



RESEARCH SUMMARY

Barriers to and motivation for modern contraceptives use in East and Southern Africa



Synopsis

Rationale: Why is progress in modern contraceptives uptake slower or stagnant in some countries but progressing in others? What facilitates or hampers progress? What can countries learn from each other?

Paucity of data on: key sub-populations (adolescents, unmarried women, men and vulnerable populations); motivation for contraceptive use, the role of relationship factors and how women choose a specific method.

Operational aims: to accelerate uptake of modern contraceptives; to inform the design, planning and scale-up of family planning programmes; to contribute to FP2020 targets; and SDGs 3.1 and 3.7 (reduction of maternal mortality and universal access to sexual and reproductive health).

Research leads

Celine Mazars, Research and Evidence Specialist; Massy Mutumba, University of Michigan (international lead consultant); Thenjiwe Sisimayi, Zimbabwe (national consultant); Anne Khasakhala and Eliud Wekesa (Kenya national consultants)

Timing of research and budget

September 2016 to October 2017; US\$155,378

Methodology

Three inter-linked methods:

- Detailed review of the literature (global and national)
- Analysis of Demographic and Health Surveys (DHS)
- Qualitative research in two selected countries (Kenya and Zimbabwe) – exploring barriers at different levels (institutional, facilities, and individuals, including users and partners) and

among various groups, including among adolescents aged 14-19 years, men and people with disabilities.

Research uptake plan:

- A technical committee oversaw the research in Zimbabwe.
- A research uptake plan with activities at national, regional and global levels (from November 2017 onwards).

Analysis of the data collected has not yet been finalized.

Preliminary findings (based on DHS analysis in Zimbabwe)

Who are the non-users?

- Demand satisfied is high – above 80 per cent, including among the poorer and rural women.
- About 30 per cent of women do not use family planning and don't wish to for the following reasons:
 - Not using: not married or infrequent sex;
 - Discontinuation: wish to have a child; fear of side effects (21 per cent and increasing);
 - Contraceptive use is lower among young women: adolescents (15-19 years); unmarried sexually active; and non-educated women.
- Decreased inequality according to geographic location and wealth over time.
- Poor quality of services: only 30 per cent of women informed by health provider of other methods – but improvements seen over time.

Preliminary findings (based on qualitative data analysis in Zimbabwe)

When traditional access barriers are removed, what is left?

Main barriers to uptake seem to pertain to:

- **The impact of inequitable gender norms and of couple-level dynamics on family planning use: The last frontier? A glass-ceiling?**
 - o Finding from the different groups of respondents (girls and boys 14-19; older men and women; health staff; key informants);
 - o Gender norms acting as a barrier at all levels of the socio-ecological framework (from social to individual levels);
 - Social norms: fear of infertility prevents unmarried women from demanding family planning before first child; young girls engaging in sex before marriage is negatively perceived by society;
 - Facility level: Health staff share the view that women should start contraception using after the birth of their first child
 - Couple and individual levels: Couple dynamics drive method choice: man to have a say cause he pays lobola/he is the breadwinner; women in violent relationships desire to use a method they can hide; side effect of excessive bleeding impacts on couple (female partner fears that her partner will leave)
- **Limited access to family planning for young people**

- o CSE: Main source of knowledge on family planning is school but knowledge levels and misconceptions are high among young people;
- o Availability and quality of adolescents youth friendly services are limited;
 - o Gender norms act as an important barrier here too.
- **Quality of services** and in particular counselling services on long-acting methods – too much attention to meeting methods-mix targets and not enough to promoting choice and offering counselling – finding consistent with MII.
 - o Efficacy of hormonal contraceptive use among women on ARVs
 - o Very limited attention to PWDs.

What factors explain Zimbabwe success in modern contraceptive use, in comparison with other countries in the region?

- Analysis of motivations for contraceptive use at individual level not finalized yet.
- But, at macro-level:
 - o Strong public health system, especially primary health care
 - o Commodity security
 - o High level of education of the population
 - o Early and uninterrupted Government engagement on FP, and good collaboration with external partners.

Implications

- Anticipated impact on policy decisions and programmes at national level
 - o Countries-specific interest:
 - Zimbabwe: Strengthening the quality of services; understanding the reasons for non-use and better addressing myths and misconceptions;
 - Kenya: Research to inform the revision of the national FP policy;
 - o Dissemination meetings at sub-national levels in Kenya and Zimbabwe, with the support of UNFPA.
- Anticipated impact on policy decisions and programmes broadly:
 - o Exploring possibility to extend this pilot research to other ESA countries;
 - o Presentation of abstracts of the research in relevant family planning research fora in 2018;

- o Writing papers on sub-analysis of data collected;
- o Presenting abstracts at global and regional conferences and publishing papers to contribute to debates on how to improve FP uptake;
- o Engagement with Regional Economic Commissions; with FP2020 network.

Challenges and lessons learned

- Reconciling expectations from the research at regional and national levels:
 - o Representativeness of countries for in-depth analysis and comparisons
 - o Expectations
 - o Standardization of tools
- These challenges were overcome by active UNFPA RO mediation to ensure that national expectations were met while keeping regional