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Original Research Article

Social-cultural factors influencing modern contraceptive uptake among women of the reproductive age in Turkana County, Kenya

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ABSTRACT

Background: Modern contraceptive is pivotal for reproductive health, averting unplanned pregnancies, lowering maternal mortality, and enhancing women's well-being. Despite global strides, challenges still persist in adoption of modern family planning methods in regions, like Turkana County, Kenya with a 30.7% adoption rate marking high unmet contraception needs. This study delved into determining social-cultural factors impacting uptake of modern contraceptive in the remote area of Turkana, Kenya.
Methods: A descriptive cross-sectional study was employed. The 360 participants were sampled from households using systematic random sampling. Data was analyzed using SPSS 21.0. Data analysis included frequencies, proportions and Chi-square tests to unveil vital variable correlations. Data was presented in tables, graphs and pie charts.
Results: The study revealed higher utilization of modern contraceptives at 53%. Cultural factors associated with Modern contraceptive uptake included religion acceptance of family planning (χ^2=6.997, p=0.008), myths and misconceptions (χ^2=31.096, p=0.000), gender preference (χ^2=28.876, p=0.000), cultural perception of child quantity (χ^2=26.373, p=0.000), decision maker for family planning (χ^2=19.745, p=0.000) and discussion with partner (χ^2=55.063, p=0.000).
Conclusions: In Turkana County, Kenya, socio-cultural factors seem to significantly shape modern contraceptive choices among women of reproductive age. Religious beliefs, misconceptions, and gender preferences influence decisions. Cultural norms impact family size views, and autonomy prevails. Tailored interventions addressing these issues are crucial for better reproductive health outcomes.

Keywords: Contraceptive uptake, Modern contraceptive, Reproductive age, Social-cultural factors, Turkana County

INTRODUCTION

Utilizing modern contraception is paramount for the health and reproductive well-being of women, serving as a means to prevent unintended pregnancies that can have adverse consequences. Various modern contraceptive methods, including barrier methods, hormonal options, intrauterine devices, and sterilization, are available to women, tailored to their health, lifestyle, and interpersonal factors.[1]

Globally, there exists a substantial demand for family planning, with 1.1 billion women seeking it. While 851 million women use contemporary methods, 85 million rely on traditional methods, and 172 million have unmet contraceptive needs.[2] The accessibility and utilization of modern contraceptives vary by region and are influenced by factors such as partner support, cultural norms, ethnicity, age, and limited access to services.[3,4]

In Kenya, the utilization of modern contraceptives has displayed positive trends, witnessing an increase from 32% in 2003 to 57% in 2022 among currently married women. Nevertheless, despite these improvements, unintended pregnancies continue to contribute to high rates of maternal and perinatal mortality, with disparities in access to modern contraceptives prevalent in different geographic areas, such as Turkana County, where usage lags behind the national average by 26.3%.[5] The high prevalence of unintended pregnancies in Kenya carries significant implications for maternal health and overall socio-economic development. Turkana County grapples with a high total fertility rate (TFR) of 6.9 and a low contraceptive prevalence rate (CPR) of 30.7%, along with various reproductive health challenges, cultural influences, and socio-demographic obstacles.[5,6] This study was driven by the objective of identifying the socio-culture factors that influence the uptake of modern contraceptives among women of reproductive age in Turkana County, Kenya.

METHODS

The study employed a descriptive cross-sectional approach. The study was done in Turakna county, a remote county in Northern Kenya. Eligible participants were women of reproductive aged (15-49 years).

Inclusion criteria

The inclusion criteria were that the women should have lived in Turkana for at least nine months and consent to participate in the study.

Exclusion criteria

Women over 49 years, in poor health and pregnant, or had sickly children were excluded.

The sample size of 327 was calculated using Fisher's formula, considering a 30.7% contraceptive prevalence rate from KDHS 20225 with a 10% adjustment to 360 participants. The participants were sampled using systematic random sampling from a list of registered households from which one eligible woman was selected. Ethical consideration included ensuring consent, privacy and confidentiality, independent communication, and obtaining approvals. Research permit was obtained from the National Commission for science, Technology and innovation (NACOSTI) license No. NACOSTI/P/23/27693 while ethical clearance obtained UoN/ KNH ERC number UP387/04/2023. Local authorities also granted the necessary permissions. Data, gathered through a questionnaire, underwent thorough cleaning in SPSS 21.0. The analysis involved descriptive statistics such as frequencies, proportions and inferential analysis using Chi square test with a $p<0.05$, 95% confidence interval considered significant. Data was presented in tables, charts, and graphs.

RESULTS

Distribution of socio-demographic factors (n=360)

The study's results revealed that majority, 53 (42.5%), belonged to the age category of 20-29 years. Concerning employment status, a significant portion, 231 (64.2%), fell under the category of "not employed". The majority, 238 (66.1%), reported a monthly income of "≤1000 Kshs". In terms of marital status, "single" individuals constituted the largest group, with 163 (45.3%). The data regarding the number of children indicated that the category "≤2" was the most prevalent, with 201 (55.8%) falling into this group. In the domain of education, "secondary" education was the most common level, 111 (30.8%) having achieved this education level. In relation to religious affiliation, "Christian-Protestants" were the majority, 217 (60.3%). Lastly, in regards to awareness of modern contraceptives, majority of participants, 277 (76.9%), expressed that they were "aware".

Table 1: Participants' socio-demographic features (n=360).

Variables	Respondents	Frequency	%
Age category (years)	≤19	76	21.1
	20-29	153	42.5
	30-39	77	21.4
	40-49	54	15.0
Occupational status	Employed	65	18.1
	Self-employed	64	17.8
	Not employed	231	64.2
Monthly income	≤1000 Kshs	238	66.1
	1000-3000 Kshs	41	11.4
	3001-5000 Kshs	21	5.8
	≥5000 Kshs	60	16.7
Marital status	Single	163	45.3
	Married	147	40.8
	Divorced/widowed	50	13.9
Number of children	≤2	201	55.8
	3-5	89	24.7
	>5	70	19.4
Education level	Non-formal education	60	16.7
	Primary	89	24.7
	Secondary	111	30.8
	Tertiary	100	27.8
Religion affiliated	Catholic	118	32.8
	Christian/ Protestant	217	60.3
	Muslim	17	4.7
	Any other (Hindu, Buddhism, Atheist)	8	2.2
Awareness of modern contraceptives	Yes	277	76.9
	No	83	23.1

Distribution of social-cultural factors

The findings indicated that 181 (50.3%) respondents did not accept family planning from a religious perspective. A noteworthy 166 (46.1%) participants reported didn't believe in myths and misconceptions about family planning.

Table 2: Participants' social-cultural features (n=360).

Variables	Respondents	Frequency	%
Religion acceptance of family planning	Yes	179	49.7
	No	181	50.3
Myths and misconceptions	Yes	88	24.4
	No	166	46.1
	Can't tell	106	29.4
Gender preference	Yes	109	30.3
	No	176	48.9
	Can't tell	75	20.8
Cultural perception of child quantity	Yes	155	43.1
	No	134	37.2
	Can't tell	71	19.7
Decision maker for family planning	Myself	209	58.1
	Myself and spouse	134	37.2
	My spouse	9	2.5
	Relatives and friends	8	2.2
Discussion with partner	Never	189	52.5
	Once in a while	99	27.5
	More often	72	20.0

About 176 (48.9%) respondents didn't express a preference for the gender of their child. Additionally, 155 (43.1%) participants acknowledged the cultural influence on perceptions of the ideal number of children. When it came to decision-making about family planning, a significant majority of 209 (58.1%) respondents reported making this decision themselves. Lastly, 189 (52.5%) participants mentioned that they "never" engaged in discussions with their partners about family planning (Table 2).

Association between social-culture factors and uptake of modern contraceptives (n=360)

The results revealed a significant relationship between religious acceptance of family planning and the use of contraceptives, with 107 (56.3%) utilizing contraceptives (p=0.008). Similarly, participants holding myths and misconceptions about family planning exhibited a substantial association, with 48 (25.3%) using contraceptives (p=0.000). Expressing a gender preference for family planning also revealed a significant link, with 114 (60%) (p=0.000). The belief that cultural norms influenced the desired number of children was tied to contraceptive use, with 104 (54.7%) using contraceptives (p=0.000). Furthermore, the decision-maker for family planning significantly impacted contraceptive usage, particularly those who made decisions independently, 92 (48.4%) (p=0.000). Finally, the frequency of discussions with a partner about family planning displayed a significant relationship, particularly among those who never discussed it, 65 (34.2%) (p=0.000) (Table 3).

Table 3: Association between social-culture factors and uptake of modern contraceptives (n=360).

Variables	Respondents	Current contraceptive use		Chi-value; df; p value
		Yes (n=190, %=53)	No (n=170, %=47)	
Religion acceptance of family planning	Yes	107 (56.3%)	72 (42.4%)	χ^2=6.997[a]; df=1; p=0.008
	No	83 (43.7%)	98 (57.6%)	
Myths and misconceptions	Yes	48 (25.3%)	40 (23.5%)	χ^2=31.096[a]; df=2; p=0.000
	No	109 (57.4%)	57 (33.5%)	
	Can't tell	33 (17.4%)	73 (42.9%)	
Gender preference	Yes	55 (28.9%)	54 (31.8%)	χ^2=28.871[a]; df=2; p=0.000
	No	114 (60%)	62 (36.5%)	
	Can't tell	21 (11.1%)	54 (31.8%)	
Cultural perception of child quantity	Yes	104 (54.7%)	51 (30%)	χ^2=26.373a; df=2; p=0.000
	No	63 (33.2%)	71 (41.8%)	
	Can't tell	23 (12.1%)	48 (28.2%)	
Decision maker for family planning	Myself	92 (48.4%)	117 (68.8%)	χ^2=19.745a; df=3; p=0.000
	Myself and spouse	91 (47.9%)	43 (25.3%)	
	My spouse	4 (2.1%)	5 (2.9%)	
	Relatives and friends	3 (1.6%)	5 (2.9%)	
Discussion with partner	Never	65 (34.2%)	124 (72.9%)	χ^2=55.063a; df=2; p=0.000
	Once in a while	69 (36.3%)	30 (17.6%)	
	More often	56 (29.5%)	16 (9.4%)	

Modern contraceptive uptake

The findings showed that more than half, 190 (53%), of the respondents were currently using modern contraceptives (Figure 1).

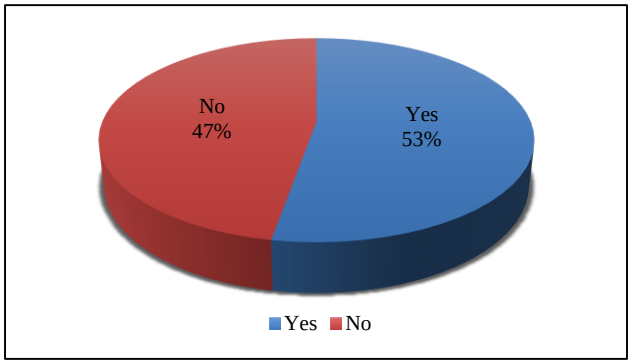

Figure 1: Current contraceptive use (n=360).

Types of modern contraceptive used

The results indicated that the injectable method of contraception was the most commonly chosen, selected by 89 (24.7%) of the participants (Figure 2).

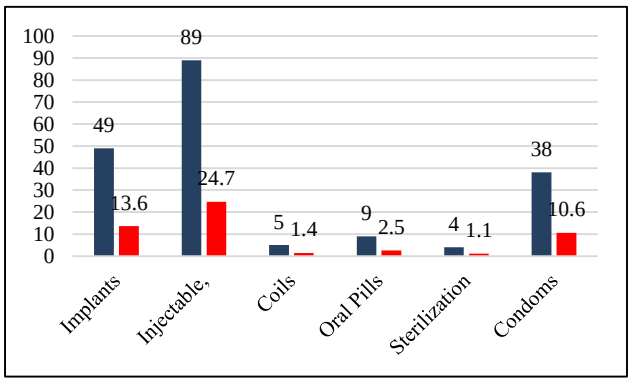

Figure 2: Type of contraceptive method used.

The motivation for contraceptive uptake

Result revealed substantial number of participants, 121 (33.6%), was to prevent unwanted pregnancies (Figure 3).

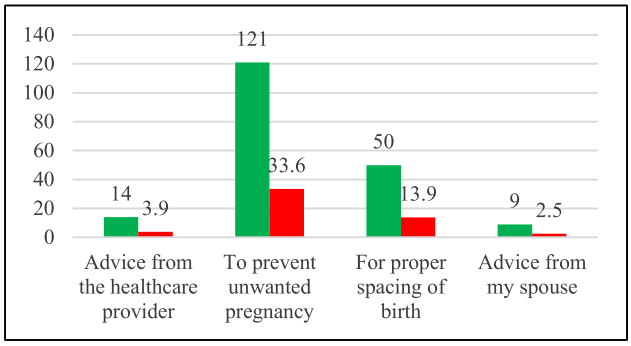

Figure 3: Motivation for contraceptive uptake.

Reason not for using contraceptives

The findings indicated that the majority of participants, 67 (18.6%), who were not employing contraceptives, were single (Figure 4).

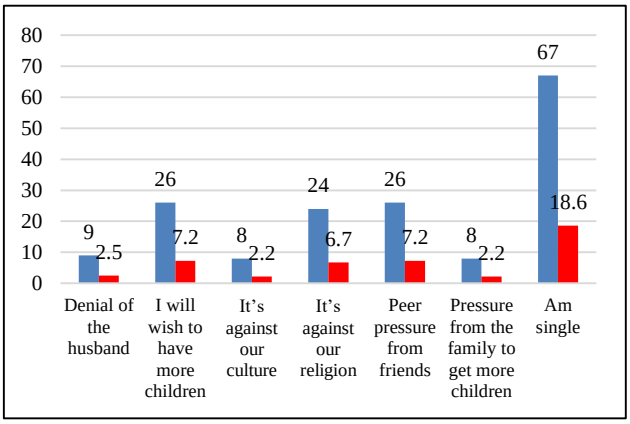

Figure 4: Reasons for not using modern contraceptive.

DISCUSSION

Social-cultural factors

In accordance with the religious affiliations of the respondents, more than half of them did not support family planning based on their religious beliefs, while others expressed their acceptance of modern contraception from a religious perspective. This observation underscored an almost equal division among the respondents concerning religious acceptance, highlighting the significant impact of religious beliefs on decisions regarding modern contraceptive uptake. Certain religious doctrines may promote contraception, while others may discourage or even prohibit it. This aligns with a study that emphasized the influence of religion on modern contraceptive uptake.[7]

Regarding myths and misconceptions associated with family planning, a larger segment of respondents did not hold such beliefs, while others acknowledged believing in them. This indicates that a substantial proportion of respondents may have had misconceptions or a lack of information about family planning, which may have influenced their decisions and choices. This finding is consistent with other findings in Tanzania.[8]

The majority of respondents did not indicate any specific gender preferences for modern contraception in terms of gender preference. This implies that the desire for a child of a specific gender due to cultural standards may be diminishing, and there is a growing emphasis on the value of any gender in the family. This is in contrast to a study done in Ghana, which focused on the power dynamics associated with gender preference and revealed a significant desire for having male offspring in the household.[9]

In terms of cultural perceptions of the quantity of children, the findings revealed that the majority of respondents admitted that their cultural background had influenced their views on the appropriate number of children they should have.

In contrast, several respondents stated that their culture had no influence on their opinions on family size. This suggests that the cultural inclination toward having a larger number of children was deeply ingrained, largely driven by the practical demands of their pastoralist way of life, where children played a vital role in ensuring the family's survival and overall well-being. This aligns with a study done in Indonesia, which emphasizes that having children and nurturing them is the path to respect in society.[10]

According to the survey, a sizable majority of respondents indicated that they independently made decisions regarding family planning. In contrast, other respondents reported involving both themselves and their spouses in the decision-making process. This indicates that autonomy in family planning decisions is common. Women may choose to make these decisions independently because it allows them to have greater agency in determining the timing and number of children they have, as well as the methods of modern contraceptive uptake they use. This is consistent with a study done in northwest Ethiopia, which found that women were autonomous in their decision-making on the use of postpartum family planning.[11]

Based on the discussions with their partners, the survey findings showcased a significant divergence in the frequency of conversations about family planning among the respondents. The majority of respondents reported that they had “never” engaged in such discussions with their partners, while some indicated that these conversations occurred “once in a while” or “more often”. This pattern highlights the varying levels of open and consistent communication within relationships regarding family planning decisions.[12]

Uptake

The study results revealed that more than half of the respondents had experienced modern contraceptive uptake, while the others had not. This phenomenon could be attributed to socio-demographic factors because it was observed that a substantial portion of respondents in the 20-to-29 age bracket had opted for modern contraceptive uptake. Their increased sexual activity and prime reproductive years made them more likely to opt for modern contraceptives for a variety of purposes, such as preventing unintended pregnancies and effectively spacing out their children's births. Concerns regarding early pregnancy or unstable job situations may have also contributed to their modern contraceptive uptake.[13]

The study also aimed to categorize the various modern contraceptive methods that were in use, and the findings indicated that injectables and implants were the most frequently selected methods for modern contraceptive uptake. These methods may have been more widely preferred because, in contrast to oral medications, they required only one administration at a set time and remained effective for an extended period. This aligns with a study conducted on the influence of sociocultural beliefs and practices on modern contraceptive uptake, which found that people favoured widely used modern contraceptives within specific groups because they were familiar with them.[14]

The findings also demonstrated that a substantial majority of individuals opted for modern contraceptive uptake rather than heeding their spouses’ advice to avoid unintended pregnancies. This decision was linked to their need to adequately care for their families, given the limited resources available. Men often expressed a desire to have more children despite having limited means, while women, often the primary breadwinners of their households, felt compelled to engage in contemporary contraceptive practices to avoid pregnancy. This contradicts a study conducted on contraceptive values, which indicated that women found it challenging to engage in modern contraceptive practices because of opposition from their friends, family, and acquaintances.[15] Most women hesitated to adopt modern contraceptives because they didn’t want to be the first in their specific social circles to do so.

The findings showed that being single, as opposed to familial pressure for more children, was the most common reason cited by those who did not engage in modern contraceptive uptake at that time. This could be attributed to the fact that some single individuals chose not to engage in modern contraceptive practices because they were not in committed relationships or were not sexually active at the time. It may have been a deliberate decision based on their individual circumstances or beliefs. This contradicted the findings of a study conducted in sub-Saharan Africa, which emphasized that the primary reason for not accessing modern contraceptive services was religious opposition.[16]

CONCLUSION

The study highlights the significant influence of socio-cultural factors on modern contraceptive uptake in Turkana County, Kenya. These factors, including religious beliefs, myths, gender preferences, cultural influences, decision-making autonomy, and discussion with partners, play a crucial role in shaping attitudes toward family planning. Recognizing and addressing these socio-cultural elements is essential for creating successful family planning interventions that honour diverse perspectives, encourage informed decision-making, and enhance reproductive health within communities.

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Ethical approval: The study was approved by the the Scientific Ethics and Review Committee (SERC) of the University of Nairobi/Kenyatta National Hospital (KNH), and also, by the National Commission for Science, Technology, and Innovation (NACOSTI)

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