

**KNOWLEDGE, ATTITUDE, AND PRACTICES OF HIGH SCHOOL LEARNERS
TOWARDS CONTRACEPTIVE USE IN MAKHADO MUNICIPALITY, LIMPOPO
PROVINCE**

By

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DECLARATION

I, **Rudzani Ramolisa**, hereby declare that this mini-dissertation, titled ***“Knowledge, attitude and practices of high school learners towards contraceptive use in Makhado Municipality, Limpopo Province”*** hereby submitted by me to the University of Venda, School of Health, Sciences, has not previously been submitted for a degree at this or any other University and that it is my own work in design and execution and that all reference material contained herein has been duly.



Signature Date: 16/06/2022

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
COC	Combined Oral Contraceptives.
COVID-19	Coronavirus disease 2019
ECD	Early Childhood Development
ECP	Emergency Contraceptive
HBM	Health Believe Model
HIV	Human Immune Deficiency Virus
IUD	Intrauterine Device
LARC	Long-Acting Reversible Contraceptive
POP	Progesterone only pills
RSI	Relative Significance Index
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
WHO	World Health Organization

ABSTRACT

Background: Contraception is a critical preventive proportion of unintended pregnancies and sexual transmitted infections including HIV/AIDS, among young people.

Purpose: The purpose of the study was to assess the knowledge, attitude, and practices of high school learners towards contraceptive use in Makhado Municipality, Limpopo Province.

Methodology: A quantitative, descriptive research design was adopted. Slovin's formula was used to calculate sample size. A sample size of 359, high school learners were selected to be part of the study from the target population. Probability-stratified random sampling method was adopted to select respondents aged 13 to 21 years, from schools that were selected to be part of the study. Only learners in grades 10 to 12 were selected to be part of the study. Data was collected using a self-administered questionnaire with open and close ended questions. Thereafter data was analysed using the Statistical Package for Social Sciences version 27.0. To analyse the data, descriptive statistics and inferential statistics were used. Chi-square test was used to establish the association between demographic information of respondents and contraceptive use. Statistical level of significance was set at 5% ($p < 0.05$). The analysed data was presented in frequency tables, graphs and bar charts.

Results: Findings showed that most learners were knowledgeable about contraceptive methods and were aware of different contraceptive methods, however, condoms were widely known by more than half 206 (57.4%) respondents. The most common source of information about contraceptives was social media with 98 (27.3%). Almost every learner, 339 (94%) knew that contraceptives can be accessed from hospital/ clinic. Furthermore, the study also revealed that 254 (70.7%) of learners have a positive attitude regarding contraceptives as they preferred to use contraceptives than to fall pregnant. Majority of the learners were sexually active, 284 (79.1%) and learners started sexual intercourse at an early age of 13 (4.6%) age of 12 or younger, with the majority having started at the age of 15 years and above. One hundred and seventy-seven (62.0%) of learners stated that they use contraception when engaging in sexual intercourse. However, there were few learners 45 (16.0%) who were not using any contraception. Pressure from partners 18 (40%) and fear of side effects 15 (33.3%) were seen as the main causes of ineffective contraceptive use and non-utilisation. There was a significant association between age, gender, grade, religion, educational level of parents and the frequency of contraceptive use.

Conclusion: Knowledge and awareness of contraception is crucial in encouraging contraceptive uptake amongst adolescents. Even though some learners stated that they had heard about other contraceptive methods, particularly oral pills, injectable and withdrawal, they did not have sufficient knowledge on how they work. Most learners had a favourable attitude

about contraception. The study also concluded that amongst those learners that are expected to be using contraception, the majority were using it. However, some learners are not practicing contraception due to many factors such as pressure from boy/ girlfriend, fear of side effects and religious beliefs. A high level of sexual activity, early sexual initiation and place these adolescents at risk of pregnancy and STIs, including HIV/AIDS. The results indicated a need for more intense education on contraception, this lies firmly in the hands of parents, teachers, social workers and health workers. Given that learners were more knowledgeable about contraception use but did not have sufficient knowledge on how they work and some were not practicing contraception, it would be prudent for the Department of Basic Education and the Department of Health, and Social Development to collaborate to organize awareness campaigns in high schools to educate learners about how contraception works and to promote safe sexual practices, including effective contraception use, among this age group.

Keywords: Attitude, contraceptive use, high school, knowledge, learners, practices

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

Contraception is widely regarded as an effective method of preventing unintended pregnancies and Sexually Transmitted Diseases (STD), including Human Immunodeficiency Virus (HIV) disease and Acquired Immune Deficiency Syndrome (AIDS) among adolescents (Kara, Benedicto & Mao, 2019). Contraception has gotten a lot of attention since it benefits women and children in particular, as well as the family and society as a whole (Moges, 2020). Controlling fertility through effective contraception methods is a critical strategy for having planned pregnancies (Moges, 2020). It has also been noted that if all women who want to avoid pregnancy used contraception, there would be fewer unintended pregnancies, maternal deaths, and the burden of disability caused by pregnancy (Singh, Darroch & Ashford, 2014). It has also been pointed out that if all women who want to avoid pregnancy used contraception, there would be fewer unwanted pregnancies, maternal deaths, and the burden of disability caused by pregnancy (Singh et al., 2014). According to the World Health Organization (WHO), contraceptives, when used correctly, assist people and couples in anticipating and accomplishing their optimal number of children, as well as the spacing and timing of their births (WHO, 2016). This section covers the following aspects: background of the study, conceptual framework, problem statement, rationale of the study, significance of the study, purpose of the study, aim and objectives of the study and definitions of concepts.

1.2 Background of the study

Every year, 210 million pregnancies are recorded worldwide, of which 80 million are unwanted, and one out of every ten of these end in unsafe abortion. Every year, an estimated 529,000 adolescents and women die from pregnancy-related causes around the globe, of which 13% are a result of unsafe abortion (Shiferaw, Gashaw & Tesso, 2016). Furthermore, contraceptive use has increased in many parts of the world, particularly in Asia and Latin America, however, it remains low in Sub-Saharan Africa (WHO, 2016). Between 2008 and 2015, the proportion of women aged 15 to 49 who use modern contraceptive methods increased slowly in all regions of the world. Contraceptive use increased from 23.6 % to 28.5 % in Africa (WHO, 2018).

Contraceptive methods can be divided into two categories. Long-acting and permanent methods, such as intrauterine devices, subdermal implants, and sterilization, as well as short-term methods, such as condoms, injectables, pills, spermicides, and other modern methods (Makola, 2018). Non-use or poor use of any type of contraceptives increases the risk

of unwanted pregnancies, abortion and Sexually-Transmitted Infections (STIs), HIV/AIDS, with their attendant problems (Idoko, Omotowo, Anyaka, Udo, Ezenwosu, Nwobi, Ezeoke, Obi, Ekwueme, Okeke, Obieniu & Orakwue, 2018). Unplanned pregnancies increase the rates of pregnancy termination, cervical cancer, HIV and STIs. These are some of the results of hazardous sexual practices experienced by learners (Forsyth, 2018). The study by Warri and Gurmu (2018) revealed that unwanted pregnancy and unsafe abortion have contributed to the high rate of maternal death in the past decade.

The study conducted by Tanzania, Kara, Benedicto and Mao (2019) showed that despite the fact that contraceptives are freely available at public health facilities, the use of contraception among learners, particularly females, remains low. Unplanned pregnancies are also becoming more common. The same study also revealed that past reports in Tanzania have shown that the use of contraception among high school learners is in the range of 11.8% to 40.0%, despite learners showing a generally high knowledge on contraception.

Pregnancy among high school girls and young women is quite common in South Africa. A third of young women have their first child before they reach the age of 20, and nearly two-thirds of births among teenage mothers are reported as unplanned or unwanted (Stoner, Rucinski, Edwards, Selin, Hughes, Wang & Pettifor, 2019). Another study conducted in Soweto, South Africa by Muganyizi, Ishengoma, Kanama, Kikumbih, Mwanga, Killian and McGinn (2014) revealed that 23 % of pregnancies carried by 13 to 16 year old adolescents and 14.9 % of pregnancies carried by 17 to 19 year old adolescents ended in abortion, in most cases illegal abortions. Teenage pregnancy in South Africa is influenced by a variety of factors, including poverty, a lack of access to and incorrect and inconsistent use of contraception and the judgmental attitudes of health care workers (Mkansi, 2018).

Radebe (2015) teenage pregnancy has become a huge threat to the future of South African girls, with some dropping out of school to care for their children. According to the same study, over 700 primary school students became pregnant between 2013 and 2014, while over 20 000 high school students became pregnant within the same time period. Despite the fact that condoms are easily available in some schools, high school learners still have unwanted pregnancies. According to the Reddy, Sewpaul and Jonas (2016) teenage pregnancy among high school girls aged 15 to 19 in South African far exceeds the 47 per 1000 births usually found in high-income countries.

In South Africa, it was reported that 99 041 female learners (2,5%) fell pregnant in 2013. This figure increased from 81 678 (1,5%) in 2012 (Department of Basic Education, 2014). This was confirmed by Statistics South Africa (2015), which showed that 5,6 % of females aged 14 to

19 years were pregnant. Furthermore, it was estimated that 15,6% of females aged 15 to 19 years were already mothers in South Africa (Statistics South Africa, 2016).

Due to the high percentage of youth in South Africa, teenage pregnancy has become one of the country's most pressing public health issues. According to Statistics South Africa report from 2020, there were 33,899 adolescent mothers, representing 17.1% of the population, and 660 infants were born to girls who were 10 years old or younger (Department Statistics South Africa, 2020).

The South African District Health Barometer reported that 6 940 471 contraceptives were dispensed during the 2017/2018 financial year. In Limpopo Province this figure was 855 168, and for Vhembe District it was 187 928, while for Thulamela Municipality it was 97 511 (Massyn, Tanna & Ndlovu 2018). In Limpopo, the study conducted by Mamabolo (2017) reported that the overall contraceptive knowledge was low. For example, only 47.5% of the respondents reported having heard of the emergency contraceptive (ECP), which suggested that teenagers had a moderate level of awareness. Similarly, a study in Nigeria by Ossai, Eze, Elechi, Elohi and Umeobieri (2019) revealed that less than half of the high school learners knew about the modern contraceptive techniques that are most common, such as the male condom, while those who knew about the implant and intrauterine contraceptive device (IUCD) were less than 5%.

In Vhembe, the study by Shirindza, Maputle, Lebese and Makhado (2019) revealed unfavourable attitudes toward female condom use and justifications for non-use of female condoms among female learners, include not considering using it and partners not having HIV. Similarly, the study conducted in Vhembe by Chavalala (2018) most respondents (77.3%) had engaged in sexual intercourse, with half of those (50%) using condoms on occasion.

1.3 Conceptual framework

The Health Belief Model was used to guide the research. The Health Belief Model (HBM) is based on the idea that personal beliefs or perceptions about a disease, as well as the strategies available to prevent its occurrence, influence health behaviour (Hochbaum, 1958). According to the model, for a person to take action to avoid contracting a disease, he or she must first believe that he or she is at risk of contracting it (perceived susceptibility) and that the condition may have negative consequences on his or her life (perceived severity). Furthermore, an individual must realize that certain activities may be helpful in reducing disease risk (perceived susceptibility) or consequences (perceived severity), and that these behaviours must not be limited by pain or embarrassment (perceived barriers). Other

researchers have added the concept of self-efficacy to the HBM because it is considered that for someone to adopt a new preventative behaviour, they must believe in their own ability to do so.

For a high school learner to conduct safe sex by taking contraception, HBM recommends that four interrelated aspects must be present. To begin, a pupil must believe that he or she is at risk for STIs, pregnancy, or impregnation. Secondly, a pupil must be aware of the dangers of STIs, pregnancy, and impregnating. Thirdly, a pupil must comprehend the benefits of contraception. Finally, this student must believe that the barriers to contraception, such as embarrassment and inability to obtain condoms from a clinic, are outweighed by the benefits of contraception.

1.4 Problem statement

In the province of Limpopo's state-owned hospitals, a total of 16,238 children were born to teenagers between April 2017 and March 2018. The second-highest rate of teenage pregnancies in South Africa is found in Limpopo, where rates are rising every day. In Limpopo, 5954 teen pregnancies between the ages of 10 and 17 were reported in 2020 (Department Statistics South Africa, 2020). The failure to use contraceptive is linked to a lack of understanding of their availability and practices. Unintended pregnancies result in either a risky pregnancy termination or teenage motherhood. As a result, female learners may be forced to drop out of school (Shiferaw, Gashaw & Tesso, 2016). The researcher as a teacher and social worker by profession, observed that many of the learners aged 13 to 19 were pregnant, while others already had children. In addition, a register of one of the hospitals at Makhado Municipality showed that 30% of the patients who were pregnant in 2018 were high school learners. This concern is what motivated the researcher to conduct a study on the knowledge, attitude, and practices of high school learners towards contraceptive use.

1.5 Rationale of the study

Unwanted pregnancy and abortion, including STIs are a common phenomenon among learners (WHO, 2016). Ramathuba, Khoza and Netshikweta (2012) conducted a study on knowledge, attitude, and practices of high school girls towards contraceptives in Thulamela Municipality, Limpopo Province. Another slightly different study was conducted in Limpopo Province by Mamabolo (2017) in Moletji-Mashashane titled "Knowledge of emergency contraceptives among secondary school learners in the rural area of Moletji-Mashashane, Limpopo Province, South Africa". While studies on the knowledge, attitudes, and practices of high school learners towards contraceptives have been carried out globally, and in many

different African countries, including South Africa, to the knowledge of the researcher, there are no known studies conducted that focused on Makhado Municipality.

1.6 Significance of the study

The findings of the study may contribute to what is already known about the knowledge, attitudes, and practices of high school learners towards contraceptive use. The findings could also be used by health care providers to address myths and incorrect attitudes about contraception use. Furthermore, the study findings could provide a basis for reviewing the current health programme offered in schools. The study findings may also help future researchers to gain more information on the utilization of contraceptives, as well as factors that influence the utilization of contraceptives and attitude towards contraceptives use by high school learners. Other stakeholders, such as non-governmental organizations and researchers, may use the study findings to gather further information for community awareness campaigns. The findings of the study may also assist policymakers in revising present contraception policies in the community. Lastly, the data could be used by government policymakers to monitor and evaluate the effectiveness of contraceptives as a strategy of prevention.

1.7 Purpose of the study

The purpose of the study was to determine knowledge, attitude, and practice of high school learners towards contraceptive use in Makhado Municipality, Limpopo Province.

1.7.1 Objectives of the study

The objectives of the study are to:

- Assess the knowledge of high school learners regarding contraceptives in Makhado Municipality.
- Determine the attitude of high school learners towards the use of contraceptives in Makhado Municipality.
- Determine the practices of high school learners on the use of contraceptives in Makhado Municipality.

1.8 Definitions of concepts

1.8.1 Attitude: An individual's assessment of how favourable or unfavourable the results would be after the individual performed a particular behaviour (Folasayo, Oluwasegun, Samsudin, Saudi, Osman & Hamat, 2017). For this study, attitude means the way how high school learners think or feel about utilizing contraceptives.

1.8.2 Contraceptive use: To use is to accomplish anything with a plan or a product for a specified purpose (WHO, 2016). In this study, Contraceptive use refers to utilizing forms contraceptives such as intrauterine devices, subdermal implants, pills, condoms, spermicides, injectable or other modern methods before sexual intercourse.

1.8.3 High school: It refers to a school that offers all or a selection of grades from grade 8 to grade 12 (Department of Education, 2010). In this study, a high school means any school that consist of grade 8 through grade 12 in Makhado Municipality.

1.8.4 Knowledge: It is the awareness that someone has gained about a specific topic (Takebe, Ueshiri & Li, 2015). In this study, knowledge means what high school learners understand about the utilization of contraceptives.

1.8.5 Learner: A person who attends an ECD (Early Childhood Development) centre and school (Department of Education, 2010). In this study, a learner is anyone in grades 10 to grade 12 in Makhado Municipality.

1.8.6 Practices: It refers to a method of accomplishing something, particularly because of propensity, custom or convention (Rundell, 2006). In this study, a practice refers to how frequently high schools use contraceptives.

1.9. Outline of the dissertation

This dissertation is divided into six chapters, which are arranged as follows:

This first chapter introduces the study, background of the study, problem statement, aim and objectives of the study, significance, and definition of key terms.

Chapter 2: This chapter presents the literature review of the study

Chapter 3: This chapter summarizes research approaches that were used in the gathering, collection, presentation, and analysis of data.

Chapter 4: It outlines the study findings.

Chapter 5: This is a discussion based on the results of the study.

Chapter 6: It contains conclusions and suggested recommendations.

1.10 Conclusion

This chapter provided the background of the study, conceptual framework, problem statement, rationale of the study, significance of the study. It also covers purpose of the study, aim and objectives of the study and definitions of concepts. The next chapter presents the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The previous chapter presented the following aspects: background of the study, conceptual framework, problem statement, rationale of the study, significance of the study, purpose of the study, aim and objectives of the study and definitions of concepts. In this chapter, the researcher presents literature from related studies. The aspects covered include prevalence on the use of contraceptives, types of contraceptives and benefits of contraceptive use, misconceptions, and barriers on use of contraceptives, knowledge, attitudes and practices towards contraceptive use, consequences regarding non-use of contraceptives.

In this review, a systematic search strategy was utilised to identify articles matching the research topic. Literature search was carried out using libraries and electronic database such as Google scholar and Ebsco host. Sources that were used include scholarly articles in journals, e-books, books, and book chapters. Only sources from 2016 were considered. The following search terms were used and entered the search boxes: attitude, contraceptive use, high school, knowledge, learners, and practices. These key words helped the research to gather relevant information from different sources. However, due to a higher number of sources the present study was not too specific in terms of the period of sources since the area of study has historical background, nevertheless most of the sources were five years old and all of them were published in the English language. For the selected sources the researcher will initially read the abstract to find if the source was relevant.

2.2 Prevalence on the use of contraceptives

Contraceptive prevalence is regarded as one of the indicators of contraceptive behaviours among women worldwide (Bongaarts & Hardee, 2017). Globally, the percentage of women who use modern contraception has risen steadily over time, from 54 % in 1990 to 57.4 % in 2015 (WHO, 2018). In 2017, approximately three-quarters (671 million) of the 1.6 billion women of reproductive age living in developing regions used modern contraception (Darroch, Sully & Biddlecom, 2017). Despite an increase in the number of women utilizing modern contraception, Darroch, Sully, and Biddlecom (2017) claim that 214 million women of reproductive age in developing region want to avoid pregnancy but are still not using such methods.

The prevalence of modern contraception also varies across nations. A study conducted by Cahill, Sonneveldt, Stover, Weinberger, Williamson, Wei, and Alkema (2018) found that in 2015, roughly 52 % women of reproductive age in India used modern contraceptive methods.

In Sierra Leone, 15.6 % of women used modern contraception in 2013 (Keen, Begum, Friedman & James, 2017).

The use of contraceptive among young people, especially high school learners, has gained momentum in recent years as key to prevent the risk of unwanted pregnancies, STIs and abortion, among other health complications. There is a global challenge of early pregnancy among teenage girls, although the challenge is highly experienced in developing countries compared to developed countries. The pace of teenage pregnancy in South Africa remains high, underscoring the need to address poor contraception use among sexually active adolescents (Israel, Naidoo & Titus, 2016). According to the same study, no single intervention is universally successful in lowering the effects of unprotected sex. The most obvious opportunity lies in creating tailored strategies to suit the community environment (Israel, Naidoo & Titus, 2016). Inadequate contraception knowledge, along with a negative attitude and practice, can increase the chance of contracting HIV (Mutsindikwa, Ashipala, Tomas & Enjala, 2019).

2.3 Benefits of contraceptive use

Contraception is widely recognized among young people as an important preventive measure against unplanned pregnancies and sexually transmitted diseases such as HIV and AIDS (Kara, Benedicto & Mao, 2019). Controlling fertility through effective contraception methods is a critical strategy for having planned pregnancies (Moges, 2020). The proper use of contraceptives helps people and couples to anticipate and accomplish their ideal number of children in addition to the spacing and timing of their births (WHO, 2016).

2.4 Types of contraceptives

Forms of contraceptives can be categorised into two groups. There are long-acting and permanent methods, such as intrauterine devices, subdermal implants and sterilization; and short-term methods, such as pills, condoms, spermicides, injectable and other modern methods (Makola, 2018). The type of methods that are elaborated on, are those that are most likely to be used by young adults.

2.4.1 Oral contraceptives

This is a pill that contains hormones taken once a day and used to prevent pregnancies (Tchokossa Adriel Monkam, 2018). It works by preventing ovulation while the woman is on her period. Progesterone-only pills (mini pill) and combined oral contraceptive pills (the pill) are the two common kinds. It is very effective when used correctly, it controls menstruation and decreases flow, may also prevent acne and cancer (ovarian and endometrial), may be taken while breastfeeding, and does not protect against STIs. POPs (progesterone-only pills) are a

reversible and easy method of contraception that is independent of intercourse and free of oestrogen associated risks.

2.4.2 Injectable contraceptives

The injections contain two types of hormones: progestin and oestrogen, which occur as natural hormones, progesterone, and oestrogen, in a woman's body. Aside from this, there is also progestin-only of injectable method (WHO, 2018).

2.4.3 Intrauterine devices

Small flexible plastic device containing copper sleeves or wire inserted into the uterus. Some devices steadily release small amounts of levonorgestrel each day. Health-care provider must insert and remove; can be used for 3 to 5 years depending on implant (WHO, 2018). The use of intrauterine devices (IUDs) is a great way to avoid the high rate of unintended pregnancies among teenagers. IUDs are more effective than short-acting reversible contraceptives with failure rates that are equivalent to those observed with permanent contraception (Bahamondes & Bahamondes, 2021).

2.4.4 Condoms

Male condoms are thin sheaths latex (rubber), polyurethane (plastic), or animal tissue that are rolled onto an erect penis just before sexual activity. Female condoms are made of polyurethane and are placed in the vaginal canal prior to sexual contact. Condom distribution and promotion were among the first interventions launched to combat the HIV pandemic. Condoms are affordable and offer protection against HIV and other STIs, as well as unplanned pregnancy (Stover & Teng, 2021). Only when a male condom is used appropriately and consistently can it prevent HIV transmission (Kanda & Mash, 2018).

2.4.5 Sterilization

These surgical procedures are intended to be permanent for both men (vasectomy) and women (tubectomy/tubal ligation). It is not suitable for adolescents but for couples that have completed their families. A couple must be well-informed and certain in their decision not to have more children (WHO, 2018).

2.4.6 Coitus Interruptus or withdrawal

It involves removing the penis from the vagina immediately before ejaculation, preventing semen from entering the woman's vagina. This is possibly the oldest contraceptive method known to man, but it depends on the cooperation of the male partner (Amoako, 2016). This is a shaky procedure that can fail if semen escapes before ejaculation or is left on the external sex organs. Self-control, both emotionally and physically, is required to succeed in this method (Amoako, 2016).

2.5. Barriers on the use of contraceptives

Majority of the time, barriers on use of contraceptives are related to the availability of contraceptive facilities. The inability to obtain the contraceptive method of a woman's choice, unacceptable service quality, and gender-based barriers are cited as reasons why women do not use contraception (WHO, 2018). Women who have access to contraception are more likely to use it than those who do not. Access can be defined in terms of accessibility, availability, acceptability, affordability, and contraception adequacy. Most unintended pregnancies occur when contraception is difficult to obtain (Uddin, Pulok & Sabah, 2016). According to Machiyama, Casterline, Mumah, Huda, Obare, Odwe, Kabiru, Yeasmin and Cleland (2017), the main reason for women's unmet contraception need is a lack of access to family planning services.

A study by the WHO (2018) reveals that, most adolescents may face barriers to accessing contraception. These may include restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints. Furthermore, even if adolescents can get contraceptives, the pressure to have children, the stigma associated with non-marital sexual activity and/or contraceptive use, the fear of side effects, and a lack of understanding about how to use it correctly may discourage her from taking it.

According to Lailulo and Sathiya-Susuman (2016), a lack of access to family planning and a lack of knowledge are the main barriers that prevent women from having more children than they intend. Approximately 40% of women in the Afar Region who participated in research had never heard of family planning methods, let alone ones that were effective (Alemayehu, Lemma, Abrha, Adama, Fisseha, Yebyo & Medhanyie, 2016).

The necessity for many children is stated as a reason not to utilize contraception in rural and pastoral communities where human power is in highly needed (Kock & Prost, 2017). According to research conducted in Afar (Ethiopia), more than two-thirds of mothers needed numerous children to compensate for children who died for a variety of causes, such as diseases (Alemayehu, Lemma, Abrha, Adama, Fisseha, Yebyo & Medhanyie, 2016). Women and their partners attitudes and views, as well as society in general, can also be barriers to contraception use (Kabagenyi, Reid, Ntozi & Atuyambe, 2016).

Religion and partner refusal were noted as common barriers in several family planning studies in developing countries. In a study done in Chiapas (Mexico), female participants stated that their husbands would not allow them to space their births using contraception

(Dansereau, Schaefer, Hernández, Nelson, Palmisano, Ros-Zertuche, Woldeab, Ziga, Iriarte, Mokdad & Bcheraoui, 2017). Religion and their husband's opposition were identified as barriers by 55.9 % and 17.5 % in Bale Zone, southeast Ethiopia, respectively (Belda, Haile, Melku & Tololu, 2017).

Women who are much younger than their partners may have less power in negotiating safer sexual behavior by mandating the use of contraception or condoms in some relationships. Especially, those who are in long-term relationships or married, as condom-free sex implies trust and intimacy (Darroch, Woog, Bankole & Ashford, 2016).

There are also several personal reasons that prevent women from using contraception, with fear of side effects being one of the most common (Ajayi, Adeniyi & Akpan, 2018). Female respondents in a Ugandan study stated that contraception, such as Depo-Provera and pills, cause ovarian burning in women, resulting in infertility (Thummalachetty, Mathur, Mullinax, DeCosta, Nakyanjo, Lutalo, Brahmhatt & Santell, 2017). Similarly, 56 % of women in a pastoralist community in Afar Region (Eastern Ethiopia) believed that contraception causes infertility (Alemayehu, Lemma, Abrha, Adama, Fisseha, Yebyo & Medhanyie, 2016). According to Gebre, Birhan and Gebreslasie (2016), 12.4 % of female respondents cited fear of side effects as a barrier to Shire-Endaselassie treatment (Tigray Region, Ethiopia).

Lack of contraception knowledge has also been cited as a reason for women not using contraception (Muanda, Ndongo, Lauren, Messina & Bertrand, 2017). According to a study conducted in Guatemala, Honduras, Chiapas (Mexico), Nicaragua, and Panama, more than 30 % of all women were unaware of any contraceptive methods (Rios-Zertuche, Blanco, Ziga-Brenes, Palmisano, Colombara, Mokdad & Iriarte, 2017).

2.6 Misconceptions and myths on the use of contraceptives

Myths and misconceptions of contraception are further barriers to its use (Eram, 2017). Misconceptions about IUDs causing infertility, abortion, and cancer, according to Eram (2017) discourage women from utilizing contraception. One of the common misconceptions about IUDs is that they increased risk of pelvic inflammatory disease in nulliparous users, however there is no evidence to back this up. Other problems include weight gain and changes in the menstrual cycle, as well as a delayed return to fertility upon the removal of the methods, more so for implants (Kungu, Khasakhala & Agwanda, 2020).

Furthermore, according to a study conducted by Mwaisaka, Gonsalves, Thiongo, Waithaka, Sidha, Agwanda and Gichangi (2020), some respondents reported that the use of contraceptives jeopardizes future fertility and can lead to serious health complications such as prolonged menstrual bleeding, difficulty conceiving, and birth defects. Participants in the

same study also expressed concerns that IUDs could be pushed inward during sexual intercourse, causing injury to the women's reproductive organs. This came from the belief that the perceived 'discomfort' during sexual intercourse inaccurately believed to be experienced by users of IUDs is as a result of the IUD moving out of its normal position thereby making it 'exposed' during sexual intercourse (Mwaisaka, Gonsalves, Thiongo, Waithaka, Sidha, Agwanda & Gichangi, 2020).

In addition, myths are associated with each methods route. IUDs, for example, are placed into the uterus, and it is thought that they irritate and damage the uterus (Chaiboonruang, 2018). At the same time, some people are concerned that injectable contraceptives could cause a dry uterus. Some participants explained that hormonal injectable contraception causes irregular menstruation, which means that the uterus does not discharge menstrual blood and thus the waste [menstrual blood] remains in their body, which could slip out of the uterus, especially during heavy lifting; similarly, some participants believed that implants would make their arms wither (Chaiboonruang, 2018).

Mbachu, Agu, Obayi, Eze, Ezumah and Onwujekwe (2021) adolescents expressed their views on how contraceptive use in adolescence affects fertility in the future for both girls and boys. There is a widespread belief that using contraceptives during adolescence reduces fertility prospects for both sexes. Certain people believe that some girls who use contraceptives would be unable to conceive when they get married and want to have a family. Similarly, it is thought that adolescent boys who used condoms lost a lot of spermatozoa and would be unable to impregnate women in the future.

2.7 Knowledge and use of contraceptives

A South African study conducted Müller, Röhrs, Hoffman-Wanderer and Moulton (2016) found that adolescents, particularly adolescent girls, needed accurate and complete information about reproduction and contraceptive use, because teenage girls had low levels of contraceptive knowledge. However, other studies showed that their knowledge was high. Their knowledge of emergency contraception, on the other hand, was high (Müller, Röhrs, Hoffman-Wanderer & Moulton, 2016). Furthermore, lack of knowledge is stated as a factor in inconsistent or ineffective contraceptive use; yet most adolescents are well informed about modern contraceptives. Müller, Röhrs, Hoffman-Wanderer and Moulton (2016) go on to say that 99.2 % of unmarried sexually active females and 85.5 % of inexperienced women were aware of modern contraception. Most of this knowledge was gained in school through Life Orientation (Müller, Röhrs, Hoffman-Wanderer & Moulton, 2016).

Moreover, Moyo and Rusinga (2017) discovered that knowledge of modern contraception appears to be universal among adolescents, with 98 percent of respondents stating that they

had never heard about modern methods of contraception, and condoms appeared to be the most well-known method of family planning among 12 adolescents, with 98 % of those who had never heard about modern methods of family planning hearing about condoms, and 11 % having heard about condoms. The study also revealed that respondents had a fundamental lack of knowledge on female and male sterilization, as well as IUDs.

Agyemang, Newton, Nkrumah, Tsoka-Gwegweni and Cumber (2019) found that 95 % female adolescent participants could explain how they understood contraceptives and could also name at least one method of contraception known and its benefits. Most of them (50%) believe that contraception is appropriate for preventing unintended pregnancies, as compared to the minority (5 %) who are unaware of contraceptive methods and their benefits.

According to Müller, Röhrs, Hoffman-Wanderer and Moulton (2016), 34% of adolescent mothers were unaware of contraception and had inaccuracies in their use. Adolescents complained that teachers did not successfully convey sexual and reproductive health information to them, resulting in knowledge gaps. According to Pritt, Norris and Berlan (2017), there is a lack of knowledge about contraceptive use. In a 2009 survey of 106 adolescent females, 70% noted that they had no idea what an intrauterine device was. Moreover, half of those who knew (30%) were unaware of its features.

A South African study by Chersich, Wabiri, Risher, Shisana, Celentano, Rehle and Rees (2017) found that 92 % of women in the study knew about injectable contraception, 89.9% knew about oral contraception, 73.3 % knew about female sterilisation, 20.3 % knew about intrauterine devices, and 47.3 % knew about emergency contraceptives. Furthermore, adolescent knowledge was found to be lower on average than that of adult women. In another study of 129 women conducted in the United States by Pritt, Norris, and Berlan (2017) 60% had never heard of a contraceptive implant. Misconceptions regarding contraceptives can lead to unreasonable anxieties, making it difficult for adolescents to use contraception.

2.8 Attitudes and use of contraceptives

In a study done by Mutsindikwa, Ashipala, Tomas and Endjala (2019) learners were asked whether they would consider using contraceptives in the future. Most of the students (91.7 %) stated that they would, indicating that contraceptives were viewed positively by most of the participants. However, 8.3 % indicated they would never consider using contraception in the future. This usually shows a favorable attitude toward contraception. In addition, female participants in a study done by Chalernphon (2021) revealed negative attitudes about contraceptives, particularly condoms, indicating that they feel uncomfortable when their partners constantly use condoms. At the same time, some male participants have negative

feelings about women possessing condoms.

In addition, more than a half 51% of high school learners indicated that they had not been utilizing contraceptives, and of those who always use contraceptives (29%) preferred male condoms, 9% preferred injection, 1% female condom, and 3% preferred the pill. Contraceptive preferences ranged from 60 % who liked condoms to 19 % who preferred injections and 5% who preferred pills. Nearly half of the respondents (46%) had a negative attitude toward the injectables and pills, citing several side effects such as "weight gain," "amenorrhoea," "irregular menstruation," "periodic pains," "headache," "destroys the womb," and "you can still catch STIs" (Mbozi, 2020).

In a study conducted by Davids (2019) teenagers disagreed that intercourse with a condom was bad (57.3 %). Based on these results, most responders stated that it felt the same or was nice. This upbeat attitude could be viewed as encouraging condom use. Another possible perspective on contraceptive use was expressed by respondents who stated that they did not believe that using contraceptives demonstrated mistrust in one's partner (50.9 %). In fact, most people claimed it increased their loyalty (37.4 %).

Teenagers believe that using condoms during sex reduces sexual pleasure (Silassie, Giorgis, Kahsay, Fisaha, Zerihun, Tadesse, Gerensea & Malloy, 2016). According to Chavalala (2018), most high school students who had negative attitudes toward condoms believed condoms smelled awful during sexual intercourse and could rip and remain inside the vaginal canal. Most individuals with negative attitudes toward condoms (71.3%) were too lazy to get condoms from a clinic, and other issues such as distance to clinics also played a role. When purchasing condoms, most of these students (65.7%) felt humiliated.

2.9 Practice towards contraceptive.

A study conducted in Gaborone, Botswana by Kgosiemang and Blitz (2018) discovered that 214 (58.3 %) of respondents reported to having been sexually active, (10.7 %) had been pregnant, and (52.2 %) of those pregnancies were unintended. Only (22.0 %) of students had used contraception, while another (16.8 %) had chosen not to use contraception. Another study conducted by Ngerageze (2019) reported that high school adolescents who participated in this study, more than a half (50.4%) never had sex before and only 39% of them reported to have used contraceptives at their first sexual intercourse.

In a study conducted by Arruda, Brito, Prandini, Lerri, Reis, Barcelos and Lara (2020) more than half of the students in the public schools of Ribeirão Preto had early sexual initiation. Most of these teenagers initiated sexual intercourse without protection from STIs or contraception, 64.0% of the sexually active respondents in the study had never used family planning, only

37.5% were using family planning (Idowu, Aremu, Fehitola & Popoola, 2017).

Furthermore, according to a study by Mutsindikwa, Ashipala, Tomas and Endjala (2019), 28.1 % indicated that they used contraception occasionally. Most participants (60%) stated that they used either a male or female condom. 41.6 % of the adolescents who took part in this study noted that they utilized contraception during their first sexual intercourse. Condoms appear to be the most popular among female teenagers. Condoms have the greatest Relative Significance Index (RSI) value of 0.43, putting them first among the others. Additionally, 67 % of female adolescents never used it, 10.8 % seldom used it, 6.8 % use it occasionally, and 61 (15.4 %) use it every time (Tchokossa & Adeyemi, 2018).

2.10 Consequences regarding non-use of contraceptives

Non-use or poor use of any type of contraceptives increases the risk of unwanted pregnancies, abortion, STIs and HIV/AIDS, with their attendant problems (Idoko, Omotowo, Anyaka, Udo, Ezenwosu, Nwobi, Ezeoke, Obi, Ekwueme, Okeke, Obienu & Orakwue, 2018). Unplanned pregnancies increase the rates of pregnancy termination, cervical cancer, HIV and STIs. These are some of the results of hazardous sexual practices experienced by learners (Forsyth, 2018). Unintended pregnancies either end in unsafe pregnancy termination or teenage motherhood. As a result, female students may be forced to drop out of school (Shiferaw, Gashaw & Tesso, 2016). In Botswana, around 453 children dropped out of school due to unwanted pregnancy in 2011, with 9% of them being extremely young primary school students (Tshitenge, Nlisi, Setlhare & Ogundipe, 2018).

2.11 Conclusion

This chapter presented the literature gathered from numerous journal articles and books in relation to the investigation's topic and objectives. This included prevalence on the use of contraceptives, types of contraceptives and benefits of contraceptive use, misconceptions, and barriers on use of contraceptives, knowledge and use of contraceptives, attitudes and use of contraceptives, practices towards contraceptive use, and consequences regarding non-use of contraceptives.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The research methodology or procedure was controlled by the nature of the research question and the subject under investigation. Therefore, the research format utilised in the investigation ought to be a tool for responding to the research question (Denzin, 2018). This section discusses the research approach and study design, study setting and area of study, study population and sampling, measurement instrument, pre-test of the instrument, plan for data collection, data management and analysis, validity and reliability and ethical considerations.

3.2 Research approach and design

The quantitative approach was adopted because it helped the researcher manage the large quantities of data that was collected from the respondents. Meyer, Naude, Shangase and van Niekerk (2010) describe the quantitative approach as being based on observable facts, which can be drawn from documents and statistics.

Cross-sectional descriptive study design was adopted. The cross-sectional study design gathers information at one point in time. It is utilized to recognize and collect data on the attributes of a specific issue (Akhtar, 2016). The design was chosen because the study describes the knowledge, attitude, and practice of high school learners towards contraceptives. Data was collected at one point in time.

3.3 Study setting and area of the study

The study was conducted in the Makhado Municipality, which is situated in the Vhembe District Municipality. The Municipality has a population size of approximately 416 728, and it is found about 120km from Polokwane. The Municipality is made up of four formal towns: namely, Dzanani, Louis Trichardt, Vleifontein and Waterval with 38 yards and 200 villages. The racial makeup of Makhado Municipality is 97,3% black African, 2% white, 0,2% coloured and 0,4% Indians. For most of the population, their first language is TshiVenda, with 68.1%; followed by Xitsonga at 22, 1% (Census, 2011). There are three district hospitals: namely, Elim Hospital, Louis Trichardt Memorial Hospital and Siloam Hospital. Furthermore, there are 15 public clinics. Makhado Municipality has 17 public high schools and 5 private schools. There are several shops and pharmacies that sell other forms of contraceptives, such as condoms and pills. There are also 5 Non-Profit Organizations, which render services such as youth empowerment, sex education, health awareness campaigns in the local schools and HIV/AIDS prevention.

3.4 Study Population and sampling

Goddard and Melville (2004) define population as the study of objects or any group that the researcher wishes to comprehend.

3.4.1 Population

The study population included male and female adolescent high school learners from Makhado Municipality and based on the focus of the study, the target population was all high school learners from the selected schools in grade 10-12.

3.4.2 Sampling

Rahi (2017) defines sampling as the way of choosing small portion of the sample from a larger group to form part of the study. Bless, Higson-Smith and Kagee (2006) define sampling as a method used to draw a sample from a provided population to represent that specific population. Multi-stage sampling was adopted to select the circuit, schools, and respondents.

3.4.2.1 Sampling of circuit and schools.

Makhado Municipality consists of three education circuits: namely, Nzhelele West Circuit, Soutpansberg West Circuit, and Sekgosesse North Circuit. Soutpansberg West Circuit was purposively selected to be part of this study. This is because of its higher rates of pregnancies than other circuits in Makhado Municipality. A register of one of the hospitals at Makhado Municipality showed that 45% of the high school learners who were pregnant in 2018 were from schools under the Soutpansberg West Circuit. There are 5 high schools that fall under the Soutpansberg West Circuit: namely, Luvhivhini, Magoni, Manaledzi, Sinthumule, and Tshiungulela (Table 3.1). All 5 high schools under the Soutpansberg West Circuit were purposively selected to be part of the study.

3.4.2.2 Sampling size

The total adolescent population from five high schools was 3412. In order to determine an appropriate sample size for the study, Slovin's formula was used. Sample size is calculated as follows:

n = Number of sample size

N= Total Population Size

e = accepted level of error set at 0,05

$$n = \frac{N}{1 + Nex^2}$$

$$n = \frac{3412}{[1 + (3412 \times 0.05)^2]}$$

$$n = \frac{3412}{(1 + 8,5)}$$

$$n = \frac{3412}{9,5}$$

$$n = 359$$

The 359 respondents were chosen from the 3412 population of learners under the Soutpansberg West Circuit. The proportional sample size is shown in Table 3.1.

Table 3.1: Population frame and proportional sample

Name of secondary school	Number of learners per school	Sample size per school
Luvhivhini	427	45
Magoni	305	32
Manaledzi	709	75
Sinthumule	1168	123
Tshiungulela	803	84
Total 05	3412	359

Source: (Soutpansburg West circuit manager 2022)

3.4.2.3 Sampling of respondents

Probability-stratified sampling method was employed to select respondents in the study. To obtain the total number of learners to be sampled per grade in each school, the researcher divided the sample size per school by number of grades (grade 10, 11, and 12). Learners were grouped according to grades in each school, where each grade was treated as a stratum. To select respondents, simple random sampling was adopted. The researcher cut small pieces of papers that made the total number of grade 10-12 learners. Out of the total number of grade 10-12 learners, the researcher took the number of learners per school and wrote YES on pieces of papers based on sample size per school and NO to the remaining pieces. All the pieces were folded and put in a box. The same procedure was followed at the other selected schools, to select respondents based on sample size per school. After sampling respondents, all minors who were selected to be part of the study were given consent forms to give their parents to sign and all parents signed. Thereafter, the researcher set appointments for data collection, with the school principal and respondents. This was done in all selected schools.

3.4.3 Inclusion and exclusion criteria

For the learners to be included and take part in the study. They were required to be attending at the selected schools falling under the selected circuit and should be aged 13 to 21 years. Both male and female learners were included. Learners who already had children were also included in the study. All learners who did not fall under the selected high schools were not

included in the study. Only learners who will be able to complete the questionnaire in the set date of data collection will be considered.

3.5 The measuring instrument

A research instrument is a tool utilised by the researcher to collect data (Chia-Chien & Brian, 2012). A self-administered questionnaire was used to collect data based on the research objectives. Instrument was adapted and refined in collaboration with the supervisor prior to data collecting. The questionnaire contained close-ended questions. The research instrument was divided into four sections, as follows: Section A was demographic information, Section B was knowledge on contraceptives, Section C was attitude towards contraceptives, and Section D was practices of contraceptive utilisation. The questionnaire allowed respondents to tick the most appropriate answer based on their knowledge. Respondents had to AGREE, STRONGLY AGREE, DISAGREE or STRONGLY DISAGREE to the question. The instrument was written in English and not translated to other languages. In case respondents had any questions, the researcher clarified. The questionnaire consisted of 27 items.

3.6 Pre-test of the instrument

Meyer, Naude, Shangase and van Niekerk (2010) define a pre-test as a preliminary run of the main study. The researcher chose 36 secondary-school-going learners at a different school in Nzhelele West Circuit, under Makhado Municipality. This was done to determine whether the questions in the questionnaire would be understood by the respondents or if some questions would require translation. The pre-test respondents provided feedback on the questionnaire, and the results indicated that the questions were not difficult for them to answer and that no translations were required. The pre-test respondents were not included in the study, and their questionnaires were not recorded as part of the collected data.

3.7 Data collection

Data was collected at 5 high schools that fall under the Soutpansberg West Circuit: namely, Luvhivhini, Magoni, Manaledzi, Sinthumule, and Tshiungulela. The researcher started by submitting the letters to the Department of Education in Polokwane, and Soutpansburg West Circuit office. The researcher contacted the principals of all selected schools prior to data collection. The researcher collected data after school, and the respondents were grouped according to their grades in their respective schools. A school day was used at each school setting; that is, Monday to Friday. This lasted for 3 weeks, and it took 30 to 45 minutes to complete the questionnaire.

The researcher collected the data from Luvhivhini on Wednesday, with 45 respondents, Sinthumule on Thursday (grade 10 and 11) and Friday (grade 12), due to large numbers of learners (123), Magoni on Tuesday with 32 respondents, Tshiungulela on Wednesday, with 84 learners and the remaining school Manaledzi on Thursday with 75 respondents. Before distributing questionnaires, learners were given consent forms and information booklets and minors with signed consent forms were given an assent to sign.

Respondents were asked to read the information letters and ask questions before agreeing to participate in the study. The researcher then handed out questionnaires to study respondents who agreed to take part. The questionnaires were to be filled out anonymously, with no names written on them. Data was collected by the researcher himself, and the completed questionnaires were collected the same day.

3.8 Data Management and Analysis

The researcher used Microsoft Excel 2016 to code and gather data for this study, and the data was then exported to the Statistical Package for Social Sciences (SPSS) version 27.0 for analysis. To obtain association and strengthen the relationship between independent and dependent variables, descriptive statistics (percentage), cross tabulation, and the Pearson's Chi-square test were used. Chi-square test was used to establish if relationships existed among two or more categorical variables, such as the association between age of respondents and contraceptive use. Statistical level of significance was set at 5% (i.e., $p < 0.05$). To present the analyzed data, statistical tables, bar graphs, and charts were used.

3.9 Validity and reliability of research instrument

3.9.1 Validity

To guarantee the validity of the instrument, it was sent to the supervisor for review to see if it could measure what it was designed to measure. Construct validity is a measure of instrument consistency that is maintained by ensuring that the instrument is consistent with other instruments used in similar investigations. Furthermore, content validity was used to ensure that the instrument covered all the study objectives. The face validity test was done to see if the instrument was measuring exactly what it was meant to measure. This was accomplished by a review of publications and books related to the topic under study. The researcher submitted instrument to an English-language editor to proof-read it.

3.9.2 Reliability

According to Mohammed, Sulaimanb, Sern and Sallehd (2016), reliability means that the scores of an instrument are stable and consistent. The test-retest technique was used to ensure reliability of the instrument. The questionnaire was pretested on 36 secondary learners

from Nzhelele West Circuit and repeated after 1 week to check-recheck reliability. The reason for administering a structured questionnaire to the same respondents on different occasions is to check the accuracy and consistency of the questionnaire; that is, if it will produce the same results.

3.10 Ethical Considerations

Ethics is the responsibility that researchers should bear towards those who participate in the research as sponsors and potential beneficiaries of the research (Resnik, 2011). When conducting the study, the researcher took the following into account: permission to conduct the study, confidentiality, informed consent, and voluntary participation.

3.10.1 Permission to Conduct the Study

For approval and quality assurance, the research proposal was submitted to the Department of Public Health. The research proposal was then submitted to the School of Health Sciences Higher Degrees Committee, Executive School Higher Degrees Committee for quality evaluation and appraisal. Before data was collected, the researcher obtained approval to conduct the study from the University of Venda Higher Degree Committees (Annexure J). Ethical clearance certificate (Annexure E) from the Ethical Committee at the University of Venda was granted. A Request was sent to Limpopo Department of Education, Soutpansburg West circuit and approval was obtained (Annexures C and Annexure D) and from participating schools to conduct the study with their learners.

3.10.2 Informed Consent

The researcher explained the topic, purpose, and objectives of the study to the respondents prior to the start of the investigation, without withholding any information that would have made them unwilling to participate. Each study participant received an information sheet outlining all the procedures that needed to be followed. Respondents above the age of 18 were given consent letters and consent forms to sign. Parents or legal guardians were given consent forms to sign on behalf of respondents who were minor prior of data collection, whilst minors signed an assent form.

3.10.3 Confidentiality

Confidentiality is defined by Gibson, Benson, and Brand (2013) as a means of ensuring protection and making the participants' information unavailable to anybody other than the researchers. The researcher made certain that the questionnaire did not contain any personal information about the respondents or anything that could link them to the data.

3.10.4 Voluntary participation

The respondents were informed about their rights when it comes to participation, before data collection, so that they could decide regarding participating in the study. Respondents were also informed that it is within their right to withdraw from the study if they wish to do so, without prejudice.

3.10.5 Protection from COVID-19

All Coronavirus disease 2019 (COVID-19) precautions were observed during data collection. Thus, the researcher was screened; sanitizers were used, social distance was maintained, and respondents wore their masks. Lastly, learners did not exceed 50 in a group/class.

3.11 Dissemination of results

A final copy of the mini dissertation will be submitted to, the Department of Health, Department of Education and the University of Venda Library, to be used by future researchers. The findings will be published in accredited journals and presented at seminars and conferences.

3.12 Conclusion

In this chapter the research design and study design, study setting and area of study, study population and sampling, measurement instrument, pre-test of the instrument, validity and reliability, plan for data collection, data management and analysis and ethical considerations were discussed.

CHAPTER 4

ANALYSIS AND PRESENTATION OF DATA

4.1 Introduction

This chapter presents the study findings obtained from data analysis. The results were divided into four sections in the questionnaire; Section A: Demographic characteristics of respondents, Section B: Knowledge on contraceptives, Section C: attitudes towards contraceptives, and Section D: practices of contraceptive use.

4.2 Demographic Information of respondents

Three hundred and fifty-nine (359) questionnaires were distributed to respondents, and all of them were fully completed and returned to the researcher, indicating a 100% response rate. The demographic information included age, gender, people whom the respondents live with, school grade of the respondent, dating status, religion affiliation, educational level of parents.

4.2.1 Age of respondents

The age distribution of the study participants is shown in Table 4.1 below. The study received 359 (100%) responses. The highest age distribution range was 165 (46.0 %) for respondents aged 16-18, followed by 107 (29.8 %) for respondents aged 19-21. The remaining proportion, with 87 (24.2 %) respondents aged 13-15, making it the lowest number.

Table 4.1: Age distribution of the respondents (N=359).

Age category	Frequency	Percentage (%)
13-15	87	24.2
16-18	165	46.0
19-21	107	29.8
Total	359	100.0

Figure 4.1 shows that 187 (52%) of the respondents were females, whereas 172 (48%) were male high school students.

4.2.2 Gender of respondents

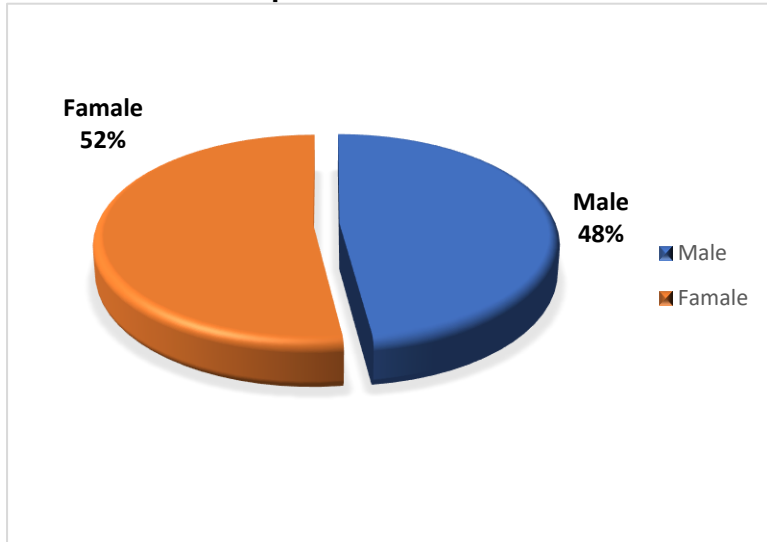


Figure 4.1: Gender distribution of respondents (N=359).

Figure 4.2 shows that 125 (34.8%) of the respondents lived with their mothers, while 45 (12.5%) lived with their fathers. On the other hand, 98 (27.3%) indicated that they lived with both parents, 36 (10.0%) lived with their grandmothers and 11 (3.1%) lived with grandfathers. Moreover, seven (2.0%) lived alone while 37 (10.3%) lived with their relatives.

4.2.3 People with whom the respondents live

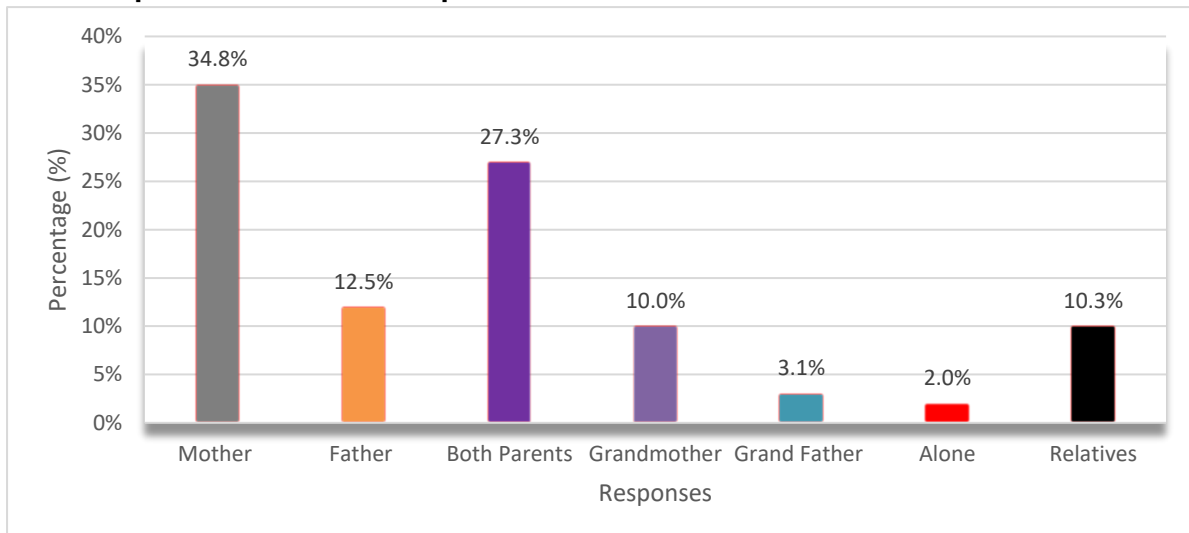


Figure 4.2: People whom the respondents live with (N=359)

4.2.4 School grades of the respondents

Table 4.2 shows that 118 (32.9%) of respondents were in grade 10, 139 (38.7%) were in grade 11, and 102 (28.4%) were in grade 12.

Table 4.2 displays the school grade of the respondents (N=359)

Grade	Frequency	Percentages (%)
10	118	32.9
11	139	38.7
12	102	28.4
Total	359	100.0

4.2.5 Dating status

Figure 4.3 below shows that most respondents 324 (90%) had a girlfriend/ boyfriend, whereas only 35 (10%) respondents did not have a no girlfriend/ boyfriend. The analysis reveals that only less than a quarter 35 (10%) respondents indicated that they did not have a girlfriend/ boyfriend.

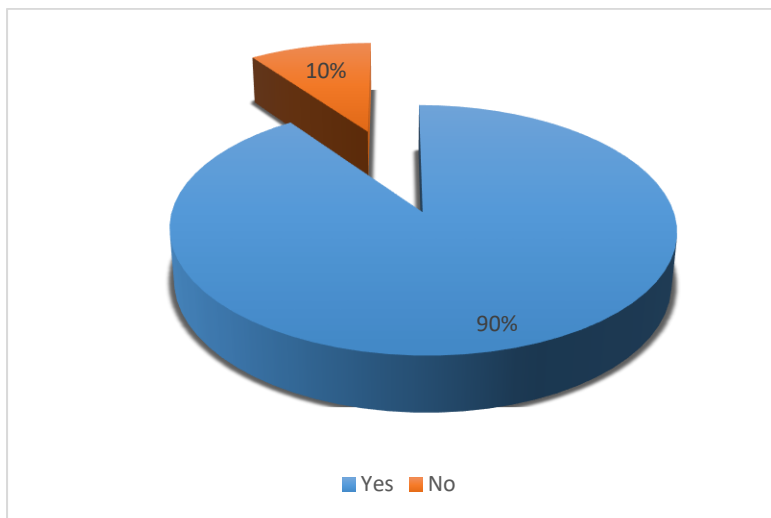


Figure 4.3: Chart between respondents who have a girlfriend/ boyfriend and respondents who do not have a girlfriend/ boyfriend. (N=359)

4.2.6 Religion affiliation

Figure 4.4 illustrates that the most common religion is Christianity 198 (55.2%) followed by 144 (40.1%) respondents who are members of African/ Traditional religion. Moreover, 12 (3.3%) respondents are members of Catholic church, lastly, only 5 (1.4%) respondents are members of Hinduism.

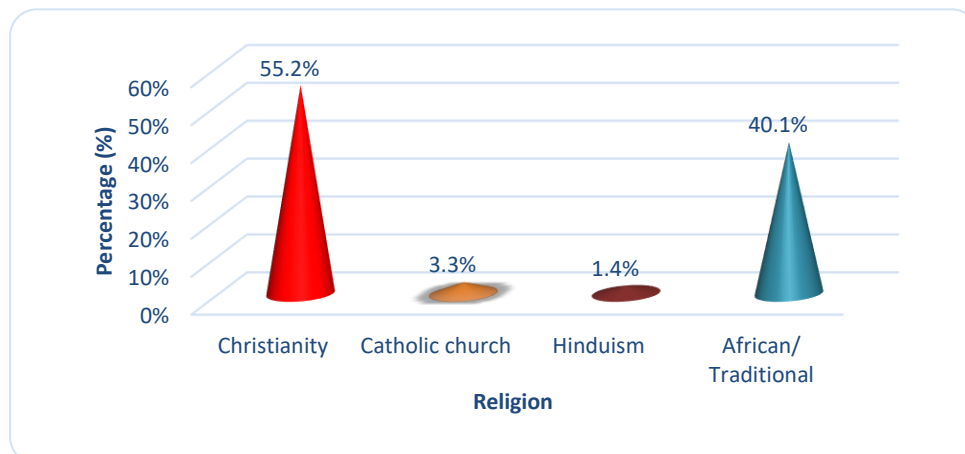


Figure 4.4 Respondents religion affiliation (N=359)

4.2.7 The educational level attainment by mother

Figure 4.5 illustrates that a total of 176 (49.4%) respondents stated that their mothers had tertiary level education, followed by 162 (44.8%) respondents who noted their mothers had secondary level education. The study further shows that 12 (3.3%) respondents indicated that their mothers only had primary school education. Lastly, only nine (2.5%) respondents mentioned that their mothers had no education.

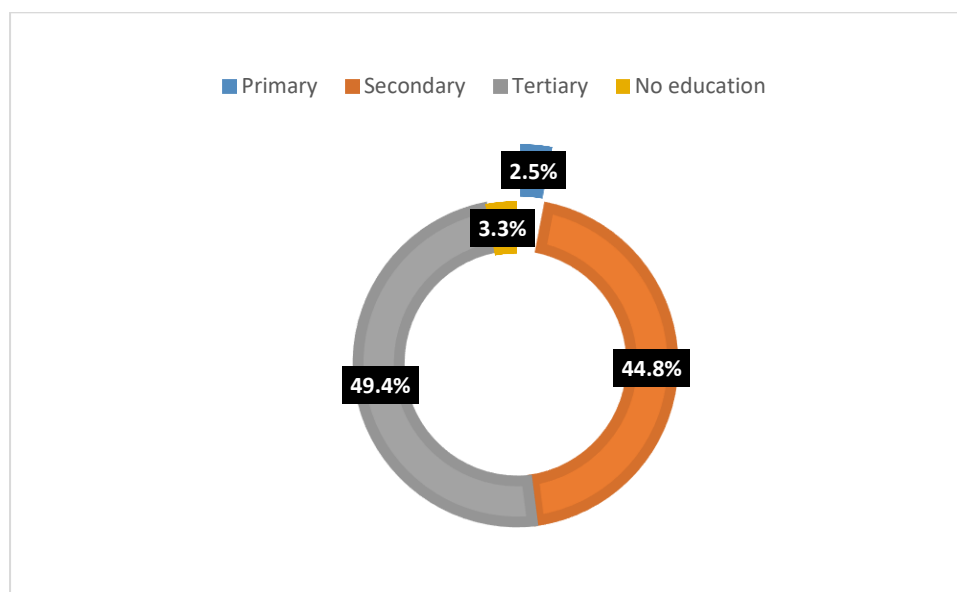


Figure 4.5: Respondents mothers' educational level (N=359)

4.2.8 Educational level attainment by father

Figure 4.6 highlights that 359 (100.0%) respondents answered this question. Analysis shows that slightly over half 189 (52.6%) respondents said that their fathers had tertiary level education, followed by 140 (39.0%) respondents who said their fathers had secondary level education. The study further shows that 27 (7.5%) respondents indicated that their fathers only had primary school education. Lastly, three (0.9%) respondents stated that their fathers had no education.

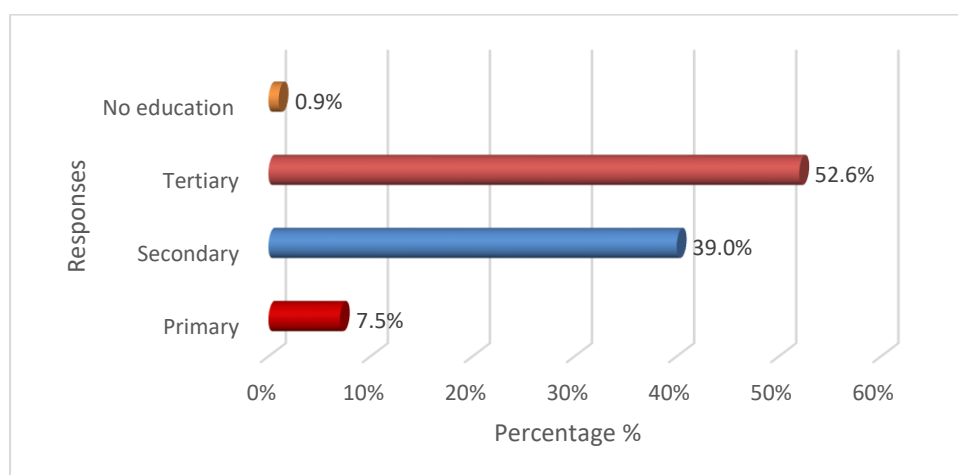


Figure 4.6: Respondents fathers' educational level (N=359).

4.3 Knowledge on contraceptives

4.3.1 Respondents grades versus knowledge on expiry date of condom

Table 4.3 illustrates that majority, 126 (35.1%) learners from grade 11 knew that a condom has an expiring date, whilst 13 (3.6%) respondents in grade 11 did not know that condoms have an expiring date. Further analysis showed that 95 (26.4%) learners in grade 10 knew that condoms have an expiring date, whilst seven (2.0%) learners did not know. Lastly, 94 (26.2%) respondents in grade 10 knew that condoms have an expiring date, whereas 24 (6.7%) respondents did not know that condoms have an expiring date.

Table 4.3: Responses on the association of the respondents' grades and knowledge on expire date of condom (N=359)

Variables	Condom has an expiry date?		Total N (%)
	Yes N (%)	No N (%)	
Grades			
Grade 10	94 (26.2)	24 (6.7)	118 (32.9)
Grade 11	126 (35.1)	13 (3.6)	139 (38.7)
Grade 12	95 (26.4)	07 (2.0)	102 (28.4)
Total	315 (87.7%)	44 (12.3)	359 (100.0)

4.3.2 Contraceptive methods

The findings in table 4.4 shows that 359 respondents were asked to choose contraceptive methods that they are most knowledgeable about. Table 4.4 indicates that the majority 206 (57.4%) of respondents were most familiar with the condom, followed by 65 (18.1%) respondents who were familiar with oral pills. The report further found that 49 (13.6%) respondents were most familiar with injection and 28 (7.8%) respondents were familiar with the withdrawal method. Lastly, only 11 (3.1%) respondents were most familiar with UID (intrauterine devices).

Table 4.4: Contraceptive methods that respondents are most knowledgeable about (N=359)

Contraceptive Methods	Frequency (n)	Percentage (%)
Oral pills	65	18.1
Withdrawal	28	7.8
IUD (Intrauterine devices)	11	3.1
Condom (Male and Female)	206	57.4
Injection	49	13.6
Total	359	100.0

4.3.3 Source of contraceptives' information

The findings in Figure 4.7 indicate that most of the respondents got information on contraceptives from social media 98 (27.3%) and from friends 91 (25.3%). The study also found that 63 (17.5%) respondents got information from their girlfriend/boyfriend. The study also found that 50 (14.0%) respondents got the information from Radio/TV. Furthermore, 24 (6.7%) respondents got information from school/teachers and 19 (5.3%) respondents got information from Health workers. Lastly only few respondents, 14 (3.9%) indicated that they got information from their parents.

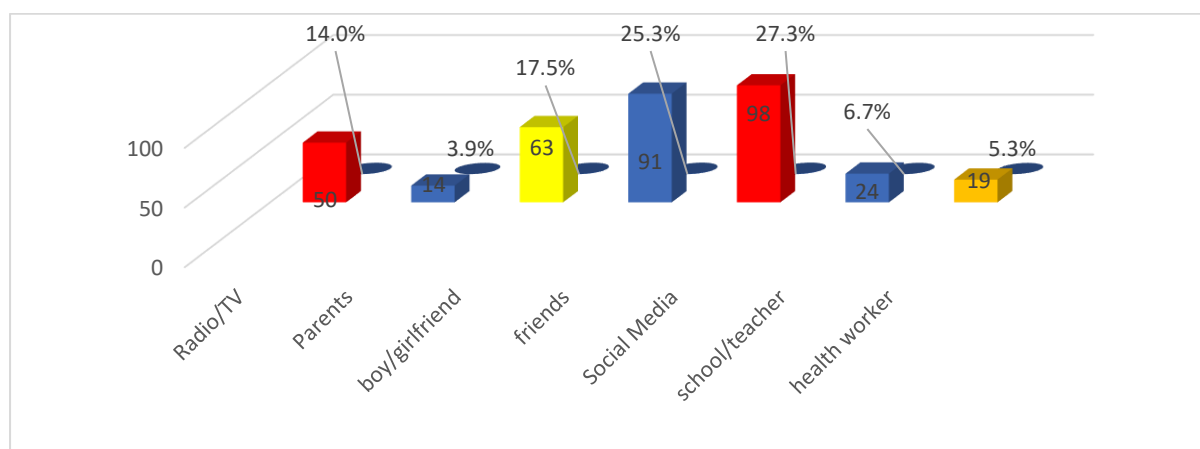


Figure 4.7: Source of contraceptives' information (N=359)

4.3.4 Contraceptives can be accessed from the hospital/ a clinic.

In figure 4.8 respondents were asked if contraceptives can be accessed from the hospital/ a clinic, all the respondents managed to participate. As indicated on Figure 4.8 above, the study findings reveal that 339 (94%) respondents indicated that they knew that contraceptives can be accessed from hospital/ a clinic, while 21 (6%) respondents indicated that they did not know that contraceptives can be accessed from hospital/ a clinic.

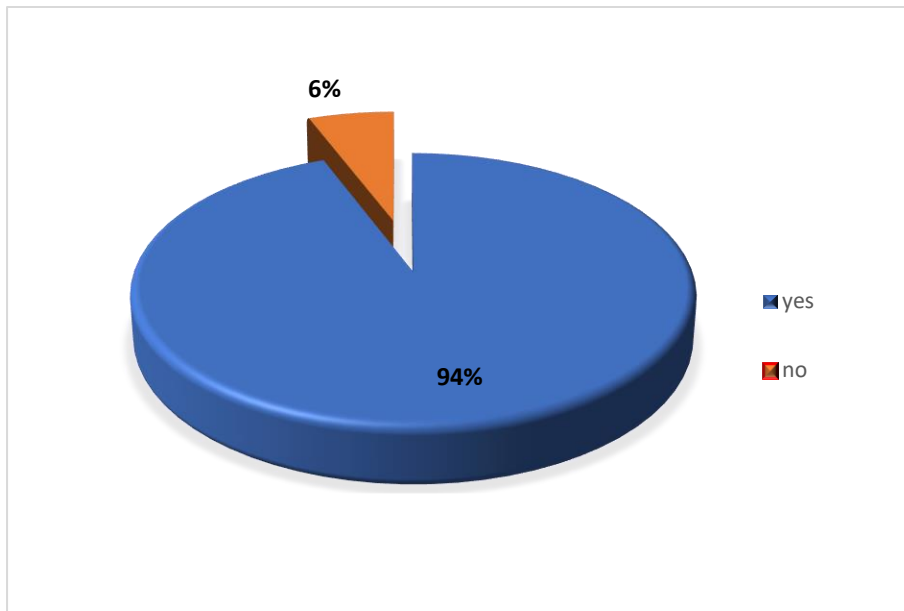


Figure 4.8: Knowledge of contraceptive access in hospital/ a clinic (N=359).

4.4 Attitudes towards contraceptives.

Table 4.5 above presents attitudes toward contraceptives. The results show that majority of respondents agreed 152 (42.3%) and 102 (28.4%) respondents strongly agreed with the statement, “it is better to use contraceptives than to fall pregnant”, while few respondents 37(10.3%) strongly disagreed and 19 (5.3%) respondents disagreed with the statement that says it is better to use contraceptives than to fall pregnant. Furthermore, those that were not sure with the statement were 49 (13.7%).

The study findings also indicated that 89 (24.8%) respondents agreed, and 140 (39.0%) respondents strongly agreed with the statement, “contraceptives have more benefits than the side effects/ problems they give”. This gave a total of 229 (63.8%) respondents that agreed with this statement. Moreover, there were few respondents that disagreed with the statement that says contraceptives have more benefits than side effects/ problems they give, 33 (9.2%) strongly

disagreed and 18 (5.0%) disagreed. There were also a large number 79 (22.0%) respondents that were not sure about this statement.

Out of 359 respondents, 76 (21.2%) agreed and 98 (27.3%) strongly agreed, while 59 (16.4%) strongly disagreed and 81 (22.6%) disagreed with the statement “freely available contraceptives do not lead to promiscuity”. The finding shows that majority of respondents agreed with the statement 174 (48,5%) and 45 (12.5%) respondents were not sure. Further analysis highlights that about less than quarter 74 (20.6%) of the respondents agreed with the statement “contraceptives are for adults”, 43 (12.0%) agreed and 31 (8.6%) strongly agreed. Additionally, the study findings show that about more than half 248 (69.1%) of the respondents disagreed with the statement “contraceptives are for adults”, 136 (37.9%) strongly disagreed and 112 (31.2%) disagreed. The study finding shows that few respondents agree with the statement and 37 (10.3%) of the respondents were not sure about the statement.

Moreover, there were more respondents that agreed with the statement “I am too embarrassed to buy a contraceptive”, 127 (35.4%) respondents agreed, and 156 (43.5%) respondents strongly agreed. This gives a total of 283 (78.9%) respondents that agreed with the statement. Meanwhile a smaller proportion, which is less than a quarter of the respondents disagreed with this statement, 21 (5.8%) respondents strongly disagreed, and 23 (6.4%) respondents disagreed. This gave a total of 44 (12.2%) of respondents that agreed with this statement. The remaining proportion, 32 (8.9%) respondents were not sure of this statement.

The findings also indicate that more than three-quarters 309 (86.1%) of the respondents were in agreement with the statement “Contraceptives are obtainable freely from clinics and hospitals”, 84 (23.4%) respondents agreed, and 225 (62.7%) respondents strongly agreed. Further analysis indicated that a smaller proportion disagreed with this statement, nine (2.5%) respondents strongly disagreed, and 22 (6.1%) respondents disagreed. This gave a total of six (1.7%) respondents that disagreed with this statement whereas the remaining proportion, 19 (5.3%) respondents were not sure about with this statement.

A statement on whether a respondents’ religion does not allow people to use contraceptives was asked. Table 4.5 shows a smaller number of respondents that agreed five (1.4%) and seven (1.9%) respondents that strongly agreed with the statement, while 158 (44.0%) strongly disagree and 136 (37.9%) respondents disagreed with the statement. Furthermore, those that were not sure with the statement were 53 (14.8%).

Table 4.5: Respondents' attitude towards contraceptives (N=359).

Level of agreement/ Statement.	Agree		Strongly agree		Not sure		Strongly disagree		Disagree	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
It is better to use contraceptives than to fall pregnant.	152	42.3	102	28.4	49	13.7	37	10.3	19	5.3
Contraceptives have more benefits than side effects/ problems they give.	89	24.8	140	39.0	79	22.0	33	9.2	18	5.0
Freely available contraceptives do not lead to promiscuity (many partners).	76	21.2	98	27.3	45	12.5	59	16.4	81	22.6
Contraceptives are for adults	43	12.0	31	8.6	37	10.3	136	37.9	112	31.2
I am too embarrassed to buy contraceptives	127	35.4	156	43.5	32	8.9	21	5.8	23	6.4
Contraceptives are obtainable freely from clinics and hospitals	84	23.4	225	62.7	19	5.3	09	2.5	22	6.1
My religion does not allow people to use contraceptives.	05	1.4	07	1.9	53	14.8	158	44.0	136	37.9

4.5 Practices of contraceptive use.

Figure 4.9 above shows that majority 284 (79.1%) of the respondents indicated that they once engaged in sex, while 75 (20.9%) respondents indicated that they had never engaged in sexual activity.

4.5.1 Have you ever engaged in sexual activity? (N=359)

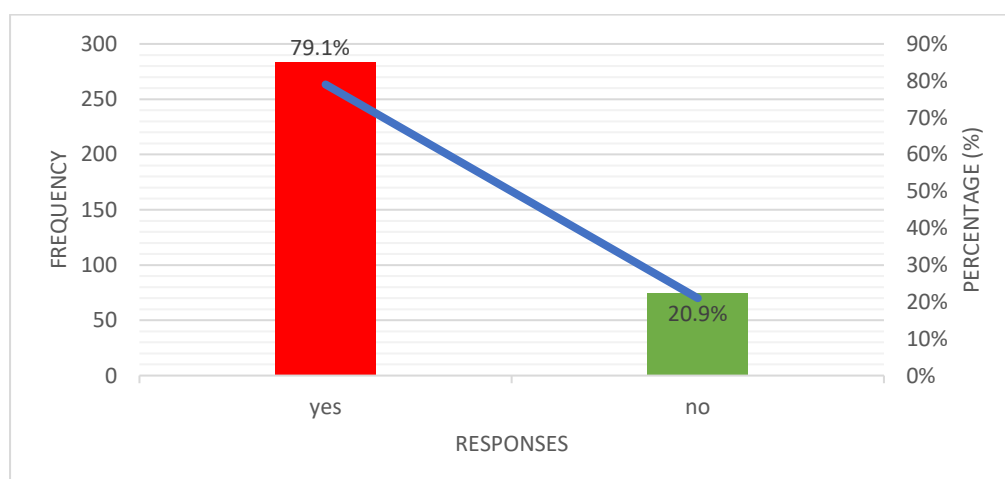


Figure 4.9: Distribution of respondents who engaged and those who did not engage in sexual activity (N=359).

4.5.2 At what age did you start engaging in sexual activity?

As tabulated in Table 4.6 below a total of 284 respondents answered the question “at what age did you start engaging in sexual activity”. Only respondents that indicated that they were once engaged in sex in Figure 4.9, continued with the questionnaire. The study findings show that 233 (82.0%) respondents were aged 15 and above making it the highest, followed by 38 (13.4%) respondents who were aged 12-14. Only 13 (4.6%) respondents were aged 12 and under making it the lowest number.

Table 4.6: Age distribution of the respondents (N=284).

Age category	Frequency	Percentage (%)
Under 12	13	4.6
12-14	38	13.4
15>	233	82.0
Total	284	100

4.5.3 Did you use contraception during you last sexual intercourse?

Respondents were asked if they used contraception in their last sexual encounter. In response to the question on contraception use as indicated in Figure 4.10, more than half 189 (66.9%) respondents used contraception in their last sexual encounter whereas 95 (33.1%) did not use contraception.

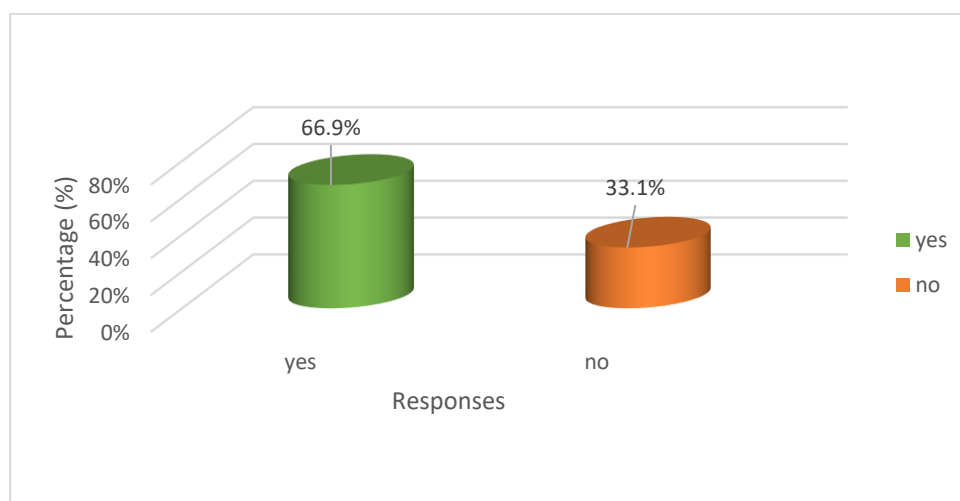


Figure 4.10: Contraception use in last sexual intercourse (N=284).

4.5.4 Which contraceptive method did you use for your last sexual intercourse?

Table 4.7 shows contraceptive methods used by respondents in their last sexual intercourse. The study analysis shows that majority of respondents 111 (39.1%) indicated that they used condom, followed by 39 (13.7%) respondents who used oral contraction pill. Those respondents who indicated that they used withdrawal were 18 (6.3%), while respondents who used intrauterine were 11 (3.9%). Furthermore, the study indicated that six (2.1%) respondents indicated that they used Rhythm method. Only 2 (0.7%) respondents stated that they used Norplant, which makes it the lowest number and a very big number 97 (34.2%) of the respondents who did not respond to this question. This was expected as 95 (33.5%) respondents in Figure 4.10, indicated they did not use contraception in their last sexual intercourse.

Table 4.7: Method of contraception used (N=284)

Method used	Frequency (f)	Percentage (%)
Condom	111	39.1
Withdrawal	18	6.3
Norplant	02	0.7
Oral Contraception pill	39	13.7
Intrauterine	11	3.9
Rhythm method	06	2.1
No response	97	34.2
Total	284	100.0

4.5.5 What are the reasons for adopting contraceptive method?

As shown in Table 4.8, a question regarding reasons for adopting contraceptive method was asked. Out of 284 respondents, more than a half 145 (51.1%) respondents indicated that their reason for using contraceptive was to prevent pregnancy. The remaining proposition, 92 (32.4%) respondents indicated that their reason for using contraceptives was to protect themselves from STIs, 47 (16.5%) respondents chose option other and did not specify.

Table 4.8: Respondents reasons for adopting contraceptive methods (N=284)

Reasons	Frequency (f)	Percentage (%)
Fear of falling pregnant	145	51.1
Protection from STI	92	32.4
Other	47	16.5
Total	284	100.0

4.5.6 How often do you use a contraceptive when you have sexual intercourse?

Figure 4.11 below, question regarding how often respondents use a contraceptive when having sexual intercourse was asked. The analysis shows that more than a half, 177 (62%) respondents indicated that they always use contraceptives. This was followed by 62 (22.0%) respondents who indicated that they sometimes use contraceptives when they engaged in sexual intercourse. The remaining small proportions, 45 (16.0%) are respondents who indicated that they do not use contraceptives whenever they engage in sexual intercourse.

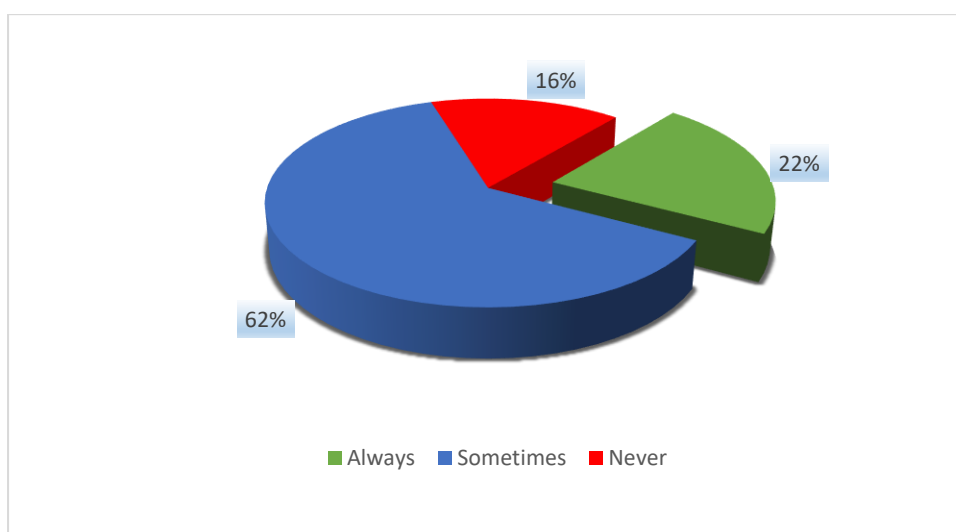


Figure 4.11: Frequency of contraceptive use by respondents (N=284).

4.5.7 In the event that you do not have condoms, do you continue to have sex?

Figure 4.12 below, is a question regarding if respondents would continue to have sex if they do not have condoms was asked and respondents were expected to choose one option between “yes” and “no”. Majority of respondents 206 (72.5%) indicated that they would continue to have sex even if there is no condom, whereas 78 (27.5%) respondents indicated that they would not continue.

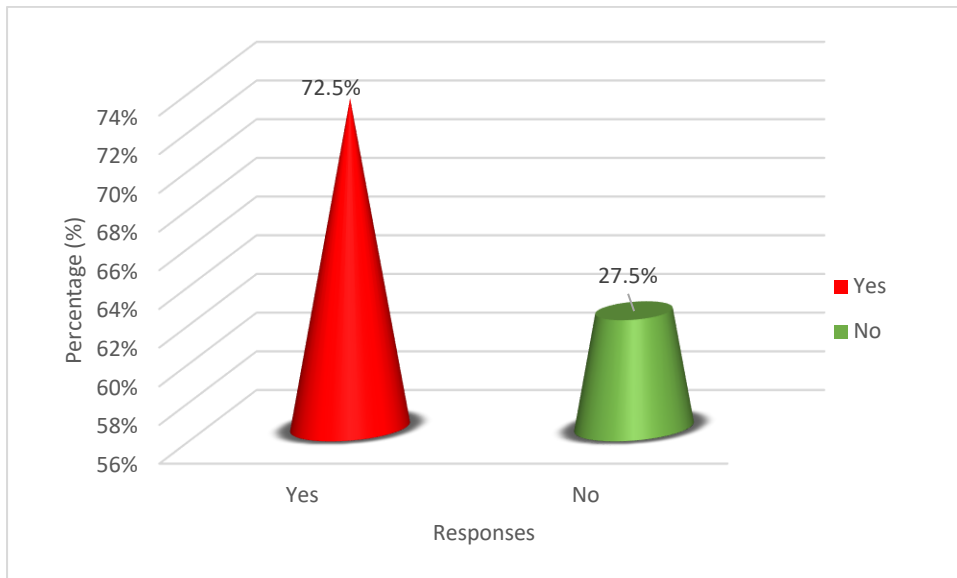


Figure 4.12: Responses on whether respondents continue to have sex if they do not have condoms (N=284).

4.5.8 If you do not use any contraceptive method, what is the reason?

This question was for respondents who indicated that they do not use any contraceptive method and only 45 respondents answered this question as illustrated in figure 4.13. The study analysis revealed that 18 (40.0%) respondents indicated that the reason for not using any contraceptive method was pressure from boy/ girlfriend. The findings also revealed that more a quarter 15 (33.3%) respondents indicated that the reason for not using any contraceptive method was the fear of side effects. Lastly, 12 (26.7%) respondents indicated that the reason for not using any contraceptive method was religious beliefs.

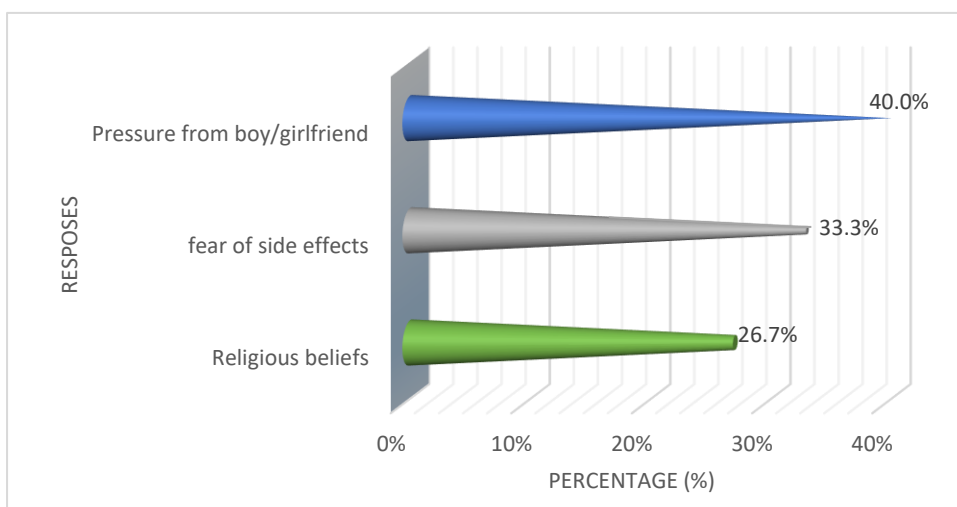


Figure 4.13: Reasons for not using contraceptive method. (N=45)

4.6 Cross-tabulation of contraceptive use and demographic factors.

Table 4.9 below shows the association between demographic factors of the respondents and the frequency of contraceptive use. The Chi-square results ($p < 0.000$) show that there is a statistically significant relationship between the age of the respondents and contraceptive use. The Chi-square results ($p < 0.000$) indicate that there is a statistically significant relationship between the gender of respondents and contraceptives.

The Chi-square results ($p < 0.000$) show that there is indeed a statistically significant relationship between the grade of respondents and contraceptive use. The Chi-square results ($p < 0.001$) show that there is indeed a statistically significant relationship between religion of respondents and contraceptive use. There was a significant association between all demographic features and the frequency of contraceptive use.

Table 4.9: Association between respondents' demographic features and the frequency of contraceptive use

Variables	Contraceptive use			Pearson Chi-Square	P=Value ($P \leq 0.05$)
	Always N (%)	Sometimes N (%)	Never used N (%)		
Age				76.986	0.000
13-15	11(28.9)	06(15.8)	21(55.3)		
16-18	115(77.7)	18(12.2)	15(10.1)		
19-21	51(52.0)	38(38.8)	09(9.2)		
Gender				15.303	0.000
Male	93(71.0)	29(22.1)	09(6.9)		
Female	84(54.9)	33(21.6)	36(23.5)		
Grade				52.690	0.000
Grade 10	23(33.3)	17(24.6)	29(42.1)		
Grade 11	85(69.7)	26(21.3)	11(9.0)		
Grade 12	69(74.2)	19(20.4)	5(5.4)		
Religion				21.586	0.001
Christian	97(64.2)	41(27.2)	13(8.6)		
Catholic	01(16.6)	2(33.3)	03(50.0)		
Hinduism	01(33.3)	01(33.3)	01(33.3)		
African	78(62.9)	18(14.5)	28(22.6)		

4.7 Cross-tabulation of contraceptive use and educational level of parents

Table 4.10 below illustrates the association between contraceptive use and educational level of parents. The findings were statistically significant, indicating that there is a relationship between contraceptive use and educational level of parents.

Table 4.10 Association between contraceptive use and educational level of parents N=284.

Educational level attainment by mother					
		Use of contraceptive		Pearson Chi-square	P=Value (P≤0.05)
		Yes N (%)	No N (%)		
Education level	No education	0 (0.0)	02 (100.0)	26.703	0.000
	Primary	01 (80.0)	04 (20.0)		
	Secondary	110 (85.9)	18 (14.1)		
	Tertiary	128 (85.9)	21 (14.1)		
Total		239 (84.2)	45 (15.8)		
Educational level attainment by father					
		Use of contraceptive		Pearson Chi-square	P=Value (P≤0.05)
		Yes N (%)	No N (%)		
Education level	No education	02 (66.7)	01 (33.3)	11.685	0.008
	Primary	11 (61.1)	07 (38.9)		
	Secondary	91 (81.3)	21 (18.7)		
	Tertiary	135 (89.4)	16 (10.6)		
Total		239 (84.2)	45 (15.8)		

4.8 Conclusion

This chapter presented results from the self-administered questionnaires completed by high school learners in Makhado Municipality. The demographics, knowledge, attitudes, and practices were all discussed in this chapter. The chapter largely covered descriptive statistics, but it also included inferential statistics in the form of chi squares and p-values. There is a significant relationship between age, gender, grade, religion, educational level of parent and contraceptive use.

CHAPTER 5

DISCUSSION OF THE STUDY FINDINGS

5.1 Introduction

The chapter presents the discussion of the study findings. The discussion includes what the researcher discovered as well as what previous researchers discovered on the same subject. The discussion will cover demographic information and findings in relation to the objectives of the study.

5.2. Demographic information

Most of the respondents, 165 (46%) were aged between 16 and 18. This is comparable with Lun, Aung and Mya (2021) where almost half (49%) respondents were between the age of 15-19 years. The study findings also showed that there were more female high school learners 187 (52%) than male high school learners 148%. This is like a study by Moyo and Rusinga (2017) where more females (52%) than males (48%) participated in this study. More than a quarter 125 (34.8%) respondents lived with their mother; this indicates that many respondents came from single parent families. Like a study conducted by Mbozi (2020) 31% of the respondents were staying with single mothers. Furthermore, the study finding also highlighted that majority 139 (38.7%) of the respondents were in grade 11. This finding is consistent with a study conducted by Mutsindikwa, Ashipala, Tomas and Endjala (2019) which majority of the learners, (44%) were doing grade 11. The study further revealed that majority, 324 (90%) had a girlfriend/ boyfriend. The respondents in this study belonged to a variety of religious denominations, but mainly to Christianity, 198 (55.2%) and African, 144 (40.1%). This finding is consistent with the study conducted by Davids (2019) whereby the most common religion was Christianity (63.9%). The study findings reveal that most of respondents' mother had tertiary level education, 176 (49.4%), while slightly over half, 189 (52.6%) respondents' fathers had tertiary level education. This is comparable with Idowu, Aremu, Fehitola and Popoola (2017) whereby most mothers (39.0%) attained tertiary while fathers mostly had tertiary education (45.2%).

5.3 Knowledge of contraceptives

Majoring of learners knew that condoms had an expiry date, particularly respondents from grade 11, with 126 (35.1%) and grade 12 with 95 (26.1%). The knowledge of condoms having an expiry date that was high in all grades. Results of the current study were consistent with the study conducted by Chavalala (2018) who reported that majority (90.5%) of the respondents knew that condoms have an expiry date. Findings further showed that most learners were knowledgeable about contraceptive methods, respondents had heard about at least one modern contraceptive method. The method of contraceptives that was widely known

by the respondents was condom use with more than a half, 206 (57.4%) respondents, followed by oral pills 65 (18.1%) whilst the least known was IUD 11 (3.1%). This is in line with the study conducted by Chalernphon (2021) who stated that condoms (60.2%) and contraceptive pills (51.5%) were widely known but other contraceptive methods, particularly IUDs was not well known by many adolescents. Condoms are displayed visible in shops, supermarkets, hospitals, and clinics, and they are advertised in the media and on social media, so it is not surprising that majority of learners knew more about them. However, just because many respondents were found to be informed in this study it did not mean they had comprehensive knowledge about each method, particularly oral contraceptive pills, injectable and withdrawal. Some learners, for example, stated that they use oral contraceptive pills to protect themselves from STIs. This learners lack of complete knowledge could be linked to the fact that they were not acquiring information from reliable sources such as health practitioners.

Respondents claimed to have attained information through social media 98 (27.3%) and peers 91 (25.3%). The reason why social media was foremost could be attributed to the fact that the online world has changed dramatically, many learners are spending countless hours immersed in social media, such as Facebook, WhatsApp, or Twitter. Contrary to a study done by Mutsindikwa, Ashipala, Tomas and Endjala (2019) which reported the major sources of information was school, health workers and family. Alarmingly, in this study health workers 19 (5.1%) and parents 14 (3.9%) were there last to give learners information. This means that health workers do not visit schools to give information about contraceptives and parents do not discuss contraceptive use with their children. Parents find it difficult to discuss sex issues with their adolescent children, and mothers tend to do so with daughters while fathers do it with sons (Kareem & Samba, 2016).

This study also found that majority of the respondents 339 (94%) knew that contraceptives can be accessed from hospitals/ clinic, whilst less than a quarter 21 (6%) did not know. Respondents demonstrated satisfactory knowledge on knowing that contraceptives can be obtained from public health facilities, this knowledge could be attributed to that contraceptives are obtained freely from public health facilities. There is also no need for parental consent when accessing a clinic (National Department of Health, 2017). Similarly, Chavalala (2018) found that most respondents (95.3%) were aware that contraceptives were available at clinics, while (82.6%) were aware that contraceptives were available at hospitals. Chebitok (2017) also supported the study finding, respondents were aware of the place on campus where a contraceptive could be obtained. The contraceptive pill, injectable contraceptives, and female and male condoms were stated to be available at the campus clinic. Condoms for males were available at the campus restrooms, Student Union offices, and student residences.

5.4 Attitudes towards contraceptive use

Some respondents expressed a positive attitude and acknowledged the importance of contraception. The study findings revealed that 254 (70,8%) respondents preferred to use contraceptives than to fall pregnant, whilst 49 (13.7%) respondents were not sure. This shows a favourable attitude towards contraception and indicate that they are aware that falling pregnant would affect their schoolwork. The findings of the study are consistent with the findings of a study conducted by Mshweshwe-Pakela, Matlakala and Mbengo (2017) which revealed that learners believed that contraception should be used by school children and that it is better to use contraception than to become pregnant.

In the current study respondents were asked if contraceptives have more benefits than side effects/ problems they give. The greater number of respondents, 229 (63.8%) professed those contraceptives have more benefits than side effects, whilst almost a quarter, 79 (22.05%) where not sure about the statement. This knowledge suggests that high school learners understand the advantages of using contraception to avoid contracting STIs and becoming pregnant. The current study's findings concur with those of Mbilinyi and Moshiro (2020) Adolescent attitudes toward contraceptive methods were positive, with most respondents (99.7%) believing that contraceptives are beneficial, and learners also favouring contraceptive methods (65.5%).

Study findings revealed that almost half 174 (48.5%) respondents do not think that freely available contraceptives lead to promiscuity. This result is consistent with the results found by Davids (2019) whereby respondents did not think that free access to contraceptives do not lead to promiscuity and the use of contraceptives show mistrust in one's partner. Another similar study by Davis, Sarasveni, Krishnan, Bhat and Kodali (2020) reported that 55.2% respondents disagreed that free contraceptives lead to promiscuity. Furthermore, this study established a positive attitude, 248 (69.1%) respondents do not think that contraceptives are for adults. This was supported by the findings of the study conducted by Chavalala (2018) revealed that contraceptives are made for everyone who engages in sexual intercourse and not only for married people and elders.

Although, learners in this study have positive attitudes towards contraceptive use, majority of the respondents 283 (78.9%) feel embarrassed to buy contraceptives. This finding shows that most of the learners would not like to buy or obtain contraceptives in an open space. They are willing to buy or obtain contraceptives in a confidential way. Kara, Benedicto and Mao (2019) confirmed this finding in a study where most of the respondents, 64.6% were not willingly to buy or obtain condoms because they felt they will be embarrassed. This was also supported

by Chavalala (2018) most (65.7%) learners also felt embarrassed when buying condoms. Although in this study most learners felt embarrassed to buy contraceptives, they showed positive attitudes when they knew that contraceptives are obtainable freely in public hospitals and clinics. The findings revealed that 309 (86.1%) respondents agreed that contraceptives are obtainable freely in hospitals and clinics. The study findings are in line with the study conducted by Maffi (2021) 76% respondents showed favourable attitudes towards contraceptive use and they are aware that it is free to access them in public health facilities.

The study findings also showed that, religion supports the use of contraceptives amongst the adolescent. This is because 294 (81.9%) of respondents stated that religion does not discourage adolescents from using contraception. However, most researchers do not agree with this finding. According to Moges (2020), religion and economic status influenced contraception decisions. Learners stated that they do not use modern contraception because their religion does not allow them to do so. It is important to note that certain religions encourage contraceptive use while others discourage it. Catholics, for example, are less likely to use contraceptive than Muslims (Turner, 2021).

5.5 Practices of contraceptive use

sexual activity among adolescents is frequently associated with an increased risk of unintended pregnancy. In this study, most respondents 284 (79.1%) had engaged in sexual intercourse. Majority of the learners were sexually active, indicating that sexual activity and related issues were not unfamiliar to them. The Eastern Cape Department of Health reported a similar level of sexual activity, with 76 % of learners being sexually active (Davids, 2019). In contrary, a study by Mkansi (2018) revealed that a third of participants reported that they were in a relationship and, of those with partners; the majority reported that they were not engaging in sexual activities yet.

The findings of this study revealed that just 13 (4.6 %) of respondents began their sexual debut at the age of 12 or younger, with the majority having started at the age of 15 (82%). This is a deep concern because sexually active learners in lower secondary and primary schools have limited access to sex education and negotiation power over condom use, especially if their sexual partners are older. Younger age groups are put at risk due to a lack of comprehensive sex education and negotiation skills in lower secondary and primary schools. Twum (2018) found that majority (54.6%) of young girls did not utilise contraception due to their age. This finding suggests that the use of contraceptives may be influenced by one's age. In the current study, Chi-square results ($X^2 = 76.986$, $n=284$, $p=0.000$) revealed a link between age and contraceptive use. Other studies backed up the finding of the study, which showed that

learners aged 14 to 20 years have already begun having frequent sexual intercourse with their partners (Odeyemi, Olufunlayo, Ogunnowo & Onajole, 2016; Casey, Gallagher, Kakesa, Kalyanpur & Muselemu, 2020). Adolescents in Myanmar, on the other hand, do not expose themselves to sexual activity at a young age, according to the survey, with less than 1% of young people aged 15-19 having ever had sex (Ministry of Health and Sports and ICF, 2017).

It was determined that most of the respondents were sexually active but reportedly the majority, 189 (66.5%) used contraceptives in last sexual encounter, whilst 95 (33.5%) did not use contraceptives in their last encounter. Of the sexually active learners, only 189 (66.5%) had used contraceptive in their last sexual intercourse. This revealed that more than a quarter 95 (33.5%) of the respondents engage in unsafe sex and are therefore at higher risk of unintended pregnancies and STIs that include HIV. The current study's findings were like those of Ahirwar, Kumar, Gupta, Niranjana, Prajapati and Rawal (2021) who found that the majority of 185 (88.5%) of the participants had never used any contraceptive method and only a few 11 % had used it occasionally. None of the participants used contraceptive methods on a regular basis or during their first and last sexual contact.

According to Kara, Benedicto and Mao (2019), condoms were the most popular method of contraception among Tanzanian young adults and adolescents used them in their last sexual intercourse, followed by COC. In line with the current study, condoms were the most used form of contraception (39.1%), followed by oral contraceptive pills 39 (13.7%). Condoms may be preferred since they protect against STIs and HIV/AIDS. Furthermore, the study discovered that slightly half 145 (51.1%) respondents stated fear of falling pregnant as the main reasons for using contraception. An unexpected finding of such a low percentage of respondents, 02 (0.7%) using the Norplant method of contraceptive may be because of the lack of awareness of this method. A study conducted by Alshardan, Bari, AlSinan, AlMuqhim and AlRazeyg (2020) obtained similar results, contraception was primarily used to prevent pregnancy. Another similar study conducted by Ngerageze (2019) revealed that avoiding pregnancy was more likely to encourage the use of contraception than any other reason 69.2%.

Regarding the frequency of contraceptives, majority 177 (62%) always use contraceptives when engaging in sexual intercourse. This could be that the current study has revealed that most learners were knowledgeable about contraceptive method knowledge and demonstrated positive attitudes towards contraceptives. Although the study findings show a high percentage of respondents that are using contraceptives, 62 (22.0%) were inconsistent in their use of contraceptives and 45 (22%) respondents were not using any contraceptive. The score of the current study was supported by Idowu, Aremu, Fehitola and Popoola (2017) who stated that

although, 64.0% of the sexually active respondents in the study had ever used contraceptive, only 37.5% were current users. Alarming, majority of respondents 206 (72.5%) continue to have sexual intercourse even if there is no condom. This could be that respondents are using different contraceptive methods such as oral contraceptives, withdrawal, and injection, but these contraceptives do not protect learners from STIs or HIV/AIDS. In contrary with the similar study conducted by Onyensoh, Govender and Tumbo (2013) where female respondents had positive attitudes towards contraceptives and preferred not to have sex if their partners wanted to do so without a condom.

Among the sexually active respondents, 45 (16.0%) respondents were engaging in unsafe sex, indicating a high risk of unintended pregnancies, STIs include the most common reasons 18 (40%) stated for not utilising any contraceptives were due to pressure from boy/ girlfriend 18 (40%) and side effects 15 (33.3%). The study findings are supported by the study conducted by Dansereau, Schaefer, Hernández, Nelson, Palmisano, Ros-Zertuche, Woldeab, Ziga, Iriarte, Mokdad & Bcheraoui (2017) female respondents stated that their boyfriends/ husbands did not allow them to space their births using contraception. Adolescents should be given information about contraception so that they can make an informed decision. Similar, to the findings of the study by Ojo, Adeniran, Oluwole, Olutoba and Adewole (2021) peer pressure (42.9%) was identified as one of the major factors influencing the non-use of modern contraceptives.

5.6 Conclusion

Findings showed that most learners were knowledgeable about contraceptive methods and were aware of different contraceptive methods, but some lacked sufficient knowledge on how they work. Most learners in this study had a positive attitude about contraception. The study concluded that amongst those learners that are expected to be using contraception, the majority are using it. Moreover, although the study findings show a high percentage of learners that are aware of contraceptives and that they have a positive attitude towards contraceptives, some learners are not practicing contraception due to many factors such as pressure from boy/ girlfriend, fear of side effects and religious belief.

CHAPTER 6

SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

This chapter concludes the study, summarises the key findings, discusses the limitations, and makes recommendations.

6.2 Background of the study

Contraception is an important preventive measure for unintended pregnancies and sexually transmitted infections, such as HIV/AIDS, among young people. The importance of contraception has received a lot of attention because its benefits women and children, as well as the family and society in general (Moges, 2020). Controlling fertility through effective contraception methods is a critical strategy for having planned pregnancies (Moges, 2020). Contraception helps people and couples anticipate and achieve their ideal number of children, as well as the spacing and timing of their births (World Health Organisation, 2016).

6.3 Summary of the key findings of the study

The purpose of the study was to determine knowledge, attitude, and practice of high school learners towards contraceptive use in Makhado Municipality, Limpopo Province.

- Assess the knowledge of high school learners regarding contraceptives in Makhado Municipality.
- Determine the attitude of high school learners towards the use of contraceptives in Makhado Municipality.
- Determine the practices of high school learners on the use of contraceptives in Makhado Municipality.

6.3.1 Knowledge of high school learners regarding contraceptives

Findings showed that most learners were knowledgeable about contraceptive methods and were aware of different contraceptive methods, however, a condom was widely known with more than half 206 (57.4%) respondents. The method that was cited by few respondents was IUD with 11 (3.1%). This might be because this method is not easily accessible and cannot be obtained over the counter. Even though some participants had heard of various contraceptive methods, such as oral pills, injectables, and withdrawal, they lacked sufficient knowledge of how they work. This was seen when they stated that they are using these contraceptive methods to protect themselves from STIs. The most common source of information about contraceptives was social media with 98 (27.3%) followed by peers 91 (25.3%). They were not receiving information from reliable sources such as health workers and parents. Furthermore,

almost every learner, (94%) knew that contraceptives can be accessed from hospital/ clinic. This knowledge could be attributed to that contraceptives are obtained freely from public health facilities. Furthermore, 284 (79.1%) of learners had engaged in sexual intercourse, with the 233 (82%) of learners having started at the age of 15 years.

6.3.2 Attitude of high school learners towards the use of contraceptives

Some responders have a positive attitude and recognize the value of contraception. The findings revealed that 245 (70.8%) of students have a positive attitude toward contraception and would rather use contraception than to fall pregnant. The greater number of respondents, 229 (63.8%) professed that contraceptive have more benefits than side effects, indicating that contraceptives were viewed positively by the majority of the participants. Study findings revealed that almost half 174 (48.5%) respondents do not think that freely available contraceptives lead to promiscuity and 248 (69.1%) respondents do not think that contraceptives are for adults. Alarming, majority of respondents 283 (78.9%) feel embarrassed to buy contraceptives. These findings show that most of the students would not like to buy or obtain contraceptives in an open space.

6.3.3 Practices of high school learners on the use of contraceptives

Majority of the learners were sexually active, 284 (79.1%) and learners started engaging in sexual intercourse at an early age of, 13 (4.6%), age of 12 or younger, with the majority having started at the age of 15 (82%). One hundred and seventy-seven (62.0%) of learners always use contraception when engaging in sexual intercourse, 62 (22.0%) were inconsistent in their use of contraceptives. Moreover, there were few learners 45 (16.0%) who were not using any contraception. The primary causes of ineffective contraceptive use and non-use were identified as pressure from partners (40.0%), fear of side effects (33.3%).

6.4 Study limitation

This study has some limitations that must be considered when interpreting the results. First and foremost, the study was a quantitative investigation. A cross-sectional study involving five schools in Makhado Municipality was conducted. As a result, one cannot generalize the study's findings to all circuits within Makhado Municipality. Secondly, there were fewer grade 12 learners who responded to the questionnaire. This was because the teachers were swamped with grade 12 learners, as they were having extra classes. As a result, the researcher had less access to grade 12 learners. Lastly, this study only collected quantitative data. Participants may have preferred to elaborate on specific questions rather than respond to open-ended questions, which may have limited their desired responses and influenced the study findings. As a result, we cannot make any predictions based on these differences.

6.5 Conclusion

The purpose of the study was to determine knowledge, attitude, and practice of high school learners towards contraceptive use in Makhado Municipality, Limpopo Province. A study found high school learners are knowledgeable about contraceptives, however some are not sufficiently knowledgeable about how they work. Most learners have a positive attitude and recognize the value of contraception. Majority of the learners were sexually active, and learners started engaging in sexual intercourse at an early age of 12 or younger, with the majority having started at the age of 15. The study concluded that amongst those learners that are expected to be using contraception, the majority are using it. A range of factors that influence condom use were assessed. Pressure from partners, fear of side effects and religion were seen as the main causes of ineffective contraceptive use and non-utilisation.

6.6 Recommendations

Recommendations of the current study are based on the study findings.

Recommendations for the Departments of Health, Basic Education, and Social Development

- Given that learners were more knowledgeable about contraception use but did not have sufficient knowledge on how they work, it would be prudent for the Department of Basic Education and the Department of Health, and Social Development to collaborate to organize awareness campaigns in high schools to educate learners about how contraception works and to promote safe sexual practices, including effective contraception use, among this age group.
- According to the findings of this study, social media (such as Facebook, Twitter, and Instagram) was a source of information for young people. The Basic Department of Education could use these platforms to organize both virtual and in-person sexuality education in this regard. This strategy has the potential to increase public awareness on contraceptive methods.
- The Department of Education should implement peer education programs in schools. These have a positive impact because they promote norms, attitudes, and behavior and assist individuals in making or negotiating safe sex decisions. Programs should be developed so that participants are equipped with life skills that will allow them to become self-sufficient.
- Since most high school learners had already engaged in sexual intercourse at the time

of the study, programs should also target those who are not sexually active in order to prevent them from engaging in sex in their adolescence stage.

Recommendations for Parents and teachers

- Parents of high school learners should be encouraged to discuss contraception with their children freely.
- Parents and teachers should be educated, if parents and educators are the primary sources of contraceptive information for these students, they must be knowledgeable about the various forms, mechanisms of action, and side effects. This ensures that the students receive accurate information. Teachers should have informational booklets on contraception available in their classrooms. These will be useful when they give contraception talks. Parents must also be trained and encouraged to discuss sexuality and contraception with their children. At the time of data collection, less than a quarter of learners obtained information from their parents.

Recommendations for adolescents

- Peer-to-peer educational programs should be put in place. The positive influence will promote norms, attitudes, and behavior, allowing those involved to make safe sex decisions or negotiate safe sex. Youth centers should be developed to the point where adolescents can gain self-sufficiency by learning life skills.
- Female adolescents must be empowered to negotiate condom use with their partners, learn additional assertive negotiating strategies, and determine when and how to say "No" during a sexual encounter. According to the findings, some students were unable to negotiate contraceptive use with their partners. More research is needed to determine why women are unable to negotiate contraceptive use with their partners.

Recommendations for future Research

- Future researchers should examine the phenomenon from a qualitative standpoint to add to the knowledge bases depth. In this way, intervention programmes for high school students can be developed using a combination of quantitative and qualitative data.
- It was evident from the findings that some learners were unable to negotiate contraceptive use with their partners. Further research will be essential to explore why they are unable to negotiate contraceptive use with their partner.

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Annexure A: Research instrument

Self-administered questionnaire

Questionnaire no:.....School:..... Date:.....

SECTION A: DEMOGRAPHIC INFORMATION

Write the number that represents your response into the provided box which is the same row with the question.

	Questions	Response
1	What is your age group? 1=13-15 years 2=16-18 years 3=19-21 years	<input type="text"/>
2	Sex 1=male 2=female	<input type="text"/>
3	Who are you living with at home? 1=mother 2=father 3=both parents 4=grandmother 5=grandfather 6=other specify.....	<input type="text"/>
4	In which grade are you? 1=grade 10 2=grade 11 3=grade 12	<input type="text"/>
5	Do you have a girlfriend/boyfriend now or have you ever had one? 1=Yes 2=No	<input type="text"/>
6	What is your religion? 1=Christianity 2=Protestantism 3=Catholic Church 4=Islam 5=Hinduism 6=Judaism 7=Bahá'í Faith 8=other specify.....	<input type="text"/>
7	What is your mother's educational level? 1=primary 2=secondary 3=tertiary 4=no education	<input type="text"/>
8	What is your father's educational level? 1=primary 2=secondary 3=tertiary 4=no education	<input type="text"/>

SECTION B: KNOWLEDGE OF CONTRACEPTIVES

	Questions	Response
9	<p>A condom has an expiry date</p> <p>1=yes 2=No</p>	<input type="checkbox"/>
10	<p>Which contraceptive method are you most knowledgeable about?</p> <p>1=Oral Pills 2=withdrawal 3=IUD 4=Condom (male and female) Injection 5=others (specify).....</p>	<input type="checkbox"/>
11	<p>What is your source of information on contraceptive methods?</p> <p>1=Radio/TV 2=Parents 3=boy/girlfriend 4=friends 5= Social media 6= Teacher 7= Health worker 8= others (specify).....</p>	<input type="checkbox"/>
12	<p>Contraceptives can be accessed from the hospital/ a clinic.</p> <p>1= yes 2=No</p>	<input type="checkbox"/>

SECTION C: ATTITUDE TOWARDS CONTRACEPTIVES

Tick only one (1) response per statement by putting an X in the box of your chosen response

1=Agree, 2= strongly agree, 3= not sure, 4=strongly disagree and 5= Disagree

	Statements	Response				
		1	2	3	4	5
13	It is better to use contraceptives than to fall pregnant					
14	Contraceptives have more benefits than side effects/ problems they give.					
15	Freely available contraceptives do not lead to promiscuity (many partners).					
16	Contraceptives are for adults					
17	I am too embarrassed to buy contraceptives					
18	Contraceptives are obtainable freely from clinics and hospitals.					
19	My religion does not allow people to use contraceptives.					

SECTION D: PRACTICES OF CONTRACEPTIVE UTILISATION

	Question	Response
20	Have you ever engaged in sexual intercourse? 1=yes 2=No	<input type="checkbox"/>
21	If yes, continue with questions 21-24 At what age did you start engaging in sexual intercourse? 1: under 12 years 2: between 12 and 14 years 3: older than 15 years	<input type="checkbox"/>
22	Did you use contraception during your last sexual intercourse? 1=yes 2=No	<input type="checkbox"/>
23	Which contraceptive method you use for your last sexual intercourse? 1=Condom 2=Withdraw 3=Norplant 4= Oral contraception pill 5=intrauterine 6=Rhythm method	<input type="checkbox"/>
24	What are the reasons for adopting that contraceptive method? 1: fear of falling pregnant; 2: protection from STI; 3: others, please specify.....	<input type="checkbox"/>
25	How often do you use a contraceptive when you have sexual intercourse? 1: always 2: sometimes 3: never	<input type="checkbox"/>
26	In the event you do not have a condom, do you continue to have sex? 1: yes 2: no	<input type="checkbox"/>
27	If you don't use any contraceptive method, what is the reason? 1: religious beliefs 2: fear of side effects 3: pressure from my boy/girlfriend	<input type="checkbox"/>

Annexure B: Ethical clearance certificate

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

Mr R Ramolisa

STUDENT NO:

11621157

PROJECT TITLE: Knowledge, attitude, and practices of high school learners towards contraceptive use in Makhado Municipality, Limpopo province.

PROJECT NO: SHS/21/PH/07/1008

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr JT Mabunda	University of Venda	Supervisor
Dr AG Mudau	University of Venda	Co - Supervisor
Mr R Ramolisa	University of Venda	Investigator – Student

Type: **Masters Research**

Risk: **Straightforward research without ethical problems (Category 1)**

Approval Period: **August 2021 – August 2023**

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: July 2021

Name of the HCTREC Chairperson of the Committee: Dr NS Mashau

Signature: _____



UNIVERSITY OF VENDA OFFICE OF THE DIRECTOR RESEARCH AND INNOVATION 2021 -08- 17 Private Bag X5050 Thohoyandou 0950
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Annexure C: Approval Letter from Department of Education



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION
CONFIDENTIAL

Ref: 2/2/2 Enq: Makola MC Tel No: 015 290 9448 E-mail: MakolaMC@edu.limpopo.gov.za

Ramolisa R
P.O. BOX 01
0943

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

1. The above bears reference.
2. The Department wishes to inform you that your request to conduct research has been approved. Topic of the research proposal: **“KNOWLEDGE, ATTITUDE, AND PRACTICES OF HIGH SCHOOL LEARNERS TOWARDS CONTRACEPTIVE USE IN MAKHADO MUNICIPALITY, LIMPOPO PROVINCE “**
3. The following conditions should be considered:
 - 3.1 The research should not have any financial implications for Limpopo Department of Education.
 - 3.2 Arrangements should be made with the Circuit Office and the School concerned.
 - 3.3 The conduct of research should not in anyhow disrupt the academic programs at the schools.
 - 3.4 The research should not be conducted during the time of Examinations especially the fourth term.
 - 3.5 During the study, applicable research ethics should be adhered to; in particular the principle of voluntary participation (the people involved should be respected).
 - 3.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.

REQUEST FOR PERMISSION TO CONDUCT RESEARCH : RAMOLISA R Page 1

Cnr 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X 9489, Polokwane, 0700
Tel:015 290 7600/ 7702 Fax 086 218 0560

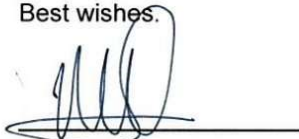
The heartland of Southern Africa-development is about people

3.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.

4 Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.

5 The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.



Mashaba KM
DDG: CORPORATE SERVICES

11/03/2022
Date

REQUEST FOR PERMISSION TO CONDUCT RESEARCH : RAMOLISA R Page 2

Cnr 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X 9489, Polokwane, 0700
Tel:015 290 7600/ 7702 Fax 086 218 0560

The heartland of Southern Africa-development is about people

Annexure D: Approval letter from Soutpansberg West Circuit



LIMPOPO
PROVINCIAL GOVERNMENT

DEPARTMENT OF
EDUCATION

SOUTPANSBERG WEST CIRCUIT

Enq: Ramovha N.C.

Contact No: 0826624290

SUBJECT: PERMISSION FOR CONDUCTING RESEARCH: RAMOLISA R

1. The above matter bears reference.
2. We are pleased to inform that we give you permission in respect of your research request titled:
Knowledge, attitude, and practice of high school learners towards contraceptive use in Makhado Municipality, Limpopo Province. Your initiative is appreciable and we are ready to support this research at our best.
3. We wish you the best in your research.

Ramovha N.C. 

Circuit Manager: Soutpansberg West

12/04/2022

Date

Tshilwavhusiku, Private Bag X704, TSHILWAVHUSIKU 0970
Tel: (015) 571 5193 - Telex Fax: (015) 505 5039

The heartland of southern Africa - development is about people!

Annexure E: UHDC Letter

UNIVERSITY OF VENDA

OFFICE OF THE DVC: RESEARCH AND POSTGRADUATE STUDIES

TO : MR/MS R. RAMOLISA
FACULTY OF HEALTH SCIENCE

FROM: PROF. N.N FEZA
DVC: RESEARCH AND POSTGRADUATE STUDIES

DATE : 06 OCTOBER 2021

DECISIONS TAKEN BY UHDC OF 06th OCTOBER 2021

Application for approval of Masters Proposal Report in Faculty of Health Sciences: R. Ramolisa (11621157)

Topic: "Knowledge, attitude, and practices of high school learners towards contraceptive use in Makhado Municipality, Limpopo Province."

Supervisor	UNIVEN	Dr. J.T Mabunda
Co-supervisor	UNIVEN	Dr. A.G Mudau

UHDC approved Masters proposal



PROF. N.N FEZA
DVC: RESEARCH AND POSTGRADUATE STUDIES

Annexure F: Language editing report.

Editing and Proofreading Report

22 June 2022

This is to certify that I, Dr Mujakachi, have proofread and edited a Masters of Public Health dissertation titled ***Knowledge, Attitude, And Practices Of High School Learners Towards Contraceptive Use In Makhado Municipality, Limpopo Province*** by Ramolisa Rudzani (11621157).

I carefully read through this dissertation, focusing on proofreading and editorial issues. The recommended suggestions are clearly highlighted in red ink and can either be accepted or rejected using the Microsoft Word Track Changes System. The student has to effect these changes before the final submission.

Yours Sincerely



Dr M P. Mujakachi: PhD English Lit, MA (English), BA Honours in English and Communication

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