and STIs like HIV. In 2015, Adolescents aged 15-19 accounted for 13% of all the new HIV infections globally (United Nations Children's Fund, 2015). The 2008/09 Kenya Demographic and Health Survey (KDHS) showed that the prevalence of unintended pregnancy among girls aged 15-19 years is 47% in Nairobi County's slums. The study also showed that of all the women who sought post-abortion care, 17% of them were women below the age of 19 years. The same population accounted for about 45% of severe abortion-related admissions in Kenyan hospitals (APHRC, MOH, IPAS, Guttmacher Institute, 2015). An estimated 57% of abortions in Nairobi, capital city of Kenya, are among poor women.

Research shows that people living in slums are at greater risk for early childbearing, and other adverse reproductive and sexual health outcomes than their non-slum counterparts (Beguy, 2015) Sexual risk-taking in the slums of Nairobi, Kenya, 2020). Slum-based adolescents engage in sexual activity earlier than their counter parts in non-slum regions and are more likely to report transactional sex, unprotected sex, and multiple sexual partnerships (Beguy, 2016). By the age of 16, 40% of adolescents in slum regions have already had sex in comparison with 20% of their non-slum counterparts (African Population and Health Research Center, 2020). Only 29% of boys and 26% of girls between the ages of 12-22 years in Nairobi's slum settlements used condoms during their first sexual experience (Beguy, 2016). One study shows that 37% of girls aged 15-22 years in two Nairobi slums had experienced an unwanted pregnancy (Beguy, 2016)

This study assesses the factors influencing use of contraceptives among sexually active adolescents in Nairobi County's informal settlements.

1.3 Objectives of the Study

The general objective of the study is to assess the factors influencing the use of contraceptives among sexually active adolescents in Nairobi County's informal settlements; to establish how access to contraceptives and the level of knowledge influence the use of contraceptives among this population.

1.4 Significance of the Study

The findings of this study are hoped to be useful to agencies that work with to reduce adolescents' pregnancy and STI infection rates; especially if such agencies work with adolescents in slums as the study focuses on slums. The findings will be useful to such agents in that it will provide information that might be used in designing programs, interventions and policies that promote and safeguard the reproductive health for the adolescents and increase the acceptance and use of contraceptives among sexually active adolescents. The findings might be used in designing appropriate messages with regard to adolescents' reproductive health and contraceptives and contraceptive use. In addition, the study findings will function to inform parents and guardians to teenagers that they will counsel them accordingly and from an informed point of view. Further the study will provide knowledge gaps that future researchers could research on and add new knowledge to concerned fields of study. In addition, governments and nongovernmental organizations can use the knowledge generated from this study to come up with viable future public awareness, trainings and campaigns.

The World Health organization has identified adolescents as a group with the unmet need for family planning (WHO, 2015). People living in slums are at a greater risk for early child bearing and other adverse sexual and reproductive health outcomes in comparison to their non-slum counterparts (Wado, 2020). Sexual Risk Taking in the Slums of Nairobi, 2018). The study showed that the outcomes of unsafe sex are more adverse for girls aged below 20 than their older counterparts. The risks associated with early pregnancies and sexual activity raise urgent need for appropriate interventions and programs to address adolescents' sexual choices and behaviors.

2.0 LITERATURE REVIEW

2.1 Knowledge on contraception and contraceptive use

Knowledge is power. The level, the amount and the quality of information available to adolescents on contraception are key determinants of the use and choice of contraceptives. Adolescents frequently lack essential information on the characteristics of contraceptive methods, and the information they do have is often incorrect (Munakampe, 2018). Lack of access to information regarding contraceptives, predispose girls to teenage pregnancies (Were, 2007). Health care providers opposed to adolescent contraception provide limited, false information or no information to adolescents who seek contraceptive services or information in order to promote adolescent abstinence (Kinaro, 2012). Research has shown that limiting teenagers' access to contraceptive services and information fail to reduce sexual activity and increase the risk of unintended pregnancy and Sexually Transmitted Diseases (Wind, 2015). Further there is a general lack of parental guidance on issues of sexuality and sex education which have been reinforced by cultural taboos that inhibit such discussions (Were, 2017). Thus generally, the moralistic nature and the cultural profile of African societies deny adolescents the opportunity to access the necessary information regarding sex, sexuality and contraception even though evidence shows that adolescents are sexually active. The myths around reproductive issues can have a large bearing on whether and how adolescents seek reproductive-health care (Valentine, 2015). This research revealed that the myth that contraception was a cause of infertility motivated the seeking of abortion services rather than contraceptive services. Sometimes, information on contraception is not tailored to the needs or expectations of adolescents, and in some circumstances, it may be intentionally denied (Kinaro, 2012). For majority of the adolescents, teachers are their biggest source of information about safe and responsible sex (Kinaro, 2012) and although some adolescents seek information from health providers who provide false information about the side effects of teenage contraceptives in order to discourage pre-marital sex and adolescent contraception and encourage abstinence.

2.2 Accessibility to contraception services and use of contraceptives

Lack of accessibility of contraceptive services has created a scenario where at least one in four women seeking to avoid pregnancy is not using an effective contraceptive method (UNFPA; Center for Reproductive Rights, 2020). Lack of access to modern contraceptive services means that adolescents was be often unable to protect themselves from HIV and other Sexually Transmitted Infections (STIs) or/and to control their fertility and reproduction (Center for Reproductive Rights; UNFPA, 2020). Factors like the cost and availability of contraceptives and contraceptive services, previous experience with health workers, friendliness of SRH service providers and distance from the health care center are known to influence the uptake of contraceptives by adolescents.

Adolescents bear the burden of poor Sexual and Reproductive Health (SRH) due to sociocultural, economic, and structural barriers that function to discourage adolescent's access to appropriate contraceptive services. The general perception of teenage contraception, especially if the teenager

is not married, discourages adolescents' from seeking contraceptive services as well as using contraceptive options that are available. This is attributed to the fact that adolescents are fearful of how they were be perceived by the society one known to be using contraceptives. Further adolescents may be skeptical of the kind of reception they shall receive once they state that they are seeking contraceptive services yet they are unmarried. Although some contraceptive providers decline to offer contraceptive services to unmarried adolescents as they believe that it was encourage premarital sexual activity. However, research has shown that denial of contraceptive services to adolescents does not influence sexual behavior (Wong, 2015)

Previous experiences with health-care providers or with the health-care delivery sites available to adolescent are likely to influence the use of contraceptive services when the need arises. Adolescent friendly contraception services positively influence the uptake of contraceptives by adolescents (WHO, 2020). In some cases, a negative perception of health services needs to be overcome.

Adolescents in need of contraception may not be economically independent due to their educational status, employment skills, age or gender role. Some young women may be economically dependent on their partners or parents for money; if problems in the relationship occur or if the partner is economically insecure, this may limit her access to a service. Economic dependence and financial insecurity were impact on an adolescent's contraceptive use in different ways. It may for example be impossible for adolescents to meet the financial costs of transport to health-care services. In one study, it was found that contraceptive use decreased as the travel time to services increased. Similarly, clinic fees and the cost of contraceptives themselves may not be affordable by adolescents, or they may have to take time off work or school to attend services.

2.3 Empirical review

Ombambo (2020), who conducted a study on the modern contraceptives' conversations among sexually active youth in Kianda Ward, Kibra Nairobi. The study sought to investigate how sexually active youth in Kibera's, Kianda Ward communicate among themselves regarding adoption and use of modern contraceptives. The objectives of the study were to analyze modern contraceptive conversations among sexually active youth in Kibera's Kianda Ward; to analyze sources of information on modern contraceptives among sexually active youth; to examine the key messages contained in conversations among sexually active youth regarding adoption and use of modern contraceptives; to investigate factors that hinder adoption and adherence to modern contraceptives use among sexually active youth. The study applied descriptive research design and qualitative research approach that are effective for purposes of acquiring of in-depth knowledge of a subject using a small sample. The target population for the study were 100 sexually active youth who sought modern contraceptive services at Ushirika Health Centre, in Kianda area, Kibra Constituency of Nairobi County, between January and April 2020. The sampling frame was the listing of all the youth who sought the services within the period as contained in the facility's register. Data was collected from two Focus Group Discussions of ten youth each and interviews with 10 youth all sampled through convenience sampling. Key informant interviews were conducted with four health center staff selected through purposive sampling. Document analysis

was used to study key documents at the health center. Thematic analysis was done based on the objectives while data is presented using descriptions and narrative format. The results of the study showed that a majority of sexually active youth do not always have conversations on modern contraceptives with their partners, for those who do, the conversations usually come after an unplanned pregnancy has already happened or they have had an experience of unplanned pregnancy from previous relationship(s). The study also established that sexually active youth are fairly knowledgeable on modern contraception, however, this knowledge does not always translate to adoption and adherence to the commodities use. The study also revealed that most barriers to modern contraceptive use are as a result of myths and misconceptions they get from the community regarding the contraceptives.

Wambui (2019), conducted a study on the use of contraceptives among adolescents and their effects in preventing pregnancy: a case of Kawangware slum area in Nairobi City County. The objectives of the study included: to establish the prevalence of pregnancy among adolescents in poor urban communities, to assess the level of contraceptives knowledge among adolescents in poor urban communities. To establish the aims of using contraceptives among adolescents in poor urban communities, to investigate the factors influencing the usage of contraceptives among adolescents in poor urban communities, to establish the relationship between pregnancy and contraceptives among adolescents in poor urban communities and to establish the aims of using contraceptives among adolescents in poor urban communities. The study employed a descriptive research design. A total of 138 adolescents were sampled using stratified and random sampling procedure and their views, which were collected by use of questionnaires, analyzed descriptively with the help of SPSS software. The results of the study showed that high pregnancy rates were as result of peer pressure, poverty levels of the families of adolescent girls which push the girls to look for security and they get lured in relationships, risky sexual behavior and lack of sexual awareness among the adolescent girls, the finding also reveals that the unintended pregnancies were associated with the rate of use of contraceptives by adolescents.

Kinano (2013) conducted a study on the perceptions and barriers to contraceptive use among adolescents: a case study of Nairobi. Contraceptive use among teenagers is low worldwide and in the Kenyan context, little is known about factors that underlie the low use of contraceptives among adolescents aged 15-19 years. The goal of this study was to identify perceptions and barriers that affect contraceptive use among female and male adolescents in Nairobi, Kenya, to guide policy and programs. This was achieved using several methods of data collection: adolescents' respondent interviews, focus group discussions and in-depth interviews with parents of adolescents and teachers of schools attended by those adolescents. The study used a household systematic random sampling design using Kenya Demographic and Health Survey enumeration clusters of 2009 and projections from the 1999 population census for adolescents aged 15-19 years in 8 administrative divisions in Nairobi. The results of the study showed that socio-cultural, socio-demographic, knowledge, perception and barrier factors are associated with contraceptive use. However, socio-economic factors, free services and privacy of services at the clinic were found to have a weak association with contraceptive use. Among socio-demographic factors, contraceptive use increased by age while more males used contraceptives. More ever married

adolescents used contraceptives, Significant socio-cultural factors were living arrangement and more adolescents living with their spouses' used contraceptives, more adolescents not attending school and adolescents living in Dagoretti Division used contraceptives. Contraceptive use increased with the level of knowledge of pregnancy prevention methods, knowledge of how to use contraceptives and knowledge of how a contraceptive method works in the prevention of pregnancy and HIV/AIDS. However, knowledge of the risks of unprotected sex was not consistent with use and adolescents with moderate and low knowledge used contraceptives more than those with high knowledge.

2.5 Research gaps

A knowledge gap occurs when desired research findings provide a different perspective on the issue discussed. For instance, Kinaro (2013) who conducted a study on the perceptions and barriers to contraceptive use among adolescents: a case study of Nairobi. The goal of this study was to identify perceptions and barriers that affect contraceptive use among female and male adolescents in Nairobi, Kenya, too. guide policy and programs. This was achieved using several methods of data collection: adolescents' respondent interviews, focus group discussions and in-depth interviews with parents of adolescents and teachers of schools attended by those adolescents. The study used a household systematic random sampling design using Kenya Demographic and Health Survey enumeration clusters of 2009 and projections from the 1999 population census for adolescents aged 15-19 years in 8 administrative divisions in Nairobi. The results of the study showed that socio-cultural, socio-demographic, knowledge, perception and barrier factors are associated with contraceptive use. However, socio-economic factors, free services and privacy of services at the clinic were found to have a weak association with contraceptive use. Among socio-demographic factors, contraceptive use increased by age while more males used contraceptives. More ever married adolescents used contraceptives. Significant socio-cultural factors were living arrangement and more adolescents living with their spouses' used contraceptives, more adolescents not attending school and adolescents living in Dagoretti Division used contraceptives. On the other hand, our current study focuses on the factors influencing use of contraceptives among sexually active adolescents in Nairobi.

Secondly, a methodological gap can be identified as the above researchers for example Ombambo (2020), who conducted a study on the modern contraceptives' conversations among sexually active youth in Kianda Ward, Kibra Nairobi. The study sought to investigate how sexually active youth in Kibera's, Kianda Ward communicate among themselves regarding adoption and use of modern contraceptives. The study applied descriptive research design and qualitative research approach that are effective for purposes of acquiring of in-depth knowledge of a subject using a small sample. The target population for the study were 100 sexually active youth who sought modern contraceptive services at Ushirika Health Centre, in Kianda area, Kibra Constituency of Nairobi County, between January and April 2020. The results of the study showed that a majority of sexually active youth do not always have conversations on modern contraceptives with their partners, for those who do, the conversations usually come after an unplanned pregnancy has already happened or they have had an experience of unplanned pregnancy from previous relationship(s). Our current study adopted a desktop literature review method.

3.0 METHODOLOGY

The study adopted a desktop literature review method (desk study). This involved an in-depth review of studies related to the factors influencing use of contraceptives among sexually active adolescents in informal settlements in Nairobi. Three sorting stages were implemented on the subject under study in order to determine the viability of the subject for research. This is the first stage that comprised the initial identification of all articles that were based on the factors influencing use of contraceptives among sexually active adolescents in informal settlements in Nairobi. The search was done generally by searching the articles in the article title, abstract, keywords. A second search involved fully available publications on the subject on the factors influencing use of contraceptives among sexually active adolescents in informal settlements in Nairobi. The third step involved the selection of fully accessible publications. Reduction of the literature to only fully accessible publications yielded specificity and allowed the researcher to focus on the articles that related to the factors influencing use of contraceptives among sexually active adolescents in informal settlements in Nairobi which was split into top key words. After an in- depth search into the top key words (accessibility, contraceptives, sexually active, use of contraception), the researcher arrived at 3 articles that were suitable for analysis. These are findings from the 3 research papers done by:

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4.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

The findings showed that perception positively influences the use of contraceptives though the influence was not very strong at 5%. On sexual behaviors, sexual activity and the number of sexual encounters strongly influenced the use of contraceptives accounting for 99% of the influence. On the other hand, the nature of sexual encounters positively influenced the use of contraceptives though the influence was weak. The third variable under study was access to contraceptives whose indicators were cost of contraceptives and ease of access of contraceptives. Cost was found to negatively correlate with use of contraceptives where the use of contraceptives declined with increase in the cost of contraceptives although majority of the respondents gave the response that they could afford contraceptives at 219 (63%). On the other hand, ease of obtaining contraceptives was seen to positively influence the use of contraceptives though such influence was not so strong at 5%. The fourth variable under study was knowledge on contraceptives and contraceptive use. Majority of the respondents were not knowledgeable about contraceptives and contraceptive use at 191 (55%). Knowledge on contraceptives and contraceptive use positively influenced the use of contraceptives by 20%.

4.2 Recommendations

Relevant stakeholders need to invest in training/teaching adolescents on contraceptives and contraceptive use. Increasing knowledge on contraceptives and contraceptive use amongst the adolescents might help eliminate the negative perception on contraceptives and contraceptive use thus increase the use of contraceptives amongst the adolescents thereby minimizing negative outcomes associated with unprotected sex. Further, a personalized approach in the training should be adopted so as to enhance the effectiveness of the training process.

Further such trainings in addition to awareness creation campaign should be extended to the general society as a significant number of adolescents attributed their desire not use contraceptives as being triggered by fear of negative societal perception (stigma). Such trainings might change perceptions and other socio-cultural barriers that discourage contraceptive use amongst adolescents and stigmatize adolescents that use contraceptives.

There is need to address the attributes of contraceptives that make them cumbersome for adolescents to use. Although majority of the respondents said that contraceptives were affordable, a significant number of the respondents were for the opposite opinion. Stakeholders therefore need to address the cost quality of contraceptives or come up with affirmative action to cushion adolescents from the high cost of contraceptives.

Further, majority of the respondents gave the response that they could easily obtain contraceptives a significant number were for the contrary opinion. This therefore raises the need for the stakeholders to address issues that challenge adolescents in obtaining contraceptives.

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