

CHAPTER 5

Conclusions, limitations and recommendations of the study

5.1 INTRODUCTION

Chapter 5 concludes the findings of the study of contraceptive challenges as experienced by women who requested TOPs according to the CTOP Act (no 92 of 1996) in the Gert Sibande District (Mpumalanga Province). In this chapter the objectives and assumptions will be correlated with the obtained results to determine relationships. Limitations will be identified. Recommendations arising from this study will be provided for helping women to meet challenges which might prevent them from using contraceptives. Recommendations will also be provided for future research in related fields.

5.2 OBJECTIVES

The first objective aimed to identify whether contraceptive challenges existed before contraceptive use could be initiated by the women who participated in this research. Results obtained with reference to the first objective revealed the following:

- **Sexuality education**

More than 50,0% of these women received information on menstruation, sex, contraception and conception. This information was received mainly when these women were between the ages of 15 and 17 (table 4.4). The main source of information was the mother (49,1%) and the institution mainly involved in providing this information was the home (69,1%) (tables 4.4 and 4.5 respectively). Less

than 50,0% of these women did not receive information about sexuality issues. It was therefore concluded that the majority of the respondents received education on sexuality issues.

- **Contraceptive knowledge**

Several methods of contraception were mentioned by these women, 96,3% knew about injectable contraceptives, 94,5% knew about pills, 65,4% were familiar with male condoms, while only 49,0% knew about female condoms, 27,0% knew about emergency contraceptives and 9,9% knew about VSS (figure 4.8). The majority of women did not know about emergency contraceptives, and those who did were aware of friends who had used it. Out of the 55 participants, only six knew that oral contraceptives could be used as emergency contraceptives (figure 4.10).

Most women knew about hormonal contraceptives, but few women knew about other methods of contraception. The majority of women did not know about emergency contraceptives. In order for emergency contraceptives to be better known, the communities need to know about this method and the media can also help to disseminate information in this regard.

- **Gender issues**

Gender did not appear to be a challenge to contraceptive use, a majority of these women did not require anybody's permission to use contraceptives (78,0%). As many as 73,0% believed it was their right to decide on the number of children they wanted, and their partners had no right to decide whether they could use contraceptives or not (74,5%) (figure 4.12). Only 12 out of the 55 women needed permission to use contraceptives, most (67,0%) required such permission from their partners (table 4.8). Most of these women were not negatively influenced by gender issues in using contraceptives.

- **Accessibility to contraceptives**

Almost all of these women could access a contraceptive service (96,4%; n = 53) (figure 4.13), mostly at permanent clinics (65,5%; n = 36) (figure 4.9). Most women travelled a distance ranging from 1 to 5 kilometers to reach family planning clinics (figure 4.14). As many as 85,5% (n = 47) of the women could not access contraceptive services over weekends, and 50,9% (n = 28) could not access it during their lunch times (figure 4.15).

Although most women who requested TOPs at the Bethal Hospital could access contraceptive services, they could not do so over weekends nor during lunch breaks.

- **Socio-economic status**

A majority (78,2%) of these women were unemployed (58,2%) or students (20,0%). All those who were employed, earned less than R1 000,00 per month. Women who requested TOPs at Bethal Hospital were mainly from poor socio-economic backgrounds.

- **Level of education**

The majority had some educational ranging between grades 8 and 12. It was only 7,3% (n = 4) of these women who had no education at all (figure 4.1).

- **Culture**

The sample consisted of 90,9% of Black women and only 9,1% were Whites. According to Ehlers (1999:55) in most African cultures once a man has paid "lobola" most women loose decision-making powers over their reproductive rights. Chimere-Dan (1997:18) stated that some women in African cultures use their fertility to be accepted by the partners even though they were not married. It was only 21,8% (n = 12) of the women who required permission to use contraceptives, but out of this limited

number, 50,0% (n = 6) of them required permission from their partners, and 16,7% (n = 2) required it from their husbands (table 4.8).

- **Utilisation of contraceptives**

Prior to their current pregnancies, 85,5% (n = 47) of these women used contraceptives. The method that was mostly used was the injectable contraceptive by 58,2% (n = 32) followed by pills by 41,8% (n = 23), male condoms by 14,5% (n = 8), IUCDs by 3,6% (n = 2), then the female condom by 1,8% (n = 1) (figure 4.16, table 4.11). A majority of these women experienced problems with the methods they used or encountered some side-effects (68,1%; n = 32). The majority of women previously used contraceptives, but most of them experienced some side-effects (figures 4.16 and 4.17).

- **Counselling about contraceptives**

Contraceptives were mainly obtained at the clinics (93,3%; n = 44) (figure 4.18)). Only 25 (53,2%) of these women received information about available contraceptives (figure 4.19) and 59,6% (n = 28) were allowed to choose a method. A number of women (55,3%; n = 26) were told how their methods of contraceptive functioned, but not about the anticipated side-effect (68,0%; n = 32), nor what to do should side-effects be experienced (78,8; n = 37%). Counselling should also address how each method functions, the possible anticipated side-effects and measures to take should side-effects be experienced.

- **Attitudes and perceptions on contraceptives**

As many as 85,1% (n = 40) of these women would recommend a method of contraception to somebody else (figure 4.20). A method that was mostly preferred was the injectable contraceptive,

followed by male condoms, pills and IUCDs (table 4.13). Thus most of these women had positive attitudes about contraceptives and were willing to recommend their use to other women.

- **Lack of contraceptive resources and contraceptive providers**

Contraceptive services were regarded as being very busy by 51,1% (n = 24) (table 4.14) of these women, and the staff was viewed as being inadequate by 51,1% (n = 24) (figure 4.22). Many women (59,6%; n = 28) waited for less than 30 minutes to be helped at their contraceptive services, 95,7% (n = 45) of these women had privacy when they received their contraceptives (section 4.11.4). Although contraceptive services were perceived to be very busy and the staff too few, women reportedly did not wait long to receive contraceptives and they had privacy when doing so.

- **Attitudes of the contraceptive providers**

A majority of these women perceived the contraceptive providers to be friendly (61,7%; n = 29) and approachable (48,9%; n = 23). Only 14,8% (n = 7) of the women reported their contraceptive providers to be never approachable and 6,5% (n = 3) said the providers were aggressive (figure 4.21). Contraceptive providers were perceived to be friendly and approachable although the majority of women reported their providers to be non-approachable and aggressive.

Objective 3 was to outline initiatives that could be used to address contraceptive challenges, enabling more women to use contraceptives effectively, resulting in fewer women seeking TOP services.

Proposed initiatives are:

- The community has to be taught about the availability and actions of contraceptives and of emergency contraceptives.

- Women should be empowered about their rights in general and their reproductive rights in particular so that they can use contraceptives more effectively, thereby reducing the number of TOPs to be performed.
- Availability of contraceptives should be improved by making them more available over weekends and over lunch periods.
- Contraceptives should be available at all times at all clinics, not only at specific times and/or days.
- After a woman has been told about the available contraceptive methods, she should be allowed to choose her own method. Then method specific counselling should be done, whereby a woman will be told about the anticipated side-effect(s), and what to do if side-effects should be experienced.
- More staff is required to render contraceptive services.
- Nurses providing contraceptives at clinics should be friendly, supportive and approachable at all times.

5.3 ASSUMPTIONS

Assumptions were correlated with the results obtained.

- Poor or no sexuality education on basic reproductive anatomy, physiology conception and contraception can lead to poor or no contraceptive use. This was the case in this study, most women in this study received one or other form of sexuality education and a majority (85,5%; n = 47) also used contraceptives prior to the pregnancy which they requested to be terminated.
- Women's poor socio-economic status and lack of education result in poor use or no use of contraceptives. Women in this study were from poor socio-economic backgrounds which could explain the poor or ineffective use of contraceptives. However, their educational status ranged mostly from grades 8 to 12, indicating that most of them had acquired sufficient education to comprehend the actions of contraceptives.

- Inaccessibility of contraceptive services, in terms of working hours can negatively hamper effective contraceptive use. This was found to be the case because most of these women could not access contraceptive services over weekends nor during lunch periods.
- Inadequate or no counselling provided about the method of choice can negatively influence continuing contraceptive use. Inadequate counselling was observed as a challenge experienced by these women, where most of them were not told how each method worked, nor about the anticipated side-effect nor what to do should side-effects be experienced.
- Side-effects experienced during the use of contraceptives could lead to discontinuation of the method. A majority of women reportedly experienced problems with their methods of contraception, did not know where to find help and discontinued using contraceptives.
- Lack of relevant equipment and resources for proper contraceptive provision negatively influence contraceptive provision. Most of the women in this study reported that their contraceptive services were very busy and that the staff at their services was not enough. More staff was required. However, the women's overall reported impressions of their contraceptive providers were that they were friendly and approachable. Most women received services in privacy. Nevertheless a few respondents indicated that staff members were rude.

5.4 LIMITATIONS IDENTIFIED DURING THIS STUDY

- The sample of this study constituted pregnant women, who requested TOPs in Bethal Hospital (Gert Sibande District). Obtaining information from pregnant women was difficult, because being pregnant, and requesting TOPs, put these women in difficult emotional and psychological states.
- The type of information that was required by the structured interview schedule was private and confidential, so great care had to be exercised not to intrude persons' privacy. Careful explanations were provided about the purpose of the study.
- The study was conducted in a hospital setting where the clients could find it difficult to relax.

- In attempting to deal with their own failures to use freely available contraceptives, these women might have resorted to some underreporting and/or overreporting of specific issues addressed in the structured interview schedule.
- A larger sample could not be obtained, because much of the time scheduled for collecting data was spent in efforts to obtain the required provincial permission at different levels to conduct the study.
- The study was only conducted on women requesting TOPs, indicating the failure of contraceptive use. It is not known whether non-pregnant women using contraceptives in the Gert Sibande District encountered similar and/or different challenges.

5.5 RECOMMENDATIONS ARISING FROM THE STUDY

Effective use of contraceptives has the potential to improve not only the lives of men, women and children, but also the lives of their families and communities. The following recommendations, if implemented, could enhance women's effective use of contraceptives.

- Community workshops can be provided through intersectional collaboration of different stakeholders, including the church, health department, education department, social services, relevant non-governmental organisations to empower parents about the sexuality education their children need to receive from them.
- Youth centres should be identified where adolescents can become empowered about life skills, including their rights to decide about the use of contraceptives.
- A provincial or district toll free number should become available where youth and adults can obtain any required sexuality information.
- Contraceptive services should be made accessible over weekends and during lunch breaks.
- Contraceptive provision should not be allocated to a specific day, it should be provided concurrently with all PHC services at all PHC clinics.
- Contraceptive providers should receive regular in-service education sessions.

- Peer reviews (audits) should be done to evaluate the staff's provision of contraceptive services.
- Contraceptive committees could be formulated whereby all contraceptive providers can meet monthly to discuss problems experienced and to update each other on the latest developments in contraceptive provision.
- Strategies should be devised to ensure that the available human resource and material resources are used to the maximum to avoid overcrowding at the clinics and staff burnout.

5.6 RECOMMENDATIONS FOR FUTURE RESEARCH

While conducting the research and compiling the dissertation, it became apparent that further research is required about:

- Women's contraceptive knowledge, attitudes and perceptions on different contraceptives.
- The extent of the impact of side-effects on proper contraceptive use.
- The major use of hormonal contraceptives and apparent under-utilisation of other contraceptive methods.
- Attitudes and perceptions about female condoms.
- The providers' knowledge and attitudes about emergency contraceptives.
- The users' views about emergency contraceptives.
- The financial implications of performing TOPs on the health care services.
- An investigation on long-term psychological and emotional implications of TOPs on specific women.

5.7 CONCLUSION

Contraceptives in South Africa are available free of charge in the public sector. Women who requested TOPs in Bethal Hospital experienced challenges which impacted negatively on their effective use of

contraceptives. These challenges could be experienced prior to the use of contraceptives, such as low socio-economic status. Gender was also an influence but only to a limited extent in terms of accessibility. They could not access contraceptives over weekends nor during lunch breaks. They did not experience challenges in terms of educational status, nor concerning their knowledge about different contraceptives. Their contraceptive services were reportedly accessible in terms of the travelling distances. These women also received some form of sexuality education.

Challenges that women could experience during contraceptive use included counselling which was not done properly. These women were not told about the anticipated side-effects nor what to do if side-effects were experienced. The contraceptive services were very busy and the staff available was not enough. More staff was required. Most women reported experiencing side-effects with the methods they were using. The women's attitudes and perceptions about using contraceptives were positive. Most of these women reportedly requested TOPs, for the first time, and were willing to use contraceptives after their TOPs. The preferred method was the injectable contraceptive. Most of these women were not willing to consider another TOP.

Finally it became evident that these women's knowledge about and access to free contraceptive services did not enable them to avoid unwanted pregnancies. These women could be helped to use contraceptives more effectively if they could access contraceptive services over weekends and especially during their lunch breaks. The major obstacle to their effective use of contraceptives appeared to be the women's lack of understanding about contraceptives' side-effects. Their reported inability to cope with these side-effects, caused them to discontinue using contraceptives, ending up with unwanted pregnancies and requests for TOPs.

If PHC nurses in the Gert Sibande District of the Mpumalanga Province could succeed in teaching women about contraceptives' side-effects and in helping women to cope with these side-effects, then the demand for TOPs in this district might decline. In this way nurses could help to save money to the

health services (by reducing the number of TOPs) and enhance women's quality of life as well as women's basic freedom to decide whether or not they would become mothers.

"Despite the difficulties in interpreting the relationship between abortion, contraceptive use and fertility, quantifying levels of abortion, even in approximate terms, is essential for determining women's access to and use of contraceptives and family planning services" (Singh & Sedgh 1997:4).