Identifying Factors that Influence Pregnancy Intentions and Contraceptive Use:

Evidence from South Africa and Malawi

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Background

- Understanding women’s intentions for future childbearing is important to family planning and HIV prevention research and programs.

- Standard measures of pregnancy intentions are based on cognitive plans for pregnancy:
  - Assume women actively plan pregnancies.
  - Do not consider socio-economic factors that influence ability to plan pregnancies.
Study Goals

• To identify individual, partner, and societal level factors that influence desire for pregnancy and capacity to use contraception among women in Malawi and South Africa

• To guide the development of an improved measure of intentions
Methodology and Data

1. Literature review identified factors influencing pregnancy intentions

2. Primary data collection in 4 sites involved in socio-behavioral & community (SBC) research prior to FEM-PrEP trial
   - 16 FGDs with 113 women to assess normative attitudes towards pregnancy and contraceptive use
   - 86 semi-structured interviews to examine individual experiences with fertility and contraceptive decision-making

• Thematic analysis
  - Based on Social Ecological Theory
  - Reading/coding to identify emergent themes
  - Quantitative matrix to examine relationships between desire for children and known/emergent factors in 2 country contexts
## Country Context & Study Sample (SSIs)

<table>
<thead>
<tr>
<th></th>
<th>Malawi (n=40)</th>
<th>South Africa (n=46)</th>
<th>All (n=86)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age range</strong></td>
<td>18-35</td>
<td>18-46</td>
<td>18-46</td>
</tr>
<tr>
<td><strong>Average age</strong></td>
<td>25</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td><strong>Mean years education</strong></td>
<td>3</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>15%</td>
<td>84%</td>
<td>50%</td>
</tr>
<tr>
<td>Married</td>
<td>43%</td>
<td>9%</td>
<td>25%</td>
</tr>
<tr>
<td>Separated/divorced/widowed</td>
<td>40%</td>
<td>4%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Country similarities and differences:
- High HIV prevalence rates
- Differences in marital status and contraceptive use
Results: Pregnancy Intentions

- Planning for pregnancy uncommon
  - Almost half of SSI participants wanted a/another child in future
  - Only 4/86 women describe last pregnancy as planned
  - Planning against pregnancy slightly more common

“Now, I can say that I will have this number of children, but in the future it may not be like that. Maybe the number of children I give you today may exceed [the number I have]. I cannot tell you [about] what will happen in the future. There might be a change.”

-Malawian interview participant, married with one child
Strong Pro-Natalist Norms
Role of God
Definition Of Adulthood
Value of Children
Expectations Of Marriage
Infertility Concerns
Contraceptive Norms
HIV-Related Concerns

Relationship Status
Quality of Partnership
Decision-Making
Financial Influences

Family Size/Composition
Birth Spacing
Women’s age
Contraceptive Experience

Promoting pregnancy
Avoiding pregnancy

SOCIETAL
PARTNER
INDIVIDUAL
Societal Level Influences

– Expectations that all women have at least one child

“...really and truly, every woman would like to have a child, even if it is [just] one [child] like myself. I’m planning to have one child... it is important, so that ...when that child has grown he will look after you when you are elderly and you can no longer do things on your own ...”

- SA participant, unmarried with no children

– Concerns about contraceptive side effects and levels of effectiveness

– Fears of contraceptive-induced infertility influence attitudes towards appropriate time for contraceptive use

Women have more children than they want, “Because they fail to use family planning methods. There are some [women] who are afraid. I can be using the injectable and my friend can say ‘I’ve heard that the injection hurts’, or it causes backache or maybe [it] fail[s] to work. So, someone cannot go to get the injectable because of that. They end up just giving birth.”

- Malawian interview participant, unmarried with no children

– Societal norms regarding HIV and childbearing
Partner Level Influences

- Women have influence over contraceptive use and pregnancy, but partners – especially in marriage, had to be consulted

“The husband takes himself as the head of the house and always wants to lead. Whatever he says is final. Even when discussing about childbirth, he always wants to lead. That is why the views of women are not taken or considered, for they (men) think they (women) are fools.”

- Malawian interview participant, married with two children

- Women perceive the need to plan pregnancies based on financial resources they or their partners can provide

P10: A partner will be upset if a woman doesn’t become pregnant, that is if he wants to have a child. But nowadays our partners don’t care to have a child because the cost of living is too high and people are unemployed. Men are looking for women who will love and take care after them, nothing less and nothing more to that.

P05: It is up to a woman to become pregnant or not because she is the one will who carry that child.

- South African FGD participants
Individual Level Influences

- Family composition: number, age, and sex of children

“I am happy (to have two children) because when you look at them, you will see that each had enough time for herself because there is space between them. They were not born too close to each other. The first child had enough time before the second child was born.”

- Malawian interview participant, married with two children

- Individual contraceptive experiences, prominently side effects

When I was using prevention methods, I was not feeling comfortable. For 1 month ... no ... 1 year six months I did not have my menses, then I left them and after a long time my menses came back and they were normal.

- SA participant, unmarried (divorced)
Draft Pregnancy Intentions Measure

Certainty of Intentions
• The number of children I have already is enough for me.
• If I fell pregnant, I would accept it happily.

Partner and Other Influences
• My partner decides how many children we should have.
• I would become pregnant to keep my partner.
• God will decide if I become pregnant.
• Because of HIV, I’m afraid to get pregnant.

Contraceptive Use
• It is better to get pregnant than risk side effects from contraceptive use.

Economics
• I do not have enough money to have a child right now.
• My family will help support my children financially.

Planning for Pregnancy/ FP
• It is not possible for me to plan my pregnancy (pregnancies).
• I have the power to decide how many children I will have.
• Women should have children by choice. Not chance.
Knowledge Contribution

• This study reinforces idea that Pregnancy Intentions is a multi-factoral concept that may vary by individual and cultural context

• Additional research is needed to validate a multidimensional measure of pregnancy intentions, that:
  – Better differentiates women’s attitudes/preferences towards future pregnancy
  – Shows good predictive power

• Clinical research could use such a measure to either screen out women with ambiguous or positive intentions for pregnancy or provide them with additional support for contraceptive use

• Family planning programs could incorporate such information into counseling, to help women/couples balance concerns over FP use and desires to space or limit births
Thank-you!

For more information on helping to validate Pregnancy Intentions Measure, Contact:

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