

Emergency contraception in Nairobi, Kenya: knowledge, attitudes and practices among policymakers, family planning providers and clients, and university students.

Abstract:

To gauge knowledge, attitudes, and practices about emergency contraception in Nairobi, Kenya, we conducted a five-part study. We searched government and professional association policy documents, and clinic guidelines and service records for references to emergency contraception. We conducted in-depth interviews with five key policymakers, and with 93 family planning providers randomly selected to represent both the public and private sectors. We also surveyed 282 family planning clients attending 10 clinics, again representing both sectors. Finally, we conducted four focus groups with university students. Although one specially packaged emergency contraceptive (Postinor levonorgestrel tablets) is registered in Kenya, the method is scarcely known or used. No extant policy or service guidelines address the method specifically, although revisions to several documents were planned. Yet policymakers felt that expanding access to emergency contraception would require few overt policy changes, as much of the guidance for oral contraception is already broad enough to cover this alternative use of those same commodities. Participants in all parts of the study generally supported expanded access to emergency contraception in Kenya. They did, however, want additional, detailed information, particularly about health effects. They also differed over exactly who should have access to emergency contraception and how it should be provided.

PIP: A five-part study was conducted to gauge knowledge, attitudes, and practices about emergency contraception (EC) among policymakers, family planning providers and clients, and university students in Nairobi, Kenya. Government and professional association policy documents, and clinic guidelines and service records were searched for references to EC. In-depth interviews were conducted with 5 key policymakers, and with 93 family planning providers randomly selected to represent both the public and private sectors. Furthermore, 282 family planning clients attending 10 clinics were also surveyed and four focus groups were conducted with university students. Although one specially packaged EC was registered in Kenya, the method was scarcely known or used. No extant policy or service guidelines address the method specifically, although revisions to several documents were planned. Yet policymakers felt that expanding access to EC would require few overt policy changes, as much of the guidance for oral contraception was already broad enough to cover this alternative use of those same commodities. Participants in all parts of the study generally supported expanded access to EC in Kenya. They did, however, want additional detailed information, particularly on the health effects of EC. They also differed on who should have access to EC and how it should be provided.