

LARC Use among Women Aged 15-24 in Kenya

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Country: Kenya

Abstract

Background

The Kenya Demographic and Health Survey 2014, revealed radically changing patterns in contraceptive use with women aged 15-24 shifting from the injectable method to implants. This could be a game changer in dealing with unintended pregnancies and could herald a new chapter in the fertility and reproductive health of this important cohort of women as Long Acting Reversible Contraceptive (LARCS)are convenient, safer, long term and more effective than other modern methods.

Kenya with a prevalence of 18% teenage pregnancies, has put in a lot of initiatives in terms of policy and programs to improve the landscape for reproductive health for adolescents and youth. However, early and unprotected sexual involvement among the young people many times leads to unintended pregnancies and rolls back the monumental gains achieved in the uptake of modern contraception.

Teenage pregnancies have adverse effects on the health of girls and also in their continuity and completion of education as they lead girls to drop out of school or get into early marriages. Unsafe abortions are other health risks that face pregnant teenagers who are not emotionally mature nor economically capable of raising a child. Pregnancy and birth related complications may result in deaths as the girls might not be mature to endure pregnancy and childbearing.

LARC methods refer to Intrauterine devices (IUDs) and implants and are the epitomes of convenience, sexual acceptability and efficiency in modern contraception. They are highly effective against pregnancy with only about 0.05% failure rates. Their cost is also less over time than shorter acting contraceptives (SACs) and they have recently been recommended for nearly all women including adolescents and nulliparous women. LARCs have the potential to allow adolescent girls to delay pregnancy for several years as they complete school and engage in economic activities.

Globally, pregnancy and childbirth complications currently lead in deaths of females aged 15 to 19 hence the need to understand this age group to considerably reduce the maternal mortality ratio.

Investments in the reproductive health of Kenyan youth can considerably empower them with contraceptive information and services which will enable them make important choices in life like when to marry, when to start sexual relations and the desired number of children to have.

This can reduce early and unintended pregnancies and positively impact the birth rate. However, access to reproductive health information is mostly a challenge and the youth experiment with sex and contraception unaware of the health and life term consequences that they may face.

LARC use has great potential in reducing unintended pregnancies and hence unsafe abortions. Increased uptake of IUDs and implants is needed for Kenya to achieve the FP2020 targets on increasing contraceptive prevalence, reducing unmet need and expanding contraceptive method mix. However, the methods are provider dependent and thus their increased use calls for increased investments in training service providers to equip more of them with skills on insertions and removals.

Studies are needed to guide new and continuing adolescent sexual and reproductive health programs so that they become focused and responsive to the needs of adolescents and young women.

Study Objectives

The study sought to establish the extent of LARC use for women aged 15-24 years and the factors that influence the choice of these methods.

Data and Methodology

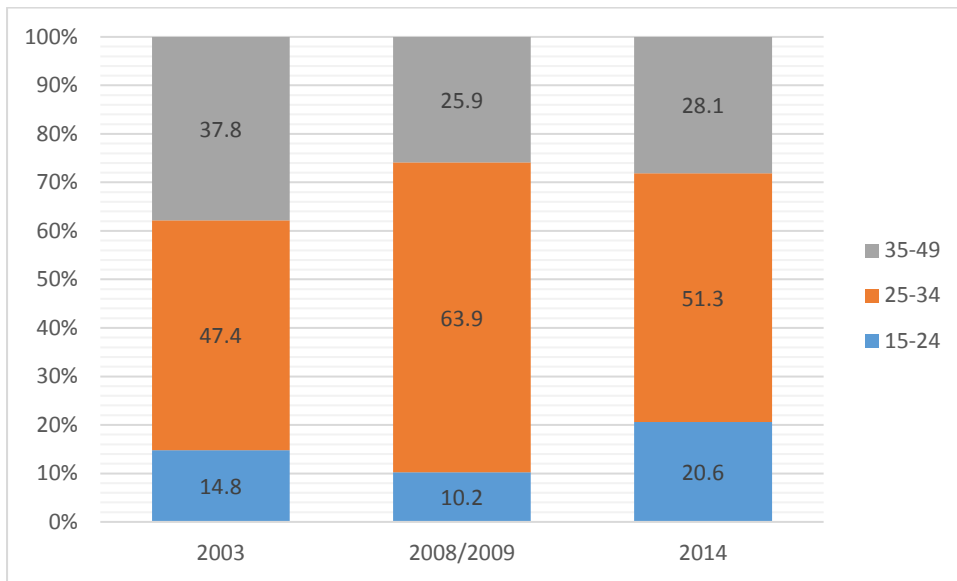
Data used was from the Kenya Demographic and Health Survey 2014 and the sample was all the 15-24 year old women who reported current use of either IUD or Implants as recorded in the contraceptive calendar. The data was further analysed through frequencies and cross tabulations to obtain a profile LARC users among this group and show the different aspects of LARC use against selected socio demographic factors. Logistic regression was then employed to identify factors associated with the choice of these methods.

Results

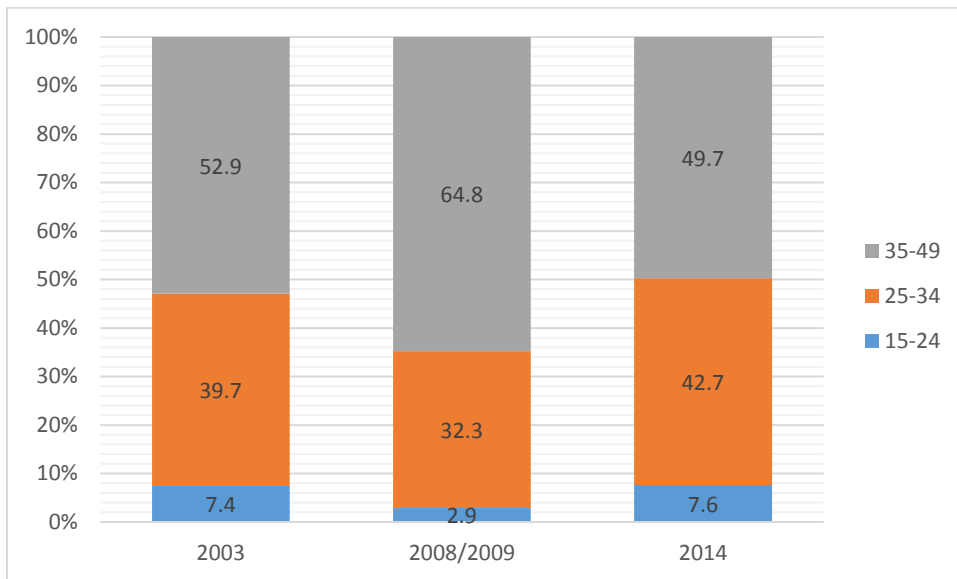
Results paint the general profile of a 20-24 year old, secondary educated, wealthy women living in urban areas and regions of higher contraceptive use most of whom have no counselling on how to deal with side effects of LARCs.

The findings showed dramatic rise in use of LARCs with use of both IUD and implants doubling between 2008 and 2014. However, proportions show IUD use was minimal with increase being more dramatic on the implants. LARC use was seen to be influenced by factors of age, education, wealth, and region and whether a user received counselling from a health worker on initiating use.

Trend analysis for Implant use and age



Trend analysis for IUD use and age



Background Characteristics of 15-24 Women LARC users In KDHS 2014

Variable	Percent (%)
N= 300	100
Method	
IUD	1
Implants	99

Age	
15-19	10
20-24	90
Education	
Primary	43
Sec+	57
Residence	
Rural	33
urban	67
Region	
Low Contraception	40
High Contraception	60
Wealth Status	
Lower	15
Middle	16
Higher	69
Told about Side Effects by Health Worker N=81	
No	87
Yes	13
Counselling on dealing with Side effects N=54	
No	18
Yes	82

Conclusion

The study clearly points to existence of great potential for scaling up use of LARC among the study group and also guides on which sub groups can be targeted in promotion of the methods. LARCs should be encouraged for their pregnancy prevention as well as non-contraceptive benefits. Barriers to their use should be identified and addressed and investments in quality family planning services made so that the high rates of unintended

pregnancies may be dramatically reduced and adolescent girls and young women can be in control of their reproductive and life goals.