

# Sexual Activity, Knowledge of Contraceptives Use among Females Choosing Termination of Pregnancy at a Provincial Clinic in South Africa

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Received: July 12, 2019 Accepted: October 20, 2019 Online Published: December 5, 2019

doi:10.5539/gjhs.v12n1p60

URL: <https://doi.org/10.5539/gjhs.v12n1p60>

## Abstract

This study investigated sexual activity, knowledge of contraceptives use among females choosing termination of pregnancy (TOP) at a provincial clinic in South Africa.

This was a quantitative and observational study in the form of a cross-sectional survey. A pre-tested self-administered questionnaire was used to collect data from 61 respondents who had terminated their pregnancies. Almost ninety-two (91.8%) percent of the respondents were single women between 18 and 27 years of age. Their level of education showed that 32% had completed high school, 28% were high school learners, 21.1% were tertiary education level learners and 1.8% had tertiary education. The frequency of sexual activity was mostly once a month (40%), followed by once a week (36.5%). Unemployment was high (36%), making the respondents dependent on government grants. Most of the women were aware of contraceptives methods (88.5%). The majority of the respondents (75.4%) have heard about emergency contraceptives (EC), while only 11.5% had never heard of contraceptives in general. The condom was the most popular method (54.1%), followed by the injection (45.9%). However, although 88.5% and 75.4% have heard of emergency contraceptives, their knowledge of contraceptives in general was very low. Contraceptives were used by 78.6% before termination of their pregnancy (TOP) and the most frequently used method was the injection at 36.6%. The respondents were the initiators of TOP.

The researchers recommended that awareness of contraceptives should be promoted, and programmes aimed at changing the behaviour of sexually active females should be designed in order for them to make use of reproductive health services and family planning. Continuous education on sexual activities and contraceptives needs to be given to women visiting a reproductive health clinic. Policymakers should facilitate access to modern contraceptives and promote their effectiveness in all disadvantaged communities, thus addressing the root cause of the termination of unplanned pregnancies.

**Keywords:** contraceptives use, induced abortion, unwanted pregnancy, termination of pregnancy

## 1. Introduction and Background

Using contraceptives is a human right and vital for improving women's health. A lack of contraceptives exposes young women to sexually transmitted infections and unintended pregnancies. Worldwide, the use of modern contraceptives has improved from 54% in 1990 to 57.4% in 2015. In all regions of the world, the proportion of women aged 15 to 49 years who use modern contraceptive methods recorded a slow growth between 2008 and 2015 (WHO, 2018). In Africa, contraceptive use rose from 23.6% to 28.5%, in Asia it rose slightly from 60.9% to 61.8%, and in Latin America and the Caribbean it has remained stable at 66.7% of women in reproductive age (WHO, 2018). Although the use of contraceptives has improved in many parts of the world, especially in Asia and Latin America, it has continued to be low in sub-Saharan Africa (WHO, 2018), including South Africa. This has led to unwanted pregnancies and even illegal abortions.

In the study conducted by Tsui, Brown and Li (2017), titled "Contraceptive practice in sub-Saharan Africa", the researchers noted that 48 of the African continent's 54 sovereign states are located in the sub-Saharan Africa (SSA) region, with the government of each defining and shaping its own health services and delivery systems. In that study the trends and patterns of contraceptive practice in the region were reviewed. This study finds modern

contraceptive practice to be on the rise overall but with much geographic variation. The contraceptive methods most frequently used are injectables and, more recently, implants. Higher levels of use are observed among unmarried sexually active than married females. Although use is rising, contraceptive discontinuation rates are also high (Tsui, Brown, & Li, 2017).

In sub-Saharan Africa, only 17% of married women of reproductive age use a modern form of contraceptive, even though a far higher proportion wants to avoid becoming pregnant soon after delivering or ever again. Thirty-nine percent of pregnancies in the region are unintended, ranging from 30% in Western Africa to 59% in Southern Africa. In 2008, about 60% of women (47 million) in the Sub-Saharan region of Africa who wanted to avoid pregnancy were not using family planning nor traditional (unreliable) methods of contraceptives. Failure to use family planning nor traditional methods of contraception led to 91% of unintended pregnancies (Guttmacher Institute, 2009).

The authors were more interested to know about knowledge of contraceptives use and sexual activity among women who chose to terminate pregnancy in the South African context. Thus, the interest of this knowledge was more focused on South Africa. In South Africa, the survey indicates that about 58.3% of women use some form of contraceptive, and the overall use of modern contraceptives remains relatively high with a wide range of methods being utilised. However, 18% of women continue to have an unmet family planning need (South Africa Demographic and Health survey, 2017).

In order to curb maternal morbidity and mortality due to unsafe abortions, the South African government implemented the Choice on Termination of Pregnancy (CTOP) Act in February 1997, now called The Choice of Termination of Pregnancy Amendment Act 38 of 2004.

This Act allows women to terminate pregnancies until the 12th week of gestation. Terminations can be performed up to 20 weeks in cases of socioeconomic hardship, rape or incest, and for reasons related to the physical or mental health of a pregnant woman or the foetus (Curtis, Huber, & Moss-Knight, 2010; The Choice of Termination of Pregnancy Amendment Act 38 of 2004). Readers should note that the authors will use the terms “abortion” and “termination of pregnancy” in this article interchangeably.

Every year, 55 million unintended pregnancies occur in developing countries where women are not using a contraceptive method. Of these pregnancies, 25 million occur as a result of incorrect or inconsistent use of a contraceptive method. About 35 million abortions occur in developing countries each year (Curtis et al., 2010). Based on the statistics of 2010 to date, abortion rate recurrence (ARR) is still high globally. For instance, the number of abortions was reported to be 73,070 in 2010, 77,780 in 2011, 85,302 in 2012, 90,160 in 2013 and 101,100 in 2018 (Johnston, 2019). There seems to be a trend of TOPs increasing.

The reason is, although abortion has been legalised in South Africa for almost 20 years, many women and girls – especially those in the poorest and most marginalised communities – are still struggling to access abortion services. As indicated in the recent expert review of maternal deaths, the growing concern that the lives of the pregnant women and girls are put at unnecessary risk due to barriers to abortion services which are legal and available (Amnesty International, 2017). Irrespective of the variance in abortion laws accounting for differences in incidence of abortion among African countries, it appears there is an absence of literature on other factors that may account for the differences in incidence of abortion (Dickson, Adde, & Ahinkorah, 2018).

South Africa consist of nine provinces. In March 2018, a parliamentarian seeking changes to the South African abortion situation, argued for “more information”; and elaborated that women seeking abortion services in South Africa needed to be “fully informed” about contraceptive use. A breakdown of pregnancy terminations by province in the last three financial years in South Africa was considered (refer to Table 1). This listed 88,807 abortions in 2014/15, another 83,707 in 2015/16 and 105,358 in 2016/17 (Africa Check, 2018).

Table 1. Pregnancy terminations in designated Provincial South African health facilities

	Pregnancy terminations in designated South African facilities		
	2014/2015	2015/2016	2016/2017
<b>Eastern Cape</b>	14,096	12,789	12,977
<b>Free State</b>	6,145	5,632	6,441
<b>Gauteng</b>	18,288	14,741	28,491
<b>KwaZulu-Natal</b>	9,564	12,300	15,714
<b>Limpopo</b>	8,378	9,565	10,845
<b>Mpumalanga</b>	2,405	1,806	3,724
<b>Northern Cape</b>	1,756	1,362	1,380
<b>North West</b>	8,186	6,531	6,235
<b>Western Cape</b>	19,989	18,988	19,551
<b>Total</b>	<b>88,807</b>	<b>83,707</b>	<b>105,358</b>

Source: National Department of Health.

Based on the statistics of abortions in South Africa, figures indicate that a huge demand for TOP services can be an indication of inadequate contraceptive services and knowledge, missed opportunities for emergency contraceptives, poor health-seeking behaviours of women in their reproductive years and missed opportunities for health education and promotion (Harries, Stinson, & Orner, 2009). A qualitative study of safe abortion and post-abortion family planning service experiences of women attending private facilities in Kenya was conducted. Participants wanted to use abortion services at facilities reputed for being accessible, clean, medically safe, and offering quick, respectful, private and courteous services. The participants in Kenya as compared to South Africa were aware of reputable clinics which was gained through personal experience (Penfold, Wendot, Nafula, & Footman, 2018).

Women who are determined to limit their family size and who want to space childbearing use all available means to do so. If contraceptives are not a viable option, or if the women become pregnant unexpectedly, they turn to termination of pregnancy, whether it is legal or illegal (Deschner & Cohen, 2011). Despite the fact that abortion is legal in South Africa, it is estimated that between 52% and 58% of the estimated 260,000 abortions that take place in South Africa every year are illegal. This came up during the Abortion and Reproductive Justice Conference in Makhanda in the Eastern Cape in South Africa on 10 July 2018. The questions are: "Why are females choosing TOP instead of use of contraceptives?" "Are they knowledgeable about the use of contraceptives?" When was their sexual activity? This study aimed to investigate sexual activity, contraceptive knowledge and use among TOP females at a clinic of a provincial hospital in South Africa.

### 1.1 Study Context, Aim of the Study

The study aimed to investigate sexual activity, contraceptive knowledge and use among TOP females at a clinic of a provincial hospital in South Africa. The researcher worked at a TOP clinic at the time when this study was conducted.

## 2. Materials and Methods

### 2.1 Design

This study was quantitative and observational in the form of a cross-sectional survey.

### 2.2 Setting

This study was conducted at a TOP clinic of a provincial hospital in South Africa. This hospital's TOP clinic serves the largest and most populated township in the area. According to the clinic's TOP statistics, on average, 68 bookings were made weekly and an estimated 270 bookings were made per month at the time when the study was planned.

### 2.3 Population, Sample and Sampling Technique, and Sample size

The population was all women seeking termination of pregnancy voluntarily. A non-probability form of sampling, namely convenience sampling, was used. Non-probability sampling was used since probability sampling can only

be used if the sampling frame is complete. Convenience sampling is the most common approach in clinical studies (Stommel & Wills, 2004). The convenience sampling technique was used as the researchers used consecutive respondents who met the inclusion criteria from those who presented at the clinic. To be included in the study, respondents needed to be 18 years and above, literate and seeking termination of pregnancy voluntarily.

The study excluded the following:

- Pregnant women younger than 18 years, as these constitutionally are minors and hence the need for parental consent for inclusion in research;
- Women who sought termination of pregnancy because they were carrying foetuses with gross abnormalities, had life-threatening conditions or were rape victims (including incest).

The researcher was able to recruit 61 women who met the inclusion criteria and were a sample which was used for data collection.

#### *2.4 Data Collection Tool*

A self-designed pre-tested questionnaire was used to collect data. The questionnaire was written in English and was submitted to the university supervisors of the study. It was then reviewed by experts in the field of TOP, namely medical and nursing staff, in order to ensure applicability for this study and content validity.

The questionnaire was also submitted for ethical clearance to the Ethics Review Board of the university where the researcher was a student at the time of the study. It comprised closed-ended questions, some of which required the response of yes or no. It addressed the objectives of the study. It comprised 39 questions. The demographic data addressed age, religion, marital status, type of family, educational background and source of income. It further addressed prevalence of sexual activity and knowledge about contraceptives use. The time of completion was 15 to 20 minutes. It was pre-tested before main data collection on six potential respondents. It was determined that the questionnaire was well understood by the respondents and that it measured what it was supposed to measure. The respondents that were recruited to pre-test the instrument were excluded from participation in the main study.

#### *2.5 Data Collection*

Data collection took place at the TOP clinic using the self-administered questionnaire. The study was completed in November 2013. However, according to the University rule, permission for publication is given by the examiners. This permission was granted in 2014.

Pre-tested questionnaires were distributed to 61 respondents. On each day of data collection, prospective respondents were approached by the team leader in the clinic and were introduced to the researcher. The reason for the research was explained by the researcher and the respondents were informed that participation was voluntary, and they had the right to withdraw from the study if they so wished, even if they had signed an informed consent form. This occurred in a private room in order to maintain privacy. The respondents were also informed that there would be no remuneration for participation. In order to respect the respondents' confidentiality, no information which could lead to their personal identification was included. The questionnaires could therefore be completed anonymously.

#### *2.6 Data Analysis Procedure*

Questionnaires were checked on a regular basis for completeness and consistency. The responses on the questionnaires were then coded and entered onto a spreadsheet for analysis. There were 61 respondents. The consultation and assistance of the statistician was used for data analysis. Data analysis was conducted using the Statistical Package for Social Sciences IBM SPSS version 25. Since the objectives were purely descriptive, descriptive analyses were performed.

#### *2.7 Validity and Reliability*

##### *2.7.1 Validity*

Content validity is the extent to which the elements or the concepts being measured are relevant to the specific study. The researcher carried out an extensive literature review to ensure content validity. However, inclusion of all major elements was not possible. The open-ended question gave respondents a chance to refer to issues relevant to the termination of pregnancy that were not included in the questionnaire. The questionnaire was submitted to experts from the medical and nursing staff for review in order to ensure content and face validity (Polit & Beck, 2017).

Face validity refers to subjective judgment on whether the research instrument appears to measure what it is supposed to measure. As was mentioned previously, the questionnaire was pre-tested on six women who met the

inclusion criteria and it was demonstrated that the questionnaire was adequate and feasible for use to the main study (Brink, Van der Walt & Van Rensburg, 2012). In order to enhance external validity, the researcher used a pre-tested self-administered questionnaire to prevent researcher's bias.

### 2.7.2 Reliability

Interviewing was not used; a questionnaire where the respondents could write and remain anonymous was used. This enhanced the reliability of the study, since respondents were free to give honest answers and not what they thought they were expected to answer. It also meant that all respondents answered the same questions and responses could be recorded in a uniform manner. The researcher made sure that the same participant did not complete the questionnaire twice by administering the questionnaire on alternate days.

Reliability was also enhanced by pre-testing the instrument. Respondents could complete the questionnaire in a private room and post it in a container provided for the questionnaires.

### 2.8 Ethical Considerations

Permission to conduct this study in this specific clinic was obtained from the ethics committee of the hospital and the Health Research and Knowledge Management Sub-component of the province's directorate. The research proposal was also approved by the University of South Africa (Unisa) Higher Degrees Committee.

Informed consent was obtained from the respondents before the questionnaires was administered. Owing to the sensitive nature of the termination of a pregnancy, respondents' human rights were protected by maintaining privacy, anonymity and confidentiality. To ensure confidentiality, the researcher administered the questionnaire in private to one person at a time and did not obtain any information which could be used for the personal identification of the respondent (ensuring anonymity). The researcher also reported research information in an aggregate form rather than individually.

## 3. Results

The questionnaire was completed by 61 respondents, which constitute 100% of the response rate.

Table 2. Demographic data

Demographic data	Frequency (n)	Percentage (%)
<b>Age category</b>		
18–22 years	21	34.4
23–27 years	21	34.4
28–32 years	10	16.4
33–42 years	3	4.9
<b>Total</b>	<b>61</b>	<b>100</b>
<b>Religion</b>		
African/indigenous	29	47.4
Catholic	19	31.1
Christian	9	14.8
Muslim	0	0
Zionist	2	3.3
Other	2	3.3
<b>Total</b>	<b>61</b>	<b>100</b>
<b>Marital status</b>		
Single	56	91.8
Married	3	4.9
Unknown marital status	2	3.3
<b>Total</b>	<b>61</b>	<b>100</b>

<b>Education level</b>		
Primary level	5	8.8
Finished primary school	5	8.8
High school level	16	28.1
Finished high school	18	31.6
Tertiary	12	21.1
Finished tertiary qualification	1	1.8
Missing (non-response)	4	2.44
<b>Total</b>	<b>57</b>	<b>93.4</b>
<b>Source of income</b>		
<b>Employed</b>		
No	50	82
Yes	11	18
<b>Self-employed</b>		
No	56	91.8
Yes	5	8.2
<b>Government grant</b>		
No	39	63.9
Yes	22	36.1
<b>Boyfriend</b>		
No	55	90.2
Yes	6	9.8
<b>Other</b>		
No	49	80.3
Yes	12	19.7
Missing	9	14.8
<b>Total</b>	<b>61</b>	<b>100</b>

### 3.1 Demographic Data of the Respondents (n=61)

#### 3.1.1 Age

The majority were young women between 18 and 27 years of age (34.4% for each of the two age groups – 18–22 and 23–27 respectively).

#### 3.1.2 Religion of Respondents

Religion is important, because in many religions both abortion and termination of pregnancy are unacceptable. The religion of the majority, 47.5% (29), of the respondents was African indigenous religion, followed by 31.1% (19) Catholic; 14.8% (9) of the respondents did not specify their Christian denomination, but instead stated that they were Christians; 3.3% (2) were Zionist (an indigenous African Christian religion) and a further 3.3% (2) did not specify what religion they belonged to. None of the respondents indicated a connection to Islam.

#### 3.1.3 Marital Status

Most respondents, namely 92% (56), were single; 4.9% (n=3) were married; and the remaining 3.3% (2) did not state their marital status.

#### 3.1.4 Education Level

Only 57 respondents answered the question regarding the level of education, of which 31.6% (18) completed high school; 28.1% (16) were learners at high school; 21.1% (12) were still students at a tertiary education level; and

only 1.8% (1) had completed a tertiary qualification. Of the remaining 10 respondents, 8.8% (5) had completed a primary school education and a further 8.8% (5) had only some primary schooling.

### 3.1.5 Source of Income

The respondents could indicate more than one source of income. The majority, 82% (50), were not employed. It was therefore surprising that only 36.1% (22) of the respondents were dependent on government grants as their income. Only 18% (n = 11) were employed, of which 8.2% (5) were self-employed. Some, namely, 9.8% (n=6), were dependent on their boyfriends; 19.7% (12) were dependent on family; and 8.1% (5) did not specify their source of income.

### 3.2 Sexual Activity (n = 52)

This question was answered by only 52 of the respondents, as reflected in Table 3.

Table 3. Sexual activity frequency and knowledge of contraceptives

Sexual activity	Frequency	Percentage
Less than once a week but more than once a month	06	11.5%
Once a week	19	36.5%
More than once a week	03	5.8%
Once a month	21	40.4%
Other	03	5.8%
Missing	9	14.8
<b>Total</b>	<b>52</b>	<b>85.2</b>
<b>Knowledge of contraceptives</b>		
Yes	54	88.5
No	7	11.5
<b>Total</b>	<b>61</b>	<b>100</b>

Overall, frequency of sexual activity among the respondents was low, namely once a month for 40% (21) of the respondents – it could be because many of them are not married. Nearly as many, namely 36.5% (19), reported that they had sex once a week.

Other questions related to sexual activity were responded to as follows:

The average age of first sexual intercourse was 18 years, and this ranged from 14 to 23 years. Most of the sexual partners, namely 46% (28), were between the ages of 20 and 24 years. Those who had only one partner made up 85.9% (53) and 10.5% (6) had more than one partner each. Relationships with partners who impregnated them were ended in the case of 3.5% (2) of the respondents and they were not in any relationship during this study. Of the 10.5% with more than one partner, 7% (4) of the respondents had two partners each and the remaining 3.5% (2) had three partners each.

### 3.3 Knowledge of Contraceptives (N=64)

Table 3 reflected that 88.5% (54) of the respondents have heard about contraceptives and 11.5% (7) have never heard of contraceptives. This clearly shows that those who have never heard of contraceptives, might terminate unwanted pregnancies, while those who knew about contraceptives might well choose differently. Use and knowledge of contraceptives may depend on several factors.

An alarming number of respondents, namely 11% (7), were unaware of contraceptives and family planning. Refer to Figure 1.

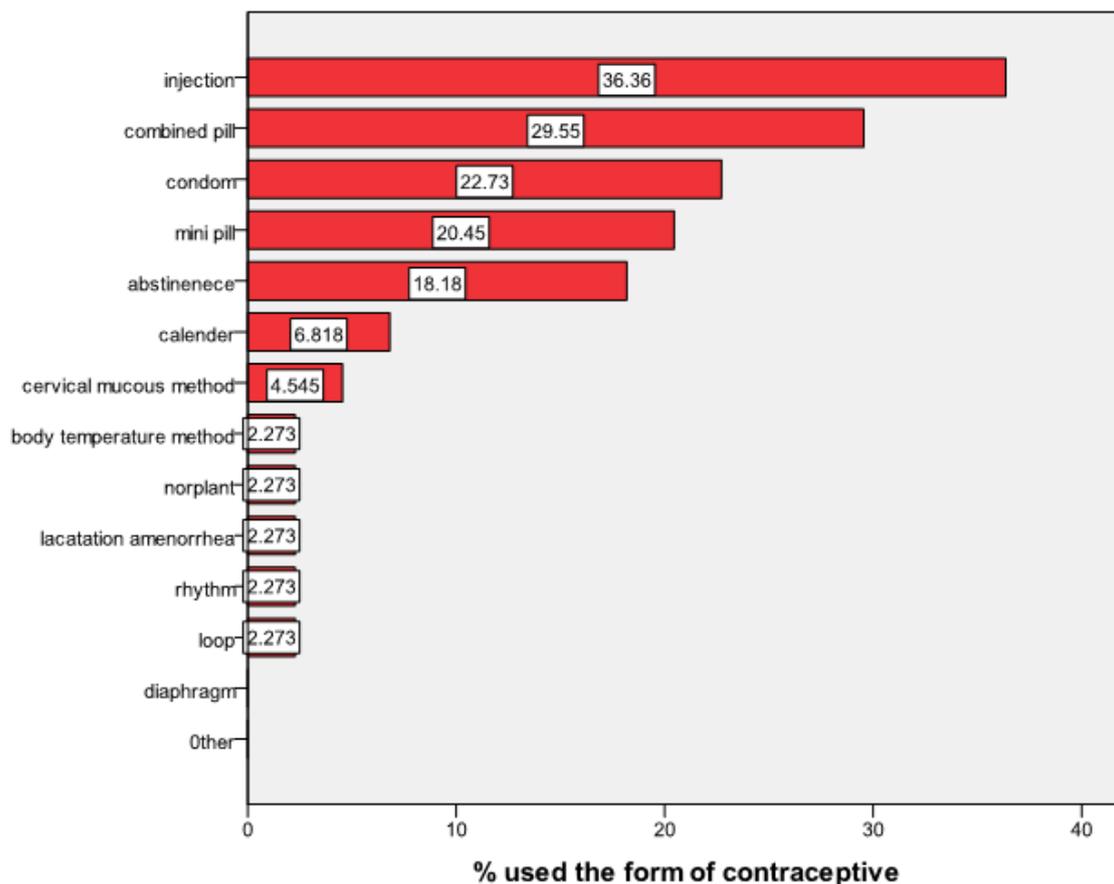


Figure 1. Form of contraceptives used among the respondents

Contraceptive usage is reported in the language that the respondents are familiar with. Of the 44 respondents who reported having used contraceptives before, the most frequently used form was the injection 36.4%, (16), followed by the combined pill 29.6%, (13) and the condom 22.7%, (10). In previous studies it was reported that, of those who had had sex, 94.2% of young people had used a condom (Guttmacher Institute, 2009). In this study condoms were used by only 22.7% (10) of the respondents.

**4. Discussion**

*4.1 Demographic Information*

The majority of the respondents were young, between the ages of 18 and 27 years (18-22 years 34.4% and 23-27 years 34.4%). They were either still in high school (28.1%) or have just completed matric (31.6%). Others were furthering their tertiary education (21.1%). They were mostly single (91%), lived with parents (33.33%), and were unemployed, thus depending on government social grants. Based on these results, one can assume that ignorance of knowledge of contraceptive use and unemployment might be contributory factors to receiving grants from the government.

*4.2 Sexual Activity and Knowledge of Contraceptives*

This study revealed that most of the respondents (81%) had been pregnant before. Women in South Africa usually delay the birth of a second child because they are educated about contraceptives after their first pregnancy (MacPhail, Pettifor, Pascoe, & Rees, 2007).

The frequency of sexual activity was very low, once per month (40%), followed by once per week (36.5%). The age of menarche was 14 years and sexual debut was at 18 years. The fact that 40% of the respondents reported that sexual activity occurred only once a month, could have resulted in the fact that they thought they did not need a form of contraceptive. The respondents had one sexual partner with age difference of two to six years older than the women. Kirby (2007), cited in Panday, Makiwane, Ranchod and Letsoalo (2009), indicated that young women having sex with older partners were at risk of falling pregnant because they were not using contraceptives. Many

women who are unemployed, are so desperate, that they engage in sexual activity for financial gain.

Low awareness and non-use of contraceptives will most likely result in an unwanted pregnancy. Women consider using contraceptives when involved in a long-term relationship and also when reporting increased sexual activity within the last month.

Eighty-nine percent (54) of the 61 respondents reported having heard of contraceptives in general, while 11.5% (7) have never heard of contraceptives. The WHO reports that awareness of at least one modern method of averting pregnancy is universal among married women aged 20 to 24, while 94% of the age group 15 to 19 years are conversant with contraceptives (World Health Organisation, 2007). Overall, the prevalence rate of contraceptive use in South Africa is at 65% and is among the highest in sub-Saharan African countries. Prior studies have shown that women who rely on public services for contraceptives are more likely to use the injection and pill forms of contraceptives, together with the condom (Nyakoe, 2009). This study further revealed that three quarters of the respondents (75.4%) have heard of emergency contraceptives, while 11.5% had never heard of contraceptives. According to the respondents, the condom was the most popular method (54.1%), followed by an injection (45.9%). In spite of the fact that 88.5% and 75.4% of the respondents have heard of both EC and contraceptives in general, low levels of knowledge of contraceptives were noted in this study. This led to many women choosing termination of pregnancy.

This study concurs with the study on knowledge, attitudes and practices of contraceptives among tertiary students at the University Campus in Namibia. The respondents demonstrated overall poor knowledge of contraceptives for their level of education. However, the figures demonstrate that the participants had better knowledge about short-term methods than long-term methods. Most of the respondents (69.6%) (153) were accustomed to the male condom, whilst the least known were intra-uterine devices (7.7%) (17) and Norplant (3.6%) (8) (Mutsindikwa, Ashipala, Tomas, & Endjala, 2019).

Another study which is similar to this study and to the one conducted among the university of Namibia was conducted with the title “Contraceptive knowledge, sexual behaviour, and factors associated with contraceptive use among female undergraduate university students in Kilimanjaro region in Tanzania” was conducted. Amongst 401 respondents who were students, the majority (93.8%) revealed that they have knowledge about contraceptives although its use was low (40.4%). More than half (54.2%) started sexual activity between the ages 20–24 years (Swseya, Msuya, Mhande, & Mnaongi 2016).

In a study titled “Contraception coverage and methods used among women in South Africa: A national household survey”, it was revealed that in terms of contraceptive knowledge and prevalence of women who had ever had sex, almost all respondents (92.0%) were aware of injectable contraception, with similarly high levels of knowledge of oral contraception (89.9%) and female sterilisation (73.3%). Only about half, however, had heard of IUDs, emergency contraception or male sterilisation (56.1%, 47.3%, and 45.3%, respectively). Levels of knowledge among women aged 15 to 19 years were lower than those of older women for each contraceptive method. Most notably, only 30.9% of 15 to 19-year-olds knew of IUDs and 36.2% of emergency contraception, considerably lower than for other women. On average, women had heard of –four to five contraceptive methods in total. This study concurs with the current study, as the majority of the respondents have knowledge of contraceptives (Chersich, Wabiri, Risher, Shisana, Celentano, Rehle, Evans, & Rees, 2017).

Although contraceptives lie at the heart of proper family planning, its use is shaped by several factors. This includes cultural norms and values as well as the desires and decisions of couples. Myths and misconceptions also play a role, including beliefs that people who use contraceptives end up with health problems or permanent infertility, or, at one extreme, that contraceptives reduce sexual urge, and at the other that they increase promiscuity among women. Other contributing factors include low access to health care facilities and the patriarchal nature of societies. The biggest contributor to the low uptake has been a lack of knowledge about the various available options, combined with misconceptions about the use of contraceptives (Fayehun, 2017).

Overall, awareness of emergency contraceptives is not high in South Africa (Myer, Mlobeli, Smith & Morroni, 2007). Knowledge about emergency contraceptives could be improved in Africa. In a study on emergency contraceptives and fertility awareness among university students in Kampala, the findings showed that respondents’ knowledge of the fertile period in the menstrual cycle is limited (Byamugisha, Mirembe, Faxelid, & Gemzell-Danielsson, 2006).

There is a need for the consideration of long-term or permanent methods of contraceptive use in public health facilities. A study which was conducted amongst school girls that became pregnant revealed that 31% of the users missed an injection appointment; 27.6% had a condom burst, 20.7% had boyfriends who refused to use a condom;

17.2% missed a pill or two, and only the remaining 3.4% used the condom consistently while 3.4% could not account for how pregnancy occurred (Panday et al., 2009).

For women who have achieved the desired family size or who want to avoid pregnancy for a certain period, the contraceptive injection, pill contraceptives and condoms may not be ideal as a method because effectiveness is dependent on schedules that should be adhered to, for example dosing at the same time for the pill, and timely visits four to six times per year for injections.

#### 4.2 Study Delimitations and Limitations

The study was delimited to contraceptives knowledge and sexual activity among females choosing termination of pregnancy in South Africa. In a discipline such as nursing, it is often important to reflect on an experience. Since doing research can also be seen as an experience, Padalino includes a reflection on the research process he followed in a personal reflective portfolio (Padalino, 2014). Carol Rodgers points out the importance of reflection and then states that the pioneer of reflective thinking, John Dewey, said that we do not learn from experience, but we learn from reflecting on experience (Rodgers, 2002).

After reflecting on the research journey, the researchers realised that recruiting only 61 participants for the study could be perceived as a problem in terms of statistical analysis. It was not easy to recruit participants for the study. However, it was the maximum number of participants that could be recruited during the study period. The quality of the quantitative data could have been better if more participants could have been recruited. Precisely how sensitive the topic was, the researchers realised only when already busy with data collection.

Undertaking a qualitative study could have been a better way of exploring this particular issue. Richer data could have been gathered and this data could have been used in the study context as a foundation for a quantitative instrument that could fit the study better. The researcher was also touched by individual stories about TOP that some of the respondents shared with her.

#### 4.3 Recommendations

The researchers recommend that awareness of contraceptives should be promoted and programmes aimed at changing the behaviour of sexually active females should be designed in order for them to make use of reproductive health services and family planning. Continuous education on sexual activities and contraceptives should be given to women visiting reproductive health clinics. Policy-makers need to facilitate access to modern contraceptives and promote its effectiveness in all disadvantaged communities, thus addressing the root cause of the termination of unplanned pregnancies. Future research needs to be conducted to find out why women choose termination of pregnancy.

### 5. Conclusion

This study revealed a low level of knowledge of contraceptives. Low awareness and non-use of contraceptives will most likely result in an unwanted pregnancy. Long-term or permanent contraceptive methods should be provided in public facilities and there should be general access to emergency contraceptives. Policy-makers ought to facilitate widespread access to modern contraceptives and promote its effectiveness in the study context and other disadvantaged communities in order to address the root cause of the termination of unwanted pregnancies. Though the study was limited to a single community, the findings reflect what happens in the broader South African and African communities.

#### Acknowledgements

Dr A Nsamba is acknowledged for peer reviewing this paper.

#### Competing Interests Statement

No potential conflict of interests was reported by the authors.

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