

CHAPTER 5

Conclusions, limitations and recommendations

5.1 INTRODUCTION

The purpose of this study was to identify factors contributing to the non-utilisation of contraceptives by adolescent mothers in the Piet Retief (Mkondo) area. This chapter discusses the conclusions, with reference to the objectives and findings, and limitations of the study and makes recommendations for practice and further research.

5.2 CONCLUSIONS

The conclusions, based on the analysis of the data obtained from 107 structured questionnaires completed by adolescent mothers in the Piet Retief (Mkhondo) area will be presented according to the first five objectives guiding the study as well as in terms of the major tenets of the HBM, in relation to the sixth objective. Thereafter the assumptions underlying the study, as specified in chapter 1, will be reviewed in relation to the conclusions.

5.2.1 Conclusions in relation to the objectives guiding the study

The following conclusions are based on the six objectives of the study. Each objective and its associated conclusions will be discussed.

- **To identify adolescent mothers' knowledge, attitudes and beliefs regarding contraceptives**

The research results indicate that only 49 (45,79%) respondents believed contraceptives prevented pregnancy, 14 (13,08%) believed that condoms prevented both pregnancy and STDs and 1 (0,93%) believed that contraceptives caused weight gain while 42 (39,25%) failed to respond to this question. These findings indicate that adolescent mothers lacked knowledge about contraceptives, had negative attitudes toward and unfounded beliefs about the use of contraceptives. Although some respondents knew that contraceptives prevented pregnancies, they all failed to use contraceptives effectively to prevent their own pregnancies, because they were all adolescent mothers when they completed structured questionnaires.

Thus the conclusion relevant to the first objective is that the adolescent mothers lacked knowledge about, had negative attitudes toward and unfounded beliefs about the use of contraceptives.

- **To identify adolescent mothers' knowledge about reproductive issues prior to menarche**

The results, summarized in table 4.7, indicate that by the age of 14, the respondents were informed by their mothers (74,77%; n=80) about some reproductive issues but lacked information about pregnancy and contraception because:

- 67 (62,61%) knew about menstruation
- 47 (43,92%) knew about sexual intercourse
- 28 (26,27%) knew about pregnancy
- 17 (15,89%) knew about contraceptives

Based on these findings, it was concluded that the adolescent mothers did not receive sufficient sex education prior to menarche, and that most of them lacked information about pregnancy and contraception even if they were informed about menstruation and sexual intercourse.

- **To identify adolescent mothers' knowledge about reproductive issues prior to their pregnancies**

Table 4.7 indicates that the majority of adolescent mothers received information about pregnancy and contraception from the age of 15 till the age of 17, by which time most of them were pregnant or adolescent mothers. However, the findings summarised in table 4.18 indicate that most respondents knew about different types of contraception by the time they had sexual intercourse or became pregnant. Nevertheless this knowledge did not enable them to prevent their pregnancies.

The conclusion, based on the above findings, is that adolescents do not have enough knowledge about reproductive issues to enable them to prevent unplanned pregnancies.

- **To identify adolescent mothers' reasons for non-utilisation of contraceptives**

The following factors were identified that may have contributed to the respondents' non-utilisation of contraceptives:

- Lack of knowledge about sexual matters as portrayed in tables 4.7 and 4.18 and in figure 4.4; indicating that adolescents might have received information about menstruation and sexual intercourse, but lack information about pregnancy and contraception.
- Side effects resulting from the use of contraceptives because 17 (15,89%) indicated having had side effects (table 4.22) and also 50 (46,73%) knew about side effects (table 4.25).
- Unavailability of contraceptives because 33 (30,84%) could not always access contraceptives (table 4.26), 31 (28,97%) had to travel more than 5 km to the nearest clinic (table 4.28) and 40 (37,38%) reported that clinics could not offer always supply contraceptives (table 4.32).
- Lack of information on TOPs as 78 (72,90%) had not heard about TOPs and only 9 knew that TOP is legal in South Africa (table 4.35).

Based on these research results it can be concluded that factors contributing to adolescent mothers' non-utilisation of contraceptives include lack of knowledge about different contraceptives, non-accessibility of contraceptives, lack of knowledge about legalised TOPs in South Africa, side effects caused by the use of contraceptives.

- **To identify adolescent mothers' requirements for using contraceptives effectively to prevent unplanned pregnancies**

Only 64 (59,81%) of the participants used contraceptives after the birth of their babies, implying that the other 43 (40,19%) did not even use contraceptives after their babies' births. As many as 54 (50,47%) of these adolescent mothers did not know about potential side effects that could result from using contraceptives. As many as 33 (30,84%) indicated that their clinics could only sometimes provide contraceptives. Only 34 (78,0%) of the respondents knew about the operating days and times of the clinics. Only 2 ((1,87%) had reportedly used ECs and only 25 (23,36%) knew about TOPs.

Based on the above findings, it can be concluded that in order for adolescent mothers to use contraceptives effectively to prevent unplanned pregnancies, they require: access to contraceptives implying that clinics should always be able to supply contraceptives; knowledge about clinics' operating times; and knowledge about potential side effects that could result from using contraceptives as well as knowing where to seek help should side effects be encountered. Adolescent mothers need to know about ECs and TOPs in order to be able to use them, should they desire to do so.

5.2.2 Conclusions in terms of the Health Belief Model (HBM)

The sixth objective was framed in terms of the HBM as:

- **To identify adolescent mothers' individual perceptions, modifying factors and variables affecting their contraceptive utilisation**

Individual perceptions

Lack of knowledge about, as well as negative perceptions toward contraceptives, ECs and TOPs prevented these respondents from using contraceptives effectively to avoid unplanned pregnancies.

Modifying factors

The adolescent mothers' ages ranged from 14 to 19. Consequently they required, but failed to receive, adequate health education about menstruation, sexual intercourse, pregnancy and contraception before they reached the age of 14. Another modifying factor could be that the majority (74,77%; n=80) received sex education from their mothers. These mothers apparently failed to provide information about pregnancy and contraceptives, even if they informed their adolescent daughters about menstruation and sexual intercourse.

Variables affecting the initiation of actions

Knowledge about contraceptives did not enable these adolescent mothers to prevent their pregnancies. However, more knowledge about different types of contraceptives, including ECs and TOPs, and about potential side effects of using contraceptives might enhance the likelihood that adolescents would initiate (and sustain) actions to use contraceptives to prevent unplanned pregnancies.

5.2.3 Assumptions underlying the study in relation to the conclusions

The study was based on the following five assumptions as specified in chapter 1:

- Adolescent mothers' knowledge, attitudes and beliefs regarding contraceptives influence their utilisation of contraceptives.
- Adolescents require knowledge about reproductive issues prior to menarche in order to make informed decisions
- Adolescents 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

- Adolescent mothers might have specific requirements for using contraceptives effectively to prevent unplanned pregnancies.
- The main components of the HBM can be used to contextualise the results of this study.

In relation to the assumptions underlying the study, the major conclusions can be rephrased to state that adolescents' knowledge, attitudes and beliefs influence their utilisation of contraceptives; knowledge prior to menarche and prior to pregnancy influences their ability to make informed decisions; specific requirements for using contraceptives should be accommodated and that the main components of the HBM could be used to contextualise the research results.

5.3 LIMITATIONS

The following limitations, which could limit the generalisability of the research results, were identified:

- To date, no literature is available on contraceptives and adolescent mothers in the Piet Retief (Mkondo) area, thus the researcher had no data for comparison.
- Some respondents might have misinterpreted some questionnaire items while completing the questionnaires. This limitation might have been addressed by conducting interviews, but this was not possible due to time limitations on the part of the researcher and issues of anonymity (and possibly confidentiality) as perceived by the adolescent mothers.
- Only adolescent mothers participated in this study. Consequently the results might not be generalisable to adolescent girls who do not have children.
- The study was limited to adolescent mothers who visited the clinics in the Piet Retief (Mkhondo) area and might thus not be generalisable to adolescent mothers in other parts of the country, nor to adolescent mothers who do not visit clinics.
- Mainly Zulu-speaking adolescent mothers completed questionnaires, implying that the results might not be generalisable to adolescent mothers with other home languages.

Despite these limitations this study attempted to identify factors contributing to adolescent mothers' non-utilisation of contraceptives and the findings and recommendations should be viewed against these limitations.

5.4 RECOMMENDATIONS

The recommendations will be provided specifically for enhancing contraceptive utilisation by adolescents and thereafter for future research.

5.4.1 Recommendations for addressing adolescent mothers' non-utilisation of contraceptives

Based on the conclusions, the following recommendations might begin to address some of the factors that contribute to adolescent mothers' non-utilisation of contraceptives in the Piet Retief (Mkhondo) area:

- Adolescents should receive sex education before they reach the age of 12, when a number of adolescent mothers reportedly experienced their menarches.
- Such sex education topics should include menstruation, sexual intercourse, pregnancy and contraception. Sex education should be repeatedly offered and by the time the adolescent girls reach the age of 14, they should be knowledgeable about different contraceptives and about the accessibility thereof.
- Contraception should also address ECs and TOPs.
- Contraception information sessions should also address which side effects might occur from using specific contraceptives so that women can make informed choices. Women also need what to expect, what minor remedies could address which symptoms, and when and where to seek help should the side effects continue. It should be stressed that no contraceptive method should be discontinued unless another one had been implemented if the woman wishes to avoid an unplanned pregnancy. Discontinuation of one method and commencement of another method should only be done under the guidance of knowledgeable clinic staff if

unplanned pregnancies are to be avoided. All women should be advised to use condoms should they be necessitated to discontinue the use of any contraceptive method for whatever reason, in order to prevent both unwanted pregnancies and STDs, including HIV.

- As most adolescent mothers received their sex education from their mothers, but lacked information about pregnancy and contraception, a concerted drive should be launched in the Piet Retief (Mkhondo) area to teach adult women (specifically those who are mothers to adolescent daughters) about pregnancy and contraception. Moreover, these adult women should be assisted, through appropriate teaching strategies such as role play and case studies, to facilitate their tasks in providing sex education to their daughters. Joint sex education sessions for mothers and adolescent daughters could also be offered by knowledgeable health care staff members.
- Pregnant adolescents should also receive sex education, emphasising the use of contraceptives to prevent future unplanned pregnancies. During the post natal period these adolescent mothers should be followed up and informed about contraceptives and contraceptive services. This should also be done during their visits to well baby clinics.
- Contraceptives should always be available at all clinics. Adolescent pregnancies cannot be avoided if 37.38% of the respondents reported that the clinics only had contraceptives "sometimes".
- The clinics' operating times and days should be advertised as a number of respondents remained unaware of extended clinic hours and days in the Piet Retief (Mkhondo) area.
- Contraceptive clinics could operate on Saturday mornings specifically for adolescents as this would increase the accessibility of such clinics to learners and working adolescents. Furthermore, adolescents would not fear meeting their mothers, aunts, teachers or even grand mothers at these clinics scheduled specifically for adolescents.

5.4.2 Recommendations for future research

The researcher makes the following recommendations for further research in fields related to factors contributing to adolescent mothers' non-utilisation of contraceptives:

- Questionnaires should be administered to adolescents at schools or homes in order to identify more factors that might contribute to their non-utilisation of contraceptives.
- A survey should be conducted on adolescents' attitudes towards contraceptives; including adolescent boys and girls.
- The factors enabling adolescents' long term utilisation of contraceptives should be examined in detail. Cohort studies beginning with different groups of adolescent girls when they reach the age of 12 and continuing until they are 25 might indicate which factors initiate and sustain actions to use contraceptives effectively to prevent unplanned pregnancies. Barriers to such sustained implementation will then also be identified.
- Girls who used contraceptives successfully for a number of years should be identified by researching clinic records. Such girls could become contraceptive educators to other adolescents once they have received the required training.
- The extent of contraceptives' side effects, especially among adolescents should be examined and made known. Remedies or actions to address such side effects as well as indications as to when and where to seek help should be addressed during sex education talks.
- Research should be done to evaluate what mothers teach (and fail to teach) their adolescent daughters about menstruation, sexual intercourse, pregnancy and contraception. In this way specific areas could be addressed when teaching the adult women how and what to teach their adolescent daughters. As most adolescent reportedly received their (inadequate) sex education from their mothers, such research succeeded by the implementation of more effective sex education, might make a major contribution towards empowering both the adult and the adolescent women in the Piet Retief (Mkhondo) area to make informed decisions about their health and their futures – and those of their children.

5.5 CONCLUDING REMARKS

The major factor that contributed to the adolescent mothers' non-utilisation of contraceptives was their lack of knowledge about pregnancy and contraception (including ECs and TOPs). Most adolescents received their sex education from their mothers who failed to teach them about pregnancy and contraceptives. Empowering the mothers to provide more effective health education

to their daughters might enhance adolescents' utilisation of contraceptives in the Piet Retief (Mkhondo) area.

In addition to providing more effective health education to adolescents, their utilisation of contraceptives would improve if all clinics had sufficient stocks of contraceptives at all times. Specific clinic times scheduled for adolescents, such as on Saturday mornings, could facilitate adolescents' access to contraceptives. Clinic days and operating times should be widely advertised as a large number of adolescents remained unaware of the extended clinic days and hours in their areas.

Finally and fundamentally, some knowledge about contraception did not enable these adolescent mothers to prevent unplanned pregnancies. There might be other factors contributing to adolescent mothers' non-utilisation of contraceptives that remained unidentified in this quantitative exploratory survey. Consequently it is strongly recommended that a follow-up study be conducted where in-depth interviews are conducted with both adolescent mothers and with adolescents who manage to use contraceptives effectively to prevent unplanned pregnancies. In this way more appropriate individual coping strategies might become evident which might enable more adolescent women to have children if and when they desire to do so, and to enjoy the freedom of exercising this choice in making informed decisions about their own futures as well as about their children's futures.