

Health Systems Research Unit
& Office of AIDS and TB Research

Research Briefs

“I will find the best method that will work for me”:
Navigating contraceptive journeys amongst South African adolescent girls and young women

SUMMARY

- South Africa has one of the highest rates of pregnancy amongst adolescent girls and young women (AGYW) globally
- Pregnancy prevention involves an on-going continuum of decision-making around contraceptive method choice, uptake, use, experience, continuation, and discontinuation.
- This paper presents analysis of data from a cross-sectional survey with 2376 AGYW, as well as qualitative in-depth interviews (IDIs) with 54 AGYW
- We examined preferences, valued characteristics, choices, beliefs, understandings and experiences of choosing and using contraceptives amongst AGYW in two South African communities characterised by high rates of pregnancy.
- Survey findings showed that:
 - The injection was considered the best method, followed by the implant and the pill.
 - More than a third of AGYW expressed safety concerns around contraceptives, with only 45% believing the injection was safe, 37% believing the pill was safe, and only 30% believing the implant was safe
- Qualitative findings showed that:
 - Convenience was considered an important characteristic of long-acting contraceptive methods

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- Perceived negative attributes of a contraceptive method included being inconvenient, having to take a pill daily, having to go to the clinic regularly, having a foreign object inserted in your body, and having something 'inserted/removed' by a healthcare provider.
- Findings illustrate the complexity and dynamic nature of contraceptive decision-making and the varied embodied and lived experiences of contraceptive use, and how these are impacted by contraception service provision.
- Contraception experiences of each individual are cumulative, and comprise a continuum of method initiation, use, discontinuation, method switching and on-going circular decision-making influenced by multiple social, structural, contextual and interpersonal factors, combined with shifting preferences, values and needs.
- To maximise the use of contraceptives amongst South African AGYW, it is necessary to provide responsive contraception service provision to reflect the changing contexts, needs and preferences of users, in order to ensure that pregnancy prevention needs are catered for throughout their reproductive life course.

THE ISSUE / CONTEXT / SCOPE OF PROBLEM

- South African national data suggests that 'unmet need' for contraceptives among youth under 25 years old is around 30%
- In theory, South African AGYW aged 12 years and upwards, are able to access a wide range of contraceptives – but evidence suggests that AGYW are rarely provided with comprehensive counselling and information about all the contraceptive methods available, and details on their respective side effects and mechanisms of action
- Existing research has focused on uptake of contraceptives & reducing barriers to access – but research is needed to explore the continuum of uptake, use, and discontinuation, and on-going decision-making around pregnancy prevention, as well as the social, structural, contextual and interpersonal factors that influence decision-making over the reproductive life course
- The term 'contraceptive journey' is used to recognise that contraceptive use is not a once-off intervention, but rather an on-going iterative process of decision-making and embodied experience that plays out over several decades in the life of a person with reproductive capacity

South Africa has one of the highest rates of pregnancy amongst adolescent girls and young women (AGYW) globally.

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RESEARCH OVERVIEW

- This study examined the preferences, valued characteristics, choices, understandings and experiences of choosing and using contraceptives amongst AGYW in two South African communities characterised by high rates of pregnancy
- We conducted a mixed-methods study comprising a quantitative survey and qualitative interviews that formed the pre-intervention component of a study evaluating a combination SRH intervention for AGYW in South Africa:
 - A cross-sectional baseline survey was conducted amongst 2376 AGYW aged 13-23
 - In-depth qualitative interviews (IDIs) were conducted with 54 AGYW aged 15-24
- Data was collected in six schools in Moretele in the North West (NW) province and eight schools in Newcastle in KwaZulu-Natal (KZN)

WHAT WE FOUND

Quantitative Findings

- AGYW views on safety of contraceptive methods:
 - Less than half of all participants thought that the injection was safe to use (45.2%), the pill was safe to use (36.9%) and the implant was safe to use (30.1%).
 - The injection was viewed as the best method to prevent pregnancy (61.6%) compared to the implant (46.2%) and pill (42.1%).
 - Although the injection was viewed as the safest of the three modern contraceptives and the best way to prevent pregnancy, more than half of participants believed that the injection makes your body change in unpleasant ways (53.2%); similarly, 32.1% of participants reported that the implant causes irregular bleeding and 28.2% of participants reported that the pill makes your body change in unpleasant ways.
- AGYW use of Contraceptive methods:
 - Of the 2 376 survey respondents, only 21.3% (n=507) reported that they had ever used a modern contraceptive method



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In theory, South African AGYW aged 12 years and upwards, are able to access a wide range of contraceptive.

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- Of these 507 AGYW who had ever used a modern contraceptive method:
- 50.3% of participants reported that the health worker checked whether they were happy with the contraceptive method that they had been using.
- Most AGYW (68.2%) reported that they had been told about the injection, 53.1% were told about the implant, 43.2% were told about the pill, 30.2% were told about condoms, and very few participants were told about the IUD (5.7%) and emergency contraception (5.5%).
- Most AGYW (71.8%) were asked which contraceptive method they would like most, while 22.9% reported that they were steered or pushed towards a specific contraceptive method.
- Among AGYW who reported that they were steered or pushed towards a specific method (n=116), 58.6% reported that they were steered or pushed towards the injection, 29.3% were steered towards the implant, 5.2% were steered towards condoms and 4.3% were steered towards the pill.

Quantitative Findings

Contraceptive Method Preferences

- Respondents cited key concerns that AGYW have relating to contraceptive methods:
 - Since AGYW tend to be busy and forgetful, remembering to take a pill every day can be challenging
 - Taking a daily pill may lead others to mistakenly assume it was HIV treatment causing concerns of anticipated stigma.
 - Methods requiring frequent clinic visits were viewed negatively, considered to be onerous, time consuming, and carrying the risk of being seen or judged.
 - Changes or disruptions to the menstrual cycle or menstrual bleeding were a key concern
 - In many cases AGYW stopped using contraceptives due to embodied experiences, and feared side effects.
- For AGYW, perceived attractive attributes of a contraceptive method included:
 - A method being long-lasting, which means not having to go to a clinic regularly

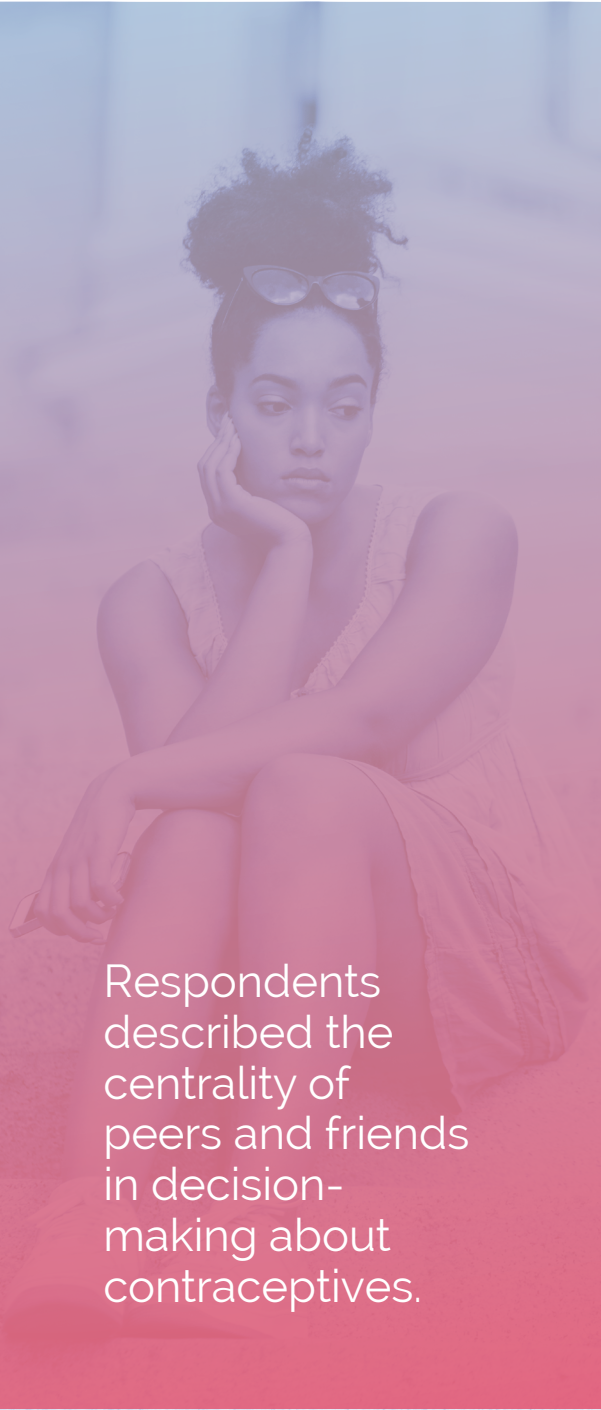
In many cases AGYW stopped using contraceptives due to embodied experiences, and feared side effects.

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- A method being accessible at a pharmacy instead of a clinic, or not requiring a health professional's intervention, were also regarded positively.
- Familiarity with drug delivery mechanisms was also an attractive factor, with injections and oral tablets regarded as more familiar than subcutaneous implants
- Despite the general popularity of implants and injections, participants in qualitative interviews cited feared side effects of long-acting contraceptive methods, most notably concerns around long-term infertility, changes to the menstrual cycle, and headaches
- Qualitative data revealed the belief that it was beneficial to take a break from specific methods, to allow the body to 'detox' from the chemicals
- Method efficacy was viewed as an important attribute by AGYW respondents, citing the 'strength' of a method as a consideration

Contraceptive Decision Making

- Contraceptive journey narratives described the way in which AGYW choose, use, discontinue and switch contraceptive methods, illustrating the complexity of shifting needs and preferences of AGYW based on changes in relationships, pregnancy intentions, experienced/perceived side effects, challenges accessing or using contraceptive services, and beliefs about needing to take breaks from contraceptives.
- Respondents described the centrality of peers and friends in decision-making about contraceptives. AGYW do also consider the advice of healthcare providers, however, they sometimes felt that their agency was constrained by healthcare providers in cases where their preferences were not considered or respected.
- Some respondents described ways in which they agency had been constrained by healthcare providers who failed to provide them with choices to choose, discontinue or switch methods, as well as failing to provide comprehensive explanations about possible side effects.



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CONCLUSIONS

- Contraceptive users require guidance from healthcare providers, who can assist them in exploring their individual values and preferences, but in the end desire agency in making a final informed decision of which method to use.
- Contraceptive journeys are complex and dynamic, and do not follow a linear process of decision-making and use.
- Unlike many other health interventions, pregnancy prevention is an on-going iterative process of decision-making, subject to influence by a multitude of factors and actors, that shift and change throughout the multiple decades of the reproductive life course.
- The contraceptive experiences of each individual are cumulative, temporal, and comprise a continuum of identification of need, method choice, initiation, use, discontinuation, method switching and on-going circular decision-making influenced by a wide range of factors.

IMPLICATIONS FOR PRACTICE

- In South Africa there is a need to improve the responsiveness of contraceptive service provision in order to ensure that the changing contexts, needs and preferences of users are considered, so that pregnancy prevention needs are met.
- In order to maximise the use of contraceptives amongst South African AGYW, it is necessary to provide a range of method options, and comprehensive information about each, so that users can make informed decisions to choose and use the method that best suits their needs, preferences, lived reality and experiences at that moment in their life.
- Healthcare providers play a critical role in providing comprehensive contraceptive counselling and information, to support contraceptive decision-making and encourage method continuation or switching.
- The provision of contraceptive counselling based on the reproductive justice framework is imperative in order to ensure equitable access to contraceptive methods for all AGYW who wish to prevent pregnancy.

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