Women's decision-making regarding birth planning in a rural site in Kenya and its implications for family planning programs

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Background

As the deadline for realizing the FP2020 goal of reaching additional 120 million women and girls with contraceptives by the year 2020 approaches, a critical challenge for family planning programs is how to sustain current users as new users are added. Estimates from the Demographic and Health Surveys (DHS), for instance, show that slightly more than a third (38%) of women in low- and middle-income countries (LMICs) with unmet need for a modern method of contraception had used such a method in the past but discontinued use for one reason or another. Evidence further shows that most women who discontinue use when they are still in need of protection do so for method-related concerns, including experiences of side effects and contraceptive failure. There is, however, limited understanding of individual and couple decision-making processes regarding contraceptive use and discontinuation in low-income settings, which is partly due to lack of relevant data. This paper explores women's decision-making regarding contraceptive use and discontinuation and the implications of those decisions for family planning programs using data from a qualitative study that was nested within a longitudinal research project in Homa Bay County of Kenya. The paper specifically focuses on women's decision-making process regarding taking up contraception, switching to another method or discontinuing use altogether and how family planning programs can leverage such decisions to meet the needs of women.

Methods

Data are from in-depth interviews conducted in 2018 with 42 women who participated in a longitudinal research project implemented in Homa Bay County of Kenya. Women were recruited into the longitudinal research project in November-December 2016 (Round 1) and re-interviewed in October-November 2017 (Round 2) and August-September 2018 (Round 3). The goal of the project was to generate evidence on retrospective and prospective measurements of unintended pregnancy and its outcomes as well as reasons for contraceptive non-use. The project targeted married or cohabiting women aged 15-39 years at the time of recruitment in three sub-counties of Homa Bay County (Ndhiwa, Rachuonyo North and Rachuonyo South). A total of 2,424 women were recruited into the project in two stages: (i) a random selection of 12 sub-locations (the smallest administrative unit in Kenya) in each sub-county and listing individuals in households in those sub-locations, and (ii) a random sample of married or cohabiting women aged 15-39 years stratified by sub-county.

Participants in the in-depth interviews were women who discontinued injectables or implants—the two dominant women-controlled methods in the project sites – between Rounds 1 and 2. They were purposively identified among those who reported during Round 2 that they had previously used injectables or implants but stopped using the method. The selected women were stratified by the method they had discontinued (21 for implants and 21 for injectables), major reason for discontinuation (side effects/health concerns, wanting to become pregnant, contraceptive failure, infrequent sex, desire for a more effective method, inconvenience of use, and husband

disapproval), and sub-county. The purpose of the interviews was to understand contraceptive use and provision practices that are likely to influence method discontinuation. The interviews were conducted in Dholuo, tape-recorded with the consent of the informants, transcribed and translated into English, and analyzed for content.

Written informed consent was obtained from participants before conducting the interviews. Ethical approvals for the study were granted by the Observational/Interventions Research Ethics Committee of London School of Hygiene and Tropical Medicine, the Institutional Review Board of the Population Council, and Kenyatta National Hospital/University of Nairobi Ethics and Research Committee. The National Commission for Science, Technology and Innovation granted the research permit to conduct the study in Kenya.

Results

Women's decisions to take up contraception in this rural community were driven by concerns about the negative effect of frequent childbirth on their health and the health of children as well as their ability to meet education and other basic needs of children. Women expressed concerns that giving birth frequently would lead to a deterioration in their health because the body will not have sufficient time to recover after a previous birth. Women also felt that that they would age faster as a result of frequent childbirth which may drive their husbands to go for prettier women out of wedlock. Participants further reported that a pregnancy that occurs soon after the birth of a child denies the child an opportunity to breastfeed properly and the motherly attention in terms of emotional support. They indicated that children who closely follow each other are likely to go through the various stages in life (such as schooling) together, which may pose challenges in meeting their basic needs all at the same time especially in a setting with limited resources such as the study site. The decision to take up contraception was also viewed in the context of rights, that is, that contraception helps women to only give birth when they want to. These concerns drove women whose partners were against contraception to secretly seek family planning services. For those whose partners supported their use of contraception, it was also mostly due to concerns about the woman's health and ability to meet the needs of children. Once a decision to use contraception was made, the type of method chosen was largely influenced by information the women had on the method (obtained from relatives, friends, neighbors, providers or mass media), what was available at the facility, and costs of obtaining the method (in terms of time, distance and service costs).

The findings further showed that decisions to discontinue and switch to another method were largely influenced by experiences of side effects, contraceptive failure or commodity stock-outs. Women who were secretly using contraception against their partners' wishes faced enormous challenges when they experienced side effects related to excessive bleeding or low libido as these were conditions that their partners could easily detect. Some of these women used such experiences as excuses for getting permission from their partners to visit a health facility where they could either switch to another method, be counseled on, or be given medication to manage the condition. Some women who experienced low libido simply decided to give in to their partners' sexual advances even if they were not in the mood for sex so that their activities were not detected or to forestall any disagreements which could lead to violence from the partner. Contraceptive failure and commodity stock-outs, on the other hand, presented a dilemma for women whose partners

approved and those whose partners opposed contraception alike regarding available options that are effective or convenient for their circumstances. The narratives indicated that contraceptive failure was in some cases due to a failure of the system rather than the method as some women reported discovering that they had been pregnant for longer compared to the duration they had been using a method, which could only mean that they were provided with a method when they were already pregnant. Regardless of the reasons behind switching, women faced challenges with identifying an appropriate method that works for them, with one participant describing the process as trial and error. Some women who tried both injectables and implants (the two main methods) and were dissatisfied with them opted for less effective methods like condoms or rhythm.

Decisions to completely abandon contraception including use of less effective methods like rhythm were on the extreme and only one woman among the 42 who were interviewed reported resolving not to use a family planning method again. The participant was using injectables without her partner's knowledge and when she experienced excessive bleeding, the partner took her to the health facility where he learnt that she was using contraception, became angry, and warned her of separation should she use contraception again. The warning from the partner, coupled with the provider's advice to stop using contraception for a while, made her lose trust in the methods and to resolve not to use family planning altogether to avoid marital disruption.

Implications for family planning programs

A persistent question in family planning programming is whether the demand for contraception actually exists in LMICs. Evidence of such demand mostly comes from quantitative measurements of unmet need (unmet demand) and current use (met demand) of contraception based on estimates from DHS. Qualitative findings in this paper show that the demand for contraception exists in the rural community where the study was conducted. Such demand is largely driven by concerns about the effect of frequent childbirth on individual health and household socio-economic well-being. The demand is also evident from the finding that once women take up contraception, those who completely abandon use when still in need of protection are few. Rather, most women who are still in need of protection discontinue methods they are dissatisfied with and try other methods even if they are less effective. A major challenge for some women in the study setting pertains to identifying an appropriate method after experiencing side effects, contraceptive failure or stock-out of their current method as well as securing the cooperation of their partners if they are opposed to contraception. Family planning programs could therefore use opportunities created by the prevailing demand for contraception to ensure that services adequately meet the needs of users in the study setting. In particular, the findings suggest that besides expanding the method mix, ensuring commodity security, and improving quality of care, women need the cooperation of their partners when on contraception in order to effectively cope with any challenges associated with use. The implication for family planning programs is to identify the ideal set of strategies that could enhance partner support for contraception, especially in highly patriarchal societies such as the study setting.