

**A BASELINE SURVEY ON THE
KEY EXPECTED ADOLESCENT
AND SEXUAL REPRODUCTIVE
HEALTH OUTCOMES AMONG
ADOLESCENT GIRLS (15-19) IN
FOUR COUNTIES
IMPLEMENTING THE BINTI
SHUPAVU PROGRAM IN
KENYA**

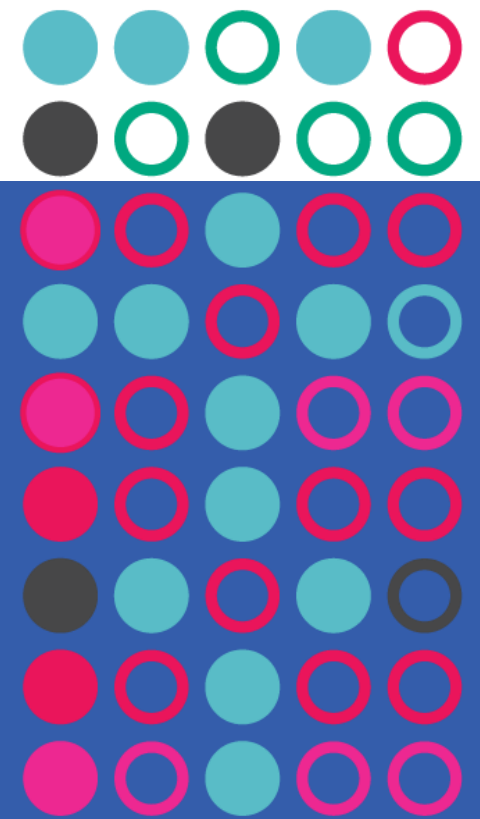
FINAL REPORT

February 21, 2023



OUTLINE

1. Introduction
2. Objectives
3. Methods
4. Results
5. Conclusions
6. Recommendations



Introduction



- A360 Amplify interventions in Ethiopia, Nigeria, Tanzania and Kenya aim to improve the sexual and reproductive health of adolescent girls aged 15-19 years
- In Kenya, the Binti Shupavu intervention works to increase awareness, knowledge, relevance and voluntary use of modern contraception, within a wider range of activities that support girls along their journey to improved agency and livelihoods
- This study aimed to evaluate the Binti Shupavu intervention that was implemented in five counties in 2021

Objectives



1. Determine the social, demographic and behavioral profile of adolescent girls residing in the communities where Binti Shupavu is implemented;
2. Evaluate girls' comprehensive knowledge of modern contraceptive methods and the determinants of that knowledge;
3. Investigate the determinants of current use of modern contraceptive methods among adolescent girls in the implementation geographies;
4. Determine factors that influence girls to appreciate the relevance of modern contraceptive methods in facilitating them to pursue and achieve their life's goals;
5. Examine the factors associated with higher contraceptive self-efficacy among the girls
6. Determine the extent to which adolescent girls have been exposed to Binti Shupavu and what factors determine whether one is exposed or not; and
7. Document the key influencers perceptions, knowledge, attitudes towards contraceptives and their perspectives towards contraceptive use for adolescent girls.

Methods



- **Study site:** Kilifi, Narok, Homa Bay and Migori counties
- **Design:** concurrent mixed-method
- **Quantitative methods:** Population-based survey targeting adolescent girls aged 18-19 or emancipated girls aged 15-17 from mapped households.
- **Analysis:** Descriptively and using logistic and linear regression models
- **Qualitative methods:** KIIs, IDIs and FGDs.
- **Analysis:** Inductively and deductively following the DAC evaluation criteria

Sample size and sampling for Population-based survey

- **989** eligible adolescents were sampled and proportionally allocated to the four counties
- In each county, **four sub-counties** were randomly selected and up to seven health facilities selected.
- **One** CHU from each facility was selected and **10 girls** selected to participate in the study

Methods



10 IDIs with adolescent girls

8 FGDs (4 with adolescent girls and 4 with husbands/male partners of adolescent girls; 8 participants per FGD)

Sample size and sampling for qualitative component- 104 participants

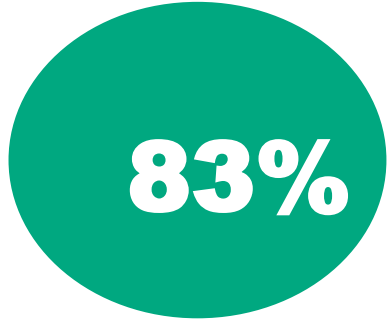
30 KIIs with community health assistants, community health volunteers, health providers, County/sub-County health managers, community leaders, husbands/male partners and mothers or mothers-in-law to the adolescent girls

Results - 1

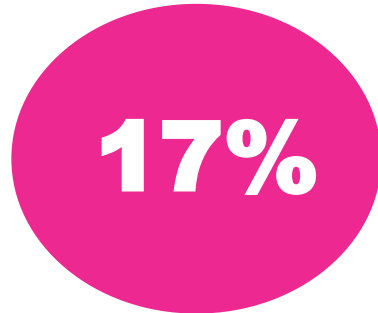


Social, Demographic and Behavioral Profile of girls

(a) Social, and Demographic Profile



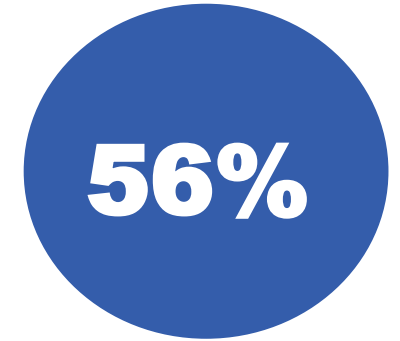
Age 18-19 years



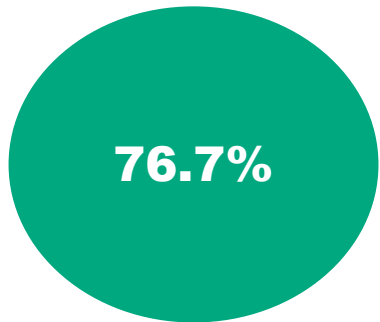
Age: 15-17 years



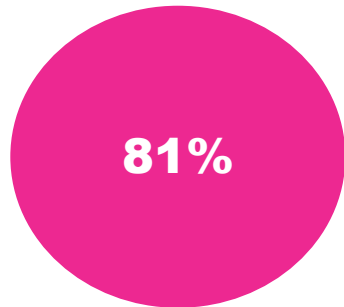
Education (primary)



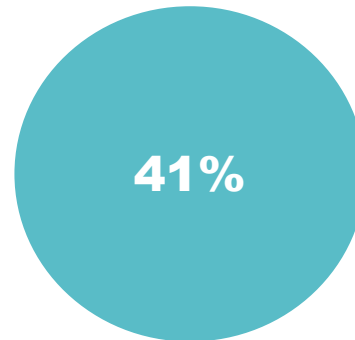
Currently in school



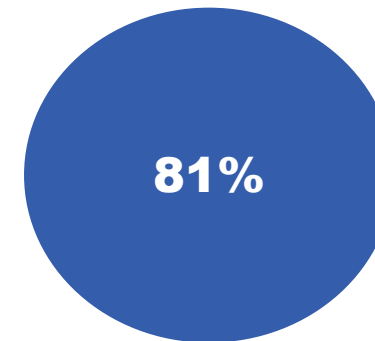
Single or never married



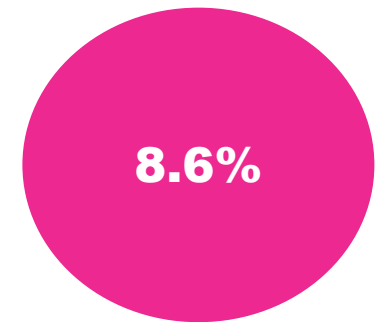
Religion- protestant



Ever given birth



Birthed only one child



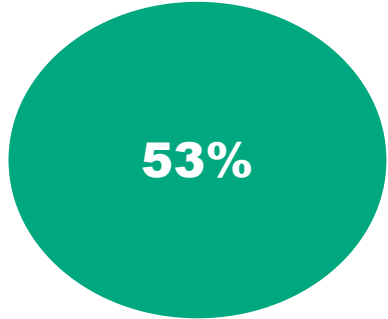
Currently pregnant

Results - 1

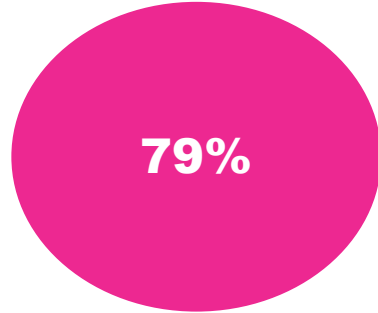
Social, Demographic and Behavioral Profile of girls



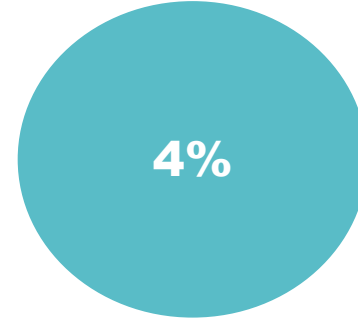
(b) Behavioral Profile



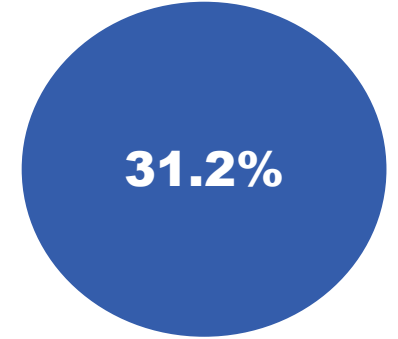
Did not intend to get pregnant when it happened



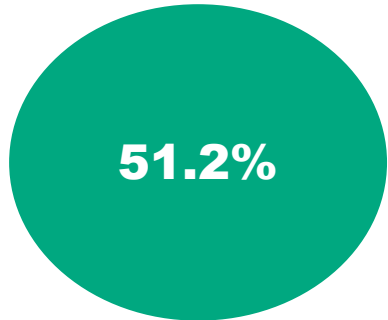
Had wanted to wait



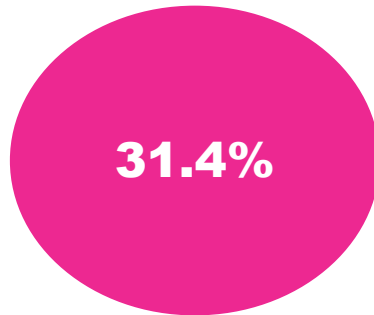
Did not want to have any/more children



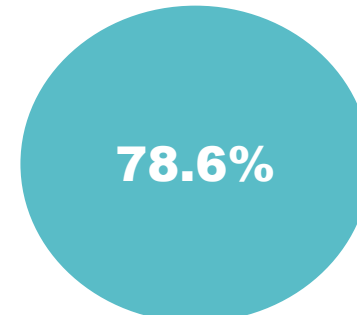
Eager to delay their next pregnancy for at least three years



Eager to delay their next pregnancy for at least five years



Never had sex



No perceived HIV risk for sexually active girls

Results - 2



Adolescent girls' comprehensive knowledge of modern contraceptive methods

- **88%** knew about the existence of methods used to delay or avoid getting pregnant

- **Most commonly known methods** - injectable (**68%**), implants (**63%**), male condoms (**41%**) and pills (**37%**)

- **Source of information on methods** - health facility or through a friend or peer

- **Place of getting a method** - hospitals, clinics and health centers; pharmacy outlet was a non-traditional platform for obtaining a method in most communities (**15%** of girls)

- **87%** of girls had **comprehensive contraceptive knowledge** which was high if the girls:

- (a) came from Narok, Homabay or Migori;

- (b) were sexually active and

- (c) had higher perceived social support and agency scores

Results - 3

Relevance of contraceptives in achieving life goals

76.0% girls who concurred that contraceptives are vital for adolescent girls to achieve their goals, complete education and pursue a better life.

Main benefits of contraceptives:

78.4% averting an unwanted pregnancy

15.7% ensuring good health for children

14.6% improving the economic situation and well-being of the family

59% girls who endorsed contraceptives as a relevant tool that can aid them to pursue their life aspirations.



- Coming from deprived households,
- being sexually active,
- having comprehensive contraceptive knowledge,
- personally having more control over own contraceptive decision-making
- having a higher perceived score on the existence of support from her significant others



**Determinants of
contraceptive
relevance**

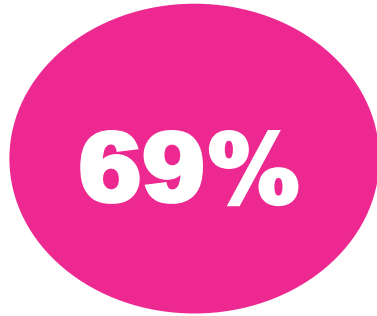
Results - 4



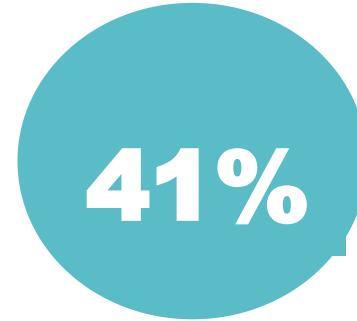
Current use of modern contraceptive methods



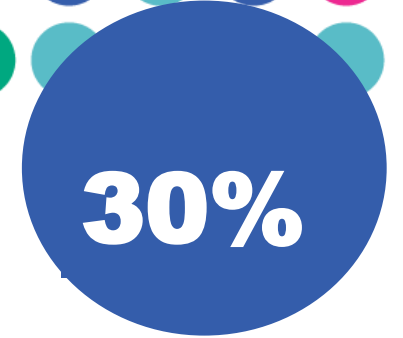
Ever used a method to delay or avoid a pregnancy



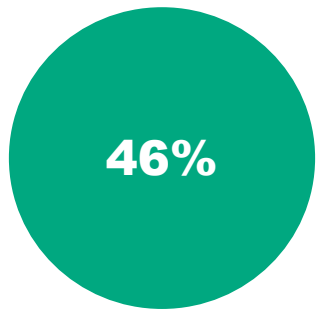
Used a method previously had used it within the last 12 months



Sexually active non-pregnant girls who would have preferred to be doing something to delay or avoid pregnancy



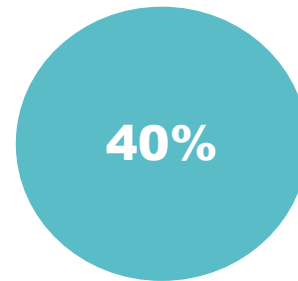
Non-pregnant girls using a method



Sexually-active girls used a contraceptive method during the last sexual intercourse

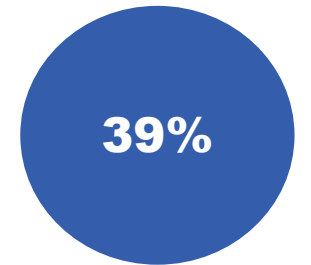


Median age at first contraceptive use



Implant

Most commonly used methods



Male condom

Results - 5

Contraceptive self-efficacy, perceived social support, control and agency

- Participants mean score was **3.95** (interquartile range = 0.77).
- A higher average score for self-efficacy was associated with;
 - (a) coming from Narok, Migori or Homa Bay Counties,
 - (b) having completed primary or secondary level education,
 - (c) comprehensive contraceptive knowledge,
 - (d) perceiving that contraceptives are relevant for adolescent girls to achieve their life goals, and
 - (e) exposure to Binti Shupavu



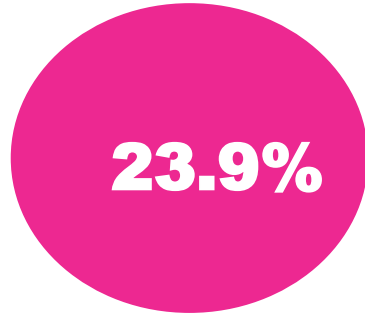
Results - 6



Exposure to and participation in Binti Shupavu

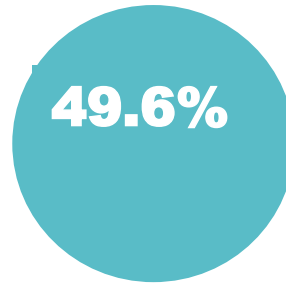


Heard about Binti Shupavu

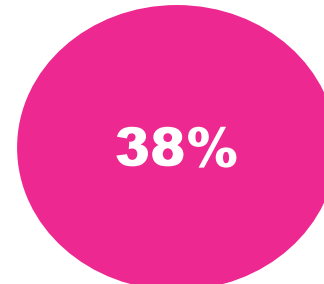


Correctly identified the logo

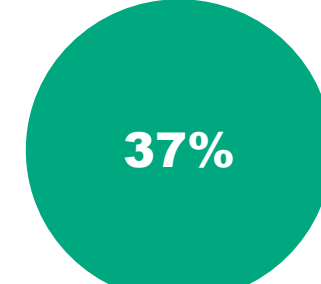
Participation in Binti Shupavu



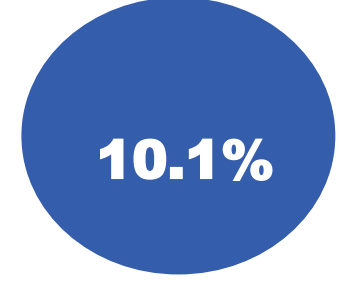
Binti clinics



Binti stories



Binti classes



Community fairs

Determinants of exposure to Binti Shupavu

- Comprehensive contraceptive knowledge
- A higher perceived contraceptive self-efficacy
- Non-Catholic religious affiliation
- Emancipated girls under 18 years
- Having had sex more than a year before the survey

Results - 7

Key influencers' perspectives towards contraceptive use for adolescent girls

- Mothers-in-law supported the use of contraceptives to space and control the number of children that one gives birth to – they would (a) mobilize their adolescent girls to be taught about contraceptives; (b) act as promoters of contraceptives if they were trained and (c) suggested that girls should start using contraceptives when they are at least 15 years old.

- Misconceptions about contraceptives in the four counties – associating contraception with bareness, uterus damage, harmful lubricant used in condoms, effects on libido
- Only a few knew what Binti Shupavu program does or had witnessed activities where girls showcased skills acquired through the program.



- The findings portrayed a pro-contraceptive use attitude by adolescent girls from the key influencers.

Results - 7

Key influencers' perspectives towards contraceptive use for adolescent girls

- Most of the husbands/male partners and some mothers-in-law were not aware of Binti Shupavu.
- Mothers-in-law from Homa Bay expressed their displeasure with lack of close follow-ups for the girls who participate in the training sessions.

- A few men supported use of modern contraceptives to space children and even said they initiated discussions about using contraceptives
- Some men had no interest in deciding about contraceptives, leaving it at the discretion of their spouses/partners.



- The community has generally accepted use of contraceptives by adolescent girls but there are pockets of parents and husbands/male partners who see contraceptive use as a bad thing.

Conclusions

1. There is deliberate intention and willingness among the girls to delay pregnancy. However, the low perceived HIV risk among the majority sexually active girls may compromise the gains made so far.
2. A majority of the adolescent girls have a comprehensive knowledge of modern contraceptive methods especially the injectable, implants, male condoms and pills, which is predicated on the county of residence, exposure to Binti Shupavu, being sexually active and having a higher perceived social support and agency scores.



3. Adolescent girls perceive contraceptives to be relevant in assisting them to achieve their goals, complete education and pursue a better life. They are more likely to see the relevance if they come from deprived households, are sexually active, have comprehensive contraceptive knowledge, perceive themselves to have control in making reproductive health decisions and have perceived support from significant others.

Conclusions

4. The use of contraceptives is still low among the sexually-active girls. There is unmet need among adolescent girls as a majority of non-users expressed willingness to use a contraceptive in the future. The current contraceptive use is predicted on being an ever married adolescent girl, having at least one child, having comprehensive contraceptive knowledge, having more frequent sex, perceiving that contraceptives are relevant for adolescent girls and exposure to Binti Shupavu.
5. Exposure to Binti Shupavu, county of residency, completion of primary or secondary level of education, comprehensive contraceptive knowledge and perceived relevance of contraceptives have a positive effect on the contraceptive self-efficacy of the adolescent girls.
6. There is a low exposure to Binti Shupavu among the girls, and posters, health facilities, peers or CHVs were the main media of exposure. The girls' participation was higher in Binti shupavu clinics, stories and classes. Exposure to Binti Shupavu was associated with comprehensive contraceptive knowledge, a higher perceived contraceptive self-efficacy, non-Catholic religious affiliation, emancipated girls under 18 years and having had sex more than a year before the survey.



Conclusions

7. There is general key influencer acceptance of contraceptive use among girls in the community. The major misconceptions that affect uptake of contraceptives are the perceived side effects of contraceptives.
8. There is limited awareness of Binti Shupavu and consequently non-involvement of key influencers especially the husbands/partners and mothers-in-law to the girls.



9. Parental and spousal/partner disapproval of adolescent girls using modern contraceptives is a dominant challenge to contraceptive use in the four counties.

Recommendations

1. Implement targeted demand creation by ensuring that mobilizers of adolescent girls can prioritize population segments that have a need for contraceptives.
2. Invest in harvesting lessons of what is working in relatively well performing counties and applying these lessons to the other counties.
3. Employ blended approaches (interpersonal and alternative channels) to reach the various segments of the adolescent girls.
4. Scale the participation of girls in the intervention activities, especially community fairs, to increasing program effectiveness in reaching more girls with all the components of the intervention.



5. Strengthen the aspirational components of Binti Shupavu so as to awaken girls to identify their life goals and position contraceptives as a vital ingredient for them to achieve these goals.
6. Strengthen the intervention components that influence the attitudes, knowledge and perspectives of the key influencers.
7. Collaborate with government stakeholders to ensure continuous supply of contraceptive commodities since girls do express a need to access the full array of methods.

Thank You

