

ATTITUDES TO, AND KNOWLEDGE AND USE OF CONTRACEPTION AMONG FEMALE LEARNERS ATTENDING A HIGH SCHOOL IN MDANTSANE

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ABSTRACT

In an effort to reduce learners' pregnancies, the government introduced various interventions in schools such as life skills and HIV/AIDS programmes. In addition there are also clinics, television, radio and internet that provide information about HIV/AIDS and teenage pregnancy. However, despite these interventions and information about HIV/AIDS, pregnancies among female learners have continued to increase. The purpose of this study was to attain an understanding of knowledge, attitudes and use of contraception among learners attending a high school in Mdantsane. A quantitative, descriptive survey was conducted. Data were collected using a structured questionnaire, which was self-administered to 150 female learners. When the learners were asked about their understanding of contraception, 86.67% understood it as prevention of pregnancy and 8.67% understood it as prevention of sexually transmitted diseases. About 66.3% of learners had positive



attitudes to contraceptives and 77.27% were using injectable contraceptives. The main cited reason for stopping the use of contraception was the side effects. Given the main used type of contraception and reason for discontinuation, learners need to be educated about the mechanism of contraceptives and side effects associated with them. In addition, more contraceptive options should be offered to learners.

Keywords: attitude; pregnancy; contraception; knowledge; female learner; use

INTRODUCTION AND BACKGROUND

The South African Department of Health has committed to improving contraception services and education about contraceptives and sexual health in schools (South African Department of Education 2007, 2). This has reduced the number of pregnancies among female learners, but there is still a high number of them having unplanned pregnancies (Panday, Makiwane, Ranchod and Letsoalo 2009, 27). In 2005, the number of learners that fell pregnant was 55.69 per 1 000 enrolled learners, in 2006 the number increased to 56.34 per 1 000 enrolled learners, in 2007 it further increased to 59.51, and in 2008, 62.81 per 1000 enrolled learners (Panday et al. 2009, 40). Learners aged 17–19 account for the high teenage pregnancies in South Africa, and these pregnancies are significantly high among black (71 per 1 000) and coloured (60 per 1 000) adolescents (Panday et al. 2009, 41). This is in contrast to the ideal situation where sexually active women should avoid unintended pregnancy by effective use of contraceptives. It is therefore important to assess the attitudes to, and knowledge and use of contraception among female learners in order to design effective interventions to reduce unplanned pregnancies.

A systematic review conducted by Williamson, Parkes, Wight, Petticrew and Hart (2009, 5) found that reproductive health services in South Africa cater mostly for married women. There is stigmatisation of young women's sex, which becomes one of the barriers for young women to access contraceptive services (Williamson et al. 2009, 5). A study conducted by Wood and Jewkes (2006, 113) in the Limpopo province also reported that nurses generally felt very uncomfortable giving contraception to adolescent girls, particularly younger ones, whom they invariably thought of as "children". These nurses perceived that sex was starting at a younger age and that the easy availability of contraception among adolescent girls encouraged this.

Poor knowledge is often cited as a reason for ineffective or non-use of contraceptives, but studies have shown that most young people are informed about modern methods of contraception (Bankole, Ahmed, Neema, Ouedraogo and Konyani 2007, 203). Some studies indicate that learners (between 80%–90%) of both boys and girls were aware that contraceptives are available (Ahmed, Moussa, Patterson and Asamohoh 2012, 110; Jahnvi and Patra 2009, 229).

The findings of Oni, Prinsloo, Nortjie and Joubert (2005, 56) concur with the other research, stating that contraceptive knowledge among high school students in Jozini,

KwaZulu-Natal, was very low. These students were, however, aware of contraceptives and their availability. According to this study, more males knew about condoms as a form of contraception whereas more females knew about the injectable contraceptive.

The availability of contraception services also affects their use. Contraception services are not available in many work places and schools. This makes contraceptive services inaccessible to these women as they normally leave these places very late after work when the clinics have closed (Zungu and Manyisa 2009, 72).

The negative attitudes, such as the view that using contraception would cause infertility, make users fat and/or reduces pleasure in sex often result in non-use of contraceptives (Kirby 2007, 28; Manena-Netshikweta 2007, 188).

STATEMENT OF THE RESEARCH PROBLEM

The researchers' interest to conduct this study was raised after observing young women, particularly teenagers, some in their school uniforms, coming to access contraceptive services at the women's health clinic located within a specific hospital in Mdantsane. Some of these girls were students of the neighbouring schools coming for termination of pregnancy offered in the women's health centre. The number of pregnancies terminated in this hospital was 682 between the period 1 April 2012 and 31 March 2013, meaning approximately 56 pregnancies were terminated every month. The researchers looked into the ward records and found that 56% of the requests for termination of pregnancy were from girls aged 18–20 years.

Young women, especially those who are learners, are taught about contraception in schools and clinics, therefore they should be knowledgeable about contraceptives. Given the high number of unintended pregnancy and rate of pregnancy termination among these young women, and despite the presence of free contraceptives in public health facilities, there was a need to conduct this study in order to get the perspective of the learners regarding contraception.

PURPOSE OF THE STUDY

Having observed the findings of the previously mentioned studies, the purpose of this study was to attain an understanding of the knowledge, attitudes and use of contraception among female learners attending a high school in Mdantsane

The objectives of this study were to

- determine the level of knowledge of contraception among female learners attending a high school in Mdantsane
- describe the attitudes of the learners to contraception use
- assess the use of and factors that affect the use of contraception among female learners attending a high school in Mdantsane

DEFINITION OF KEY CONCEPTS

Attitude to contraception: An attitude is an expression of the way a person thinks, feels and behaves towards something. A person can have a positive or negative attitude to something (*Oxford English Mini Dictionary* 2007, 31).

For the purpose of this study, attitude is defined as a generalised idea or belief about contraception. A negative or a positive attitude was measured by the participants' response to a set of five statements on a scale. The statements were structured such that the more the participants agree with the statement, then the more positive the attitude.

Contraception: Contraception is defined as a process or technique for the prevention of pregnancy by means of medication, a device, or a method that alters one or more of the process of reproduction in such a way that sexual union can occur without conception (WHO 2011, 261). In this study, contraception was defined as modern contraceptive methods used to prevent or postpone pregnancy.

Knowledge of contraception: Knowledge is the state of familiarity with the information, understanding and skills that a person gains through education and experience (*Oxford English Mini Dictionary* 2007, 309). For the purpose of this study, knowledge was defined as familiarity with contraception, including descriptions and information acquired through its experience or education.

Knowledge was measured using the correctness of the selected responses to the posed multiple-choice questions.

Use of contraception: To use is to do something with a method or an object for a particular purpose (*Oxford English Mini Dictionary* 2007, 612).

For the purpose of this study, the use of contraception was defined as a measure of use of a method of modern contraceptives. Use was measured in three categories, namely, those who are currently not using any form of contraception, those who sometimes use contraception and those who use contraception continuously.

Learners: A learner is someone who is in the process of taking up knowledge and/or beliefs from a teacher (*Oxford English Mini Dictionary* 2007, 612).

For the purpose of this study, a learner refers to a female learner in grade 10–12 in a high school in Mdantsane.

METHODS

Research Design

A quantitative, descriptive survey was employed by means of administering a structured questionnaire. The questionnaire was self-administered to 150 female learners who were attending a high school in Mdantsane.

Research Setting

The study was conducted at a high school located in Mdantsane in the Eastern Cape province of South Africa. This is a public school located in zone 3 in Mdantsane and has a yearly intake of about 500 learners. This high school registers learners from mainly all the 18 Mdantsane zones and from the surrounding semi-rural areas, from grade 7 to 12. High school learners are within the ages of 14 and 20 years, with a ratio of 2.3: 2 female to males (Education Statistics in South Africa 2013, 7).

Population

The research population of this study was the female learners attending a high school in 2014. The target population were those female learners in senior phase (grade 10–12), aged 18–20 years and who attended school on the day of data collection.

Sample and Sampling Method

A high school class in Mdantsane had about 35 learners and there were nine grade 10–12 classes at this high school. The number of grade 10–12 female learners aged between 18–20 years was 168. The sample size was therefore 150 respondents in order to give provision for those who may be absent from school and those who may not give consent to participate in the study.

As this study was applicable to the specific population and would not be generalised to other similar populations, a convenience sampling method was used to select participants. All available female learners aged 18–20 years and doing grade 10 to 12 during 2014 were approached and asked to participate in the study until the sample size of 150 was reached.

Inclusion Criteria

To be included in the study the learners had to be registered at the selected high school during 2014. The learners had to be between the ages of 18–20 and be able to give full consent to participate in the study. In addition, these learners had to be females doing grade 10–12 during 2014.

Data Collection Instrument

A structured questionnaire was used to collect the data. The questions were grouped according to their content: knowledge of contraceptives had six questions, attitude to contraception had a Likert scale with five statements, and use of contraceptives had six questions. The questionnaire was developed based on the literature review and other research instruments used in similar studies. The questionnaire was compiled by the lead

researcher and discussed with the researcher's supervisor and a statistician. Changes suggested by the supervisor and statistician were implemented before administering the questionnaire.

The questionnaire was pretested to ensure that information about all identified issues would be collected. This was also done to establish whether the questionnaire was clearly worded and interpreted by the respondents. A pretest included two researcher colleagues, a statistician and 10 high school female learners aged 18–20. The learners who participated in pretesting of the questionnaire were excluded from participating in the actual study. After pretesting the data were used to detect questions that did not give similar responses. Such questions were rephrased and a question on the person's last sexual activity was added.

Reliability of the Data Collection Instrument

To ensure reliability, the data collection instrument was pretested. After pretesting some of the questions were rephrased for clarification and more questions were added. The questionnaire was self-administered to the respondents and steps to ensure confidentiality were explained to the respondents (Burns and Grove 2005, 374).

Validity of the Data Collection Instrument

To establish validity for this study, the lead researcher did a literature search and read widely about contraception, adolescents and young adults' knowledge, attitudes and use of contraceptives to ensure clear identification of what is to be measured. The researcher developed the variables to be measured, which were: (1) knowledge of contraception, (2) attitudes to contraception, and (3) use of contraception, and then developed questions that could measure those variables.

The initial questionnaire was reviewed by the supervisor and a statistician who had experience in the research field. They offered suggestions for rewording and clarifications. The items were revised to reflect their recommendations.

Data Collection

Data collection was done using a structured questionnaire designed by the lead researcher. The questionnaires were self-administered to the research respondents. The school headmaster requested female learners to remain in their classrooms to give the researcher time to explain the study. After giving the explanation, the researcher discussed the consent form and those learners who were interested to participate signed the consent form. The researcher then handed the questionnaires to the female learners who were interested in participating. Female learners who did not meet the inclusion criteria were requested to leave the classrooms. The researcher was available for any

questions and explanations required by the participants. Completed questionnaires were then handed to the researcher. All the data were collected on 22 July 2014.

The type of information collected by the questionnaire included data on knowledge of the types of contraception, attitudes to the various types of contraception and the use of contraception, current and past use of contraceptives and possible side effects experienced.

Ethical Considerations

Ethical clearance to conduct the study was sought and obtained from the Department of Health Studies Higher Degrees Committee, Unisa. Permission to conduct the study was also granted by the Eastern Cape Department of Education and management of the high school where the questionnaires were administered. Informed consent was obtained from the participants. To ensure that participants voluntarily participated in the study, the researcher explained to the participants that they had a right to refuse and to withdraw from the study without any punishment. In an attempt to ensure privacy and confidentiality, learners were asked not to write their names on the questionnaire so that responses could not be associated with individuals. All signed consent forms and completed questionnaires were kept in a locked cupboard and only the researcher had access to these documents. Signed consent forms were kept separate from the completed questionnaires so that they could not be matched with the responses. During the publication of results, no names of respondents were mentioned.

ANALYSIS

Demographic Data

The demographic information includes the respondents' age, school grade and dating status.

Age

The majority, 66% ($n = 99$), of the respondents were aged 18 years and were distributed through the grades 10, 11 and 12. As shown in table 1, the mean age of the respondents was 18.5 with the ages ranging from 18–20.

School Grade

The majority of the learners, 44% ($n = 66$), were doing grade 11, 36.67% ($n = 55$) were doing grade 10 and 33% ($n = 29$) were doing grade 12. There were fewer grade 12 learners.

Dating Status

Respondents who were single and those who had boyfriends but not staying with them were equal at 49.33% ($n = 74$). There were very few, 1.33% ($n = 2$), learners who were single, but staying with their partners (see table 1). Although learners get married while still attending school, none of the respondents were married. Dating status was further compared with the use of contraception.

Table 1: Demographic characteristics of the respondents ($n = 150$)

Variable	Frequency	Percentage
Age		
18 years	99	66.00
19 years	28	18.67
20 years	23	15.33
School grade		
Grade 10	55	36.67
Grade 11	66	44.00
Grade 12	29	19.33
Dating status		
Single/unmarried	74	49.33
Single and living with partner	2	1.33
Have a boyfriend, but not staying together	74	49.33

Sexual Practices

Sexual practices included the last sexual activity and marital status versus last sexual activity.

Last Sexual Activity (n = 150)

The majority of the learners, 62% ($n = 92$), had engaged in sexual activity at some stage of their lives. A total of 3.3% ($n = 5$) of the learners chose an option of “other”, which they did not further specify. A total of 38.26% ($n = 57$) of the learners indicated they never engaged in sexual activity. This could be related to the maturity and knowledge about sex.

It is important to note that nearly half of the respondents 40.94% ($n = 61$) had engaged in sexual activity in less than three months. This is especially important because this denotes a percentage of learners who are currently sexually active and would therefore be expected to be using some form of contraceptives, unless they were planning to have a baby. The learners who last had sex in a period of three months to

one year (12.08%) were also regarded as being sexually active, because it is expected that a female who is still a learner and still staying with parents may go for about three months without getting a chance to engage in sexual activity.

About 5.37% (n = 8) of the learners had last engaged in sexual activity within a period of one year to three years. These learners were regarded as having been sexually active at some stage of their lives. Some 3.3% (n = 5) of the learners opted for “other” when answering this question. Therefore it means that these learners had also engaged in sexual activity sometime in their lives. Their period of last sexual activity was not clearly defined in this option of other, meaning that it might have been outside the periods listed in the questionnaire. Only one (n = 1) respondent did not answer this question.

Dating status versus last sexual activity

A total of 48.99% (n = 73) learners reported that they are single/unmarried. A total of 69.8% (n = 51) of the single learners never engaged in sexual activity, but 30.1% (n = 22) did engage in sexual activity at some point in their lives. Only 1.3% (n = 2) learners reported to be living with their partners, but not married. These learners also reported to have last had sex in less than three months. The number of learners that have boyfriends, but not staying with them was 49.66% (n = 74). Fifty (67%) of these learners last engaged in sexual activity in less than three months and 16% (n = 12) of the learners last engaged in sexual activity in a period within three months to one year. Six (4.03%) learners with boyfriends reported to have never engaged in sexual activity. Only 2.7% (n = 2) reported a last sexual activity of within one year to three years.

KNOWLEDGE OF CONTRACEPTION

Knowledge of contraceptives was tested by the use of five questions:

Understanding of Contraception

The majority of the learners, 87.67% (n = 130), understood contraception as prevention of pregnancy. Only a few learners understood contraception as prevention of sexually transmitted diseases (STDs) (see table 2).

Understanding of Where Contraceptives are Accessed

The majority, 78.00% (n = 117), of learners understood that contraceptives are accessed at clinics. This was expected as the main healthcare facilities with contraceptive services are the clinics. A total of 8.67% (n = 13) of the learners understood that contraceptives are accessible at hospitals. A very small number of learners understood contraceptives to be accessible at a pharmacy and a private doctor. Some learners chose

option “other” and these learners did not specify where they understood contraceptives could be accessed (see table 2).

Familiar Types of Contraceptives

The majority, 70.67% (n = 106), of learners were familiar with the injectable contraceptive. A total of 12.00% (n = 18) learners were familiar with oral contraceptives/pills. Only a few, 5.33% (n = 8), were familiar with condoms. This was probably because learners did not regard condoms as a type of contraceptive. This is therefore a reason for concern as it is expected that the clinics need to offer dual type of contraceptives, including full information on these. A total of 5.33% (n = 8) chose an option “other” and two specified an implant as their familiar type of contraceptive. Some of the learners, 6.00% (n = 9), reported to be familiar with more than one type of contraceptive; five were familiar with oral contraceptives. None of the learners were aware of intra-uterine devices and spermicides (see table 2).

Knowledge of Contraceptives' Side Effects

The majority of learners, 46.00% (n = 69), were aware that contraceptives stop menstruation as a side effect. The next familiar side effect was weight gain, known by 25.33% (n = 38) of the learners. A total of 3.33% (n = 5) were aware of weight loss, another 3.33% (n = 5) were aware of loss of sexual mood and the other 3.33% (n = 5) were aware of acne/face pimples. A total of 6.00% (n = 9) learners chose an option of “other”, seven of these learners did not specify the other side effects, one specified vomiting and the other one specified that contraceptives mess up the uterus. Some of the learners (n = 11) chose more than one option of familiar side effects (see table 2).

Table 2: Knowledge of contraceptives (n = 150)

Variable	Frequency	Percentage
Contraception Understanding		
Pregnancy prevention	130	86.67
Prevention of STDs	13	8.67
Other	6	4.00
No response	1	0.67
Contraceptives' Access		
Clinic	117	78.00
Hospital	13	8.67
Pharmacy	4	2.67
Other	2	1.33

Multiple responses	11	7.33
No response	1	0.67
Familiar Types of Contraceptives		
Oral contraceptives/pills	18	12.00
Injectables/(nuristerate/petogen)	106	70.67
Condoms	8	5.33
Intrauterine contraceptive device (IUCD)	0	0
Spermicide (film, tablet, foam, gel)	0	0
Other	8	5.33
Multiple responses	9	6.00
No response	1	0.67
Familiar Contraceptives' Side Effects		
Weight gain	38	25.33
Weight loss	5	3.33
Stops menstruation	69	46.00
Heavy menstruation	7	4.67
Loss of sexual mood	5	3.33
Acne/face pimples	5	3.33
Other	9	6.00
Multiple responses	11	7.33
No response	1	0.67
Source of Contraceptives Information		
Parents	42	28.00
School/teacher	43	28.67
Clinic/health facility/health worker	33	22.00
Media/TV/Internet	8	5.33
Other	11	7.33
Multiple responses	12	8.00
No response	1	0.67

Knowledge of How Contraceptives Work to Prevent Pregnancy

When learners were asked to explain in their own words how contraceptives work to prevent pregnancy, the following responses were offered: stops pregnancy, prevents pregnancy, helps not to fall pregnant, by stopping menstruation, stops or blocks sperms, covers the egg, prevents unwanted pregnancy, gain or lose weight, and other. The majority, 36.67 (n = 55), of the learners reported that they did not know how contraceptives work to prevent pregnancy (mechanism of action). Although many of the learners did respond

to this question, their answers were incorrect. Only 24.00% (n = 36) of the learners had an idea of how contraceptives work to prevent pregnancy. (See figure 1.)

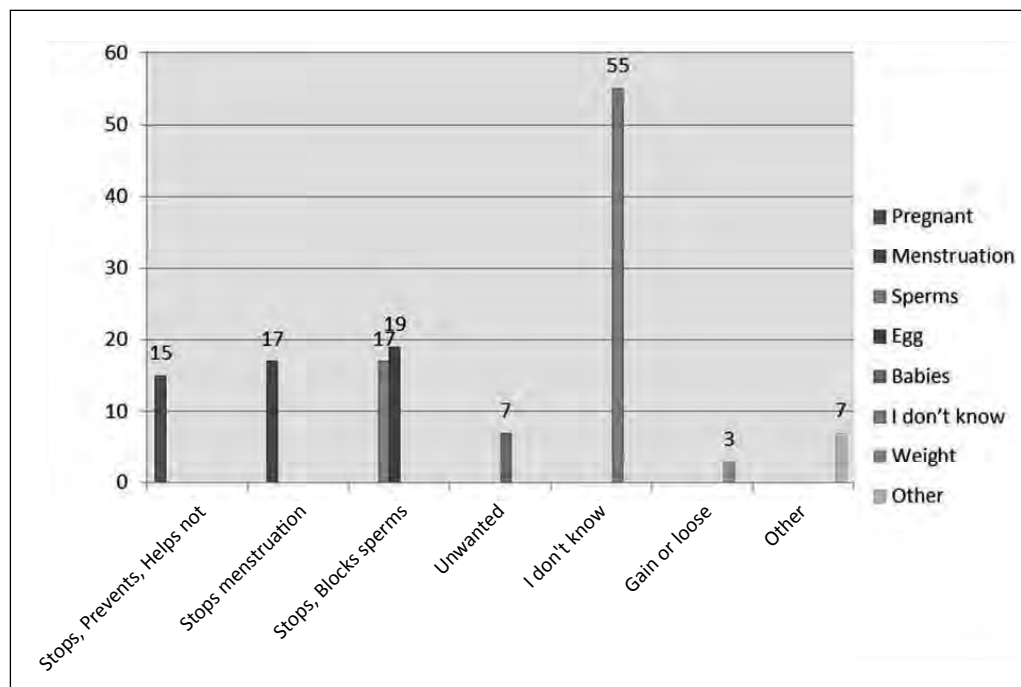


Figure 1: Knowledge of how contraceptives work to prevent pregnancy

Source of Information on Contraceptives

The majority of the learners got information on contraceptives from the school teacher/school, 28.86% (n = 43), and from parents, 28.00% (n = 42). A total of 22.15% (n = 33) of the learners got the information from the clinic/healthcare facility/healthcare worker. There were a few learners who got contraceptives information from the media/TV/Internet. A total of 7.38% (n = 11) learners got the information from other sources, namely, friends (n = 5), different people (n = 3), and the other (n = 3) did not specify their source of information on contraceptives. Some of the learners (n = 12) reported to have received information on contraceptives from three sources, namely, parents, school/teacher, and clinic/healthcare facility/healthcare worker (see table 2).

Knowledge of Contraceptives among Learners Who reported to have engaged in Sexual Intercourse

The majority of these learners, 86.02% (n = 86), understood contraception as prevention of pregnancy and they also knew that contraceptives could be accessed in clinics, 76.34% (n = 71).

The type of contraceptive that the majority, 76.34% (n = 71), of these learners were familiar with was the injectable contraceptive, which is consistent with learners overall. Knowledge of side effects was also similar to the overall participants with the majority, 47.31% (n = 44), reporting stopping menstruation as the side effect they were aware of (see table 2).

ATTITUDES TO CONTRACEPTION

The learners' attitudes to contraceptives were investigated by use of a five-level Likert scale. The majority of the learners, 47.33% (n = 71), agreed and 22.67% (n = 34) strongly agreed with approving the use of contraceptives by school children. Only a few, 17.33% (n = 26), disagreed and even fewer, 4.00% (n = 6), strongly disagreed with this statement. A total of 0.67% (n = 1) did not respond to this statement. The majority of learners agreed, 48.67% (n = 73), and 42.67% (n = 64) strongly agreed that it is better to use contraceptives than to fall pregnant. This gives a total of 91.33% (n = 137) learners who agreed with this statement.

There were very few learners that did not agree with this statement; 3.33% (n = 5) strongly disagreed and 2.00% (n = 3) disagreed with this statement, and only 2% (n = 3) were neutral. A total of 1.33% (n = 2) did not respond to this statement.

There were more learners who agreed that freely available contraceptives do not lead to promiscuity; 7.33% (n = 11) strongly agreed and 34.67% (n = 52) agreed. This gives a total of 42% (n = 63) learners who were agreed with this statement. There were also a significant number of learners who were disagreed with this statement, 21.33% (n = 32) disagreed and 6.67% (n = 10) strongly disagreed. This gave a total of 28% of learners who disagreed with this statement. There was also a big number 30% (n = 45) of learners who were neutral about this statement.

The majority (60.67%) of the learners agreed that contraceptives have more benefits than the problems they give; 46.67% (n = 70) agreed and 14.00% (n = 21) strongly agreed. There was a significant 22.00% of learners who disagreed with this statement, 0.67% strongly disagreed and 21.33% disagreed. A total of 16.00% (n = 24) of the learners were neutral and 1.33% (n = 2) did not respond to this statement. The majority (67.34%) of learners agreed that there are enough contraceptive options to suit women's contraceptive needs; 42.67% (n = 64) agreed and 24.67% (n = 37) strongly agreed. Fewer learners, 17.33% (n = 26) disagreed and 2.00% (n = 3) strongly disagreed with this statement, and 12.67% of the learners were neutral. Agreeing with this statement meant a positive attitude, and there were also more than two-thirds of the learners who

agreed with it. In summary, 66.3% (n = 93.4) of the learners had a positive attitude to contraceptives, 19.2% (n = 28.8) of the learners had negative attitudes to contraceptives, 13.7% (n = 20.6) were neutral and 0.8% (n = 1.2) did not respond to the questions.

USE OF CONTRACEPTIVES

The findings of this study show that out of 150 learners who responded to the questionnaire, 44.00% (n = 66) were currently using contraceptives and 56.00% (n = 84) were not using contraceptives. Out of the 66 learners who are currently using contraceptives, the majority, 77.27% (n = 51), were using injectable contraceptives (see figure 2).

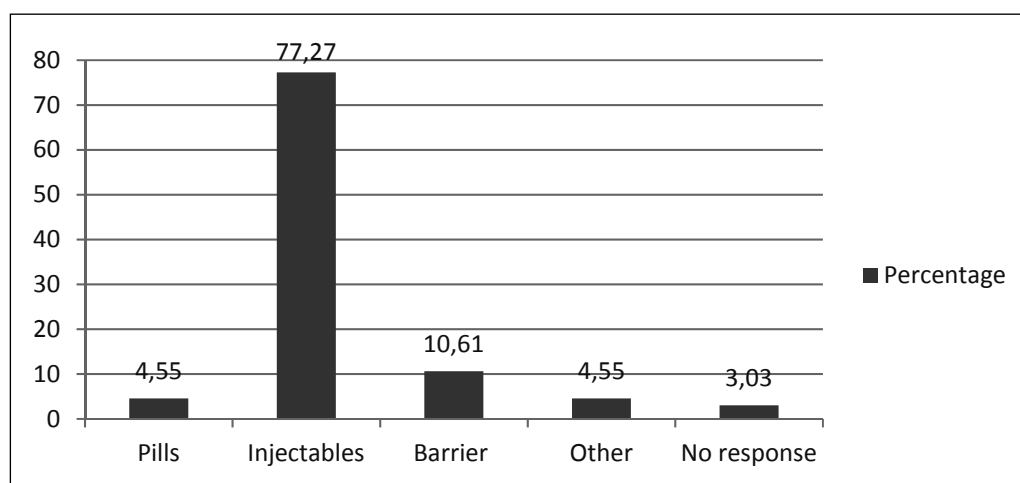


Figure 2: Types of contraceptives currently used

Out of the 84 learners not currently using contraceptives, 35.71% (n = 30) of learners did use contraceptives in the past, 61.90% (n = 52) learners never used contraceptives, and 2.38% (n = 2) learners did not respond to this question.

Out of the 30 learners that used contraceptives in the past, 93.33% (n = 28) were using injectables, only 3.33% (n = 1) learners used oral contraceptives and one learner did not respond to this question. These learners stopped using contraceptives and from the choice of reasons provided in the questionnaire, they selected the following: 53.33% (n = 16) side effects, 20.00% (n = 6) forgot to go to the clinic on their scheduled dates, 6.67% (n = 2) long queues in the clinics, and 13.33% (n = 4) needed a break from the contraceptives. A total of 6.67% (n = 2) learners had other reasons, which were not specified.

Use of Contraceptives among Learners who have Engaged in Sexual Activity (n = 93)

The study found that out of the 93 learners that had engaged in sexual activity, 54.84% (n = 51) were using contraceptives and 45.16% (n = 42) were not using contraceptives. Out of the 51 that were using contraceptives, only 4.08% (n = 2) were using oral contraceptives, the majority, 79.59% (n = 39), were using injectables, and 12.24% (n = 6) were using condoms. Two of the learners were using other types of contraceptives, one was using an implant and the other one did not specify the type.

Out of the 42 learners that were not using contraceptives at the time of the questionnaire, 66.67% (n = 28) reported to have used contraceptives in the past and 33.33% (n = 14) never used contraceptives. Out of the 28 learners that used contraceptives in the past, the majority, 96.43% (n = 27), were using injectables and only 3.57% (n = 1) were using oral contraceptives.

The study further enquired on the time of the last sexual activity in relation to the use of contraceptives. From the 93 learners who had reported to have engaged in sexual activity, 65.59% (n = 61) learners reported to have last engaged in sexual activity in a period of less than three months and 60.66% (n = 37) were using a contraceptive method, while 39.34% (n = 24) were not using any contraceptive method. This 39.34% is of serious concern as they are currently sexually active and therefore at high risk of falling pregnant while still at school. A total of 19.35% (n = 18) learners reported to have last engaged in sexual activity in a period within three months to one year. The majority of these learners, 66.67% (n = 12) were not using a contraceptive method and 33.33% (n = 6) were using a contraceptive method. A total of 8.6% (n = 8) reported to have last engaged in sexual activity in a period within one year to three years. Of these learners, 62.5% (n = 5) were using a contraceptive method while 37.5% (n = 3) were not using any contraceptive method. A total of 5.38% (n = 5) of these learners reported to have engaged in sexual activity in a period other than the ones that were specified in the questionnaire and 60.00% (n = 3) were using a contraceptive method while 40.00% (n = 2) were not using any contraceptive method.

DISCUSSION OF THE FINDINGS

According to the study findings, most of the learners knew the important basics around contraceptives. They had enough knowledge to influence whether to use or not to use contraceptives. This finding agrees with that of Bankole, Ahmed, Neema, Ouedraogo and Konyani (2007, 203) in sub-Saharan countries, which states that most young people are informed about modern methods of contraception. The learners in this study, however, did not know the details of the mechanism of action of contraceptives. There were few learners that did not even know that contraceptives are used to prevent pregnancy; this was rather a very low percentage, and in contrast to the findings of a qualitative study conducted in Taung by Kanku and Mash (2010, 568) where they found

that teenagers knew almost nothing about contraception. The majority of learners in this study knew only clinics as a place to access contraceptives. This shows restricted information about where the learners can access contraceptives, which could be useful should they encounter any challenges in the local clinics.

The type of contraceptive that was widely known and mostly used by the learners in this study was the injectable contraceptive. These results concur with the results of a study conducted by Maja (2002, 243) in Northern Tshwane, Gauteng, South Africa, which found that the majority of the adolescent female respondents used an injectable contraceptive method. This study, which included both adult and adolescent females, found that the adolescent females mainly used an injectable contraceptive. None were using an oral contraceptive and fewer used other types. This indicates the necessity to inform female learners about other types of contraceptives in order for them to be able to make informed choices about contraception. When female learners have information on various types of contraceptives, then they can opt to change a contraceptive method rather than stop using it when they experience side effects.

Stopping menstruation was the most commonly known side effect of contraceptives among the learners in this study. This was expected as injectable contraceptives mainly cause irregular bleeding, with some clients experiencing amenorrhea with continued use (WHO 2011, 61). There is a myth that when a person is not menstruating, the menstrual blood is blocked and this blockage is believed to cause back problems (Miller et al. 1998, 16). This was possibly the reason why 57.14% of the 28 learners that reported to have stopped using contraceptives reported the reason as side effects.

The main sources of contraceptives information for the learners in this study were the school/school teacher and the parents. There were very few learners who reported to have received the contraceptives information from the media. The school teacher was also the main source of contraceptives information in a study conducted by Mchunu, Peltzer, Tushana and Seutlwadi (2012, 431) in KwaZulu-Natal, followed by the clinic and then family. School seemed to play an important role in providing information regarding contraceptives. This may be due to the introduction of life skills curriculum in schools. However, parents should also be playing a vital role in discussing these subjects with their children, and there is therefore a necessity to strengthen parents' ability to have these discussions.

There are fewer studies that investigated learners' attitudes to contraceptives. In these studies, there were no clear definitions of negative and positive attitudes and how these were measured. This study found that the majority of learners had positive attitudes to contraceptives. The learners felt that contraceptives should be used by school children and that it is better to use contraceptives than to fall pregnant. There were, however, few learners who were categorised as having negative attitudes and those that were neutral. These results were similar to those of studies conducted by Onyensoh, Govender and Tumbo (2013, 230) and Maja (2002, 233) where female respondents had positive attitudes to contraceptives and would prefer not to have sex if their partners wanted to

do so without contraception. Positive attitudes from the community are also perceived to play an important role in an individual attitude to contraception (Stephenson, Baschieri, Clements, Hennink and Madise 2007, 1237).

According to the findings of this study, the majority of learners were not using contraceptives at the time of this study. There were, however, those who did use contraceptives in the past, but had stopped using them. As already indicated above, more than two-thirds of the learners were using an injectable contraceptive. Even the learners who had stopped using contraceptives were using the same injectable contraceptives in the past. There were very few learners who were using other types of contraceptives.

The most common reason for stopping use of contraceptives was side effects. This was consistent with the study conducted by Frost, Lindberg and Finer (2012, 115) who found that fear of side effects was associated with reduced use of hormonal contraceptives. Only few learners mentioned the other service-related factors as the reason for stopping use and none of the learners reported personal-related factors. The finding, which was also interesting in this study, was that there were very few learners who were using condoms and there were no learners who reported to be using the dual method.

This finding was similar to that of a study that was conducted by Mchunu et al. (2012, 433), which showed that very few young female respondents used a condom when they were with their non-regular partner. This is of utmost importance because the World Health Organization (WHO 2009, 6) emphasises use of both a contraceptive method and condom (dual method). The WHO (2009, 6) states that health care providers should strongly recommend dual protection to all users who are at high risk of STI/HIV infection.

The majority of learners who reported to have engaged in sexual activity were using contraceptives and some have used contraceptives in the past. However, there are few learners who, although they had engaged in sexual activity, reported to have never used contraceptives. These learners were at a high risk of falling pregnant. This study, however, did not investigate if any of these learners were planning to fall pregnant.

CONCLUSIONS

This study used 150 female learners to conclude that the majority of learners have the basic knowledge on contraception and have positive attitudes to contraception. The study also concluded that among those learners who are expected to be using contraception, the majority are using it. Only few learners are not using contraception and even the majority of those learners have used contraception in the past.

RECOMMENDATIONS

Recommendations of this study have been categorised into educating learners, educating parents and teachers and more use of media.

Educating Learners

The learners need to be educated about the mechanisms of action and side effects of various contraceptive options. This may increase uptake, decrease discontinuation of use and correct common myths. The learners need to know all available types of contraceptives in order to make an informed choice. This will also help them change from one option to another, instead of stopping contraception altogether. This is clearly stated by the WHO (2009, 3): clients should be given adequate information in order to make an informed, voluntary choice of a contraceptive method.

Educating Parents and Teachers

If parents and educators are the main source of contraceptive information for these learners, then they also need to be well informed on all types, mechanisms of action and side effects. This will help in making sure that the learners get correct information. Teachers need to have brochures with contraception information available at schools. These will serve as an aid when they are giving talks on contraception. Parents also need to be skilled and encouraged to talk about sexuality and contraception to their children. At the time of data collection, there were less than half of learners who got information from their parents.

Use of Media to Disseminate Information

The government needs to ensure that information on contraception is made more available on the media, including television and radio. This information will help the learners whose parents are not comfortable in discussing such issues. The school can only dedicate so much time to such talks.

Recommendations for Further Research

More research needs to be done, especially in the Eastern Cape to find out why learners still have unplanned pregnancies when they know about contraception. Perhaps this research should focus on the learners who are attending the clinic for termination of pregnancy. The pregnancies of these learners are obviously unplanned and unwanted.

LIMITATIONS OF THE STUDY

The limitations to this study were that the sampling method used was convenience sampling, which did not give female learners an equal chance to be included in the study. Sample size was also small, therefore the study results cannot be generalisable to all high school female learners. This study could also be limited by the sensitivity of the nature of questions because the use of contraception is associated with sexual activity.

The female learners may have therefore reported less or reported what they thought was acceptable to the researcher who was an adult (Hofstee 2006, 117–118). Another limitation was that the questionnaire was in English. Although the researcher explained the questions in Xhosa, the learners may have misinterpreted some questions when they were responding. Also the male learners were not included in the study.

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