Is ‘planning’ missing from our family planning services?
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To the Editor: The role of family planning in achieving the Millennium Development Goals is well recognised.1 The benefits of family planning, in developing countries in particular, extend beyond decreasing fertility and include poverty reduction, improved health for both mother and child, the promotion of gender equality by increasing women’s opportunities beyond reproductive and domestic activities, and environmental sustainability.2 In addition, prevention of undesired pregnancies among HIV-positive women by eliminating unmet need for contraception is a highly cost-effective means of preventing mother-to-child transmission (PMTCT) and non-PMTCT clients. All study participants were attending child health services, had received antenatal care during their most recent pregnancy, and had delivered less than 6 months before the interview.

Results
The median age of the women was 26 years (interquartile range (IQR) 22 - 31), 63.9% had achieved Grade 8 - 12 without matric, 29.5% had post-matric qualifications, and the vast majority (94.2%) reported to be either married or single but in a stable relationship. Participants had a median number of 2 (IQR 1 - 2) living children. Overall, 67.3% of the women did not want another child in the future, 39% reported that their partners did not want another child, and 62.4% reported that their most recent pregnancy was unplanned. Of the 19.3% of women who wanted another child in the future, 52% wanted to wait more than 36 months before doing so.

Current use of a method of contraception was reported by 89%, namely: injection (90.2%), sterilisation (6.7%), condom (4.4%) and the pill (1.7%), but none was using an IUD.

Using a knowledge score comprising 6 questions (maximum score 6), current knowledge about the IUD was found to be low (median 2 and range 0 - 4). Knowledge about sterilisation was higher: maximum score of 5, median 3 (range 2 - 4).

Since the birth of their youngest child, 53.5% reported that a health care provider had spoken to them about family planning methods to avoid pregnancy. Of those who had discussed family planning methods with a health care provider, only 9% reported that the health care provider had talked about the IUD as a family planning method, while 51.4% reported that sterilisation had been discussed.

Discussion
The finding that 67.3% of women did not want another child in the future, and that more than half of those who wanted another child, wanted to wait at least 3 years before doing so, suggests the need for long-acting contraceptives in this community. In our study, there was a serious mismatch between the fertility desires of the participants and their current use of short-term contraceptive methods. No women were using the IUD, which is more than 98% effective in preventing pregnancy and offers a quick return to fertility after removal. During data collection, none of the nurses at the five study sites was trained in IUD insertion and removal, and it is therefore not surprising that IUDs are not being used in family planning. As this service is not available in these study settings, or in many clinics in the Western Cape, its promotion is unlikely.

Although the high rate of unplanned pregnancies in our study is not a new finding, it is cause for concern. We found a higher rate of use of short-acting methods than has been nationally reported.3 Short-acting methods, such as injectable contraceptives, are highly effective forms of contraception when used consistently. However, they require women to visit health care facilities at regular 2 - 3-monthly intervals, placing an increased burden on clinic staff and allowing opportunity for inconsistent use and subsequent unintended pregnancies. A study in the Western and Eastern Cape provinces found that a large proportion of women who intended to continue using the injection were late for their scheduled re-injection, and in some cases beyond the ‘grace period’ during which re-injection can still be administered.4 The high rate of unplanned pregnancies reported in this study may therefore be partially explained by inconsistent or discontinued use of

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short-acting contraceptive methods, with inadequate counselling and barriers in the health care system being contributory factors in such contraceptive failure.

Participant knowledge of sterilisation was greater than that regarding IUDs in this study, probably owing to the presence of sterilisation services in the Western Cape and the lack of IUD promotion and use. The Association for Voluntary Sterilization South Africa (AVSSA), a non-profit organisation, has offered sterilisation services at health care facilities in the Western Cape for many years, including education and awareness campaigns.

The survey results raise questions as to whether the full range of contraceptive methods are available and promoted in all services targeting pregnant and postpartum women, including HIV-positive women. They also suggest that recommended education and counselling regarding family size, spacing of children and the selection of well-suited contraceptive methods that are supported by family planning service providers at health care facilities.

Choice is essential in providing the optimal family planning method to a client. Women in the communities studied have insufficient knowledge about safe, effective and long-acting contraceptive options and therefore are unable to make a fully informed method choice. To provide family planning clients with a choice of contraceptive methods, providers must be adequately trained and equipped to provide counsel about, and offer the full range of, methods available in the public health care sector. Family planning should be appropriate and well-suited to the individual’s health and fertility desires. Given their superior effectiveness rates among typical users, long-acting and permanent methods are excellent options for clients who have achieved their desired family size or for those who have recently given birth and wish to plan future pregnancies, and such methods should therefore be promoted and available to clients as part of comprehensive family planning services.

References
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