



BROWN

Young Women's Perceptions of Contraception and Pregnancy in South Africa: Implications for HIV Prevention

Laura Dainton, SciM – Brown University

Co Authors: Abigail Harrison, PhD, MPH - Brown
University; Don Operario, PhD - Brown University;
Jenni Smit, PhD - MatCH (Maternal, Adolescent and
Child Health), University of the Witwatersrand,
Durban, South Africa

DRAFT SLIDES FOR DISTRIBUTION

9/1/2012

Acknowledgements

- Principle Investigator: Lucia O'Sullivan, PhD – University of New Brunswick
- Study Number: HD41721

Background

- South Africa has the largest HIV-positive population in the world
- Among 25 year old women, nearly one-third are HIV-infected and about 70% have a child
- Contraception offers important health benefits, and, if used with a barrier method, can also prevent HIV infection
- This qualitative study examined attitudes toward, beliefs about, and experiences with contraceptive use in a high HIV prevalence setting in KwaZulu-Natal province



KwaZulu-Natal, South Africa

- Population approximately 10 ½ million
- Estimated prevalence of HIV of 15.8% (in 2008)

The study

- The data presented today comes from a NIH funded study into Gender and HIV Risk in Young Adults (HD41721)
 - Study Aims:
 - To develop measures of gender-related HIV risks, and
 - To document dynamics of sexual relationships in high risk young adults in established relationships
 - Sample: Young adults aged 18-24, recruited from 2 secondary schools and surrounding communities
 - Methods:
 - Three week personal diaries
 - In-depth interviews with 47 young adults in established relationships about relationship dynamics, N=24 women and N=23 men
 - Two year follow-up interview: N=19 women and N=10 men

Qualitative analysis methods

- In-depth interviews were conducted with male and female respondents aged 18-24 (n = 76)
- An inductive analytical approach was used
- Themes from the interviews informed a structured coding scheme, which was used to identify broad patterns and categories in the data
- In the preliminary analysis presented here, the thematic organization represents the most salient attitudes, beliefs, experiences, and behaviors regarding contraception, and linkages to HIV infection and pregnancy

Risk perception

- HIV risk was widely acknowledged
- Perception of risk for pregnancy among women was often higher than for HIV transmission
- Most young women expressed a desire to avoid pregnancy prior to finishing school
- However, pregnancy is accepted (and sometimes desired) within primary relationships
- The risk of pregnancy was considered more seriously following first pregnancy

Risk perception

“I stressed that fact that I do not need to fall pregnant while I am still at school and also told him about many diseases that are out there.”

“I can say its me who say we must try to use condoms because I was hearing everywhere about this HIV and aids then I think I should be wiser if we can use condoms. We wanted to prevent the diseases.”

Interviewer: How did the chance to prevent pregnancy come about?

Respondent: We talk about it after I got the baby and then he said because I do have a baby so I need to go for family planning.

Contraceptive use

- Hormonal contraception was used to prevent pregnancy by a significant minority of young women
- Injectable hormonal contraception* was the primary method obtained from local health services
- Young women reported being discouraged from using contraception by their partners, who believe they promote promiscuity
- Contraceptive use often commenced following pregnancy

* DepoProvera and Nuristerate are widely used in South Africa

Contraceptive use

“I was using injection before and when I stopped using it, I fell pregnant, so that is the only contraception I know and have used.”

“I requested him that we need to use a condom, especially because at that time I was still at school, just to be safe from pregnancy and all other diseases, and he did not like that until I thought of going for an injection.”

Interviewer: You said before you were using the injection, did you tell your partner that you were using the injection?

Respondent: No, he didn't know that I was using the injection I was doing it because I'm still at school and I wanted to make sure that I don't become pregnant.

Perceived side effects

- Women and their partners expressed deep distrust of hormonal contraception, stating that it caused infertility and adverse biological outcomes
- Many of these perceptions were based on misinformation from peers or partners

Perceived side effects

“[...] I do not use any contraceptives because I don't want to have shaking body.”

“I used to hear others saying that when using the other types like pills and injection, your partner complains that you do not taste good sexually, and because of that I prefer to use condom and not all the other methods.”

Contraception knowledge

- Both males and females lacked comprehensive knowledge of contraceptive methods
- Young women were often misinformed and relied on information from peers
- Those that have had contact with local health services reported higher and more accurate knowledge

Contraception knowledge

Interviewer: From the clinic, what information can you tell me about that you receive from there?

Respondent: They inform us about all the contraceptive methods that are obtainable from the clinic and they tell us that it is our choice, not that they are forcing us to do that. Then it is upon individual to go for what she thinks is best for her. Like previously, I chose injection.

Interviewer: What about other types of contraception – do you use them more or less often than you used to? Why or why not?

Respondent: No, I do not use them because I do not know much about them.

Traditional methods of contraception

- Other methods used to prevent pregnancy included over-the-counter substances [Disprin, Essence of Life], herbs, salt water and withdrawal
- Advice about traditional methods was passed on through family members and peers

Traditional methods of contraception

“[...] while I was growing up at home I was having the grandmother who was telling me that I have to take water with salt then I was doing that so I didn't get pregnant [...] I take ½ cup of cold water and salt.”

Interviewer: Because you do have sex, what other method you maybe using to prevent pregnancy?

Respondent: Yes, I use disprin every morning after sex.

Interviewer: How do you take it?

Respondent: I take one disprin after sex.

Condom use

- Condom use was high with casual partners
- While condoms were a trusted form of protection, they were often used infrequently and inconsistently
- There is a low perceived need for condom use in relationships that are perceived as permanent
 - In such relationships, condoms are equated to a lack of trust

Condom use

Respondent (female): We use the condom at certain times and not all the time we have sex.

Interviewer: Why is that?

Respondent: The reason is that, we use it daily, but not for all the rounds in the same night, he sometimes do not agree.

Respondent (male): There was a time when we were using it fast but we went slow in using it until we stopped using it at all.

Interviewer: In other words, now you are using nothing?

Respondent: We have a reason in doing that, which is that we are trusting each other, at first before we could learn more about each other in this relationship, for me it was difficult to go for sex without using condom but now, because I trust her, I no longer use it.

Summary of findings

- Despite relatively high contraceptive prevalence among young women, discontinuation and method switching were common
- The high social value of pregnancy complicated young women's evaluation of pregnancy
- Shifting ideas about when young women themselves want to become pregnant contributed to inconsistent contraceptive decision-making
- Perceived side effects led many young women to dismiss the idea of using contraception
- Local health services are a source of useful information about contraceptives, however they often are not utilized prior to pregnancy
- Dual method use to prevent HIV and pregnancy was rarely considered

Implications

- The profile of contraceptive use among young South African women works against effective pregnancy and HIV prevention
- While recent studies have raised concerns that hormonal contraceptive methods may increase HIV acquisition risk, these findings suggest that a lack of accurate, up to date information about appropriate contraceptive method use in HIV endemic settings may be equally problematic
- Expanding the range of methods used and promoting dual protection could help to reduce HIV incidence and unintended pregnancy in this setting
- Increasing access to local health services could improve the efficacy of such efforts

Thank you