

The HERStory Series

Access, use, and perceptions of
contraception services among
adolescent girls and young
women in South Africa

SUMMARY

- Adolescent girls and young women (AGYW) have high unmet need for contraceptives, particularly in sub-Saharan Africa (SSA).
- In South Africa, about one in five women of reproductive age (15–49 years) have an unmet need for contraception, and among AGYW, there is an even higher unmet need (31% among adolescent girls aged 15–19 and 28% among young women aged 20–24 years).
- The high unmet need for contraception among AGYW contributes to teenage pregnancy rates which are decreasing at a slower rate in South Africa compared to other developing countries.
- Adolescent pregnancy is associated with poor health, educational, social, and economic outcomes.
- To reduce the unmet need for contraceptives and improve contraceptive uptake among AGYW, there is a need for accelerated efforts to improve the availability and accessibility of sexual and reproductive health (SRH) services for AGYW.
- Accessibility and use of these services depend on the capacity of the health systems within which these services are delivered.

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These research briefs were developed by scientists at the South African Medical Research Council's Health Systems Research Unit to share findings from studies conducted by the organisation.

For more information on this study and to see published papers and other research briefs in the series:

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- It is critical to ensure that contraception services for AGYW are aligned with their behaviours, preferences, as well as their reproductive intentions.
- We investigated whether AGYW's participation in a combination HIV-prevention programme was associated with accessing and using contraceptives, and we explored AGYW's views on contraception services.

Unmet need for contraception is defined as the proportion of women who do not want to fall pregnant but are not using contraceptive methods.

Improving contraception uptake is the primary and most efficient method to prevent unintended pregnancy. To understand and address factors affecting AGYW from accessing contraception services, a complex, multi-level approach is required.

THE ISSUE

High unintended teenage pregnancy rates

- Approximately 16 million adolescent girls aged 15–19 years give birth each year, contributing to nearly 11% of all births worldwide.
 - Many of these are unintended pregnancies.
 - More than 90% of these births occur in low and middle-income countries (LMICs)
 - More than 50% of the births in LMICs are among adolescent girls.
 - Sub-Saharan Africa has the highest prevalence of teenage pregnancy in the world
- In South Africa, contraception services are available and offered at no cost through government public health services
 - However, contraceptive use among AGYW remains low
 - AGYW are often offered fewer choices of contraceptive methods at public health facilities and given more limited explanations of the side effects and mechanisms of action, compared with older women.



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- Consequently, AGYW have a low and inconsistent uptake of contraceptives which leads to unintended pregnancies.
- Despite the South African government's policy of distributing free condoms, one of the largest condom distribution programmes in the world, and efforts to rebrand government-issue condoms, condom use is on the decline.
- Donor-funded, combination HIV prevention and SRH promotion programmes for AGYW have been implemented on a wide scale in South Africa.
 - They have focused on providing accessible sexual and reproductive health education and services for AGYW in places where AGYW spend time, including schools and communities, and strengthening linkage to health services.
- Improved access to and use of contraception services will enable AGYW to control their fertility, maximize educational and economic opportunities, and enhance their SRH and wellbeing.

RESEARCH OVERVIEW: THE HERSTORY STUDY

The HERStory study is an evaluation of a combination HIV prevention programme for AGYW in South Africa. In 2017-2019, we conducted a cross-sectional, representative household survey of 4399 AGYW aged 15-24 years, (68% of whom reported they had ever had sex), living in six of the 10 districts in which the combination HIV prevention programme was implemented. These districts spanned 6 South African provinces (Western Cape, KwaZulu Natal, Mpumalanga, North West, Eastern Cape, and Gauteng) and were characterised by high rates of HIV and teenage pregnancy. In addition, we conducted 57 in-depth individual interviews (IDIs) and 19 focus group discussions (FGDs), involving 185 AGYW aged 15-24 years who participated in the programme, and 38 male peers aged 18-23 years. Further information about the programme and the overall evaluation can be found at:

<https://www.samrc.ac.za/intramural-research-units/HealthSystems-HERStory>



Donor-funded, combination HIV prevention and SRH promotion programmes for AGYW have been implemented on a wide scale in South Africa.

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WHAT WE FOUND

Prevalence of contraceptive access and use and pregnancy among AGYW who had ever had sex

- In the year before the survey, 53% AGYW had accessed condoms and 65% had accessed other methods of contraception
- At last sex, 52% AGYW used condoms, 39% used another contraceptive method, and 37% used both condoms and another contraceptive method
- AGYW living with HIV were more likely to report use of contraceptives other than condoms and use of both condoms and another form of contraception compared with HIV negative AGYW
- 52% AGYW reported that they had ever had a pregnancy, and among them, 37% reported that their first pregnancy occurred before they were 18 years of age.

Association between participating in the combination HIV prevention programme and contraceptive use at last sex

- The combination HIV prevention programme may have increased contraceptive use among adolescent girls (15-19 years of age): Those who had participated in the AGYW programme were more likely at last sex to have used contraceptives other than condoms, and to have used both condoms and another form of contraceptive, compared with those who had not participated in the programme
- Among young women (20-24 years of age), there was no association between programme participation and contraceptive use at last sex
- There was low uptake of contraceptives even in the context of the combination HIV prevention programme: fewer than half of AGYW used contraceptive methods other than condoms at last sex, even if they had participated in the programme

AGYW's views on contraception services

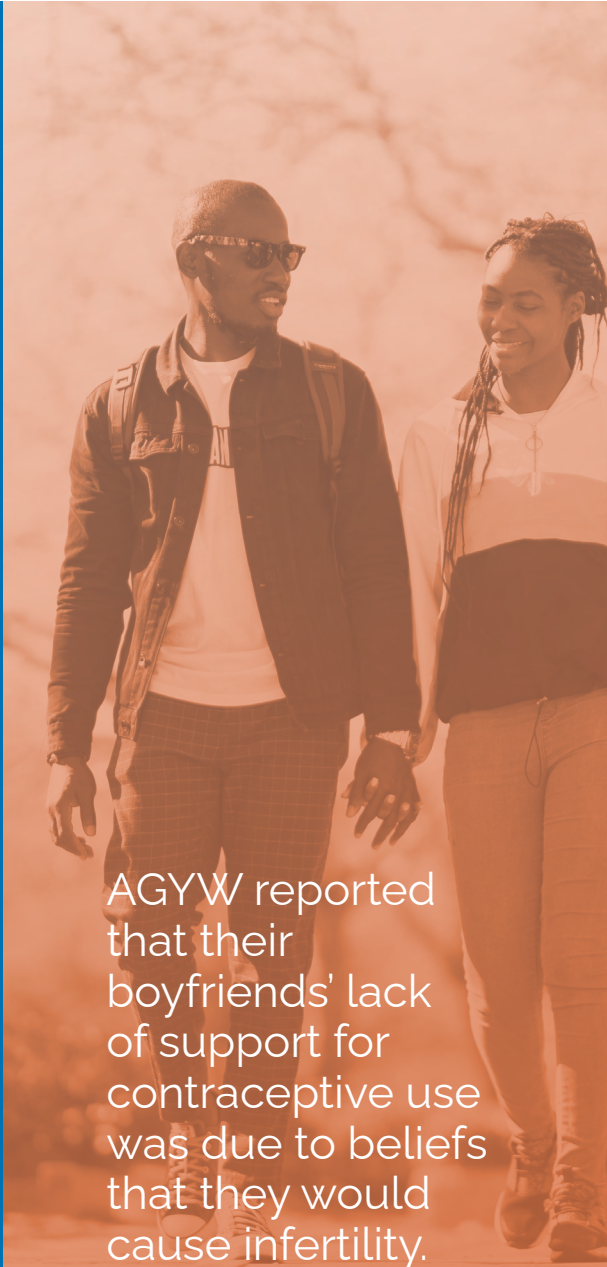
- The majority of AGYW believed that using contraceptives is important
- Key barriers preventing AGYW from accessing services included lack of knowledge about contraception services and insufficient understanding and lack of accurate information about contraceptive methods

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- AGYW wanted more information about contraceptives from health workers and clinics
- AGYW described prevalent myths and misconceptions about contraceptives:
 - There were widely held beliefs that the injectable contraceptive is bad, and that it negatively affects body weight and shape
 - AGYW feared that people would misinterpret changes in body weight as indicative of health conditions like HIV or TB
 - AGYW also believed that using contraceptives caused infertility in the long-term
- Lack of support from partners:
 - AGYW hide their use of contraceptives from their boyfriends as they do not support it
 - AGYW reported that their boyfriends' lack of support for contraceptive use was due to beliefs that they would cause infertility (to both males and females) in the future and "decreased libido"
- Lack of support from parents:
 - AGYW felt that parents' lack of support for contraceptive use was due to fear of AGYW being sexually active
- Challenges to accessing clinic services:
 - AGYW fear being seen at the clinic for contraception services, and have concerns about privacy and confidentiality of the services
 - AGYW reported that health workers' negative attitudes were a key reason for them not using contraceptives and being afraid to access contraceptive services. AGYW feared they would be treated badly by nurses, who might shout at them, humiliate them, and make them feel judged
- Views of the combination HIV prevention programme:
 - Most AGYW stated that the programme had helped them gain better knowledge of contraceptives and the importance of using them
 - AGYW felt that being part of the programme enabled them to better communicate with parents and or caregivers on SRH-related issues, leading to increased parental acceptance of the importance of using contraceptives



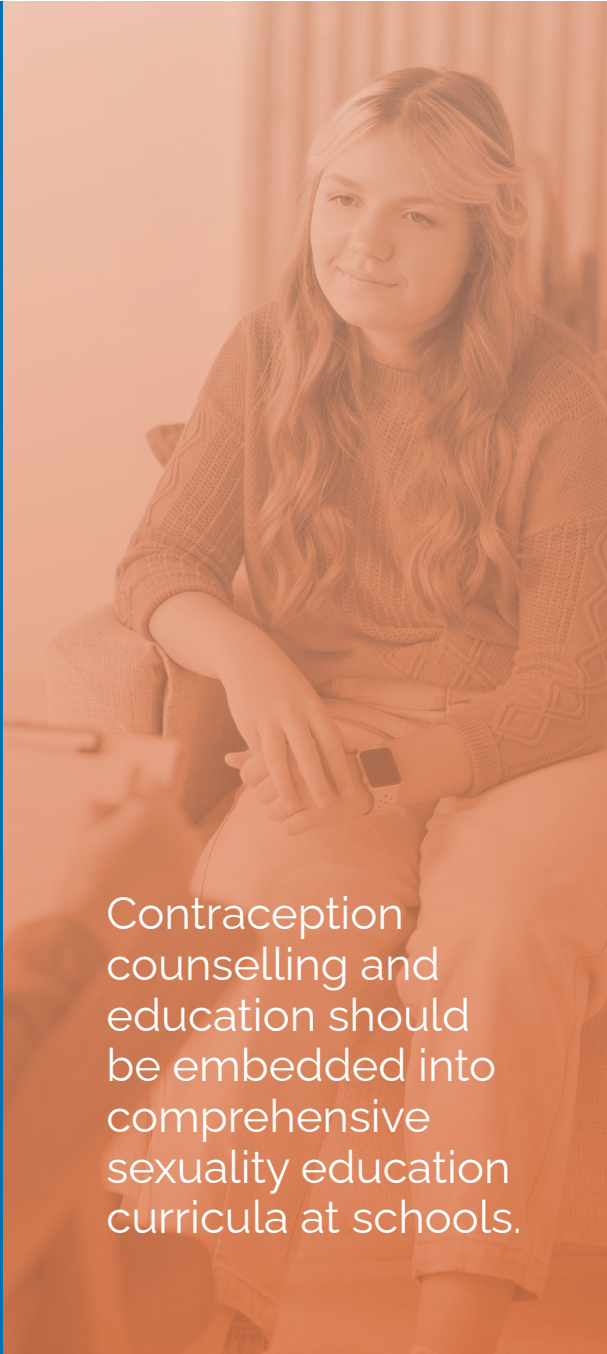
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IMPLICATIONS FOR PRACTICE

- Combination HIV prevention programmes may increase access to and use of contraceptives among adolescent girls
- Before such programmes are considered for wider implementation, the intervention components focusing on contraceptive uptake should be strengthened to address the barriers to coverage more effectively, including the specific barriers faced by young women aged 20-24 years
- Interventions to strengthen contraception coverage programmes for AGYW should incorporate elements focused at the individual, interpersonal, school, community, and health service levels
- At the individual level:
 - Efforts to improve AGYW knowledge and information about contraception services should be strengthened
- At the interpersonal level:
 - Interventions to improve parental/caregiver and partner support for the use of contraceptives by AGYW should be considered
- At the school level:
 - Efforts to expand provision of contraception services on school premises should be escalated
 - Contraception counselling and education should be embedded into comprehensive sexuality education curricula at schools
- At the community level:
 - Community gatherings, church or other religious activities, and sports and recreational facilities and activities should be used to offer educational interventions and promote the use of contraceptives by AGYW as a wide range of stakeholders can be accessed through these settings
 - Interventions should address community norms and myths around contraceptive use, and highlight the impact of unintended and unwanted pregnancy during adolescence



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- Resources containing SRH information, such as myth busters and contraceptive method-specific information pamphlets and posters should be freely available and displayed in major youth-friendly zones, to ensure that AGYW have the information at their disposal and can access it when necessary
- At the health services level:
 - Competent youth-friendly providers serving AGYW are required
 - Responsive and time sensitive services should be provided to AGYW
 - Prioritization of effective implementation of SRH policies for youth is needed
 - Strong political will to advocate for and ensure availability of resources, including human resources for health for AGYW to fully access and use contraception services is key

Paper that this brief is based on:

Jonas K, Lombard C, Chirinda W, Govindasamy D, Appollis TM, Kuo C, Gray G, Beauclair R, Cheyip M, Mathews C. Participation in an HIV prevention intervention and access to and use of contraceptives among young women: a cross sectional analysis in six South African districts. *Contraception*. 2022 Jul 23.

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and

Jonas, K., Duby, Z., Maruping, K., Dietrich J., Slingers N., Harries J., Kuo C., Mathews C. Perceptions of contraception services among recipients of a combination HIV-prevention interventions for adolescent girls and young women in South Africa: a qualitative study. *Reprod Health* 17, 122 (2020).

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