

**PERCEPTIONS OF UNMARRIED WOMEN TOWARDS CONTRACEPTIVES USE  
AT TSHILAPFENE VILLAGE IN THULAMELA MUNICIPALITY, LIMPOPO PROVINCE.**

**By**

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**A mini-dissertation submitted in fulfilment of the requirements for the degree Master of  
Public Health in the School of Health Sciences, University of Venda.**

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## DECLARATION

I Sedzani Shierly Phamphe student number 11604170, declare that the mini-dissertation titled hereby "***Perceptions of unmarried women towards contraceptives use at selected villages of Tshilapfene in Thulamela Municipality, South Africa***" submitted, has not previously been submitted for a degree at this or any institution, and that this is my own work in design and execution, and that all reference material contained therein has been duly acknowledged.

**Signature:**

**Date: 2021-03-21**

## DEDICATION

To my beautiful family, this is for you

## **ACKNOWLEDGEMENT**

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## **LIST OF ACRONYMS**

**AIDS:** Acquired Immunodeficiency Syndrome

**HIV:** Human Immunodeficiency Virus

**HBM:** Health Belief Model

**STI:** Sexual Transmitted Infections

**S.A:** South Africa

**STATS SA:** Statistics South Africa

**SSA:** Sub Saharan Africa

**UN:** United Nations

## **ABSTRACT**

Women worldwide experience either an unplanned pregnancy or unwanted pregnancy, which is a result of not using contraceptives or perceiving contraceptives differently. The aim of this study was to investigate the perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. The study utilised a qualitative research approach which was explorative and descriptive in nature. The population for this study were women with parity and the target population were unmarried women with one and more children residing in Tshilapfene village. A non-probability purposive sampling was utilized to select the women at Tshilapfene village. Data was collected by means of semi-structured interview guide and field-notes recorded, data was analysed thematically. Measures to ensure trustworthiness and the code of ethics to protect the rights of the participants were applied and observed. Findings revealed that men are the primary decision maker of reproductive health on their women. Majority of women were reluctant to use contraceptives due to side effects. Based on the findings, researcher recommends that, men should be educated about contraceptives. Health care workers should educate women about different types of contraceptives and their benefits so that they can have a choice. When a woman wants to switch from using contraceptives due to side effects, health care workers should advise them on other types of contraceptive.

**Keywords:** Contraceptives, contraceptive use, Perceptions, Women.

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## 1. INTRODUCTION

Contraceptives are defined as devices or drugs serving to prevent conception. These devices include chemicals, drugs or surgical procedures (Gebremeskel, Getahun, Kanko, Tilahun, Endrias, Alamirew & Desalegne, 2017). In another finding results showed that the impact of unintended pregnancy is so severe that the rate of women who die or suffer an injury while giving birth in crisis settings is almost double the world average death rate. Given its grave consequence on the livelihood of women, there is a great need for women to be given several techniques including education to expand the awareness on Contraceptives (Seyife, Fisseha, Yebyo, Gidey & Gerensea, 2019) The following are the barrier types of Contraceptives barrier method, barrier Contraception, condom, diaphrag, cervical cap, spermicide, sponge (Schickler & Patel, 2020). Women without using contraceptive are at risk of having unintended pregnancies, transmitted diseases which threatens their health as well as their families and puts a burden on society (Gay, 2018).

### 1.2 BACKGROUND

In 2017, 63 percent of women worldwide were using some form of contraception (United Nations Report, 2017). However, worldwide an estimated 222 million women have an unmet need for contraception's (Patel, 2016). Europe had the contraceptive prevalence levels of over 70 per cent in 15 countries in 2017. However, two countries in Europe still has prevalence levels of 50 per cent or less in 2017 (United Nations, 2017) It has been revealed that contraceptive use was much lower in Africa with 36% compared to other major regions in the world where it ranged from 58 per cent to around 75 per cent (United Nations, 2017).

Many Sub-Saharan African (SSA) countries have persistent low rates of contraceptive use (Moshia, Mngimwa & Msuya, 2017). In 2014, 225 million women in the developing countries had an unmet need for contraceptives (Starbird, Norton & Marcus, 2016) Similarly in Africa as many as one in five women have an unmet need for contraceptives (United Nations, 2017). In Sub Saharan, African Countries early birth is often seen as a blessing because it is a proof to a young woman's fertility (Jacobson, 2018). Women are forbidden to use contraception because men want to have many children (Keesara, Juma, Harper & Newman, 2018). Similarly, young women have more children for reasons ranging from lack of support from their partners or communities (United

Nations report, 2017). However, this finding differs with the study that was conducted in Tanzania which shows that 58.3% women confirmed that they discuss about the use of contraceptives with their husband. During the discussion 55.2% of the women indicated that their husbands approved use of contraceptives. Nevertheless, 41.7% mentioned that it was not possible to discuss contraceptive issues with their partners (Mosha et al., 2017).

In Tanzania, a study found that 28% women reported having stopped using contraceptive of which 25% is due to side effects (Ochako, Mbono, Aloo, Kaimenyi, Thompson, Temmerman & Kays 2015). Using certain contraceptives could cause infertility (Machiyama, Huda, Ahmmed, Odwe, Obare, Mumah, Wamukoya, Casterline & Cleland 2018). Similarly, young women had mistrust on the use of contraceptives they believed that using contraceptives can result to death, infertility and side effects (Wallace, McDonald, Belton, Miranda, da Costa, Conceicao Matos, Henderson, 2018). This finding was also supported by a study conducted in Mozambique that fear of the side effects of contraceptives, make young women wary of using contraception's (Capurchande, Coene, Schockaert, Macia & Meulemans, 2016).

Ughu (2017) highlighted that, women in Nigeria community has the lowest knowledge about contraceptives. Furthermore, it has been reported that Nigeria had a contraceptive prevalence of 20 per cent in 2017 while other four countries in Africa had above 60 per cent (United Nations 2017). However, Ochako et al., (2017) reported that, Tanzanian women had the universal knowledge of almost (100%). Furthermore, in Kenya young women had fear that the condom would remain inside during sexual intercourse. The use of condom was therefore perceived as dangerous as it remains during sexual intercourse (Ochako et al., 2015). A study conducted in Ethiopia highlighted that, women that had secondary education and above were more than two times to use contraceptive methods than those who could not read and write (Belete, Zemene, Hagos & Yekoye, 2018). A similar situation was observed in Tanzania where findings show that use of contraceptives was associated with attaining secondary education or higher education compared to those with primary education (Mosha, Mgimwa & Msuya, 2017).

Experiences and interactions with healthcare providers have great potential to positively affect perception (Cuevas, O'brien & Saha, 2016). In line with these findings negative experiences with health care providers was found to be a contributory factor that might also contribute to the women being suspicious of the information imparted to them by the health care providers (de Leon, Ewerling, Serruya, Silveira, Sanhueza, Moazzam, Becerra-Posada, Coll, Hellwig, Victora & Barros, 2019). Different to this findings in Kwale community part of Kenya only 2% of women gave

health system barriers as the main reasons for non- use of contraception other reasons given included the experience and fear of side effects (Mochache, Lakhani, El-Busaidy, Temmerman & Gichangi, 2018). In Kenya young women did not feel that they want to use contraception to space birth but because of polygamy, they felt that their husband would have access to other sexual partners. Others did not want to use contraceptives to space birth to prevent their partners from taking another wife (Ackerson & Zielinski, 2017). The study conducted in Tanzania highlighted that, individuals that are monogamous have a positive attitude over the use of contraceptives (Mosha et al., 2017). South Africa has the lowest fertility rates of any country in Sub-Saharan Africa and is well into its fertility transition however, the rural areas, faces persistently high premarital child bearing rates (Onwasigwe & Ezeanolue, 2019). Previous research studies have identified several reasons why young women in rural South Africa fail to use contraceptives such as stigmatization of young women, accessing family planning programs, a lack of communication from families and gendered power dynamics in which young women feel they cannot refuse sexual advances or insist on condom usage (Guttmacher Institute, 2017).

According to South African National household survey it has been reported that South Africa had a contraception prevalence of 49.1% and 41.8% and young women had a low contraception use and poor levels of knowledge, this is because many young women leave school with little knowledge of contraception (Chersich, Wabiri, Risher, Shisana, Celentano, Rehle & Rees, 2017). In another South African study findings suggest that women were worried about the long –term consequences of using contraceptives showing concern over increases body fluid and weight fluctuations (Mjwara & Maharaj, 2018). Study suggested that fear of side effects is a result of lack of comprehensive knowledge about contraceptives and this has resulted in low uptake (Onyeonoro, Emelumadu, Chuku, Kanu, Ebenebe, Onwukwe, Uwakeme, & Ndukwe, 2014).

The South African District Health Barometer statistics revealed that in South Africa the statistics show that the couple year protection rate in Limpopo province was (70.5%) followed by Vhembe district at (62.3%) and Thulamela municipality standing at 102.2% (Massyn, Tanna, Day & Ndlovu, 2018). In Limpopo province findings suggest that women were aware of different contraceptive methods that can prevent pregnancy however most did not have knowledge of the emergency intra-uterine device and female condom (Ramathuba, Khoza & Netshikweta, 2012). Similar to this findings another study in Moletji-Mashashane part of Limpopo revealed that women did not have good knowledge of emergency contraceptives (47.5 %) reported that they had heard of emergency contraceptives, while (52.5%) reported that they had never heard of emergency contraceptives. In the same study majority of women had misperceptions about the details of

safety emergency contraceptives however, 48.4% of participant reported that contraceptives are effective in preventing pregnancy (Mamabolo, 2017).

## **1.2. PROBLEM STATEMENT**

Despite the freely available contraceptives in Vhembe district, women still experience unintended and unplanned pregnancies. The sustainable development goal number: 3 indicates the intention of maintaining the well-being health of women by reducing maternal health, mortality and morbidities. Contraceptive use can be useful in maintaining the health of women through child spacing and prevention of STI's and HIV when utilizing condoms (Chola, McGee, Tugendhaft, Buchmann, & Hofmann, 2015).

The researcher is a resident of Tshilapfene village and has observed with great concern that in Tshilapfene village there is a high rate of women who are single, unemployed, have unplanned pregnancies and depend financially on their parents. According to the royal council register book in 2017 four in five women were unmarried, unemployed and still living in their parents' household and living in poverty as parents are pensioners. Although the contraceptive services are provided by the primary health services, unmarried women continue to experience unplanned and unwanted pregnancies. Subsequently the utilization of contraceptives seems to be lacking resulting in high rate of unplanned pregnancy in the village. This results in the high rate of school dropout, increased poverty, psychosocial effects of single parenting, overcrowding in families, sexual transmitted infections such as HIV and AIDS. Grandparents carry a burden of using their old age grant money to support the grandchildren. Failure to birth spacing leads women into economic poverty as they won't have enough time to empower themselves. Unintended pregnancies are a burden to the government as the government must provide for child grant support and the food parcels. These might be related to the low use of contraceptives; hence the researcher's concern and interest is in Perceptions of unmarried women towards the use of contraceptives in Tshilapfene village, Thulamela Municipality, Limpopo Province.

## **1.3. RATIONALE OF THE STUDY**

There are several studies that have been conducted in Limpopo Province regarding contraceptives but no known study has focused on perceptions of unmarried women towards contraceptives use at Tshilapfene in Thulamela Municipality, Limpopo Province. For instance,

Lebese, Maputle, Ramathuba and Khoza (2013) focused on factors influencing the uptake of contraception services by Vatsonga adolescents in rural communities of Vhembe District in Limpopo Province, South Africa. Kyei (2012) focused on teenage fertility in Vhembe District in Limpopo Province. Mamabolo (2017) focused on Knowledge of emergency contraceptives among secondary school learners in the rural area of Moletji-Mashashane, Limpopo Province, South Africa. The researcher then identified the gap to conduct a study on Perceptions of unmarried women towards the use of contraceptives at Tshilapfene village, Thulamela Municipality, Limpopo Province. This study is important to the unmarried women of Tshilapfene village as it may positively change their decision making on how they perceive contraceptives.

#### **1.4. SIGNIFICANCE OF THE STUDY**

Findings of this study may be of paramount importance on women in the prevention of unwanted pregnancies, termination of pregnancy, poverty and transmission of sexually transmitted infections. Recommendations from the study may benefit residents of Tshilapfene village and the selected villages to make informed decisions when deciding on fertility and family planning. The study may provide families with knowledge that a planned fertility leads to happy stable families and communities. The study may benefit the stake holders in the village to improve their health education within the community. Study findings may assist the local clinics to strengthen campaigns in the villages to educate the community about the importance of contraceptives among women in Tshilapfene village. Study may also assist policy makers in the reviewing the increased accessibility contraceptives use in rural areas. The study may also benefit the body of knowledge.

#### **1.5. AIM OF THE STUDY**

To explore and describe the perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province.

#### **1.6. RESEARCH QUESTIONS**

What are the perceptions of unmarried women towards contraceptives use at Tshilapfene village, in Thulamela Municipality, Limpopo Province?



## **1.7. DEFINITION OF KEY WORDS**

### **1.7.1. Perception**

Perception is an understanding of the world constructed from information obtained by means of senses (Johnson, 1994). In this study perceptions refers to how women perceive risks, barriers and benefits to contraceptive use.

### **1.7.2. Unmarried Women**

Oxford (2014) refers to unmarried women as women who are not married. For this study, unmarried women refer to any adult female who have not being paid a bridal prize and who have children, and who are dependent on parents for a living.

### **1.7.3. Contraceptives**

Contraceptives are defined as the intentional prevention conception using various devises, sexual practices, chemicals, drugs or surgical procedures (Gebremeskel Getahun, Kanko, Tilahun, Endrias, Alamirew, & Desalegne, 2017). In these study contraceptives refers to modern methods of preventing unwanted and unplanned pregnancy.

## **1.8. THEORITICAL FRAMEWORK**

The study will be guided by the Health Belief Model (HBM). Based on the model (Strechor & Rosenstock, 1997) the likelihood that an individual will act to prevent illness depends on their perception that they are personally vulnerable

### **1.8.1. The theoretical construct**

The following four perceptions serve as the main constructs of the model: perceived seriousness, perceived susceptibility, perceived benefit and perceived barriers.

### **1.8.2. Susceptibility**

Rural women are susceptible to unplanned and unwanted pregnancies due to failure to control their reproductive health due to lack of concrete information about contraception use, also myths and misconceptions surrounding contraceptives which act as barriers to reproductive health and consistent use of contraceptives. Women should be empowered towards taking an action about their fertility, the right to reproductive health and information. Contraceptive knowledge can contribute to women changing their perceptions on contraception and contraceptive use.

### **1.8.3. Perceived severity**

Women who have children are more likely to use contraceptives as they already know the consequences of failure to maintain their children and they would not want the same problem to occur again.

### **1.8.4. Perceived barrier**

The barriers that women may perceive are cultural barriers; some cultures consider women who use contraceptives as murders. Some men say that when they have sexual intercourse with women who uses contraceptives they experience some pains on their waist. Poor health services, for instance when there is no clinic in the village and people must walk long distances to the clinic. Low level of education in the village may also be a barrier to women in the village. Religion may also be a barrier as it may happen that for some women when they are using certain contraceptives they happen to experience menstruation periods time over time and that may be a stumbling block for them to attend the church services.

### **1.8.5. Cues of actions**

Decision for women on the use of contraception will be informed by the challenges that women are going through due to unplanned children for instance single parenting, unemployment, school dropout. Advises and provision of knowledge from health service providers such as nurses may also have a positive impact on making informed decisions.

### **1.8.6. Perceived benefits**

When women are empowered on contraceptive use they become more aware of child spacing, women can take care of their body, they become economically valuable, they recover from effects of pregnancy and they can look after their children.

## **1.9. Outline of the Chapters**

### **1.9.1. Chapter 1**

The first chapter outlined the introduction of the study. Chapter one includes the following topics, the Statement of the problem, objectives of the study, research questions of the study, significance of the study and definition of main terms, were main terms are defined in the context of this study.

### **1.9.2. Chapter 2**

Deals with the research design. Sampling method, techniques of data collection techniques that were used in the study. This study used in depth interviews and the Thematic analysis was used for coding.

### **1.9.3. Chapter 3**

Chapter 3 deals with the presentation of data obtained from the interviewed participants about Perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. The data gathered in the interviews was presented, analyzed and discussed in this Chapter.

### **1.9.4. Chapter 4**

This chapter draws conclusions based on the research findings and literature review on perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. In addition, the recommendations on the strategies or that may help to promote the use of contraceptives also discussed in Chapter 4.

### **1.9.5. Conclusion**

The aim of the chapter was to bring background on Perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. The problem statement has been provided, aims, objectives, significance and theoretical framework has been highlighted. The next chapter is research methodology.

## CHAPTER 2

### RESEARCH METHODOLOGY

#### 2.1. INTRODUCTION

Methodology is a blueprint for conducting the study that maximizes control over factors that could interfere with the validity of the findings (Merriam & Grenier, 2019). This section presents the research methodology and discusses the research method as well as the study design. The focus is also on the study population, study setting together with the sampling method. Data collection procedure and instrument will be incorporated in this chapter. The discussion includes ethical considerations, measures to ensure trustworthiness and data analysis.

#### 2.2. STUDY DESIGN

Study design is a framework, or the set of methods and procedures used to collect and analyze data on variables specified in a research problem (Ranganathan & Aggarwal, 2018).

The proposed study employed qualitative approach in nature using descriptive design. The rationale for using the qualitative method was because it allowed unmarried women to explain freely about their perception towards the use of contraceptives (Dean, Gisell, Brookmeyer, De Gruttola, Donnelly, Halloran, Jasseh, Nason, Riveros, Watson & Henao-Restrepo, 2019)

Padgett (2016) qualitative approach is used in the circumstances where the little is known about a phenomenon and the boundaries of the phenomenon are not clear. In this case, the researcher was able to get deeper understanding through probing on the perceptions of unmarried women towards the use of contraceptives. An explorative design was used in this study to gain more understanding on perceptions of women towards the use of contraceptives in Tshilapfene village and the selected villages, Thulamela municipality, South Africa.

#### 2.3. STUDY SETTING

The study was conducted at Tshilapfene village. Tshilapfene is a village situated at Thulamela Municipality in the Vhembe district, of Limpopo Province, South Africa. Tshilapfene village is under the traditional leadership. Tshilapfene village is situated about (48 kilometers) away from Thohoyandou Town.

Tshilapfene village has a total number of 835 households. There is no clinic within the village however the residents of Tshilapfene village access health care services from Thondo Tshivhase clinic which is about 3 Kilometers away from Tshilapfene village. The clinic is within the accepted radius of Primary Health Care. In Tshilapfene village there is a high rate of unemployed women who are unmarried and who also have many children and still dependent on their parents. There is one crèche and one primary school and there is no secondary school. Most of the residents are unemployed and they depend on old age grant and child grant for a living. Most households are headed by single mothers and elderly people who also look after grandchildren as their parents relocated to big cities like Johannesburg in search of jobs.

### Tshilapfene Village Thulamela Municipality

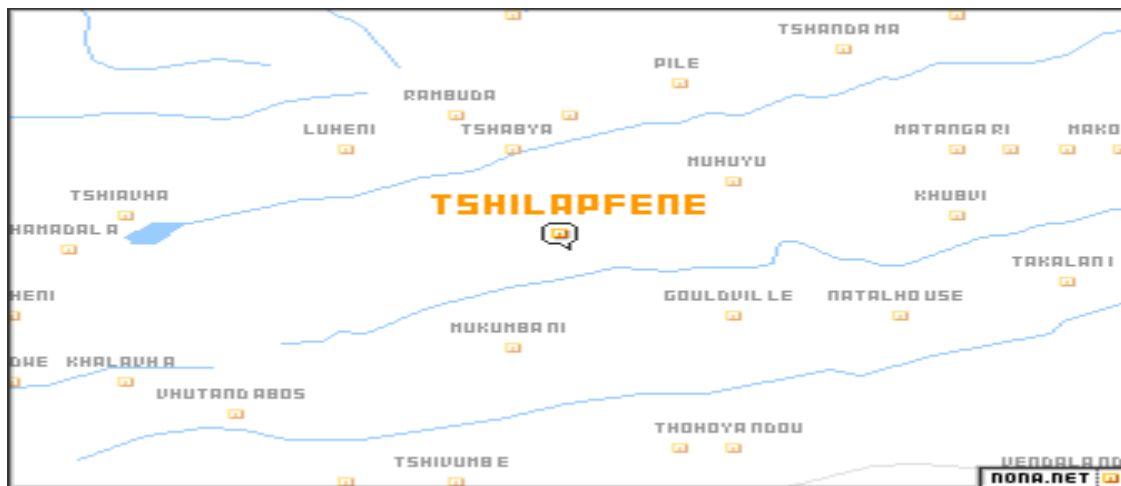


Figure 1: Map of Tshilapfene area in Thulamela municipality

## 2.4. STUDY POPULATION

Study population refers to the total number of subjects or objects from where data will be collected and results inferred to (Polit, 2013). In addition, Flick (2015) population refers to a group of people of interest where the participants are drawn. The population was unmarried women residing at Tshilapfene village.

## 2.5. TARGET POPULATION

The target population in this study included unmarried women who reside at Tshilapfene village, who were unemployed and still dependent on their parents for financial support.

## **2.6. SAMPLING**

Sampling is the act, process, or technique of selecting a suitable sample, or a representative part of a population for determining parameters or characteristics of the whole population (Aksakal, Bilecen, & Schmidt, 2019). Purposive sampling is a non-probability sampling that is selected based on characteristics of a population and the objective of the study. This type of sampling is useful in situations when the researcher needs to reach a targeted sample quickly, and where sampling for proportionality is not the main concern (Polit & Back, 2013). For this study, purposive sampling was utilized. The researcher purposely selected unmarried women from the Tshilapfene village burial society register book.

The researcher anticipated a sample size of 25 unmarried women who resided at Tshilapfene village. However, the sample size may change due to data saturation. Data saturation is when participants are no longer giving new information (Braun, Clarke, Hayfield, & Terry, 2019).

## **2.7. INCLUSION CRITERIA**

- Women who were unmarried, unemployed and still financially dependent on their parents for a living.
- Having one and more children.
- A resident of Tshilapfene village.
- Willing to participate in the study.

## **2.9. DATA COLLECTION METHOD**

Drake, Rancilio & Stafford (2017) data collection is described as the methods through which information can be obtained. This was done through interview sessions with the participants, observation as well as other sources of information (Kumar, 2019) states that data collection method is a study process which is adopted to gather new information.

In-depth interviews were used as a method of collecting data. The researcher was guided by a semi-structured interview guide. Techniques such as field notes, observation, audio tape, semi-structured interview guide were used during data collection. The researcher made use of field notes and observation to record non-verbal clues displayed by the women during the interview such as sighing and nodding. Observation was used when the researcher saw non-verbal cues (e.g. shaking head). A voice recorder was used with the consent of the women.

## **2.10. RESEARCH INSTRUMENT**

The researcher developed a semi-structured interview guide in English based on various literature reviews. However, the semi-structured interview guide was translated into Tshivenda by a language practitioner from the University of Venda, English Department to accommodate participants who did not understand English. The data was collected using semi-structured interview guide. Interviews allowed the researcher to be in direct contact with participants during the process of the interview. For this study a semi-structured interview was used which allowed the researcher to have a set of predetermined questions to ask and allow probing which helped cover the study objectives. Having a set of predetermined questions discouraged the issue of deviating from the main topic. This kind of interview allowed for follow ups on the questions and probe where necessary to get clarity or in-depth understanding of what the unmarried women would say.

The advantage of using interviews was that it enabled the researcher to obtain detailed information; detailed information was asked using interviews. A higher rate response was achieved, and the participants' own words were recorded. Ambiguity was clarified, and incomplete answers were followed up. The researcher got to know the population being studied (Kumar, 2019).

The set of questions for which the researcher intended to ask the women was about their perceptions towards the use of contraceptives.

The researcher chose the interview guide because it allowed probing hence getting in-depth data. Participants were requested to complete the informed consent before asking questions from the interview guide. The informed consent went together with the information letter. The interview guide covered: demographic information of participants explored and described the perception regarding knowledge, attitudes, practices, reasons for use and non-use (perceived susceptibility, perceived benefits and perceived barriers) of women towards the use of contraceptives in Tshilapfene village under in Thulamela Municipality, South Africa.

## **2.11. PRE-TEST**

Pretest in qualitative research involves administering the interview to a group of individuals that have similar characteristics to the target study population, and in a manner, that replicates how the data collection session will be introduced and what type of study materials will be administered (Consent, Hurst, Arulogun, Owolabi, Akinyemi, Uvere, Warth & Ovbiagele, 2015).

To ensure that the study relate to what the study seeks to achieve, a pre-test was conducted with three women who did not form part of the study but who have the same characteristics as participants, this assisted the researcher to check if the study was practical. This was done to evaluate whether the researcher was putting focus during data collection and to check the relevancy and applicability of the questions structured on the interview guide for the topic under study.

## **2.12. DATA COLLECTION PROCEDURE**

After obtaining permission from the village chief, the researcher attended the community gathering where the researcher then introduced herself to the participants and explained her intentions for the visit. The researcher conducted data collection from an individual participant household. This was done to ensure confidentiality and to ensure that participants were free to express themselves in a free and conducive environment. Before taking part in the study the participants were required to sign a consent form to indicate that they understand the nature and process of the study. The consent form went together with the information leaflet.

During the interview process, the researcher was approachable and friendly while at the same time being professional. This made the participants to feel comfortable. The researcher was guided by semi-structured interview guide during the interview. This meant that there was a set of predetermined questions that allowed probing where necessary. The researcher made use of an audio tape, observation and field note-taking during the interview process. The estimated time for which the researcher planned to interview each participant was 30-45 minutes although the actual time was determined by pre-test interview.

## **2.13. DATA ANALYSIS**

According to Bird Menzies & Zimmermann (2015) data analysis is defined as the process of systematically applying statically and logical techniques to describe and illustrate, condense and recap and evaluate data. Thematic analysis will be used to analyse data. According to Krippendorff (2018) thematic analysis is a qualitative analytic routine for recognizing, scrutinizing and recording themes within data. Data collected was analysed using thematic analysis, in line with the objectives of the study. The researcher gained a deeper understanding of participant's views about perceptions of women towards the use of contraceptives through using thematic analysis. The analysed data was presented in themes, sub-themes and categories. The following steps was used when analysing data (Braun & Clarke, 2006)



### **2.13.1. Familiarization**

The researcher became familiar with the data. During this phase the researcher made use of audio recordings to transcribe data. The researcher went through the data from the entire interview and started taking notes. This was done through reading before coding the ideas and the identification of possible designs was shaped in the process.

### **2.13.2. Generating initial codes**

During this phase the researcher allocated codes to the data. A code is a brief description of what is being said in the interview, each time the researcher note something interesting in the data the researcher will wrote down a code. By coding the researcher started to organize data into meaningful groups. There was a long list of different codes the researcher would have identified across the data set. The researcher re-read the data and take notes and make transcription of the most important things such as words and statements in so doing generating codes.

### **2.13.3. Sorting codes into themes**

The researcher looked at the list of codes and their associated extracts and then tried to collate the codes into broader themes that say something interesting about the data. During this phase, some themes were subthemes to others. In this process, not all codes fitted together with other codes. Some codes became themes themselves if they were interesting, while some codes seemed jobless. During this phase the researcher did not throw away codes that didn't seem to fit anywhere, as they could be of interest later.

### **2.13.4. Reviewing themes**

The researcher reviewed and refine the themes that were identified during phase three. The researcher read through all the extracts related to the codes to explore if they support the theme. If there were contradictions and to see if themes overlapped. Some data extracts could fit into multiple themes. Here, some of the extracts could also fit into a search theme.

### **2.13.5. Defining and naming themes**

During this phase the researcher named and described each of the themes identified in the previous steps. Theme names were descriptive. At this point, the researcher did not only describe what the theme was all about but also described what was interesting about the theme and why it was interesting. The researcher told which story the theme tells and how this story related to other themes as well as to the overall research question.

### **2.13.6. Producing the report**

It is important that when you write up your results, there should always be enough information about your project and process for the reader to evaluate the quality of your research. The researcher wrote up a clear account of what was done, both when carrying out the research and for the analysis.

### **2.14. Measures to ensure trustworthiness**

Trustworthiness is concerned with how the researcher will establish confidence and what makes the findings genuine which is truth value. Trustworthiness is the extent to which the study is worth taking note of. As a way of ensuring trustworthiness the concepts credibility, dependability, transferability and conformability was used to describe aspects of trustworthiness (Amankwaa, 2016).

#### **2.14.1. Credibility**

Credibility addresses the “fit” between respondents’ views and the researcher’s representation of them (Nowell, Norris, White & Moules, 2017). To ensure credibility the researcher actively participated in the collection of data. Prolonged engagement, taking down of field notes and observation of the participant’s responses was done. The researcher gained a deeper understanding of the topic as well as specific aspects of the women through interviews. Findings was shown to the participants to allow them to confirm if they represent their opinions accurately and to ensure credibility of the tape recorders and field notes used in the data collection.

#### **2.14.2. Transferability**

Transferability refers to the generalizability of inquiry. In qualitative research, this concerns only to case-to-case transfer (Nowel et al., 2017). Transferability was achieved through portrayal of the methods used to gather data. In this study transferability was achieved through outlining the context and setting in which the research took place, so that the reader could decide to look at the context of the work and perceptions of women towards the use of contraceptives. Transferability was ensured by giving clear description of the studied population, the instrument that was used and method to collect data and how data was analysed.

#### **2.14.3. Dependability**

To achieve dependability, researchers can ensure the research process is logical, traceable, and clearly documented (Nowel et al., 2017). In this study dependability was achieved by keeping a detailed record of the research methods that was used, including how data was collected, analysed and instrument that was used so that another researcher can use as reference. The use

of tape record and sketchy notes was used to ensure dependability. The proposal was presented in the department of public health, school higher degree, higher degree committee, and ethical clearance to ensure dependability. On-going supervision by supervisors was done.

#### **2.14.4. Conformability**

Conformability is concerned with establishing that the researcher's interpretations and findings are clearly derived from the data (Nowel et al., 2017). This was also ensured during the discussion of the findings, where the relevancy of the data collection findings and literature review were correlated to identify the similarities and differences during the discussions of the results.

#### **2.15. Ethical considerations**

Ethical considerations will be ensured throughout the study to protect the rights of the participants. The researcher seek permission to conduct the study, informed consent, voluntary participation, confidentiality, privacy and protection of participants from any harm was also considered.

##### **2.15.1. Permission to conduct the study**

The research proposal was presented at the Public Health Department, School of Health Sciences and later to the University of Venda Higher Degrees Committee for quality assurance and approval. An application was made to the Research Ethics Committee of the University of Venda for ethical clearance to conduct the study. After getting the ethical clearance from the Ethics Committee, permission to conduct a study was required from the chief of Tshilapfene village.

##### **2.15.2. Informed consent**

According to Akinsola (2005), subjects have the right to give voluntary informed consent. Furthermore, for a person to give informed consent, he or she must be fully informed about what is expected of the subjects and the nature of the study. Before obtaining written consent forms, participants were provided with information regarding the purpose and objectives of the study, the voluntary nature of participation and the time it took to complete the interview questions. After being given the choice to choose whether to take part in the study, only those willing to participate were given the consent forms to complete. Consent forms were translated in the language that participants understand well (Tshivenda).

##### **2.15.3. Voluntary participation**

Before engaging the participants in to the research study the researcher ensured that they know that participation should be done at their own free will and that they have the right to withdraw

from taking part at any time should they feel uncomfortable or threatened in the research process.

#### **2.15.4. Confidentiality and Anonymity**

Confidentiality implies that all the information collected by the researcher from the subjects are kept in strict confidence whereas anonymity, on the other hand, means that the researcher should put in place a mechanism such that the researcher cannot link a participant with any information that comes from him or her (Akinsola, 2015). To ensure confidentiality, participants were informed that the data; and the tapes were only accessed by the researcher and the supervisors, and that kept in a lockable cupboard where no other person will access them. The uses of pseudo names were used to ensure anonymity.

#### **2.15.5. Protection of participants from any harm**

Grady (2018) state that when using humans as research subjects, harm and risks should be minimised whilst benefits are maximized. Furthermore, any ethnic, religious, political, social, gender or other differences in a research population should be sensitively and properly handled by researchers at all stages of the research. The researcher ensured that no physical, psychological or emotional harm occurred to the participants. The researcher constructed questions in an appropriate manner that is in no way judgmental to avoid inflicting anxiety and psychological trauma during the process of responding to the interview questions. Other possible dangers were looked at and the research guarded against them.

#### **2.16. Summary**

Research techniques methods were explored in this chapter. Moreover, the chapter has outlined the population details, study area setting and sampling techniques that were utilized in the study. It has also dealt with qualitative data collection tools namely; semi-structured interview guide, in-depth interviews and the data analysis method. This chapter also assessed the research ethics which the researcher thoroughly observed during the data collection processes and after. The next chapter provides the data analysis, interpretation and discussion of the study findings.

## CHAPTER 3

### PRESENTATION AND ANALYSIS OF DATA

#### 3.1 Introduction

Chapter 3 is about data presentation that was obtained from interviewed participants on Perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. The data gathered during the interview was presented, analysed, and discussed in this chapter. The following sections were included in this chapter: demographic profile of participants; presentation of data, analysis of data. Presentation of demographic information was in the table form. Data was then presented, analysed, discussed and linked with relevant literature regarding Perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province.

#### 3.2 Socio-Demographic Information

**Table 3.2.1. Socio- Demographic Information of the Participants from Tshilapfene village.**

Pseudo Name	Number of years staying in Tshilapfene Village	Age	Number of Children	Highest Qualification	Occupation	Marital status
Participant 1	Since birth	27	2	Grade 12	Unemployed	Unmarried
Participant 2	Since Birth	31	4	Grade 12	Unemployed	Unmarried
Participant 3	Since Birth	26	1	Diploma in Public Management	Unemployed	Unmarried
Participant 4	14 years	35	2	Grade 12	Unemployed	Unmarried
Participant 5	Since Birth	39	5	Grade 12	Unemployed	Unmarried

Participant 6	13 years	34	2	Diploma in Human Resources	Unemployed	Unmarried
Participant 7	Since Birth	37	3	Grade 7	Unemployed	Unmarried
Participant 8	Since Birth	32	3	Grade 12	Unemployed	Unmarried
Participant 9	Since Birth	38	4	Grade 4	Unemployed	Unmarried

Table 3.2.1 indicates the demographic information of 9 women who were interviewed by the researcher regarding perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. All participants were unmarried women. The age distributions of the unmarried women were as follows 7 women were above 30 years and two women were below 30. The youngest woman was 26 years with the smallest number of 1 child whilst the oldest woman was 39 years with the highest number of 5 children.

#### 4. Presentation and Discussion of Findings

Themes and sub-themes based on the responses of women with regards to perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province are described in 1.4. A total of 4 themes emerged from the start that were Perceptions of unmarried women towards contraceptives use: Views of women on contraceptives use, Challenges faced when using contraceptives, financial support, Barriers to using contraceptives.

Out of these 5 themes came out 6 sub-themes that shall be discussed in detail in the upcoming sections. Given that 6 sub-themes namely type of contraceptive used (Injection, condom and pills), Side effects caused by using contraceptives, Lack of financial support, Lack of family support, Birth spacing and prevention of unwanted pregnancy, each sub-theme shall be individually discussed in detail and linked with relevant literature in the upcoming section.

Number	Main Themes	Sub-Themes
<b>Theme 1</b>	3.1 View of women on using contraceptives	3.1.1 Type of contraceptive used ( Injection, condoms and pills)
<b>Theme 2</b>	3.2. Challenges faced when using contraceptives	3.2.1. Side effects caused by using contraceptives.
<b>Theme 3</b>	3.3. Financial support	3.3.1 Lack of financial support.
<b>Theme 4</b>	3.4. Barriers to using contraceptives	3.4.1. Lack of family support
<b>Theme 5</b>	3.5. Benefits of using contraceptives	3.5.1. Birth spacing 3.5.2. Prevention of unplanned pregnancy

**Figure 1.4 Summary of Themes and Sub-Themes**

**THEME 1: View of women on using contraceptives**

Majority of women have shown that the most common types of contraceptives used were injectable methods and pills. Women have shown that contraceptives are the best methods of child spacing and prevention on unplanned pregnancy, however some of them switched from using contraceptives due to side effects. They said contraceptives are good as they also give women an opportunity to empower themselves.

### **Sub- Theme: 3.1.1. Type of contraceptives used (injection, condoms and pills)**

Women said at first they were using injection as their method of preference but later, they felt that they should stop due to side effects. Women mentioned side effects that come with injections. The advantages evidenced by Participant 1 who articulated that:

*“The problem was , I once used contraceptives, I started with the two months injection and I was having my periods every week , like 3 days in a week , then when I went to consult at the clinic they advised me that the method of injection will get used to my blood , then I continued until I realized that the method is not good for me, then someone advised me to go for a three months method then I changed to a 3 months method and it was not getting any better. Someone advised me to go to the clinic they gave me prevention pills and they said I must use the white pills to stop the bleeding .Even though I was following the nurses instruction of using the white pills, there was no difference but later on the periods became normal that was when I stopped. When I stopped, I went back to the hospital and they advised me to go for an implant method and I told them that I am not interested on the implant*

*I started using the contraceptives after giving birth to my first child; at home my family advised me that I should go for contraceptives to avoid unplanned pregnancy with my second child. Then I did not follow the advice and that was when I fell pregnant for the second child. I did not have problem with gaining but my only problem was non-stop menstruation. And after that from 2015 I never used any form of contraceptive including injection.”*

The findings of this study are supported by Weisberg, Bateson, McGeechan & Mohapatra (2014) who states that although women use birth control at high rates, they also discontinue at high rates due to dissatisfaction and side effects. In the same study (17.7%) of women stopped using implanon contraception due to prolonged bleeding. The findings are similar with the study conducted in Pakistan, study revealed that women do not use contraceptives because of side effects (Musfata, Azmat, Hameed, Ali, Ishaque, Hussain and Munroe, 2015). Women should learn more about different types of contraceptives that will help them to know which method suits them best.



All the participants from Tshilapfene village mentioned the side effects as the main problem when using contraceptives Participant 2 stated that:

*“Even though sometimes contraceptives have got side effects or make us sick, I think it would have been better if we first went out and seek for knowledge that there are certain side effects when using contraceptives, I feel that I should have taken my time to go to the clinic and seek knowledge on the causes of side effects or complications of contraceptives rather than listening to my partner. I feel that there are some good contraceptives that can be good for our bodies. Only if I knew then I could have prevented having unplanned children”.*

The findings of this study are supported by Margherio (2019) who mentioned that women viewed contraceptives as within their realm of decision making and action as opposed to within the realm of their male partners. Women feel that it is their responsibility to have a choice of contraceptive even when they did not get any permission from their husband. After women had unplanned children and had gone through challenges they seem to understand the importance of seeking knowledge about contraceptives before engaging into sexual activities.

Participant 3 evidenced that:

*“Contraceptives are very good, nowadays if you can have a look if you can have six children you will fail to take them to school even though you are getting the child grant. If you can look at the government you will realize that it doesn’t have money. The government can assist with provision of RDP but what about the food for the children. It is untrue that school is free, you cannot go to the University and get registered without a single cent in your pocket”.*

The findings of this study are supported by Folkhalsomyndigheten (2017) who revealed that (69%) of respondents had a positive attitude towards the use of condom as they agreed that a sexual partner who suggest the use of condom is responsible and caring. In another study Sweden revealed that (69%)of respondents have a positive attitude towards the use of condom as they agreed that a sexual partner who suggest the use of condom is responsible and caring in opposition (10%) of men and women felt that a partner who proposes condoms assumes that one of them has STI (Folkhalsomyndigheten, 2017).

Majority of women were positive about using contraceptives. Women understood that using contraceptives can prevent poverty that comes with having unplanned children. Women confessed that having unplanned children can be a major stumbling block for success in the future of a woman.

Participant number 4: evidenced that:

*“I see contraceptives as a good thing is just that is not good for my body, only if it was good for me I could have continued with it”.*

The findings of this study are supported by (Mosha, Ruben and Kakoko, 2013) who reported that many women report not using contraceptives due to fear of health-related problems such as total or temporary infertility, birth defects and abnormalities, disruption of their normal body processes or inability to menstruate regularly. Side effects were mentioned by most young women as one of their greatest fears. The main side effects mentioned were weight gain, lack of sexual desire, headache and blood pressure. A study in Tanzania also found fear of side effects as the main reason for discontinuation and non-use of contraception. Most women were very positive about using contraceptives they only stopped using them due to its side effects. This shows that there is a great need that women should get educated about different types of contraceptives to get the one that will suit them best, this will help to avoid unplanned pregnancies.

## **THEME 2: 3.2. Challenges faced when using contraceptives**

Majority of women have shown that the most common challenge that comes with using contraceptives is the side effects.

### **Sub-Theme 3.2.1: Side effects of using contraceptives**

Women have reported a variety of side effects when using contraceptives, side effects differs with the individual. Evidence articulated by participant 1,2,3,4 who reported that:

Participant 1: *“As I indicated earlier about depo, I used to have swollen legs and also bleeding until I stopped using it. That was when the nurse advised me to change to a loop. Since I changed to a loop I have never experienced any problem I sometimes forget that I have a loop”*

These findings are like that of Schandt, Boulware, Herrera, Hudler, Imbabazi, King, Linus, Manzi, Merrit and Mezier (2021) who reported that family planning providers and current users in Rwanda do not consider method discontinuation an option. Providers give support and medicine for side effects for continuers and counselling for those opting to switch. Current users are willing to try many methods until they get the right one for them and once they get the right method, they plan

to , or use the method, for long duration. This shows that health providers play a vital role in ensuring that women are using contraceptives to meet their desired family size goals.

Participant 2: *“The only challenge I can talk of is that of non-stop menstruation, I sometimes have my periods for full two weeks without stopping, and sometimes I feel dizzy, sometimes I would skip a month without seeing my periods”.*

Participant 3: *“I used them and decided to stop, I used to have a lot of appetite and that lead me to eat a lot, so I stopped because I was becoming shapeless”.*

These findings are supported by Wood, Karp and Zimmerman (2020) who reported that while contraceptive use has increased significantly over the past decade, discontinuation and gaps in use remain common. Women cite side effects as the reason for discontinuation or stopping methods. Women have shown interest on using contraceptives however the side effects have caused them to discontinue using contraceptives. In line with these findings Schrupf, Stephens, Nsarko, Akosah, Baumgartner, Ohemen-Dapaah and Watt (2020) have reported that despite availability of modern contraceptive methods and documented unmet need for family planning, many women still report forgoing modern contraceptive use due to anticipated side effects. All 9 participants have tried to use a contraceptive but they stopped due to side effects, some women stopped and changed to another type and some women stopped and never thought of using contraceptives. Women had reported common challenges that resulted from using contraceptives. Participants understood the importance of contraceptives as reported by participant number 2 that she has got no choice but to continue with using contraceptives as she has learned from the struggle of having unplanned children.

### **3.3. THEME 3: Financial support**

Majority of women have shown financial support as a major problem. Out of 9 women only 2 women have mentioned that, they can support their children and themselves.

#### **Sub-Theme 3.3.1. Lack of financial support**

All women depend on child grant to support their children. Some women also indicated that they sometimes apply for food parcels as some of their children are over 18 years and some of their children no longer qualify to get child grant.

Participant 1: *“Honestly speaking with finances I will be telling lies to say I am able to support myself and my children. It has a negative impact on me because as I am talking I am unmarried. The*

*father of my children was shot to death in Gauteng long time ago. There is nobody to help me. I have lost all my parents so I just have to be strong enough and deal with the situation I am going through.”*

*I depend on the child grant for my children”.*

*“Not really because I make use of the child grant money. Supporting 3 children at the same time is very difficult because the fathers do not even contribute a lot and sometimes they don’t care all they need is a body.”*

*Participant 3: “I cannot really say I afford everything. Let’s skip this one”.*

*Participant 4: “Yes I am able to support myself and my child”.*

*Participant 5: “Mmmm, I can say is difficult because if you are not working and only dependent of child grant money, which is a little money that cannot afford to buy everything you need .It affects me a lot because I am unemployed as I am talking and when it comes to using contraceptives I cannot stop using them, reason being I am unemployed and if I don’t use contraceptives it will cause me to have many children that I cannot even afford to support”.*

*Participant 6: “I cannot say I am unable to support the children because their father used to support them. Before covid -19 .I used to keep myself busy by selling snacks at Tshivhase Secondary School .They do get the grant because their father doesn’t work in the government”.*

*Participant 7: “No, I am not able to support myself , it affects me a lot, think of a situation when you have a child and you are unemployed and your child if looking for something very serious and you do not have money , it is painful you see. Or your child is telling you of a trip at school, or maybe you are wishing to buy something as a woman and you don’t have a single cent it is painful.”*

This finding is supported by Patel and Mavungu (2016) who reported that South Africa has an exceptionally high number of absent fathers. Approximately half of the children in the country are living without daily contact with their fathers, which are assumed to have dire social and economic consequences for them, their families and communities. Majority of participants were unemployed and they depended on child grant to provide for their children. During the interviews, only one woman stated that she sometimes go and sells snacks at the nearest secondary school in order

to provide for her children. Women had shown that the father of their children does not provide for the children. Out of the 9 women there is only one woman who reported that even though she is unemployed and unmarried, the father of her children support the children with finances. This shows that some men are using child grant money as an excuse not to support their children. Few women have reported that they can support themselves and their children.

## **THEME 4. Barriers to using contraceptives**

### **Sub-Theme: 3.4.1. Lack of family support**

Women have shown lack of family support on using contraceptives as a major problem. They reported that, they feared using contraceptives because their husbands regard using contraceptives as immoral.

*Participant 1: "Mostly the problem was with the man I was staying with he told me that it's been a while staying together and why don't I want to have sex with him without using a condom he further said if I don't want to have sex with him without using a condom it means I don't trust him"*

*Participant 2: "Ooh the barriers was when I was using implant for three years, I started having non -stop periods and I ended up being admitted at the hospital which was a bad experience that's when I changed to use pills".*

*Participant 3: "Using contraceptives was a secret to me without the father of my children knowing, the father of my children would talk bad about contraceptives even though he did not know that I am using them. I was using them without him knowing even though they never worked for me."*

*Participant 4: "The barriers was when I had to tell the father of my children about using contraceptives, he would say you don't have to use contraceptives as they will cause him to have pains in his waist".*

These findings are similar to Fleming, Silverman, Ghule, Ritter, Battala and Velhal (2018) who highlighted the role men play in contraceptive use and decision making in Sub-Saharan Africa. Due to societal norms, men are able to achieve more economic power and assume provider roles and women are expected to be deferential to men's authority. Similar to this findings Akaba, Ketare and Tile (2016) reiterated that these unbalanced gender-based power dynamics allow men

to be primary decision makers with regards to the use of contraception in many settings. Women have shown that they never had a choice in making kids but the decision was taken for them by the father of the children. Women have indicated that they were scared that if they did not have children, the father of their children would leave them and get someone who would understand them.

*Participant 5: "I started using the contraceptives after giving birth to my first child, at home my family advised me that I should go for contraceptives to avoid unplanned pregnancy with my second child. Then I did not follow the advice and that was when I fell pregnant for the second child".*

The findings of this study are supported by Ajah, Dim, Ezegwui, Iyoke, and Ugwu (2015) who reported that cultural factors such as men's role in making decisions in a relationship and pressure to bear children had influence on contraceptive use and women are unlikely to use contraceptives if their partners disagree or are being pressured to give birth. The findings are similar to Agyemang, Newton, Nkrumah, Tsoka-Gwegweni and Cumber (2019) reported that women are scared to practice contraceptives without the approval from their husbands because it could jeopardize their marriage. This shows that women still have children out of their plans but to impress their husbands. Women are still inferior to their husbands when it comes to reproductive health. Women find themselves using contraceptives without their husbands knowing to maintain trust.

*Participant 6: "I didn't come across any stumbling blocks, even the father of my child did not have any problem, the father of my children involved me in decision making of child bearing."*

The findings are supported by Thummalachetty, Mathur, Mullinax, DeCosta, Nakyanjo, Lutalo, Brahmhatt and Santelli (2017) in their study conducted in Ethiopia revealed that women had better knowledge about contraceptives methods, better involvement in decisions related to children. Some women get support of using contraceptives from their husband even though majority of women reported that their husbands do not support them.

### **3.5. Theme 5: Benefits of using contraceptives**

Majority of women confessed that there are many benefits that come with using contraceptives. Out of the 9 women interviewed none of the women was against using contraceptives. They indicated contraceptives as the best step of preventing unplanned pregnancy.

### **Sub- Theme: 3.5.1. Birth spacing**

Despite the many side effects of using contraceptives all the nine (9) women were positive about the benefits of contraceptives. Women said contraceptives are good as they help women to space children, thus giving them a chance to empower themselves. The benefits evidenced by Participants:

Participant 3: *“The good thing is that you cannot get infections, and you can have sex and you don’t get pregnant when you are not ready.”*

The findings are supported by Muanda, Gahungu, Wood and Bertrand (2018) who reported that the use of contraceptives can assist women to curb the burden of difficult economic times as well as a strategy to protect the health of the mother and give her children an opportunity for a better life. Women indicated that using contraceptives give them peace of mind when having sex knowing that they cannot have unplanned pregnancy. They also said using contraceptives allow them to plan forward without worries of raising a child.

The benefits were further evidenced by participants who articulated that:

Participant 4: *“For people who are going to school they are able to focus and prevent having unexpected pregnancy. Through contraceptives women are able to space birth while waiting to have the right partner than going around making kids with every man, an example can be that of injection you can use an injection for 5 years and have children after five years”.*

These findings are supported by Agyemang, Newton, Nkrumah, Tsoka-Gwegweni and Cumber (2019) who reported that (95%) of women could tell how they understood contraceptives and were able to mention at least a method of contraceptive known to them and their benefits. Women were informative about injectable methods and their benefits. Most women have indicated that injectable methods as their main method of preference. Different from this finding is another study by Mosha, Mгимwa and Msuya (2017) revealed that, the most commonly known contraceptives by the women were the pills with (97,9%) and male condoms with (97,9%). This shows that women have different choices of contraceptive depending on which one suits them best.

Participant 5: *“Good child spacing and there is no difficulties in raising children. It’s a lot because if you don’t use contraceptives, and you happen to have more children challenges become many. The more the children without spacing the more the problems. You don’t have time for yourself and you also don’t have time for each of your child to give them a full attention”.*

The findings of this study concur with the findings of Tekin, Ural, Ustuner, Balık, Şahin and Guven (2016) who reported that women from the urban areas identified a couple of economic situation as important things to consider before having children. They identified contraception as a means to strengthen financial positions. This shows that women believe that using contraceptives can be a way to solve some of the problems that comes with having unplanned children.

### **Sub-Theme: 3.5.2. Prevention of unplanned pregnancy**

The benefits evidenced by participants articulated that:

*“The good thing is that; you cannot have many children if you are using contraceptives. Is it not hard when you get a job and you fail to go because you have a small child and no one will look after the child. I am able to see the benefits of contraceptives because here is my child growing up.”*

Participant 2: *“The good thing is that you cannot get infections, and you are able to have sex and you don’t get pregnant when you are not ready.”*

Participant 3: *“It avoids me from having a child when I am not ready when using contraceptives. with contraceptives, you also have a peace of mind when having sex because you know you won’t fall pregnant when you are not ready”*

The findings are in line with Wood, Karp and Zimmerman (2020) who reported that women use contraceptives for a variety of reasons, one of the most common being the desire to have sex without worrying about an unintended pregnancy. Women feel more comfortable to have sex while using contraceptives because they are assured that they cannot fall pregnant when they are not ready.

Participant 4: *“Mhmm, benefits can be not having a lot of children that I cannot afford to support.”*

Participant 5: *“Yes, is that a person can be able to plan for the future and avoidance of unplanned pregnancy. Another thing if you are at school or doing other things you are able to finish without any interruptions caused by having a small child.”*



The findings are similar to Agyemang, Newton, Nkrumah, Tsoka-Gwegweni and Cumber (2019) who indicated (50%) of participants mentioned that contraceptive prevent unintended pregnancies as compared to the minority of them (5.0%) who did not have any idea about contraceptive method and their benefits. It was noted that condom as a method of contraceptive was known by most women (30%) followed by injectable (25.0%) whilst a few (5.0%) know about IUD. Majority of the women have seen the benefits of contraceptives, through these benefits women will be able to consider contraceptives until such time they are ready to have children. Women have shown that they know of the benefits of contraceptives.

Participant 6: *“You cannot have a child, that’s all, I don’t see other benefits. There are other disadvantages of using contraceptives such as getting infections and not having children anymore.”*

The findings are supported by Musfata, Azmat, Hameed, Ali, Ishaque, Hussain and Munroe (2015), who revealed that most women knew about some contraceptive methods however the overall contraceptive use was very low. In the same study the knowledge and use of any contraceptive was reported to be very low. Study conducted in Ghana shows that (53.6%) women stated side effects as the reason for non- use of contraceptives. This shows that even though there are available contraceptives some women are still scared of the side effects that comes with using contraception. These findings contradict with what most of the participants have said regarding the benefits of contraception.

#### **4.3 Summary**

The study found out that most women who participated perceived contraceptives as a good method to prevent unplanned pregnancy and good for child spacing. However, their practice was limited because of their inferiority to their partners, and their limitation in decision making. The findings revealed difficulties to contraceptive use such as lack of family support, side effects and lack of financial support. Most women reported to have a positive perception towards using contraceptives but reluctant of the side effects, and their sexual partners. Participants suggested the idea of increasing health education, community to conduct reproductive health campaigns.

## CHAPTER 4

### OVERVIEW, CONCLUSIONS AND RECOMMENDATIONS

#### 4.1 Introduction

This chapter draws conclusions based on the research findings and literature review on Perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. All the study participants reside in the Vhembe District, Limpopo Province, South Africa. In addition, the recommendations on the strategies or intervention measures that may help to promote use of contraceptives amongst women in Tshilapfene village. Firstly, the overview of the study shall be presented to get a glimpse of where the study was coming from.

#### 5.2 Overview of the Study

The aim of this study was to investigate the perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. The study was guided by two objectives. The objectives were to explore and describe the perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. Chapter one indicated the nature of the research problem, aims and objectives of the study, the research questions, definition of concepts and the significance of the study. The study was guided by the Health Belief Model (HBM) (Strechor & Rosenstock, 1997). In chapter 3, the methodology of the study was discussed in detail. The study used a descriptive and exploratory qualitative research design. Thus, purposive sampling was used to allow the researcher to use only those women who were unmarried, unemployed and having one and more children. A purposive sampling of 9 women drawn from Tshilapfene village, however data saturation occurred with nine participants. Data was collected by means of unstructured face-to face interviews. Data collected was analyzed using thematic analysis, in line with the objectives of the study. Data presentation, analysis and discussion was done in Chapter 3. Chapter four shall present the conclusion drawn from the research basing on the literature review and the findings of the study. Recommendations would also be made in this chapter. Firstly, the overview of the findings is presented in the upcoming section.

### **THEME 1: 3.1 PERCEPTIONS OF WOMEN ON USING CONTRACEPTIVES**

The perceptions of women on using contraceptives was the major theme that emerged from the study. Out of this theme emerged other sub-themes namely family Injections, support, financial support, birth spacing. Women reported that it is good to use contraceptives as it helps to avoid unplanned pregnancy and encourage birth spacing. They said using contraceptives allows women to have enough time for economic growth and any form of self-development.

### **THEME 2: CHALLENGES FACED WHEN USING CONTRACEPTIVES**

The second major theme to emerge in the study was challenges faced by women when using contraceptives. One sub-theme emerged from this main theme was side effects encountered by women when using contraceptives. Women have shown a great interest on using contraceptives however they were reluctant of side effects caused by contraceptives. Women have shown a great familiarity on injectable method of contraception amongst others.

### **THEME 3: LACK OF SUPPORT**

The third theme to emerge in the study was lack of support. One sub-theme emerged from this main theme that involves lack of financial support to provide for the children. The participants of the study revealed the importance of support to provide for the children. Out of 9 women only 2 women have reported that through the money they get from selling in schools they can finance themselves and their children. Majority of women have reported that they are unable to provide for their children and they are dependent of child grant support. All women were unemployed and had no one to finance them.

### **THEME 4: BARRIERS TO CONTRACEPTIVES**

The third theme to emerge in the study was barriers to contraceptives. One sub-theme emerged from this main theme was lack of family support. Most women have revealed that, the reason why they ended up with many children while unmarried and unemployed was due to lack of support from the fathers of their children. Women have shown that men did not allow them to practice contraceptives due to its side effects. Out of the 9 participants only one participant has indicated

that she could decide on contraceptive method with the support of the father of her children. This shows that it is not always the choice of a woman to have more children but the decision made by the sexual partner. Majority of women have reported that they no longer engage their husband when making reproductive health choices. This shows that women are still inferior to men when making reproductive health decisions.

## **THEME 5: BENEFITS OF CONTRACEPTIVES**

The fourth theme to emerge in the study was benefits of contraceptives. Two sub-themes emerged from this main theme was birth spacing and prevention of unplanned pregnancy. Despite the side effects of contraceptives all the 9 participants had indicated contraceptives as a good method of prevention. They said contraceptives are very good, as they allow women to raise their children with full care and attention. Women stated that through contraceptives women can be able to plan their future well. They also said contraceptives give a woman peace of mind after having sex. Women have shown a great belief in using contraceptives. They indicated that the most important thing is to choose a method that suits them well and consult with the health workers about different types of contraceptives.

### **5.3 Application of the Theoretical Framework into the Findings**

The theoretical framework of this study was based on the Health Belief Model (HBM) (Strechor & Rosenstock, 1997). Application of the model to the context of this study shows that the likelihood that an individual will act to prevent illness depends on their perception that they are personally vulnerable. When the researcher asked women about their views regarding the use of contraceptives, they displayed a positive view and they also mentioned the benefits of using contraceptives even though they reported the side effects, on the overall they had a positive perception towards contraceptive use. This evidences that the findings of the study are anchored by the Health Belief Model. Thus, after all has been done the perceived susceptibility, the perceived barrier, the perceived benefits and this reflect that may be used educational programs on encouraging women to use contraceptives to avoid unplanned children.

### **Perceived susceptibility**

During the study, women revealed that failure to use contraceptives made them susceptible to having children being unmarried and unemployed which have resulted into great challenges. Majority of women said their sexual partner denied them from using contraceptives lead them to have unplanned children, they no longer consider the approval of their sexual partner when making choices about using contraceptives. Women believe that unplanned children are a problem and the worst part is when the father of the children is no longer there in the lives of their children. Women have reported the threat of being a single mother as a problem.

### **Perceived Barriers**

Women have reported lack of family support on using contraceptive as a main barrier. They said that they never had children because they intended to do so, but their husband being the primary decision maker of having children caused them to have children. Women have also reported side effects caused by contraceptives as a barrier that makes them reluctant to use contraceptives.

### **Perceived benefits**

Women indicated that contraceptives are the best practice to prevent unplanned pregnancy and for child spacing. They said when using contraceptives women can empower themselves and fulfil their dreams. They also said contraceptives give a woman a peace of mind. Allow women to be free during sexual intercourse knowing that, they cannot fall pregnant out of their plans. Women also added that when using a condom, they are protected from Sexual Transmitted Infections.

## **5.4 Recommendations of the Study**

The recommendations in this study are based on the findings of the study. This study recommends intervention measures and strategies which may help women to make in informed decisions about using contraceptives in Tshilapfene village Thulamela Municipality, South Africa.

- Men should be involved in educational programmes about contraceptives.
- There should be educational programmes about contraceptives in schools and within the village.

- Nurses should educate women about different types of contraceptives. Women have reported to be more familiar with injections than other types of contraceptives.
- Provide reference materials and providers who can mentor the nurses about contraceptives.
- Review and strengthen contraceptives content in the nursing training colleges' curricula so that all students graduate with the best knowledge.
- The Clinics or Department of Health must conduct more awareness campaigns to spread knowledge about the importance of contraceptives.
- Parents must be encouraged to be open to talk to their children about sex at their adolescent stage of life.
- There is a great need to promote contraceptives programmes in clinics, schools and communities so that unplanned children can be prevented to young people before they become sexual active or when they will be in their early years of being sexually active.

#### **5.4 Study Limitations**

Limitations encountered in carrying out the study were cancellation of appointments by participants. Some would tell the researcher that they don't believe in discussing their personal life with other people, regardless the researcher having been assured them about the issue of confidentiality. Other than that, there were no other challenges that were encountered in conducting the study. Women who took part in the study were very willing and positive to provide answers to every question to the best of their knowledge.

#### **5.5 Conclusion**

The purpose of this study was to determine the perceptions of unmarried women towards contraceptives use at Tshilapfene village in Thulamela Municipality, Limpopo Province. The study found out that participants had a positive view about using contraceptives. However, their positivity was limited due to lack of family support and side effects that comes along with using contraceptives.

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## Appendix A: Ethical Clearance

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION  
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

**Ms SS Phamphe**

STUDENT NO:

11604170

**PROJECT TITLE: Perceptions of unmarried women towards  
contraceptives use in Thulamela Municipality, Limpopo  
Province.**

PROJECT NO: SHS/20/PH/29/2610

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof. DU Ramathuba	University of Venda	Supervisor
Mrs AG Mudau	University of Venda	Co - Supervisor
Ms. SS Phamphe	University of Venda	Investigator – Student

Type: Masters Research

Risk: Minimal risk to humans, animals or environment

Approval Period: October 2020 – October 2022

The Human and Clinical Trials Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviations from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
    - Any unethical principles or practices of the project are revealed or suspected.
    - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
    - The required annual report and reporting of adverse events was not done timely and accurately.
  - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:

UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: August 2020

Name of the HCTREC Chairperson of the Committee: Prof MS Mapulle

Signature:

*MS Mapulle*

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR RESEARCH AND INNOVATION
2020-10-09
Private Bag X5050 Thohoyandou 0950

## APPENDIX F: LETTER TO REQUEST PERMISSION TO CONDUCT RESEARCH

University of Venda  
P.O Box X5050  
Thohoyandou 0950  
15 March 2019

The chief  
Tshilapfene Village  
South Africa

Dear Sir

**RE: REQUESTING PERMISSION TO CONDUCT A RESEARCH IN TSHILAPFENE VILLAGE ON PERCEPTIONS OF UNMARRIED WOMEN TOWARDS THE USE OF CONTRACEPTIVES.**

I am a master's student at the University of Venda. To complete my degree, I am expected to conduct a research project of my choice.

In many rural areas, there is poor use of contraceptives which results to high birth rate, poor health, transmission of sexual transmitted infections and early death as observed by many respected schools of thought, my study is, therefore, aimed at investigating the perceptions of unmarried women towards the use of contraceptives at Tshilapfene village, Thulamela municipality, Limpopo Province.

An interview guide will be used for data collection and the information gathered will be treated with uttermost confidentiality. The summary of results will be made available to the local clinics during the community induna.

Therefore, I am asking for your permission to conduct the study.

Your help in facilitating this research will be highly appreciated.

Yours faithfully

.....

Sedzani Shierly Phamphe

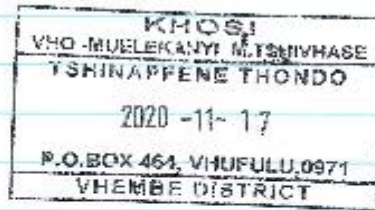
[063177098/sedzaniphamphe@gmail.com](mailto:063177098/sedzaniphamphe@gmail.com)



## APPENDIX B: Permission Letter

Eng. Vhamusanda Vho-Shandukani  
Cell: 072 499 7500

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Dear Madam, Phamphe SS

PERMISSION TO CONDUCT A RESEARCH ON THE "PERCEPTIONS OF UNMARRIED WOMEN TOWARDS CONTRACEPTIVES USE IN THULAMELA MUNICIPALITY, LIMPOPO PROVINCE"

1. Your letter received on the 17/11/2020 requesting for permission to conduct a research is hereby acknowledged.
2. The village has no objection for your request
3. Permission is therefore granted to you for the study to be conducted in Tshilapfene village.
4. Wishing you success in your endeavor

Kind regards

 17/11/2020  
Ramudzi TE (secretary)

## APPENDIX C: INFORMATION LETTER

### UNIVEN Informed Consent

### RESEARCH ETHICS COMMITTEE

#### LETTER OF INFORMATION

**Title of the Research Study** : Perceptions of unmarried women towards contraceptive use at Tshilapfene village Thulamela municipality, Limpopo Province.

**Principal Investigator/s/ researcher** : Phamphe S.S

**Co-Investigator/s/supervisor/s** : Ramathuba DU, PhD, Mudau AG, MPH)

#### **Brief Introduction and Purpose of the Study:**

I am Sedzani Shierly Phamphe, a Masters of public health (MPH) student in school of health science at University of Venda. As part of my curriculum I should conduct a research project, and I am researching on Perceptions of unmarried women towards the use of contraceptives at Tshilapfene village, Thulamela Municipality, Limpopo Province. The aim of this study is to investigate Perceptions of unmarried women towards contraceptives use at Tshilapfene village, Thulamela Municipality, Limpopo Province.

**Outline of the Procedures** : The study will use qualitative methods such as purposive sampling, interview guide, measures to ensure trustworthiness and etc. to achieve the study goal. The proposed study will employ qualitative approach in nature using descriptive and explorative design. The study will be conducted in Vhembe district, Thulamela municipality at Tshilapfene village in Limpopo province. The participants will comprise of unmarried women from Tshilapfene. The interview session will be face to face in nature and will take approximately 30 to 40 minutes per participant.

**Risks or Discomforts to the Participant:** There are no risks for participating in this study.

**Benefits** : There are no anticipated direct benefits for participating in this study. The findings of the study will inform the women and raise awareness about the knowledge and practices of contraceptives. The women will become open minded about available different types of contraceptives. The women will be able to make informed decisions

about reproductive health e.g birth spacing. Furthermore, the researcher will be able to publish the study findings and add to the body of knowledge.

**Reason/s why the Participant May Be Withdrawn from the Study:** Participation in this study is voluntarily. Participants will be informed of the voluntary participation and right to withdraw without any penalty.

**Remuneration** : There will be no remuneration for participating in this study.

**Costs of the Study** : The participants are not expected to pay any cost in this study.

**Confidentiality** : The information from this study will be used for the study purposes only and will not be made available to a third party that is not involved in the study. Findings from this study will not be linked to any participants.

**Research-related Injury** : There will be no harm/injury that may occur to participants during the study. The investigator does not anticipate any research related injury and there is no funding for an injury.

Persons to Contact in the Event of Any Problems or Queries:

(Supervisor and details) Please contact the researcher Phamphe Sedzani (tel no 063 177 0988), my supervisor Prof DU Ramathuba (tel no.015 962 8684) or Co-supervisor Mrs. Mudau A.G at (015 962 8828) or at [azwinndini.mudau@univen.ac.za](mailto:azwinndini.mudau@univen.ac.za). or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or [Georges Ivo.Ekosse@univen.ac.za](mailto:Georges Ivo.Ekosse@univen.ac.za)

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

## APPENDIX D: CONSENT

Statement of Agreement to Participate in the Research Study:

I hereby confirm that I have been informed by the researcher, (Ms *Sedzani Shierly Phamphe*), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number:

→

I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study. I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report. In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.

I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature
I, .....	.....	.....	.....

(*Ms Sedzani Shierly Phamphe*) herewith confirm that the above participant has been fully

Informed about the nature, conduct and risks of the above study.

Full Name of Researcher

..... Date..... Signature.....

Full Name of Witness (If applicable)

..... Date ..... Signature.....

Full Name of Legal Guardian (If applicable).....

Date..... Signature.....

**Please note the following:**

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake, a new document has to be completed. The incomplete original document has to be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

**References:**

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes*

<http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/>

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at:

[http://www.nhrec.org.za/?page\\_id=14](http://www.nhrec.org.za/?page_id=14)

## **STUDY INTERVIEW GUIDE**

### **SECTION A**

#### **A. Demographic information**

1. How long have you been a resident of Tshilapfene?
2. How many children do you have?
3. What is your highest qualification?
4. What is your current occupation?
5. What is your marital status?

### **SECTION B**

#### **B. Perceived susceptibility of contraceptive use towards unmarried women**

6. Do you use contraceptives? If yes can you share with me the type of contraceptives you use?
7. Tell me about the challenges you face with on the contraceptive you are using?
9. Tell me about the number of children you have?
10. Are you able to financially support your children? If no, how does this affect you?

### **SECTION C**

#### **C. Perceived benefits of contraceptive use towards unmarried women.**

11. Do you know of any benefits that come with using contraceptives? If yes, explain those benefits?
12. What advice would you give to someone who does not know about contraceptives?
13. What is your view about contraceptives?

### **SECTION D**

#### **D. Perceived barriers of contraceptive use towards unmarried women.**

14. What are the barriers you are faced with when using contraceptives?

15. What are the strategies that you use to prevent the barriers of contraceptives?



## **Appendix F: Interview transcript**

### **Perceived susceptibility of contraceptive use towards unmarried women**

#### **Participant one (Tshilapfene village)**

**Researcher: first question:** Do you use contraceptives? If yes can you share with me the type of contraceptives you use?

Participant: No, I don't,

**Researcher:** Tell me about the challenges you face with on the contraceptive you are using?

Participant: I had problem with a swollen vagina, so I had that problem for a long time and the problem was solved but the same problem occurred again and that was when I realized that the use of contraceptives was the cause of the rash that I was encountering. Okay is that the only problem? Yes, okay where you not having other problems despite the one you have mentioned?

**Researcher:** Tell me about the number of children you have?

Participant: I have three children

**Researcher:** Are you able to financially support your children? If no, how does this affect you?

**Participant:** Not really because I make use of the child grant money . Supporting 3 children at the same time is very difficult because the fathers do not even contribute a lot and sometimes they don't care all they need is a body.

### **Perceived benefits of contraceptive use towards unmarried women.**

**Researcher:** Do you know of any benefits that come with using contraceptives? If yes, explain those benefits?

**Participant:** The good thing is that you cannot get infections, and you are able to have sex and you don't get pregnant when you are not ready.

**Researcher:** What advice would you give to someone who does not know about contraceptives?

**Participant:** The advice I can give is that , we can try to look for what can work for us to avoid making a man happy so that we can make kinds in our own time when ready and when you are financially stable so that's the advice I can give to all the women that we must just stop and think

about ourselves, putting ourselves first so that we won't have problems like the way I am having problems of being unable to support my children because I listened to the person I met