

Knowledge, Use and Attitudes towards contraception in Post partum adolescents

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Introduction

Adolescence (10-19 years)

Rapid physical, cognitive and psychological growth

Essential period for laying down foundations of good health

 Opportunities to meaningfully participate in interventions meant to improve and maintain their health (WHO, 2022)





Key Literature

- Moyo and Rusinga, 2017
- Israel, Naidoo and Titus ,2016
- Hagan and Buxton ,2012
- Norton et al ,2017





Primary Objective

• 1. To determine the knowledge levels of and attitudes of postpartum adolescents towards available contraceptive methods.





Secondary Objectives

- 1. To determine the knowledge levels of and attitudes of post-partum adolescents towards available contraceptive methods.
- 2.To determine previous and intended use of contraception in post- partum adolescents.
- 3.To identify the sources of information for adolescents about contraception.
- 4.To assess post-partum adolescents' willingness to use long term reversible methods.
- 5.To formulate recommendations that will enable provision of adequate care to pregnant adolescents with special emphasis on post-delivery contraception use that is available, affordable and sustainable.



Methodology

Study Setting

- Mbuya Nehanda Maternity Hospital; Parirenyatwa Group of Hospitals
- Sally Mugabe Maternity Hospital
- Harare City Council primary care clinics.
- Residents residing in Harare who use the public health system.

Study Design

- Cross sectional descriptive study was conducted
- Mixed methods approach using both qualitative and quantitative data was employed.





Methodology

Study population

 Adolescent females who had delivered at either Mbuya Nehanda Maternity Hospital and Sally Mugabe Maternity Hospital as well as City of Harare poly clinics from October 2023 to May 2024.





Inclusion Criteria

- 1) Age between 10 and 19 years
- 2)Recent birth at Sally Mugabe and Mbuya Nehanda Maternity Hospitals and City of Harare Clinics
- 3) Resident of Harare City
- 4) Agreement to participate in the study by providing written informed consent





Exclusion Criteria

- 1)Post-partum adolescents who were unwilling to give written informed consent were excluded from the study.
- 2) Adolescents who had severe complications during pregnancy and were unable to participate in interviews were also excluded from the study.





RESULTS

- The study ran from October 2023 to May 2024
- 270 potential participants were approached , 10 did not meet the inclusion criteria
- 2 did not consent to participate and 3 had incomplete information
- Overally 255 participants were included with complete data sets
- 6 key informants interviewed
- 3 FDGs with 7 participants in each





Demographic Characteristics

- 63.5% of participants were in the age group 18-19 years
- Mean age of participants was 17.7 years
- Majority of participants were married(73.7%)
- 82.3% of participants attained Secondary School education with only 4.7% reaching tertiary level
- Most of the participants (76%) were unemployed
- Consequently 62.4% had an estimated monthly income of at least \$100





Demographic Characteristics

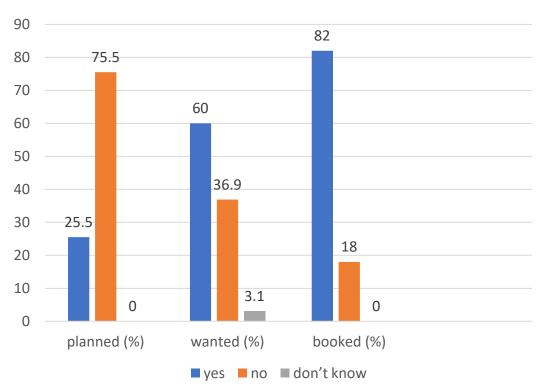
- 82% had been in their first pregnancy
- Most listed Middle adolescence (14-17 Years) as their age at sexual debut (82.7%)
- Mean age of sexual debut was 16.1 years



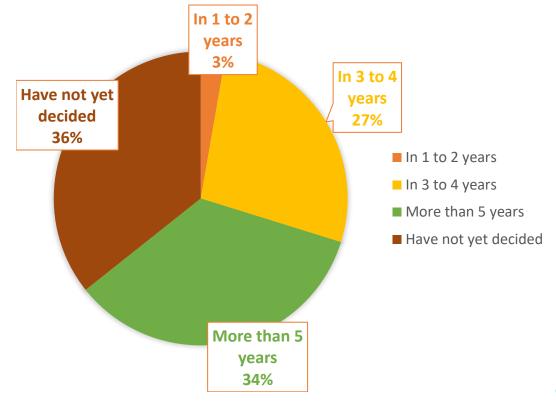


PREGNANCY CHARACTERISTICS

PLANNED/BOOKED/WANTED



INTERVAL UNTIL NEXT PREGNANCY

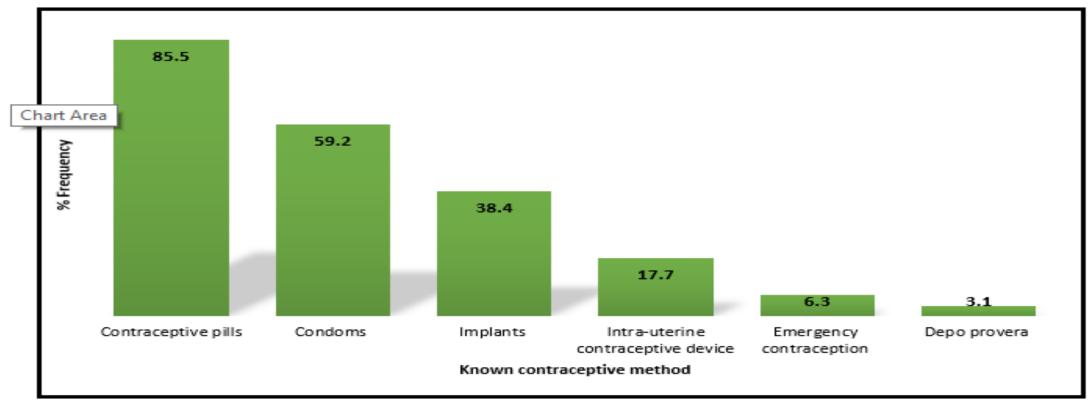






Contraceptive Knowledge

4.2 Knowledge levels of post- partum adolescents on available contraceptive methods



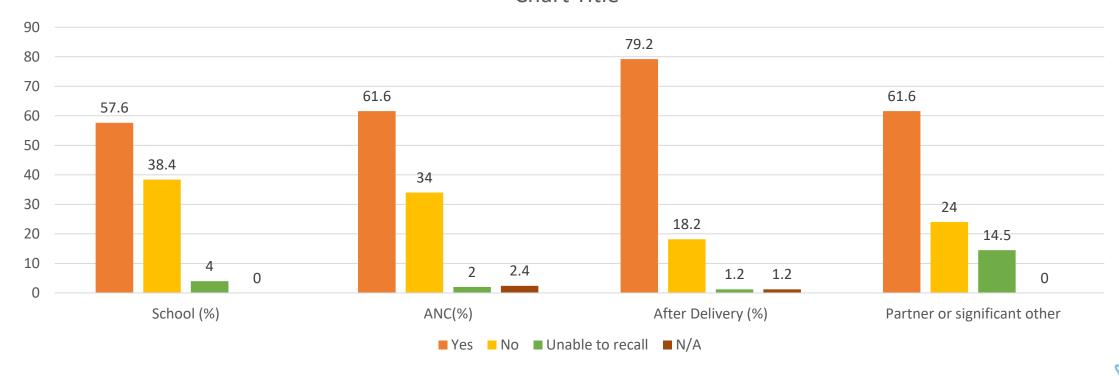
**Please note that study participants often cited knowledge of more than one contraceptive method Figure 1: Contraceptive methods known by post-partum adolescents





Sources of Contraceptive Knowledge

Chart Title

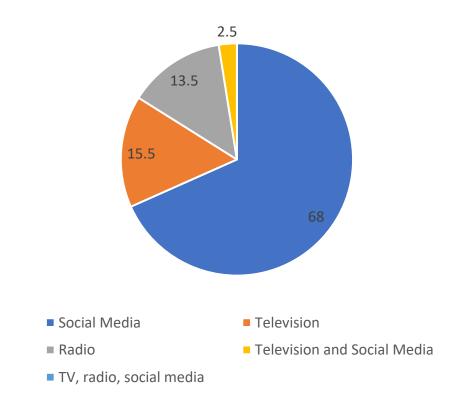




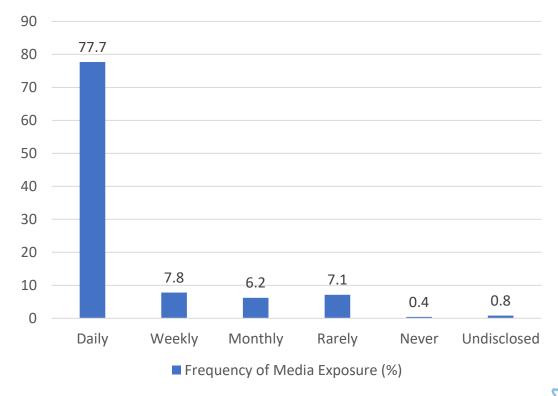


MEDIA EFFECT

MEDIA EXPOSURE



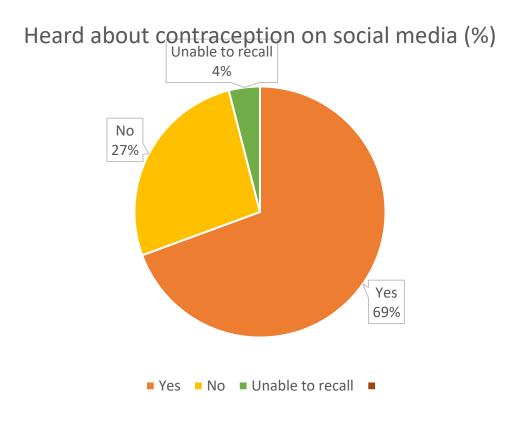
FREQUENCY OF EXPOSURE







Contraceptive knowledge from Social Media







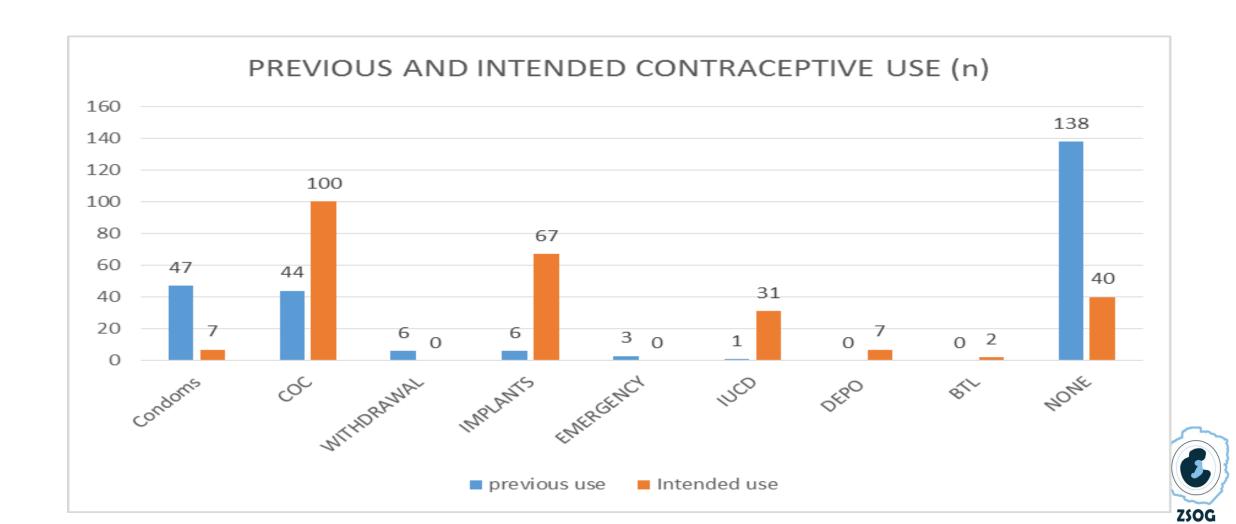
Contraceptive Knowledge

- Explored depth of knowledge during focus groups ... Varied,
- Discussion focused on Advantages, side effects
- Knowledge deficits noted, for example, approach to missed pill
- Discussed support from spouse, family support
- Knowledge gaps identified by health care workers ...time and resource constraints





Contraception Use





Previous Contraception Use

- Age group 18-19 years OR 1.82(1.08-3.07) p value 0.024
- Divorced/ Separated OR 3.28 (1.24-9.58)p value 0.014
- Tertiary Level education OR 20.00 (2.27-176.11) p<0.005
- Students OR 5.09 (1.12-23.14) p 0.038





Intended Contraception Use

- Age group 18-19 years OR 2.48(1.25-4.91)
- Single OR 0.06 (0.03-0.13) p < 0.005
- Secondary School Education OR 4.67 (2.03-10.77)
- Discussed Contraception with partner OR 10.45 (4.13-26.43)
- Discussed Contraception during ANC OR 4.13(1.99-8.58) p<0.005
- Discussed Contraception after delivery OR 4.21 (2.02-8.77) p<0.005
- Heard about family planning on Social media OR 4.51(2,20-9,45)





Discussion

• Despite being aware of various contraceptive methods, many adolescents lack in-depth knowledge about the different options available to them. This lack of comprehensive understanding is compounded by misconceptions about potential side effects.

• Adolescents' attitudes towards contraception are complex and multifaceted, with some recognizing the importance of contraceptives while others are driven by fear, uncertainty, and misconceptions.





Discussion

• Fear of being judged or stigmatized is a major barrier to seeking contraception, highlighting the need for clear communication and acceptance from healthcare providers to create a safe and non-judgmental space for adolescents to discuss their sexual health.

• Older adolescents, those with higher education, and those who discussed contraception with their partners or significant others are more likely to express an intent to use contraceptives.





Discussion

- Confidentiality and privacy concerns can be a barrier to using contraceptive services at some health facilities, emphasizing the importance of creating a safe and confidential environment for adolescents to access these services.
- Comprehensive sex education and counseling that involves not only the adolescent but also their partner and family members are essential for promoting SRHR awareness and reducing unintended pregnancies.





Conclusion

• Social media has become a dominant force in shaping adolescents' knowledge and attitudes towards SRHR issues, emphasizing the need for credible online platforms that provide accurate information from trustworthy sources.

• There is need for existing re integration models to be publicized widely so that adolescents know that after delivery they can go back to school and follow their intended career paths.





Recommendations

- 1. Improving SRHR adolescent education: Validated tool to assess contraceptive knowledge
- 2. Addressing fear and stigma
- Encouraging the involvement of partners and family members in contraceptive planning
- 4. Developing credible online platforms with SRH information
- 5. Implementing targeted, auditable educational interventions





Recommendations

- 6. Healthcare provider training
- 7. Reproductive plan





References

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THANK YOU

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