

Contraceptive Use among Young Women in Namibia: Determinants and Policy Implications

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Abstract

The present study examines social, demographic and behavioural factors that influence contraceptive use and method choice among young Namibian women. The study also explores ways to improve the accessibility of health facilities and family planning services for young women. The research is based on both quantitative and qualitative data provided by the 2000 Namibian Demographic and Health Survey and focus group discussions with young women (15-24 years) respectively. The data have been used to analyse the factors affecting contraceptive use and method choice among young women in Namibia. The logistic regression method has been applied to examine the determinants of contraceptive use and method choice. The study examines knowledge of contraceptive methods and sources of supply, decisions leading to contraceptive use and views about service delivery and the availability of contraceptive methods. The study reveals that whilst there is provision, the accessibility of existing reproductive health services for young women is poor in rural areas. There is a lack of support from parents, nurses, and the broader community. Part of the problem here is that older people are not fully aware of the sexual rights of young women, which leads to misunderstandings with regard to sexual and reproductive health issues. Nurses, especially in rural areas, are deemed to be judgmental and reluctant to provide contraceptives to young female scholars. Health facilities are also ranked by young women as user-unfriendly as most of them, as public spaces, lack confidentiality and privacy. These negative experiences of young women impact on their utilization of reproductive and health services and their use of contraceptives.

Levels of contraceptive use among all age groups, including young women, in Namibia are still low. The choice of contraceptive method is restricted to injectables and to some extent, condoms. Uninformed and unsupportive parents are identified as major barriers to young women's sexual health and their ability to use contraception consistently. Apart from this, individual use of contraception is greatly influenced by individual and community characteristics. The education level, marital status, number of children and work status are important individual factors affecting whether and what kind of contraception young women will use. Other issues related to the individual women concern whether she discusses family planning with her partner or parent, and whether she has access to the media and to health facilities. For example, findings from the multivariate analysis showed that increased education was significantly associated with a greater likelihood of using contraception. Unmarried young women were more likely to use condoms than married women. Higher condom use was also reported among young women of 15-19 years old than among 20-24 year olds. Furthermore, young women in urban areas had more positive attitudes towards using contraceptives, as well as more forthcoming friends and parents than those in the rural areas. The findings thus suggest that government strategies, which aim to increase the use of contraceptives amongst young women in Namibia, ought to enhance and improve parent-child communication, engage young women's social networks, and seek to counteract negative assumptions of service providers who could potentially cater for a growing number of young women users and also make a range of choices available.

Abstrak

Die huidige studie ondersoek die sosiaal, demografiese en gedragsfaktore wat die keuse van kontraseptiewe metodes en gebruik, onder jong Namibiese vroue, beïnvloed. Die studie ondersoek ook maniere om die toeganklikheid van gesondheidsfasiliteite en gesinsbeplanningsdienste, te verbeter. Die navorsing is gebaseer op beide die kwantitatiewe en kwalitatiewe data, wat voorsien is deur die 2000 Namibiese Demografiese en Gesondheidsopname, en fokusgroep-besprekings met jong vroue (15-24 jaar) onderskeidelik. Die data is gebruik om die faktore wat kontraseptiewe gebruik en metode-keuses onder jong vroue in Namibie te analiseer. Die logistiese regressie metode is toegepas om die determinante van kontraseptiewe gebruik en metode-keuses te ondersoek. Die studie ondersoek die kennis van kontraseptiewe metodes en voorsieningsbronne, besluite wat lei tot kontraseptiewe gebruik en siening met betrekking tot dienslewering en die beskikbaarheid van kontraseptiewe metodes. Die studie dui aan dat, terwyl daar wel voorsiening is, die toeganklikheid van bestaande reprodktiewe gesondheidsdienste vir jong vroue in die platteland, swak is. Daar is 'n tekort in terme van ondersteuning van ouers, verpleegkundiges en die breër gemeenskap. Deel van die probleem is dat ouer mense nie volledig op hoogte is, wat betref die seksuele regte van jong vroue nie. Laasgenoemde lei tot misverstande met betrekking tot seksuele en reprodktiewe gesondheidsaangeleenthede. Verpleegkundiges, veral in die landelike gebiede, is dikwels bevooroordeeld en onwillig om kontraseptiewe aan jong vroulike, studente, te verskaf. Gesondheidsfasiliteite word ook deur jong vroue, as gebruikersonvriendelik beskou, aangesien die meeste openbare fasiliteite, nie vertroulikheid en privaatheid, handhaaf nie. Hierdie negatiewe ervarings van jong vroue het 'n impak op hul benutting van reprodktiewe- en gesondheidsdienste, en die gebruik van kontraseptiewe.

Vlakke van kontraseptiewe gebruik onder alle ouderdomsgroepe, ingesluit jong vroue in Namibie, is steeds laag. Die keuse van kontraseptiewe metodes is beperk tot insputings en tot 'n mate, kondome. Oningeligte en nie-ondersteunende ouers, is geïdentifiseer as groot struikelblokke vir jong vroue se seksuele gesondheid en hul vermoë om deurlopend kontraseptiewe te gebruik. Behalwe dit, word individuele gebruik van kontraseptiewe grootliks beïnvloed deur individuele en gemeenskaps-karaktereienskappe. Die opvoedkundige vlak, huwelikstatus, aantal kinders en werkstatus, is belangrike individuele faktore wat die besluit oor of die jong vrou kontraseptiewe gebruik, en watter, beïnvloed. Ander aspekte wat betrekking het op die individuele vrou, is of sy dit bespreek met haar ouers, of maat, en of sy toegang het tot die media en tot gesondheidsfasiliteite. Bevindinge van die multivariasie analise dui daarop dat verhoogde opvoedkundige vlakke geassosieer word met verhoogde gebruik in kontrasepsie. Ongetroude jong vroue het 'n groter waarskynlikheid dat hul kondome sal gebruik as getroude vroue. Hoer kondoomgebruik is ook aangedui onder vroue tussen 15 – 19 jaar, in vergelyking met die ouderdomsgroep 20-24 jaar. Verder, jong vroue in stedelike gebiede het meer positiewe houdings ten opsigte van kontraseptiewe gebruik, sowel as hul vriende en ouers, as die in die landelike gebiede. Die bevindinge wat strategieë voorstel, wat gemik is op die verhoogde gebruik van kontraseptiewe onder jong vroue in Namibie, fokus op die verbetering van ouer-kind kommunikasie, sosiale netwerke, en poog om negatiewe aannames van diensverskaffers, aan 'n potensieël groeiende aantal jong vroue-gebruikers, te probeer verander en groter keuses beskikbaar te maak.

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Dedication

I dedicate this thesis to my late mother, Monika Ndeviilonga who died just three weeks before I registered for this study and to my only daughter Tuyakula Nelago Ndahambelela who was born in the midst of my study.

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ASFR	Age Specific Fertility Rate
DHS	Demographic and Health Survey
FP	Family Planning
FG	Focus group
FGDs	Focus Group Discussions
FHI	Family Health International
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IUDs	Intrauterine Devices
MOHSS	Ministry of Health and Social Services
MOH	Ministry of Health
NDHS	Namibia Demographic and Health Survey
NGOs	Non-Governmental Organisations
NASOMA	National Social Marketing for Condoms
PRB	Population Reference Bureau
PSU	Primary Sampling Units
RH	Reproductive health
SIAPAC	Social Impact Assessment and Policy Analysis Corporation
SIECUS	Sexuality Information and Education Council of the United States
SRH	Sexual Reproductive Health
STD	Sexual Transmitted Disease
STI	Sexual Transmitted Infections
TFR	Total Fertility Rate
TV	Television
UNAIDS	United Nations Joint Programmes on HIV/AIDS

UNAM	University of Namibia
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation
YFHS	Youth Friendly Health Services

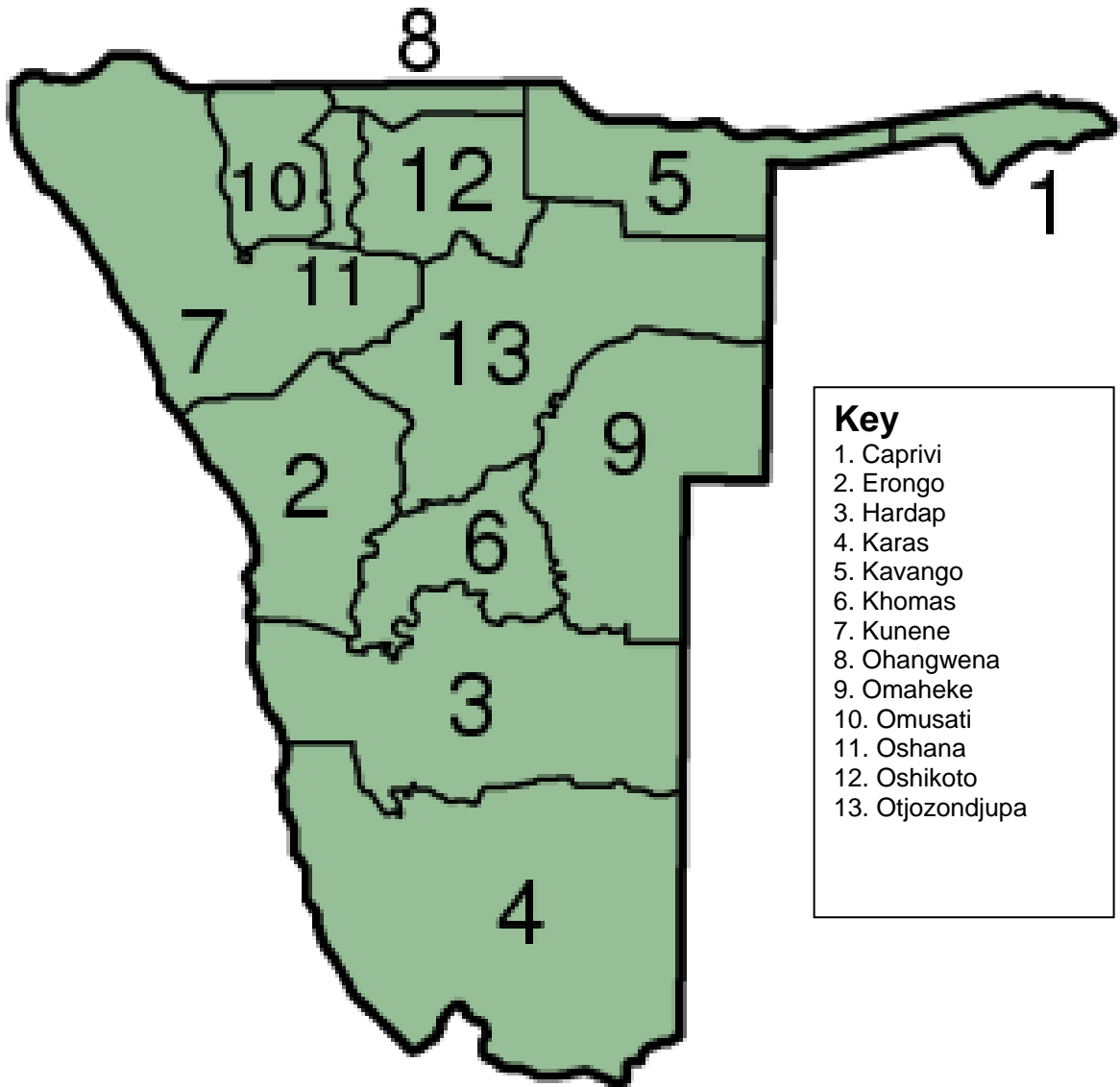
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Figure 1: Regional Map of Namibia



- Key**
- 1. Caprivi
 - 2. Erongo
 - 3. Hardap
 - 4. Karas
 - 5. Kavango
 - 6. Khomas
 - 7. Kunene
 - 8. Oshana
 - 9. Otjozondjupa
 - 10. Oshikoto
 - 11. Oshana
 - 12. Oshikoto
 - 13. Otjozondjupa

Figure 2: Health Directorates of Namibia

