KUJIPANGA BULLETIN

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Kenya marks the World Contraception Day by Demystifying Myths and Misconceptions associated with Family Planning

A woman from Narok County holding a long-term reversible contraception method

Dorcas speaking at the World Contraception Day Event

Kenya has made great progress towards increased uptake of family planning (FP). The FP2020 commitment maker shows that Kenya exceeded its 2020 target of 58% modern contraceptive use. Despite these efforts by the Ministry of Health to make it easier for women and families to access their sexual and reproductive health rights (SRHR), myths and misconceptions continue to hinder full realization.

During this year's World Contraception Day celebrations that was marked on 26th September in Nairobi County, the Ministry of Health emphasized the need to address these myths and misconceptions to allow the country to achieve its Family Planning goals.

In addition to myths and misconceptions, culture and religion was also highlighted as another challenge in addressing Family Planning misinformation. This can be addressed if stakeholders in health enhanced their collaboration and continued engagement of opinion leaders in the community like religious leaders, cultural elders, local administration and other stakeholders. This makes it easier to address these challenges thus giving women and families power to make good reproductive health related decisions.

"As a young woman, I came across several myths and misconceptions on contraception. This made me fear using contraceptives until I became pregnant. After giving birth I was educated at the hospital on the effectiveness of contraceptives. With time I was convinced and decided to take a long-term FP method," stated Dorcas, a young mother and FP user

"Myths and misconceptions pose a major threat to Family Planning uptake in Kenya. The Ministry has initiated interventions through the health and community structures which will help demystify myths, misinformation and misconceptions associated with contraception uptake," stated Dr. Andrew Mulwa, Director of Medical Services, Preventive and Promotive Health - Ministry of Health.

PS Kenya has not been left behind in supporting the Ministry of Health to achieve its Family Planning goals. Through reproductive health programs like DESIP, Accelerate Project and Binti Shupavu, we have employed cutting edge health interventions that continue to address the unmet reproductive health needs and disparities across the country giving women and families power to decide when they want to have children, how many and spacing of their children.

Programme Director's Statement

Sylvia Wamuhu
DESIP Director

DESIP continues to ensure that girls and women particularly the poor, adolescents, and people with disabilities can safely plan for their pregnancies in accordance with their Sexual and Reproductive Health and Rights (SRHR). On the 26th of September, we joined the Ministry of Health, other partners and stakeholders in marking the World Contraception Day. This year's theme of breaking family planning myths could not have come at a better time, as the major obstacles to the adoption of modern contraceptives continues to include myths and misconceptions at individual and community levels. Some of the prevalent myths such as the effect of the use of contraceptives on future fertility and perceived or real concerns about side effects can be best addressed by our continued effort to ensure there is provision of accurate information to a broader audience including women, men, health workers and the community in general. DESIP remains committed to debunking myths regarding contraceptive use among the generation population, through our demand generation activities, while specifically paying attention to the needs of women with disabilities, adolescents, and youths.

Our desire to contribute in advancing the family planning agenda in Kenya, saw us host a webinar on disability inclusion in family planning as post WCD event on 28th September. This webinar brought together key stakeholders in family planning including Ministry of Health at national and County level and implementing partners. Our key audiences-persons with disability helped us to catalyze the national conversation on how the family planning programs can be strengthened to ensure it mainstreams the needs of persons with disability.

DESIP Programmatic Approach in Addressing Family Planning Myths and Misconceptions

The DESIP programme targets counties whose modern contraceptive prevalence rate (MCPR) ranges from 2% to 45%. The programme goal is to ensure that couples, women, and girls can safely plan for their pregnancies in line with Sexual and Reproductive Health and Rights, particularly the young, rural, marginalised, and Persons With Disabilities (PWDs). DESIP recognizes that increased uptake of contraceptive methods cannot be realized without addressing barriers related to the use of family planning. One major obstacle that continues to be a barrier to FP uptake, is myths and misconceptions about modern methods. Addressing this barrier remains pivotal to DESIP's intervention across the counties. The following are the programmatic strategies that have been put in place to help demystify family planning myths.

1.Community Dialogue

Community dialogue provides a platform for sharing information, discussing community issues, and identifying root causes of barriers towards acceptance of family planning. Community Health Workers (CHWs), male champions, duty-bearers and CHAs (Community Health Assistants) are involved in planning, mobilizing, and facilitating the target audiences in the various catchment areas. To enhance sustainability where possible, DESIP leverages on already planned and happening community health dialogue sessions by the local county community health strategy structures to address social norms, common myths and beliefs related to contraceptives and linked the community members to FP services. Community dialogue is a container term for many community-related activities including those listed below.

i. CHV demand creation meetings

Community Health Volunteers (CHVs) hold group educational sessions or one-on-one sessions with individual women at household/community level, using the opportunity to demystify FP myths.

ii. Sensitisation of men in the community on FP

The male engagement approach looks at creating space for dialogue and engagement of men and boys according to age groups, using a theological underpinning and linkage to prevalent community issues. These sessions are linked to planned cultural activities and aim to catch the men at their frequent hangout spots. In patriarchal societies such as in the DESIP counties, men strongly hold the mantle for decision making at both the community and household levels. Their perceptions, attitudes and behaviors influence the access and uptake of family planning methods.

iii. Engagement with religious leaders

Involving religious leaders in health talks is an innovative way of passing faith-based family planning messages. The faith-based messages specifically look at promoting healthy timing and spacing of pregnancies to reduce maternal mortality by linking this to scriptural texts. The key message passed is the

importance of child spacing, reiterating the Islamic perspective as stated in the Quran that it promotes the wellbeing of a family and that contraceptives are an effective way of ensuring spacing, and in doing so, misconceptions regarding family planning are addressed.

iv. Health talks at health facilities

These small groups of young women meet at health facilities and share their perspectives and experiences on family planning and receive education on the various methods. Through the sharing sessions, the programme promotes peer-to-peer learning which positively influences the uptake of FP services.

2. CBD model: Last-mile distribution

Community-Based Distributors (CBDs) reach out to most marginalized populations (conflict-ravaged zones, disaster zones, migratory communities, and those not able to reach the health facilities) with contraceptive messages and short-acting methods at the household level, workplaces, and other convenient safe spaces. CBDs also supply certain FP commodities (like pills, injections, and condoms) in the community.

3.Outreaches/In-reaches

To reach the poor and marginalized women, adolescents, and women living with disabilities, the programme supports outreaches in catchments located far away from health facilities, conflict-hit areas, areas eclipsed by strong social-cultural beliefs and practices, and areas with living in extreme poverty. In order to address equity, a group of seven demand creation agents are usually involved in mobilization and messaging that targets cohorts three days before the day. The seven demand creation agents team comprises of two women CHVs who target mature women with contraceptive uptake messages, two men champions who engage men on the need to not only pacify the environment on human rights but also support and facilitate women in their lives to seek and access SRHR services, two youth champions who mobilize and engage adolescents on the need to secure their future using contraceptives and a PWD champion who reaches out to PWDs through their networks for messages and services uptake. Other members of the outreach team include three service providers, and one of them focuses on AYSRH. The programme also deploys the Booked in Client (BIC) approach and the use of referrals by CHVs to ensure clients access services. CHVs conduct door-to-door visits at the household level to mobilize the community members.

4. Media engagement.

DESIP leverages radio to communicate FP messages that include addressing the common family planning myths. In addition, the programme has incorporated social media as a channel for FP information. Trafficking DESIP SBC content through social media aims at opening online conversations on SRHR and GBV/SRH among women of reproductive health, adolescents, and PWDs who are active in digital platforms. The activities include recruiting peer champions willing to share their stories online, creating a viral effect through sharable content and hashtags, and eventually stirring up a sustained national movement/campaign.

Working with Social Behaviour Change Agents to Demistify Myths and Misconceptions Around Family Planning

Findings from the 2014 Kenya Demographic Health Survey (KDHS) indicated that West Pokot County had the second-highest fertility rate of 7.2 births per woman in Kenya. Contraceptive prevalence was also among the lowest in the country, 14% against a national average of 58%. The county has a marginalized population that is largely illiterate or only partially educated. The polygamous, patriarchal culture places a greater emphasis on men's control over their wives' reproductive rights. The culture also places more value on boys than girls, which significantly affects how women are regarded in society.

We met Esther Nabwire during one of our community-based distribution exercises. She is from the West Pokot County, village of Likei in the Mnagei Ward and lives in a semi-permanent one-bedroom house with her children and spouse. Esther completed her education up to the seventh grade before dropping out. She is unemployed and spends most of her time at home taking care of her family. She is married to her partner, Isaac Wafula, a mason, in a monogamous relationship, and the two have four kids (aged 21, 11, 8 and 1). They also had another child who passed away at one year and six months.

In 2002, Esther decided to use DMPA (Depo Provera) as a contraceptive method after speaking with her aunt. Her main motivation for the use of injectables was to prevent pregnancy while also maintaining some degree of discretion. However, a few weeks later, she began to have irregular bleeding patterns. She discussed this with her close friends who told her tales of other villagers who had used FP and later died of cancer. They also mentioned that her choice would make any sexual encounter with her husband uncomfortable for her. Consequently, after three months, she decided to stop using the method because she was sure the rumours she had heard from her friends had to be true based on the irregular bleeding patterns.

Esther describes her ability to space her children as a miracle because she had not used any modern method since 2002. Instead, she relied on the knowledge that her peers had shared about calculating fertile days, and she abstained during this time. Following her delivery in February 2021, Aldo Wanyama, a community-based distributor, counselled her during a home visit. With her spouse present, the couple was able to speak candidly with Aldo and expressed their concerns about the various FP methods. Aldo discussed the available contraceptive methods, but he spent the majority of his time dispelling the myths and misconceptions that had for the longest time prevented Esther from using FP. Together, they went to the Kapenguria county Referral Hospital for additional counseling, and they decided to use Implanon NXT.

Her experience with the method has been positive. Although she continues to have irregular bleeding patterns, she is not upset by this because she was psychologically prepared to expect these changes.

> **"There is still a lot to be done at the community level. Most of the mothers out here still hold on to similar misinformation like the one I had. I have been using FP for more than a year, and I can attest that it is not as bad as people claim. During these times when resources and jobs are scarce, we need FP if we intend to bring up a household with healthy babies and mothers," Esther tells the programme.**

CBD Aldo Wanyama during a home visit at Esther's Home

Esther Nabwire posing with her last-born child

Debunking myths and misconceptions of FP among persons with disabilities:

A case of Homa Bay and Mombasa counties

Persons with disabilities have experienced historical discrimination in matters SRHR/FP. There are many myths and misconceptions attached to disability as far as family planning is concerned. There are people in society who believe persons with disabilities are asexual and hence see no need to give them information and services on SRHR/FP. In some communities, there are beliefs that people with disabilities and especially women are not fit to have families or even to get children and this prevents them from accessing and taking up information and services on SRHR/FP. These kinds of negative beliefs, treatments, and attitudes cut across the health sector where health care workers are also seen to further perpetuate these myths as some of them have some negative perceptions when faced with the duty to care for people with disabilities. Other common myths regarding disability include the belief that it is a curse and that those who are disabled are failures in the society. Women living with disabilities are further ostracized, as some men fear walking together with them or even marrying them. They continue to face double discrimination because they are more likely to be exposed to sexual abuse and HIV/AIDS. They are often unable to access the health facilities because of the non-accessible environment and lack of a transport system that meets their demands.

With the inception of the DESIP programme, there has been an effort to work towards eradicating negative perceptions among both health care providers and the community at large to enable the inclusion of persons with disabilities to ensure that they can access and use sexual and reproductive health services including family planning.

Homa Bay County is one of the counties of focus for the DESIP programme and among the counties of interest due to the high number of unplanned pregnancies among young people, including young people with disabilities, and poor, rural women among them women with disabilities. Homa Bay County, like any other county in Kenya, is made up of people with various beliefs and attitudes as far as disability and SRHR/FP is concerned. To counter the myths and misconceptions about people with disabilities, the DESIP programme targeted the health care providers as the main actors and trained them on social inclusion. Through these efforts, feedback from providers indicates that the attitude towards people with disabilities has improved as some of the myths have been debunked.

In Homa Bay County, Paul Mwaya, who is the Rachuonyo South sub-county coordinator for AYSRH, was trained on social inclusion, and consequently became one of the social inclusion and gender champions. Following the training, he developed an action plan, which included sensitizing facility health workers on social inclusion, and advocating for the sub-county health management's disability inclusion in the sub-county RH services. He successfully worked towards ensuring the inclusion of disability assessment tools to assess accessibility in facilities in the sub-county. He also successfully initiated the inclusion of adolescent mentors with disabilities in AYSRH mentorship and CMEs. From his training skills in social inclusion and advocacy efforts, the sub-county gender-based violence technical working group included people with disabilities as part of its membership. These efforts have led to a change of attitude especially at facility level, towards persons with disabilities who seek SRH and FP services, further demonstrating the impact of DESIP's intervention in this area.

We spoke to Paul to get his insights regarding disability inclusion in family planning, following his training. He shared that the main indicator of success is the increased identification of people with disabilities at facilities; this has been boosted using the Washington Group of Questions. He further notes that the availability of sign language interpreters has played an important role in the independence of deaf people. They no longer have to come in the company of relatives; they can come on their own to seek services since there are interpreters at facilities. Concerning the attitudes of health care providers, he believes there has been improvement, as this can be demonstrated in the way people with disabilities are showing interest in getting services on SRHR/FP. When asked what he can attribute this progress to, he shared that the level of awareness on disability has improved and this is seen in the way mothers can bring out their children with disabilities without fear. He highlighted the need for trainings for health care workers and CHVs, and for continued awareness creation at community level.

Patriarchy and Faith-based approaches as facilitators of FP acceptance and uptake!

A case of Ngorika village in Oldonyiro Ward, Isiolo County.

Isiolo County is one of the counties in Kenya situated in the upper eastern region, bordering Marsabit County to the north, Samburu and Laikipia counties to the west, Garissa County to the south east, Wajir County to the north east, Tana River and Kitui Counties to the south and Meru and Tharaka Nithi Counties to the south west. It covers an area of 25,336.7 square kilometers and has three sub-counties: Isiolo, Merti and Garbatulla. The County's population consists largely of Oromo-speaking Borana and Sakuye as well as the Turkana, Samburu, Meru and Somali. The DESIP Programme is implemented in Isiolo County through Faith to Action Network and PS Kenya. To reach the poor, rural women and adolescents in the remote village of Oldonyiro, the DESIP programme, in collaboration with the County government, delivers interventions to increase acceptability, accessibility and uptake of quality FP services. Ngorika is a village in Oldonyiro ward that is about ten kilometers from Oldonyiro shopping centre where a dispensary is located.

At the beginning of the programme, there were three major barriers to FP acceptance and uptake that were identified by the community in Oldonyiro. These included: religious beliefs, myths and misconceptions and lack of support from male partners. Some men believe that their wives are part of their property. It is for this reason that women have found it difficult to access a family planning method without their husband's permission. In most health facilities, health care workers have shared that DMPA is most preferred by women since it can be used discreetly.

The DESIP programme interventions include male engagement sessions and community dialogues on matters surrounding Sexual and Reproductive Health and family planning. The men are mobilized by religious readers and Community Health Volunteers to come to a central place where they are sensitized on the importance of child spacing and manageable family sizes. In a recent men engagement forum, one participant expressed his fear of family planning stating that it "causes men to have low libido.

On May 26th 2022, Gabriella, the facility nurse in-charge at Oldonyiro Dispensary organized for integrated outreach to Ngorika which was a new outreach site. A CHV, who is also a pastor, had organized and mobilized the community to come for health services. Some young men, in their mid 20's happened to be around the venue and during health education they heard the nurse educating the mothers on importance of family planning. Out of interest, two men approached the DESIP supported staff and expressed interest in getting information on family planning. The staff interacted with the young men who shared that they belonged to the Lkishami age group and challenged them to mobilize their peers for a session on a date they jointly agreed on. On the agreed date, June 15th, young men showed up thirsty for information on Family Planning. The lively and interactive session was facilitated by area CHV and Nurse. This was conducted in Samburu dialect, a language they understood best, ensuring that no one was left behind! They freely asked questions, had discussions and responses from a HCW and the CHV. As a result of the demand driven male engagement session, two young men went back to their homes and accompanied their wives back to the same day outreach. The women were each counselled and both chose implant insertion as their preferred choice.

DESIP staff addressing men of Lkishami age group - Oldonyiro

Nurse Agnes facilitating during male dialogue

Men desire to be involved and to be educated on FP and reproductive health in general. Given an opportunity in a safe space, they are willing to express their concerns and are open to new information. Considering decision making is a man's responsibility in the Samburu community, positive engagement and involvement has the potential to work in favor of the women and community at large. Bringing men into family planning discussions is instrumental in having a wholesome approach to SRH in the society as it brings in a shared responsibility for healthy families.

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About DESIP

DESIP is a five-year (2019 to 2024) UKaid funded project focused on Delivering Sustainable and Equitable Increases in Family Planning (DESIP) in low Contraceptive Prevalence Rate (CPR) Counties in line with Kenya's 'Vision 2030' as well as the Universal Health Coverage (UHC) 'Accessible quality healthcare for all Kenyans.' The country's long-term development blueprint has progressively realized a skilled and healthy workforce. Gains in Family Planning (FP) uptake have been considerable, with the 2018 modern Contraceptive Prevalence Rate (mCPR) amongst married women at 59%, exceeding Kenya's FP2020 target of 58.3%. Despite the progress, many women and girls are still left behind, notably, the 19 Counties where DESIP is implemented (Baringo, Elgeyo Marakwet, Garissa, Homa Bay, Isiolo, Kajiado, Kilifi, Kwale, Lamu, Mandera, Marsabit, Migori, Mombasa, Narok, Samburu, Tana River, Turkana, Wajir and West Pokot). The mCPR in these Counties range from 2% to 45%, as per the 2014 Kenya Demographic Health Survey.

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