



# Intimate Partner Violence & Contraceptive Discontinuation in Kenya

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Breakthrough Action Virtual Expert Consultation

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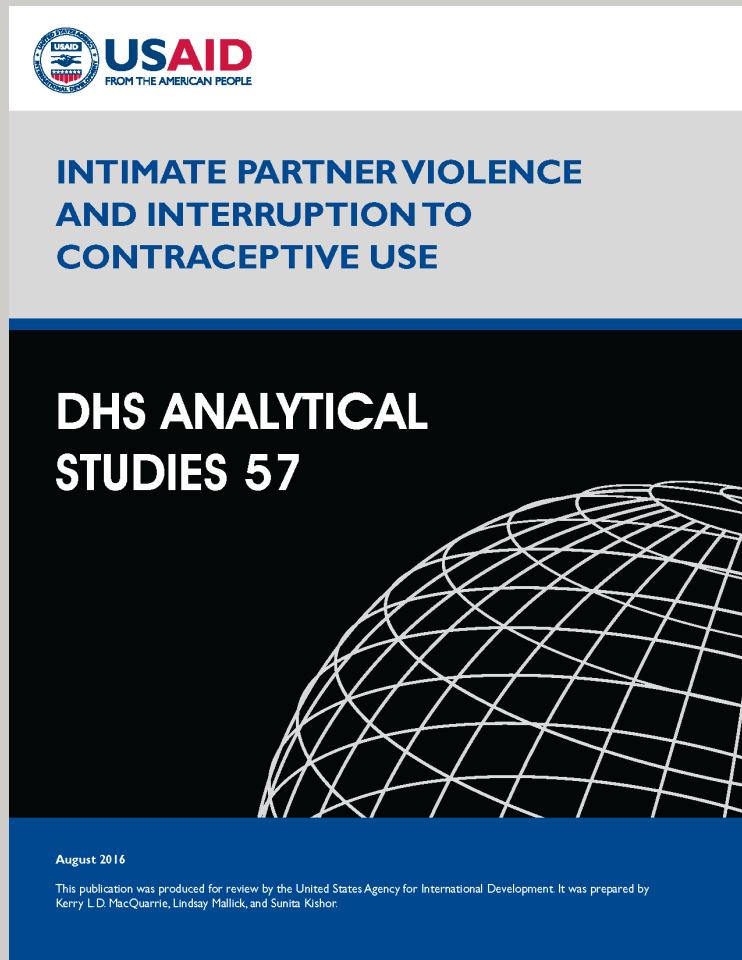
# Why study IPV and Discontinuation?

- IPV associated with a range of adverse SRH outcomes
- Cross-sectional studies on IPV and contraceptive use are mixed:
  - IPV → more likely to use contraception
  - IPV → less likely to use contraception
  - No association
  - Temporality: IPV → contraception or contraception → IPV?
- Unmet need among women who have previously used contraception (Jain et al 2014)
  - Support women who are currently using contraception
  - Less unmet need, better achieve reproductive goals
- Discontinuation analysis typically does not look at IPV experience

## Why study IPV and Discontinuation? (cont'd)

- Women who experience IPV may:
  - Be highly motivated to avoid pregnancy,
  - Not want to have (another) child amidst volatility,
  - Re-establish control amidst uncertainty
- OR
  - Experience reproductive coercion,
  - Face constraints on mobility or control over money leading to difficulties consistently accessing contraceptive supplies,
  - Face opposition to contraceptive use
  - Choose to try to get pregnant for “gender performance”
- May depend on form of IPV

# Current study



- Selected findings from broader study
  - 11 countries
  - Discontinuation while still in need (DWSIN)
  - Discontinuation due to no further need
  - Total discontinuation
- Focus on **DWSIN** in **Kenya** (2014 DHS)
- Multiple forms of IPV
  - Emotional
  - Physical
  - Sexual
  - Any IPV

# Co-locate measures of IPV and discontinuation



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## Contraceptive calendar

< 2010 >< 2011 >< 2012 >< 2013 >< 2014 >  
111111000PPPPPPPB00000111111111000111111111111111000000

5+ years  
ago



Time of  
survey

# Co-locate measures of IPV and discontinuation

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Time of survey



Experience of IPV  
in last 12 months

# Co-locate measures of IPV and discontinuation

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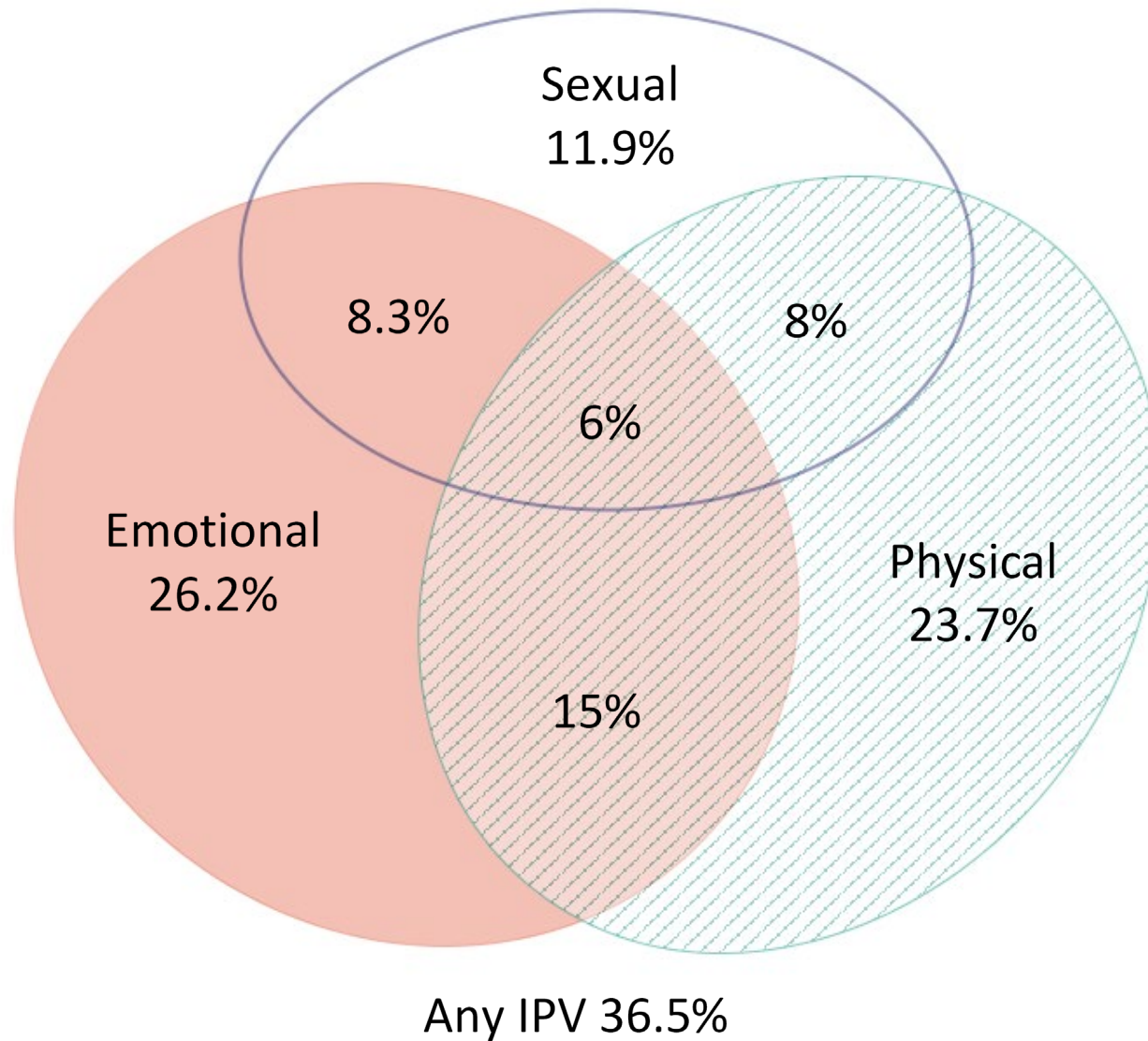
Experience of IPV  
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# Methods

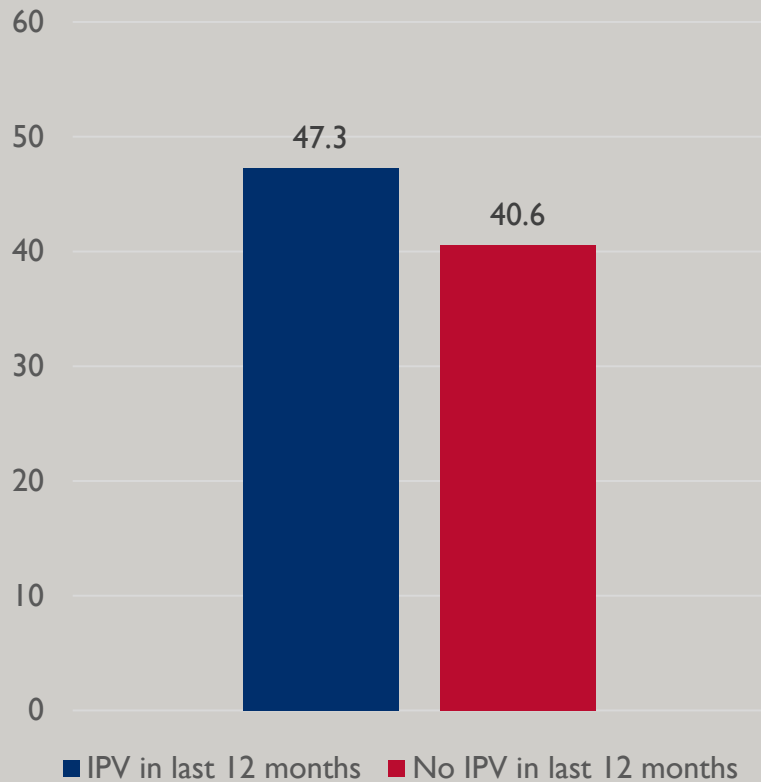
- N=1,437 currently married women
- Who were using a modern, temporary method of contraception 12 months before the interview (43% of currently married women)
- Outcome = DWSIN in last 12 months
  - Health concerns/side effects; Method inconvenient to use; Wanted more effective method; Cost; Access; Opposition
- Multivariable regression
  - IPV (separate forms and any IPV)
  - Controls: LARC v non-LARC, duration of use, age, wealth, residence, religion, education, # of children, employment status

# Experience of IPV in Kenya

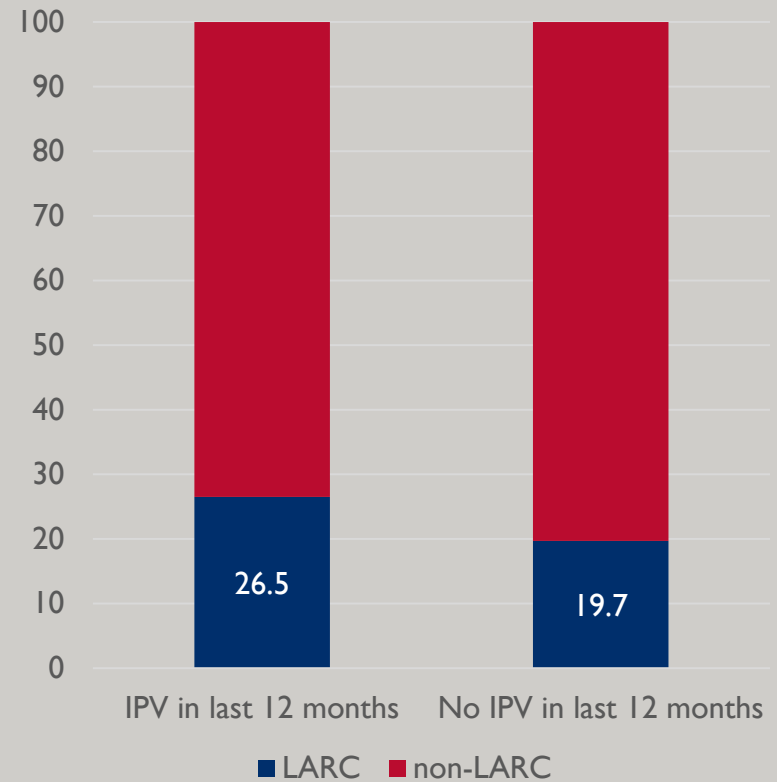


# Contraceptive use by experience of IPV

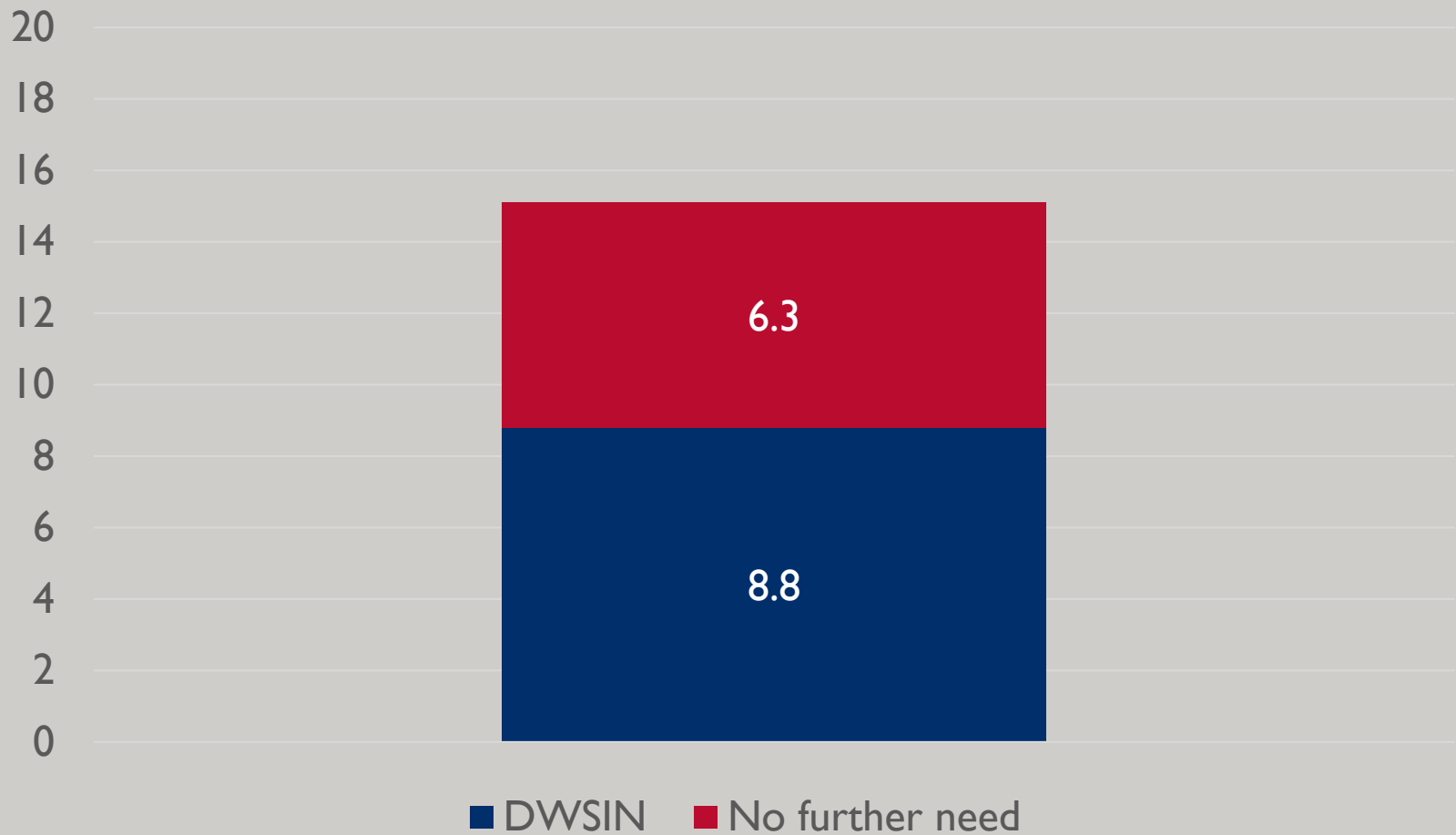
Use of modern, temporary contraception (n=3,352)



Method type among contraceptive users (n=1,437)



## Discontinuation in prior 12 months (15.1%)



## Adjusted odds of DWSIN in last 12 months

Form of violence (ref=no violence)	aOR	aOR	aOR	aOR
Emotional	2.13**			
Physical		1.48		
Sexual			2.01 <sup>†</sup>	
Any IPV				1.88*
<sup>†</sup> p<0.10, * p<0.05, ** p<0.01, *** p<0.001				
Models control for: method type, duration of use, age, wealth, residence, religion, education, # of children, employment status				

# What might explain these findings?

- Contraceptive use: Contested gender norms may trigger incidents of IPV. Discontinuation may be an attempt to reduce threat of IPV by yielding to gender norms or reducing conflict.
- Initially higher contraceptive use among women who then experienced IPV suggests either higher motivation to avoid pregnancy or that contraceptive use may be a trigger for IPV.
- IPV associated with lack of agency & self-efficacy
  - Mobility,
  - Money,
  - Permission
- Reproductive coercion
- Questions:
  - Short-term hiatuses? Switching? Covert use?
  - Pathways? Different forms of IPV?
  - What “level” to assess IPV and gender norms?