

Knowledge and Practice of Contraceptives among High School Learners in Raymond Mhlaba Municipality

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ABSTRACT Three in every ten teenagers fall pregnant before they reach the age of twenty. Unplanned pregnancy is a major concern in South Africa. Unplanned pregnancies are due to non-use/utilization of contraceptives. Early parenthood leads to teenage mothers dropping out of school and fifty percent of them do not graduate from high school. The knowledge and awareness of contraceptive use are known to be moderate, and as a result unplanned pregnancies have become the norm. Understanding the reasons behind the discontinuation and non-utilization of contraceptives may assist in future interventions, aimed at maintaining and curbing the unabated rise in prevalence rate of unplanned pregnancies. Objectives of the study are: to analyze the knowledge, attitude, and practice of contraceptives among high school learners in some selected schools in Raymond Mhlaba municipality, and additionally test the statistical association between some risk factors (gender, grade, religion, relationship status, knowledge of contraception, sexually active, friends practice contraception, father educational status, mother educational status, who learner stays with) and contraception. The study adopted a cross-sectional, descriptive, quantitative study design. A sample size of 144 high school learners participated in the study through a self-administered questionnaire. Purposive sampling was used to select participants. Respondents were selected from two high schools within Raymond Mhlaba municipality. Chi-square test of association was used to test the relationship between contraception and some selected risk factors using SPSS. The findings of the study revealed that about 64.58 percent learners were sexually active, and 54.86 percent reported using contraceptives. The most commonly used methods of contraception were oral contraceptives at 1.39 percent, and 33.33 percent for male condoms. Female learners mostly used condoms at eighty-four percent (84%), and injectable at 20.14 percent as methods of contraception. The knowledge of contraceptive use (65.28%) enhanced learners in preventing sexually transmitted diseases and unplanned pregnancy. Chi-square test of independence showed that mother's level of education, being sexual active, having friends who use contraceptives, and being in a relationship have a strong association with contraceptive use. Conclusively, the study's findings show that knowledge of contraceptive use among high school learners is high, and use and practice of the knowledge is high with only fifteen percent (15%) of the sexual active learners declining to use contraceptives. From this study, effect of knowledge on contraceptives use is poor. Interventions from the parents and health care workers should stress the importance of consistent use of contraceptives, especially condoms, as they do not prevent not only pregnancy but also sexually transmitted diseases.

INTRODUCTION

Contraception is the prevention of pregnancy through temporary or permanent means. It is a vital component of family planning. Birth spacing improves the opportunities for children to thrive physically and emotionally. Engaging men in sexual and reproductive health encourages shared responsibility in their roles as partners and parents. Some women's failure or inability to practice birth control is a function of perceptions related to their age or health status. Some older women might think that because they do not have intercourse very frequently, they do not need to use contraceptives. Furthermore,

others believe that using contraceptives can result in inability to getting pregnant after stoppage. Many women cannot tolerate the side effects they experience when using the pill, injectable or Intrauterine Device (IUD). Others hear unfounded or exaggerated rumors about such side effects and this deters them from even trying these methods. Some women adopt birth control methods but become discouraged by their side effects, and this consequently leads to discontinuation.

According to Darroch et al. (2016), about 12 million adolescent girls in the age group 15-19 years give birth every year, predominantly from low-and middle-income countries. In South Af-

rica, 260000 pregnancies are terminated every year. The Choice on Termination of Pregnancy Act of 1996 in South Africa empowers women to terminate their pregnancies (Bongongo and Govender 2019). Promotion of contraceptives in countries with high birth rate has the potential of reducing poverty and hunger, while at the same time decreasing the number of maternal deaths and child mortality (Adepoju et al. 2012). Adopting use of contraceptives could reduce maternal deaths due to unwanted pregnancies by 25 to 40 percent, and in addition reduces abortions and new incidence of HIV infections. Further, contraceptive use would reduce poverty by contributing to women's empowerment and increasing their chances to continue higher education, specifically in countries with high birth rates.

Objectives of the Study

- ◆ To analyze the knowledge and practice of contraceptives among high school learners in some selected schools in Raymond Mhlaba municipality.
- ◆ To test statistical association between some risk factors (gender, grade, religion, relationship status, knowledge of contraception, sexually active, friends practice contraception, father educational status, mother educational status, who learner stays with) and contraceptive use.

Hypothesis

The following hypotheses were tested in order to achieve the above objectives.

H₀: The socio-demographic variables are not related to the learner's contraceptive use

H₁: The socio-demographic variables are related to the learner's contraceptive use

Problem Statement

The knowledge about contraceptives in South Africa is very high. In South Africa, estimates of the proportion of women of reproductive age who are protected against unplanned pregnancies, using modern contraceptive methods, have increased steadily from 26.3 percent in 2002/2003 to 37.3 percent in 2013/2014. In South Africa (SA), more than 30 percent of teenage girls fall pregnant (Williams et al. 2013), while

between 65 percent and 71 percent of the pregnancies among the youth are unplanned (Akin-tade et al. 2011). Despite the adolescent pregnancy rate declining from 30 percent in 1984 to 23 percent in 2008, (Shaw 2009) adolescents still contributed to 13.6 percent of the registered births in the country in 2016, a rate far higher than in other high-income countries. These results mean that there is possibly high knowledge about contraceptives but relatively low use. The knowledge has not translated to use, which may be due to a number of reasons mentioned earlier in the study.

Literature Review

The Medicine net defines contraception as 'the use of any practices, methods or devices to prevent pregnancy from occurring in a sexually active woman'. The high rate of unplanned pregnancy amongst students in high school has become a concern (Zhou et al. 2012). Local and international studies conducted have found that lack of knowledge, unawareness, high discontinuation and non-utilization of contraception may lead to an unplanned pregnancy.

Contraceptive Use

In 2015, 64 percent of women of reproductive age worldwide were using some form of contraception. However, contraceptive use was much lower in the least developed countries at 40 percent and was particularly low in Africa, at about 33 percent. Among the other major geographic areas, contraceptive use was much higher, ranging from 59 percent in Oceania to 75 percent in Northern America. Within these major areas, there are large differences by region and across countries. Between 2015 and 2030, contraceptive use is projected to grow particularly in regions where less than half of women of reproductive age currently use contraception. Contraceptive prevalence is projected to increase from 17 to 27 percent in Western Africa, from 23 to 34 percent in Middle Africa, from 40 to 55 percent in Eastern Africa, and from 39 to 45 percent in Melanesia, Micronesia, and Polynesia.

Risk Factors for Contraceptive Use

Most studies done related to this study have shown that a number of determinants have an

influence on the use of contraceptives. Some studies show that a high level of education is associated with the high use of contraceptives. In one of the studies, it's shown that the more educated a couple is, the greater the likelihood of adoption of contraception. Education has been shown to be a greater influence on one's decision-making about the use of contraception, birth spacing and the number of children one wants. Age also has been shown to be associated with contraceptive use: knowledge and prevalence of contraceptive use increase with age. Views on contraception vary widely when it comes to religion. Religion may be against the use of contraceptives but it is usually up to one to make a decision as to whether or not to use contraceptives. In a study conducted amongst higher education students in Durban, results showed that an increase in the use of emergency contraceptives would reduce the number of unplanned and unwanted pregnancies, as well as the number of induced abortion (Roberts et al. 2004).

Some studies found that racial differences also occur in contraceptive use (Bafana 2010). Religion influenced use of contraceptives (Akinlade et al. 2011). In another study, it evidently showed that family, friends, and peers have a big influence on the use of contraceptives (Mehra et al. 2014). Ersek et al. (2011) supported the view that regular contraceptive use can prevent 12.0 million unplanned and unwanted pregnancies every year.

Community and Health Barriers to the Use of Contraceptives

The unmet need for contraception results in several health challenges such as unintended pregnancy, unwanted births, and unsafe abortions. Many interventions have not been able to unsuccessfully address these unmet needs due to various community and health barriers.

Barriers to Contraception Provision and Utilization

Health Care Barriers

Long Distances To Health Care Facilities

In a study by Silumbwe et al. (2018), people in rural areas reported that walking distances to

healthcare facilities in order to access contraception services hinders utilization. A long distance is discouraging/demotivating to women who want to utilize contraceptives, and it is a major contributor to discontinuation and complete non-utilization. Some clients who arrive out of scheduled working times at the health care centers are at a risk of being denied access to contraception.

Community-level Barriers

Religious Beliefs

Relief beliefs reported as barriers to the use of contraceptives, as they discourage people from using any method. Some religions believe that contraception is the same as abortion, which translates into sin. The provisions of contraceptives to unmarried women are considered inappropriate as it is thought to be promoting promiscuity and sex before marriage.

Benefits of Using Contraceptives

The promotion of contraceptives and ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women while supporting the health and development of communities.

Some of the benefits of using contraceptives are:

Preventing Pregnancy-related Health Risks in Women

A woman's ability to choose to become pregnant has a direct impact on her health and well-being. Contraception allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing. It prevents unintended pregnancies, including those of older women who face increased risks related to pregnancy. Family planning enables women who wish to limit the size of their families to do so.

Helping to Prevent HIV/AIDS

Contraception reduces the risk of unintended pregnancies among women living with HIV,

resulting in fewer infected babies and orphans. Male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV.

Reducing Adolescent Pregnancies

By using contraception, young women can prevent unwanted pregnancies that can have a negative impact on their relationships, education, and ambitions. Most of the early pregnancies can cause health problems for the baby, some babies born to teenage mother are born underweight and are at risk of dying 28 days after birth.

Population Pressure

Contraception use slows population growth. This is important because overpopulation puts pressure on the economy, the environment and services such as education and health.

RESEARCH METHODOLOGY

Study Area

The area chosen for this study are some of the schools located in Alice, a small town in the Eastern Cape under Raymond Mhlaba Local Municipality.

Study Population

The inclusion criteria consisted of male and female of reproductive age (14-20) studying in the high schools in Raymond Mhlaba Municipality having used or not used contraceptives.

Data Collection Techniques

A cross sectional study was conducted among female and male students of two high schools in Alice. Alice lies on the southwestern bank of Tyume River. A descriptive, cross-sectional questionnaire was used to collect data. Data were collected on two days: on the 18th of September and the 29th of October 2019 among 144 learners from different schools. The primary source of data for this study was collected using one instrument, a well-structured question-

naire. 200 questionnaires were printed and a certain number was administered to the number of students permitted to complete the survey. Distributions of the questionnaires were done by the researchers and respondents were thoroughly guided to ensure proper completion of the items in the questionnaire.

The questionnaire contained 39 questions divided into three sections: demographic, knowledge and attitude of learners toward contraceptive use. The study outcomes included knowledge, attitude and use of contraceptives. The independent variables were age, gender, race, religion, marital status, ethnicity, type of living, mother’s and father’s level of education and current grade. Knowledge on contraceptive use was defined as the learner’s awareness of contraceptive methods, any type, accessibility and source of contraceptive. Attitude was based on the respondent’s view, positive or negative towards a practice or behavior such as contraceptive use. Knowledge was operationalised on questions like: *Have you ever heard of contraceptives?*

The perceptions/attitudes of respondents about contraceptives were assessed using a 5 point-scale consisting of a range of responses from strongly agree (1), agree (2), undecided (3), disagree (4) and strongly disagree (5).

Data Analysis

The data collected for this study was analysed using both descriptive statistics analysis and Chi-square test of association. All analyses were carried out using SPSS.

RESULTS

At the end of the study, 144 participants from two high schools willingly participated in the study indicating a response rate of seventy two percent. Respondents were in the age range 14-20 years: 14-16 years (44.4%), 17-18 years (43.8%), and 18-20 years (26.4%). The mean age ($\pm SD$) of the participants was 16.86 years (± 1.299). The mean age ($\pm SD$) for the males was 16.64 years (and for the females was 17.19 years (range 15-20 years). Although majority of the participants were males 87(60.42%), females’ learners were older with mean age of 17.19 years (range 15-20 years). Of

these learners, 84(58.33%) were in a relationship and 60(41.67%) were not. Results on race showed that 118(81.94%) were black and 26(18.06%) were colored, showing diversity in the sampled schools. On religion results showed that 124(86.11%) were Christians, 19(13.19%) believed in Traditional and 1(0.69%) practice Islamic religion. Out of the 144 participants, 141(97.92%) were single and only 3(2.08%) participants claimed to be married.

At the academic level, majority of the learners were in grade 10(56.94%) and the remaining learners 62(43.06%) were in grade 11; participation of grade 12 in the study were impeded by the preparation towards matriculation examinations. For their parent's level of education, on the mother's side, more than half, 76(52.74%) learners had mothers with secondary or higher educational status, 50(34.72%) had mothers with tertiary education qualifications, 7(4.86%) mothers were illiterate, 8(5.56%) mothers did not complete primary school education, 1(0.69%) mother had primary education, and 2(1.39%) learners did not report their mothers' educational background. For the father's level of education, the majority 68(47.22%) finished school at secondary or higher education, 45 (31.25%) finished tertiary institutions, 8 (5.56%) fathers were illiterate, 9(6.25%) never completed primary school, 8(5.56%) had primary school qualifications, and 6 learners failed to report their fathers' educational status.

Learners living arrangement result showed that 35(24.31%) learners lived with their mother, 7(4.86%) lived with their father, 34(23.61%) lived with both parents, 42(29.17%) lived with grandparent/s, 23(15.97%) lived with family relative, and 3(2.08%) lived alone. Table 1 shows the socio-demographic characteristics of participants.

Table 2 shows the knowledge the learners have about contraceptives, their use, and the different types of contraceptives they use. 93(64.58%) of the learners reported to be sexual active and 51(35.42%) were not. Majority of the students claimed they had enough knowledge and awareness about contraceptives with 139(96.53%) having heard about contraceptives and only 5(3.47%) denied any knowledge of it. Most of the learners reported to have heard about contraceptives from the health care center 49(34.03%), others from the radio 12(8.23%),

Table 1: Socio-demographic characteristics of participants

<i>Characteristics</i>	<i>N(%)</i>
<i>Age</i>	
14-16	64 (44.44)
17-19	73 (50.69)
20+	7 (4.86)
<i>Gender</i>	
Male	87 (60.42)
Female	57 (39.58)
<i>Race</i>	
Black	118 (81.94)
Colored	26 (18.06)
<i>Religion</i>	
Christian	124 (86.11)
Muslim	1 (0.69)
Traditional	19 (13.19)
<i>Ethnicity</i>	
Xhosa	143 (99.31)
Zulu	1 (0.69)
<i>Father's Level of Education</i>	
Illiterate	8 (5.56)
Incomplete primary	9 (6.25)
Primary	8 (5.56)
Secondary or higher	68 (47.22)
Tertiary	45 (31.25)
Blank	6 (4.17)
<i>Mother's Level of Education</i>	
Illiterate	7 (4.86)
Incomplete primary	8 (5.56)
Primary	1 (0.69)
Secondary or higher	76 (52.74)
Tertiary	50 (34.72)
Blank	2 (1.39)
<i>Current Grade</i>	
Grade 10	82 (56.94)
Grade 11	62 (43.06)
<i>Living Arrangement</i>	
Father	7 (4.86)
Mother	35 (24.31)
Both parents	34 (23.61)
Grandparents	42 (29.17)
Family relative	23 (15.97)
Alone	3 (2.08)
<i>Relationship Status</i>	
No	60 (41.27)
Yes	84 (58.33)

television and the other sources had the same number of respondents 21(14.58%), internet 22(15.28%) and the peer group 14(9.72%). 79(54.86%) of the learners claimed to have use contraceptives with their partners with 65(45.14%) not practicing this act with their partners.

It is very necessary to mention that the respondents, 94(65.28%) reported that their friends were also using contraceptives but 121(84.03%) responded that their decision to start using con-

Table 2: Knowledge of participants on contraceptives use

<i>Knowledge of participants on contraceptives use</i>	<i>N (%)</i>
<i>Are you sexual active?</i>	
No	51 (35.42)
Yes	93 (64.58)
<i>Have you ever heard of contraceptives?</i>	
No	5 (3.47)
Yes	139 (96.53)
<i>Source of information on contraceptives</i>	
Radio	12 (8.33)
Health care center	49 (34.03)
Television	21 (14.58)
Internet	22 (15.28)
Peer group	14 (9.72)
Other source	21 (14.58)
Blank	5 (3.47)
<i>Are you using any form of contraception with your partner?</i>	
No	65 (45.14)
Yes	79 (54.86)
<i>Are your friends using contraceptives?</i>	
No	50 (34.72)
Yes	94 (65.28)
<i>Was your decision to use contraceptives influenced by your friends?</i>	
No	121 (84.03)
Yes	23 (15.97)
<i>How often do you take contraceptives?</i>	
Always	43 (29.86)
Not always	9 (6.25)
Sometimes	27 (18.75)
Not at all	63 (43.75)
<i>Which contraceptive do you use?</i>	
Condom	48 (60.76)
Pill	2 (2.53)
Injectable	29 (36.71)
<i>Have you ever discontinued using contraceptives?</i>	
No	51 (61.45)
Yes	32 (38.55)
<i>If yes, which of the following side effects led to your discontinuation:</i>	
Bleeding in between periods	15 (45.45)
Gained weight	8 (24.25)
Pain in breasts	1 (3.03)
Headache	3 (9.09)
Getting moody	3 (9.09)
Clot formation	2 (6.06)
Other	1 (3.03)
<i>Number of contraceptive methods you can use based on your knowledge</i>	
1	29 (20.14)
2	54 (37.5)
3	33 (22.92)
4	13 (9.03)
5	11 (7.64)
6	4 (2.78)

contraceptives was not influenced by their friends. 45.14 percent of the learners reported to not using contraceptives at all. Reasons for this being: 12.5 percent reported “Not in a relationship”, 11.11 percent “Not sexual active”. One (0.69%) learner reported to be scared of the side effects and another said to have not have discussed contraception with his partner. One (0.69%) male reported that: “I don’t think not using contraception is a big deal”. Two (1.38%) learners reported that: “sex is good without protection”. One (0.69%) said that “I want to feel what I’m doing”. Two (1.38%) reported that: “contraception is not good for health” and another one (0.69%) admitted to lack knowledge on contraceptives. 29.86 percent reported to always take contraceptives, 6.25 percent reported to not always use them and 18.75 percent reported to only take them sometimes.

Of the respondents that use contraceptives, 48(33.33%) preferred to use condom, followed by injectable by 29(20.14%), only 2(2.53%) opted for contraceptive pill. This shows that the learners were not adequately informed other modern contraception methods or perhaps these were the only options discussed with them.

Table 3 presents the reasons for contraceptive use. The study showed that there was no significant difference in the decision to use contraceptive between male and female learners (Chi-square=0.062, df(N)=1(144),P=0.803). According to the results, attitudes of contraceptive use among learners seemed irrelevant or unimportant especially at this stage of their development.

Results showed that grade and contraceptive use has no significant association (Chi-square=2.844, df(N)=1(144), P=0.92). It showed that grade level do not affect their sexual behaviour. A similar result was obtained for association of religion and contraceptive use despite strict religion intolerance: no significant relationships between the two variables (Chi-square=0.928, df(N)=2(144), P=0.629).

However, association of contraceptive use with relationship status results (Chi-square=25.672, df(N)=1(144),P<0.001), association of contraceptive use with knowledge of contraception results (Chi-square=6.296, df(N)=1(144),P=0.012), association of contraceptive use with sexually active (Chi-square=82.745, df(N)=1(144),P<0.001), association of contraceptive use with learners that have friends that practice contraception (Chi-square=19.117, df(N)=1(144),P<0.001), and association of contra-

Table 3: Reasons for using contraceptives

<i>Reasons for contraception</i>	<i>No contraception (n)</i>	<i>Contraception (n)</i>	<i>Chi-square value</i>	<i>df(n)</i>	<i>P-value</i>
<i>Gender</i>			0.062	1(144)	0.803 ^{ns}
Male	40	47			
Female	25	32			
<i>Grade</i>			2.844	1(144)	0.92 ^{ns}
10	42	40			
11	23	39			
<i>Religion</i>			0.928	2(144)	0.629 ^{ns}
Christian	57	67			
Muslim	0	1			
Traditional (e.g. Sangoma)	8	11			
<i>Relationship Status</i>			25.672	1(144)	<0.001 ^{***}
Do not have a partner	42	18			
Have a partner	23	61			
<i>Knowledge of Contraception</i>			6.296	1(144)	0.012 [*]
No	5	0			
Yes	60	79			
<i>Sexually Active</i>			82.745	1(144)	<0.001 ^{***}
No	49	2			
Yes	16	77			
<i>Friends Practice Contraception</i>			19.117	1(144)	<0.001 ^{***}
No	35	15			
Yes	30	64			
<i>Father's Educational Status</i>			2.232	4(138)	0.693 ^{ns}
Illiterate	2	6			
Incomplete primary	3	6			
Primary	4	6			
Secondary or higher	33	35			
Tertiary	21	24			
<i>Mother's Educational Status</i>			10.322	4(142)	0.035 [*]
Illiterate	2	5			
Incomplete primary	4	4			
Primary	0	1			
Secondary or higher	43	33			
Tertiary	15	35			
<i>Who Learner Stays with?</i>			6.217	5(144)	0.286 ^{ns}
Father	2	5			
Mother	13	22			
Both parents	18	16			
Grandparents	16	26			
Family relative	14	9			
Alone	2	1			

* $P < 0.05$ ** $P < 0.01$ *** $P < 0.001$ - Pearson Chi-square test ns = not significant

ceptive use with mother's educational status (Chi-square=10.322, df(N)=4(144), P=0.035) were all significant. Associations of contraceptive use with father's educational status (Chi-square=2.232, df(N)=4(138), P=0.693) and who learners stays with (Chi-square=6.217, df(N)=5(144), P=0.286), were not significant respectively.

DISCUSSION

The study explores the behaviour of adolescents in the area of contraception. In this study,

learners mainly assessed contraceptives information through the media (Radio, Television, and Internet) (55(38.19%)) and health care system (49 (34.03%)). Others got information through their peer group (8.33%). This is similar to the findings in Sweya et al.'s study (2016) who also revealed that pupils assessed contraceptives information through their peer group, radio, television, Internet, and health care system. In addition, condoms (60.76%) and injectables (36.71%) were the methods of contraception mostly practiced by participants in this study. Sweya et al.

(2016) claimed that condom and pills were the two most used contraceptives methods.

It is evident from past studies (Manning et al. 2000; Oni et al. 2005; Finer and Philbin 2013) that at developmental stage, adolescents in the age range 4-20 years formed most of the behaviour they later exhibit at adulthood. Perhaps in later years there could be few modifications due to maturity and other influences. This study showed that 96.53 percent learners had the knowledge of contraceptive use. This result supports the findings in studies by Guzzo and Hayford (2018), Tshitenge et al. (2018) and Scott et al. (2020) who however, revealed that in spite of the high student's knowledge about contraceptives only 15 percent of the sexual active learners failed to use any form of contraceptives. The high knowledge of contraception indeed translated into use. The result of this study contradicts Nsubuga et al. (2016) who claimed high knowledge on contraceptives was noted with moderate use.

Majority of the learners in this study were sexually active (64.58%), which is an indication that sexual activity and related issues was not strange to them. Other studies agreed with the findings that learners in the age range 14-20 years have already started having regular sex with their partners (Odeyemi et al. 2016; Casey et al. 2020).

Grade levels of learners seemed to be non-essential or matter little when it comes to contraceptive use, so long as learners fall in the age bracket of adolescents. At this stage, new habits are being developed, most importantly sexual-related ones. According to the results of this study, 45.14 percent did not use contraceptives. Learners' behaviour regarding contraceptive use was irrespective of grade level which agreed with the findings of Nyarko (2015) and Makola et al. (2019) who argued that age played major role in determining contraceptive use and other sexual behaviors at this age range 14-24 years.

Religion affiliations had no association with contraceptive use, based on the researchers' findings. Almost half of the learners (45.14%) claimed they never used contraceptives, in spite of their different religious beliefs. According to Manlove et al. (2006), for effects of religion to weigh heavily on decision to use contraceptives, parents of learners must be well-dedicated in religiosity and learners must live with their parents

to experience religious influence of their parents. From this study, only 36.61 percent learners stayed with both parents; it was obvious that majority of the learners never stayed with their parents.

The findings of this study supported the view that learners in relationships are more willing to use contraceptives. More importantly, 77.22 percent of learners were in sexual relationships and 97.47 percent of these sexually active ones used contraceptives. Adherence to contraceptive use in these relationships may be short-lived. Due to the cross-sectional nature of the study, there may be limited comments on progressive use of contraceptives. However, Upadhyay et al.'s (2016) findings in longitudinal settings claimed the urge to use contraceptives in teenager sexual relationships disappeared with time, and it is indirectly related to length of relationships.

The American College of Obstetricians and Gynecologists, Committee Opinion (Number 699, May 2017 and Reaffirmed 2019) claimed that birth rate has dropped steadily in young adults aged 15-19 years and reached a historic low at 22.3 per 1,000 women due to adherence to contraceptive use.

Friends influence on contraceptive use was explored in the study. The results of this study showed that learners who had friends who used contraceptives practiced same (81.01%). This finding is in agreement with Harper et al. (2004) who reported that almost 96 percent of teenagers who opted for visits to clinics for contraceptive use received supports from their friends.

Father's educational status had no effect on decision to use contraceptives or not as is evident from this study. Risky sexual behaviours of teenagers are unaffected by fathers' influence. According to Manlove et al. (2006), mother-teen relationships tend to reduce the sexual risky behaviour of contraceptive use. This attitude towards contraceptive use from noted in this study was unaffected by who learners lived with as most of the learners lived with their grandparent/s.

CONCLUSION

The study's findings showed that knowledge of contraceptive use was high among high school learners. This knowledge did not, however, often translate into use. Most of the learners were in active sexual relationships, and aware-

ness of contraceptive use was high among the sexually active ones. The methods of contraception commonly practiced by participants are Condom and Injectable, and media was relied on for valuable information on contraception. Most learners who practice contraception had friends who used contraceptives. Mother-learner relationship is the key to willingness to adopt contraception, especially where this relationship is strengthened on religious grounds.

RECOMMENDATIONS

Interventions that promote translation of knowledge into proper sexual and reproductive health practices are needed. Parents and religious leaders may also have to engage to discuss such issues. The rate of non-utilization of contraceptives needs to be addressed through increased counselling and information about contraceptives, and accessibility of contraceptive services to students who desire to use them. Health care workers should give adequate, accurate and detailed information about the possible side effects of contraceptives to decrease their inconsistent use.

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