



EC Use in Kenya: A profile of EC users and non-users

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Project Background

With support from The William and Flora Hewlett Foundation, Population Services International and Population Council have been implementing a project to mainstream EC in Kenya since 2007.

Project objectives include:

- Increase correct knowledge, awareness and use of EC among Kenyan women ages 18-30 years old;
- Increase knowledge and awareness of EC among providers and pharmacists;
- Strengthen the capacity of the public and private sector health facilities and pharmacies to provide both emergency and regular contraceptives; and
- Establish the preconditions necessary for mainstreaming EC in other African countries



Research objectives

- Measure current rates of awareness and use
- Generate a profile of current EC users vs. non-users among single and married women
- Explore potential determinants of use (knowledge, beliefs, efficacy, outcome expectations, social support, partner support, perceived access) by comparing users and non-users
- Generate a baseline set of indicator measurements for the project

Methods: qualitative research

- 64 in-depth interviews
 - sexually active women aged 18-30 who had “informed awareness” of EC
 - both married and unmarried, urban/peri-urban, in Nairobi, Nyeri, and Kisumu
 - 32 were ever users, 32 were never users
- 6 focus group discussions were held with non-users, two from each region
- Performed in February/March 2007 by PSI

Methods: quantitative baseline survey

- Key questions/predictors informed by the qualitative research results
- Sample size
 - Desired: 1,150 females aged 15-45
 - Achieved: 1,183
- Households and individuals randomly chosen; non-probability based, modified EPI rapid sampling design
- Kenya's 13 largest towns and cities; middle to low-income estates/villages
- 67% urban; 33% peri-urban desired
- Performed in April 2007 by PSI

Findings

- Lack of a name - difficult to refer to Emergency Contraception in order to prompt awareness or identify users
- Awareness and use are low
 - 21% (n=1184) of all female respondents had ever heard of EC; 15% knew what EC is – pills taken after sex to avoid a pregnancy
 - 6% (n=995) of sexually active women had ever used EC; 3% had used EC in the previous one year

EC user profile (quantitative data)

Factor	Ever users (n=56)	Never users (ever had sex) (n=943)
Currently married or cohabitating (vs. unmarried)	73%	71%
Aged 25-29 years (vs. aged 15-24 or 30-45)	42%	27%*
Nairobi/Central/Rift Valley province (vs. other prov)	78%	52%*
University education (vs. none, primary or second)	62%	14%*
Strongly religious (vs. somewhat/not at all)	36%	49%*
Upper half of SES scale (vs. lower half)	91%	55%*
Primary income from formal employment/business (vs. informal employment or spousal support)	67%	42%*

*Comparisons have statistically significant chi-squares of $p < .05$ or greater.

EC use and current FP use (quantitative data)*

Method	Ever users (n=54)	Never users (n=942)
Doing nothing to delay pregnancy	40%	50%
Using any modern method	52%	46%
Using rhythm/withdrawal/other	8%	4%

**Comparisons have been controlled for significant SES factors: education, source of income, possessions index, age, province, and religiosity*

Single vs. married users – reasons for use (qualitative data)

■ Single users:

- did not expect to have sex and were not using any method.
- method failure (eg respondent was using a condom that ruptured)
- in between methods when they had sex.

■ Married users:

- did not expect to have sex and were not using any method. Most of those who reported having had sex unexpectedly lived away from their husbands.
- forgot to use their regular method
- recently discontinued using their regular method
- used EC secretly as their husbands had asked them to discontinue their regular methods in order to conceive:

My husband had objected to me using other methods like pills and injections so that I could conceive. I however did not want to conceive and so I used Postinor 2 secretly. (29 years old MEU Nairobi.)

Some women use EC as a regular method of FP; most report repeat use

■ Qualitative data on recent users:

- Most single users reported multiple EC use; only 3 out of 16 single users had used EC once
- Majority (two-thirds) of married users reported EC use more than once. Two-thirds of these multiple users consider EC to be their primary method of FP

■ Quantitative analysis of recent users (n=38):

- 60% had used in more than once in past year
- 20%, (**8 women**), reported using EC more than once per month
- 29% reported that they have used EC as their main method of FP in the past two years
- 24% (**9 women**) use it currently as their main FP method
- 61% said they preferred EC over other FP methods because it is “convenient/easy to use”

BUT:

- 69% of women with “informed” awareness of EC (users and non-users) do not agree that EC can be used as a regular method of FP

Repeat use (qualitative data)

- *I have used this thing (Postinor 2) many times. There was a time I was using it twice a month for about six months. (25 years old SEU Nyeri, Peri-urban)*
- *I have been using EC between 2004 and 2006. I must have used it for more than 20 times. I have probably even abused it, (laughs) because in a month I would use it about twice. (26 years old SEU Nyanza Urban)*
- *I have used it so many times, I cannot even count (laughs). I started using it when I was in Form 4 and up to now it is 2 years..... now how many times can I tell you? To combine all those months and I started using it when I was in Form 4, and this is my second year, it is just too many times (19 years old SEU Nairobi)*
- *Uncountable. I use it every time my husband is unable to use the withdrawal method. And I have been using it since 2005. (25 years old MEU Nyeri urban).*

A typical tale of use (qualitative data)

- **Respondent:** *It is a long story. It goes way back because the first time I ever used that thing, I was 20 years old, and what happened, that was the first time, I was having sex and you know how it is usually, the first time, first boyfriend, you panic a lot. It was not supposed to happen but it did happen somehow. So I went back home, I was crying, I did not know what to do. I went and told a friend of mine, I am in big trouble.*
- **Interviewer:** *A male or female friend?*
- **Respondent:** *A female friend. I told her, 'I am in big trouble, I have just broken my virginity and I think I am gonna get pregnant and my mum is going to kill me'. That is when she told me about Postinor 2. So she took me and I went for it.*
- **Interviewer:** *What about the second time?*
- **Respondent:** *Second time? There has been a second and third and fourth, so many other times (breaks out laughing) (26 years old SEU Nairobi)*



Findings (continued)

- Women know how and when to take EC
- Women prefer to get EC in private sector pharmacies
- Women know EC does not protect against STIs and HIV



Findings (continued)

- Women are overconfident in EC's efficacy
- Both users and non-users have high misperceptions about EC
- Neither users nor non-users understand EC's mode of action
- Both users and non-users would like more information about EC

Summary

- At the time of the study most Kenyan women were still unaware of EC as an emergency method of family planning
- Among those who are aware of EC, it is appealing to some women as a regular method of FP, especially those having infrequent, unprotected sex
 - Women are very convinced of its efficacy in preventing pregnancy
 - Women have almost no knowledge of EC's content or mode of action
 - EC is widely available and is considered convenient, discreet, and highly reversible
- A few women even reported bridging “the other way”, switching from more effective methods to EC; at the end of in-depth interviews, many wanted to know if it was possible to switch from their method to EC
- Current use of a modern method of FP does not differ significantly between recent EC users and never users, though recent EC users may be relying on shorter-term methods (eg pills, condoms)



Implications for bridging interventions in Kenya

- Target: married women with absentee husbands and single women with non-regular partners
- Promotion of barrier methods to this cohort is ideal given their high HIV risk profile
- Equipping users with sufficient knowledge on EC is key to (medically) appropriate use
- Proposed bridging methods need to offer similar benefits to EC i.e. convenience, discretion and high reversibility, in order to appeal to these women



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