

Capturing the Dynamic Nature of Choice: Qualitative Perspectives on Contraceptive Hesitancy from Cameroon and Kenya

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RATIONALE



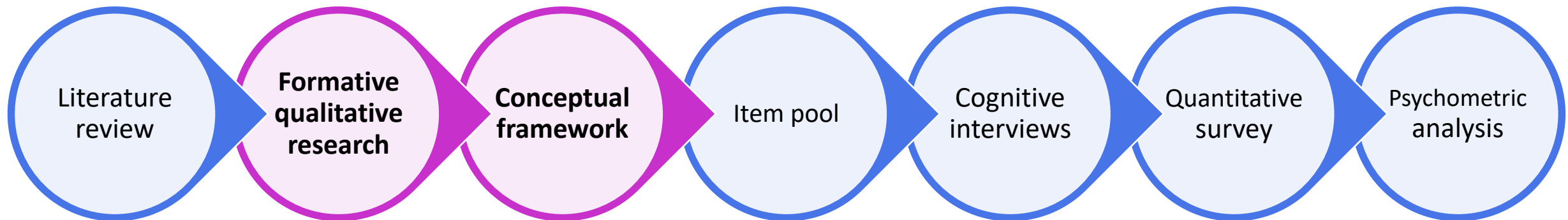
- Women and men feel varying degrees of hesitancy about using contraception to meet their reproductive goals.
- This spectrum of (un)certainty is critical to better understanding contraceptive demand and behaviors.
- Lessons can be learned from immunization research and measurement efforts to understand ‘vaccine hesitancy’.

STUDY AIM

What comprises 'contraceptive hesitancy' in Cameroon and Kenya, and how can we measure it?

CONTRACEPTIVE HESITANCY:

the degree of (un)willingness to use a contraceptive method when pregnancy is not desired



The 5 Cs

	Vaccine hesitancy	Contraceptive hesitancy
1 Confidence	Trust in the safety and effectiveness of vaccines, the system, services and people that deliver them, and vaccine-related motivations of policy-makers	The perceived trust in the safety and effectiveness of contraceptive methods and the health providers and services that deliver them
2 Calculation	Individuals' engagement in extensive information searching	The thinking, questioning and information-seeking on different contraceptive methods
3 Constraints	The influence of availability, affordability, willingness-to-pay, geographic accessibility, ability to understand, and appeal of immunization services on vaccine uptake	The perceived structural, social and psychological factors – including barriers and enablers - that influence contraceptive behaviors
4 Complacency	The perception that risks of vaccine-preventable diseases are low and vaccination is not a necessary preventive action	The perception that one is not at risk of pregnancy and that contraception is not necessary, and the degree to which becoming pregnant would be perceived as an adverse experience
5 Collective Responsibility	The willingness to protect others by one's own vaccination by means of herd immunity	The motivation to engage in contraceptive-related behaviors for the benefit of others in one's life, including children, family, community and society at large

METHODOLOGY



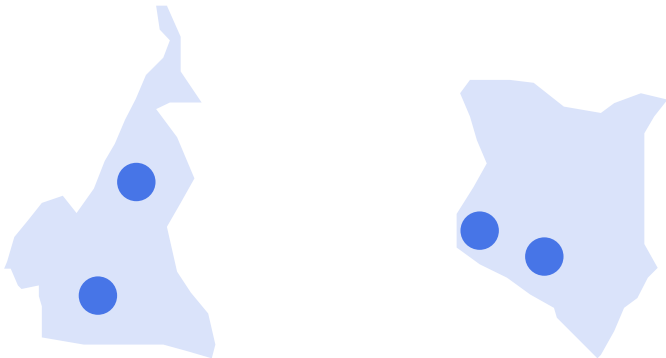
DESIGN

Formative research component of a mixed-methods measure development study



SITES

Rural and urban sites in Cameroon (Nganha, Yaoundé) and Kenya (Homa Bay, Mukuru)



DATA COLLECTION

In-depth interviews (40 women, 20 men) and focus group discussions (8 with women, 4 with men) from July – October 2023; segmented across sites, gender, contraceptive profiles (never, discontinued, current users) and ages



ANALYSIS

Deductive and inductive thematic coding in Dedoose by cross-country teams



Findings

1

Confidence

Perceived trust in the safety and effectiveness of contraceptive methods and the providers and services that deliver them



Largely related to contraceptive safety and effectiveness, and experiences with health services and providers



Driven by prior individual experiences with methods, and experiences of friends, family members and others



Perceived effectiveness often informed by experiences of contraceptive failure or success



Yes, we trust [condoms] so much. Since we began using them, we have not experienced any unplanned pregnancies. This consistent success has built our confidence in the method and encouraged us to maintain its use.

MAN, CURRENT USER, 38 YEARS
IDI, RURAL KENYA



2 Calculation

Thinking, questioning and information-seeking on different contraceptive methods



Direct and indirect experiences were influential in participants' assessments whether to initiate, switch, or discontinue a contraceptive method



Women's narratives focused on personal experiences; men's focused on partner's experiences as a means of informing their calculations



Goals on spacing pregnancies, managing childrearing responsibilities, and financial independence were common



“

I was told quite a lot about these methods both by users and non-users. It influenced my decision not to use because it made me discover other things that I didn't know about pills and implants.

MAN, NEVER USER, 27 YEARS
IDI, URBAN CAMEROON





”

② Calculation :::::::::::

3 Constraints

Perceived structural, social and psychological factors – including barriers and enablers - that influence contraceptive behaviors



-  Health service access and contraceptive method availability, counseling, and quality of care
-  Interpersonal dynamics between participants and providers – negative as well as positive - had a powerful influence
-  Partner engagement was a large influence for many participants, ranging from support to coercion
-  Male partner opposition to contraception focused on side effects, particularly around hormonal methods

“

It's my husband who decides for me. Because he's the one who decides everything.

W O M A N , 2 1 - 2 9 Y E A R S
F G D , U R B A N C A M E R O O N

My husband sat me down and expressed that he believed it was a good idea for me to take a break, allowing my body to recover since I had lost a significant amount of weight. It was at that point that I decided to opt for the 5-year family planning method...

W O M A N , C U R R E N T U S E R ,
2 7 Y E A R S
I D I , R U R A L K E N Y A

”

3 Constraints :::::::::::

4 Complacency

Perception that one is not at risk of pregnancy and that contraception is not necessary, and the degree to which becoming pregnant would be perceived as an adverse experience



Limited salience in these data



Perception of unintended pregnancy as an adverse event depended on participants' life stage and reproductive goals



Relationship duration and trust influenced the degree to which pregnancy would be seen as a negative experience

“

I was worried about getting pregnant and I was not ready for pregnancy. So, I had to find a way to protect myself.

WOMAN, 30-49 YEARS
FGD, URBAN KENYA





”

4 Complacency ::::::::::::::

5 Collective Responsibility

Motivation to engage in contraceptive-related behaviors for the benefit of others, including children, family, community and society at large



-  Emerged on a smaller scale, focused on immediate and extended family, not broader community or society
-  Contraception described as a means of meeting responsibilities to provide basic family needs (e.g., food, clothing, education)
-  Distinct manifestation for younger, unmarried participants in Cameroon, who felt accountable to family expectations
-  Childbearing expectations and fertility norms were prominent, with pressure to bear children early and often

“

Every family expects much from the children...Every parent expects their child to respect [getting married before having children]. Then you don't come and tell him one morning that, 'I got a girl pregnant.' When your father advises you never to go with a girl with whom you are not yet married, you should understand you have to use a condom.





MAN, CURRENT USER, 28 YEARS
IDI, URBAN CAMEROON

”

5 Collective Responsibility ::::::::::

Agency



-  For some, contraceptive agency was constricted by social norms around fertility and childbearing
-  For others, personal goals superseded any potential consequences of not meeting social or familial childbearing expectations
-  Regardless of relationship status, men more explicitly stated that they have agency and ownership over their contraceptive choices
-  In some cases, partner engagement influenced how contraceptive decisions were made, not what those decisions were

“

Then there are so many people who are in marriage, but they don't discuss these issues with their husbands. So, they use these methods secretly.

W O M A N , 3 0 - 3 9 Y E A R S
F G D , R U R A L K E N Y A

I've surrounded the man because first of all, he's the man, as we say in the family, he's the boss of the family, he's the one who makes the decisions, he's the one who manages it all.

W O M A N , 2 1 - 2 9 Y E A R S
F G D , R U R A L C A M E R O O N

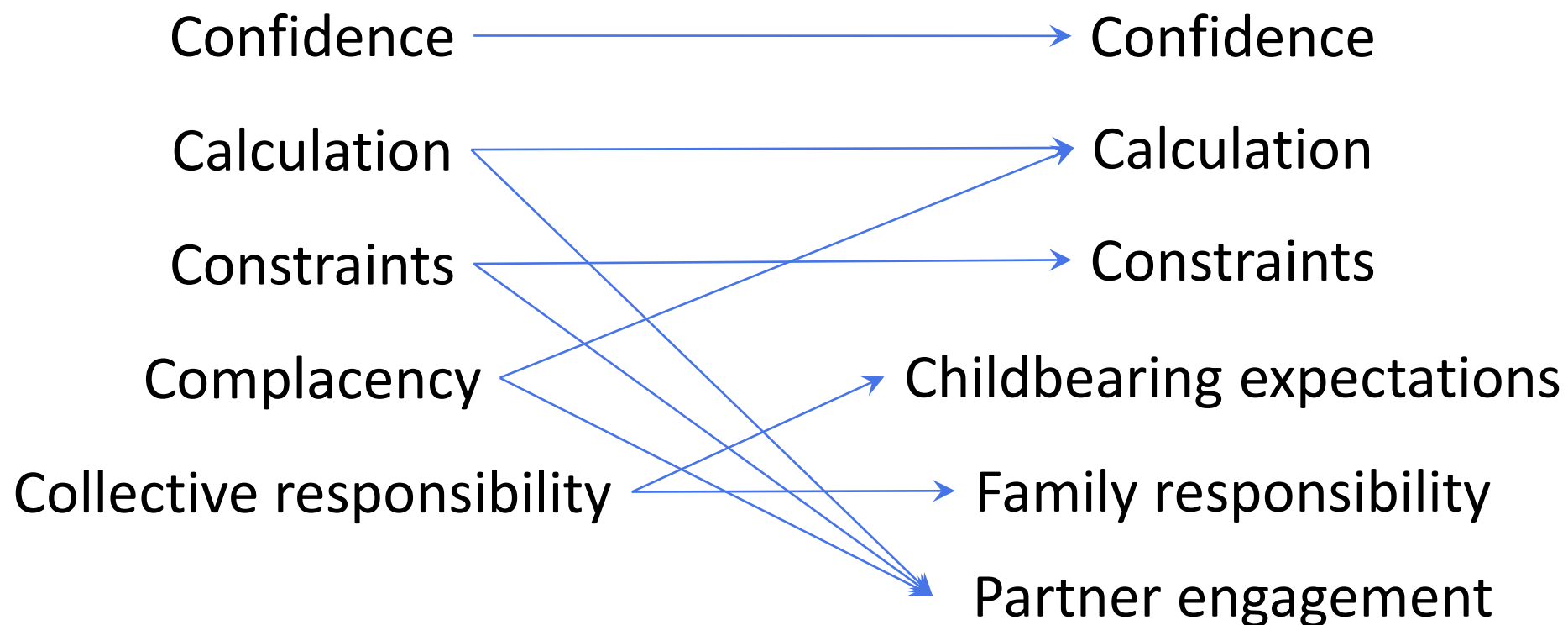
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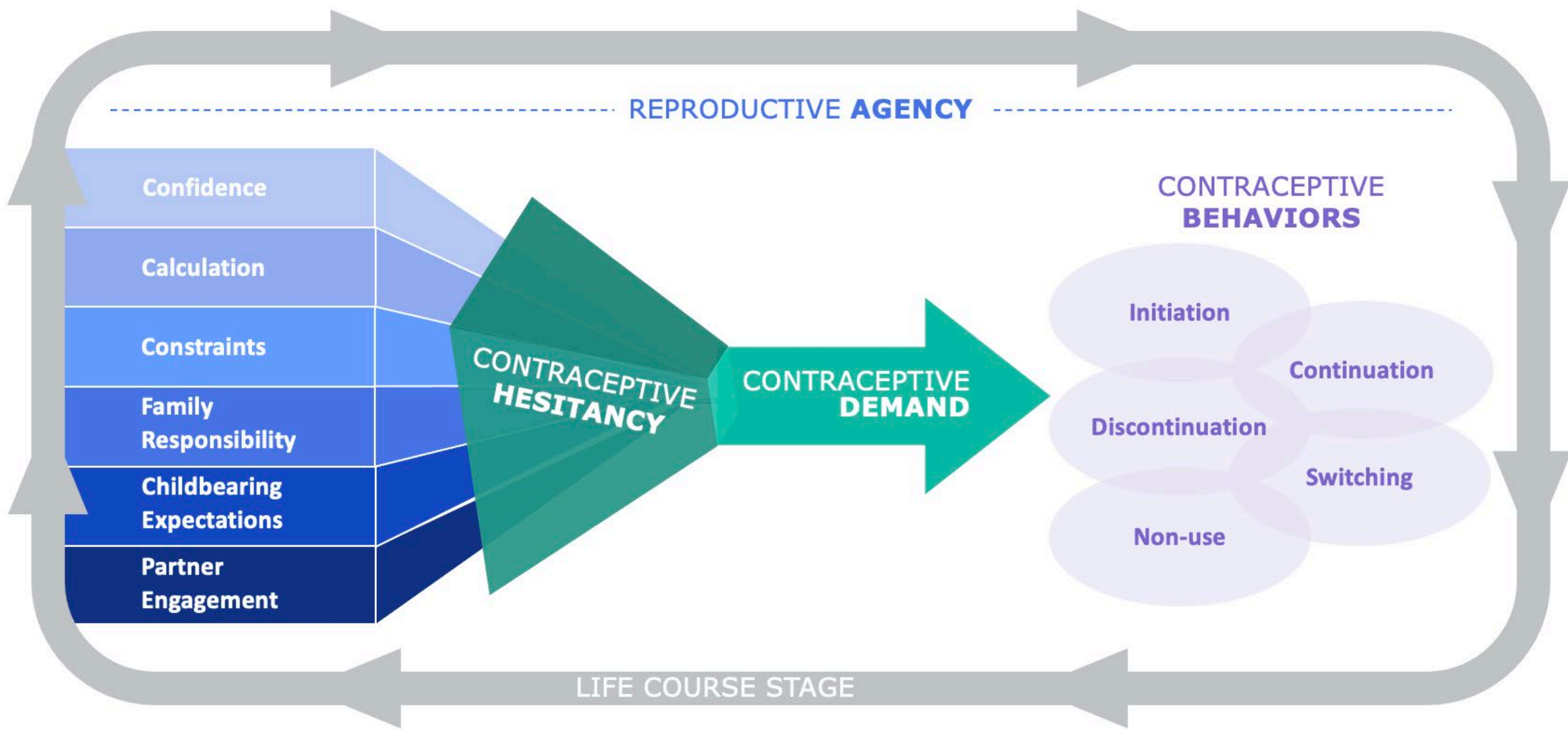
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Framework Translation

Vaccine Hesitancy

Contraceptive hesitancy





REPRODUCTIVE **AGENCY**

Confidence

Calculation

Constraints

Family
Responsibility

Childbearing
Expectations

Partner
Engagement

**CONTRACEPTIVE
HESITANCY**

**CONTRACEPTIVE
DEMAND**

**CONTRACEPTIVE
BEHAVIORS**

Initiation

Continuation

Discontinuation

Switching

Non-use

LIFE COURSE STAGE

Takeaways: Formative Research



“Contraceptive hesitancy” is an important construct to understand **why, which** and **when** women and men use, don’t use, switch or discontinue contraceptives.



Some components of vaccine hesitancy are salient, but contraceptive hesitancy requires more consideration of **broader social contexts, experiential histories,** and the **range of contraceptive behaviors.**



A measure developed from this research will offer a means of capturing the **spectrum of factors** that inform **contraceptive demand** and subsequent behavior.



Contraceptive hesitancy has the potential to be an important tool to measure and promote **choice** and **agency** and strengthen **quality, person-centered FP programs.**



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