KEY FINDINGS:
• Young women make contraceptive decisions independently and also in conjunction with romantic partners
• Myths and misconceptions are important influencers for family planning among young people

KEY ACTION ITEMS:
• Provide fact-based family planning information at health facilities to ensure clients have accurate information on all contraceptive options.
• Undertake widespread dissemination of family planning information via mass media channels to reach potential young users as well as their influencers, including partners, friends, and family members.
• Support comprehensive and easy to understand family planning counseling for young people to ensure they understand all of their contraceptive choices, the potential side effects, and how to address any subsequent issues.
• Reach young people without children through targeted interventions to satisfy demand for modern contraceptives and encourage delay in first birth.

Young people represent a diverse population with different family planning needs and thus different influencers, knowledge levels and barriers to use. Understanding the experiences of young people in Mombasa will help policymakers and program implementers more efficiently ensure young people in their community have access to a full range of contraceptive methods.

In 2018, Full Access, Full Choice convened key family planning stakeholders, from the NGO and government sectors, to identify key county-specific evidence gaps in adolescent and youth family planning research. In August 2019, Full Access, Full Choice undertook qualitative in-depth interviews with 32 female youth ages 18-24 years in Mombasa, Nairobi and Migori, to better understand their contraceptive journey. Data from this study are presented below alongside quantitative data from various large-scale surveys in Kenya, including the Kenya Demographic and Health Survey (KDHS) (2014) and Shujaaz Inc’s annual surveys (2018, 2019).

KEY LIFE TRANSITIONS AMONG YOUNG PEOPLE IN THE COASTAL REGION*
Among women in the Coastal Region ages 25-49, the median age of first sex is 18.2 years. On average, women experienced first birth about two years later (DHS, 2014).

<table>
<thead>
<tr>
<th></th>
<th>Median age at first sex</th>
<th>Median age at first marriage</th>
<th>Median age at first birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>COASTAL REGION</td>
<td>18.2</td>
<td>19.7</td>
<td>20.3</td>
</tr>
<tr>
<td>NATIONAL</td>
<td>18.0</td>
<td>20.2</td>
<td>20.3</td>
</tr>
</tbody>
</table>

*Coastal Region is composed of Mombasa, Kilifi, Lamu, Taita Taveta, Kwale, and Tana River counties.
Modern method mix among women aged 15-24, DHS 2014, Coastal Region*

- **45%** INJECTABLE
- **31%** IMPLANT
- **12%** MALE CONDOM
- **10%** PILL
- **2%** IUD

MODERN METHOD USE DIFFERS BY PARENTAL STATUS

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females ages 15-24 without children</td>
<td>3.5%</td>
</tr>
<tr>
<td>Females ages 15-24 with children</td>
<td>42.3%</td>
</tr>
</tbody>
</table>

Among users aged 15-24 without children, the two most popular methods were male condoms (65%) and injectables (24%).

Among users aged 15-24 with children, the two most popular methods were injectables (47%) and implants (35%).

YOUNG PEOPLE MAKE CONTRACEPTIVE DECISIONS INDEPENDENTLY AND ALSO IN CONJUNCTION WITH ROMANTIC PARTNERS

When female in-depth interview participants ages 18-24 in Mombasa were asked about their decision-making process for selecting contraceptive methods, many reported that their boyfriends or husbands influenced them.

Interviewer: “Who did you talk to?”
Respondent: “My husband.”
Interviewer: “What did you talk about?”
Respondent: “About which method we can use to plan our family and that is when we decided to use the 3-month injection.”

-23-year-old female from Likoni with two children

Some women reported learning about the contraceptive method they chose to use from their boyfriend or husband.

“It is the boyfriend who showed me the condoms because at first I had not seen them.”
-22-year-old female from Likoni with one child

Still others reported that their husbands or boyfriends made the sole decision:

“I was advised by my spouse to use the pills. Making his case from information he had heard, he advised that I use the pills. He said I will use the injection at a point when I make the decision but use pills at the moment. I had no choice but to use the pills which my husband wanted me to use.”
-24-year-old female from Jomvu with three children
Some female youth reported making their contraceptive decisions by themselves. Two female youth reported choosing themselves to use male condoms as their first method, while another youth shared making her decision alone to use injectables. Data from the DHS shows that approximately one quarter of young women report making family planning decisions by themselves.

“No one told me which method to use. Just myself. My mind told me so.”
-20-year-old female from Likoni with two children

Across all three study sites, the main influencers on young people’s selection of their first contraceptive method were: partners, health care workers, friends, and family. Many female youth also noted that they alone selected their first contraceptive method, namely male condoms. Compared to Nairobi and Migori, fewer female youth in Mombasa noted the influence of health care workers on their contraceptive decision-making process.

MYTHS AND MISCONCEPTIONS ARE IMPORTANT INFLUENCERS FOR FAMILY PLANNING METHOD CHOICE AMONG YOUNG PEOPLE

As part of the qualitative study, females ages 18-24 in Mombasa were asked about specific contraceptive methods they might use in the future and reasons why they would or would not use them. Many shared beliefs about the methods that were based on myths and misperceptions. For example, infertility concerns were a main reason for not using implants and IUDs.

“But these ones [implants], if you use them, you might go years before being able to get pregnant.”
-22-year-old female from Likoni without children

“No, this one [IUD], I usually believe it can even block the uterus. You know when I used to putting it or doing it, the uterus also doesn’t get its space. It switches off. So I don’t like them.”
-19-year-old female from Jomvu without children

Misconceptions regarding long-acting reversible methods, such as IUDs, can contribute to low usage among adolescents and youth. Only 2% of modern users aged 15-24 in the Coastal Region use an IUD (DHS, 2014).

Most myths and misconceptions reported were related to IUDs. These ranged from IUDs causing infertility to the need for IUDs to be custom fit to their male partners. One woman stated that she could not use the IUD because of the embarrassment of having her partner join her for the family planning session to be measured. Another woman shared about her misconception of IUD characteristics while stating that she would never use the method.

“I don’t like it because I hear it is a metal or is it wood? It is just inserted inside. I just feel like it will be heavy once it is placed inside. I just fear it from the name ‘coil’. Even if they are able to explain it for me as the only FP method available then I better become pregnant than use a coil. It is just fixed in my mind.”
-23-year-old female from Jomvu with one child

When describing their experiences using various contraceptive methods, some female participants mentioned cancer concerns, namely around condoms and implants.

“I think that once you’ve worn it [male condom] and the penis goes into the vagina, in my mind, I think the oils melt and get inside the vagina. I think they can cause cervical cancer.”
-23-year-old female from Jomvu with one child
In Mombasa and the other two study sites, women mainly shared myths and misconceptions about three methods based on their knowledge of these methods: IUDs, implants and injectables. Women felt that IUDs were only suitable for use with one partner. They shared their fears that implants could disappear within their body and that implants and injectables both could cause infertility.

Myths and misconceptions about family planning were high among young people in Kenya. In addition to what emerged from our qualitative study, we explored the Shujaaz Inc data to better understand different myths and misconceptions that women in the Coastal Region believe regarding family planning. Based on both the qualitative and quantitative data, female youth generally shared their concerns about potential health consequences resulting from contraceptive use. Of note, despite that 60% of female respondents ages 15-24 from the Shujaaz survey stated that contraceptive use can lead to deformed babies, no respondent in the qualitative study reported this belief.

What is Full Access, Full Choice?

Full Access, Full Choice is a four-year, Bill & Melinda Gates Foundation (BMGF) supported project implemented by the University of North Carolina at Chapel Hill Carolina Population Center and the African Institute for Development Policy (AFIDEP). The project will generate and synthesize evidence to inform programs and policies to expand contraceptive method choice for youth aged 15-24 at the global and country levels.

For more information, please contact the FAFC team at fullaccessfullchoice@unc.edu or Bernard Onyango with the AFIDEP team at bernard.onyango@afidep.org.