

Research Article

# Awareness of Contraceptives Use Among Youths Aged 18-26 Years in Thogoto Market, Kikuyu Constituency - Kenya

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## Abstract

Globally, the World Health Organization estimates that approximately 214 million women of child bearing age in developing countries want to avoid pregnancy but are not currently using any contraceptive method. A significant portion of these are youths aged 18–26, who face enormous challenges in accessing and using contraceptives. Awareness and use of contraceptives among the youth remains a challenge in Kenya. Youths in Kenya face considerable reproductive health challenges, including high adolescent pregnancy rates, with 29% of females aged 15–19 years being pregnant or having unwanted children at an early age and dropping out of school. Every year, about 13,000 Kenyan girls drop out of school due to accidental pregnancies. In addition, lack of contraceptive use may lead to spread of sexually transmitted infections including HIV, unsafe abortions, mental illnesses and other socio-economic problems. Barriers to contraceptive awareness and use include social stigma, cultural norms, economic constraints, lack of accessible healthcare, and provider-related issues such as inadequate training and negative attitudes. This study aimed at assessing the level of awareness and use of contraceptive methods among youths aged 18–26 years in Thogoto Market, Kikuyu Constituency, Kiambu county. This was a descriptive cross-sectional study. Simple random sampling method was employed to recruit 384 participants into the study. Data was collected using structured and semi-structured questionnaires on contraceptive awareness, accessibility, use, and barriers to contraceptives use among youths aged between 18 and 26 years. Data was entered into Microsoft Excel and analyzed using SPSS version 29. Participants were mostly aged 21-23 years (48.96%) and predominantly single (83.33%), with a nearly equal gender distribution (50.78% males and 49.22% females). Awareness of contraceptive methods was high at 97.7% with majority of the participants having gotten the information from schools (50.8%) and health facilities (42.4%). Contraceptive use was reported by 72.4% of the participants, with natural methods and oral pills being the most commonly used methods. On contraceptives accessibility, about 83% of the participants report easy access. Barriers included fear of side effects (30.2%) and partner disapproval (38.5%). While awareness and accessibility are high, barriers such as fear of side effects and partner disapproval impact contraceptive use. In conclusion, contraceptives awareness and use were found to be high among youths aged 18 – 26 years in Thogoto market.

## Keywords

Youth, Knowledge, Contraceptive Methods, Utilization, Awareness, Barriers

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## 1. Introduction

Globally, the World Health Organization [1], estimates that approximately 214 million women of childbearing age in developing countries want to avoid pregnancy but are not currently using the any contraceptive method. Majority of these youths are aged 18–26, face enormous challenges in accessing and using contraceptives [1]. Lack of contraceptive use may lead to unwanted pregnancy, leading to dropping out of school for girls, spread of sexually transmitted infections including HIV, unsafe abortions, mental illnesses and other socio-economic problems [2].

Youths, especially those aged 18–26 years, are an important population in global health initiatives. The sexual and reproductive health needs of this population are increasingly prominent in public health discussions due to their negative impact on fertility and sexually transmitted infections (STIs) [3]. Despite global efforts to promote safe sex, the majority of youths still engage in unprotected sex without appropriate protection, leading to a high risk of pregnancy and sexually transmitted infections [4].

In sub-Saharan Africa, low levels of awareness on contraceptive use (approximately 23%) approximately among women aged 18–26 years has led to high risks of miscarriage and abortions [5]. African Union (AU) in its continental Policy framework on sexual health cited stigma, culture and inadequate health services as barriers to accessing contraceptive methods by the youths [6, 7].

It is approximated that 17% of youths in Kenya have low contraceptives needs and many youths do not have accurate information on contraceptive which affects their choice and use of some contraceptive methods [8]. This results to high risk of pregnancy for women and sexually transmitted infections (STIs) for both men and women. The service is challenged by fraudulent practices by doctors, lack of confidentiality and cultural and social issues. These conditions contribute to low levels of protection among youths despite the availability of numerous preventive measures in public and private spaces. Social expectations, cultural norms and misconceptions about prevention often prevent youths from seeking preventive services which are important for preventing pregnancy and reducing the risk of sexual intercourse [9]. This research is therefore set to assess the level of awareness, access and barriers to utilization of contraceptives among youths aged 18–26 Years in Thogoto Market, Kikuyu Constituency –Kenya.

## 2. Materials and Methods

### 2.1. Type and Period of Study

This was a descriptive cross-sectional study. It was aimed at assessing the level of awareness and use of contraceptive methods among youths aged 18–26 years in Thogoto Market,

Kiambu county, and to identify factors.

### 2.2. Setting of the Study

The study was carried out at Thogoto market, Kikuyu sub county, located in Kiambu County, Kenya which has a population of approximately 3900 people as per the 2019 Kenya Population and Housing Census Report.

### 2.3. Inclusion and Exclusion Criteria

All young persons aged 18–26 years residing in Thogoto who agreed willingly to participate in the study. Sick young persons residing in Thogoto and those not willing to participate in the study were excluded.

### 2.4. Sampling

Youths were selected at random using simple random sampling technique until the desired sample size of 384 participants was achieved.

### 2.5. Data Collection and Tools

Interviews were conducted to collect information from the participants on their level of awareness and use of contraceptive methods. Structured and semi-structured questionnaires were used to collect information. Pretesting of the study instrument was done at Gikambura market before commencement of the study to ensure its reliability.

### 2.6. Data Processing and Analysis

The data collected was entered into Microsoft Excel and analyzed using statistical package for social sciences (SPSS) version 29. Summarized data was presented in tables, pie charts and bar graphs. Descriptive statistics were used during discussion of the findings.

### 2.7. Ethical Considerations

Participants were explained the purpose and the objectives of the study, how confidentiality was to be upheld, the benefits and risks of participating in this study. Informed consent was obtained from the participants by signing a consent form indicating their acceptance to participate in the study. The study was approval by Presbyterian University of East Africa (PUEA) research and ethical committee.

## 3. Results

The results reflect responses from the 384 youths who were recruited to the study from Thogoto market.

### 3.1. Socio Demographic Characteristics of the Respondents

#### 3.1.1. Age of the Respondents

The majority of the respondents 188, (48.9%) were aged between 21 and 23 years. Respondents between 24 to 26 years of age were 123 (32.03%) while 73 (19.01%) fell between 18 to 20 years of age. This is displayed in [table 1](#) below.

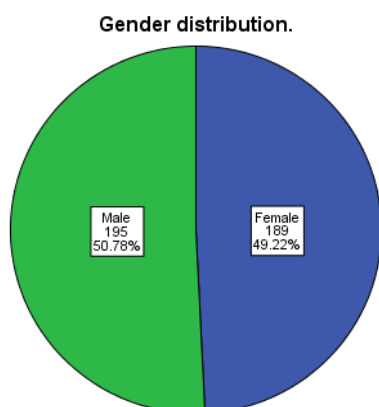
Age distribution

**Table 1.** Age of the respondents.

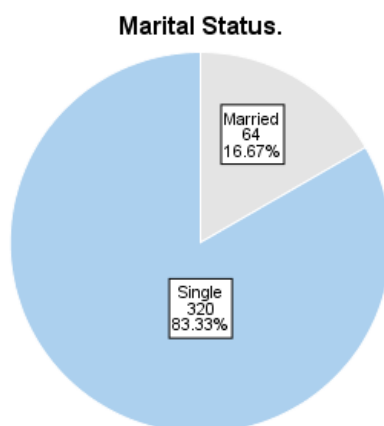
Age	Number	Percentage	Total%
18-20	73	19.01	19.01
21-23	188	46.96	69.97
24-26	123	32.03	100

#### 3.1.2. Respondents' Gender Distribution

Male participants (50.8%) were slightly more than the female participants (49.2%).



**Figure 1.** Respondents' gender distribution.



**Figure 2.** Marital status of respondents.

#### 3.1.3. Marital Status of Respondents

Respondents who were single had the overwhelming majority (83.33%) with married respondents only accounting for (16.67%) of the sample population.

### 3.2. Knowledge and Awareness on Contraceptive Methods

#### 3.2.1. Knowledge on Contraceptives

The findings from the study survey revealed that a significant portion of the study participants (97.66%, n=375) had prior Knowledge about contraceptive methods. Only 2.34% (n=9) of the participants deemed to lack the knowledge of contraceptive methods available.

#### 3.2.2. Source of Information About Contraceptive Methods

About half (50.8%), of the respondents learnt about contraceptive method from school, 42.4% from health facilities and 33.6% from media (33.6%, n=129). Family was the least source of information among the study participants at only 9.1%.

**Table 2.** Source of information about Contraceptive Methods.

Labels.	Frequency (n=384)		Percent (100%)	
	Yes.	No.	Yes.	No.
None	9	375	2.34	97.66
Family	35	349	9.1	90.9
Media (TV, Radio, Internet)	129	255	33.6	66.4
Peer/Freinds	84	300	21.9	78.1
Health Facility	163	221	42.4	57.6
School	195	189	50.8	49.2

### 3.3. Utilization of Contraceptive Methods

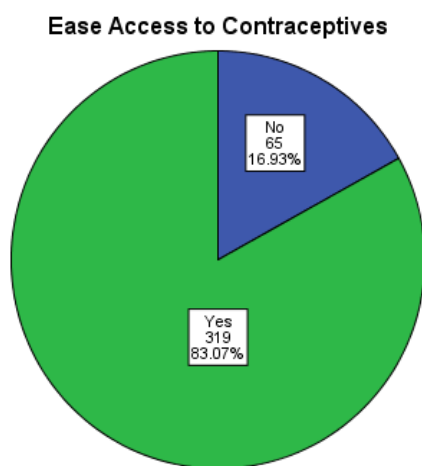
The findings from the study survey on the common types of contraceptive methods used showed that 60 participants (15.6%) had never used any contraceptive method in their lives. Use of the natural methods was the most popular by 20.6% participants. This was followed by use of oral pills (14.1%) then use of condoms by (6%) participants. Use of implants and intrauterine device were the least preferred by 1.8% and 1.3% participants respectively.

**Table 3.** Utilization of contraceptives by youths.

Labels.	Frequency (n=384)		Percent (100%)	
	Yes.	No.	Yes.	No.
None	60	324	15.6	84.4
Condoms	23	149	6.0	94
Implants	7	377	1.8	98.2
Injectable contraceptives	19	365	4.9	95.1
Natural methods	79	305	20.6	79.4
Oral pills	54	330	14.1	85.9
Intrauterine device (IUD)	5	379	1.3	98.7

### 3.3.1. Access to Contraceptives Methods

Contraceptives accessibility was high among the participants with 83% reporting easy accessibility to the commodities and only about 16% not easily accessing the commodities. On source of information, health facilities and pharmacy seemed to be the major areas where most of the respondent's acquired information from at 54.7% for facilities and 54.2% from pharmacy respectively.

**Figure 3.** Access to contraceptive methods.

### 3.3.2. Barriers to Contraceptives Use

About half of the participants (56%) faced various barriers in using contraceptive methods ranging from fear of side effects, It was noted that out of the 56% study participants 30% reported lack of privacy and 8.6% who faced barriers to use of contraceptive methods, majority feared the side effects of the contraceptive methods 30.2%. Lack of privacy while accessing the contraceptive methods was the least common barrier as it only affected 8.6% of the 215 participants who faced

barriers.

**Table 4.** Common Barriers Faced on Accessing Family Planning Methods.

Labels.	Frequency (n=384)		Percent (100%)	
	Yes.	No.	Yes.	No.
None	169	215	44.0	56.0
Cultural and religious beliefs	33	351	8.6	91.4
Fear of side effects	116	268	30.2	69.8
High Cost of contraceptives	33	351	8.6	91.4
Partner's disapproval	43	341	38.5	61.5
Lack of privacy	28	356	7.3	92.7
Stigma or judgment from others	46	338	12.0	88.0
Lack of enough information on contraceptive use	62	322	16.1	83.9
Lack of health facilities	18	366	4.7	95.3

## 4. Discussions

The majority of respondents were aged 21-23 years (48.96%). This age group is generally found to be very active sexually, and their contraceptive needs ought not to be ignored. The findings agree with those of Kimani [10], who noted the importance of understanding contraceptive behaviors of this age group due to their transitional life stage. Similarly Swingle [11], noted that this age group is more active in seeking information and access to family planning services as compared to the older group.

A smaller proportion of respondents were aged 24-26 years 32.03%. This aligns with the observations by Ndung'u and Mureithi [12], who found that slightly older individuals tend to have more stable reproductive health patterns, which might influence their contraceptive choices differently compared to younger individuals.

The gender distribution showed a near-equal split, with males constituting 50.78% and females 49.22%. Gender spread across the study subjects have been found to be an important factor in analyzing knowledge and utilization of various contraceptive methods. As noted by [10, 13] gender differences can significantly affect contraceptive behavior, with males and females experiencing varying levels of access to information and having different perceptions of contraceptive methods.

Contraceptives use can be influenced by marital status. A significant number of respondents in this study were single (83.3%), while a very small proportion were married (16.7%). Researchers have found varying differences in contraceptive needs between single and married individuals in this age bracket [12, 13]. Reproductive health interventions among the predominant group of unmarried individuals would yield more benefits as compared to no interventions.

The findings reveal that an overwhelming majority of respondents (97.66%) had prior knowledge about contraceptive methods. Similar findings were reported Olasina, Chou [14, 15], who noted the effectiveness of educational initiatives and media campaigns and emphasized the role of information on contraceptives uptake.

Out of those aware, the most common sources of information were schools (50.8%) and health facilities (42.4%). This is in line with study findings of Amankwaa and Berryman [16, 17], on the role of institutions and media as sources of information. Family as a source of information was the least utilized (9.1%), which corroborates with the findings by Elphinstone, who found that familial sources are often less emphasized in discussions about contraceptives [18].

This high level of awareness is beneficial for effective contraceptive use and decision-making, aligning with the research by Asante and Amoako [19], who found that increased knowledge correlates with higher utilization of contraceptive methods.

According to this study, 2.4% of participants reported having used a contraceptive method at some point in their lives. This utilization rate is relatively high compared to other studies. Owusu and Adomako [20] highlighted that accessibility and availability of contraceptive methods were some of the significant factors and had a great bearing on their uptake. Our data suggests that the majority of respondents have engaged with contraceptive methods, which aligns with the literature suggesting increased usage correlates with improved access and availability.

In terms of the types of contraceptives used, natural methods were the most popular, with 20.6% of participants opting for them. Similarly, in their study, Kimani and Kimani [10], found that traditional methods in certain demographic groups were preferred due to perceived ease of use and fewer side effects. Second in preference was Oral pills with 14.1% of the respondents choosing them as their contraceptive method. These findings align with those by Vogel et al. [21] who reported widespread use of oral contraceptives among youth.

The youths tended to avoid implants and intrauterine devices (IUDs) with only 1.8% and 1.3% of participants using these methods, respectively. This could be due to the technical issues with these methods needing a qualified nurse or medical practitioner to offer the service thus making the methods not to be readily accessible. accessibility. This is consistent with the findings of Nesi and Prinstein [22], who observed lower uptake rates for long-term contraceptive methods due to

issues related to accessibility, perceived side effects, and cultural preferences.

Accessibility to contraceptives was generally reported as easy by 83% of participants. This high accessibility rate is supported by the study of Lin and Sidani [23], which found that easy access to contraceptives, is a crucial factor in their utilization. The primary sources for obtaining contraceptives were health facilities and pharmacies with 54.2% and 54.7% of participants sourcing the commodities from these locations respectively. These findings agree with those of Mulwa and Akinyi [24], who found that health facilities and pharmacies as the main sources of contraceptives.

The findings suggest that while access to contraceptives is relatively high, the utilization of certain methods remains low. This shows the need for education on contraceptives to mitigate the gaps in contraceptive use.

The study revealed that more than half of the respondents (56%) encountered barriers in accessing contraceptive methods. This finding is consistent with the literature on barriers to contraceptive use, as reported by Chou and Edge (2012) and O'Keeffe and Clarke-Pearson [13, 15], who highlighted those various factors, including side effects and socio-cultural influences, significantly influence contraceptive use. Partner's disapproval was another barrier, cited by 38.5% of respondents. Similarly, Berryman et al. [17], identified partner resistance as a crucial factor affecting contraceptive use. Contraceptives uptake could improve significantly if partners are involved in decision making.

Other barriers included lack of privacy (8.6%), cultural and religious beliefs (8.6%), and stigma or judgment from others (12%). These findings are consistent with Ndung'u and Mureithi [12], who reported that cultural and societal pressures could significantly affect an individual's decision to use contraceptives. In line with this, stigma and lack of privacy have been documented as barriers by Hefner and Eisenberg [25], highlighting the need for more inclusive and supportive environments for contraceptive use.

Whereas a greater percentage of reported various barriers to contraceptive methods accessibility and utilization, slightly less than half of the respondents did not perceive barriers (44.01%). It is worth noting that while barriers do exist, a substantial portion of the population may have access to effective solutions or support systems. This finding supports the observations by Rosen et al. [26], findings that effective access and support could mitigate many of the common barriers to contraceptive use.

## 5. Conclusions

In conclusion, the study shows that there was generally high levels of knowledge and awareness on contraceptive methods among the youth at Thogoto market. These high levels of awareness may positively influence utilization of contraceptives among the youth. It is important to equip health personnel working in health facilities and pharmacies



with contraceptives information since these were found to be the preferred sources of contraceptives among the youths. The study recommends reproductive health interventions targeting the predominant group of unmarried youths since these interventions would yield more benefits as compared to no interventions.

## Abbreviations

AU	African Union
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
PUEA	Presbyterian University of East Africa
SPSS	Statistical Package for the Social Sciences
STIs	Sexually Transmitted Infections

## Author Contributions

**Antony Gitonga:** Conceptualization, Methodology, Supervision, Writing – review & editing

**John King'ang'I:** Conceptualization, Data curation, Formal Analysis, Investigation, Methodology, Validation, Visualization, Writing – original draft, Writing – review & editing

**Janet Nyawira:** Conceptualization, Data curation, Funding acquisition, Investigation, Methodology, Validation, Writing – original draft, Writing – review & editing

**Happiness Withera:** Conceptualization, Data curation, Funding acquisition, Investigation, Methodology, Resources, Writing – review & editing

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## Conflicts of Interest

The authors declare no conflicts of interest.

## References

- [1] World Health Organization (WHO). (2024). *Global contraceptive use and unmet needs*. World Health Organization.
- [2] Langat, E. C., Mohiddin, A., Kidere, F., Omar, A., Akuno, J., Naanyu, V., & Temmerman, M. (2024). Challenges and opportunities for improving access to adolescent and youth sexual and reproductive health services and information in the coastal counties of Kenya: a qualitative study. *BMC Public Health*, 24(1). <https://doi.org/10.1186/s12889-024-17999-9>
- [3] Wigle, J., Wong, L. R., & Osei, A. (2020). Sexual and reproductive health challenges for youths in developing countries. *Global Health Action*, 13(1), 1792390.
- [4] Smith, A. (2019). Contraceptive use and barriers among young adults in low-income settings. *Global Health Action*, 12(1), 1589457.
- [5] United Nations Population Fund (UNFPA). (2019). State of the world population 2019: Unfinished business [Report]. UNFPA.
- [6] African union (2006); youth charter. Addis Ababa, Ethiopia.
- [7] African Union. (2023). African Union strategy for youth (2023–2027). African Union.
- [8] Kenya Demographic and Health Survey (KDHS). (2022). Contraceptive use among youths in Kenya. KDHS.
- [9] Kenya Ministry of Health (MOH). (2015). Kenya Demographic and Health Survey 2014. Kenya National Bureau of Statistics.
- [10] Kimani, J., & Kimani, P. (2021). Understanding contraceptive behaviors among young adults in transitional life stages. *Journal of Reproductive Health Studies*, 15(3), 234–245. <https://doi.org/10.1016/j.jrhrs.2021.03.005>
- [11] Swingle, A. (2016). Gender dynamics in contraceptive decision-making: A comparative study of male and female perspectives. *Journal of Gender and Health Research*, 8(2), 135–149. <https://doi.org/10.1080/19419899.2016.1256214>
- [12] Ndung'u, E., & Mureithi, J. (2019). Contraceptive use and decision-making among young adults in Kenya. *African Journal of Health Sciences*, 12(2), 101–115. <https://doi.org/10.4314/ajhs.v12i2.10>
- [13] O'Keeffe, G. S., & Clarke-Pearson, K. (2011). The impact of social media on children, adolescents, and families. *Pediatrics*, 127(4), 800–804.
- [14] Olasina, G., & Kheswa, J. G. (2021). Youth awareness of contraceptive methods: A survey in South Africa. *South African Journal of Health Education*, 48(2), 100–108.
- [15] Chou, H.-T. G., & Edge, N. (2012). “They are happier and having better lives than I am”: The impact of using Facebook on perceptions of others' lives. *Cyberpsychology, Behavior, and Social Networking*, 15(2), 117–121.
- [16] Amankwaa, A., Osei, I., & Agyeman, E. (2020). The role of schools and health facilities in promoting contraceptive awareness among youth in Ghana. *International Journal of Public Health*, 10(4), 203–214.
- [17] Berryman, C., Ferguson, C. J., Negy, C., & Faulkenberry, E. (2018). Contraceptive use and partner influence among youth: A psychological perspective. *Journal of Youth and Adolescence*, 47(5), 1024–1038.
- [18] Elphinstone, B., & Noller, P. (2011). Contraceptive communication in families: Parent-child discussions and young adults' attitudes. *Family Planning Perspectives*, 43(4), 181–187.
- [19] Asante, K., & Amoako, K. (2020). The correlation between contraceptive knowledge and usage among adolescents in Sub-Saharan Africa. *African Journal of Reproductive Health*, 24(1), 87–96.

- [20] Owusu, G., & Adomako, K. (2021). Access and utilization of contraceptives in low-resource settings: A study from rural Ghana. *African Journal of Reproductive Health*, 24(2), 56-67.
- [21] Vogel, E. A., Rose, J. P., Okdie, B. M., Eckles, K., & Franz, B. (2014). Who compares and despairs? The effect of social comparison orientation on social media use and its outcomes. *Personality and Individual Differences*, 86, 249-256.
- [22] Nesi, J., & Prinstein, M. J. (2015). Using social media for contraception: Opportunities and challenges. *Sexual Health Research*, 13(1), 52-63.
- [23] Lin, C. J., & Sidani, J. E. (2018). Media and reproductive health: The influence of digital media on contraceptive knowledge and use. *Journal of Reproductive Health*, 22(3), 146-157.
- [24] Mulwa, S., & Akinyi, S. (2019). Accessibility of contraceptive methods and health facility support in rural Kenya. *East African Medical Journal*, 96(6), 253-260.
- [25] Hefner, J., Eisenberg, D., et al. (2016). The role of healthcare providers in promoting contraceptive use among college students. *American Journal of Public Health*, 106(9), 1578-1583.
- [26] Rosen, L. D., Cheever, N. A., & Carrier, L. M. (2012). *iDis-order: Understanding our obsession with technology and overcoming its hold on us*. Palgrave Macmillan.