

Contraceptive Myths and Misconceptions: Using Evidence to Inform Communication for Behaviour Change among Young Women in Kenya

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Abstract

Sexual behaviour among young people is characterized by erratic, infrequent and unplanned sexual activities, a trend that exposes them to unwanted pregnancy and sexually transmitted infections including HIV. While sexual activity among young women begins early, contraceptive knowledge and use remain low. According to the Kenya Demographic & Health Survey, 2008-09, current contraceptive use (modern methods) among women aged 15-19 and 20-24 is 5% and 24% respectively. Existing communications were mainly targeted at married women, highlighting the need to limit family size or space births, thereby causing a disconnect with the youth whose needs are mainly to delay child bearing. To provide credible information that will dispel myths and misconceptions about modern family planning methods (MFPMs) and use, this paper seeks to: 1) understand method specific myths and misconceptions about MFPMs; 2) recommend appropriate approaches to inform behaviour change communication targeting young women.

Background

Sexual behaviour among young people is characterized by erratic, infrequent and unplanned sexual activities, a trend that exposes them to unwanted pregnancy and sexually transmitted infections including HIV. While sexual activity among young women begins early, contraceptive knowledge and use remain low. According to the Kenya Demographic & Health Survey, 2008-09, current contraceptive use (modern methods) among women aged 15-19 and 20-24 is 5% and 24% respectively (Kenya National Bureau of Statistics (KNBS) & ICF Macro, 2010). In almost 20 years since HIV took center stage in the early 90's, there were no active and consistent national communications to create awareness and demand for family planning, especially among the youth. Existing communications were mainly targeted at married women, highlighting the need to limit family size or space births, thereby causing a disconnect with the youth whose needs are mainly to delay child bearing.

To address this gap APHIA II HCM, in collaboration with the Division of Reproductive Health (DRH), Ministry of Public Health & Sanitation, developed a behavior change communication campaign in 2010 branded '*C Word*' to break the silence on contraceptives among the youth which for a long time had been viewed as a 'taboo' by the society. Since family planning is used in the context of marriage the word 'contraceptives' was adopted for this campaign based on the insight that majority of youth aged 15-24 are unmarried and therefore do not relate to the words 'family planning'. The campaign was to provide credible and accessible sources of information, and dispel myths and misconceptions which are the main barrier to uptake of contraceptives. The initial phase of this campaign ended in March 2012.

A second phase of the '*C Word*' campaign was commissioned using a PSI methodology known as *FoQus*, to collect in-depth information among young women in urban and peri-urban areas of Kenya to better understand the drivers and barriers to modern family planning methods (MFPMs) uptake with the goal of helping the DRH reposition messaging aimed at increasing the uptake of MFPMs among young women (aged 15-24 years). Using data from the second phase of the study, this paper seeks to: 1) understand method specific myths and misconceptions about MFPMs; 2) recommend appropriate approaches to inform behaviour change communication targeting young women.

Methods and materials

This study explored the views and experiences of young women on drivers and barriers towards modern family planning methods uptake. The study was conducted among young women aged 15-24 years living in urban and peri-urban areas of Kenya. Data was collected through individual in-depth interviews among 36 young women in three regions in Kenya. The women were identified from sampling points that met the socio-economic class profile of C1, C2 and D, this being the target group for PSI/K reproductive health programmes. The specific regions and districts were purposively selected, later smaller administrative units in each district was identified where the women were recruited. The desired sample had both users and non-users of MFPs, aged between 15-24 years, from urban and peri-urban areas and belonging to the three social class groups as follows:

	Target	Urban/Peri-Urban				Total
		User	No.	Non User	No.	
Nyanza (District: Kisumu)	Women from Economic Class C1	15-24	1	15-24	3	4
	Women from Economic Class C2	15-24	1	15-24	3	4
	Women from Economic Class D	15-24	1	15-24	3	4
Coast (District: Mombasa)						
	Women from Economic Class C1	15-24	1	15-24	3	4
	Women from Economic Class C2	15-24	1	15-24	3	4
	Women from Economic Class D	15-24	1	15-24	3	4
Central (District: Thika)						
	Women from Economic Class C1	15-24	1	15-24	3	4
	Women from Economic Class C2	15-24	1	15-24	3	4
	Women from Economic Class D	15-24	1	15-24	3	4

Total

36

The interview guide examined questions on relationship status and future aspirations, community beliefs on family size, contraceptive use and partner involvement in family planning. Users of contraceptives were asked specific questions on why they were using the different methods, any challenges and barriers experienced and how they overcame them and eventually partner involvement in contraceptive use. Non-users were asked reasons for non-use, desire for future use and what measures needed to be put into place to ensure their future use among other questions. All the interviews begun after the respondent gave consent to be interviewed, the respondent was

also asked to give consent for the interview to be recorded. The interviews were conducted in English and Swahili by well-trained research assistants with experience in qualitative interviewing. The recorded interviews were transcribed and translated into English to form the study's data.

The analysis of the data was based on nine codes developed through a PSI methodology known as FoQus, which is used to refine an idea into a complete description for branding behaviour change. The nine codes of FoQus are: *archetype* which refers to statements that describe the personality and circumstances of the target group (in this case, sexually active women aged 15-24 years). It basically defines their demographic facts, values, aspirations, needs, worries and fears. The second code *openings* looked at the channels and media preferences by the target group, *beliefs to change* looked at statements by the study population through which they express the costs or disadvantages of using MFPMs, through *beliefs to reinforce* the target group expressed benefits of MFPMs uptake, through *knowledge/sophistication* the target group indicated their knowledge on the various contraceptives. Another code, *acquisition stories* gave stories on how the target group bought or received MFPMs, through *category experience* the respondents shared their past experiences with regard to use of MFPMs and other competing behaviours towards the same, regarding *brand association* there were expressions of emotional attachment to a particular family planning method while through *strategies to behave* the target group shared the techniques or tactics that they use to overcome barriers to either acquiring or using contraceptive commodities. This paper only discusses the results from a code, *beliefs to change*, while specifically focusing on method specific myths and misconceptions as expressed by the target group while eventually proposing strategies to come up with messaging that will eventually dispel myths and misconceptions and eventually increase uptake of modern contraception among young women.

Results

Method specific myths and misconceptions

Pills

The narratives reveal that most young women had myths and misconceptions regarding the use of the oral pill. For instance, some respondents believed that the use of the pill delayed periods and led to complications during pregnancy. A respondent claimed that the pill made a friend not have her periods for a long time and when she fell pregnant, she had to undergo an operation and

subsequently died after giving birth to a baby that was black possibly due to the blood that was clogged in her body in addition to the pills that were stuck in her stomach. Another young woman said she thought pills could affect one's reproductive system with others further pointing to the fact that if taken for too long, they (pills) can make one have a paralyzed child. So many other girls thought taking the pill would make one have a paralyzed child, this was repeated by both users and non-users of MFPMs. One user of MFPM claimed that pills were not good as they would affect young girls' reproductive systems. A different user said this,

'Pills are very bad and I don't like anything to do with them, if you take the pill for so long, you may give birth to a paralyzed child'.

The respondent further said that her mother died due to complications from pills. Others thought the pill would weaken ovaries, and one respondent said,

'I fear them (modern fp methods), maybe it can affect me, it (pills) can bring about negative effects on me because I have heard that it can weaken the ovaries'

On a different instance, a respondent was stopped from using the pill by the husband after it made her sick. To this respondent, the choice of a method was based on one starting with one method and graduating to another, like in this case starting with the pill and advancing to the injection, and one would not just start by using the injection and it would lead to the development of complications and other problems. A non-user reported that community members thought pills would affect them by making them miss their monthly periods and consequently develop wounds in their uterus. When asked about the cost of pills, a non-user said they cost 30 Kenya Shillings (\$0.4) and she presumed they were cheap because they were not effective and their use resulted in side effects on so many people. A different non-user said this of pills, if taken daily; pills can affect one by causing cancer.

There were also notions that pills encourage young women to start engaging in sex early. There was an obviously demonstration of lack of appropriate knowledge on the pill by this respondent who held that while they were good for offering protection against unintended pregnancy, they also helped in the prevention of HIV transmission.

Male condoms

Majority of the respondents correctly reported that condoms protected one from unintended pregnancy and STIs including HIV. Knowledge about condoms appeared to be universal; almost all participants were aware of condoms and had experience using them. Even with this, some women complained that the lubricants laced on condom could pose serious health risks when it comes in contact with a woman's reproductive system. Others alluded that the lubricant left one with a bad smell after sex. A respondent observed,

'I don't like them (condoms). I don't like that lubricant that is used on condoms as it smells bad and even when I clean myself I don't feel as if I have completely removed it'.

Others reported that their partners complained of discomfort and displeasure when using condoms. One respondent said,

'most men feel that they don't feel that comfort (sexual) while using the condom cause the warmth (between the sexual organs) is reduced when they use the condoms'.

Similarly some women reported that their partners complained that the condom affected that 'thing', for instance, this woman said,

'Some (men) say when they use the condom it affects that thing (penis), when he is through he feels a lot of pain the next day'.

A non-user of MFPM said condoms were not 100% effective as one could buy and find some with holes. Issues around quality of condoms in the market also arose with most of it being blamed on the availability of a wide range of brands that made it impossible to control for quality hence poor quality condoms as reported by this woman,

'condoms... there are many companies that manufacture condoms these days so you cannot tell which one manufactures good quality condoms and which ones manufacture the substandard condoms'.

Other respondents thought condoms could burst during use thus putting the life of one partner at risk due to possible disease contraction from one's partner. The reason given to make condoms burst was that they would get so hot during use and burst in the process, this made the women disinterested in using them. Other women thought that condoms hurt especially when the man wore 2 or 3 making penetration forceful thus causing even more pain. A non-user of MFPM reported that when used, condoms can get stuck in one's stomach or uterus thus leading to death,

they say that you can use a condom and then it get stuck in your stomach (uterus) and you'll die'.

Coil

Some respondents thought that the coil interfered with internal organs and had the capability of interfering with one's libido. One respondent shared an experience of a neighbor who was on the coil but still became pregnant. This respondent went ahead to report that the woman who got pregnant while on the coil developed complications at the time of delivery and had to go through an operation to deliver the baby. All these were blamed on the coil. Another woman who reportedly got pregnant while on the coil got the coil pushed further into her stomach, another woman, while admitting that she had not confirmed the rumours with any doctor, said the coil could get pushed inside during sex and this made her scared of the method.

Others thought the coil could cause discomfort during sex, this respondent said this,

'there are some (women) who say that they feel the coil poking them I have heard them saying that there is a certain "metallic object" inserted in the women that pokes the penis head'.

Anon-user demonstrated lack of knowledge on the different methods by confusing the coil and possibly the implants by saying that, *'those things are harmful, I saw once, one have to be cut open somewhere here and they insert the coil then they stitch the area, I don't know those are the coils and it last for I don't know twenty years'.* A non-user narrated an incident where a friend who was on the coil got complications that made them so sick with symptoms like those of a person with HIV, she said,

'I only heard that there was a certain lady who got sickly and thought may be... she had put the one for ten years, her health was just deteriorating. She was having rashes all over her body. Black spots and so I asked her what's wrong with you nowadays, your body looks like you have AIDS. She told me that she went and got the coil for ten years to prevent her from getting

pregnant but since she got it she had lost her appetite and she her body was just like that she didn't eat any more. We told her to go get it removed or take vitamins but she said she was getting it removed because it was giving her problems.

Others believed that those using the coil had to always hold it when visiting the toilet as it was likely to fall off. A user surprisingly said the coil was good but drained the man's energy during sex. Others reported that their partners believed the coil could ruin a woman's reproductive system by making her miscarry during pregnancy. A respondent who does not use MFPM claimed that they got scared when a lady told them that one can have the coil inserted but would wake up the following morning and find it (coil) beside them in bed.

Injectables

Injectables while commonly known among young women was reported to cause so many side effects, most of which were perceived rather than experienced. A non-user reported that they made one fat and changed skin depending on one's body type. Others said it (injectables) caused high blood pressure. The respondents went further to report that if used continuously for at least four years, it becomes close to impossible to get pregnant as they would be part of one's blood system. Other respondents said using injectables led to problems with the menstrual cycle resulting to blood clots during menstruation. Some respondents feared using injectables due to the resulting pain that comes after receiving the injection. This they said interrupted the performance of one's daily chores for between 2 to 3 days especially if the injection is in the arm. A non-user, while emphasizing her preference for the calendar method as opposed to injectables, added that apart from the pain, their long acting duration (3 months) of injectables in the body meant it could lead to further unknown complications. A user possibly worried about the effectiveness of injectables said,

'you can't really tell it can happen accidentally; you could get pregnant and you have an injection; so what is it for'.

Other respondents thought the use of injectables made school girls more philandering as they knew they were safe. This points to the fact that school girls were more concerned about protection against unintended pregnancy with little or no worry about the possible transmission of STIs including HIV as this was not guaranteed with the use of injectables. The respondents further reported that young people only got scared when told the use injectables could lead to side effects on their reproductive systems, one respondent said,

'So they usually like it (injection), what scares them is what we are told, that is what also stops me from using it. When you use it for too long then you want to give birth first it can... it can mess up your reproductive organs. Secondly, your health can deteriorate'.

One user of MFPM reported that the use of injectables would lead to one having a children whose heads were enjoined. Reported male involvement towards the use of injectables testified negative opinions from male partners as some thought the use of injectables could eventually lead to sterility, one woman said,

'they (men) think that if their wives get the injection then they will never get pregnant(ever again)'.

Other men are reported to have said that injectables made women disinterested in sex while others complained that the women became 'cold', this woman said this,

'Sometimes when you use them (injections) they (men) complain that your (VAGINA) are cold; compared to the way you used to be. Sometimes they (men) accuse you of being unfaithful in the relationship'.

Implants

A possible indication that the use of implants was not common among these young women, very few respondents reported either knowing or using this method. The few respondents who had some knowledge about implants said they caused pain in the arm which interfered with one's ability to work. Other thought that once inserted, it made one unable to give birth even after its removal. All these reasons made friends discourage those who knew about it from using or thinking of using this method. A user of MFPM reported that the Norplant, a type of implant, disappeared in her sister's bloodstream.

General myths and misconceptions

Some participants did not provide method specific myths and misconceptions; these respondents gave blanked references to contraceptives as a whole with no special reference to a specific method. It was not surprising that majority of the myths and misconceptions were heard from friends and relatives. One respondent said contraceptives were bad, could harm the body and eventually make one not conceive,

'I used to hear people say that they're (FP methods) bad especially when I was a girl they'd say it would harm my body, like being unable to conceive.

A different respondent discredited majority of the modern contraceptive methods saying that pills brought negative side effects like weakening the ovaries, injectables made users put on weight or led to blood pressure, coils led to complications especially during removal while condoms were not reliable as they could burst during use. Reported male involvement regarding the use of MFPM indicated that some partners discouraged use of family planning on the basis that it would make them not give birth while they (men) wanted more children. Others said men discouraged use of MFPM as they claimed it all went to one place in the body which eventually led to the development of growth in the body leading to an operation. Men also reportedly told their partners that use of contraceptives could lead to one giving birth to a child with disabilities. Men also told their spouses that contraceptive side effects could lead to amputation of the arm or one being forced to take time off from heavy chores due to their effect in the body. Women reported fearing to use contraceptives when it was against their husbands will as it could lead to them being beaten and sent away. Other women claimed contraceptives made people more sexually active thus leading to the spread of HIV, some believed a woman should give birth to as many children as she could as long as she had enough land for them.

The influence of religious beliefs was evident with some women claiming that contraceptives were not good as their use was equated to being sinful. Overly religious women, stated that there is no need for birth control as the holy scriptures prohibit the use of birth control. Some Women who profess the Muslim faith reported that their faith commanded them to give birth and populate the

earth with as many children as they could. Despite this, they confirmed using contraceptives in private without their husband's knowledge,

'The religion (Islam) says that we have been created to give birth and we should not practice family planning. We give birth (to) as many as we can... they use them in privacy without their husband's knowledge... it's a sin (to use FP), the second sin will be using the pills in secrecy because the religion does not allow that'.

Other beliefs around menstrual blood and its association with pollution and dirt led some women to believe that the bad blood should come out of the body. These women feared using contraceptives as they would make them miss their periods and thus retain the menstrual dirt in their body, a woman said,

'Some fear that they will not receive their period when they use them (contraceptives) and that blood is dirty and should come out'.

There were respondents who reported that non-users of MFPMs thought it was new technology that is not good hence their preference for traditional methods,

'some say that those ones (traditional FP methods) are better than the modern ones; they say that these new technology is not good'.

To further illustrate the beliefs around non-use of contraception due to the benefits of other traditional methods, this non-user expounded how her aunt told her how to tie an umbilical cord after birth to prevent conception and untie it to conceive, she said,

'There is a method that I was advised to use but I thought it would put me into trouble. When I gave birth I went home and my aunt told me that I should not throw away the umbilical cord. I should preserve it somewhere. There is a certain stick from a particular type of tree that you use to tie the umbilical cord with. So the day you will decide to remove the stick and throw it away you will conceive but as long as it is there you will never get pregnant.'

She further went ahead to say that the baby's umbilical cord should not be touched by anyone else, that way one could stay up to ten years without conception taking place,

'When you give birth the umbilical cord is supported by a peg so when it detaches from the baby no one else should touch it even if someone else is bathing the baby they should not touch it. You can stay up to ten years.'

Another belief shared by this woman said that one was not supposed to throw away any clothes with blood stains from birth. These she said should be hidden away from the husband who must not see them, that way one could not get pregnant, she said,

'There is another belief I was told. When you have given birth you do not throw away whatever material you have used to absorb the blood. You take the material and hide it at a place where your husband cannot find it. Most women hide it under the bed. So as long as it is there and you have not cleaned it you will never get pregnant, for as long as you want. The blood can bring about a foul smell so when it starts to smell, you are supposed to wash it with the water that you have bathed with after getting intimate with your husband. You should not wash the material with soap. After drying it you should return it to its hiding place. Some people say that as you keep cleaning the material the higher the chances are of you becoming pregnant'.

Discussion

These results will be discussed while giving recommendations on how to reposition messaging that would lead to uptake of MFPMs among young women.

References

Kenya National Bureau of Statistics (KNBS), & ICF Macro. (2010). Kenya Demographic and Health Survey 2008-09. Calverton, Maryland: KNBS and ICF Macro.