THE ROLE OF COMMUNITY HEALTH WORKERS IN MEETING THE CONTRACEPTIVE NEEDS OF ADOLESCENT GIRLS AND YOUNG WOMEN IN KENYA

23rd World Congress of Epidemiology

Cape Town

William Rudgard, Broline S. Asuma, Caroline W. Kabiru, Chris Desmond, Vincent Were,

Anothony Ajayi, Rachel Yates, Elona Toska, Lucie Cluver

BACKGROUND

Adolescent girls and young women 15-24 years make up 10% of the Kenyan population

Unmet need for contraception stands at ~34% for sexually active adolescent girls and young women (-1%pt since 2014) (KDHS, 2008, 2014, 2022)

The prevalence of adolescent pregnancy is 15% (-0%pt since 2014) (KDHS, 2008, 2014, 2022)

Adolescent pregnancy is associated stillbirth, miscarriage, unsafe abortions, and school drop-out (Ganchimeg et al., 2014)
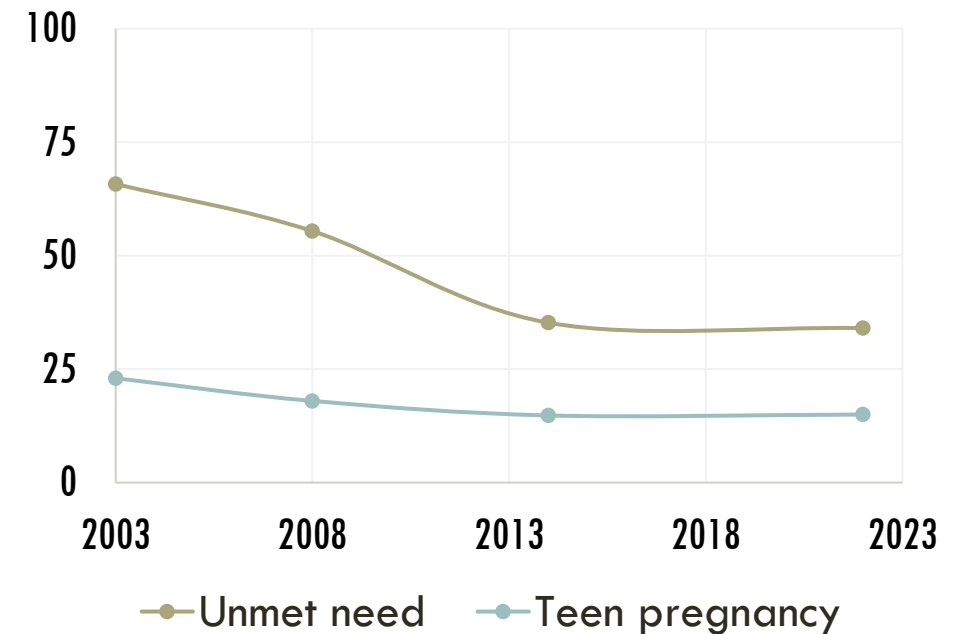
Trend in unmet need for contraception and adolescent pregnancy based on KDHS

BACKGROUND

Knowledge of contraceptives among adolescent girls and young women in Kenya is ~98% (KDHS, 2022)

Supply side determinants of contraceptive use include inadequate staffing, cost of services, and staff attitudes and discrimination (Ooms et al., 2022)

Demand side determinants of contraceptive use include community norms, perceived judgement and stigma, myths and misconceptions, and partner and peer influence (Embleton et al., 2023)

>86,000 community-based health workers deliver health education, referrals, and health promotion nationally (Perry et al., 2021)

This should include discussion of family planning methods and adolescent reproductive health, including provision of basic counselling, addressing misinformation, and provision of selected contraceptives (Ormel et al., 2021)

There is still limited evidence of how effective this service is for improving adolescent SRHR

THEORETICAL MODELS: HEALTH BELIEF MODEL
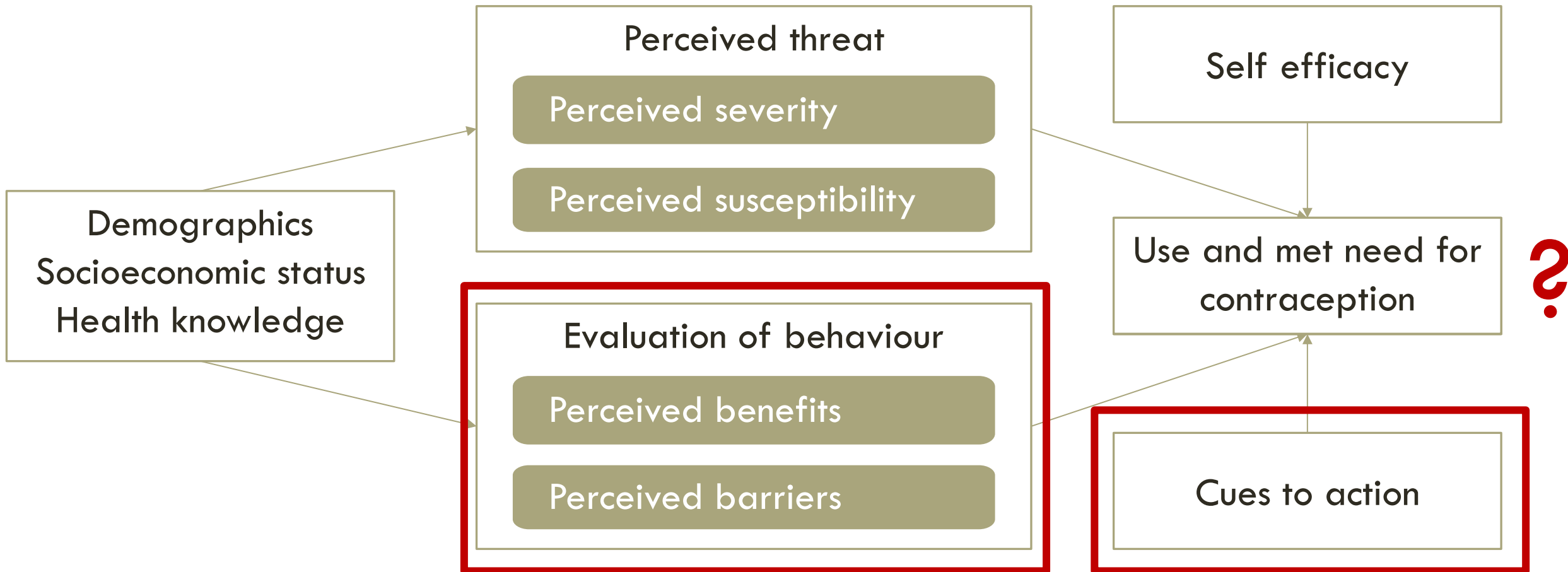
DATA

Data: Three-wave Performance Monitoring for Action (PMA)

Sampling design: Multi-stage cluster design in 11/47 counties selected with PPS

Sample size: 6,466 adolescent girls and young women (observations=10,825); large variation in the consistency of responses across the three waves (20% present in all three)

Exposure: Visit from a community healthcare worker to talk about family planning

Outcomes:
1. Visit to a healthcare facility in the last 12 months
2. Use of modern contraception: oral pill, injectable, IUD, male/ female condoms, EC pill, implant, diaphragm, sterilization, foam jelly, lactation amenorrhea, standard days methods (Festin et al., 2016)
3. Unmet need: aggregate sum of unmet need for spacing and limiting using modern contraception methods

DESCRIPTIVE ANALYSIS - UNWEIGHTED

The prevalence of household visits from CHVs in the last 12 months: 9%

The prevalence of facility visits in the last 12 months: 52%

The prevalence of modern contraceptive use: 29%

The prevalence of unmet need for modern contraception: 25%

MULTIVARIABLE REGRESSION ANALYSIS

Random-effects within between model that accounts for sampling, and repeated observations over time

Within-individuals: examine how within participants, increasing values of protective factors over time are associated with outcomes
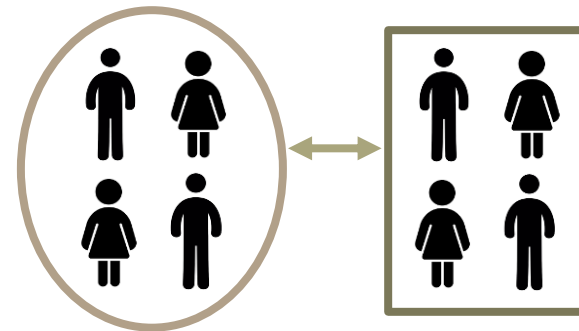
Between-groups: examine how across groups of participants, higher values of protective factors are associated with outcomes

RESULTS - REGRESSION ANALYSIS

	Visited a health facility in last 12 months		Use of modern contraception		Unmet need for modern contraception	
	aOR; 95%CI	p-value	aOR; 95%CI	p-value	aOR; 95%CI	p-value
Household visit from a CHV						
Within	1.66; 1.28 - 2.15	0.000	1.13; 0.84 - 1.54	0.422	0.68; 0.45 - 1.02	0.060
Between	2.47; 2.01 - 3.03	0.000	1.43; 1.13 - 1.81	0.003	0.76; 0.55 - 1.05	0.091
Visit to a health facility						
Within			1.23; 0.99 - 1.51	0.056	1.06; 0.80 - 1.41	0.691
Between			1.34; 1.16 - 1.54	0.000	0.89; 0.73 - 1.08	0.233

Controlling for:

At the facility level: Number of FP services offered; presence of fees for FP services; number of days FP services are offered at the clinic; What FP services are offered to adolescents 0-19; presence of any stock outs in the last three months; the type of healthcare facility

At the individual level: Age, religion, marital status, parity, sexual debut, residence, household size, education level, and wealth index

MAIN FINDINGS

A clearer consensus is needed on the goals of CHVs regarding adolescent health promotion, which considers the supply side determinants of contraceptive use

CHV visits to adolescent girls and young women in Kenya remain low. However, evidence that these visits are associated with a higher probability of visiting a health facility highlights the importance of CHVs in adolescent health promotion

The weak evidence that health facility visits are linked to contraceptive use, and that CHV visits are also associated with lower unmeet need for contraception, highlights areas for improvement. A challenge is the lack of evidence-based training resources for adolescent health promotion (Toan Tran et al., 2014)

Strengths: Three-wave data; rigorous statistical methods

Limitations: Self-reported variables; inconsistent response patterns across waves
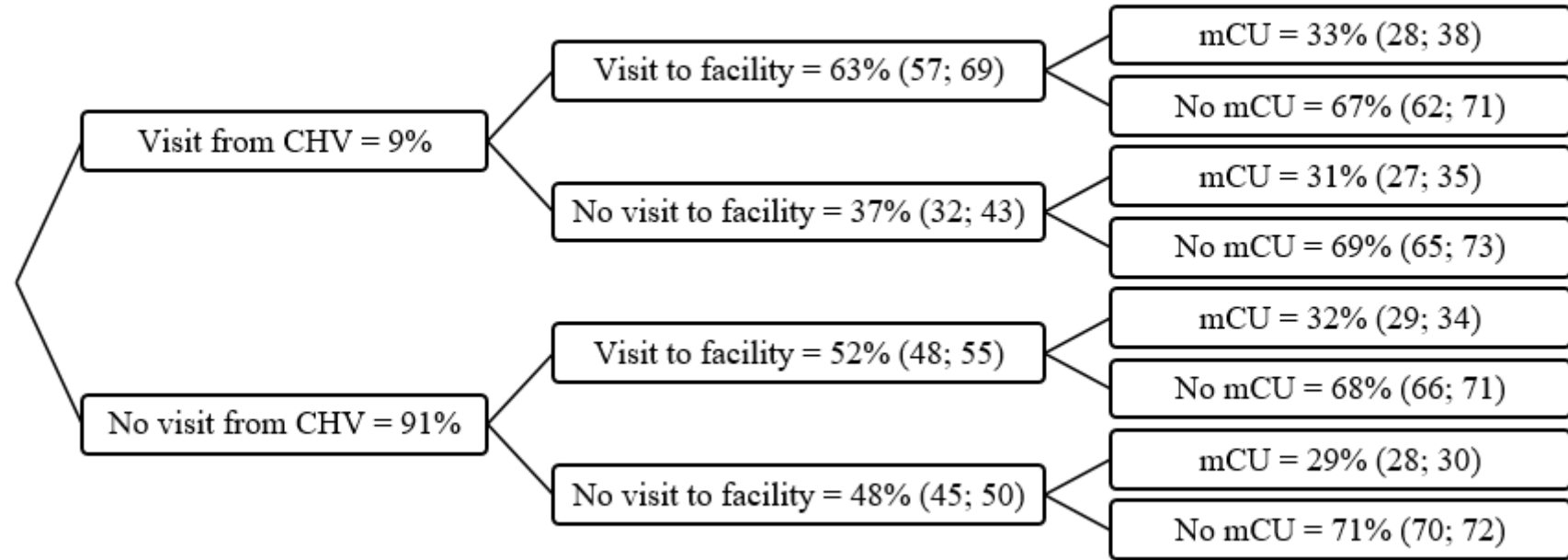
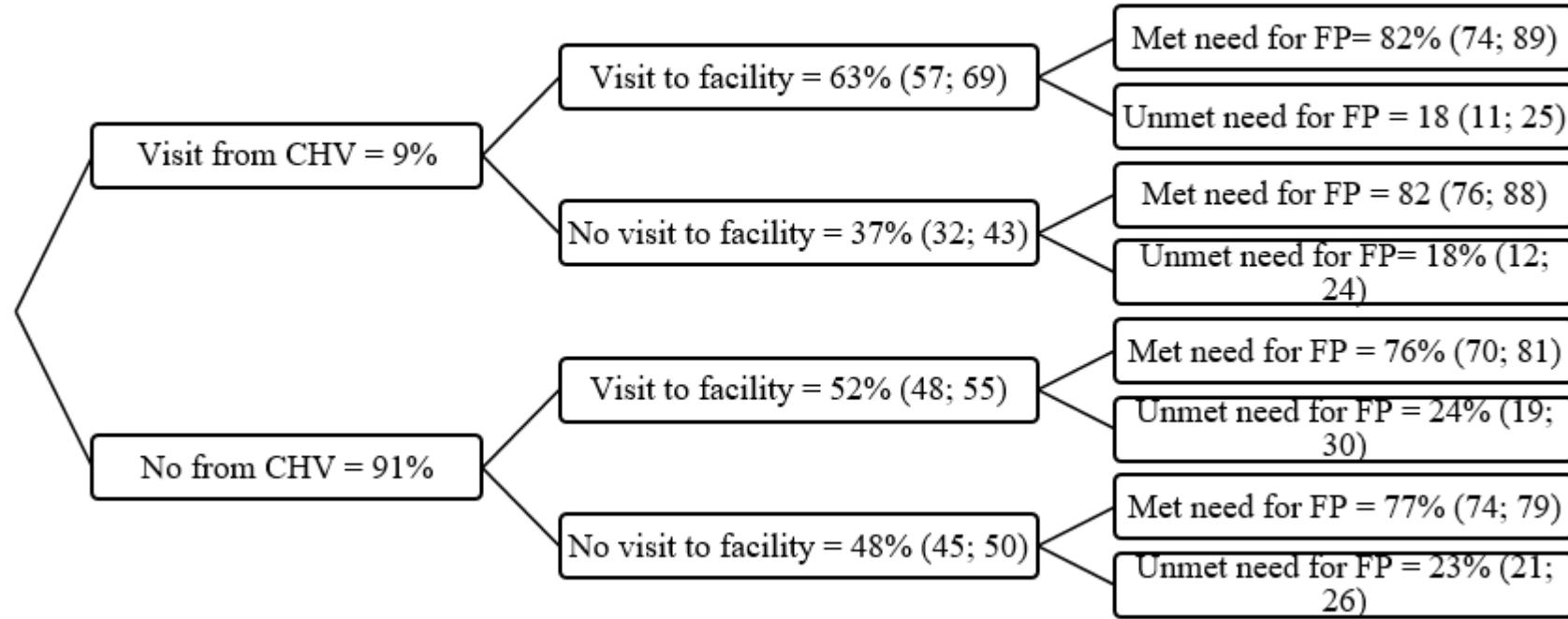# THANK YOU

Decision tree on probabilities of
modern contraceptive use as a result
of visits from CHV

Decision tree on probabilities of met
need as a result of visits from CHV

Visit from CHV = 9%

Visit to facility = 63% (57; 69)

Met need for FP= 82% (74; 89)

Unmet need for FP = 18 (11; 25)

No visit to facility = 37% (32; 43)

Met need for FP = 82 (76; 88)

Unmet need for FP= 18% (12; 24)

No from CHV = 91%

Visit to facility = 52% (48; 55)

Met need for FP = 76% (70; 81)

Unmet need for FP = 24% (19; 30)

No visit to facility = 48% (45; 50)

Met need for FP = 77% (74; 79)

Unmet need for FP = 23% (21; 26)

THEORETICAL MODELS: STAGES OF CHANGE

Precontemplation

Build awareness for my need to change

Contemplation

Increase my pros for change and decrease my cons

Preparation

Commit and plan

Action

Implement and revise my plan

Maintenance

Integrate change into my lifestyle