

DETERMINANTS OF CONTRACEPTIVE NON-USE AMONG KENYAN YOUTH

BY

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A Research Project submitted in partial fulfillment for the Degree of Master of Arts
Degree in Population Studies.

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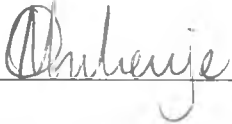
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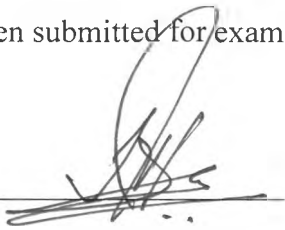
Declaration

This project is my original work and has not been presented in any other university for the award of a degree.

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Dedication

To my father Salim Masyongo Shivachi and my daughter Yozee Hope Khavira,

Your love and encouragement means so much in my life.

ABSTRACT

The study set out to investigate determinants of contraceptive non-use among ever sexually active youth aged 15-20 years in Kenya. Specifically the study sought to determine the demographic, socio-economic and cultural factors affecting non-use with or without an unmet need among youth in Kenya using data from the 1998 Kenya Demographic and Health Survey (KDHS).

This analysis of non-users of family planning is based on KDHS data collected in 1998. A total of 3394 women aged 15-24 were interviewed in KDHS, 2148 of whom were sexually active (ever had sex), who were included in this study. The analysis focused particularly on youth aged 15-24 who were not using contraceptives at the time of the survey.

The key program questions addressed in the analysis are who are the non-users of contraception among youth aged 15-24 in Kenya and what factors are associated with non-use of contraception among this group. Frequencies, cross tabulation with chi square and multivariate logistic regression were used to analyze the relationship between non-use and each of the independent and intermediate factors selected for this study.

The study adopted the framework developed by Casterline, Perez and Biddlecom explaining unmet need for contraception. This framework was adopted and modified to explain non-use of contraception among youth in Kenya. The formulated hypotheses were tested using the dependent variable defined as non-use of contraception. Frequencies were first run to give the socio-demographic

profile of the ever sexually active youth who were not using any family planning method at the time of the survey.

Bivariate analysis was then done by use of cross tabulations and the Chi square to assess the strength of association between each of the explanatory variables and the dependent variable.

Standard logistic regression was applied to assess the effect of factors, said in the study to be associated with contraceptive non-use. Logistic regression analysis was chosen because the dependent variable (contraceptive non-use) is dichotomous. Further more the use of a dichotomous dependent variable in logistic regression analysis refocuses the analysis from examining in general the determinants of contraceptive non-use to a detailed examining of determinants of contraceptive non-use versus use. Besides, the nature of the explanatory variables under study were categorical, calling for the application of logistic regression model.

Results of the bivariate analysis show that youth who are married and those who live in rural areas comprise majority of non-users of contraception among youth in Kenya. The results further reveal that non-use of contraception among youth in Kenya varies according to education, age, place of residence, region of residence, ethnicity, marital status, exposure to mass media together with knowledge of family planning. An insignificant association is however exhibited between religion and non-use of contraception.

Bivariate results in this study also reveal a strong association between the intermediate variables, Knowledge on contraception source, attitude towards family planning and Interpersonal communication with non-use of family planning .

Multivariate analysis of socio-economic, socio -cultural and demographic factors indicated that place and region of residence had a strong effect on contraceptive non-use among youth in Kenya.

Multivariate analysis further indicated that attitude towards family planning, discussion about family planning and knowledge of source of contraception also had the strongest effect on contraceptive non-use among youth in Kenya.

The findings of this study are useful for both policy and research. Measures to enhance contraceptive use among the married youth, those resident in the rural areas and those who have never used any contraception ought to be encouraged by policy makers since this group is characterized by high levels of non-use.

The study concluded that contraceptive non-use among the ever sexually active women aged 15-24 is very high in Kenya and that a big gap between knowledge of contraception and actual contraceptive use .The study thus suggests a comprehensive investigation into the barriers to contraceptive non-use among youth in Kenya in order to explain the large discrepancy between knowledge and use. This will be important to family planning policy makers if they have to specifically address these barriers to increase the level of use among this target population.

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LIST OF ABBREVIATIONS

ASFR	Age Specific Fertility Rate
AIDS	Acquired Immune Deficiency Syndrome
CBS	Central Bureau of Statistics
CP	Contraception
DFID	British Governments Department for International Development
FP	Family Planning
FPAK	Family Planning Association of Kenya
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KAP	Knowledge, Attitude and Practice
KDHS	Kenya Demographic and Health Survey
MI	Macro International
NCPD	National Council for Population and Development
Prot/other xtian	Protestant/Other Christian
RH	Reproductive Health

STIs	Sexually Transmitted Infections
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

CHAPTER ONE

GENERAL INTRODUCTION

1.1 Background to the Study

Premature sexual activity is common in many regions worldwide. The break down in traditional family systems, urbanization and the influence of the mass media are just some of the factors contributing to increased sexual activity among adolescents which is associated with risks such as STIs and HIV/AIDS, unwanted pregnancies and unsafe abortion, economic hardship and school dropouts. Young people should therefore be provided with the information and skills that will enable them postpone their initiation of sexual activity (Gage,1998)

Studies in both developed and developing countries have consistently indicated that adolescents are poor contraceptors or non contraceptors (Mensch,et al,1998; Moore and Roosenthal,1993).A study in Canada (cf. Moore and Roosenthal, 1993) found that only 34 percent of high school students used contraception every time they had sex while 27 percent never did so. In Kenya for example, among all women age 15-19 only 8 percent them were using contraception in 1998 (NCPD,CBS and MI, 1998).

Further, a number of studies have shown that there exists a gap between the initiation of sexual activity and the initiation of contraceptive use, with the latter lagging behind, especially among young adults (Gupta, 2000). This lag has also been linked to poor reproductive health outcomes among youth, such as higher incidences of STIs including HIV/AIDS, higher prevalence of unplanned pregnancies and their attendant higher risks of clandestine abortions and higher rates of maternal and child morbidity and mortality compared to adults (Rogo et al.,1999; Aggarwal and Mati,1980).

In the context of the general health problems affecting the community, reproductive health problems have emerged as the most important both for the adults and youth. Youth are viewed as the most vulnerable given that their sexual networks surpass those of adults, disease prevention among them.

Adolescence is a powerfully formative time of transition to adulthood roughly concurrent with the second decade of life. What happens during adolescence and youth shapes how girls and boys live their lives as women and men not only in the reproductive arena, but in social and economic realm as well. Yet, despite its impact on human development, adolescence and youth have been sidelined a research and policy subject in developing countries, and as a result little is known about young people's lives in these societies (Mensch et al, 1998).

The behaviour of youth is affected by factors in the individual and factors in the environment. Individual factors include cognitive traits such as knowledge of contraception and skills that go into its acquisition and use, affective factors and other internal forces that affect perception and action. (Bandura, 1992). Thus determinants of youth contraceptive behaviour such as age, marital status and socio-economic operate at individual level. Factors in the environment include immediate social environment of youth such as parents, peers, and social influences including religious and traditional norms and practices. These forces in social environment determine the extend to which individual factors affect their sexual and contraceptive behaviour.

It has been argued that for contraception to take place, knowledge, information, motivation, personal and interpersonal skills and a positive self-concept must be present (Gage, 1998). These qualities are often absent in youth due to lack of social, emotional and psychological maturity.

The negative perceptions that associate provision of contraceptive information and services to youth with promiscuity and increased sexual activity, is a major obstacle to contraceptive use among adolescents and youth (NCPD,CBS 1998) .

Given that adolescent childbearing is associated with numerous social, medical and psychological problems, (Moore & Roosenthal, 1993), it is clear that adolescent contraceptive behaviour has been sidelined over time.

1.2 Background information of Kenya

1.2.1 Population and policy

Despite substantial declines in fertility and increases in Contraceptive adoption over the past two decades, unmet need for Family Planning remains high in Kenya with about one in four married women having an unmet need for Family Planning (Magadi et al.2001).

The Kenyan Family Planning program has however made substantial progress in expanding the use of contraceptives in Kenya in the more than 30 years since Family Planning was integrated into the maternal and child health services of the Ministry of Health. (NCPD/ CBS; MI. 1999).

The 1997 guidelines on the delivery of family planning services in Kenya titled “Reproductive Health/Family Planning Policy guidelines and Standards for service providers” integrated Reproductive health concerns into Family Planning programmes and provided guidelines for service delivery on a number of Reproductive health concerns, including post abortion care, contraception for

the adolescents/youths, STI/HIV/AIDS prevention and screening, and maternal health care/safe motherhood (Magadi et al. 2001).

The contraceptive prevalence rate (CPR) of 39% according to KDHS 1998 for currently married women in Kenya is one of the highest in Africa and this is attributable to the important role that Family Planning has played in the reduction of population growth in Kenya. The rate of increase in uptake of contraception has however slowed (NCPD/CBS, MI 1999). Differentials exist though in contraceptive use by background characteristics like type of residence, region of residence, education.

According to the latest DHS data, 34 percent of the Kenyan population consists of young people aged 10-24 years while those between the ages of 10-19 make up 25 percent (NCPD/CBS, MI 1999). Kenya's youth population continues to grow with serious demographic and socio-economic implications. Such a young population impacts strongly on the momentum for future population growth that's high.

Similarly, Sessional paper No. 1 of 2000 on National Population Policy for Sustainable Development, indicates that about 50 percent of the population of Kenya was below 15 years of age by 1999. The paper defines youth as persons between 15-24 years. According to this Sessional paper, these segments of the population are the fastest growing and this has major demographic, social and economic implications.

Youth in Kenya have been disadvantaged as regards contraceptive use as their accessibility to information and services on family planning has been hindered by the government policy that strongly prohibits the accessibility of contraceptives to youth, especially those still in schools. This has in part

contributed to the general negative public attitude towards use of contraceptives by youth in Kenya resulting into high levels of non-use among this segment of the population.

The government policy instead encourages the provision of relevant educational programmes including information, counseling and guidance regarding responsible parenthood, aware of problems like teenage pregnancies, abortions, drug abuse, and , sexually transmitted diseases including HIV/AIDS facing youth in Kenya today. A lot remains to be done therefore to change the general attitude of the public towards accessibility of reproductive health services including family planning by youth needing those services.

1.2 Statement of the Problem

Premature sexual activity is common in many regions worldwide, yet studies in both developed and developing countries have consistently indicated that adolescents are poor contraceptors or non contraceptors (Mensch,et al,1998; Moore and Roosenthal,1993).

A number of studies have shown that there exists a gap between the initiation of sexual activity and the initiation of contraceptive use, with the latter lagging behind, especially among young adults (Gupta,2000). This lag has also been linked to poor reproductive health outcomes among youth, such as higher incidences of STIs including HIV/AIDS, higher prevalence of unplanned pregnancies and their attendant higher risks of clandestine abortions and higher rates of maternal and child morbidity and mortality compared to adults (Rogo et al.,1999; Aggarwal and Mati,1980).

In Kenya, there is growing concern about teenage childbearing. The percentage of births to unmarried teenagers is increasing and more than 50 percent of childbearing before the age of 20 involves a premarital conception. (Mensch et al, 1998). According to the KDHS, a fall in fertility rates has been recorded at every age except among adolescents 15-19, with the Age Specific Fertility Rates (ASFR) for adolescents aged between 15-19 being 111/1000 while that for youth aged 20-24 being 246/1000.

Further, in Kenya, while sexual activity among adolescents is high, contraceptive use remains low, with a discrepancy between contraceptive knowledge and actual use, with the level of knowledge being higher than that of use. According to the KDHS 1998, most adolescents begin sexual activity by about 16-21 years (boys) and 16-18 years (girls). Similarly, only 30% of sexually active unmarried adolescent women age 15-19 reported using a method as compared to only 18% of the currently married ones in the same age group. (NCPD/CBS, MI, 2001).

Despite the high fertility levels and early sexual initiation, not many young people are taking precautions that would enable them prevent the consequences of sexual activity. Studies carried out indicate that contraceptive use among adolescents remains low (NCPD/CBS, MI, 2001). Unfortunately these studies have documented premarital sexual activity, fertility and contraceptive use but do not however describe the environment in which these behaviours occur (Mensch et al, 1998).

Given that adolescence and youth is associated with a particularly high probability of non-use with an unmet need of family planning, a comprehensive understanding of who the non-users among youth in specific settings and specific factors associated with non- use is important in meeting their family planning needs and potential for further increase in contraceptive use.

1.3 Study Objectives

The overall aim of this study was to examine the factors associated with contraceptive non- use among youth in Kenya.

Specifically, the study aimed to:

1. Identify who the non-users of contraception are among youth in Kenya
2. Identify the socio-economic, demographic and socio-cultural factors associated with contraceptive non-use among adolescents in Kenya.
3. Examine the effect of each of these factors on contraceptive non-use among youth in Kenya.

1.4 Justification of the Study

Since the level of contraceptive use among adolescents is low and the reasons for this low acceptivity to family planning poorly understood , Kenya would benefit from a study exploring factors underlying non-use of contraception among youth so that these factors can be used in formulating policies and strategies to help raise the level of contraceptive use among youth in Kenya, which is paramount in reduction of fertility.

The concern about factors affecting non- use of contraceptives among youth in Kenya is important since it represents a shift from the traditional focus of family planning initiatives which for a long time have addressed contraceptive use among married women in the reproductive ages, yet adolescents and

youth form about half of Kenya's population thereby contribute significantly to the country's total fertility. Besides, the DHS data are generally restricted to ever-married women. The exclusion of unmarried females provides an incomplete picture of adolescence in developing countries (Mensch et al, 1998).

There have been very few studies done that have examined factors associated with non-use of family planning in Sub-saharan Africa. Unfortunately even other surveys documented on premarital sexual activity, fertility and contraceptive used do not however describe the environment in which these behaviours occur (Mensch et al, 1998).

A comprehensive understanding then of who the non-users of family planning in specific settings are and factors associated with non-use is thus important in helping family planning identify appropriate target groups. This is important if family planning programmes are to appropriately address barriers to non-use among this specific target population.

Adolescent fertility is an important issue on both health and social grounds. Children born to very young mothers are at an increased risk of illness and death. Adolescent mothers suffer most from severe complications during delivery, their socio-economic advancement such as educational attachment and curtailing accessibility to better job opportunities, and even socially if they are unmarried, they are more likely to become outcasts and be relegated to ineffective roles in society. (NCPD /CBS, MI. 1999).

This study is thus important since there is need to understand factors underlying non-use for more intense educational campaigns to target this particularly vulnerable population to enable them use precautions to prevent the consequences of sexual activities.

1.5 Scope and Limitations

This study uses data from the Kenya Demographic and Health Survey 1998, the third such survey to be conducted in Kenya. The study focuses on socio-economic, socio-cultural, demographic and community factors influencing non-use of contraceptives among youth. This study only limits itself to women 15-24 years who reported not using contraceptives with or without an unmet need, that were interviewed in the KDHS 1998.

The KDHS does not collect data on adolescents ages 10-14, even though most girls reach menarche sooner some at age 10 or even earlier and some of whom are already sexually active and equally exposed to the consequences of early sexual activity. An alternative study using a different data set can be conducted to capture the contraceptive behaviour of this group.

The study inspite of the above limitations hopes to yield reliable information on the determinants of contraceptive non-use among youth as this is the most reliable data source currently available at the national level in Kenya.

CHAPTER TWO

LITERATURE REVIEW AND THEORITICAL FRAMEWORK

2.1 Literature Review

2.1.1 Studies outside Kenya

There are various studies, which have been done, identifying a number of socio-economic and demographic factors associated with use and non-use of contraceptives in sub-Saharan Africa.

Adolescents have been found to be poor contraceptors, according to studies done in both developed and developing countries. (Mensch et al, 1998; Moore and Rosenthal, 1993). A study by Gupta et al. (1999) in Brazil found that education attainment was negatively associated with adolescent pregnancy net of all other factors. One major limitation of studies on youth fertility, contraceptive behaviour is that they fail to address the environments in which the contraceptive behaviour takes place. This study hopes to explore some of these environments surrounding non – use of contraception.

Magnani et al. (2001) undertook a study in Peru to identify key risk and protective factors for early sexual activity and unprotected sex among secondary school students in 9 large cities in Peru. The results indicated that behaviours among peruvian Youth are influenced in important ways by many factors like region of residence, family economic position, peer behaviours and self esteem and family structure. Contraceptive non-use among youth is expected to be influenced by such measures.

Oyeka (1986) in a pilot study on Knowledge, attitude and practice (KAP) of Family Planning

among post secondary female students in Awka Nigeria, found the use^{of} contraception to be generally low among all the adolescents, with only 23.3% having used a method. Adolescents who were over 20 years and those who were married were likely to cite the possible child death and health hazard for non use than their younger unmarried counterparts who were more likely to express no opinion on Family Planning or attribute it to morality. Contraceptive knowledge was also higher among women who were 20 years and above than those under 20 years (62.2% and 56.0% respectively).

According to Nazar Beuitelspacher et al. (1999), lack of education remained an important predictor of non-use of contraceptives among women in the broader region of Chiapas in Mexico.

Nair and Smith (1984) in a comparative study on reasons for non-use of contraception in three Asian and three Latin American countries found age of the women, number of living children, health reasons and ever use of family planning methods as the most powerful factors affecting non-use of contraceptives.

In a study of the determinants of unmet need for contraception in Zambia, Lwanga (1999) found unmet need for contraception to be affected by age of respondent, region of residence, religion, number of living children, spousal communication, place of residence and respondent's approval of family planning.

Another study by Westolf & Pekley (1988) comparing estimates of unmet need among women and its components for 5 Latin American countries that took part in DHS, found that unmet need was disproportionately great in rural areas among younger women and among less educated. Trends in

decline of unmet need in the five countries also showed variations according to age, place of residence and level of education. Even among adolescents contraceptive non-use is expected to be greater among the less educated and in rural areas.

Westolf & Bankole (1995) analyzed unmet need for contraception among married, never married and formerly married women for 27 countries in which 14 were from Sub Sahara Africa. The surveys were conducted between 1990 and 1994. They found unmet need to vary according to age, number of children, place of residence, level of education and proper use of contraception. In addition, factors contributing to non use of contraception among women included fear of side effects of contraceptives practice, religious opposition, lack of knowledge about methods, opposition from partners, supply reasons (availability and cost of contraception), ambivalence about further childbearing, sub-fecundity.

2.1.2 Studies in Kenya

Previous studies in Kenya have identified a number of socio-economic and demographic factors such as educational attainment, socio-economic status, place of residence, age, number of living children and availability/accessibility of services as important in the use or non-use of contraceptives in Sub-Saharan Africa (Kiragu and Zabin, 1995; Kyalo, 1996).

According to Magadi et al. (2001), the proportion of the unmarried and sexually active non-users aged 15-24 in Kenya is increasing. Findings from the study, Contraceptive Use Dynamics in Kenya further indicate that lack of knowledge of family planning methods and sources is a more significant barrier to use for younger women than for older women.

According to KDHS 1998, 45% of young people below 20 years wanted to have another child later in the three years preceding the survey, while 40.3% in the age 20-24 also wanted to have a child later, demonstrating an increase in unmet need for contraceptives among adolescents, compared to the 1993, KDHS, in which 43.4% of adolescents below 19 years wanted a child later and 39.1% for the age 20-24 (NCPD/CBS, MI, 2001).

Koome (2001) found education, religion, ethnicity to be significantly associated with adolescent's ever use of contraception. The study also found family planning communication to be significantly associated with knowledge of family planning methods, approval of family planning, intention to use family planning in future and ever use of contraception even after controlling for social, economic and demographic factors. It is expected that these factors will influence non-use of contraception among youth.

By use of qualitative data to study the role of men in Reproductive health in Kenya, Fapohunda and Rutenberg (1999) found out that the perception of men about contraception and their preferences on number of children accounted for lack of concern by men. This was found to vary according to level of education and place of residence.

Otieno (2000) conducted a study to investigate men's Knowledge Attitude and Practice of family planning in Kenya. Using KDHS 1993 data, the study found a discrepancy between men's level of knowledge of family planning methods, source, coupled with an almost universal approval and actual practice. A discrepancy is expected to be found in this study between the reported high level of family planning knowledge and actual practice among youths.

Unmet need was found to vary according to place of residence, level of education, number of children ever born and religion according to analysis of unmet need for contraception among married women using KDHS 1993 data by Karanja Sammy (1997). Contraceptive non-use among adolescents is expected to also vary according to these measures.

According to Gachuhi (1972) in a study conducted on the sexual knowledge and practice among Kenyan youth, focussing mainly on their knowledge about human reproduction, contraceptive use and attitude towards ideal family size; a higher educational attainment was found to positively influence the choice of an effective contraceptive method for protection. The number of those who chose the ideal contraception increased with education. Knowledge of various types of contraception also increased with education even though only few students had used contraceptives despite their being sexually active.

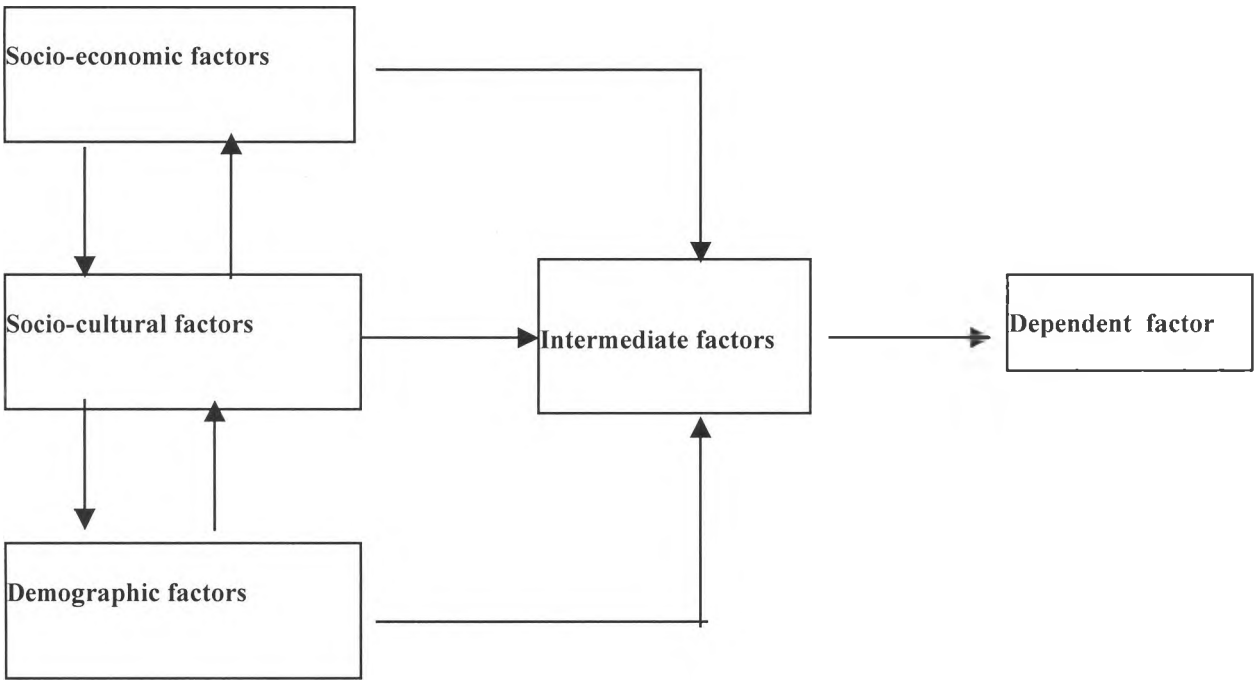
Kyalo (1996) noted that socio-economic factors are very influential in determining contraceptive non-use when compared to demographic factors. The study also revealed a strong relationship between contraceptive non-use and the category of women who reported living in rural areas.

Khasiani (1985) in a survey of schoolgirls in Nairobi found that although many young people were engaging in sex at tender ages, few of them were using contraceptives. Ikamari (1985) also found contraceptive non-use to increase with travel time. The percentage of non-users increased from a low of 5.7% among the women who took less than 60 minutes to reach the nearest source of contraceptive services to 24% among those who indicated that they took at least 60 minutes or more.

2.2 Conceptual Framework

Casterline, Perez & Biddlecom (1997) developed a framework to explain unmet need for Contraception. According to this framework, unmet need for family planning can be a result of either fertility preference or contraceptive practice inaccurately measured, or it can be a result of certain obstacles to the use of contraceptives among women who would otherwise wish to do so. This study has adopted the second set of explanation that has been modified to refer to female youth. This is further highlighted in the conceptual framework explaining non-use of contraception among youth in the figure below;

Fig. 2.1 Conceptual framework explaining non-use of contraception among Youth in Kenya



Adopted and modified from Casterline et al (1997)

2.2.1 Conceptual Hypotheses

- Socio-economic factors, are likely to affect non-use of contraception among youth in Kenya
- Socio-cultural factors are likely to affect non- use of contraception among youth in Kenya
- Demographic factors are likely to affect non- use of contraception among youth in Kenya

2.3 Definition of Concepts

2.3.1 Socio-economic factors

These refer to the prevailing conditions of communal relevance. Variables considered in this category were; education, place of residence and region of residence .

2.3.2 Socio-cultural factors

In this study, these will fall under ethnicity, religion and exposure to mass media. These are likely to be influenced by the culture in which people subscribe to. In this study both the observable and the unobservable community factors for example the proportion of youth who had heard of family planning messages on radio will be considered.

2.3.3 Demographic factors

These will refer to the biological characteristics of the female youth that have effects on non-use of contraceptives. In this study these will include age and marital status of the youth.

2.3.4 Proximate determinants of contraceptive non-use

These are intervening variables through which background factors act to influence non-use of contraception. They are the immediate reasons given by the respondent for not using any method of contraception. The framework proposed by Casterline, (1997) was adopted and modified to include the following variables ; Knowledge of source of family planning, attitude towards contraception and interpersonal communication.

2.3.5 Non-use of contraception

In this study, non-users of contraception refers to all the youth who were not using any modern method of family planning with or without an unmet need at the time of the interview.

2.3.6 Youth

The study adopts the definition of the age limits 15-24 to refer to youth as used in the Sessional Paper No. 1 of 2000 on National Population Policy for Sustainable Development by National Council for Population and Development (NCPD).

2.4 Operational Framework

2.4.1 Place of residence

There are many ways in which place of residence may influence adolescent contraceptive behaviour, including access to mass media channels (Koome, 2001). Adolescents in urban areas may have easier access to contraceptive methods given the infrastructural facilities in place. They are also likely to be more educated and knowledgeable about contraception given the higher levels of exposure to mass media, implying they are more likely to use contraceptive methods than their rural counterparts (NCPD, CBS 1998).

2.4.2 Education

Higher education is associated with greater contraception and therefore low levels of non-use of family planning. Education is expected to improve an adolescent's knowledge, attitude and practice of contraception. Education offers the youth the opportunity to loosen parental control (Caldwell, et al 1998) hence it may be associated with premarital sex among adolescents. Similarly, education increases one's knowledge of means of controlling fertility largely a result of many communication channels. Such factors may increase the likelihood of contraceptive use among adolescents to delay childbearing.

Education may also increase one's decision-making abilities on sexual activities and reproductive issues. A more educated adolescent or youth is thus more likely to have confidence in acquiring contraception and discussing contraception with her partners, friends or relatives all of which are associated with contraceptive use.

Moore and Roosenthal (1993) also view education as largely responsible for the emergence of youth culture- defined as the less or more standardized ways of thinking that characterize a large number of youth. This may be responsible for variations in sexual and contraceptive behaviour between the rural and urban youth in developing countries.

2.4.3 Region of residence

In Kenya where there are many ethnic groupings falling within specific geographical locations, socio-economic endowment of the regions can possibly impact on adolescent contraceptive behaviour by limiting access to Contraceptive knowledge and availability of contraceptives.

Regional variations in contraceptive prevalence may reflect cross-cultural differences between the ethnic groups or reflect differences in service availability and accessibility. It is therefore expected that regions with widely available services should show low levels of non-use.

2.4.4 Ethnicity

Ethnic groups that culturally still uphold values that favour many children may view contraception as socially and culturally unacceptable and thus higher levels of non-use expected to be seen among such groupings. Given that cultural norms and expectations differ by ethnic grouping, ethnicity is thus considered a powerful explanatory variable in analysis of youths' contraceptive behaviour.

2.4.5 Religion

Some religious groups like the catholic, which are opposed to modern methods of contraception and advocate for natural family planning is expected to show high levels of non-use of family planning. Jorgesen (1993) argues that religious adolescents who become sexually active are less likely to use contraception because employing contraception in a premeditated manner is equated to admitting to planning something wrong in the context of their religious system. Strong religious disapproval of premarital sex and contraceptive use by religious domains may lead to late age at sexual initiation but low level of contraceptive use among the sexually active youth.

2.4.6 Age

Age determines exposure to sexual intercourse and even marriage, therefore increased exposure to sexual activity increases the risk to pregnancy. A study by Kiragu (1991) among Kenyan adolescents found no significant association between age and contraceptive use.

2.4.7 Exposure to mass media

Youth today are exposed to a wide range of sex behaviours on different mass media. . Young people hence know what sex is and how it is enacted at very earlier ages (Moore & Roosenthal,1993). This eroticism may increase an adolescent's desire to experiment with sexual behaviours.

Exposure to mass media reduces significantly the probability of non-use of family planning. Youth who have heard of family planning messages on radio are therefore likely to have low levels of non-use.

2.4.8 Marital Status

There has been an increase in age at marriage even though there are still many girls marrying in their teens. Mensch et al., (1998) argues that those who marry early are likely to come from societies with high fertility norms and hence married adolescents may not engage in contraception because of society's pressure in on the young wife to give birth and prove her fecundity.

According to the KDHS 1998, Contraceptive use was found to be higher among sexually active unmarried adolescent women age 15-19 with 30 percent reporting using a method as compared to only 18 percent of the currently married ones in the same group.

2.4.9 Interpersonal Communication

Youth who discuss family planning matters with their partners, friends and relatives are more likely to use contraception than their counterparts who do not discuss contraception.

2.4.10 Attitude towards Family Planning

The negative perceptions that associate provision of contraceptive information and services to youth with promiscuity and increased sexual activity, is a major obstacle to contraceptive use among adolescents and youth (NCPD,CBS 1998) .

It is expected however that youth who approve of family planning use among couples to prevent pregnancy are more likely to use family planning than their counterparts who do not approve of FP use.

2.4.11 Knowledge of Source of family planning

Low use of contraceptives among adolescents can be explained by the lack of access to information and services and the inconstant nature of teen's sexual behaviour among other factors (Khasiani, 1985). Youth with low levels of contraceptive knowledge are therefore more likely to be having higher levels of non-use than their counterparts with higher contraceptive knowledge.

2.4.1 Operational / Study Hypotheses

The following hypotheses were developed based on the above conceptual considerations

- Youth who do not approve of modern methods of contraception are more likely not to use contraceptives.
- Youth who do not discuss family planning with their partners/friends/neighbours are less likely to use contraceptives.
- Contraceptive non-use varies according to the youths' age, level of education, region of residence, religion and ethnicity.

- Youth not exposed to the mass media are more likely to be non-users of contraception.
- Married youth are less likely to use contraception
- Youth who don't know of any source of contraceptives are less likely to use contraception.
- Rural youth are more likely to be non-users of contraception.

2.5 Definition of variables

2.5.1 Independent variables

Education Level

In this study education level represented the highest level of formal schooling attained by the respondent. The categories of education in the study were; no education, primary education and secondary and above.

Place of residence

This refers to the place where the respondent was at the time of the interview, categorised mainly as rural and urban.

Region of residence

This refers to the province where the respondent was at the time of the interview. Seven categories namely; Nairobi, Central, Coast, Eastern, Nyanza, Rift Valley, Western were included.

Religion

This refers to the religious group to which the respondent was affiliated to at the time of the survey

categorised into Catholic, Protestant/Other Christian, Muslim/Other/No religion.

Ethnicity

This refers to the ethnic group that the respondent belonged to, categorised into Kalenjin, Kamba, Kikuyu, Luhya, Luo, Mijikenda/ Swahili/ Taita Taveta and Other.

Age

This refers to the number of completed years lived by the respondent and was grouped into two categories; 15-19, 20-24.

Marital Status

This refers to the state or union that persons were involved in at the time of the interview. Such unions include marriage and other unions like separation, divorce, widowhood or living together. Three categories were included in this study; never married, married and other.

Exposure to mass media

This refers to the respondent having heard family planning messages on radio. This variable had Yes and No as the main categories.

2.5.2 Intermediate (Proximate) variables

Knowledge on source of family planning

This variable refers to the respondent’s knowledge of where family planning methods can be obtained.

The variable had two main categories namely; knows source and does not know source.

Attitude towards FP

This refers to the respondent’s perception towards family planning, measured by if he/she approves or does not approve of family planning use.

Interpersonal communication

This refers to the role of communication in influencing contraceptive use or non use, measured by whether the respondent discussed family planning with friends or neighbours or did not.

2.5.3 Dependent variable

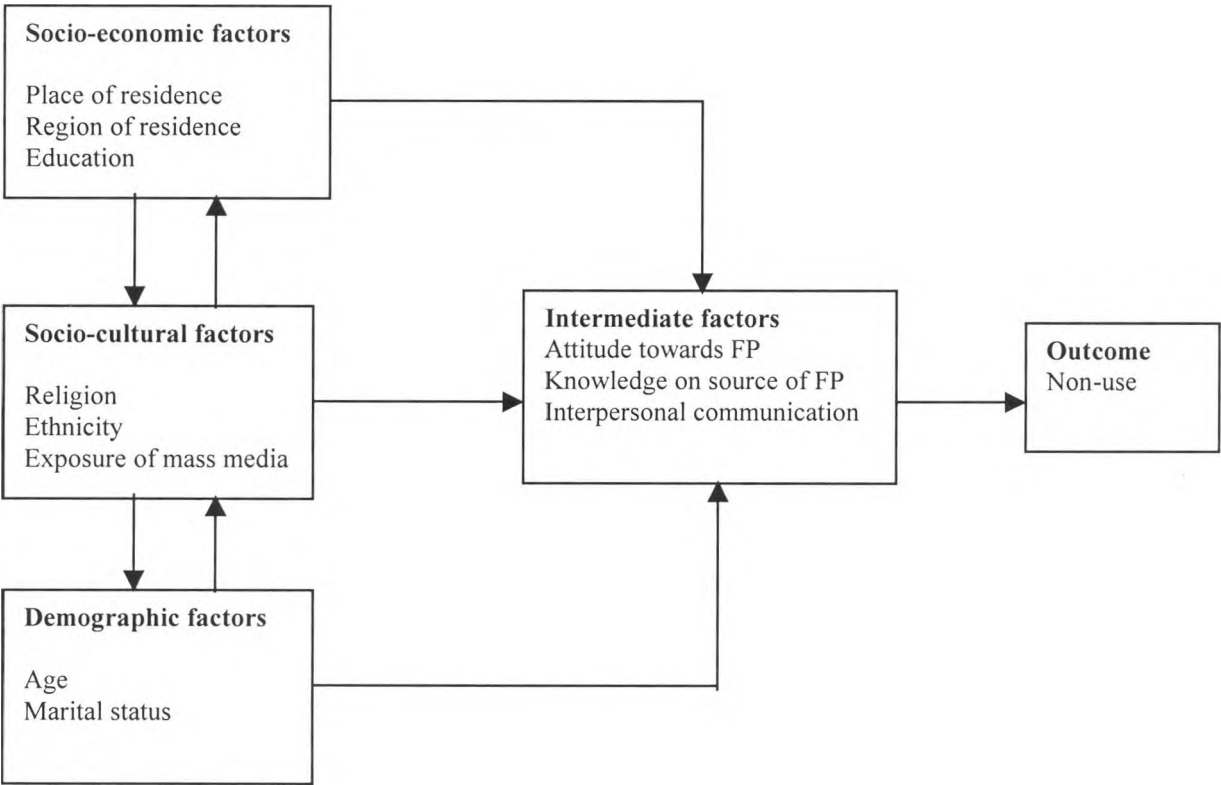
Contraceptive Non-use

In this study this variable refers to the proportion of youth who were not using any method of contraception at the time of the survey irrespective of their unmet need status. The variable had two main categories; non-use and use accorded the values 0 and 1 respectively.

2.6 Operational Model

From the operational framework above, the following operational model explaining non-use of contraception among youth can be developed;

Figure2.1: Operational model explaining non-use of family planning among youth



Adopted and modified from Casterline et al (1997)

CHAPTER THREE

METHODOLOGY

3.1.1 Source of Data

The study drew data from the 1998 Kenya Demographic and Health Survey (KDHS), the third such survey to be conducted in Kenya. The KDHS is a nationally representative survey of 7881 women aged 15-49 years and 3407 men aged 15-54 years. The KDHS was carried out by National Council for Population and Development (NCPD) and the Central Bureau of Statistics (CBS), with technical assistance from Macro International Incorporated of Claverton Maryland (USA). Financial assistance was provided by United States International Agency for International Development (USAID/Nairobi) and the British Government's department for International Development (DFID/UK). This study had a focus on adolescent women 15-19 years, who were not using contraception at the time of the survey. A sample of 2148 female ever sexually active youth were drawn from a total of 3394 youth interviewed in the KDHS 1998.

3.1.2 Survey Design

The 1998 KDHS is national in scope with the exclusion of three districts in Northeastern province and four districts (Samburu and Turkana in Rift Valley and Isiolo and Marsabit) in Eastern province. All the regions excluded account for less than 4 percent of Kenya's population.

3.1.3 Sampling Design

The 1998 KDHS covered the entire country with the exception of seven sparsely populated Northern districts. A two stage stratified sampling approach was utilized in the KDHS. The first stage involved sampling of clusters. The second stage involved selecting of households within sampled points from a list compiled during a KDHS household listing exercise.

The 1998 sample points were selected from a national master sample frame. The sample points were selected from a national master sample using the sampling frame called The National Sample Survey and Evaluation Programme (NASSEP-3), maintained by the Central bureau of statistics (CBS).

From this master sample, 536 sample points, were drawn 444 rural and 92 urban. Selected districts were over sampled in the 1998 KDHS in order to produce reliable estimates from certain variables at the district level. Within each of the over sampled districts, about 400 households were selected.

About 1400 households were selected in all other rural areas combined and 2000 households selected in urban areas.

3.1.4 Questionnaires

There were three kinds of questionnaires utilized in the 1998 KDHS; the household questionnaire, the woman's questionnaire and the Man's questionnaire. All women aged 15-49 was targeted for the interviews in the selected households. Information collected include, background characteristics, reproductive history, knowledge and use of family planning methods, antenatal and delivery care, breastfeeding and weaning practices, vaccination and health of children under age 5, marriage, fertility preferences, husbands background and respondents work status and awareness of HIV/AIDS.

For the purpose of this study, data relating to non-use of contraception among ever sexually active youth aged 15-24 years has been used.

3.1.6 Data Quality

Non-sampling errors and sampling errors are two types of errors that affect estimates from sample surveys. Non sampling errors may result from shortcomings in data collection and data processing, such as data entry errors, failure to interview the right household or misinterpretation of the questions (either by the interviewer or the respondent). Non-sampling errors are difficult to avoid and to evaluate statistically.

Sampling errors are a measure of the variability between all possible samples. The degree of variability although not known, can be estimated from the survey results. A sampling error can be measured in terms of the standard error for a particular statistic (percentage etc), which is the square of the root of the variance. The standard error can be used to calculate confidence intervals within which the true value of the population can reasonably be assumed to fall. Overall, the KDHS data is of relatively high quality for the analysis of contraceptive non-use .The general standard errors for most estimates for the country as a whole are small except for the estimates of very small proportions (NCPD et al 1999).

3.2 Methods of data analysis

3.2.1 Bivariate analysis: Cross tabulation and the Chi-square

Bivariate analysis involves two variables of interest with a concern to determine the existence of any relationship between the independent variables on the dependent variable.

Cross tabulations with Chi square test were used in this study to test the association between socio-economic, socio-cultural, demographic factors and contraceptive non -use. Logistic regression was used to study the effect of each of the explanatory variables on contraceptive non-use.

1.The Chi-square test

The chi-square test denoted as χ^2 is a general test that can be used to evaluate whether or not frequencies obtained empirically differ significantly from those which would be expected under a certain set of theoretical assumptions. The Chi-square test assumes that observations are independent of each other, that variables are categorical, that data must have been drawn from the targeted population, that the sample contains at least 50 observations and that there are not less than 50 observations in a cell. The Chi-square test can be used to test the differences between the observed and the expected frequencies. This study utilizes the other use of the χ^2 statistic, used to test the significance between two variables. This happens when variables are in a contingency table and the hypothesis to be tested is;

H_0 : There is no significant association between X_1 and X_2 ;

H_1 : There is a significant association between X_1 and X_2

Where H_0 is the null hypothesis to be tested and H_1 is the alternative. Similarly, X_1 , is an independent variable, and X_2 can be another independent variable or the dependent variable, in which case the Chi-square test gives the probability value (p-value) by which the observed values deviate from the expected values; hence testing for the hypothesis that the two variables cross tabulated are independent of each other. If the p value is greater than the given alpha value, then there is no significant association between the two variables. H_0 is accepted and H_1 rejected. On the other hand if the p-value is less than the given alpha value, such as 0.05 or 0.01, then there is a statistically significant association between the two variables. H_1 is thus accepted and H_0 rejected.

One major drawback of the χ^2 statistic is that it doesn't give the direct effect of the relationship between two variables of interest, it only indicates the existence of a relationship and its significance.

The χ^2 statistic is computed as ;

$$\chi^2 = \sum \frac{(O-E)^2}{E} \dots\dots 1$$

Where E is the expected frequency for a cell, O is the observed frequency for the cell, and Σ is the (Greek Sigma) sum.

2.Cross tabulations

This is a useful technique in comparative analysis. When combined with Chi-square, they are a quantitative method used to analyze relationships between two variables. Cross tabulations are a form of contingency distribution in which two nominal scale variables are cross classified. They show the frequency distribution according to each category of the two variables of interest.

3.2.2 Multivariate Logistic Regression Analysis

Standard logistic regression was applied to assess the effect of factors, said in the study to be associated with contraceptive non-use. Logistic regression analysis was chosen because the dependent variable (contraceptive non-use) was dichotomous. Further more the use of a dichotomous dependent variable in logistic regression analysis refocusses the analysis from examining in general the determinants of contraceptive non-use to a detailed examining of determinants of contraceptive

non-use versus use. The explanatory variables under study were also categorical, calling for the application of logistic regression model.

The purpose of the analysis was to predict the outcome (contraceptive non-use) variable using a number of independent variables. Logistic regression has the advantage of allowing the inclusion of statistical control, which is not possible with chi square test.

The Logistic Regression Model

The Logistic regression model is specified as

$$P_x = 1/(1+\text{Exp}-(\beta_0 + \beta_1 X_1 + \dots + \beta_p X_p)) \dots 1$$

The implication of this equation is that the probability, P_x , of the occurrence of the dependent variable depends on the independent variables $X_1, X_2, \dots, X_p$. In this study, it gives the characteristic of an individual with characteristics X_1, X_2, X_p not using any contraception.

If a logit transformation is applied on the logistic model, it is transformed into the linear form of the ordinary least square (OLS) model. In this case equation one would be transformed into equation two below;

$$\ln \quad P_x/ q_x = B_0 + B_1 X_1 + \dots + B_p X_p \dots 2$$

Where $q_x = 1 - p_x$ and it refers to the probability of not observing the event i.e not using contraception while $\ln P_x/ q_x$ is the logit of P_x .

The estimate of the regression coefficients in a logistic regression is accomplished through the maximum likelihood method. The method tries to maximize the possibilities of observing the data provided by the logistic distribution. It uses the iteration process, which involves various steps of trying to determine the best way of mapping the distribution on the actual data.

The logistic regression model assumes that the dependent variable follows a binomial distribution i.e an event has either occurred or not occurred. As such, observations are concentrated in zero i.e the probability of not observing the event or in one i.e the probability of observing the event. The model also assumes the absence of collinearity among independent variables.

A summary of all the variables included in the regression equation is given in Table 3.1 below.

Table 3.1 : Summary of variables and their measurement

Variable Name	Measurement
Age	0=15-19* 1=20-24
Education level	0= No education* 1=Primary 2=Secondary +
Region of residence	0=Nairobi* 1=Central 2=Coast 3=Eastern 4=Nyanza 5=Rift Valley 6=Western
Place of residence	0=Urban* 1=Rural
Religion	0=Catholic* 1=Protestant/other Christian 2=Other
Ethnicity	0=Kalenjin* 1=Kamba 2=Kikuyu 3=Luhya 4=Luo 5=Mijikenda/Swahili/Taita 6=Other
Knowledge of source of FP	0=Doesn't know source* 1=Knows source
Exposure to mass media	0=Never heard FP on radio* 1=Heard FP on radio
Current marital status	0=Never married* 1=Married 2=Other
Attitude towards FP	0=Disapproves* 1=Approves
Interpersonal communication	0=Not discussed FP* 1=Discussed FP
Current use of CP	0=Non-users 1=Users*

Legend : * Denotes reference category

CHAPTER FOUR

CHARACTERISTICS OF RESPONDENTS WITH NON- USE OF CONTRACEPTION

4.1 Introduction

This chapter focuses on the descriptive presentation of the data, mainly the percent distribution of non-users of family planning by various background characteristics. The key question that is addressed in the analysis in this chapter is who are the non-users of family planning among youth in Kenya by their given characteristics to use a family planning method and the corresponding size of the population with the given characteristics.

4.2 Characteristics of respondents with non-use of family planning

The socio-demographic profile of the ever sexually active youth who were not using any family planning method at the time of the survey is presented in Table 4.1 below.

Table4.1: Percent distribution of ever sexually active non-users of family planning by selected background characteristics

Characteristic	Frequency	Percent
Age		
15-19	789	36.7
20-24	1359	63.3
Region		
Nairobi	131	6.1
Central	185	8.6
Coast	312	14.5
Eastern	302	14.4
Nyanza	416	19.4
Rift valley	558	26.0
Western	237	11.0
Religion		
Catholic	587	27.5
Protestant/other Christian	1374	64.5
Muslim/other/no religion	170	8.0
Ethnicity		
Kalenjin	373	17.4
Kamba	217	10.1
Kikuyu	312	14.5
Luhya	304	14.2
Luo	336	15.6
Mijikenda/swahili/Taita	227	10.6
Other	379	17.6
Education level		
No education	110	5.1
Primary education	1471	68.5
Secondary +	567	26.4
Place of residence		
Urban	1678	21.9
Rural	470	78.1
Marital status		
Never married	837	39.0
Married	1234	57.4
Other	77	3.6

Table 4.1 contd.

Source known for any FP method		
Knows source for FP	1535	71.8
Don't know any source	605	28.2
Heard FP on radio		
No	1015	47.3
Yes	1132	52.7
Respondent approves FP		
Disapproves	185	9.0
Approves	1882	91.0
Discussed FP with friends/relatives		
No	1614	75.2
Yes	533	24.8
Current use of FP		
Non-use	1630	75.9
Use	1678	24.8
Total	2148	100

4.2.1 Socio-economic characteristics

The proportion of youth in rural areas is larger (78%) than in urban areas (22%).

Presented in Table 4.1 also are the percent distributions of female respondents by highest level of education attended. The majority of female youth have attended at least primary education (68%), while 26% have gone to secondary level of education with very few with no education. The largest population of youth are in the Rift Valley and Nyanza provinces, while the smallest population is in Nairobi and Central Provinces.

4.2.2 Socio-cultural characteristics

Information on ethnic affiliation of the respondents is also given in Table 4.1. Majority of youth were from the Kalenjin ethnic group (17 percent), followed by Luo, Kikuyu, Luhya, and Kamba in that order.

Table 4.1 above also shows that about half of youth (53 percent) reported having heard of a family planning messages on radio during the 12 months prior to the interview. This suggests that other effective forms of communication are needed to reach women aged 15-24. With respect to religion, the results show that the majority of young women were Protestants or other Christians (64%) followed by Catholics and Muslims.

4.2.3 Demographic Characteristics

From the above table, more than half of the ever sexually active youth are in the age range 20-24 years (68%) while 37% are in the 15-24 year age range. Thirty nine percent of youth had never been married, 57% however were currently married.

4.2.4 KAP characteristics

There is nearly universal approval of family planning use with majority of all youth (91percent) reporting that they approved of couples using family planning methods. The data also shows that majority of youth had not discussed FP with their friends and neighbours (75%), over the past year compared to 25% who had. Results in Table 4.1 show that more than half of the respondents (71.8 percent) have knowledge of where to obtain a family planning method . Perhaps of program relevance is the fact that a good proportion of the youth do not know where they can access or obtain a family planning method (28%).

CHAPTER FIVE

DETERMINANTS OF NON -USE OF FAMILY PLANNING AMONG YOUTH

5.1 Introduction

This chapter gives a further descriptive presentation of the data, mainly cross tabulation and the chi square , the key aim being to determine the existence of significant associations between the dependent variable, non-use of contraception and the independent and intermediate variables. Another key focus of this chapter is the presentation of results of the logistic regression analysis with an aim of determining the effect of each of the explanatory factors on contraceptive non-use among youth . The effect of such an effect at a given confidence level will be analyzed. The analysis thus seeks to identify the individual factors associated with non-use of contraception among youth in Kenya .

This analysis includes all the ever sexually active(ever had sex) non-users among youth of reproductive ages 15-24, interviewed in the 1998 KDHS. In this analysis,1246 youth who had never had sex are excluded. The analysis utilizes data obtained in the Individual women's questionnaire, that provides data on the socio-demographic characteristics of women aged 15-24years.The dependent variable (non-use) has been classified into two categories; non-use and current users. This variable being dichotomous , is given the value of 0 if the youth was not using contraception and 1 if using contraception , which is used in this study as the reference category.

5.2 Results of Bivariate Analysis

Table 5.1 presents results from the Cross tabulations and Chi square, indicating the relationship between each of the explanatory variables and contraceptive non-use among the ever sexually youth.

Table 5.1: Relationship between non-use of contraception and other variables

Variable	Non-use	Use	X ²	df	Sig
Age					
15-19	665 (31)	124 (5.8)	48.077	1	0.000
20-24	965 (45)	394 (18.0)			
Region					
Nairobi	86 (4.0)	45 (2.1)	97.486	6	0.000
Central	98 (4.6)	87 (4.1)			
Coast	259 (12.1)	53 (2.5)			
Eastern	210 (9.8)	99 (4.6)			
Nyanza	345 (16.1)	71 (3.3)			
Rift valley	439 (20.4)	119 (5.5)			
Western	193 (9.0)	44 (2.0)			
Religion					
Catholic	434 (20.4)	153 (7.2)	5.844	2	0.54
Protestant/other Christian	1041 (48.9)	333 (15.6)			
Muslim/other/no religion	141 (6.6)	29 (1.4)			
Ethnicity					
Kalenjin			83.580	6	0.000
Kamba	295 (13.7)	78 (3.6)			
Kikuyu	155 (7.2)	62 (2.9)			
Luhya	184 (8.6)	128 (6.0)			
Luo	242 (11.3)	62 (2.9)			
Mijikenda/swahili/Taita	280 (13.0)	58 (2.6)			
Other	198 (9.2)	29 (1.4)			
	276 (12.8)	103 (4.8)			
Education level					
No education			37.163	2	0.000
Primary education	98 (4.60)	12 (0.6)			
Secondary +	1150 (53.5)	321 (14.9)			
	382 (17.8)	185 (8.6)			
Marital status					
Never married	659 (30.7)	178 (8.3)	13.576	2	0.001
Married	904 (42.1)	330 (15.4)			
Other	67 (3.1)	10 (0.5)			
Source known for any FP method					
Doesn't know any FP source	560 (26.2)	44 (2.1)	230.989	3	0.000
Knows FP source	1063 (49.7)	472 (22.1)			
Heard FP on radio					
No			33.692	1	0.000
Yes	828 (38.6)	802 (37.4)			
	187 (8.7)	330 (15.4)			
Respondent approves FP					
Disapproves			28.606	1	0.000
Approves	169 (8.2)	16 (0.8)			
	1384 (67.0)	498 (24.1)			
Discussed FP with friends/relatives					
No	1299 (60.50)	331 (15.4)	74.057	1	0.000
Yes	315 (14.7)	202 (9.4)			
Place of residence					
Urban	318 (14.8)	152 (7.1)	22.241	1	0.000
Rural	1312 (61.1)	366 (17.0)			

5.2.1 Socio-economic factors

Education

Non-use of family planning steadily declines with increasing educational attainment. This could be attributable to the lower fertility preference and the greater ability of the more educated to realize their desired reproductive goals. As shown in the results in Table 2.0, adolescents with no education and those with primary education exhibit very high levels of non-use (58 percent) as compared to their counterparts who have attained secondary education and above (18 percent). Education is thus significantly associated with contraceptive non –use among youth in Kenya.

Place of residence

Place of residence is significantly associated with contraceptive non- use. Sexually active youth living in the rural areas have a probability of higher non-use of family planning (61 percent) than their urban counterparts (15 percent).

Region of residence

youth in the Rift Valley province have the highest probability of non-use of family planning (20 percent), followed by Nyanza (16 percent). On the other hand Nairobi and Central provinces have the lowest probability of non-use, 4 and 5 percent respectively. From the results shown in Table 2.0 above, religion is significantly associated with contraceptive non-use among youth in Kenya.

5.2.2 Socio-cultural factors

Ethnicity

The differences in contraceptive non-use among women of different ethnic groups show that Kalenjins have the highest levels of non-use (14 percent) across all ethnic categories, followed by Luos (13 percent) and Luhyas (11 percent). Similarly the Kamba and the Kikuyu exhibit the lowest levels of non –use. The results further show a strong relationship between ethnicity and contraceptive non-use.

Religion

Religion turned out to be insignificantly associated to contraceptive non -use. Among the religious groups, youth affiliated to Protestant or other Christian tended to exhibit a higher probability of non-use,49 percent as compared to those affiliated to catholic (20 percent). There however existed a weak association between religion and contraceptive non-use denoted from the chi-square value of 0.054.

Exposure to mass media

Media exposure significantly reduces the probability of non-use of family planning. Information on the level of public exposure to a particular type of media allows policy makers to ensure the use of the most effective media for various target groups in the population. Media exposure plays an important role in family planning practice, in this case with about 39 percent of youth who are non-users of family planning not having heard any family planning messages on radio as compared to only 9 percent who had heard of FP messages on radio. youth were asked if they had heard of any family messages on radio in the 12 months preceding the survey. The results show that exposure to mass media is significantly associated with contraceptive non-use among youth in Kenya.

5.2.3 Demographic factors

Age

The results show a significant association between age and non-use of family planning. Non-use of contraception declines with an increase in age. Adolescents aged 20-24 are associated with a considerably high chance of non-use of family planning (45 percent) than those aged 15-19 (31 percent). This pattern by age is not surprising given the expected increased exposure of women aged 20-24 years, some of whom may be in marital unions or having regular sexual partners and thus more likely to be in the childbearing period.

Marital Status

Non-use of contraception is also higher among married women aged 15-24 than among the never married. The married women exhibit a higher probability of non-use of family planning (42 percent) than the unmarried (31 percent) as indicated in the Table 4.1 above. There is a significant relationship between marital status and contraceptive non-use.

5.3.4 Proximate factors

Knowledge of source of family planning

In order to determine the extend of knowledge of family planning, respondents were asked if they knew of any source where they can obtain a family planning method. The results show that general knowledge on FP among non-users is generally high, hence the lack of utilization of contraceptive services among ever sexually active youth may not entirely be attributable to differences in knowledge. Perhaps of program relevance is the fact that 28 percent of non-users of contraception among youth did not know of any source where they could obtain a family planning method if they needed one. There is a significant relationship exhibited between source of family planning methods and contraceptive non-use among youth.

Attitude towards family planning

To ascertain levels of approval of contraceptive use, respondents who were not using family planning at the time of the survey were asked whether they approved or disapproved of couples using a method to avoid getting pregnant. The results presented in Table 5.1 demonstrate marked variations in the proportion of youth who said they approve or disapprove use of contraception. Among all the non-users, 67 percent of the non-users reported that they approve of contraceptive use while only 8 percent reported their disapproval. Approval of family planning is thus significantly associated with contraceptive non-use.

Interpersonal communication

Discussion about family planning was infrequent among youth. Results from this analysis indicate that more than half of the youth (61 percent) had not spoken with their friends and neighbours about family planning in the past 12 months prior to the survey. Discussion about family planning is significantly related to contraceptive non –use. Youth who do not discuss about family planning issues are more likely not to use family planning.

5.4 Results of Multivariate Logistic Regression Analysis

Table 5.2 : Odds ratios and regression coefficients of explanatory factors on contraceptive non-use

Explanatory Variable	β	Sig	Exp β
Age			
15-19*			
20-24	-.2572	.0567	.7732
Education level		.2997	
No education*			
Primary	-.4866	.2097	.6147
Secondary +	-.1571	.2205	.8547
Region of residence			
Nairobi*		.0001	
Central	.4483	.2124	1.5656
Coast	1.1361	.0016	3.1147
Eastern	.2036	.5904	1.2258
Nyanza	1.0165	.0025	2.7636
Rift Valley	.0754	.8165	1.0783
Western	.2530	.3986	1.2880
Place of residence			
Urban*			
Rural	.5654	.0007	1.7602
Religion			
Catholic*			
Protestant/other Christian	.1285	.6643	1.1372
Other	.0763	.7897	1.0793
Ethnicity		.0727	
Kalenjin*			
Kamba	-.0710	.7932	1.0735
Kikuyu	-.4925	.0322	.6111
Luhya	-.0031	.9905	.9969
Luo	-.1784	.5250	.8366
Mijikenda/Swahili/Taita	-.4672	.0385	.6267
Other	-.7420	.0388	.4762
Knowledge of source of FP			
Doesn't know source *			
Knows source	1.4202	.0000	4.1381
Exposure to mass media			
Never heard FP on radio*			
Heard FP on radio	-.2946	.0137	.7448
Marital status			
Never married*		.0388	
Married	.5680	.1270	1.7647
Other	.7746	.0327	2.1698
Attitude towards FP			
Disapproves*			
Approves	-.8469	.0026	.4288
Interpersonal communication			
Not discussed FP*			
Discussed FP	-.4863	.0001	.6149

Legend : * Denotes reference category

Independent and Intermediate factors

Results of multiple logistic regression analysis in Table 5.2 above indicate that there is a weak association between contraceptive non-use and explanatory factors like age, education level, religion and ethnicity. Among the explanatory variables, only region of residence has the most significant relationship with contraceptive use followed by place of residence, with significance levels of 0.001 and 0.0007 respectively.

The results also show a strong association between the intermediate factors and contraceptive non-use. Knowledge of source of family planning, interpersonal communication and attitude towards family planning turned out to be very significantly associated with contraceptive non-use with significance levels of 0.000, 0.001 and 0.0026 respectively. Youth who do not know of a source of family planning are 313.8 percent more likely not to use contraception than those who know of a source. On the other hand, youth who do not discuss family planning with their friends are less likely to use contraception. Youth who disapprove of family planning use are also less likely to use contraceptives than those who approve of family planning use.

With regard to regional variations, youth in Coast and Nyanza Provinces are more likely to exhibit higher levels of non-use than those from other provinces in Kenya. Those in rural Kenya are 76.02 percent more likely not to use contraceptives than their counterparts in the urban areas. Similarly, married youth are 116.98 percent more likely not to use contraceptives than their unmarried counterparts

Overall, contraceptive non-use among youth in Kenya is greatly affected by knowledge of source of family planning, attitude towards family planning, interpersonal communication, place and region of residence.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary and Conclusion

The broad objective of this study was to identify some of the factors that affect non-use of contraception among youth in Kenya. These factors were categorized into socio-economic, socio-cultural, and demographic factors. A number of variables were from these concepts for empirical analysis.

In chapter four and five, results of bivariate analysis of non-use of contraception by each of the background variables reveal that non-use of contraception among adolescents in Kenya varies according to education, age, place of residence, region of residence, ethnicity, marital status and exposure to mass media.

The multivariate logistic regression analysis findings also reveal a very strong association between the intermediate variables, knowledge of family planning source, attitude towards family planning and Interpersonal communication with non-use of family planning . Place and region of residence also have a strong effect on contraceptive non-use. An insignificant association is however exhibited between religion and non-use of contraception.

Generally , the analysis of non-users revealed that the ever sexually active youth aged 15-24 years exhibit high levels of contraceptive non- use . The study found a big discrepancy between knowledge

on contraception and actual contraceptive practice. These results are consistent with other studies on contraceptive use which have found a big gap between contraceptive use and knowledge of contraception, with the latter being higher than practice.

According to this study, married youth and young women who live in rural areas comprise majority of non-users among youth in Kenya, and knowledge of FP source, attitude towards FP , interpersonal communication and place of residence greatly influence contraceptive non-use among youth in Kenya.

6.1 Recommendation for Policy

There are a number of issues that have come up that are of program relevance , issues important in understanding factors associated with transitions like sexual intercourse, childbearing and contraceptive use, all of which would help in the design and implementation of programmes aimed at improving reproductive health outcomes among youth in Kenya.

Perhaps of program relevance is the finding that there still exists a gap between knowledge of contraception and actual contraceptive use among youth. Campaigns specifically tailored for youth should be encouraged to increase the level of exposure to FP messages and actual practice among segments of this population. Barrier factors to contraceptive use in this segment of the population ought to be addressed by family planning programmes in order to reduce the high levels of non-use. More specifically, efforts ought to be made to ensure that youth know where to obtain family planning methods.

Perhaps the most important program relevant implication from this analysis of non-use of contraception among youth is the strong regional variations in non-use. Improving availability and

utilization of FP services by youth in these low prevalence areas may hold the key to improving the overall use of contraceptives in these areas, as this would more likely reach the bulk of non-users.

Efforts to initiate contraceptive use and sustaining use of contraception among these women should be given priority since early initiation of contraceptive use and sustainability of use will help improve the reproductive outcomes like reduction in levels of unplanned pregnancies.

The findings also reveal that majority of non-users live in the rural areas and are married. Strong efforts to target these rural youth, those who do not know where to obtain a family planning method and the married will help reduce the level of non-use among Kenyan youth.

Family planning programmes ought to offer more effective forms of communication of FP messages especially on sources available for family planning methods. There is need to target youth who reportedly do not know of any source for family planning. In this study, 28 percent of the non-users lacked knowledge on source for contraceptives. Interpersonal communication should also be promoted as it has a very positive effect on whether or not an adolescents or youth uses FP.

6.1.1 Recommendations for further Research

While progress is being made to meet the needs of the youth, a lot remains to be done. There is need especially for further research on contraceptive behaviour of younger adolescents aged 10-14 years using a different data set since they are not covered by the DHS and yet they are equally sexually active and exposed to the risks of premarital sex.

The study further suggests a comprehensive investigation into the barriers to contraceptive non-use among youth in order to explain the large discrepancy between knowledge and use. This will be important to family planning policy makers if they have to specifically address these barriers to increase the level of use among this target population.

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