

Chapter 1

Overview of the study	1
1.1 INTRODUCTION	1
1.1.1 Policies and legislation impacting on reproductive health issues	4
1.2 BACKGROUND TO THE STUDY	9
1.3 PURPOSE OF THE STUDY	12
1.4 PROBLEM STATEMENT	14
1.5 RESEARCH QUESTIONS	15
1.6 THEORETICAL FRAMEWORK	16
1.6.1 The self-care construct	16
1.6.2 The self-care deficit construct	18
1.6.3 Nursing system construct	19
1.7 SIGNIFICANCE OF THE STUDY	20
1.8 ASSUMPTIONS UNDERLYING THIS STUDY	21
1.9 ETHICAL CONSIDERATIONS	21
1.10 METHODOLOGY	22
1.10.1 Research method	22
1.10.2 Population	22
1.10.3 Sampling	22
1.11 SCOPE AND LIMITATIONS OF THIS STUDY	22
1.12 OBJECTIVES OF THE STUDY	23
1.13 OPERATIONAL DEFINITIONS USED IN THE RESEARCH REPORT	23
1.14 ABBREVIATIONS USED THROUGHOUT THIS REPORT	26
1.15 CONCLUSION	27
1.16 ORGANISATION OF THIS REPORT	27

Table of contents Page

Chapter 2

Literature review	29
2.1 INTRODUCTION	29
2.2 PURPOSES OF THE LITERATURE REVIEW	30
2.3 LITERATURE REVIEWED	30
2.4 CONTRACEPTIVE CHALLENGES	31
2.5 CONTRACEPTIVE CHALLENGES THAT EXIST BEFORE CONTRACEPTIVES CAN BE INITIATED	32
2.5.1 Sexuality education	32
2.5.2 Gender	36
2.5.3 Socio-economic status	38
2.5.4 Religion	38
2.5.5 Level of education	39
2.5.6 Culture, norms and values	40
2.5.7 Politics	42
2.6 CONTRACEPTIVE CHALLENGES THAT CAN BE EXPERIENCED DURING CON- TRACEPTIVE USE	43
2.6.1 Counselling on contraceptives	43
2.6.2 The attitude of the contraceptive provider	46
2.6.3 Lack of relevant and up to date contraceptive knowledge by the provider	48
2.6.4 Shortages of facilities, equipment and staff	49
2.6.5 Side-effects	50
2.6.6 Knowledge and utilisation of different contraceptive methods	51
2.6.6.1 Knowledge and utilisation of hormonal contraceptives	52
2.6.6.2 Knowledge and utilisation of IUCDs	56
2.6.6.3 Knowledge and utilisation of emergency contraceptives	57
2.6.6.4 Knowledge and utilisation of male condoms	60
2.6.6.5 Knowledge and utilisation of female condoms	61
2.6.6.6 Knowledge and utilisation of natural family planning methods	62
2.6.6.7 Knowledge and utilisation of voluntary surgical contraception	63
2.6.6.8 Knowledge and utilisation of traditional methods of contraception	66
2.6.7 Attitudes and perceptions on different contraceptive methods	65
2.6.7.1 Attitudes and perceptions on hormonal contraceptives	65
2.6.7.2 Attitudes and perceptions on intra-uterine devices	67
2.6.7.3 Attitudes and perceptions about emergency contraceptives	67
2.6.7.4 Attitudes and perceptions on male condoms	68

Table of contents		Page
2.6.7.5	Attitudes about and perceptions on female condoms	69
2.6.7.6	Attitudes about and perceptions about voluntary surgical contraception	72
2.6.8	Termination of pregnancy	72
2.6.8.1	The state of abortions in various countries	72
2.6.8.2	The state of abortions in the Republic of South Africa	73
2.6.8.3	Characteristics of women who undergo termination of pregnancies	74
2.6.8.4	Reasons for the termination of pregnancies	74
2.6.8.5	Effects of termination of pregnancy	75
2.6.8.6	Counselling	78
2.6.8.7	The partners' support	78
2.6.8.8	Challenges for implementing the Choice on Termination of Pregnancy Act	79
2.6.8.9	Pro-termination of pregnancy arguments	81
2.7	SUMMARY	82

Chapter 3

Research design, research method and population		84
3.1	INTRODUCTION	84
3.2	RESEARCH DESIGN	84
3.3	RESEARCH METHOD	84
3.1	Quantitative	84
3.2	Description	85
3.4	POPULATION	85
3.4.1	The eligibility criteria	85
3.5	THE SAMPLING PROCEDURE	86
3.5.1	Non-probability sampling	86
3.5.2	Sample	86
3.5.3	Convenience sample	87
3.5.4	Sample size	87
3.5.5	Sampling rationale	87
3.6	DATA COLLECTION	88
3.6.1	The data collection instrument	88

Table of contents		Page
3.6.1.1	Validity	89
3.6.1.2	External validity	91
3.6.1.3	Reliability	94
3.7	ETHICAL CONSIDERATIONS	94
3.7.1	Principles of research ethics	94
3.7.2	Consent for conducting the survey	96
3.8	SUMMARY	97

Chapter 4

Analyses and discussion of the research results		98
4.1	INTRODUCTION	98
4.2	DEMOGRAPHIC DATA	99
4.2.1	Age	99
4.2.2	Level of education	100
4.2.3	Marital status	102
4.2.4	Race	103
4.2.5	Participants' residential areas	104
4.2.6	Type of housing	105
4.2.7	Employment history	105
4.2.8	Income	106
4.2.9	Religion	107
4.2.10	Number of children	107
4.3	SECTION 2: SEXUALITY EDUCATION	108
4.3.1	Sexuality education received	108
4.3.2	Age at which sexuality education was given	109
4.3.3	Sources of sexuality education/information	109
4.3.4	Institutions that provided sexuality education	110
4.4	CONTRACEPTIVE KNOWLEDGE	111
4.4.1	Contraceptive methods known	111
4.4.2	Knowledge about emergency contraceptives	111
4.4.3	Information about utilisation of emergency contraceptives	113
4.4.4	Knowledge that contraceptive pills could be used as emergency contraceptives	114
4.4.5	Sources of information to help women to utilise emergency contraceptives	114
4.5	GENDER ISSUES	115

Table of contents		Page
4.5.1	Women's rights to decide about the use of contraceptives	115
4.5.2	Responsible person who had to provide permission for the use of contraceptives	116
4.6	ACCESSIBILITY OF CONTRACEPTIVE SERVICES	117
4.6.1	Access to a contraceptive service centre	117
4.6.2	Type of contraceptive services available	118
4.6.3	Distance travelled to contraceptive services	119
4.6.4	Times contraceptive services were available	120
4.6.5	Number of days per week contraceptive services were available	121
4.7	SECTION 3: UTILISATION OF CONTRACEPTIVES	122
4.7.1	Previous utilisation of contraceptives	122
4.7.2	Method used	123
4.7.3	Number of years each method was used	124
4.7.4	Problems experienced by women who used contraceptives	125
4.7.5	Problems experienced with specific contraceptives	125
4.8	COUNSELLING ON CONTRACEPTIVE METHODS	127
4.8.1	Places where contraceptives were obtained	127
4.8.2	Counselling received	128
4.9	ATTITUDES AND PERCEPTIONS ON CONTRACEPTION	129
4.9.1	The recommendation of contraceptives to somebody else	129
4.9.2	Contraceptive methods that could be recommended to other women	130
4.9.3	Reasons why the chosen methods were regarded to be the best	130
4.10	ATTITUDES OF THE CONTRACEPTIVE PROVIDERS	132
4.11	LACK OF CONTRACEPTIVE RESOURCES AND CONTRACEPTIVE PROVIDERS	133
4.11.1	Perceptions of the contraceptive services	133
4.11.2	Perceptions on the number of staff	134
4.11.3	Amount of time waited	135
4.11.4	Privacy	135
4.12	SECTION 4: TERMINATION OF PREGNANCY	136
4.12.1	Information of the person who gave the advice for TOP	136
4.12.2	Previous terminations of pregnancy	137
4.12.3	Confidants for termination of pregnancy	138
4.12.4	Information on whether contraceptives will be used post TOP or not	139
4.12.5	Preferred method of contraception post TOP	140
4.12.6	Reasons for preferred contraceptive methods	141
4.12.7	Intentions not to use contraceptives	141
4.12.8	Information as to whether TOP would be a future option	141

Table of contents		Page
--------------------------	--	-------------

4.13	RELATIONSHIPS BETWEEN THEORETICAL FRAMEWORK AND RESULTS OBTAINED	142
4.14	SUMMARY	146

Chapter 5

Conclusions, limitations and recommendations of the study		148
5.1	INTRODUCTION	148
5.2	OBJECTIVES	148
5.3	ASSUMPTIONS	153
5.4	LIMITATIONS IDENTIFIED DURING THIS STUDY	154
5.5	RECOMMENDATIONS ARISING FROM THE STUDY	154
5.6	RECOMMENDATIONS FOR FUTURE RESEARCH	155
5.7	CONCLUSION	156
LIST OF SOURCES		158

List of tables		Page
Table 1.1	Contraceptive use in Mpumalanga	10
Table 1.2	Termination of pregnancies in Mpumalanga	11
Table 1.3	Termination of pregnancies in the Gert Sibande District, Mpumalanga Province	11
Table 4.1	Age in years at previous birthday	99
Table 4.2	Income	106
Table 4.3	Number of children	107
Table 4.4	Age at which sexuality education was given	109
Table 4.5	Sources of sexuality education/information	110
Table 4.6	Institutions that gave sexuality education	111
Table 4.7	Actions to help women to use emergency contraceptives	114
Table 4.8	Responsible person who had to provide permission for the use of contraceptives	116
Table 4.9	Type of contraceptive services available	118
Table 4.10	Number of days per week contraceptive services were available	121
Table 4.11	Method used	123
Table 4.12	Number of years each method was used	124
Table 4.13	Contraceptive methods that could be recommended to other women	130
Table 4.14	Perceptions of the contraceptive services	133
Table 4.15	Information of the person who gave the advice for TOP	136
Table 4.16	Confidants for termination of pregnancy (n = 55)	138
Table 4.17	Preferred method of contraception post TOP	140

List of figures		Page
Figure 4.1	Participants' levels of education (n = 55)	101
Figure 4.2	Respondents' marital status (n = 55)	102
Figure 4.3	Participants' racial groups (n = 55)	103
Figure 4.4	Participants' residential areas (n = 55)	104
Figure 4.5	Type of housing (n = 55)	105
Figure 4.6	Employment history (n = 55)	106
Figure 4.7	Sexuality education received (n = 55)	108
Figure 4.8	Contraceptive methods known (n = 55)	111
Figure 4.9	Knowledge about emergency contraceptives (n = 55)	112
Figure 4.10	Information about utilisation of emergency contraceptives (n = 55)	113
Figure 4.11	Knowledge that contraceptive pills could be used as emergency contraceptives (n = 55)	114
Figure 4.12	Women's rights to decide about the use of contraceptives (n = 55)	115
Figure 4.13	Access to a contraceptive service centre (n = 55)	117
Figure 4.14	Distance travelled to contraceptive services (n = 55)	119
Figure 4.15	Times contraceptive services were available (n = 55)	120
Figure 4.16	Previous utilisation of contraceptives (n = 55)	122
Figure 4.17	Problems experienced by women who used contraceptives (n = 47)	125
Figure 4.18	Places where contraceptives were obtained (n = 47)	127
Figure 4.19	Counselling received (n = 47)	128
Figure 4.20	The recommendation of contraceptives to somebody else (n = 43)	129
Figure 4.21	Attitudes of the contraceptive providers (n = 47)	132
Figure 4.22	Perceptions on the number of staff (n = 47)	134
Figure 4.23	Amount of time waited (n = 47)	135
Figure 4.24	Previous termination of pregnancy (n = 55)	137

List of figures	Page
Figure 4.25 Information on whether contraceptives will be used post TOP or not (n = 55) . .	139
Figure 4.26 Information as to whether TOP would be a future option (n = 55)	141

List of annexures

Annexure A	Letter from Mpumalanga Province granting permission to conduct the study
Annexure B	English and Zulu letters requesting respondents' participation in the study
Annexure C	Structured interview schedule (English)
Annexure D	Structured interview schedule (Zulu)
Annexure E	Letter from English-Zulu translator verifying similarity of content
Annexure F	Map of Mpumalanga Province