CHAPTER 4

CONTRACEPTION AND FERTILITY PREFERENCES

4.1 Knowledge of Contraceptive Methods

Knowledge of contraceptive methods has been recognised as a key factor in the uptake of contraceptives and lack of information is an important reason for unmet need. Women who know about a range of contraceptive methods are more likely to use a method. Women interviewed in the SADHS were asked if they had heard about methods a couple could use to avoid or delay pregnancy. Respondents were asked to name any methods they had heard of. If the respondent did not mention a particular method, that method was described and she was asked if she had heard of it. Respondents were then asked to mention any other additional methods that the interviewer did not describe.

Table 4.1 shows the percentage of all women, of currently married women, of sexually active unmarried women and of women who have no sexual experience who know of contraceptive methods. Almost all women (97 percent) have heard of at least one modern method. Knowledge is equally high in both the married and the sexually active unmarried groups. Although lower than the other groups, women with no sexual experience still exhibit significant knowledge of at least one modern method (86 percent).

Among all groups of women, the two best-known methods are the injection (94 percent) and the pill (93 percent). The majority of women (89 percent) also know of the male condom. The female condom which is available on a limited basis in South Africa was mentioned by a very small number of women. Over three-quarters of married and sexually active women have heard of the IUD, however less than half of those without sexual experience know of this method (40 percent). This may be due to the fact that the group with no sexual experience is younger than the married and sexually active unmarried, and the IUD is generally used by women who have had children. The use of this method has decreased over time and it is no longer available in some clinics, as trained staff are required to fit the device. Vaginal methods such as the diaphragm, foam, and jelly, were the least known of the modern methods. The diaphragm had previously been available in the public and private services but has now been discontinued from both services. Just over two-thirds (68 percent) of all women have heard of female sterilisation, compared to only a third who know of male sterilisation. Married women are more likely to know of these permanent methods than women in the other groups. Emergency contraceptive pills were mentioned by very few women in the unprompted "other" section. This low level of spontaneous reporting of this method may be due to both limited knowledge of the method as well as the fact that some women do not think of this as a usual method of contraception.

Traditional methods of family planning are less widely known than modern methods, with 42 percent of all women having heard of a traditional method. Withdrawal was mentioned by almost a third (31 percent) of women. Natural methods such as periodic abstinence (the rhythm method) are known by a quarter of all respondents (25 percent). A wide variety of other methods were described by women, including tying a rope or string around the waist. A number of post-coital methods were mentioned including drinking water, coke or milk and burying menses. One of the interesting points about many of the traditional methods is that they are often only used post-coitally rather than on a regular basis of any sort.

Table 4.1 Knowledge of contraceptive methods

Percentage of all women, of currently married women of sexually active unmarried women, and of those with no sexual experience who know specific contraceptive methods, South Africa 1998

Contraceptive method	All women	Currently married women	Sexually active unmarried women	No sexual experience
Any method	96.7	98.1	99.2	85.5
Any modern method	96.5	98.0	99.2	85.5
Pill	93.2	95.4	96.4	79.4
IUD	71.4	79.5	76.9	39.8
Injectables	94.4	96.7	98.2	78.0
Diaphragm/Foam/Jelly	16.4	21.1	12.8	15.6
Condom	88.7	89.1	94.3	77.1
Female sterilisation	67.9	77.8	66.4	44.5
Male sterilisation	35.3	44.1	29.8	30.3
Any traditional method	41.8	50.0	45.0	22.5
Periodic abstinence	25.3	30.9	26.7	14.5
Withdrawal	30.5	39.3	32.0	14.0
Herbs	12.4	14.2	13.4	6.1
Other	4.8	5.4	6.1	4.0
Number of respondents	11,735	5,077	2,074	1,545
Mean number of methods	5.4	5.9	5.5	4.0

4.2 Ever Use of Contraception

Respondents were asked if they had ever used anything to delay or avoid pregnancy. Table 4.2 shows the percentage of women who have ever used a method of family planning, according to method used and age. Over 80 percent of married women between the ages of 20 and 44 have used a method of contraception. This figure falls slightly in the oldest age group (45-49) where three quarters (75 percent) have ever used a method. The lowest use was recorded in the youngest married group where two thirds (66 percent) have ever used a method.

Injectables are by far the most commonly cited method for all women, followed by the pill. The male condom has been used by less than one-fifth of all women (18 percent). Women between the ages of 20 and 34 are more likely to have ever used a condom than those aged 35 and over.

Table 4.3 shows what methods women used when they first started using contraception. There are major differences by population group in the contraceptive method first used. Two-thirds of white and Asian women used the pill as their first method (65 and 68 percent, respectively) and only a very small number used the injection. In contrast, almost two-thirds of African and coloured women (65 and 64 percent respectively) used injectables as their first method.

Looking at changes over time, an increasing proportion of women are using the injection as their first contraceptive method. Three-quarters of women aged 15-19 years used the injection as their first method, compared to less than half of those aged between 35-39 and a third of the 45-49 age group. It can also be seen that the opposite effect has occurred with the pill with a much lower proportion of the youngest group using the method compared to the older group. The IUD is generally recommended for parous women and so naturally has been used by a higher number of women in the older age groups. Use of the condom as a first method is highest in the youngest age group.

Table 4.2 Ever use of contraception

Percentage of all women and of currently married women who have ever used a contraceptive method, by method and age, South Africa 1998

Age	Any method	Any modern method	Pill	IUD	Inject-ables	Diaph., foam, jelly	Con-dom	Female sterili-sation	Male sterili-sation	Any trad. method	Periodic absti-nence	With-drawal	Other	Number of women
	Modern method									Traditional method				
ALL WOMEN														
15-19	38.9	38.0	9.6	0.2	31.1	0.1	9.5	0.0	0.0	4.1	1.8	2.7	0.5	2,249
20-24	80.3	79.3	30.1	1.5	66.9	0.3	24.0	0.4	0.1	9.9	4.9	6.6	2.1	2,075
25-29	86.9	85.9	44.4	4.6	73.0	0.5	23.8	2.8	0.8	12.5	7.1	8.1	1.7	1,857
30-34	87.9	86.9	48.6	11.3	68.7	0.7	23.0	8.4	1.6	12.4	3.7	10.5	2.8	1,654
35-39	86.8	85.6	51.6	15.2	62.1	1.1	16.4	17.0	2.7	11.5	4.7	8.9	3.0	1,636
40-44	81.6	80.2	51.5	20.6	54.3	1.7	13.2	24.3	2.8	9.3	3.8	7.2	3.1	1,294
45-49	73.5	71.7	44.8	17.4	40.2	2.2	11.7	23.6	2.6	11.1	3.0	9.9	2.7	970
Total	75.0	73.9	37.6	8.5	57.0	0.8	17.8	8.7	1.3	9.8	4.2	7.3	2.1	11,735
CURRENTLY MARRIED WOMEN														
15-19	66.4	63.6	18.5	0.0	51.2	1.6	26.6	0.0	0.0	13.2	3.5	9.8	1.6	73
20-24	84.4	83.5	40.8	3.4	70.3	0.2	26.7	1.1	0.6	13.4	5.8	10.7	1.5	465
25-29	87.6	86.5	47.3	5.1	70.4	0.3	25.1	4.7	1.4	15.3	7.8	11.1	1.7	900
30-34	88.8	87.4	50.5	10.8	65.7	1.2	22.1	10.2	2.7	14.6	4.1	12.3	3.2	1,008
35-39	86.6	85.5	53.9	16.7	58.8	1.1	17.3	20.2	3.6	12.5	4.9	9.9	2.9	1,114
40-44	82.6	80.9	53.9	21.4	50.1	2.0	12.8	29.5	4.0	11.1	4.0	8.6	3.3	865
45-49	75.4	72.9	45.8	19.1	38.4	3.1	12.2	26.3	3.5	13.1	3.8	11.8	2.9	652
Total	84.6	83.2	49.3	13.1	59.1	1.3	19.2	15.8	2.8	13.4	5.0	10.7	2.7	5,077

Table 4.3 Contraceptive method first used

Percent distribution of women who have ever used contraception by method first used, South Africa 1998

Background characteristic	Pill	IUD	Injec-tions	Diaph., foam, jelly	Condom	Sterilisation		Periodic absti-nence	With-drawal	Other methods	Missing	Total	Number
						Female	Male						
Age													
15-19	12.6	0.2	74.4	0.0	9.3	0.0	0.0	1.1	1.5	0.3	0.5	100.0	875
20-24	17.3	0.8	73.3	0.1	6.1	0.0	0.1	0.9	0.6	0.6	0.3	100.0	1,666
25-29	24.5	2.2	66.3	0.0	3.3	0.1	0.0	1.0	1.3	0.6	0.7	100.0	1,614
30-34	29.2	5.3	56.5	0.0	3.7	1.2	0.0	0.8	2.4	0.8	0.1	100.0	1,453
35-39	37.1	7.9	45.6	0.3	2.6	2.4	0.0	0.6	1.8	1.1	0.5	100.0	1,420
40-44	43.4	6.5	39.7	0.7	1.2	4.2	0.0	0.9	2.7	0.5	0.1	100.0	1,055
45-49	46.1	6.4	32.4	0.5	3.1	5.1	0.0	0.7	4.4	0.8	0.5	100.0	713
Residence													
Urban	31.3	5.3	54.1	0.3	5.0	1.4	0.0	0.8	1.0	0.4	0.4	100.0	5,673
Non-urban	24.2	1.7	63.8	0.0	2.5	1.8	0.0	1.1	3.4	1.1	0.3	100.0	3,122
Province													
Western Cape	29.7	1.0	60.6	0.0	4.9	1.9	0.0	0.4	0.1	0.6	0.8	100.0	964
Eastern Cape	28.7	1.8	65.1	0.0	1.3	1.6	0.0	0.6	0.6	0.2	0.2	100.0	1,119
Northern Cape	26.2	2.0	67.6	0.0	1.1	2.5	0.1	0.0	0.1	0.1	0.1	100.0	191
Free State	24.6	3.6	66.1	0.0	2.7	0.8	0.0	0.7	1.1	0.4	0.1	100.0	612
KwaZulu-Natal	29.6	2.4	53.9	0.1	5.7	2.1	0.0	1.1	3.6	1.4	0.1	100.0	1,604
North West	26.3	4.0	64.6	0.0	2.8	1.2	0.0	0.3	0.3	0.2	0.4	100.0	718
Gauteng	32.6	8.8	47.4	0.6	5.4	0.9	0.0	1.1	2.3	0.6	0.3	100.0	2,113
Mpumalanga	22.3	4.1	63.8	0.1	2.8	2.3	0.1	1.7	1.5	0.6	0.5	100.0	634
Northern	27.5	2.3	57.1	0.1	4.4	1.6	0.0	1.2	3.7	0.9	1.0	100.0	841
Population group													
African	23.4	4.3	64.5	0.2	2.5	1.4	0.0	1.0	1.7	0.7	0.4	100.0	6,823
Coloured	27.5	1.6	63.9	0.0	3.0	1.9	0.1	0.4	0.6	0.7	0.3	100.0	905
White	65.3	5.3	5.0	0.8	15.6	1.8	0.0	0.8	5.1	0.3	0.0	100.0	735
Asian	67.7	3.5	6.7	0.0	16.8	1.7	0.0	0.3	1.7	1.2	0.3	100.0	284
Total	28.8	4.0	57.5	0.2	4.1	1.5	0.0	0.9	1.9	0.7	0.4	100.0	8,796

Note: includes 49 women not stated as to population group.

4.3 Source of Contraceptive Information

Women who had ever used a contraceptive method were asked where they got their initial information on contraceptive use. Overall, the most important sources of first information are nurses, mothers, and friends. Increasingly, younger women are getting contraceptive information from their mothers (Table 4.4). Over a third of women (39 percent) in the youngest age group received information from their mothers and for this age group this is the most common source of information. Looking at the oldest age group, only 10 percent cited their mothers as the first source of contraceptive information. These older women mainly got their contraceptive information from a nurse (50 percent) or a doctor (17 percent). This is probably because the mothers of the older women were unlikely to have used a method of contraception and so were not in a position to give information. The proportion who obtained information from pamphlets and radio/TV is low across all age groups. Looking at differences across population groups, it can be seen that overall few Asian (7 percent) and coloured (11 percent) women received contraceptive advice from their mothers, compared to almost a fifth (19 percent) of African women and almost a third of white women.

Table 4.4 First source of contraceptive information

Among women who have ever used a contraceptive method, percentage who first got information about methods from various sources, South Africa 1998

Background characteristic	Mother	Sister	Father	Other relative	Friend	Teacher	Nurse	Doctor	Poster, leaflet	Radio, TV	Other	Number
Age												
15-19	39.4	11.5	0.3	7.7	17.2	8.6	20.3	3.2	0.9	1.4	5.6	875
20-24	23.7	10.1	0.1	4.7	17.8	6.7	38.7	2.9	1.5	1.8	6.4	1,666
25-29	18.6	9.2	0.6	4.6	14.9	7.1	45.0	3.2	1.9	1.6	6.1	1,614
30-34	17.3	8.5	0.2	3.8	15.7	5.0	46.6	6.2	1.8	0.5	6.6	1,453
35-39	12.3	5.7	0.1	3.6	13.7	2.8	51.3	8.2	1.3	2.2	7.8	1,420
40-44	10.8	4.3	0.2	4.2	11.4	2.8	53.4	11.1	2.5	1.4	8.1	1,055
45-49	10.2	5.2	0.1	3.0	11.5	2.6	49.9	17.2	2.6	1.6	7.0	713
Residence												
Urban	21.2	8.1	0.3	4.3	13.9	6.5	42.1	8.0	2.6	1.5	6.3	5,674
Non-urban	14.5	7.9	0.2	4.8	16.8	3.1	47.7	3.8	0.3	1.5	7.5	3,122
Province												
Western Cape	15.4	4.1	0.5	2.7	4.6	5.6	54.1	10.6	2.1	0.5	3.9	964
Eastern Cape	20.6	8.8	0.1	3.0	10.2	3.7	48.0	4.0	0.6	0.6	4.6	1,119
Northern Cape	18.2	5.8	0.1	4.0	7.2	6.7	57.9	9.8	2.6	0.6	2.6	191
Free State	26.9	9.6	0.1	2.0	8.7	6.4	45.3	11.3	1.0	1.2	7.6	612
KwaZulu-Natal	7.8	7.3	0.2	3.4	15.6	3.3	53.4	5.0	0.8	1.4	7.7	1,604
North West	35.8	10.7	0.7	6.7	15.3	7.1	32.1	3.0	0.4	1.4	10.0	718
Gauteng	22.2	8.1	0.1	6.3	18.4	8.0	35.7	8.8	4.2	2.2	5.4	2,113
Mpumalanga	21.3	9.8	0.1	4.9	24.1	4.7	40.8	4.3	0.9	1.9	11.5	634
Northern	10.4	8.2	0.3	5.2	21.9	1.5	39.1	3.0	0.5	2.5	8.6	841
Population group												
African	19.1	9.4	0.2	5.0	16.1	4.9	44.7	3.0	0.7	1.5	6.6	6,823
Coloured	10.8	2.3	0.3	2.2	5.2	5.5	65.0	7.6	2.0	0.7	3.2	905
White	31.0	3.4	0.4	2.7	17.2	7.7	12.5	34.2	9.5	2.6	8.9	735
Asian	7.3	3.7	0.3	2.2	12.5	6.6	43.1	16.0	4.6	2.7	15.7	284
Total	18.8	8.0	0.2	4.4	14.9	5.3	44.1	6.5	1.7	1.5	6.8	8,796

Note: includes 49 women not stated as to population group.

4.4 Age at First Use

Age at first contraceptive use has dropped considerably, from 24 years among women 45-49 to 19 years among women 20-24 at the time of the survey (Table 4.5). This may reflect a number of factors, including an increase in acceptability of using a method at a younger age, the trend to delay childbearing, and a drop in the age at first sexual intercourse. There are no real differences in age at first use among ethnic groups, provinces and urban and non-urban women.

The proportion of women who were given advice and information on how to use contraception by parents has changed over the years, with 41 percent of the youngest age group reporting parental or guardian support, compared with just over a fifth (21 percent) in the oldest age group.

Table 4.5 Age at first use

Among women who have ever used a contraceptive method, the median age at first use, the percentage who used before age 19 and, among those, the percentage who got information or advice from a parent or guardian, South Africa 1998

Background characteristic	Among all ever users			Those who used before age 19	
	Median age at first use	First used before age 19	Number of women who ever used	Percentage who got help from parents	Number who used before age 19
Age					
15-19	16.5	NA	875	40.5	849
20-24	18.8	55.0	1,666	30.7	913
25-29	19.7	42.0	1,614	27.3	675
30-34	20.4	34.0	1,453	23.7	500
35-39	21.6	26.0	1,420	22.7	368
40-44	22.0	21.0	1,055	18.1	224
45-49	24.0	13.0	713	21.1	90
Residence					
Urban	19.7	43.0	5,674	31.9	2,440
Non-urban	20.3	38.0	3,122	24.7	1,179
Province					
Western Cape	20.0	38.0	964	26.9	369
Eastern Cape	19.7	44.0	1,119	35.0	492
Northern Cape	20.7	30.0	191	26.8	57
Free State	20.2	40.0	612	43.9	247
KwaZulu-Natal	20.5	34.0	1,604	12.6	309
North West	19.7	43.0	718	47.8	539
Gauteng	19.4	46.0	2,113	30.3	980
Mpumalanga	19.0	50.0	634	29.9	315
Northern	20.4	37.0	841	21.6	310
Population group					
African	19.6	44.0	6,823	30.1	3,012
Coloured	20.7	33.0	905	19.2	294
White	20.3	32.0	735	40.7	232
Asian	21.3	24.0	284	9.8	68
Total	19.9	41.0	8,796	29.6	3,618

NA = Not applicable

4.5 Current Contraceptive Use

Contraceptive use is an important reproductive health indicator and can inform on the level of unmet need for contraception. The contraceptive prevalence rate (CPR) is usually defined as the percentage of currently married women who are currently using a method of contraception. Given the relatively high level of contraceptive use among unmarried women in South Africa, the data on contraceptive use in Table 4.6 are presented for all women, currently married women and all sexually active women.

Over half of all women are using a method of contraception, almost all of which are modern methods (Table 4.6 and Figure 4.1). By far the most widely used method is the injection (27 percent), followed by the pill and female sterilisation (9 percent each). Both the IUD, condom and male sterilisation are used by less than two percent of all women. Few women (less than 1 percent) use traditional methods of contraception. Looking at method use by age, injection is more popular at the younger ages, while sterilisation is the more popular method after the age of 35 years, with almost one in four women over the age of 40 having being sterilised. As expected, contraceptive use is higher among currently married women (56 percent) than all women and is highest among women who were sexually active in the four weeks before the survey (62 percent).

The highest prevalence is recorded in the 20-24 age group where 69 percent of all sexually active women are using a method of contraception. Rates drop to 57 percent in the 40-44 age group and to 46 percent among those 45 and over.

Some women are much more likely to use contraception than others. Table 4.7 shows current contraceptive use by background characteristics for all women - whether married or unmarried -who were sexually active in the four weeks preceding the interview. There is a large difference in current contraceptive use between urban and non-urban women with two-thirds (67 percent) of women in the urban areas using a method, compared to 54 percent in non-urban areas. The proportion of women using injectables is slightly higher in the non-urban areas (33 percent) than in the urban areas (28 percent). These differences can be partly explained by the fact that some non-urban areas rely on mobile clinics, which often supply injections in favour of pills. Use of the pill and female and male sterilisation is more common in urban areas, which may reflect differences in service availability or cultural acceptability.

Provincial differences in contraceptive prevalence are large. KwaZulu-Natal, Northern and Mpumalanga Provinces record the lowest rates, with levels of contraceptive prevalence below 60 percent. The lowest recorded prevalence is in Northern Province where only 55 percent of sexually active women are using a method of contraception. At 74 percent, Western Cape Province records the highest prevalence of all the provinces. This could be attributed to historically better health services and to the different demographic profile of the Western Cape compared to the rest of the country. There are also differences in the specific methods used. The proportion of women using injectables is highest in the North West, Eastern Cape and Free State. Twenty-four percent of sexually active women in the Western Cape have been sterilised, compared to only 4 percent of women in Northern Province.

Education plays a major role in contraceptive use with only a third (35 percent) of those who have not attended school using a method, compared to over three-quarters (79 percent) who attained a minimum of Standard 9..

There are also strong differences between ethnic groups, with white and Asian women reporting highest method use (76 and 80 percent, respectively), compared to 59 percent of African women and 69 percent of coloured women. There are also differences in use between urban and non-urban African women with contraceptive prevalence higher in the urban areas. The injection is the most popular method among African women (35 percent), followed by the pill (12 percent) and female sterilisation (8 percent).

Coloured women are also high users of injectables with over a quarter (27 percent) using this method. In contrast, Asian women have the highest levels of use of the pill and female sterilisation (34 and 32 percent, respectively) and only a very small proportion use the injection (4 percent). Similarly, among white women, the pill and sterilisation are the most popular methods (20 and 27 percent, respectively). White women also report the highest levels of use of male sterilisation (15 percent); far lower proportions of coloured and Asian women and no African women reported that their partners had been sterilised.

Contraceptive use increases with number of living children up to three children, and declines thereafter.

Table 4.6 Current use of contraception

Percentage of all women, of currently married women, and of sexually active women who are currently using a contraceptive method, by method and age, South Africa 1998

women

Traditional method

ALL WOMEN

of
CURRENTLY MARRIED WOMEN

2,249
2,075
1,857
1,654
1,636
1,294

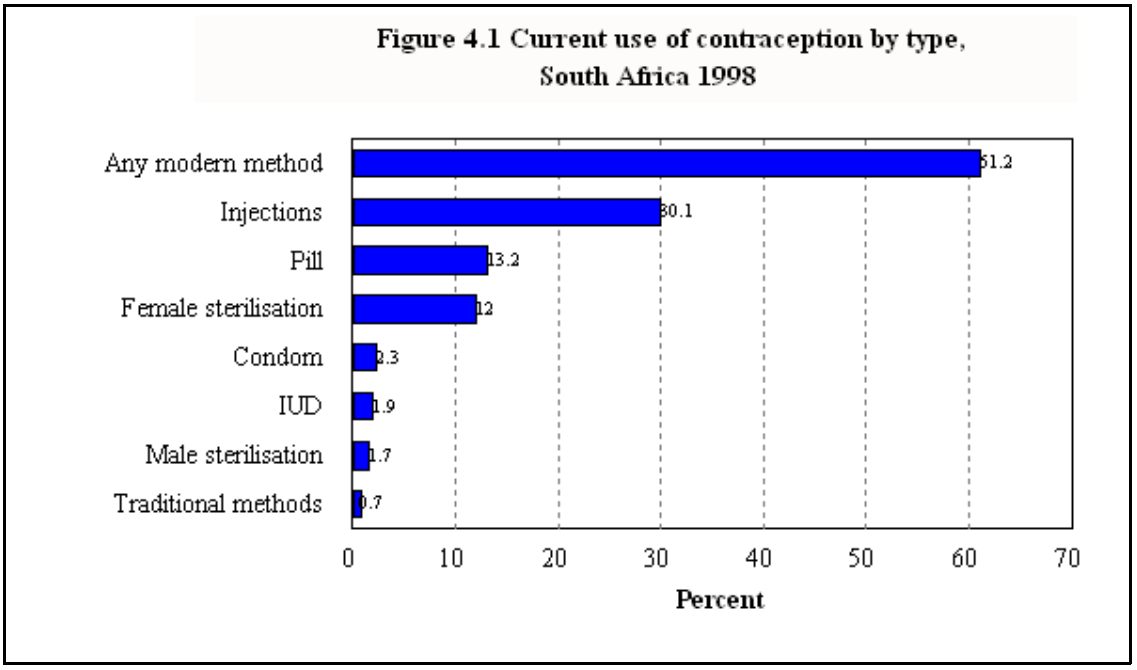
Table 4.7 Current use of contraception by background characteristics

Percent distribution of sexually active women by contraceptive method currently being used, according to background characteristics, South Africa 1998

Number

currently

Not



4.6 Number of Children at First Use

Table 4.8 shows how first use of contraception has changed over the years. In the youngest group of 15-19 years, over half (52 percent) used a method before their first child, compared to only 18 percent of women 45-49. Each five-year age group shows the trend towards starting to use a method earlier in their reproductive lives and reflects either a move towards delaying childbearing or the earlier onset of sexual activity.

Table 4.8 Number of children at first use of contraception

Percent distribution of ever-married women by number of living children at the time of first use of contraception, and median number of children at first use, according to current age, South Africa 1998

Current age	Never used contra-ception	Number of living children at time of first use of contraception						Total	Number of women	Median number of children at first use[1]
		0	1	2	3	4+	Missing			
15-19	29.4	52.0	18.6	0.0	0.0	0.0	0.0	100.0	93	0.0
20-24	15.5	37.6	38.6	6.5	1.5	0.3	0.0	100.0	511	0.1
25-29	11.8	38.4	37.5	6.7	3.6	1.4	0.6	100.0	994	0.1
30-34	11.3	31.6	38.6	9.1	3.7	5.2	0.4	100.0	1,176	0.3
35-39	12.8	28.0	32.2	11.1	7.4	7.7	0.8	100.0	1,333	0.5
40-44	17.8	21.7	32.7	12.5	6.5	8.8	0.0	100.0	1,105	0.6
45-49	24.7	18.0	20.4	13.4	9.4	13.5	0.6	100.0	859	0.9
Total	15.4	29.0	33.1	10.0	5.6	6.5	0.4	100.0	6,070	0.4

[1] Among ever-married women who have ever used contraception

4.7 Knowledge of Fertile Period

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-related methods such as the calendar method, the Billings method, and other types of periodic abstinence. In the SADHS, women were asked when during a woman's monthly cycle, she has the greatest chance of becoming pregnant. Over a third of women (38 percent) reported that they did not know when this time was. Only 11 percent gave the correct answer by stating that the greatest risk was in the middle of the cycle. Twenty percent thought the most likely time to conceive is just before a woman's period begins and 23 percent said it is right after the period has ended. Five percent said that women are most likely to conceive during their menstrual periods.

4.8 Postpartum Amenorrhoea, Abstinence and Insusceptibility

Table 4.9 shows that about half of women in South Africa remain amenorrhoeic for at least two months following a birth. Thirty-five percent of women remain amenorrhoeic for at least one year following a birth while 28 percent abstains from sexual relations for this duration. On average, women are amenorrhoeic for ten months and abstain from sexual relations for 10 months following a birth. The median duration of post-partum sexual abstinence is 4.9 months. Forty percent of women remain insusceptible to the risk of pregnancy for at least 16 months after a birth. Thereafter, women become increasingly susceptible although the loss of insusceptibility is not dramatic in subsequent months after a birth. The loss of insusceptibility does not necessarily increase with increase in months since a birth. The lower and upper bounds of percentages insusceptible are 20.1 for 28-29 months and 31.8 for 22-23 months following a birth.

Table 4.10 presents the median duration of postpartum insusceptibility by background characteristics. The median duration of amenorrhoea is 2.4 months while the median duration of post partum sexual abstinence is 4.9 months following a birth. Uneducated women and those in Northern Province have remarkably higher duration of amenorrhoea than others. Similarly, the duration of post partum sexual abstinence is highest in Northern Province.

Table 4.9 Postpartum Amenorrhoea, abstinence and insusceptibility

Percentage of births whose mothers are postpartum amenorrheic, abstaining and insusceptible, by number of months since birth and median and mean durations, South Africa 1998

	Postpartum			
Months since birth	Amenorrhoeic	Abstaining	Insusceptible	Number of births
<2	57.7	88.7	90.8	123
2-3	51.6	68.0	80.1	195
4-5	43.2	46.9	65.8	204
6-7	42.1	40.6	62.0	173
8-9	37.7	36.8	59.6	184
10-11	36.8	28.6	51.7	162
12-13	35.3	27.6	48.6	165
14-15	30.9	26.3	48.1	167
16-17	24.8	21.1	40.0	176
18-19	16.6	12.9	27.6	177
20-21	22.2	13.1	31.8	151
22-23	13.5	17.3	27.1	181
24-25	18.5	9.8	27.0	190
26-27	15.4	14.0	25.1	175
28-29	9.9	11.6	20.1	161
30-31	13.6	9.1	20.3	147
32-33	19.8	17.0	29.3	144
34-35	14.0	19.6	28.7	163
Total	28.0	28.1	43.6	3,037
Median	2.4	4.9	12.2	-
Mean	10.5	10.5	16.0	-
Prev/Incidence Mean	10.0	10.0	15.5	-

Table 4.10 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhoea and postpartum insusceptibility by selected background characteristics, South Africa 1998

	Postpartum			
	Amenorrhoeic	Abstaining	Insusceptible	Number of births
Respondent's age				
<30	2.4	5.3	14.4	1, 869
30+	2.4	4.5	10.8	1, 169
Residence				
Urban	0.7	3.8	10.7	1, 472
Non-urban	6.3	5.8	14.0	1, 565
Province				
Western Cape	4.9	5.2	9.1	255
Eastern Cape	5.3	6.2	11.6	453
Northern Cape	0.8	3.7	14.0	60
Free State	2.4	7.1	16.6	153
KwaZulu-Natal	3.4	2.9	8.9	676
North West	1.4	5.8	13.9	211
Gauteng	0.5	2.5	6.5	559
Mpumalanga	3.7	4.5	7.1	228
Northern Province	8.9	11.9	17.7	441
Education				
No education	12.5	4.6	15.3	261
SubA-Std3	0.6	5.4	13.4	386
Std4-Std5	2.1	4.5	15.9	457
Std6-Std9	3.6	5.5	11.1	1, 267
Std 10	0.6	4.2	9.3	479
Higher	0.7	3.4	8.4	189
Population group				
African	2.4	5.2	13.3	2, 540
Afr. urban	0.6	4.1	11.8	1, 075
Afr. non-urban	6.4	5.8	14.1	1, 466
Coloured	0.7	5.5	10.3	284
White	3.4	2.2	4.8	132
Asian	2.1	0.4	2.5	62
Total	2.4	4.9	12.2	3, 037

4.9 Timing of Sterilisation

Almost one-quarter of women over the age of 40 in South Africa have been sterilised. The median age at which women have the procedure done has increased slightly from 32 to 34 years over the past decade or so (Table 4.11). This increase may reflect the move towards women starting their families later.

Table 4.11 Timing of sterilisation

Percent distribution of sterilised women by age at the time of sterilisation, according to the number of years since the operation, South Africa 1998

Years since operation	Age at time of sterilisation						Total	Number of women	Median age[1]
	<25	25-29	30-34	35-39	40-44	45-49			
<2	6.0	20.3	23.8	28.7	16.3	4.8	100.0	195	33.8
2-3	0.9	17.7	31.0	28.3	16.9	5.2	100.0	170	33.8
4-5	6.8	15.0	36.3	30.7	11.2	0.0	100.0	151	33.6
6-7	0.6	19.0	40.0	33.3	7.1	0.0	100.0	130	33.0
8-9	10.4	25.1	38.7	23.4	2.5	0.0	100.0	114	32.0
10+	9.0	36.8	39.6	14.6	0.0	0.0	100.0	259	a
Total	5.9	23.6	34.6	25.3	8.8	1.8	100.0	1,020	32.6

[1] Median age was calculated only for women less than 40 years of age to avoid problems of censoring.
[a] Not calculated due to censoring

4.10 Source of Contraceptive Method

In the SADHS, women who reported using a modern method of contraception at the time of the survey were asked where they obtained their method the last time. Table 4.12 shows that the majority of users (84 percent) obtain their contraceptives from the public sector. Government hospitals are the most common public source (38 percent), followed by day hospital/clinics (20 percent) and family planning clinics (20 percent). Mobile clinics are used by six percent of modern method users. A tiny fraction of women reported obtaining their method from a community health worker, which might refer to the community-based distribution programme that is available as a pilot project at limited sites in six provinces.

Fourteen percent of women use the private medical sector to get their contraceptives. Half of the private sector users (7 percent) go to a private doctor or gynaecologist, while five percent use a private hospital and two percent a pharmacy.

Although the private sector is used by a smaller proportion of women, it is the source of supply for almost half (46 percent) of IUD users and a quarter of pill users (25 percent). Half of male sterilisations (48 percent) are also performed in the private sector. Public sector sources supplied almost all (93 percent) of injectable users and over three-quarters (77 percent) of condom users.

Table 4.12 Source of supply for modern contraceptive methods

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific methods, South Africa 1998

Source of supply	Pill	IUD	Inject-ables	Con-dom	Female sterili-sation	Male sterili-sation	All modern methods
Public	73.2	53.1	93.0	77.1	76.4	30.9	83.6
Government hospital	24.1	22.1	32.9	26.1	72.0	26.9	37.5
Day hospital/clinic	18.2	10.0	27.3	17.1	4.3	4.0	20.3
Family planning clinic	24.9	19.3	24.2	26.3	0.2	0.0	19.6
Mobile clinic	5.9	1.7	8.5	7.0	0.0	0.0	6.1
Community health worker	0.2	0.0	0.1	0.0	0.0	0.0	0.1
Other public	0.0	0.0	0.0	0.6	0.0	0.0	0.0
Private medical	24.8	46.3	6.3	7.4	22.2	48.1	14.4
Private hospital/clinic	1.4	5.9	0.6	0.0	21.4	47.1	5.4
Pharmacy	7.3	0.8	0.5	7.4	0.0	0.0	2.0
Private doctor/gynecologist	16.1	37.9	5.1	0.0	0.8	1.0	7.0
Other private	0.0	1.7	0.0	0.0	0.0	0.0	0.0
Other private	1.5	0.0	0.2	13.3	0.0	0.0	0.9
Shop	0.0	0.0	0.0	6.2	0.0	0.0	0.2
Friend/relative	0.2	0.0	0.0	1.8	0.0	0.0	0.1
Other	1.3	0.0	0.2	5.4	0.0	0.0	0.6
Missing	0.5	0.7	0.5	2.2	1.4	20.9	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,096	143	3,199	224	1,020	108	5,790

4.11 Quality of Contraceptive Services

Information on the perceived quality of care for women accessing family planning services was collected in the SADHS. Specifically, women using modern methods other than sterilisation were asked if they agreed with each of four statements about the family planning service they used: (1) the staff shout and scold; (2) the staff do not explain much about the family planning method; (3) the staff ignore problems which you report; and (4) the staff are unfriendly.

Overall, about one in 6 or 7 users agreed with each statement (Table 4.13). In the public services, family planning clinics were rated as giving the poorest quality in all areas that were assessed by the survey. A fifth of family planning clinic users feel that staff shout or scold (21 percent), do not explain much about their method to them (21 percent) or are unfriendly (20 percent). These figures are slightly lower for those who use government hospitals and day hospitals/clinics. Staff at mobile clinics were rated overall as the least unfriendly (14 percent) and least likely to scold and shout (15 percent), among government-sector users.

Quality is also an issue for private sector family planning users. Pharmacies were seen as providing the least quality service of all private and public outlets with a quarter (25 percent) of users regarding them as unfriendly. Seventeen percent of women who go to private doctors or gynaecologists reported that staff shout or scold and one fifth (20 percent) reported that staff did not explain the method to them. Private hospitals and clinics appear to provide the best service with only small numbers reporting poor quality.

Table 4.13 Quality of family planning services

Percentage of current users of modern contraceptive methods who agree with statements about the family planning service they use, according to source of service, South Africa 1998

Source of method	Shout and scold	Does not explain much about the method	Ignore problems I report	Are un-friendly	Number of current users
Public	17.9	16.4	14.1	17.0	4,839
Government hospital	16.6	15.9	13.9	16.4	2,170
Day hospital/clinic	18.8	13.3	12.1	16.0	1,173
Family planning clinic	20.6	20.7	17.1	20.2	1,136
Mobile clinic	14.7	16.8	12.7	13.9	354
Private	12.6	15.1	11.6	13.6	834
Private hospital/clinic	3.3	4.3	2.5	3.8	313
Pharmacy	21.6	26.3	23.6	24.7	115
Private doctor/gynecologist	17.4	20.4	15.3	18.1	403
Total	16.8	15.9	13.4	16.1	5,790

Note: Total includes some users of other private sources

4.12 Breaks in Contraceptive Use

All women who reported that they were currently using a modern method other than sterilisation were asked if they had a break in their contraceptive use for any reason in the last year (Table 4.14). If a break was reported women were asked to specify the reason for this break. In total, 22 percent of women had taken a break from using contraception in the last year. This was highest in the 25-29 age group where one quarter (25 percent) had stopped their method. Women over the age of forty were least likely to have taken a break and this may be because women in this age group are more likely to have completed their families. It may also be that women in this age group are highly motivated not to fall pregnant. Provincial differences can also be seen, with almost one-third of users in Mpumalanga having taken a break, compared to much lower figures in the other provinces.

Being pregnant was the main reason for the break in use in all age groups. Other reasons included health reasons, sexual inactivity and wanting to see menstruation. The majority (84 percent) of women wanting to see a menstrual period were injectable users (data not shown). Amenorrhoea is a common menstrual side effect of the method and one that affects up to 50 percent of users after one year of use. This number increases with prolonged use of the method. Many women are concerned that their fertility may be affected if they do not menstruate. A smaller number of women (11 percent) in this group were pill users, which can also reduce menstruation.

Table 4.14 Breaks in contraceptive use

Percentage of women using modern methods other than sterilisation who have had a break in use in the 12 months preceding the survey and of those, reasons for the break, South Africa 1998

Characteristic	Percentage with break	No. of users	Was pregnant	No boyfriend/ sexually inactive	Wanted to see men-struation	Health reasons	Other	Missing	Total	Number of women
Age										
15-19	18.6	642	32.7	18.6	17.9	17.8	13.0	0.0	100.0	119
20-24	23.1	1,164	38.5	10.3	15.2	25.0	10.6	0.4	100.0	268
25-29	25.1	1,010	49.0	12.2	12.5	15.7	10.6	0.0	100.0	253
30-34	24.0	811	46.8	5.7	13.5	15.1	18.0	0.9	100.0	195
35-39	18.9	606	41.5	7.6	15.6	26.1	9.2	0.0	100.0	114
40-44	17.6	306	31.6	9.7	11.7	29.5	17.5	0.0	100.0	54
45-49	6.6	122	*	*	*	*	*	*	100.0	8
Residence										
Urban	21.6	3,006	37.9	12.9	15.4	20.6	12.9	0.3	100.0	650
Non-urban	21.9	1,655	48.4	7.1	12.9	19.4	12.0	0.2	100.0	362
Province										
Western Cape	22.0	497	47.6	13.3	8.3	10.7	20.2	0.0	100.0	109
Eastern Cape	23.0	621	34.4	14.1	18.5	18.3	14.7	0.0	100.0	143
Northern Cape	18.5	95	71.0	1.4	6.8	11.1	9.8	0.0	100.0	18
Free State	21.1	356	43.0	5.6	12.3	25.8	13.3	0.0	100.0	75
KwaZulu-Natal	17.8	763	44.7	9.1	12.2	21.0	12.9	0.0	100.0	136
North West	15.3	471	28.5	10.5	17.6	26.9	13.7	2.9	100.0	72
Gauteng	25.1	1,051	43.4	11.8	12.7	21.7	10.4	0.0	100.0	264
Mpumalanga	31.4	322	44.4	14.4	24.1	9.4	7.0	0.6	100.0	101
Northern	19.3	485	37.0	4.9	14.8	32.1	11.1	0.0	100.0	94
Population group										
African	21.7	3,844	40.7	11.2	16.9	21.1	9.7	0.3	100.0	835
Coloured	23.0	441	56.4	8.1	3.5	12.5	19.6	0.0	100.0	101
White	22.2	228	37.1	6.1	0.0	23.2	33.6	0.0	100.0	50
Asian	13.9	129	*	*	*	*	*	*	100.0	18
Total	21.7	4,661	41.7	10.8	14.5	20.2	12.6	0.3	100.0	1,012

An asterisk refers to a figure based on fewer than 25 cases that has been suppressed.

4.13 Intention to Use among Non-users

For nonusers of contraception, intention to use in the future is an important indicator of potential demand. This survey showed that 44 percent of married women were not using a method of contraception at the time of interview. These women were asked if they intended to use a method in the future.

Almost half (47 percent) of married nonusers said they do not intend to use a method in the future (Table 4.15). One-third (34 percent) reported that they would use in the next 12 months and ten percent said they would use later than this. The proportion of those not intending to use is highest among women who have no children (56 percent).

Table 4.15 Future use of contraception

Percent distribution of currently married women who are not using a contraceptive method by intention to use a method in the future, according to number of living children, South Africa 1998

Future use of contraception	Number of living children[1]					Total
	0	1	2	3	4+	
Intend to use in next 12 months	15.8	34.6	35.5	40.4	34.8	33.6
Intend to use later	18.6	16.1	9.9	6.3	4.7	10.0
Unsure as to timing	0.7	1.9	0.5	1.2	0.4	0.9
Unsure as to intention	7.7	3.6	5.8	5.4	4.9	5.3
Do not intend to use	56.2	42.8	43.5	41.7	50.5	46.7
Don't know/Missing	0.9	1.0	4.7	4.9	4.7	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	265	433	506	357	660	2,221

[1] Includes current pregnancy

4.14 Reasons for Non-use

Currently married women who were not using any method of contraception and did not intend to use in the future were asked why they did not want to use (Table 4.16). The main reason cited in the under 30 age group is a desire to have more children (47 percent), followed by health reasons (18 percent). In some cases, either the woman or her husband are opposed to using family planning (11 and 6 percent, respectively). In the over 30 age group, one-fifth (20 percent) cited wanting more children as the main reason for not wanting to use contraception. Health concerns are also a major reason in this group. Seventeen percent reported they were menopausal or had undergone a hysterectomy, while 10 percent of women in this age group reported they were infertile or subfertile. The level of opposition from the husband in the under 30 age group was surprisingly similar to that of the 30-49 year age group.

Table 4.16 Reasons for not intending to use contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future, by main reason for not intending to use, according to age, South Africa 1998

Reason for not intending to use contraception	Age		Total
	<30	30-49	
Infrequent sex	3.7	4.5	4.4
Menopausal, hysterectomy	0.0	17.1	14.9
Subfecund, infecund	0.9	9.5	8.4
Wants more children	47.0	20.2	23.8
Respondent opposed	11.3	7.9	8.4
Husband opposed	5.9	4.7	4.9
Religious prohibition	4.5	4.1	4.2
Knows no method	0.4	1.8	1.6
Knows no source	0.0	0.7	0.7
Health concerns	17.6	17.1	17.2
Fear side effects	3.5	2.1	2.3
Inconvenient to use	0.6	0.4	0.5
Interferes with body	3.6	1.9	2.2
Other	0.2	5.8	5.0
Don't know	0.0	0.8	0.7
Missing	0.9	1.0	1.0
Total	100.0	100.0	100.0
Number	137	899	1,036

4.15 Preferred Contraceptive Method for Future Use

Married women who were not currently using contraception but who stated an intention to use in the future were asked what method they would choose. Almost half said they would use the injection (48 percent) and almost a quarter the pill (24 percent). Fewer said they would choose sterilisation (15 percent), the IUD (4 percent) and condoms (3 percent). These proportions are similar to current use of contraception and therefore do not indicate any change in demand for any particular method.

4.16 Exposure to Family Planning Messages in the Electronic Media

To gauge exposure to media, women were asked if they had heard a radio or television message about family planning in the few months prior to the interview. Table 4.17 shows that almost three-quarters of women (73 percent) had heard a family planning message on either radio or television or both. Forty-two percent had been exposed to messages on both radio and television. The age group least accessed by radio or television are those aged 15-19, 35 percent of whom reported not having heard family planning messages on either media. Non-urban women are less exposed to family planning messages than urban women; almost a third (32 percent) of non-urban women reported not having heard any family planning messages on either radio or television, compared to 24 percent in the urban group. Almost half (49 percent) of urban women had heard messages on both radio and television, compared to 30 percent of non-urban women. There are also distinct provincial differences in media coverage. Fifty-five percent of women in the Free State and North West reported they had heard messages on both television and radio, compared to only 24 percent reported in the Northern Province. In some provinces, the health promotion departments work through community radio as a medium for family planning messages which may contribute to the differences between provinces.

As expected, less educated women are more likely to hear messages on the radio only, while those with higher education are more likely to hear messages on both radio and television. African women are most likely to have heard messages through radio and least likely to have heard messages on television, compared to the other ethnic groups.

4.17 Acceptability of Media Messages on Family Planning

In an effort to gauge the acceptability of contraceptive messages, women interviewed in the SADHS were asked if they thought it was acceptable for information about family planning to be provided on the radio and on television. Results show that acceptability of media messages on family planning is very high with almost all (94 percent) women finding radio and television acceptable means of disseminating information. There are only slight differences in acceptability by age, province and ethnic group. The level of acceptability among non-urban women is only marginally lower than that of the urban group. A gradient is noted by education, with an increasing level of acceptability amongst the more educated respondents. These differences may reflect cultural differences between these respondents, or lack of access to the media in the less well educated respondents.

Table 4.17 Heard about family planning on radio and television

Percent distribution of women by whether they heard a radio and/or television message about family planning in the six months prior to the interview, according to selected background characteristics, South Africa 1998

Background characteristic	Heard on both radio and TV	Radio only	Tele-vision only	Heard on neither	Missing	Total	Number of women
Age							
15-19	35.9	21.4	7.5	35.1	0.1	100.0	2,249
20-24	42.5	25.5	6.5	25.3	0.2	100.0	2,075
25-29	43.6	25.3	6.4	24.6	0.2	100.0	1,857
30-34	42.6	24.6	8.2	24.4	0.1	100.0	1,654
35-39	45.0	24.1	7.0	23.8	0.0	100.0	1,636
40-44	45.1	21.2	7.4	25.9	0.5	100.0	1,294
45-49	40.6	24.3	7.4	27.7	0.0	100.0	970
Residence							
Urban	49.4	16.3	10.2	24.0	0.2	100.0	7,095
Non-urban	30.4	35.3	2.5	31.6	0.2	100.0	4,640
Province							
Western Cape	43.2	9.8	16.4	30.5	0.1	100.0	1,193
Eastern Cape	30.8	28.2	3.7	37.3	0.0	100.0	1,566
Northern Cape	33.5	13.7	8.3	44.4	0.1	100.0	253
Free State	55.1	21.1	4.4	19.2	0.2	100.0	763
KwaZulu-Natal	41.8	28.6	5.4	24.0	0.2	100.0	2,364
North West	54.7	14.1	4.7	26.5	0.1	100.0	909
Gauteng	50.1	17.6	11.2	20.9	0.2	100.0	2,552
Mpumalanga	40.8	30.8	4.5	23.8	0.1	100.0	819
Northern	24.1	40.6	2.9	32.1	0.3	100.0	1,316
Education							
No education	22.7	40.9	1.5	34.8	0.1	100.0	804
Sub A - Std 3	34.4	33.4	2.7	29.5	0.0	100.0	1,291
Std 4 - Std 5	37.8	27.0	4.7	30.1	0.2	100.0	1,625
Std 6 - Std 9	44.2	21.8	7.8	26.0	0.2	100.0	5,181
Std 10	49.4	18.2	10.4	21.9	0.2	100.0	1,922
Higher	47.8	12.3	12.3	27.5	0.0	100.0	912
Population group							
African	43.7	27.6	3.5	24.9	0.2	100.0	9,147
Afr. urban	55.4	19.7	5.1	19.7	0.1	100.0	4,873
Afr. non-urban	30.4	36.7	1.7	31.0	0.2	100.0	4,274
Coloured	39.1	10.2	18.2	32.3	0.2	100.0	1,201
White	27.5	11.7	22.5	38.0	0.3	100.0	916
Asian	40.4	5.2	22.2	32.1	0.0	100.0	406
Total	41.9	23.8	7.1	27.0	0.2	100.0	11,735

4.18 Exposure to Family Planning Messages in the Print Media

Women were asked if they had seen any family planning messages in the print media in the few months prior to the interview. This includes newspapers, magazines, posters, leaflets and brochures. Just over half of all women (54 percent) have been exposed to family planning messages through at least one print medium (Table 4.18). Differences in exposure among the print media are small, with newspapers and magazines reaching 41 percent of women, posters reaching 39 percent and leaflets and brochures slightly lower at 35 percent.

The most striking difference is by education; less than one-fifth (18 percent) of those with no education saw a family planning message in the few months before the survey, compared with 81 percent of women with the highest education. This largely reflects the lower literacy levels in the poorly educated groups.

Provincial differences also highlight wide ranges of exposure. Only 31 percent of women in the Eastern Cape report exposure to family planning messages in the print media, compared to 77 percent of women in Gauteng and 65 percent in the Western Cape. Women in urban areas are almost twice as likely as their non-urban counterparts to have been exposed to messages in the print media (66 vs. 36 percent, respectively). Racial differences in exposure to family planning messages in the print media show similar patterns as those seen for the electronic media with African women least likely to report exposure.

Table 4.18 Family planning messages in print

Percentage of women who received a message about family planning from print media in the few months prior to the interview, according to selected background characteristics, South Africa 1998

Source of method	Any source	News-paper magazine	Poster	Leaflet, brochure	Number of women
Age					
15-19	48.0	36.2	33.9	28.3	2,249
20-24	57.4	44.9	42.3	39.0	2,075
25-29	58.7	46.4	42.2	37.8	1,857
30-34	57.3	43.5	41.7	35.2	1,654
35-39	54.8	41.6	42.8	35.6	1,636
40-44	53.0	40.1	38.5	34.7	1,294
45-49	43.6	33.0	32.5	29.0	970
Residence					
Urban	65.6	51.4	48.5	43.6	7,095
Non-urban	35.7	25.9	25.6	20.5	4,640
Province					
Western Cape	65.2	49.4	49.7	43.1	1,193
Eastern Cape	31.4	24.0	22.9	19.2	1,566
Northern Cape	48.3	35.4	29.7	24.8	253
Free State	49.2	35.7	34.0	26.4	763
KwaZulu-Natal	47.5	41.1	31.1	28.2	2,364
North West	56.7	46.4	40.9	33.8	909
Gauteng	77.0	59.7	57.6	55.1	2,552
Mpumalanga	58.5	36.0	50.0	40.0	819
Northern	35.2	23.6	26.7	19.6	1,316
Education					
No education	17.7	9.8	14.4	11.6	804
Sub A - Std 3	30.5	18.9	23.5	20.1	1,291
Std 4 - Std 5	41.3	28.3	30.1	25.4	1,625
Std 6 - Std 9	57.2	43.7	41.1	36.6	5,181
Std 10	73.1	60.9	54.5	47.9	1,922
Higher	80.7	69.3	59.3	50.7	912
Population group					
African	49.2	37.5	36.8	32.9	9,147
Afr. urban	62.8	48.9	47.3	44.2	4,873
Afr. non-urban	33.6	24.5	24.8	20.0	4,274
Coloured	66.2	51.0	50.0	45.6	1,201
White	75.9	57.5	46.9	32.1	916
Asian	69.4	61.7	47.8	41.2	406
Total	53.8	41.3	39.4	34.5	11,735

4.19 Discussion of Family Planning with Husband

Married women were asked how often they had discussed family planning issues with their husband in the past year. Overall, more than two-thirds (68 percent) said they had discussed family planning with their husbands, mostly once or twice but commonly more often (Table 4.19). About one-third said they had not discussed family planning with their husbands at all in the year prior to the survey. The 20-24 age group are the most likely to discuss family planning issues, with 81 percent reporting discussion at least once in the last year. Women over the age of forty are less likely to discuss this issue, with 42 percent of the 40-44 age group and 51 percent of the 45-49 age group reporting that they had not talked about family planning issues with their husbands in the last year. This may reflect cultural reluctance in the older age group or the higher use of longer-term methods or the lower frequency of sexual intercourse.

Table 4.19 Discussion of family planning with husband

Percent distribution of currently married, nonsterilised women who know a contraceptive method by the number of times family planning was discussed with their husband in the past year, according to selected background characteristics, South Africa 1998

	Number of times family planning discussed with husband					
Age	Never	Once or twice	More often	Missing	Total	Number of women
15-19	32.1	34.2	33.7	0.0	100.0	69
20-24	18.1	43.5	37.3	1.1	100.0	450
25-29	22.6	45.4	31.4	0.6	100.0	832
30-34	27.2	40.0	31.9	0.9	100.0	873
35-39	33.0	40.6	26.2	0.2	100.0	840
40-44	41.8	37.2	20.0	1.1	100.0	561
45-49	51.4	32.5	14.8	1.3	100.0	446
Total	31.2	40.3	27.7	0.8	100.0	4,071

4.20 Attitudes of Couples Toward Family Planning

Women interviewed in the SADHS were asked if they themselves approved of couples using a method to avoid getting pregnant and if their husbands approved. The results are shown in Table 4.20. Two-thirds of married, non-sterilised women (67 percent) report they together with their husbands, approved of family planning. In couples where there is not joint approval, it is nearly always the case that the husband disapproves (17 percent) while the woman approves. Only a small minority (less than one percent) of women say that they disapprove of family planning and their husbands approve. Lack of communication is evident in some cases where the respondent was not aware of her husband's position on family planning (7 percent). Five percent of women say that both they and their husbands disapprove of use of a method.

From the totals it seems as if far fewer men than women approve of family planning use, at least according to the reports of their wives. This difference can be seen in all age, racial and education groups, as well as by province and urban/non-urban residence. The gap between men and women is smallest for the most educated group of women. The widest gap in opinion can be seen among women with no education, where although 79 percent of the women approve of family planning less than half (47 percent) say their partners approve. Spousal approval of family planning is fairly constant (68-73 percent for women under the age of 40; however, this figure decreases among women in their 40s, until it reaches a low of 58 percent in the 45-

49 age group. Although 90 percent of married African women approve of family planning, only 64 percent say their husbands are likely to agree with them.

Similar levels of joint approval by both husband and wife can be seen between the ages of 20 to 34. After this age group, the level of approval by both partners starts to decrease, with the lowest level reported in the 45-49 age group (57 percent). The level of approval varies by residence, with couples in urban areas reporting higher levels of joint approval than those in non-urban areas (72 and 60 percent, respectively). Education plays an important role in joint approval with the majority of the highest educated women (93 percent) saying that both they and their husbands approve of use of family planning. This figure drops to less than half (44 percent) of the women with no education. Women with no education are also most likely to report they are unsure of their husband's opinion on the matter (14 percent) and that both disapprove of use (12 percent).

Table 4.20 Wives' perceptions of couple's attitude toward family planning

Percent distribution of currently married, nonsterilised women who know of a contraceptive method by wife's attitude toward family planning and wife's perception of her husband's attitude toward family planning, according to selected background characteristics, South Africa 1998

Background characteristic	Woman approves			Woman disapproves						Wife approves	Husband approves[1]	Number of women
	Both approve	Husband disapproves	Husband's attitude unknown	Both disapprove	Husband approves	Husband's attitude unknown	Wife unsure	Missing	Total			
Age												
15-19	64.6	15.5	9.8	3.9	3.4	0.0	2.2	0.7	100.0	89.8	67.9	69
20-24	69.5	18.0	4.9	4.1	0.9	0.1	1.5	1.1	100.0	93.3	70.7	450
25-29	71.6	17.0	5.2	3.1	0.6	0.2	1.4	1.0	100.0	94.3	72.9	832
30-34	71.1	14.0	7.1	4.4	0.5	0.1	1.9	1.0	100.0	93.0	72.0	873
35-39	67.0	18.1	5.6	4.2	1.4	1.2	2.2	0.3	100.0	90.8	69.4	840
40-44	59.0	16.8	9.2	6.9	1.2	1.5	4.1	1.3	100.0	86.1	61.0	561
45-49	57.4	20.1	7.4	9.3	0.7	1.3	2.4	1.5	100.0	86.1	58.1	446
Residence												
Urban	72.2	13.6	5.3	4.3	0.8	0.8	2.0	0.9	100.0	91.9	73.7	2,304
Non-urban	60.0	21.3	8.0	5.7	1.1	0.6	2.3	1.0	100.0	90.0	61.5	1,768
Province												
Western Cape	77.4	7.3	8.1	2.6	0.0	0.3	3.6	0.7	100.0	93.5	78.1	352
Eastern Cape	66.4	17.7	4.8	4.9	0.6	1.4	2.6	1.4	100.0	90.1	67.6	489
Northern Cape	66.5	13.6	8.7	5.8	1.1	1.1	3.2	0.0	100.0	88.7	68.2	85
Free State	75.9	13.6	5.4	1.9	1.1	0.3	1.2	0.6	100.0	95.2	77.6	288
KwaZulu-Natal	59.9	21.4	9.7	4.9	0.5	0.8	2.2	0.5	100.0	91.6	60.6	734
North West	74.1	8.8	6.3	4.2	2.2	1.0	2.2	1.3	100.0	89.5	78.2	306
Gauteng	68.9	15.6	5.1	5.2	0.7	0.7	2.5	1.2	100.0	90.6	70.4	965
Mpumalanga	60.2	23.5	6.9	5.7	1.2	0.6	0.8	1.1	100.0	91.5	62.0	262
Northern	61.5	22.2	5.5	7.3	1.4	0.0	1.4	0.8	100.0	89.6	62.9	590
Education												
No education	44.2	19.1	13.6	11.5	1.7	1.9	5.9	2.1	100.0	78.6	46.7	428
Sub A - Std 3	50.3	27.3	10.3	7.5	0.5	0.7	2.6	0.6	100.0	88.5	51.1	610
Std 4 - Std 5	64.2	19.0	6.2	5.9	0.4	0.9	2.6	0.8	100.0	89.9	65.0	630
Std 6 - Std 9	70.4	16.4	5.8	3.6	0.9	0.3	1.5	1.1	100.0	93.3	72.1	1,490
Std 10	80.7	11.2	2.7	1.7	1.5	0.6	0.9	0.8	100.0	95.1	82.7	596
Higher	92.6	3.7	0.8	1.2	0.5	0.4	0.8	0.0	100.0	97.1	93.1	316
Population group												
African	62.5	20.0	7.0	5.7	0.9	0.6	2.3	1.0	100.0	90.2	63.9	3,162
Afr. urban	66.1	17.7	5.7	5.5	0.9	0.7	2.3	1.1	100.0	90.5	67.6	1,543
Afr. non-urban	59.0	22.3	8.1	5.9	1.0	0.4	2.3	0.9	100.0	90.0	60.4	1,619
Coloured	73.3	10.2	7.8	3.5	1.0	0.7	2.6	0.9	100.0	92.1	75.4	384
White	89.7	2.1	2.8	0.8	0.3	1.8	1.7	0.9	100.0	94.6	90.9	346
Asian	90.7	3.7	3.6	2.0	0.0	0.0	0.0	0.0	100.0	98.0	90.7	157
Total	66.9	17.0	6.5	4.9	0.9	0.7	2.2	0.9	100.0	91.1	68.4	4,071

[1] Includes women who are unsure about their own attitude, but know their husband's attitude

4.21 Perceptions About the Legality of Abortion

In 1996, the Choice on Termination of Pregnancy Act (Act No. 92 of 1996) was passed by Parliament and provincial health departments were required to establish accessible and high quality abortion services. One of the basic prerequisites for an accessible service is that potential service users should know their rights in terms of the legislation. In order to assess the extent to which women have this knowledge, all women interviewed in the SADHS were asked whether the present law allowed a woman in early pregnancy to have an abortion. The results are presented in Table 4.21. Overall, 53 percent of women know about the law. Knowledge is poorest amongst teenage women and those aged 45-49, those living in non-urban areas and those in Eastern Cape, Northern and Northern Cape provinces. There were marked differences in knowledge among racial groups and by education. White and Asian women and those who are more educated are much more likely to know about the legislation.

Table 4.21 Perception of legality of abortion

Percent distribution of women by perception of legality of abortion before 12 weeks of gestation, according to selected background characteristics, South Africa 1998

Background characteristic	No	Yes	Don't know Missing	Total	Number
Age					
15-19	21.7	40.1	38.2	100.0	2,249
20-24	20.2	55.1	24.7	100.0	2,075
25-29	18.7	57.3	24.0	100.0	1,857
30-34	19.5	58.2	22.3	100.0	1,654
35-39	17.3	56.2	26.5	100.0	1,636
40-44	16.1	56.0	27.8	100.0	1,294
45-49	17.4	51.1	31.5	100.0	970
Residence					
Urban	14.6	62.1	23.3	100.0	7,095
Non-urban	25.9	38.9	35.1	100.0	4,640
Province					
Western Cape	15.7	51.0	33.4	100.0	1,193
Eastern Cape	32.0	30.7	37.3	100.0	1,566
Northern Cape	15.7	45.2	39.1	100.0	253
Free State	10.4	59.7	29.9	100.0	763
KwaZulu-Natal	19.4	50.1	30.4	100.0	2,364
North West	17.6	52.7	29.7	100.0	909
Gauteng	9.1	77.7	13.2	100.0	2,552
Mpumalanga	22.0	57.7	20.3	100.0	819
Northern	30.2	33.0	36.8	100.0	1,316
Education					
No education	23.0	32.5	44.5	100.0	804
Sub A - Std 3	23.9	33.1	42.9	100.0	1,291
Std 4 - Std 5	21.9	41.9	36.2	100.0	1,625
Std 6 - Std 9	19.9	53.5	26.6	100.0	5,181
Std 10	14.3	71.5	14.2	100.0	1,922
Higher	8.9	76.5	14.6	100.0	912
Population group					
African	20.8	50.2	29.0	100.0	9,147
Afr. urban	15.4	61.0	23.7	100.0	4,873
Afr. non-urban	27.1	37.9	35.0	100.0	4,274
Coloured	16.2	48.5	35.3	100.0	1,201
White	5.9	81.1	12.9	100.0	916
Asian	17.5	65.5	17.0	100.0	406
Total	19.1	52.9	28.0	100.0	11,735

4.22 Fertility Preferences

Table 4.20 shows fertility preferences for married women according to number of living children. Thirty percent of currently married women would like to have another child, with 16 percent of currently married women wanting another child soon and 12 percent after two or more years. Almost 44 percent of currently married women in South Africa want no more children. More than half of currently married women would like to stop childbearing altogether or delay the next birth for another two or more years. These are the women potentially "in need of family planning" for spacing and stopping.

Table 4.22 Fertility preferences by number of living children

Percent distribution of currently married women by desire for more children, according to number of living children, South Africa 1998

	Number of living children[1]							
Desire for children	0	1	2	3	4	5	6+	Total
Have another soon[2]	57.4	33.8	13.5	8.0	5.4	1.5	0.7	15.8
Have another later[3]	13.6	26.3	13.5	10.8	6.2	4.9	2.0	12.4
Have another, undecided when	3.3	4.0	2.1	1.0	1.2	1.5	0.6	2.0
Undecided	7.2	7.2	5.1	3.7	3.2	3.7	1.4	4.6
Want no more	5.7	21.9	45.0	48.7	53.5	61.4	70.4	43.6
Sterilised	2.0	3.5	17.3	25.5	28.5	23.9	21.0	17.9
Declared infecund	10.4	2.9	1.8	1.4	0.7	1.5	3.2	2.5
Missing	0.3	0.4	1.7	0.9	1.3	1.5	0.7	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	378	818	1,349	1,021	703	394	414	5,077

[1] Includes current pregnancy
[2] Want next birth within two years
[3] Want to delay next birth for two or more years

The desire to discontinue childbearing increases sharply with an increase in the number of living chi1dren. Almost 6 percent of currently married women with no living children expressed a wish not to have children, whereas, 70 percent of respondents with six or more living children, want no more.

Table 4.23 presents the percent distribution of currently married women by desire for children and age of respondents. Between a third to almost half the women in the two youngest age groups indicated that they wanted to delay childbearing by at least two years (48 percent of women aged 15 to 19 years and 33 percent of women aged 20 to 24 years). This proportion decreases with age to a low 0.5 percent in the age group 45 to 49 years. The percentage of women wanting no more children increases from 13 percent among married teenage women to more than half (53 percent) of those women aged 45 to 49 years.

The desire to stop childbearing varies significantly by background characteristics of respondents (see Table 4.24). Although the pattern of increased desire to cease childbearing with higher numbers of living children is maintained in the urban/non-urban variable, larger proportions of women living in urban areas than women living in non-urban areas expressed a desire for no more children in all categories. Overall, 64 percent of urban married women versus 58 percent of non-urban women wished to cease childbearing.

Table 4.23 Fertility preferences by age

Percent distribution of currently married women by desire for more children, according to age, South Africa 1998

	Age of woman							
Desire for children	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Have another soon[1]	15.7	18.7	22.3	19.3	15.2	11.8	6.0	15.8
Have another later[2]	48.2	33.0	25.0	12.6	5.9	2.4	0.5	12.4
Have another, undecided when	3.8	4.6	2.4	1.9	1.5	1.5	0.6	2.0
Undecided	17.8	8.9	7.1	5.3	3.3	2.3	1.1	4.6
Want no more	12.9	32.3	36.2	47.4	47.8	43.0	53.2	43.6
Sterilised	0.0	1.5	6.0	12.1	22.8	32.9	29.0	17.9
Declared infecund	0.0	0.9	0.6	0.6	2.1	4.8	7.1	2.5
Missing	1.6	0.1	0.4	0.7	1.3	1.3	2.5	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	73	465	900	1,008	1,114	865	652	5,077

[1] Want next birth within two years
[2] Want to delay next birth for two or more years

The variation in the desire for children according to province is not very pronounced. Northern Province and Mpumalanga are the exceptions with figures below 60 percent for women wanting no more children. In Northern Province, the majority of women expressed the desire to cease childbearing once they have reached a parity of three to four. The increase in proportions indicating the desire to stop childbearing with increased levels of education is revealed when one looks at the different categories of numbers of living children. For example, in the category of three living children, the proportion of women wanting no more children at the level of standard 10 (87 percent) is almost 1 and a half times that of women at the lowest level of education (57 percent).

The proportion of Asian women expressing the desire to cease childbearing is almost 1 and a quarter times that of the proportion of African women wishing to have no more children. These differences according to population group are evident for all categories of number of living children. Of interest is the fact that more than one in every six white married women expressed the desire to remain childless, compared to 5 percent of African and 8 percent of coloured women. The breakdown of African women according to urban and non-urban areas shows increased desire to stop childbearing amongst urban African women than amongst non-urban African women. Comparisons for these two groups within the different categories of number of living children show that whereas 62 percent of urban African women with two living children expressed the desire to stop childbearing, a proportion of more than half (59 percent) was only reached in respect of non-urban African women at a level of three living children. These trends indicate fairly low fertility aspirations for South African women overall, with marked differences according to level of education, urban and non-urban residence and population group. The proportions of women with a desire to stop childbearing increase with levels of education.

Table 4.24 Desire to limit childbearing by background characteristics

Percentage of currently married women who want no more children, by number of living children and selected background characteristics, South Africa 1998

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	8.5	27.8	69.1	82.4	90.1	88.0	95.8	64.2
Non-urban	6.1	20.7	46.5	61.5	71.9	83.4	89.4	57.7
Province								
Western Cape	(6.6)	24.7	61.4	87.9	90.5	(84.3)	*	61.7
Eastern Cape	8.3	28.7	62.3	75.4	87.8	89.5	96.3	67.2
Northern Cape	(16.2)	30.6	61.2	90.4	85.7	(100.0)	*	68.0
Free State	(3.6)	17.2	62.8	86.5	91.3	(86.7)	*	61.1
KwaZulu-Natal	8.4	25.3	60.2	68.7	80.6	79.6	87.5	61.1
North West	*	30.1	59.2	85.5	76.9	(90.5)	*	65.4
Gauteng	(9.9)	28.3	73.5	74.0	85.0	*	*	63.6
Mpumalanga	(11.3)	34.0	42.5	66.2	72.6	(86.7)	85.8	58.2
Northern	(2.9)	16.3	42.5	49.4	71.2	74.3	90.9	51.7
Education								
No education	*	26.6	50.4	56.5	70.1	76.6	87.5	63.9
Sub A - Std 3	(6.8)	23.4	47.5	57.4	72.5	81.8	90.6	60.1
Std 4 - Std 5	2.4	26.9	49.8	75.1	78.6	89.5	95.5	65.0
Std 6 - Std 9	7.5	22.1	62.5	77.8	89.5	93.8	93.1	60.8
Std 10	6.9	32.4	69.6	87.4	92.6	*	*	59.8
Higher	(17.3)	21.9	74.8	84.0	85.3	*	*	61.4
Population group								
African	4.7	22.0	53.5	67.5	80.0	83.9	90.9	58.6
Afr. urban	3.7	23.8	61.9	75.7	89.1	86.8	95.2	60.3
Afr. non-urban	6.0	19.5	41.3	59.2	71.9	82.3	89.3	56.9
Coloured	7.8	25.9	64.9	87.8	90.8	96.7	*	65.2
White	17.4	42.2	81.2	87.4	(80.9)	*	*	70.3
Asian	*	37.1	87.4	93.2	(96.5)	*	*	75.1
Total	7.8	25.4	62.3	74.2	82.0	85.3	91.3	61.6

Note: Women who have been sterilised or whose spouses are sterilised are considered to want no more children. Parentheses indicate that a figure is based on 25-49 respondents. An asterisk indicates a figure was based on fewer than 25 respondents and has been suppressed.
[1] Includes current pregnancy

4.23 Need for Family Planning Services

For purposes of analysis, currently married women, who are not currently using family planning methods to regulate their fertility, but, at the same time, express the desire to either avoid further childbearing or space the next birth by two years or more, are defined as having an unmet need for family planning. The notion "total demand for family planning" denotes a combination of women using contraception (ie those with a "met need" for family planning) and those with an unmet need for family planning. Table 4.25 shows data on unmet need, met need and total demand for family planning. The data make special reference of the need status according to a need for spacing or a need for limiting (stopping) births.

The data in Table 4.25 reveal that the potential demand for family planning in South Africa includes 71 percent of currently married women, more than half of not currently married and 60 percent of all women in their reproductive ages. Contraceptive practice is the main component of the total demand for family planning, with more than half of currently married and all women (56 percent and 50 percent respectively) using family planning methods to either space or limit births.

Fifteen percent of married South African women, however, have an unmet need for family planning. Corresponding proportions for all women are 10 percent and for unmarried women 6 percent. Amongst currently married women the proportion with an unmet need for limiting outweighs the proportion with an unmet need for spacing. If all currently married South African women who have unmet needs for spacing or limiting were to start using family planning methods, the contraceptive prevalence rate will increase from 56 percent of married women to reach a level of 71 percent of married women. A high proportion (79 percent) of the potential demand for family planning in South Africa is being satisfied.

The pattern in unmet need for family planning follows an U-shaped pattern according to age group with the greatest unmet need observable for the under 25-age group and the 45 to 49-year age groups. Unmet need for spacing is the greatest at the younger age groups and the unmet need for limiting increases with age.

There is a marked difference in unmet need for family planning according to urban and non-urban residence with the need in the non-urban areas almost twice as high as in the urban areas. These differences are also marked for urban and non-urban African women (14 percent for non-urban African women and 22 percent for urban African women).

Total demand for limiting is more pronounced for urban women overall in comparison to the total demand for spacing (total demand for limiting is almost three times higher than the total demand for spacing), whereas these differences in the total demand (ie difference between spacing and limiting) are more moderate for non-urban women (total demand for limiting is almost twice as high as the total demand for spacing).

Large differences in the proportions of women with unmet need for family planning can be seen in the breakdown for the different provinces. The province with the lowest figure for the percentage of married women with an unmet need for family planning is Western Cape with 5 percent of women with the corresponding figures for Northern Province and Eastern Cape being almost four times higher, namely 22 percent and 21 percent respectively. The Eastern Cape also stands out as a province in which the unmet need for limiting is almost four times as high as the unmet need for spacing and in which the unmet need is relatively high in comparison with the met need.

There are significant differences among women in South Africa in their reproductive needs. Unmet need seems to be inversely related to level of education, with the percentage of women with an unmet need for family planning with no formal education being almost six times higher than the percentage with an unmet need at the highest level of education (ie post matric level). Furthermore, although limiting childbirth seems to be the predominant unmet family planning concern for South African women 30 years and older, unmet need for family planning shows marked differences according to racial group (Table 4.23). The percentage married women with an unmet need for family planning is low for married white and Asian women (5 percent and 6 percent respectively) and more pronounced for married coloured women (8 percent) and African women (18 percent, almost four times higher than among white and Asian women). The larger proportions of non-urban African women (almost one and a half times higher) with an unmet need for family planning in comparison with urban African women are remarkable.

Table 4.25 Need for family planning

Percentage of currently married women and women not currently married with unmet need for family planning, met need for family planning, and the total demand for family planning, by selected background characteristics, South Africa 1998

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning			Percentage of demand satis-fied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	25.0	1.2	26.1	44.2	5.2	49.4	69.1	6.4	75.5	65.4	73
20-24	12.8	5.3	18.1	31.9	21.9	53.8	44.7	27.2	71.9	74.8	465
25-29	7.0	6.0	12.9	29.2	30.6	59.7	36.1	36.5	72.6	82.2	900
30-34	4.2	9.0	13.2	17.7	43.3	61.0	21.9	52.4	74.3	82.2	1,008
35-39	2.6	12.3	14.9	7.4	51.6	59.0	10.1	63.8	73.9	79.8	1,114
40-44	2.2	12.3	14.6	2.6	52.6	55.2	4.8	65.0	69.8	79.1	865
45-49	0.9	16.7	17.6	1.0	42.3	43.3	2.0	59.0	61.0	71.1	652
Residence											
Urban	2.8	8.1	10.9	14.9	48.8	63.7	17.7	57.0	74.6	85.4	3,038
Non-urban	7.5	13.5	21.0	13.7	31.4	45.1	21.2	44.9	66.1	68.2	2,039
Province											
Western Cape	2.4	2.9	5.2	17.1	53.8	70.9	19.5	56.7	76.1	93.1	543
Eastern Cape	4.7	16.7	21.4	9.0	37.3	46.4	13.8	54.0	67.8	68.4	583
Northern Cape	2.7	6.0	8.7	12.4	52.9	65.3	15.2	58.9	74.1	88.2	118
Free State	2.5	6.7	9.3	19.3	46.8	66.1	21.8	53.5	75.3	87.7	355
KwaZulu-Natal	5.9	11.7	17.5	12.3	38.5	50.8	18.2	50.2	68.4	74.3	955
North West	2.1	10.8	12.9	20.0	46.2	66.1	22.1	56.9	79.0	83.7	352
Mpumalanga	3.1	9.5	12.6	12.7	47.1	59.8	15.8	56.6	72.4	82.6	1,224
Gauteng	5.7	12.6	18.4	12.4	36.1	48.5	18.1	48.8	66.9	72.5	309
Northern	10.2	11.6	21.8	19.2	26.1	45.4	29.4	37.8	67.2	67.5	639
Education											
No education	6.2	19.1	25.3	6.7	26.5	33.2	12.9	45.6	58.5	56.8	518
Sub A - Std 3	7.3	12.6	19.9	8.9	34.6	43.5	16.2	47.2	63.3	68.6	739
Std 4 - Std 5	4.5	13.6	18.1	10.2	40.7	50.9	14.7	54.3	69.0	73.8	762
Std 6 - Std 9	4.8	8.7	13.5	15.7	44.8	60.5	20.5	53.4	74.0	81.8	1,876
Std 10	3.0	6.7	9.7	21.0	47.0	68.0	24.1	53.7	77.7	87.5	748
higher	1.1	3.3	4.3	23.7	52.7	76.4	24.7	56.0	80.7	94.6	434
Population group											
African	5.9	12.4	18.3	14.9	35.2	50.2	20.9	47.6	68.5	73.3	3,628
Afr. urban	3.8	10.4	14.2	15.7	41.6	57.3	19.5	52.1	71.6	80.1	1,810
Afr. non-urban	8.0	14.3	22.3	14.2	28.9	43.1	22.2	43.2	65.4	65.9	1,818
Coloured	2.4	6.0	8.4	14.6	53.6	68.2	17.0	59.5	76.6	89.0	553
White	0.7	4.0	4.6	11.6	61.1	72.7	12.2	65.1	77.3	94.0	615
Asian	0.7	4.9	5.7	14.0	63.5	77.5	14.7	68.4	83.2	93.2	250
Total currently married women	4.7	10.3	15.0	14.4	41.8	56.3	19.1	52.1	71.2	79.0	5,077
Total women not currently married	2.8	3.0	5.7	23.5	21.9	45.4	26.3	24.8	51.1	88.8	6,658
All women	3.6	6.1	9.7	19.6	30.5	50.1	23.2	36.6	59.8	83.8	11,735

[1] Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of *better contraception*). Also excluded are menopausal or infecund women.

[2] Using for *spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for *limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

4.24 Ideal Number of Children

In order to quantify and measure what South African women consider to be the ideal number of children, they were asked the following questions. Respondents who had no children were asked: *"If you could choose exactly the number of children to have in your whole life, how many would that be?"* Respondents who had children in turn, were asked: *"If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?"* Analyses of the responses to these questions are useful in providing measures of the level of completed fertility desired by women under the idealised circumstances that they are able to perfectly control their fertility.

Table 4.26 shows that a low 2 percent of women were not able to give a numerical response to these questions. South African women seem, on average, to regard a relatively low number of children (between 2,9 for all women and 3,3 for currently married women) as the ideal number of offspring.

Table 4.26 Ideal and actual number of children

Percent distribution of all women by ideal number of children, and mean ideal number of children for all women and for currently married women, according to number of living children, South Africa 1998

Ideal number of children	Number of living children[1]							
	0	1	2	3	4	5	6+	Total
0	6.0	1.5	1.9	1.9	0.7	1.2	1.2	2.9
1	10.7	16.8	5.6	3.0	2.7	0.3	0.2	8.5
2	51.9	41.2	46.1	20.8	21.1	12.2	7.1	38.3
3	16.0	22.5	20.5	32.6	12.2	15.3	6.7	19.6
4	10.3	13.5	19.4	28.6	41.2	26.4	31.2	19.1
5	1.8	2.0	2.8	5.5	7.8	22.4	12.0	4.3
6+	1.3	1.2	3.1	6.3	13.0	19.5	37.8	5.6
Non-numeric response	1.9	1.3	0.7	1.3	1.4	2.9	3.8	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,470	2,584	2,230	1,473	941	522	515	11,735
Mean ideal number for								
All women	2.3	2.4	2.7	3.3	3.8	4.4	5.1	2.9
Currently married women	2.6	2.7	2.8	3.4	3.8	4.3	5.2	3.3

Note: The means exclude women who gave non-numeric responses.
[1] Includes current pregnancy

The data in Table 4.26 furthermore reveals the expected pattern of the ideal number of children increasing with the actual number of living children. The mean ideal number of children increases from 2.3 among childless women to 5.1 for women with six or more children.

Table 4.27 shows the mean ideal number of children by age group and selected background characteristics. Typically, urban women, women with higher levels of education and urban African women have smaller mean ideal family sizes. For all the background variables presented in Table 4.27, the mean ideal number of children amongst the younger women (under 30 years of age) is lower than amongst the older age groups. Women 30 years and older, non-urban women, on average, have larger mean ideal family sizes (almost 1 child more in each age group category) than urban women.

Table 4.27 Mean ideal number of children by background characteristics

Mean ideal number of children for all women age 15-49 by age and selected background characteristics, South Africa 1998

Background characteristic	Age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Residence								
Urban	2.0	2.2	2.4	2.7	2.9	3.2	3.2	2.6
Non-urban	2.4	2.7	3.1	3.6	4.0	4.1	4.8	3.3
Province								
Western Cape	1.9	1.9	2.4	2.6	2.6	3.3	2.8	2.4
Eastern Cape	2.2	2.3	2.7	3.0	3.4	3.4	3.6	2.8
Northern Cape	2.0	2.2	2.4	2.6	2.9	2.8	3.4	2.5
Free State	1.9	2.0	2.4	2.6	2.9	3.0	3.2	2.5
KwaZulu-Natal	2.4	2.7	3.0	3.3	3.4	3.8	4.0	3.1
North West	1.9	2.2	2.5	2.8	3.3	3.5	4.1	2.7
Gauteng	2.1	2.2	2.5	2.9	3.0	3.2	3.1	2.7
Mpumalanga	2.4	2.7	2.9	3.4	3.9	4.1	4.8	3.2
Northern	2.5	2.8	3.2	3.8	4.4	4.6	5.6	3.4
Education								
No education	*	(2.6)	3.3	4.1	4.4	4.5	5.1	4.3
Sub A - Std 3	2.2	3.0	3.3	3.6	3.7	3.9	4.5	3.6
Std 4 - Std 5	2.1	2.5	3.0	3.1	3.6	3.7	3.6	3.0
Std 6 - Std 9	2.2	2.4	2.7	2.9	3.0	3.1	3.1	2.6
Std 10	2.0	2.2	2.4	2.4	2.7	2.9	2.2	2.4
Higher	2.1	2.4	2.2	2.6	2.9	3.0	3.0	2.6
Population group								
African	2.2	2.5	2.8	3.2	3.6	3.7	4.2	3.0
Afr. urban	2.0	2.2	2.5	2.8	3.1	3.3	3.5	2.7
Afr. non-urban	2.4	2.7	3.2	3.7	4.1	4.2	4.9	3.3
Coloured	2.0	2.0	2.4	2.6	2.7	3.2	3.0	2.5
White	2.1	2.1	2.1	2.3	2.3	2.7	2.7	2.3
Asian	2.2	2.3	(2.2)	2.5	2.6	2.7	(2.8)	2.5
Total	2.2	2.4	2.7	3.0	3.3	3.5	3.8	2.9

Note: Parentheses indicate that a figure is based on 25-49 respondents. An asterisk indicates a figure was based on fewer than 25 respondents and has been suppressed.

In Northern Province and Mpumalanga the ideal family sizes of women are on average above 3, with the older age groups reporting fairly large mean ideal family sizes of 4 and more children. A clear pattern of decreasing ideal family size with increasing levels of education can be seen in the data. As with the other background variables, however, the differences in the mean ideal family sizes according to racial groups become more pronounced amongst the older age groups.

Differences in the mean ideal number of children according to racial group in Table 4.27 show that African women have slightly higher ideal family sizes than coloured, white and Asian women. Family size ideals are higher amongst non-urban African women. Urban African women's reported patterns for the ideal number of children is similar to the patterns reported by the coloured group. Notably, the younger (under 30 years) urban African women expressed small ideal numbers of children.

4.25 Wanted and Unwanted Fertility

Much of the results discussed so far seem to indicate that mistimed and unwanted births are important issues in fertility planning and fertility performance in South Africa. Quantification and measurement of undesired reproductive events are therefore necessary to shed light on the degree to which couples are successful in controlling their fertility and in implementing their reproductive preferences and goals.

Table 4.28 shows the percent distribution of births in the five years preceding the survey by the status of the pregnancy in terms of whether it was wanted at the time (ie planned pregnancies), whether it was actually wanted later (ie mistimed pregnancies) or unwanted. Although 46 percent of the births were reported by the respondents as "wanted" at the time of their occurrence, more than a third (36 percent) of the births were reported as mistimed and 17 percent (almost one in every five births) as not wanted at all. More than half of recent first births were reported as mistimed and the percentage of births that were unwanted increases steadily with birth order from 8 percent of all first births to an astounding one third of all fourth or higher order births. Combining the two categories (ie. mistimed and unwanted) across the different categories of birth order, an U-shaped relationship between mistimed and unwanted births and birth-order can be observed.

Table 4.28 Fertility planning status

Percent distribution of births in the three years preceding the survey (and current pregnancies) by fertility planning status, according to birth order and mother's age at birth, South Africa 1998

Birth order and mother's age at birth	Planning status at conception			Missing	Total	Number of births[1]
	Wanted then	Wanted later	Not wanted			
Birth order						
1	38.6	51.8	8.3	1.3	100.0	1,794
2	53.6	31.7	13.5	1.2	100.0	1,336
3	54.6	27.4	16.9	1.1	100.0	843
4+	42.1	23.5	32.5	1.9	100.0	1,430
Age at birth						
<20	20.2	65.8	12.5	1.6	100.0	900
20-24	42.9	44.2	11.7	1.2	100.0	1,410
25-29	57.4	28.4	12.9	1.3	100.0	1,279
30-34	57.2	21.5	20.2	1.1	100.0	988
35-39	49.4	14.1	35.2	1.3	100.0	612
40-44	38.9	20.4	35.4	5.3	100.0	187
45-49	37.7	19.3	43.0	0.0	100.0	28
Total	45.7	35.5	17.3	1.4	100.0	5,404

[1] Includes current pregnancies

The dissatisfaction amongst South African women regarding early commencement of childbearing is also reflected in the fact that two thirds of all births to women in their teenaged years (under 19 years of age) were reported as mistimed. The percentage of births reported as unwanted rises with age from 13 percent of births to women 19 years and younger to 43 percent of births to women 40 years and older.

The potential demographic impact of avoiding unwanted births can be estimated by calculating the wanted fertility rate. The wanted fertility rate is calculated in the same manner as the conventional age-specific fertility rate, except that those births classified as unwanted are omitted from the numerator. For the purposes of this calculation, unwanted births are defined as those which exceed the number considered as ideal by the respondent. For those women who did not report an ideal family size, it was assumed that all their births were wanted. This rate should be interpreted as a hypothetical measure of what the total fertility

rate would have been in the three years preceding the survey, given age-specific fertility rates for the preceding three years, under the condition that all unwanted births had been prevented. The comparison of the total wanted fertility rate and the actual total fertility rate provides an indication of the potential demographic impact of the elimination of unwanted births. It is indicative of the extent to which observed fertility exceeds wanted fertility and of the potential demand for family planning services and of the potential for future fertility decline.

Table 4.29 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by selected background characteristics, South Africa 1998

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	1.8	2.3
Non-urban	2.9	3.9
Province		
Western Cape	1.9	2.3
Eastern Cape	2.5	3.5
Northern Cape	2.1	2.7
Free Statet	1.8	2.2
KwaZulu-Natal	2.5	3.3
North West	1.9	2.3
Gauteng	1.9	2.4
Mpumalanga	2.4	3.1
Northern	3.0	3.9
Education		
No education	3.3	4.5
Sub A - Std 3	3.2	3.9
Std 4 - Std 5	2.6	3.5
Std 6 - Std 9	2.1	2.7
Std 10	1.9	2.2
Higher	1.7	1.9
Population group		
African	2.4	3.1
Afr. urban	1.9	2.3
Afr. non-urban	3.0	4.0
Coloured	2.1	2.5
White	1.5	1.9
Total	2.3	2.9

Note: Rates are based on births to women 15-49 in the period 1-36 months preceding the survey.

Table 4.29 presents a comparison of wanted fertility rates and total fertility rates by background characteristics. Overall, the difference between the wanted fertility rate and the total fertility rate is 0,6 child. The gap between wanted and observed fertility is greater for non-urban women, women residing in the Eastern Cape, women in the Northern Province, uneducated women, African women and African women in non-urban areas. These gaps suggest that a considerable share of current fertility is unwanted and that sufficient latent demand for family planning exists in the South African population.