The beliefs and practices of Tshivenda-speaking multiparous women on contraception: A qualitative study

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Abstract

Background: The aim of the study was to understand the beliefs and practices of multiparous women on the use of contraceptives.

Methods: This was a qualitative study using focus group interviews involving women from five different groups, namely: modern church, traditional church, traditional healers, care group and 'stokvel'.

Results: Women in all the groups were aware of various contraceptive methods and had experience of some of the methods. Women from the traditional church and healers groups did not believe in modern contraception. The traditional church group used water and tea for family planning and were discouraged by their church from using modern contraception. The traditional healers group used a method called "u fhahea" in Tshivenda or "to hang" i.e. herbal mixtures were placed in a clay pot, bottle, or animal coat and safely hidden until a woman was ready to conceive. The other three groups believed in and used modern contraceptive methods. The latter groups expressed that contraception gave them a sense of control to decide the number and appropriate space between children. The following reasons were given for not using or stopping contraception: infertility, enlargement of vagina, itchy watery vaginal discharge, malpresentation of fetus, decreased sexual desire, excessive weight gain or loss and disturbances of menstrual cycle. These reasons were believed to be responsible for family breakdown and inability of women to perform their normal household chores.

Conclusions: This study has provided some insight into the beliefs and perceptions of women on contraception especially within the black African context. Beliefs based on religious and traditional practices influence the use of contraception in certain social groups, while perceptions about side-effects of contraceptives cause some women in other social groups not to use or suspend the use of contraception. Family planning programmes should be structured in such a way that the views of women in a particular community are considered.

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Introduction

The study took place at Tshilidzini Hospital, in Limpopo Province, South Africa, where some women refuse contraception even if their health is threatened by future pregnancies. The women cite the non-approval of their husband for the use of contraception as the main reason. When the husbands are subsequently invited for a family conference, they usually oppose any form of contraception for their wives. Other husbands are surprised, as they preferred to have fewer children for the sake of their wives' health and difficulty in raising a large family.[1] A World Health Organization study[2] found that more than half a million women die each year from pregnancy-related conditions. Women over the age of 35 who do not take contraceptives are not only at risk of unplanned pregnancy, but they are at greater risk of maternal mortality and morbidity and increased incidence of congenital abnormalities in their babies.[3]

Only a few South African qualitative studies are available on women's beliefs on and attitudes towards contraception. One such study reviewed the experiences of contraception and contraceptive services amongst groups of South African women.[4] It found that 'accessibility' was not the primary determinant of contraceptive usage, as contraception was accessible to most women. 'Social' barriers were the primary determinant to contraception usage, that is, women's subordinate position in a society which makes motherhood their primary goal and purpose.

Another study focused on the poor woman's perceptions of and preferences for contraception technologies and found that modern contraceptive technologies are acceptable to the majority of poor women. It was, however, difficult to differentiate self-informed negative views towards contraception and those which were influenced by negative health services. Side-effects of contraception were a major area of concern.[5] Chetkovich C et al conducted a study to improve service delivery of contraception by assessing the experiences of women.[6] They identified several factors, including inaccurate beliefs about methods of contraception, which were amenable to intervention. Sulway and Nurami found that poor urban Bangladeshi women were reluctant to use contraception immediately after birth as they perceived that contraceptive methods were strong and potentially damaging to their health.[7] A study from Nigeria reported that fear, ignorance and unfounded beliefs were factors associated with delay in seeking contraceptive advice.[8]

Methods

The aim of the study was to understand the beliefs and practices of multiparous women on the use of contraceptives. This was a descriptive qualitative study using focus group interviews to gather information. This method allows subjects to be studied from their own perspective, with emphasis on uncovering the meaning and interpretations that lie behind behaviour.[9]

Participants were multiparous women seen at the Tshilidzini hospital health ward, in Limpopo Province. A purposive sampling method was used to allow information-rich individuals to be selected. The guiding principle for sampling was to maximise diversity in order to get a wide range of information.[10] Five focus groups consisting of six to eight women were selected. Most women in the community belonged to a social group. The following social groups were selected for maximum variation: a 'care' group (a group of community women under the guidance of a nurse facilitator encouraging each other on health matters), a 'stokvel' (name given to a social club in communities that engages in informal financial transactions[4]), a 'modern' church (a Pentecostal church), 'traditional' church (the Zionist Christian church) and traditional healers.

Focus group interviews were conducted in Tshivenda (predominant local language of the area). Only one exploratory question was asked and expanded on, that is, "What are your beliefs and practices with regard to contraception?" In Tshivenda, this translates to – *"Vha tenda mini nga vhutea muta huwanalaho kha vha mutakalo, hone vhone vha shumisa mini kha vhutea muta?"* The interviews were video-taped with field notes taken by the chief researcher. The data was transcribed verbatim and translated into English by a research assistant proficient in Tshivenda and English. Themes were identified from both Tshivenda and English transcripts using the 'cut and paste' method. Computer Aided Qualitative Data Analysis Software (CAQDAS), ATLASti, was used.

Results

The following themes were identified:

Contraceptive methods: awareness and practices

Of the five focus groups interviewed, two groups did not believe in contraception (traditional church and traditional healers) and the other three groups used some form of contraception. Traditional healers used traditional methods called *"u fhahea"*, meaning "to hang" or "hold up" to prevent conception, using herbs contained in a clay pot or hard piece of animal coat, *"We believe in the traditional family planning which was performed by our ancestors, it is the one which is working"* (traditional healer group). The traditional church used water and tea with one woman using the calendar method in addition to the water, *"There is another method that after menstruation, I use the first five days. By that time I do not drink the water, I just go for sex. After these five days I would then use the water"* (traditional church group).

All groups used some form of contraception, even the traditional groups. Women used several contraceptive methods in search of an appropriate method suitable for them.

Sense of control

Contraception gave the women a sense of control regarding the size of their family, except the traditional church and traditional healer groups, who did not believe in modern family planning methods. Women using contraception were able to decide how many children they would like to have and when to have them, *"To me family planning is good because I manage to space my children in a proper way, after some few months from delivery, I went to prevent using Nur-Isterate"* (stokvel group).

Reasons for not using contraception

In all five groups there were women who did not use contraception for various reasons. In the traditional church and traditional healer groups, women were discouraged from using contraception. One of the participants from the traditional church said: *"I believe on the rules that we were taught by our church that we should not use contraceptives suggested by health professionals. We believe that we are protected by the water we drink"* (traditional healer group).

The women in the three groups who used contraception had different reasons for not using contraception. Their reasons were related to the side-effects of contraceptive methods, or rumours of effects, as some women did not experience the effects personally. Women in the traditional groups also mentioned the same effects. The following are quotes related to this theme: *"When I stopped in April I thought I would start menstruating since my friends convinced me and indicated that when they stopped, the same month menstruation came. Another problem is that even when you have stopped, there is nothing. The reason I stopped was to be like other women, but it is difficult"* (stokvel group). *"I have seen so many people gaining weight because of injection. The problem is that they only gain weight on the body and remain with thin legs"* (modern church group).

Contraception causes infertility

Women in all five groups seem to have the belief or fear that modern contraceptives cause or contribute to infertility, as documented in this quote from a participant in the stokvel group: *"I have one friend who has two children. She was using pills and now she is in need of a child. She cannot conceive. She went from one doctor to the next and they cleaned her, unfortunately there are no changes".*

Weight gain or loss

Concerning weight changes, more women complained of weight gain and only two women mentioned weight loss which was attributed to an intrauterine device and tubal sterilisation – *"I asked my friend who had sterilisation whether I could do the same and she advice me not to try it. She also has ill health and she has lost weight"* (care group). The commonest complaints of these women were about weight gain – *"I was just gaining weight with a very big stomach. Since I stopped that stomach is reducing its size"* (stokvel group).

Menstrual disturbances

Women were concerned that contraceptive methods affected their menstrual cycles. Some women were very unhappy with this effect on their body and often complained of illness caused by menstrual disturbances. All groups noted this concern: *"The people will take two to three years without menstruating. As she is not menstruating, there is no desire for man. That means injection is dangerous and not safe"* (traditional church group).

Negative effects on marriage

Most of the participants had the perception that contraception reduces sexual interests in both women and men, as reflected by one of the quotes – *"Even the women lose interest because they no longer menstruate. After menstruation one can feel that the husband is there*

and I want to be with him. If you are just staying with him like a chair or like brother and sister, it is unfair" (traditional church group). In the care group one woman's husband encouraged her to use contraception, and denied all negative effects that other men were complaining about on the radio.

Contraception causing diseases or body function changes

There was the perception or belief that contraception causes diseases, or affects the body such that it cannot function properly. The complaints range from pain and burning in the waist area, to leg cramps, and being unable to wake up or bend to do chores due to backaches. The traditional healer group felt that contraception was responsible for poor mother and child outcomes at birth. Malpresentation of fetus and death of a child were mentioned as examples of such effects. Men were said to suffer from waist and abdominal pains and discouraged their wives from using contraceptives, *"My husband complains that it creates pains for him. He experiences waist pains, headaches and so forth I did not feel good but the injection was not bad to me except for my husband"* (care group).

Discussion

The findings of this study suggest that perceptions about side-effects of contraceptives are responsible for most of the negative beliefs with regard to contraception. Women in all groups use some form of contraception to prevent unwanted pregnancy. Women tended to try different methods until they find a more appropriate method or a method with minimal or tolerable side-effects. The finding of this study is similar to those of Forrest[11] and Rosenfield.[12] These studies have found that women tried different contraceptives as the side-effects or perceived side-effects make some of the contraceptive methods unacceptable to them.

In another study of Israeli Jewish couples, Okun reported that fear of oral contraceptives and a dislike of sterilisation led to more reliance on intrauterine devices and a significant use of withdrawal method.[13] Also, a study on Kenyan women documented that barriers to contraceptive use were found to be the unacceptable side-effects and a belief that contraceptives are unsafe.[14] Jinadu MK et al,[15] have found that negative attitudes of men and fear of side-effects were barriers to contraceptive use in women. In this study, the men influenced the women not to use contraception as it was perceived to also make men ill. Obviously one of the limitations of this study is that the findings are not generalisable due to the relatively small sample size. The richness of the information gathered, however, does provide some insight into the beliefs and perceptions of Tshivenda-speaking women on contraception. A similar study conducted on men is necessary to explore their fears, anxieties and perceptions of contraceptive use in women.

Conclusion

This study has provided some insight into the beliefs and perceptions of women on contraception especially within the black African context. Beliefs based on religious and traditional practices influence the use of contraception in certain social groups, while perceptions about side-effects of contraceptives cause some women in other social groups not to use or suspend the use of contraception. Family planning programmes should be structured in such a way that the views of women in a particular community are considered. More acceptable methods of contraception for communities should be promoted. Finally, family planning programmes should include non-contraceptive methods of contraception as these will reduce women's focus on side effects.

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