

In Her Shoes:

Unpacking Women's Enablers and Barriers to Post Medication Abortion (MA) Contraceptive Services in Kenya



November 2024

LEARNING BRIEF #4

Key Insights

- **Walking in women's shoes** reveals the stigma, misinformation, and limited access that they face in accessing post MA contraceptive services. Tackling this head-on ensures women can access services without judgment, empowering them to make informed reproductive health decisions.
- Understanding women's experiences helps **create tailored solutions** that directly address these barriers, improving access and reducing unintended pregnancies.
- From a woman's perspective, **pharmacists provide discreet and supportive care** that is accessible and attuned to the specific needs of young women.

Background



WHAT: PMAC Project Overview

The Post Medication Abortion Contraception (PMAC) Project (2018 to 2025), led by Ipas with funding from the Bill & Melinda Gates Foundation, pilots and scales innovative solutions aimed at increasing contraceptive options for women following self-managed abortions in Kenya. By increasing contraceptive choice, uptake and continuation after self-managed abortions, the PMAC Project aims to reduce the incidence of unintended pregnancies and the consequent health risks. This project, implemented in Nakuru County in Kenya, has undertaken a journey of research, design, and adaptation to uncover women's barriers and enablers to post MA contraceptive care, as well as community pharmacists' motivations and challenges in providing these services—ultimately shaping a sustainable model for delivering quality post MA contraceptive services through pharmacies. The purpose of this brief is to provide key insights into the enablers and barriers women face in accessing post MA contraceptive services in Kenya. It aims to highlight their unique journeys and how community pharmacists can play a critical role in addressing these challenges and improving access to quality contraceptive services.

WHO: PMAC Archetypes

The PMAC Project focuses on addressing the challenges women face when seeking contraception after self-managed abortions, represented by two archetypes: Njeri, the young woman, and Mama Joni, the prudent mother.

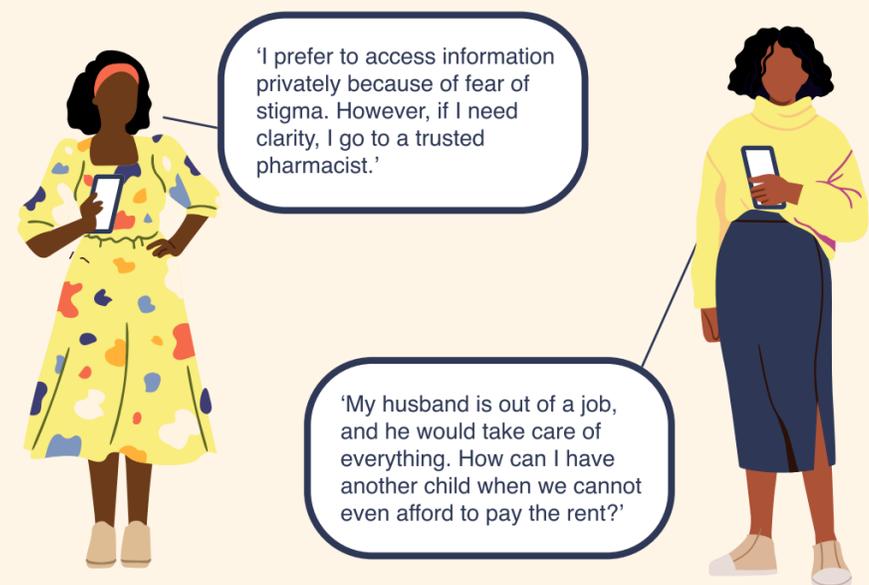
Njeri, a young woman (21-25),

from a low-income background, is hesitant to consider contraception due to stigma and social norms in her community. She also worries about side effects and myths surrounding contraceptives. However, with access to stigma-free digital platforms¹, Njeri can privately access reliable information, breaking down barriers and addressing her concerns. When she also receives supportive counseling and encouragement from family or a partner, she feels more confident in her reproductive choices. After receiving quality care, Njeri becomes empowered to make her own decisions and advocate for others in similar situations.

Mama Joni, a married mother (26-35),

expresses a desire to avoid another pregnancy but has concerns fueled by rumors and myths in her social circles. Although she is open to using digital platforms¹ to access information, she prefers one-on-one engagement with a healthcare provider. Mama Joni benefits from trusted sources and familiar channels, such as social or mass media campaigns that indirectly reach her through family members or her social network. This combined approach helps her address concerns, connect with reproductive health resources, and feel supported in making informed choices.

By recognizing the distinct needs of these two archetypes, the PMAC project aims to reduce unintended pregnancies. Its "walking in her shoes" approach helps uncover the personal barriers and enablers these women face, ensuring services are tailored to their specific circumstances. This personalized care empowers Njeri and Mama Joni to make informed choices and access post MA contraceptive services with confidence and support.



Njeri
The Young Woman
Age: 21-25 years

Mama Joni
The Prudent Mother
Age: 26-35 years



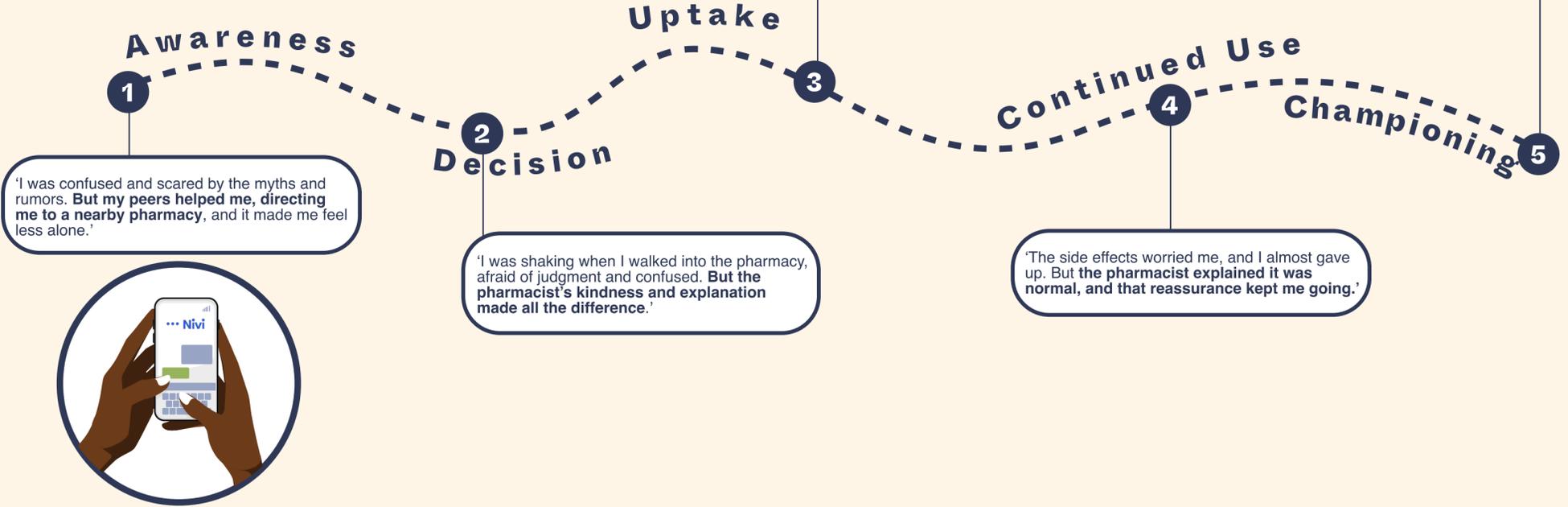
1. <https://www.usiu.ac.ke/assets/file/5aba9550-kenyan-social-media-landscape-2021-r.pdf>

Walking In Her Shoes

Learning to “walk in her shoes” over the past seven years, the PMAC project has gained valuable insights into barriers and enablers to women’s access to post MA contraceptive services from research, intervention implementation, learning and adaptation. The journey below demonstrates how addressing challenges like stigma and limited access, through community support and quality pharmacy post MA contraceptive services, can lead to an ideal journey of her choice. By positioning pharmacists as accessible providers and by implementing targeted interventions, the project not only meets women’s needs but also empowers them to share their experiences, creating a supportive network that helps others.



The below journey highlights key insights and lessons learned from understanding both Njeri’s and Mama Joni’s experiences.



Insights Across Her Journey



Awareness

Her Ideal Journey

“I used MA pills from the pharmacy, and now I’m thinking about contraception options.”

Barriers

- I hear a **lot of misinformation about contraception**, which confuses me and limits my ability to seek help openly.
- I **don’t always have access to smartphones** or data, so I miss out on useful information from apps and websites.

Enablers

- I get correct information from my **peers and pharmacists** who help me learn more about contraception options.
- I feel more confident seeking contraception because **digital platforms provide easy access to accurate information.**



Decision

Her Ideal Journey

“I’ve decided I want to start using contraception after my self-managed abortion and I’m ready to speak with a pharmacist about which option I should go for.”

Barriers

- I hesitate to consider contraception because **stigma and social norms** in my community make it hard to talk openly about it.
- I worry about **side effects** and have heard many myths about contraception, making it difficult to decide.

Enablers

- I feel more comfortable making decisions when I get **stigma-free services** and support from my partner and family.
- I make better decisions with **supportive counseling from a pharmacist** that gives me accurate information.



Uptake

Her Ideal Journey

“I’ve picked the contraceptive method that works best for me after my self-managed abortion. If it’s a short-term method, I’ll get it from the pharmacy. If it’s a long-term method, I know where to go—either the clinic or hospital nearby.”

Barriers

- I **can’t afford contraception**, especially long-term methods like LARCs.
- I can’t always get the method I want due to **stockouts and limited method availability.**

Enablers

- I find contraception more affordable when pharmacies offer **discounts or bundle MA with contraception for a discount.**
- I felt listened to when the **pharmacist referred** me to a place where I could get the method of my choice and received additional **digital referrals** for nearby providers.



Continued Use

Her Ideal Journey

“I’ve got everything I need to keep using my contraception—the products, reminders, support, and advice. I know where to get the right information, ask questions, manage side effects, and switch methods if I want to.”

Barriers

- I don’t always know how to **manage side effects**, and follow-up care isn’t always available.
- I find it difficult to keep using contraception due to **stockouts** and the cost of returning to the pharmacy.

Enablers

- I continue using contraception when I get **follow-up care** and help managing side effects.
- I feel supported to keep using contraception with **reliable sources of information** and **easy access** to a nearby pharmacy.



Championing

Her Ideal Journey

“I had such a good experience with the pharmacist that now I’m telling my friends and family to go there too.”

Barriers

- I find it hard to speak up about my experiences due to **community stigma.**
- I struggle to talk about post MA services because of **abortion stigma.**

Enablers

- I feel more empowered to share my experiences after engaging with community health supporters and participating in contraceptive outreach programs, with **digital platforms** amplifying my voice.
- I feel confident advocating for my friends to use contraception as I received **good counseling and accurate information.**

Conclusion

The Need to Support her Journey to PMAC Choice

"Walking in her shoes" is more than an exercise in empathy—it is a critical approach to understanding and dismantling the barriers that women face in accessing post MA contraceptive services. By immersing ourselves in their experiences, we gain valuable insights into the complex factors that shape their decisions, from social stigma to misinformation and systemic healthcare gaps. This understanding not only informs more tailored, compassionate care but also strengthens the system surrounding the woman by fostering collaboration between pharmacists, healthcare providers, and communities. Ultimately, walking in her shoes transforms how we approach women's reproductive health, creating a ripple effect that extends beyond individual empowerment to reshape community norms and healthcare policies for the better.

Recommendations

For Ecosystem Actors

To effectively meet the needs of women seeking post MA contraceptive services and ensure long-term sustainability, it is essential to adopt a market systems approach. This approach involves engaging a broad range of actors across key market functions to perform their roles most effectively in sustaining post MA contraceptive service delivery, including supply, demand, regulatory environment, and supporting functions. Collaboration among all ecosystem actors is crucial to ensure the broader health market and system can meet her needs. The following recommendations are key to achieving this:

Supply

- **MoH and Private Sector:** Improve contraceptive supply chains to prevent stockouts and ensure pharmacies consistently offer affordable options. This will help women to access their preferred methods without disruption.

Demand

- **NGOs and Government Health Ministries:** Boost public awareness campaigns that target both men and women, educating them on post MA contraceptive services and available contraceptive options to close knowledge gaps and improve access.
- **Technology Providers and NGOs:** Use digital platforms to expand access and standardize pricing for post MA contraceptive services. These platforms can recommend appropriate contraceptive methods, confirm prices, and refer users to nearby pharmacies. Additionally, they enable stakeholders to track and visualize demand for post MA contraceptive services within the private sector, improving market insights and accessibility.

Regulatory Environment

- **Regulatory Bodies (e.g., MoH Kenya, Pharmacy and Poisons Board Kenya):** Incorporate user insights from the PMAC Project into pharmacy guidelines to ensure they address women's specific needs. This should promote non-coercive, high-quality post MA contraceptive services and improve accessibility by making clear, stigma-free information and support readily available.

Supporting Functions

- **Pharmacist Associations (e.g., Kenya Pharmaceutical Association, Pharmaceutical Society of Kenya) and Providers:** Actively implement updated, evidence-based guidelines, ensuring pharmacists offer high-quality, non-coercive post MA contraceptive services with accessible information. Pharmacists should support women in navigating their contraceptive choices and overcoming barriers to care.

By addressing these critical areas through collaborative, targeted interventions, we can support women to access the post MA contraceptive services they need, fostering an environment where they feel empowered to make informed choices about their health.

Interested to Learn More ?

Contact Steve Biko (BikoS@ipas.org) or Kristen Shellenberg (shellenbergk@ipas.org) and read our associated briefs **The PMAC Story: Understanding Women's and Pharmacists' Journeys with Post Medication Abortion Contraceptive (PMAC) Services in Kenya and Behind the Counter: What it Takes to Provide PMAC Services in Kenyan Community Pharmacies**. To read about additional learnings from the PMAC Project, click here: <https://www.ipas.org/resource/post-medication-abortion-contraception-pmac-project-kenya/>.

45%

of women were using a contraceptive method before becoming pregnant.*

75%

of MA users obtained contraception at the time of purchase.*

88%

of MA users adopted a contraceptive method.*

At three months,

89%

of women continued to use contraception.*

*Statistical estimates from adaptive learning research data 2023 (n=168)