

## **ABSTRACT**

**Background:** In South Africa, poor choice of contraception method or contraceptive failure has been noted as one of the key contributors to high rates of unwanted pregnancy and HIV/AIDS. Contraceptive use is highly correlated with pregnancy and fertility intention. While research knows the role of contraceptive use in delaying conception and/or childbearing, what remains unknown is an understanding of whether the methods of contraception used by young women match their fertility intentions. The objective of this study is to determine the relationship between fertility intention and method of contraception among young women (20-24 years old) South Africa.

**Methods:** This study provides a secondary data analysis on cross-sectional data from the 1999-2002 Transition to Adulthood in the Context of HIV/AIDS survey. Given that the survey involved two waves of data collection in 1999 and 2002, the two respective datasets are pooled together to achieve a representative sample of 8 370 adolescents aged 14 – 24. However, because the population of interest is young women, further sample restrictions are performed and a weighted sample of 1,020 sexually active young women aged 20-24 years old is attained. A multinomial regression is adopted for this study because the outcome variable-method of contraception-comprises of three categories: (1) modern method (2) traditional (3) no method. As such, in establishing the relationship between fertility intention and method of contraception, three levels of analysis are carried out. Firstly, is a univariate analysis of the variables in the study, followed by a bivariate analysis using Chi<sup>2</sup> to examine the association between predictor variables and method of contraception. Finally, a multivariate analysis producing the adjusted and unadjusted associations is conducted to examine whether a statistical relationship exists between fertility intention and method of contraception.

**Results:** Of the 1,020 sexually active young women 20-24 years old years old in the sample, 77.8% do not use any method of contraception while 13.9% make use of modern methods and only 8.1% use traditional methods of contraception. There was no significant association found between fertility intention and method of contraception. Among young women that intend to have three or more children in their lifetime compared to those that intend to have 1-2 children, the relative risk of using a modern method of contraception compared to not using any method of contraception is expected to decrease by a factor of 0.620 (95% CI=0.351,1.095; P>0.05). However, positive associations were found between relationship status and method of contraception as well as

between place of residence and method of contraception. Among young women that have steady partners compared to those that are single/not in a relationship, the relative risk of using a traditional method of contraception compared to not using any method is expected to decrease by a factor of 0.274 (95% CI=0.122, 0.617;  $P<0.05$ ). Furthermore, among young women living in rural areas compared to those in urban areas the relative risk of using a modern method of contraception compared to not using any method is expected to decrease by a factor of 0.499 (95% CI=0.300, 0.831;  $P<0.05$ ).

**Conclusion:** This study has demonstrated that fertility intention cannot be used as the sole predictor of the choice of contraception used by young women. Rather, there are prevailing and contextual demographic and socio-economic factors that intervene this relationship and influence women's adoption of any method of contraception. Notably, the limited access to healthcare centres; ambivalent feelings about pregnancy as well as misconceptions and perceived side effects of contraception influence the poor use of modern methods of contraception. To address the high rate of unwanted pregnancy among youth in South Africa, it is advisable that policies and programmes assist young women to become decisive about their fertility intentions and provide them with the necessary support and resources to access contraceptive methods that will assist them in achieving their fertility goals.