Assessment of service availability and health care workers’ opinions about family planning for young women in Soweto, South Africa

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Young women, family planning, pregnancy in South Africa

- Contraceptive use (DHS 2003)
  - CPR in South Africa - 65%
    - Injection - 50% of current users
  - Contraceptive use among young women
    - 16% of sexually active 15-19-year-olds have never used a method, 11% of 20-24-year-olds

- In South Africa teenage fertility (resulting in a live birth) is
  - Comparable to many middle-income countries and
  - Lower than many other African countries, but
  - Occurs more frequently out-of-wedlock.
Young women, family planning, pregnancy in South Africa

- Media in South Africa have unfortunately portrayed teen pregnancy as a growing epidemic resulting from irresponsible behavior on the part of young women.

- Conflicting statistics regarding true magnitude and contributing factors, but there is cause for concern.

- 27% of women had had a child by age of 19 (DHS 2003)

- 2/3 of pregnancies reported by sexually active 15-24 year olds were reported to be unwanted (National household survey, Pettifor et al. 2005)
South African policy environment

- According to DOH contraception policy guidelines, *contraceptive method mix* at public clinics should include pills, male condoms, and injectables. IUDs and female condoms are less often available.

- **Abortion** (called Termination of Pregnancy (TOP)) is legal up to 12 weeks without restriction as to reason, from 13-20 weeks for liberal indications. Facilities must be designated.

- **2005 South African Children’s Act** allows ≥ 12 years old access healthcare services without parental consent.
Project overview

- **Objectives:** To explore...
  - Availability of SRH services for young women,
  - Health care workers’ opinions about young women’s sexual behavior and utilization of SRH services, and
  - The potential impact of health care workers’ opinions on service provision.
- **Timeline:** March-December 2009
- **Location:** 3 public clinics, Soweto, South Africa
- **Ethics approval:** University of the Witwatersrand, Allendale IRB
Methods: Facility-based assessments

- At each clinic, collected information on service availability, staffing, staff training, and other clinic policies through...
  - **In-person interviews** with facility managers or chief professional nurses
  - **Self-administered questionnaires** filled out by the interviewee or their designee
  - Semi-structured interviews with staff on opinions, knowledge, etc.
Results: Availability of SRH services

- Most policies in line with DOH guidelines
  - Reported contraception availability

- Potential conflict with DOH guidelines, policies
  - Certain services (contraception, TOP, and HIV counseling) reportedly offered only to 18+
  - One clinic reported charging for initiation of HIV treatment and two clinics reported charging for the female condom

- Problems related to staff knowledge of guidelines
  - Several staff in HIV, ANC departments not familiar with IUDs
  - One FP nurse never trained on IUD insertion
### Results: Interviews with clinic staff

<table>
<thead>
<tr>
<th>Clinic department</th>
<th>Clinic 1</th>
<th>Clinic 2</th>
<th>Clinic 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal</td>
<td>3/3</td>
<td>3/6</td>
<td>9/9</td>
<td>15/18</td>
</tr>
<tr>
<td>Family Planning</td>
<td>4/5</td>
<td>2/2</td>
<td>1/1</td>
<td>7/8</td>
</tr>
<tr>
<td>HIV</td>
<td>3/6</td>
<td>2/4</td>
<td>1/5</td>
<td>6/15</td>
</tr>
<tr>
<td>TOP</td>
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<td>1/4</td>
<td>N/A</td>
<td>1/4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10/14</strong></td>
<td><strong>8/16</strong></td>
<td><strong>11/15</strong></td>
<td><strong>29/45</strong></td>
</tr>
<tr>
<td>(* )</td>
<td>(71%)</td>
<td>(50%)</td>
<td>(73%)</td>
<td>(64%)</td>
</tr>
</tbody>
</table>

*Proportion of staff interviewed in each department, by clinic.*
Results: Health care workers’ opinions

- **Belief against sex before marriage:** Most health care workers believed young women should not have sex before marriage, due to religious reasons or the belief that young women are not capable of making decisions regarding sex.

“If you are not married why [is there any need to] use a condom?”

-HIV counselor, when asked if condoms were appropriate for young women
Results: Health care workers’ opinions

- **Belief that young women ignore information:** Many mentioned that young women ignore the information they receive from clinics, schools, or media about pregnancy, STI prevention, family planning, and abstinence

> “They just don’t care, they leave the condoms, being there, but information they know...when you ask them ‘now why don’t you condomize,’ they will just smile because they’ve got no good reason for not condomizing.”

- *Nurse, Antenatal care department*
Results: Health care workers’ opinions

- **Parent-child communication:** Concern about poor communication between young women and parents
- **Preference for contraceptive methods for young women:**
  - Almost half thought injectables best method
  - Most recognized importance of condoms for dual protection
- **Acknowledgement of outside factors:**
  - Poverty and gender inequality
  - “Culture” of submission in which young women cannot negotiate condom use because of reliance on men for money, food, and shelter
  - Lack of SRH information
TOP services: A few health care workers did not agree that young women should have access to TOP because it is a “sin,” but most supported access.

“I understand we are all human beings, sometimes we tend to use our own judgment and it affects other people... we are from different backgrounds, different religions, different cultures... sometimes they will use that 'why, why are you here for a TOP, don't you know that it's a sin?' ...It discourages some people and [they] end up [...] not coming for the service and [doing] something else, dangerous to them.”

-Social worker, HIV department
Conclusions

- Reported service availability in line with policy, some exceptions
- Some participants committed to providing comprehensive SRH services to adolescents, but not the majority
- Common belief that young women should not have sex before marriage
- Recognition that outside factors—not just individual choices—influence risk for pregnancy and HIV infection
- Potential for dialogue about non-judgmental services
- Need further research exploring:
  - Potential discrepancies with policies (fees, age-restrictions)
  - Health care worker beliefs that it is the parents’ job to talk to young people about sex
Recommendations for expanding SRH access

- Youth friendly services
  - Workshops with values clarification exercises, info on adolescent sexuality, communicating with and delivering SRH to young people (Ibis has developed this)
  - Ensure services provided to all young women over age 12 for free in public sector
- Expanded contraceptive mix and refresher courses on full range of contraceptive methods
- Address staff shortages regarding TOP
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