

# How accessibility on utilization of contraceptives methods among youths

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## Abstract

A youth is a person aged between 15 to 24 years. Contraception methods are methods used to prevent unwanted pregnancies and spacing of pregnancies. Information on contraception is abundant among population but the uptake of contraception is still low especially among the youth. The study sought to examine how accessibility affects utilization of contraceptive methods among the youths in Westlands Sub- County.

**Methodology:** The study design was cross sectional and generated both qualitative and quantitative data. 13 health center in Westland's Sub County were randomly selected and youths visiting the facilities for services sampled using systematic random sampling. The sample size for this study was 431 study participants. The primary data collection tools included questionnaire and key informant guides.

**Result:** 398 participants were recruited and interviewed representing a response rate of 92.3% and 7.7% non-response rate. The study indicated that the quality of services youths received is correlated significantly to the utilization of modern methods of contraceptives by youths ( $p=0.00$ ). The Variables in the equation table above, clearly indicates that Academic level ( $p=0.003$ ), Marital status ( $p=0.021$ ) and gender ( $p=0.001$ ) added significantly to the model, but number of children ( $p=0.503$ ) did not add significantly to the model.

**Conclusions:** In conclusion utilization of any method of contraceptives to translate to high contraceptive prevalence in youths, the quality of services that health care providers offer to youths, education level, and demographic factors such as gender, marital status, have continued to greatly affect and lower overall contraceptive prevalence among the youths.

**Keywords:** Contraceptives, Reproductive Health, Unwanted Pregnancies, STDs

## Introduction

A youth is the time between childhood and adulthood and the person is considered young. According to Char, 2011 a youth is a person aged between 15 to 24 years (Newton-Levinson, 2016). Globally, the prevalence of contraceptive uptake has been on the increase. The increase in contraceptive uptake is attributed to the development of modern contraceptives and increased coverage and development of family planning and reproductive health programs (Wulifan, 2017). Contraceptives use has enabled women especially the youths to postpone, space, limit and prevent unwanted pregnancies. Contraceptive services are important not only to maternal and child health but also to meet the targets set by the sustainable development goals (SDG). SDG 3 goal is to ensure people live healthy lives and promote wellbeing of people of all age. Over the last three decades in Africa the behavior of young people on contraception has changed positively. In the African

population 64% are youths below the age of 25 years and one in every Kenyan is an adolescent (Keyonzo, 2017). The youths normally experience gradual attraction towards heterosexual relationships which eventually leads to sexual activity.

In Kenya for instance 52% of the youths aged between 15 to 25 years are sexually active. In addition, 39% and 65% of unmarried males and females respectively are sexually active in Kenya (Keyonzo, 2017). In Westlands, despite the increasing adoption of contraceptives use statistics have shown that there is poor utilization of contraceptives (NCPD, 2012). This could be directly being associated to the clients' contraceptives utilization. It is against this background that the area was selected for study.

The biggest challenge that youths face is the lack of health services that focus on the needs and desires of the young people as a priority. The experiences of adults and their point of view are different from those of youths. To effectively ensure that health services reach the young people youth friendly services should be established to encourage the youth to be advocates and champions of their own social and health welfare (Wulifan, 2017). Unwanted pregnancies, unsafe abortion, sexually transmitted diseases among the young people have been reported to be the contributing factors to increase in morbidity and mortality in developing countries (Gage, 2016). Annually an estimated 16 million adolescents become pregnant with about three million of them undergoing unsafe abortion. In addition, adolescents are at risk of pregnancy related complications as compared to other reproductive age women (Wulifan, 2017).

Many communities in Africa and Kenya specifically stigmatize sexual activities among the youths therefore limiting their access to information on reproductive health and sexual and reproductive health services including family planning services. The limited access to reproductive health services and information affects the individuals, communities and the health systems locally and globally (Fehring, 2018). Therefore, the differences in access to reproductive health services between the people of varied socio-economic status, and those living in urban and rural areas are a global equity issue of importance (Fehring, 2018).

Regardless of the extensive promotion of availability and access to health services especially reproductive health globally the disparities among communities especially among young people still remains more so those living in resource limited areas (Fehring, 2018).

## **Methods**

The study targeted youths aged between 15 to 24 years who were residents of Westlands and sought services at health centers in Westland Sub-County when the study was conducted. Statistics indicated that approximately 795 youths seek outpatient services in health centers daily and 19,080 in monthly in Westlands Sub-County (Ministry of Public Health & Sanitation report, 2022). The study also targeted 13 health facilities in Westlands Sub-County namely Gichagi dispensary (1440), Lower Kabete dispensary (720), Mji wa Huruma dispensary (1296), Karura health center (576), Kangemi health centers (2352), MSK Kangemi (840), Amurt health center (2688), Eagle Health center (2112), Chiromo medical center (1728), Medanta Africare Medical center (2208) and Avenue Hospital (3120).

The study design was a cross sectional descriptive design that generated qualitative and quantitative data. The study targeted youths aged between 15 to 24 years who were residents of Westlands and sought services at health centers in Westland Sub-County when the study was conducted. Systematic random sampling was used to select the youths aged 15 to 24 years in each health center. Systematic random sampling was used to reduce the potential of human selection bias. The participants were selected as they attend the selected health centers for the services until the desired number of 431 was reached.

### Findings

The study targeted 431 youths living in Westlands Sub County visiting various sampled health facilities for contraceptives services. Out of this 398 questionnaires were filled and considered for analysis, representing a response rate of 92.3% and a non-response rate of 7.7% (33 respondents) occasion by refusals and withdrawal from the study.

### Accessibility and utilization of Contraceptive Methods Among Youth

The disparities of access to health facilities and services have limited the youths from accessing the services of their health concerns. It was very important to investigate and find out how the accessibility factor of the health facilities and the services that youths require affects the utilization of the modern methods of contraceptives. Table 3 below summarises youths accessibility to the health facility and utilization of contraceptives.

**Table 1. Health Facility accessibility and use of modern contraceptives**

			Yes	No	Total
Is this Health facility and services accessible	Yes	Expected Count	168	143	311
		% of Total	42%	36%	78%
	No	Expected Count	50	37	87
		% of Total	13%	9%	22%
Total		Expected Count	218	180	398
		% of Total	55%	45%	100%

The study established that 42% of the youths who reported that the health facility was accessible were using modern contraceptives. On the other hand 36% who reported the health facility was accessible were not using any modern contraceptives. The study further established that 13% of those who indicated that the health facility was not accessible were using modern contraceptives when compared to 9% who report that the health facility was not accessible and were not using any modern contraceptive. The study further examined if there is any relationship between accessibility of the health facility and utilization of modern contraceptives using chi-square test.



**Table 2. Relationship between health facility accessibility and contraceptive use**

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.262 <sup>a</sup>	1	0.609		
Continuity Correction <sup>b</sup>	0.15	1	0.698		
Likelihood Ratio	0.262	1	0.609		
Fisher's Exact Test				0.622	0.35
Linear-by-Linear Association	0.261	1	0.61		
N of Valid Cases	398				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 38.06.

Based on the above Chi square Tests results, the test is statistically not significant, p-value= 0.609 > 0.05 (ns). This implies that the utilization of the methods of contraceptives is not associated with the accessibility of the services the youths seek from the health facilities they visit.

**Discussion**

The accessibility factor was not a significant factor affecting the utilization of method of contraceptives. 57.1% of the youths who participated in this study accessed the health facilities they visit by walking, out of which 54.1% take less than one hour to arrive. 22.9% of those walking to the health facilities, were currently using any method of contraceptives. The proportion of those using cars to get to the health facilities was 42.9% with 39.0% taking less than one hour to arrive and 31.8% were currently using any method of contraceptives. The study finding differ from the findings of a study in Ethiopia that concluded that women living in the rural areas far from health facilities were less likely to access and use contraceptives (Mulugeta, 2016). The difference in the findings could be attributed to differences in the setting of the 2 studies.

The education status of the youths was a significant factor indicating lower levels of education is associated with low utilization of methods of contraceptives. The study established, of the youths who participated in the study, 25.0% had tertiary level of education and were currently using any method of contraceptives while only 6.3% at this level were not using any method of contraceptives. Only 10.9% of those with primary level of academic were utilizing any method of contraceptives and 29.7% were not using any method of contraceptives. Additionally, out of the 45.3% of the entire sample not utilizing any method of contraceptive, 29.7% of them had primary or lower level of academic. This clearly associated youths with lower levels of education with low contraceptive prevalence in their lives.

The findings of this study are similar to findings of a study conducted in South Kivu, DRC that indicated that having some secondary education was significantly associated with contraception use (AOR 1.77 [95% CI

1.18–2.67]), although some or completed primary school was not (Casey, 2020). Another study in Ethiopia concluded that women aged 25-34 years and between 24 to 49 years having primary level of education and above were more likely to use contraceptives. In addition, the study concluded that have a husband of secondary education and above also increased the chances of a woman using contraceptives services (Mulugeta, 2022).

### **conclusion**

Generally, for utilization of any method of contraceptives to translate to high contraceptive prevalence in youths, the quality of services that health care providers offer to youths, education level, and demographic factors such as gender, marital status, have continued to greatly affect and lower overall contraceptive prevalence among the youths. In this study, there are the factor that offered substantial evidence and could be associated with a high likelihood that youths were not currently using any modern method of contraceptives.

### **Recommendation**

The findings from this study has formed a base to develop recommendations that once implemented, the overall prevalence of contraceptives in youths is bound to improve with practical significance helping in the distribution of these contraceptives methods as per the choice of youths and assist in mitigating the spread of HIV/AIDS, control of unwanted pregnancies, unsafe abortions, reinforce the people's rights to determine the number and spacing of their children, empowering people and enhancing education by avoiding early responsibilities and slowing unsustainable population, which all these are the different importance of using contraceptives youths stated to be aware of in this study.

The health care providers have to improve the quality of services they offer while focusing on areas of confidentiality and privacy, adequate information and counseling regarding contraceptive methods, offering youth friendly talks while delivering the services without showing their attitudes, or giving their opinions about their contraceptives of what they believe, or are in support of or opposition of as this potentially affects the distribution practices which ultimately results to lower contraceptive prevalence on the basis of most people need a variety services that they choose from what match their health circumstances, lifestyle, and preferences.

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