

RESEARCH ASSIGNMENT

PROJECT TITLE

Contraceptive knowledge, attitude and practices amongst adult HIV positive females in the John Talo
Gaetsewe Health District

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Declaration

I, Dr TG Anizoba, hereby declare that this dissertation is my own idea and the result of my original research; that it has not been submitted for any degree or examination at any other university, and that all the sources I have used or quoted, have been indicated and acknowledged with complete references.

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Contraceptive knowledge, attitude and practices amongst adult HIV positive females in the John Taolo Gaetsewe Health District Northern Cape Province.

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ABSTRACT

Background

Adult females recently diagnosed HIV positive fall pregnant soon after diagnosis in John Taolo Gaetsewe Health District. They usually claim ignorant of or say they forgot to take their pills and that lead to their getting pregnant. Considering the health implication of pregnancy on the general health outlook of HIV positive females and risk of mother to child transmission of HIV, that motivated this study.

Aim and Objectives

To study the contraceptive knowledge, attitude and practices amongst adult HIV positive females in John Taolo Gaetsewe Health District.

The objectives are;

1. To evaluate contraceptive knowledge, perceptions and practices amongst patients presenting for contraception
2. To find out the reasons for use and non use of contraceptives by patients
3. To determine choices of contraceptive methods, use of emergency contraception and barrier contraception such as condoms.

Methods

Study design: A cross sectional descriptive study focused on determining the contraceptive knowledge, attitude and practices of adult HIV positive females between the ages of 18 and 49 were selected for the study. Approval for the study was obtained from the Ethics Committee University of Stellenbosch with reference number N11/04/123, and the Northern Cape Department of Health. The study was carried out between June 2011 and July 2011. The questionnaire was designed based on a publication cited on contraceptive practices of women in Northern Tshwane.

Setting: The study was conducted in the ARV clinics of the Kuruman and Tshwaragano districts hospitals and the four community health centres in the John Taolo Gaetsewe Health District. This district is a predominantly rural district.

Results: Data was provided by 224 participants who fulfilled the inclusion criteria. The knowledge about condom ranked highest(100%) followed by injectibles(94%), oral contraceptive pills(87%), female sterilization(66%) and emergency contraception(51%). IUCD is the method that is least known(3%).Nurses are the major source of information about contraceptives(89%) while the educator give the least information to participants on contraceptives(40%). 100% of participants had access to

oral contraceptive pills and injectibles at their local clinics while the method that was least accessible are IUCD(2%) and hormonal implants(0%). There was a 100% positive perception of injectibles, 74% to female sterilization 67% for morning after pill and 61% to oral contraceptive pills while male sterilization had a positive perception of 12% and IUCD (8%). Availability of contraceptives influenced choice of contraceptives as participants used available methods at the clinic which were condoms, injectibles, oral contraceptives and female sterilization. Partners of participants and tradition also influenced use while non use was mainly because participant wanted to fall pregnant(22%), side effects(6%) and tuberculosis(1%).

Conclusion

This study revealed that participants had very good knowledge and positive perception about the readily available contraceptive methods at the local clinics. This was true as 100% were well informed about condoms, 94% about injectibles and 87% about oral contraceptive pills. At clinics in John Taolo Gaetsewe health District the three methods of contraceptive mentioned above were what you find readily available. 51% of participants were also well informed about emergency contraception this showed the level of awareness in this area on emergency contraception despite their low level of education .

The study revealed that partners of participants and traditional healer had impact on contraceptive use, while getting pregnant topped the list on reasons why contraceptive was discontinued. Parents, teachers and the media should get more involved in the enlightenment campaign about contraceptive as it will help protect women from unplanned pregnancies.

INTRODUCTION

Contraceptive choices are important aspect of women's life as unintended pregnancies can be devastating. For women with the Human Immunodeficiency Virus (HIV), the impact is often compounded by illness, poverty and risk of vertical transmission.(1) In HIV infected women their contraceptive choices modulate transmission risks for their sexual partner and consideration of transmission risk may complicate contraceptive choices.(2)

In John Taolo Gaetsewe Health District female patients recently diagnosed present often at the clinic with pregnancy soon after diagnosis. When asked at booking what contraceptives they were on prior to falling pregnant they usually claim ignorance or say they forgot to take their pills or injectibles. Considering the risk of mother to child transmission and the effect of pregnancy on the general health outlook of HIV positive females I was motivated to carry out this study on the contraceptive knowledge, attitude and practice of this particular group of women. The above reason made me ask this question that later became my research question, "What is the contraceptive knowledge, attitude and practices amongst adult HIV positive females in John Taolo Gaetsewe Health District".

Literature review identified factors affecting contraceptive practices among women who are HIV positive. The discussion looked at factors affecting contraceptive practices in terms of reproductive and socio-cultural beliefs, attitudes, Highly Active Antiretroviral Therapy (HAART) use, HIV status of partner, education, social status, values and norms, knowledge of contraceptives, contraceptive providers and the accessibility of contraceptive services. Emergency contraception and no knowledge of the HIV serostatus of male sexual partners were some of the gaps identified in the literature review.

LITERATURE REVIEW

Contraception simply means the prevention of conception. There are many known methods of preventing conception. Some methods require medical consultation before use, some do not require medical consultation before use and some are permanent methods. Examples of methods not requiring medical consultation before use are coitus interruptus, intercourse during the 'safe' periods and condom use, while that requiring medical consultation before use includes oral contraceptives, intrauterine devices and the injectible hormones. The permanent methods of contraception are tubal ligation and vasectomy(1). Contraceptive practice entails contraceptive use, non-use, discontinuation and failure to use any of the contraceptive methods according to set rules. A study done in the United States of America reviewed the reproductive beliefs, attitudes and behaviour of HIV- seropositive and HIV- seronegative women in four US states and few differences were found between the two. It found that there was no statistically significant difference as a function of HIV serostatus in rates of pregnancy six months postpartum, perceived emotional response to a pregnancy or intentions to terminate a pregnancy should one occur. It stated further that HIV serostatus had no influence on behavioural variables such as alcohol use, pregnancy termination intentions and condom use inconsistency even among women with HIV infection. There was also a high degree of condom use inconsistency among the two groups of women, with >1/3 of the entire sample reporting inconsistent use. There were also no differences between HIV-negative and HIV-positive women in condom use inconsistency. Women who had ever given birth to a child subsequently diagnosed with HIV, however, were more likely to report consistent condom use than were HIV-sero-negative women, this suggests that women who have not given birth to a child infected with HIV may not be receiving or choosing to act upon messages targeting the importance of safer sexual behaviours. Postpartum alcohol use, perceived emotional reactions to pregnancy and intentions to end a pregnancy should it occur were mentioned as some of the factors related to inconsistent condom use in the postpartum period.(3)

A study done in Paris on contraceptive use in HIV positive women who have knowledge of the serological status of their regular partner's reported that consistent condom use was higher in serodiscordant couples than in seroconcordant couples, while the use of oral contraceptives and intrauterine devices was higher in seroconcordant than in serodiscordant couples. Also among women with an HIV seronegative partner, the use of oral contraception and intrauterine devices decreased after the introduction of HAART. The study also emphasized that contraception counselling should include a discussion on reproductive issues as well as transmission of HIV and other sexually transmitted infections, taking into account the partner's serostatus. (4)

A study done in Mbarara Uganda investigated whether the prevalence of contraceptive use among women who are HIV positive varied according to use of highly active antiretroviral therapy (HAART). It was found that overall women receiving HAART were significantly more likely to use contraceptive methods overall and more likely to use barrier contraceptive methods compared with women not receiving HAART. The study also reported high rates of sexual abstinence with more than half of the women reporting being sexually abstinent over a three month period, HAART users were significantly more likely to report sexual abstinence compared with nonusers.(5)

A study done in Soweto South Africa on decisions affecting contraceptive utilization and fertility intentions among HIV-positive women found that many of the participating women agreed that risks associated with child bearing following HIV diagnosis outweighed benefits of future fertility. The study found out that participants were concerned about pregnancy accelerating progress to AIDS and the welfare of children if their parents have died of AIDS, thus most of the participants stated have no desire for future childbearing. Though this desire did not always correlate with action. The study stated that most of the participants accepted condoms as a means of contraception though its use was mainly determined by the male partner, the women stated that condoms were ideal because they prevent undesired pregnancy and help when there is non-disclosure of status within a relationship. Concomitant use of HAARTS also affects contraceptives choices among HIV positive women. This is due to reports that HAART reduces the efficacy of oral contraceptives and the misconception that injectible contraceptives adversely affect HAART's efficacy.

Side effects of some contraceptives also influenced the choice of contraceptives. Two of the side effects stated by the study were vaginal wetness and amenorrhoea. Vaginal wetness usually caused by injectibles is seen by most participants as implying promiscuity, therefore a dry tight vagina is what they prefer. Participants also prefer a contraceptive method that preserves menstrual bleeding, therefore discontinuation due to altered bleeding patterns was common.(6)

Another study done in Eastern Cape and Gauteng Provinces of South Africa reviewed concerns about fertility by women living with HIV. The study was able to find out that women living with HIV require information on the impact of HIV on pregnancy outcomes and vice versa. Women who were young, lost a child, not consistently using contraceptives or who had not been seriously ill have positive reproductive aspirations, while ambivalent attitudes of health care workers towards pregnancy affects the fertility aspirations of women living with HIV.(7)

In John Taolo Gaetsewe Health District there is a perception that female patients who are HIV positive do not value or use contraception and often become pregnant soon after they are diagnosed. Contraception as a means of controlling fertility constitutes a global health issue since overpopulation, unintended pregnancy and orphans have both personal and societal impact especially with HIV pandemic in sub-Saharan Africa. There has been a common presentation of unwanted and unplanned pregnancy among HIV positive females in John Taolo Gaetsewe Health District, in Republic of South Africa (RSA) it is reported that about 30% to 50% of women presents with unwanted and unplanned pregnancy while the same percentage seek termination of pregnancy services.(8)

HIV positive adult females contribute to the workforce in RSA, unwanted or unplanned pregnancy can affect their productivity at work and their health, this thus gives rise to the need to know their contraceptive practices. This study therefore will try to find out contraceptive knowledge, attitude and practices by HIV positive adult females in John Taolo Gaetsewe Health District.

AIM

This study is aimed at studying the contraceptive knowledge, attitude and practices amongst adult HIV positive females attending clinics and hospitals in John Taolo Gaetsewe Health District in the Northern Cape Province.

OBJECTIVES

1. To evaluate contraceptive knowledge, perception and practices amongst patients presenting for contraception.
2. To find out the reasons for use or non use of contraceptives by patients.
3. To determine choice of contraceptive methods, use of emergency contraception and barrier contraception such as condoms.

Methods

A cross sectional descriptive study focused on determining the contraceptive knowledge, attitude and practices of adult HIV positive female patients. Adult HIV positive females that are between the ages of 18 and 49 were selected for the study, approval for the study was obtained from the Ethics Committee University of Stellenbosch with reference number N11/04/123, and the Northern Cape Department of Health. The study was carried out between June 2011 and July 2011.

Setting

John Taolo Gaetsewe Health district is one of the rural nodes identified for development, it is in the Northern Cape province of South Africa. It consists of three local municipalities which are Gasegonyane, Gamagara and Moshaweng. The district is 98% rural, poverty and deprivation are evident in majority of places. It has an approximate population of 173,400 and unemployment is more than 50%. Most people in the area survive on pension/welfare grants, public sector employment and other labour intensive jobs that are usually temporary. The main economic activities in the district are farming and mining. It has seven towns, three townships and one hundred and seventy two villages. There are two district hospitals, four community health centres and twenty three clinics in the district. The two district hospitals have clinics designated to treat HIV positive patients. The hospitals and the community health centres offer maternity services. Research participants were selected from the two ARV clinics, antenatal clinics of the two district hospitals and all four community health centers offering maternity services in the district.

Study Population/Sampling Procedure

The Stellenbosch University centre for Statistical Consultation assisted in calculating the sample size for the study, which was 224 within a confidence interval of 95% with a precision of 6%. The research ethics committee of both the Stellenbosch University and Northern Cape Department of Health approved the study. Permission was obtained from the Hospital Managers of Kuruman and Tshwaragano Hospitals, Sisters in charge of the four community health centre as well as from the doctor in-charge of the ARV clinics of the two hospitals.

Pilot Study/Data Collection Method

A self administered standardized questionnaire was the main tool utilized in this study. The ten paged questionnaire was designed to cover demographic variables, knowledge about contraceptives, perception about contraceptives, sources of information about contraceptives, contraceptive method availability and knowledge of side effects of contraceptives.

A pilot study was done at the Kuruman hospital ARV clinic on 10 participants that were randomly selected that met the inclusion criteria. The feedback revealed that the self administered standardized questionnaire was unambiguous, with simple questions and response options.

A research assistant that was proficient in setswana language was trained on the administration of the questionnaire. A total of 270 questionnaires were administered to participants that met the inclusion criteria on their clinic appointment days. The questions were translated to Setswana by the trained research assistant whenever the need arose. Participation in the study was strictly on a voluntary basis. Informed consent was obtained from them and information leaflet verbally explained to them in their local Setswana language when the need arose.

Data Analysis

Of the 270 questionnaires administered to the participants, 224 qualified for analysis. The remaining 46 were not valid for analysis due to the following reasons

1. 36 were incomplete.
2. 3 were below 18 years of age.
3. 7 were over 49 years of age.

Microsoft office Excel spread sheet 2003 version was used to capture the data. The components of the data were each analysed separately and the results arranged in figures.

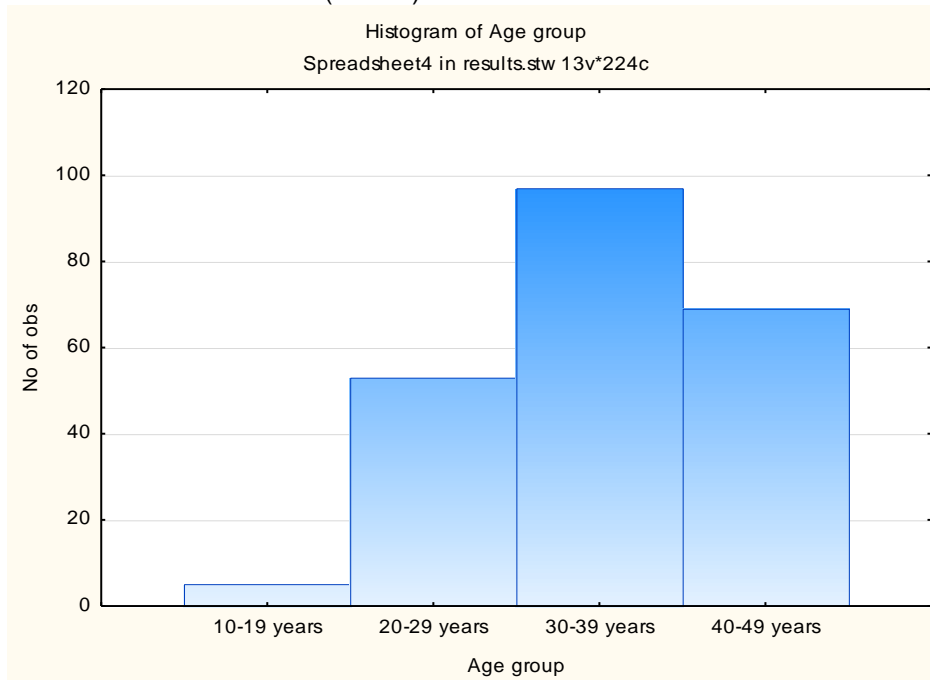
Ethical Considerations.

The following ethical consideration have been considered in this research; Informed consent was obtained from all the participants prior to taking part in the study. Confidentiality was strictly maintained throughout the period of the study. There was explanation of the aim/objectives, procedure of the research and requirements from the participants, to the participants in their local Setswana language by the interviewer.

Data collection strictly observed anonymity and therefore there was no disclosure of the participants identity in the data collection and analysis. The questionnaire DID NOT carry any item that requires the identity of the participants. There was no cost borne by the participants during the course of the study.

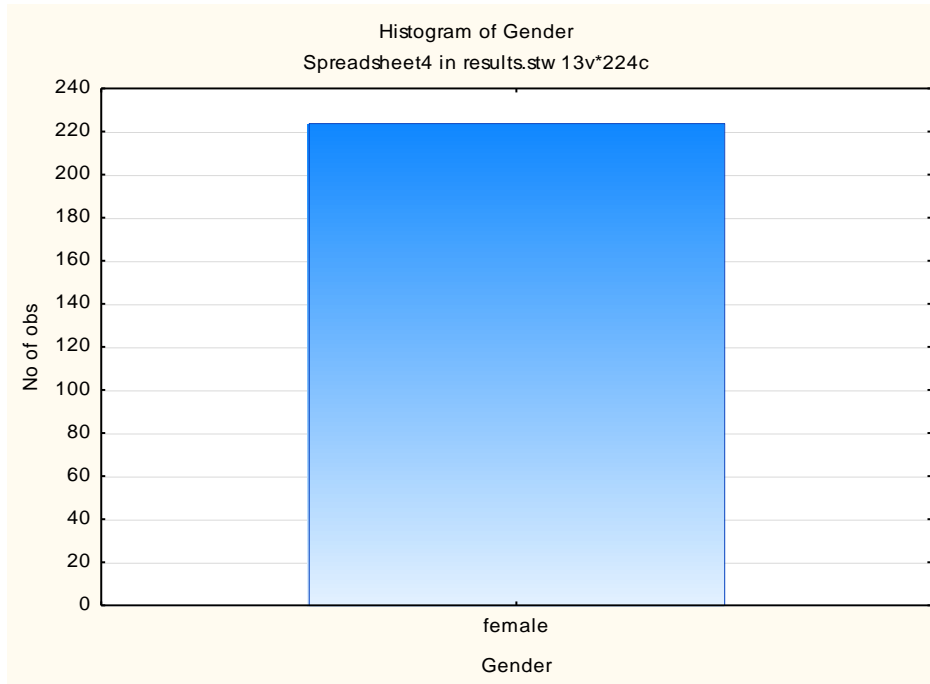
Participants HIV status was not disclosed in any way. The research assistant was recruited from the staff of the Kuruman Hospital ARV clinic in order to promote and maintain confidentiality of information. Participation in the study did not jeopardize the participants financial, physical or social conditions. The administration of the questionnaire was done in a private comfortable room within the designated clinics used for this study.

There was no coercion and participation was strictly voluntary. Participants maintained the right to withdraw when and if they so wished. Withdrawal by any participant from the study did not in any way impact on any aspect of their current contraceptive management they received at the two ARV clinics and the four community health centers.

RESULTS:**FIGURE1: AGE GROUPS (N=224)**

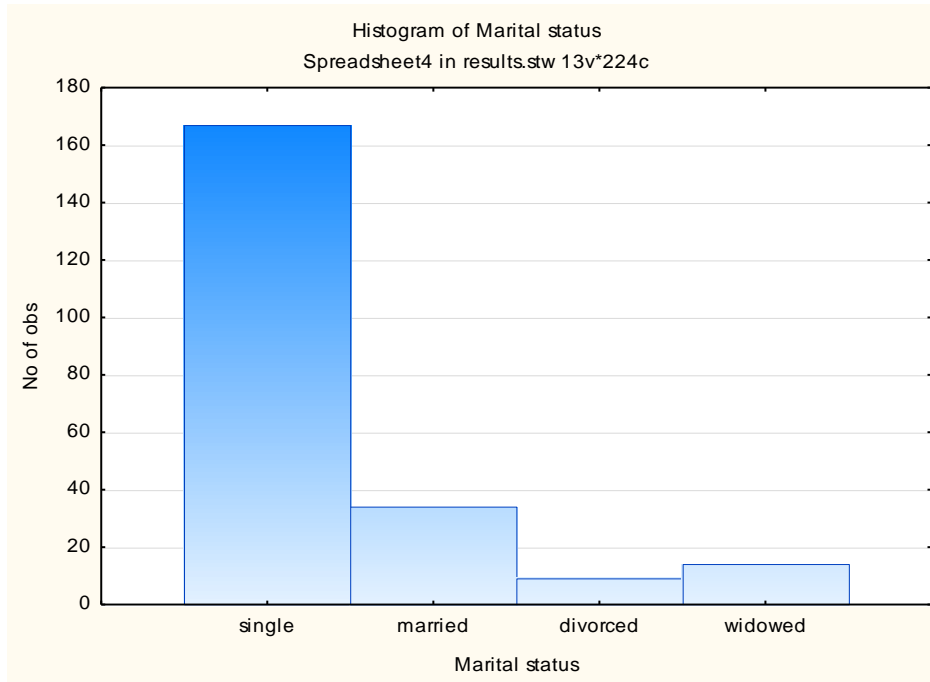
There were 5(2.2%) female participant between the ages of 10 and 19, 53(23.7%) between the ages of 20 and 29, 97(43.3%) between the ages of 30 and 39 and 69(30.8%) between the ages of 40 and 49.

FIGURE 2: GENDER (N=224)



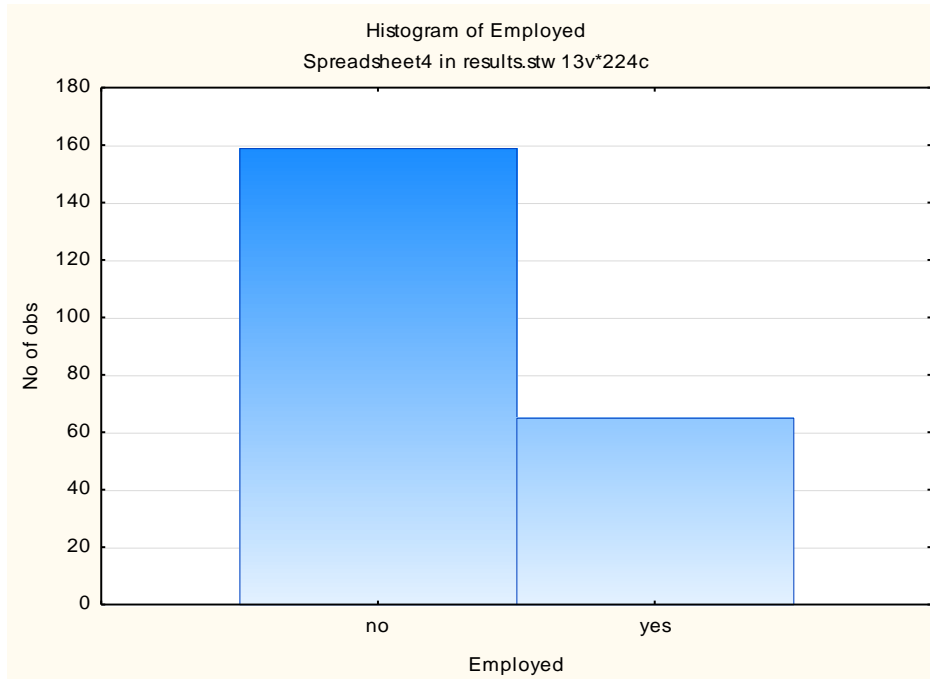
224(100%) of participants are females.

FIGURE 3: MARITAL STATUS (N=224)



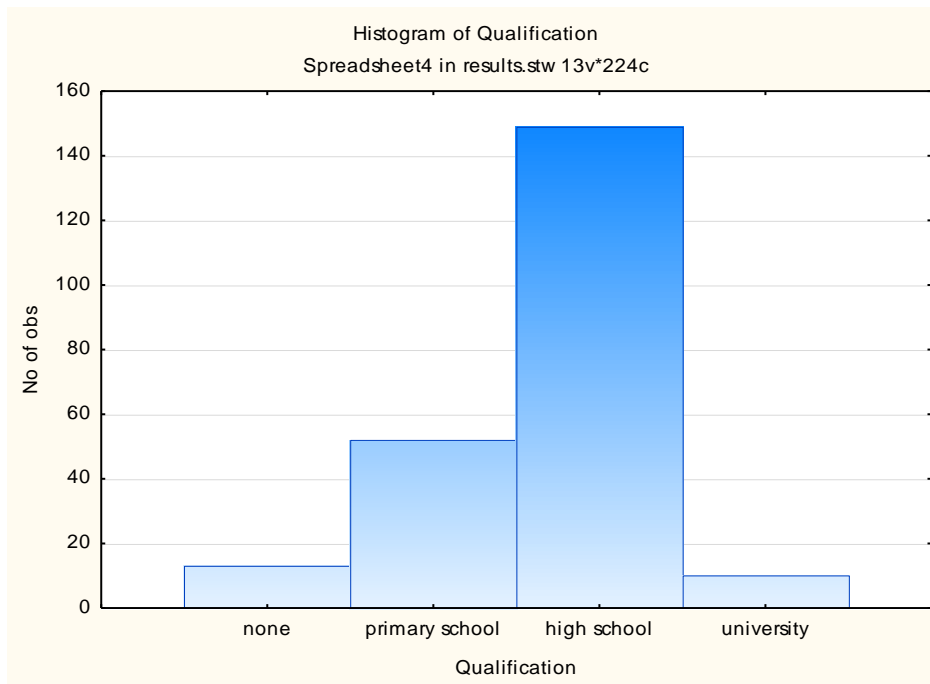
Of the 224 participants to this study, 167(74.6%) were single, 34(15.2%) were married, 9(4.0%) were divorced and 14(6.3%) were widowed.

FIGURE 4: EMPLOYMENT STATUS (N=224)



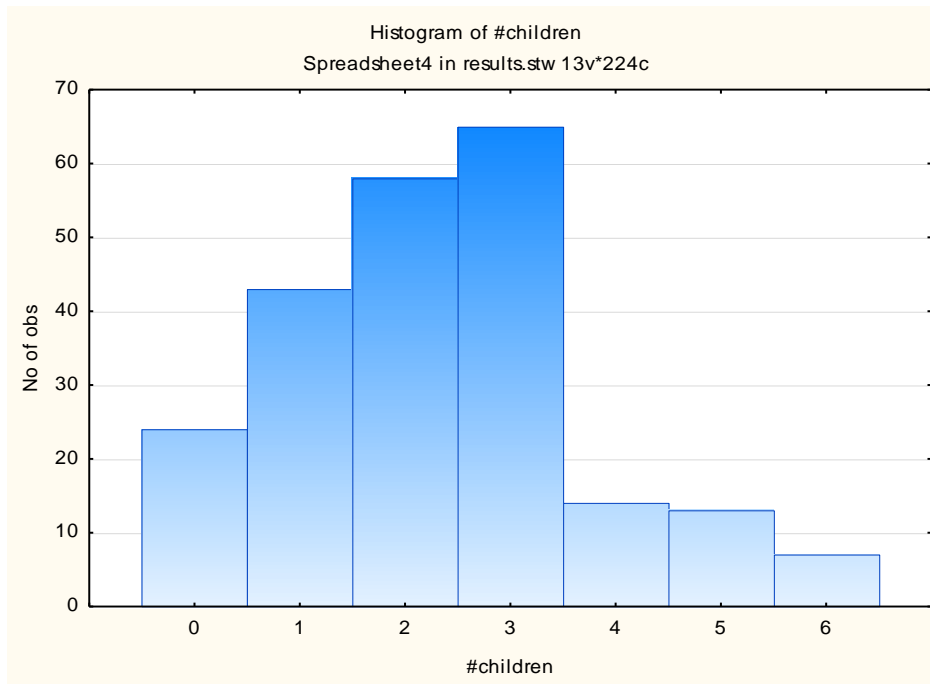
Of the 224 participant to the study, 159(71%) were unemployed while 65(29%) were employed.

FIGURE 5: QUALIFICATION STATUS (N=224)



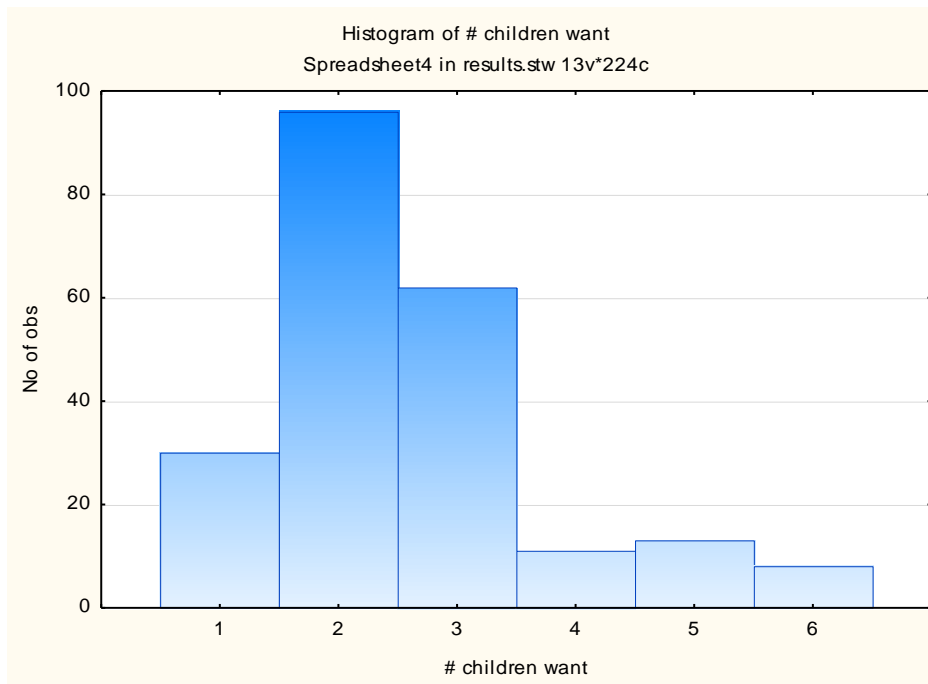
13(5.8%) never went to school, 51(22.8%) had primary school certificate, 150(66.9%) had high school certificate while 10(4.5%) had university certificate.

FIGURE 6: NUMBER OF CHILDREN (N=224)



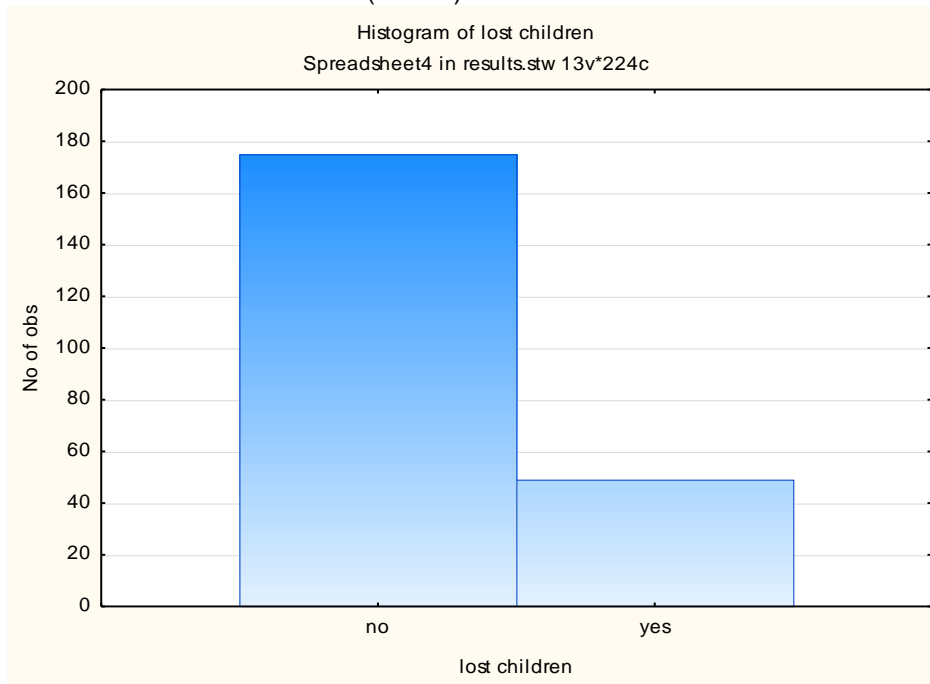
24(10.7%) of participants had no children, 43(19.2%) had one child, 58(25.9%) had two children, 65(29.0%) had three children, 14(6.3%) had four children, 13(5.8%) had five children while 7(3.1%) had seven children.

FIGURE 7: NUMBER OF CHILDREN DESIRED (N=224)



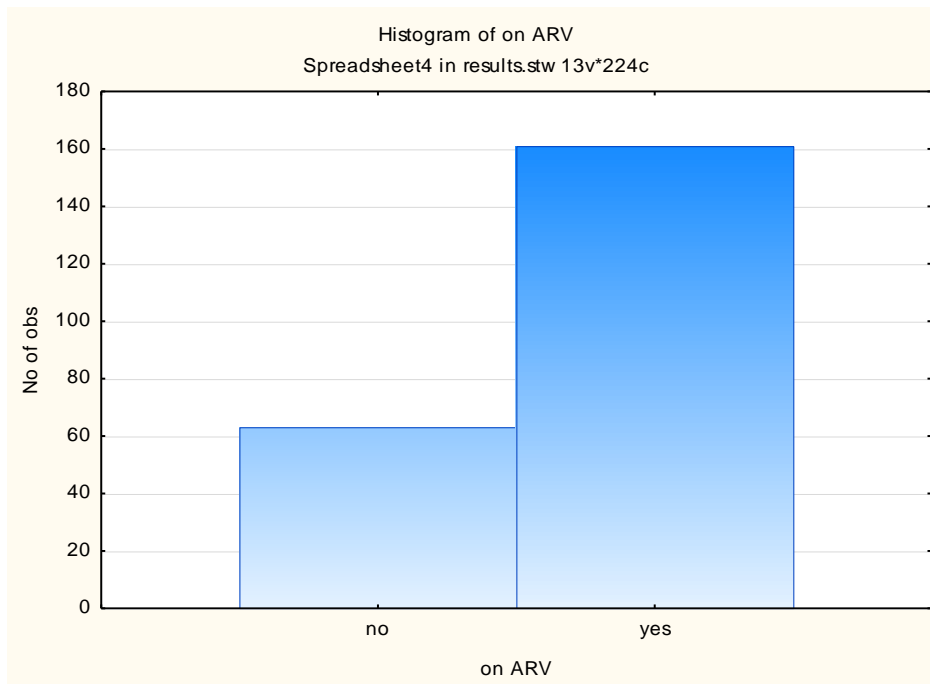
32(14.3%) of participants desired one child, 99(44.2%) desired two children, 61(27.3%) desired three children, 11(4.9%) desired four children, 13 (5.8%) desired five children while 8(3.6%) desired six children.

FIGURE 8: CHILDREN LOST (N=224)



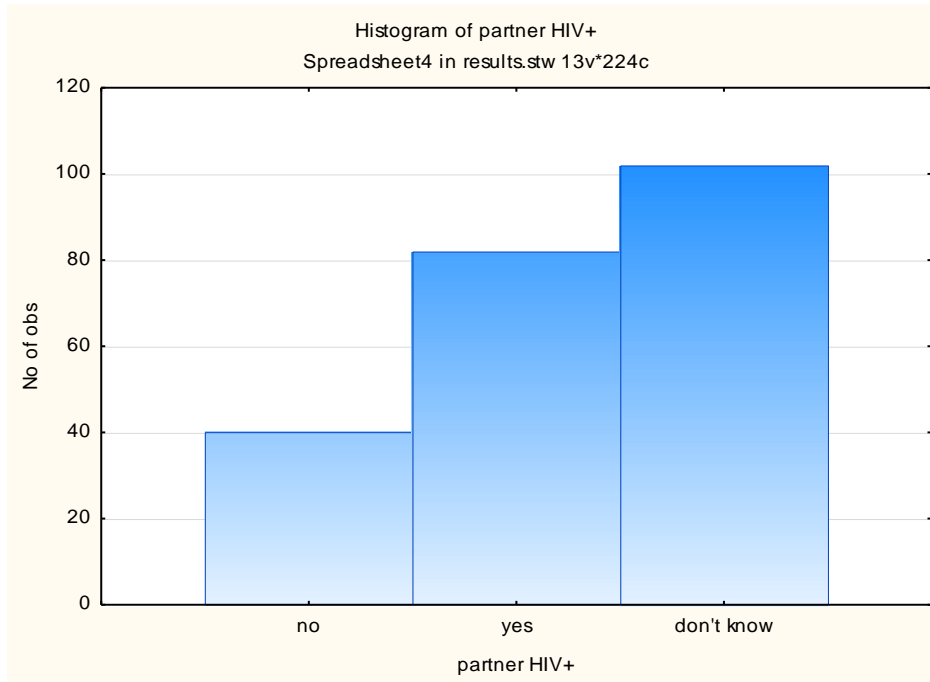
Most of the participants to this study had not lost any of their children. 175(78.1%) had not lost any child while 49(21.9%) had lost a child.

FIGURE 9: ARV TREATMENT STATUS (N=224)



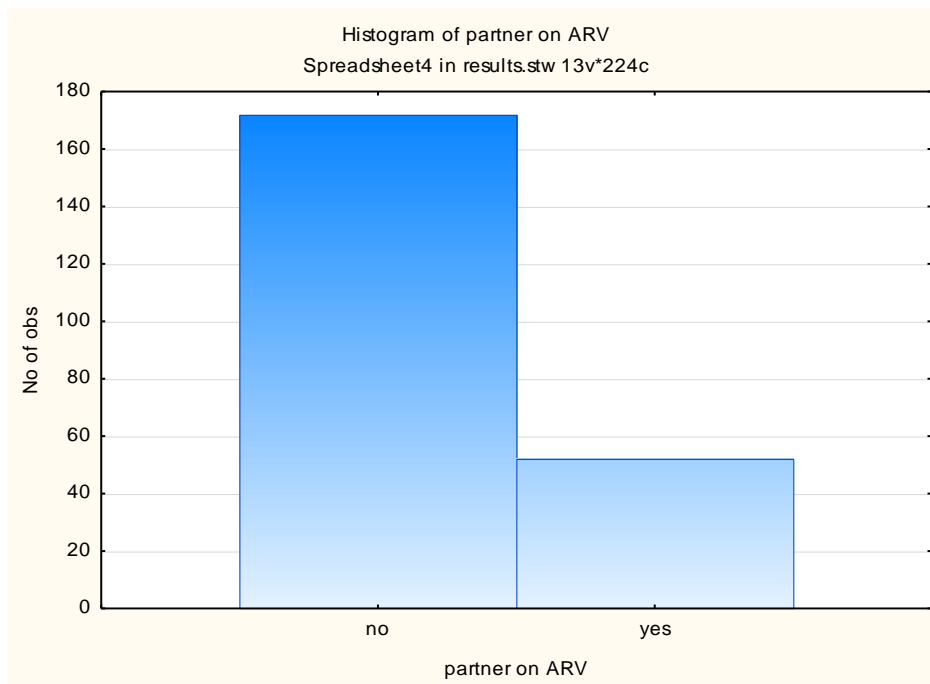
62(27.7%) of participants were not on ARV while 162(72.3%) were on ARV.

FIGURE 10: KNOWLEDGE OF PARTNER'S HIV STATUS(N=224)



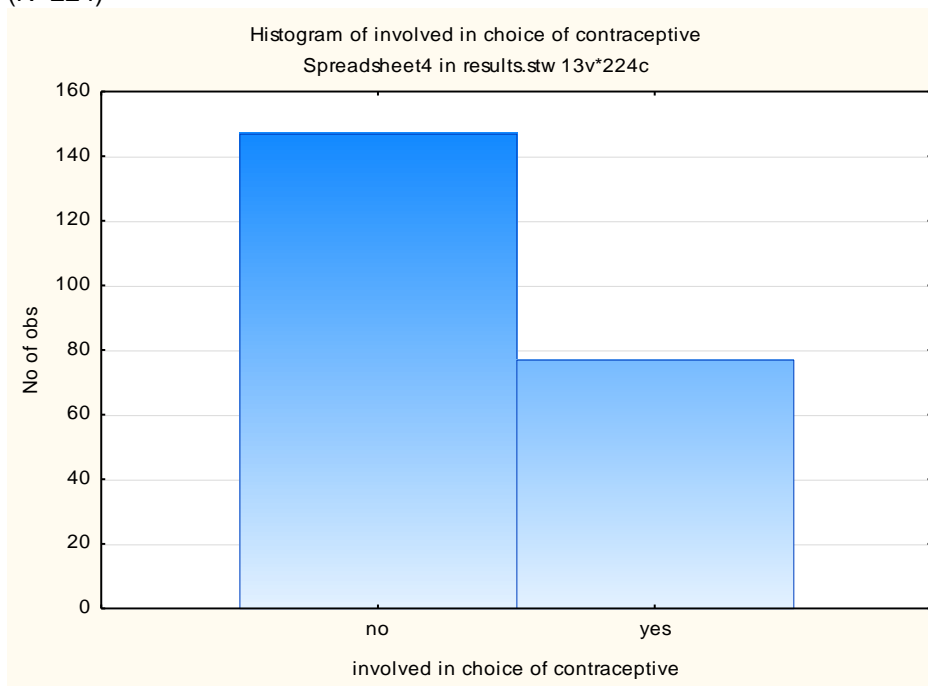
39(17.4%) of participants knew that their partners were HIV negative, 82(36.6%) knew their partners were HIV positive while 103(45.9%) of the participants didn't know the HIV status of their partners.

FIGURE 11: KNOWLEDGE OF PARTNER ON ARV (N=224)



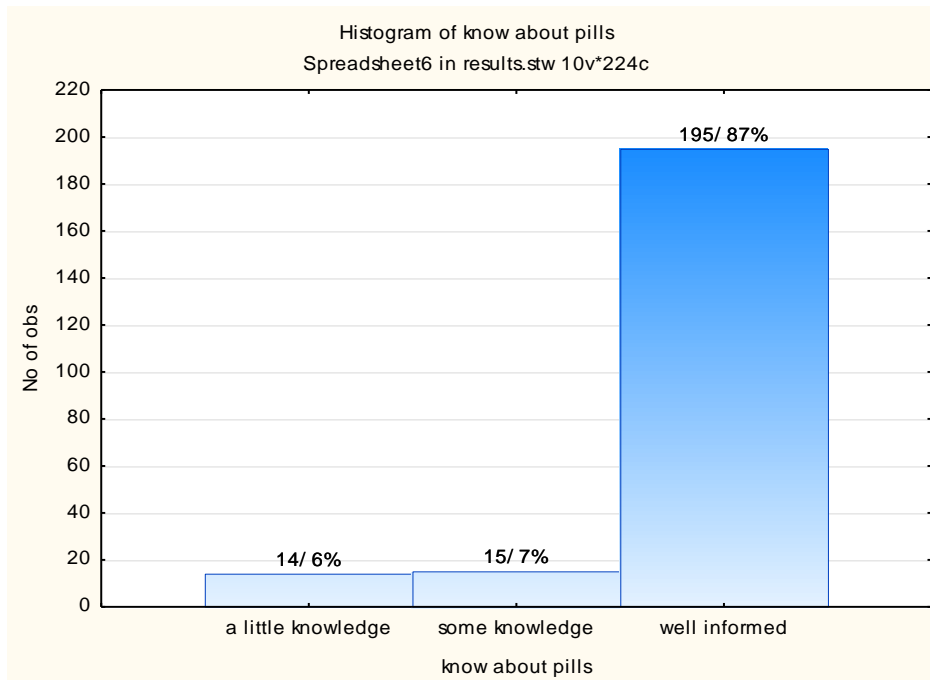
52(23.2%) of partners of participants were on ARVs while 172(76.8%) weren't on ARVs

FIGURE 12: PARTNER INVOLVEMENT IN CONTRACEPTIVE CHOICES
(N=224)



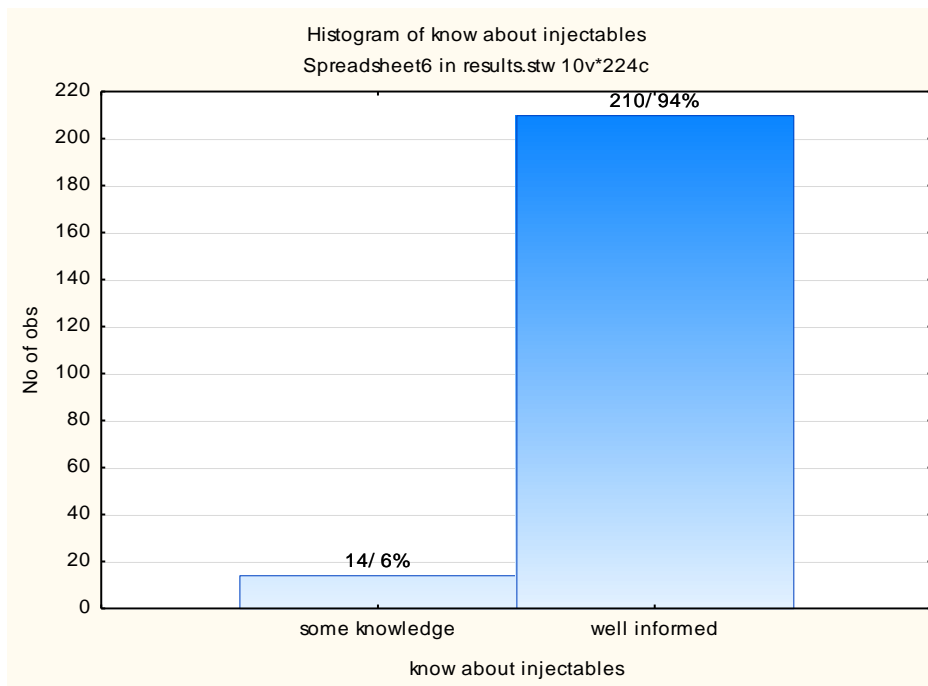
Majority of participants are of the opinion that their partners were not involved in their choice of contraception. 145(64.7%) said their partner were not involved in their choice of contraception while 79(35.3%) were of the opinion their partner were involved in their choice of contraception.

FIGURE 13: KNOWLEDGE ABOUT CONTRACEPTIVE PILLS (N=224)



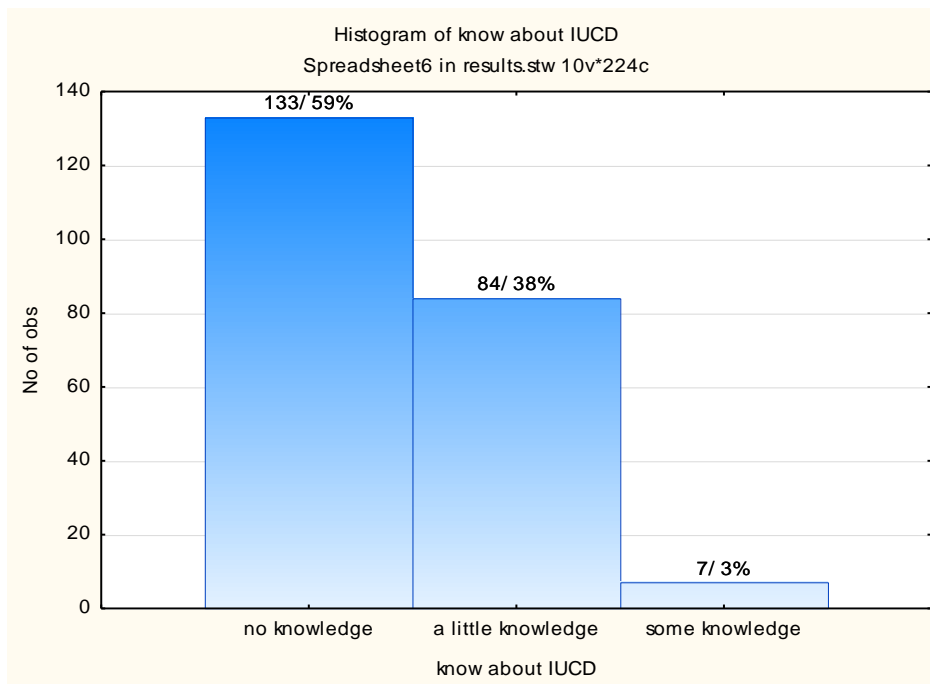
More than three-quarters of participants were well informed about contraceptive pills. 195(87%) were well informed of contraceptive pills, 15(7%) had some knowledge of contraceptive pills while 14(6%) had a little knowledge of contraceptive pills.

FIGURE 14: KNOWLEDGE ABOUT INJECTIBLE CONTRACEPTIVE(N=224)



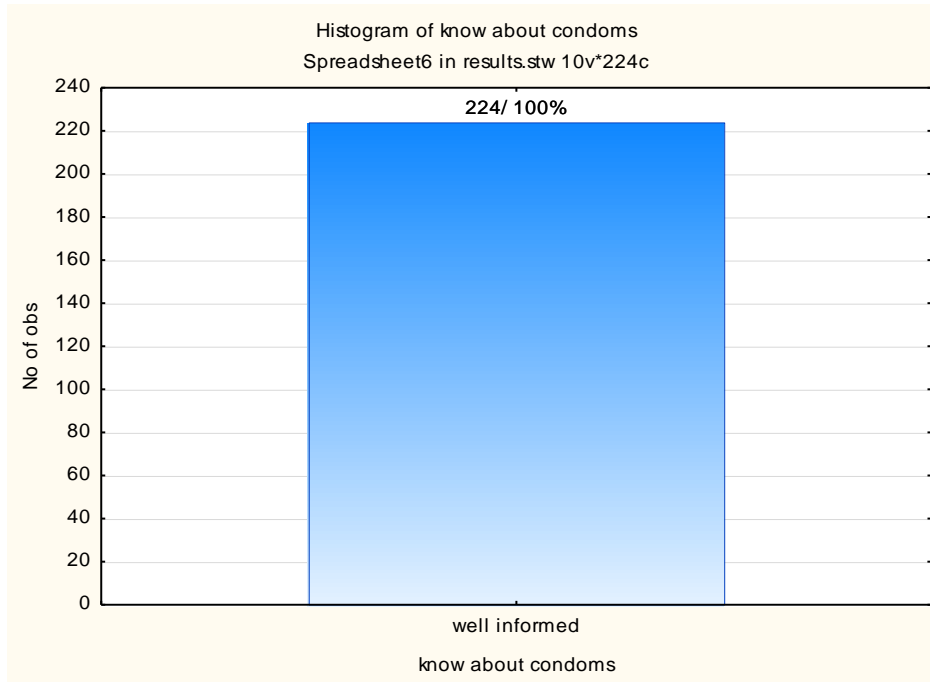
Over three quarters of participant were well informed about the injectable contraceptives. 210(94%) were well informed about injectable contraceptive while 14(6%) had some knowledge about the injectable contraceptive.

FIGURE 14: KNOWLEDGE ABOUT IUCD (N=224)



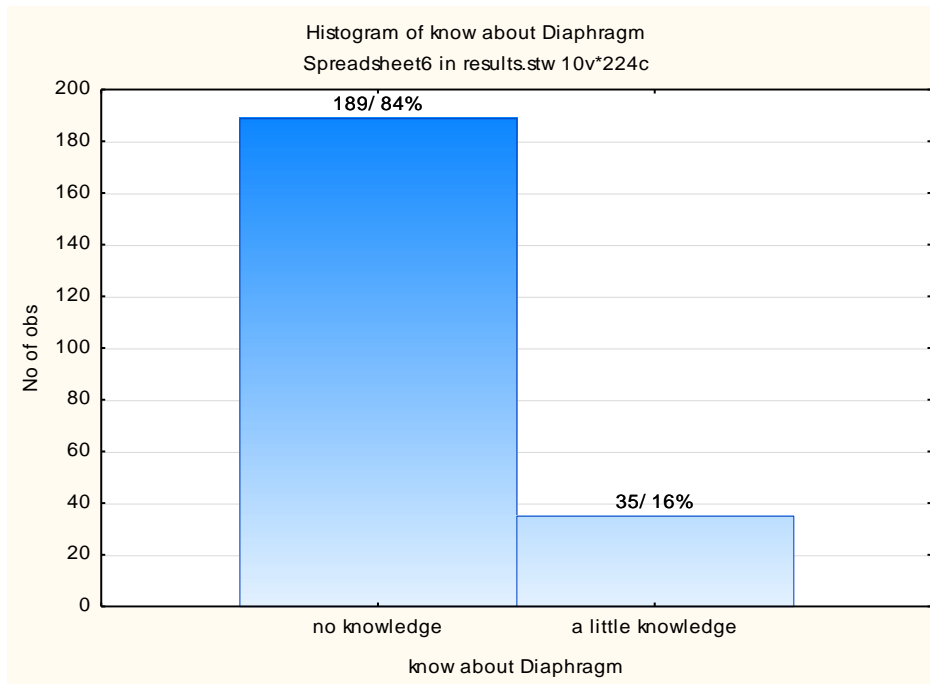
133(59%) of participant to this study had no knowledge of the IUCD, 84(38%) had a little knowledge of the IUCD while 7(3%) had some knowledge about the IUCD.

FIGURE 15: KNOWLEDGE ABOUT CONDOMS



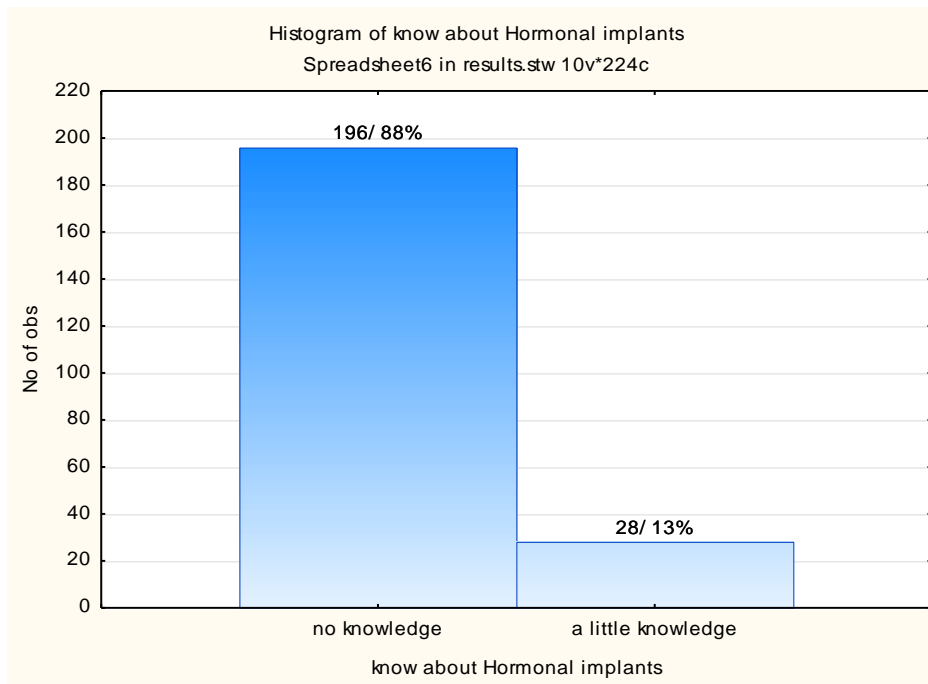
All participants to this study were well informed about condoms. 224(100%) were well informed about condoms.

FIGURE 16: KNOWLEDGE ABOUT DIAPHRAGM(N=224)



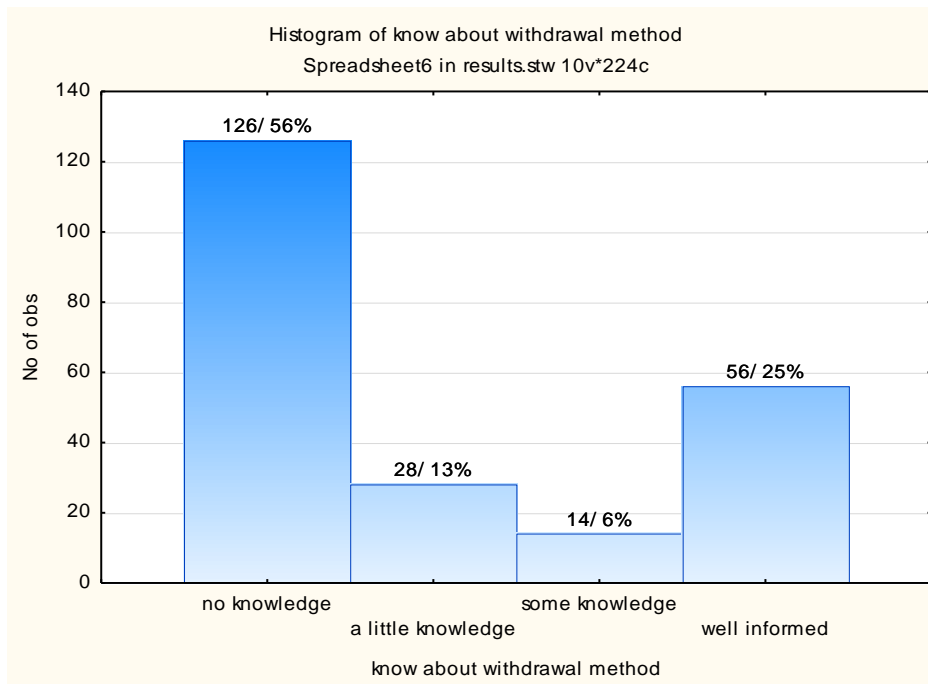
189(84%) of participants had no knowledge about the diaphragm while 35(16%) had a little knowledge about the diaphragm.

FIGURE 17: KNOWLEDGE ABOUT HORMONAL IMPLANT (N=224)

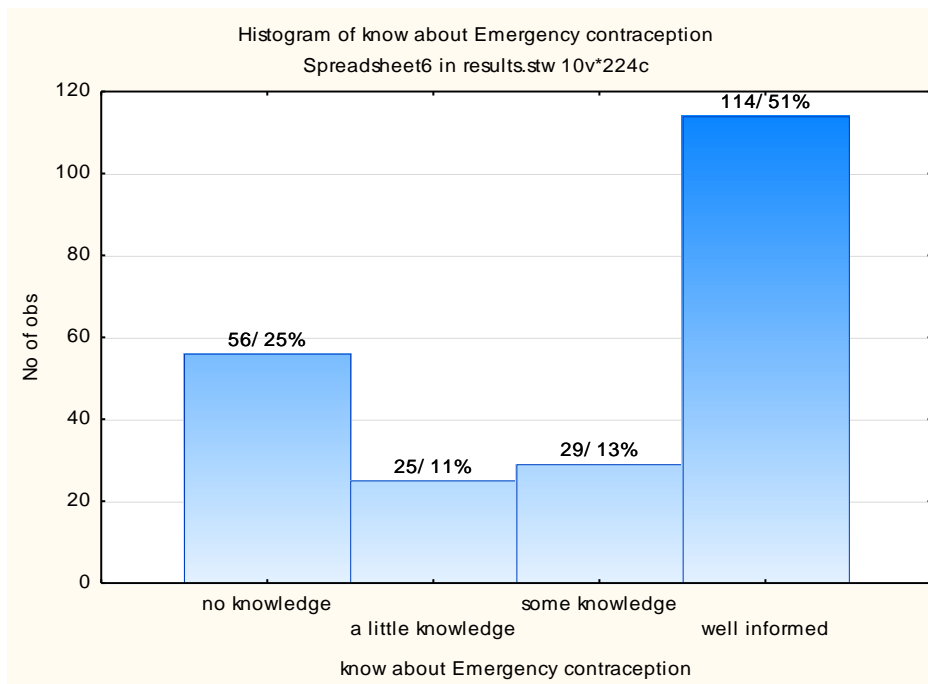


More than three-quarters of participants had no knowledge about the hormonal implants. 198(88%) had no knowledge about the hormonal implants while 28(13%) had a little knowledge about hormonal implant.

FIGURE 18: KNOWLEDGE ABOUT WITHDRAWAL METHOD (N=224)

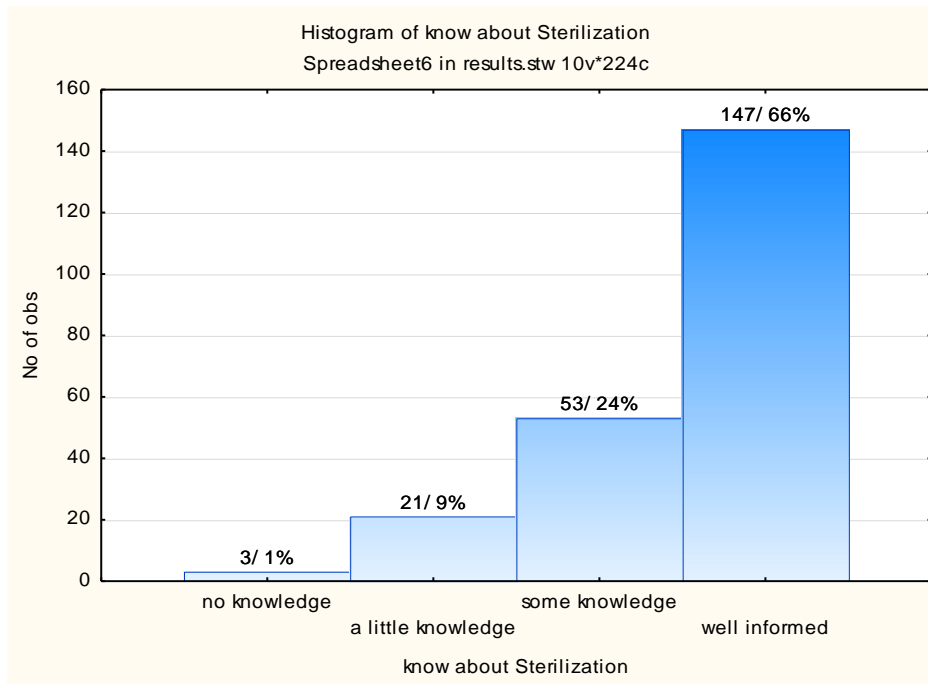


One quarter of participants were well informed about the withdrawal method of contraception. 56(25%) were well informed about the withdrawal method of contraception, 14(6%) had some knowledge, 28(13%) had a little knowledge while 126(56%) had no knowledge about the withdrawal method of contraception.

FIGURE 19: KNOWLEDGE ABOUT EMERGENCY CONTRACEPTION (N=224)

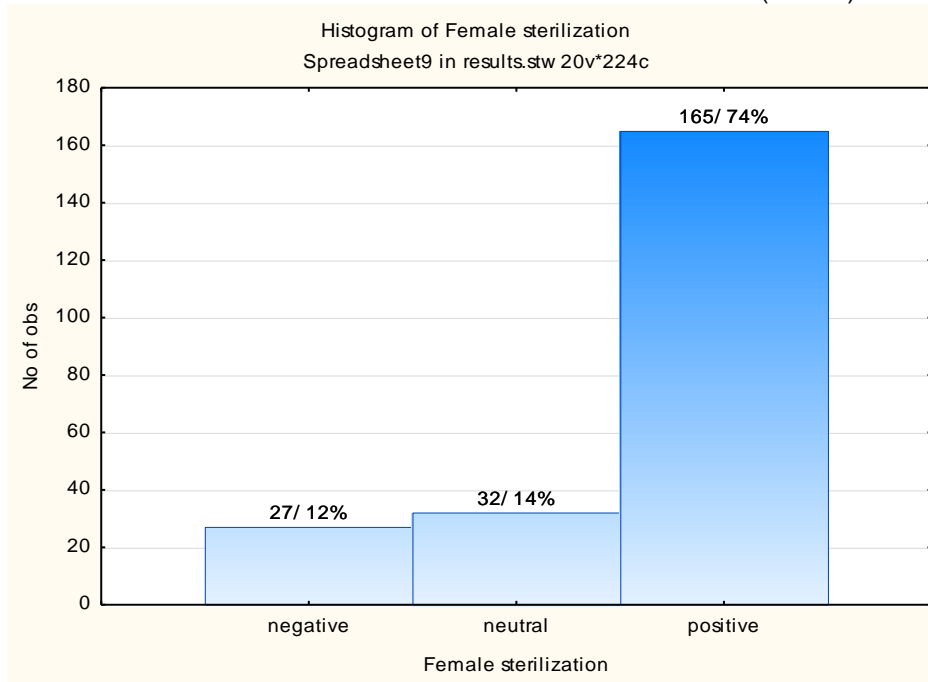
Half of the participants were well informed about emergency contraception. 114(51%) were well informed, 29(13%) had some knowledge, 25(11%) had a little knowledge while 56(25%) had no knowledge about emergency contraception.

FIGURE 20: KNOWLEDGE ABOUT STERILIZATION (N=224)



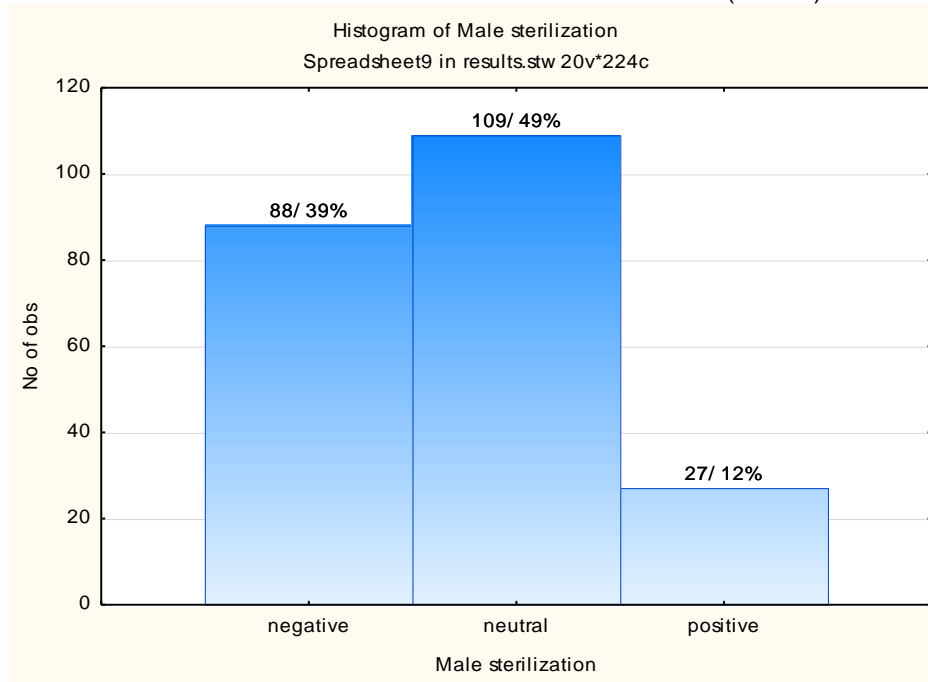
147(66%) of participants were well informed about sterilization as a method of contraception, 53(24%) had some knowledge, 21(9%) had a little knowledge while 3(1%) had no knowledge about sterilization.

FIGURE 21: PERCEPTION ABOUT FEMALE STERILIZATION (N=224)



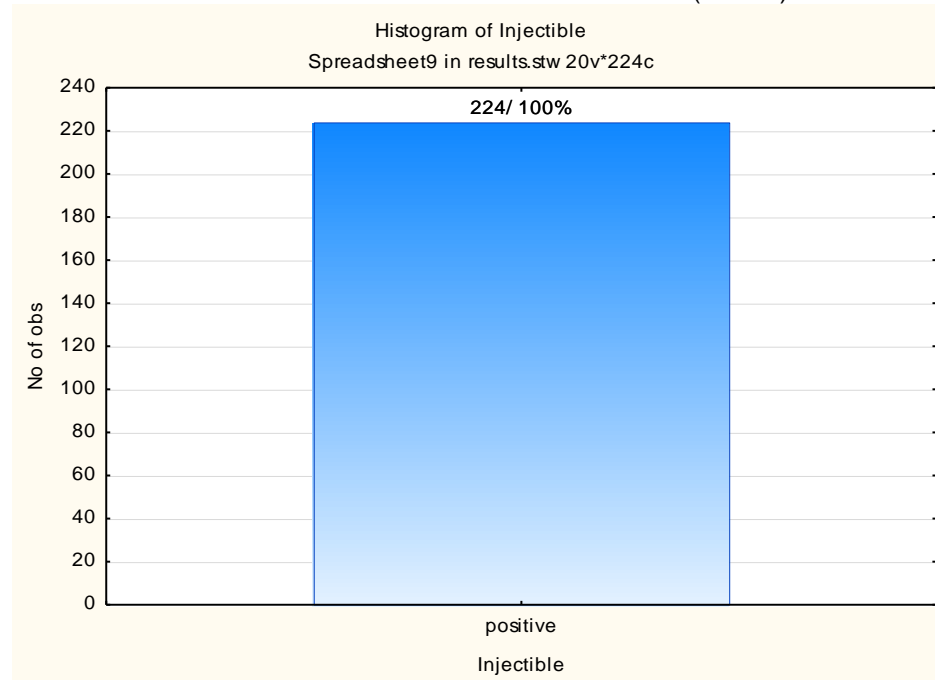
More than half of the participants had a good perception about the female sterilization. 166(74%) had a positive perception, 32(14%) had a neutral perception while 27(12%) had a negative perception about the female sterilization.

FIGURE 22: PERCEPTION ABOUT MALE STERILIZATION (N=224)



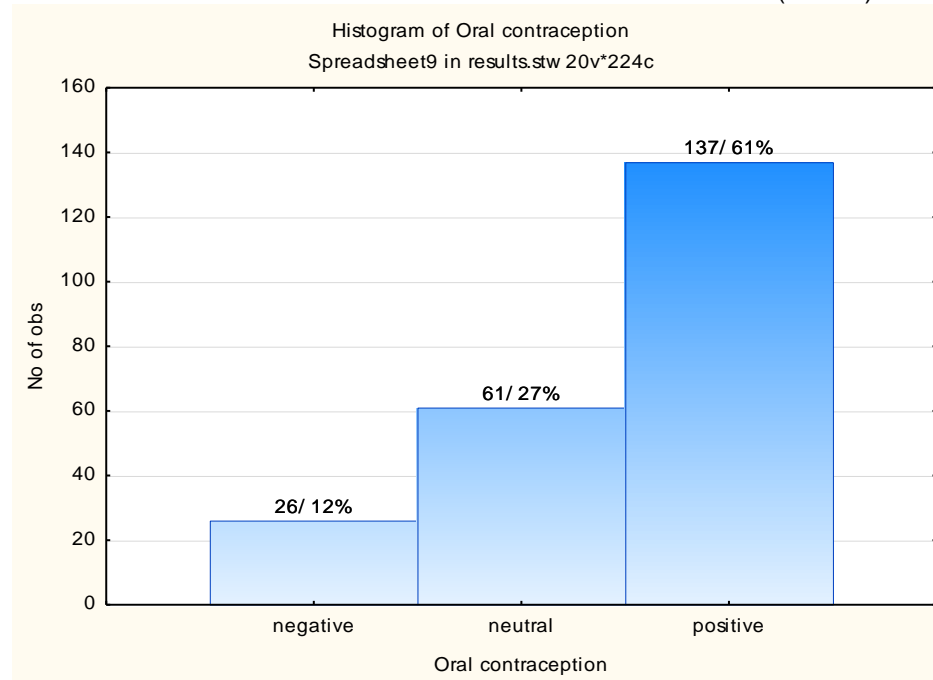
88(39%) had a negative perception about male sterilization, 109(49%) had a neutral perception while 27(12%) had a positive perception about male sterilization.

FIGURE 23: PERCEPTION ABOUT THE INJECTABLES (N=224)



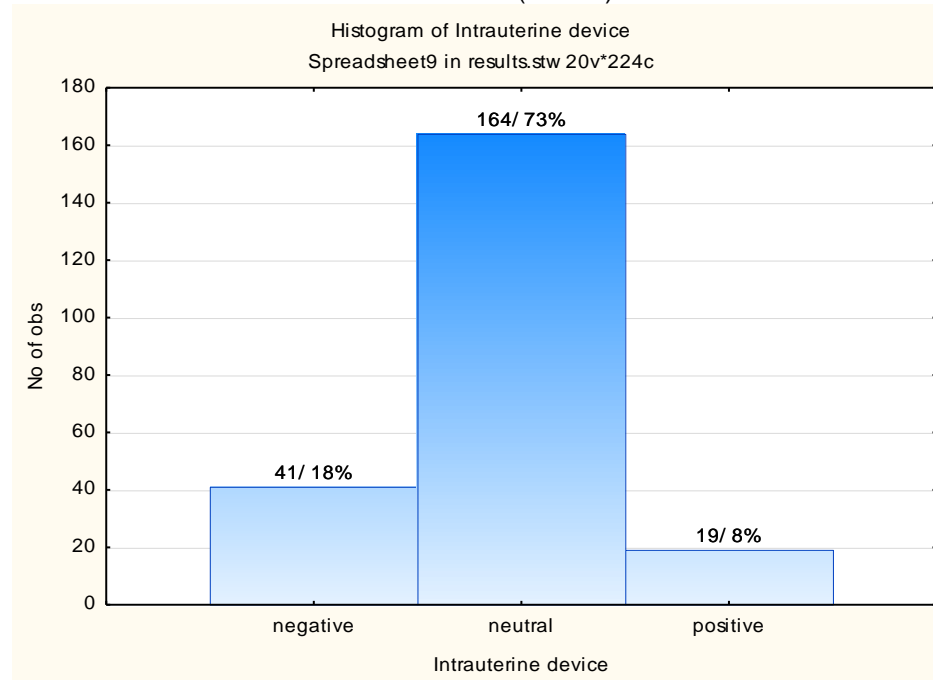
All the participants had a positive perception about the injectable form of contraceptive. 224(100%)

FIGURE 24: PERCEPTION ABOUT ORAL CONTRACEPTIVES (N=224)



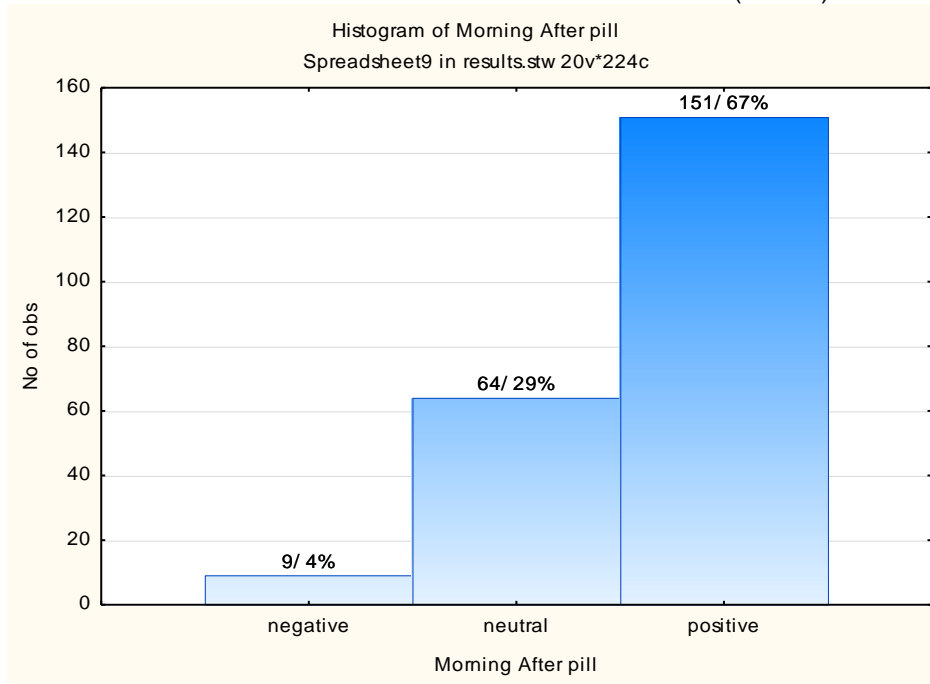
More than half of the participants had a positive perception about the oral contraceptives as a form of contraception. 137(61%) had a positive perception, 61(27%) had a neutral perception while 26(12%) had a negative perception about the oral contraceptive

FIGURE 25: PERCEPTION ABOUT IUCD (N=224)



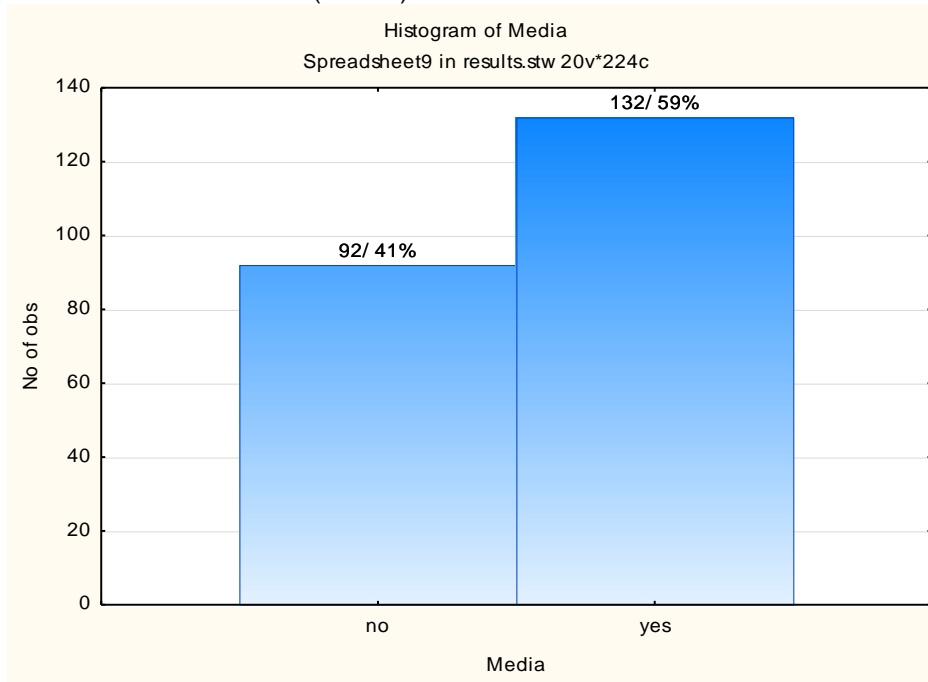
More than half of participants had a neutral perception of the IUCD. 164(73%) had a neutral perception, 19(8%) had a positive perception while 41(18%) had a negative perception about the IUCD

FIGURE 26: PERCEPTION ABOUT MORNING AFTER PILL (N=224)



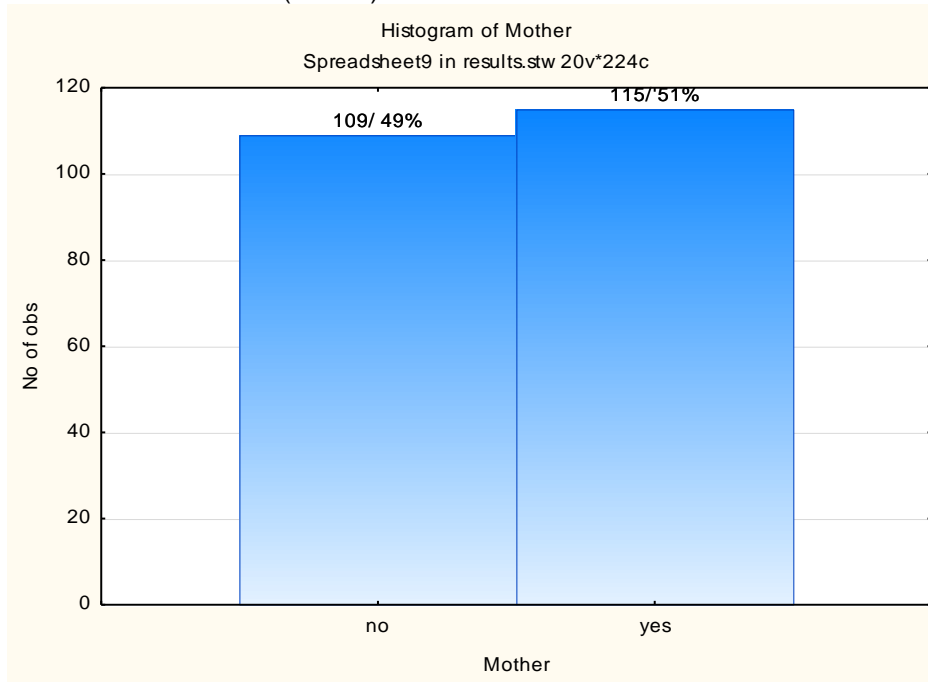
151(67%) of participants had a positive perception about the morning after pill, 64(29%) had a neutral perception while 9(4%) had a negative perception about the morning after pill

FIGURE 27: THE MEDIA (N=224)



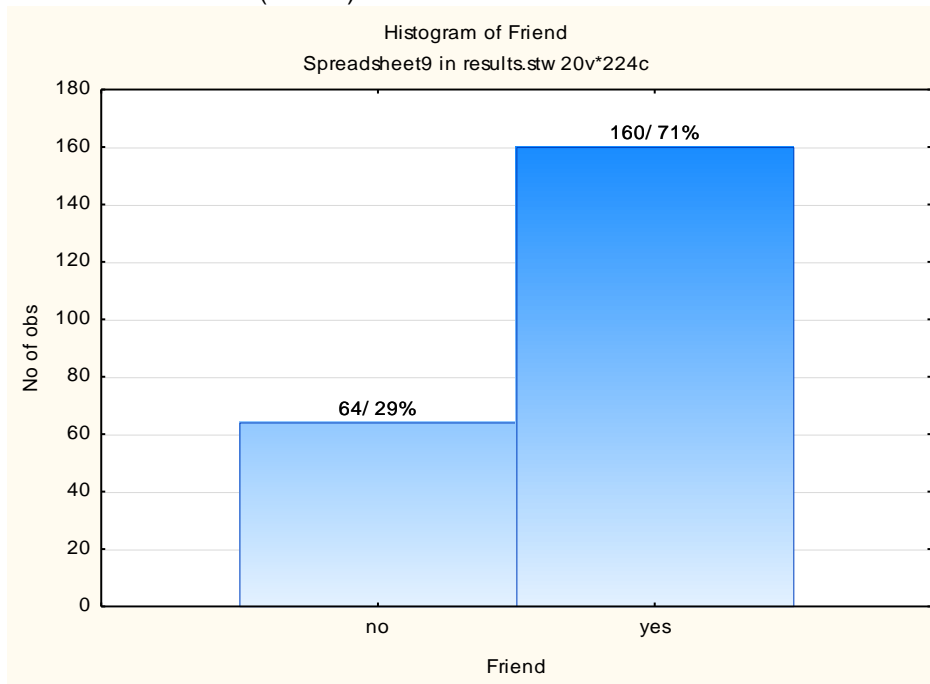
132(59%) of the participants heard about contraception through the media while 92(41%) did not hear about contraception through the media

FIGURE 28: MOTHER (N=224)



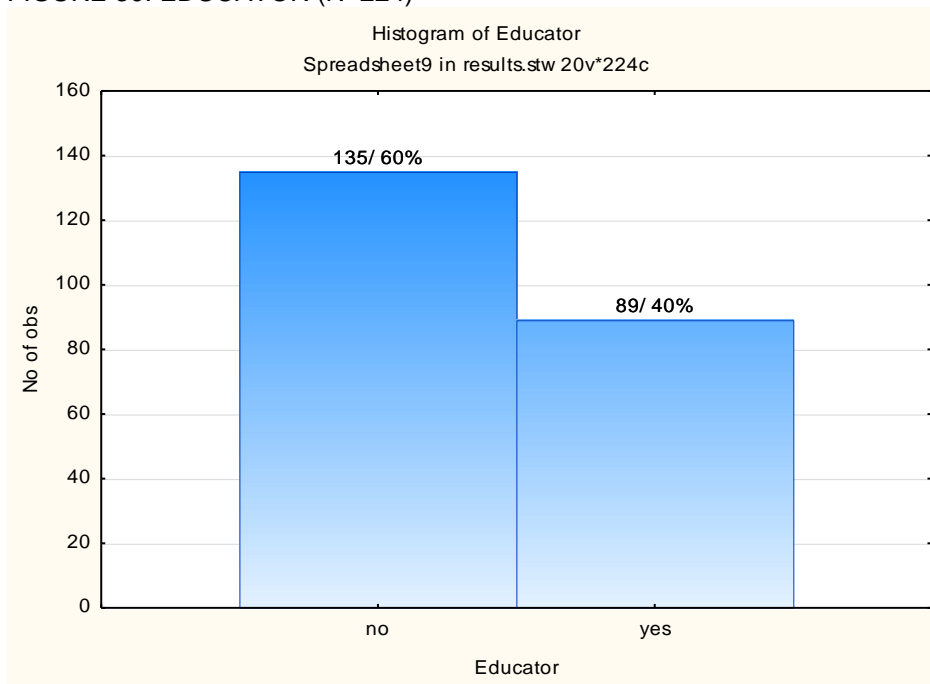
115(51%) of participants heard about contraception through their mothers while 109(49%) did not hear about contraception through their mothers

FIGURE 29: FRIEND(N=224)



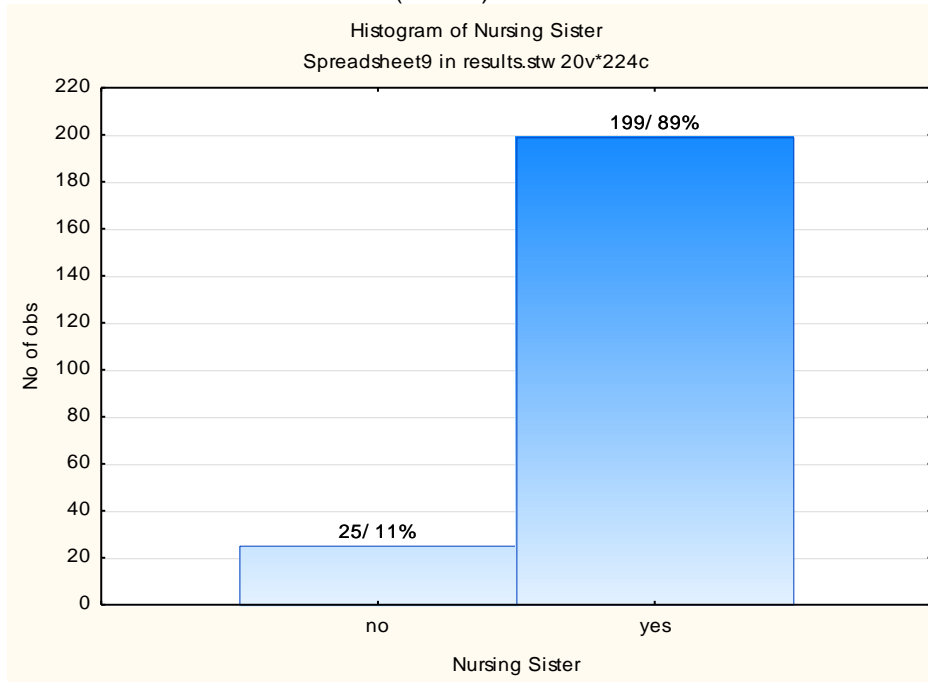
64(29%) of participants did not hear about contraception through their friends, 160(71%) heard about contraception through their friend

FIGURE 30: EDUCATOR (N=224)



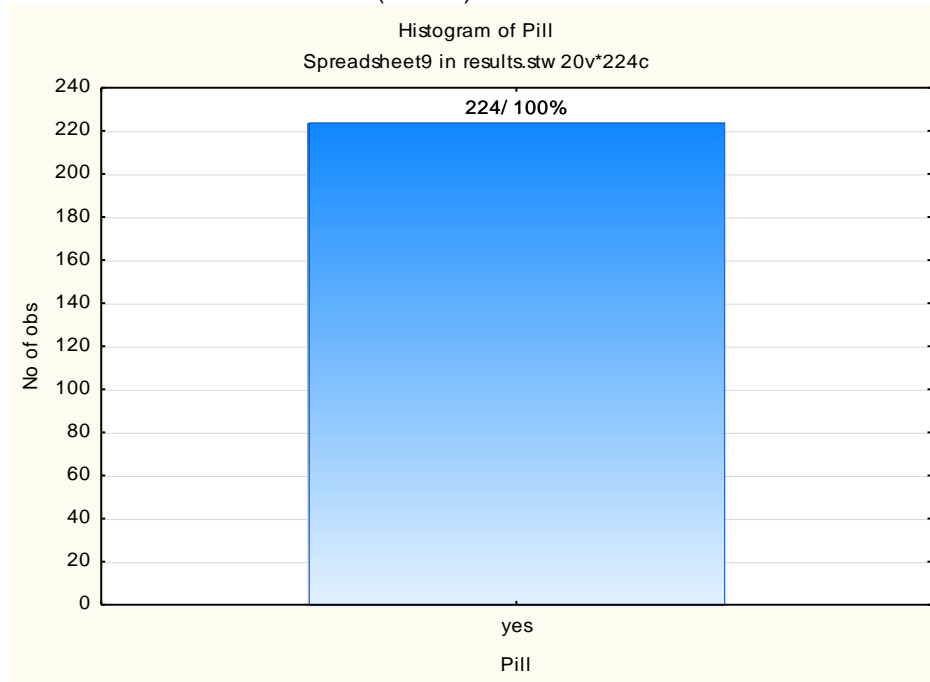
More than half of participants did not hear about contraception from their educator. 135(60%) did not hear about contraception from the educator while 89(40%) heard about contraception through their educator

FIGURE 31: NURSING SISTER (N=224)



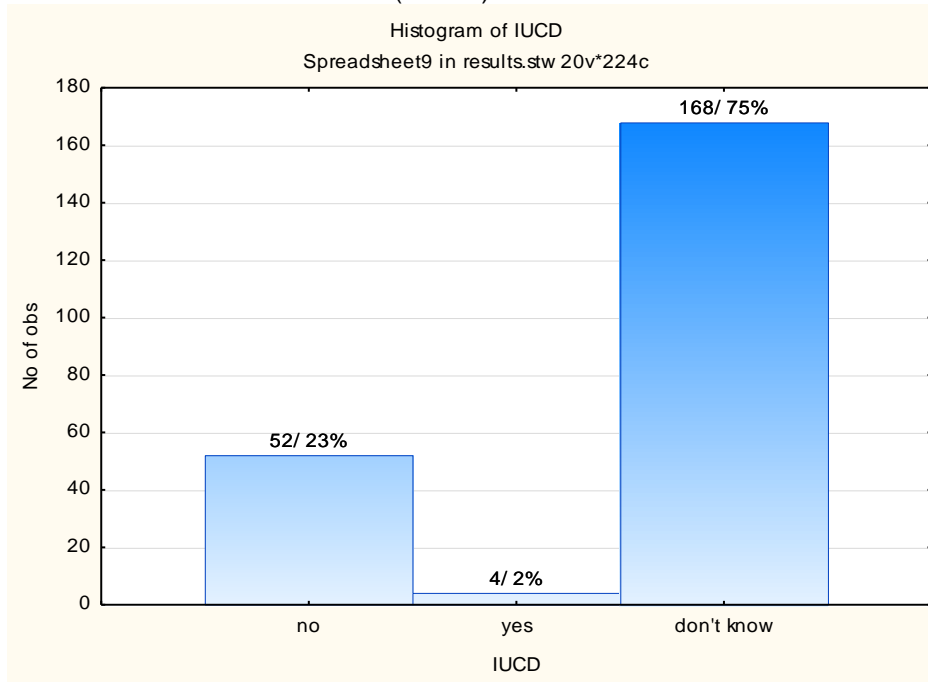
Over three quarters of participants heard about contraception through the nursing sister. 199(89%) while 25(11%) did not hear about contraception through the nursing sister

FIGURE 32: ACCESS TO PILL(N=224)



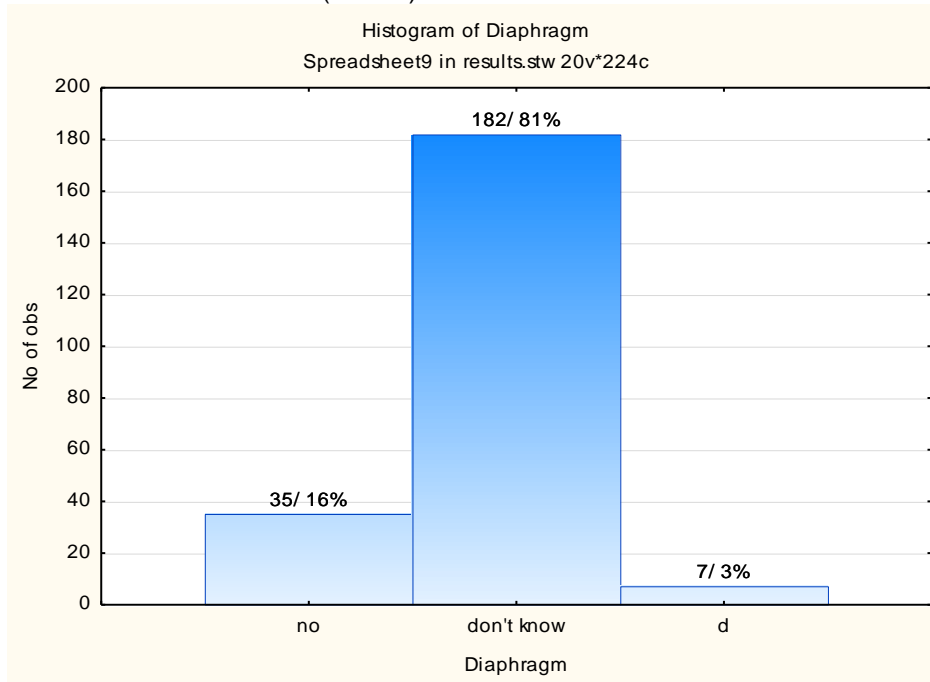
All the participants had access to pills at their local clinic or their GP. 224(100%)

FIGURE 33: ACCESS TO IUCD (N=224)



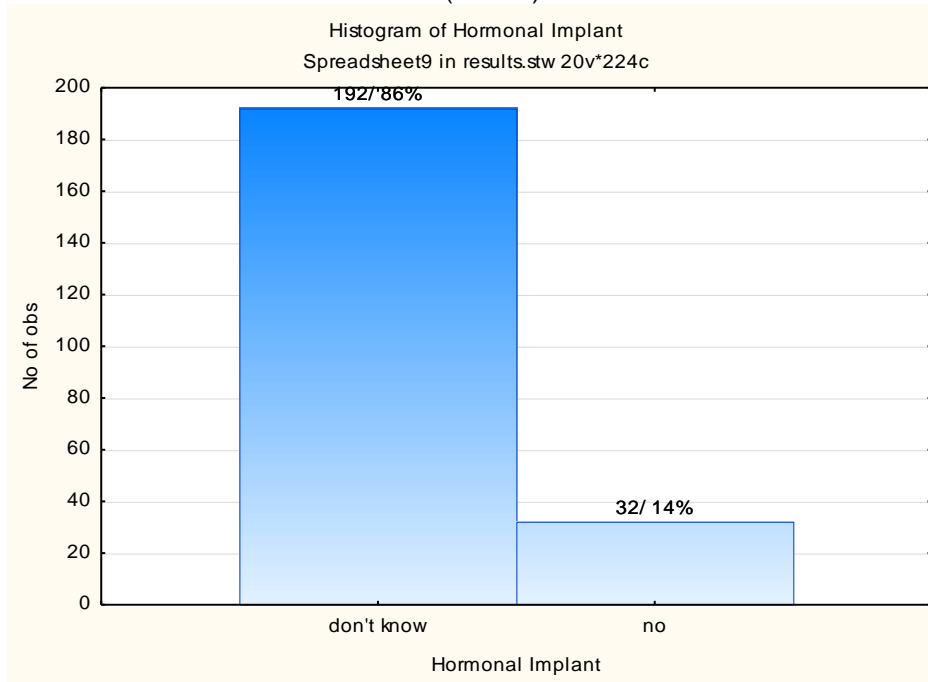
52(23%) had no access to IUCD at their clinic or through their GP, 4(2%) had access to IUCD while 168(75%) didn't know if IUCD was available at their clinic or through their GP

FIGURE 34: DIAPHRAGM(N=224)



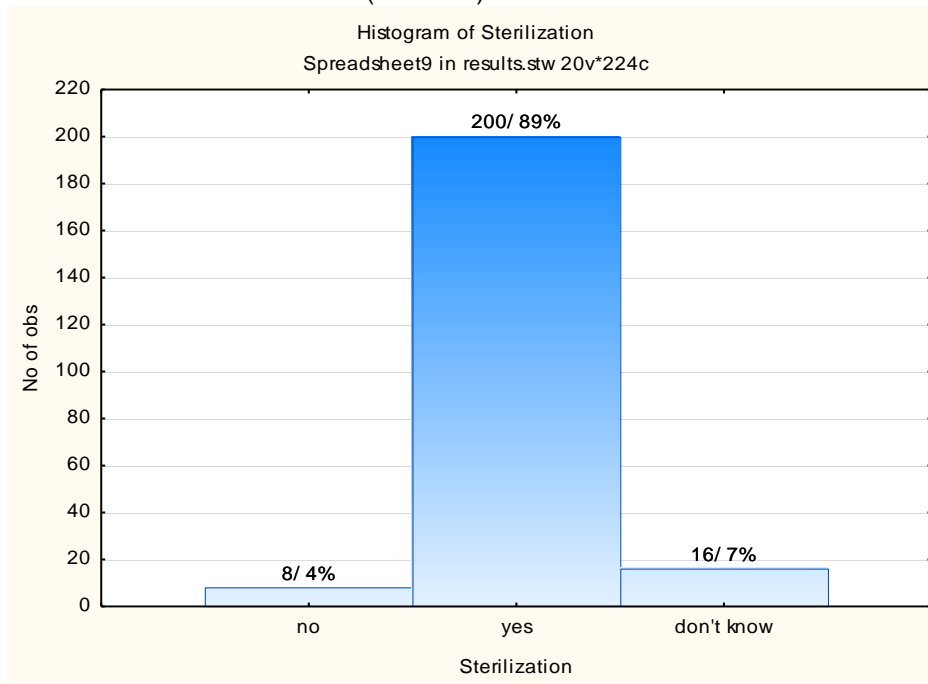
More than three quarters of participants didn't know about the availability or accessibility to the diaphragm. 182(81%) didn't know about the availability or accessibility of diaphragm in their clinic or at their GP, 35(16%) had no access while 7(3%) had access to diaphragm at the local clinic or at their GP

FIGURE 35: HORMONAL IMPLANT (N=224)



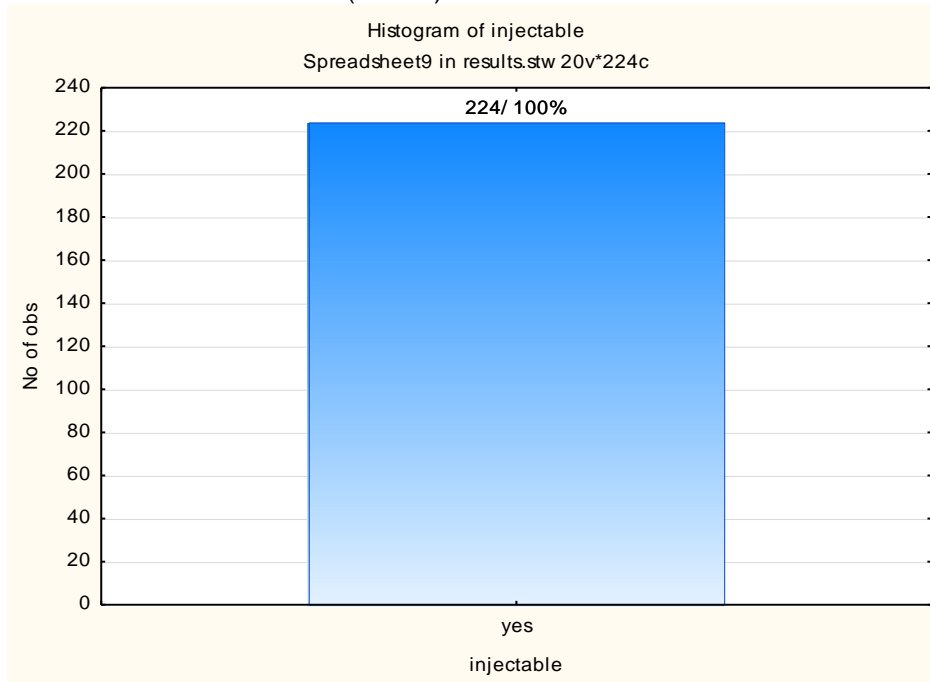
192(86%) didn't know about the availability or accessibility of hormonal implant in their local clinic or at their GP, while 32(14%) had no access to the hormonal implant at their local clinic or at their GP

FIGURE 36: STERILIZATION (N==224)



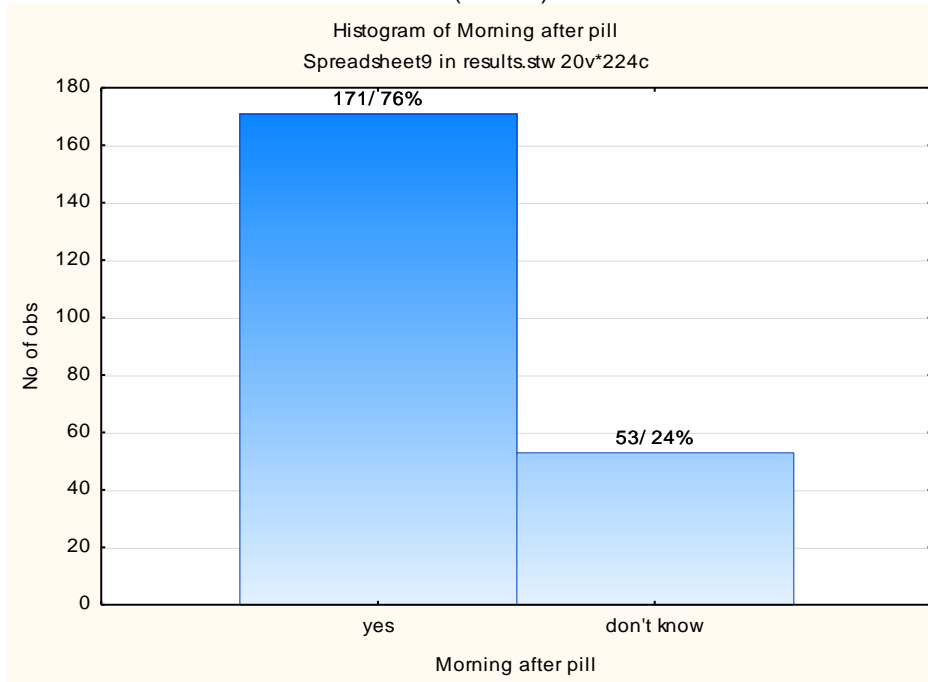
More than three quarters of participants had access to sterilization. 200(89%)had access, 8(4%) had no access while 16(7%) didn't know of the availability or accessibility of sterilization

FIGURE 37: INJECTABLES (N=224)



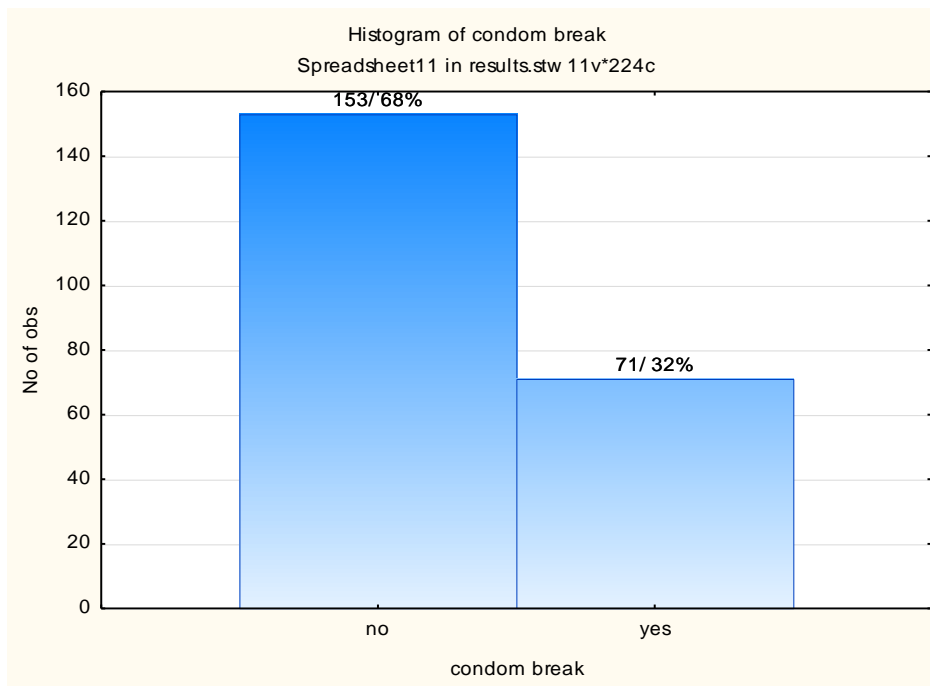
All participants had access to the injectables. 224(100%)

FIGURE 38: MORNING AFTER PILL (N=224)

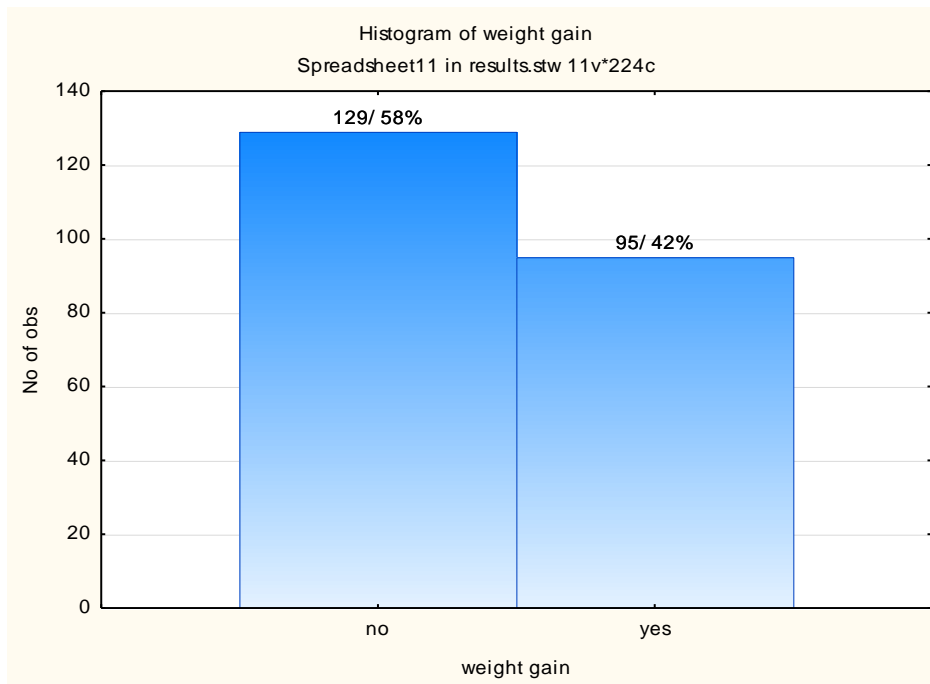


171(76%) of participants had access to morning after pill while 53(24%) didn't know about the availability or accessibility of the morning after pill at clinics or the GP

FIGURE 39: CONDOM BREAK (N=224)

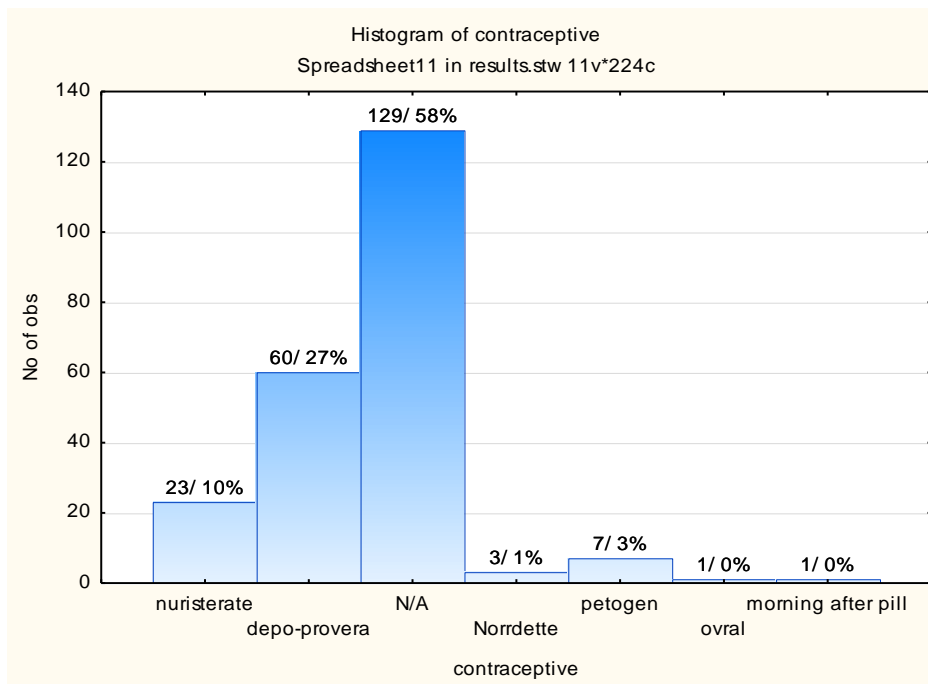


71(32%) reported having a condom break while 153(68%) never had a condom break

FIGURE 40: WEIGHT GAIN (N=224)

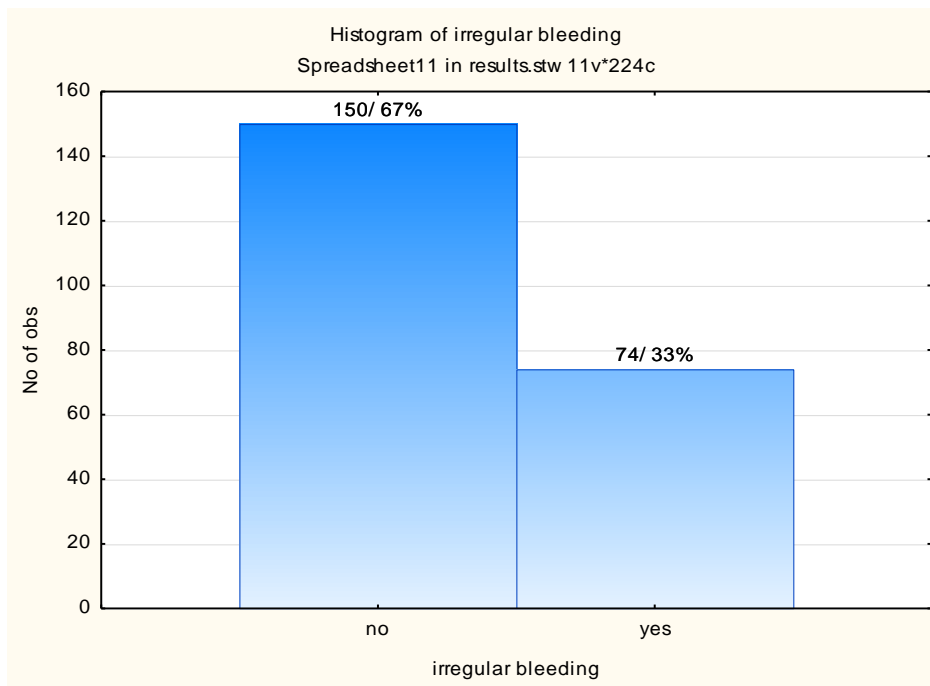
129(58%) of participants reported no weight gain while using contraceptives while 95(42%) reported weight gain while using contraceptives

41: SPECIFIC CONTRACEPTIVE PILLS CAUSING WEIGHT GAIN(N=224)



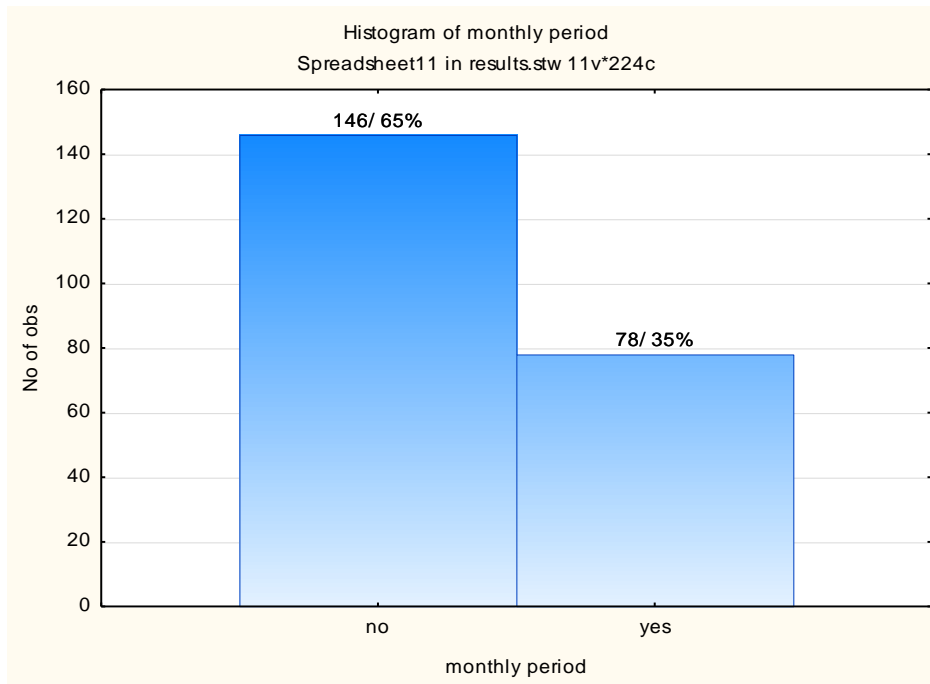
Six different contraceptive pills were mentioned by participants. 60(27%) reported depo-provera as the contraceptive that caused their weight gain, 23(10%) reported nuristerate caused their weight gain, 3(1%) reported nordette caused their weight gain, 7(3%) reported pentogen caused their weight gain while 1(0%) reported ovral and morning after pill caused their weight gain. 129(58%) never reported any weight gain.

FIGURE 42: IRREGULAR BLEEDING (N=224)



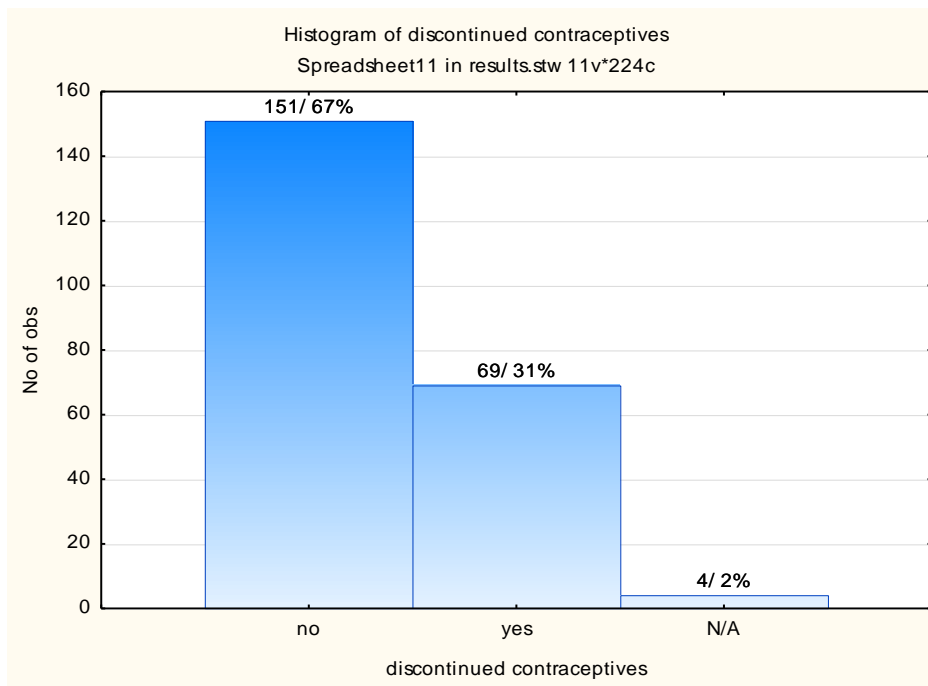
74(33%) of participants reported irregular menstrual bleeding while using contraceptives while 150(67%) never experienced irregular bleeding while taking contraceptives

FIGURE 43: MONTHLY PERIOD (N=224)



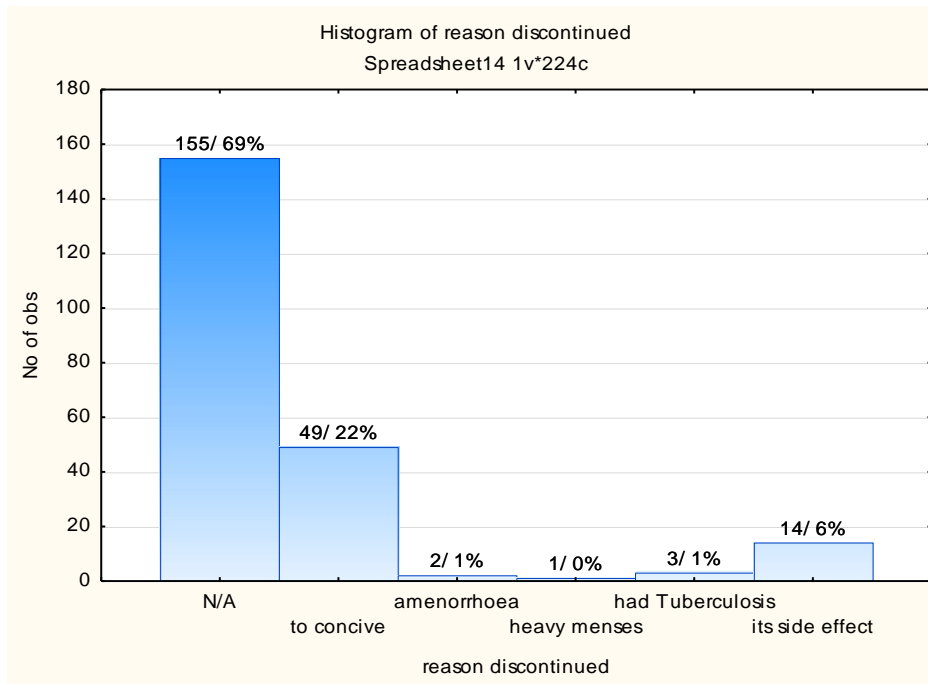
146(65%) of participants reported not seeing their monthly periods while using contraceptives while 78(35%) reported seeing their monthly periods while on contraceptives

FIGURE 44: DISCONTINUATION OF CONTRACEPTIVE (N=224)



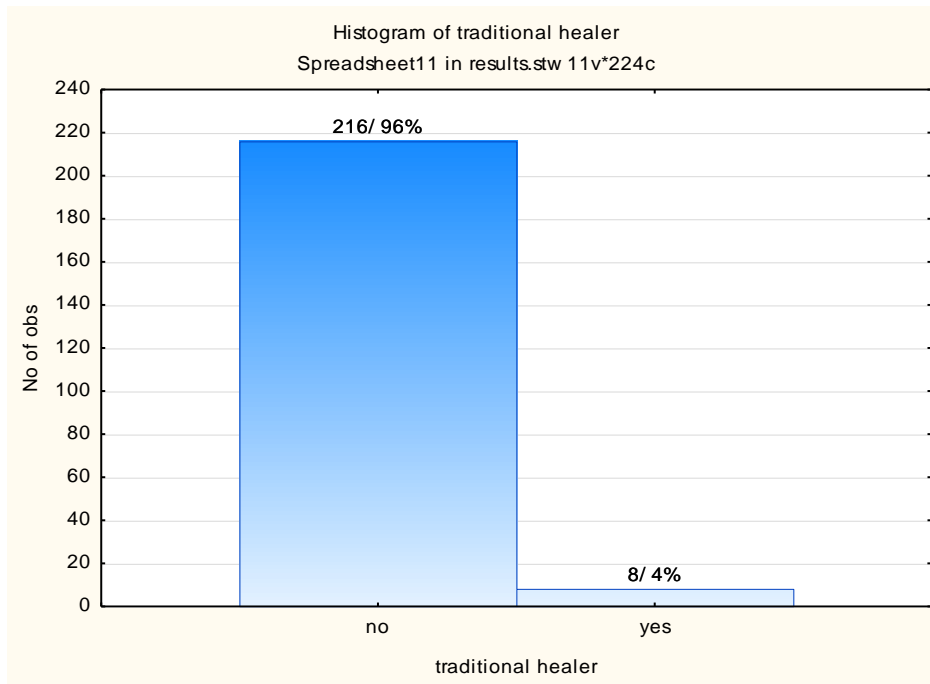
151(67%) of participants had discontinued contraceptive use, 69(31%) had discontinued contraceptive use while 4(2%) was not applicable to this as they never used contraceptives.

FIGURE 45: REASON FOR DISCONTINUATION OF CONTRACEPTIVE(N=224)



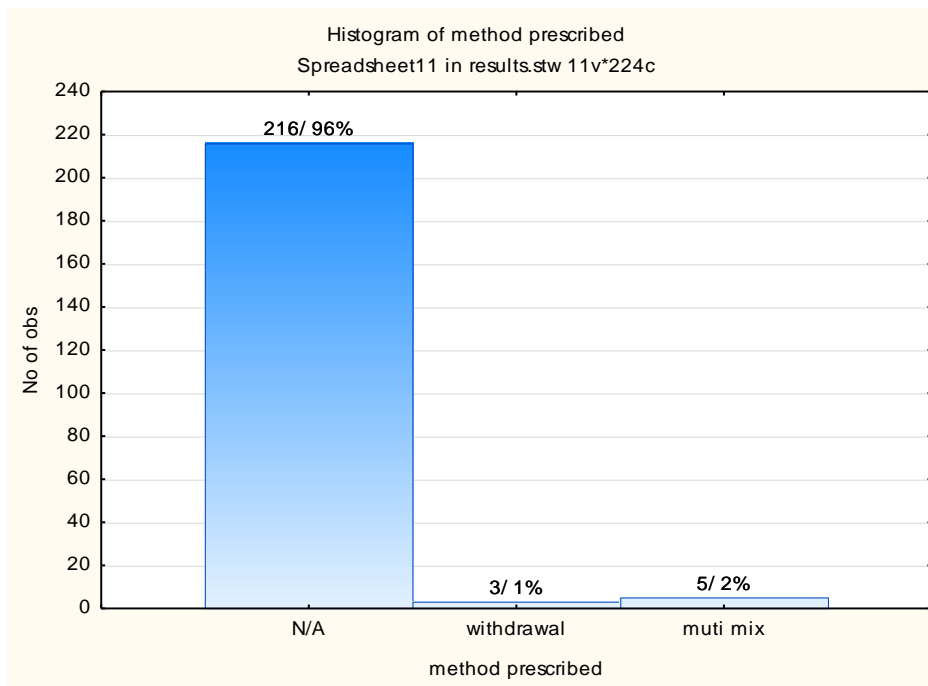
49(22%) stopped contraceptive use so they can fell pregnant, 14(6%) stopped because of its side effect, 3(1%) stopped because they had tuberculosis, 2(1%) stopped because of amonorrhea, 1(0%) stopped because of a heavy menses while 155(69%) was not applicable to this graph as they never discontinued contraceptive use

FIGURE 46: CONSULTING A TRADITIONAL HEALER FOR CONTRACEPTION (N=224)



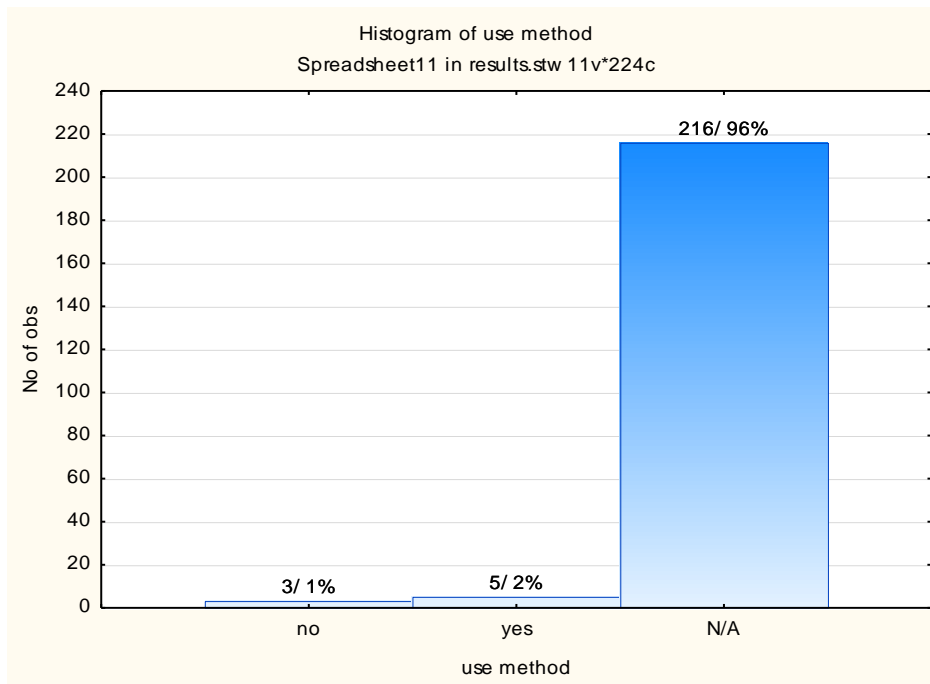
Majority of the participants never consulted a traditional healer for contraceptive related advice. 216(96%) never consulted a traditional healer while 8(4%) had consulted a traditional healer for contraceptive advice

FIGURE 47: CONTRACEPTIVE METHOD PRESCRIBED BY TRADITIONAL HEALER (N=224)



3(1%) of participants reported the withdrawal method was recommended by the traditional healer, 5(2%) reported the traditional healer prescribed a muti mix while 216(96%) was not applicable as they never consulted with a traditional healer.

FIGURE 48: USE OF CONTRACEPTIVE METHOD PRESCRIBED BY TRADITIONAL HEALER (N=224)



5(2%) of participants reported using the method prescribed by the traditional healer, 3(1%) reported not using the prescribed method while 216(96%) was not applicable as they never consulted the traditional healer.

Discussion

The aim of this study was to study contraceptive knowledge, attitude and practices amongst adult HIV positive females, no research was found that addressed this in totality. The knowledge of nine different contraceptive methods, of all the methods knowledge about the male condom ranked highest (100%), this was followed by the knowledge about the injectibles(94%) oral contraceptive pills(87%), female sterilization(66%) and emergency contraception(51%). Contraceptive methods with the least knowledge in descending order as found by this study were withdrawal method(25%), diaphragm(16%), Hormonal Implants(13%) and IUCD(3%). A study done by Maja et al on contraceptive knowledge in women reported that women were more knowledgeable about condom(83%), this is followed by injectibles(75%), and the pills(41.6%).(9) None of the participants had any knowledge about emergency contraceptives, this study indicated that more than half(51%) of participants had good knowledge about emergency contraception. The present study indicated minimal knowledges about the withdrawal method(25%), the diaphragm(16%) and the IUCD(3%) this is similar to a study done by Beldin et al were few of the participants had knowledge about the withdrawal method(16.7%), the diaphragm(9.4%) and the IUCD(23.9%).(10)

The study revealed that participants got most information about contraceptives through the nursing sister(89%) on the other hand they got the least information from the educator(40%). This is in line with findings by a study done by Beldine et al whereby majority of participants got information mainly through the health worker.(10) Over half of the participant in the present study received information on contraceptives through their mother(52%).

The present study indicated that of the seven contraceptive methods that were evaluated for availability at the local clinic or at the General practitioner, all participants had access to oral contraceptive pills and injectibles, while 89% had access to female sterilization and 76% had access to morning after pills. The methods that the participants had least access to were diaphragm(3%), IUCD(2%) and hormonal implants (0%).

The present study revealed that the perception of participants to the female sterilization were as follows, a positive perception of 74%, negative perception of 12% and a neutral perception of 14%. This is in contrast to the study by Maja et al, the adult female participants had a positive perception of 13.8%, a negative perception of 18.9% and a neutral perception of 20.7%.(9)

The present study revealed that the perception of participants to male sterilization were, positive perception 12%, negative perception of 39% and a neutral perception of 49%, this also is in contrast to a study on adult females by Maja et al, where the positive perception was 1.7%, the negative perception was 10.3% and the neutral perception was 13.8%.(9)

All the participants in this present study had a 100% positive perception to the injectibles, this could be as a result of the availability and accessibility of this method of contraception at the clinics in this area. This perception was in contrast to that found by Maja 2004 on a study he did on adult females, his study revealed that 58.3% had a positive perception to injectibles, 20.7% had a negative perception while 13.8% had a neutral perception.

The oral contraceptive were positively perceived by 61% of participants, negatively perceived by 12% of participants and a neutral perception by 27% of participants in the present study, while a study done by Maja et al on adult females states that 25.9% had a positive perception of the oral contraceptive, 27.6% had a negative perception while 5.2% had a neutral perception.(9)

The present study showed that the perception of participants to the intrauterine device is as follows, a positive perception of 8%, negative perception of 18% and a neutral perception of 73%, in the study by Maja et al, the positive and negative perceptions about Intrauterine device were almost similar to that found by the present study. A positive and negative perception of 5.2% and 25.9% respectively was found by Maja et al while 17.2% has a neutral perception.(9)

The present study showed that the morning after pill was positively perceived by 67% of participants, negatively perceived by 4% and 29% of participants had a neutral perception.

The present study showed that 32% of participants reported condom breakage, 42% reported weight gain while using contraceptives(mostly depo provera 27% and nuroxisterate 10%) this was consistent

with the findings by Maja et al were he reported a 31.25% in condom beakage and 42% weight gain as well.(9) 33% of participants reported irregular bleeding while using contraceptives and 65% did not see their monthly period while using contraceptives.

From the present study the most commonly available contraceptive for use by participants were male condom, oral contraceptive pills, injectibles(depo provera and nuristerate) and female sterilization. Majority of participants are between the ages of 30 and 39 years(43.3%), single(74.5%), unemployed(71%), have high school qualification(66.9%). 21.8% of the participants had lost a child and 72.3% were on ARV. Nearly half of participants didn't know the HIV status of their partner(45.9%), 36.6% knew the HIV status of their partner, 17.4% said their partner was negative to HIV. 35.3% of the participants were of the opinion that their partner was involved in their choice of contraceptive.

The present study also found out that these factors influenced contraceptive use, partners of the participants which 35.5% of them stated that their partner was involved in their choice of contraception. Tradition also played a role in contraceptive usage, it was found that 4% of participants had consulted traditional healers on issues of contraception, while 1% of the participant that consulted traditional healers said the withdrawal method was prescribed, 2% were prescribed a muti mixture as a form of contraceptive, 2% of participant also agreed to have used the prescribed contraceptive treatment by traditional healer. Availability of contraceptive also influences the choice of contraception, from the present study 100% of prticipants had access to oral contraceptive pills and injectibles, 89% had access to the female sterilization and 76% to morning after pills, they will obviously make use of the readily available methods than the diaphragm and IUCD which had an availability of 3% respectively and 2%.

The present study reported that 22% of participants discontinued contraception because they wanted to get pregnant, 6% stopped because of its physical side effects, 1% stopped because of amenorrhea, 1% also stopped because they had tuberculosis while one of the participant stated she stopped because of heavy menses.

Limitation of the study

This study being a cross-sectional discriptive survey has bias as one of its limitations. The study was done in John Taolo Gaetsewe Health District in Kuruman on adult HIV positive females, it didn't therefore represent contraceptive practices of adult HIV positive females in other areas. Due to limited resources and time not all participants that met the inclusion criteria were included in this study.

Conclusion

This study revealed that participants had very good knowledge and positive perception about the readily available contraceptive methods at the local clinics this was true as 100% were well informed about condoms, 94% well informed about injectibles and 87% well infomed about the oral contraceptive pills. At the local clinics in John Taolo Gaetsewe health District the three methods of contraceptive mentioned above were what you find readily available. 51% of participants were also well informed about emergency contraception and this goes to show the level of awareness in this area on emergency contraception despite their low level of education .

The study also revealed that partners of participants and traditional healer had impact on contraceptive use, while getting pregnant topped the list on why contraceptive were discontinued.

Recomendations

The government should ensure that all forms of contraception are available at clinics and hospitals. HIV positive females should be educated on the health benefits of contraceptive usage.

Parents, educators and the media should be encouraged to do more in enlightening HIV positive females on contraceptive usage.

On going counselling on the types, health benefit, emergency contraception and side effects of contraceptives should always be done by health workers at each clinic visit by HIV positive females, this will discourage unnecessary discontinuation of contraceptives.

Condom use should always be emphasised by clinic sister's at each clinic visit, this will prevent re-infection with a different strain of HIV.

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