

# Method-specific attributes that influence choice of future contraception among married women in Nairobi's informal settlements



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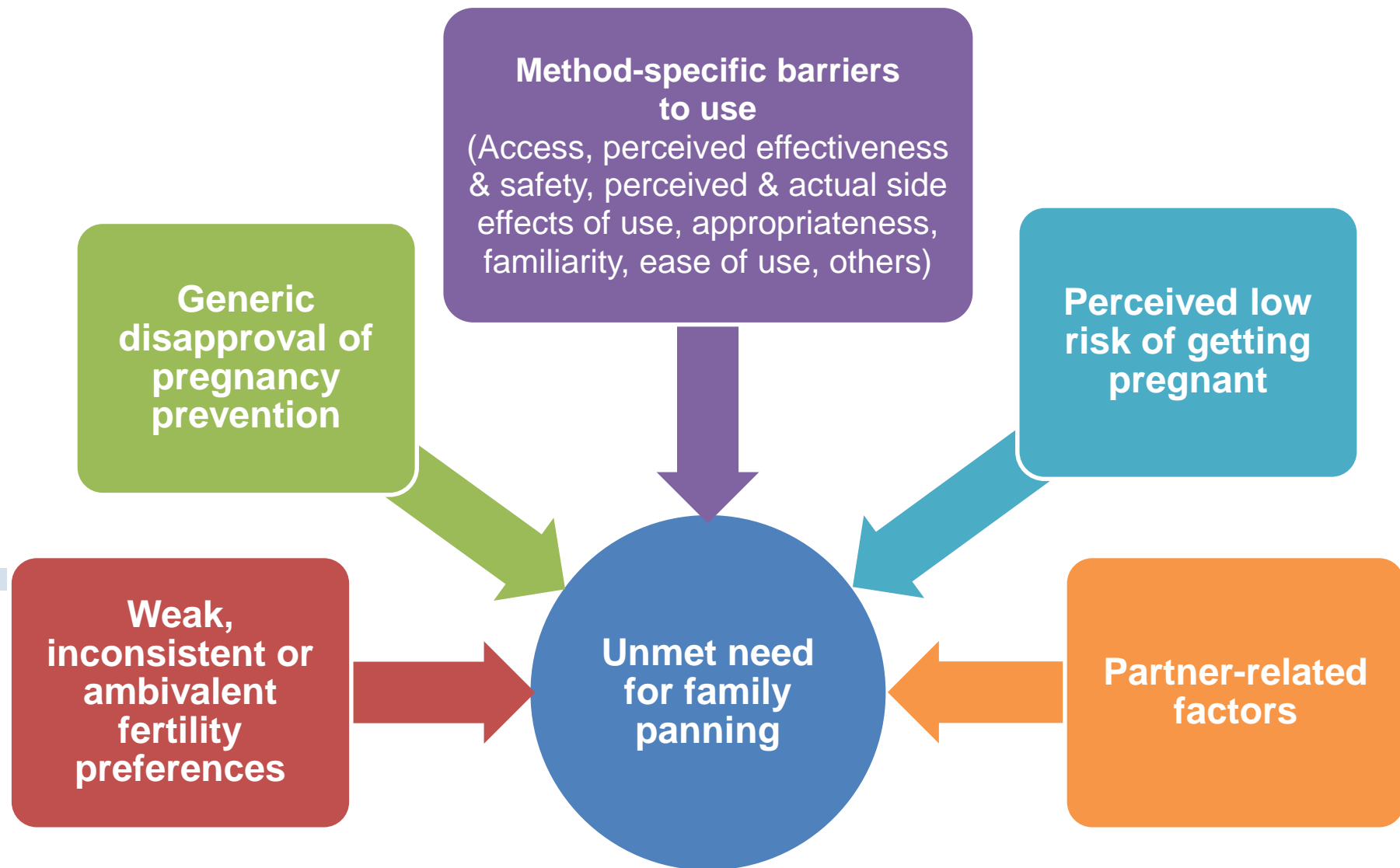
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# Background

- Huge literature on contraceptive method choice
  - Factors that influence method choice include:
    - Information, availability, access and affordability, counselling, client-provider interaction and bias, socio-demographic correlates, opinions and fears about specific methods etc.
- • Despite this extensive evidence base, it remains uncertain which factors are most influential in predisposing women towards certain methods and against others

# Causal framework for reasons for unmet need for FP



## STUDY AIM

**Which perceived method-specific attributes most powerfully predict future intentions to use one of the three dominant methods\* by women who are not currently using a method in Nairobi**

# Methods

# METHODS

## Study Setting:

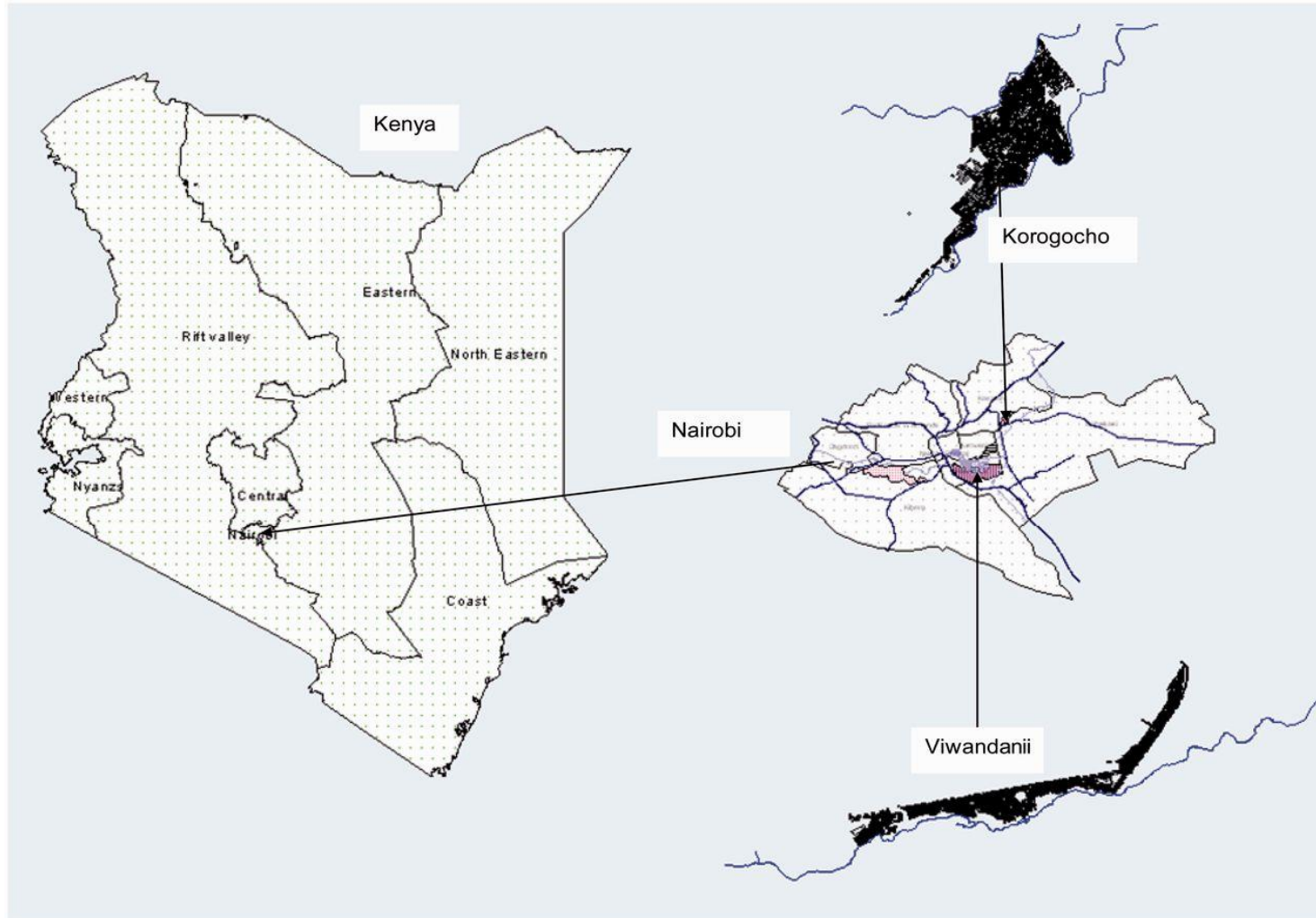
Nairobi Urban Health & Demographic Surveillance System (NUHDSS)

- First urban-based longitudinal HDSS platform in SSA
- Established in 2002
- 65,000 (55% males) individuals in 24,000 HH in two slum communities (Korogocho and Viwandani)

## Data collection:

- Baseline data collection: September – December 2016
- A total of 2,812 married women aged 15-39 recruited in Nairobi
- Follow-up round currently ongoing in Nairobi (and in Homa Bay and Matlab)

# METHODS



Beguy et al. *Int. J. Epidemiol.* 2015;44:462-471

# Methods

## *Measures*

- Contraceptive methods:
  - Pills, Injectables, Implants
- Attributes include:
  - Familiarity, access, perceived effectiveness, safety, side effects, ease of use, satisfaction with use among social networks, own past use and satisfaction, and partner approval
- Explanatory variables:
  - Age, number of living children, educational attainment, and current fertility preferences
- Analysis:
  - McFadden conditional logit regression – allows for analysis of discrete choice



# Results

**Table 1:** Percent distribution of demographic characteristics of women in Nairobi

	Total %
<b>Current age</b>	
15-24	23.1
25-39	76.9
<b>Highest level of education</b>	
No education/some primary	21.1
Completed primary	39.4
Secondary+	39.6
<b>Fertility Preference</b>	
Want soon/want within 2 years/undecided	22.3
Want to wait 2+ years	47.3
Wants none/no more	27.7
Other preference^	2.7
<b>Current contraceptive use</b>	
Injectables	32.4
Implants	19.8
Pills	8.4
Other methods	14.8
Not using	24.7

**Total (N)**

2812



Other fertility preferences include sterilized, cannot get pregnant, not asked n=76



**Table 2:** Percent distribution of methods non-users would prefer to use in the future among those intending use in the next 12 months Nairobi, 2016

		<b>Total</b>	
		%	n
<b>Intention to use among non-users</b>			
	Intend to use in <12 months	59.9	416
	Injectables	30.3	210
	Implants	11.2	78
	Pills	5.8	40
	Other methods	12.7	88
	Intend to use in 12+ months/Do not intend to use	39.8	276
	Not asked about intent	0.3	2
<b>Total</b>		100	694



This panel only includes the women who are not currently using a method (350 women in Korogocho and 344 women in Viwandani)



**Table 3:** % of respondents with specific negative opinions about selected methods, among women not currently using a method and intend to use injectables, implants or pills within the next 12 months in Nairobi, 2016

Negative opinions	Injectables	Implants	Pills
	%	%	%
Hard to obtain	2	9	7
FP use among social network (Most)	69	38	20
Experiences of friend, relatives or neighbors (unsatisfactory)	11	18	33
Not effective at preventing pregnancy	11	12	36
Cause serious health problems	17	20	12
Interfere with menstruation	77	62	41
Cause unpleasant side effects	56	57	44
Unsafe to use for a long time	60	53	68
Causes infertility	30	26	16
Husband disapproves	20	38	40
Past use (past user – not satisfied)	27	6	20
Mean number of negatives	3.5	3.5	4.1
<b>TOTAL (N)</b>	<b>317</b>	<b>317</b>	<b>317</b>

**Table 4:** Intention to use injectables, implants and pills within 12 months among non-users and pregnant women who know all three methods, Nairobi 2016

	Excludes husband's approval		Includes husband's approval	
	OR	p-value	OR	p-value
<b>Effects of Method Attributes</b>				
Easy to find	1.75	0.288	1.5	0.456
Social network tried & satisfied	<b>1.92</b>	<b>0.003</b>	<b>1.8</b>	<b>0.007</b>
Effectively prevents pregnancy	<b>2.11</b>	<b>0.029</b>	<b>1.88</b>	<b>0.065</b>
Doesn't cause health problems	1.18	0.595	1.11	0.752
Doesn't interfere with menses	<b>2.05</b>	<b>0.006</b>	<b>2.15</b>	<b>0.004</b>
Doesn't cause side effects	0.92	0.718	0.86	0.498
Safe for long use	<b>1.73</b>	<b>0.033</b>	<b>1.63</b>	<b>0.062</b>
Doesn't cause infertility	<b>1.73</b>	<b>0.067</b>	1.5	0.193
Past use & satisfaction (Ref: Never used)				
Ever used + satisfied	<b>3.56</b>	<b>0.001</b>	<b>2.97</b>	<b>0.001</b>
Ever used + dissatisfied	1.02	0.939	0.84	0.58
Husband approves of method			<b>3.2</b>	<b>0.001</b>
N	317		317	

# Discussion and Conclusion

- Current method mix is skewed – 3 methods dominate
  - Profile of intentions closely mimics current method mix
  - Degree of skewness justifies focus on these methods
- High levels of current and past use do not necessarily imply positive perceptions
  - Modern contraceptive use regarded with anxiety about effect on health

## Discussion and Conclusion

- Apart from partner's approval, largest influence on future method choice was satisfactory past use
  - Underscores the importance of having alternatives
- Interference with menses, satisfaction with a method by woman's social network, methods perceived to be safe to use for a long time were influential attributes
- Side effects and health concerns appear to not have significant influence on future choice of method



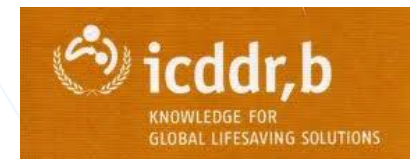
STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY



The **STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium** is coordinated by the Population Council in partnership with the African Population and Health Research Center; icddr,b; the London School of Hygiene and Tropical Medicine; and Marie Stopes International. STEP UP is funded by UK aid from the UK Government.



African Population and Health Research Center



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# Thank you

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