Ibis Reproductive Health

Young Women's Sexual and Reproductive Health in South Africa

Service Availability and Health Care Workers' Opinions in Soweto

Young Women's SRH

Background

Young women in South Africa experience high rates of teenage pregnancy and HIV infection. According to a 2008 survey of high school students, 30% of females had ever had sex and 24% of those had been pregnant. Fifteen percent of sexually active female students reported not usually using contraception when they have sex, and 67% reported not always using condoms.[1] In a previous national household survey conducted in 2003, two-thirds of the pregnancies reported by sexually active 15-24 year olds were reported to be unwanted.[2] In that same survey, 15% of young women aged 15-24 were HIV positive, compared to 5% of young men, and 10% of females reported ever having been physically forced to have sex.[2, 3]

The 2005 South African Children's Act allows those over 12 years old to access health care services, including HIV testing, contraceptives, and termination of pregnancy (TOP) services, without parental consent. It is important to investigate current accessibility of these services, as previous research has documented the role of health care workers as gatekeepers to young women's sexual and reproductive health (SRH) services. Health care workers' opinions about adolescents' sexuality and circumstances, and their knowledge and opinions of the range of prevention options, impact the services available.

Study Description

Ibis Reproductive Health, in collaboration with the Perinatal HIV Research Unit of the University of the Witwatersrand, conducted a study in 2009 with health care workers in three large public primary health care clinics in Soweto, Gauteng Province.

The objectives of the study were to explore:

- The availability of SRH services for young women,
- Health care workers' opinions about young women's sexual behavior and utilization of SRH services, and
- The potential impact of health care workers' opinions on service provision.

The study included:

- *Interviews with 29 health care workers* providing services for adolescents in various service departments (see Table 1). The majority of participants were nurses; others included six counselors, an operations manager, a midwife, and a social worker.
- *Facility assessments at each clinic* through in-person interviews with facility managers or chief professional nurses, and a self-administered questionnaire filled out by the interviewee or their designee to assess service availability and policies.

Findings

Availability of SRH services:

- *TOP*: Only one clinic offered TOP services, likely due to requirements for designation as a TOP facility and a shortage of providers.
- *Contraceptive availability*: Consistent with Department of Health National Contraception Policy Guidelines, injectables, male condoms, and pills were available at all sites, whereas female condoms, intrauterine devices (IUDs), and tubal ligation in some cases required referral, and implants were not offered.
- *Contraceptive knowledge*: Several health care workers in HIV and antenatal care departments were not familiar with IUDs when asked their opinion of them even though the facility assessment indicated IUDs were available.
- *Age restrictions*: On self-administered questionnaires, clinics reported offering certain services, such as family planning provision, TOP, and HIV counseling, to only those over 18.

Health care workers' opinions:

- *Belief against sex before marriage:* Most health care workers believed young women should not have sex before marriage, due to religious reasons or the belief that young women are not capable of making decisions regarding sex.

> ***"If you are not married why [is there any need to] use a condom?" -HIV counselor, when asked if condoms were appropriate for young women, explaining that young women shouldn't be having sex before marriage***

Clinic department	Clinics and number of staff per department (Interviewed/Total)			
	Clinic 1	Clinic 2	Clinic 3	Total
Antenatal	3/3	3/6	9/9	15/18
Family Planning	4/5	2/2	1/1	7/8
HIV	3/6	2/4	1/5	6/15
Termination of Pregnancy (TOP)	N/A	1/4	N/A	1/4
Total	10/14 (71%)	8/16 (50%)	11/15 (73%)	29/45 (64%)

Table 1: Proportion of staff interviewed in each department, by clinic

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Health care workers' opinions (cont.):

- *Belief that young women ignore information*: Many mentioned that young women ignore the information they receive from clinics, schools, and media about pregnancy, STI prevention, family planning, and abstinence.

> ***"They just don't care, they leave the condoms, […] but information they know...when you ask them 'now why don't you condomize,' they will just smile because they've got no good reason for not condomizing."***
> ***-Nurse, Antenatal care department***

- *Acknowledgement of outside factors:* Health care workers acknowledged outside factors, such as poverty and gender inequality, that affect women's abilities to protect themselves from sexually transmitted infections or unintended pregnancies. They discussed a "culture" of submission in which young women cannot negotiate condom use because of their reliance on men for money, food, and shelter. Many also believed that young women do not have sufficient information about consequences of sex and the importance of prevention.
- *Concern about parent-child communication:* Health care workers largely believed SRH information to be easily accessible, but expressed concern about poor communication between young women and parents.
- *Belief that injectables are the best contraceptive method for young women:* Almost half of the health care workers responded that injectables were the best family planning method for young women. The pill was not mentioned as an ideal method, as many thought young women would forget to take pills. Most recognized the importance of condoms for dual protection, and three mentioned the IUD as an ideal method because it can be used long term.

> ***"I understand we are all human beings, sometimes we tend to use our own judgment and it affects other people...we are from different background, different religions, different cultures […] sometimes they will use that 'why, why are you here for a TOP, don't you know that it's a sin?' …It discourages some people and [they end up] not coming for the service and [doing] something else [that is] dangerous to them."***
>
> ***-Social worker, HIV department***

- *Varying opinions on access to TOP services:* A few health care workers did not agree that young women should have access to TOP because TOP is a "sin," but most supported access.

Health care workers' suggestions:

- Address staff shortages and lack of equipment and supplies.
- Improve attitudes towards young people's sexuality.
- Educate parents to ensure they are prepared to teach their children about consequences of unprotected sex and the importance of preventive services or abstinence.

Recommendations

These results highlight possible areas for expansion in service availability, including providing refresher courses for health care workers on the full range of contraceptive methods and ensuring that SRH services are provided to all young women over the age of 12 in the public sector. Interviews with health care workers revealed a common belief that young women should not have sex before they are married. However, some voiced their commitment to providing comprehensive SRH services to young women regardless, due to the reality that many young women are sexually active before marriage and outside factors limit young women's ability to protect themselves. These results suggest a need for workshops with health care providers including exercises that guide them to recognize the impact of their beliefs on the services they provide and that give them tips for communicating with young people about SRH issues. Such initiatives, along with efforts to ensure sufficient staffing and supplies, have the potential to improve the accessibility of services for young women in South Africa.

In response to these findings, Ibis and partners developed a three-day workshop for health care workers aimed at: exploring participants' opinions of adolescent sexuality and young women's SRH and how they positively or negatively impact the delivery of services for young people; enhancing communication skills with young people and about SRH in general; and reinforcing counseling skills in the areas of family planning, HIV, gender-based violence, and TOP. We piloted this workshop in an urban community in Soweto in 2009 and have plans to conduct the workshop in 2011 in a rural setting outside of Tzaneen, Limpopo Province. For more information, see Ibis's brief, "Young Women's Sexual and Reproductive Health in South Africa: A Workshop for Health Care Personnel on Addressing the Sexual and Reproductive Health Service Needs of Young Women."

Ibis Reproductive Health

Ibis Reproductive Health aims to improve women's reproductive autonomy, choices, and health worldwide.

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