

Abstract

This paper presents a study analysing 100 cases of contraceptive failure and an equal number of controls in Nairobi. The study population included all the patients who attended the antenatal clinic at Kenyatta National Hospital, during a ten-week study period and who had conceived while on a contraceptive method. The controls were patients who were carrying a planned pregnancy. The objective of the study was to determine the sociodemographic patterns, level of counselling and attitudes of patients who presented to antenatal clinic after contraceptive failure and to formulate recommendation on how to manage these patients. User failure was more common than method failure. High parity and a high number of living children were associated with increased risk of contraceptive failure (OR 3.7 and 4.6, respectively). Other factors found to be associated with increased risk of contraceptive failure were: inadequate counselling at contraceptive initiation (OR 4.0), poor knowledge of different contraceptive methods (OR 1.9), short duration of contraceptive use (OR 3.3), and non-compliance, with 40% of the cases having been non-compliant. Thirty per cent of the patients who had contraceptive failure were unhappy about the pregnancy. This paper finds that better counselling on contraceptive use and compliance would reduce contraceptive failure and diminish the negative programme effects of failed contraception. Counselling would also enhance acceptance of the pregnancy and minimise the chances of negative psychological sequelae.