SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY

DEPARTMENT OF PUBLIC HEALTH

MASTER OF PUBLIC HEALTH (MPH)

KNOWLEDGE, PRACTICE AND ATTITUDES REGARDING CONTRACEPTION USE AMONG SECONDARY SCHOOL LEARNERS AT LETLHABILE COMMUNITY IN THE NORTH-WEST PROVINCE.

Submitted by

R. L. Mosima

As a requirement to fulfil a degree in Maters in Public Health within the School of Health Sciences.

At

Sefako Makgatho Health Sciences University

Supervisor: Dr H van der Heever

2019
DECLARATIONS

I declare that the knowledge, practice and attitude regarding contraception use among secondary school learners at Letlabile community in the North-West province dissertation hereby submitted to the Sefako Makgatho Health Science University, for the degree of Masters of Public Health has not previously been submitted for any other degree at this or any other university, that it is my work in design and execution, and all the material contained herein has been duly acknowledged by means of a complete referencing.

Initials and surname

Date..........................

Student number: 201530438
ACKNOWLEDGEMENTS

I would like to thank the God almighty, who has given me the strength to complete this research project. Indeed, his grace was sufficient to have brought me thus far. He was the source of my strength when the going was getting tougher.

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- To the school teachers for allowing me to administer the questionnaire.
- The female learners to all the secondary schools, for responding to the questionnaire with such enthusiasm.
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>DoE</td>
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<td>DoH</td>
<td>Department of Health</td>
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<td>EC</td>
<td>Emergency contraception</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IUCD</td>
<td>Intra uterine contraceptive device</td>
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<tr>
<td>LAM</td>
<td>Lactation Amenorrhoea Method</td>
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<tr>
<td>LARCs</td>
<td>Long acting reversible contraceptives</td>
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<tr>
<td>MDG</td>
<td>Millennium Developmental Goal</td>
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<tr>
<td>NWP</td>
<td>North West Province</td>
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<tr>
<td>STIs</td>
<td>Sexually transmitted infections</td>
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<tr>
<td>TFR</td>
<td>Total fertility rate</td>
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<td>TOP</td>
<td>Termination of Pregnancy</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>RSA</td>
<td>Republic of South Africa</td>
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<td>SMUREC</td>
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ABSTRACT

Background

Contraceptive use among young learners in the rural communities of south Africa is relatively low and this is evidenced by the incline in the rate of teenage pregnancy, STIs, HIV/AIDS and female leaners are sometimes forced to drop out of school to take care of the baby (Onyensoh, 2013). The effect of not obtaining education has a long-term effect on their socioeconomic status (Kanku and Mash, 2010).

According to DoH (2012) young women still feel the need to prove their fertility to their peers, they fail to be open and honest to their partners and parents about contraceptives and most of them reported that the idea of going to the clinic to be judged by the health care provider is one of the reason they do not use contraceptives (Kanku and Mash, 2010).

Aim

The purpose of the study was to investigate and determine the knowledge, attitudes and practice of leaners on contraception use at Letlhabile Secondary Schools, North West Province.

Method

This study used a descriptive quantitative cross-sectional study on the knowledge, practices and attitude of contraceptives among leaners at Letlhabile Community, North West Province. Simple random sampling method was used to select samples for the study because it provides equal opportunity of selection for each element in a population (Bless et al, 2013:167). A self-administered questionnaire was used to collect data from female leaners aged 14-19 who were in grade 9 or grade 12. Raw data was entered on a Microsoft Excel spreadsheet and imported in STATA 13 software for analysis.
Findings

The findings indicate that 81.15% of learners had about the method of contraceptive a woman can use to prevent unwanted pregnancy. Only 47.91% (n=183) were familiar with injectables and 41.10% were familiar with the pills. Of a great concern is that 43.19% (n=165) agrees that termination of pregnancy can be used as a method of contraception and (n=43) young women have had termination of pregnancy. The 48.43% (n=185) do not know that contraceptives prevents STIs and HIV. The attitude of health care professionals 34% (n=70) is the reason for non-use of contraceptives.

Conclusion

Majority of learners have had about contraceptives, but knew only few modern contraceptives methods available. Learners had negative attitude and were not utilising the clinic facility available.
CHAPTER 1
INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Young women worldwide are faced with the challenge of unwanted and unintended pregnancies because of low contraceptive use, World health organisation states that about 84% million of unwanted pregnancy occurs annually (Nasir, 2010). Lack of knowledge among adolescent with regards to contraception remains a serious concern in South Africa, primarily because of the high rate of teenage pregnancy we have in our country (Onyensoh et al, 2013).

Kiragu and Zabin (1995) states that Kenya has acknowledged that young women reproductive behaviour is of great concern. Contraceptive use and contraceptive education in this country is still a big issue. The median age of young women at first intercourse is 16.8 years. Only 12% of young women have reported to be utilising contraceptives and the majority opted for termination of pregnancy.

Nsubuga et al (2016) mentions that, 14 million of unplanned pregnancy occur in sub-Saharan Africa among young women aged 15-19. However, 64 % of young women in Uganda between the age of 25-49 reported sexual debut before the age 18. Strong cultural and religious believes prohibits the discussion of contraceptives within the family as a results the rate of unplanned pregnancy inclines.

According to DoH (2015) contraception is a dominant public health concern of any country, it allows a woman an opportunity to have control over their health and to make decisions of spacing their family. According to Kanku and Mash (2010) South Africa has a high teenage pregnancy rate at 7.8% as compared to United State of America (USA) at 5.3% and this illustrates the low uptake of contraceptives. Studies done in the North-West Province (NWP) reflects the increased in number of young women falling pregnant at school while
contraceptives are free of charge and accessible at the health facility (Kanku and Mash 2010) and (Onyensoh 2013).

Despite contraceptives being free and accessible at the health facilities the rate of teenage pregnancy continues to escalate. Adolescent pregnancy indicates that there is low contraceptive use, incorrect or inconsistent in the usage and the reason to this can be the lack of information available on contraceptives and their benefits (Onyensoh et al, 2013).

Onyensoh et al, (2013) high school learners from predominantly rural areas engage in risky sexual practices and because they do not use contraceptives they resort to termination of pregnancy that predispose their health at risk. Reproductive health education is vital at this stage because both males and females will be educated on the importance of safe sex practice. Malleshappa et al (2011) states that the population growth in India is overwhelming, hence the country is unsure of how much reproductive health content to include in the school curriculum of the learners to confirm that they understand the need to utilise contraceptives correctly and consistently for the country to avert the high rate of fertility, mortality and morbidity.

In sub-Saharan Africa, contraceptive usage is very low hence high fertility rate, irrespective of all the fertility programmes that have been implemented to curb unintended pregnancy that result in poverty due to poor socioeconomic conditions (Nansseu,2015). However, studies that have been conducted in India by Sherpa et al (2013) and Sunita (2013) shows a low contraceptive use among women in India and this is evidenced by the incline in pregnancy rate that has a negative effect on the population growth of the country.

Pegu (2014) states that India is a country that has high fertility and maternal death in the world, statistic shows that approximately 55 000 women die annually from pregnancy related complications. Sunita (2013) further adds by saying that India became the first country to launch the National family planning programme with the aim of promoting, encouraging and educating women about the benefits of contraception and to reduce the growth of the population.
Contraception is one of the World Health Organisations four strategic prong for the prevention of mother to child transmission of HIV. Empowering women to use contraceptives will contribute to south Africa achieving its Millennium Developmental Goal (MDG) particularly 4 and 5 (DoH, 2012). South African Demographic Survey (2016) shows that early child bearing among women between the ages of 15-19 is at 16% and this is more prevalent in the rural areas and it is evidenced by the decline in the use of modern contraceptive among women from 55% in 1996 to 54% in 2016.

WHO (2014) states that high school learners are vulnerable to sexually transmitted diseases, HIV/AIDS and unplanned pregnancies because they often engage in unsafe sexual practice with their partners. The DoH (2012) strongly emphasises that if young women can utilise a condom with a non-barrier contraception they will prevent themselves from unplanned pregnancies and contracting sexually transmitted diseases.

Studies done in developed and developing countries shows that women are forced by their partners not to utilise contraceptive especially condom as it has dual protection. Men refuse to communicate with their spouse on issues pertaining to sexuality because of their cultural and religious beliefs. Men report that they will never allow their partners to use contraceptives because contraceptives will cause infertility, would make their girlfriends promiscuous, fear that contraceptives will take control over their partners and it might result in less enjoyable sex (Okanlawon et al 2010). In other countries women are not allowed to use family planning services because they are either not married or they are adolescent (Anjum et al, 2014).

DoH (2012) states that educating women about the importance of using contraceptives increases the rate of usage in our country. Pregnancy impacts negatively on the education of a teenage mother, most of the teenage mother either terminate schooling or delay in completing schooling. Kanku and Mash (2010) mentions that teenage father does not have any disruption to their
studies leaving the young mother no choice but to take care of the baby at home. The consequence of the young mother dropping out of school is that, she will be vulnerable to poverty, engage in risky sexual activities that will expose her HIV/STI’s.

Kanku and Mash (2010) further said that young women from Tang in the NWP mentioned that, they do have adequate knowledge on contraceptives but the barrier for utilisation is the fear of being seen in the clinic by the members of the community and the attitude of the nursing personnel prohibits them from using the facility as they wish. Young women from the similar study done in the NWP by Onyensoh (2013) reported that the clinics were too far from where they live, and what makes it impossible for them to access the facility was the operating hours from 07:00-16:00 and closing during weekends and public holidays. A study from India by Anjum et al (2014) illustrate that women especially the uneducated group do not have sufficient knowledge with regards to the choice of methods and this hinders them to utilise the choice of method correctly with sufficient insight.

Contraception is the use of different devices, drugs, agents, sexual practices or surgical procedures to prevent conception (DoH, 2012). South African Demographic Survey (2016) state that contraceptives are classified into two methods that is the modern and traditional. DoH (2012) states the different types of modern contraceptives used worldwide, the modern contraceptives include female sterilisation, male sterilisation, the intrauterine contraceptive device (IUD), implants, injectables, the pill, male condoms, female condoms, and emergency contraception. Traditional methods are as follows, the rhythm, withdrawal, and folk method.

With the wide range of contraceptive methods available in the country the department of health should emphasis on the importance of implementing community awareness campaigns on contraception to reduce the rate of increased termination of pregnancy that is either legal or illegal that poses the life and health of young women at risk (DoH,2012).
DoH (2012) states that the medical eligible criteria for contraceptive use allows all women (including teenagers and adolescent) to utilise the method of their choice. They must be fully examined and a medical history obtained by the health care provider for the exclusion of any medical condition that might hinder the method of choice.

Sherpa et al (2013) Utilising contraceptives has good health benefits both for the mother and the child, contraception gives a woman the opportunity to bond with her child emotionally, allow the mother to space her children as she wish and it protects both from contracting STIs/HIV AIDS. Young women at the refugee camps have limited access to the contraceptives due to inadequate health resources. When they fall pregnant they always resort to illegal termination of pregnancy that result in maternal morbidity and mortality (Okanlawon et al, 2010). Living in the refugee camps exposes the women to bear at least 7 children, the reason is that, they cannot say no to sex, and what’s sad is that during their pregnancy phase they do not attend antenatal visits and they give birth at their homes which results to high maternal mortality rate (Raheel et al,2012).

Studies by Osaikhuwuomwan and Osemwenkha (2013) shows that young women are aware of the need to use contraceptives but cultural and religious beliefs prohibit them from having a relationship with their parents that is open and friendly to discuss issues that are related to sexuality and contraception. Kanku and Mash (2010) gave reasons for low uptake of contraceptives by young women in the rural areas. Young girls are disapproved by their parents to use contraceptives because they perceive them as being sexually active. In a situation where they use contraceptives without the knowledge of the parent, they ensure that they hide them in the house and this practice makes them to miss the pill then unplanned pregnancy result.
1.2 Problem statement

Letlhabile community clinic is experiencing a high number of adolescent aged 14-19 coming in to give birth and others attending antenatal care. The majority of adolescent are not utilising contraceptives because they were not informed about them prior and others were on contraceptives but had lack of knowledge on the mechanism of action. Young girls visit the clinic regularly requesting for termination of pregnancy and the register book enlightens the need to promote contraceptive use among young women in this community. Teenage pregnancy is of great concern since contraceptives are free of charge and should be accessible at any local clinic in South Africa. According to World Health Organisation (2014) there is an estimated 222 million young girls who are not utilising contraceptives, and the problem is that the majority of them do not know how contraceptives work; they have never been educated on different types of contraceptive methods available. Robert et al (2015) argues that the South African government has initiated many awareness programs on contraceptive use among teenagers, however it still seems unplanned pregnancy is escalating irrespective of these campaigns.

1.3 Aim of the Study

The purpose of the study was to investigate and determine the knowledge, attitudes and practice of leaners on contraception use at Letlhabile Secondary Schools, North West Province.

1.4 Research questions

What is the level of knowledge learners have about the use of contraceptives?
What are the attitude leaners have about the contraception?
What are the contraceptive practices amongst leaners?

1.5 Study Objectives

To determine the knowledge leaners have about contraceptive at Letlhabile secondary schools.
To determine the attitudes of learners towards use of contraceptives at Letlhabile secondary schools.
To determine practices of contraception among learners at Letlhabile secondary schools.

1.6 Significance of the study

The study will benefit the following stakeholders:

1.6.1 Benefit to learners

The recommendations of the study will be communicated to all the learners and their families. The information will be based on the benefits of contraceptive use and this will serve as a good opportunity for parents to get involved in the discussion and to have an open communication with their children about sexuality and contraception. Learners will therefore make informed choices with regards to whether they want to use contraceptives or not to prevent unwanted pregnancy, STIs and HIV/AIDS and illegal abortions

1.6.2 Influence curriculum on sex education/life skills/orientation at schools.

The results of this study will be communicated to Madibeng department of education, with the aim of ensuring that teachers emphasise the importance of educating learners about the benefit of contraceptives in the prevention of teenage pregnancy that has the negative impact in the life of young learners. The results of the study can influence the life orientation programme in a positive way. Adequate contraceptive knowledge will reduce the number of unplanned pregnancy.

1.6.3 Benefits to the department of health

The results of the study will be communicated to Madibeng department of health with the aim of ensuring that the nursing management will come up with the plan that will encourage young women to utilise the reproductive health
services available in their community. The nurses need to be informed that they have a crucial role to play with regards to encouraging young women to use contraceptives, their attitude needs to improve, they must educate and teach young women about the benefits of contraceptive use. Pregnancy rate will decline if the use of contraceptive is encouraged.

**1.6.4 Benefit to the community members.**

The recommendations of the study will be communicated to the community members as they play a big role in the uptake of contraceptives. This will serve as good opportunity to allow the community to voice out their feeling with issues related to contraception. Involvement of the community members will have a positive impact on the usage because young women will no longer feel shy or afraid to be seen in the clinic by someone beknown to them.

**OPERATIONAL DEFINITIONS**

**The following concept are used in the context of the study.**

**Adolescent**

Adolescent is defined as any person between the ages of 10 and 19, a transitional phase of growth and human development in which an individual undergoes major physical and psychological changes. In this study an adolescent was a female person in the age of 14-19 attending a secondary school at Letlhabele community. (UNICEF,2011).

**Barrier**

Barrier which is a stumbling block it refers to the attitude, behaviour that prevent young women to have access to the health care facility (Kanku and Mash, 2010).
Contraception

Contraception is a form of birth control which prevents the sperm from fertilising the egg using different contraceptive methods. This study described contraceptive methods as traditional, modern, emergency and termination of pregnancy (TOP) (WHO, 2018).

Contraceptives

Contraceptives are different agents used to prevent unwanted or unintended pregnancy, for example the oral pills, condoms, intrauterine devices, diaphragms and injections (Fraser and Cooper 674:2003).

Emergency contraception

Emergency contraception (the pill on the morning after) is a method of contraception which is used in the first five days after unprotected intercourse and before conception begins. They work by inhibiting the ovulation, delaying ovulation or by preventing implantation of a fertilised ovum. (Nasir, 2010).

Family planning

It is the practice of controlling how many children to have and the interval in-between, it enables couples to have adequate knowledge, attitude and to be more responsible when making decisions as a couple with regards to pregnancy. It promotes good health and contributes to the financial development of the country (Pegu et al 2014).

Fertility

Fertility is defined as the frequency in which a woman can give birth during her reproductive life, that is between the ages of 15-49, depending on the demographic status of a women (Al-Mansour et al, 2012).
HIV/Aids

Human Immune Virus/Acquired Immuno-Deficiency Syndrome Onyensoh et al, 2013

Reproductive health

Reproductive health is an image of health during adolescent, it implies that people can make decision responsibly with regards to their sexuality, and to have the freedom to reproduce whenever they desire (UNFPA, 2009).

Sexually transmitted diseases

The term "sexually transmitted diseases (STDs)" refers to variety of infections that are caused by a pathogen from person to person through sexual contact, it can also cross the placenta barrier and infect the unborn baby. (CDC, 2015).

Termination of pregnancy

Choice of Termination of Pregnancy (CTOP) refers to voluntary interruption of pregnancy (that is bringing pregnancy to an end) and evacuation of the contents of the uterus, either by medical or surgical means (Onyensoh et al, 2013).

Teenage pregnancy

It is defined as a young girl within the ages of 13-19 years falls pregnant (Kanku and mash 2010).

Total fertility rate

Total fertility rate is defined as the total number of children the woman in a population is likely to have based on current birth rates throughout her life (Jabeen et al, 2011)

Unplanned pregnancy

Unplanned pregnancy refers to a pregnancy that is unplanned or unwelcomed by the pregnant women, such pregnancy may have occurred because the
women did not use any method of contraceptives or contraceptive failure (Kanku and Mash 2010).

1.8 Summary

Teachers, health care providers and the media needs to promote contraceptive usage among young women. Nurses attitude needs to improve so that the rate of contraceptive usage especially condom can increase with the aim of reducing teenage pregnancy, STIs, HIV/AIDS. Positive attitude towards contraceptives will promote young women to utilise contraceptive effectively.
CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

The literature of this study reviewed the general concept of contraception in South Africa; the availability and use of contraception; and the knowledge, attitude and use of contraception by high school learners. The review included sources available from books, journals, internet websites and government policies.

2.2 Contraception

WHO (2018) states that there has been much improvement on contraceptive services globally. The National Contraceptives and Fertility Planning Policy of South Africa has emphasised the importance of providing women with adequate knowledge on contraception to encourage usage with extreme emphasis on dual protection (DoH, 2012). The benefits of inspiring women to use contraceptives will have a drastic change in the decline of unplanned and unintended pregnancy, termination of pregnancy, STI/HIV and anaemia in South Africa. Study by Kanku and Mash (2010) shows a decrease in the number of teenage pregnancy in SA nonetheless we are still at the top when comparing with other countries like USA and Brazil. DoH (2012) further indicates the data that illustrates the increase in the utilisation of contraceptives, it has increased by 65% among women who are sexually active between the ages of 15-49.

WHO (2018) mentions that, there are various method of contraception that women can choose from. These methods are as follows: combined oral contraceptives, progestin only pills, emergency contraceptives pills, progestin-only injectables, monthly injectables, combined patch, implants, female sterilization, vasectomy, male and female condoms, spermicides and diaphragms, withdrawals and lactation amenorrhoea method (WHO, 2015). The DoH (2012) further states that any method of contraception chosen by the
women is acceptable if she has been given adequate information on the use, side effects and follow up date by the health care provide, more emphasis on dual protection (condom utilisation) to curb the escalating number of newly infected HIV cases is promoted on this revised policy.

The commonly used contraceptives at Nigeria in the refugee camp was a condom because they did not have a clinic that could dispense alternative methods, buying from the vendors was the only available option if the partner approves (Okanlawon 2010). The door to door campaigns increased the uptake of oral pills among young women and men started using condoms as well in Malawi (Chipeta et al 2010). High school learners from NWP reported that injectable were their preferred method for the prevention of pregnancy, unlike the pills were one has to remember to take them every day at the specific time (Onyensoh et al 2013). In Uganda because women are not allowed to use contraceptives before married, student at the university used to buy condom because it offers dual protection and some learners opted for TOP to avoid humiliation (Nsubuga 2016).

The recommendation from WHO (2015) is that adolescent and young women should be medically eligible to use contraceptives. It is vital to promote contraceptive usage among women to prevent financial disparities, school dropouts, maternal mortality and morbidity of the country. There are full range of contraceptives in the world at large. Contraception is described as a device that is utilised to prevent conception.

According to the DoH (2012) there are two methods of contraception used globally and they are as follows: the modern and traditional methods. When a woman chooses from any of the two methods there is very important information that must be discussed in relation to the effectiveness, the age of the women, how does it work, adverse effect, the risk in terms of STI/HIV, for how long can one use the method and the how long it will take woman to return to fertility and very importantly the follow-up date to prevent missed pills that
can pose the women to having unplanned pregnancy. The advantages and disadvantages of the two methods mentioned above are as follows:

- **Advantages of contraceptives**

WHO (2018) states that modern contraceptives prevent pregnancy related health risk, by reduces the cases abortion that leads to maternal death in south Africa. Contribute to the reduction of infant mortality rate but allowing a woman the opportunity to space her children as she wishes. DoH (2012) emphasis that dual contraception helps in the prevention and the spread of STIs/HIV, it enhances the education of the women with regards to reproductive health and their sexuality, will minimises the rate of adolescent pregnancy and contraceptive knowledge has a positive effect in the reduction of the population growth of the country that might results negatively in the economic and environmental development of the country at large.

DoH (2012) modern contraceptives are accessible at our health care facility, free of charge. Long-acting reversible contraceptives such as the intrauterine contraception, progesterone only injections and the subdermal progesterone implants are very effective in the prevention of unwanted pregnancy, endometrial and cervical cancer. Emergence contraceptives prevents pregnancy after engaging in sexual activity without the use of contraceptives (Tajure, 2010). Dual protection has added advantages of preventing both STIs and unwanted pregnancy (DoH 2012).

- **Disadvantages of contraceptives**

Progestogen only injectable or combined injectable contraceptives (CIC) delays to return the fertility of a women for about 1-4months and it often frustrates women especially when they want to return to fertility, irregular heavy prolonged bleeding and severe migraines. (DoH 2012). Combined hormonal transdermal contraceptive patches are not effective if the women weigh more than 90kg and they are unavailable in the public health sector. POP are recommended for breastfeeding mothers but they usually cause mood changes in women that
can precipitate post-natal depression. After taking the emergency
contraceptives pills (ECP) severe nausea and vomiting results and they should
not be taken frequently for the prevention of pregnancy. Intra-uterine device
can only be inserted in the health care facility by a trained health care provider.
Of the women is not breastfeeding exclusively for the first 6 months this method
Lactation amenorrhoea method (LAM) will not be effective. Withdrawal method
is risky if the sperm is left on the men’s genitals if introduced immediately into
the women vagina she can then fall pregnant. And it has a high risk of
transmission of STIs and HIV/AIDS.

Kanku and Mash (2010) mentions that the attitude of health care providers
discourages young women to get contraceptive free from the health facility then
the resort to purchasing from the pharmacy available in the community where
they live, and that is very costly considering their socioeconomic status.

2.3 Contraception in South Africa.

Contraceptives in South African were established in the year 1974, the SA
government ensured that the family planning services were widely distributed
to facilitate utilisation by all women especially black women of reproduction age
(Kaufman 2000:107).

The year 2010 the Minister of Health recognised the need to update the
National Contraception Policy Guidelines within a reproductive health framework (2001) and the National Contraception Service Delivery Guidelines (2003). The reasons that prompted the National department of health to revise
the policy were i.e. the increase in the pregnancy and TOP, high prevalence of
HIV in South Africa and to reduce the child and maternal mortality.

In October 2012, the Departments of Basic Education and Health launched the
joint Integrated School Health Policy. This policy outlines that the Life
Orientation will be the subject that address topics that are linked to reproductive
health and sexuality within schools with the aim to reduce the teenage
pregnancy rate in our country at large.
2.3.1 Availability and accessibility of contraceptives

WHO (2018) states that universal access to contraception will have a positive impact on the socioeconomic status of the country and less effect to the health status of young women.

Contraceptives especially modern contraceptives are available at all the health care facility in South Africa free of charge. Study from Taung states that young women reported that they cannot access the clinics because they (clash with school hours) operate Monday to Friday from 07:00 to 16:00 (DoH 2012) and (Kanku and Mash 2010).

Young girls reported that failure to communicate with their parents about contraception’s prevents them from going to the clinic because they are scared that someone beknown to them might recognise them, and they end up buying from the pharmacy available (DoE 2013). WHO (2015) emphasis that males should be encouraged to access the health facility for reproductive health information, this will equip them with the correct knowledge on contraception and correct the misconceptions they have around contraceptive use.

The cultural and religious beliefs of Uganda prohibit unmarried women and adolescent from using contraceptives, the reproductive health services are not available to this group of women (Nsubuga,2016).

Contrasting to Malawi and Nepal, their government and the department of health introduced programmes to make contraceptives accessible to youth at large for example the health education and promotion on contraceptives is done through media, distribution of contraceptive using door to door campaigns has improved drastically on the uptake of contraceptives young men and women in the country (Bhattarai and Panta 2013) and (Chipet 2010).

According to (Chandra-Mouli et al 2014), to encourage adolescent to use contraceptive services, the department of health need to ensure that the health services are adolescent friendly, here are the factors that should considered:
• **Accessibility**

Clinics must be close to where young women live

• **Acceptability**

Young women must use the family planning services they offer

• **Equitable**

The reproductive health services must be available to everyone.

• **Appropriate**

The service must offer reproductive health services.

• **Effective**

The young women must be given accurate information to yield positive results on the reduction of fertility rates of the country.

2.4 **Young women use of contraception.**

SAHDS (2016) shows that 16% young women from the age 15-19 in South Africa has given birth. The statistic from developing countries indicates that nearly 222 million women articulate the impact that pregnancy has in their lives but the main problem is that they are not on any method of contraception (Shrivastava et al, 2013).

According to the DoH (2012), young learners reports that they use contraceptive though they are not consistent and their preferred contraceptive method is the condom because it does not have any side effects. However, similar studies conducted in India by (Anjum et al, 2014) and (Pegu et al, 2014) reveals that young women are pressurised by their partners, culture and religion not to use contraceptives irrespective of the number of children they have.
Contraceptive prevalence is very low in Pakistan and this is evidenced by high fertility rate and population growth that needs effective family planning programme (Jabeen et al, 2011).

2.4.1 Service oriented factors

These are the factors that will ensure that the contraceptive services are provided and acceptable by the members of the community including young women at large, and those factors are as follows

2.4.1.1 Availability and accessibility of contraceptive services

WHO (2018) states that universal access to high quality contraceptives is imperative and it can alleviate poverty, improve the economy of the country reduce the population growth.

The national department of health of South Africa has ensured that contraceptive services are available and easily accessible at the public health facility at no extra cost (DoH 2012). Health care providers are the sole providers that can ensure that family planning services are utilised effectively, consistently and correctly worldwide, learners report that modern contraceptive are available at the health facility but what prevents them from utilising is the attitude of the health care provider, inadequate information given with regards to the side effects (Kanku and Mash 2010). Chandra-Mouli et al (2014) adds that by making pharmacies adolescent-friendly and identify places where they enjoy to meet and socialise access to contraceptive can increase.

Family planning services at the refugee camps have been disrupted and this makes it impossible for women to utilise contraceptives. Condoms are the only contraceptives available around the but utilisation if very low because young women are forced by adult men not to use and this results in unintended pregnancy then abortion (Raheel et al 2012) and (Okanlawon, 2010).

Adolescent and unmarried women from poor communities in the low and middle countries are not allowed to access reproductive services because the country
laws, policies and culture prohibits them from using contraception if one is unmarried (Chandra-Mouli et al, 2014). Similarly, cultural belief prohibited young women (students) from Uganda from accessing reproductive services, even the university institution did not provide FP services for young women to protect themselves against unplanned pregnancy (Nsubuga et al 2016).

Onyensoh (2013) high school learners at Tswaing in the (NWP) reported that, the clinics are too far from where they live and transport that goes to the clinic is scares especially in the afternoon. DoH (2012) adds that the clinic working hours especially in the rural areas where the unmet need of contraceptives is high should cater for the learners and the working mothers.

### 2.4.1.2 Quality of contraceptive services

Chandra-Mouli et al (2014) states that integrating contraceptive services with other health care services have a positive outcome on the usage of contraceptives by adolescent. Health education, counselling and provision of contraceptives must be combined with services such as STI management, maternal health, male medical circumcision, chronic conditions such as diabetes and hypertension, disability, HIV counselling and testing (including HCT, PMTCT, HIV management and ART) by the trained health care provider and this will give an opportunity to emphasis the child spacing during the integration of the postnatal care (DoH 2012).

On contrary, the study conducted in Uganda by (Nsubuga, 2016) indicates that students did not have a programme designed to improve contraceptive knowledge and use in the university yet the risk of engaging in unsafe sexual practice was very high. Okanlawon et al (2010) adds by saying that the reproductive health care programmes and other service were disrupted in Nigeria however young women were predisposed to unplanned pregnancies which lead to high rate of illegal abortion.

India is a country that has a high population rate however integration of adolescent education programme is still a challenge particularly with how much
of the reproductive health contents should be included in the school programme (Malleshappa et al, 2011).

2.4.1.3 Affordability of contraceptive services

Kanku and Mash (2010) and Onyensoh (2013) both states that contraceptives and reproductive services in South Africa are free of charge in the public sector, but research shows that there’s still a lot of young women who do not access and utilise this services while they engage in risky sexual behaviour. The National Contraception and Fertility Planning Policy and Service Delivery Guidelines also overemphasis that there is no out of pocked payment in the public health facility be it a clinic or hospital (DoH 2012).

Women in the refugee camps do not have a clinic nearby therefore they buy condoms from the vendors in the camp the unfortunate part is that most the women cannot afford to buy due to their poor economic status (Okanlawon 2010).

Shrivastava (2013) mentions that accessibility and availability of contraceptives in India has been identified as a major challenge in the country because of the massive population growth therefore it is imperative for department of health to develop the community outreach programmes that will impart education and encourage the uptake of contraceptives from both genders.

2.4.1.4 The attitude of health care workers

DoH (2012) states that one of the six priorities of the national core standards is the value and attitude of nurses. Nurses are the barrier for non-utilisation of contraceptives especially among adolescents, the policy mentions that nurses need to be friendly, non-judgemental and welcoming.

Studied conducted in the NWP by Kanku & Mash (2010) and Onyensoh (2013) indicates that health care workers are not friendly towards adolescent seeking contraceptives at the clinic, the nursing staff perceive them as being promiscuous, their attitude becomes a barrier when the adolescent need some
clarity with regards to contraceptive choice. Information pertaining to how contraceptive work, the side effects and what to when side effects get worse is omitted. Other learners reported that they’ve been turned away by the nurses because they are young for contraceptives, these servers as a stumbling block for utilisation contraceptive and predispose teenagers to unwanted pregnancy, STIs and HIV/AIDS.

Sunita (2013) mentions that the health care providers both the nurses and doctors have a positive and welcoming attitude towards individuals seeking family planning services, India is a country that has a massive population growth, this is a reason that prompt both the government and the private sector to work in collaboration to curb the unmet needs of contraception in their country by encouraging health care workers to improve their attitude.

2.4.2 Personal orientated factors

These factors will include the individual knowledge of contraception, attitudes towards contraceptive services, Attitudes towards sex and giving birth, culture, religion and socio-economic status.

2.4.2.1 Knowledge of contraception

According to the DoH (2012) if the department of education, health, parents and community leaders work collaboratively in educating young women about reproductive health issues and sexuality the rate of contraceptive usage will increase in the country. The prevalence of contraceptive use among educated women is 75% as compared to the uneducated women sitting at 38%. Knowledge on contraceptives allows a woman to make decisions about her own fertility with regards to how many children can she have and this will later improve their socioeconomic status.

(Chipet 2010) states that the government of Malawi has introduced programmes in the community to promote and educate both males and females about contraception, but most women reported to be using Depo-Provera
because it is easy to hide and one does not need to go to the clinic on monthly basis.

Young women in the refugee camps reported to have knowledge about one or two modern contraceptives of which condom was the mostly used but since they had no reproductive health facilities in the camp they did not use them (Okanlawon 2010).

In their study, Kanku & Mash (2010) and Onyensoh et al (2013) the findings showed that young women knew what contraceptives are, but they had no in-depth knowledge about different types of contraceptives, how and when to take them, what to do when experiencing severe side effect and what to do when missed a pill.

Tajure (2010) reports that most of the young women in Ethiopia utilised emergency contraceptive to prevention unwanted pregnancy instead of modern and traditional contraception. The learned this method from their peers but they had inadequate knowledge about when to take them post unprotected sex and how. This practice predisposed them to TOP, STIs, HIV/AIDS because they are not using condom as a prevention.

Uganda is one country that does not have programmes that educate young women about reproductive health issues and sexuality because it is improper for unmarried women to utilise contraceptives. Women do have a little bit of knowledge about contraceptives the problem is accessibility hence they resort to illegal TOP if one is pregnant to side-step judgement by the community members (Nsubuga,2016). Saudi Arabia is a country that has many women 68.3% who needs to be educated about contraceptives as compared to those with knowledge on contraceptive at 31.7% (Al-Mansour 2012).

**2.4.2.2 Attitudes towards contraception**

Young women refuse to use contraceptives simply because their partners have negative attitude towards it especially the condom without understanding the dual effect it has towards the prevention of pregnancy and STIs. Onyensoh et
al (2013) states that the misconceptions that both sexes have with regards to contraception promote attitude behaviour towards contraception’s.

Comments such as the blisters that develops around the penis are caused by the lubricant in the condoms discourage usage by male partners (Chipeta et al 2010) and young women believed that contraceptives cause infertility by blocking the fallopian tubes (Nsubuga 2016). Hence the DoH (2012) states that the power of education can help in reducing the myths, beliefs and misconceptions surrounding contraception.

Studies done in India shows that irrespective of the massive population growth in the country, majority of males and females have negative attitude towards certain contraceptives methods except for the condom and oral contraceptives and others reports that their religion is a barrier (Pegu et al 2014) (Renjhen et al 2010) and (Sherpa et al 2013).

Women at the refugee camps display a positive attitude towards contraceptive use, because they have knowledge about the benefits of using contraceptives the barriers they reported was the sexual and physical abuse, rape and prostitution and their poor economic status (Okanlawon 2010).

2.4.2.3 Attitudes towards sex

In their study Kanku and Mash (2013) mentioned that young women were verbalising that peer pressure from their pregnant friends was one of the driving force that lead them to engage in sexual activities at the very young age, with the aim of expressing their love to the boyfriend.

Onyensoh et al (2013) reported a high percentage (87.49%) of adolescent who engage in unprotected sex with their partner with no fear of any disease or pregnancy that may result. Okanlawon (2010) states that women from the refugee camps did not have reproductive health facility in their camp but 80% of them had adequate knowledge about the implications that may results if one engage in unsafe sex practice, they had a negative attitude towards sex because their partners refused to use a condom.
University students are risk takers when it comes to sex, they are expected to know and do better because their level of understanding with regards to sexuality as compared to those who are not educated is different, but majority of them irrespective to their level of education are ignorant, irresponsible with regards to safe sex practice (Nsubuga 2016) and (Tajure 2010).

2.4.2.4 Level of education

High school learners engage in risky sexual activity, they do not utilise contraceptives even though they are still at school, they do have knowledge about the contraceptives because they are being taught about it on life orientation, the content of the subject need to be reviewed (Kanku and Mash 2010) and (Onyensoh 2013).

Hence the Minister of Health highlighted that young women who are educated have positive attitude towards contraceptive use as compared to those who didn’t go to school (DoH,2012). Supporting this is the study by Nsubuga (2016) adds that the level of knowledge among the University students in Uganda about contraceptives was high even though culture and religion prohibited the use.

The use of contraceptive in Saudi Arabi does not rely on the availability of the methods or the accessibility of the clinic rather on the level of education, women from rural area seeks approval from their husband whereas the educated women had control over their sexuality (Al-Mansou et al 2012).

2.4.2.5 Culture and religion

Most studies done in Africa shows that men in the relationship tend to dictate and disapprove on the use of contraceptives and women must agree to everything without questioning. Man, especially those who live in the poor rural areas believes that it is unacceptable to discuss sexuality with your partner or your daughter (Chipeta1 2010).
Culture and religion has a negative influence on the uptake of contraceptives in the world. Women are supposed to have unprotected sex with their partners without using any method of contraception just because religion disapprove contraceptives failing to look at the negative effect it has on the health, financial, social consequence of the country (Renjhen et al 2010).

The study conducted in Pakistan states that religiously Muslim condemn usage of contraceptive, because it is against Gods plans for a woman to use modern contraceptives and culturally they strongly believe that a woman should allow nature to take place and bear as many children for if she can (Jabeen et al,2011).

2.4.3 Use of emergency contraceptives

WHO (2015) defines EC as a contraceptive method that can be used by any women of any age, when they have had an unprotected sexual intercourse or in case of rape assault, males delayed to withdraw, misplacement of IUD, but it only effective when taken within five days. DoH (2012) mentions the two types that we currently have in south Africa which are the hormonal, emergency contraceptive pills and the Cu IUD inserted up to 120 hours after unprotected sex, and this method should not be used frequently a woman should be initiated on modern contraceptive.

Ethiopia is a country that has a high rate of maternal morbidity and mortality that is caused by young women who opt for TOP when they realise that they are pregnant. Most of them know the indications of EC but the problem is that all this information is obtained from their peer hence they fail to take the pill within the recommended time frame. They are highly exposed to STIs and HIV infections because they do not use condom to protect themselves.

Hoque (2012) states that if the EC were promoted worldwide like it has been done with modern and traditional methods, the rate of unplanned pregnancies and abortion would have been less. Health care providers need to educate all
the women coming for reproductive health services about the benefits of EC to promote usage when needed.

2.5 Conclusion

This chapter discussed the literature review undertaken by the researcher. The literature review provided insight into the concept of contraception in South Africa, the impact that knowledge has on contraception, the perception young female learners has towards contraception and the attitude they experience when one is using contraception.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter outlines the study design, study setting and population, sample and sampling technique, recruitment strategy, data collection and tools, data analysis plan, reliability, validity and bias, ethical considerations as well as the conclusion.

3.2 Study design

This study used a descriptive quantitative cross-sectional study design, the purpose of selecting this design was to assess the knowledge, practices and attitude of contraceptives among learners at Lethlabile Community, North West Province. The study described the relationship between one or more variables in a sample (de Vos et al, 2011: 251). The research design gives guidance to the researcher on how to achieve the intended goals of the study. The aim of descriptive survey is finding out the opinions of the respondents regarding a phenomenon, the data was therefore collected at the same (Bless et al, 2013:61). The study hoped to assess the knowledge, practices and attitude of contraceptives by female learners.

3.3 Study setting and population

The study was conducted at Lethlabile secondary schools which falls under the local municipality of Madibeng located in the Bojanala platinum district municipality within the North-West Province. Lethlabile is a township situated approximately 35km North outside the town of Brits at the North-West Province of South Africa. According to statistics of South Africa (2011), Lethlabile community has a total population of 41,334. The target population of the study included learners aged 14-19 years who were in grade 9-12 at the three secondary schools in Lethlabile community, North West Province. The
population included girls of all types of socio-economic status, irrespective of parity, who were practising or not practising family planning, in Grades 9–12 and attending secondary schools in the Letlhabile community, North West Province.

3.4 Sample and sampling technique

Simple random sampling method was used to select samples for the study because it provides equal opportunity of selection for each element in a population (Bless et al, 2013:167). Letlhabile community has 4 secondary schools and 3 schools were randomly selected by taking out of a hat. Each grade has four classes for example (grade 9 a, b, c & d) comprising of 15 female learners maximum in each class which amount to 60 girls per grade and 240 learners per school to participate in the study. The study population was estimated at 720. The sample size was calculated to 383 according to Roasoft sample size at a 5% margin of error, 95% confidence level and 50% response distribution Raosoft (2004). The identified group were asked to partake in the study and a self-administered questionnaire were administered to those who were willing to consent for the study.

3.4.1 Inclusion Criteria: The target population of the study included only female leaners aged 14-19 who were in grade 9 or grade 12, they were registered learner at one of the randomly sampled secondary schools at Letlhabile community during the period of research. Who were practising or not practising family planning, irrespective of parity at the secondary schools in the Letlhabile community, North West Province.

3.4.2 Exclusion Criteria: the study excluded all female leaners aged below 14 and above 19. Participants who did not give consent were not allowed to take part in this study. The selection criteria was used because teenage pregnancy is of great concern in this community hence the focus of the study was mainly on school going female learners between the ages of 14 to 19 because they are the ones using contraception to prevent pregnancy.
3.5 Recruitment strategy

The researcher sent a letter of request to conduct the study to the principal of the school, followed by a verbal discussion about the aim of study. The learners at secondary schools were recruited through the principal, the researcher has given out letters of permission to learners to give to their parents. Learners whose parents consent for their children to participate were recruited to participate in the study.

3.6 Data collection and Tools

A self-administered questionnaire adopted from other studies was used to capture data relevant to the study’s objectives and research questions. The questionnaire was in English language (Annexure 4) it was estimated that the questionnaire may be administered within 30 to 45 minutes. Twenty girls from one school (excluded from the main study) took part in a pilot study and the questionnaires were amended accordingly. The questionnaire was formulated to capture sexuality information, contraceptive knowledge, attitude and practices, and comprised the following sections: section 1 – demographic information of respondents to contextualise the findings; section 2 – contraceptive knowledge; section 3 – attitudes towards contraception; and section 4 – contraceptive practices. All the participants signed a consent form (Annexure 2) for participation and permission was sought from parents whose learners could not consent for themselves. The principal requested the class teachers to ask female learners to remain in class after school. The researcher explained the study to the learners that remained in the classroom. The researcher and the research assistant then handed the questionnaires to the female learners that were interested to partake in the study and those who were not interested were asked to leave the classroom. The researcher and research assistant were present in the classroom to answer questions that needed clarity. The questionnaire was collected immediately after completion by the researcher and research assistant to enhance the return rate.
3.7 Data analysis plan

The raw data were cleaned, coded and captured in Microsoft Excel by the researcher. Raw data were entered on a Microsoft Excel spreadsheet and imported in STATA 13 software for analysis Malangu (2015:33). The demographics and outcome were summarised using descriptive summary measures expressed as mean, median and range of continuous variables and percentage for categorical variable. Frequency tables were created for the analysis of discrete variables such as age and as well as categorical variables such as the level of education. The results were measured at a p-value less than 0.05 which were considered statistically significant Malangu (2015:49).

3.8 RELIABILITY, VALIDITY AND BIAS

3.8.1 Reliability

The reliability of instruments is the degree to which the instruments produces comparable results if behaviour is measured again with the similar scale for repeated trials (Bless et al, 2013:222). The researcher has identified unclear or ambiguous items in the questionnaire to ensure that the study objectives were truly met by the tool. Reliability of the tool was ensured using a standardized tool adopted. The researcher has pre-tested the questions to 20 young girls who shared the same characteristics of the sample, this has allowed the researcher to identify all the potential flaws or to assess and improve the reliability of the questionnaire. The research assistant was trained thoroughly prior to data collection. She was informed of the questions the study hoped to answer. A thorough analysis of the tool was done by going through each item in the questionnaire and to ascertain that the instructions explained how to complete the questionnaire. The questions were clearly stated and understood by all. Anonymity of participants was ensured by the researcher. Permission to conduct the study was obtained from School Research Ethics Committee (SREC) and Sefako Makgatho University Research Ethics Committee (SMUREC) before the study commences.
3.8.2 Validity

Validity deals with the extent to which the instrument measures that which it is intended to measure (Bless et al, 2013:229). Validity was ensured by using the same questionnaire that was standardised prior to data collection. Content validity refers to the degree to which an instrument has an adequate sample of items of the construct being measured (Bless et al, 2013:229). To ensure content validity a thorough study of relevant literature was done before constructing the questionnaire; thereafter it was presented to my supervisor for comment. The reliability of an instrument deals with its ability to produce the same results over a period of time when used with the same participants (Bless et al, 2013:229). A pre-test was carried out with 20 learners who did not form part of the final study, to determine the clarity of the items and consistency of responses. The researcher has checked and ensure that the data was collected and captured correctly. This has been achieved by comparing about 10% of the completed data extraction tools with their corresponding source files and computer database.

3.8.3 Bias

Bless et al (2013:154) mentioned that to minimise bias the researcher has ensured that the questions were clear and following in a logical manner. To avoid issues of language bias, the questionnaire was translated into Setswana and back to English see annexure 4. Vaguely phrased questions were avoided. Bias was minimised further by encouraging participants to give honest, true answers to the questions asked.

3.9 ETHICAL CONSIDERATIONS

In ensuring the safety of respondents and preventing violation of human rights, permission to carry out the study was obtained from the experts from the Sefako Makgatho University School Research Ethics Committee (SMU SREC) and the Sefako Makgatho University Research Ethics Committee (SMUREC) has reviewed and make appropriate recommendations to the tool before the study
was initiated. The clearance certificate number is (SMUREC/H/166/2016:GP).

The researcher has an information sheet (Annexure: 1) for all potential respondents which described the aims and objectives of the study fully. The researcher has given a full and thorough explanation of the aims and potential benefits of participating in the study before obtaining consent (Annexure: 2). Anonymity and confidentiality was ensured in that respondents’ names did not appear on questionnaires, and information obtained was not shared to people known to participants. Also, the research report portrayed figures, statistics and discussions without giving any names. Informed consent was obtained from each respondent after a full and thorough explanation of the aim and potential benefits of participating in the study was given, and written consent was signed. The respondents were informed that participation is voluntary, and that they can withdraw at any time during the process if they feel uncomfortable. The respondents could complete the questionnaires in a spacious room (classroom or hall) away from the teachers, and they were seated individually to provide privacy and psychological comfort. They were requested to be truthful and objective in their responses.

5. Conclusion

This chapter focussed on the introduction study design, study setting and population, sampling data collection, data analysis, reliability, validity and bias, ethical considerations as well as the conclusion.
CHAPTER 4
DATA ANALYSIS AND PRESENTATION

4.1 INTRODUCTION

This chapter presents the data analysis and the interpretation of the findings. The data focused mainly on the knowledge, practice, and attitude regarding contraception among secondary learners at Letlhabele community in the North-west province.

The questionnaire included information relating to the objectives of the study which were:

- To determine the knowledge leaners have about contraceptive at Letlhabele secondary schools.
- To determine the attitudes of leaners towards use of contraceptives at Letlhabele secondary schools.
- To determine practices of contraception among learners at Letlhabele secondary schools.

4.2 DESCRIPTION OF THE RESPONSE RATE

A total of 382% learners completed the self-administered questionnaire which was distributed by the researcher and collected immediately after completion. The questionnaire lay out was as follows:

The questionnaire was constructed to attain the research objectives of the study. The questionnaire had four sections that consisted of 29 questions in total and they are as follows:

- SECTION 1 of the questionnaire included the demographics information of the respondents
- SECTION 2 dealt with contraceptive knowledge
- SECTION 3 dealt with the attitude towards contraception
- SECTION 4 dealt with contraceptive practices
The researcher checked all the questionnaire for completion immediately after the respondents have completed answering the questionnaire. It was noted that the respondents did not specify on the option of “other” they just ticked the number next to the option other, but that did not affect the finding of the study.

4.3 RESULT PRESENTATION

4.3.1 Demographic data of respondents

The demographic information addressed in the self-administered questionnaire included the respondents age, school grade, culture and family structure.

4.3.1.1 Age of respondents

Table 4.1 Age distribution of the respondents (n=382)

The mean age of respondents was 16 years and the ages range from 14-19 years. Out of 382 learners, the minority of learners 3.55% (n=14) were 14 years old, 21.99% (n=84) were 15 years old, the majority of learners 30.10% (n=115) were 16 years, 25.18% (n=100) were 17 years, 9.95% (n=38) were 18 years and 8.12% (n=31) were 19 years old (see table 4.1 above).

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 years</td>
<td>14</td>
<td>3.55</td>
</tr>
<tr>
<td>15 years</td>
<td>84</td>
<td>21.99</td>
</tr>
<tr>
<td>16 years</td>
<td>115</td>
<td>30.10</td>
</tr>
<tr>
<td>17 years</td>
<td>100</td>
<td>25.18</td>
</tr>
<tr>
<td>18 years</td>
<td>38</td>
<td>9.95</td>
</tr>
<tr>
<td>19 years</td>
<td>31</td>
<td>8.12</td>
</tr>
<tr>
<td>Total</td>
<td>382</td>
<td>100.00</td>
</tr>
</tbody>
</table>
4.3.1.2 Home language and school grades

Table 4.2 Home language and school grades (n=382)

Table 4.2 also shows that the majority of the respondents speaks is Setswana 36.91% (n=141), followed by 19.37% (n=74) speaks Sepedi, 15.97% (n=61) speaks Tsonga, 16.75% (n=64) speaks Sesotho, 5.50% (n=21) speaks Zulu and the other respondents 5.50% (n=21) speaks other languages that were not specifies by the respondents. The respondent's language is very important in this study because culture can pose as a barrier of communication between young women and their parents with regards to contraceptives use.

<table>
<thead>
<tr>
<th>Home language</th>
<th>Grade 9</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setswana</td>
<td>45</td>
<td>30</td>
<td>37</td>
<td>29</td>
<td>141</td>
</tr>
<tr>
<td>Sepedi</td>
<td>5</td>
<td>25</td>
<td>30</td>
<td>14</td>
<td>74</td>
</tr>
<tr>
<td>Tsonga</td>
<td>9</td>
<td>12</td>
<td>11</td>
<td>29</td>
<td>61</td>
</tr>
<tr>
<td>Sesotho</td>
<td>26</td>
<td>17</td>
<td>8</td>
<td>13</td>
<td>64</td>
</tr>
<tr>
<td>Zulu</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>7</td>
<td>10</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>92</strong></td>
<td><strong>91</strong></td>
<td><strong>99</strong></td>
<td><strong>100</strong></td>
<td><strong>382</strong></td>
</tr>
</tbody>
</table>

4.3.1.3 Respondents with whom learners lived (n=382)

The majority of learners 38% (n=145) live with their mothers and 33% (n=126) live with both parents and only 19% (n=73) live with their fathers and 10% of learners live with their grandparents and relatives.

The findings revealed that many families are female headed at Letlhabele community of the NWP. Many of the respondents lived with their mothers.
4.3.2. Respondents knowledge of contraception

4.3.2.1 Knowledge about contraceptives

Table 4.3 Knowledge of contraceptives (n=382)

Table 4.3 found that the majority of young women 81.15% (n=310) have heard about contraceptive method a woman can use to prevent unwanted pregnancy and 18.85% (n=72) have never heard of any contraceptives methods.

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>310</td>
<td>81.15</td>
</tr>
<tr>
<td>No</td>
<td>72</td>
<td>18.85</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>382</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

4.3.2.2 Familiar types of contraceptives

Figure 4.2 indicates that the 47.91% (n=183) of learners were familiar with the injectable contraceptives. A 41.10% (n=157) learners were familiar with the oral contraceptive pills, only 7.07% (n=27) were familiar with male condom which is of a great concern since the department of health has emphasized on contraceptive policy manual that health care professionals must emphasis the
use of dual protection to everyone. Only few 1.83% (n=7) are familiar with intrauterine device, 1.31% (n=5) were familiar with implants, 0.52% (n=2) were familiar with emergency contraceptives and patches were the least at 0.2% (n=1).

All the female learners were not familiar with female condoms and this method should be over emphasized by the health care providers because with this method it means the women has control over protecting herself against STIs and unplanned pregnancy. Other methods that learners were not familiar with were male and female sterilization, withdrawals, lactation amenorrhoea method and barrier methods.

4.3.2.3 Termination of pregnancy used as contraceptives

Table 4.4 Termination of pregnancy used as contraceptives (n=382)

Table 4.4 shows that 56.81% (n=217) of learners disagree that TOP can be used as a method of contraception whereas 43.19% (n=165) of learners agreed that TOP can be used as a method of contraception. 43.19% (n=165) is almost half of the number of respondents that participated in the study therefore female learners need to be given adequate knowledge about the importance of using
contraceptives especially when one is sexually active to prevent to undergo the termination of pregnancy.

<table>
<thead>
<tr>
<th>TOP used as contraception</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>165</td>
<td>43.19</td>
</tr>
<tr>
<td>No</td>
<td>217</td>
<td>56.81</td>
</tr>
<tr>
<td>Total</td>
<td>382</td>
<td>100.00</td>
</tr>
</tbody>
</table>

4.3.2.4 The age of respondents and termination of pregnancy

When the information regarding termination of pregnancy was completed the results were analysed in relation to the age of respondents. From the (n=164) learners who answered this question. 26% (n=43) of learners have had termination of pregnancy already and more than half of the learners were 14 years old 50% (n=2) followed by the 16-year-old 30% (n=18), then the 15 and 17 years old 24% (n=8) and the minority of learners were aged 18 and 19 were 17% (n=2).

Figure 4.3 The age of learners and termination of pregnancy (n=382)
4.3.2.5 information on how contraceptives work

Table 4.5 How contraceptive work (n=382)

Table 4.5 show that the majority of learners 64.66% (n=247) reported that they have never been given information with regards to how contraceptives work and only 35.34% (n=135) said that they have been given information on contraception. This information is imperative when dispensing contraceptives to any women because it allows them to understand for example what to expect, how to feel and what to do after

<table>
<thead>
<tr>
<th>How contraceptive work</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>135</td>
<td>35.34</td>
</tr>
<tr>
<td>No</td>
<td>247</td>
<td>64.66</td>
</tr>
<tr>
<td>Total</td>
<td>382</td>
<td>100.00</td>
</tr>
</tbody>
</table>

4.3.2.6 Respondents information on how to take contraceptives

Table 4.6 How to take contraceptives (n=382)

It was found that the majority of learners 64.66% (n=247) were not given information on how to take contraceptives and 35.34% (n=135) were not given information at all. Information about how to take contraceptives is imperative, giving a woman contraceptives without explaining how they should be administered will not yield any positive results because unplanned pregnancy will occur table 4.6.

<table>
<thead>
<tr>
<th>How to take contraceptives</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>135</td>
<td>35.34</td>
</tr>
<tr>
<td>No</td>
<td>247</td>
<td>64.66</td>
</tr>
<tr>
<td>Total</td>
<td>382</td>
<td>100.00</td>
</tr>
</tbody>
</table>
4.3.2.7 Contraceptives prevent one from contracting STIs and HIV

Table 4.7 Contraceptives prevent STIs/HIV (n=382)

Table 4.7 and 4.8 shows that the question on the prevention of STIs/HIV indicates that about half of the learners 51.57% (n=197) knew that contraceptives can prevent sexually transmitted diseases and 48.43% (n=185) did not know. All the respondents who answered yes, mentioned that condom is the method that can prevent STIs/HIV. The teachers, nurses, pharmacist, doctors and parents need to emphasise the importance of using condom in the prevention of teenage pregnancy, STIs, HIV/AIDS.

<table>
<thead>
<tr>
<th>Contraceptive prevent STIs/HIV</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>197</td>
<td>51.57</td>
</tr>
<tr>
<td>No</td>
<td>185</td>
<td>48.43</td>
</tr>
<tr>
<td>Total</td>
<td>382</td>
<td>100.00</td>
</tr>
</tbody>
</table>

4.3.2.8 Which method can prevent STIs/HIV

Table 4.8 The method that can prevent STIs/HIV (n=197)

<table>
<thead>
<tr>
<th>If yes specify</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>197</td>
<td>100.00</td>
</tr>
<tr>
<td>Total</td>
<td>197</td>
<td>100.00</td>
</tr>
</tbody>
</table>

4.3.2.9 Educated about the side effects

Table 4.9 Educated about the side effects (n=382)

Table 4.9 show that the majority of learners 58.90% (n=225) were not educated about the side effects of contraceptives and 41.10% (n=157) were educated by the nurses at the clinic. Health education on side effects should be done at every visit to prevent discontinuation of contraceptives and to promote compliance.
<table>
<thead>
<tr>
<th>Educated about side effects</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>157</td>
<td>41.10</td>
</tr>
<tr>
<td>No</td>
<td>225</td>
<td>58.90</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>382</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

4.3.2.10 Side effects from contraceptives

Table 4.10 What to do when Experiencing side effects (n=382)

Table 4.10 shows that a total of 59.95% (n=229) did not know what to do when experiencing side effects from taking contraceptives and the minority 40.05% (n=153) knew what to do because they were informed. This information should be made available to all the young women who are on family planning in the country at large.

<table>
<thead>
<tr>
<th>What to do when experiencing side effect</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>153</td>
<td>40.05</td>
</tr>
<tr>
<td>No</td>
<td>229</td>
<td>59.95</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>382</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

4.3.2.11 The knowledge of missed pill and the grades of learners

More than half of the female learners in grade 9 (n=51; 51%), 10(n=66; 66%) 11(n=54; 55%), 12(n=63; 63%) indicated that if you fail to take one pill, pregnancy will occur. Less than half of the rest of the female learners in grade 9(n=41;45%), 10(n=25; 27%), 11(n=45; 45%) 12(n=37,37%) indicated that one cannot fall pregnant if she fails to take one contraceptive pill.
4.3.3 Attitude towards contraception

4.3.3.1 Believe contraceptive prevent pregnancy with age

Figure 4.5 reveals that the majority of female learners aged 14(n=13; 93%), 15(n=74; 88%), 16(n=100; 87%), 17(n=82; 82%), 18(n=34; 89%) 19(n=24; 77%) believe that contraceptives prevents pregnancy. The minority of female learners aged 14(n=1;7%), 15(n=10; 12%), 16(n=15; 13%), 17(n=18;18%), 18(n=4; 11%), 19(n=7; 23%) do not believe that contraceptives can prevent pregnancy.
4.3.3.2 Would you recommend to a friend

Table 4.11 Would you recommend to a friend (n=382)

The table 4.11 shows that 56.28% (n=215) of respondents stated that they would recommend contraceptives to their friends and only 43.72% (n=167) said that they would not recommend contraceptives to their friends.

<table>
<thead>
<tr>
<th>Recommend to a friend</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>215</td>
<td>56.28</td>
</tr>
<tr>
<td>No</td>
<td>167</td>
<td>43.72</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>382</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

4.3.3.3 Parents to discuss contraceptives with children

Figure 4.6 indicates that culture has a negative impact on the utilization of contraceptives among young female learners as the results reveals that, the majority of Setswana (n=116; 82%) Sepedi (n=66; 89%), Tsonga (n=51; 84%), Sesotho (n=51; 80%) Zulu (n=20; 95%) and other (n=19; 90%) female learners indicated that culture serves as a barrier to discuss contraceptive with parents, whereas only a minority of Setswana (n=25, 18%), Sepedi (n=8; 11%), Tsonga
(n=10, 16%), Sesotho (n=13; 20%), Zulu (n=1; 5%) and other (n=2; 10%) female learners indicated that they cannot discuss contraceptives with parents.

![Figure 4.6 Parents to discuss contraceptives with children (n=382)](chart)

### 4.3.3.4 Discuss contraceptives with partners

#### Table 4.12 Discuss contraceptives with partners (n=382)

Table 2.12 shows that more than half of the learners 57.85% (n=221) do not discuss contraceptives with their partners at all and only 42.15% of the learners said that they have an open discussion with their partners with contraceptives. Lack of communication in the relationship contributes to the non-use of contraceptives.

<table>
<thead>
<tr>
<th>Discuss with a partner</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>161</td>
<td>42.15</td>
</tr>
<tr>
<td>No</td>
<td>221</td>
<td>57.85</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>382</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>
4.3.3.5 Method that prevents pregnancy

Table 4.13 Method that prevent pregnancy (n=382)

Table 4.13 shows that the majority of learners 76.70% (n=293) indicated that condom is the method that can be used to prevent pregnancy. A very small number of learners said that its contraceptives that can be used to prevent pregnancy. Dual protection must be overemphasized by the health care providers to minimize unintended pregnancies and illegal TOP.

<table>
<thead>
<tr>
<th>Method to prevent pregnancy</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>293</td>
<td>76.70</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>89</td>
<td>23.30</td>
</tr>
<tr>
<td>Total</td>
<td>382</td>
<td>100.00</td>
</tr>
</tbody>
</table>

4.3.3.6 Contraceptives cause infertility

Table 4.14 Contraceptives cause infertility (n=382)

The finding from table 4.14 revealed that, there is still more to be done in terms of health educating learners about the benefits contraceptives have on the women’s health because 61.78% (n=236) of learners believes that contraceptives can cause infertility and the minority of learners 38.22% (n=146) do not believe that contraceptives can cause infertility on a woman, hence utilization has great health benefits.

<table>
<thead>
<tr>
<th>Contraceptives causes infertility</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>236</td>
<td>61.78</td>
</tr>
<tr>
<td>No</td>
<td>146</td>
<td>38.22</td>
</tr>
<tr>
<td>Total</td>
<td>382</td>
<td>100.00</td>
</tr>
</tbody>
</table>
4.3.4 Contraceptive practices

4.3.4.1 Health facility offer family planning services and do you utilise.

Table 4.15 Health facility offer family planning services and do you utilise (n=382).

The results from table 4.15 indicates that 100% (n=382) of the learners reported that the health facility in their community offers family planning services. More than half of the female learners 53.66% (n=205) do not use the services offered it is only the minority 46.34% (n=205) who reported that they use the family planning services.

<table>
<thead>
<tr>
<th>Health facility offer FP services</th>
<th>Do you use the service regularly</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>382</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>177</td>
<td></td>
</tr>
<tr>
<td></td>
<td>382</td>
<td></td>
</tr>
</tbody>
</table>

4.3.4.3 Reasons for not utilizing the health service

Figure 4.7 indicates that the majority of respondents 42% (n=87) reports that they are too shy to be seen at the clinic, 34% (n=70) reports that the attitude of the nursing staff is the reason for not using family planning services and the remaining 24% (n=49) said that the clinic is too far from where they live.
Figure 4.7 Reasons for not utilizing the clinic (n=382)

4.3.4.4 Culture with the use of contraceptives

Table 4.17 Culture with the use of contraceptives (n=382)

Table 4.17 shows that more than half of the learners 55.50% (n=212) said that their culture does not allow them to use contraceptives and less than half 44.50% (n=170) said their culture does not stop them from using contraceptives.

<table>
<thead>
<tr>
<th>Culture allow the use of contraceptives</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>170</td>
<td>44.50</td>
</tr>
<tr>
<td>No</td>
<td>212</td>
<td>55.50</td>
</tr>
<tr>
<td>Total</td>
<td>382</td>
<td>100.00</td>
</tr>
</tbody>
</table>

4.4 DISCUSSION OF FINDINGS

4.4.1 Learners knowledge about contraceptives

According to the study findings, more female learners (81.15%) knew at least one contraceptive method a woman can use to prevent pregnancy. This finding agrees with (Okanlawon, 2010) which states that 94% of women knew at least two contraceptive methods. These results however differ from the findings of the study conducted by (Kanku and Mash, 2010) in the North-west province were some respondents knew nothing about the contraception. DoH (2013) adds by saying that contraceptive knowledge among women in south Africa is high but usage is very low because women are not given options to choose from various contraceptive methods available.

4.4.2 Learners knowledge about the most commonly used method

The type of contraceptive method that was commonly known by the learners were the injectables, followed by the contraceptive pills and only a few were using the emergency contraceptives and patches. These results concur with
the findings of the study conducted by (Onyensoh et al, 2013) where the most of learners used the injectables to prevent pregnancy. The DoH (2012) also mentioned that injectable are the commonly used in South Africa. The findings however differ from the study done by Pegu et al (2014), Renjhen et al (2010) and Okanlawon (2010) were more respondents were familiar with condom. However, respondents from the study done at Malawi by Chipeta et al (2010) reported that they knew variety of contraceptive methods nevertheless the uptake was very low.

The findings of great concern in this study were the overall percentage 7.07% of learners who indicated that they were familiar male condom. DoH (2012) and WHO 2018, 69) states that the use of a male and female condom with a non-barrier contraception should be overemphasized by all the health care providers in the prevention of unwanted pregnancy and HIV and STIs.

4.4.3 Learners knowledge about how pregnancy can be prevented

Termination of pregnancy has already been done by almost half of the leaners 43.19%, from the ages of 14 to 19 years to prevent unwanted pregnancy. Statistic results from the DoH (2013) revealed that 6 395 of TOP have been done during the year 2010 at the North-west province. However, the study by Onyensoh et al (2013) states that termination of pregnancy has been done illegally by many learners simply because they do not have access to this services in the rural areas of the north west. Of concern is the findings from the study by Okanlawon et al (2010) that mentioned that the disrupted clinic has caused an incline in the number of TOP among young women. More than half of the learners were not given full and accurate information about how contraceptives work and when should one take them and most importantly what to do if one is experiencing side effects, this information is very imperative because limited knowledge has a negate impact on the uptake of contraceptive use. This was consistent with the study conducted by Kanku and Mash (2010) were they found that nurses at the clinic do not share the necessary information with regards to contraceptives. In this study, there were less than half of the
learners that reported that forgetting one pill cannot make one to fall pregnant. Lack of information with regards to the mechanism of action will cause more unintended pregnancies.

### 4.4.4 Learners attitude regarding contraception

This study found that female learners had positive attitude towards contraceptives as compared to the study by Onyensoh (2013), as the majority believed that contraceptive can prevent one from falling pregnant but there were however few learners who had a negative attitude. The results however differ with the finding from the study by Pegu (2014) that states that more than half of the females had a negative attitude towards contraception. More than half of the learners said that they would recommend their friends to use contraceptives. However, culture still serves as a barrier for learners to discuss contraceptives with their parents, as more than half of the learners indicated that their parents do not discuss contraception with them. However, similar study conducted by Onyensoh (2013) states that the majority of learners discussed contraception with their parents. The findings from the study also revealed that there is a negative attitude towards female learners discussing contraceptives with their partners. The findings concur with the results of the study by (Okanlawon 2010) where women were not allowed to talk contraception with their partners. These results contradict the findings of a similar study by Onyensoh (2013) and DoH (2012) where learners reported to having an open communication with their partners with regards to contraception. The misconceptions around the use of contraception’s was high as the majority of learners believes that contraceptive use can cause infertility.

### 4.4.5 Learners contraceptive practice

According to the findings of the study, all the female learners indicated in their questionnaire that they have a health care facility in their community, however the minority of them are making use of the service regularly. The DoH (2012) also mentioned that contraceptive services will improve by 90% in all public health facilities. The justifications that female learners indicated for not using
the health service were that, they are too shy to be seen in the, the attitude of the nursing staff and the minority indicated that the clinic is too far. These results were similar to those conducted by DoH (2012), Kanku and Mash (2010) and Onyensoh et al (2013) were young women indicates that the attitude of nursing personnel prohibits them to visit the clinic on their next follow-up date. The study also found that more than half of the leaners were not practicing contraceptives because their culture does not allow usage. The study of Onyensoh et al (2013) conducted in the same province also mentioned that culture served as a barrier for contraceptive use among female learners.

4.5 CONCLUSION

This chapter presented and analysed data obtained from the questionnaire, including the tables and the graphs. The findings from the study indicated that the majority of female learners had sufficient knowledge with contraceptive methods available. However more needs to be done with regards to educating and encouraging learners about the importance of using dual protection in the prevention of unplanned pregnancy and STIs because less than few indicated that they were familiar with a condom which is of great concern.

The study highlights that more knowledge with regards to the importance of utilizing contraceptive needs to be communicated particularly because of the number of termination of pregnancy that have be done in the prevention of pregnancy. According to these findings, the non-involvement of parents and partner has a negative impact on the utilization of contraceptives. The reasons for the non-utilization of the health facility were mainly the attitude of the nursing staff, too shy to be seen at the clinic, the clinic was too far from where they live and lastly more than half of the female learners indicated that their culture did not allow them to use contraceptives. The next and final chapter will discuss the discussion, limitations and recommendations.
CHAPTER 5

DISCUSSION, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter discusses the findings of the study based on the research results of the study about the knowledge, practice and attitude regarding contraception use among secondary school learners at Letlhabele community in the North-west province. The data analysis and interpretation enables the researcher to conceptualise the research questions stated in chapter 1 of this study. The discussion covered all the objectives to determine the relationship amongst the variables.

5.2 The purpose of the study

The purpose of the study was to investigate and determine the knowledge, attitudes and practice of leaners on contraception use at Letlhabele Secondary Schools, North West Province. The intentions were to allow secondary school girls to have an open communication with their teachers, parents and partners with issues regarding contraceptives. Furthermore, this opportunity will improve in the number of contraceptive usage and cause the reduction of unintended pregnancies. The objective of the study will be covered individually in the discussion.

5.3 Conclusions in relation to the research objectives

The research objectives guiding this study are specified in section 1.6 of this thesis as follows:

- To determine the knowledge leaners have about contraceptive at Letlhabele secondary schools.
- To determine the attitudes of leaners towards use of contraceptives at Letlhabele secondary schools.
• To determine practices of contraception among learners at Letlhabele secondary schools.

5.3.1 To determine the knowledge leaners have about contraceptive at Letlhabele secondary schools.

Majority of respondents from the study 81.15% (n=310) have heard about one contraceptive method a woman can use to prevent unwanted pregnancy and similar studies done in South Africa by (Onyensoh et al, 2013) and (Kanku and Mash, 2010) shows similar results that knowledge of at least one contraceptive method was adequate among young women, understanding thereof was usually superficial. Okanlawon et al (2010) from Nigeria also found that 94% females knew at least two modern contraceptives. The results from the study shows that 18.85% (n=72) have never heard of contraceptives. Similar findings were reported by Kanku and Mash (2010) were young women said they knew nothing about contraceptives until one is pregnant. More health education, campaigns and workshops need to be conducted in this community to emphases and impart knowledge with regards to the importance of using contraceptives.

The most common form of contraception utilised by young women in the study was the injectable contraceptives 47.91% (n=183), the pill 41.10% (n=157), condom 7.07% (n=27), IUCD 1.83% (n=7), implants 1.31% (n=5) and the two least common method were EC 0.52% (n=2) and patches 0.2% (n=1). Knowledge with regards to other available modern contraceptive such as male and female sterilisation, female condoms, withdrawals, lactation amenorrhoea method and barrier method were unknown to all the learners However, women in Bangladesh were using the oral pills 83.43% and the IUCD 76.29% more than any other contraceptive method (Kamruzzaman and Hakim, 2015).

The study done by Hoque and Ghuman (2012) at KwaZulu-Natal show that only (49.8%) of respondents reported that they have heard of EC method prior to the study. Contraceptive methods such as female and male sterilisation,
withdrawals, female condom, withdrawals and lactation amenorrhoea method were not known by learners the study.

Almost half of the respondents 26% (n=43) believe that termination of pregnancy can be used as method of contraception, this results are of great concern because these means that contraceptives are either not used correctly or they are not used at all. Already 30% (n=18) young women who are 16 years of age have had TOP, the overall results confirm that 26% (n=43) young women from three secondary school reported that they have performed termination of pregnancy.

Majority of leaners 64.66% (n=247) were not given information on how contraceptives work and how to take them at home, only 35.34% (n=135) were informed. The results reveal that only 51.57% (n=197) of respondents knows that condom can prevent STIs, and 48.43% (n=185) of respondents do not have this knowledge. Similar study conducted by (Onyensoh et al, 2013) at Tswaing sub-district (NWP) reveals that (23%) of female learners reported that a condom can be used to prevent pregnancy, the use of condom should be overemphasised because this method has dual protection with great benefit. Lack of information on how contraceptives work can results in unintended pregnancy, TOP, STIs, HIV/AIDS. Health care providers need to be informed about the negative effect of not educating women about contraceptives at large has on the health of a young women and the socio-economic status of the country.

Information with regards to contraceptive side effects is imperative to prevent discontinuation of contraceptives without consultation. The majority of respondents 58.90% (n=225) were not educated about the side effects and 59.95% (n=229) were never informed what to do when experiencing side effects from the method of contraceptive one is using. The study by Kanku and Mash (2010) reports that young women were not allowed to choose the method of contraceptives they preferred and again they were given poor explanation about the side effects and how the contraceptives work.
As many as 55% (n=51) of both grade 9 and 11, the majority 73% (n=66) from the grade 10, and 63% (n=63) from the grade 12 learners reported that forgetting one pill can make one to fall pregnant. The results indicate that 61% (n=234) of leaners have knowledge that contraceptives should be taken daily to prevent pregnancy from occurring.

5.3.2 To determine the attitudes of leaners towards use of contraceptives at Letlhabile secondary schools.

The majority of learners 86% (n=327) have knowledge with regards to the prevention of pregnancy, they believe that contraceptives does prevent one from falling pregnant. Condom use is the method that the majority 76.70% (n=293) of young women reported to be effective in the prevention of pregnancy. However, the statistic from the similar study by (Onyensoh et al, 2013) shows a high awareness and knowledge 86.9% (n=113) among female learners that condom prevents pregnancy. Nonetheless almost half of the respondents 56.28% (n=215) from the study said that they would recommend contraceptives to their friend, this percentage suggest that, communication is a barrier even around peers of the same gender and age group. In contrast, most women (85.5%) in Pakistan reported that they would recommend their friends to use contraceptives to prevent unwanted pregnancy (Raheel et al, 2012).

The majority 85% (n=323) of respondents reported that they do not have an open communication with their parents hence 68.5% of females from the study done in the NWP (Onyensoh et al, 2013) reported that they obtained information regarding contraceptives from their parents.

More contraceptive awareness campaign needs to be conducted at schools and clinics and public places by health care professionals to promote the uptake of contraceptives and create an open channel of communication among young women. Culture plays an imperative role when it comes to issues of sexuality and contraceptives hence parents and males needs to be invited to this campaigns to get as much information as possible.
The findings from the study shows that 42.15% (n=161) of respondents said that they are not discussing contraceptives with their partners which could be the reason for the low uptake at Letlhabile community. Similarly, studies by (Chipeta et al, 2010) and (Mustafa et al, 2008) shows that men disapprove family planning because they are the ones who approve the family size in the relationship. In contrast (96%) of women reported to be having an open communication with their partners about the number of children they should have, the spacing thereof and the use of contraceptives (Raheel et al, 2012).

Lack of knowledge about the benefits of contraceptives contributes to the majority 61.78% (n=236) to think that contraceptives causes infertility on the reproductive health of women. Hence the uptake of contraceptive will decline if this myth is not corrected. Young women from India also mentioned that infertility is their reason for not using contraceptives (Renjhen et al, 2010).

5.3.3 To determine practices of contraception among learners at Letlhabile secondary schools.

The results of the study show that Letlhabile community clinic offers family planning services as the majority of respondents 100% (n=382) reported that. The problem is that, almost half of the young women 46.34% (n=177) do not visit the clinic regularly which is a problem because contraceptives should not be discontinued for effective use. Contrary to these findings is that 60% of respondents from a study done by (Okanlawon et al, 2010) mentioned that they do not have a community clinic near-by, that provides contraceptives and the condoms are sold by vendors. Similar findings were reported by (Srivastav, 2014) in India were access to health facility is a challenge.

The majority 53.66% (n=205) of respondents who do not utilise the service regularly stated their reasons for not going to the clinic. Most of the young women 42% (n=87) said that they are too shy to seen at the clinic and 34% (n=70) said that the attitude of nurses prohibits them from utilising the clinic services and 24% (n=49) said the distance one must travel to the clinic. Kanku and Mash (2010) reported similar findings and added other reasons which
were: ignorance, fear of parents finding out and disapproval by the boyfriend was some of the reasons.

More than half 55.50% (n=212) of the learners indicated that, culture is the reason that prohibits them for using the contraceptives. It was the minority 44.50% (n=170) that indicated that their culture allows for the usage of contraceptives. This results concur with the findings from the similar study conducted by Onyensoh et al (2013) were learners mentioned that they could not use contraceptives because it was against their culture.

5.4 Study limitations

The research focused only on female learners aged 14-19 at the selected schools, as such the results cannot be generalised since the study is not represented of the youth population of Letlhabele community. The study focused only one gender which does not allow comparisons between both male and female participants with regards to knowledge on contraceptives. Some issues were sensitive especially termination of pregnancy, surely some learners were too shy to ask questions for clarity.

5.5 Conclusion

Despite the sufficient knowledge young women have on various contraceptives methods, usage of various methods remains low among these study group. There is a greater need to disseminate knowledge on the benefits that comes with using contraceptives, the side effects and what should one do if experiencing side effects. The non-involvement of both the parents and partners has a negative impact on the uptake of contraceptives. Health education on condom use should be overemphasised at the clinic especially to those learners who undergo termination of pregnancy. The misconceptions surrounding the use of contraceptives should be clarified by the health care providers to encourage young women to use contraceptives and to teach parents about the health benefits that comes with using contraceptives. This practice will reduce the stigma surrounding contraception. The attitude of
nursing personnel is of a great concern especially in public health facility and should be addressed accordingly.

5.6 Recommendation

5.6.1 School learners

From the results of this study, it has revealed that young women need to be given a comprehensive information, which should be part of the school education curriculum to promote the use and uptake of contraceptive methods. This education should cover aspects such the available contraceptive methods, side effects, mechanism of action, how and when to take them and what to do if they experience any side effects. The risk associated with performing the termination of pregnancy needs to be outlined so that contraceptives can be utilised correctly, consistently and accurately.

5.6.2 Health care workers

Health care professionals needs to be given detailed in-service training at least every quarter, opportunities to attend workshops that will enable them to provide a detailed counselling when providing contraceptive services to young women. The importance of a positive attitude and welcoming gesture must be overemphasised when attending to young women seeking contraceptive services. Health care workers needs to be informed that health education and promotion should be adhered to at all the time because this principle will permit young women to ask questions when needed and it will create an atmosphere that is welcoming to every one seeking contraceptive services at the clinic facility.

5.6.3 Parents

Parents workshops needs to be organised by the school and the department of health in ensuring that they understand the importance of communicating with their children about the use contraceptives with more emphasis on the use of condom. Parents involvement will have a significant result on the reduction of
teenage pregnancy, STIs and HIV and it will also create a close bond of relationship between parents and their children. Parents involvement will also allow children to discuss issues related to sexuality and reduce the misconceptions children have about contraceptives. The findings from the study shows that more parents do not have an open discussion with their children with regards to contraceptives.

5.6.4 Teachers

Teachers plays an important aspect in ensuring that learners are given adequate knowledge about reproductive health when following the life orientation programme. Education on sexuality and contraception should begin at the intermediate phase. Teachers who educate Life orientation needs to be offered in-service training as well on how they should impart this knowledge and how to involve learners to participate in this subject more. Nurses needs to be invited at schools to give health education regarding contraceptives and sexuality, learners will be encouraged to participate and these might ease the emotions and fears that young women have towards visiting the community clinic.

5.6.5 Use of media to disseminate information

The Government need to ensure that information with regards to contraceptives is available through all the media channels. The information should be relevant and related to the benefits of contraceptive with more emphasis to dual protection. Media will benefit everyone including parents who are unable to discuss contraceptives with their children. The department of health to ensure that these information is played through television and radio. Advertisement using the billboards on the streets will be beneficial and it will reach a larger number of people living in these community.

5.6.6 Recommendation for future research

Teenage pregnancy is a public health concern at Letlhabile community. More research studies related to sexuality and contraceptives needs to be done in
this community and males should be included. It takes two to make a baby therefore the research should focus on both genders to determine the level of knowledge with regards to contraceptives. Both the department of Health and Education should collaborate in the designing the sex education programme that will be appropriate and relevant to the age of learners. School health nurses need ensure that they educate learners about contraceptives with more emphasis on dual protection at schools, perhaps more learners might be persuaded to utilise contraceptives to reduce the number of unintended pregnancies STIs and HIV.
6. References


7. THE ANNEXURES:

ANNEXURE 1: PARTICIPANT INFORMATION SHEET

Dear Participant,

Thank you for considering taking part in my study. I am a Public Health student registered with the Sefako Makgatho Health Sciences University. My degree requires that I conduct a study on a public health issue. My study focuses on knowledge, practice and attitudes regarding contraception among secondary school learners. Contraceptive use plays an important role in the lives of our young women, it prevents unintended and unwanted pregnancies which sometimes leads to legal or unsafe abortions. Consistent and correctly use of contraceptives will prevents sexually transmitted diseases and HIV/AIDS when used concurrently with condom. The aims of the study is to determine the knowledge, practice and attitude secondary school adolescent girls have about the contraception at Letlhabile Community, North West Province.

I am inviting you to take part in this study. Participation in this study requires you to sign a consent form, to ensure that you fully understand what the study is all about. The respondent’s names will not appear on the questionnaires, and the information will not be shared with people known to participants. Participation in this study is always voluntary; you can withdraw at any time if you feel uncomfortable. You will not be disadvantaged in any way should you wish to not participate. You will be required to complete a questionnaire with a set of simple closed ended questions. The material will only be accessible to the main researcher, assistants and research supervisor.

You are welcome to ask questions should you be unsure of these details. I thank you once again for considering participation in this study and for your time.

Kind Regards,

Leko Mosima (MPH Student)
ANNEXURE 2: CONSENT FORM

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY

ENGLISH CONSENT FORM

Statement concerning participation in a Research Project/ Study

Name of Study:

Knowledge, practice and attitudes regarding contraception use among secondary school learners at Letlhabile community in the North-West province.

I have read the information on this study and heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I know that no photographs / electronic images / sound recordings will be taken of me. I understand that participation in this Study is completely voluntary and that I may withdraw from it at any time and without supplying reasons.

I know that this Study has been approved by the Sefako Makgatho Health Science University Research Ethics Committee (MREC). I am fully aware that the results of this Study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study.

Name of volunteer: ............................................................................

Date: .............................................................................................

Place: ............................................................................................
Statement by the Researcher

I provided verbal and written information regarding this Study.

I agree to answer any future questions concerning the Study as best as I am able.

I will adhere to the approved protocol.

Name of Researcher ............................................................................................................

Signature........................................Date......................................Place.............................
ANNEXURE 3: LETTER OF PERMISSION TO CONDUCT THE STUDY -

Department of Education
Leko Rachel Mosima
Department of Public Health
Sefako Makgatho Health Science University
P.O. Box 215
Medunsa
0204
SOUTH AFRICA

Department of Education
Madibeng district
Brits
0264

Dear Sir/Madam

RE: Permission to conduct the study

I Rachel Leko Mosima, would like to request permission to conduct a study in Letlhabile secondary school. I am currently enrolled in the Master of Public Health program at Sefako Makgatho Health Science University. In order to fulfil the requirement of the degree, one has to conduct research in public health and I have identified the topic below.

The study title is: knowledge, practice and attitudes regarding contraception use among secondary school learners at Letlhabile community in the North- West province.

" To determine the knowledge, practices and attitudes adolescent girls have about the use contraceptives methods among secondary school learners at Letlhabile Community, North West Province. Data extraction tool will be used to gather the above information required for the study.

The following are the study objectives:
To determine the knowledge leaners have about contraceptive at Letlhabele secondary schools.

To determine the attitudes of leaners towards use of contraceptives at Letlhabele secondary schools.

To determine practices of contraception among learners at Letlhabele secondary schools.

An ethical clearance certificate has been granted by Sefako Makgatho University Research Ethics Committee, please see attached document. The study will not commence until the permission to conduct the study has been granted from the Letlhabele youth centre.

Regards

Mosima RL

MPH Student

Date 29/11/2017
ANNEXURE 4: QUESTIONNAIRE
RESEARCH TOOL/ QUESTIONNAIRE

KNOWLEDGE, PRACTICE AND ATTITUDES REGARDING CONTRACEPTION AMONG SECONDARY SCHOOL LEARNERS AT LETLHABILE COMMUNITY IN THE NORTH-WEST PROVINCE.

General Instructions:

Please answer all questions as honestly and consistently as possible. Your personal identity will not be disclosed in this study.

Remember: Do not reveal your name on the questionnaire as this exercise is confidential, and please give one answer per question unless if multiple answers are required.

The questionnaire has 4 sections (Socio-demographic characteristics; contraceptive knowledge, attitude towards contraception and contraceptive practices)

Write clearly or indicate with ‘X’ against the appropriate response that is applicable to you

The researcher will assist those who are unable to complete the form by themselves.

Participant Identification Number: ____________

<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTION</th>
<th>RESPONSE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>How old are you?</td>
<td>..........</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Which grade are you doing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grade 9</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Grade 10</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Grade 11</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Grade 12</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Which secondary school do you attend?</td>
<td>Please specify............</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>What is your Nationality?</td>
<td>South African</td>
<td>1</td>
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</table>
### SECTION 1: PERSONAL INFORMATION

**5. Home language?**

<table>
<thead>
<tr>
<th>Language</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Setswana</td>
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</tr>
<tr>
<td>Sepedi</td>
<td>2</td>
</tr>
<tr>
<td>Tsonga</td>
<td>3</td>
</tr>
<tr>
<td>Sesotho</td>
<td>4</td>
</tr>
<tr>
<td>Zulu</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

### SECTION 2: CONTRACEPTIVE KNOWLEDGE

**9. Have you ever heard of any contraceptive method women can use to prevent pregnancy?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**10. If yes, which methods of contraceptives have you heard about?**

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injectable</td>
<td>1</td>
</tr>
<tr>
<td>Pills</td>
<td>2</td>
</tr>
<tr>
<td>Intra-uterine device</td>
<td>3</td>
</tr>
<tr>
<td>Implants</td>
<td>4</td>
</tr>
<tr>
<td>Male condoms</td>
<td>5</td>
</tr>
<tr>
<td>Female condoms</td>
<td>6</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>7</td>
</tr>
<tr>
<td>Number</td>
<td>Question</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11.</td>
<td>Do you think termination of pregnancy can be used as a method of contraceptives?</td>
</tr>
<tr>
<td>12.</td>
<td>If yes, have you done termination of pregnancy?</td>
</tr>
<tr>
<td>13.</td>
<td>Were you given full and accurate information about how contraceptives work?</td>
</tr>
<tr>
<td>14.</td>
<td>Were you given information on how to take contraceptives?</td>
</tr>
<tr>
<td>15.</td>
<td>Can contraceptives prevent you from contracting STIs and HIV?</td>
</tr>
<tr>
<td>16.</td>
<td>If yes, please specify the method</td>
</tr>
<tr>
<td>17.</td>
<td>Have you been educated about the side effects that one might experience when using contraceptives?</td>
</tr>
<tr>
<td></td>
<td>Question</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>18.</td>
<td>Were you told what to do if you experience any side effects?</td>
</tr>
<tr>
<td>19.</td>
<td>Can a woman fall pregnant if she forgets to take one pill?</td>
</tr>
</tbody>
</table>

**SECTION 3: ATTITUDE TOWARDS CONTRACEPTION**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Do you believe that contraceptives can prevent you from falling pregnant</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>21.</td>
<td>Would you recommend them to a friend?</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>22.</td>
<td>Do you think it is okay to discuss contraceptives with parents?</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>23.</td>
<td>Do you think it is okay for a woman to discuss contraceptives with their partners?</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>24.</td>
<td>Which method do you think can prevent pregnancy?</td>
<td>Condom contraceptives</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Can contraceptives cause infertility in a woman?</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
</tbody>
</table>

**SECTION 4: CONTRACEPTIVE PRACTICES.**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>26.</td>
<td>Does your health care facility offer family planning services?</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>27.</td>
<td>Do you utilise the service regularly?</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>28.</td>
<td>If not, give reasons?</td>
<td>Too far</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The attitude of nursing staff</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Too shy to be seen at the clinic</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>How is the attitude of the nursing staff?</td>
<td>Friendly</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not friendly</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Does your culture allowed you to utilise contraceptives?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>-----</td>
<td>--------------------------------------------------------</td>
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<td></td>
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<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

THANK YOU FOR YOUR TIME
Nomoro tshwantshanya ya motsayakarolo: _____________

RESEARCH TOOL/ QUESTIONAIRRE

KNOWLEDGE, PRACTICE AND ATTITUDES REGARDING CONTRACEPTION AMONG SECONDARY SCHOOL LEARNERS AT LETLHABILE COMMUNITY IN THE NORTH-WEST PROVINCE.

Taelo:

➢ Tswee-tswee araba dipotso tso tlhe ka boammaruri lo go sa fetoge go kgonegang. O ka seka wa upolola bowena bagago mo ithuta.
➢ Gopola: o se ka wa ngwala leina la gago mo dipotso tse di kwadilweng tsa potsolotso ya sengwe go bane ke sephiri, tswee-tswee araba karabo e le engwe fela ga ntleng ga di potso tse di botsang tse dintsi.
➢ Dipotso tse di kwadilweng tsa potsolotso ya sengwe di na le dikarolo tse 4 (Dintlha ka ga wena, Thibela boimana kitso, boitshwaro ntlheng ya thibela boimana le thibelo boimana ikatiso).
➢ Kwala go bonagala sentle, thagisa ka ‘X’ kgatlanong le karabo e o e tlhopileng
➢ Mmatlisisi o tla thusa bao ba palelwang ke go tlatsa fomo ka bo bona.

<table>
<thead>
<tr>
<th>KAROLO 1: DINTLHA KA GA WENA</th>
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**KAROLO 2: THIBELA BOIMANA KITSO**

<p>| 9. | A na, o kile wa utlwela ka mefuta mengwe e mosadi a ka o dirisang go thibela boimana? | Ee 1 |
|    |   | Nyaa 2 |
| 10. | Ga ele gore karabo ke eya, ke mofuta o feng? | Injectable 1 |
|    |   | Pills 2 |
|    |   | Intra-uterine device 3 |
|    |   | Implants 4 |
|    |   | Male condoms 5 |
|    |   | Female condoms 6 |
|    |   | Female sterilization 7 |
|    |   | Male sterilization 8 |</p>
<table>
<thead>
<tr>
<th></th>
<th>Withdrawals</th>
<th>Emergency contraceptives</th>
<th>Patches</th>
<th>Lactation amenorrhoea method</th>
<th>Barrier methods</th>
<th>Tse dingwe</th>
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11. O nagana gore gontsha pelegi e kaba tsela ya go thibela boimana?  
   Ee Nyaa  
   1 2

12. Ga karabo e le eya, a na okile wa ntsha pelegi?  
   Ee Nyaa  
   1 2

13. A na o filwe tshedimosetso ya nnete ya gore di thibela boimana di bereka ka tsela e feng?  
   Ee Nyaa  
   1 2

14. O ne wa itsisewe ka ga botlalo gore dithibelo boimana di bereka ka tsela efeng?  
   Ee Nyaa  
   1 2

15. A na dithibelo boimana di ka go sireletsa go tsena ke malwetseng a thobalano go tshawana le di STIs and HIV?  
   Ee Nyaa  
   1 2

16. Ga eba karabo ke ee, ke kgopela o re boelle mofuta wa teng?  
   Ke kgople o thalose  
   ........................

17. A na o kile wa rutiwa ka ga di side effects tse mosadi a ka nnang le  
   Ee Nyaa  
   1 2

76
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<tbody>
<tr>
<td>18.</td>
<td>A, o ne wa bolelelwa gore o dire eng ga dithibelo boimano di sa go tshware se ntle?</td>
<td>Ee</td>
<td>Nyaa</td>
<td>1</td>
</tr>
<tr>
<td>19.</td>
<td>A na, mosadi a ka iphitlhela a le moimana ge a ka lebala gonwa pilisi ele ngwe fela?</td>
<td>Ee</td>
<td>Nyaa</td>
<td>1</td>
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**KAROLO 3: BOITSHWARO NTLHENG YA THIBELA BOIMANA**

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<tbody>
<tr>
<td>20.</td>
<td>A na, wa tshepa gore dithibela pelegi di ka gosireletsa go ba pregnant?</td>
<td>Ee</td>
<td>Nyaa</td>
<td>1</td>
</tr>
<tr>
<td>21.</td>
<td>O ka rotoetsa motswalle go di dirisa na?</td>
<td>Ee</td>
<td>Nyaa</td>
<td>1</td>
</tr>
<tr>
<td>22.</td>
<td>O nagana gore ke kakanyo entle ya go boledisana le batsadi ka dithibelo boimana?</td>
<td>Ee</td>
<td>Nyaa</td>
<td>1</td>
</tr>
<tr>
<td>23.</td>
<td>O nagana gore ke kakanyo entle ya gore mosadi o boledisane le molekane wa gagwe ka di thibelo boimana?</td>
<td>Ee</td>
<td>Nyaa</td>
<td>1</td>
</tr>
<tr>
<td>24.</td>
<td>Ke mofuta ofeng o onaganag gore o ka thibelo boimana?</td>
<td>Khontomo</td>
<td>Thibelo boimano</td>
<td>1</td>
</tr>
<tr>
<td>25.</td>
<td>A na dithibelo boimana di ka dira gore mosadi a palelwe ko go tshola bana na?</td>
<td>Ee</td>
<td>Nyaa</td>
<td>1</td>
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**KAROLO 4: THIBELO BOIMANA IKATISO**

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<tr>
<td>26.</td>
<td>A na, kokelelewa ya gago e fa dithibelo boimana?</td>
<td>Ee</td>
<td>Nyaa</td>
<td>1</td>
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<tr>
<td>27.</td>
<td>Do you utilise the service regularly?</td>
<td>Ee</td>
<td>Nyaa</td>
<td>1</td>
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<tr>
<td>No.</td>
<td>Question</td>
<td>Response</td>
<td>Score</td>
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<td>28</td>
<td>Ge karabo e le Nyaa, E famabaka?</td>
<td>Ke kgole Maitshwaro a baoki Dikgala tsa go bonwa kwa kokelewa</td>
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<tr>
<td>29</td>
<td>Boitswaro ba baoki bo jwang?</td>
<td>Go itsalanya Go sena botsalano</td>
<td>1</td>
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<td>30</td>
<td>Setso sa gago se a dumela o dirise di thibelo boimano?</td>
<td>Ee Nyaa</td>
<td>1</td>
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**KE LEBOGELA NAKO YA GAGO!**
ANNEXURE 5: Clearance Certificate

Sefako Makgatho Health Sciences University
Research & Postgraduate Studies Directorate
Sefako Makgatho University Research Ethics Committee
(SMUREC)

Molotlegi Street, Ga-Rankuwa 0208
Tel: (012) 521 5617/5698 | fax: (012) 521 5749
Email: lorato.phiri@smu.ac.za
P.O. Box 163 Medunsa 0204

APPRAVEL NOTICE - NEW APPLICATION

04 August 2016

Ms RL Mosimane
Department of Public Health
P.O Box 215
Medunsa, 0204

MEETING: 06/2016

SMUREC Ethics Reference Number: SMUREC/166/2016: PG

The New Application received on 20 July 2016, was reviewed by members of Sefako Makgatho University Research Ethics Committee 04 August 2016 and was approved on 04 August 2016.

Title: Knowledge, practice and attitudes regarding contraception among secondary school learners at Lelhla community in the North West Province

Researcher: Ms RL Mosimane
Supervisor: Dr P H van der Heever
Department: Public Health
School: Health Care Sciences
Degree: MPH

Please note the following information about your approved research protocol.

Protocol Approval Period: 04 August 2016 – 04 August 2017

Please remember to use your protocol number (SMUREC/166/2016: PG) on any documents or correspondence with the REC concerning your research protocol.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modification, or monitor the conduct of your research and the consent process.

After Ethical Review: Please note a template of the progress report is obtainable in the Research Office and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). A number of projects may be selected randomly for an external audit. Translation of the consent document in the language applicable to the study participants should be submitted.

International Organisation (ORG0000893), Institutional Review Board (IRB0000010386) Expiry date: 02 December 2016,
Federal Wide Assurance (FWA000022943) Expiry date: 31 August 2017 and NHREC No: REC 210408-003

Sincerely

DR C BAKER
DEPUTY CHAIRPERSON SMUREC

Date: