

# **Determinants of Contraceptive Uptake among Youths Aged 18-25 Years in Nakuru County**

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## **Abstract**

### **Introduction**

Globally, there are over 1.8 billion young people and nearly 90 percent of whom live in developing countries. The age-range 18 to 24 is a period when most people begin to actively explore their sexuality (UNFPA, 2009). Most people become sexually active before their 20th birthday (UNFPA, 2009). One in every 10 births and one in 10 abortions worldwide and one in six births in developing countries is to women aged between 18-19 years (UNFPA, 2009).

In sub-Saharan Africa, 75 percent of young women report having had sex by age 20 (UNFPA, 2009). Despite continued investments in adolescent sexual and reproductive health (SRH) programs worldwide, challenges still exist in adequately meeting the SRH information and service needs of this subset of the population. These challenges are more pronounced in sub-Saharan Africa which, among the major regions of the world, has the greatest proportion of adolescent girls who have begun childbearing (Gupta & Mahy 2003). In Kenya 15% of women age 15-19 have already had a birth while 18 percent have begun childbearing (had a live birth or are pregnant with their first child). The percentage of women who have begun childbearing increases rapidly with age, from about 3 percent among women age 15 to 40 percent among women age 19 (KDHS, 2014-15).

### **Materials and Methods**

Descriptive cross-section study on youths 18-25 years in the Nakuru County ; Systematic random sampling was used in selection of 189 respondents.

### **Results**

The findings revealed that 59% of the respondents were married while 16% were married, 55 % were self- employed, 33 % are employed either in public or private sector while 13 % were un employed. Fifty one percent of the respondents have never used family planning .The study showed that 42.3 % of the respondents use condoms while 1.1 % use implants . Fifty three percent of the respondents said they did not use contraceptives because of religion and culture, while 19 % said they are not sexually active. Seventy four percent of the respondents learnt of contraceptives from hospital/health workers. Fifty eight percent of the respondents said the distance to the hospital was 1-5km while 42 % said it is above 5km. Majority of the respondents 56% disliked the approach used by the health. Twenty nine percent acknowledged that they had been denied FP services by health care workers because of age.

### **Discussion and Conclusion**

Forty four percent of the respondents were uncomfortable with environment the services were offered. This support observation of Johnross (2002) that lack of privacy can violate women's sense of modesty and make it more difficult for them to participate actively in selecting a contraceptive method. 59 % of the respondents wait for more than 1 hour,24 % for 30 minutes while17% % said they wait for one hour before being served. Availability and accessibility of different contraceptive methods influence the use of different contraceptive methods. Demographic attributes that include age, gender, level of literacy, marital status, number of children and desire for more children are major determinants of contraceptives usage. Social, cultural aspects such as religious affiliations and the stigma surrounding young people's sexuality may deter them from seeking family planning services as some contraceptive methods go contrary to cultural beliefs

**Keywords: Contraceptive, Uptake, Youths 18-25years**