

Barriers to contraceptive use among HIV-1 serodiscordant Couples in Kenya. A qualitative study



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Background - Contraception

- Sub-saharan Africa: 25% of all births are unintended (Reynolds, 2005).
- Kenya: current contraceptive prevalence rate is 46% (KDHS 2008-09).
- Kenya: Unmet need for contraceptives 25% (KDHS 2008-09).
- HIV-1 serodiscordant couples are priority population for both horizontal and vertical HIV-1 prevention efforts.
- Effective contraceptive use has a potential of preventing more than 160,000 new HIV-1 infections annually (Cates, 2006).
- Limited information regarding the factors that influence contraceptive use among HIV-1 serodiscordant couples is a major barrier to developing effective programs.

Objective

 To identify and explore barriers to contraceptive use among the of HIV-1 serodiscordant couples based in Thika and Eldoret use in a clinical trial cohorts in Kenya.

Method

- Recruited participants from Thika and Eldoret sites of the Partners in Prevention HSV/HIV Transmission Study.
- Conducted 52 In depth interviews (IDIs) and 16 focus group discussions (FGDs).
- Collected data using semi-structured interview guides.
- Used a common inductive approach to coding based on the grounded theory.

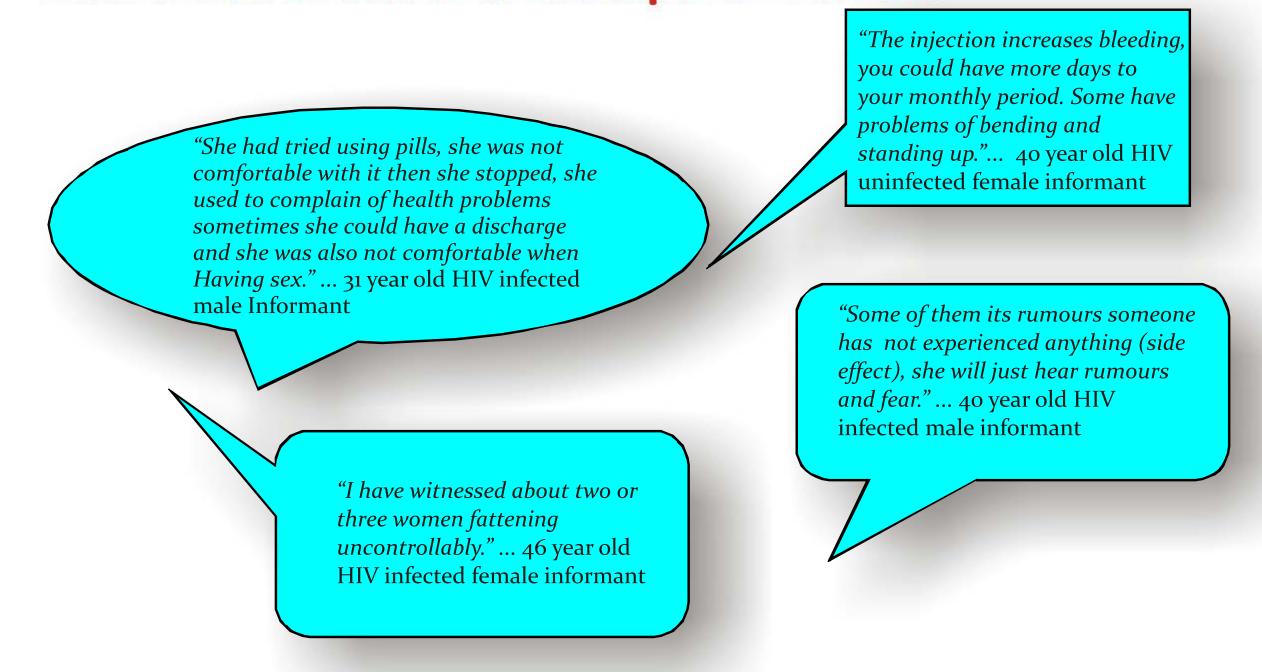
Results

The main barriers reported included:

- Fear of side effects associated with the methods either experienced or perceived.
- Lack of adequate knowledge on modern contraception among both men and women leading to myths and misconceptions.
- Male partners reportedly opposed to their partners' use of contraceptive methods.
- Younger couples reported desire for conception.
- Since some of the HIV serodiscordant couples reportedly used condoms consistently they did not find a need for additional contraceptive methods.

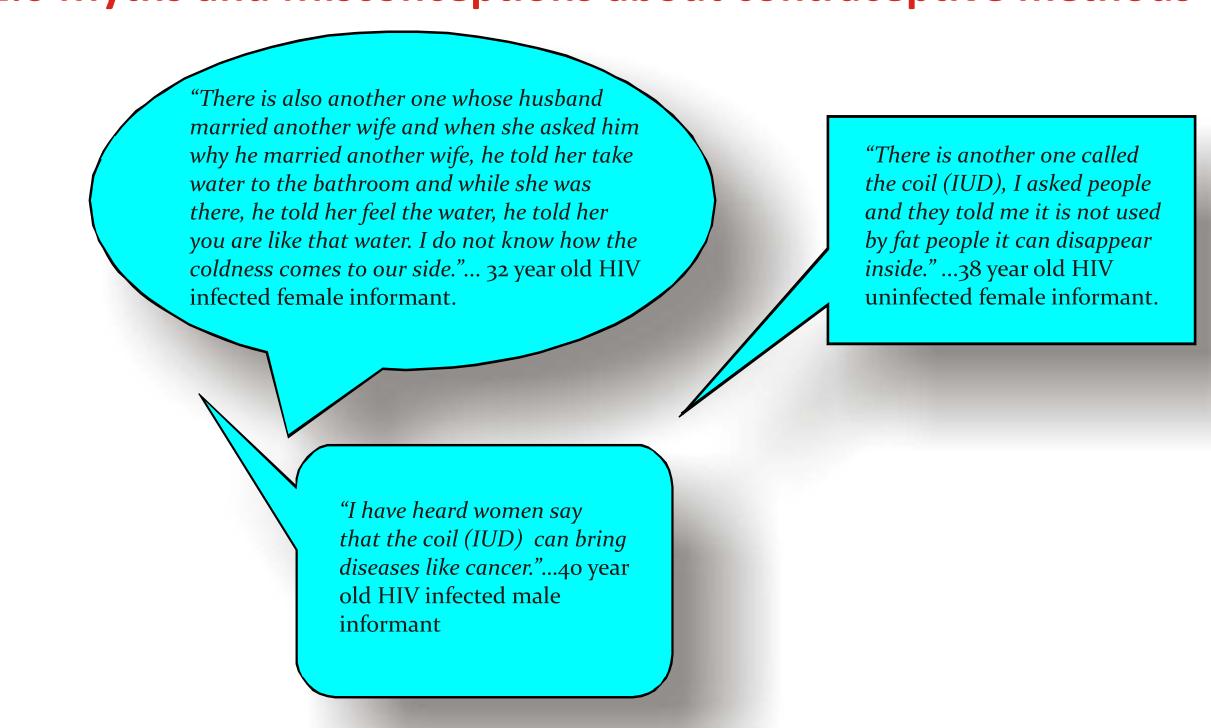
Quotes

1.0 Fear of side effects of Contraceptive Methods



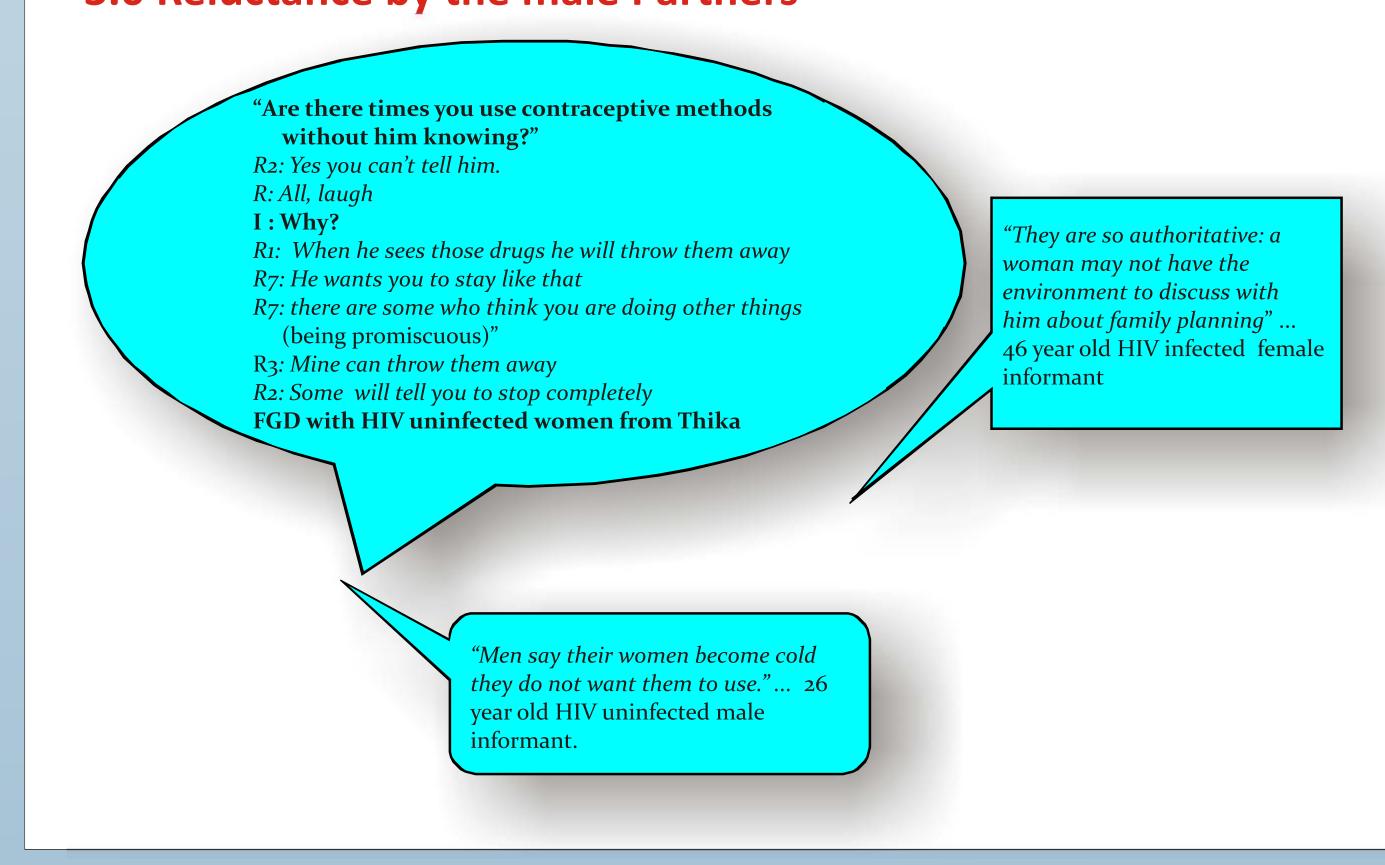
Notably the side effects were either experienced or perceived.

2.0 Myths and Misconceptions about contraceptive methods



Notably most myths and misconceptions were associated with the longacting contraceptive methods.

3.0 Reluctance by the male Partners



Conclusion

- Family planning programs should improve HIV serodiscordant couples' knowledge of modern contraceptive methods and dispel misinformation and negative perceptions of methods. Long acting methods and dual methods should be emphasised for this population.
- Involvement of men will likely be a key component of increased uptake of woman-controlled contraceptive methods.

Acknowledgements

- Staff of Thika and Eldoret Clinical Trial Sites.
- Former Partners in Prevention HSV/HIV
 Transmission Study participants Thika
 and Eldoret Clinical Trial Sites.
- Bill and Melinda Gates Foundation funded the Partners in Prevention HSV/HIV Transmission Study #26469.
- Funding for the study KeFA-University of Nairobi Project.

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