

CHAPTER 1

Orientation to the study

1.1 INTRODUCTION

Adolescent pregnancy is a worldwide problem. In a comparison of the statistics of the United States of America (USA), Canada, England, Wales and Sweden, Grunseit (1997:12) found that the USA had the highest rate of adolescent pregnancies. In Kenya, more than half of teenage childbearing resulted from premarital conception (Singh 1998:11).

The number of adolescent mothers continues to rise in the Republic of South Africa (RSA). According to the South African Demographic Health Survey (DHS 1999:27), in 1998 about 35 percent of 19-year-old adolescent women had been pregnant or had given birth to at least one child. In a study on the impact of sex education on health beliefs of teenage mothers in Umtata, Transkei, Williams (1995:1) points out that adolescent mothers are not specifically targeted by health services because the emphasis is on maternal (adult) and child health. Adolescents lack adequate access to health care. Accessibility to health care is influenced by health workers' attitudes (Little 1997:44), which might be intimidating to some adolescents at specific clinics. Dlamini (1997:17) states with concern that the number of adolescent mothers in South Africa continues to rise annually.

The Piet Retief area (renamed Mkhondo during the course of this study), in the Mpumalanga Province (MP) of the Republic of South Africa (RSA), has a rising rate of adolescent mothers. Adolescents comprise approximately 50 percent of antenatal clients attending clinics in this area (Piet Retief Hospital Statistics 2003:1). According to Hatcher, Rinehart, Blackburn, Geller and Shelton (1997:2), "Family planning helps nations develop. In countries where women are having far fewer children than their mothers did, people's economic situations are improving faster than in

most other countries." This view necessitates that both health care providers and the health care system improve contraceptive and reproductive health services for economic purposes, in addition to enhancing the health and well-being of both the adolescents and their children.

The primary aim of this study is to identify factors that influence the non-utilisation of contraceptives among adolescents in the Piet Retief (Mkhondo) area. Identifying these factors could lead to recommendations for decreasing the number of adolescent pregnancies for the benefit of the community because "adolescent pregnancies imply adverse health, social and economic implications not only for the mothers and their offspring, but also for their families or extended families" (Ehlers, Maja, Sellers & Gololo 2000:44).

Piet Retief (Mkhondo) is situated in the eastern highveld region of MP and is a small town surrounded by farms and informal settlements. According to the 2001 census (South Africa 2003: Table 1: accessed on 31 March 2004 at www.str.com.au - see Annexure G) this area had a population of 142 892. The Piet Retief Hospital Statistics (2002:1) indicate a rise in the number of adolescent mothers from 608 in 2002 to 758 in 2003 which represents an increase of 150 in one year. In their study in Pakistan, Casterline, Sathar and Ul Haque (2001:97) found that obstacles to contraceptive use include a lack of motivation to use contraceptives, lack of knowledge, and inaccessibility of contraceptive services, as well as ignorance. This study focuses on the factors preventing or discouraging adolescents from using contraceptives and/or contraceptive services.

Adolescent pregnancies cause problems for the adolescent parents, their offspring and their nuclear and extended families. With regard to adolescents' non-utilisation of contraceptives in the USA, Coupey (1997:1355-1356) found that interpersonal communication with adolescents requires special skills as adolescents are acutely self-conscious, have a short time perspective and have a limited ability to understand how contraceptives function to prevent unplanned pregnancies. The skills required for providing contraceptive services to adolescents are complex and need to be flexible (Coupey 1997:1355-1356).

The American Medical Association (AMA) developed Guidelines for Adolescent Preventative Services (GAPS) to help health care providers offer adolescents comprehensive services including screening for biomedical, emotional, and behavioural problems, and offering health guidance to both adolescents and parents (Elster & Levenberg 1997:1370-1375).

The many adolescent mothers in the Piet Retief (Mkhondo) area led the researcher to undertake this study to identify factors that could contribute to reducing the number of adolescent pregnancies in the area. The Department of Health's (DOH 2001b:36) Policy Guidelines for Youth and Adolescent Health include sexual and reproductive health among the six top health care priorities for adolescents. The policy guidelines outline a range of intervention strategies for creating a safe environment, providing information, building skills, counselling and providing health care services.

The use of contraceptives could save women's and children's lives and improve the quality of life for all. Respecting clients' rights and meeting their needs are critical to provide high quality contraceptive services and enable clients to use contraceptives effectively and consistently.

1.2 RESEARCH PROBLEM

Burns and Grove (2001:66) define a research problem as "a situation in need of a solution, improvement or alteration, a discrepancy between the way things are and the way they ought to be". Contraceptives are available free of charge at clinics in the Piet Retief (Mkhondo) area, yet adolescent pregnancies nevertheless continue to increase. The research problem is to identify reasons why adolescents fail to use free contraceptives to prevent unplanned pregnancies. If the reasons are identified, recommendations can be made to enable more adolescents to use contraceptives effectively to prevent unplanned pregnancies.

1.2.1 Motivation for the study

The researcher was a school health nurse who became concerned about the rising number of adolescent mothers, despite the availability of free contraceptives in the Piet Retief (Mkhondo) area. The researcher wishes to identify and deal with factors contributing to the non-utilisation of contraceptives in an effort to reduce the number of adolescent pregnancies in the area. Health education efforts could then be modified according to the factors identified in order to promote healthy lifestyles and informed decision-making among adolescents. The effective implementation of recommendations based on the findings of the study might also enhance the accessibility of contraceptive services to adolescents. Above all, adolescents could become empowered through more appropriate health education, to make informed decisions not only about their own lives, but also about the lives of their children.

1.2.2 Research questions

In order to learn why adolescent mothers fail to use contraceptives effectively to prevent unplanned pregnancies, the following research questions need to be answered:

- Do adolescent mothers know about contraceptives?
- What are adolescent mothers' attitudes towards and beliefs about contraceptives?
- Are adolescent mothers knowledgeable about reproductive health (RH) issues?
- Why do adolescent mothers not use contraceptives effectively?
- Are contraceptives accessible to adolescents?
- What requirements must be met for adolescents to use contraceptives effectively?
- In terms of the health belief model (HBM) (Polit & Hungler 1999:128; Onega 2001:271) the answers to the previous questions should be combined to answer the following questions:
 - ◆ What individual perceptions influence the utilisation/non-utilisation of contraceptives among adolescents in the Piet Retief (Mkhondo) area?
 - ◆ What modifying factors influence the utilisation/non-utilisation of contraceptives among adolescents in the Piet Retief (Mkhondo) area?

- ◆ What variables affect the likelihood of initiating and maintaining the utilisation of contraceptives among adolescents in the Piet Retief (Mkhondo) area?

1.3 SCOPE AND LIMITATIONS OF THE STUDY

This study will only focus on adolescent mothers in the Piet Retief (Mkhondo) area of the MP. Therefore the research results cannot be generalised to the entire province or to South Africa as a country.

As adolescent mothers comprise the population for this study, the research results will pertain only to adolescent mothers and not to all adolescents. It is acknowledged that adolescents who manage to avoid unplanned pregnancies might have knowledge, attitudes and/or beliefs that differ from those of adolescent mothers.

Only adolescent mothers who visit clinics in the Piet Retief (Mkhondo) area during the data-collection phase of this study will be approached to participate in the study. This amounts to convenience sampling, which is not random and therefore cannot claim to represent the population of adolescent mothers. Furthermore, participation is voluntary and no person will be coerced in any way whatsoever to participate. This imposes a further limitation on the generalisability of the research results, as it cannot be assumed that the adolescent mothers who participate in the study have the same knowledge, attitudes and perceptions regarding contraceptives as those who decline to participate. The respondents will be asked to complete questionnaires implying that the available data are recorded answers to specific items in the questionnaire. Many non-responses to specific items might compromise the validity and/or reliability of the research results.

1.4 CONCEPTUAL FRAMEWORK

The health belief model (HBM) will be used as a theoretical framework for this study. This model postulates that health-seeking behaviour is influenced by a person's perceptions of a threat posed by a health problem and the value associated with actions aimed at reducing the threat. "The model integrates psychological theories of goal setting, decision making, and social learning. The major components of the HBM include perceived susceptibility, perceived severity, perceived benefits and costs, motivation, and enabling or modifying factors" (Polit & Hungler 1999:128). Adolescent women's health-seeking behaviours are based on perceived benefits and costs, enabling as well as modifying factors influencing access and utilisation or non-access and/or non-utilisation of contraceptives, influencing their decisions to use contraceptives to prevent unplanned pregnancies, or their failure to do so.

Onega (2001:271) describes the HBM as a value expectancy theory with two values:

- the desire to avoid illness or to get well
- the belief that a specific health action available would prevent undesirable consequences

In the context of this study, the desire would be to prevent unplanned pregnancies; the specific health action available would be effective utilisation of contraceptives, and the undesirable consequences would be unplanned pregnancies. Hence these premises of the HBM would imply that adolescent women were willing to use contraceptives to prevent unplanned pregnancies.

1.4.1 Components of the Health Belief Model (HBM)

The HBM has three main components, namely individual perceptions, modifying factors, and variables affecting the likelihood of initiating actions (Onega 2001:271).

1.4.1.1 *Individual perceptions*

Onega (2001:271-275) describes individual perceptions as “a person’s beliefs about his/her own susceptibility to disease plus the seriousness with which he/she views the perceived threat of the illness”. In this study, individual perceptions concern adolescents’ beliefs about their susceptibility to unplanned pregnancies.

1.4.1.2 Modifying factors

According to Onega (2001:271), modifying factors, such as demographic, socio-psychological and structural variables, may affect an individual’s perceptions and thus indirectly influence health-related behaviours. Socio-demographic factors, particularly educational status, could affect a person’s perceptions of susceptibility to and severity of suffering ill-effects resulting from unplanned pregnancies, and his/her perceived benefits to be expected from using contraceptives effectively as well as barriers to accessing and using contraceptives and/or contraceptive services.

In this study, the possible impact of demographic factors, such as age, marital status, level of education, parity and occupation, on adolescent women’s decisions to use or not use contraceptives effectively will be investigated.

Besides demographic factors, modifying factors also include socio-psychological variables (personality, social class and peer pressure) as well as structural variables (knowledge about contraception and prior contact with the health care services and staff), which could modify an individual woman’s decision on whether or not to use contraceptives effectively (Onega 2001:271).

1.4.1.3 Variables affecting the likelihood of initiating action

In the current study, these variables mean an adolescent woman’s perceived benefits of actions (using contraceptives effectively) minus her perceived barriers to accomplishing actions equals the likelihood that she will take action(s) to change her behaviour (Onega 2001:253).

Perceived benefits refer to the woman's beliefs that contraceptives will prevent unplanned pregnancies (Polit & Hungler 1999:128). The particular course of action taken will depend on beliefs regarding the effectiveness of the various available actions in reducing the threat of unplanned pregnancies; termed the perceived benefits of taking the action. The perceived benefits of an adolescent woman using contraceptives effectively include that she can plan to have children if and when she wants together with taking control of her life, especially of her education and career progress.

Perceived costs refer to the complexity, duration and accessibility of contraceptives constituting perceived barriers (Onega 2001:271). The potential negative aspects of taking actions to use contraceptives effectively may act as impediments to undertaking and/or maintaining the recommended actions. The individual might weigh up the expected actions against perceptions that these actions might be expensive, dangerous or unpleasant. In this study, affordability, distance, peer expectations, knowledge, attitudes and beliefs as well as cultural practices might be barriers preventing adolescent women from using contraceptives effectively to prevent unplanned pregnancies.

For the purpose of this study, the HBM's variables affecting the likelihood of using contraceptives effectively mean the adolescent woman's perceived benefits of using contraceptives MINUS her perceived barriers to accomplishing such effective use of contraceptives EQUALS the likelihood that she will take actions to use contraceptives effectively in order to prevent unplanned pregnancies.

1.4.2 Application of the HBM to the investigation into adolescent mothers' failure to use contraceptives effectively

The main components of the HBM described by Onega (2001:271) will be used to contextualise the results of this study. The literature review will focus on the main components of the HBM. However, the results (see chapter 4 for data analysis) will first be presented according to the sections of the questionnaire and followed by contextualising the findings within the HBM. The literature review, findings, conclusions and recommendations will be presented according to the

HBM's format (Onega 2001:271), identifying individual perceptions, modifying factors and variables affecting the likelihood of initiating and maintaining actions to prevent unplanned pregnancies among adolescents in the Piet Retief (Mkhondo) area of the RSA.

1.5 SIGNIFICANCE OF THE STUDY

Should this study identify service aspects that prevent adolescents from using contraceptives, then the health care providers could implement strategies to tackle and improve these aspects to increase effective adolescent utilisation of reproductive services. Consequently, adolescents, the community and health care providers would benefit from the findings.

Identifying factors described by adolescents themselves, which prevent them from using contraceptive services would equip the health care providers and teachers to deal with those factors through health education at schools, social gatherings, media and health care centres. In addition, the researcher would be able to make recommendations to the relevant authorities to improve contraceptive services, thereby enhancing their utilisation by adolescents and assisting adolescents to make informed decisions about their own and their children's futures.

1.6 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of this study is to identify factors contributing to the non-utilisation of contraceptives among adolescents in the Piet Retief (Mkhondo) area to prevent unplanned pregnancies.

1.6.1 Research objectives

This study aims to identify adolescent mothers'

- knowledge, attitudes and beliefs regarding contraceptives
- knowledge about reproductive issues prior to menarche

- knowledge about reproductive issues prior to their pregnancies
- reasons for non-utilisation of contraceptives
- requirements for using contraceptives effectively to prevent unplanned pregnancies
- individual perceptions, modifying factors and variables affecting their contraceptive utilisation.

1.7 ASSUMPTIONS

Burns and Grove (2001:790) define assumptions as “statements taken for granted or considered true, even though they have not been scientifically tested”. This study is based on the following assumptions:

- Adolescent mothers’ knowledge, attitudes and beliefs about contraceptives influence their utilisation of contraceptives.
- Adolescents require knowledge about reproductive issues prior to menarche in order to make informed decisions.
- Adolescent require knowledge about reproductive issues prior to their pregnancies in order to make informed decisions affecting their own lives as well as those of their children.
- Contraceptive health services might not be accessible to adolescents in the Piet Retief (Mkhondo) area.
- The main components of the HBM can be used to contextualise the results of this study.

1.8 ETHICAL CONSIDERATIONS

De Vos (1998:75) defines ethics as “a set of widely accepted moral principles that offers rules for, and behavioural expectations of, the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students”. Ethical issues considered in this study include the rights of the respondents, the rights of the institution and scientific honesty on the part of the researcher.

1.8.1 Rights of the respondents

Each respondent will be asked to sign a consent form prior to completing the questionnaire. Respondents will decide for themselves whether or not to take part in the study after information is provided about the purpose of the study (see Annexure C). Each signed consent form will be folded and kept in a separate box from the anonymously completed questionnaires. No completed questionnaire will be linked to any signed consent form. The participants will be assured that all information will be treated anonymously and confidentially. A research report will be published comprising the participants' combined responses to specific items in the questionnaires. No person will be identified in the report. Participants who wish to obtain a copy of the research report may inform the researcher who will provide one.

1.8.2 Rights of the institution where the study is conducted

Permission to conduct the study will be sought (see Annexure A) and obtained from the Piet Retief (Mkhondo) municipality (see Annexure B). The survey requires adolescent mothers to complete questionnaires only. No harm or discomfort will be inflicted on any respondent or any non-respondent. The decision to participate or not rests solely with each adolescent mother. The researcher's telephone numbers are provided in case any respondent wishes to discuss anything with the researcher during or after completing the questionnaire.

1.8.3 Scientific honesty on the part of the researcher

The researcher will generate knowledge through honest conduct, reporting and publication of research results. The researcher is aware that scientific misconduct has to be identified and reported in order to maintain the quality of the research results and report (Burns & Grove 1999:178-180).

1.9 DEFINITIONS OF TERMS

For the purposes of this study, the following terms will be used as defined below.

Accessibility of health services refers to the extent to which community health nursing services reach those people in need and how equitable the distributions are within the population (Onega 2001:238). In this study accessibility refers specifically to adolescents' ability to access contraceptives from clinics and/or other health care services in the Piet Retief (Mkhondo) area.

Adolescent mother. An adolescent mother is any mother aged 19 or younger at the time of delivery, irrespective of the pregnancy outcome and of her marital status (Ehlers et al 2000:46).

Belief. The *Concise Oxford Dictionary* (1995:117) defines a belief as "a firm or genuine opinion". Longman (1992:49) defines a belief as "a feeling that something is true or really exists". In this study, beliefs refer specifically to the participants' feelings about using contraceptives.

Conception. The union of an ovum or egg cell with a sperm cell is known as conception or fertilisation, which is the beginning of a pregnancy (Hatcher et al 1997:A-15).

Contraceptives. Ketting and Visser (1994:161) define contraceptives as agents, such as pills, condoms, intra-uterine devices, diaphragms and injections, used to temporarily prevent the occurrence of conception.

Emergency contraceptives (EC). ECs are contraceptives used soon (preferably within 24 hours) after unprotected sexual intercourse to prevent pregnancy by inhibiting ovulation, or preventing implantation (Hatcher et al 1997: A-15).

A person who has unprotected sex should take the EC pills as soon as possible but within 72 hours of unprotected sexual intercourse and repeated 12 hours later. Two pills from a pack of Ovral followed by two more pills 12 hours later are readily accessible ECs (Glasier & Baird 1998:3). Insertion of a copper-releasing intra-uterine contraceptive device (IUCD) is another method of EC

(Van Look & Steward 1998:22). An IUCD can be used within five days of unprotected intercourse, beyond the 72-hour time limit of EC pills, preventing implantation (Wells, Crook & Muller 1997:289).

Non-utilisation. The *Concise Oxford Dictionary* (1995:1546) defines utilise as “making practical use of or to use effectively”. Therefore, in this study, non-utilisation implies the failure to use contraceptives effectively to prevent unplanned pregnancies.

Pregnancy. Sellers (1993:173) describes pregnancy as “the condition of a female from conception until the birth of the baby”.

Reproductive health services (RH). “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and its functions and processes” (WHO 1998:1). In this study reproductive health (RH) services refer to contraceptive, ante-natal, obstetric and post natal services provided in the Piet Retief (Mkhondo) area.

Sex education. The process of sex education refers to a socialising process, formal and informal, which includes instruction and training in all aspects which may help to form normal and wholesome attitudes, values and ideas in relation to sex (Musick 1993:18). In this study, sex education includes providing information that makes adolescents aware of their bodies, including reproductive anatomy and physiology, but emphasising contraceptives and adolescents’ abilities to make informed decisions about their own and their children’s futures.

Teenager. The term teenager refers to a person from 13 to 19 years of age (*The Concise Oxford Dictionary* 1995:1431). Throughout this study, “adolescent” will be used interchangeably with “teenager” as the two are frequently used interchangeably by many sources consulted about adolescent/teenage pregnancies and utilisation of contraceptives.

Termination of pregnancy (TOP). The termination of pregnancy refers to the act of bringing a pregnancy to a final end, preventing the birth of a live baby. The manual vacuum aspiration (MVA) technique is the legally approved method used most to terminate pregnancies in the RSA (Dickson-Tetteh 1999:20). Pills can also be used to effect TOPs, depending on the policy of the specific health care institution.

1.10 ABBREVIATIONS USED

The following abbreviations are used in this study:

AIDS	Acquired immune-deficiency syndrome
COCs	Combined oral contraceptives
CTOP	Choice on termination of pregnancy
DHS	Demographic health survey
DOH	Department of Health
EC	Emergency contraception
ECPs	Emergency contraceptive pills
GAPS	Guidelines for adolescent preventative services
HBM	Health belief model
HIV	Human immuno-deficiency virus
IUCD	Intra-uterine contraceptive device
MP	Mpumalanga Province
POP	Progesterone only pills
RH	Reproductive health
RSA	Republic of South Africa
SSA	Sub Saharan Africa
SRH	Sexual and reproductive health
STDs	Sexually transmitted diseases
STIs	Sexually transmitted infections

TOP	Termination of pregnancy
UK	United Kingdom
USA	United States of America
WHO	World Health Organization

1.11 OUTLINE OF THE STUDY

Chapter 1 introduced the study and discussed the research problem, research questions, problem statement, and purpose, objectives, conceptual framework and significance of the study. Ethical considerations were discussed, terms used were defined and abbreviations used were listed.

Chapter 2 discusses the literature review conducted on adolescent mothers' utilisation of contraceptives with reference to the main concepts of the HBM.

Chapter 3 outlines the research methodology used in the study.

Chapter 4 presents the data analysis according to the items in the questionnaire and the main components of the HBM.

Chapter 5 concludes the study, discusses its limitations and makes recommendations for improved adolescent contraceptive use and further research.

1.12 CONCLUSION

This chapter introduced the study, indicating the need to identify the reasons why adolescent mothers fail to use contraceptives effectively to prevent unplanned pregnancies. The scope,

limitations, purpose, objectives, significance and conceptual framework (viz, the HBM) of the study were briefly discussed.

Chapter 2 discusses the literature review conducted on adolescent mothers' utilisation or non-utilisation of contraceptives.