

MODERN CONTRACEPTIVE USE AMONG TEENAGE GIRLS IN KENYA: PMA DATA ANALYSIS

Ednah C. Salat¹, Dr. Ahmed Abade¹, Dr. Judith Mang'eni²

1: Kenya Field Epidemiology and Laboratory Training Programme, Ministry of Health, Kenya,
2. Department of Epidemiology and Medical Statistics: School of Public Health, Moi University, Kenya.

Introduction

- Adolescent pregnancy remains a major health issue.
- 15.8% of Kenyan girls (15–19 years) have ever been pregnant; 65% are unintended.
- Barriers to modern contraceptive use;
 - . Limited knowledge
 - . Cultural norms & stigma
 - . Poor access to youth-friendly services

Performance Monitoring for Action (PMA):

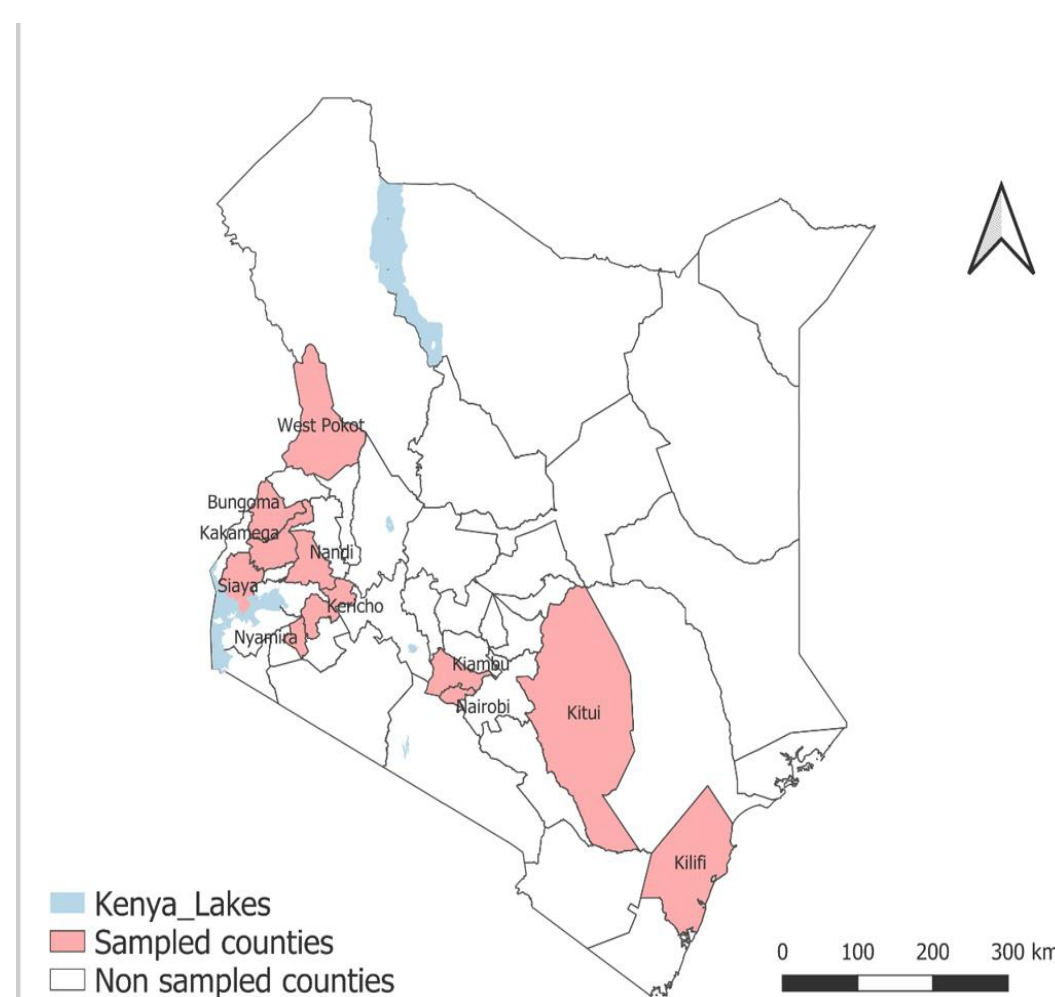
High frequency data on family planning & other health indicators in Africa -surveys
<https://www.pmadata.org/countries/kenya>

Objective: Determine factors influencing modern contraceptive use among female adolescents (15–19 years) in Kenya.



Methodology

Study Design:	Cross-sectional study Secondary data from the
Study site	11 counties (Kilifi, Kitui, Kiambu, Nairobi, Nyamira, Kericho, Nandi, Siaya, Kakamega, Bungoma and West Pokot)
Data Source	Secondary data from PMA November–December 2021
Study Population:	Adolescent girls aged 15–19 years -had sex within 30 days prior to the interview
Data Extraction	Relevant variables were extracted using the PMA codebook for analysis.
Sample size	344
Data analysis	Univariate, Bivariate and Multivariate analysis



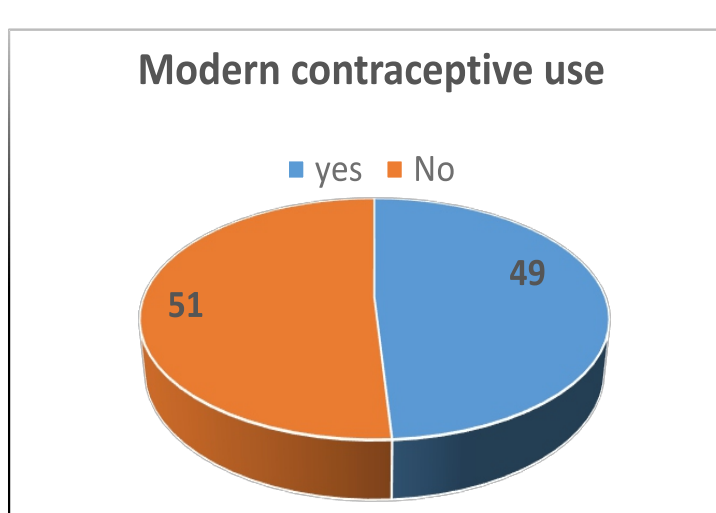
Regression model for predicting modern contraceptive use

Variable	Modern contraceptive use		aOR (95% CI)	P value
	Yes (%)	No (%)		
Age in Years				
15-17	41(33.9)	80(66.1)	Ref	
18-19	128(57.4)	95(42.6)	2 [1.21,3.45]	0.008
Parity				
None	98(42.8)	131(57.2)	Ref	
One	63(62.4)	38(37.6)	2.2 [1.17,4.24]	0.015
Two or more	8(57.1)	6(42.8)	1.9 [0.43,8.02]	0.408
Household wealth index				
Lowest quintile	26(27.1)	70(72.9)	Ref	
Lower quintile	60(64.5)	33(35.5)	4.9 [2.08,11.29]	0.0001
Middle quintile	34(50.7)	33(49.2)	2.8 [1.11,6.88]	0.029
Higher quintile	32(56.1)	25(43.9)	2.9 [0.98,8.37]	0.053
Highest quintile	17(54.8)	14(45.2)	3.2 [1.02,10.04]	0.046
Community Perception				
Most	101(56.7)	77(43.3)	Ref	
Some	42(46.1)	49(53.8)	0.6 [0.31,1.1]	0.096
Few	26(34.7)	49(65.3)	0.4 [0.2,0.78]	0.008

Results

Mean age: 17.8 years
Standard deviation: +/-1.7

Univariate analysis



Variable	Characteristics	Proportion (%)
Age group	18-19	65
Education level	Secondary/higher	68
Marital status	Unmarried	77
Parity	None	67
Residency	Rural	79
County of Residence	Kakamega	23

bivariate analysis

Variables	Modern Contraceptive Users (%)	cOR (95% CI)	P-value
Age (years)			
15-17	33.9 [24.2,45.2]	Ref	
18-19	57.4 [49.6,64.8]	2.6 [1.6,4.28]	>0.001
Parity			
None	42.8 [33.8,52.3]	Ref	
One	62.4 [51.8,72.0]	2.2 [1.23,3.99]	0.008
Two or more	56.5 [27.7,81.6]	1.7 [0.48,6.26]	0.395
Residency			
Urban	64.8 [50.8,76.6]	Ref	
Rural	45.1 [37.0,53.4]	0.4 [0.23,0.87]	0.018
Household wealth index			
Lowest quintile	27.3 [15.6,43.4]	Ref	
Lower quintile	64.4 [51.9,75.2]	4.8 [2.06,11.21]	0.001
Middle quintile	50.1 [37.4,62.9]	2.7 [1.12,6.38]	0.029
Higher quintile	56.7 [40.2,71.8]	3.5 [1.29,9.36]	0.014
Highest quintile	54.3 [32.3,74.8]	3.2 [1.09,9.16]	0.046

Discussion

Factors positively linked to modern contraceptive use:

- .Older age (18–19 years)
- .Higher education level
- .Previous childbirth (parity)
- .Access to SRH information

Barriers to modern contraceptive use:

- .Negative perceptions of contraception
- .Low decision-making power
- .Stigma from parents/community



Conclusion

Modern contraceptive use is **influenced by:**

- .age, education, parity and knowledge.
- .Cultural beliefs and stigma limit access and use.
- .Involve parents & communities to reduce stigma
- .Expand access to youth-friendly SRH services
- .Target interventions based on age and education levels.

