Rapid Assessment of Family Planning Attitudes, Beliefs, and Practices in Uthungulu District, KwaZulu-Natal Province, South Africa
RESEARCH AND EVALUATION REPORT

Rapid Assessment of Family Planning Attitudes, Beliefs, and Practices in Uthungulu District, KwaZulu-Natal Province, South Africa

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DISCLAIMER

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Acronyms and Abbreviations

DHIS District Health Information System
FP Family Planning
HCI USAID Health Care Improvement Project
IUCD Intrauterine Contraceptive Device
KZN KwaZulu-Natal Province
MDG Millennium Development Goal
NDOH National Department of Health
PHC Primary Health Care
URC University Research Co., LLC
USAID US Agency for International Department
WHO World Health Organization
Executive Summary

The USAID Health Care Improvement Project (HCI) has been assisting the National Department of Health (NDOH) and the KwaZulu-Natal Province (KZN) Department of Health to strengthen the health system to address a low contraceptive prevalence rate and a high number of teenage pregnancies. To inform program planning, HCI staff conducted a rapid assessment of family planning attitudes, beliefs and practices among a convenience sample of 400 community members between the ages of 14 and 45 years in Uthungulu District. The rapid assessment, conducted between January - April 2012, constituted a survey of family planning knowledge, attitudes, and practices in communities within Uthungulu District. Baseline assessment data from the DHIS for the period April 2011 – March 2012 was also included.

Key findings of the community baseline survey included:

- High rates of unplanned pregnancy: by age 35, 90% of respondents had been pregnant with 76% of the pregnancies unplanned.
- Despite high knowledge and comfort level with family planning services, with 64% of all respondents having visited a family planning service provider in the last three months, only 48% of the women in the study, mostly young, single, and educated, were using contraceptives (excluding condoms).
- Of respondents visiting a family planning service provider in the last three months, only half received a modern contraceptive method, representing a critical missed opportunity.
- Condoms and injectable contraceptives dominate the method mix, with 61% of respondents who visited a family planning provider receiving condoms, 40% receiving injectable contraceptives, and 7% receiving pills. The survey found very low use of intrauterine contraceptive devices (IUCDs).
- Adolescents require special attention: 15% have had experience with pregnancy, all unplanned. They are least likely to visit a health facility for family planning services, less comfortable using family planning services, and least likely to discuss family planning with their partner or spouse.
- Half of 19-25 year olds have had experience with pregnancy, 82% unplanned. They have a strong interest in information and services, being most likely to discuss family planning with their partner or spouse.
- Even among older age groups (aged 36-45), most pregnancies are unplanned despite high levels of comfort with visiting health facilities. However despite their reported comfort level, respondents in the older age group did not visit the health facility as frequently as those in other age groups and were also less likely to discuss family planning with their partner or spouse.

Based on the findings, the researchers recommend:

- Improving the quality of family planning care by expanding the contraceptive method mix, particularly to offer IUCDs, and strengthening health provider counseling.
- Developing a behavior communication strategy to reduce unplanned pregnancies among the different target groups.
- Improving and promoting family planning services for adolescents.
- Incorporating continuous quality improvement methodology in family planning programs to improve the method mix offered, ensure continuity of services and assess implementation progress.
1. Introduction

With PEPFAR funding through USAID/South Africa, the USAID Health Care Improvement Project (HCI) has been assisting the National Department of Health (NDOH) and provincial health departments to strengthen health systems to support provincial health priorities. KwaZulu-Natal Province (KZN) has prioritized family planning to address a low contraceptive prevalence rate and high number of teenage pregnancies. The 2003 Demographic Health Survey found KZN to have a modern contraceptive prevalence rate of 77% but the data quality was considered poor and the results questionable. A more recent situation analysis conducted as part of the strategic planning process for 2010-2014 found a low contraceptive coverage rate of 23% at the primary health care (PHC) level, pointing toward several missed opportunities.

A high proportion of pregnancies among teenage and young adult South African women are characterized as unplanned with the highest levels among unmarried women aged 14-18 years. In South Africa, more than one-third of women experience a first birth by age 19.5 years. Most first births occur to unmarried women, and contraceptive use often begins only after a first birth. In KZN, a quarter of teenage girls aged 15-19 years attended PHC clinics for pregnancy related conditions, and teenagers comprised 11.8% of clients utilizing family planning clinics.

The low level of family planning is made more critical given the high prevalence of HIV. The province of KwaZulu-Natal, in eastern South Africa, has the highest rate of HIV infection in South Africa at 39% in 2009, amongst antenatal women. The Minister of Health, Dr. AP Motsoaledi, has said “About one third of young South African women are HIV positive, and contraceptive provision and fertility advice must take this into account. Similarly, two-thirds of South Africa’s young women are HIV negative but are at risk of HIV infection, and their counseling and choices need to take issues related to risk and prevention into consideration.”

Guided by the Millennium Development Goals (MDGs) and the South African National Contraceptive Policy and Guidelines, the KwaZulu-Natal Provincial Department of Health developed a Provincial 5-Point Contraceptive Strategy to revitalize interest in the utilization of the family planning program and to increase contraceptive prevalence. The strategy’s 5 key priorities are to: 1) promote healthy timing and spacing of pregnancies by improving contraceptive awareness and access at health facilities and in the community; 2) improve contraceptive method mix; 3) promote integration of contraceptive services with other services; 4) improve health care provider training and mentoring on contraception; and 5) improve record keeping and monitoring and evaluation.

Uthungulu District is a largely rural district in KwaZulu-Natal. The district has a population of 972,856 and comprises of six local authority areas. According to data from the KZN Provincial Department of Health (March 2012), the contraceptive prevalence rate in Uthungulu is 19%. The preferred method is injectable contraceptives used by 78% of women using contraceptives, followed by the oral pill (22%). Of new acceptors, 6% were under 18 years of age.

The purpose of this study was to assess current family planning service delivery and the extent of unplanned pregnancies, and to identify attitudes and practices related to family planning. The baseline findings will be used to improve family planning services as part of national and provincial efforts to improve family planning services as part of national and provincial efforts to
reduce maternal and child mortality and monitor the impact of implementation of the FP programs within the province.

2. Methodology

A rapid assessment was done in January – April 2012 among community members living in Uthungulu District to ascertain the overall attitudes, beliefs, and practices related to family planning. HCI’s project coordinators in KwaZulu-Natal were trained by HCI’s national staff to conduct the interviews. The study used convenience sampling to identify 400 women and men between the ages of 14 and 45 years in the community. Respondents were recruited from various places such as clinics, shops, taxi stands, churches and the street. The respondents were asked about their childbearing history, knowledge and use of family planning services, and attitudes toward family planning.

Longitudinal baseline data on family planning service delivery was obtained from the Department of Health Information Systems for KwaZulu-Natal Province and Uthungulu District. Data elements collected included the numbers of female condoms distributed, male condoms distributed, family planning acceptors, IUCDs inserted, Medroxyprogesterone and Norethisterone injections provided, oral pill cycles distributed, and male and female sterilizations performed.

3. Community Survey Findings

Demographic characteristics of respondents

Of the 400 respondents, 263 (66%) were female and 137 (34%) were male. Most (84%) respondents were single; 14% were married; the rest were divorced, separated, or widowed.

Almost half of respondents (42%) were between the ages of 26 and 35; 35% were age 19-25 years, 14% were between age 36-45, and 8% were adolescents age 14-18.

Educational status ranged from 1% with no schooling, 15% with some primary school education, 20% with secondary education, 51% who had attended high school (grades 11 – 12), and 13% with post-matric qualifications.

Respondents were almost evenly split between those who were employed (48%) and those who were unemployed (51.7%).

Almost all (98%) were African. In addition there were four Indians and three whites. The majority of respondents were Christian (76%). A fifth (19%) had traditional beliefs and 4% were non-religious.

Pregnancy

Three quarters (75%) of all respondents had ever been pregnant or had impregnated someone. Of female respondents, approximately three quarters (78%) had been pregnant. Slightly fewer men (69%) had impregnated someone.
Almost all respondents (98%) over age 36 and 90% of respondents between 26-35 years had been pregnant or impregnated someone, compared to 61% of respondents age 19-25 years and 15% of respondents age 14-18 years. (Figure 1).

Respondents with the lowest levels of education reported the highest level of pregnancy (100%) and those with grade 11 - 12 education the lowest levels of pregnancy (68%) (Figure 2).

The proportion reporting pregnancy by religion did not differ significantly: 73% of Christians, 82% of traditional believers, and 75% of non-religious respondents.

### Unplanned pregnancy
Most of the pregnancies (74%) had been unplanned. The experience was more common among the younger age categories: 100% of pregnancies among 14-18 year olds were unplanned and 82% among 19-25 year olds. However, unplanned pregnancies were also common among the older age groups: 76% of pregnancies among 26-35 year olds were unplanned and 53% among 36-45 year olds. (Figure 3).

Unplanned pregnancy was more common among single respondents, of whom over half (58%) had experienced an unplanned pregnancy. Of married respondents, only 37% had had an unplanned pregnancy.

### Knowledge of family planning
Almost all (98%) of respondents said they had heard of or were aware of the benefits of family planning services in planning and/or preventing pregnancies and knew where to obtain family planning methods and advice. The age group 19-25 years had the highest proportion (99%) who knew about family planning. The least amount of knowledge was among adolescents; although even among this group, almost all (94%) had heard of the services available.
The most common source of family planning knowledge was the health department (hospitals, clinics, and community health clinics) reported by 78% of respondents. Half had received information from a family member or friend, 43% from the radio, and 18% from television.

**Use of family planning services**

Sixty-four percent of respondents had visited a public health facility, private clinic, or pharmacy to obtain contraceptives or other family planning, sexual and reproductive health services in the last three months. More women than men had obtained services (41% of women versus 26% of men). Half of married respondents (50%) and two-thirds of single respondents (66%) had used family planning services in the last three months.

Respondents age 19-25 years were the most active visitors, with 71% in the age group reporting a visit (Figure 4). Among the youngest group, 14-18 years, only 12% had visited a facility.

The proportion of single respondents who used family planning services was higher than the proportion of married respondents (66% versus 50% respectively).

Respondents with fewer years of education were less likely to have visited a facility for family planning during the past three months, while the respondents with high school education (but not further) were the most likely to visit a PHC clinic (Figure 5).

**Choice of method**

Of those who had made a family planning visit during the last three months, 61% received condoms. Forty percent received an injection, 7% pills, and 4% were sterilized. None had received an IUCD (Figure 6). This data is similar to the DHIS data for August 2011, where injectables predominated the method mix (11,538 clients), followed by oral pills (3,199 pill cycles distributed), and IUCDs (4 insertions). 266, 609 male condoms were distributed during this period and 5,417 female.

Most respondents (86%) said they used family planning to space and time their pregnancies. Many (63%) also used family planning to improve their health. A few (5%) used family planning to limit births, stating that they had achieved their desired family size. Among
participants who indicated that they have never used contraceptives (pills or injectables), the primary reason provided was the fear of side effects.

**Quality of family planning services**

Of those who had obtained family planning services recently, 89% reported that services were accessible in terms of time, cost, and transport. Most (88%) said that services were friendly and comfortable and the staff were friendly, helpful and treated them well. Almost all (91%) were satisfied with the choice of methods available.

Among people not visiting a health facility for family planning during the last three months, the main reason was abstinence or because they were not interested (39.6%). 7% claimed that their partner was opposed to using family planning methods. Seventeen percent wanted a child, 10% quoted health reasons, and 7% said they lacked knowledge. 10.5% cited religious or cultural factors and 7% had partners who were already using contraceptives.

Among all respondents, most (77%) were comfortable going to their local health facility for family planning. Comfort level was related to age: respondents in the 26-35 year age group were most comfortable (85%), compared to 79% among 19-25 year olds and only 30% of 14-18 year olds. At the same time, comfort decreased in the 36-45 year age group to 73%. Of the respondents who gave a reason for their discomfort, the main reason was that they had a family member working at the clinic.

A third (36%) of respondents chose not to answer the question, which may indicate that either they had not used the services or they were not satisfied with the services.

**Attitudes towards family planning**

Just over half of respondents (60%) had discussed family planning with their partner or spouse. Respondents aged 19-25 years were most likely to discuss family planning, while those in the youngest age category were least likely to have had these discussions with their partner or spouse (Figure 7). Single respondents were more likely to have discussed family planning (64%) compared to married respondents (43%).

Men were slightly more likely to report having discussed family planning compared to women (66% vs. 57% respectively). Respondents who were employed discussed family planning slightly more than those who were not (62% vs. 58% respectively). Educational status did not seem to have any impact on whether respondents discussed family planning with partners or spouses.

Of the 398 respondents answering the question about family planning education in schools, 94% were supportive and 6% were opposed. The main reason for opposing family planning education in schools was fear that children would misbehave and have many sexual partners.

**4. Family Planning Program Baseline Data (April 2011 – March 2012)**

Data from the KZN Provincial Department Health Information Systems was obtained for the period April 2011 through March 2012. This revealed a marginal uptake of FP services in Uthungulu District, with an average of around 38,000 FP acceptors per quarter. The majority of these FP acceptors were women, who opted for injectable contraceptives. Examination of IUCD data revealed a bleak picture, with a total of 80 IUCDs being inserted over the entire 12-month period. The data obtained was in
line with community attitudes and practices towards FP and confirmed the urgent need to develop strategies to enhance FP program implementation in the district.

5. Discussion

The high level of unplanned pregnancies, including half of pregnancies among 36-45 year olds is worrisome and suggests that close attention must be paid to the need for family planning and the barriers preventing women and men from using contraceptives and causing a discontinuation of use. Of the 263 women in the study, mostly young, single, and educated, only 48% were using contraceptives (excluding condoms). The study found that knowledge of where to obtain services is high, as is the comfort level and perceived quality of services and that 64% of all respondents had visited a family planning service provider in the last three months, suggesting the challenge of unplanned pregnancies may be on the supply side.

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Of respondents visiting a family planning service provider, only half received a modern contraceptive method (injectable, pill, sterilization, or IUCD). This highlights a missed opportunity and an area for further research: why are only half of family planning clients receiving contraceptives? Further research is also needed on the quality of family planning counseling, particularly as health facilities are the major source of information for study respondents. Ensuring high-quality interpersonal counseling during the provider-patient interaction is critical.

There is a strong dependence on condoms and injectables. Sixty-one percent of clients received condoms, which have only an 85% effectiveness in preventing pregnancy as commonly used. Forty percent received injectables, 7% pills, and 4% were sterilized - all of which have over 90% effectiveness. Further research is needed to identify whether the reliance on injectables is due to client or provider preferences, and to guide strategies for expanding the uptake of other methods and use of dual methods. Research is also needed on the extent and the reasons for discontinuation which may contribute strongly to the high rate of unplanned pregnancies.

Just over one in six adolescents (15%) have had experience with pregnancy. All their pregnancies are unplanned, they are the least likely to visit a health facility for family planning services, less comfortable using family planning services, and least likely to discuss family planning with their partner or spouse, particularly if they are women. This suggests a strong need for increased attention to this age group, preparing them for cases in which abstinence is not possible.

Over half of the age group 19-25 years has experienced a pregnancy, with 82% of the pregnancies being unplanned. However, they are most likely to discuss family planning with their partner or spouse and to visit a health facility, providing a strong window of opportunity to increase family planning among this group. Potential reasons for the high rate of unplanned pregnancies can be low use of contraceptives (whether they have been received from a family planning service provider or not), ineffective use of a method, or discontinuation due to side effects or other reasons.

Even among the older age groups, most pregnancies are unplanned despite high levels of comfort with visiting health facilities: 76% of pregnancies among the 26-35 year olds and 53% among those above 36 years are unplanned. The older age group (36+ years) does not visit the health facility as frequently and is also less likely to discuss family planning with their partner or spouse. Further research is needed to identify the barriers to use of family planning services for this age group as well as those between 26-35 years.

The level of education of a respondent was correlated with their experience having been pregnant, with all respondents with no schooling having reported a pregnancy and that number declining amongst respondents with a grade 11 or 12 education. Interestingly, the most highly educated group, post matriculation, had slightly more pregnancies (14.1) and was less likely to visit a health facility for family

planning services. These findings could have been influenced by the small sample size (i.e., only five respondents with no schooling).

6. Recommendations

- Improve the quality of family planning care by expanding the contraceptive method mix, particularly to offer IUCDs, and strengthening health provider counseling. Counseling should not only discuss the availability of methods and their potential side effects, but also encourage couples to use dual protection. Further research is needed on the barriers to uptake of methods other than injectable contraceptives.

- Develop a behavior communication strategy to reduce unplanned pregnancies among the different target groups: adolescent boys and girls, young women and men, and women and men in their 30s who have had at least one child. Key channels identified by the study include health provider counseling and mass media, but further research is needed to pinpoint the channels preferred by various target groups. Clients interested in family planning should be encouraged to ask about the variety of methods available and not walk away without a method. Communication should clarify the frequency of side effects, a key barrier to family planning adoption. It could also highlight couples already discussing family planning as a form of positive deviance.

- Improve and promote family planning services for adolescents. Communication channels and barriers to family planning adoption specific to this group should be identified through further research. Family planning education in schools receives significant community support, and seems a potential approach to reaching adolescents.

- Incorporate continuous quality improvement methodology in FP programs, in order to ensure continuity of services and assess implementation progress. There is also a critical need to gauge gaps in quality of services and develop immediate problem-solving strategies for all staff at PHC facilities.