UTILISATION AND KNOWLEDGE OF CONTRACEPTION IN ATTENDERS AT ALICE IN CISKEI

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SUMMARY

Teenage pregnancy and infant mortality are still rife
especially in the Third World Countries.   In view of this
a study was conducted at Alice Ante-natal Care/Family Planning
Clinic to determine utilisation and knowledge of contraception
in attenders of this facility.

A questionnaire to asses use and knowledge of contraception
and the factors which influence these was administered, to
Ante-natal Care and Family Planning attenders at Alice
during the period June - September 1990.

Of significance were the following findings - the higher the
education of the partner the more positive his attitude to
contraception was, as shown by $0.02 > P > 0.001$ - partners of
Family Planning Clinic attenders more than those of the
A N C attenders discussed contraception $P > 0.001$.

- married attenders needed their partners' permission for
contraceptive use compared to the single attenders who had
more freedom on use - $0.01 > P > 0.001$
The students/pupils also had more freedom on contraceptive
use $0.01 > P > 0.001$

The Family Planning Clinic attenders on the whole had no
restrictions on contraceptive use $P < 0.001$

- Knowledge of I U C D was associated significantly to the
age of the attender $0.01 > P > 0.001$
There was a statistically significant association between
the age of the attender and past use of contraception $P > 0.001$

The negligible use of the condom was a striking feature $-2(0.94\%)$

Education of both females and males on appropriate sexual
behaviour, use and knowledge of contraception should be
started at an early age.   The consequences of inappropriate
sexual behaviour, especially at an early age, should be
highlighted.

Recommendations in respect of improving the knowledge and
utilisation of contraception are made.

INTRODUCTION

Contraception is not a new concept. Since it was first realised that pregnancy is a result of coitus, there have been individuals and couples who have tried to prevent conception.

Ancient methods which were used included:-
- sexual abstinence, coitus interruptus, vaginal preparations vaginal barrier methods, condoms, vaginal douching, primitive oral contraception. When an unwanted, unplanned pregnancy did occur, many people resorted to abortion and infanticide. (1)

Eighty-five percent of the World's babies are born in third world countries, 95% of the infant deaths take place in countries, and 99% of maternal mortality takes place in these same countries. Each minute one woman dies somewhere in the third world from child birth or the consequences of abortion. Deaths to women and infants are concentrated at the extremes of the fertile life, among teenagers and women with many children. These are the groups where many unintended pregnancies occur. (2)

Unplanned births precipitate a downward spiral of failure, lost apportunities and poverty that may take generations to remedy. (3)

New and existing sexually transmitted diseases also pose grave threats for the future. (4)

Family Planning practice is a growing science with the basic objective of providing services and devices for maintaining optimal reproductive health. (5)

Since family planning can address all these issues, a study was conducted to determine use and knowledge of contraception in the Alice Community which has third world features.

(2)

OBJECTIVES

1- To determine characteristics of the attenders in respect of:-

- Demography

- Social Factors

- Religion

2. To determine the demographic profile, social characteristics and attitudes of sexual partners on contraception.

3. To determine past and present knowledge & use of contraception according to age of attender.

4. To make recommendations directed to improved use and knowledge of contraception.

DEFINITIONS

Alice :

A rural town in Ciskei

Contraception :

This means the following:-

1. Pill

    (a) Combined

    (b) Mini Pill

2. Injectables

    (a) Depo provera

    (b) Nur Isterate

3. Intrauterine device

4. Natural methods and breast feeding

5. Barrier methods - male v female

6. Postcoital contraception

Demographic Characteristics :-

1. Age

2. Sex

3. Race

Social Characteristics :-

Educational Status

(a) Class 1 - Std 5

(b) Std 6 - 7

(c) Std 8 - 10

(d) Diploma

(e) Degree

(f) Nil

2. Community Type :-

    (a) Rural

    (b) Township

3. Marital Status :-

    (a) Never married

    (b) Married

    (c) Divorced/Separation

    (d) Widowed

4. Occupation :-

    (a) Professional

    (b) Non-manual

    (c) Manual skilled

    (d) Manual unskilled

    (e) Housewife

    (f) Unemployed

    (g) Pupil/Student

5. Religion :-

    (a) Denomination

6. Family Size :-

Number of persons in family

Number of bedrooms in dwelling/house

(5)

REDUCTION OF BIAS

1. Sampling : All patients attending the Ante-natal/Family
   Planning Clinic in Alice during the study period were
   included in the investigation.

2. Interviewing : Three professional nurses working at the
   Clinic collected data from patient attenders.
   They were thoroughly trained and briefed regarding all
   aspects of the investigation.   On a daily basis during
   the investigaiton the researcher validated data collected
   Standard structured questionnaires were used for entry of
   data.

METHOD OF DATA COLLECTION

1. Permission : Permission to conduct the study was obtained from the Ciskei Government

2. Timing of the Study :   Data was collected during the period 10/06/90 - 14/09/90

3. Interviewing : Contraceptive users and non-users were requested to participate in the study.
   Confidentiality of data collected was assured.
   Data was collected by the three nurses working at the Alice Clinic in Ciskei.

4. Technique :   Standard structured questionnaires/checklists were used for data collection.   The researcher validated a sample of data collected daily.

LITERATURE REVIEW :

Data obtained from literature reviews and discussions were entered into cards which were organised under headings which were used to write the report.

LIMITATIONS

This is a prevalence study. Respondents availed themselves at a point in time and could not be representative of the population.

All respondents were the converted. - all knew why they had to go either to the Family Planning Clinic or Antenatal Care

Responder reliability : This could not be completely ensured Also the impact of the study on the participants could also influence the attenders response to questions.

Reliability of the interviewer : Though these were schooled on the questionnaire, there could be many factors which could have positively or negatively influence the attenders' response, e.g. attitude of the interviewer at that moment. Accuracy of the data collected was validated by the researcher who re-investigated a 10% random sample of interviewees.

Sampling : This was a non-probability sampling-in terms of size and variability.

OBJECTIVE 1

The Social characteristics of the attenders are shown in figures 1 (a) - (e) & Table 1 (a) - (e)

Attitudes of the attenders to contraception according to religious denomination is shown in Figure 1 (f) & Table 1(f)

Of the 212 attenders, 141 (67%) were in favour of contraception, 2 (1%) against and the rest 69 (33%) had unknown attitudes to contraception.

There was no association between community status of attender and the number of people per bedroom (figure 1 (g) & Table 1 This meant that there was no difference in overcrowding between the rural and township communities (contrary to observation & knowledge)

Figure 1(a)

Age distribution of Family Planning Clinic (F P C) and ante-natal-care (A N C) attenders at Alice during the period June-Sept 1990.

Number and row percent (%)
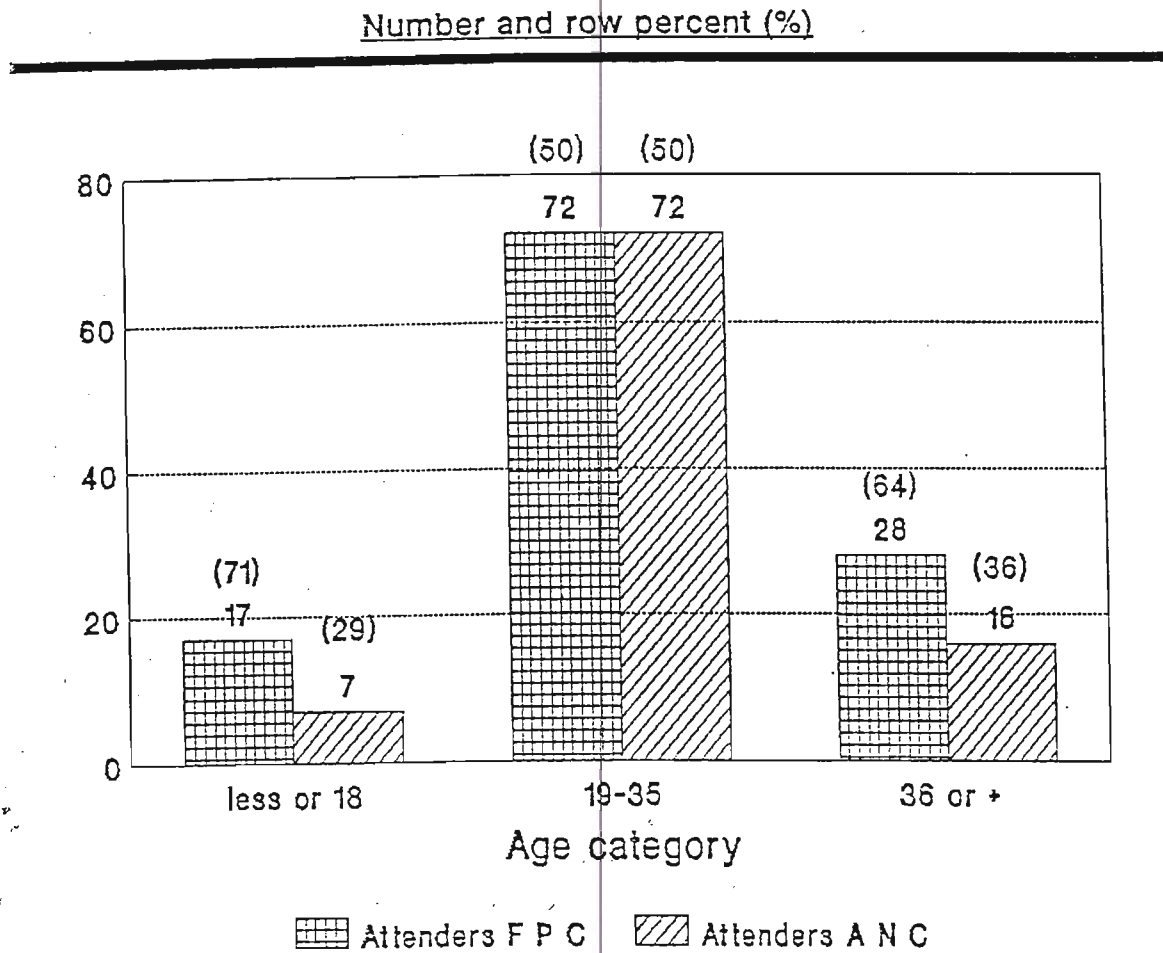
Of those who were 18 years and below 17 (71%) were from the F P C and 7 (29%) were from the A N C.

Of those who were 19-35 years, 72 (50%) were from the F P C and another 72 (50%) from the A N C.

There were 44 attenders above 36 years of age and 28 (64%) were F P C attenders whilst 16 (36%) attended A N C.

Figure 1 (b)

Distribution of Family Planning care (F P C) and ante-natal-care (A N C) attenders according to educational status at Alice during June-Sept 1990.

### Number and column percent (%)
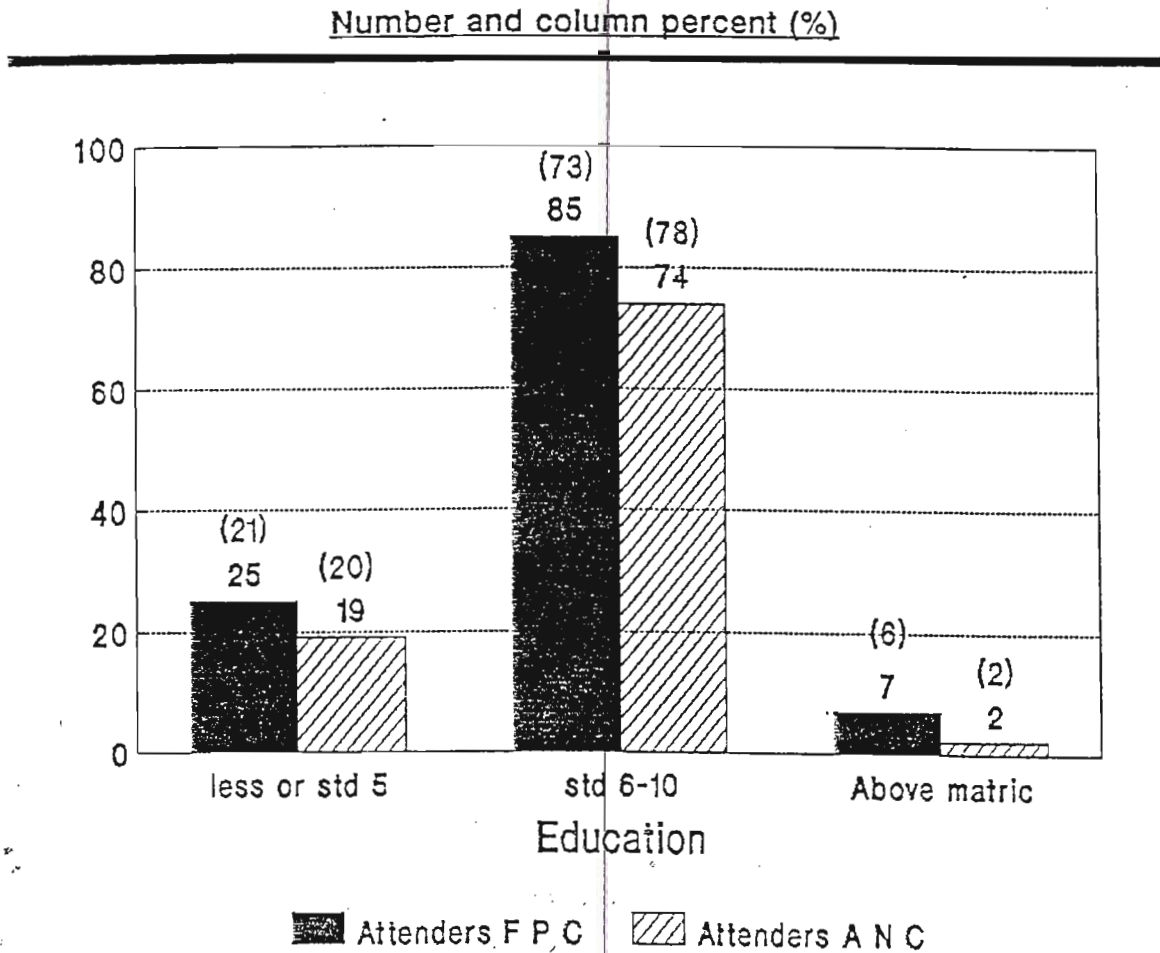
There were 117 F P C attenders, 25 (21%) had attained std 5 or less, 85 (73%) had attained std 6 to std 10 and 7 (6%) had an educational level above matric.

The A N C attenders were 19 (20%), 74 (78%) and 2 (1%) respectively according to the above educational categories.

Figure 1 (c)

Distribution of Family Planning Clinic (F P C) and Ante-natal-care attenders according to community type at Alice during June-Sept 1990.
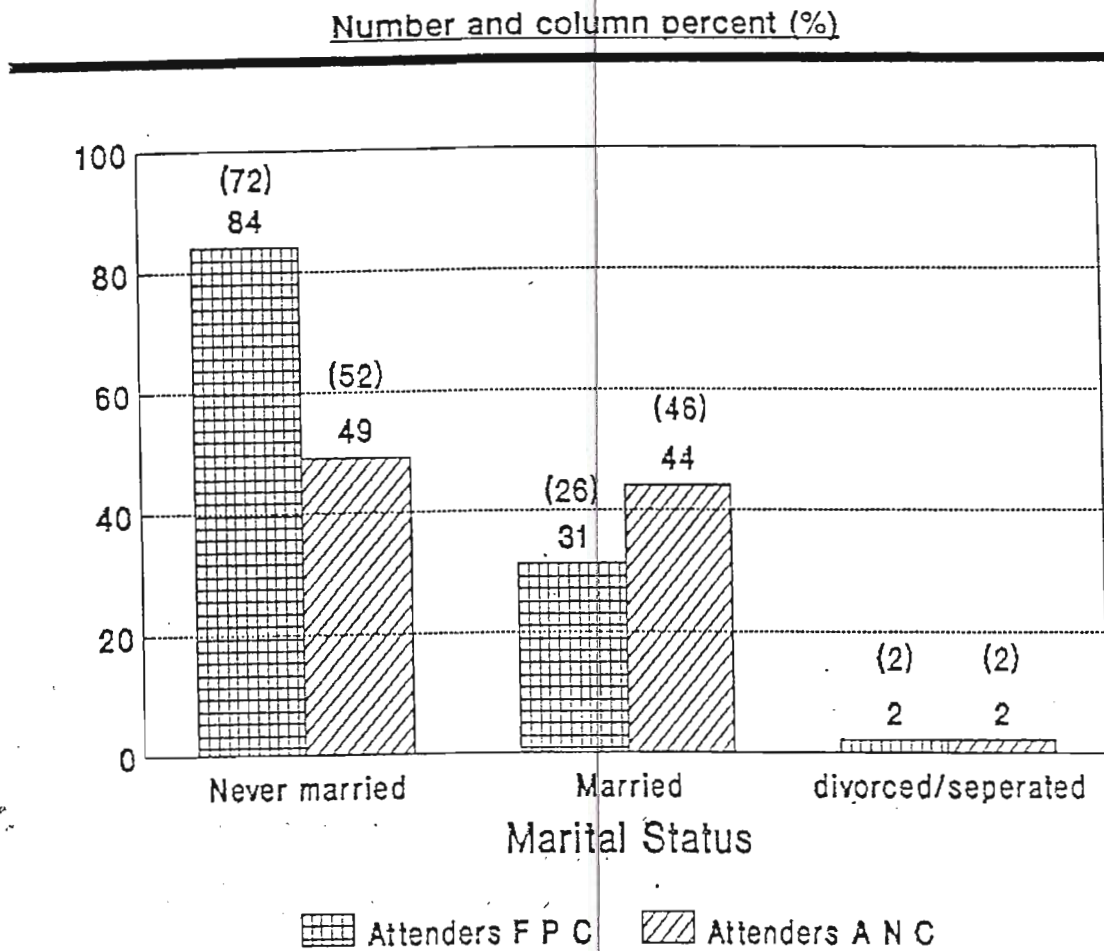
Number and column percent (%)
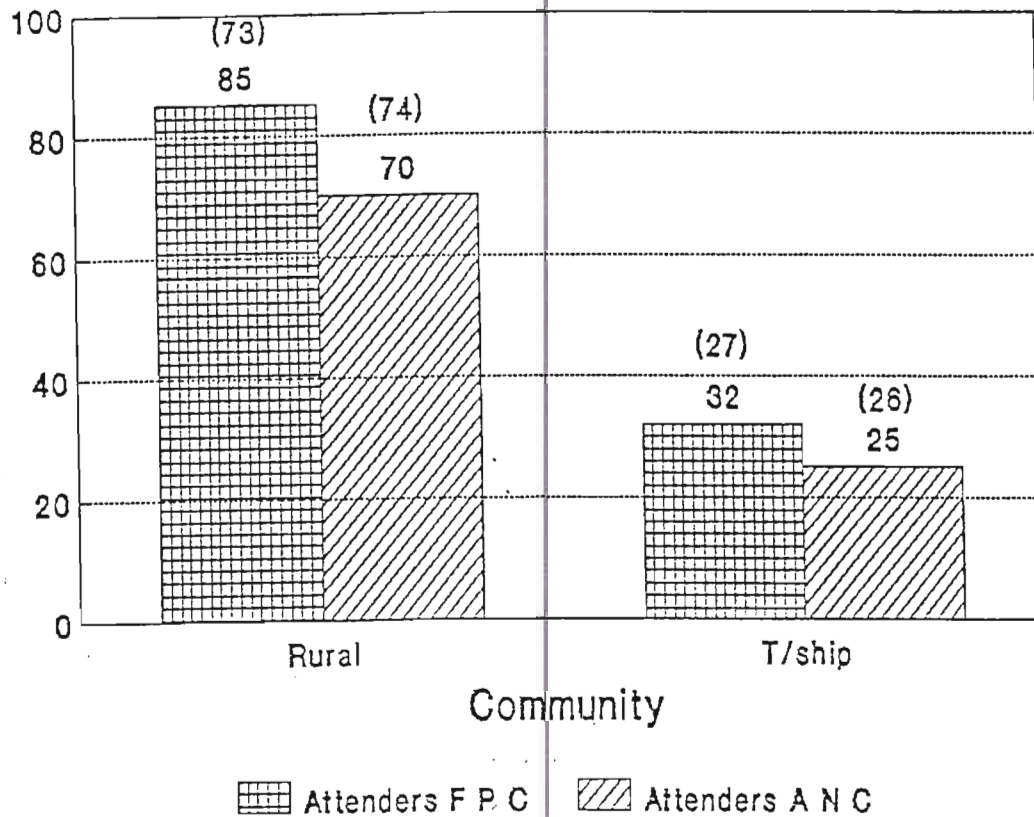
The F P C attenders fell into these proportions :- 85 (73%) rural and 32 (27%) township whilst the A N C attenders were 70 (74%) rural and 25 (26%) township.

Figure 1(d)

Marital distribution of Family Planning Clinic (F P C) and ante-natal-care (A N C) attenders at Alice during June-Sept 1990.

Number and column percent (%)

The marital status of the F P C attenders was as follows :- 84 (72%) never married, 31 (26%) were married whilst 2 (2%) were either divorced or seperated.

The A N C attenders were as follows :- 49 (52%), 44 (46%) and 2 (2%) according to the above categories respectively.

Figure 1(e)

Distribution of Family Planning Clinic (F P C) and ante-natal-care (A N C) attenders according to occupation during June-Sept 1990.

Number and column percent (%)
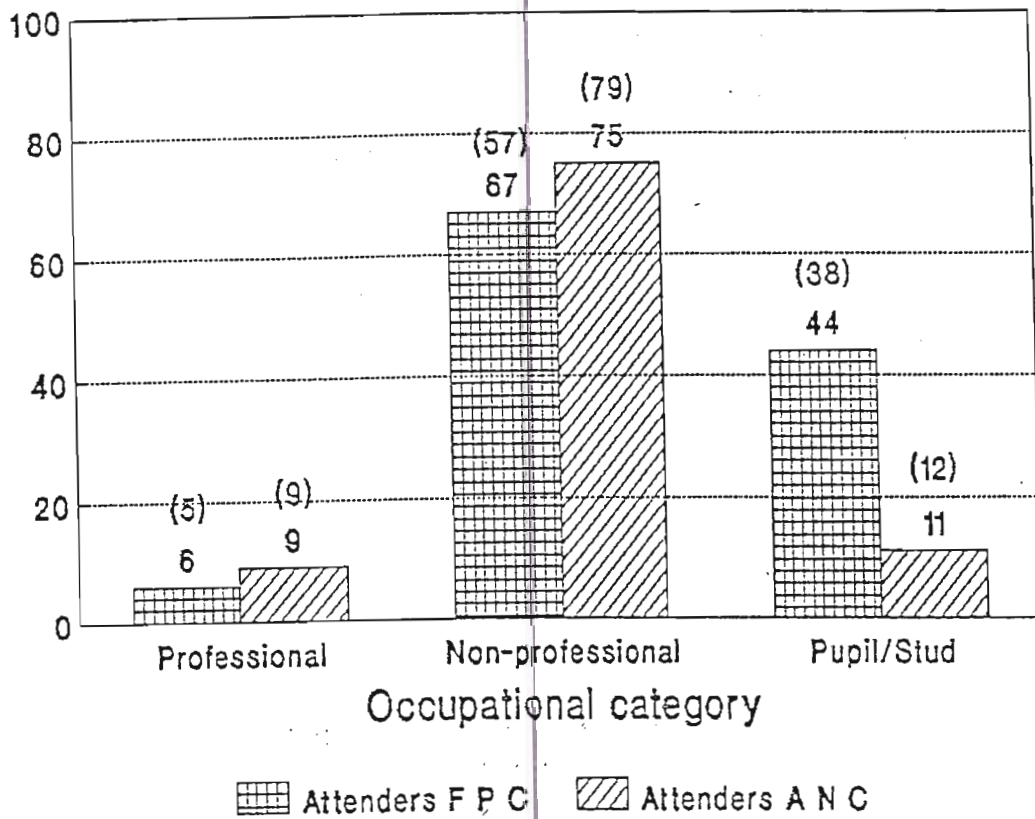
Of the F P C attenders, 6 (5%) were professional, 67 (57%) non-professional and 44 (38%) were either pupils or students.

The A N C attenders were 9 (9%), 75 (79%) and 11 (12%) according to the above categories respectively.

Figure 1(f)

Attitude of Family Planning Clinic (F P C) and Ante-natal-care (A N C) attenders to contraception according to religious denomination.

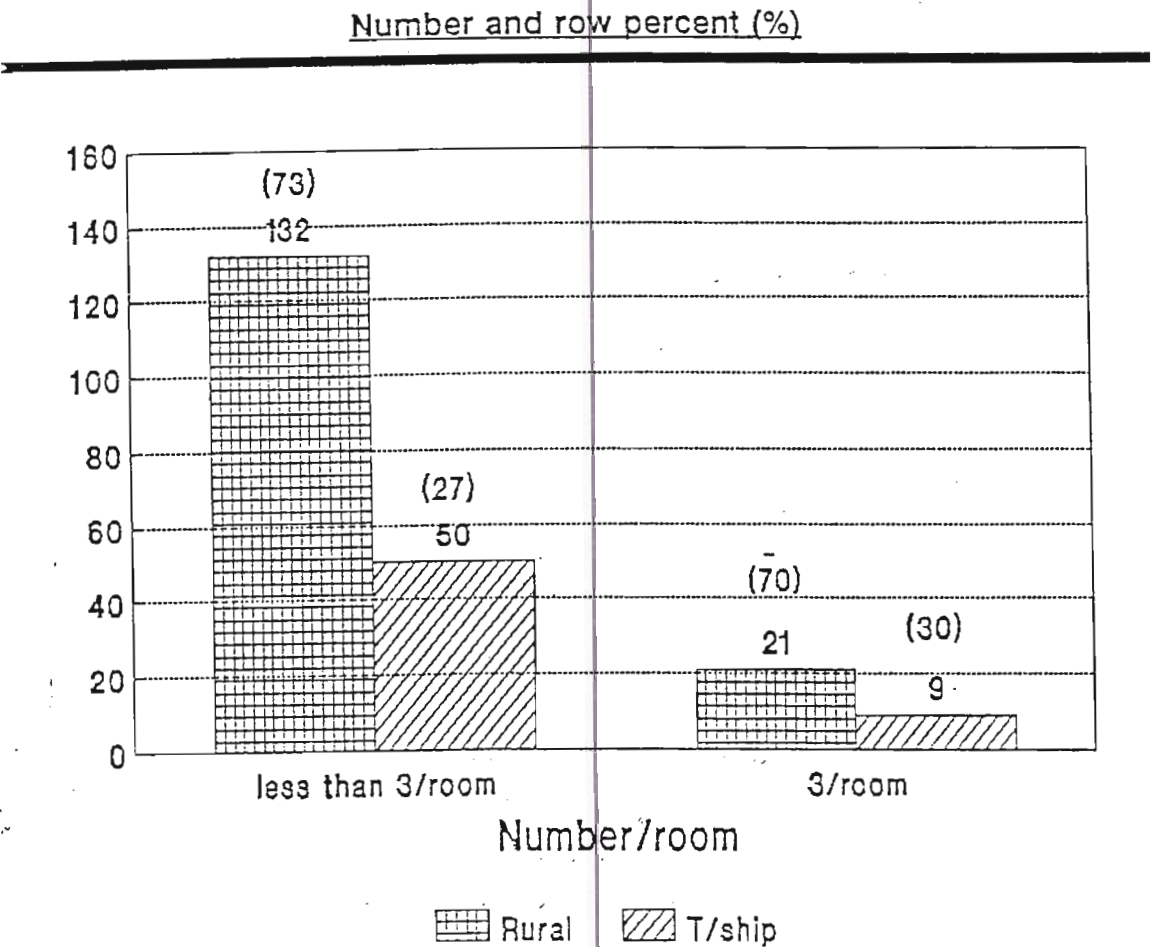### Number and row percent (%)
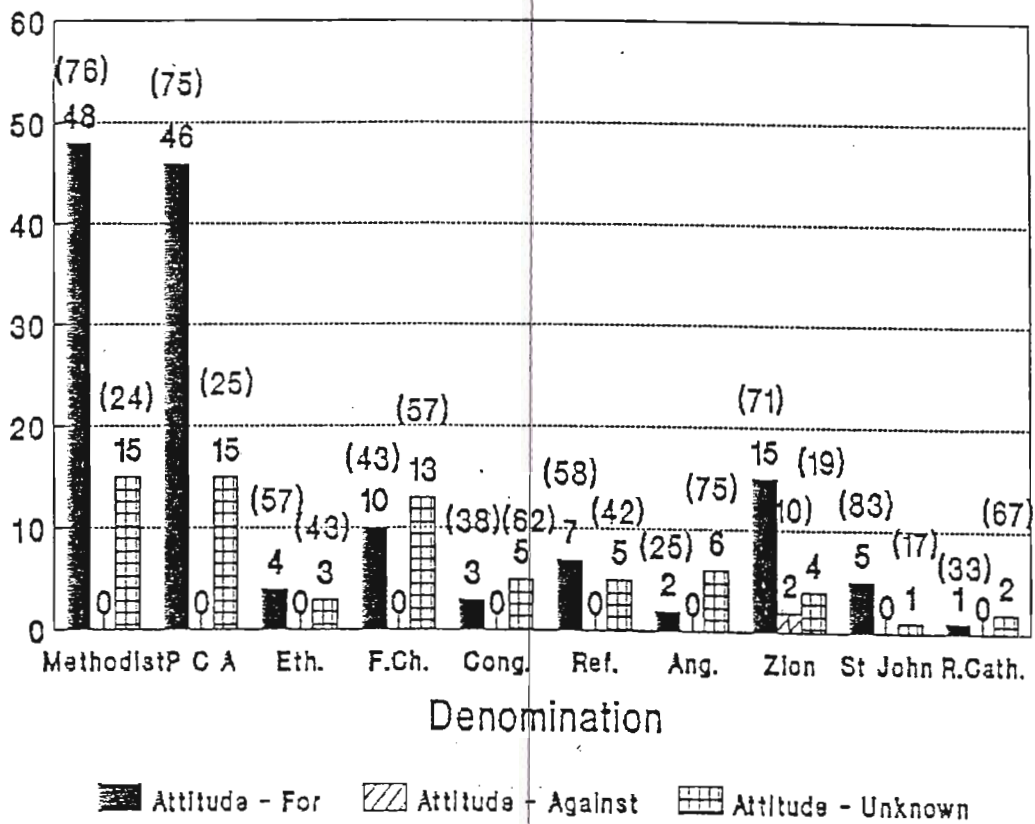
P C A   = Presbyterian Church of Africa
Eth.   = Ethiopian
F.Ch   = Free Church
Cong.   = Congregational
Ref.   = Reformed
Ang.   = Anglican
R.Cath.   = Roman catholic

(15)

Figure 1(g)

Distribution of people per room according to community status of attender at Alice during June-Sept 1990.

Number and row percent (%)

Of all attenders from the rural area, 132 (73%) came from homes where there were 3 or less people occupying one bedroom whilst 50 (27%) came from succh homes in the township attenders.

Twenty one (70%) of the rural attenders came from homes where there were 3 or more occupants per bedroom and 9 (30%) of the township attenders came from such homes.

X^2 = p>0.50 indicating that there was no association between community status of the attender and the number of people per bedroom.

OBJECTIVE II

When the attitudes of the attenders partners were considered
according to social characteristics, fig 2(a) - 2(p),
Table II (a) - II (b)

Education of the partner attained a statistically significant
association with acceptance of contraception - 0.02 > P>0.001
Figure 2(b), Table II(b)

Contraception was discussed by partner and attender as shown
in Figure 2(f) - 2(j), Table II (f)- II (j)
The data shows no association between the social characteristics
of the attender's partner and discussion of contraception.
On comparing the partners of the Family Planning Clinic and
A N C attenders, data on Fig 2(k) and Table II(k) showed a
statistically significant association between type of partner
and discussion of contraception.
Partners of the Family Planning Clinic attenders discussed
contraception more than those of the A N C attenders. P<0.00

Data on Fig. 2(L) - 2(n); Table II(L) - II(n) showed that
the age, education, and community status of the attender had
no association with need for partner's permission for
contraceptive use.
Marriage was a significant factor on use of contraception,
for 44 (57%) of the married attenders needed permission and
26(20%) of the single attenders needed it as shown by
0.01 > P>0.001 see fig. 2(o) & Table II (o)

The students/pupils had more freedom on use of contraception
compared to the rest of the attenders as indicated by 0.01 >
P > 0.001 - see fig. 2(p) of Table II(p)
Data on Fig. 2(q) & Table II(q) showed that Family Planning
Clinic attenders 90 (77%) needed no partners permission for
contraceptive use compared to the A N C attenders 52(65%)

There was a statistically significant association between
the type of attender and granting of permission for
contraceptive use as indicated by P< 0.001

Figure 2(a)

Age distribution of attenders' partners according to attitude to contraception - Family Planning Clinic and Ante-natal-care at Alice during the period June-Sept 1990.

<u>Number and row percent (%)</u>

Is partner in favour of contraception.
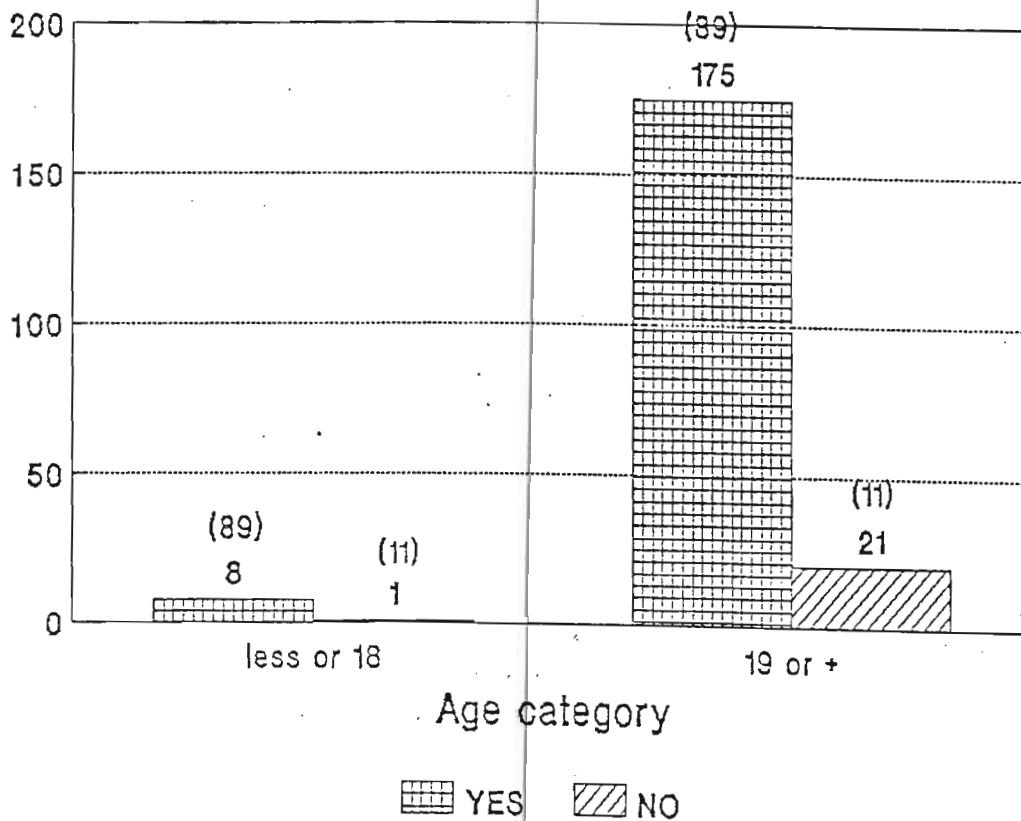
Of the attenders' partners who were 18 years and below, 8 (89%) were in favour of contraception and 1 (11%) were not.

Of the partners who were 19 years and above, 175 (89%) were in favour of contraception and 21 (11%) were not.

X^2 (Yates "continuity correction") = p>0.50 indicating that there was no association between partner's attitude to contraception and the partner's age.

Figure 2(b)

Educational distribution of attenders' partners according to attitude to contraception at Alice during the period June-Sept 1990.

Number and row percent (%)

Is partner in favour of contraception ?

Educational status

YES   NO
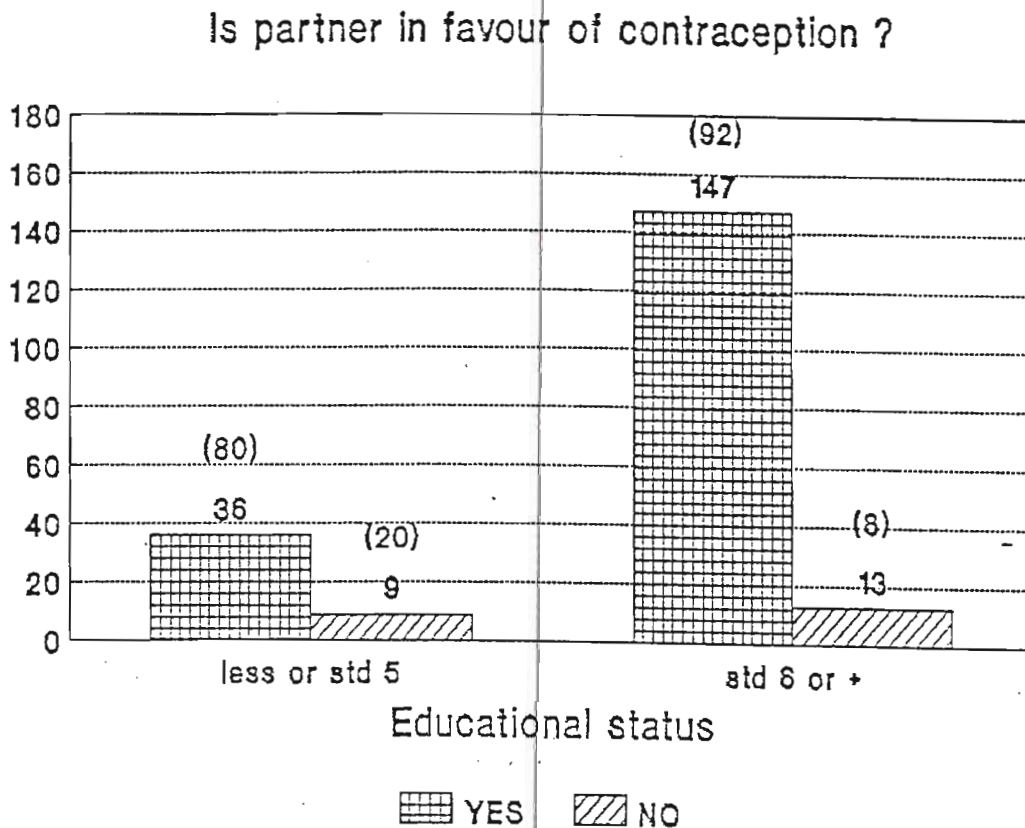
The partners who had attained std 5 or below were 45 and out of these 36 (80%) were in favour of contraception and 9 (20%) were not.

Those who had attained std 6 and above were 160 and of these, 147 (92%) were in favour of contraception and 13 (8%) were not.

There was a statistically significant association between attitude to contraception and the educational status of the partner as indicated by $X^2 = 0.02 > p > 0.01$.

Figure 2(c)

Marital distribution of attenders' partners according to attitude to contraception - Alice during the period June-Sept 1990.

Number and row percent (%)
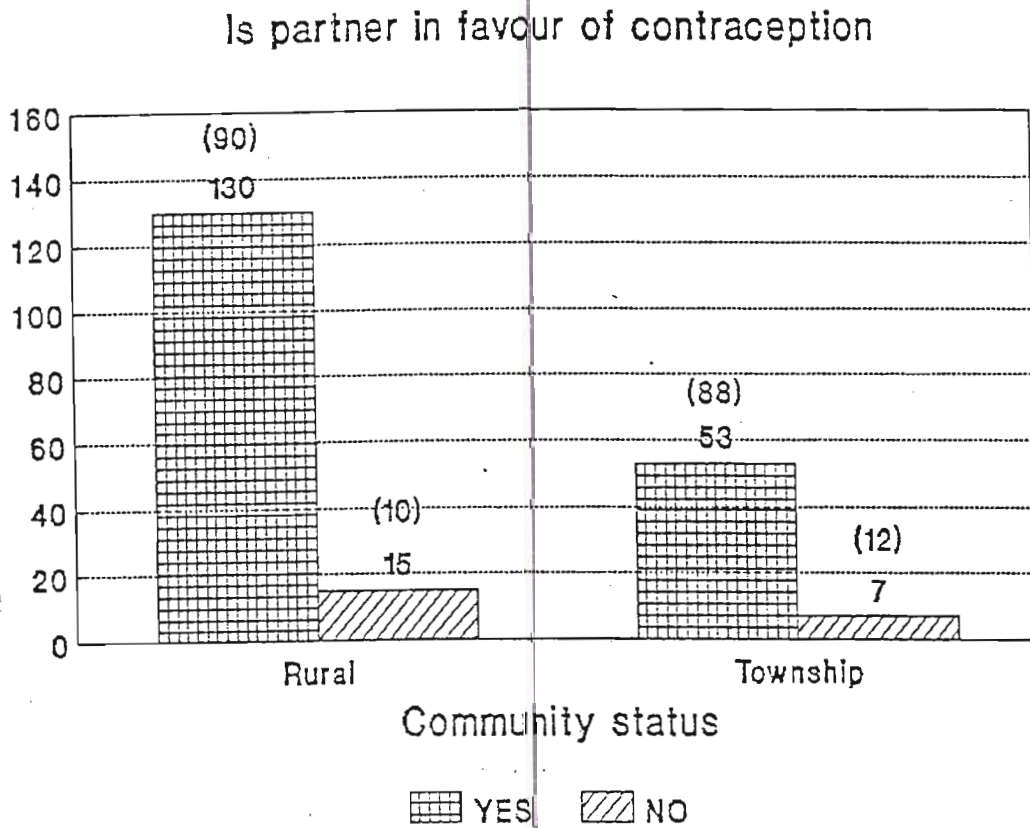
Is partner in favour of contraception
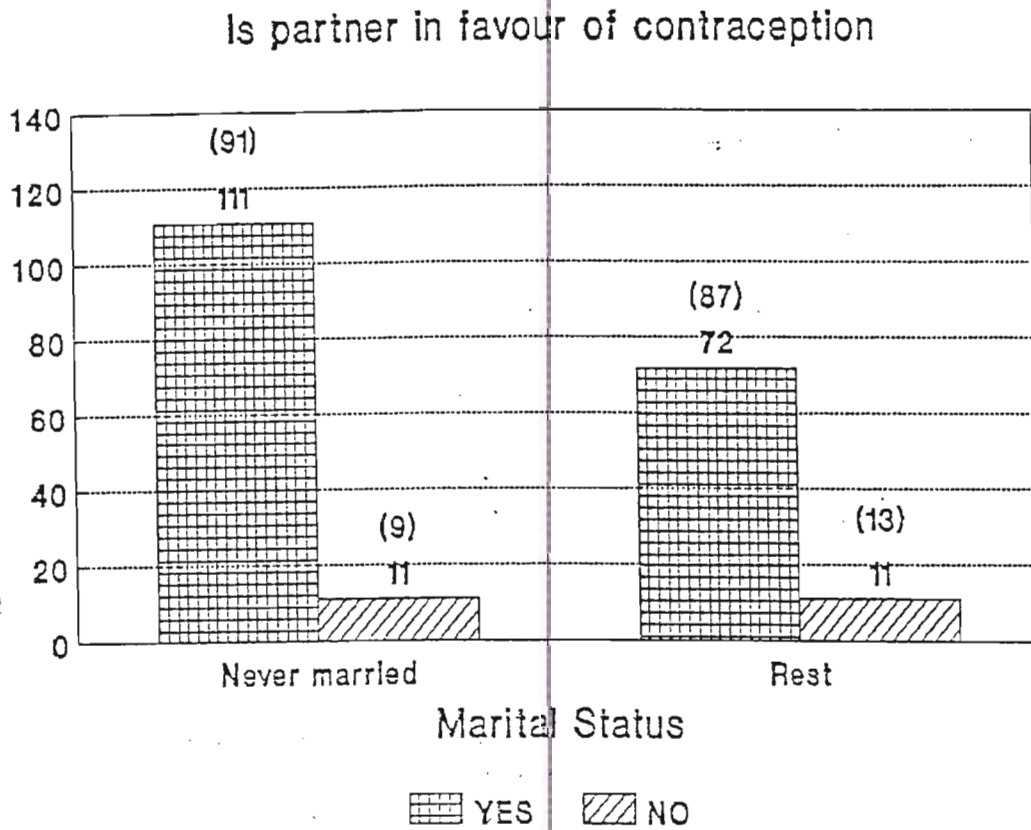
Those partners who were never married were 122, of these 111 (91%) were in favour of contraception and 11 (90%) were not.

$X^2 = 0.50 > p > 0.10$ indicating that there was no association between attitude to contraception and marital status of the partner.

Figure 2(d)

Community distribution of attenders' partner according to attitude to contraception - Alice during the period June-sept 1990.

Number and roe percent (%)
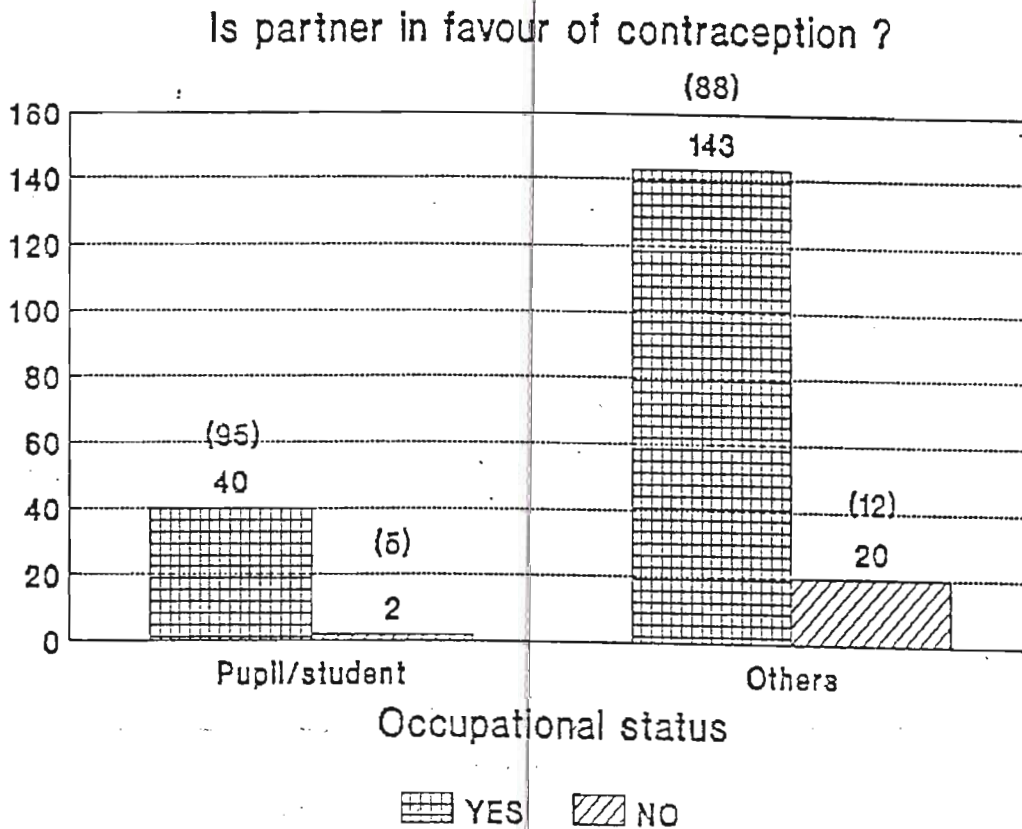
Is partner in favour of contraception

There were 145 partners from a rural setting. Of these 130 (90%) were in favour of contraception and 15 (10%) were not. The township partners were 60 and 53 (88%) were in favour of contraception whilst 7 (12%) were not.

There was no association between attitude to contraception and community status of the partner as indicated by $X^2 = p > 0.50$.

Figure 2(e)

Occupational distribution of attenders' partners according to attitude to contraception - Alice during the period June-sept 1990.

Number and row percent (%)

Is partner in favour of contraception ?

There were 42 students/pupils and out of these 40 (95%) were in favour of contraception whilst 2 (5%) were not. The others (professional and non professionals) were 163 and 143 (88%) were in favour whilst 20 (12%) were not in favour of contraception.

X^2 (Yates "continuity correction") = 0.50>p>0.10 indicating that there was no association between attitude to contraception and occupational status of the partner.

Figure 2(f)

Age distribution of attenders' partners according to discussion of contraception at Alice during the period June-Sept 1990.

Number and row percent (%)

Does partner discuss prevention

Age category

YES   NO
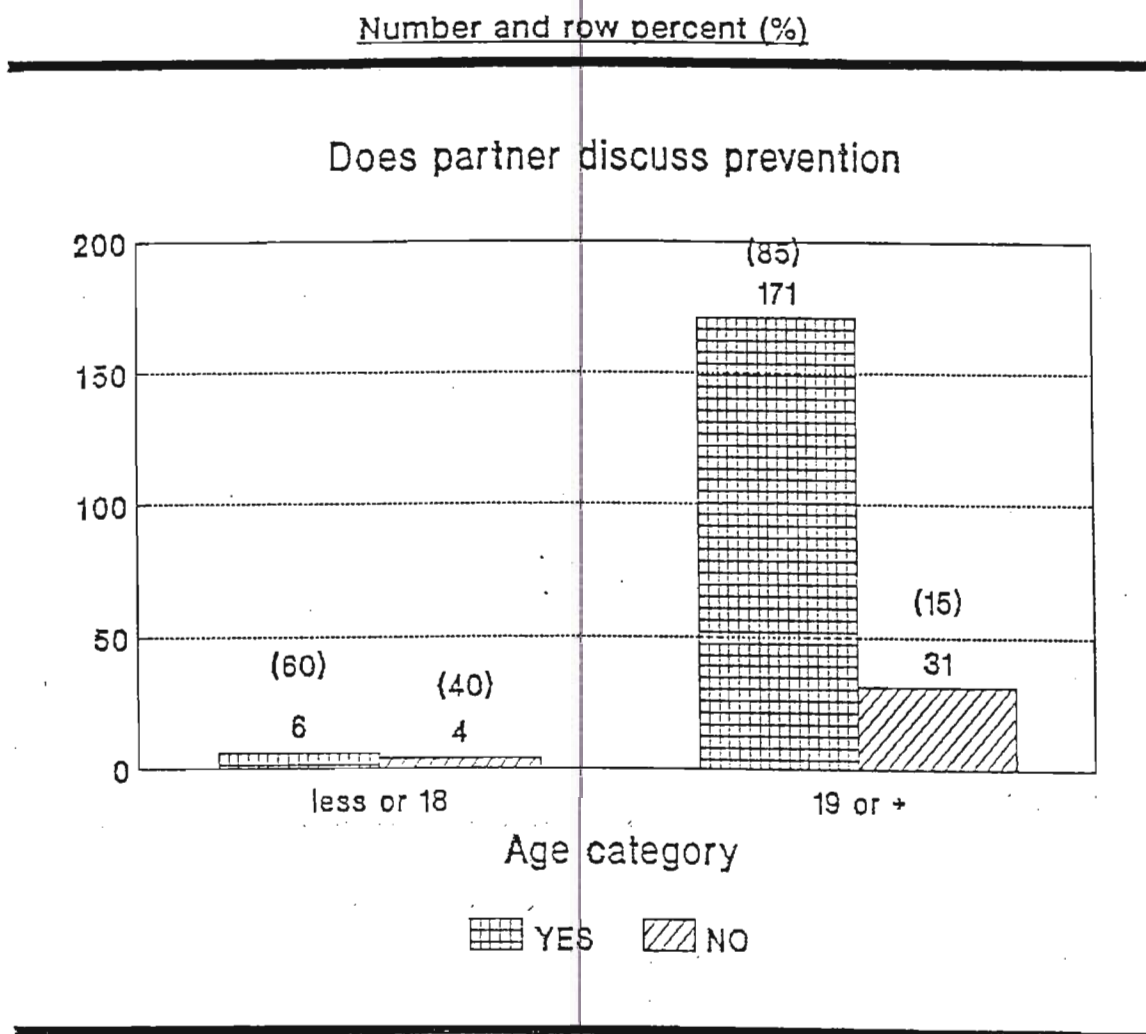
The 18 years and below partners were 10 and out of these, 6 (60%) discussed contraception use and 4 (40%) did not.

The 19 years and above were 202 and 171 (85%) of these discussed contraception whilst 31 (15%) did not.

There was no association between discussion of contraception and the age of the partner as indicated by $0.10 > p > 0.05$.

Figure 2(a)

Educational distribution of attenders' partners according to discussion of contraception at Alice during June-Sept 1990.

Number and row percent (%)

## Does partner discuss prevention

Educational status

YES   NO
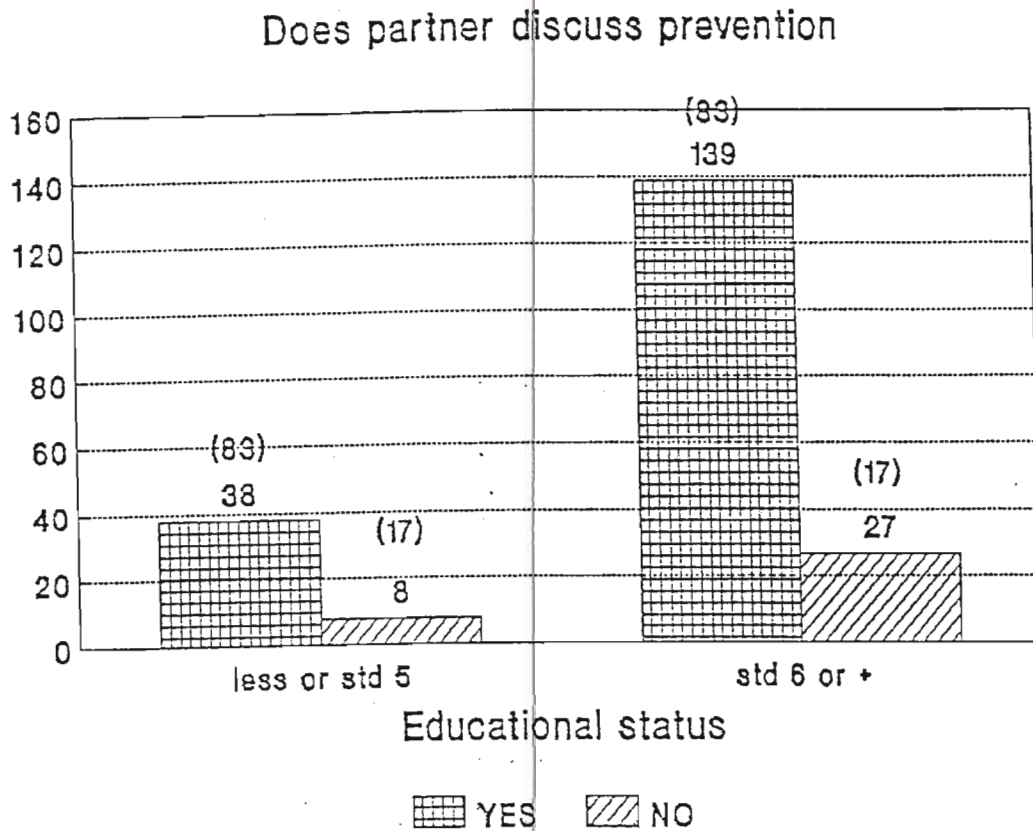
There were 46 partners who had attained std 5 or below. Of these 38 (83%) discussed prevention and 8 (17%) did not.

Those who had attained std 6 or above were 166 and of these 139 (83%) discussed prevention and 27 (17%) did not.

X^2 =p0.50 indicating that there was no association between discussion of prevention and education of partner.

Figure 2(h)

Community distribution of attenders' partners according to discussion of contraception at Alice June-Sept 1990.

Number and row percent (%)

## Does partner discuss prevention
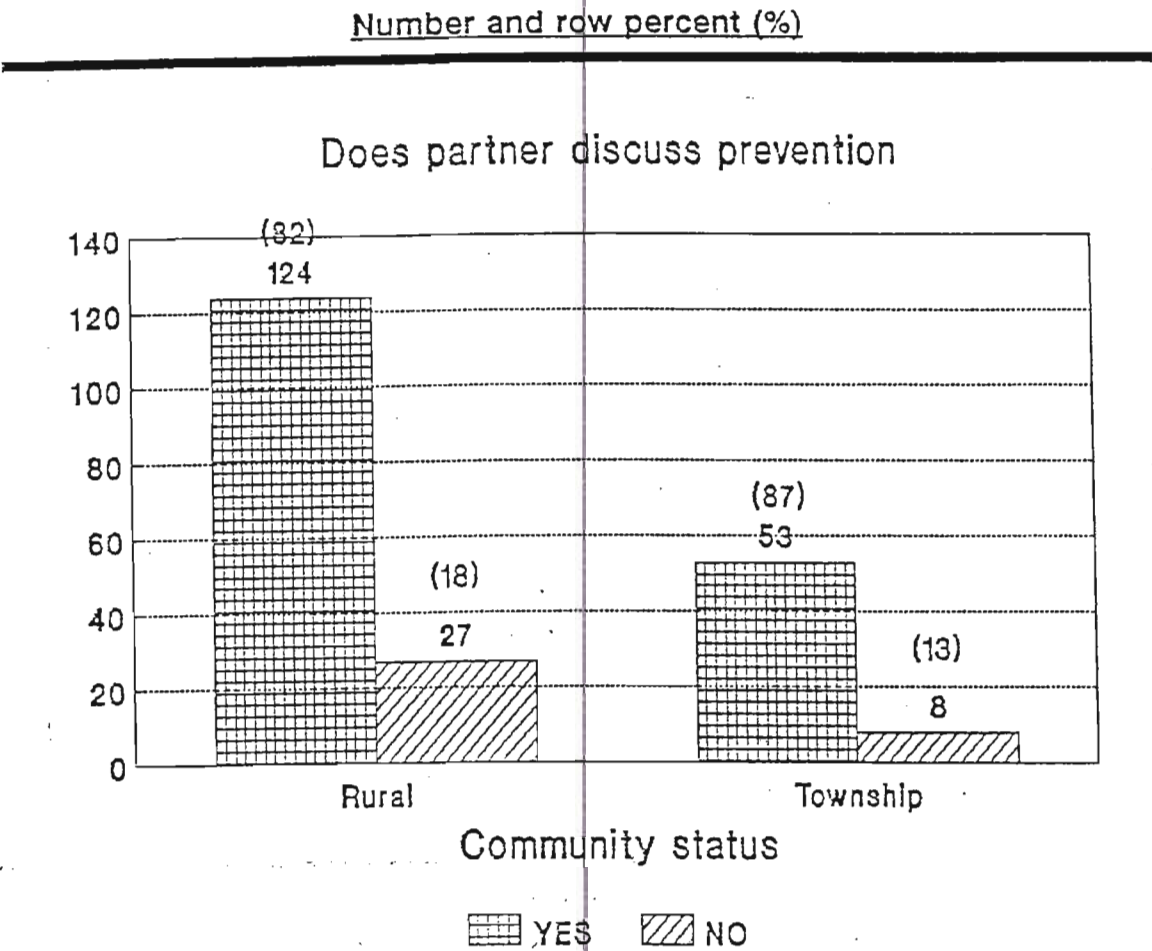
There were 151 partners from a rural setting and of these 124 (82%) discussed contraception and 27 (18%) did not.

There were 61 partners from a township setting and of these 53 (87%) discussed contraception and 8 (13%) did not.

$X^2 = 0.50 > p > 0.10$ indicating that there was no association between discussion of contraception and community status of the partner.

Figure 2(i)

Marital distribution of attender' partner according to discussion of contraception at Alice during June-Sept 1990.

Number and row percent (%)

Does partner discuss prevention
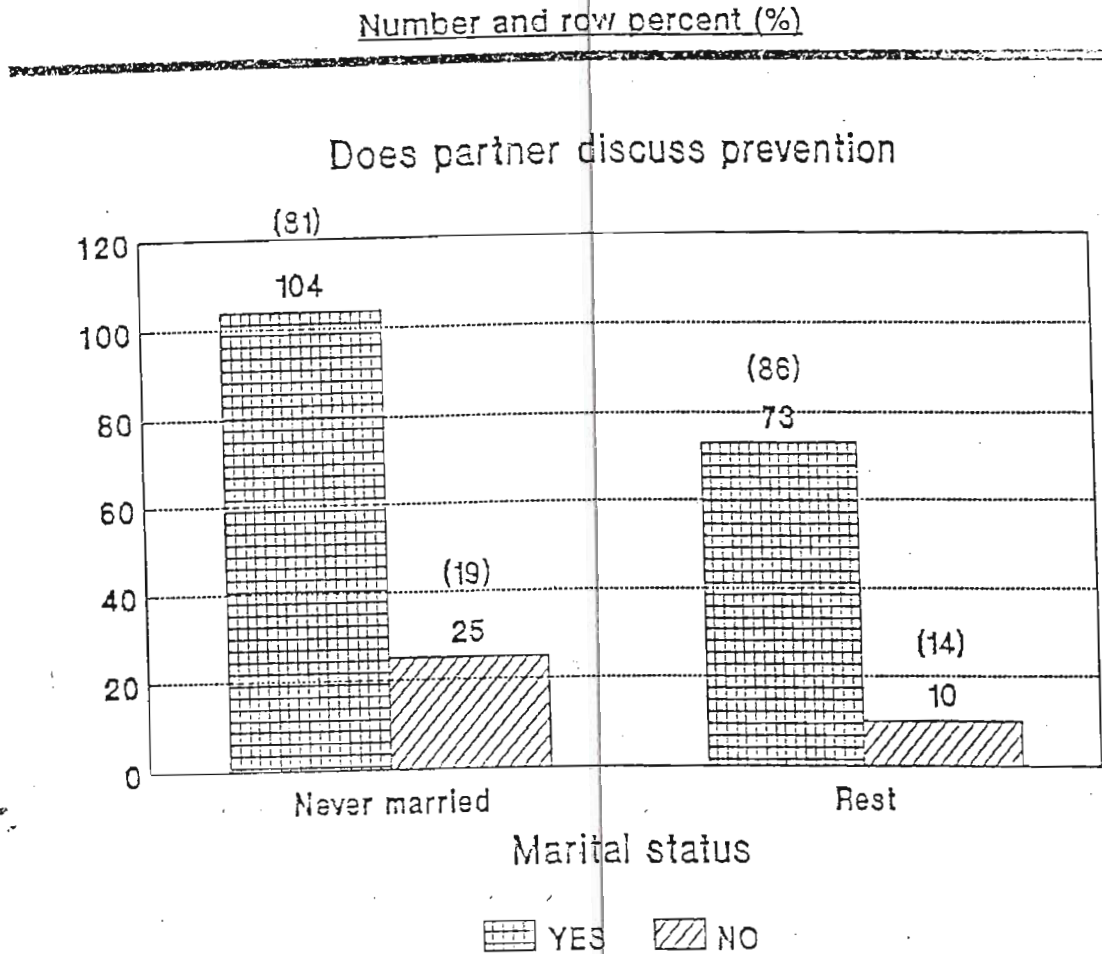
There were 129 unmarried partners. Of these 104 (81%) discussed contraception and 25 (19%) never did.

The rest (married, divorced, seperated) were 83 and 73 (86%) discussed contraception whilst 10 (14%) did not.

$X^2 = 0.50 > p > 0.10$ indicating that there was no association between discussion of contraception and marital status of partner.

Figure 2(j)

Occupational distribution of attenders' partners according to discussion of contraception at Alice June-Sept 1990.

Number and row percent (%)

Does partner discuss prevention
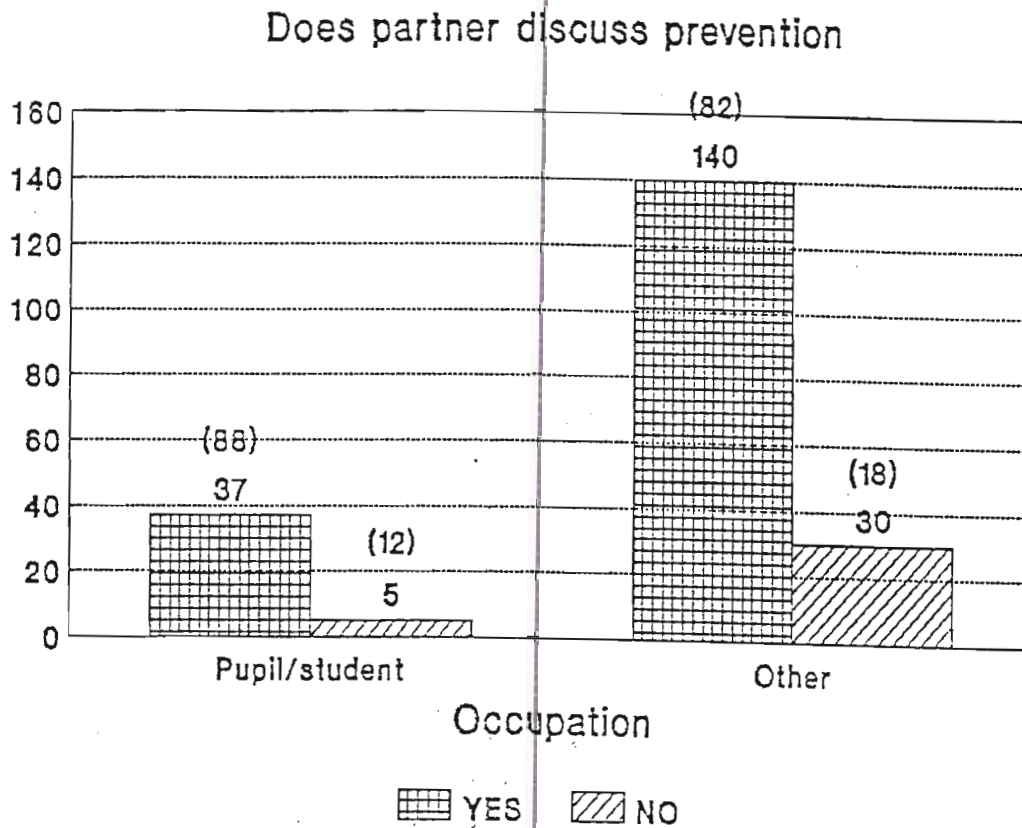
There were 42 students/pupils and 37 (88%) of these discussed contraception whilst 5 (12%) did not.

The rest (professionals and non-professionals) were 170 and 140 (82%) discussed contraception whilst 30 (18%) did not.

There was no association between discussion of contraception and occupation of partner as indicated by $0.50 > p > 0.10$

(27)

Figure 2(k)

Do you and your partner discuss contraceptive use? All attenders at the Family Planning Clinic and Ante-natal-care - Alice during the period June-Sept 1990.

Number and column percent (%)
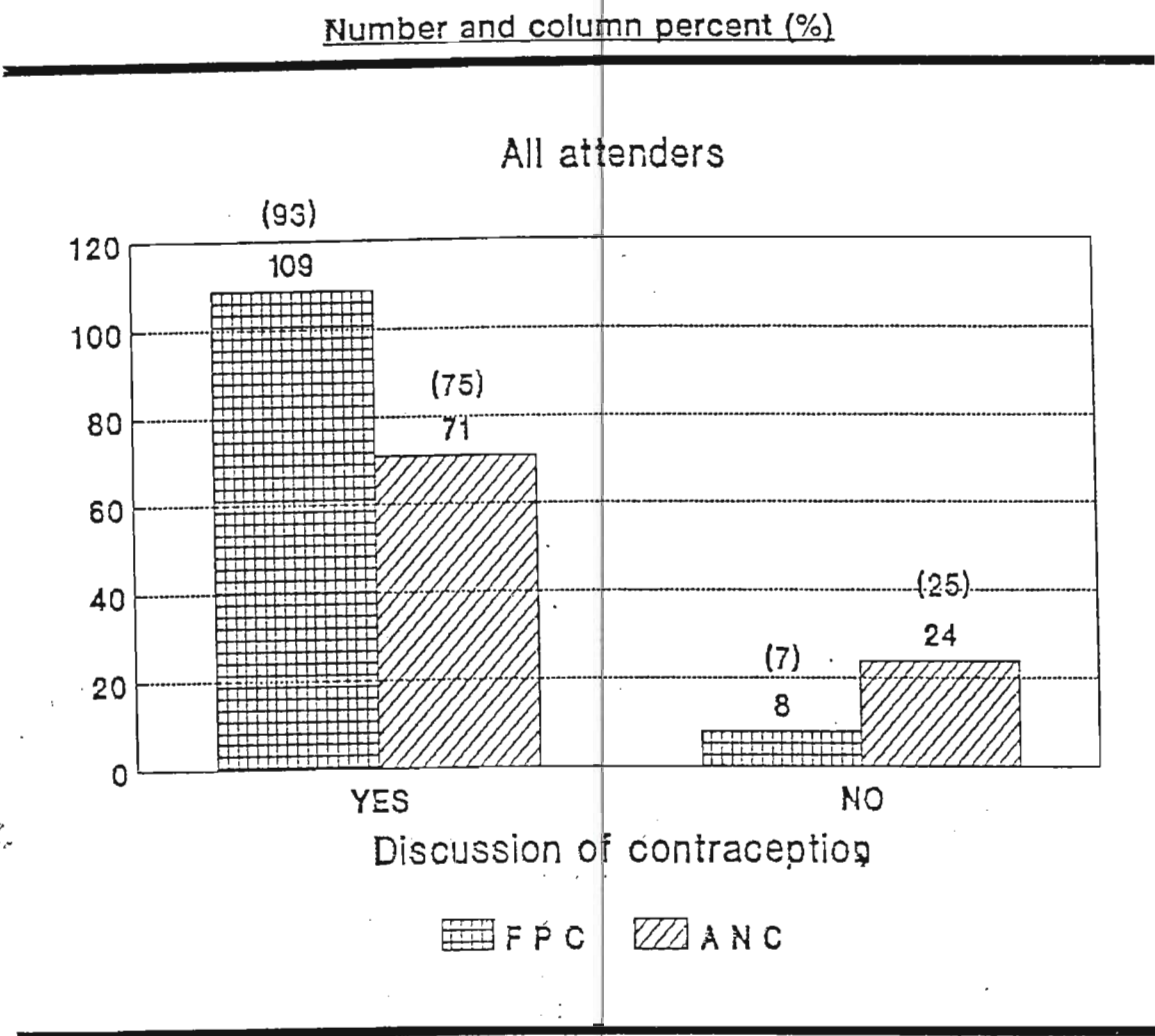
All attenders

F P C= Family Planning Clinic
A N C= Ante-natal care

Of the 117 F P C attenders 109 (93%) discussed contraception with partner and 8 (7%) did not.

There were 95 A N C attenders and out of these 71 (75%) discussed contraception whilst 24 (25%) did not.

There was a statistically significant association between type of attender and discussion of contraception with partner as indicated by p<0.001.

Figure 2 (I)

Age distribution of attender at the family Planning Clinic and Ante-nata-care according to need for partner's permission for contraceptive use - Alice during period June-Sept 1990.

<u>Number and row percent (%)</u>

Is partner's permission needed for use

Age category

YES   NO
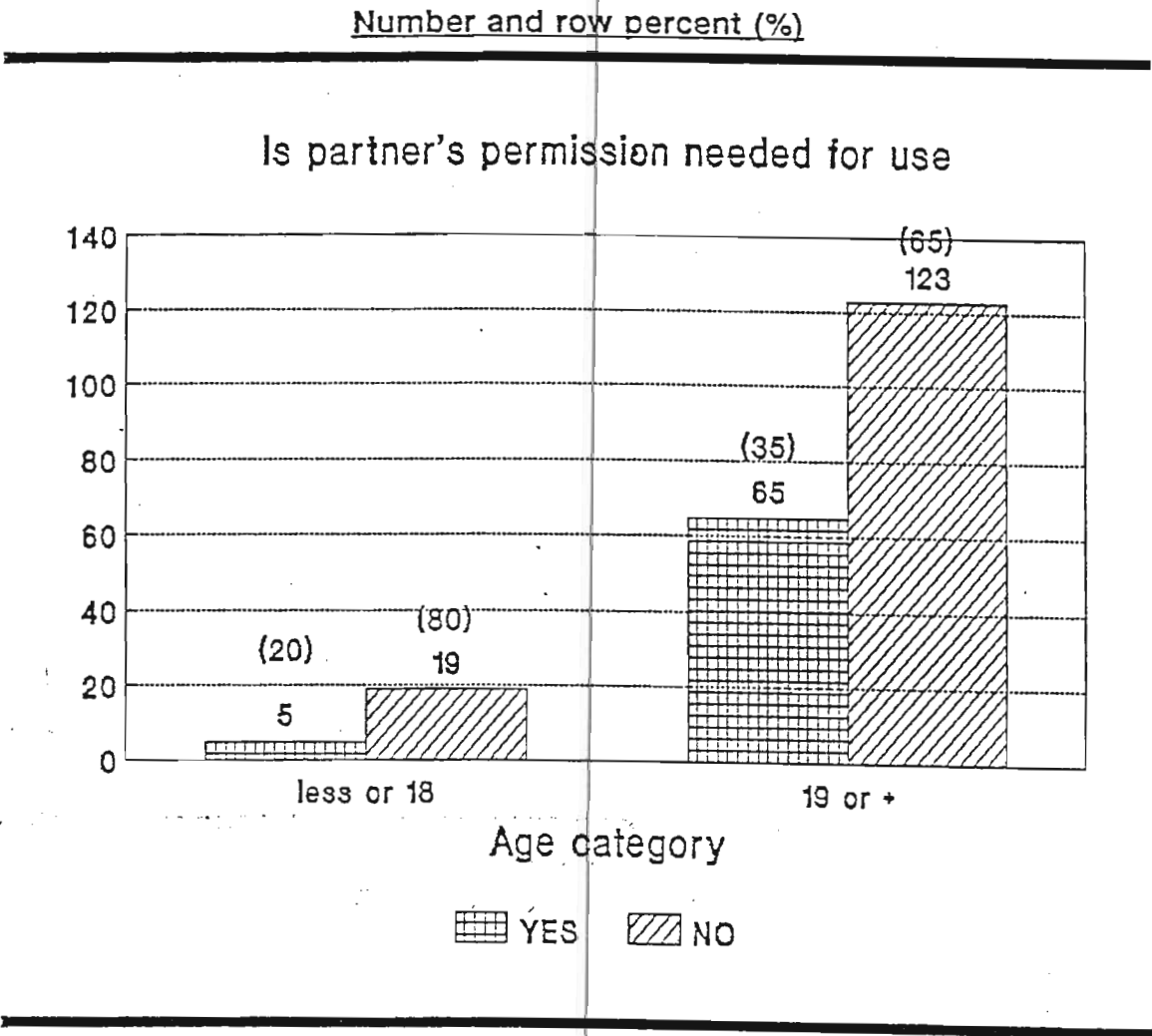
There were 24 attenders who were 18 years and below. Of these 19 (80%) needed no permission and 5 (20%) needed partner's permission for contraceptive use.

The 19 years and above were 188, and 123 (65%) needed no permission, whilst 65 (35%) did need the partner's permission for contraceptive use.

$X^2 = 0.50 > p > 0.10$ indicating that there was no association between the age of the attender and the partner's permission for contraceptive use.

(29)

Figure 2(m)

Educational distribution of attender at the Family Planning Clinic and Ante-natal-care according to need for partner's permission for contraceptive use at Alice during the period june-Sept 1990.

Number and row percent (%)

Is partner's permission needed for use
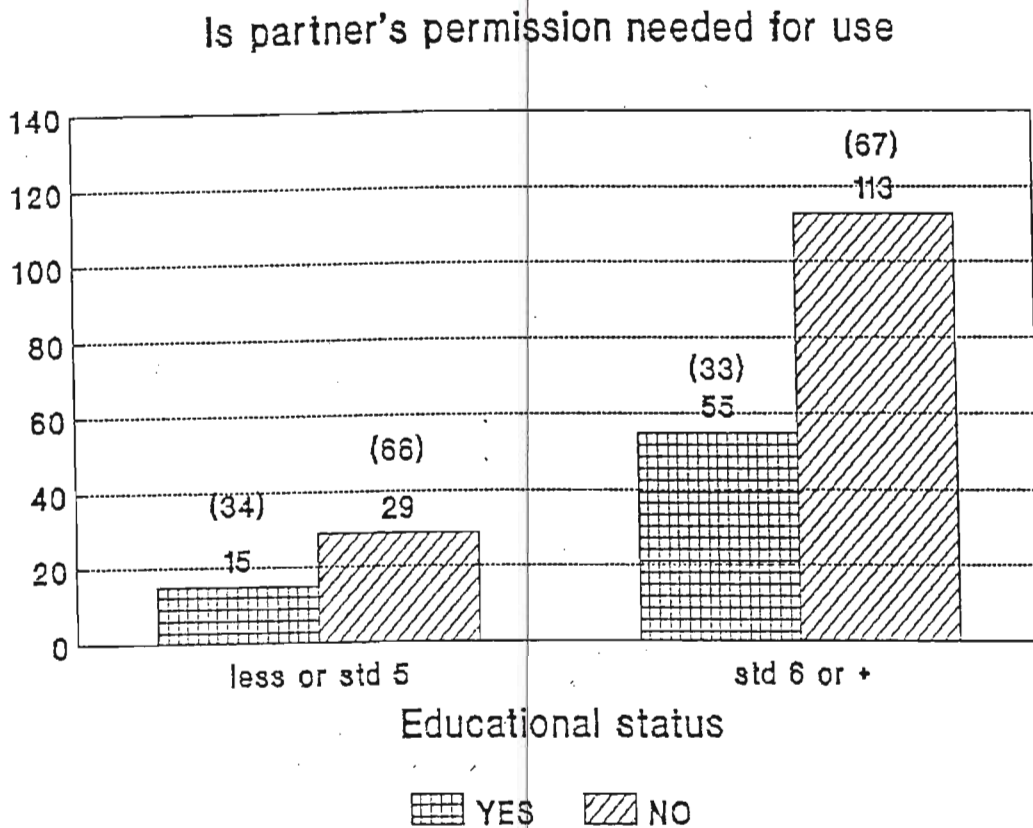
Fourty four of the attenders attained std 5 or less. Of these 29 (66%) needed no permission from partner for contraceptive use whilst 15 (34%) needed it.

Those who had attained std 5 and above were 168 and of these 113 (67%) did not need partner's permission for contraceptive use whilst 55 (33%) needed it.

There was no association between education of the attender and need for partner's permission for contraceptive use as indicated by p>0.50.

Figure 2(n)

Community distribution of attender at the Family Planning Clinic and Ante-natal-care according to need for partner's permission for contraceptive use - Alice during the period June-Sept 1990.

number and row percent (%)

Is partner's permission needed for use

There were 155 attenders from the rural setting. Of these 99 (64%) did not need the partner's permission for contraceptive use whilst 56 (36%) needed it. Of the 57 township attenders, 43 (75%) needed no partner's permission for contraceptive use and 14 (25%) needed it.

There was no association between attender's community status and need for partner's permission for contraceptive use as oindicated by $0.50 > p > 0.10$

Figure 2(o)

Marital distribution of attender at the Family Planning and Ante-natal-care according to need for partner's permission for contraceptive use - Alice during the period June-Sept 1990.
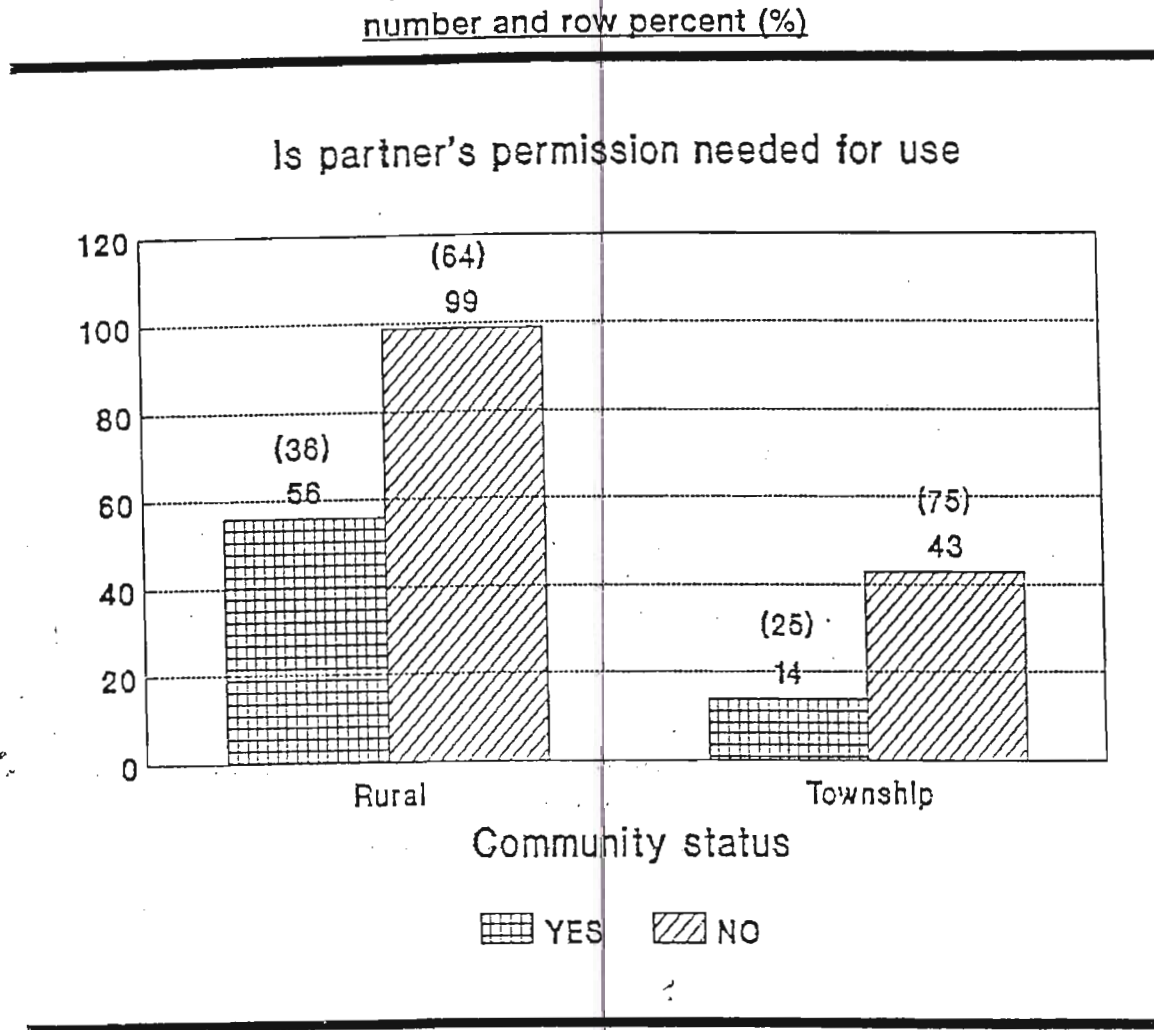
Number and row percent (%)

Is partner's permission needed for use ?

Marital status

YES   NO

There were 133 attenders who were never married. Of thse 107 (80%) needed no partner's permission for contraceptive use and 26 (20%) needed it.

The rest (married, divorced/seperated) were 79 and 35 (43%) needed no partner's permission for contraceptive use whilst 44 (57%) did.

There was a statistically significant association between marital status of attender and need for partner's permission for contraceptive use as indicated by $0.01 > p > 0.001$

Figure 2(p)

Occupational distribution of attender at the Family Planning Clinic and Ante-natal care according to need for partner's permission for contraceptive use - Alice during the period June_Sept 1990.
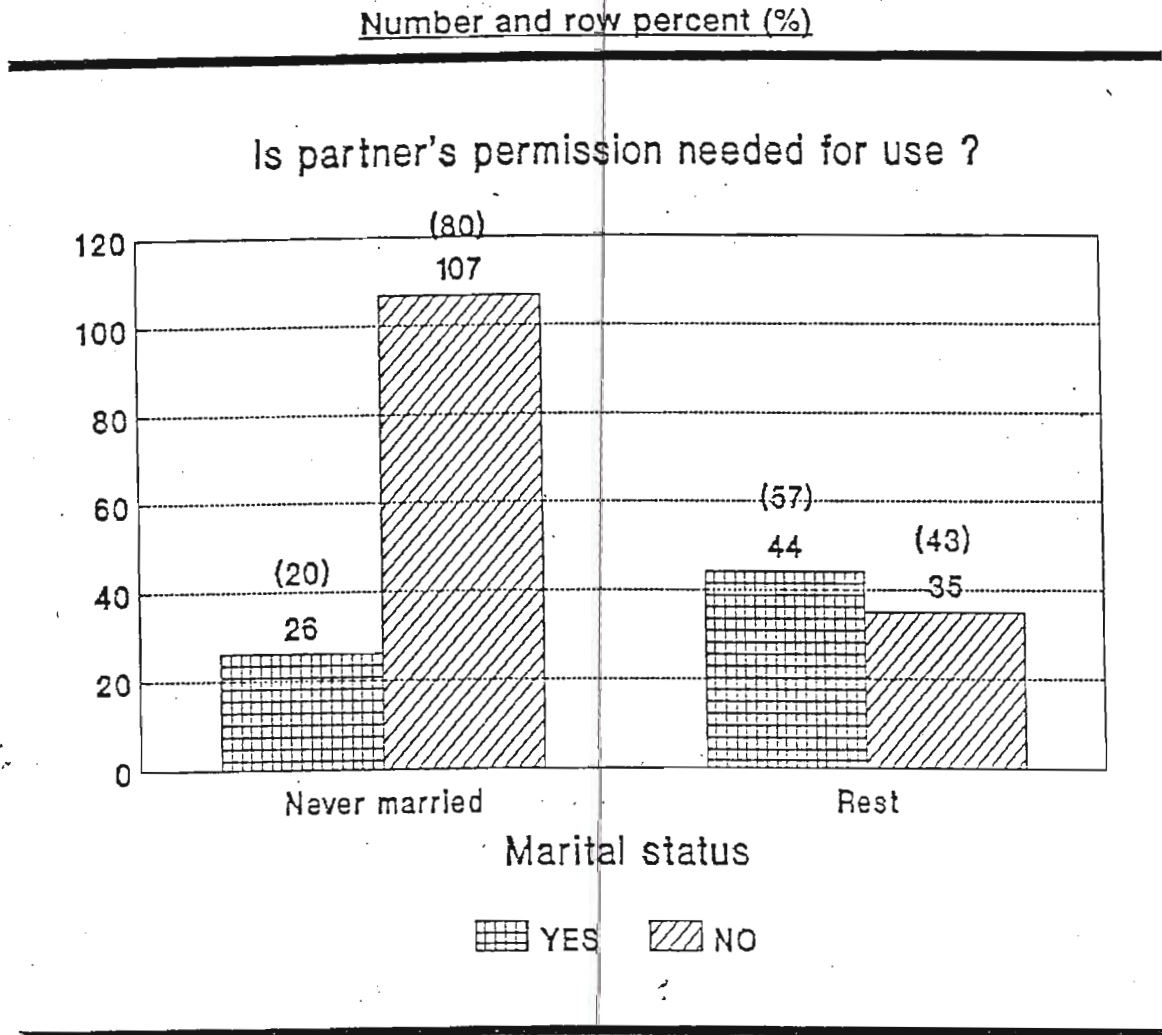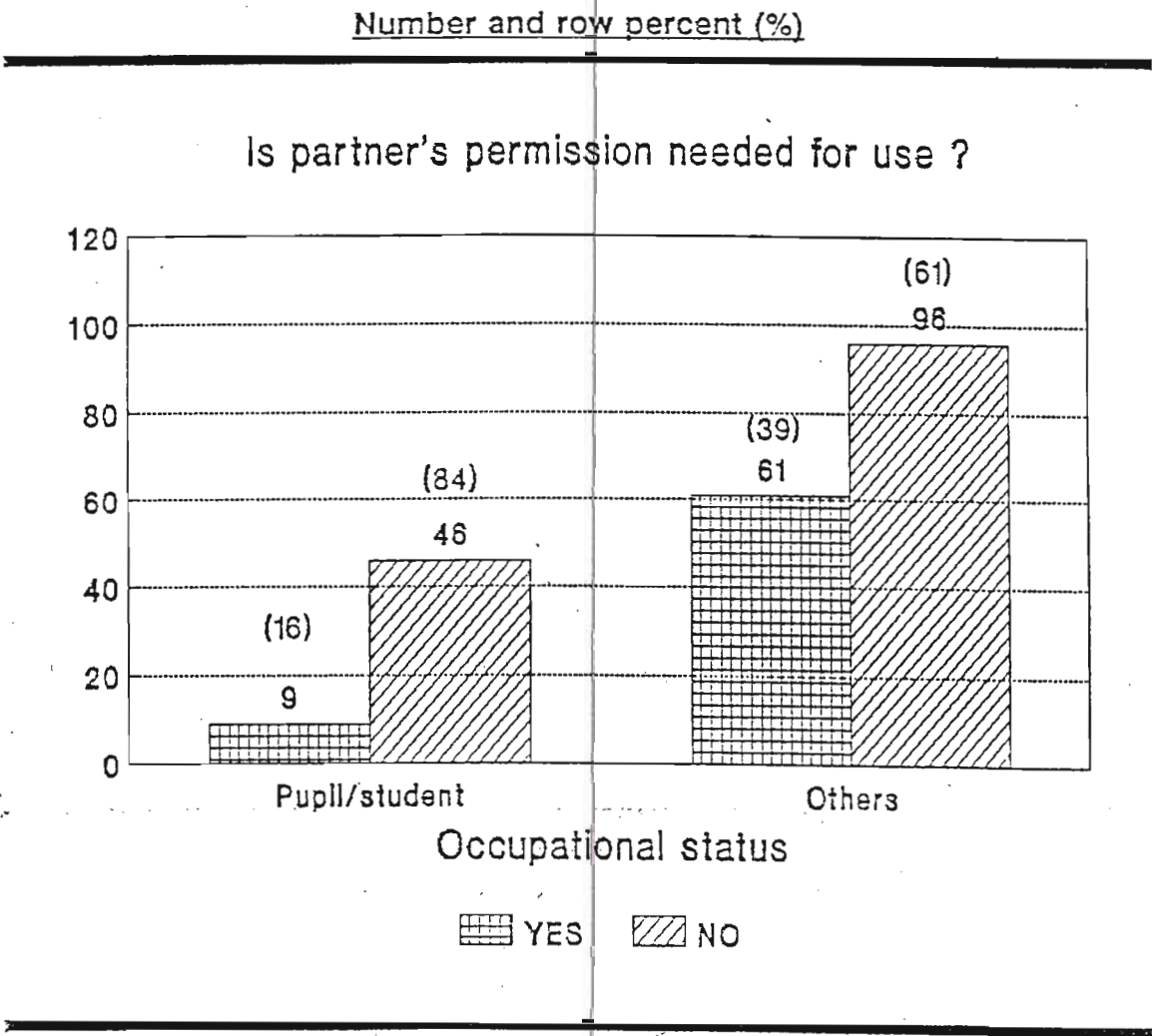
Number and row percent (%)

Is partner's permission needed for use ?

There were 55 students/pupils attenders and 46 (84%) needed no partner's permission for contraceptive use, whilst 9 (16%) needed it.

The rest of the attenders (professional and non professionals) were 157 and 96 (61%) needed no permission for contraceptive use, whilst 61 (39%) needed it.

There was a statistically significant association between occupational status of the attender and the need for partner's permission for contraceptive use as indicated by 0.01 > p > 0.001.

FIGURE 2(Q)

Opinion of contraceptive users according to granting of permission for use by partner -
Alice during the period june-Sept 1990.

Number and column percent (%)
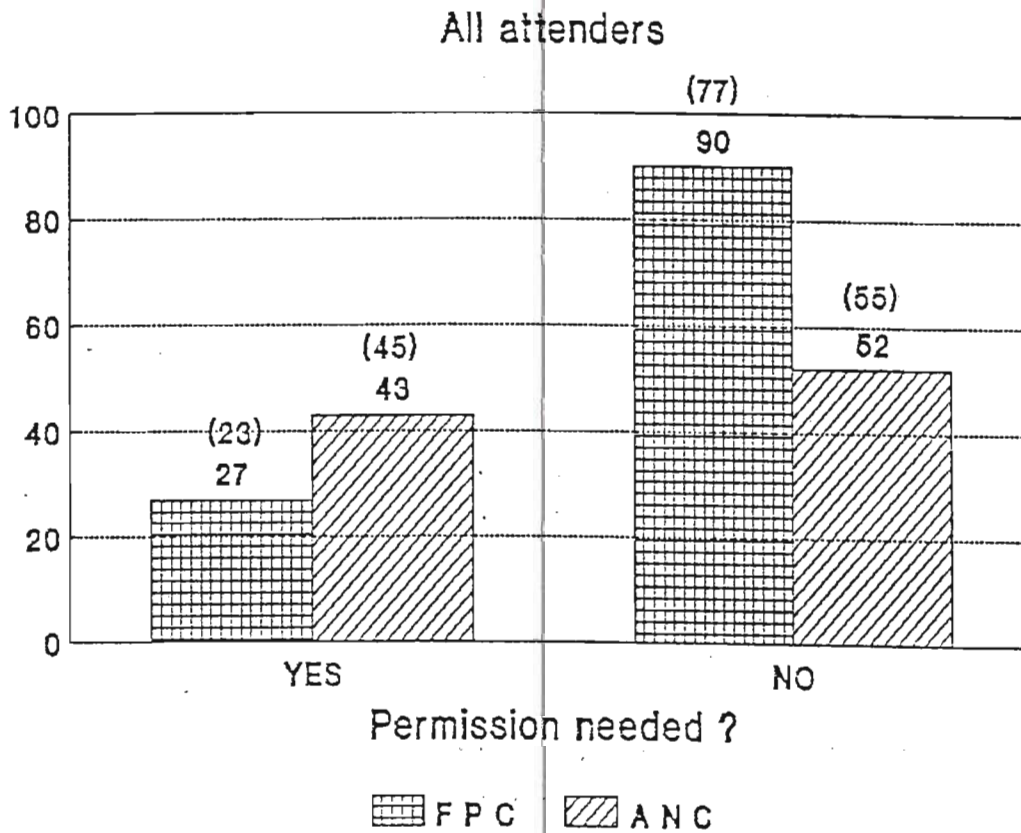
All attenders

F P C = Family Planning Clinic
A N C = Ante-nata care

There were 117 F P C attenders out of whom 90 (77%) needed no partner's
permission for contraceptive use and 27 (23%) needed such.

Ante-natal care attenders were 95 and of these 52 (55%) needed no partner's
permission for contraceptive use whilst 43 (45%) did need it.

There was a statistically significant association between type of attender and granting
of permission for contraceptive use as indicated by p<0.001.

OBJECTIVE III

There was no association between the age of the attender and
knowledge of the pill and injectables as shown in figure
3(a) & Table III (a) and figure 3(b) & Table III(b)

Age became of statistical significance, when considered with
knowledge of I U C D - 0.01 > P > 0.001 (Figure 3(c) & Table   III(c)

The 18 years and below age group - did not know natural
methods, barrier and post couital contra in their entirety
(100% in all cases)
Of those who were 19 years and above, 4(2%) knew natural
methods, 6 (3%) knew barrier methods and 2 (1%) knew post
coital contraception.   Statistically there was no associati
between age and knowledge of the above. (See figure 3(d),(e)
& (f)

Some of the attenders had used contraception in the past.
There was a statistically significant association between
age and past use of contraception P > 0.001 see figure 3(g)
& Table III (g).   Knowledge of contraception of the past
users is shown in figure 3 (h) & Table III(h)

When the source of knowledge of contraception of past users
was considered, it was found that health care professionals,
the family and friends played major roles in that order.
- see figure 3 (i) & Table III (i) Schools and other sources
were of very little significance , figure 3 (i) & Table III   (i)

The attenders who were 18 years and below knew only the pill
17 (10%) and injectables 23 (11%) and knew nothing about
I U C D, natural methods, barrier and post coital contracept
Those who were 19 years and above knew about all forms of
contraception as shown in figure 3 (j) & Table III (j).
Most of the attenders used the pill and injectables, 18 year
and below, 5 (12%) and 16(10%) respectively and 19 years and
above 36 (88%) and 138 (90%) respectively as shown in figure
3 (k) & Table III (k).

As shown with past users, the health care professionals,
family and friends in that order played a significant role
as a source of knowledge of contraception.

There were 172 attenders who had experienced pregnancy.
Fifty four were 18 years and below and of these 24 (44%) had
knowledge of contraception before the first pregnancy & 30
(56%) had none.   Of the 19 years and above 86 (73%)had
knowledge and 32 (27%) had none.

Age of attender proved to have a statistically significant
association with contraceptive knowledge before the first
pregnancy P $>$ 0.001   figure 3 (m) & Table III (m)

Figure 3(a)
Age distribution of attenders at the Family Planning clinic
and ante-natal-care according to knowledge of the Pill.

Number and percent (%)
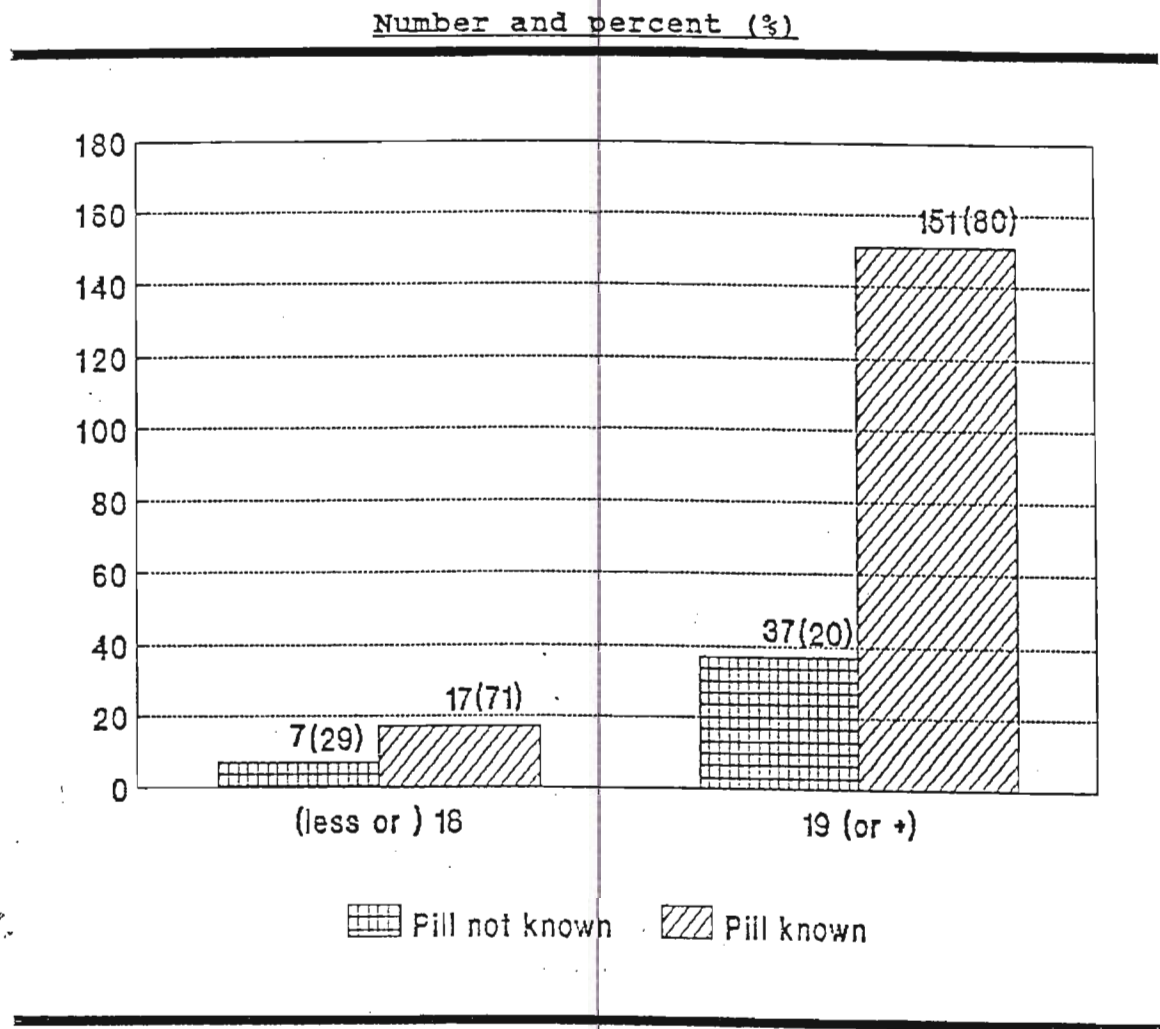
Of the total number of attenders below to 18 years 7 (29%) did not know the Pill.

With the 19 years and above age group 37 (20%) did not know the Pill and 151 (80%) knew the Pill.

X^2 : 0.50 > p > 0.10 indicating that there was no association between knowledge of the pill and age of attender.

Fig 3(b).Age distribution of attenders at the Family Planning Clinic and ante-natal-care according to knowledge of injectables. Alice Jun-Sept 1990. Number and percent(%)
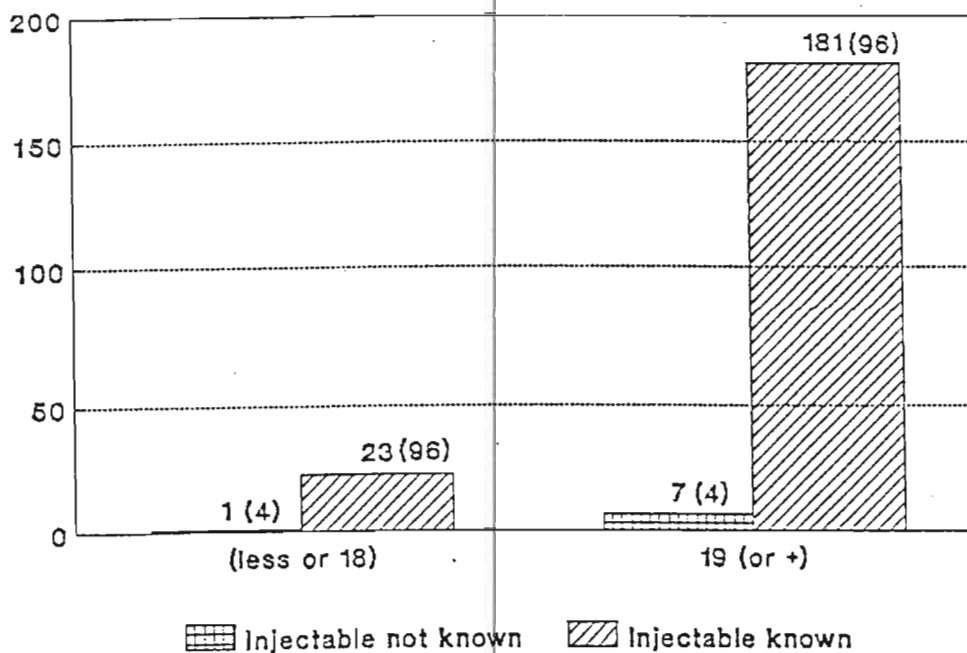
There were 24 attenders who were below to 18 yrs. Of these, 1 (4%) did not know injectables and 23 (96%) knew injectables. Of those who were 19 years and above, 7 (4%) did not know injectables and 181 (96%) knew.

X^2 - p>0.50 indicating no association between age of attender and knowledge of the injectables.

Figure 3c

Age distribution of attenders at the family planning clinic and ante-natal-care (Alice, Jun-Sept 1990) according to knowledge of intra-uterine contraceptive devices (IUCD).

Number and percent (%)
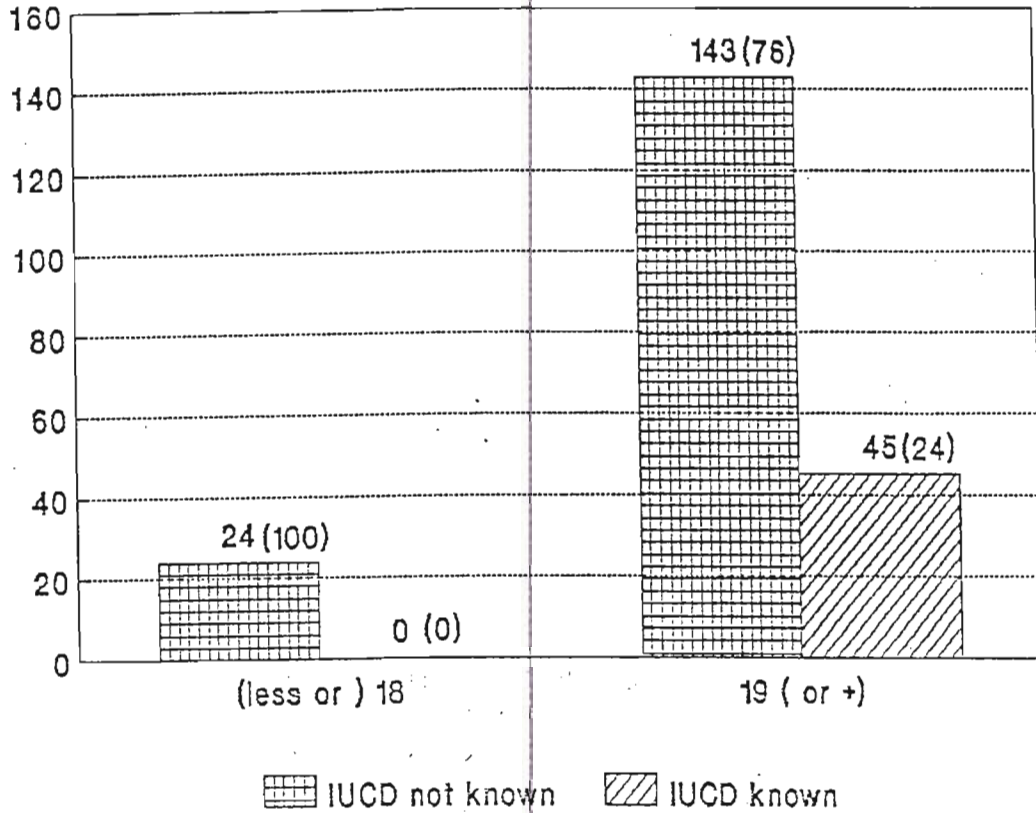
There were 24 attenders below to 18 yrs. All of them (100%) did not know intra-uterine devices.

of those who were 19 yrs and above 45 (24%) knew intra-uterine devices and 143 (76%) did not know.

X^2 (Yates "continuity correction"), $0.01 > p > 0.001$ indicating that there was a statistically significant association between age of the attender and knowledge of intra-uterine devices.

Figure 3(d) Age distribution of attenders at the Family Planning clinic and ante-natal-care (Alice, Jun-sept 90) according to knowledge of nat.meth.of contra. (NMC)<u>Number and percent(%)</u>

All the attenders below to 18 years (100%) did not know natural methods of contraception.

Of the attenders who were 19 years and above 4 (2%) knew and 184 (98%) did not know natural method of contraception.

X^2 (Yates continuity correction) = p>0.50 indicated that there was no association between knowledge of natural methods of contraception and age of the attender.

Figure 3(e)

Age distribution of attenders at the Family Planning clinic and ante-natal-care (Alice, June-Sept 1990) according to knowledge of barrier methods of contraception.
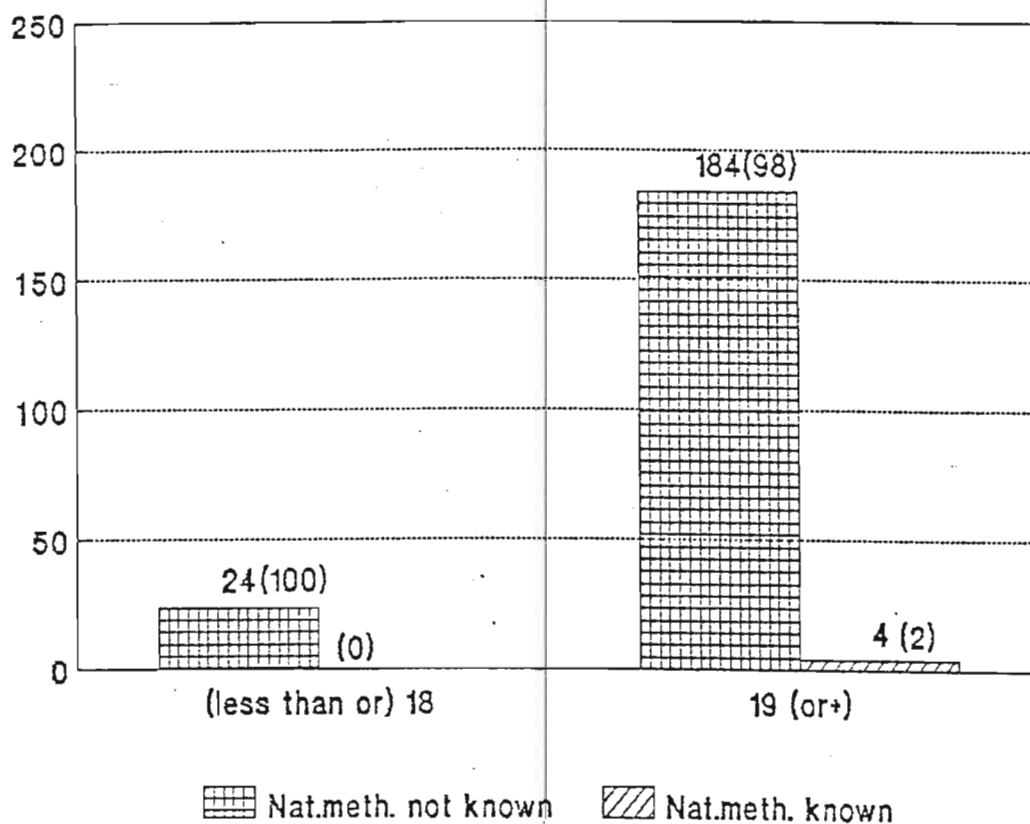
Number and percent (%)
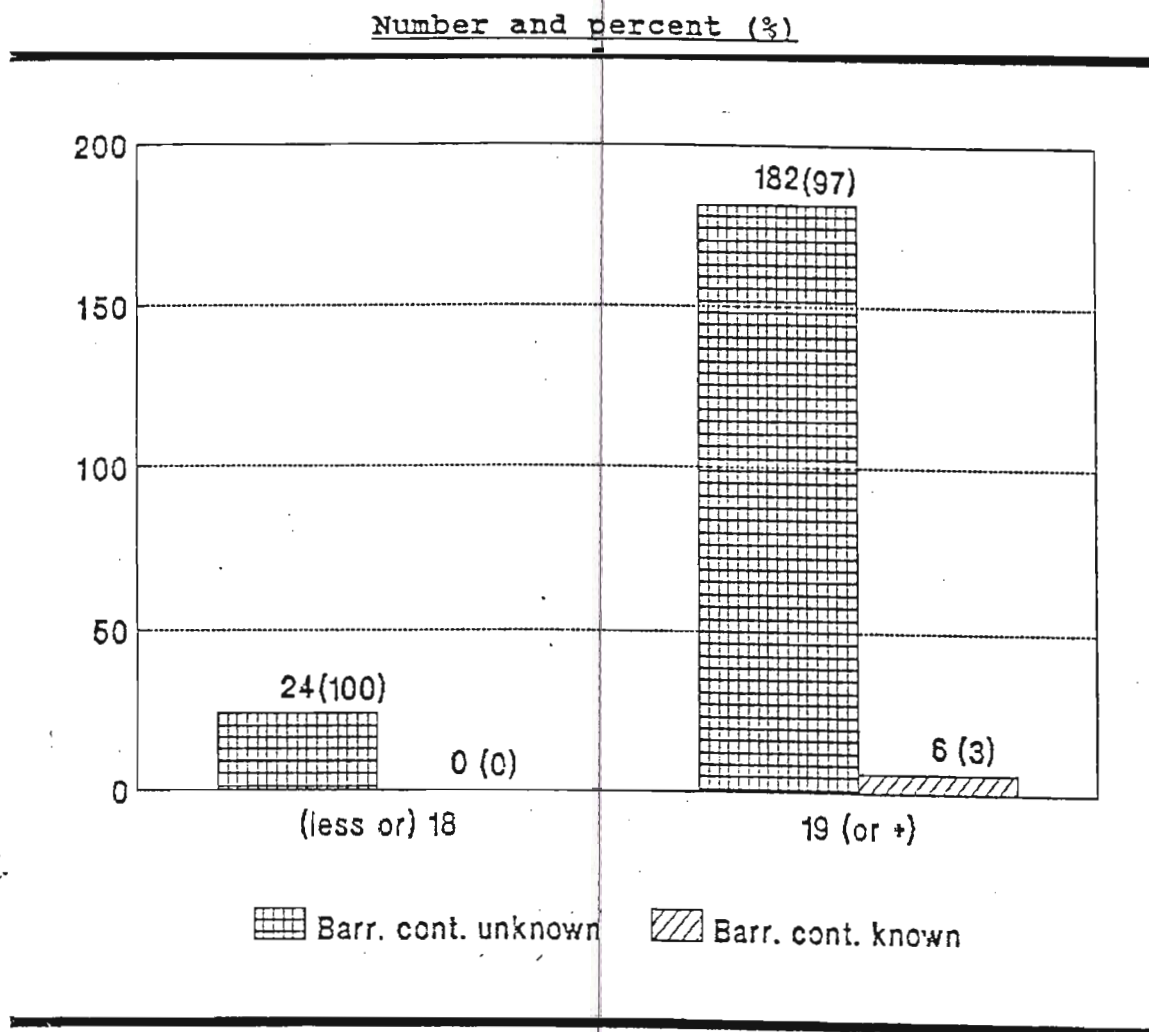

All the attenders below to 18 yrs (100%) did not know barrier contraceptives.

Of the attenders who were 19 years and above 6 (3%) knew and 182 (97%) did not know barrier methods of contraception.

X^2 (Yates "continuity correction") = $0.50 > p > 0.10$ indicating that there was no association between knowledge of barrier methods of contraception and the age of the attenders.

(41)

Figure 3(f)

Age distribution of attender at the Family Planning clinic and ante-natal-care (Alice, June-Sept 1990) according to knowledge of post-coital contraception (P C C).

Number and percent(%)
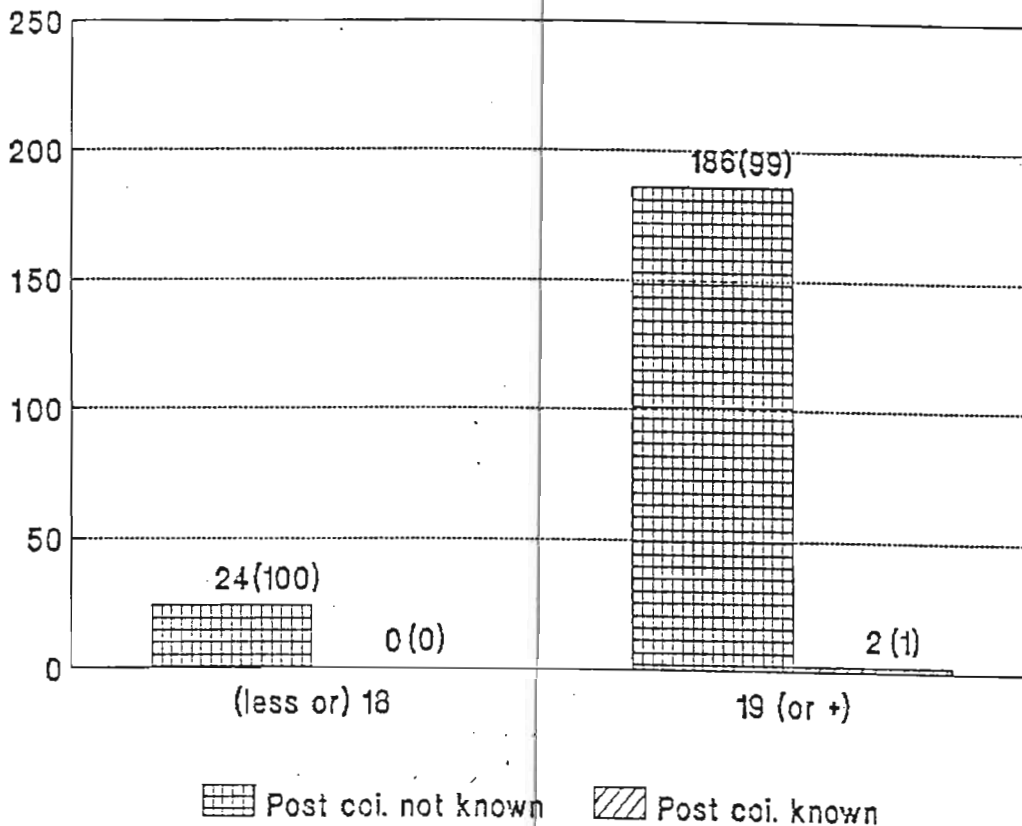
All the attenders who were 18 years and below (100%) did not know post coital contraception.

Of those who were 19 years and above, 2 (1%) knew post coital contraception and 186 (99%) did not know.

X^2 (Yates "continuity") = 0.50 > p > 0.10 indicating that there was no association between knowledge of post coital contraception and the age of the attender.

Figure 3(g)

Age distribution of past users of contraception (F P C and A N C) at Alice during the period June-Sept 1990
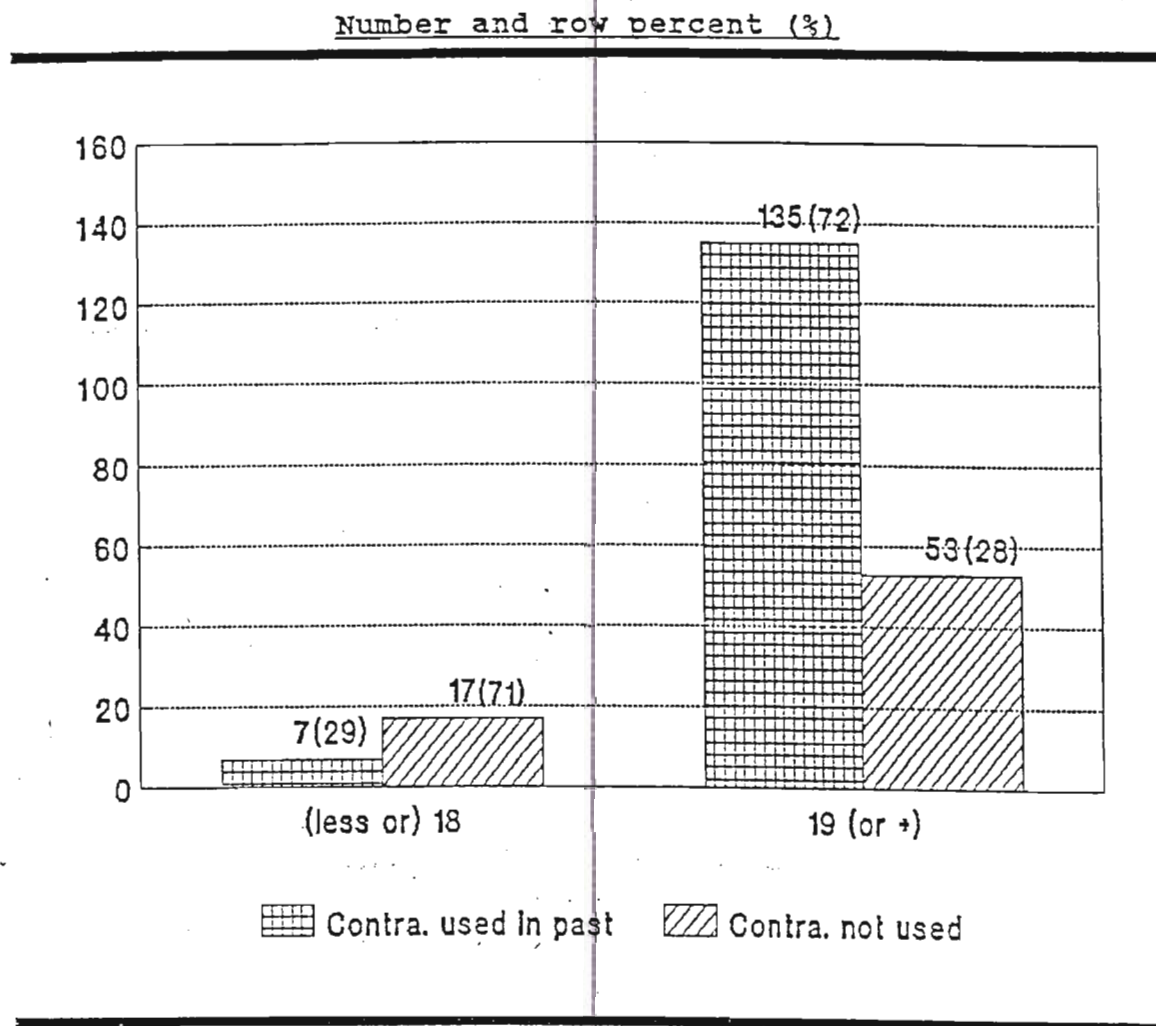
Of the attenders who were below to 18 years 7 (29%) had used contraception in the past and 17 (71%) had never used any form of contraception in the past.

Age was a factor - for, in the 19 years and above age group 135 (72%) had used contraception and 53 (28%) had never used contraception in the past.

X^2 =p>0.001 indicating that there was a statistically significant association between past use of contraception and age of the attender.

Figure 3(h)

Age distribution of past users of contraception according to type of contraception known, Alice, June-Sept 1990.

Number and percent (%)

Type of contraceptive known

▓ Pill	▨ Injectable	▦ I U C D
▩ Natural Method	▨ Barrier Method	☐ P C C
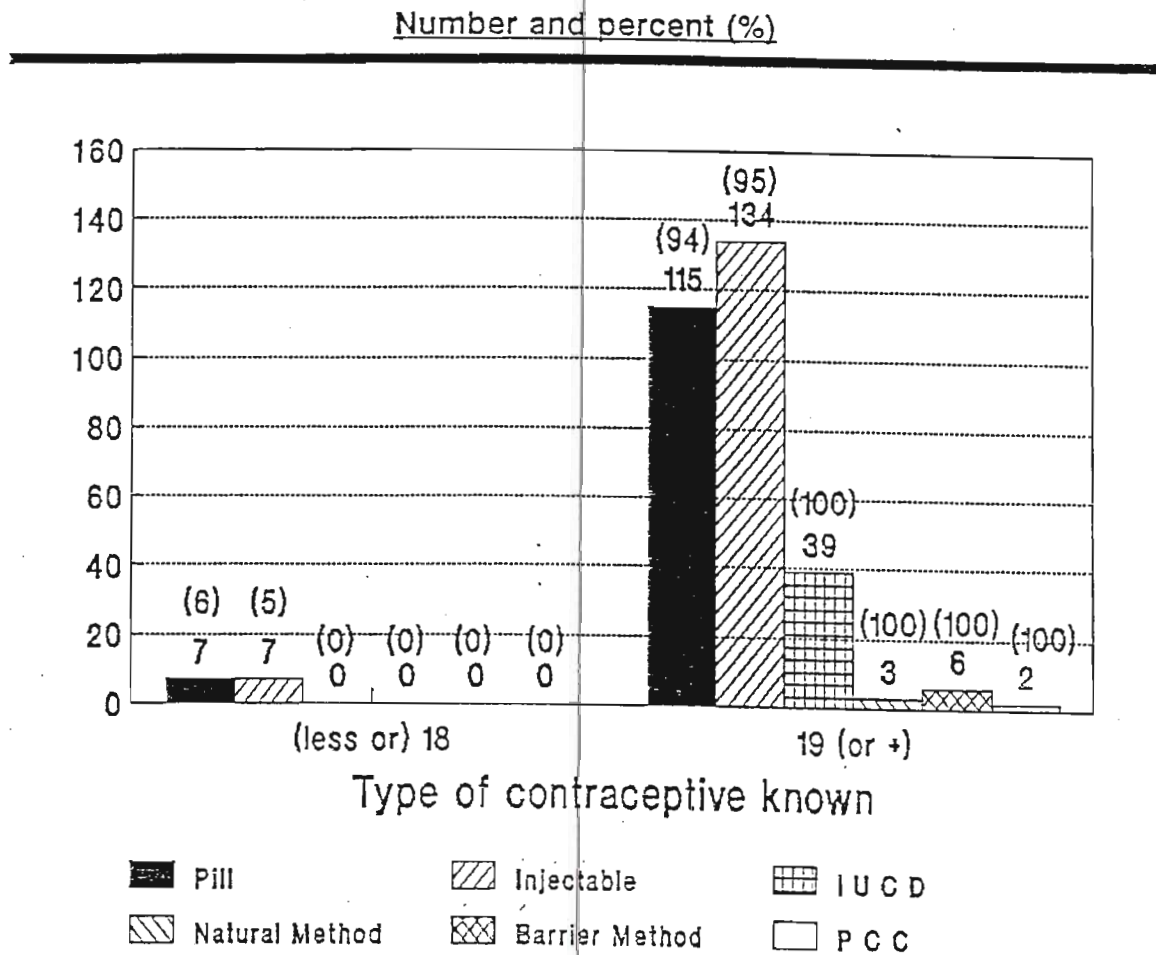
n = 212

IUCD = Intra Uterine Contraceptive Device

PCC = Post Coital Contraception

Of the Pill users who were 18 years and below, 7 (6%) knew about the Pill and those who were 19 years and above 115 (94%) knew. Seven (50%) of the 18 years and below knew about the injectables and those who were 19 years and above 134 (95%) knew. Only the 19 years and above age group knew about IUCD - 39 (100%), natural methods 3 (100%), barrier contraception 6 (100%) and post coital contraception 2 (100%).

Figure 3(i)

Age distribution of past users of contraception according to their sources of knowledge of contraception at Alice, June-Sept 1990.

<u>Number and column percent (%)</u>
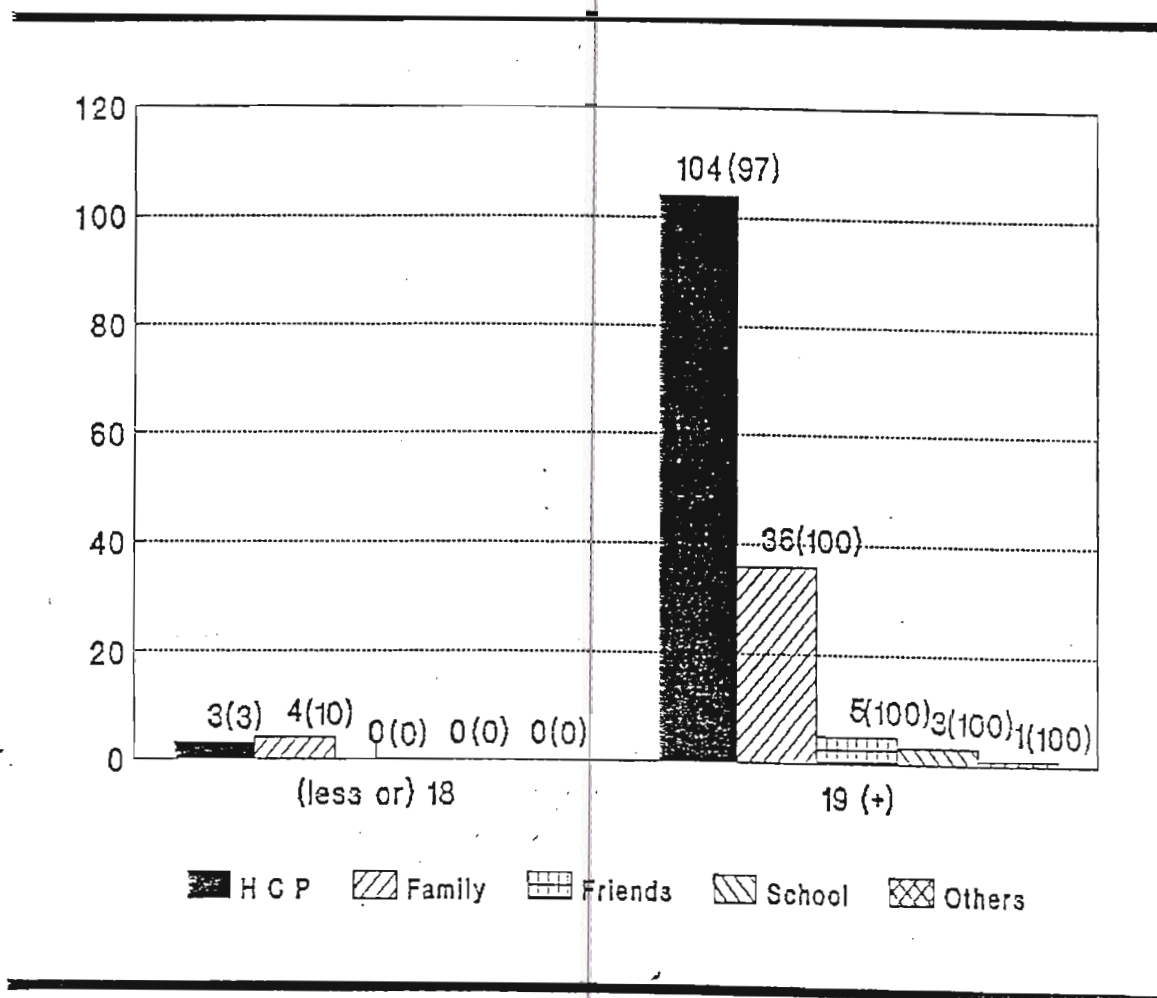
HCP = Health Care Professional
Others = Radio/Television

Figure 3(j)

Age distribution of all attenders according to type of contraception known at Alice, June-Sept 1990.

Number and column percent (%)
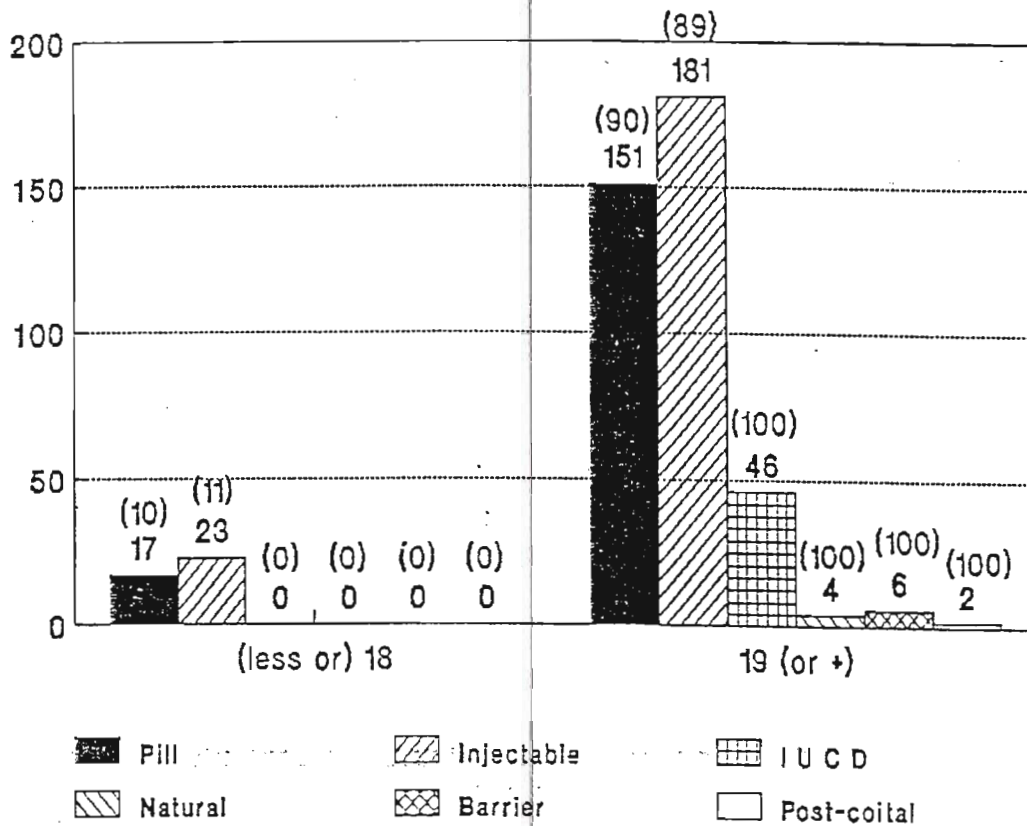
IUCD = Intra-Uterine contraceptive device.

PCC = Post-coital contraception

The 18 years and below age group knew only the Pill and Injectables as follows :- Pill 17 (10%) Injectables 23 (11%) and knew nothing about IUCD, natural methods, barrier methods, and postcoital contraception.

The 19 years and above age group knew all forms of contraception as follows :- Pill 151 (90%); Injectables 181 (89%); IUCD 46 (100%); natural methods 4 (100%); barrier methods 6 (100%) and PCC 2 (100%).

Figure 3(k)

Age distribution of attenders at the Family Planning Clinic and ante-natal-care according to type of contraception used.

Number and column percent (%)

Type of contraceptive used

Age category

Nill ▨ Pill ▦ Injectable ▨ Barrier
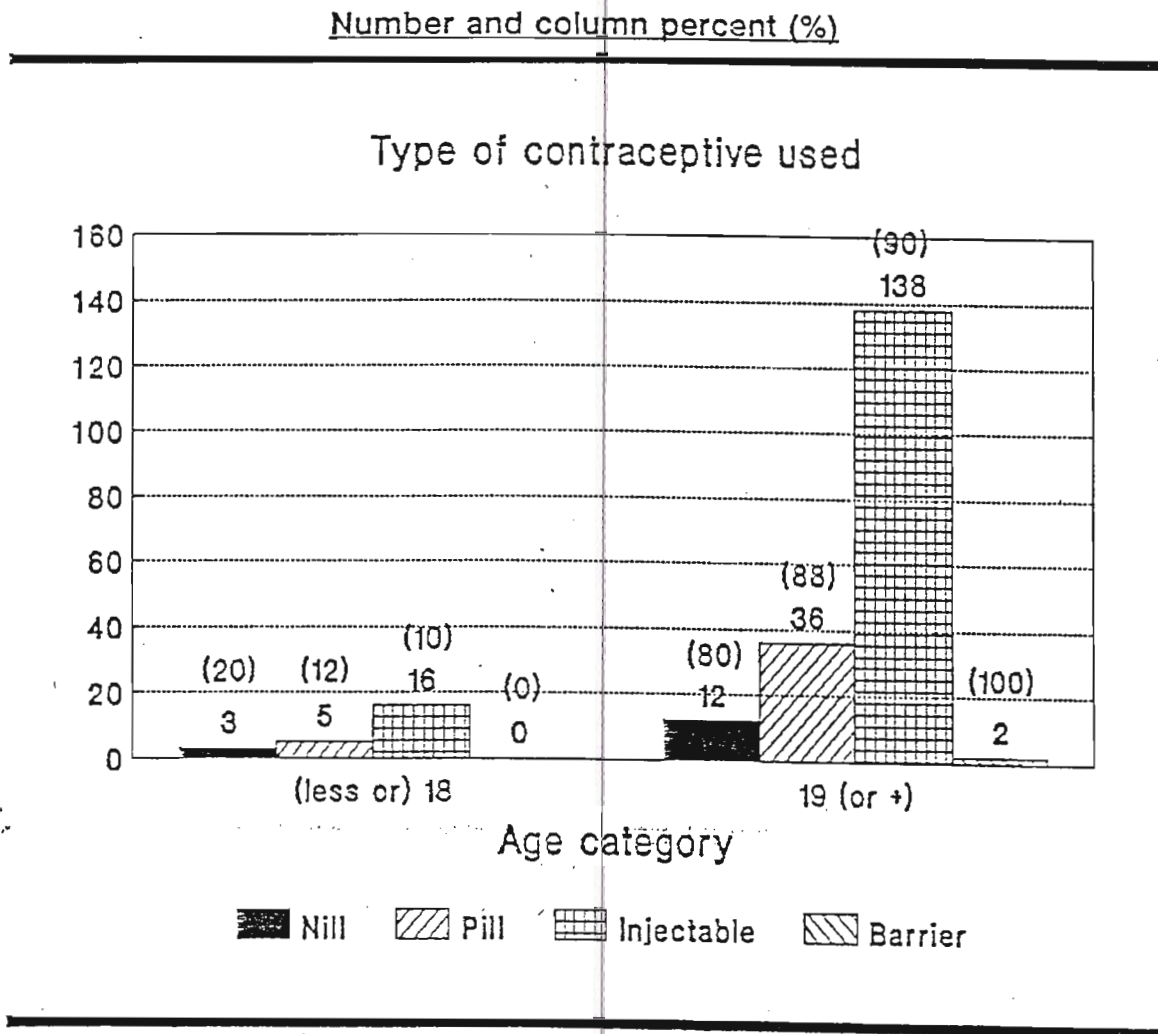
n=212

Of the attenders who never used any form of contraception 3 (20%) were 18 years and below, 12 (80%) were 19 years and above.

Of the Pill users 5 (12%) were 18 years and below and 36 (88%) were 19 years and above.

Of the injectable users 16 (10%) were 18 years and below and 138 (90%) were 19 years and above.

None of the 18 years and below used barrier contraception and only 2 (100%) from 19 years and above age group used barrier contraceptives.

Figure 3(1)

Age distribution of all attenders according to source of knowledge of contraception.

Number and column percent (%)

source of knowledge

Age category

■ H C P   ▨ Family   ⊞ Friends   ⧅ School   ⊠ Other
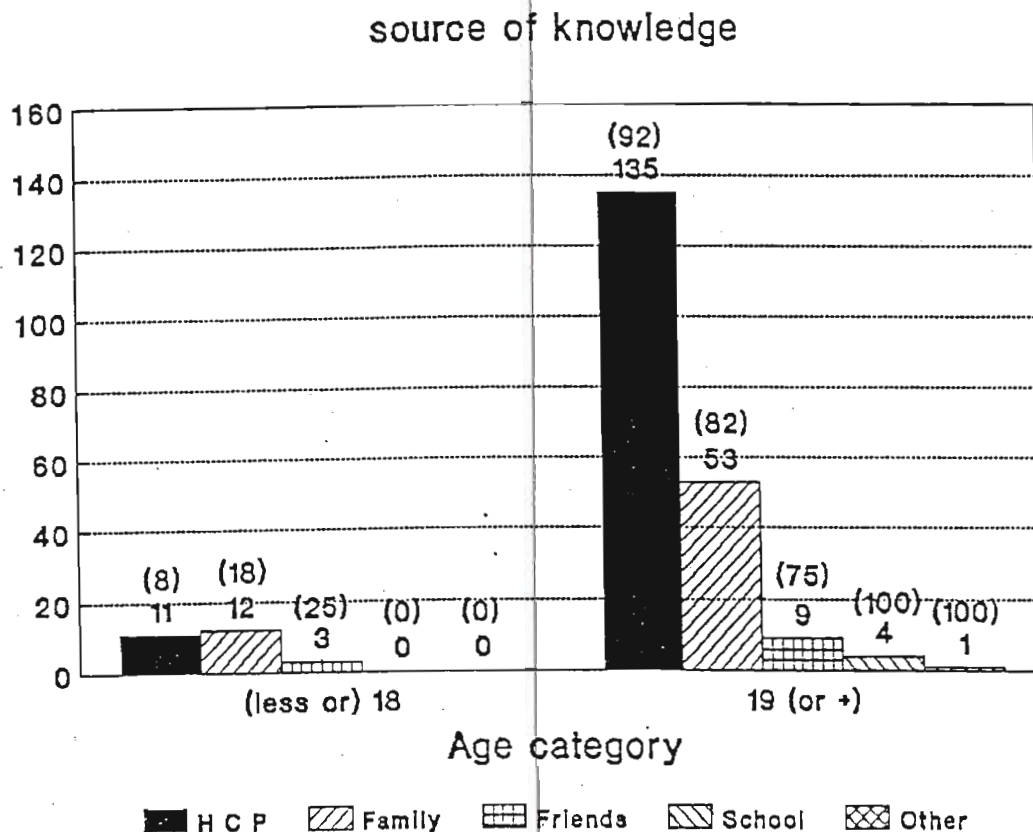
n=212
HCP=Health Care Professional
Other=radio/television

The source of knowledge of contraception for the 18 years and below group was as follows :- HCP 11 (85), Family 12 (18%), Friends 3 (25%).

There was no contribution from school and other sources (radio, television).

The source of knowledge of contraception for the 19 years and above was as follows :- HCP 135 (92%), Family 53 (82%), Friends 9 (75%), school 4 (100%), and other sources 1 (100%).

Figure 3(m)

Age distribution of attenders at the Family Planning Clinic and ante-natal-care according to their knowledge of contraception before the first pregnancy, Alice, June-Sept 1990.
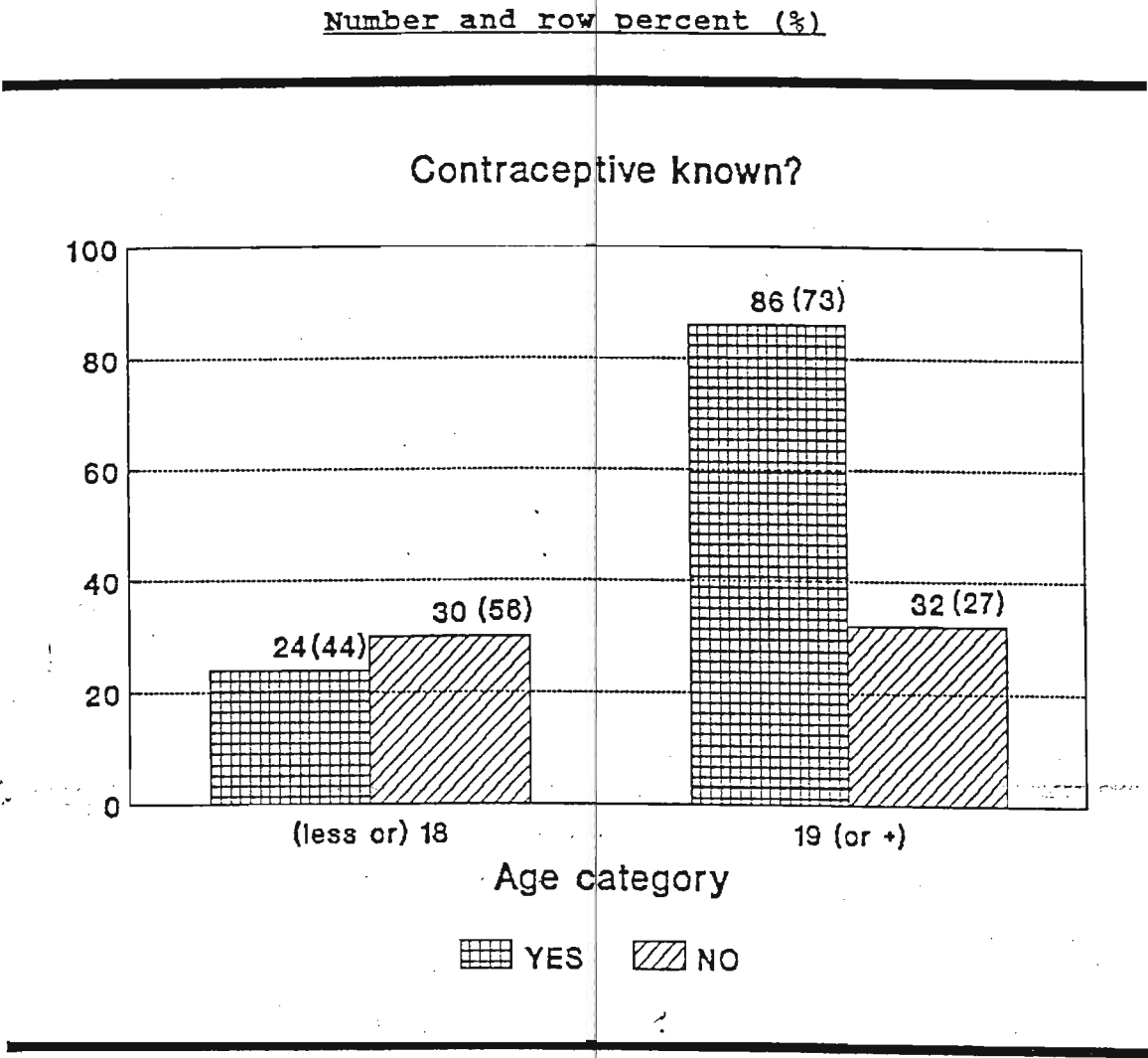
Number and row percent (%)

Contraceptive known?

Age category

▦ YES ▧ NO

There were 172 attenders who had experienced pregnancy.

Fifty four were 18 years and below and of these 24 (44%) had knowledge of contraception before the first pregnancy and 30 (56%) had none. The 19 years and above age group were 118 and of these 86 (73%) had knowledge of contraception before the first pregnancy and 32 (27%) had none.

X^2 =p>0.001 indicating that there was a statistically significant association between knowledge of contraception before the first pregnancy and the age of the attender.

(49)

DISCUSSION

Too often Family Planning is viewed as a narrowly defined
programme and not as a social phenomenon operating in an
environment of complex social, economic and political forces   (6)

Thus, the study is an attempt to illustrate some of the
components of this complexity.

OBJECTIVE I

The demographic profile of the attenders showed a majority
(70%) falling in the 19 - 35 year age group Fig 1 (a) and
high literacy - 75% had attained on educational level of
Std 6 - 10 Fig 1 (b).   This represented the reproductive
and sexually active group.   This was in contrast with the
Cape Town/Ciskei study of 1984 (7) where median educational
level was Std 5 in the Ciskei Area studied.
Our Area of Study, has a University and five high schools,
the former situated in town, and the latter in the
surrounding rural area.   Most attenders were unmarried
(64%) and unprofessional (70%) Abscence of industry and the
high unemployment rate reflected the socio-economic status
of the community.

This is one of the earliest posts of the missionaries of the
Presbyterian Church of Scotland, hence the influence of
religion on day to day living can be heavily felt.
How much of this is on contraceptive use, has still to be
fully investigated.   However, most of the attenders (67%)
were in favour of contraception, 33% had unknown attitudes
and 10% were against.   Religion has a crucial part to play
in personality formation.   Credence to this is shown by B
Marshall (8) who maintains that "premarital sex occurs not
merely as a function of the individual to engage in it,
rather it occurs as a function of one's position in the
social structure; the nature of participation in religious
institutions in society; group membership patterns and prior
socialisation experiences with the development of permissive
attitudes toward premarital sexual behaviour".

(50)

On the contrary some other studies (9,10) have shown that religious affiliation had no effect on use and no use of contraception.

The partner's attitude towards birth control and pregnancy
can have a significant impact on the female's level of
contraceptive use.   The balance on use can swing either
positively or negatively depending on the nature and
magnitude of the prevailing influence.   Some of these will
be highlighted.

The age of the partner had no significant association with
contraceptive use - Fig 2 (a)
Traditionally, the ability to father, especially with
advancing age, tends to bolster the ego.
This may have a long term negative results on population
explosion, especially in communities where polygamy is still
practised, at that, such practises tend to be in developing
countries, where misery is.

An Indonesian study (11) showed that among wives whose
husbands approve of birth control, contraceptive prevalence
increases with the number of children living and education
however it does not increase comparatively among women whose
husbands disapprove.   Other studies (12,13,14) support this
This study also showed a significant association between
educational status of the partner and a positive attitude to
contraception. - 0.02 > P > 0.001, Fig 2 (b).
Further, Mary. Weinberger states that "ofall social factors
that have been widely studied for their impact on fertility
women's educational attainment is the one that has proved
most consistently and strongly related to fertility (15)".
Therefore one can, within reasonable limits, conclude that
male and female education can have a cumulative effect on
contraceptives prevalence.
Marital, community and occupational status of the partner
had no association with the partners attitude of contracepti
Fig 2 (c) - 2 (e).   Educaiton improves communication and
facilitates discussions.   Open discussion on contraceptive
use improves knowledge and use (16).   Though the demographi
and social characteristics of the partners in this study
showed no association with discussion of contraception.

Fig 2 (f) - 2 (j), the data comparing F P C against the

A N C attenders Fig 2(k) showed a highly statistical association P > 0.001.   The Family Planning attenders are the converted, so their level of contraceptive acceptance and use is based on past and continuing exposure.

Amongst obstacles to optimal contraceptive use as observed (17), marital status attained statistical significance in this study 0.01 > P > 0.001 Fig 2 (o).   Marriage has a set of rules of do's and dont's and a variety of expectations, as opposed to a love affair.   Hence age, education and community status of the attender had no association with the granting of permission by the partner for contraceptive use. Fig 2 (I) - 2 (n).   The social status and educational level of a woman increases reproductive freedom. (18).   This also increases informed choice (19) which is the antecedant to compliance.   These socio demographic variables associated with greater use were similar to those found in other studies (20 - 23).   Contraceptive use increased with higher education and advancing age.   The statistically significant freedom on contraceptive use shown by the student/pupil population 0.01 > P > 0.001   Fig 2 (p) must be interpreted caution.   This is no freedom. Premarital sex and teenage pregnancy are a shame and a disaster to the child and the family.   Therefore those who are sexually active will always make sure to avoid pregnancy at all costs. Plausable as this may sound, teenage pregnancy still abounds In contrast, the expression of freedom of use by the F P attenders (P > 0.001;   Fig 2q) indicates commitments to Family Planning as these are the converted.

The facility offers oral contraceptives and injectables, the latter mostly to teenagers due to their poor compliance. The attenders showed as appreciable knowledge of the above methods - but were ignorant of the other methods of Family Planning Fig 3 (a) - 3 (f). Their ignorance must be interpreted in the light of the limited choice offered by the facility. The most disturbing finding was the negligible knowledge and use of condom. A high prevalence on condom use (33,6%) was found in a Nigerian study (24), in contrast to other South African studies where usage was less than (2%) (25, 26). Our findings are similar to these South African studies.

The lack of knowledge about natural methods could be explained through urbanisation and the wider provision of modern contraception. Post coital contraception is an emergency measure which is alien even to most Health Care Professionals.

That experience is the best teacher is borne by the statistical evidence P>0.001 on past contraception use - Fig 3 (g). Use increased with age and previous exposure to Family Planning as has been found in other studies (27, 28) Past users knew and used the pill and injectables Fig 3 (h)-(i) This is a reflection of the delivery system.
The same pattern was found with current users Fig 3(j)-3(k) The source of contraceptive knowledge for both past and current users was - health care professionals, family and friends - in that order, whilst the schools and the media had minimal contribution Fig 3(i) and 3(l) sexual behaviour is learned behaviour. Whilst some regard sex education for children as critical, not only for sexual behaviour, but in developing adult sex roles and defining what is normal, others sees sex education as violating the innocence of childhood and intruding into the privacy of the family. Many sexual problems are unique in one way :
The solutions are well known. The difficulty is not in more research for more solutions but in applying the

available information to the right people at the right time.
Thus the problems with contraception, abortion illegitimacy
and most notably the high rate of sexually transmitted
diseases are either caused by or greatly complicated by a
lack of adequate information (29).

The initiation of sexual intercourse during adolescence
appears to be the rule rather than exception, and it is
increasing amongst the 12 - 16 year olds (30).
Abstinence or effective knowledge and use of Family Planning
will delay the age at first pregnancy.   The Study showed a
statistically significant association between the age of the
attender and knowledge of contraception before the first
pregnancy P>0.001 Fig 3 (m).

It is said that "adversity is the best teacher", but with
teenage pregnancy, maternal and infant mortality, and
sexually transmitted disease, this is not the case.
Prevention is better than cure.

If Family Planning services are to be expanded and improved
in the years ahead, administrators will face a number of
strategic problems, and whatever success they have in
solving them, will be an important determinant of the
ultimate size of the world's populaiton and of the quality
of life in developing countries.   Close observation suggest
that successful Family Planning programmes (such as those in
China, Colombia, Indonesia, Mexico) have most, although not
necessarily all - of the following characteristics :
effective political support, widespread, easily accessible
services, multiple public and private delivery systems,
a broad choice of contraceptive methods; personnel systems
that ensure reasonably adequate and motivated labour forces;
sound strategies for financing programme activities,
relatively strong information, education and communication
efforts; adequate logistics systems; strategic planning and
flexibility effective supervisory systems; and well
functioning management information systems and research and
evaluation mechanisms. (31)
Of course it would be naïve to think that Family Planning
alone can solve the problems of developing countries.

But it would seem to be equally naïve to believe that these
problems can be solved without some Family Planning.
This has been gradually recognised by developing countries;
in the early sixties, only seven governments provided
Family Planning programmes; in the early eighties, over 120
governments supported such programmes, directly or indirectly
(32).

CONCLUSION

Family Planning and fertility regulation represent an
indispensable modern tool for improvement of life in
numerous couples in a large number of countries.
However; what also becomes obvious, is the increasing need
for further research in a number of areas, be it reproductiv
physiology, the development of new methods of fertility
regulation, more studies on safety, the diagnosis and
treatment of infertility, the psychosocial, behavioural and
service aspects of Family Planning.   Last, but not the
least further strengthening of human & institutional
resources for research on family planning in developing
countries remains an issue of very high priority.

RECOMMENDATIONS

1. Involvement of the Community in directing the Youth on appropriate sexual behaviour

2. Premarital sexual abstinence must be encouraged

3. Early sexual socialisation of both males and females is the prerequisite for the attainment of an informed, on-going attitudinal change on optimal reproductive health

4. A multi disciplinary programme effort on family planning must be initiated, directed more to the adolescents

5. A broad choice of contraceptives must be offered

6. Reproductive health must be taught at school

7. Parents must be more involved in teaching their children on sex matters

8. Condom use must be encouraged

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Annexures

Table I(a)

Age distribution of Family Planning clinic (F P C) and ante-natal-care (A N C) attenders at Alice during the period June-Sept 1990.

Number and row percent (%)

Age category	F P C	A N C	Total
18 & below	17 (71)	7 (29)	24 (100)
19-35	72 (50)	72 (50)	144 (100)
36 or +	28 (64)	16 (36)	44 (100)
Total	117 (64)	95 (45)	212 (100)

Table I(b)

Distribution of Family Planning clinic (F P C) and ante-natal-care (A N C) attenders according to educational status at Alice during June-Sept 1990.

Number and column percent (%)

Attenders

Education	F P C	A N C	Total
less or std 5	25 (21)	19 (20)	44 (21)
std 6-10	85 (73)	74 (18)	159 (75)
Above matric	7 (6)	2 (2)	9 (4)
Total	117 (100)	95 (100)	212 (100)

<center>Table I(c)</center>

Distribution of Family Planning Clinic (F P C) and Ante-natal-care (A N C) attenders according to community type at Alice during June-Sept 1990.

<center>Number and column percent (%)</center>

<center>Attenders</center>

Community	F P C	A N C	Total
Rural	85 (73)	70 (74)	155 (73)
Township	32 (27)	25 (26)	57 (27)
Total	117 (100)	95 (100)	212 (100)

<center>Table I(d)</center>

Marital distribution of Family Planning Clinic and Ante-natal-care attenders at Alice During June-Sept 1990.

<center>Nummbers and column percent(%)</center>

Marital status	F P C	A N C	Total
Never married	84 (72)	49 (52)	133 (63)
Married	31 (36)	44 (46)	75 (35)
Divorced/sep.	2 (2)	2 (2)	4 (2)
Total	117 (100)	95 (100)	212 (100)

Table I(e)

Distribution of Family Planning Clinic (F P C) and Ante-natal-care (A N C) attenders according to occupation at Alice during June-Sept 1990.

Number and column percent (%)

attenders

Occ.category	F P C	A N C	Total
Professional	6 (5)	9 (9)	15 (7)
Non-professional	67 (57)	75 (79)	142 (67)
Pupil/student	44 (38)	11 (12)	55 (26)
Total	117 (100)	95 (100)	212 (100)

Table I(f)

Attitude of Family Planning Clinic (F P C) and Ante-natal-care (A N C) attenders according to religious denomination.

attitude of attender

Denomination	For	against	Unknown	Total
Methodist	48 (76)	0	15 (24)	63 (100)
P C A	46 (75)	0	15 (25)	61 (100)
Ethiopian	4 (57)	0	3 (43)	7 (100)
Free Church	10 (43)	0	13 (57)	23 (100)
Congregational	3 (38)	0	5 (62)	8 (100)
Reformed	7 (58)	0	5 (42)	12 (100)
Anglican	2 (25)	0	6 (75)	8 (100)
Zion	15 (71)	2 (10)	4 (19)	21 (100)
St John	5 (83)	0	1 (17)	6 (100)
Roman catholic	1 (33)	0	2 (67)	3 (100)
Total	141 (67)	2 (1)	69 (33)	212 (100)

P C A = Presbyterian Church of Africa.

Table I(g)

Distribution of people per room according to community status of attender at Alice during June-Sept 1990.

Number and row percent (%)

Number/room	Rural	Township	Total
less or 3/room 3 or +/room	132 (73) 21 (70)	50 (27) 9 (30)	182 (100) 30 (100)
Total	153 (72)	59 (30)	212 (100)

X^2 D F=1   p>0.50

Table II(a)

Age distribution of partners according to attitude to contraception.

Number and row percent (%)

Is partner in favour of contraception?

Age category	YES	NO	Total
less or 18	8 (89)	1 (11)	9 (100)
19 or +	175 (89)	21 (11)	196 (100)
Total	183 (90)	22 (10)	205 (100)

n=212

X^2 (Yates continuity correction)   DF =1 $p > 0.50$

seven partners' attitude to contraception unknown.

Table II(b)

Educational distribution of attenders' partners according to attitude to contraception at Alice during the period June-Sept 1990.

Number and row percent (%)

Is partner in favour of contraception?

Educational status	YES	NO	Total
less or std 5	36 (80)	9 (20)	45 (100)
std 6 or +	147 (92)	13 (8)	160 (100)
Total	183 (80)	22 (10)	205 (100)

X^2 DF=1 $0.02 > p > 0.01$

Table II(c)

Marital distribution of attenders' partners according to attitude to contraception.

Number and row percent (%)

Is partner in favour of contraception?

Marital status	YES	NO	Total
Never married Rest	111 (9) 72 (87)	11 (9) 11 (13)	122 (100) 83 (100)
Total	183 (90)	22 (10)	205 (100)

X^2 DF=1 $0.50 > p > 0.10$

Sample size:212

Seven partners' attitude to contraception unknown.

Table II(d)

Community distribution of attenders' partners according to attitude to contraception.

Number and row percent (%)

Is partner in favour of contraception?

Community status	YES	NO	Total
Rural Township	130 (90) 53 (88)	15 (10) 7 (12)	145 (100) 60 (100)
Total	183 (88)	22 (10)	205 (100)

X^2 DF=1 $p > 0.50$

Sample size:212

Seven partners' attitude to contraception unknown.

Table II(e)

Occupational distribution of attenders' partners according to attitude to contraception - Alice during the period June-sept 1990.

Number and row percent (%)

Is partner in favour of contraception

Occupational status	YES	NO	Total
Pupil/student Others	40 (95) 143 (88)	2 (5) 20 (12)	42 (100) 163 (100)
Total	183 (90)	22 (10)	205 (100)

sample size : 212
Seven partners' attitude to contraception unknown.

X^2 (Yates continuity correction)   . DF=1 $0.50 > p > 0.10$

Table II(f)

Age distribution of attenders' partner according to discussion of contraception.

Number and row percent (%)

Does partner discuss prevention?

Age category	YES	NO	Total
less or 18 19 or +	6 (60) 171 (85)	4 (40) 31 (15)	10 (100) 202 (100)
Total	177 (83)	35 (17)	212 (100)

n=212

X^2 (Yates continuity correction)   DF=1 $0.10 > p > 0.05$

Table II(g)

Educational distribution of attenders' partners according to discussion of contraception.

Number and row percent (%)

Does partner discuss prevention?

Educational status	YES	NO	Total
less or std 5 std 6 or +	38 (83) 139 (83)	8 (17) 27 (17)	46 (100) 166 (100)
Total	177 (83)	35 (17)	212 (100)

n = 212

X^2 DF = 1   p > 0.50

Table II(h)

Community distribution of attenders' partners according to discussion of contraception.

Number and row percent (%)

Does partner discuss prevention?

Community status	YES	NO	Total
Rural Township	124 (82) 53 (87)	27 (18) 8 (13)	151 (100) 61 (100)
Total	171 (83)	8 (13)	212 (100)

n = 212

X^2 DF = 1   0.50 > p > 0.10

(70)

Table II(i)

Marital distribution of attenders' partners according to discussion of contraception.

Number and row percent (%)

Does partner discuss prevention?

Marital status	YES	NO	Total
Never married	104 (81)	25 (19)	129 (100)
Rest	73 (86)	10 (14)	83 (100)
Total	177 (83)	35 (17)	212 (100)

n=212

X^2 Df=1 $0.50 > p > 0.10$

Table II(j)

Occupational distribution of attenders' partners according to discussion of contraception.

Number and row percent (%)
Does partner discuss prevention?

Occupation	YES	NO	Total
Pupil/student	37 (88)	5 (12)	42 (100)
Others	140 (82)	30 (18)	170 (100)
Total	177 (83)	35 (12)	212 (100)

n=212

X^2 DF=1 $0.50 > p > 0.10$

(71)

Table II(k)

Do you and your partner discuss contraceptive use?

All attenders at the Family Planning Clinic and Ante-natal- care (F P C & A N C)- Alice during the period June-Sept 1990.

Number and column percent (%)

Attenders

Discussion of contraception	F P C	A N C	Total
YES NO	109 (93) 8 (7)	71 (75) 24 (25)	180 (85) 32 (15)
Total	117 (100)	95 (100)	212 (100)

n=212

X^2 DF=1   p<0.001

Table II(l)

Age distribution of attender at the Family Planning Clinic and Ante-natal-care according to need for partner's permisson for contraceptive use.

Number and row percent (%)

Is partner's permission needed for use?

Age category	YES	NO	Total
less or 18 19 or +	5 (20) 65 (35)	19 (80) 123 (65)	24 (100) 188 (100)
Total	70 (33)	142 (67)	212 (100)

n=212

X^2 DF=1   0.50>p>0.10

Table II(m)

Educational distribution of attender at the Family Planning Clinic and Ante-natal-care according to need for partner's permission for contraceptive use at Alice during the period June-Sept 1990.

Number and row percent (%)

Is partner's permission needed for use?

Educational status	YES	NO	Total
less or std 5	15 (34)	29 (66)	44 (100)
std 6 or +	55 (33)	113 (67)	168 (100)
Total	70 (33)	142 (67)	212 (100)

n=212

X^2 DF=1 $p > 0.50$

Table II(n)

Community distribution of attender at the Family Planning Clinic and Ante-natal-care according to need for partner's permission for contraceptive use - Alice during the period June-Sept 1990.

Number and row percent (%)

Is partner's permission needed for use?

Community status	YES	NO	Total
Rural	56 (36)	99 (64)	155 (100)
Township	14 (25)	43 (75)	57 (100)
Total	70 (33)	142 (67)	212 (100)

X^2 DF=1 $0.50 > p > 0.10$

(73)

Table II(o)

Marital distribution of attender at the Family Planning and Ante-natal-care according to need for partner's permission for contraceptive use - Alice during the period June-Sept 1990.

Number and row percent (%)
Is partner's permission needed for use?

Marital status	YES	NO	Total
Never married	26 (20)	107 (80)	133 (100)
Rest	44 (57)	35 (43)	79 (100)
Total	70 (33)	142 (67)	212 (100)

n = 212

X^2 DF = 1 $0.01 > p 0.001$

Table II(p)

Occupational distribution of attender at the Family Planning Clinic and Ante-natal care according to need for partner's permission for contraceptive use - Alice during the period June_Sept 1990.

Number and row percent (%)

Is partner's permission needed for use?

Occupational status	YES	NO	Total
Pupil/student	9 (16)	46 (84)	55 (100)
Others	61 (39)	96 (61)	157 (100)
Total	70 (33)	142 (67)	212 (100)

n = 212

X^2 DF = 1 $0.01 > p > 0.001$

Table II(a)

Opinion of contraceptive users according to granting of permission for use by partner - Alice during the period june-Sept 1990.

Number and column percent (%)

All attenders

permission needed?	F P C	A N C	Total
YES	27 (23)	43 (45)	70 (33)
NO	90 (77)	52 (55)	142 (67)
Total	117 (100)	95 (100)	212 (100)

n = 212

X^2 DF=1   p<0.001

(75)

Table III(a)

Age distribution of attenders at the Family Planning Clinic and Ante-natal-Care (F P C & A N C) according to knowledge of pill

Number and row percent (%)

	knowledge	of Pill	
Age category	NO	YES	Total
less or 18 yrs	7 (29)	17 (71)	24 (100)
19 + yrs	37 (20)	151 (80)	188 (100)
Total	44 (21)	168 (79)	212 (100)

n = 212

X^2 D F = 1 $0.50 > p > 0.10$

Table iii(b)

Age distribution of attende at the Family Planning Clinic and Ante-natal-Care (F P C & A N C) according to knowledge of injectables.

Number and percent (%)

Age category	knowledge of	injectables	Total
	NO	YES	
(less or 18)	1 (4)	23 (96)	24 (100)
19 (or +)	7 (4)	181 (96)	188 (100)
Total	8 (4)	204 (96)	212 (100)

n = 212

X^2 - (Yates "continuity correction") DF = 1 $p > 0.50$

Table iii(c)

Age distribution of attenders at the Family Planning Clinic and Ante-natal-care (F P C & A N C) according to knowledge of intra-uterine contraceptive devices (I U C D)

Number and row percent (%)

I U C D Known ?

Age category	NO	YES	Total
less or 18 years	24 (100)	0 (0)	24 (100)
19 + years	143 (76)	45 (24)	188 (100)
Total	167 (79)	45 (21)	212 (100)

N = 212

X^2 Yates "continuity correction" DF = 1 0.01 > p > 0.001

Table III(d)

Age distribution of attenders at the Family Planning clinic and Ante-natal-care (F P C and A N C) according to knowledge of natural methods of contraception.

Number and row percent (%)

Age category	Natural methods	known?	Total
	NO	YES	
less or 18	24 (100)	0 (0)	24 (100)
19 or +	184 (98)	4 (2)	188 (100)
Total	208 (98)	4 (2)	212 (100)

n = 212

X^2 "Yates continuity correction" D F = 1   p > 0.50

Table III(e)

Age distribution of attenders at the Family Planning clinic and Ante-natal-care (F P C & A N C) according to knowledge of barrier methods of contraception.

Number and percent (%)

Age category	Barrier contraceptive methods known		Total
	NO	YES	
less or 18	24 (100)	0 (0)	24 (100)
19 or +	182 (97)	6 (3)	188 (100)
Total	206 (97)	6 (3)	212 (100)

n=212

X^2 Yate "continuity correction" DF=1 0.50>p>0.10

Table III(f)

Age distribution of attenders at the Family planning clinic and ante-natal-care (F P C & A N C) according to knowledge of post coital contraception.

Number and percent (%)

Post coital method known ?

Age category	NO	YES	Total
less or 18	24 (100)	0 (0)	24 (100)
19 or +	186 (99)	2 (1)	188 (100)
Total	210 (99)	2 (1)	212 (100)

n=212

X^2 Yates "continuity correction" D F =1   0.50>p>0.10

Table III(g)

Age distribution of past users of contraception.

Number and row percent (%)

Age category	Was contraception	used in the past	Total
	NO	YES	
less or 18 yrs	7 (29)	17 (71)	24 (100)
19 or +	135 (72)	53 (28)	188 (100)
Total	142 (67)	70 (33)	212 (100)

X^2 DF = 1   p > 0.001

Table III(h)

Age distribution of past users of contraception according to type of contraception known, Alice, June-Sept 1990.

Number and column percent (%)

Type of contraception known

Age category	Pill	Injectable	IUCD	Natural methods	Barrier methods	PCC
less or 18	7 (6)	7 (5)	0 (0)	0 (0)	0 (0)	0 (0)
19 or +	115 (94)	134 (95)	39 (100)	3 (100)	6 (100)	2 (100)
Total	122 (100)	141 (100)	39 (100)	3 (100)	6 (100)	2 (100)

N = 212

IUCD = Intra Uterine Contraceptive Device

PCC = Post Coital Contraception.

(79)

Table III(i)

Age distribution of past users of contraception according to their source of contraception.

Number and column percent (%)

Type of contraception known

age category	HCP	Family	Friends	School	Others
less or 18	3 (3)	4 (10)	0 (0)	0 (0)	0 (0)
19 or +	104 (97)	36 (90)	5 (100)	3 (100)	1 (100)
Total	107 (100)	40 (100)	5 (100)	3 (100)	1 (100)

n=212

HCP=Health Care Professional
Others=Radio/Television.

Table III(k)

Age distribution of attenders at the Family Planning Clinic and Ante-natal-care (F P C & A N C) according to type of contraception used.

Number and column percent (%)

Type of contraception used

Age category	Nil	Pill	Injectable	Barrier	Total
less or 18	3 (20)	5 (12)	16 (10)	0 (0)	24 (11)
19 or +	12 (80)	36 (88)	138 (90)	2 (100)	188 (89)
Total	15 (100)	41 (100)	154 (100)	2 (100)	212 (100)

n=212

Table III(1)

Age distribution of all attenders according to source of knowledge of contraception.

Number and column percent (%)

Source of knowledge

Age	HCP	Family	Friends	School	Other
less or 18	11 (8)	12 (18)	3 (25)	0 (0)	0 (0)
19 or +	135 (92)	53 (82)	9 (75)	4 (100)	1(100)
Total	146 (100)	65(100)	12 (100)	4(100)	1(100)

n=212

HCP=Health Care Profession
others=radio/television

(81)

Table III(m)

Age distribution of attenders at the Family Planning Clinic and Ante-natal-care according to their knowledge of contraception before the first pregnancy.

Number and row percent (%)

Contraception known?

age category	YES	NO	Total
less or 18	24 (44)	30 (56)	54 (100)
19 or +	110 (64)	32 (27)	118 (100)
Total	110 (64)	62 (36)	172 (100)

n=212

out of these attenders 172 (81%) had experienced pregnancy.

X^2 DF=1 $p > 0.001$

RESEARCH QUESTIONNAIRE:

UTILIZATION AND KNOWLEDGE OF CONTRACEPTION

IN ATTENDERS AT ALICE IN CISKEI

DATE	D:	M:	Y:

QUESTIONNAIRE No.	

CLINIC No.	

For the following questions ENTER √ IN the RELEVANT BLOCK.

OBJECTIVE 1

PERSONAL CHARACTERISTICS

AGE (Yrs):	<15	15-	18-	19-	20-	25-	35-	40+

SEX:	Male	Female

SOCIAL CHARACTERISTICS

EDUCATIONAL STATUS:	Class 1 - Std 5	Std 6 - 7	Std 8 - 10
	Diploma	Degree	Nil

COMMUNITY TYPE:		RURAL	TOWNSHIP

MARITAL STATUS:	NEVER MARRIED	MARRIED
	DIVORCED/SEPARATION	WIDOWED

OCCUPATION:	PROFESSIONAL	MANUAL SKILLED	MANUAL UNSKILLED
	NON MANUAL	HOUSEWIFE	UNEMPLOYED	PUPIL/STUDENT

NUMBER OF PERSONS IN FAMILY:		NUMBER OF BEDROOMS IN HOUSE:	

RELIGIOUS STATUS

DENOMINATION:	

ATTITUDE OF CHURCH ON CONTRACEPTION:	FOR	AGAINST	UNKNOWN

(83)

OBJECTIVE 2

NO.	PARTNERS				
	AGE	EDUC	OCCUP	MAR. STAT.	COMM
1					
2					
3					
4					
5					

NO.	IS/ARE HE/THEY IN FAVOUR OF CONTRACEPTION?			
	TYPE	YES	NO	UNKNOWN
1				
2				
3				
4				
5				

If not, do you know why?	YES	NO
If YES specify:		
Does/do he/they discuss prevention with you?	YES	NO
If you wished to use prevention, would it be necessary to get his/their permission?	YES	NO

(84)

OBJECTIVE 3

NO.	WHAT TYPES OF CONTRACEPTIVES DO YOU KNOW?			
	TYPE	YES	NO	UNKNOWN
1	PILL			
2	INJECTABLES			
3	INTRAUTERINE DEVICE			
4	NATURAL METHODS			
5	BARRIER METHODS			
6	POSTCOITAL			
0	NONE			

SOURCE OF KNOWLEDGE

Who informed you about contraception and its uses?

1. Health Care Professional ----------------------->
2. Family ----------------------->
3. Friends ----------------------->
4. School ----------------------->
5. Other (Specify): _____
    e.g. Radio/TV
0. None ----------------------->

Have you ever used any type(s): in the past? | YES | NO |

                              presently? | YES | NO |

If YES specify: [   ]

NO.	HOW LONG WAS THE PARTICULAR TYPE USED?			
	TYPE	< 6 MONTHS	> 6 MONTHS	> 1 YEAR
1	PILL			
2	INJECTABLES			
3	INTRAUTERINE DEVICE			
4	NATURAL METHODS			
5	BARRIER METHODS			
6	POSTCOITAL			
0	NONE			

If discontinued, why? [   ]

NO.	HAVE YOU EVER HAD ANY PROBLEMS WITH THE TYPE USED?			
	TYPE	YES	NO	NEVER USED
1	PILL			
2	INJECTABLES			
3	INTRAUTERINE DEVICE			
4	NATURAL METHODS			
5	BARRIER METHODS			
6	POSTCOITAL			
0	NONE			

What problems did you experience? [   ]

Do you know any diseases or problems caused by contraception?   YES | NO | NONE

If YES specify:

Would you say the type used was the cause of your problem?   YES | NO

If not, any possible cuase?

Have you ever been taught about the type you are using?   YES | NO

If so, who did?

How old were you at the time of your first pregnancy?

Did you know anything about contraception before you became aware of the pregnancy?   YES | NO

Collation and Analysis of Data

The researcher manually collated and analysed date

Publications & Findings

A dissertation in partial fulfilment of M Prax - Med is submitted to the University of Natal

Time Schedule

1. Design of research protocol   25.05.90
2. Obtaining of authority   11.05.90
3. Design of collation sheet .   01.06.90
4. Collection of data   18.06.90 - 14.09.90
5. Literature Survey   17.09.90
6. Collation of date   18.01.91
7. Analysis of date   16.02.91
8. Completion of research report   30.06.91
9. Submission of report