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Author(s): Lungisile Shange and Pranitha Maharaj

Source: *African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive*, March 2023, Vol. 27, No. 3 (March 2023), pp. 64-70

Published by: Women's Health and Action Research Centre (WHARC)

Stable URL: <https://www.jstor.org/stable/10.2307/27250192>

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ORIGINAL RESEARCH ARTICLE

Contraceptive use among young mothers with repeat births: Evidence from a qualitative study in KwaZulu-Natal, South Africa

DOI: 10.29063/ajrh2023/v27i3.8

Lungisile Shange* and Pranitha Maharaj

School of Built Environment and Development Studies, University of KwaZulu-Natal

*For Correspondence: Email: 19shangel@gmail.com; Phone: +27 799557934

Abstract

Teenage pregnancy and rapid repeat pregnancies are declining globally, but they continue to be a significant health issue. Many studies have explored contraceptive use by adolescents, but too date there is a lack of literature on the contraceptive use dynamics of young women in repeat births. This study was conducted in Umlazi, a township located in the province of KwaZulu-Natal. A total of 50 interviews with young mothers aged 18-24 years were conducted. The results revealed that contraceptive use among young mothers remains a challenge, resulting in a significant lack of contraceptive use. This study concludes that much more needs to be done to help young women protect themselves from unwanted and unplanned repeat pregnancies, which includes raising contraception awareness as well as educating young women about their own sexual reproductive health. (*Afr J Reprod Health* 2023; 27 [3]: 64-70).

Keywords: Repeat births, contraception, young mothers, Umlazi

Résumé

Les grossesses chez les adolescentes et les grossesses répétées rapides sont en baisse dans le monde, mais elles continuent d'être un problème de santé important. De nombreuses études ont exploré l'utilisation de la contraception par les adolescentes, mais à ce jour, il existe un manque de littérature sur la dynamique de l'utilisation de la contraception chez les jeunes femmes lors de naissances répétées. Cette étude a été menée à Umlazi, une commune située dans la province du KwaZulu-Natal. Au total, 50 entretiens avec de jeunes mères âgées de 18 à 24 ans ont été menés. Les résultats ont révélé que l'utilisation de la contraception chez les jeunes mères reste un défi, ce qui entraîne un manque important d'utilisation de la contraception. Cette étude conclut qu'il reste encore beaucoup à faire pour aider les jeunes femmes à se protéger contre les grossesses répétées non désirées et non planifiées, ce qui comprend la sensibilisation à la contraception ainsi que l'éducation des jeunes femmes sur leur propre santé reproductive sexuelle. (*Afr J Reprod Health* 2023; 27 [3]: 64-70).

Mots-clés: Naissances répétées, contraception, jeunes mères, Umlazi

Introduction

Teenage pregnancy and rapid repeat pregnancies are declining worldwide; however, they remain a significant health problem¹⁻³. Although the number of repeat births to adolescent mothers has substantially decreased over the past 20 years, they still account for 18.3% of all births to adolescent mothers⁴. Many of the repeat births occur in developing countries and amongst non-white adolescents⁴. One study reported that in 2017, from the 22,5 million parenting teenagers aged 15-19 in 60 nations, about 4.1 million gave birth to a second or higher order baby². Repeat pregnancy in teenage

years is not only a global occurrence but also a local concern as it also happens in South Africa⁵. Research indicates that in South Africa, most repeat pregnancies occur within a space of two years after the first birth⁶. A study conducted in the United States reported similar findings as it found that 50 percent of young women aged 15 to 19 become pregnant again within two years⁷. A study conducted in Uganda found that 40 percent of young women aged 15 to 19, who have had at least two births, have had a child within 24 months of the previous birth⁸. This study found that 17.6 percent of repeat pregnancies were amongst adolescents⁸. Similar findings were also reported in Germany

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with repeat teenage pregnancy rates of 17.3 percent⁶.

Over the past few decades, contraceptive use increased significantly globally; however, at a much slower rate in sub-Saharan Africa⁹. One in four women in sub-Saharan Africa presently uses modern contraception, with the highest rate in southern Africa⁹. In South Africa, for instance, the percentage of women of reproductive age who are protected against unplanned pregnancies, using modern contraceptives, has increased gradually from 26.03 percent in 2003/2004 to 37.03 percent in 2013/2014⁹. A South African study reports that although contraceptive services are provided free throughout the country, unintended pregnancy among young women forms an essential health challenge and abortion services are increasing¹⁰. Research shows that contraceptive non-usage is greater among young black people compared to young white people¹¹. In addition, Research indicates that most young women begin to use contraceptives after the first pregnancy¹². Contraceptive use is the best defence against unplanned pregnancy and repeat pregnancy, nevertheless many young people keep on engaging in unprotected sex and also the individuals who use contraception do not use it consistently¹². Women can limit their fertility by utilizing contraception to either space or stop births¹³. Moreover, it has great advantages, including reduced maternal and infant morbidity and mortality, economic advancement, and a decrease of children infected with HIV⁹. Despite these advantages, research indicates that contraceptive use remains a highly contested domain among young women¹⁴. The aim of this study is to shed more insights into the barriers and facilitators of contraceptive use among young women with repeat births in KwaZulu-Natal in South Africa.

Methods

This study employed a qualitative research design. It was carried out in Umlazi with 50 African young mothers aged 18 to 24. Umlazi is the largest township in the province of KwaZulu-Natal, South Africa. Umlazi has a population of 404 811 people and 104 914 households. People from various ethnic groups in South Africa live in the township, with Zulus being the most prevalent. Because the researcher was looking for participants with

specific characteristics, it was thought that purposeful sampling would be appropriate for this study. The participants were recruited using snowballing and convenient sampling. Data was gathered through semi-structured interviews. The interviews were conducted in both isiZulu and English. The isiZulu language interviews were later translated into English. The interviews lasted between forty minutes and an hour. To protect the rights of study participants, the researcher obtained ethical approval from the University of KwaZulu Natal's Human Social Sciences Research Ethic Committee. The researcher conducted the interviews only after obtaining ethical clearance. The identities of the participants were protected using pseudonyms. Before the interviews, the researcher explained to the participants the purpose of the study, the significance of their participation, and the implications of their participation. To ensure that participants understood the purpose of the study and their role in it, they were asked to sign the informed consent form, which was either read to them or given to them to read if they preferred. The data was analysed using thematic analysis.

All the interviews were digitally recorded and later transcribed. The researchers read the transcripts several times, coding and categorising the data according to emerging recurrent themes. Key themes were identified by reading and reflecting on the transcripts. The major themes identified during data analysis included inhibitors of the use of contraception in repeat births and the promoters of contraceptives in repeat births. There was no software used in data analysis; everything was done manually.

Results

The results revealed that even in cases of repeat births, the usage of contraceptives remains a serious problem, especially among young women. We examined the elements that both encouraged and discouraged their use of contraceptives in order to comprehend the dynamics of their usage.

Factors that inhibited the use of contraception in repeat births

Desire to have a child

One of the factors that contribute to repeat births among young women is the desire to have children.

According to the interviews, male partners are the ones who always express a wish to have more children in relationships. In fact, the mothers stated they were not planning to have any more children until their partners requested them to get pregnant. However, other mothers stated that they were more open to the idea of having more children if the existing partners truly desired it. Some of these mothers said they had already stopped using contraception because they were trying to conceive, and their partners had requested them to. Even though some mothers did not want to have more children, they agreed to have more children with their partners in order to satisfy them. They feared that if they refused, their partners would leave them and find someone else who would give them a child. *After my first child I was more than determined to use contraceptives. I used it for quite some time, but I stopped because my boyfriend wants a child (Zandile, 24 years old).*

Side effects

Fear of the side effects of contraception has a significant impact on the use among young women and has been shown to be a significant barrier to contraceptive use. The results found many mothers experienced repeat births because they were afraid of the side effects of using contraception. Most mothers criticized contraceptives, stating that they have too many side effects. Because of the side effects many mothers had negative perception about contraception because they assumed that all methods had the same side effects. It was also intriguing to hear that some mothers refused to use birth control because they had heard from others that it has side effects and had never tried it personally to see for themselves. The most common side effects that were mentioned by most mothers included weight fluctuations, headaches, nausea, heavy bleeding, endless menstruation, overeating and loss of sexual appetite. The mothers mentioned that they were afraid of using contraceptives because they feared the side effects.

I was using the 2-month injection. I did not like it, it made me wet. When you have sex with your person, there is that uncomfortable noise that is cause by the wetness in your private part (Prudence, 24 years old).

Failed contraception

Some mothers who fell pregnant for the second/and or third time claimed that it was due to ineffective contraception. The most perplexing aspect of this was that almost all of them could not explain how they became pregnant again, despite the fact that they claimed to have become pregnant while using contraception.

That is the thing that confuses me because I made sure that I do not miss my appointments, because I was trying to avoid getting pregnant again (Welile, 21 years old).

To understand how this happened, they were then asked whether they were using contraceptives correctly and consistently, and they answered in the affirmative, adding that they were shocked when they became pregnant again. This raised some questions because the majority of them believed they might have received the incorrect form of contraception. For example, those who were using the three months injection suspected that maybe they were given the two months one without being informed. Some mothers claimed that the nurses have the tendency of giving them different injection when they are out of stock. Although some mothers said that the nurses inform them when this happens, others said that they were never told. Although it is unclear how they arrived at this conclusion, it was the only one that made sense to them. Some mothers become distrustful of contraception as a result of failed contraception. Failed contraception was mentioned as one of the reasons why some mothers stopped using contraception. Those who believed that their repeat pregnancies were due to contraceptive failure were convinced that contraception does not work.

I am 100% sure that contraceptives do not work, I am living proof of that. I fell pregnant while I was using contraceptives (Zandile, 24 years old.).

Factors that increase the use of contraception in repeat births

Fear of a repeat pregnancy

Many mothers cited the fear of another unplanned pregnancy as a motivator for using contraception. Many of them were anxious that having another

child would interrupt their future plans, but they were more concerned about the repercussions of another pregnancy. For example, many feared that their parents would expel them from their homes and that they would be unable to return to school. Most mothers stated that they did not desire another child and this was the primary reason they used contraception. Surprisingly, even those who did not use any form of contraception expressed no desire to have more children. Almost all of them stated that they learned from their mistakes and do not want to repeat them, and that the best way to do so is to use contraception appropriately and consistently. To express how much she did not want another child, one mother stated that she went for sterilization since she does not want to have another child in her life ever again.

Having another child would destroy my life. I cannot. I would be very disappointed if I were to have another child. For now, I am fine, I am still trying to fix my life.

Fear of disappointing parents

Many mothers stated that, while they did not regret having their children, they were already feeling guilty since they were constantly reminded that they had made a mistake by having children at such an early age. They said that their parents had often informed them that they were disappointed in them. Because of this, they felt that having another child would exacerbate the situation. These mothers claimed that they use contraception consistently because they cannot afford to disappoint their parents further, especially because they believe they have already ruined their chances of success in life. Furthermore, their parents are already disappointed and ashamed of them. What made matters worse was that some of their neighbours were gossiping about them and accusing their parents of failing to raise them properly. Some mothers revealed that having children ruined their relationship with their parents, although they have accepted their children. *My family already see me as a disappointment, I cannot afford to disappoint them (Wandile, 24 years old).*

Getting pregnant again is not even an option. It would mean I have no respect for my parents (Ntoko, 24 years old).

Drive to succeed

Many mothers did not finish or continue their education after giving birth. However, most of them have not given up on their aspirations. Many mothers expressed their desire to return to school in order to have a better future. One mother stated that she now realizes that using contraception is critical if she is serious about creating a better future for herself and her child. Another mother stated that having a child delayed her dreams; as a result, she does not see herself having another child anytime soon, because doing so would require her to completely forget about her future, as her parents have already warned her that if she became pregnant again, they would cut her off completely. Some mothers said that they were already dealing with the stigma of being young mothers as they are discriminated against by some of their community members. One mother said because she has two children, people look at her as if she is promiscuous. She explained that that she was told that since she has a child, she will never amount to anything as she threw away her future. Many mothers wanted to prove people wrong by showing them that having a child should not be a reason to give up on oneself and one's aspirations.

People look down on you if you have a child at a young age. I want to show them that you can have a child and still be successful or achieve your goals. I have been told that I will never amount to anything, and I want to prove them wrong (Welile, 21 years old).

Discussion

This study revealed that a variety of factors influenced young mothers' usage or non-use of contraception. It was found that some of the determinants of contraceptive use were depending on the mothers' willingness to have another child. As expected, mothers who did not wish to have any more children reported being motivated to take contraceptives and claimed to be using them regularly as compared to those who were already planning or in discussions with their partners to have another child. These findings were consistent with past research that found a connection between motivation to avoid pregnancy and contraceptive

use and adherence^{15,16}. On the contrary, it is reported that reduced use of contraception and unexpected pregnancy have been linked to pregnancy ambivalence, or conflicted desire about having a child¹⁷. Concern of side effects; fear of disappointing parents; determination to succeed; and the stress of raising a child as a single mother were among the variables that increased contraceptive use among the moms.

The results revealed that early childbearing often causes friction within families, notably among parents, who frequently express their disapproval and discontent with their child's pregnancy. These findings were consistent with those of another study, which found that participants' families' reactions to their pregnancy ranged from disappointment to abandonment and silent treatment⁵. In one study, many participants expressed that they were looking for love outside the family, revealing a background of restricted communication and bad family interactions¹⁸. These findings are consistent with the findings of this study, since several women stated that their relationship with their parents had deteriorated. Some mothers were even evicted from their own homes because of their pregnancy. Many women felt that being pregnant again would utterly destroy their already strained relationships with their parents, so they were adamant about using contraception to ensure that it did not happen again.

The results revealed that contraception side effects play a significant role in preventing the use of contraception. The mothers' concerns of side effects played a key impact in limiting their contraceptive use. These findings are consistent with the findings of numerous other studies that have established serious side effects as a barrier to use¹⁹⁻²³. Although numerous mothers claimed to have suffered side effects from the contraceptive methods they had previously used or were currently using, others claimed to have had no negative experiences but were concerned because of stories they had heard from others. Some mothers mentioned that they used contraceptives after having children but discontinued use due to the side effects, which resulted to another unintended pregnancy. Contraceptive use discontinuation due to side effects was also reported in another study where it was found that after a first birth, some women prefer modern contraceptives to space

children, but side effects often lead women to switch methods or discontinue use²⁴.

Research suggests that failure of a contraceptive method is a complicated phenomenon that results from particular behavioural mechanisms of method use²⁵. Many mothers who claimed to have gotten pregnant while using contraception brought up the important issue of failed contraception. These mothers could not explain how this occurred as they mentioned that they were using contraception correctly and consistently when they became pregnant. Since they were unable to explain how they got pregnant, it is unclear if the contraceptive methods they were taking were indeed unsuccessful or if they were used wrongly or inconsistently. However, research demonstrates that contraception may still fail even when used precisely, and that this can only be confirmed medically, despite the fact that most contraception failures are the consequence of improper use²⁵.

Being a young mother is stressful and fraught with difficulties. Many mothers, however, believed that those difficulties were meant to strengthen them and motivate them to work hard in order to achieve goals they had always desired for themselves. One of the most difficult aspects of being a young mother is making ends meet while finishing school. Many mothers wished to complete their education and obtain better careers in order to support themselves and their children. These findings are congruent with those reported in another study, in which participants envisioned finishing their school, focusing on their dream vocations, and constructively contributing to society⁵. Many mothers in this study admitted that if they had used contraception, their situation would have been different, and they would not have faced so many difficulties because they would have used contraceptives until they were ready to have children.

Conclusion

Contraceptive use by many young women remains a big concern for a variety of reasons, many of which have already been thoroughly covered above. It is well understood that the primary function of contraception is to prevent undesired pregnancies. Despite this understanding, many young women continue to have unexpected repeat births. Many

studies focus on contraceptive usage before the first pregnancy; however, there is a need to focus on contraceptive use in repeat births, as the number of young women experiencing repeat births is increasing.

References

- Hindin MJ, Kalamar AM, Thompson TA and Upadhyay UD. Interventions to prevent unintended and repeat pregnancy among young people in low-and middle-income countries: a systematic review of the published and Gray literature. *Journal of adolescent health* 2016; 59(3): S8-S15.
- Norton M, Chandra-Mouli V and Lane C. Interventions for preventing unintended, rapid repeat pregnancy among adolescents: a review of the evidence and lessons from high-quality evaluations. *Global Health: Science and Practice* 2017; 5(4): 547-570.
- Govender D and Naidoo S. Scoping review of risk factors of and interventions for adolescent repeat pregnancies: A public health perspective. *African Journal of Primary Health care & Family Medicine* 2018; 10(1): 1-10.
- Conroy KN, Engelhart TG, Martins Y, Huntington NL, Snyder AF, Coletti KD and Cox JE. The enigma of rapid repeat pregnancy: A qualitative study of teen mothers. *Journal of Pediatric and Adolescent Gynecology* 2016; 29(3): 312-317.
- Govender D, Naidoo S and Taylor M. "I have to provide for another life emotionally, physically and financially": understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South, Africa. *BMC Pregnancy and Childbirth* 2020; 20(1): 1-21.
- Mphatswe W, Maise H and Sebitloane. Prevalence of repeat pregnancies and associated factors among teenagers in KwaZulu-Natal, South Africa. *International Journal of Gynecology & Obstetrics* 2016; 133(2): 152-155.
- Damle LF, Gohari AC, McEvoy AK, Desale SY and Gomez-Lobo V. Early initiation of postpartum contraception: does it decrease rapid repeat pregnancy in adolescents? *Journal of Pediatric and Adolescent Gynecology* 2015 28(1), 57-62.
- Burke HM, Santo LD, Bernholc A, Akol A and Chen M. Correlates of rapid repeat pregnancy among adolescents and young women in Uganda. *International Perspectives on Sexual and Reproductive Health* 2018; 44(1): 11-18.
- Chersich MF, Wabiri N, Risher K, Shisana O, Celentano D, Rehle T, Evans M and Rees H. Contraception coverage and methods used among women in South Africa: A national household survey. *South African Medical Journal* 2017; 107(4): 307-314.
- Ramathuba DU, Khoza LB and Netshikweta ML. Knowledge, attitudes and practice of secondary school girls towards contraception in Limpopo Province. *Curations* 2012; 35(1): 1-7.
- Kusunoki Y, Barber JS, Ela EJ and Bucek A. Black-white differences in sex and contraceptive use among young women. *Demography* 2016; 53(5): 1399-1428.
- Nkani N and Bhana D. Sexual and reproductive well-being of teenage mothers in a South African township school. *South African Journal of Education*, 2016; 36(2): 1-10.
- Bawah AA, Asuming P, Achana SF, Kanmiki EW, Awoonor-Williams JK and Phillips JF. Contraceptive use intentions and unmet need for family planning among reproductive-aged women in the Upper East Region of Ghana. *Reproductive health*, 2019; 16(1):1-9.
- Seutlwadi L. Adolescents' knowledge about abortion and emergency contraception: a survey study. Doctoral dissertation, Rhodes University. 2012
- Chace Dwyer S, Baruwa S, Okafor E, Daini BO, Ubuane O and Jain A. How do changes in motivation to prevent pregnancy influence contraceptive continuation? Results from a longitudinal study with women who receive family planning services from Community Pharmacists and Patent and Proprietary Medicine Vendors in Nigeria. *Reproductive Health* 2022; 19(1): pp.1-11.
- Samari G, Foster DG, Ralph LJ and Rocca CH. Pregnancy preferences and contraceptive use among US women. *Contraception* 2020; 101(2):79-85.
- Higgins JA, Popkin RA and Santelli JS. Pregnancy ambivalence and contraceptive use among young adults in the United States. *Perspectives on sexual and reproductive health* 2012; 44(4): 236-243.
- Sámano R, Martínez-Rojano H, Robichaux D, Rodríguez-Ventura AL, Sánchez-Jiménez B, de la Luz Hoyuela M, Godínez E Segovia S. Family context and individual situation of teens before, during and after pregnancy in Mexico City. *BMC pregnancy and childbirth* 2017; 17(1):1-16.
- Ochako R, Mbondo M, Aloo S, Kaimenyi S, Thompson R, Temmerman M and Kays M. Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study. *BMC public health* 2015; 15(1): 1-9.
- Casey SE, Gallagher MC, Kakesa J, Kalyanpur A, Muselemu JB, Rafanoharana RV and Spilotros N. Contraceptive use among adolescent and young women in North and South Kivu, Democratic Republic of the Congo: a cross-sectional population-based survey. *PLoS medicine*, 2020; 17(3): e1003086.
- Alvergne A, Stevens and Gurm E. Side effects and the need for secrecy: characterising discontinuation of modern contraception and its causes in Ethiopia using mixed methods. *Contraception and reproductive medicine* 2017; 2(1):1-16.
- Ali MM, Cleland JG and Shah IH. World Health Organization. Causes and consequences of contraceptive discontinuation: evidence from 60 demographic and health surveys. World Health Organization, Geneva. 2012.

23. Tabane NS and Peu MD. Perceptions of female teenagers in the Tshwane District on the use of contraceptives in South Africa. *Curationis* 2015; 38(2): 1-7.
24. Osei IF, Mayhew SH, Biekro L, Collumbien, M, ECAF Team. Fertility decisions and contraceptive use at different stages of relationships: windows of risk among men and women in Accra. *International perspectives on sexual and reproductive health* 2014; 40(3): 135-143.
25. Frohwirth L, Mueller J, Anderson R, Williams P, Kochhar S, Castle SK and Kavanaugh ML. Understanding Contraceptive Failure: An Analysis of Qualitative Narratives. *Women's Reproductive Health* 2022; 1-23.