KNOWLEDGE AND UTILISATION OF CONTRACEPTION IN INDIAN FEMALES ATTENDING AN URBAN GENERAL PRACTICE

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A DISSERTATION SUBMITTED IN PARTIAL

FULFILMENT OF THE REQUIREMENTS FOR

THE DEGREE OF MASTER OF FAMILY MEDICINE

IN THE DEPARTMENT OF FAMILY MEDICINE:

UNIVERSITY OF NATAL

TO MY BELOVED MOTHER

SUBADHARA DEVI KISSOON SINGH

AND

IN LOVING MEMORY OF MY LATE FATHER

JAICHAND KISSOON SINGH

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SUMMARY

459 Indian female patients between the ages of 16 and 50, attending the practice of the researcher were asked to complete a confidential questionnaire on the knowledge and utilisation of contraception.

The results of the study revealed that the majority of the participants were literate and possessed some knowledge of contraception.

The contraceptive choice was the Pill with many participants also favouring the use of the intra uterine device. Condoms were used by only ten percent of the group while the use of the injection - Depot Provera - was negligible.

Most peri menopausal women had completed their families and had undergone Tubal Ligation even though a fair number had the intra uterine device in place and also had continued using the Pill as their contraceptive.

INTRODUCTION

Over the past thirty years there has been a worldwide explosion in the utilisation and knowledge of contraception. In the developing countries of Asia, Latin America and Africa, there was a forty percent increase in such knowledge and utilisation over the thirty year period. In recent studies it was show that in Africa, men have very liberal attitudes towards the use of contraception. Another study comparing contraceptive use amongst urban and rural youth in South Africa, found that there were no differences between the two groups. However, the study was undertaken using a specific group only, that is the Black group.

Despite the above findings, it has been observed during consultation that a large percentage of women attending an urban general practice in Durban appeared to have little knowledge of the utilisation and range of contraceptive devices available to them and of the different techniques that could be used by them.

Approximately 15 to 20 patients, per week, requested advice regarding contraception usage. Some were hesitant about the use of contraceptives, whilst others had little knowledge of the same.

Teenagers engaged in sexual activity with very little knowledge of the consequences of such behaviour and as a result the percentage of teenage pregnancies and illegal abortions were high.

Pregnancy in women aged 40 and above is frequently unplanned and the illegal abortion rate is high in this age group. Contraception and fertility are shrouded in popular mythology and many women do not appreciate either the risk of conception, of the range of contraceptive methods available or have little knowledge of the availability of either hormonal or non-hormonal methods of contraception. Why then, if the knowledge and utilisation of contraception is so high is the rate of teenage pregnancies and abortions increasing so much? Is it because the patients do not use these contraceptives properly? Is it due to the lack of knowledge and advice given to them by the prescriber of the contraceptive? Or is it because they are negligent and do not use contraception?

This research is aimed at assessing the knowledge and use of contraceptive practices in Indian female patients attending the practice of the researcher and it also intends to study these concepts at varying ages. No such study is available at present for Indians in South Africa. This research also hopes to ascertain the reason for high pregnancy and abortion rates, since contraceptives are easily available at Family Planning Clinics and sex education as an educative and preventative measure is being taught at primary schools.

The findings of this research would attempt to make recommendations in order to promote the prevention of further unwanted, unplanned pregnancies and illegal abortions in all age groups from adolescence to the perimenopausal age.

METHODOLOGY

The present study was conducted over a period of six weeks. The basic design of the study is a survey method using single measures with a single researcher collecting all relevant data.

SUBJECTS:

All Indian female patients, between the ages of 16 and 50 attending the researcher's general practice were requested to participate in the present study, by completing the research questionnaire. Informed consent (according to standard ethical procedures) was obtained from all participants in the study (see Appendix A). Prior to the research being undertaken, approval for the same was sought and obtained from the Higher Degrees Committee of the University of Natal.

Confidentiality and anonymity was ensured through using a process of numbering the questionnaires and keeping these separate from the completed questionnaires.

INSTRUMENTS USED:

1. The questionnaire was designed by the present researcher and subjected to a pilot investigation over a two week trial period.

2. The questionnaire is of a structured standardised form (see Appendix B) and covered all the four main objectives of the present study i.e:

   (A) To determine the characteristics of female attenders in relation to:

   (a) Demography
   - (i) Age
   - (ii) Area of residence
   - (iii) Racial Group

   (b) Religion

   (c) Educational Status

   (d) Occupation

   (B) (a) Knowledge and understanding of contraception.

   (b) Sexual activity.

   - (i) Present
   - (ii) Past

3. Age at which patient first became aware of contraception and the method of contraception used and the sources of attaining the contraceptive.

4. The attitude of the spouse to contraception.

METHOD

(a) Patients were asked to complete the questionnaire only once and the questionnaire was strictly confidential and anonymous in order to ensure objectivity and alleviate bias.

(b) The interviewees were assigned consecutive numbers e.g: 1 - 500 in order to ensure anonymity.

(c) The pilot study was conducted two weeks prior to the main study and the patients from this study group were subsequently included in the main study.

(d) There was only one interviewer in the study, that is, the present researcher. Many of the participants, having completed the questionnaire engaged in discussion with the researcher about the contents of the questionnaire and subject of the research. These conversations could not be systemically recorded but they were incorporated into the discussion of the study.

TIME FRAME:

The data was collected over a six week period commencing on the 1st July, 1994 until 15th August, 1994.

The pilot study began on the 1st July, 1994 and was completed by the 14th July, 1994.

STATISTICAL ANALYSIS:

In order to make the results statistically viable and valid it was necessary to collect a research sample of at least 384 female respondents.

$$N = \frac{pqz^2}{e^2} = \frac{0.5 \times 0.5 \times (1.96)^2}{(0.05)^2}$$
$$= 384$$

p = Proportion of women who use contraceptive
= 50% (0.5)

q = 1 - p

z = 1.96 = Critical value for 95% CI.

e = Acceptable error (= 5%)

The main research date collection began on the 15th July, 1994 and was completed by the 15th August 1994.

RESULTS OF STUDY

There was a 95% compliance rate in completing the questionnaires. Thirty five questionnaires were rejected. These were either incomplete or incorrect. The final sample size was 459 subjects.

RESULTS OF STUDY

TABLE 1 - AGE OF PARTICIPANTS

	15-19	20-29	30-39	40-50	TOTAL
NUMBER	54	208	115	82	459
%	11.77	45.32	25.05	17.86	100

Subject variables:

Mean	=	28,9 years
Standard	=	9,3
Mode	=	20 years
Minimal Age	=	15 years
Maximum Age	=	50 years according to subject selection criteria

Table 1 indicates that of the 459 Indian female participants interviewed in the survey the majority were between the ages of 20 and 40 years. The 15 to 19 year group (11.77%) formed the smallest group with the 40 to 50 year group constituting 17,86% the total.

85% of the participants lived in the urban area while 15% resided in the peri urban region. See Figure 1.

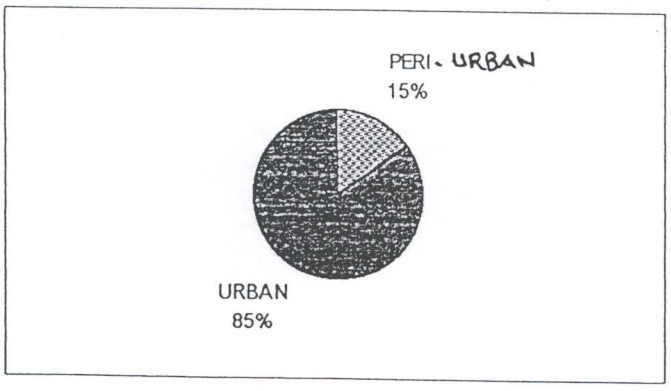

FIGURE 1. - RESIDENTIAL AREA

TABLE 2. - RELIGIOUS GROUPS

	NUMBER	%
CHRISTIAN	45	9.8
MUSLIM	72	15.7
HINDU	336	73.2
OTHERS	6	1.3
TOTAL	459	100

The research revealed that of the participants interviewed 73.2% were Hindus, 15.2% were Muslim, 9.8% were Christians and 1.3% belonged to other religious groups. See Table 2.

EDUCATIONAL STATUS

Except for 3 participants (0.7%) the rest of the study group were literate. 48.6% of the participants were doing post-graduate studies. 43.8% had up to Standard 10 education while 7% had up to Standard 6 education. In the case of 3 illiterate participants the researcher assisted them in completing the questionnaire. See Figure 2

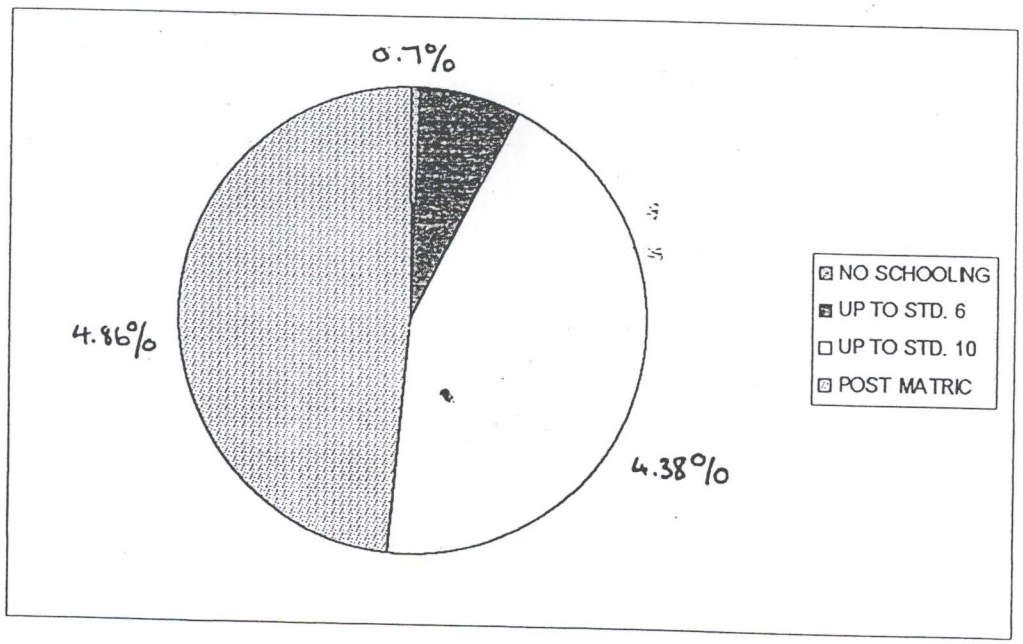

FIGURE 2 - EDUCATIONAL STATUS

From Figure 3 it is evident that the majority of the study population were either studying 32.1% or employed 48%. Housewives made up 20% of the study group. Many housewives had post graduate training but were at home for various reasons.

EMPLOYMENT

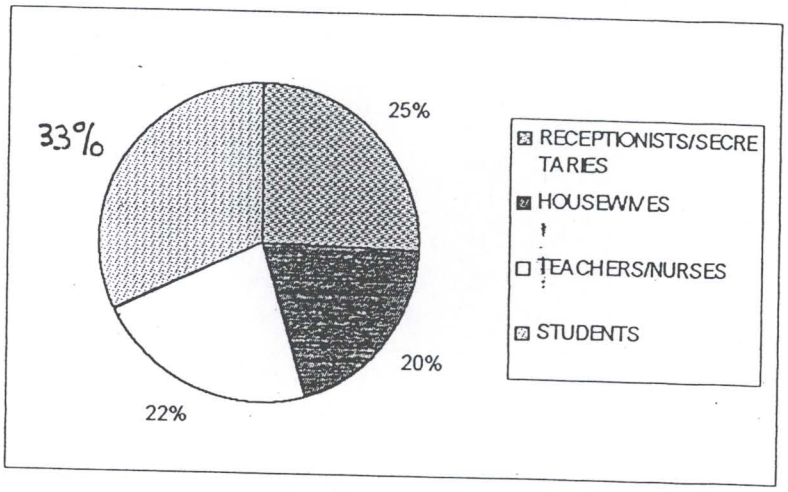

FIGURE 3 - OCCUPATIONAL STATUS

Almost equal numbers of the participants were employed and unemployed. (49.1% were employed, 50.9% were unemployed). See Figure 4.

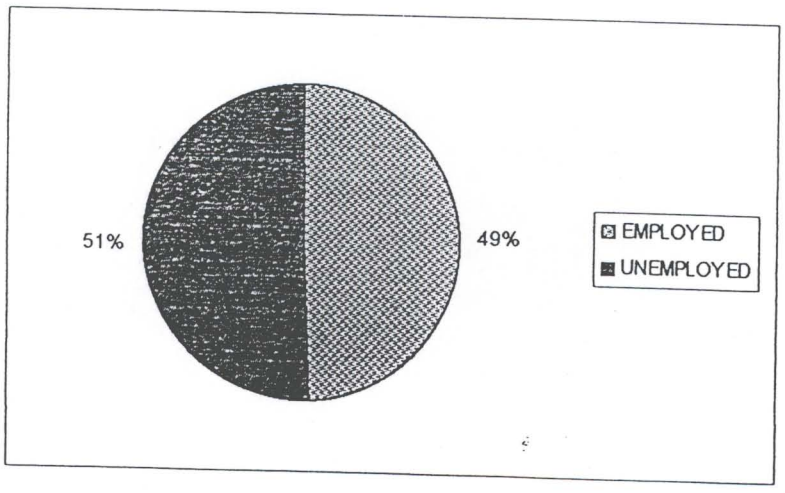

FIGURE 4 - EMPLOYMENT

TABLE 3 - MARITAL STATUS

MARITAL STATUS	NUMBER	%
MARRIED	238	51.9
SINGLE	192	41.8
WIDOWED	9	2.0
DIVORCED	10	2.2
SEPARATED	6	1.3
COHABITING	4	0.9

The marital status of the participants is demonstrated in Table 3. 238 (51.9%) of the group were married and 192 (41.8%) were unmarried. 10 were divorced (2.2%), 9 widowed (2%), 6 separated from their spouses (1.3%) and 4 (0.9%) were cohabiting with a member of the opposite sex. (see Table 3).

In trying to ascertain what the group understood by the word contraception the results showed that 359 or 78.4% said that it was a way to prevent birth control. 10.5% did not know what contraception was. 1.3% said it was for prevention of sexually transmitted diseases and 9.8% said that it was a method for birth control and sexually transmitted diseases (STD) prevention. See Figure 5.

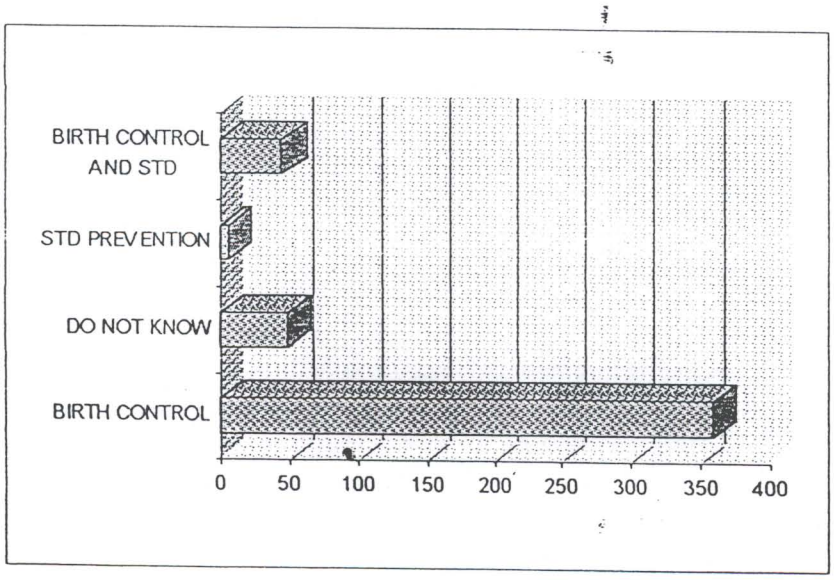

FIGURE 5 - DEFINITION OR UNDERSTANDING OF CONTRACEPTION

TABLE 4 - SOURCE OF KNOWLEDGE OF CONTRACEPTION

SOURCE	NUMBER	%
SCHOOLS	77	16.8
FRIENDS AND PEERS	125	27.2
BOOKS/MEDIA/T.V/PAPER	277	60.3
PARENTS	51	11.1
FAMILY PLANNING CLINIC	113	24.6
DOCTORS/NURSES	95	20.7
OTHER	10	2.2

As can be deduced from the above table the majority obtained their knowledge from books, media, TV and newspapers 277 (60.3%). Friends and peers imparted knowledge to 27.2% while 24.6% and 20.7% gained their knowledge at the Family Planning Clinic or from medical personnel. Schools spoke to 16.8% of the group while parents discussed contraceptives with only 11.17% of the group. A small minority 2.2% gathered knowledge from other sources. See Table 4.

At the time of the study 65% of the participants were sexually active and 42% had engaged in premarital sexual relationships. See figures 6 and 7.

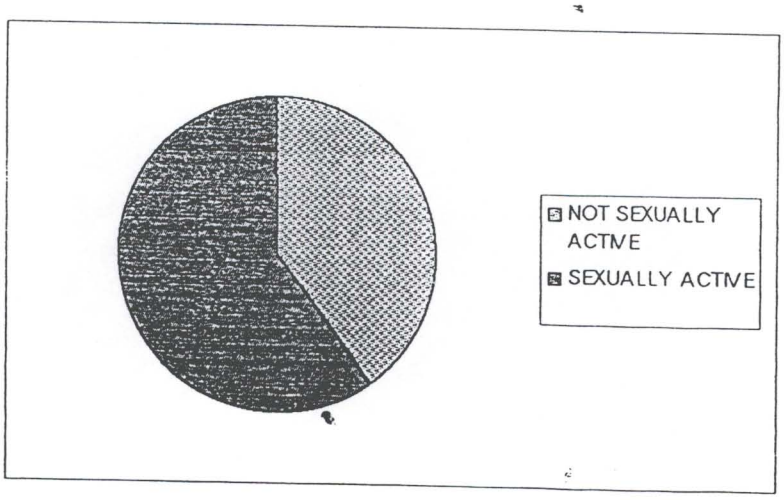

FIGURE 6 - PRESENT SEXUAL ACTIVITY

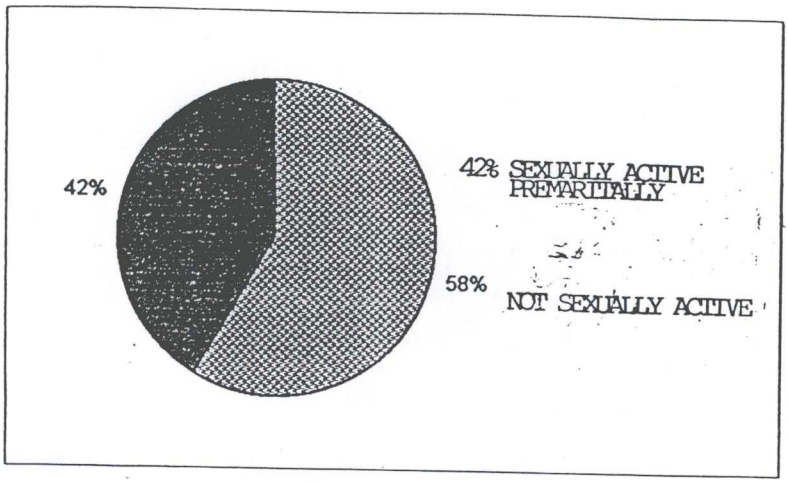

FIGURE 7 - PAST PREMARITAL SEXUAL ACTIVITY

209 persons (45.3%) of the group became aware of contraception between the ages of 10 and 15 years. 197 (42.9%) were aware of contraception between the ages of 16 and 20. A small number 39 (5.5%) only became aware of contraception between the ages of 21 and 28 years. See figure 8.

Thus most of the study group were aware of contraception by the time they were 20 years old.

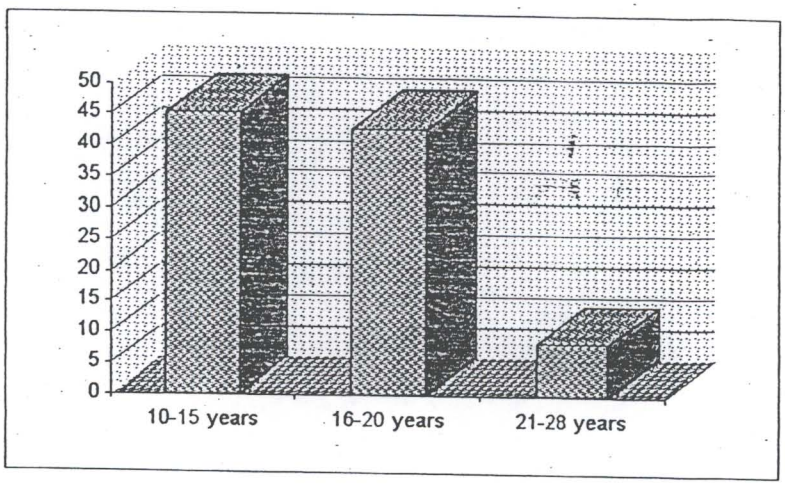

FIGURE 8 - AWARENESS OF CONTRACEPTION

Although 65% of the patients were sexually active at the time of study only 35% indicated that they practised contraception. See figure 9

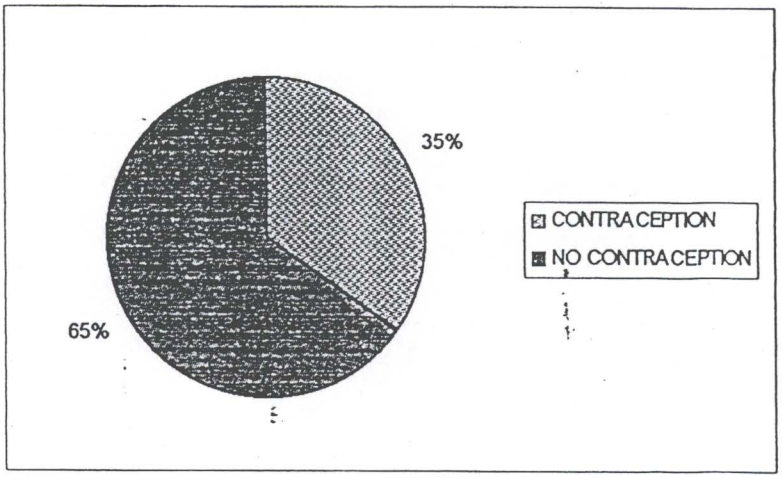

FIGURE 9 - USE OF CONTRACEPTION

TABLE 5 - METHODS OF CONTRACEPTION USED

	NUMBER	%
A		
NATURAL		
ABSTINENCE	90	20.4
RHYTHM METHOD	18	4.1
BREAST FEEDING	27	6.1
COITUS INTERRUPTUS	6	1.4
COITUS INTER FEMORIS	1	0.2
B + C		
BARRIER AND MECHANICAL METHODS		
CONDOM (FL)	55	12.5
DIAPHRAGM	2	0.5
SPERMICIDE	2	0.5
I.U.C.D.	28	6.3
D + E		
HORMONAL AND STERILISATION		
ORAL - PILL	133	30.2
INJECTION - DEPOT PROVERA	6	1.4
POST COITAL CONTRACEPTION	2	0.5
VASECTOMY	3	0.7
TUBAL LIGATION	53	12.1
F		
OTHER	1	0.2

From Table 5 it is evident that 10 (20.4%) of the participants were not sexually active - at time of study.

The Pill appeared to be the favoured form of contraception 30.6%. 133 favoured the use of condoms (23.9%). 53 (12.1%) of the group had undergone tubal ligation. Intra Uterine Contraceptive Devices (I.U.C.D) was used by 28 (6.3%) persons, while 27 (6.1%) persons used breast feeding as a form of contraception.

TABLE 6 - METHODS OF CONTRACEPTION USED PREVIOUSLY

	NUMBER	%
A		
NATURAL		
ABSTINENCE	110	24.8
RHYTHM	38	8.6
BREAST FEEDING	38	8.6
COITUS INTERRUPTUS	9	2
COITUS INTER FEMORIS	18	4.1
B + C		
BARRIER AND MECHANICAL METHODS		
CONDOM (FL)	108	23.9
DIAPHRAGM	5	1.1
SPERMICIDE	2	0.4
I.U.C.D.	62	13.8
D + E		
HORMONAL AND STERILISATION		
ORAL - PILL	161	35.6
INJECTION - DEPOT PROVERA	16	3.5
POST COITAL CONTRACEPTION	4	0.9
VASECTOMY	0	0
TUBAL LIGATION	0	0

In trying to ascertain the methods of contraception previously used 35.6% of the participants had used the Pill; 24.8% were not sexually active whilst 23.9% had used condoms.

13.8% had the Loop inserted previously while 8.6% had practised breast feeding, and 8.6% the Rhythm Method. 4.1% had tried Coitus Inter Femoris, while 3.5% had an injection of Depot Provera previously. See Table 6.

9.7% of the group had had contraceptive failure in the past. Many did not know why their method of contraception had failed. People on the Pill thought that the failure could be due to the fact that they had forgotten to take the Pill correctly.

Those with the I.U.C.D. found that they had forgotten to check if the loop was in place and in some cases the loop had been displaced.

Those using condoms admitted to using it irregularly. See Figure 10.

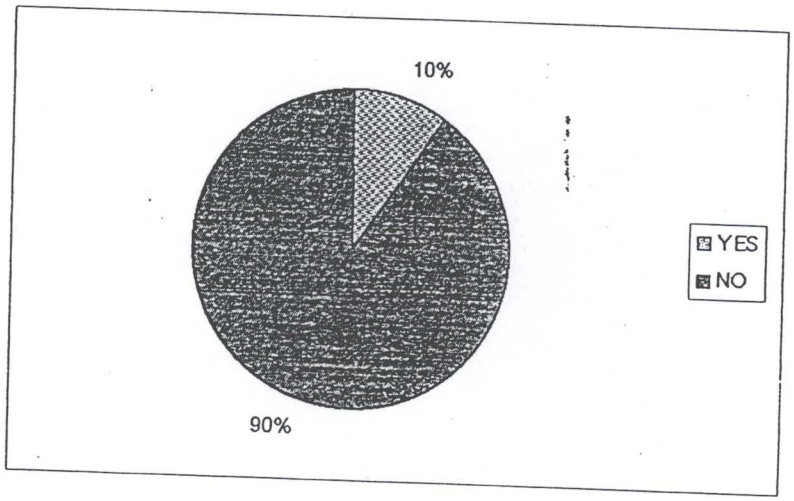

FIGURE 10 - AWARENESS OF CONTRACEPTIVE FAILURE PRIOR TO STUDY.

With the passage of time more people are becoming aware of the fact that their method of contraception could fail. 18.8% acknowledged that they could have contraceptive failure.

The reasons advanced for a change in contraception method included:

1. Those on the Pill forgot to take it regularly.

2. Some consorts did not like the use of condoms, spermicides etc and preferred that their partner not use any contraceptive.

3. Those with the I.U.C.D. found that they were experiencing menorrhagia and recurrent pelvic infection.

4. People who had completed their families preferred to have sterilisation. See Figure 11

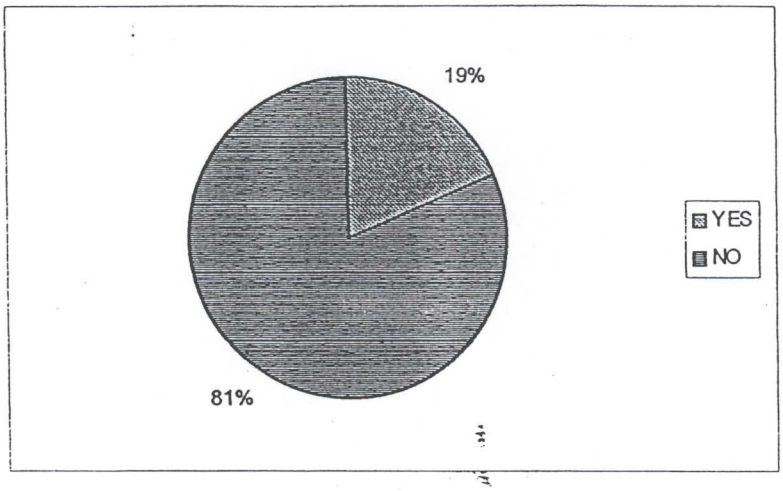

FIGURE 11 - AWARENESS OF CONTRACEPTIVE FAILURE AT TIME OF STUDY

TABLE 7 - AWARENESS OF CONTRACEPTIVE FAILURE AT TIME OF STUDY

SOURCE	NUMBER	%
FRIENDS	1	0.2
PHARMACIES	95	23.4
DOCTORS/HOSPITAL	64	14.9
FAMILY PLANNING CLINIC	114	26.6
SUPERMARKET	4	0.9
N/A	67	15.5
OTHERS	0	0

The Family Planning Clinic was the source where 114 (26.6%) of the participants obtained their contraceptives. An almost equal number 95 (23.4%) bought their contraceptives from pharmacies. Others obtained contraceptives from the doctor/hospital 64 (14.9%). 67 (15.5%) of the group said that they did not use contraceptives. See Table 7.

DATA RELATING TO FAMILY PLANNING CLINICS

Figure 12 and Figure 13 demonstrate that even though 83.4% of the study representatives knew where their family planning clinic was, only 50.2% had visited it.

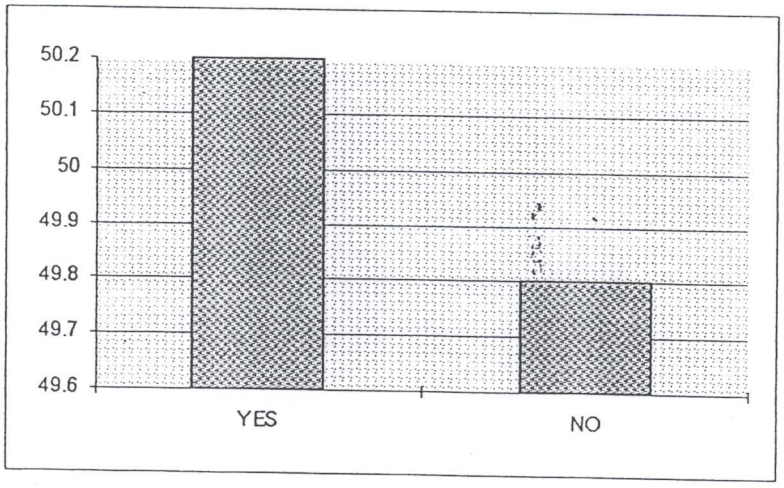

FIGURE 12 - VISIT TO FAMILY PLANNING CLINIC

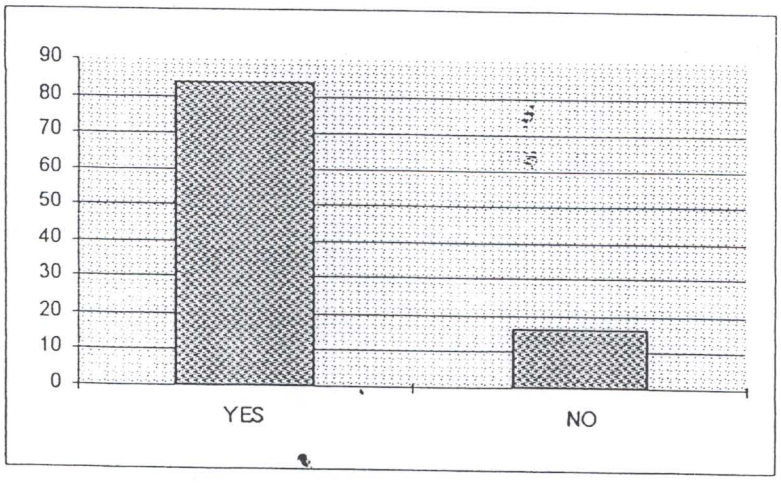

FIGURE 13 - LOCATION OF FAMILY PLANNING CLINIC

ROLE OF THE SPOUSE IN CONTRACEPTION

Even though 83.4% of the consorts approved of their spouses using contraceptives, 39% had to obtain permission from them to do so. 16.3% of the participants acknowledged that their spouses did not approve of contraceptives while 0.2% were unsure of whether they approved or not. 61% reported that they did not require permission to use contraceptives. See Figures 14 and 15.

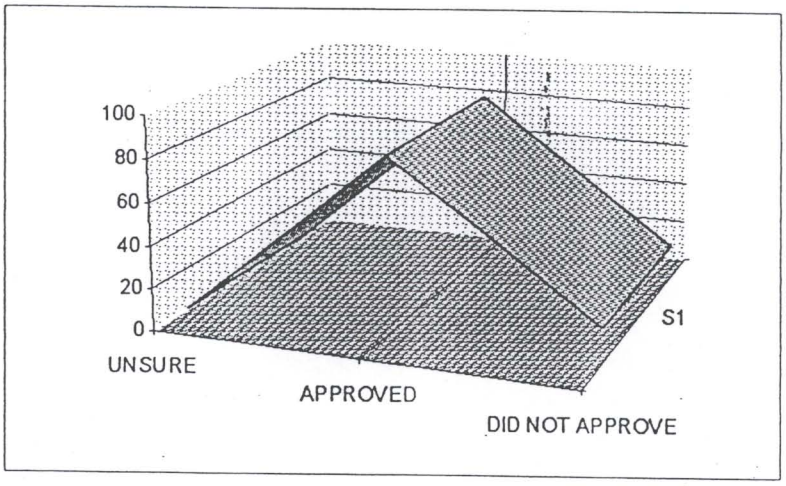

FIGURE 14 - ROLE OF THE SPOUSE IN CONTRACEPTION

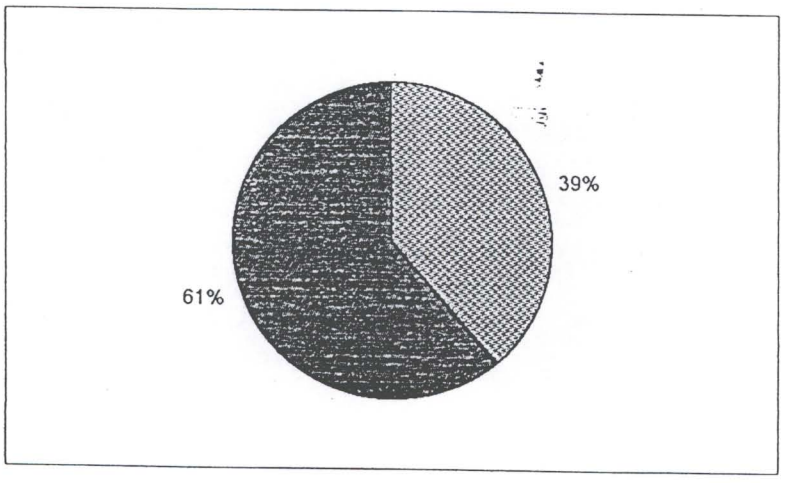

FIGURE 15 - ROLE OF THE SPOUSE IN CONTRACEPTION.

90% of the spouses approved of the type of contraception practised by their partners while 10% did not. Likewise 28% suggested a different form of contraception to that used by the partner. The reasons for not using the forms of contraceptive chosen by their partners varied:-

1. That the Pill was the safest form of contraception.

2. The loop was uncomfortable and causes menorrhagia and recurrent pelvic infections.

3. Participants had discussed contraception with either doctors/nurses and had decided to use what the doctor/nurses advised.

Of the people on contraceptives, 90.5% did not expect any side effects from their chosen contraceptive method. Of those who did:-

Users of the Pill feared:-

1. Weight gain.
2. Pigmentation.
3. Delayed return to fertility.
4. Headaches.
5. Nausea.

Those on the loop feared:-

1. Loop failure with unwanted pregnancy.
2. Menorrhagia.
3. Pelvic infection.

See Figures 16 and 17.

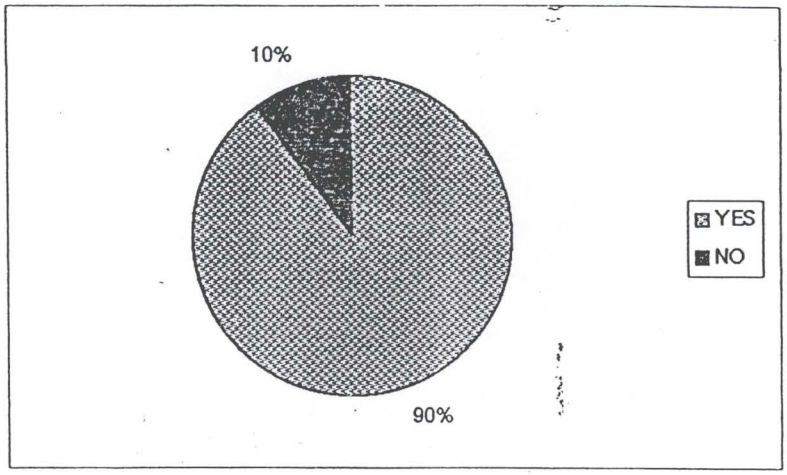

FIGURE 16 - APPROVAL OF TYPE OF CONTRACEPTION.

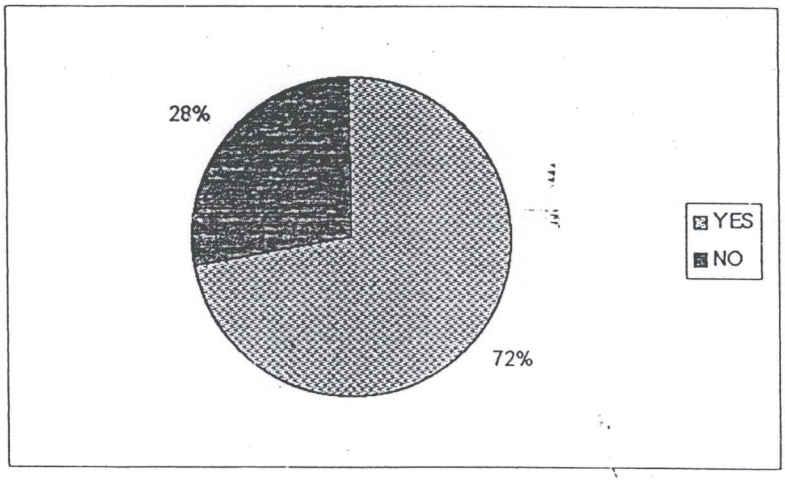

FIGURE 17 - SUGGESTIONS OF OTHER FORMS OF CONTRACEPTION

TABLE 8 - RELATIONSHIP BETWEEN AGE AND CONTRACEPTION

VALUES EXPRESSED AS PERCENTAGE

	<20	20-25	26-30	1-35	36-40	41-45	>45
NO SEXUAL ACTIVITY	29.55	30.61	0	0	4.0	17.86	0.0
RHYTHM	4.55	8.16	13.79	7.69	4.0	0.0	0.0
COITUS INTERRUPTUS	4.55	10.20	6.90	15.38	0.0	0.0	7.69
COITUS INTER FEMORIS	0.0	0.0	3.45	0.0	0.0	0.0	0.0
BREAST FEEDING	0.0	0.0	3.45	0.0	0.0	0.0	0.0
CONDOM	9.09	14.29	13.79	23.08	0.0	10.71	7.69
DIAPHRAGM	2.27	0.0	0.0	0.0	0.0	0.0	0.0
SPERMICIDE	20.56	22.90	13.55	12.15	11.68	13.08	6.07
I.U.C.D.	0.0	0.0	6.90	3.85	24.0	13.57	23.08
PILL	6.82	37.50	68.97	57.69	36.0	10.71	15.38
INJECTION	0.0	0.0	0.0	3.85	0.0	3.51	0.0
POST COITAL CONTRACEPTION	2.27	0.0	0.0	0.0	0.0	0.0	0.0
VASECTOMY	0.0	0.0	0.0	0.0	4.0	0.0	0.0
TUBAL LIGATION	0.0	0.0	13.79	7.69	20.0	35.71	53.85
OTHER	0.0	0.0	0.0	0.0	0.0	0.0	7.69
n = age 44	49.0	29.0	26.0		25.0	28.0	13.0
	20.6	22.90	13.55	12.15	11.68	13.08	6.07

From Table 8 it can be seen that in the <20 year age group, 29.55% were not sexually active. Of those who practised contraception 6.82% were on the Pill. 4.55% practised the Rhythm Method, 4.55% coitus interruptus and 2.77% post coital contraception. 9.09% used condoms and 20.56% spermicides.

The "Pill" was the favoured method of contraception in the 20 to 25 year group (37,5%). 30.61% were abstinent and 10.20% practised coitus interruptus 0.20% of these participants used breast feeding as a form of contraception whilst 14.29% used the condom and 22.9% used spermicides.

In the 26 to 30 year group 68.97% of the women used the Pill whilst 6.9% were on Intra Uterine Devices. 13.79% had Tubal Ligations performed on them. 6.9% used coitus interruptus as a form of contraception.

13.79% used the Rhythm Method and 13.79% used the condom. 13.5% used spermicides and 3.45% used breast feeding as a form of contraception.

Once again the Pill was the favoured contraceptive in the 31 to 35 year age group. 57.69% - 3.85% had an I.U.C.D. inserted and 7.69% had undergone Tubal Ligation. 3.85% were on Depot Provera injections. A small percentage 23.08% were using condoms. 0% were breast feeding. 15.38% were practising coitus interruptus while 7.69% used the Rhythm Method.

36% of those between 36 and 40 years were on the Pill. 20% had undergone Tubal Ligation. 24% had I.U.C.D. in place. 4% of the males had undergone Vasectomy.

Between the ages of 40 and 45, 35.71% had undergone sterilisation (Tubal Ligation), 10.71% were still on the Pill, 3.5% had an I.U.C.D. in place 17.86% were abstinent and 3.51% used Depot Provera injections.

In the >45 year group 53.85% had tubal ligation performed on them, 23.08% had I.U.C.D. in place, 15.38% were on the Pill and 7.69% used condoms to practice contraception.

Therefore if one examines all the different age groups and looks at the contraceptive patterns practised one sees that the Pill is the most commonly used contraceptive in the groups between <20 and 40 years. In the older group 40 to 50 years tubal ligation was the most common method of achieving contraception whilst I.U.C.D. was the second most common form of contraception practised. From the data available significant numbers of patients between 40 and 50 years used the Pill as a form of contraception. Equal numbers appeared to use condoms.

TABLE 9 - RELATIONSHIP BETWEEN RELIGION AND CONTRACEPTION

VALUES EXPRESSED AS PERCENTAGE

	CHRISTIAN	MUSLIM	HINDU	OTHER	NONE
NATURAL					
NO SEXUAL ACTIVITY	11.11	15.63	16.15	50	0.0
RHYTHM	5.56	3.13	6.21	50.0	0.0
COITUS INTERRUPTUS	5.56	6.25	8.07	0.0	0.0
COITUS INTER FEMORIS	5.56	0.0	1.24	0.0	0.0
BREAST FEEDING	0.0	3.13	0.0	0.0	0.0
BARRIER & MECHANICAL					
CONDOM	5.56	3.13	14.29	0.0	0.0
DIAPHRAGM	0.0	3.13	0.0	0.0	0.0
SPERMICIDE	100	100	100	100	0.0
I.U.C.D.	5.56	3.13	6.83	0.0	0.0
HORMONAL & SURGICAL					
PILL	38.89	37.50	31.88	0.0	0.0
INJECTION	5.56	0.02	0.62	0.0	0.0
POST COITAL CONTRACEPTION	0.0	0.0	0.62	0.0	0.0
VASECTOMY	0.0	0.0	0.62	0.0	0.0
TUBAL LIGATION	16.67	15.63	12.42	0.0	0.0
n = participants	18.0	32.0	161.0	2.0	1.0

The contraceptive practices of Christian participants were mainly the Pill (38.89%), tubal ligation (16.67%), I.U.C.D. (5.56%). Depot Provera (5.56%), condom (5.56%) while 11.11% were abstinent.

Muslim participants also favoured using the Pill (37.3%). 15.63% had undergone tubal ligation while 6.25% practised coitus interruptus as a natural method of contraception. A small number used the Rhythm Method 31.3%, I.U.C.D. 13.3% and condoms 3.13%.

31.88% of the Hindu participants used the Pill, while 16,15% were abstinent. 12.42% had undergone tubal ligation. Condom usage was popular amongst the Hindus (14.29%). 8.07% practised coitus interruptus, 6.21% practised the Rhythm Method, while 6,83% had an I.U.C.D. in situ.

The non-believers and minority religious groups were either not sexually active or on the Pill. See Table 9.

It can thus be seen from table 9 that the Pill was once again the most common contraceptive used amongst the different religious groups. This was followed by members of all groups undergoing sterilisation.

From the above table it is observed that while only the Christian group had members being injected with Depot Provera, a favourable number of Muslims used barrier methods like spermicides for contraception. Hindus practised a variety of contraceptive methods with quite a significant percentage using the condom.

TABLE 10 - RELATIONSHIP BETWEEN LEVEL OF EDUCATION AND CONTRACEPTION

VALUES EXPRESSED AS PERCENTAGE

	NONE	STD 6	STD 10	POST MATRIC
NATURAL				
NO SEXUAL ACTIVITY	O.O	18.75	15.63	16.0
RHYTHM	0.0	0.0	4.17	9.0
COITUS INTERRUPTUS	50.0	0.0	6.25	9.0
COITUS INTER FEMORIS	0.0	0.0	2.08	1.0
BREAST FEEDING	0.0	0.0	1.04	0.0
BARRIER & MECHANICAL				
CONDOM	50.0	0.0	12.50	12.0
DIAPHRAGM	0.0	0.0	0.0	1.0
SPERMICIDE	100	100	100	100
I.U.C.D.	5.56	3.13	0.0	0.4
HORMONAL & SURGICAL				
PILL	50.0	12.50	37.89	31.04
INJECTION	0.0	6.25	1.04	0.0
POST COITAL CONTRACEPTION	0.0	0.0	1.04	0.0
VASECTOMY	0.0	0.0	0.0.	1.0
TUBAL LIGATION	100	37.50	16.67	4.0
n = participants	412			
	2	16	96	100

The participants who had minimal or no education either used the condom, 50% the Pill and 10% of these had undergone tubal ligation. 100% claimed to use the spermicide as well and 50% claimed to practice coitus interruptus.

Of those participants who had up to Standard 6 education, 18.75% were abstinent, 37.5% had undergone tubal ligation and only 12.5% had used the Pill and 6.25% used the injectable form of contraception.

37.89% of those who had up to Standard 10 education used the Pill and 16.67% had had tubal ligation. 4.17% practised the Rhythm Method, 6.25% coitus interruptus, 12.5% of the group used condoms and 0.00% had an I.U.C.D. in situ.

The post matric participants favoured the Pill as their contraceptive of choice (31%), while 4% had undergone tubal ligation. 12% used the condom, 0.4% had an I.U.C.D. in situ. 9% preferred coitus interruptus, 9% the Rhythm Method while 16% abstained from sex.

Thus it can be seen that except for those in the Standard 6 group the preferred contraceptive was the Pill followed by tubal ligation in all the groups. A significant number used condoms. See Table 10.

TABLE 11 - RELATIONSHIP BETWEEN OCCUPATION AND CONTRACEPTION

RELATIONSHIP BETWEEN OCCUPATION AND CONTRACEPTION				
NATURAL	1	2	3	4
ABSTINENCE	12.7	8.57	8.16	28.85
RHYTHM	3.17	5.71	10.20	5.77
COITUS INTERRUPTUS	7.94	2.86	10.20	9.62
COITUS INTER FEMORIS	3.17	0.0	0.0	1.92
BREAST FEEDING	0.0	2.86	0.0	0.0
BARRIER & MECHANICAL METHODS				
CONDOM (FL)	14.29	8.57	10.20	9.62
DIAPHRAGM	0.0	0.0	0.0	1.42
SPERMICIDE	100	100	100	100
I.U.C.D.	6.27	11.43	10.20	0.0
HORMONAL & SURGICAL				
PILL	42.86	22:86	42.86	15.69
INJECTION - DEPOT	0.0	2.86	2.04	0.0
POST COITAL	0.0	0.0	0.0	1.92
VASECTOMY	0.0	0.0	2.04	0.0
TUBAL LIGATION	17.46	28.57	12.24	0.0
n = 214	63	35	49.0	52.0

ROLE 1 = RECEPTIONIST/SECRETARIES/ASSISTANTS
ROLE 2 = HOUSEWIVES
ROLE 3 = TEACHERS/NURSES
ROLE 5 = STUDENTS

Table 11 shows that in group 1 the Pill was the most popular form of contraception (42.86%). 17.46% of the participants in Group 1 underwent tubal ligation. 14.29% used condoms, 6.57%had an I.U.C.D. inserted, while 12.20% were abstinent. Other methods used were natural methods i.e: Rhythm Method 3.17% coitus interruptus 7.94% and breast feeding 3.17%.

22.86% of the participants in Group 2 i.e. housewives used the Pill for contraception, while 28.5% had undergone tubal ligation. 11.43% had I.U.C.D. in position. Condoms were used by 8.57% of the group while other forms of contraception practised included rhythm method 5.71%, coitus interruptus 2.86%, breast feeding, 2.86%.

Group 3 (teachers/nurses) favoured the use of the Pill (42.86%) while 12.24% had undergone tubal ligation. Equal number practised the rhythm method, coitus interruptus, condom usage and I.U.C.D. ie: each contraceptive method was 10.2%.

Students who were sexually active favoured the use of the Pill (15.69%), condom (9.62%), coitus interrupts (9,62%), while smaller numbers practised the rhythm method (5.77%), coitus interfemoris (1.92%), post coital contraception (1.92%).

Amongst all the professions participating in the study, the Pill was the contraceptive choice. Except for the students, a significant number had undergone sterilisation. Students appeared to be the only group to practice post coital contraception and use the diaphragm.

TABLE 12 - RELATIONSHIP BETWEEN MARITAL STATUS AND CONTRACEPTION

NATURAL	1	2	3	4	5	6
ABSTINENCE	2.65	34.57	0.0	28.57	25	0
RHYTHM	6.19	6.17	0.0	0.0	0.0	50.0
COITUS INTERRUPTUS	5.31	11.1	0.0	14.29	0.0	0.0
COITUS INTER FEMORIS	0.88	2.47	0.0	0.0	0.0	0.0
BREAST FEEDING	0.88	0.0	0.0	0.0	0.0	0.0
BARRIER AND MECHANICAL METHODS						
CONDOM (FL)	9.73	13.58	0.0	42.86	0.0	0.0
DIAPHRAGM	0.0	1.25	0.0	0.0	0.0	0.0
SPERMICIDE	100	100	100	100	100	100
I.U.C.D.	8.85	0.0	28.57	0.0	25.60	0.0
HORMONAL AND SURGICAL						
PILL	46.43	17.28	0.0	42.86	0.0	50.0
INJECTION - DEPOT	1.77	0.0	0.0	0.0	0.0	0.0
POST COITAL	0.0	1.23	0.0	0.0	0.0	0.0
VASECTOMY	0.88	0.0	0.0	0.0	0.0	0.0
TUBAL LIGATION	19.47	0.0	42.86	28.57	25.60	0.0
n = 214	52.80	37.85	3.27	3.27	1.87	0.93

ROLE 1 = MARRIED
ROLE 2 = SINGLE
ROLE 3 = WIDOWED
ROLE 4 = DIVORCED
ROLE 5 = SEPARATED
ROLE 6 = COHABITING

From Table 12 it can be seen that the married women preferred using the Pill (46.43%) while 19.47% of them had undergone sterilisation. Similarly 42.86% of the divorced women were still on the Pill and 28.57% had undergone tubal ligation while no divorcees had the loop in utero.

Those cohabiting with a member of the opposite sex either used the Pill (50%) of the rhythm method (50%). Of the single participants 34.5% where not sexually active, 17.28% used the Pill, 1.23% practised post coital contraception, 13.58% used condoms and 1.25% used the diaphragm.

Once again the pill and tubal ligation are common contraceptive practices followed by the use of the loop and condoms.

DISCUSSION

Family Planning is amongst the simplest, most wanted and best researched public health endeavours , yet in South Africa the knowledge and contraceptive practices of the Indian Community is not well researched. No study has been done in Indian females in South Africa ranging between the ages of sixteen years (teenage) and fifty (peri menopause). The contraceptive practices of the different age groups differ and it is for this reason that this study has been undertaken between the age group of sixteen years and 50 years.

The researcher therefore conducted a study in her practice and the participants were drawn from there. Although the study and only Indian participants, these belonged to different religious groups, had different educational levels, occupations and marital status.

As the population of the area in which the practice is located, is relatively small, a small sample size was obtained. Other residential areas in the greater Durban area are far larger. Historically the socio-economic, educational levels and occupations of the residents in the different areas vary and therefore studies (referred) discuss the type of contraceptives used may also differ. The results of this study may not be representative of the Indian Community as a whole.

Contraceptives are freely available at all Family Planning Clinics and Hospitals and easily available at pharmacies and from doctors and supermarkets. People do not readily make use of the facilities provided. In addition legislative provisions are not known to the Community as a whole e.g. the legal age to obtain contraceptives is 14 years. Most teenagers are unaware of this and many engage in sexual relations without the use of contraceptives. The number of unwanted pregnancies , as is the number of abortions being performed as a result of unwanted pregnancies are increasing. These teenagers are being forced to marry and discontinue their education.

Many women are unaware of the latest trends in contraception and are often requesting advice regarding this.

With regards to the aforesaid a pertinent issue for research in the area of family planning was the knowledge and current usage of contraceptives. Some of the questions which needed to be addressed included:

1. What knowledge do Indian females actually have of contraception?

2. What is the pattern of contraceptive use according to such subject variables as age, religion, occupation, marital status and influence of spouses?

The results of the study revealed that 54 participants were between the 15 and 19 years, 325 were between 20 and 40 and 84 were between 41 - 50 years.

Many of the teenagers did not participate in the study as parental consent was needed and they did not want to ask their parents for this. The reason for this was not defined but what emerged from discussions was that they did not want to reveal their sexual relationships to their parents. A few parents felt that their daughters were too young to participate in the study and therefore withheld their consent.

SOURCES OF OBTAINING KNOWLEDGE ON CONTRACEPTION:

From the study undertaken it became obvious that the sample participating in this research had a very high literacy rate.

It was also obvious that some participants were aware of contraception as early as 10 years of age and the majority were aware of it by the time they were 20 years old.

60% of the participants claimed that they obtained their knowledge from the media i.e: newspapers, books magazines and television. However, not much detailed information is available in the media regarding contraception.

In reviewing the answers obtained in question 4(G), it emerged that the knowledge gained was superficial and that the majority did not understand the importance of using their contraceptive properly. They were not well acquainted with the side effects that the contraceptives produced. Some 60% of first sexual experience amongst teenagers is still unprotected despite people knowing about devastating effects of unwanted teenage pregnancies.

About 27.2% of the group had discussed contraception with their friends and peers. How detailed and factual these discussions were remain debatable e.g. some women assume that the Pill causes infertility and when questioned about their source of this statement answered that information was obtained from friends and peers. A fair number of participants had gained knowledge during discussions with their Doctors or Family Planning Clinics.

16.8% of the participants revealed that their source of information on contraception had been received at school. When one considers the high literacy rate of the participants studied one wonders why schools and tertiary institutions did not play a greater part in teaching sex education and the role of contraception, in the past.

Contrary to medical and psychological expectations the present study together with studies done by others show that parents formed the smallest numbers as a source of information for the participants. Ozumba in Nigeria, Lema in Kenya and Jugundan in Durban had similar results. Chipfacha in his Kape study showed that females obtained knowledge from Health Care Workers whilst the family played very little part in imparting such knowledge.

It therefore appears to be a universal problem that parents seem to shy away from discussions regarding sex and contraception with their offspring. Discussions with Indian parents confirmed that it was culturally not acceptable to have these discussions. With the advancement of the educational status of the population studied, and with their higher socio-economic status one would have expected their prejudices to have lessened with increased communication on these subjects between parent and child.

Instead many mothers have asked the researcher to talk to their daughters on these subjects. Parents, by developing better communications skills, ought to be able to guide their children by explaining to them the consequences of engaging in early sexual encounters. Discussions on the use of contraceptives especially the use of condoms may help to decrease the incidence of spread of HIV infection and STD.

THE EFFECT OF AGE ON CONTRACEPTION

In the study undertaken at least 1/3 of the teenagers claimed to be not sexually active. These results may not be accurate as the researcher is also the family doctor and they may not want the researcher to know of their sexual activities.

In those participants who claimed to be sexually active no clear pattern on the use of contraceptives emerged, although the use of the Pill appeared to be slightly more popular followed by the use of the condom.

These results are different from those obtained from Jugnandan[2], where the condom was clearly the contraceptive of choice. This may be due to sampling differences relating to the variables of the socio-economic status, occupation and educational levels.

In reviewing the comments obtained by teenagers not using contraceptives [question 3 (b)] it became apparent that:

1. Most of them engaged in sexual relationships on an irregular basis and did not think of using contraceptives at the time.

2. Many did not take the Pill because of a fear of their parents finding the contraceptive on them.

3. Many did not have knowledge of their menstrual physiology and were unable to calculate their "safe period" and were sexually active at the time without using any contraceptive.

4. They admitted to engaging in sexual relationships in order to please their consorts, fulfil emotional and physical needs and to satisfy their curiosity.

Young teenagers might not have sufficient cognitive skills to foresee risks in relationships [16 C11-12] and this may be compounded to unrealistic perceptions of themselves as relatively invulnerable [16 C13].

Ranez [8.6] described intercourse as an adult syndrome whereby the adolescent feels that others are at risk but not herself.

Of course if these teenagers do not fall pregnant they develop a false sense of security and continue without using contraception. They then present with a prolonged period of amenorrhoea or find that they have fallen pregnant.

5. Many teenagers have not heard of post coital contraception and hence do not make use of it.

In the 20 to 40 age group the contraceptive choice was the Pill. Those who were not on contraception at the time of study had stopped contraception because:

1. Some wanted to have another child.

2. Some were post delivery and breast feeding.

3. Others were abstaining from sexual relationships.

4. Those who had completed their families had undergone tubal ligation and did not find any need to use any other form of contraception.

In the study conducted, sterilisation appears to be the preferred form of contraception in the 36 to 50 year group. Participants confirmed that the reason for having undergone tubal ligation was that they had completed their families and were wary of continuing with the Pill. Many said that they were afraid of developing illnesses like carcinoma of the cervix. They had been advised by various sources to stop the Pill once they were more than 35 years old.

Studies done by Segal [1], show that sterilisation is the most widely used from of contraception in the world.

Patients in the peri menopausal age present with vasomotor symptoms of the illness e.g. hot flushes and sweating. As they get older, they may develop illnesses like osteoporosis and myocardial infarction. When they present with symptoms of the menopause, patients are advised to go on to hormone replacement, therapy.

With the development of the low dose contraceptive Pill and in those patients who have no contra indications for its use e.g. smoking and varicose veins, patients are being advised to use the Pill, as this delays the onset of these illnesses. Even if they cannot use low dose combined oral contraceptives, they can go to the progestogen only Pill.

One needs to investigate what advice Family Planning Clinics are giving to these older patients and to ascertain whether these health workers are now advising patients to continue with this new regime. Doctors are advocating the use of the new low dose Pill and patients are confused because until very recently this advice was not being given at Clinics. The Clinics until early 1995 did not even dispense the low dose Pill.

Many patients in this group admitted that once they had undergone sterilisation, they had not had any Papinicolou Smears done. This is dangerous as they could develop carcinoma of the cervix and this could go undetected if no smears are done.

Although the use of the low dose Pill is to be recommended, the participants should be screened to assess whether they will be compliant to it. If they say they will not be, and have completed their families and request a tubal ligation, then they should be allowed to do this.

THE INFLUENCE OF EDUCATION ON CONTRACEPTION

This study confirmed that the contraceptive of choice in this study group was the Pill. This group was a literate group with almost 90% of the participants having at least Standard 10 education. Almost equal numbers had an intra uterine device in situ.

Unfortunately only 12% of the group used condoms. All participants were aware of the spread of STD. These diseases are not very common in the Indian population at present, and Infectious Diseases held in Durban in May 1995, statistics showed that the incidence of spread of HIV and STD is increasing amongst the Indians. The competence of the use of the condom must therefore be stressed to all people who are sexually active with more than one sexual partner. Personal prejudices and dislike for the use of the condom must be set aside in these cases.

The use of post coital contraception is almost non-existent in the study group. Answers revealed that many participants were unaware of its availability for emergency contraception.

In comparing the use of contraceptives in various parts of the world using the variables of education and socio-economic status of the participants as being equal it was shown in studies done by Ozumba[8] and Webb[12] in Perth that the choice of contraception was the Pill.

In studies done on Taiwanese urban women by Leth Bridge and Wang the inter uterine device was the contraceptive of choice followed by the Pill and condom.

In the study undertaken by Leth Bridge[13] the use of the I.U.C.D. was as favourable as the Pill.

However in Jugnundan[2] study in teenagers in Durban, the condom was the contraceptive most frequently used.

A study of the women in Bangladesh by Koenig et al[15] demonstrated the injection as being the most commonly used contraceptive. These women were of a lower socio-economic group and not as well educated as the participants in this study.

Setlioane[6] in his study of urban and rural black participants found that urban girls preferred the injection[6] while rural ones preferred the Pill. In this study the use of the injection is not favoured but it would be interesting to discover if it proves favourable amongst Indians residing in other areas of Durban.

THE ATTITUDE OF THE SPOUSE TO CONTRACEPTION

In this study it was shown that the majority of women did not have to ask their spouses permission to start contraception and most of the spouses were agreeable to the type of contraceptive used.

Many spouses did not really mind the type of contraceptive used as long as it was efficient and did not affect their sexual relationships.

In studies done by Wau and Ohemba Sakyi [14] in Ghana, it was shown that efficient contraceptive use occurred in those women who had regular sexual intercourse and who discussed family planning with their husbands and whose husbands approved of the use of condoms.

RELIGION AND CONTRACEPTION

The majority of the participants were Hindus although there were small representations of Muslims and Christians as well in the study. A minority group formed the none believer group.

This study indicated that religion had little part to play in the use of contraceptives. The results indicated that all the groups used more than one form of contraception but that the contraceptive choice in all the religious groups was the Pill. Those participants who had completed their families preferred to have had undergone tubal ligation. This represented a permanent form of contraception for them.

Inter uterine devices were used by all the different religious groups. The injection was used by the Christians in the study. Muslims did not use the injection at all and in the Hindu group it usage was negligible.

Since the numbers of Christians and Muslims participating in the study was small, these results cannot be extrapolated as being representative of these religious groups in the Indian Community.

In the above study the results reflect that religion played very little or no part in the use of contraceptives.

CONCLUSION

From the study undertaken it can be concluded that:-

1. In the sample studied the contraceptive of choice is the Pill although the I.U.C.D. is also used by many participants.

2. Those participants who had completed their families preferred to have had undergone tubal ligation.

3. In the peri menopausal women the use of the newer low dose Pill is not favoured.

4. The knowledge gained by the participants prior to the study appeared to be superficial and inadequate.

5. Parents and schools do not play a major role in trying to promote sex education.

6. The use of the condom is not common in this study group.

7. Religion plays no part in the Indian Community in deciding the type of contraceptive used.

8. The Indian male is quite amenable to his spouse using contraceptives but the number of males undergoing vasectomy or using condoms is small. The burden of contraception therefore rests on the female.

RECOMMENDATIONS

1. A study involving a larger sample of the Indian Community should be undertaken in order to ascertain what this Community understands about contraception.

2. Sex education be included as a compulsory part of the school curriculum. People who are trained in this subject should be responsible for imparting knowledge to scholars.

3. The media should be more widely used to inform the people of the hazards of unprotected sex. Statistics regarding the spread of HIV virus be released at least annually so that the public is made aware of the rapid spread of the disease.

4. Family Planning Clinics and Health Workers be encouraged to discuss every aspect of contraception with the patients coming to them for advice.

5. The use of the post coital contraception as an emergency contraceptive be made known to all people concerned.

6. Doctors and Family Planning Clinics should encourage peri menopausal women with no contra indication to use the newer lower dose Pill. People must not be confused about its use in this age group by different health personnel giving different opinions.

7. Ethical issues and legislative proceedings regarding contraception be made available to all people at every outlet were contraception is available.

8. Parents be encouraged to have open ended discussions with their children as regards sex education and contraception.

LIMITATIONS OF THE STUDY

1. The subjects chosen belonged to a very small section of the Indian Community and was not representative of the Community.

2. The researcher was also the family doctor so objectivity of the answers was not guaranteed.

3. The time period of the study was short - six weeks.

4. The total number of subjects interviewed was small.

5. The questionnaire was limited to only certain aspects associated with contraception and premarital sex.

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THE UTILISATION AND KNOWLEDGE OF CONTRACEPTION IN INDIAN FEMALE ATTENDERS IN AN URBAN GENERAL PRACTICE.

AIM: To assess the utilisation and knowledge of contraception in Indian female attenders in an Urban General Practice.

OBJECTIVES

1.

To determine the characteristics of female attenders in relation to:

(a) Demography - (i) Age
(ii) Area of Residence

(b) Religion

(c) Educational Status

(d) Occupation

(e) Marital Status.

2.

To determine the number of females between the ages of 16 and 50 years who use contraceptives.

3.

In respect of females attending the practice, to determine:-

(a) awareness of Contraception;

(b) source of knowledge of Contraception.

4.

To determine past and present knowledge and use of contraceptives.

5.

To determine from the female attenders the attitude of the male partner/s to the use of contraceptives.

6.

To make recommendations in respect of the findings of the study and to broaden the knowledge of the female attenders in the practice in respect of knowledge and use of Contraception and Family Planning.

DEFINITION:

1.

URBAN GENERAL PRACTICE:

The practice of the researcher is located in RESERVIOR HILLS - an upper middle to middle class urban Suburb of Durban. Patients were drawn from this practice. Ninety percent of the patients in the practice of the researcher are Indians whilst the remaining ten percent are of mixed racial origin.

2.

CONTRACEPTIVE METHODS:

(a)	**NATURAL**	(i)	Abstinence - no sex
		(ii)	Rhythm - safe period
		(iii)	Breast-feeding
		(iv)	Coitus Interruptus - no ejaculation onto vagina
		(v)	Coitus Inter Femoris - ejaculation onto thighs
(b)	**BARRIER**	(i)	Male - Condom
		(ii)	Female - Cap, Foam, Douches

(c)	**HORMONAL:**	(i)	Oral Contraceptive - Pill
		(ii)	Injections
		(iii)	Post Coital - morning after Pill
(d)	**STERILISATION:**	(i)	Female - tubal ligation
		(ii)	Male - Vasectomy
(e)	**MECHANICAL METHOD:**		Inter Uterine Contraceptive device - Loop, Copper T, etc.

APPENDIX A:

INFORMED CONSENT FOR INCLUSION

IN THE CLINICAL TRIAL

I, (name) hereby consent to participate in the study of THE UTILISATION AND KNOWLEDGE OF CONTRACEPTION IN INDIAN FEMALE ATTENDERS IN AN URBAN GENERAL PRACTICE being carried out by the researcher.

I understand that all information is confidential and will not be revealed to any one else.

SIGNED: _____

DATE: _____

WITNESS: _____

DATE: _____

APPENDIX B:

CONFIDENTIAL QUESTIONNAIRE

STUDY NUMBER: _____

Please tick appropriate answers where required.

OBJECTIVE 1:

(a) (i) What is your correct (exact) age? _____

(ii) Where do you usually reside?

Urban Area _____

Peri Urban Area _____

Rural Area _____

(b) To which religious group do you belong?

Christian _____

Muslim _____

Hindu _____

None _____

Other - please specify _____

(c) What is your level of Education?

No schooling _____

Up to Standard 6 _____

Up to Standard 10 _____

Post Matriculation -
(Degree or Diploma) _____

(d) (i) What is your occupation?

_____

(ii) Are you presently employed?

Yes _____

No _____

(e) Are you: Married? _____

Single? _____

Widowed? _____

Divorced? _____

Separated? _____

Cohabiting (living together)
with a member of the opposite
sex? _____

OBJECTIVE 2:

(a) What do you understand by Contraception?

_____

_____

_____

(b) From where did/do you gain most of your knowledge of Contraception?

Schools _____

Friends or Peers _____

Books, Media, Newspaper/Television _____

Parents _____

Family Planning Clinic _____

Doctors/Nurses etc _____

Other - please specify _____

(c) Are you sexually active?

Yes _____

No _____

(d) Have you been sexually active in the past?

Yes _____

No _____

OBJECTIVE 3:

(a) How old were you when you first became aware of Contraception?

_____

(b) Are you at present on a Contraceptive?

Yes _____

No _____

If not, please give your reason for not using Contraception.

_____

_____

_____

(c) What form of Contraception do you use?

_____

NATURAL METHOD:

(i) Abstinence (no sexual activity) _____

(ii) Rhythm method (safe period) _____

(iii) Coitus Interruptus _____

(iv) Coitus Inter Femoris _____

(v) Breast feeding _____

BARRIER METHOD:

(i) Condom (FL) _____

(ii) Diaphragm (Caps) _____

(iii) Spermicides/Foam _____

MECHANICAL METHOD:

(i) I.U.C.D. - Copper T, Loop _____

HORMONAL METHOD:

(i) Oral - Pill _____

(ii) Injection - Depot _____

(iii) Post Coital Contraception
(morning after Pill) _____

STERILISATION:

(i) Male - Vasectomy _____

(ii) Female - Tubal Ligation _____

OTHER:

Please specify _____

(d) Have you used any of the following Contraceptive methods in the past?

		YES	NO
(i)	Abstinence (no sex)		
(ii)	Rhythm method (safe period)		
(iii)	Coitus Interruptus		
(iv)	Coitus Inter Femoris		
(v)	Breast Feeding		

BARRIER METHOD:

		YES	NO
(i)	Condom (FL)		
(ii)	Diaphragm (Caps)		
(iii)	Spermicides/Foam		

MECHANICAL METHOD:

		YES	NO
(i)	I.U.C.D. - Copper T, Loop		

HORMONAL METHOD:

		YES	NO
(i)	Oral - Pill		
(ii)	Injection - Depot		
(iii)	Post Coital Contraception (morning after Pill)		

(e) Has your past method of Contraception ever failed?

(i)	Yes	
(ii)	No	

If yes, why do you think this occurred?

_____

_____

_____

_____

_____

_____

(f) Do you believe that your present method of contraception could fail?

(i) Yes _____

(ii) No _____

If yes, why do you think this may happen?

_____

_____

_____

_____

_____

_____

(g) If you have changed your method of contraception, what was/were your reason/s for changing your method of Contraception?

_____

_____

_____

_____

_____

_____

_____

_____

(h) From where do you obtain your contraceptives?

(i) Friends _____

(ii) Pharmacies _____

(iii) Doctor/Hospital _____

(iv) Family Planning Clinic _____

(v) Supermarket _____

(vi) Not Applicable _____

(vii) Other - please specify _____

_____

_____

_____

_____

_____

_____

_____

_____

(i) Have you ever visited a Family Planning Clinic?

(i) Yes _____

(ii) No _____

(j) Do you know where your local Family Planning Clinic is?

(i) Yes _____

(ii) No _____

OBJECTIVE 4:

(a) Does your partner approve of your using Contraception?

(i) Yes _____

(ii) No _____

(iii) Unsure _____

(b) Did you have to obtain his permission to start Contraception?

(i) Yes _____

(ii) No _____

(c) Is he aware that you are using Contraception?

(i) Yes _____

(ii) No _____

(d) Is your partner aware of the form of Contraception you are using?

(i) Yes _____

(ii) No _____

(e) Did he suggest any other form of Contraception?

(i) Yes _____

(ii) No _____

If yes, what did he suggest?

_____

_____

_____

_____

_____

(f) If you are using another form of Contraception other than suggested by your partner, why did you choose this form of Contraception?

_____

_____

_____

_____

_____

(g) What side effects, if any, do you expect from your method of Contraception?