

**PERCEPTIONS AND ATTITUDES OF ADOLESCENTS TOWARDS CONTRACEPTIVE USE AT
A SELECTED VILLAGE IN THULAMELA MUNICIPALITY IN LIMPOPO PROVINCE**

**A mini dissertation submitted in partial fulfillment of the requirements for the degree
of Master of Public Health (MPH)**

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DECLARATION

I, Muano Mbofho Mashila, hereby declare that this mini-dissertation for the degree of Master of Public Health at the University of Venda titled “***Perceptions and attitudes of adolescents towards contraceptive use at a selected village in Thulamela municipality, Limpopo Province***” submitted by me, has not been submitted previously for a degree at this or any other university, that it is my work in design and execution, and that all reference material contained therein has been duly acknowledged.

Signature of student:



Date: 02 August 2025

DEDICATION

This study is dedicated to my beloved parents, Khwathisani and Idani Mashila, whose unwavering love, care, and guidance instilled in me the values of Christianity and the importance of education. I also extend my heartfelt gratitude to my sister, Musiwalo Mashila, for her steadfast support throughout this journey, and to my daughter, Gudani Mashila whose presence continues to inspire and motivate me.

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- Lastly, my heartfelt thanks to all the participants who generously offered their valuable time, listened with openness, and contributed meaningfully to this study. Your involvement made this research possible.

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

HIV: Human Immunodeficiency Virus

IUDs: Intra-Uterine Devices

HBM: Health Belief Model

SDGs: Sustainable Development Goals

SRH: Sexually Reproductive Health

STDs: Sexually Transmitted Diseases

STIs: Sexually Transmitted Illnesses

YFHS: Youth-Friendly Health Services

YRS: Years

WHO: World Health Organisation

ABSTRACT

Contraceptives are methods endorsed by the World Health Organization to aid in family planning for everyone who is sexually active. While their primary function is to prevent unplanned and unwanted pregnancies. Some contraceptive methods, such as condoms, also play a vital role in preventing sexually transmitted diseases (STIs). Despite the availability of these methods, a significant number of adolescents globally continue to experience unintended pregnancies and STIs, largely due to limited contraceptive use. This study aimed to explore the perception and attitudes of adolescents towards contraceptive use in a selected village within Thulamela municipality, Limpopo Province. A qualitative research approach was employed, using an explorative design. The study population comprised 23 adolescents aged 15 to 19 years. A non-probability sampling method, specifically convenience sampling, was used to select participants. Data were collected through semi-structured interviews, which were audio-recorded and transcribed verbatim. The sample included 23 adolescents, of whom 9 were males and 14 were females. The analysis of the data was conducted using thematic methods. To ensure trustworthiness, the researcher placed a strong emphasis on credibility, confirmability, and authenticity. Ethical considerations were adhered to. The findings revealed that adolescents were generally aware of contraceptives and familiar with different types, of contraceptives, with condoms being the most recognised and commonly used method. However, several barriers to contraception use were identified. These included cultural and religious beliefs, stigma from health professionals, societal pressures, and general fears. The study highlights the urgent need for comprehensive health education on sexual and reproductive health. It also underscores the importance of educating communities to foster more supportive attitude towards adolescent contraceptive use. Furthermore, healthcare providers should enhance the accessibility of adolescent-friendly services including dedicated time slots for adolescents and appointment of youth champions within their facilities, to improve contraceptive uptake among adolescents.

Keywords: Adolescents, Attitudes, Contraceptive, Perception

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CHAPTER 1

ORIENTATION TO THE STUDY

1. INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Teenage pregnancy remains a global concern with serious health, social, and economic consequences (WHO, 2022). Although the global adolescent birth rate has declined from 64.5 per 1000 women in 2000 to 42.5 per 1000 women in 2021, regional disparities persist, with significant variations both within and between countries. Despite the overall decline, the number of adolescent births remains high, highlighting the need for sustained attention to the issue. Pregnancy among females under the age of 19 is particularly complex and demands long-term and multi-faceted solutions (Diabelková, Rimárová, Dorko, Urdzík, Houžvičková & Argalášová, 2023). Adolescent pregnancies are most prevalent in underprivileged areas, where factors such as unemployment, limited access to education, and poverty play a role (Pietras, Jarzabek-Bielecka, Mizgier & Markowska, 2024). The impact of adolescent pregnancy extends beyond physical health, significantly affecting the young mother's well-being, mental state, financial situation and future prospects. It is associated with an increased risk of maternal depression, low birth weight, preterm delivery, death, preeclampsia, social isolation, and postponed or neglected educational objectives (Pietras et al., 2024).

Despite the government's involvement in strategies to reduce such social consequences, society remains resistant to change. Contraception use was introduced by the government to reduce the risks and occurrence of unwanted and unplanned pregnancies as well as other sexually transmitted diseases and illnesses, it was made rightfully available to everyone who participates in sexual activity (Kgarose, Mashiane, & Machaka, 2023). However, adolescents still face challenges in accessing contraceptives in many areas, despite their availability (Chandra-Mouli, McCarraher, Phillips, Williamson, & Hainsworth, 2014). Lack of sexual reproductive health education, knowledge of how to use contraceptives correctly, and the fear

of facing stigma while trying to obtain contraceptives are some factors that draw them away from the idea of using contraceptives (WHO, 2022).

According to a 2019 survey of a large sample of pregnancies, over 76% of pregnancies among girls aged 15 to 19 in South Africa's public sector were unplanned (Duby, Bunce, Fowler, Bergh, Jonas, Slingers & Abdullah, 2025). Adolescent girls' health can also be impacted by early pregnancy, and worldwide, maternal diseases are among the leading causes of death and disability among teenagers between the ages of 15 and 19. For girls, early pregnancy and childbirth can also have social repercussions like lower status in the family and community, stigmatisation, rejection, and violence from partners and family members, as well as early marriage (Barron, Subedar, Letsoko, Makua & Pillay, 2022). Adolescent males are also at a high risk of having sexually transmitted diseases and illnesses due to non-use of contraception methods like condoms (James, Osborne, Babawo, Bah & Margao, 2022).

1.2 BACKGROUND

Adolescent pregnancies are a global issue affecting all income levels, and marginalised families and communities are more prone to experience them. Various factors, such as lack of use and availability of contemporary contraceptive techniques, affect adolescent pregnancies and deliveries. Between 1995 and 2020, the percentage of adolescent girls whose family planning requirements were covered by modern technologies like hormonal and non-hormonal contraceptives rose from 36% to 60%. However, one in four teenage girls aged 15 to 19 who wish to avoid pregnancy do not currently use a modern method of contraception. Modern methods of contraception include injectable contraceptives, contraceptive pills, IUDs, and implants.

Globally, 38 million adolescent girls in developing countries like South Africa need contraceptives to prevent unwanted pregnancies, yet more than half do not use an effective method. It was recommended that provision of contemporary contraception to young women aged 15 to 19, will prevent 6 million unwanted pregnancies each year (Kibira, Nakafeero, Amollo, Ssenyonga, Ndejjo, Anglewicz & Makumbi, 2025). Furthermore, the provision of contemporary contraception would also lead to the prevention of 2.1 million unintended pregnancies, 3.2 million abortions, and 5,600 maternal fatalities. In sub-Saharan Africa, adolescents face challenges in contraceptive uptake due to factors like societal attitudes, personal beliefs, and barriers within health systems (James, Osborne & Babawo, 2022).

In a qualitative study, adolescents viewed the use of contraceptives as being for married people. Consequently, individuals may become hesitant to use them, as their willingness to do so relies on the perception and support of the elderly (Atuhaire, Ngendakumana, Galadima,

Adam & Muderhwa, 2021).

A study conducted in the southeast of Nigeria emphasised the notion that most adolescents are knowledgeable about the use of contraceptives; they avoid using contraceptives due to misconceptions, such as believing laxatives or boiled alcohol can prevent pregnancy (Mbachu, Agu, Obayi, Eze, Ezumah & Onwujekwe, 2021). Adolescent girls and young women are particularly affected by the myths, rumours, and misconceptions around contraceptives, which hinder their usage generally (Jonas, Duby, Maruping, Harries & Mathews, 2022).

A study in Zambia showed that over 80% of adolescents engage in unprotected sex, with about 12% of them aware of contraceptive use and over 40% not using contraceptives when they engage in sexual activities because they are not married, they fear the side effects, and it is against their tradition to engage in premarital sexual activity (Kasimba, 2020). A study conducted in KwaZulu-Natal, South Africa, found that factors like peer pressure, drug and alcohol use, sexual experimentation, contraceptive misconceptions, and poverty contribute to adolescents' non-use of contraceptives, leading to unwanted pregnancies (Govender, Naidoo & Taylor, 2020).

A study conducted in Limpopo found that while schoolgirls were generally aware of the various methods of birth control, many lacked knowledge of specific options such as female condoms, intrauterine devices, and emergency contraceptives (Ramathuba, Khoza & Netshikweta, 2012). The main reasons for unsuccessful contraceptive use and non-utilisation include pressure from male partners, fear of parental reactions to contraceptive use, reluctance to use contraceptives, insufficient education about contraceptives, and a lack of counselling on their use (Ramathuba, Khoza & Netshikweta, 2012).

A study conducted in Thulamela revealed that many women were hesitant to use contraceptives due to concerns about their side effects (Phamphe, 2021). Building on this context, the present study focused specifically on adolescent males and females, aiming to explore their perceptions and attitudes towards contraceptives. Males were selected as part of the study because they also need to use contraceptives, and they play a huge role in influencing their partners sexual health decisions.

1.3 PROBLEM STATEMENT

In 2015, the World Health Organisation (WHO) established the Sustainable Development Goals (SDGs) which all African countries are expected to achieve by 2030. One of these goals is to ensure better health care for all; a target that this study aligns with. By addressing misconceptions and improving adolescent's perceptions, the study aims to foster more

positive attitudes, ultimately contributing to improved reproductive health outcomes. Contraceptive use is not only advantageous in preventing pregnancies, but it also aids in reducing the risk of sexually transmitted diseases (STDs) and other related health conditions or illnesses. However, adolescents often choose to forego contraceptives altogether rather than risk using them improperly (Capurchande, Coene, Schockaert, Macia & Meulemans, 2016).

The Thulamela Municipality in the Vhembe region of Limpopo Province is deeply concerned about the increasing rates of teenage pregnancies and the use of unsafe abortion methods. However, teenagers continue to terminate pregnancies through legal or illicit means (Kubayi, 2023). This is demonstrated by the rising number of women under the age of eighteen who are admitted to hospitals to give birth or have unintended pregnancies, even in cases when free contraception options are readily available (Onukwugha, Magadi, Sarki & Smith 2020). As a result, many teenagers tend to drop out of school to take on parenting responsibilities (Onukwughwa et al., 2020). This dropout rate leads to a decline in overall literacy levels in the country, which negatively impacts their chances of securing sustainable jobs in the future. Consequently, this contributes to the high unemployment rate among today's youth.

The country's economy is also impacted by social issues. The Department of Social Services provides child support grants to individuals from disadvantaged backgrounds to assist with childcare and maintenance. Adolescents are included in this support programme. With the increasing number of pregnancies, the government must consistently allocate a budget to address these needs, which could also be redirected to support growth in other critical areas.

This study intends to improve the uptake of contraceptives by adolescents by providing necessary sexual reproductive health education and providing education in safer environments where it is accessible, e.g., clinics and hospitals. Reproductive health education will be provided by healthcare providers using media campaigns, community dialogues, and pamphlets and handouts in local clinics. After this study, adolescents should be able to select a contraceptive method confidently, free from the myths surrounding contraceptives. They should understand that these methods are designed to benefit everyone who is sexually active, catering to their family planning needs.

1.4 RATIONALE OF THE STUDY

The sexual and reproductive health (SRH) of adolescents, who constitute a significant portion of the population in South Africa, remains a pressing public health issue. Unwanted adolescent pregnancies continue to be common, especially in rural regions like the Thulamela Municipality in the Province of Limpopo, despite national initiatives to encourage youth usage of

contraceptives (Stats SA, 2022). The urgent need to investigate and comprehend the attitudes and beliefs that impact teenage usage of contraceptives in an understudied area serves as the foundation for the study's justification.

Due to a lack of knowledge, peer pressure, cultural beliefs, societal norms, and inadequate access to youth-friendly health services, many teenagers have unprotected sex (Chandra-Mouli, McCarraher, Phillips, Williamson & Hainsworth, 2014). Teenage pregnancies, unsafe abortions, and sexually transmitted infections (STIs) can all be made more likely by these conditions, which can lead to low or irregular use of contraception. Even though public health institutions in South Africa offer free contraceptive services, teenage utilisation rates are still below ideal, particularly in rural and semi-rural areas (Qebengu, Malatji & Nkomo, 2025).

Additionally, open conversations about sexuality and contraception are frequently discouraged by village family dynamics and cultural beliefs, which may be a factor in adolescents' unfavourable opinions and lack of understanding about contraceptives (Ezenwaka, Mbachu, Ezumah, Eze, Agu & Onwujekwe, 2020). Therefore, it is crucial to look into the particular obstacles and facilitators affecting adolescents' decision-making in regional settings like the Thulamela Municipality.

This study intends to give insights that can guide community-specific interventions, increase sexual health education, and improve the provision of adolescent-friendly SRH services in rural regions by exploring adolescents' attitudes and perceptions regarding the use of contraceptives. In the end, being aware of these dynamics can help establish programmes and policies that are more effective in lowering unwanted pregnancies and enhancing the reproductive health of young people.

1.5 SIGNIFICANCE OF THE STUDY

By conducting this study, adolescents will be more aware of making informed decisions about their sexual health. Adolescents will gain access to more accurate and relevant information about sexual and reproductive health, empowering them to make informed decisions. This will be done through awareness campaigns at schools and providing adolescent-friendly services in health facilities.

As the study includes both male and female adolescents, it contributes to a more inclusive understanding of adolescent reproductive behaviour and decision-making. This is critical for designing holistic interventions that engage both sexes in shared responsibility for preventing unplanned pregnancies. Adolescents might also be exposed to all the benefits of taking contraceptives as a method of correcting wrong perceptions that may be encountered during the facilitation of the study.

By exploring the perceptions and attitudes of adolescents in a specific rural setting, the study provides context-specific insights into the barriers and facilitators of contraceptive use. These findings will help bridge the gap between national sexual and reproductive health strategies and the lived realities of young people in rural communities.

The study will offer valuable evidence to guide the development of culturally sensitive and adolescent-friendly sexual and reproductive health programmes. It may inform local healthcare providers, educators, and policymakers on how best to tailor services and communication strategies to improve adolescent access to and uptake of contraceptives.

Findings from this research may be used to inform advocacy initiatives targeting schools, parents, and traditional leaders, with the aim of promoting supportive environments for adolescent reproductive health choices. It could also be used to strengthen life orientation and comprehensive sexuality education curricula at local schools.

By highlighting gaps in current service delivery, particularly from the perspective of the adolescents themselves, the study has the potential to support the refinement of policies and programmes under the National Adolescent and Youth Health Policy and related frameworks. With the success of the study, the Department of Health might gain from a reduced rate of teenage pregnancy and an uptake of contraceptive use amongst adolescents.

The country's economy may experience relief due to a potential reduction in funds for social support grants aimed at teenage mothers and unemployed adolescents following the success of this study.

1.6 RESEARCH AIM

The main aim and objectives of the study were formulated according to the research topic.

1.6.1 RESEARCH AIM

The study aimed to explore the perceptions and attitudes of adolescents in a selected village in Thulamela municipality.

1.7 RESEARCH OBJECTIVES

To achieve the aim of the study, the following objectives were formulated:

- Explore adolescents' perceptions of contraceptive use at a selected village in Thulamela municipality.
- Describe the attitude of adolescents towards contraceptive use at a selected village in Thulamela municipality.
- Outline the factors influencing the non-use of contraceptives by adolescents at a selected village in Thulamela municipality.

1.8 RESEARCH QUESTIONS

The research topic relates to the main research question.

1.8.1 THE MAIN RESEARCH QUESTION

How are the perceptions and attitudes of adolescents towards contraceptive use at a selected village in Thulamela municipality in the Limpopo province?

1.8.2 THE SUB-QUESTIONS

From the primary research, the following questions were derived:

1.8.2.1 What are adolescents' perceptions of contraceptive use at a selected village in Thulamela municipality?

1.8.2.2 What are adolescents' attitudes towards contraceptive use at a selected village in Thulamela municipality?

1.8.2.3 What factors influence adolescents' non-compliance with contraceptives in a selected village in Thulamela municipality?

1.9 DEFINITION OF CONCEPTS

Perception- Perception refers to the capacity of an individual to see, understand, or be aware of a particular event or specific aspects of life (Miller, 2022). This study refers to the awareness possessed by adolescents concerning the use of contraceptives.

Attitudes- The belief system that guides our thoughts, feelings, and behaviours regarding other people, situations, and ideas is known as an attitude (Sujan, 2021). This study refers to the point of view that adolescents have when it comes to approaching the use of contraceptives as attitudes.

Contraceptive use- Contraceptive use is the use of different preventive methods like pills, injections, intrauterine devices, and Implants to prevent pregnancy (Colquitt, & Martin, 2017). This study examines the use of different preventive methods by adolescents.

Adolescents – Adolescents are teenagers transitioning from a phase of being a child to an adult, which is accompanied by different hormonal changes and changes in mental health (Blakemore, 2019). This study focuses on teenagers aged 15 to 19.

1.10 SUMMARY OF THE CHAPTER

This chapter mainly focused on the study's introduction, background, purpose, objectives, and research questions. The section further dwelt on the study's problem statement, rationale, and significance.

1.11 STRUCTURE OF THE RESEARCH PROJECT

This study entails five chapters: Chapter One, which was discussed above, and Chapters Two, Three, Four, and Five, discussed further below. The first chapter introduced the study, discussed the background, stated the importance of conducting the study, and explained the gaps that the study intended to fill. The second chapter reviews the literature from other studies and discusses the theoretical framework related to the study. The third chapter outlines the methodology of the research. The fourth chapter presents and discussed the findings, while the final chapter summarises the whole study and the recommendations thereof.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Adolescence is a crucial stage of human development characterised by various social, psychological, and physical changes (Uktamovna, 2025). As a result, a significant focus of public health research continues to be adolescents' sexual and reproductive health (SRH) (Kabiru, Habib, Beckwith, Ajayi, Mukabana, Machoka & Kågesten, 2024). This research aimed to explore the perceptions and attitudes of adolescents towards contraceptive use in a selected village in Thulamela municipality, Limpopo province.

2.2 THEORETICAL FRAMEWORK

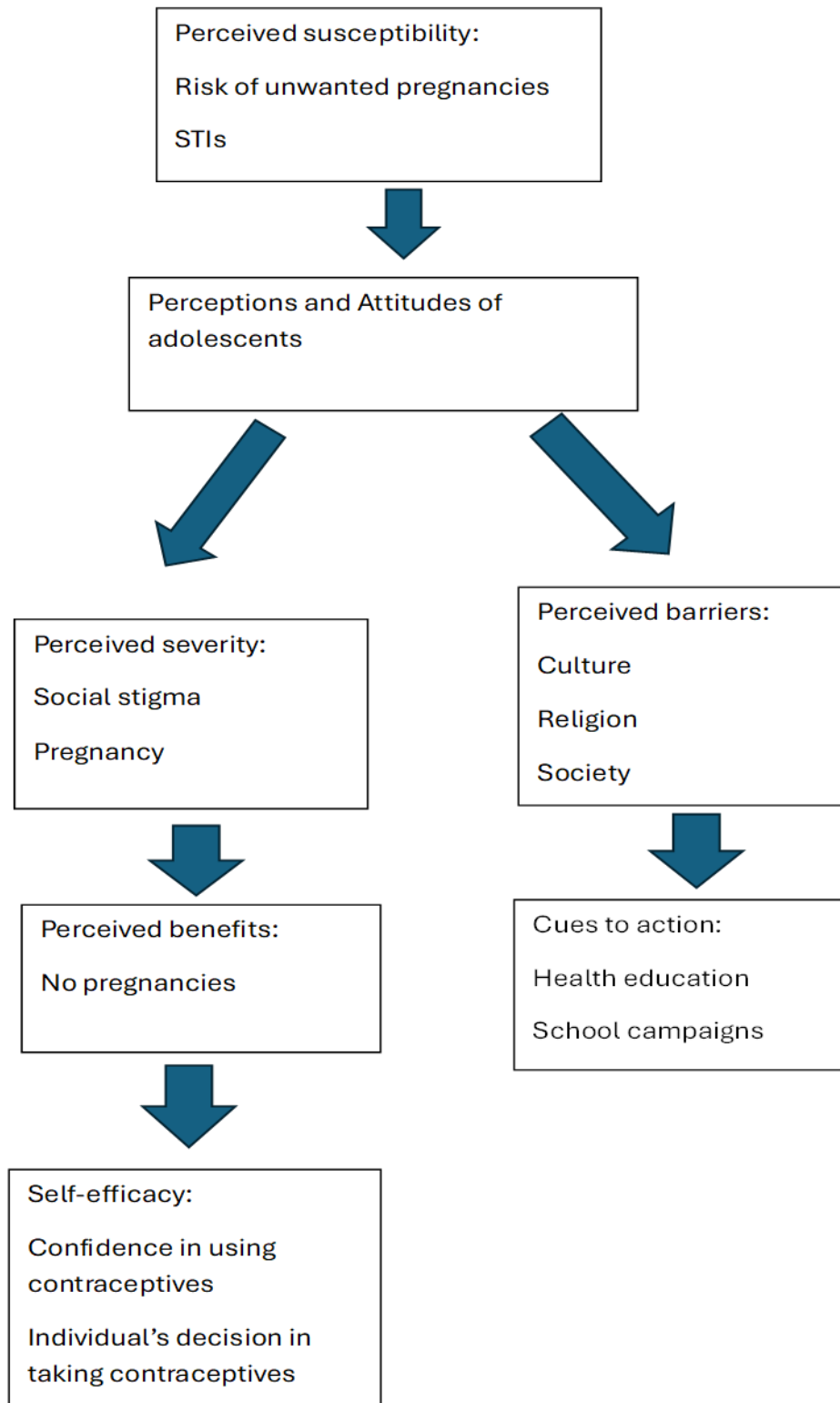
The Health Belief Model (HBM) was developed in the 1950s by social psychologists Godfrey Hochbaum, Irwin Rosenstock, and later Stephen Kegels at the U.S. Public Health Service. The purpose of the model was to forecast and explain health-related behaviours, namely the reasons behind the use or lack of preventive health services like screenings and vaccines. Even though tuberculosis (TB) screening and other public health initiatives were readily accessible and frequently provided for free at the time, participation rates were shockingly low. "Why don't people take advantage of free, life-saving health services?" was the question the developers sought to answer.

This qualitative study is based on the Health Belief Model (HBM), which helps explore the reasons behind people's behaviours. It served as the foundation for this investigation (Glanz, Rimer & Viswanath, 2015). For researchers to see how individuals are influenced and what influences them in their surroundings, it is crucial to understand people's behaviour and what causes them to alter or act upon it (Greene, 2017). The Health Belief Model (HBM) has been utilised by numerous social health prevention programmes. Behaviour change is crucial for effective interventions and the prevention of unwanted pregnancies and sexually transmitted diseases (STDs). In 2015, the World Health Organization (WHO) determined that behavioural interventions and communication programs contribute to successful prevention campaigns for these issues.

According to HBM, adolescents are more likely to use contraception if they have positive attitudes toward it, believe others support it, and trust their ability to use it.

Figure 2.1 below illustrates how the components of the Health Belief Model interact to influence adolescents' perceptions and attitudes toward contraceptive use in Dumasi village.

Figure 2.1 Components of the Health Belief Model



Source: Greene, 2017

2.3 CONSTRUCTS OF THE HEALTH BELIEF MODEL ACCORDING TO THE STUDY

- Perceived susceptibility

This speaks to a person's perception of their likelihood of developing a medical condition (Green, Murphy & Gryboski, 2020). Adolescent girls who are sexually active and not in use of contraceptives are at a higher risk of teenage pregnancies, and both groups may contract STIs.

- Perceived severity

This is the ability of an individual to see the potential consequences of a certain health issue (Jeffery, 1989). In this case, it is how adolescents might see themselves falling pregnant and then see the necessity of using contraceptives, or they might not see any need for using contraceptives because they do not see the potential for falling pregnant unintentionally.

- Perceived barriers

This is how the person views the barriers to adopting a practice that promotes health (Mohamed, Alhujaily, Ahmed, Nouh & Almowafy, 2024). A few examples of barriers identified in this study were a lack of knowledge, societal shame, culture, and religion.

- Perceived benefits

The belief that engaging in certain activities such as utilising contraception, can effectively reduce the likelihood of adverse health consequences is discussed here (Kohl, Murray & Salvo, 2025). In this case, adolescents might see the potential for using contraceptives because they do not want to get pregnant.

- Cues to action

These are catalysts, like reminders or outside cues, that cause people to act (Alyafei & Easton-Carr, 2024). Adolescents may be prompted to consider using contraceptives by an instructional campaign in schools, emphasising the value of contraception or by discussing sexual health with a trusted health professional.

- Self-efficacy

This speaks to a person's self-confidence in carrying out an activity (Green et al., 2020). In this case, teenagers may be more likely to take contraception regularly if they have faith in their capacity to get it and use it properly (i.e., they know where to get it, how to use it, and what to do if there are problems). On the other hand, they might refrain from using contraception if they lack self-efficacy (for example, if they are uncertain about using condoms or birth control tablets).

2.4 EMPIRICAL LITERATURE

2.4.1 PERCEPTIONS AND ATTITUDES OF CONTRACEPTIVES AMONG TEENAGERS

2.4.1.1 Beliefs and societal standards

Adolescents nowadays are more vulnerable to negative health consequences like sexual illnesses due to a combination of global socioeconomic changes, behavioural trends, and special developmental vulnerabilities (Bearinger, Sieving, Ferguson & Sharma, 2007).

Cultural and societal norms greatly influence adolescents' attitudes toward contraception in many communities. Aderibigbe, Akinmoladun, & Olayinka (2019) investigated how cultural views affected the use of contraceptives in Nigeria and discovered that traditional norms that support large families had a more significant negative impact on adolescents' opinions about contraceptives in rural areas. The study found adolescent males from urban areas are more likely to be open to using contraceptives, largely due to their greater exposure to modern education. Various factors, such as traditional norms, economic disparities, and inadequate healthcare infrastructure, can influence adolescents' perceptions and attitudes toward contraceptive use. Additionally, community-based healthcare systems, peer pressure, and cultural beliefs significantly impact how adolescents view and feel about contraception.

Numerous factors, such as cultural beliefs, peer pressure, parental advice, and the availability of sexual and reproductive health education, affect adolescents' attitudes regarding contraception. According to Mthembu and Singh (2022), adolescents in rural South Africa frequently experience stigma related to using contraceptives. Some tribes believe that contraceptives are inappropriate for young people or encourage promiscuity. Adolescents' differences in sexual activity and use of contraceptives seem to be significantly influenced by their religiosity. Although religious commitment among adolescents reduces their likelihood of having sex, it is linked to less effective use of contraceptives among those who are sexually active (Brooks & Weitzman, 2022).

Traditional conventions that promote abstinence until marriage frequently serve to maintain this view. Cultural and religious standards have a significant influence on how adolescents in rural areas feel about contraception. In most rural areas, adolescent decisions are sometimes heavily influenced by elders and community leaders. This makes it difficult to have candid conversations about sexual health and contraception (Shisana, Labadarios & Simbayi, 2016). As a result, adolescents who choose to use contraceptives may face social isolation or even stigma, leading to conflicting feelings and ambivalence about using them at all.

2.4.1.2 Lack of Knowledge and Education about contraception

Teenage pregnancies and HIV/AIDS infections are common in South Africa, and a lack of sexual education and restricted access to contraception frequently cause them. About 20% of female teenagers between the ages of 15 and 19 have given birth, and the prevalence of HIV in young people is still frighteningly high, according to the South African National Youth Risk Behaviour Survey (2019). Low knowledge of contraceptive methods and social and cultural barriers that prevent candid conversations about sexual and reproductive health put adolescents at risk (Moyo et al., 2021). Adolescents demonstrate a lack of thorough understanding of the various forms of hormonal contraception. Teenage girls in this situation may not use hormonal contraceptive methods due to a variety of reasons, including negative attitudes toward teenage hormonal contraceptive use, fear of actual and perceived side effects, lack of self-efficacy to use contraceptives, fear of disclosing use, and fear of social stigma associated with teenage sexual activity and related problems.

Although many adolescents are aware of contraceptive techniques, misunderstandings regarding their efficacy and adverse effects are widespread. According to a study by Baker, Hines and Stewart (2020), the necessity of thorough sexual education initiatives that address misconceptions about contraceptive techniques in addition to raising awareness is significant among adolescents. According to the study, people who knew more about contraception were more inclined to use it. Adolescents' perceptions and acceptance of contraception are greatly influenced by their education. Nonetheless, Moyo, Dube and Khumalo (2021) highlight deficiencies in thorough sexual and reproductive health instruction in schools, especially in rural regions. Many adolescents in rural areas still do not have access to reliable, age-appropriate information about contraceptive alternatives and how to use them, despite policy attempts to provide youth-friendly sexual education. Adolescents may, therefore, have false beliefs about contraceptives, such as worries about infertility or adverse consequences, which deter them from using them (Msimanga & Mhlana, 2019). Contraceptive usage by adolescents is very low, resulting in risky sexual behaviours and accumulation of sexual infections and diseases; therefore, there is a need for aggressive advocacy and education about adolescent sexual reproductive health and family planning needs before initiation of sexual activity within this group of young people (Hagan & Buxton, 2012).

2.4.2 BARRIERS TO CONTRACEPTIVE USE

2.4.2.1 Stigma and attitudes of health workers

Contraceptive uptake may also be impacted by health professionals' perceptions of adolescent contraceptive users. Healthcare professionals may occasionally lack the necessary training to offer youth-friendly, nonjudgmental services, which makes teenagers feel ashamed or uneasy (Tshifularo, Mthembu & Mothiba, 2018). Many adolescents' express reluctance to obtain contraception because they fear stigma or criticism from medical experts, which can make them even less inclined to seek assistance, according to Phaswana, Tlhajwe and Lindeque (2019). Ncube, Mutasa and Moyo (2019) looked at how healthcare professionals influenced teenagers' opinions about contraception. According to the study, adolescents who had favourable interactions with healthcare professionals, particularly those who spoke in a supportive and nonjudgmental manner, were more likely to ask for and take contraceptive advice.

2.4.2.2 Restricted access to contraceptive services

Access to healthcare services, particularly contraception, is still a major obstacle in rural areas like Thulamela. According to a study by Madlala, Moyo and Sibiya (2019), the main barriers for teenagers seeking contraceptive treatments are the clinics' limited hours of operation, lack of transportation, and distance from the clinic. Furthermore, there are frequently few youth-friendly treatments available, and many teenagers may feel awkward or ashamed about getting contraception from clinics where they can face criticism from medical professionals (Ngobeni & Mathe, 2020).

2.4.2.3 Peer and family influence

Adolescents' opinions regarding the usage of contraceptives might also be influenced by family dynamics and peer pressure. Peers can be helpful providers of information and support, but they can also spread false beliefs or unfavourable opinions regarding contraception, according to research by Mpofu, Gumana and Mthembu (2018). Furthermore, cultural or generational barriers may prevent parents in rural regions from having conversations about sexual health, which further impairs adolescents' capacity to make knowledgeable decisions regarding contraception (Msimanga & Mhlana, 2019).

A study by Munakampe, Zulu, and Michelo (2018) emphasises that adolescents' sexual behaviours and attitudes toward contraception are still greatly influenced by their parents in many rural areas. Research indicates that adolescents are less likely to use contraception in homes where there is a lack of communication regarding sexual health. In many rural areas, conservative values often dominate, and open conversations about sex and contraceptives are discouraged. This lack of communication results in misconceptions and unpreparedness for sexual activity, but the role of community health workers and healthcare providers can help close the gap. According to a study by Mlambo and Dlamini (2020), youth-focused reproductive health education programmes were effective in improving knowledge and busting myths about the use of contraceptives in some rural areas.

2.4 CRITIQUE OF LITERATURE

Recent global studies indicate that while adolescents are increasingly becoming aware of various contraceptive methods, the actual use of contraception remains inconsistent, especially in underprivileged and rural areas (WHO, 2022). Reviewed studies also emphasised that teenagers in sub-Saharan Africa's contraceptive use are shaped by the influence of their parents and society.

Research from countries such as the United States and India further illustrate that a range of factors, including peer pressure, religious convictions, gender standards, and false assumptions about health risks of contraceptives, significantly influence adolescents' attitudes towards their use (Buser, 2022). For instance, a study by Maness and Buhi (2016) found that American adolescents who received comprehensive sexuality education were more likely to use contraceptives consistently compared to their peers who were only abstinence. These findings underscore the importance of context-sensitive, evidence-based sexual education programmes that go beyond abstinence and address the complex social dynamics influencing adolescent reproductive health behaviour.

Due to a wide range of sociocultural hurdles and restricted access to services tailored to adolescents, adolescent pregnancy and low contraceptive use are common in sub-Saharan Africa. The African Population and Health Research Centre (APHRC, 2017) claims that stigma, misinformation, and the fear of medical professionals' disapproval prevent many teenagers from using contraception. Adolescents in nations like Nigeria and Kenya claim that the lack of youth-friendly health services deters them from obtaining contraception (Ochako, Mbondo, Aloo, Kaimenyi, Thompson, Temmerman & Kays, 2015).

A study conducted in Ethiopia by Taye and Asmare (2020) found that while adolescents were well aware of contraception, actual use remained low because of partner disapproval and religious beliefs. Similar to this, it was found that although there was awareness of contraceptives in Ghana, their use was hampered by unfavourable attitudes, social norms, and a lack of autonomy.

Even though contraceptive options are widely available, adolescent pregnancy rates and sexual infections are still high, according to the South African Department of Health's National Health Survey (2020). South Africa's higher-than-average adolescent pregnancy rates in sub-Saharan Africa are partly due to the pregnancy rate among adolescents aged 15 to 19, which remains a public health problem (Statistics South Africa, 2020). The socio-cultural and economic issues that affect adolescents' choices about the usage of contraceptives make this problem worse (Mlambo & Dlamini, 2020).

A study conducted by Mavhandu-Mudzusi et al. (2018), revealed that adolescents in rural areas of Limpopo often lack access to youth-friendly health services, and many fear being judged and mistreated by healthcare professionals. This fear, coupled with the absence of adolescent-centred care, contributes to the underutilisation of available contraceptive services. In a separate study, Ramathuba (2015) found that adolescents in the Vhembe District were more likely to rely on peers and social media for information about contraception, rather than turning to parents or educators. This trend not only highlights a gap in formal education but also contributes to the spread of misinformation and misconceptions about contraceptive use.

The reviewed literature thoroughly addresses the wide range of factors that shape adolescents' perceptions, attitudes and behaviours regarding contraception. These factors include accessibility of healthcare services, socioeconomic position, peer pressure, cultural attitudes, education initiatives, and knowledge and awareness of contraceptive options. Collectively, these studies offer a comprehensive grasp of the various factors on teenage contraceptive behaviour, particularly within rural and resource-constrained contexts.

2.5 SUMMARY

This chapter mainly focused on the theoretical framework related to the study and reviewed the literature on different studies conducted. The literature was critically discussed. The next chapter focuses on the research methodology employed in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This section outlines the research approach and design, including the geographical location of the study, the study population, and the sampling method employed. It also details the measurement instruments used for data collection, the pre-testing procedures, and the strategies implemented to ensure trustworthiness. Additionally, it describes the plan for data collection and management, the analysis process, and the ethical considerations taken into account to achieve the objectives of this study.

3.2 STUDY APPROACH AND DESIGN

The researcher adopted a qualitative research approach and was in the actual environment with the participants while conducting the research. According to a study by Mahajan (2018), the qualitative approach is idiographic and, therefore, comprehensive in character, stemming from an anti-positivistic, explanatory perspective. Its goal is to comprehend life in general and the significance that individuals ascribe to their everyday existence. To adhere to the qualitative research paradigm, the researcher must engage with the subjects, events, and contexts under investigation. A qualitative approach is fundamentally exploratory as it begins with broad research questions rather than assumptions, and the researcher gathered extensive verbal data from a small sample of participants, organised the data to create coherence, and used verbal interpretations to explain the findings (Onwuegbuzie & Byers, 2014).

A qualitative approach was employed in this study since the aim was to explore the perceptions and attitudes of adolescents toward contraceptive use. By using this approach, the researcher explored the perceptions and attitudes of adolescents on the use of contraceptives and how their perceptions influenced their life choices and came up with possible interventions derived from the experiences of the participants.

An exploratory research design was used in this study. Exploratory research is a study that aims to determine the nature of the problem, confirm its existence, and uncover its core. This research was aimed at exploring the perceptions and attitudes of adolescents when it comes to the utilisation of contraceptive methods in a selected village, which is situated in the Thulamela municipality in Limpopo Province. This study was intended to explore the perceptions and attitudes of adolescents toward contraceptive use at a selected village in the Thulamela Municipality. Additionally, this study was chosen because it was envisaged to unfold the

perceptions and attitudes of adolescents on the approach of using different contraceptive methods, resulting in the implementation of strategies for better use of contraceptive services.

3.3 STUDY SETTING

The study was conducted in the Limpopo Province, a region known for its predominantly rural communities with low contraceptive intake and a high rate of teenage pregnancies, making it one of the most affected areas in South Africa (Provincial Health Research Day, 2012). Vhembe District is one of the five districts of Limpopo province in South Africa. It is the northernmost district of the country. Vhembe District is surrounded by the Republic of Zimbabwe to the north, Mopani (DC33) to the south, Capricorn (DC35) to the southwest, and the former Venda (Municipalities of South Africa, 2017). The study was conducted at Thulamela municipality within the Vhembe District in a village called Ha-Dumasi (GPS coordinates: 22.9547 S, 30.5632 E). According to the census, it covers an area of about 2.60 km² in the Thulamela municipality, it covers an area of 2.60 km² on the Limpopo map, with a total population of 2 154 individuals, of which 56% are females and 44% are males, with a total number of 586 households. 21.5 % of this population are people aged 10 to 19, which is the second largest group occupying the population. The village is comprised of the Venda-speaking ethnic group, and it is a rural community. In this village, they have one primary health care facility, one primary school, a secondary school and one community sports ground. The village was selected because it has the youth as one of the largest groups of its population, and they are the focus of this study.

3.4 POPULATION AND SAMPLING

- Target population

A population is the group of subjects the researcher wishes to use in a study. The target population is the total group of individuals from which the sample has been drawn (Brink, Walt & Rensburg, 2018). In this study, it included both adolescent males and females from ages 15 to 19. The study aims to focus on both genders because they are both involved in sexual activities and are eligible for using contraceptives, though methods may differ according to gender.

- Sampling and sample size

A sample is a subgroup of the population designated for study. Grove, Gray, and Burns, as cited in Shipalane (2018). A non-probability sampling technique, convenience sampling, selects study participants based on proximity to the research project (Farrokhi & Mahmoudi-Hamidabad, 2012). Non-probability sampling techniques and convenience sampling were adopted. An estimated 23 participants were ultimately included in the study, ensuring a diverse representation of adolescent voices within the village context. The researcher chose to recruit participants from

any part of the village, provided the setting was suitable and convenient setting for conducting the study. All adolescents who were available and willing to participate were invited to participate. An estimated sample size of 30 individuals was initially targeted for this study, comprising 15 females and 15 males. However, data saturation was reached after interviewing 23 participants, 14 females and 9 males. At this point, the responses began to show consistent patterns, and no new themes or insights were emerging. Although eight additional participants were interviewed beyond the point of saturation, their responses closely mirrored those already collected, confirming that meaningful data saturation had been achieved by the 23rd participant.

- Inclusion and exclusion criteria

In this study, participation was open to all individuals aged between 15 and 19 who voluntarily consented to take part. The inclusion criteria specifically targeted adolescents within this age range who were willing and emotionally prepared to participate in the research. However, those who, despite meeting the age requirement, expressed emotional discomfort or a lack of readiness to engage in the study were respectfully excluded from participation to ensure ethical integrity and emotional well-being.

3.5 DATA COLLECTION TOOL

During the research, an interview guide was utilised, consisting of various sets of questions. An interview guide is a tool used in in-depth interviews that employs open-ended questions to elicit detailed responses about a specific topic (Eppich, Gormley & Teunissen, 2019). The questions included in the interview guide were not directive and did not aim to constrain the conversation; instead, they served solely as a framework for the interview.

A demographic questionnaire (Appendix A) comprised of general questions, closed-ended questions and open-ended questions, allowing the interviewer to interact with the participants. This assisted the researcher in identifying verbal and non-verbal communication from the participants. This also allowed the researcher to gather more relevant information and gave participants the opportunity to seek clarity on any questions they found confusing. Kallio, Pietilä, Johnson and Kangasniemi (2016) state that the questions of an interview guide are intended to address the study's goals. The demographic questionnaire's initial section included the study's purpose and research issue, along with participant demographics, participant codes, interviewer, interview time, and interview location. In addition, semi-structured interviews were used; the researcher already had questions guiding the interview process.

3.6 PRE-TESTING

Pre-testing is the process by which researchers use a limited sample of study participants to validate and practice testing the research instrument (Hilton, 2017). Importantly, individuals who participated in the pre-test were not included in the main research to avoid bias and ensure the

integrity of the study's findings.

3.7 DATA MANAGEMENT AND ANALYSIS

Data Management

The data-management plan describes how researchers will manage their data during and after a project and covers producing, disseminating, and protecting research data, including text, spreadsheets, photos, recordings, models, algorithms, and software (Cox & Verbaan, 2018).

The researcher reviewed all the interview guides to make sure they were accurate. The researcher removed all incomplete entries. To uphold participant anonymity, all collected data were stored securely, audio recordings were saved on a memory disc and kept in a locked cabinet accessible only to the researcher. Additionally, participants' identities were protected by using codes instead of names to link responses to individual participants, thereby ensuring confidentiality throughout the research process.

Data analysis

A technique for assessing qualitative data is thematic analysis. Usually, it refers to a collection of texts, such as an interview or a transcript. To find common themes, topics, concepts, and patterns of meaning that recur, the researcher carefully analyses the data (Caulfield, 2019). The following steps were taken.

3.7.1 Familiarisation

The researcher transcribed the text verbatim and read through the notes and individual texts. The researcher thoroughly reviewed the obtained data before analysing the individual items.

3.7.2 Coding

The data was then coded. Coding entailed identifying specific textual elements, typically phrases or sentences, and creating abbreviations or "codes" to characterise their content. The researcher wanted to be thorough at this point, and she read through every interview's transcript and marked anything that stood out as significant or potentially fascinating. The researcher read through the material and kept adding new codes and highlighting all the phrases and sentences that matched these codes. After reading the text, she compiled all the information into coded groups. With the help of these codes, she quickly summarised the key ideas and terminologies present throughout the data.

3.7.3 Generating themes

The researcher reviewed the codes created, identified patterns among them, and started developing themes.

3.7.4 Reviewing themes

The researcher ensured that the themes accurately and usefully portray the data. She went back to the data set and contrasted themes with it. The researcher further assessed if she had something missing and if the data supported these themes.

3.7.5 Defining and naming themes

The researcher developed a brief and precise name for each subject.

3.7.6 Writing up

Finally, the researcher wrote up her analysis of the data. Like all academic texts, writing up a thematic analysis requires an introduction to establish our research questions, aims, and approach. The researcher also included a methodology section describing how the data was collected (e.g., through semi-structured interviews) and explained how the thematic analysis was conducted. The results or findings section addressed each theme in turn. The researcher described how often the themes came up and what they meant, including examples from the data as evidence. Finally, a conclusion was written to explain the main takeaways and show how the analysis has answered the research question.

3.8 ETHICAL CONSIDERATIONS

The following are ethical principles that the researcher considered throughout this research study: approval, ethical clearance, permission to conduct the research, informed consent, avoidance of harm, anonymity, confidentiality, no deception, and voluntary participation. Names and addresses of participants will not be disclosed at any point in this research to ensure that participants remain anonymous.

3.8.1 APPROVALS

The proposal was presented to the Department of Public Health, Faculty of Health Science, EFHDC, and UHDC for quality assurance (Appendix E).

3.8.2 ETHICAL CLEARANCE

Ethical clearance was obtained from the University Research Ethics Committee of UNIVEN (Appendix B).

3.8.3 PERMISSION TO CONDUCT THE STUDY

The researcher obtained consent from the tribal leader to continue with the study within the community (Appendix F).

3.8.4 INFORMED CONSENT

The researcher provided a detailed explanation of the study to the participants, ensuring that they understood what was expected of them. After the researcher clearly described the research procedure, potential participants were asked if they were interested in taking part in the study (Appendix D).

3.8.5 WRITTEN CONSENT

Once the participants had given verbal consent, they were presented with an appendix, which was thoroughly explained. When participants were under 18 years of age, consent was obtained from the parents or guardians, and then the participant signed an assent form after the initial consent was granted (Appendix D).

The researcher clearly explained to the participants that they could withdraw from participating at any time if they did not want to participate.

3.9 TRUSTWORTHINESS

According to Pilot & Beck (as cited in Connelly, 2016), trustworthiness is confidence in the information, explication, and procedures utilised to guarantee the study's quality.

- Credibility

According to Guba and Lincoln (1994), credibility is confidence in the truth of data and its findings; it requires the researcher to link the findings with reality to demonstrate the truth of the research findings. The researcher implemented several strategies to ensure the credibility of her work:

- Triangulation

The researcher used a variety of data sets, methods, theories, and investigators to address the research question. The researcher used audio recorders and field notes during the interviews to ensure that the data provided was credible and remained accurate even after the research was conducted. This will help the researcher to retain valid information for data management.

- Peer debriefing

The researcher collaborated with one or more peers who had unbiased opinions of the study. Unbiased peers examined the researcher's transcripts, final report, and general methods. After that, comments were given to boost credibility and guarantee legitimacy.

- Member checking

To improve the accuracy and credibility of the data, the researcher ensured full access to the interview script after the participants had been interviewed. This was to ensure they validated the data as correct and verified whether the researcher had omitted any information they wanted or had not added the information they had not provided.

- Negative case analysis

To ensure the study is controlled, the researcher compared the method of data analysis and enhanced and validated emerging patterns in data analysis. This also helped the researcher to search for any discrepancies in the data.

- Prolonging time in the field

The researcher spent considerable time in the field even after data saturation was reached. This gave the researcher a chance to build rapport with the participants, allowing them to be as open as possible.

- Authenticity

For authenticity, qualitative researchers must provide a convincing justification for the final sample size beyond saturation. Inconsistencies might arise from a less-than-careful approach to qualitative content analysis or through secondary examination of existing data. A careless approach to qualitative content or secondary analysis of already-existing qualitative data is full of contradictions (Jones, 2013).

The researcher ensured authenticity by actively seeking out diverse methods and interpretations, aiming to capture a range of perspectives, including those that might seem to challenge or contradict the theoretical framework underpinning the study. This approach helped to ensure that the findings reflected a balanced and credible representation of participants' views, rather than simply confirming pre-existing assumptions.

- Transferability

According to Morrow (2005), transferability is the extent to which a reader may relate study results to her own experiences while addressing the essential question of how much an investigator can assert about the broad applicability of their theory or presumptions. The researcher ascertains whether the outcomes may be extrapolated from one scenario to another. Thick description facilitates transferability, the interpretive counterpart of generalisability (Morrow, 2005). The researcher used thick descriptions to guarantee transferability.

- Conformability

Conformability is "the degree to which the research study's results could be confirmed by other researchers (Korstjens & Moser, 2018). The researcher ensured that the conclusions drawn from the participants' experiences and perspectives were compared with the researchers' own observations and biases. Ultimately, the audit trail used in this research will enable any reader to follow the decisions made and the methods demonstrated in this proposal (Mohajan, 2018).

3.10 PLAN FOR DISSEMINATION AND INTERPRETATION OF RESULTS

The researcher will request a community health talk day for young people, during which the findings will be shared among the participants, and further health education will be provided. The study findings will also be generated in written form and published as a report in accredited journals. Findings will also be presented at the health forum conferences and community gatherings.

3.11 SUMMARY

This section focused on detailing the procedures followed in conducting the study, including the methods used for data collection and analysis prior to the presentation of the findings.

CHAPTER 4

PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter focuses on presenting and discussing research results generated from face-to-face interviews with participants and analysing them thematically. The following objectives were followed when analysing the data:

- Exploration of adolescents' perceptions of contraceptive use at a selected village in Thulamela municipality.
- Description of the attitude of adolescents towards contraceptive use at a selected village in Thulamela municipality.
- Outlining the factors influencing the non-use of contraceptives by adolescents at a selected village in Thulamela municipality.

Guided by the research objectives, the researcher developed themes and reported the findings based on the transcribed verbatim participants' responses to display the findings.

4.2 PRESENTATION OF FINDINGS

Table 4.1 below presents information about twenty-three adolescents who participated in the study. Among them, fourteen were females and nine were males, all aged between 15 and 19. None of the participants were using contraceptives. Of these participants, six were not sexually active, while the remaining participants were engaging in sexual activities.

Table 4.1 Demographic data of participants

PARTICIPANTS	GENDER	AGE	IN USE OF CONTRACEPTIVES	Sexually active
1	Female	19	No	No
2	Male	18	No	No
3	Male	18	No	No
4	Female	17	No	Yes

5	Female	16	No	Yes
6	Male	17	No	Yes
7	Female	19	No	No
8	Female	18	No	No
9	Female	18	No	Yes
10	Male	19	No	Yes
11	Female	18	No	Yes
12	Female	19	No	Yes
13	Female	15	No	No
14	Female	17	No	Yes
15	Female	18	No	Yes
16	Male	18	No	Yes
17	Female	19	No	Yes
18	Male	19	No	Yes
19	Male	18	No	Yes
20	Male	18	No	Yes
21	Male	18	No	Yes
22	Female	17	No	Yes
23	Female	18	No	Yes

Source: Researcher's analysis

Themes and subthemes were generated following the responses from the participants. Table 4.2 presents two themes generated by the researcher with their subthemes.

Table 4.2

THEMES	SUB-THEMES
Knowledge of Contraceptives	• Lack of sexual reproductive health education among adolescents • General awareness of contraceptive methods and their use by Adolescents

Barriers to contraceptive use	• Fears and misconceptions about contraceptives
	• Religious and cultural beliefs • Stigma by healthcare professionals
Attitudes toward contraceptive use	• Fear of societal judgment • Pregnancy and sexual illnesses' prevention

Source: Researcher's analysis

4.3 INTERPRETATION AND DISCUSSION OF FINDINGS

4.3.1 KNOWLEDGE OF CONTRACEPTIVES

During data analysis, eight subthemes emerged, reflecting key issues related to adolescent contraceptive use. These included the lack of sexual reproductive health education among adolescents, and the general awareness of contraceptive methods and their use by adolescents. Each subtheme is presented and substantiated by quotations from participants' responses, providing insight into their lived experiences and perspectives.

4.3.1.1 Lack of sexual reproductive health education among adolescents

The findings of this study revealed that adolescents' attitudes towards contraceptive use are significantly influenced by a lack of proper knowledge regarding sexual and reproductive health, as well as the benefits of using contraceptives. Limited awareness of services available to support their sexual health and overall sexuality plays a critical role in shaping how adolescents engage with these services. This knowledge gap often leads to hesitation, misinformation, and underutilisation of essential reproductive health resources.

Participant 18: "I don't know the benefits of using contraceptives". (Male, 17 years)

Participant 14: "I don't really have an idea on how contraceptives can actually benefit my health". (Female, 17 years).

The findings of this study are similar to a survey done in Accra, where the researchers highlighted that sex education was not very common among women and adolescents living in Accra's urban slums. It was found that sex education increased the likelihood of individuals using contraception at some point in their lives. According to these findings, women and girls in Accra's urban slums who are of reproductive age needed more intensive sexual and reproductive health education through the use of local media and informal social networks to enhance their contraceptive uptake (Seidu, Ameyaw, Ahinkorah, Baatiema, Dery, Ankomah & Ganle, 2022). The above study shows a gap that needs to be filled concerning sexual reproductive health, which aligns with the findings of this study. Contrary to these results, a study conducted by Abdurahman, Oljira, Hailu and Mengesha (2022) revealed that adolescents know about sexual reproductive health and where to access such services; in most cases, the distance to facilities offering sexual health programmes significantly influences the utilisation of such services. A study conducted in Ghana also revealed that comprehensive sexual education and access to reproductive health services led to a decline in teenage pregnancies and the overall use of contraceptives (Mbizvo, Kasonda, Muntalima, Rosen, Inambwae, Namukonda & Kangale, 2023). This highlights the need for more SRH services to combat negative attitudes towards contraceptives through education.

Health promotion programmes in schools, communities, and health facilities must be strengthened to enhance the use of contraceptives by adolescents. Sexual reproductive health services are not restricted to adolescents. However, they are made available for them to utilise to improve their health and decrease the chance of diseases.

4.3.1.2 General awareness of contraceptive methods and their use

Most adolescents in Ha-Dumasi village demonstrated a basic understanding of what contraceptives are and their intended purposes. Participants were also able to name various contraceptive methods they were familiar with, indicating a general level of awareness. When asked whether they knew what contraceptives were, many confidently described their knowledge. Below are selected responses from participants that illustrate their understanding.

Participant 1: "A guideline for protecting yourself from being pregnant." (Female, 19 years)

Participant 5 "Methods used to avoid pregnancies." (Female, 16 years)

Participant 10: "They are substances used to prevent pregnancies." (Male, 19 years)

Furthermore, the participants demonstrated awareness of different types of contraceptive methods and how they are used. **Participant 7** (Female, 19 years) identified different methods

such as Loop, Condoms, and Implanon, and elaborated on how each of these contraceptives is utilised. This suggests that many adolescents in Ha-Dumasi village possess a foundational understanding of contraceptives and their application. However, despite this knowledge, there may be other underlying factors contributing to the low uptake of contraceptive methods among adolescents. This observation aligns with findings from a study by Mbachu et al. (2021), which also highlighted that while adolescents often have knowledge about contraception, other social, cultural, and systemic barriers influence their actual use.

Interviewer: Mention the types of contraceptives that you know?

Participant 9: “Pills, Condoms, Implant”. (Female, 16 years)

Interviewer: Do you have any ideas on how to use them?

Participant 9: “I only know how to use condoms; the other ones I just hear when they talk about them.”

Kasimba (2020) also emphasised that adolescents continue to be sexually active, despite possessing knowledge about contraceptives and how to use them.

They are hesitant to employ these various methods because of the different factors discussed in Kasimba’s study. While adolescents may have some knowledge of at least one contraceptive method, their usage remains inconsistent (Issah, Salifu & Awal, 2022).

This study highlighted the necessity for further education on various methods of contraception to enhance understanding and increase uptake. A study conducted in Ghana showed that almost all girls were familiar with contraceptive methods, commonly referred to as family planning methods. Most of them were able to name at least one type of birth control. The two best-known techniques were the injection and the implant. However, most adolescents were unable to describe the precise mechanism of action of hormonal contraceptive methods while they were aware that they exist and are used by women in their reproductive age to prevent conception (Boamah-Kaali, Mevissen, Owusu-Agyei, Enuameh, Asante & Ruiter, 2021).

Findings from this study indicate that adolescents in Ha-Dumasi village generally possess a relatively high level of awareness regarding contraceptive methods. Most participants were familiar with commonly used options such as oral contraceptives and condoms. However, the study also revealed a lack of comprehensive knowledge about the benefits, drawbacks, and effectiveness of different contraceptive methods. While many adolescents could name one or two types of contraception, they often lacked a deeper understanding of how these methods should be used correctly and the potential risks involved. This highlights the pressing need for more

comprehensive sexual education, one that goes beyond basic awareness to provide adolescents with practical, accurate, and detailed information about each method's advantages and proper usage.

4.3.2 BARRIERS TO CONTRACEPTIVE USE

When participants were asked about their reasons for using or not using contraceptives, a range of responses emerged. A small number of participants stated that they used contraceptives primarily to prevent unwanted pregnancies. However, the majority provided various explanations for not using them. These included family-imposed restrictions, as well as cultural and religious influences that discouraged contraceptive use. The sub-themes discussed below were in line with the constructs discussed in chapter two because adolescents showed barriers that restricted them from utilising contraceptives, and such perceived barriers will be discussed below.

4.3.2.1 Fears and misconceptions

This study revealed that many adolescents do not perceive contraceptives as appropriate or intended for their age-group. Instead, they believe that contraceptives are meant for adults who are already married or have families. Within the community, adolescents often express fears and misconceptions about various contraceptive methods which significantly influence their decisions. These misunderstandings serve as a perceived barrier to contraceptive use and contribute to the fact that over 70% of adolescents in the village are not using contraceptives. As a result, the community faces an increased risk of teenage pregnancies, underscoring the urgent need to address misinformation and fear through targeted education and support.

Participant 11: "Contraceptives are for people who have families." (Male, 18 years)

Participant 12: "I do not use contraceptives because some can cause severe side effects, such as heavy bleeding and potential damage to the womb, making it difficult to have children in the future." (Female, 19 years)

In this context, deeply rooted fears and prevailing myths surrounding contraceptives serve as significant barriers to their use among adolescents. These misconceptions contribute to hesitation, mistrust, and avoidance of contraceptive methods within the community.

Participant 11 responded, "I do not use contraceptives because they will damage my uterus." This puts more emphasis on why they are so afraid to engage and use different methods of contraception. (Female, 18 years)

Participant 17: "I was told contraceptives make you sick, you are always sick, and if you drink certain medicines, they do not work." (Female, 19 years)

Mbachu et al. (2021) argued that although many adolescents are aware of the usage of condoms and contraception, several myths and misconceptions persist. Many adolescents are at a higher risk for unintended pregnancies and sexually transmitted infections (STIs) due to misunderstandings about sexual health. This situation poses significant risks to their overall health and well-being. The study also revealed that adolescents are often influenced by outside opinions, which can heavily impact their decision-making processes. Adolescent females, in particular, remain misinformed about contraceptives; they are often told that they will not have children when they need them in future if they use contraceptives, and these different contraceptive methods are associated with different diseases that one can acquire (Li, Patton, Sabet, Zhou, Subramanian & Lu, 2020).

Adolescents often hold various misconceptions and beliefs about contraception. Many mistakenly associate contraceptive use with a risk to future fertility and believe it can lead to serious health problems such as birth defects, infertility, and ongoing menstrual bleeding.

The most common misunderstanding is the erroneous link between contraceptives and perceived infertility (Kalata, Richards & Sheeder, 2023). An initiative needs to be taken to address this mentality. Conducting persistent school and community campaigns can be helpful; this will enable teenagers, adolescents, and adults to learn more about contraceptives and their benefits, reducing the risk of imparting misinformation from generation to generation.

4.3.2.2 Religious and cultural beliefs

This section reveals that religious beliefs and cultural restrictions play a significant role in discouraging contraceptive use among adolescents. In the studied area, traditional practice of taking girls to the mountains to assess their virginity is still practiced. Some females may avoid contraceptive use to prevent assumptions about their sexual activity when the time comes.

Participant 16: “I respect my culture, and it is not allowed to take contraceptives.” (Male, 18yrs)

Participant 12: “I come from a Christian family, and taking contraceptives at an age when I am not allowed to have children is wrong.” (Female, 19 years)

Participant 8: “I may not qualify to go to the initiation school if I am using contraceptives.” (Female, 18 years)

Mthembu and Singh (2022) also support the responses given by the participants, as the study emphasises that culture and religion play a crucial role in shaping the mentality of adolescents when it comes to using contraceptives. Adolescents fear being seen as disrespectful to their

culture and as Christians who engage in premarital sexual activities; thus, they are not using contraceptives. It was also revealed that cultural norms and beliefs restrict adults from speaking to adolescents about sex, making it hard for them to have discussions on exploring different contraceptive methods because they are unmarried and cannot engage in such conversations (Subedi, Jahan & Baatsen, 2018). A study suggested that the decline in puberty rites and virginity testing among adolescents is contributing to high rates of teenage pregnancies and the lack of contraceptive use. This change has occurred because young people are no longer subject to adult assessments of their behaviour and lifestyles (Amoadu, Ansah, Assopiah, Acquah, Ansah, Berchie & Amoah, 2022).

Muslims restrict the use of contraceptives because they believe children are a gift from God, and using contraceptives is like terminating a pregnancy (Abdi, Okal, Serour & Temmerman, 2020). Just like in Christianity, children are a gift from God, and premarital sex is a sin; thus, adolescents will be reluctant to use these contraceptive methods because it will expose their sexual behaviours to the congregation and other Christians (Boamah-Kaali et al., 2021). Cultural norms and standards will remain unchanged, but integration of services between the Department of Health and different cultural groups may help cultures understand the invention of contraceptives and avail them to adolescents for use because they are the most sexually active group regardless of the rules that culture has set for them concerning sexual intercourse at a young age.

4.3.2.3 Stigma by healthcare professionals

The findings in this study revealed that, although adolescents in this community have full access to health care, certain gaps within the clinic setting continue to hinder contraceptive use. A major concern expressed by adolescents was the lack of privacy and confidentiality at the clinic. Adolescents felt that, despite not disclosing the purpose of their visit, others, including clinic staff and community members, seemed to know what services they were accessing. This perceived breach of confidentiality created discomfort and fear of being the subject of gossip or judgment, ultimately discouraging many from seeking contraceptive services.

Participant 4: “The nurses in the clinic tend to shout (family planning) so that we can all go to one room, and when some old people see us there, it paints a bad picture of us.” (Female, 17 years)

Participant 6: “I used to use them, but some nurses at the clinic do not give us; they say we are too young, and they talk negative stuff about us afterwards, so I stopped.” (Male, 17 years)

Healthcare workers often react negatively when they see young people taking contraceptives. They believe that young individuals are jeopardising their future and do not prioritise what is best

for them. These findings were revealed in a recent study, highlighting that some healthcare practitioners remain resistant to change. Consequently, they are becoming increasingly reluctant to provide sexual health education to youth in their facilities.

The healthcare workforce often lacks the necessary competence in addressing adolescent health issues. Many healthcare providers who offer contraceptive services do not create an adolescent-friendly environment and are resistant to changes that accommodate the diverse contraceptive needs of sexually active individuals. As a result, they tend to treat adolescents seeking sexual health services in their facilities unfairly (Chandra-Mouli et al., 2020). Most healthcare providers are not well informed on how to give contraceptive counselling for adolescents; they are using the pragmatic approach and are guided by their social norms when handling the issue of adolescent sexual health (Paul, Näsström, Klingberg-Allvin, Kiggundu & Larsson, 2016).

A study conducted in Cape Town showed different results, as healthcare workers indicated that they do not have an issue with adolescents using contraceptives. However, they face challenges from the Department of Education because they do not have access to sexual health education and pregnancy prevention services in nearby schools. This situation makes it difficult to address these needs in healthcare facilities due to the high volume of patients each day (Jonas, Crutzen, Krumeich, Roman, van den Borne & Reddy, 2018). Furthermore, adolescents who request and use contraceptives are typically supported by sexual and reproductive healthcare nurses. Nurses viewed repeated requests for pregnancy termination and noncompliance with family planning protocols as reckless behaviours that were incredibly upsetting to them and inconsistent with their values (Jonas, Roman, Reddy, Krumeich, van den Borne & Crutzen, 2019).

Given the various debatable results, the Department of Health should collaborate with the Department of Education to develop interventions aimed at safeguarding the future of adolescents. Additionally, healthcare professionals need training on the importance of providing adolescent-friendly services and implementing relevant programs in their facilities to benefit the youth.

4.3.3 ATTITUDES TOWARDS CONTRACEPTIVE USE

4.3.3.1 Fear of societal judgement

The use of contraceptives by younger individuals is generally viewed negatively in society.

This shapes their attitudes towards utilizing contraceptives. Parents and community members who see young people using contraceptives believe that they are not taking care of themselves by engaging in sexual activities. The findings revealed that most females are scared to take contraceptives because they are afraid of being named and shamed by the community for using them, and that they will be seen as girls who are busy sleeping around with men and not taking care of their future.

Participant 5: “I do not use contraceptives because people will think that I sleep around with men.” (Female, 16years)

Participant 9: “I don’t want my parents to start thinking I am having sex; they will think I am a naughty child, and the people in this community are too judgmental; if they see me at the clinic taking them, they will spread rumours about me that I am sleeping around instead of reading my books”. (Female, 18years)

Participant 19: “My brother mentioned that wearing condoms can make it difficult to maintain an erection.” (Male, 18years)

Participant 22: “My friend once told me that her sister said we are not allowed to use contraceptives as kids, and they also have side effects that can damage your body”. (Female, 17years)

Capurchande, Coene, Schockaert, Macia, and Meulemans (2016) validated that many adolescents and young adults have negative attitudes about contraception, leading to inconsistent use and unclear understanding of risk-taking. Furthermore, risk-avoiding behaviour is frequently contradicted and impeded by traditional gender roles and social conventions. A study conducted by Hagan and Buxton (2012) also outlined that certain implications within society generally affect the overall use of contraceptives by adolescents. Such ideas included adults perceiving adolescents using contraceptives as bad boys and girls. This shows how society essentially plays a role in adolescent decision-making.

A study conducted in Kenya revealed that societal teachings primarily focus on premarital sex and abstinence, lacking education about sexual health. This neglect means that adolescents, who are often sexually active, do not receive the necessary conversations about sexual health from their elders. As a result, they engage in risky sexual behaviour without adequate information on how to prevent unwanted pregnancies and sexually transmitted diseases (Mwaisaka, Wado, Ouedraogo, Oduor, Habib, Njagi & Bangha, 2021). Society must recognise that generations change over time, and we must adapt to the new perspectives and challenges brought by the current generation. This is not a sign of weakness; rather, it is a proactive strategy to align our teachings with the realities of adolescents' sexual lives today. By

addressing these challenges together, we can help shape a better future for them. This is in line with the perceived susceptibility construct, where adolescents are afraid to utilise contraceptives because of the negative perceptions that they have, placing themselves at risk of unwanted pregnancies and sexually transmitted illnesses.

To correct the negative attitudes that adolescents have towards contraceptives, the root cause must also be dealt with. Adults must also be educated about the importance of having adolescents who are aware of their sexual health education and who can make well-informed decisions about it. Having adolescents who are keen to use contraceptives because they are sexually active and still want a great future ahead of them is better than having one who is not taking care of their sexual health, because an elder will judge them. These are some of the lessons that society can be taught (Osaikhuwuomwan & Osemwenkha, 2013).

4.3.3.2 Pregnancy and Sexual illnesses' prevention

These findings revealed that male adolescents, together with other female adolescents, have a positive attitude toward the use of contraception. They want to prevent unwanted pregnancies and sexually transmitted illnesses. This is also in line with a construct discussed in chapter two. Adolescents have a cue to action when it comes to the prevention of pregnancies and other sexually transmitted illnesses.

Participant 7: "I use contraceptives because I do not want to fall pregnant at an early age."
(Female, 16years)

Participant 11: "I use condoms with my girlfriend every time we have sex; I was advised in the clinic to practice safe sex". (Male, 18years)

Participant 21: "Ever since I got an STI, I never look back, I always use condoms to keep myself safe." (Male, 18years)

Participant 23: "I always go to the clinic for my injection, I don't want to fall pregnant while doing my matric". (Female, 18years)

Adolescents have positive attitudes towards the prevention of pregnancies and other sexually transmitted illnesses; however, this doesn't exist among all of them (Sidibé, Kolié, Grovogui, Kourouma, Camara, Delamou & Kouanda, 2022). It is commendable that adolescents remain aware and positive towards their sexual reproductive health; such knowledge provides a sense of discipline and careful social behaviour among this age group, thus reducing the risks of unwanted pregnancies and sexual illnesses (Leekuan, Kane, Sukwong & Kulniticha, 2022).

These findings show how adolescents' attitudes are greatly influenced by the thoughts and ideas of adults who are around them. In support of this statement, Adolescents in a Kenyan study gave poor marks for the necessity of having candid conversations about contraception with their parents and other close family members (Atuhaire et al., 2021). Having candid conversations with adolescents, offering peer support, and including programmes that include thorough sexuality education in a range of youth and adolescent initiatives and curricula would aid in an improvement in the use of sexual reproductive health services by adolescents.

4.4 CONCLUSION

This chapter focused on the participants' data, drawing on their interview responses to highlight key findings. It then situates these findings within the broader research context through critical discussion and concludes with recommendations aimed at enhancing adolescent reproductive health services and education.

SUMMARY, CONCLUSION, RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter, the summary of the whole study will be presented, and recommendations relating to the study will be made to identify areas for improvement and fill the gaps identified in the study.

5.2 SUMMARY

This study focused on exploring the perceptions and attitudes of adolescents toward contraceptive use. Barriers like culture, religion, and misconceptions were discussed as factors contributing to adolescents' non-use of contraceptives. Adolescents showed different perceptions influenced by society that are also playing a significant role in their contraceptive uptake. Healthcare practitioners also have a huge impact. In addition to being aware of contraception and how to use it, having a good attitude about it greatly influences the use of contraception to prevent conception in all age groups, including adolescents. The results showed that adolescents had a generally positive view regarding emergency contraception and condom use. Informing the community and adolescents about sexual reproductive health and the significance of making informed decisions regarding their sexual health will benefit the community, adolescents, and the healthcare sector. Adolescents who received school-based or peer-led sex education displayed positive attitudes and a willingness to use contraceptives.

5.3 CONCLUSIONS

The study conducted in Dumasi village on adolescents' perceptions and attitudes towards contraceptive use highlights the importance of addressing the structural, social, and cultural elements that affect young people's usage of contraceptives. Contraception is reasonably well-known, but there are still significant obstacles like stigma, cultural beliefs, restricted access to services, and a lack of sexual education. Improving communication, increasing access to services, and promoting comprehensive sexual health education can all contribute to greater contraceptive use and reduce risks associated with adolescents' sexual and reproductive health.

5.4 LIMITATIONS OF THE STUDY

With the study being qualitative itself, the findings were highly context-specific. They were deeply rooted in the cultural, social, and linguistic environment of the study setting. As a result, the insights gained may not be transferable to other regions or communities that differ culturally or demographically. Participant responses were influenced by social desirability bias; adolescents may have withheld personal experiences or offered responses they believed were socially acceptable. Data analysis was subjective; participants' responses were interpreted through thematic analysis, and personal biases or preconceived ideas may unintentionally influence how the data is understood.

5.5 RECOMMENDATIONS OF THE STUDY

The following recommendations were made:

5.5.1 RECOMMENDATIONS REGARDING THE BARRIERS OF CONTRACEPTIVE USE

- Start focused media initiatives that dispel widespread myths and misunderstandings about contraception by presenting accurate, fact-based information. To reach a large audience, these efforts should use print, radio, social media, and television (Van de Heijden, 2021).
- Reduce the stigma attached to using contraception by emphasising its advantages, such as preventing STIs and unwanted births.

5.5.2 RECOMMENDATIONS FOR THE DEPARTMENT OF HEALTH

- Advocate for more assertive policies that support adolescent sexual and reproductive health rights, ensuring that contraception and related services are affordable, accessible, and non-judgmental for adolescents (Mthembu et al., 2022).
- Make sure that resources are set aside for the efficient execution of sexual and reproductive health programmes and that policies at the local and national levels give priority to adolescent health.
- Establish initiatives that provide rewards to adolescents who routinely use contraceptive methods, attend counseling sessions on contraception, or finish workshops on sexual health education. These incentives include coupons, health-related products, or other services.
- Make sure these incentives encourage sustained use of sexual and reproductive health care, are culturally relevant, and do not encourage reward reliance.
- Create and advance youth-friendly health services that provide accessible, private, and

nonjudgmental contraception counseling and services. Both community-based outreach initiatives and nearby healthcare facilities ought to offer these services.

- Provide a secure and encouraging atmosphere for youth seeking contraceptive treatment, healthcare professionals should get training in adolescent-friendly care methods.

5.5.3 RECOMMENDATIONS FOR THE COMMUNITY

- Create community-based initiatives that promote candid conversations between adolescents and their parents around sexual and reproductive health. In addition to addressing generational and cultural disparities, these initiatives should lessen stigma and encourage constructive dialogue.
- Engage traditional leaders and community leaders in teaching parents and adolescents the value of reproductive health and contraception.
- Peer education programmes should be strengthened and expanded in communities and schools so that qualified peer educators may inform and assist their peers about safe sex behaviours, sexual health, and contraception.
- Adolescent-focused media campaigns, workshops, and group discussions are engaging in ways that peer-led efforts should be included in current health and education programmes.

5.6 AREAS OF FUTURE RESEARCH

- Include a larger sample size
- Investigate more on how gender dynamics influence the uptake of contraceptives by adolescents
- Conduct studies focused on policies regarding adolescent sexual and reproductive health and examine whether these policies are being followed.
- Conduct more studies related to health care professionals and their practices towards using adolescent-friendly health services in their facilities.

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APPENDICES

APPENDIX A: INTERVIEW GUIDE

Section A: General Questions

1. Interviewer:
2. Interviewee:
3. Place of interview:
4. Gender of respondent:
5. Age of respondent:
6. Starting time:
7. Ending time:

Section B: Interview Guide

1. What do you understand by the term contraceptives?
2. Mention the types of contraceptives that you know.
3. Are contraceptives supposed to be used by anyone?
4. Do you use contraceptives?
5. Explain why you use or do not use contraceptives.
6. Do you know the benefits of using contraceptives? If yes what are those benefits?

7. Are there any things hindering you from using contraceptives? If yes, what are those things?
8. Are there any beliefs influencing your uptake of contraceptives? If yes, what are those?

APPENDIX B: ETHICAL CLEARANCE

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms M Mashila

STUDENT NO:
17006313

PROJECT TITLE: Explore the perceptions and attitudes of adolescents towards contraceptive use at a selected village a selected village in Thulamela municipality, Limpopo Province.

ETHICAL CLEARANCE NO: FHS/24/PH/10/1308

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr AG Mudau	UNIVEN, PUBLIC HEALTH	Supervisor
Dr ME Rangwaneni	UNIVEN, PUBLIC HEALTH	Co-Supervisor
Ms M Mashila	UNIVEN, PUBLIC HEALTH	Investigator – Student

Type: Masters Research

Risk: Minimal risk to humans, animals, or environment (Category 2)

Approval Period: August 2024 – August 2025

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

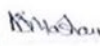
General Conditions

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 deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
 - Request access to any information or data at any time during the course or after completion of the project.
 - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - Any unethical principles or practices of the project are revealed or suspected.
 - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
 - The required annual report and reporting of adverse events was not done timely and accurately.
 - New institutional rules, national legislation or international conventions deem it necessary.

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: August 2024

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

Signature: 



APPENDIX C: LETTER OF INFORMATION

Title of the Research Study : Perceptions and Attitudes of Adolescents on Contraceptive Use in a selected village, Thulamela Municipality, Limpopo Province

Principal Investigator/s/ researcher: Mashila Muano Mbofho Co-

Investigator/s/supervisor/s: Dr Azwinndini Mudau (PhD)

Dr Rangwaneni ME(PhD)

Brief Introduction and Purpose of the Study: The researcher is conducting this study for the requirement of completing the Master's degree. The researcher is interested in exploring the perceptions and attitudes of adolescents on the use of contraceptives in Dumasi village, Limpopo province.

Outline of the Procedures: This research study is to explore the perceptions and attitudes of adolescents on contraceptive use in a selected village, Thulamela municipality, Limpopo province. Adolescents who are 15-19 years old will be given an interview guide with three sections to complete. Only 30 adolescents will be interviewed, of which 15 will be males and 15 females.

Risks or Discomforts to the Participant: In this study, there will be no risks or discomforts to participants because this study does not require any medication to be provided to participants. *The description of foreseeable risks or discomforts to participants is not applicable.*

Benefits: This study aims to provide participants with a better knowledge of contraceptives and to dispel any misconceptions they may have about their use. It will offer a comprehensive overview of various contraceptive methods and inform participants about their benefits, ultimately equipping them with the knowledge needed to make informed decisions regarding contraceptive options.

Reason/s why the participant May Be Withdrawn from the Study: In this study, confidentiality and privacy will be used to protect the names of participants. Participants are welcome to withdraw if they feel uncomfortable participating in this study.

Remuneration : There will be no compensation provided for participation in this study. Participation is voluntary.

Costs of the Study: All costs associated with this study will be the responsibility of the researcher.

Confidentiality : There will be no publication of the names of the participants, and confidentiality will be maintained. All participants will be anonymous, and there will be no names appearing in the questionnaires.

Research-related Injury: In this study, participants will be volunteering, and the study will be conducted in a Village, Thulamela municipality. The research study will be conducted amongst adolescents who are 15-19 years of age, and there will be no compensation during this study. Respondents will be informed that this study is for academic purposes, so they will not be forced to participate. Persons to Contact in the Event of Any Problems or Queries:

(Supervisor and details) **Please contact the researcher, Ms Muano M. Mashila** (Tel no. +27 63 343 2668 email to: muano.mashila23@gmail.com, **My supervisor, Dr Azwinndini Mudau** (Tel no +27 79 493 2339. or email to azwinndini.mudau@univen.ac.za or the University Research Ethics Committee Secretariat on 015 962 905 8. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges.Ivo.Ekosse@univen.ac.za

General:

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

APPENDIX D: CONSENT LETTER

Statement of Agreement to Participate in the Research Study:

I hereby confirm that I have been informed by the researcher, Muano Mbofho Mashila, about the purpose of this study, conduct, benefits and risks of this study –

Research Ethics Clearance Number: FHS/24PH/10/1308

I have also received, read, and understood the above written information (*Participant Letter of Information*) regarding the study.

I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials will be anonymously processed into a study report.

In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.

I may, at any stage, without prejudice, withdraw my consent and participation in the study.

I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

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

Full Name of Participant	Date	Time	Signature
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_____	_____	_____	_____
-------	-------	-------	-------

I, Muano Mbofho Mashila herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

_____	Date: _____	Signature: _____
-------	--------------------	-------------------------

Full Name of Legal Gurdian (If applicable)

Date: _____

Signature: _____

Date.....

Signature.....

Please note the following:

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

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

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

APPENDIX E: REQUEST FOR PERMISSION TO CONDUCT THE RESEARCH STUDY

PO BOX 6053
THOYANDOU
0950

TO: THE TRIBAL LEADER OF DUMASI VILLAGE

REQUEST FOR PERMISSION TO CONDUCT THE RESEARCH STUDY

I _____ student number _____, a student at the University of Venda registered for a master's degree in public health, hereby request permission to conduct a research study at your village titled; **PERCEPTIONS AND ATTITUDES OF ADOLESCENTS ON CONTRACEPTIVE USE IN DUMASI VILLAGE, THULAMELA MUNICIPALITY, LIMPOPO PROVINCE.**

The purpose of the study is to explore the perceptions and attitudes of adolescents on the use of contraceptives in your village. The respondents will be adolescents who are 15-19 years of age.

Your positive response will be highly appreciated.

Researcher's signature; _____ Date:

Contact details; E-mail address.

Cell no;

Yours faithfully

APPENDIX F: PERMISSION LETTER

Dumasi Thilifhedzwi
..... the tribal leader of Dumasi Village hereby give permission to **Mashila Muano Mbofho**, a student of University of Venda to conduct a study titled Explore the Knowledge and attitudes of adolescents on Contraceptive use in Dumasi Village from 1 September 2024- 30 August 2025.

Date: 31-08-2024

Signature: 



APPENDIX G: EDITOR'S CERTIFICATE

FACULTY OF HUMANITIES, SOCIAL SCIENCES AND EDUCATION

18 February 2025

TO WHO IT MAY CONCERN

Sir/Madam

This confirms that I have proofread MM Mashila's mini dissertation titled "Exploring the Perceptions and Attitudes of Adolescents towards Contraception Use at a Selected Village in Thulamela Municipality, Limpopo Province".

Proofreading involved editing sections of the document to eliminate wordiness, redundancy, and overly complex sentences, thereby improving its readability.

However, I have not altered the content of the document, except in cases where it was repetitive or made the document confusing.

Sincerely



.....
Mr. F Mahori

Lecturer: Department of English, Media Studies and Linguistics



University of Venda

UNIVERSITY OF VENDA

PRIVATE BAG X5050, TSOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8299

E-mail: Freddy.mahori@univen.ac.za

"A quality driven, financial sustainable, rural-based comprehensive University"

APPENDIX H: TURNITIN REPORT

MINI DISSERTATION

ORIGINALITY REPORT

13%

SIMILARITY INDEX

INTERNET SOURCES

PUBLICATIONS

STUDENT PAPERS

PRIMARY SOURCES

Submitted to University of Venda
Student Paper

Omotoso, Kikelomo. "The Experience and Perception of Contraceptive Use Among Teenage Girls Living in Lagos, Nigeria", Walden University, 2022

Publication

Submitted to Victorian Institute of Technology
Student Paper

Submitted to University of Stellenbosch, South Africa
Student Paper

Submitted to Mancosa
Student Paper

Ellen Abrafi Boamah-Kaali, Fraukje EF Mevissen, Seth Owusu-Agyei, Yeetey Enuameh, Kwaku Poku Asante, Robbert AC Ruiter. "A Qualitative Exploration of Factors Explaining Non-Uptake of Hormonal Contraceptives Among Adolescent Girls in Rural Ghana: The Adolescent Girls' Perspective", Open Access Journal of Contraception, 2021

Publication

APPENDIX I: TECHNICAL EDITOR'S REPORT

Office No. 06
Department of English, Media Studies and Linguistics
University of Venda
P/Bag X 5050
Thohoyandou
0950

04 July 2025

To Whom It May Concern

This serves to confirm that I proof-read and edited the mini dissertation titled "Perceptions and Attitudes of Adolescents towards Contraceptive Use at a Selected Village in Thulamela Municipality in Limpopo Province" by Muano Mbofho Mashila, Student no: 17006313.

Regards



Vincent N. Demana (PhD)



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A quality driven, financially sustainable, rural-based comprehensive university