A Need Unmet? Women's Experiences of Use and Nonuse of Contraception in Khayelitsha, South Africa

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Background

The demographic measure of ***unmet need for contraception*** is used to account for women who are fertile and want to delay or prevent pregnancy, but are not using any form of contraception. This population-level measure, initially a metric of national fertility reduction goals, has since undergone numerous revisions and has more recently been linked with the fulfillment of women's rights.[1] **Despite recent policy interventions in South Africa to expand contraceptive access and choice for women, unintended pregnancy remains high and women do not access contraception when they need it most.**[2,3]

Objective

This study seeks to understand the relationship between *individual* formations of intent and *population-level*, quantifiable outcomes through an exploration of **how young South African women in Khayelitsha interface with contraceptive technologies**. Drawing from feminist engagements with how agency, coercion, and interpersonal power dynamics might work to shape knowledge and use of contraception, this study seeks to develop a more nuanced and localized understanding of how the concept of unmet need is embodied.

Research Site

Figure 1. Map of Khayelitsha, South Africa.[4]

Khayelitsha is an informal settlement 30 kilometers from Cape Town and was chosen as the research site due to the high rates of unintended pregnancy in the settlement despite publicly-funded health clinics providing a range of contraceptive services for free.

Results

Theme 1. Women were knowledgeable about how to prevent pregnancy and about specific contraceptive methods. These methods offered a **form of control over bodily processes** as well as the potential for purposeful and self-directed action but at times were also **underscored with feelings of obligation and responsibility**.

Theme 2. Many of the women did not express difficulties in accessing contraception although frustrations emerged over the time required for clinic visits. Most women notably used **hormonal injectable methods**, which required regular clinic visits, despite the availability of other methods.

Theme 3. Contraceptive use is patterned by the high levels of uncertainty in the young women's lives, which are marked by the often erratic timing of major lifecourse events. Contraceptive use was also **interwoven with mixed emotions** about sexuality, moments of being in between youth and adulthood, and generational divides between modern selves and "old school" culture.

Theme 4. Young women's reproduction occurs in the context of South Africa's severe HIV epidemic, leading to concerns for condom use. Condom use and negotiation emerged also as a signifier of trust or mistrust in a relationship, and consistent use was difficult for all of the women, even when condoms were the sole method of prevention.

Theme 5. Many of the women experienced very real side effects that affected patterns of use, indicating a need for narratives of bodily experiences to be seriously evaluated and validated.

	Participant Counts, N (%)
Age, mean ± SD (years)	22.0 (3.0)
Range (years)	18-28
Number of children (%)	
0	5 (35.7)
1	7 (50.0)
2	2 (14.3)
Employment (%)	
Student	4 (28.6)
Employed	2 (14.3)
Unemployed	8 (57.1)
Living Situation (%)	
Immediate family	4 (28.6)
Extended family	8 (57.1)
Partner and children	1 (7.1)
Lives alone	1 (7.1)
In a relationship	
Yes	9 (64.3)
No	5 (35.7)
Current contracetive method (%)	
Injection	9 (64.3)
Condoms	2 (14.3)
Pill	1 (7.1)
Abstaining	1 (7.1)
None	1 (7.1)
Currently using condoms (%)	
Always	2 (14.3)
Sometimes	5 (35.7)
Never	4 (28.6)
N/A	3 (21.4)

Table 1. Demographic characteristics of the participant population interviewed in Khayelitsha, South Africa, N = 14

Sara: "*Not every guy would come to you—especially someone who is HIV positive and says to you, listen, go protect yourself. No. Some people they just go and sleep with you then you find out later that you have this problem when it has, whatever, touched you…consciously I knew, it was something I should do for myself. Not for anyone else, but for me.*"

Siphosihle: "*Part of it, I blame myself. Yes I blame myself. Because there were means to be on contraception because we've been told about contraception from way back. To even think about when my mother would shout at me when I was pregnant, she would say that you don't even pay for needles. So why did you get pregnant…*"

Khule: "*My mother was not telling us about sex and dating and so on because we were still young. Until today she doesn't open up to that discussion…she's an old school…She doesn't even want to know my boyfriend. She's saying its disrespecting her culture…if she was open maybe I wouldn't be with a daughter now.*"

Amanda: "*there is this time like, you are really in love and then you are not fighting…then it seems like, he's not naughty…he's yours only. You don't think about using a condom. But when you fight a lot…you will just say, a condom first my brother. Take it or leave it.*"

Zintle: "*I do have some questions you know…my periods, they confuse me sometimes you know. I usually go to my periods once a month. But now that I'm into contraception, they come like three times a month you know?…Sometimes its like bleeding so much.*"

Methods

- **Semi-structured in-depth interviews were completed with 14 women between the ages of 18 and 28.**
- Using convenience sample and snowball technique, participants were recruited through the personal networks of three women living in Khayelitsha who were known to the researchers. **Interviews were conducted in English (N=10) or isiXhosa (N=3).**
- In data analysis, **thematic coding** was used to examine women's narratives of contraceptive use. Following the methodological approach of grounded theory, the analysis of the data overlapped with data collection, and codes emerged from the data as opposed to stemming from an anticipatory hypothesis.
- **Memo-making informed the theorization of relationships between codes and systematically assisted in the organization of the data.**

Conclusions

- Our findings indicate that recent policy interventions in South Africa, such as the introduction of LARC (long acting reversible contraception) methods, **need to incorporate complex social dynamics that women navigate from a young age, as these social situations serve as the backdrop for partnerships, sexual practices, and contraceptive choices.**
- Unmet need might be more productively understood as **a dynamic construct** that changes throughout a woman's lifecourse, and cannot be a measure isolated from the women's socioeconomic positioning.

References

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