

**PERCEPTIONS OF TEENAGE GIRLS REGARDING THE USE OF  
CONTRACEPTIVES IN THE EKURHULENI DISTRICT, GAUTENG  
PROVINCE**

By

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## DECLARATION

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### PERCEPTIONS OF TEENAGE GIRLS REGARDING THE USE OF CONTRACEPTIVES IN THE EKURHULENI DISTRICT, GAUTENG PROVINCE.

I declare that the above dissertation is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality-checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.



**Signature**

NOVEMBER 2023

**DATE**

## **DEDICATION**

I dedicate this dissertation to my two handsome kids, Mnelisi Mdumiseni Dube and Musawenkosi Nkanyiso Dube.

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## ABSTRACT

**Purpose:** The purpose of the study was to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province.

**Setting:** The study was conducted at two high schools in Tembisa, Ekurhuleni.

**Method:** A qualitative, explorative, descriptive design was used. Participants were recruited using purposive sampling. Data were collected using semi-structured, in-depth interviews and written narratives. Data were analysed using thematic analysis and Braun and Clarke's six-step method.

**Results:** A sample of 36 girls between 13 and 19 years participated in the study, and four themes emerged: positive and negative perceptions of contraceptives; personal factors influencing contraceptive use; social factors enabling the use of contraceptives; and environmental factors inhibiting the use of contraceptives. Eight subthemes supported these themes.

**Conclusion:** Teenage girls have limited knowledge about contraceptives, so they need comprehensive sexual education to learn about contraceptives, methods, effectiveness, and correct usage.

**Keywords:** Contraceptives, girls, perceptions, teenager, use, pregnancy, adolescent, family planning, sexual health, birth control.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

HIV	Human Immunodeficiency Virus
IUDs	Intrauterine Devices
LAM	Lactational Amenorrhoea Method
LARCs	Long-Acting Reversible Contraceptives
PID	Pelvic Inflammatory Disease
SGB	School Governing Body
STIs	Sexually Transmitted Infections
UK	United Kingdom
UNICEF	United Nations International Children's Emergency Fund
UNISA	University of South Africa
USA	United States of America
WHO	World Health Organisation

# CHAPTER 1

## ORIENTATION TO THE STUDY

### 1.1 INTRODUCTION

A wide range of contraceptive methods is available, with each one's suitability depending on various factors (World Health Organisation (WHO) 2023:1). The appropriateness of a specific birth control method is contingent upon an individual's overall health, age, frequency of sexual activity, number of sexual partners, future desire to have children, and family history of certain diseases (WHO 2023:1). Aku Klutse (2021:15) describes 'contraceptives' as a substance or medical approach that disturbs the reproductive measures of coitus. The purpose of contraception is thus to prevent unwanted pregnancies and establish an enjoyable sexual lifestyle that is free from procreative risks (Caruso, Palermo, Caruso & Rapisarda 2022:1).

In numerous regions, teenagers face challenges in accessing contraceptives due to limited availability or hurdles related to affordability, their awareness of reliable sources, and proper use (WHO 2023:2). However, voluntary and safe contraceptives are a civil right because they promote women's autonomy, elevate gender equality, and minimise poverty (Todd & Black 2020:20).

Improvements in healthcare technology have resulted in new and different types of contraceptives being available in South Africa. The available options include hormonal contraceptives, long-acting reversible contraceptives (LARCs), barrier methods, and natural methods (Alspaugh, Barosso, Reibel & Phillips 2020:64). Examples of LARCs include implants and intrauterine devices (IUDs), which can last three to five years (Alspaugh et al 2020:64). Contraceptives also have extensive advantages beyond the prevention of pregnancy; for example, some oral contraceptives have been found to reduce the occurrence of Pelvic Inflammatory Disease (PID) (Caruso et al 2022:1). Nonetheless, women around the world often lack the knowledge, power, and opportunities to make reproductive choices for themselves (D'Souza, Bailey, Stephenson & Oliver 2022:364). According to D'Souza, Phagdol, D'Souza, Anupama, Nayak, Velayudhan, Bailey, Stephenson and Oliver (2023:83), an estimated 153

million women in developing countries wish to prevent and stall pregnancies but cannot acquire any contraceptives. Improved access to quality maternal care for pregnant and parenting adolescents is also receiving attention due to the prevalence of barriers that hinder adolescents from accessing and using contraceptives, consequently leading to unintended pregnancies (WHO 2023:1).

A teenager refers to someone between the ages of 13 and 19 years (Umuhire 2020:8). The teen period comes immediately after puberty (Umuhire 2020:8), and the term 'teenager' is also used synonymously with 'adolescent' (Nepal, Maharjan, Adhikari, Adhikari, Khanal & Nepal 2021:51). The United Nations International Children's Emergency Fund (UNICEF) defines 'adolescents' as persons from the ages of 10 to 19 years (UNICEF 2020:1). Adolescence can also be categorised into three distinct stages: early adolescence (10 to 14 years), middle adolescence (15 to 17 years), and late adolescence (over 17 years) (Diabelkova, Rimarova, Dorko, Urdzik, Houzvickova & Argalasoiva 2023:1). The adolescent period denotes a phase of transition from being a child to being an adult, characterised by significant transformations in physiological, anatomical, structural, and psychological aspects (Diabelkova et al 2023:2). In addition to emotional and physical growth, adolescence is also characterised by social and sexual maturation. With the transition to adulthood and characteristic sexual maturation, adolescents thus tend to engage in unprotected sexual intercourse, resulting in unwanted pregnancies, which could be averted using contraceptives (Bukonya, Nakafeero, Ssekamatte, Isabirye, Guwatudde & Fawzi 2020:1).

Adolescent pregnancy rates remain a global health concern, and the possibilities for poor health outcomes linked to this phenomenon are severe (Derefinko Ashby, Hayes, Kaplan, Bursac, García, Madjlesi, Tonkin, Bowden, Popescu & Waters 2020:536). Therefore, it is essential to instil knowledge of contraceptives and their use among teenage girls to prevent unwanted pregnancies. Dehingia, Barker and Raj (2022:36) concur that a reduction in unwanted pregnancies and increased access to modern contraceptive methods are fundamental in preventing unwanted pregnancies among young sexually active girls between the ages of 15 and 19 years.

Based on the available data, it is thus evident that the Department of Basic Education must urgently implement programmes and policies to effectively decrease the

prevalence of teenage pregnancies (Beksinska, Closson, Smit, Dietrich, Homschuh, Smith, Nduna, Brockman, Ndung'u, Gray & Kaida 2021:14). A study by Beksinska et al (2021:14) revealed that preparations are underway for the development of a national policy in South Africa aimed at addressing adolescent pregnancies in schools, with a focus on prevention strategies. Global dedication to better sexual and reproductive health has also increased over the past ten years, and several countries have increased family planning services by 59% (Smith 2020:152-153). Moreover, in a number of countries, consensual assistance with birth control increased by 32% between 2012 and 2014 (Smith 2020:153).

Despite the general increase in contraceptive use, uptake among adolescents remains low. Globally, about 16 million girls between 15 and 19 years give birth every year, accounting for 11% of all births annually (Jonas, Roman, Reddy, Krumeich, van den Borne & Crutzen 2019:85). Nearly all adolescent pregnancies (95%) happen in low and middle-income countries, with more than half allocated to sub-Saharan Africa (Jonas et al 2019:85). In addition, an estimated 19% of South African women of reproductive age (15 to 49 years) have unmet needs for contraceptives; this unmet need for contraceptives is higher among teenage girls between the ages of 15 and 19 (Jonas, DUBY, Maruping, Dietrich, Slingers, Harries, Kuo & Mathews 2020:2).

## **1.2 BACKGROUND**

Contraceptive uptake among teenagers globally remains low (Shrestha, Bhadra & Dangal 2021:1). In addition, Srivastava, Mohanty, Muhammad and Kumar (2023:1) explain that only 80 million women between the ages of 15 and 49 used modern contraceptives in 2019, leaving 270 million with an unmet need for contraception globally. Moreover, in low and middle-income countries, an estimated 200 million women have unmet contraceptive needs (Srivastava et al 2023:1). The need for contraceptives is also highest among young women between the ages of 15 and 24 (Srivastava et al 2023:1), and one consequence of unmet contraceptive needs is unintended pregnancies. The global teenage birth rate during the 2015–2020 period was 41 births per 1 000 teenagers aged 15 to 19 (Barron, Subedar, Letsoko, Makua & Pillay 2022:252). These unmet contraceptive needs and consequent teenage



pregnancies contributed to 84% of all unintended pregnancies globally (Srivastava et al 2023:1).

Although the global use of contraceptives is low, there has been a significant increase in uptake in developed countries among adolescents. In the United States of America (USA), it is estimated that at least 78% of young women between the ages of 15 and 24 accessed contraceptives between 2015 and 2017 (Martinez & Abma 2020:3). The use of condoms among teenagers who had engaged in sexual intercourse stood at 97%, making it the most prevalent method among this population group. The next most frequently used method by 65% of female teenagers was withdrawal, followed by 53% who used the pill (Martinez & Abma 2020:4). However, despite the high uptake of contraceptive use in the USA, Martinez and Abma (2020:1) reported that this rate was lower compared to other developed countries.

In developing countries, Ojiambo (2021:3) reported that 38 million teenagers (out of 252 million) engaged in sexual acts and were not ready to have children in the next two years, yet only 15 million of those who were sexually active used contraceptives. At the same time, 23 million have an unmet need for contraceptives, which may result in unwanted pregnancies (Ojiambo 2021:3). In Kenya, Ojiambo (2021:3-4) determined that teenage girls in rural areas are more sexually active than their peers in urban areas. Among these rural teenage girls, the use of contraceptives is low, with only 10% of those who are sexually active admitting to making use of contraceptives, placing 90% of sexually active teenage girls at risk of unwanted pregnancies (Ojiambo 2021:3). However, Lee (2021:7) argues that this does not mean the teenage girls get pregnant intentionally; it is just a case of no measures being taken to prevent pregnancy. There is little research that supports the concept of intentional teenage pregnancy.

Every woman in South Africa is entitled to access a variety of contraceptive methods that can be used to prevent unwanted pregnancies. In a study by Mostert, Sethole, Khumisi, Peu, Thambura, Ngunyulu and Mulaudzi (2020:32), on adolescent learners' sexual knowledge and practice in a rural South African school, it was reported that only 41.2% of teenagers used contraceptives. In addition, the low contraceptive use rate resulted in approximately 18.8% of South African and sub-Saharan African girls

aged 13 to 19 years having a child or falling pregnant (Roets & Clemence 2021:51). The 2016 South African Demographic and Health Survey also reported that 15.6% of South African adolescents between 15 and 19 years had started giving birth. The high teenage pregnancy rate ultimately indicates a significant number of teenagers in sub-Saharan Africa are sexually active and may require contraceptives (Roets & Clemence 2021:51).

In South Africa, the Gauteng Province has the highest teenage pregnancy rate (Nkosi & Pretorius 2019:108). Within the Ekurhuleni District of the Gauteng Province, a study conducted at a secondary school in Tembisa reported that almost 30% of teenagers fell pregnant, and those pregnancies were not planned (Nkosi & Pretorius 2019:108). Therefore, in light of the low rate of contraceptive use among adolescents in South Africa and the consequential high prevalence of adolescent pregnancies, this study sought to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province.

### **1.3 PROBLEM STATEMENT**

A problem statement aims to address the primary difficulty or subject of concern, often expressed as a question or problem (Zhang & Ibarra 2024:12). The researcher's interest in the topic stemmed from media reports and scholarly articles about the high rates of teenage pregnancy in South Africa, despite the availability of contraceptives. This triggered the researcher to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province. The investigator was motivated to ask the broad question: What are teenage girls' perceptions regarding the use of contraceptives?

One of the main problems facing most countries today is teenage pregnancy, which has become a concern for social workers, politicians, and health service providers due to its negative effect on this population group (Umuhire 2020:1). A study by Roets and Clemence (2021:54) indicated that most teenage girls around the world are sexually active and do not make use of any contraceptives, leading to teenage pregnancies. Chola, Hlongwana and Ginindza (2022:7) pointed out that the limited use of contraceptives among adolescents may stem from obstacles preventing their access

to contraceptives and effectively using them. Challenges within the healthcare system, such as the absence of services tailored to adolescents' needs and healthcare providers' attitudes, also contribute to this issue. Li, Patton, Sabet, Zhou, Subramanian and Lu (2020:15) concur girls often encounter judgemental attitudes, a lack of respect, and inadequate services from healthcare providers, resulting in restricted access to contraceptives. A study conducted in the Limpopo Province confirmed that nurses exhibited a preference for offering family planning services exclusively to adults, while providing teenagers with education focused on promoting abstinence from sexual activity (Malatj, Dube & Nkala-Dlamini 2020:3). Global and national policies often operate under the assumption that the main reason for teenage girls' non-use of contraceptives is linked to their personal decision-making ability or the decision-making of couples (Sekine, Khadka, Carandang, Ong, Tamang & Jumba 2021:1).

Concern was expressed over the rising teenage pregnancy rate in Gauteng, where an estimated 4 446 teenage girls fell pregnant in 2016. The most affected region in Gauteng Province was the Ekurhuleni District, recording 1 289 pregnant teenagers that year. The Tshwane District followed, reporting 1 136 pregnant teenagers in 2016 (Mogotsi 2021:2; MEC Report 2022/2023). Moreover, this population group's low use of contraceptives and resulting teenage pregnancies cause low educational attainment as teenage girls drop out of school when they get pregnant (Barron et al 2022:252). It is also concerning that one of the leading causes of teenage mortality globally is complications from pregnancy (Barron et al 2022:252). These health risks are more significant among young girls aged between 12 and 14 years (Barron et al 2022:252).

## **1.4 AIM/PURPOSE OF THE STUDY**

### **1.4.1 Research Purpose**

A research purpose is the central focus of a study or a statement of a particular goal that is short and easy to understand. The population, research ideas and environment in which a study is to be conducted are often included in the purpose statement (Grove & Gray 2019:164). The purpose of this study was to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province.

### **1.4.2 Research Objectives**

A research objective is a statement written in the present tense that outlines the purpose or goal of a study. An objective is understandable and concise (Grove & Gray 2019:176).

The objectives of this study were to:

- Explore teenagers' perceptions regarding the use of contraceptives.
- Describe factors that promote their use of contraceptives.
- Describe factors that prevent teenage girls' use of contraceptives.

### **1.4.3 Research Questions**

A research question serves as a guiding principle for a study, outlining specific parts and variables that will be analysed and interpreted to address the research phenomenon. It provides a preview of how researchers intend to address the problem presented in their research question (Barroga & Matanguihan 2022:3).

In this study, the following research questions emerged:

- What are teenage girls' perceptions regarding the use of contraceptives?
- What factors promote teenage girls' contraceptive use?
- What factors prevent teenage girls' use of contraceptives?

## **1.5 SIGNIFICANCE OF THE STUDY**

The study is significant for teenagers, families of teenage girls, schools, healthcare workers and the Department of Basic Education in all South African provinces and globally. The findings of this study carry significant clinical implications. By delving into teenage girls' perceptions regarding contraceptive use, valuable insights will be shared that can contribute to enhancing its adoption. This information can serve as a foundation for informing various stakeholders, including clinical practitioners,

educators, communities, and policymakers about contraceptives' importance in preventing teenage pregnancy. By providing such information, teenage girls will understand other young girls' perceptions regarding contraceptive use. Additionally, the study's findings can serve as a basis for future research aimed at improving youth-friendly services and sexual reproductive health programmes. Consequently, communities and the fields of nursing education, clinical practice, policymaking and research stand to benefit from this study. The study's findings will be disseminated through research conferences, workshops, and publications to ensure its broad reach and impact.

## **1.6 DEFINITION OF KEY CONCEPTS**

The key concepts defined in this study are 'contraceptives', 'girl', 'perception', 'teenager', and 'use'.

### **1.6.1 Conceptual Definitions**

Conceptual definitions refer to an abstract or theoretical understanding of a concept that is of interest (Polit & Beck 2021:780). It captures the essence and meaning of a concept in a broader, non-specific manner.

#### **1.6.1.1 Contraceptives**

'Contraceptives', as defined by Chanthasukh (2019:39), are procedures or instruments individuals or couples use for family planning activities to manage the number, spacing and timing of their offspring. In addition, Aku Klutse (2021:15) also describes 'contraceptives' as a substance or medical approach that disturbs the reproductive measures of coitus.

#### **1.6.1.2 Girl**

As defined by the Oxford Advanced Learner's Dictionary (2020:652), a 'girl' is a female child or a teenage woman.

### **1.6.1.3 Perception**

'Perception' is defined by Nepal et al (2021:51) as a personal understanding that includes social, biological, emotional, and cultural elements. 'Perception' is also described as a method of acquiring or gathering information and a process through which individuals make sense of and interpret their surroundings (Umuhire 2020:10).

### **1.6.1.4 Teenager**

According to Umuhire (2020:8), a 'teenager' is a person between 13 and 19 years of age, and the teenage phase is a time that comes after puberty. In addition, Nepal et al (2021:51) use 'adolescents' as a synonym for 'teenagers', defined as people aged 10 to 19.

### **1.6.1.5 Use**

'Use', as defined by the Oxford Advanced Learner's Dictionary (2020:1687), means to engage with a device, a procedure, or an object for a reason.

## **1.6.2 Operational Definitions**

An operational definition is an exceptionally dependable definition that clearly outlines the steps or methods to be employed in recognising the subject being defined (Charuplakkal & Kumaramkandath 2021:33).

### **1.6.2.1 Contraceptives**

In this study, 'contraceptives' refer to artificial methods teenagers employ to prevent pregnancy. Examples of contraceptives include oral medications, injections, patches, implants, condoms, IUDs, and emergency pills.

### **1.6.2.2 Girl**

Based on the aim of this study, a 'girl' represents a young female between the ages of 13 and 19 years.

### **1.6.2.3 Perception**

In this study, 'perception' refers to how the participants viewed the use of contraceptives to avoid falling pregnant.

### **1.6.2.4 Teenager**

A teenager in this study is a female between 13 and 19 years of age, attending Ekurhuleni District high schools. The researcher used the terms 'teenagers' and 'adolescents' interchangeably.

### **1.6.2.5 Use**

For the purpose of this study, 'use' indicates the utilisation of contraceptives by teenagers.

## **1.7 THEORETICAL FOUNDATION OF THE STUDY**

This section outlines how the study was conducted. The section describes the theoretical framework that guided the study, the research paradigm, the research approach, and the design followed in completing the research.

### **1.7.1 Research Paradigm**

The researcher's thinking or philosophical orientation, which shapes what should be studied, how it should be studied, and how the study's results should be interpreted, is also referred to as the research paradigm or perspective (Ugwu, Ekere & Onoh 2021:117). The constructivist paradigm was followed to guide the qualitative research method employed in this study. Constructivism or social constructivism is founded on

the notion that individuals endeavour to understand the world they inhabit by actively constructing subjective meanings from their experiences. Further details on the research paradigm are provided in Chapter 3 of this study.

### **1.7.2 The Theoretical Framework**

Bandura's social cognitive theory, also called the self-efficacy theory, was used in conducting this study. This theory explains how people acquire and maintain specific behavioural patterns. Assessments of behavioural changes rely on factors such as the surrounding environment, individuals involved, and various aspects influencing behaviour (Govindaraju 2021:489). Bandura's social cognitive theory was applicable and helped the researcher understand the teenagers' experiences, their actions and health behaviours concerning the use of contraceptives.

### **1.7.3 Overview of the Research Methodology and Design**

A methodology in research is explained as a strategy of learning. It refers to how research is conducted, and proposed research problems can be solved by following systematic methods (Fouché, Strydom & Roestenburg 2021:7). The tools and techniques for conducting research are also called the research methodology (Fouché et al 2021:11). In this study, a qualitative approach was applied. Semi-structured interviews, guided by an interview guide, were conducted to collect data. Narratives were also collected from selected participants. The interviews were recorded using a digital recorder, and all data were analysed thematically. The researcher used a notebook to record participants' non-verbal expressions in writing while they shared their perceptions regarding contraceptive use. A total of 36 participants between 13 and 19 years took part in the study. The participants were from the Ekurhuleni District, Gauteng Province.

## **1.8 SCOPE OF THE STUDY**

This study explored teenage girls' perceptions regarding the use of contraceptives. The researcher examined why teenage girls do not use contraceptives and their level of knowledge of contraceptives. The study focused on teenagers from two high



schools in the Ekurhuleni District who had been pregnant before and those who had never fallen pregnant to promote the use of contraceptives.

## **1.9 STRUCTURE OF THE DISSERTATION**

This dissertation is divided into five chapters, as indicated below:

**Chapter 1:** This chapter presents the introduction and background of the study. The chapter also outlines a broad overview of the research phenomenon.

**Chapter 2:** To understand teenage girls' perceptions regarding the use of contraceptives, different information resources were used to conduct a review of the literature. The literature that was reviewed focused on contraceptives and their use, teenagers' knowledge of contraceptives, reasons for non-use of contraceptives, religion and contraceptives, and reproductive health services for youths. Different gaps in the literature were established that may be investigated in future studies.

**Chapter 3:** This chapter denotes the research design and methodology chosen and applied in the data collection process. Furthermore, this chapter provides a description of the measures of trustworthiness and ethical considerations applicable to this study. The study's setting, population and sampling are also described in Chapter 3.

**Chapter 4:** The findings from the collected data are discussed in this chapter. The chapter presents the participants' demographic variables, followed by a presentation of the findings that were extracted using a thematic analysis approach. The chapter further discusses the findings reported in previous literature.

**Chapter 5:** This chapter summarises and interprets the research findings, and offers various recommendations. Possible limitations of the study are included in this chapter.

## **1.10 SUMMARY**

This chapter introduced the research phenomenon, namely teenagers' perceptions regarding contraceptive use. Moreover, the research problem, research objectives and questions, the significance of the study, theoretical foundations, research methodology, and the design and scope of the study were also addressed. The next chapter presents the literature review.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The preceding chapter introduced and described the background of the study, providing a broad overview of its scope. It offered a comprehensive introduction to the research topic. This chapter reviews literature related to teenagers' perceptions of contraceptive use. A 'literature review' is defined as the outcome of an academic study in a particular field that presents the research's conceptual background, which links readers to essential current knowledge (Lim, Kumar & Ali 2022:484). A review of the available literature was helpful in informing the researcher of global and local discussions on teenagers' use of contraceptives.

It is important to conduct a literature review when relevant, as it provides information to support the research study's proposal (Lim et al 2022:487). The researcher retrieved information from scientific journals, reports, academic books, published and unpublished dissertations and databases, including Google Scholar and PubMed. Based on these sources, the researcher identified gaps in knowledge and determined what needs to be further explored on the topic. The key terms used to search literature were 'contraceptives', 'teenagers', 'perceptions', and 'use'. Sources from 2018 to 2024 were reviewed.

##### **2.1.1 Contraceptive Use Among Teenagers**

In 2019, there was an estimated population of approximately 300 million girls and young women aged 15 to 19 globally (Kantovora, Wheldon, Dasgupta, Ueffing & Castanheira 2021:2). A significant proportion of these adolescents are currently engaging in or will soon initiate sexual activity (Kantovora et al 2021:2). A systematic review by Wang, Temmerman, Zhang, Fan, Mu, Mo, Zheng and Li (2020:10), of 15 studies across nine African countries, revealed a notable prevalence of premarital sexual activity among young women aged 10 to 24 years, accompanied by low uptake of contraceptives. Additionally, within sub-Saharan Africa, the rate of modern

contraceptive use among adolescents, defined as the percentage of girls aged 15 to 19 years who use modern contraceptive methods, is approximately 15.6% (Olal, Grovogui, Nantale, Sserwanje, Nakazwe, Nuwabaine, Mukunya, Ikoona & Benova 2023:4). In contrast, globally in 2019, an estimated 10.2% of adolescent women aged 15 to 19 was using contraceptives. The regions with the highest proportions of adolescent contraceptive users were Latin America and the Caribbean (25.3% uptake), followed by Northern America and Europe (23.5% uptake) (Kantorova et al 2021:13). Furthermore, despite the availability of numerous interventions to address sexual and reproductive challenges among adolescents, the global rate of contraceptive use remains low. More than 20 million teenage girls who are in need of contraceptive services are not using any of the available methods (Lyimo, Guo, Mushy & Mwilike 2024:3).

In 2003, more than 97% of South African women who engaged in sexual activity had some awareness of at least one contraceptive method, but the use of contraceptives among the country's youth was only around 50% in 2007 (Hlongwa, Mashamba-Thompson, Makhunga & Hlongwana 2020:2). The elevated demand for contraceptives that remains unfulfilled among adolescent girls and young women is also a contributing factor to the relatively slower decline in South Africa's teenage pregnancy rates compared to other developing nations (Jonas et al. 2020:2). Furthermore, Masemola-Yende and Malesela (2023:22) reported that the Department of Basic Education in South Africa documented a significant increase in adolescent pregnancy rates, with approximately 132 000 newborns being delivered by girls aged 10 to 19 years between 2020 and 2021.

Interventions focusing on behaviour change have proven to be effective in postponing the initiation of sexual activity and promoting greater condom use among sexually active youths in South Africa (Mostert et al 2020:29). A study conducted by Michael, Ojo, Ijabadeniyi, Ibibunie, Oni and Agboola (2024:6) reported that over 50% of adolescent girls used contraceptives in Lesotho, South Africa and Namibia, at rates of 53.6%, 59.8% and 69.5%, respectively. In response to the reproductive health challenge, the South African government has also aligned with the global community by embracing the Sustainable Development Goals. These goals strive to promote

women's universal access to sexual and reproductive health services by 2030 (Hlongwa et al 2020:2).

According to Malatji, Dube, Nkala-Dlamini and Shumba (2023:236), over 937 learners were pregnant at 98 schools across different regions of the Gauteng Province in 2011, as reported by the Gauteng Provincial Department of Education. During the course of 2020, there was a notable 60% increase in adolescent pregnancies in Gauteng, the most populous province of South Africa, even though national data on the subject have not been released yet (Smith, Leach & Rossouw 2024:2). Current data showed that between April 2020 and March 2021, 19.3% of girls aged 10 to 19 years who gave birth resided in the Gauteng Province (Malatji et al 2023:236). However, a study by Risenga and Mboweni (2022:61) highlighted that the statistics of pregnant girls between 10 and 17 years were highest in KwaZulu-Natal, followed by the Limpopo Province.

### **2.1.2 Types of Contraceptives and Their Use Among Teenage Girls**

There are several contraceptive methods, such as LARCs, emergency contraceptives, barrier methods, natural methods, hormonal methods, and male and female sterilisation (Chimurkar, Sawal, Fulmali & Chauhan 2021:2231). However, despite the availability of different contraceptives, a study conducted by Beksinska et al (2021:2) in Durban and Soweto found that teenage girls often only used contraceptives after they had already fallen pregnant, illustrating the need for earlier provision of sexual reproductive health services for teenagers.

Emergency contraception, which is mostly recommended in cases of unprotected intercourse, sexual assault cases and birth control failure, is an additional contraceptive option. Despite the widespread availability of emergency contraceptives worldwide, a study in Birmingham, United Kingdom (UK), an area with a high rate of teenage pregnancy, found that teenage girls are misinformed about the accessibility of emergency contraceptives (Williams, Jauk, Szychowski & Arbuckle 2021:361). This misinformation includes the notion that emergency contraceptives are only for married and older women (Williams et al 2021:361). Moreover, another study by Asiedu, Beyereh and Opoku-Danso (2022:2) determined that emergency contraceptive

awareness among learners was high, but learners did not know how to obtain emergency contraceptives and seldom used this option. In an Ethiopian study, contradictory findings reflected that the use of emergency contraceptives was high and mainly provided by male partners for teenage girls (Smith 2020:155).

The withdrawal method, fertility awareness method, and lactational amenorrhoea method (LAM) are classified as natural contraceptive approaches (Obelenienė, Narbekovas & Juškevičius 2021:14). Obelenienė et al (2021:14) note that the effectiveness of natural contraceptive methods depends on the type of method used. A study in the USA found that 31% of women aged between 15 and 24 used the withdrawal method, and 21.4% of them experienced pregnancy as a result (Genazzani, Fidecicchi, Arduini, Giannini & Simoncini 2023:1). In Kenya, the withdrawal method also remains the most used option since condoms are not accessible or not preferred for use by teenagers (Smith 2020:155).

Genazzani et al (2023:1) define the 'fertility awareness method' as the identification of the fertile period during the menstrual cycle by monitoring cervical secretions or basal body temperature. The fertility awareness method can be effective when coupled with other contraceptive methods, such as barrier methods during fertile days (Simmons & Jennings 2020:68). Natural contraceptive methods are advantageous, especially for teenage girls, due to their low cost in comparison to other forms of contraception (Genazzani et al 2023:3). However, there are potential expenses for training sessions with experts or gynaecologists on how to monitor fertile periods when using the fertility awareness method (Genazzani et al 2023:3).

LAM is a short-term contraceptive method that takes advantage of the natural impact of breastfeeding on a woman's fertility (Inamdar & Jungari 2023:30). Furthermore, the effectiveness of LAM is influenced by the practices followed by the user. If a woman is unable to maintain exclusive or nearly exclusive breastfeeding, the risk of pregnancy increases. Pregnancy is prevented in approximately 98 out of 100 women who rely on LAM (Inamadar & Jungari 2023:30-31).

Another type of contraceptive is the barrier method, which includes female and male condoms, diaphragms, and cervical caps with spermicides (Genazzani et al 2023:1).

Barrier methods act by providing a mechanical and chemical barrier preventing sperm from entering the cervix, thereby preventing conception (Zhang, Wilson, Glass & Godfrey 2024:7). One of the advantages of barrier methods is the prevention of sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV), thus providing dual protection (Barrett, Laris, Anderson, Baumler, Gerber, Kesler & Coyle 2021:1). This dual protection from pregnancy and STIs has resulted in healthcare policies encouraging the use of other methods of contraception together with condoms (Barrett et al 2021:1). A study conducted in the USA reported that among sexually active adolescents, condoms were used by 81% of respondents (Barret et al 2021:1).

Despite the popularity of condom use among teenagers to prevent pregnancies, Barret et al (2021:1) explain there has been a high condom failure rate among teenagers due to incorrect use. In South Africa, condom use among adolescent girls remains low, with approximately 55% of teenagers aged 15 to 19 using condoms to prevent pregnancy and STIs (Davids, Zembe, de Vries, Mathews & Swartz 2021:1). Moreover, another South African study concluded that there is some concern that teenagers would have poor academic performance and be more sexually active should condoms be freely available in schools, resulting in condoms being perceived negatively (Ti, Soin, Rahman, Dam & Yeh 2021:7).

In the USA, condoms, the withdrawal method, and contraceptive pills were found to be the most used contraceptive methods among teenage girls (Pindar, Lee, Meropol & Lazebnik 2020:494). However, these options have a high failure rate because they are susceptible to human error (Pindar et al 2020:494). Chinyoka and Mugweni (2020:130) also explain that availing condoms in schools results in increased condom usage, not sexual activity rates.

LARCs are also available to teenage girls, but there are prevalent misconceptions among adolescents about these methods. Therefore, it is crucial to proactively enquire about patients' concerns regarding LARCs (Zeglin & Lazebnik 2023:185). The efficacy of LARCs is high, and they prevent pregnancy for an extended period (Chimurkar et al 2021:1088). However, in a study conducted by Dombola, Chipeta and Manda (2021:5), teenage girls expressed a reluctance to adopt contraceptive methods,

particularly LARCs such as implants, until they were married. The justification they offered for delaying contraceptive use until marriage was the desire for proof of fertility.

When Pindar et al (2020:495) investigated how reproductive autonomy influences teenagers' views of contraceptives, they concluded that teenagers who have the power to decide when to use contraceptives are more likely to use LARCs. In their study, El Ayadi, Rocca, Averbach, Goodman, Darney, Patel and Harper (2021:355) also found that the most popular contraceptive in the LARC category among teenage girls in the USA is the IUD. However, the authors (El Ayadi et al 2021:355) reported that some healthcare providers refused to provide IUDs to teenagers because it was deemed unsafe and made teenagers more prone to STIs. Furthermore, Derefinko et al (2020:537) noted that LARCs, such as IUDs, have been accepted for use among teenage girls in the USA, but the use remains low. Chimurkar et al (2021:1088) concur and state that adults more frequently use LARCs compared to teenagers.

Another commonly used form of contraception among teenage girls is the hormonal method. Hormonal methods of contraception include (1) combined hormonal contraception, which contains a combination of oestrogen, and (2) progestin-only hormonal contraceptives (Genazzani et al 2023:1). Hormonal contraceptives vary and are administered using different approaches (Genazzani et al 2023:1). The hormonal methods subsume LARCs and include injectables, skin patches, IUDs, and pills. In South Africa, hormonal contraceptives are commonly used among adolescent girls, with at least 63.7% of surveyed adolescents in Cape Town revealing that they use a form of hormonal contraceptive (Toska, Cluver, Laurenzi, Wittesaele, Sherr, Zhou & Langwenya 2020:1). However, despite the popularity of hormonal contraceptives among adolescent girls, a randomised control trial in South Africa highlighted that hormonal contraception increased the likelihood of HIV infection among adolescent girls due to alterations in vaginal microbiota, leading to an increased susceptibility to HIV infection (Balle, Konstantinus, Jaumdally, Havyarimana, Lennard, Esra, Barnabas, Happel, Moodie, Gill, Pidwell, Karaoz, Brodie, Maseko, Gamieldien, Bosinger, Myer, Bekker, Passmore & Jaspán, 2020:1). Balle et al (2020:1) highlight the progestin-only injections are particularly associated with increased alteration in vaginal microbiota, causing inflammation of the vagina and increased susceptibility to HIV infection.



The different types of contraceptives available to adolescent girls are ultimately used with varying popularity in different contexts. Of the contraceptives that were discussed, hormonal methods increase the likelihood of HIV infection among adolescent girls, while natural and barrier methods have varying popularity among this population. In light of the number of contraceptive options available, it is essential to understand teenage girls' perceptions of its use.

### **2.1.3 Teenage Girls' Perceptions of Contraceptives**

In a study conducted in Benin, the authors explored adolescent girls' perceptions of the use of contraceptives (Ahissou, Benova, Delvaux, Gryseels, Dossou, Goufodji, Kanhonou, Boyi, Vigan, Peeters, Sato & Matsui 2022:1). In that discussion, it was concluded that adolescent girls' perceptions of contraceptives could be classified as sociocultural perceptions and perceptions about the effectiveness and purpose of contraceptives (Ahissou et al 2022:1). Sociocultural perceptions include the notions that abstinence is better for teenage girls, contraceptives are for married women, male sexual partners should make decisions regarding contraception, and it is disgraceful to be pregnant before marriage (Ahissou et al 2022:1). Moreover, Ahissou et al (2022:1) found that the purpose of the contraceptive influenced some perceptions among adolescent girls. Such perceptions included views that contraceptives have side effects, which some believed may result in death (Ahissou et al 2022:1). A study conducted in Kenya similarly found that sociocultural norms strongly influence young women and adolescent girls' perceptions of contraceptive use (Calhoun, Mirzoyants, Thuku, Benova, Delvaux, van den Akker, McGuire, Onyango & Speizer 2022:1). In addition, Calhoun et al (2022:1) concluded that young women perceived hormonal contraceptives are associated with future infertility and other side effects.

Despite the perception that hormonal contraceptives are associated with side effects linked to infertility, a study conducted in the USA by Hunter, Sonalkar, Schreiber, Perriera, Sammel and Akers (2020:27) determined that hormonal contraceptives are used by a larger proportion of adolescent girls in comparison to LARCs (implants and IUDs). Among adolescent girls, only 8.2% used LARCs, partly attributed to the negative perceptions associated with the use of IUDs (Hunter et al 2020:27). These negative perceptions of LARCs include fear of pain during insertion, and the discomfort

of having a foreign object in their bodies (Hunter et al 2020:27). Hunter et al (2020:27) revealed that such fearful perceptions of LARCs among adolescent girls emanate from informal discussions with peers, where information of varying accuracy is provided.

#### **2.1.4 Teenage Girls' Access to Contraceptives**

Youth centres, youth corners within healthcare facilities, or dedicated health service areas have been established for adolescents by non-governmental organisations and governments in various locations (Chandra-Mouli & Akwara 2020:111). According to the WHO, such youth-friendly services are supposed to be reachable, suitable, unbiased, and productive (Ninsiima, Chiumia & Ndejjo 2021:2). Furthermore, it is crucial to ensure the widespread availability and use of sexual and reproductive health services. This entails effective government policies and the provision of high-quality contraceptive services for all individuals (WHO 2023:1).

In Ethiopia, it has been demonstrated that combining service provision in stationary health facilities with community outreach can effectively enhance the accessibility and use of contraceptives among young women residing in rural areas (Chandra-Mouli & Akwara 2020:111). Furthermore, youth-friendly health services are in high demand to address the different health problems teenagers face, and they require information and counselling on adolescent sexual and reproductive health. To access these services, clinics in South Africa schedule check-ups on certain days and allocate fixed times to teenagers (Ahuja, Patnaik, Gurchandandeep, Lugani, Sharma, Goyal & Singh 2019:3353). In other African countries, similar youth-friendly centres have been established. For example, in Ghana, youth health centres were established to offer additional access to sexual and reproductive health services as a solution to adolescent pregnancy rates, particularly in rural Ghana (Botchwey, Boateng, Adjei, Acquah, Opoku & Baidoo 2022:40).

However, in contradiction, Govender, Naidoo and Taylor (2019:2) observed that sexual and reproductive health programmes are seldom given prominence due to a shortage of funds and the importance that is placed on community-based HIV prevention programmes. In another Ghanaian study that investigated teenagers' perceptions of sexual reproductive health service use, it was concluded that most

teenagers still encounter poor access and report restrictions, causing them to struggle and avoid these services (Gillespie, Balen, Allen, Soma-Pillay & Anumba 2022:1021). It is imperative to improve the accessibility and availability of sexual reproductive health services for teenagers to lower the unmet need for contraceptives and unwanted pregnancies among this population. These services should include reproductive authority, private, stigma-free, unprejudiced contraception advice, counselling services and details about sexuality (Jonas et al 2020:3).

## **2.2 FACTORS AFFECTING CONTRACEPTIVE USE AMONG TEENAGE GIRLS**

According to Chihana (2021:10), numerous factors influence the use of contraceptives, including knowledge of how to use contraceptives, knowledge about available contraceptives, and the sociodemographic features and communication capabilities of the persons involved. There is a need to understand the factors that impact teenagers' use of contraceptives in order to meet their reproductive and sexual health needs and provide appropriate family planning care (Ti et al 2021:1).

The WHO's (2023:2) report on adolescent pregnancy rates reflects that adolescents can obtain contraceptives, but may lack the resources to pay for them, knowledge on where to obtain them and how to use them correctly. In addition, most girls in rural Missouri (USA) linked the use of contraceptives with the beginning of harmful physical or psychological side effects, such as depression, anxiety, and weight gain (Lee 2021:6). The girls in a study conducted by Lee (2021:6) further stated that a lack of understanding or information about contraceptive side effects left them uncertain about whether to initiate or continue using contraceptives.

### **2.2.1 Healthcare Services**

It has been reported that most teenagers are anxious they would be criticised by healthcare providers at the pharmacy or clinic, or criticised for using emergency contraceptives by people they are close to, resulting in their reluctance to use emergency contraceptives (Williams et al 2021:362). In support, Lee (2021:5) found that teenage girls were reluctant to seek contraceptives as they assumed healthcare

providers were unwilling to disclose the possible adverse effects linked to these products. Similarly, a study conducted by Boamah-Kaali, Mevissen, Owusu-Agyei, Enuameh, Asante and Ruiters (2021:175) showed that limited availability of youth-friendly health facilities, inadequate rapport with health professionals, and insufficient privacy and confidentiality measures at healthcare facilities negatively influenced adolescents' use of hormonal contraceptives.

Elaborating on the issue of poor attitudes among healthcare workers, a study in Cape Town, South Africa, found that teenage girls refrain from using contraceptives or discontinue their use because of negative treatment, poor etiquette, lack of kindness and discrimination from nurses (Jonas et al 2019:85). Together with the poor attitudes of nurses, the operating hours of clinics offering family planning services also hinder accessibility (Jonas et al 2019:85). In addition to the inaccessibility caused by clinic operating hours, a study by Asiedu et al (2022:2) disclosed that 31.5% of teenagers thought that the process of accessing contraceptives was shameful and believed contraceptives were for married adults only. Sometimes contraceptives are out of stock at clinics, or only the expensive ones are available (Roets & Clemence 2021:55).

While healthcare workers in South Africa encouraged the use of contraceptives, a study in Malaysia revealed that most healthcare professionals did not promote contraceptive use among teenagers. That study concluded that sharing information about safer sex and contraceptives with teenagers would encourage them to engage in sexual activity. Hence, healthcare providers withheld such information from teenagers (Abdul-Hamid, Fallon & Callery 2020:30). In contrast, other studies reported healthcare professionals expressed their willingness to provide contraceptives to safeguard patients from unintended early pregnancies. Their responses indicated an understanding of the importance of delivering comprehensive care while acknowledging the legal rights of adolescents (Mwakawanga, Mkonyi, Mushy, Trent, Bonilla, Massae, Lukumay, Mgopa, Mohammed, Wadley, Ross, Leshabari & Rosser 2021:7).

## **2.2.2 Influence from the Community, Partners, and Family Members**

A study conducted in sub-Saharan Africa concluded that the use of contraceptives was shunned in some communities as it was considered a blessing for a teenager to fall pregnant (Roets & Clemence 2021:55). In South Africa, only a small number of teenage girls who need sexual and reproductive health services can access such services as most are prevented by the reactions of their communities (Jonas et al 2019). In addition, teenage girls are often affected by the information community members share about contraception. In one study, teenagers reasoned that they do not use contraceptives because they are frightened that their elders, who perceive contraceptives as unsafe, might find out (Chihana 2021:8).

Parents of teenage girls also influence their perceptions of the use of contraceptives. A study conducted by Ninsiima et al (2021:12) identified that parents of teenage girls had negative views on adolescents' use of contraceptives. These negative views emanated from the parents perceiving that teenagers under 18 years are too young to be sexually active and must refrain from engaging in sexual acts and first complete their schooling. Similarly, in another study, young mothers between the ages of 16 and 19 admitted that they were "warned" by their parents to prevent pregnancies; however, contraceptive use was not discussed (Govender, Naidoo & Taylor 2020:3).

A study by Govender et al (2020:7) further noted that teenagers did not use contraceptives, especially condoms, as their partners did not want to use them. In rural South Africa, among sexually active teenagers, 14.3% did not use contraceptives because it was hard to discuss condom use with sexual partners (Mostert et al 2020:32). Also reiterating the issue of partners influencing teenage girls' non-use of contraceptives, a study that reviewed 73 low and middle-income countries found that married adolescent girls were less likely to use contraceptives due to the pressure to have a baby in the first years of marriage (de Vargas Nunes Coll, Ewerling, Hellwig & de Barros 2019:1). De Vargas Nunes Coll et al (2019:1) further noted that at least 30% of adolescent girls below the age of 18 years are married in low and middle-income countries.

### **2.2.3 Fear of Adverse Effects**

Teenagers were worried that they would not be able to conceive in the future if they used contraceptives (Govender et al 2020:7). A study conducted in Ethiopia found that at least 50% of young women feared that they would not conceive in the future if they used contraceptives during adolescence (Sedlander, Yilma, Emaway & Rimal 2022:1). In their description, the authors (Sedlander et al 2022:1) further explained that the fear of future infertility was worsened by the belief that husbands abandon infertile women. However, the fear of future infertility was allayed when adolescent girls visited healthcare practitioners or had support to use contraceptives from their husbands (Sedlander et al 2022:1).

Another adverse effect teenage girls feared is weight gain with the use of LARCs (Patel, Lee, Abacan, Vivens & Smith 2022:300). In their study in India, Patel et al (2022:300) discovered that LARCs were one of the most effective methods of contraceptives for adolescent girls. However, adolescents were reluctant to use these products due to perceptions that they would gain weight. In support, Bhuva, Krashnewski, Lehman and Chuang (2017:59) found that the fear of weight gain among adolescents was higher among young girls who were already obese. As such, obese adolescents were more likely not to use hormonal contraceptives or discontinue their use due to perceptions of weight gain associated with hormonal contraceptives (Bhuva et al 2017:59).

#### **2.2.4 Religion and Contraceptives**

The Oxford Advanced Learner's Dictionary (2020:1281) defines 'religion' as faith in an existing god or gods and the actions associated with praising gods. Studies repeatedly show that a delay in teenagers becoming sexually active is predicted by their conservative religious beliefs regarding family and sexual activity. Noteworthy, when religious, conservative teenagers start engaging in sexual acts, they have little knowledge about sexual health and reproduction, which makes them more susceptible to having unprotected sex (Krull, Pearce & Jennings 2020:3). Furthermore, Abdul-Hamid et al (2020:32), whose participants were predominantly Muslim, found that teenagers preferred abstinence before marriage as the first channel to prevent unwanted pregnancy and STIs. Some healthcare workers of the Islamic faith also believe that teenagers should not engage in any sexual activity before marriage. In

support, Abdul-Hamid et al (2020:32) revealed that a significant majority of healthcare professionals who identified as Muslim prioritised promoting sexual abstinence before marriage as the primary preventative measure against unintended pregnancies. Ojiambo (2021:5) concurs that the Roman Catholic Church and African societies stress the importance of getting married before engaging in sexual activities, and teenagers falling pregnant out of wedlock encounter rejection, stigmatisation, and disapproval from both the church and African societies. These beliefs could be useful, as some teenagers do opt to abstain.

The principles of some African traditions, community leaders, and religions are against the use of contraceptives. Belief plays an important role since religious values build and control individuals' actions (Roets & Clemence 2021:55). In their study, Krull et al (2020:4) also observed that frequent attendance of religious services by teenagers delayed their sexual debut. However, this delay in their sexual debut seems to have an exceedingly small direct influence on teenagers' attitudes toward contraception (Krull et al 2020:4).

In Chihana's (2021:10) study that was conducted in Zambia, sexual intercourse was believed to be preserved for married adults due to religious, cultural, and social reasons. This belief contributed to adolescents' access to information about contraceptives and sexual health issues being limited (Chihana 2021:10). Furthermore, in the Asia Pacific Region, persons under the age of 18 are required by customary and religious laws to seek permission from partners or parents to access sexual reproductive health services (Govender et al 2019:2). Certain African traditions, the influence of community leaders, and the presence of diverse church denominations also often discourage the use of contraceptives (Roets & Clemence 2021:55). In a study conducted in rural Ghana, a majority of girls expressed concerns that their religious leaders would be disappointed if they became aware of their use of contraceptives. They feared being labelled as "bad girls" who were unwilling to adhere to religious principles and regulations (Boamah-Kaali et al 2021:180).

## **2.2.6 Knowledge of Contraception**

Knowledge, as defined by the Oxford Advanced Learner's Dictionary (2020:852), is the details, comprehension, and expertise a person acquires through training or practical encounters. The first step to accepting a contraceptive method is acquiring knowledge of the method; thereafter, knowledge is a vital requirement in obtaining access to contraceptives. This phenomenon indicates that an individuals' level of understanding of contraceptives could possibly influence their future use (Oniso & Tawari 2021:463). In addition, little knowledge about reproductive and sexual health among young people, especially unmarried adolescents, is a vital indication of limited access to reproductive health services (Mkhwanazi 2022:02).

Knowledge plays a vital role in decision-making regarding one's health and well-being. According to Chihana (2021:6), television and radio are familiar sources of information regarding contraceptives. However, South African youths have little knowledge about contraceptive options and contraception, especially LARCs and emergency contraceptives. Learners in grades 10 to 12 revealed that they knew a little about contraceptives, even though they had received limited information on the topic (Pleaner, Kutuywayo, Beksinska, Mabetha, Naidoo & Mullick 2022:2). Only 17% of learners in grades 10 to 12 knew of emergency contraceptives but they did not know how to use them, 10% of the learners knew of IUDs, 40% knew of female condoms, 43% knew of oral contraceptive pills, and 58% knew about male condoms (Pleaner et al 2022:2). In addition, Umuhire (2020:15) noted that many countries do not offer sufficient sexual health education, and this leaves adolescents without appropriate knowledge of contraceptives.

In a study done in the Wanging'ombe District, Njombe Region, where 81 teenage girls were interviewed, 14.8% of the participants said they had never used contraceptives before. Among those who had never used contraceptives, 74.2% noted they did not know anything about contraceptives, and 23.8% said that they had no idea how to access contraceptives (Mbilinyi & Moshiro 2020:5). However, in rural Uganda, a high level of condom knowledge was confirmed, with over 60% of teenage boys and girls stating they knew about condoms (Chinyoka & Mugweni 2020:130).

Sexual education programmes in the sub-Saharan region are sidelined and restricted, causing teenagers' lack of knowledge of contraceptives. Nurses also do not want to



render sexual education and sexual reproductive health services (Govender et al 2020:3). Chimurkar et al (2021:1090) estimated the level of awareness of contraceptives among adolescent girls in the Wardha region and reported less than 50% of educated girls were knowledgeable about contraceptives and how to use them, while 80% of uneducated girls did not know about contraceptives.

To avoid unplanned pregnancies, improved access to contraceptive information and its use should be encouraged (Ojiambo 2021:5). Bridging this knowledge gap is therefore the first step to improving sexual and reproductive health among adolescents (Mkwanazi 2022:2).

#### **2.2.6.1 Sources of information**

The Oxford Advanced Learner's Dictionary (2020:1463) defines a 'source' as an environment, individual, or object from which one receives something. Although it is not always apparent, teenagers place significant importance on their parents' viewpoints regarding sexual health. Numerous studies highlight that adolescents value their parents' attitudes, which influence their own opinions (Zeglin & Lazebnik 2023:183). Mbewa (2019:32) emphasised the importance of mothers' views, and found that mothers were the primary source impacting adolescents' perceptions, followed by books, magazines, movies and teachers.

However, adolescents in a Malawi study voiced their concerns about a lack of open communication from parents or guardians regarding topics related to sexuality and contraceptives (Dombola et al 2021:8). Cahyaningtyas, Astuti and Hani (2020:82) expressed that reproductive health education can begin with parents or family members and cannot only be given by health workers. In addition, parents and healthcare workers emphasised the importance of providing reproductive health education in schools, as they recognised that access to accurate information is limited when sought from external sources (Cahyaningtyas et al 2020:82). The portrayal of sexual content, including pornography, in various forms of media such as movies, videos, song lyrics, and social media platforms has been observed to potentially influence young individuals, leading them to perceive sex as an adventurous activity

or something commonly practised among their peers (Nabugoomu, Seruwagi & Hanning 2020:6).

From a practical point of view, teenagers learn from their friends, family members, aunts, cousins, peer educators and even pornography (Mpunga-Mukendi, Chenge, Mapatano, Mambu & Wembodinga 2020:1429). In the study conducted by Oniso and Tawari (2021:462), teenagers reported that common sources of sexual and reproductive health information were peers, books, magazines, teachers, and mothers.

Pavelova, Archalousová, Slezáková, Zrubcová, Solgajová, SpáčilováKřištofová and Slamková's (2021:7) research focused on understanding teenagers' views of school nurses as a source of information. The authors reported teachers and the mass media as the two primary sources of their knowledge about sexuality. Parents were seen as the main sources of information on less sensitive subjects, while general practitioners were relied upon for information related to HIV and AIDS (Pavelova et al 2021:7). Similarly, Mbilinyi and Moshiro (2020:5) found that 59.5% of teenagers relied on the media as a source of information, while only 7% relied on healthcare workers.

### **2.2.7 COVID-19 Pandemic**

Sexual reproductive health care and access to health facilities were unfavourable during the COVID-19 pandemic. One study in the UK revealed a decrease in the number of teenagers under 18 years attending a sexual reproductive health clinic (Steiner, Zapata, Curtis, Whiteman, Brittain, Tromble, Keys & Fasula 2021:376). Groenewald, Isaacs and Isaacs (2022:2) concur that the COVID-19 pandemic had a detrimental impact on sexual reproductive health services for teenagers, resulting in limited access to contraceptives, with a consequent high teenage pregnancy rate.

Lockdown restrictions during COVID-19 added additional strain on all features of life, such as the difficulty of being able to access essential services. Several reports in West Africa showed an increase in teenage pregnancy rates during lockdown periods (Willie, 2021:218). In South Africa, the COVID-19 pandemic blocked access to contraceptives, and only two out of ten South Africans had the opportunity to access

condoms (Groenewald et al 2022:3). According to Molek and Bellizzi (2022:218), the number of teenage pregnancies increased by a worrying 28% in African countries during the pandemic's lockdown in 2020.

## 2.3 THE THEORETICAL FRAMEWORK

A theoretical framework serves as a conceptual roadmap or reference for conducting research. It consists of established theories within a specific field of study that are relevant to and align with the research hypothesis (Mensah, Frimpong, Acquah, Babah & Dontoh 2020:56). Furthermore, it is contended that a strong theoretical framework enables researchers to uncover pre-existing biases regarding a topic and facilitates the process of data coding and interpretation (Mensah et al 2020:56).

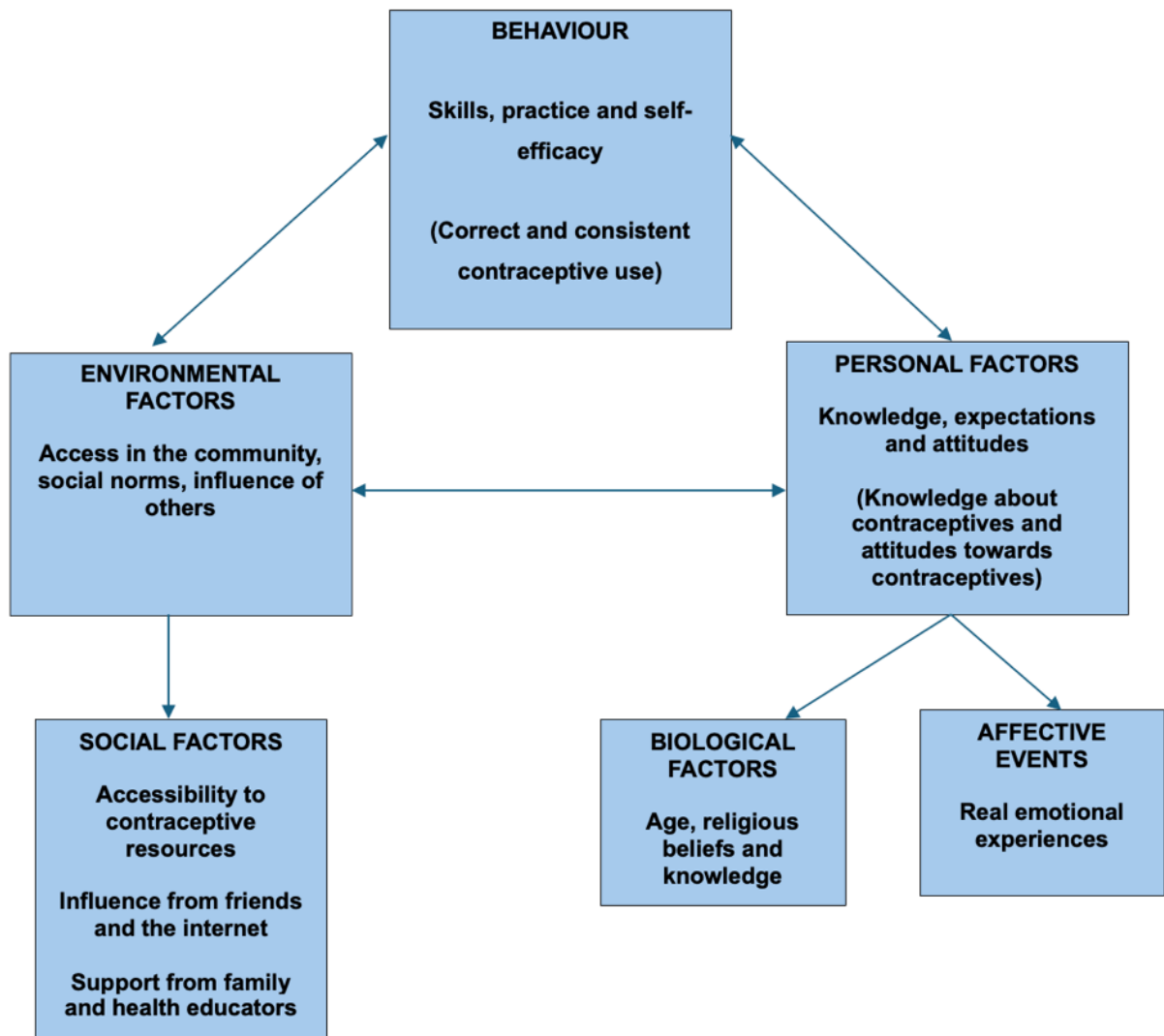
The theory deemed suitable for this study was Bandura's social cognitive theory, also called the self-efficacy theory. Bandura's social cognitive theory explains how people acquire and maintain specific behavioural patterns. The environment, people, and behavioural factors are determined based on assessed behavioural changes (Govindaraju 2021:489). Bandura's social cognitive theory was applicable because it allowed the researcher to understand teenagers' experience, their actions and health behaviours concerning the use of contraceptives, and establish recommendations to change how they think.

The researcher applied Bandura's social cognitive theory in the study in the following manner.

**Behaviour:** According to Manjarress-Posada, Onofre-Rodriguez and Benavides-Torres (2020:134), behaviour results from a person's present thoughts about their environment, their cognitive and physical abilities, and their past experiences of learning. Through new learning experiences, support for capacity development and guidance in adjusting perceptions, behaviours can be changed.

The researcher investigated whether participants used contraceptives and whether they were confident in the use of contraceptives. The study aimed to investigate the

relationship between teenagers' self-efficacy beliefs and their confidence in effectively and consistently using contraceptives.



**Figure 2.1: Bandura's social cognitive theory**

**Environmental factors:** According to the Oxford Advanced Learner's Dictionary (2020:507), an 'environment' is a human-made sphere in which plants, people and animals reside. Furthermore, Manjarres-Posada et al (2020:134) mention that environmental factors impact groups and single human beings, but the environment can also be influenced by groups and individuals who control their behaviour.

As applied in this study, environmental factors included the vast distances participants had to navigate to access reproductive health services in the communities in which

they lived. In addition, the environment included the influence of peers who play a role in the participants' contraceptive use, contributing to the overall environmental context.

**Social factors:** Knickmeyer (2020:4) defines 'social factors' as all the factors that impact and alter the behaviour of an individual or a group. The social factors that were investigated included the social environment of the Ekurhuleni District. Such factors included the accessibility of reproductive health services for the participants and the participants' ability to confidently use the services. Moreover, the social factors reflected whether participants influenced friends' use of contraceptives. The researcher also explored the level of support participants received from parents and educators, and whether participants were persuaded to use contraceptives or not.

**Personal factors:** According to Wang, Hung and Huang (2019:80), personal factors include cognitive, affective, and biological events, behavioural patterns, and environmental influences. Personal factors interact as determinants that mutually influence each other in a bidirectional manner. Personal factors include knowledge, attitude, and expectation. The researcher identified how knowledgeable and confident the participants were based on their responses and attitudes towards contraceptive use. Personal factors illustrated whether participants had a positive or negative attitude toward contraceptives.

**Biological factors:** The Oxford Advanced Learner's Dictionary (2020:137) claims biological factors are linked with the activities that happen within living organisms. Biological factors in the study included age. The researcher set out to understand how age influenced attitudes towards the use or non-use of contraceptives among teenagers.

**Affective events:** Affective events, also known as individual incidents, serve as triggers for emotional responses. These emotions subsequently impact the individual's attitude and behaviour, resulting in a range of positive or negative outcomes (Devdutt, Sudhir & Mehrota 2023:2). During the interviews, the researcher identified how real experiences had affected the participants' use of contraceptives.

## **2.4 SUMMARY**

In Chapter 2, the researcher discussed the literature that was reviewed. In summary, many studies have been conducted on the use of contraceptives among teenagers. Some of these studies have identified that knowledge, beliefs and attitudes are associated with individuals' behaviour towards contraceptive use. Education and awareness programmes remain the most important factors in attaining the outcome of preventing teenage pregnancies. The results of this study will add to the body of knowledge of research on teenagers' use of contraceptives and create awareness of their use among learners, both at primary and high school levels. This study aimed to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province. The following chapter offers an extensive overview and in-depth discussion of the research methodology used in this study.

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHOD**

#### **3.1 INTRODUCTION**

The purpose of this study was to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province. The previous chapter presented a comprehensive review of existing literature that examined teenagers' perceptions of contraceptives. This chapter discusses the methodology employed in conducting this study, encompassing the research paradigm, approach, and design. The study's setting, population and sampling procedures are also outlined in this chapter, along with the data collection and analysis steps. Furthermore, this chapter describes the measures of trustworthiness and respective ethical considerations applicable to this study. The qualitative approach followed in this study is discussed first.

#### **3.2 THE RESEARCH DESIGN**

A research design encompasses the systematic and strategic approach to planning and executing empirical research. It involves determining the appropriate methods, including both qualitative and quantitative approaches, for collecting cross-sectional or time series data across different periods and geographical locations (Mweshi & Sakyi 2020:182). Furthermore, Pawar (2020:51) highlights that a research design is used to minimise costs, exert substantial control over the consistency of achieved results, and establish a strong foundation for the entire research endeavour. The qualitative approach followed in this study employed explorative and descriptive designs.

##### **3.2.1 Explorative Design**

An explorative design is used to determine the feasibility of future studies and assess whether collected data can be used for further research advancements and development (Pawar 2020:52). In addition, exploratory research, like a preliminary

survey, is a kind of investigation that is in its early development. It is connected to the process of uncovering, fostering innovation, and stumbling upon unexpected moments of inspiration. Exploratory research may also be relevant to confirm whether a research phenomenon is still in existence (Casula, Rangarajan & Shields 2020:1707). The design was used in this study to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province.

### **3.2.2 Descriptive Design**

A descriptive design involves studying the phenomenon under investigation and examining the characteristics of the population being researched (Pawar 2020:52). Furthermore, descriptive research focuses on understanding the 'what' aspect of a phenomenon and does not prioritise investigations of its underlying causes (Casula et al 2020:1705). This design was used for the study so the researcher could gain a broader understanding of teenage girls' perceptions of contraceptive use.

## **3.3 RESEARCH METHOD**

The research approach used in the study was qualitative. Qualitative research is a form of investigation characterised by a naturalistic approach and focuses on non-numerical data. Its primary objective is to gain an understanding and explore phenomena rather than providing explanations or manipulating variables (Nassaji 2020:427). The approach is important to guarantee the validity, reliability, and meaningfulness of a study's findings. It also ensures that the findings accurately represent the experiences and perspectives of the participants.

A qualitative approach is defined by Fouché et al (2021:40) as a reply to questions about the nature of an event, helping researchers get an understanding and explanation based on participants' opinions and beliefs. The circumstances under which data were collected entailed participants answering questions regarding their perceptions of the use of contraceptives. The researcher observed the participants' body language, facial expressions, gestures, and tone of voice during the interviews.



According to Fouché et al (2021:41), qualitative researchers collect different types of data and do not depend on only one source of data. In this study, the researcher collected data from various teenagers aged between 13 and 19 years, residing in the Ekurhuleni District, Gauteng Province. Two methods of data collection were used, namely interviews and written narratives. A qualitative approach permits flexibility in all the features of the research process and is therefore classified as unstructured (Fouché et al 2021:41). Qualitative researchers usually gather data in an area where participants experience the matter under the study (Fouché et al 2021:41). In this study, the researcher thus conducted interviews in a classroom at the particular school the teenagers attended. The researcher used semi-structured interview questions during the data collection sessions.

### **3.4 THE RESEARCH PARADIGM**

A paradigm is a fundamental framework or perspective that informs the researcher or investigator's worldview; it is a basic system or worldview guiding their approach (Ugwu et al 2021:117). Paradigms refer to fundamental belief systems, such as positivism or constructivism, and can be seen as comprehensive worldviews (Kelle & Reith 2023:6). Furthermore, the assumptions and principles of research paradigms play an important role in guiding scientific discoveries (Park, Konge & Artino 2020:690). By understanding the specific assumptions associated with a paradigm, researchers can gain insight into the reliability and validity of their own research findings that support scientific studies and identify areas where there may be limitations in generating reliable evidence (Park et al 2020:690). Moreover, Creswell (2020:176) highlight that the research paradigm is made up of four constructs, namely ontology, axiology, methodology and epistemology.

#### **3.4.1 The Constructivist Paradigm**

The constructivist paradigm was applicable in this study. Constructivism focuses on how individuals engage with things and phenomena based on the importance and personal meaning attributed to them (Kelle & Reith 2023:28). Furthermore, constructivism is used in research, learning and professional settings to engage peers.

Several types of constructivism exist, including social constructivism, psychological constructivism, personal constructivism, radical constructivism, and contextual constructivism (Mohajan & Mohajan 2022:8). It is an epistemological theory that proposes humans create knowledge and derive meaning from the interactions between their experiences (Mohajan & Mohajan 2022:10).

Constructivism allowed the researcher to explore teenagers' perceptions of the use of contraceptives. The researcher explored how participants' personal constructs shaped their understanding of contraceptives and their motivations for using or not using them. The researcher was able to examine how teenagers' interactions with peers, parents, and healthcare providers shaped their attitudes and behaviours related to contraceptives. Insight was also gained into the personal, social and contextual factors that influence teenagers' knowledge, attitudes, and behaviours related to contraception.

### **3.4.2 The Role of the Researcher**

In qualitative studies, the researcher's role is to collect data and engage in the data analysis process (Polit & Beck 2021:504). The researcher collected data through interviews and narrative discussions with teenage girls in this study. Moreover, the researcher analysed the data with the assistance of an independent coder to derive an understanding of how adolescent girls perceived the use of contraceptives. Given the instrumental role of the researcher in qualitative studies, Polit and Beck (2021:504) caution that researchers should reflect on their experiences and qualifications to ensure the credibility of their qualitative data. By reflecting on their experiences and qualifications, researchers are able to reduce their preconceived perceptions about the collected and analysed data, reducing bias (Patridge 2021:88). Therefore, it was important for the investigator to consistently engage in bracketing.

#### **3.4.2.1 Bracketing**

Bracketing is a qualitative research strategy that seeks to mitigate the potentially detrimental effects of assumptions that could result in bias in the research process (Habibullah, Mohammed & Hamza 2023:849). 'Bracketing' is also defined as a

scientific technique wherein a researcher intentionally sets aside their presuppositions, prejudices, assumptions, hypotheses, or previous experiences in order to objectively observe and describe a phenomenon (Habibullah et al 2023:850). Bracketing can be done by setting aside one's experiences, focusing on the research, and combining both approaches (Partridge 2021:89).

By applying bracketing throughout this research, the investigator aimed to create a space for the voices and perceptions of teenagers to be heard and understood, minimising the potential distortion of findings due to the researcher's personal biases and assumptions. In this study, the researcher set aside their experience as an occupational health nurse. During the interviews, the researcher maintained objectivity by not making any assumptions about the information being provided. Neither was any information dismissed or any facts ignored. No personal opinions were voiced, and no participant was judged based on their experiences and the information they provided.

### **3.5 SAMPLING**

Sampling refers to the method through which a researcher systematically chooses a subset of individual items from a larger population of interest, using both probabilistic and non-probabilistic techniques to examine them in greater detail (Mweshi & Sakyi 2020:180). In addition, Fouché et al (2021:382) state that a sampling method is completely founded on the researcher's judgement of certain characteristics that are of interest to the research phenomenon. Purposive sampling was used to select participants for this study.

#### **3.5.1 Purposeful Sampling**

Purposeful sampling strategies are commonly employed in qualitative research and rely on the researcher's understanding of the population and research objectives to guide the selection of participants (Mweshi & Sakyi 2020:191). Purposeful sampling is described as sampling based on the researcher's judgement of potential participants' suitability (Fouché et al 2021:383). It is a non-random sampling technique that involves selecting elements from a population where certain individuals or items have no

chance of being selected or where it is not possible to accurately determine the probability of selection (Obilor 2023:3).

### **3.5.2 The Study Population**

A population is described by Fouché et al (2021:228) as comprising all the people the researcher is interested in for their study and organisational units, case records, occurrences, or other sampling units that capture the researcher's interest. The population for the study was teenage girls between the ages of 13 and 19 who attended high schools in the Ekurhuleni District, Gauteng Province.

#### **3.5.2.1 Target and accessible population**

According to Grove and Gray (2019:237), a target population is the entire group of individuals who meet the specific criteria for a research investigation. Furthermore, a target population excludes participants who do not represent the researcher's needs and will wrongly represent the population of interest (Willie 2022:521). The target population for this study was those participants who met the predetermined inclusion criteria and could clearly and sufficiently describe their experiences and share their opinions to meet the research objectives. These were teenage girls aged 13 to 19, attending high schools in the Ekurhuleni District.

An accessible population refers to the segment of the target population that the researcher has the ability to reach and interact with (Fetzer 2020:447). The accessible participants in this study were teenage girls from two secondary schools in the Ekurhuleni District.

#### **Inclusion Criteria**

Inclusion criteria encompass a set of prerequisites that all potential participants must satisfy to be eligible for participation in a research study (Keung, McElroy, Ladner & Grubbs 2020:48). The following criteria had to be met for participants to be included in the study:

- Participants had to be teenage girls from the selected secondary schools in the Ekurhuleni District between the ages of 13 and 19, who had reached the menarche stage and had not yet fallen pregnant.
- Participants had to be teenage girls who fell pregnant while at school and had schooling disrupted by a pregnancy from the selected secondary schools in the Ekurhuleni District.
- Participants had to be able to communicate in English and isiZulu.
- Participants had to give their consent.
- Parents had to consent for participants younger than 18 to take part in the study.

### **Exclusion Criteria**

Exclusion criteria determine which individuals should not be included in a research study, irrespective of their potential to contribute to the desired outcomes (Keung et al 2020:48). According to the researcher, the following aspects of the recruited population disqualified individuals from participating in the study:

- Teenage girls between the ages of 13 and 19 who had not reached the menarche stage.
- Teenage girls who did not consent to participate in the study.
- Teenage girls younger than 18 whose parents did not give consent for them to participate.

### **3.5.2.2 Recruitment**

Recruitment in research involves the following procedures: (i) identifying or locating potential participants who may meet the eligibility criteria; (ii) engaging in comprehensive discussions with potential participants and ensuring their understanding and willingness to participate; and (iii) obtaining informed consent and enrolling participants who meet the predetermined eligibility criteria (Chaudhari, Ravi, Gogtay & Thatte 2020:65).

The researcher first recruited participants from secondary schools by asking permission from the school principals and school governing body (SGB) to provide

information to the school learners, explain the research topic, the importance of the research, potential risks and benefits, and what attracted the researcher to the topic. The recruitment and data collection period was from April 2023 to June 2023. The researcher also explained how data would be collected. Those who were unwilling to participate were not forced or coerced, and those who were willing were informed that it was okay to withdraw from the study at any time. The researcher's contact details were shared with participants to address any questions or concerns from the teenagers.

Parents of minors were recruited through the SGB. The researcher thus engaged with the SGB to obtain their support in reaching out to parents of participants who showed an interest in participating in the study. The study was presented to the SGB during one of their meetings. Permission was given for the researcher to email the study's information and consent forms to parents. Parents were informed of their right to withdraw their child at any time, and the researcher's contact number was shared to address any questions and concerns from the parents.

### **3.5.3 Ethical Issues Related to Sampling**

An ethical issue is any circumstance that may jeopardise at least one socially approved and respected moral value (Drolet, Rose-Derouin, Leblanc, Ruest & William-Jones 2023:2). According to Mehrabi, Morstatter, Saxena, Lerman and Galstyan (2021:4), bias appears in numerous structures and patterns that can result in injustice. For instance, representation bias applies to sampling, and it appears during the data collection process when sampling is done from a population.

The researcher avoided bias during sampling and selected participants according to the inclusion criteria that were set for this study. The investigator did not force qualifying participants to take part in the study unwillingly. No participants were bribed or forced to partake; all participants partook voluntarily, without coercion or victimisation. All collected data were kept confidential, and any data believed to be redundant was omitted and not used for analysis. The participants' freedom to withdraw was emphasised, yet no participants withdrew from this study. It was also

important that the investigator practised bracketing while conducting the interviews, as discussed in Section 3.4.2.1.

### **3.5.4 Sample Size**

A study's sample size is deliberately determined and forms the number of individual cases in a study to ensure that it provides information that can effectively represent the entire population (Mweshi & Sakyi 2020:181). In addition, for a sample to be valid, it must accurately reflect the population it was drawn from and be of a sufficient size to enable meaningful statistical analysis (Obilor 2023:2). Based on reviewed articles, it was discovered that larger sample sizes increase the likelihood of achieving data saturation (Mwita 2022:417). In this study, the sample size was 36 teenage girls, sampled from the population and accessible when data collection commenced.

#### **3.5.4.1 Data saturation**

Data saturation, as defined by Fouché et al (2021:394), is when supplementary information that is collected does not offer new facts. In addition, saturation occurs when researchers reach a stage where they have acquired all the necessary data, and there is no additional relevant information or data that can be gathered from the participants involved in the study (Mwita 2022:414). Saturation indicates the point at which a researcher must cease gathering further data for a specific study (Mwita 2022:414). Thirty-six participants from two different high schools took part in this study. Sixteen participants in grades 10 to 11, aged 16 to 19, were interviewed individually, and data saturation was reached at the 14th interview. However, the researcher continued to collect data to ensure no information was left out or determine if any new and unexpected insights may emerge during further data collection.

Notebooks were issued to 22 participants to allow teenage girls in grades 8 and 9, aged 13 to 15, to share their perceptions about contraceptives' use in writing during their spare time without any disruptions. All participants had one week to complete the notebooks, and two did not submit their narratives. The broad question to be answered for this study was: "What are teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province?"

### 3.6 THE RESEARCH SETTING

The research setting refers to the geographical and social context where a study takes place (Kumar 2020:67). In qualitative studies, the description of the research setting is critical as it affects interpretations of the study's findings (Kumar 2020:67). This study was conducted at two high schools in Tembisa, the second-largest township in the City of Ekurhuleni (Department of Cooperative Government and Traditional Affairs (COGTA) 2021) (see Figure 3.1). Within the Ekurhuleni District, the population of adolescents is approximately 490 702 (13% of the total population) (COGTA 2021).



**Figure 3.1: Tembisa in Ekurhuleni District, Gauteng Province**

Accessed from Maphill 2013

According to South African education statistics of 2021 (Department of Basic Education 2022:18), the Ekurhuleni District has 333 public schools and 126 independent schools. A total of 20 388 learners were enrolled in primary schools, and 270 232 were enrolled in high schools. In Ekurhuleni, 77.9% of the population has completed grade 9 or higher, and 50% has completed matric or higher education. A study Wonder, Mudau and Ncube (2022:19953) conducted in a township close to the schools highlighted that teenagers are involved in multiple sexual relationships because of their desire for wealth, material possessions and limited knowledge about



sexual health. This behaviour contributes to the spread of STIs, unintended pregnancies, and a higher likelihood of adolescent girls dropping out of school (Wonder et al 2022:19953). Based on this determination, the researcher was triggered to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province. Permission was sought from each of the two schools to use a classroom for data collection after obtaining approval from the Gauteng Department of Education and the District Department of Education to conduct the study.

### **3.7 DATA COLLECTION APPROACH AND METHOD**

The term 'data collection' is used in reference to individuals answering research questions and predicting future trends. Data collection refers to the systematic acquisition, assessment, and analysis of accurate information for research purposes, employing commonly accepted and validated techniques. Data, the plural form of datum, signifies multiple pieces of information (Mazhar, Anjum, Anwar & Khan 2021:6).

There are two categories of data collection: primary and secondary. Primary data collection refers to information that is received from participants who directly encountered an incident or occurrence (Sharma 2022:2). Secondary data encompass a wide range of information sources that are not considered primary data. This includes published census data, records, biographies in newspapers, data archives, academic articles, and various databases, among other sources of information (Sharma 2022:6).

For the current study, literature was reviewed to better understand the research topic at hand. Interviews were conducted, and participants' narrative accounts were dissected in order to collect applicable information to thoroughly explore teenage girls' perceptions regarding the use of contraceptives. The researcher collected data from participants aged between 13 and 19 years.

Participants between 16 and 18 years were interviewed, as they were deemed better equipped to articulate their thoughts and had progressed further in their cognitive,

emotional, and social development. Written narratives were collected from teenage girls aged 13 to 15 because they were still undergoing significant cognitive and emotional development. The narrative writing exercise helped them explore their emotions and social situations.

### **3.7.1 Development and Testing of the Data Collection Instrument**

According to Fouché et al (2021:236), a pilot study entails an instrument being tested for validity before the main study is implemented. This process means applying the instrument to a minimal number of participants from the actual test group who will not form part of the sample. Pilot studies are usually referred to as practicability studies that are on a small scale and occur before larger studies to assist the researcher in advancing their larger studies (Williams-McBean 2019:1055).

Informal interviews were conducted with three teenage girls who represented the study's target population. These participants were selected based on the predetermined inclusion criteria. They were not part of the study but were used to test the interview guide, check the effectiveness and success of the data collection methods and questions, and indicate any necessary amendments to the instrument or data collection tool in the qualitative study. A digital recorder was used during the interviews and was pre-tested to check if it was functioning. The researcher also practised using the digital recorder.

### **3.7.2 Data Collection Process**

The researcher collected information from consenting high school teenage girls between the ages of 13 and 19 using semi-structured interviews and narrative accounts (see Appendix 3 for the consent form). English and isiZulu were used during interviews as these are the dominant languages in the area. The interview sessions lasted approximately 30-60 minutes and were audio recorded with participants' consent (see Appendix 5). An interview guide was used to guide the data collection process and prevent deviation from the topic under investigation (see Appendix 6).

Open-ended questions (following a guide) were thus asked, and subsequent probing questions were directed by the participants' responses. These participants were also exposed to Life Orientation lessons in class, which made it easier for the researcher during the interview as participants had some knowledge about contraception.

The researcher also took note of the surroundings during the interviews and attended to nonverbal cues from the participants. A social distance of 1.5m was maintained, all surfaces were sanitised, and the investigator and participants sanitised their hands as a precautionary measure to prevent the spread of COVID-19. Participants who wanted to wear a surgical mask during data collection were allowed to do so and were provided with one if they did not have one. The classrooms where data were collected were well-ventilated with adequate space to allow social distancing. The researcher recruited healthy teenage girls, and no learner showed any signs of being infected with COVID-19 during the interview process.

The individual, semi-structured, in-depth interviews were conducted with an overview of the applicable literature and several open-ended questions were posed (see Appendix 6 - The interview guide). The investigator conducting the interviews had a general understanding of existing studies related to the topic being explored. This understanding of the literature helped shape the interview questions and ensure that the interviews covered key areas of interest. The interviews were conducted after school to avoid disrupting lessons, and participants received takeaway refreshments after their interview session.

Data were also collected using a written narrative, where some teenage girls received a notebook to tell a story about their perceptions regarding contraceptive use in writing. Participants narrated their stories by answering the six questions in the interview guide. The notebooks were labelled as P1 (Narrative), etc., to protect the participants' identities. The researcher collected the notebooks after one week to analyse the data. These younger teenage girls received notebooks because they might not be comfortable expressing their thoughts directly to the researcher. A total of 22 notebooks were issued, and 20 were returned. Those who did not return the notebooks said they did not have time to write their stories. The participants were acknowledged and respected. However, the investigator was not able to gather rich and detailed data

about their perceptions regarding contraceptive use; most responded with only one to two-line answers.

The researcher believed the narrative participants would be comfortable in their own space and would not feel overwhelmed or pressured to answer immediately. The researcher emphasised the importance of the timeframe given to the participants. Participants were also not permitted to ask their friends or anyone else to write for them. During the recruitment, the researcher also emphasised that it is important that the participant who gave consent narrate their own story. This was done to prevent transgression and unethical conduct.

### **3.7.2.1 Interviews**

Interviews are frequently favoured by researchers due to their ability to facilitate a deeper understanding of the genuine sentiments participants express regarding the phenomenon being studied (Mwita 2022:415). Furthermore, in-depth interviews allow investigators to become familiar with their participants, which prompts open and honest answers from the participants (Sharma 2022:4). Interviews can be categorised as structured, semi-structured, or unstructured (Mwita 2022:415). The researcher employed semi-structured interviews to collect data. According to Mwita (2022:425), in semi-structured interviews, researchers create a set of questions to ask participants, allowing room for follow-up questions to gain additional clarification. This type of interview offers greater flexibility compared to structured interviews and can result in the collection of more extensive data. In this study, open-ended, in-depth interview questions were thus asked, and subsequent questions were directed by the response given.

**Advantages of interviews:** Direct interviewing has several advantages. The researcher interviews synchronously, allowing room for flexibility in terms of follow-up questions. Moreover, as the narrative unfolds, the researcher can journey with participants. A lot of data can be collected from a small number of participants, and the individual or group being interviewed is mainly controlled by the researcher (Fouché et al 2021:356). In addition, interviews enable the collection of data that are comprehensive, profound, and detailed, directly from participants. Interviews offer

flexibility in their administration, allowing for adaptability to different contexts and participants. Moreover, interviews provide the interviewer with the ability to clarify questions and provide explanations to the participants, ensuring a better understanding of the inquiry being made (Taherdoost 2021:20).

**Disadvantages of interviews:** Disadvantages of direct interviews include the fact that this process requires a lot of time from both the participants and the researcher. Direct interviews also require the researcher to travel, which may be costly. The interviews should be transcribed, requiring a further time investment (Fouché et al 2021:356). Other challenges associated with interviews include the potential of missing information, the complexity and time-consuming nature of the coding process, the logistical aspect of scheduling interview sessions and determining suitable locations, and the possibility of last-minute changes in plans (Taherdoost 2021:20).

To prevent time being wasted during the interviews, the researcher made a schedule and allocated one hour to each participant. However, the interviews were conducted within 30 to 35 minutes. The researcher also reassured the participants, and they answered questions comfortably.

### **3.7.2.2 The interview guide**

The interview guide consists of two types of questions: main theme questions and follow-up questions. The questions included in the interview guide are designed to gather the necessary data. The importance of an interview guide lies in its ability to elicit unique, profound, in-depth, and spontaneous responses from the participants (Naz, Gulab & Aslam 2022:47). Furthermore, interview guides offer flexibility by facilitating a dynamic dialogue between the interviewer and the participant. They allow for the possibility of adjusting the order of interview questions during the interview process (Naz et al 2022:46). A semi-structured interview guide written in English and isiZulu was used to conduct interviews.

### **3.7.2.3 Probing**

Probes serve as prompts that encourage participants to discuss their perceptions and experiences more openly. Probing enhances the reliability of data by prompting the participant to clarify and elaborate on relevant issues they have raised during the interview (Naz et al 2022:47). Moreover, probing questions can be categorised as verbal or non-verbal. Verbal probes involve techniques such as repeating or rephrasing the participants' words, expressing interest through verbal agreement, or giving the impression that the researcher is aware of relevant information. Non-verbal probing entails maintaining silence (Naz et al 2022:47). The investigator asked for clarification and elaboration on some points to avoid misinterpretations or assumptions, ensuring a more accurate representation of the teenage girls' perspectives regarding the use of contraceptives (see Appendix 6 for the probing questions that were asked).

### **3.7.2.4 Narrative writing**

Narrative writing is defined by Habibi, Sukma, Suriani and PUtera (2020:4376) as wording that attempts to explain an occasion in the same sequence it happened. An advantage of narrative writing is that the written text explains the occasion in a way that the reader visualises the occasion being told. The narrator is also able to repeat their encounter through sensible stories using printed language and figures (Habibi et al 2020:4376).

Small notebooks were provided to 22 participants to narrate their perceptions regarding contraceptive use. Participants between the ages of 13 and 15 received these notebooks since the researcher anticipated that young teenagers in this age range are still facing significant cognitive and emotional development.

### **3.7.2.5 Observation and field notes**

The researcher also made use of observations and field notes to collect data. Observation is a basic technique for collecting data for qualitative studies. First-hand information is collected in a naturally occurring situation. The researcher carefully

looks at the focus of the study and takes note of participants' non-verbal cues, such as facial expressions and gestures (Polit & Beck 2021:352). A disadvantage of observation is that the researcher might disregard some aspects of the situation while attending to others (Grove & Gray 2019:112). For example, the researcher can focus on facial expressions and disregard participants' gestures. One advantage of observation, as mentioned by Busetto, Wick and Gumbinger (2020:3), is that it involves reducing the space between the researcher and the participants, resulting in the researcher acquiring richer information about the real-world aspects of the research problem at hand. Another advantage is that the researcher discovers potential topics they did not realise were relevant.

Field notes are taken in the middle or at the end of observations (Grove & Gray 2019:112). In this study, field notes were taken after the interviews. When field notes are written, the researcher can mirror and reflect critically and distinctly on certain observations, such as the time and environment in which the events happened. Field notes also help the researcher to connect events or cultural views, such as terms, reflections and occurrences (Fouché et al 2021:296).

### **3.8 DATA ANALYSIS**

Qualitative data analysis involves organising, comprehending, and describing data, ultimately deriving significance from the participants' interpretations of the research phenomenon. It entails identifying trends, themes, patterns, categories, and irregularities to make sense of the data (Tabuena & Hilario 2021:5). The method used to analyse the qualitative data collected from the interviews was thematic content analysis. The thematic analysis approach aims to decrease the information into smaller sections, starting by separating the information and then rebuilding it in a new way (Fouché et al 2021:403). The researcher used Braun and Clarke's six-step thematic analysis method.

**Data familiarisation:** The first step is to recognise the data by looking at it repeatedly and thoroughly to become more knowledgeable about the data. This step is important in allowing the researcher to choose the correct information that applies to the research questions (Byrne 2021:1398). In this study, the researcher first listened to

the interview recordings without taking notes and read through the narrative accounts before transcribing the interviews. The researcher verbatim transcribed all the information received after the interviews manually and summarised the narrative accounts.

**Generating initial codes:** The second step, as explained by Byrne (2021:1399), is creating initial symbols, and those symbols serve as the foundational components that will eventually develop into themes. Symbols should be concise yet provide enough information to independently convey the shared characteristics among individual data items in relation to the research phenomenon. In this study, the researcher identified relevant and constant information that was reported and written by the participants. From these, codes were developed, which later became subthemes.

**Searching for themes across the data:** The third step involves producing themes, and it starts when all the applicable facts have been coded (Byrne 2021:1403). In this study, the researcher assembled all the collected information and placed it into categories, themes, and subthemes.

**Exploration of the theme:** The fourth step is exploring possible themes by repeatedly reviewing the participants' transcripts. Themes in connection to the coded data objects and the whole dataset are then developed (Byrne 2021:1404). Relevant, constant, and repeated information was identified in this study to see if it could address the objectives and the research questions.

**Reviewing the theme:** The fifth step, according to Byrne (2021:1407), is explaining and giving themes a name by establishing a comprehensive analysis of the thematic structure. Data were organised and interpreted, and patterns and perceptive ideas were identified. Each theme was then described and labelled to accurately represent the key findings and insights derived from the data.

**Producing the report:** The sixth step entails compiling a report (Byrne 2021:1409). Afterwards, any changes that occurred throughout the data analysis process were documented before the report was finalised.



### 3.9 RIGOUR OF THE STUDY: TRUSTWORTHINESS

Ensuring trustworthiness in qualitative research involves assessing the credibility, transferability, dependability, confirmability, and authenticity of the research design, processes, and actions. Due to its subjective nature, trustworthiness in qualitative research is more intricate than in quantitative research (Kakar, Rasheed, Rashid & Akhter 2023:150). Furthermore, trustworthiness refers to the extent to which readers can evaluate the researcher's integrity in conducting the research and the reasonableness of the conclusions drawn from the findings (Cloutier & Rayasi 2021:114).

**Credibility:** Credibility not only relates to the development of questions and data collection methods by researchers, but also extends to how they interpret and analyse the gathered data (Humphreys, Lewis, Sender & Won 2021:857). The researcher ensured prolonged engagement and continuously observed participants to achieve credibility. Recordings of interviews were kept, and notes were captured.

The integration of data was a crucial part of the final analysis. Additionally, the data underwent verification with the supervisor after being shared with the participants for them to confirm the accuracy of the interpretation. To promote credibility, the researcher dedicated time to follow up with the participants after the interviews were completed, giving them an opportunity to ask questions and seek clarification on any aspects that were not fully understood during the data collection phase.

Member checking was thus done as a means to ensure the research findings' credibility. De Loyola González-Salgado, Rivera-Navarro, Gutiérrez-Sastre, Conde and Franco (2024:3) explain the importance of member checking in qualitative studies by highlighting that researchers should share their research findings with participants to enhance credibility. By sharing the findings with participants, they were able to verify that the findings reflected their perceptions (de Loyola González-Salgado et al 2024:3). The process of member checking, also known as respondent validation, involves seeking feedback from study participants to ensure that the research findings accurately align with their perspectives and experiences. This entails presenting the study's findings and asking participants to verify the findings (Busetto et al 2020:1).

**Dependability:** When the findings of a study are replicated in a similar population, condition, or context, it demonstrates the dependability of the data, indicating consistency across comparable situations (Kakar et al 2023:160). A detailed description of the research process and the researcher's immersion in the study ensured that dependability was achieved. The researcher allowed information to flow from the participants and remained objective. An independent coder's service was also used to check if the findings were consistent.

**Confirmability:** Confirmability means that the study's outcomes, explanations, and accuracy can be agreed on by others (Nassaji 2020:428). To ensure confirmability, the researcher ensured their neutrality, bracketed their preconceptions and approached the study with an open and unbiased mindset, allowing for a more objective exploration and interpretation of the data. Various forms of data were used, including verbal responses, field notes, and audio recordings, to enhance flexibility in the research process.

**Transferability:** Transferability replaces the terms 'external validity' and 'generalisability', focusing on the extent to which the study's findings can be applied to different contexts and environments (Lemon & Hayes 2020:605). The researcher ensured that the context and participants were fully described. In-depth interviews were conducted, and narratives were collected.

**Authenticity:** The term 'authenticity' was proposed by Guba and Lincoln (2005) to address issues such as accountability, empowerment, representation, multiple values, pluralism, and power. They further argued that the trustworthiness guideline is insufficient because it only deals with problems that appear significant from a positivist paradigm (Amin, Nørgaard, Cavaco, Witry, Hillman, Cernasey & Desselle 2020:1479).

The term 'authenticity' has sub-criteria, and the applicable criterion for the study was tactical authenticity. Tactical authenticity is the extent to which participants are authorised to take the actions that the study suggests or put forward (Amin et al 2020:1480). To ensure the authenticity of the study, the researcher recorded the participants' responses during the interviews using an audio recorder. This meant that

information collected from the participants was represented truthfully based on their understanding and knowledge of the research phenomenon. The notebooks given to other participants reflected their individual and unique perceptions. The participants' own words and writing were kept in their authenticated and original state.

To ensure a study's tactical authenticity, confidentiality needs to be maintained. Collected data were kept and stored safely and not linked to any participants. The researcher also did not identify the participants. Consent was requested from the participants and their parents before the data collection phase commenced. The consent form was clear and had enough information about the study to allow participants to make informed decisions about whether to participate (see Appendix 3).

### **3.10 ETHICAL CONSIDERATIONS**

Research ethics is a fundamental principle that is concerned with respecting research participants throughout every study, which involves adhering to established ethical standards and guidelines (Alderson & Morrow 2020:6). The investigator received ethical clearance from the Ethics Committee at the University of South Africa (UNISA), permitting the study's commencement (see Appendix 1). A request for the study to be conducted was also sent to the Gauteng Department of Education, Ekurhuleni Education District, and the principals of the schools involved. These requests were all approved (see Appendix 8, 10 & 12).

The Belmont Report upholds ethical principles by outlining three fundamental precepts: respect for persons, beneficence, and justice (Correia 2023:124). Published in 1979, the Belmont Report is an analytical framework designed to provide guidance in resolving ethical dilemmas that may arise from research involving human subjects (Serpico 2024:2). According to Arrant (2020:6), the philosophical ethical principles of justice, respect for persons, beneficence, and non-maleficence form the solid foundation of research ethics, offering significant strengths to a study's findings. Ethical principles of informed consent, non-maleficence, privacy, anonymity, confidentiality and voluntary participation were upheld throughout this study.

### **3.10.1 Informed Consent**

Obtaining ethically informed consent requires researchers to provide comprehensive information about the study to participants who possess the ability to comprehend the details and willingly agree to participate (Arrant 2020:6). The researcher provided the participants with enough information related to the study (see Appendix 2, the information letter) so that they could decide whether to participate.

Participants must be of the right age and fully aware of the research process before they consent. This is essential to protect their rights, ensure ethical practices, prevent harm, and maintain the integrity of research studies. Permission was requested from the parents who allowed minors to participate in the study (see Appendix 4). The researcher ensured that written and oral audio-recorded consent was received. Those participants who were not minors gave the consent themselves. Participants were not forced and took part in the study willingly. Signed consent forms were kept in a safe and locked in a cupboard.

### **3.10.2 Non-maleficence**

Non-maleficence means not causing any injury, pain, or suffering deliberately or accidentally to research participants (Fouché et al 2021:119). The topic of perceptions about contraceptive use was sensitive, and participants provided sensitive information about their sexuality. Harm, in this instance, may have been psychological, physical, or emotional. Teenage girls may experience psychological harm, such as increased stress or anxiety. Engaging in sensitive topics like contraceptive use can evoke feelings of guilt or shame. Emotionally, teenagers might cry and fear talking to a stranger and sharing such experiences. Physically, the teenagers may experience discomfort and fatigue from answering questions and the time spent during the interview sessions.

To ensure that no harm occurred deliberately, the researcher informed participants of the emotional and physical impact that might occur during the interview process in advance. In addition, referrals to a social worker or psychologist were available, and participants were informed before collecting data that they would be referred

immediately if a need arose. The researcher also gave the teenagers some refreshments after their interview session.

### **3.10.3 Privacy**

The place where data were collected provided privacy. The environment was structured in such a way that the participant was comfortable. Seating was arranged so the interviewer sat across from the interviewee (Fouché et al 2021:124). The researcher conducted interviews in an environment known to the participants (in a classroom), after school, away from any noise. There was also a “do not disturb” sign on the door, and the participants were reassured that their information would not be shared with any other persons.

### **3.10.4 Anonymity**

Anonymity refers to a condition under which researchers are unable to ascertain the personal identities of individual subjects. Furthermore, it entails a process of refraining from collecting data that have the potential to be traced back to an individual (Badampudi, Fotrousi, Cartaxo & Usman 2022:3). In this study, data collected from the participants were not labelled using the participants’ names. Codes were used instead so that participants were not identified. The participants were reassured that their identities would not be disclosed. Teenagers who wrote about their experiences were told not to put their names on the notebooks.

### **3.10.5 Confidentiality**

Confidentiality refers to situations in which researchers possess knowledge of the participants’ identities but take measures to safeguard and protect their personal information. Furthermore, confidentiality entails securing the raw data and sharing only aggregated results that cannot be linked to any specific individual (Badampudi et al 2022:3).

Collected data were kept by the researcher, and only the researcher, independent coder and the supervisor had access to the collected data. The participants were also

not identifiable by the researcher after the study was completed. Participants were numbered in order of the interviews (P1 - Interview) and in order of the narratives (P3 - Narrative).

### **3.10.6 Voluntary Participation**

Voluntary participation means participation that is not forced and is engaged in willingly (Fouché et al 2021:121). The researcher did not pressure participants to take part in the study and explained that they were allowed to withdraw from the study at any time should they no longer want to participate, and that there would be no repercussions should they decide to discontinue. Researchers may prevent participants from withdrawing from a study by ensuring that they give a full explanation of what will take place during the research, what data will be collected, and how the data will be used. The researcher explained their role in this study and what was expected of the participants so that they were fully engaged.

Some risks may occur during research raising ethical issues, and researchers need to know how to minimise them if they arise or how to manage them. For example, intrusion may occur when collected data are accessed by someone other than the researcher. The researcher must ensure that data are protected and no one outside the study will have access to it. Therefore, researchers must have secure data storage, create passwords only known to them for accessing data, and ensure that they inform participants in writing of who will access the data before data collection commences.

Due to the sensitivity of the topic and teenagers' involvement, a debriefing session was organised for the participants after the interview or once they were ready. The participants attended the debriefing session, and a social worker and psychologist from the nearest health facility were made available. The investigator was also available for the participants to ask any questions or raise concerns they might have had.

### **3.11 SUMMARY**

The current chapter outlined the research design and methods used to collect data and data collection tools. Methods used to analyse data were also explained. A description of the study's setting and participants was outlined, and issues related to ethics, consent and trustworthiness were discussed. The next chapter presents the research findings.

## **CHAPTER 4**

### **ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS**

#### **4.1 INTRODUCTION**

The previous chapter described the methodology that was applied to this study and the data collection tools used to find answers to the research questions. This chapter presents the findings from the individual, face-to-face, semi-structured interviews that were conducted and participants' written narrative accounts. The chapter presents participants' knowledge, experiences, and perceptions based on the questions in the interview guide and narrative notebooks. The findings are presented according to themes and further broken down into sub-themes.

This research was conducted in two high schools in the Ekurhuleni District, Gauteng Province. Sixteen semi-structured interviews were conducted to elicit responses from teenagers on their perceptions of the use of contraceptives. Twenty written narratives were also obtained. The purpose of this study was to explore teenage girls' perceptions regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

The following objectives guided the study:

- Explore teenagers' perceptions regarding the use of contraceptives.
- Describe factors that promote their use of contraceptives.
- Describe factors that prevent teenage girls' use of contraceptives.

#### **4.2 DATA MANAGEMENT AND ANALYSIS**

##### **4.2.1 Data Management**

In qualitative research, privacy can be maintained by implementing strategies for data management. These strategies encompass various aspects such as data storage, data sharing and ownership, and record-keeping, all of which contribute to ensuring



confidentiality (Polit & Beck 2021:119). To uphold confidentiality through data management, the researcher refrained from sharing confidential information with individuals other than those directly involved in the study, such as the supervisor and independent coder. Additionally, all research materials, including transcripts and audio recordings, were stored on a computer protected by a password. Physical copies of the written narratives and field notes were kept securely in a locked cupboard. Five years after the study's completion, all electronic information collected during the study will be deleted from the researcher's computer, and the hard copies will be appropriately destroyed. All scrap papers used during the data collection process were subjected to shredding to ensure the complete eradication of any information traces. This meticulous step was taken to ensure that no remnants or evidence of the gathered information remained.

#### **4.2.2 Data Analysis**

Data analysis is a task that is done to minimise, give meaning to and arrange data (Grove & Gray 2019:568). Qualitative data analysis entails the exploration and organisation of visual information to develop explanations about straightforward and indirect structures and dimensions required in meaning-making of the matter and what is portrayed in it (Mezmir 2020:15). To strengthen the researcher's arguments, examples of quotations from the collected data are provided. A thematic analysis method was used to analyse the data collected from the 36 participants. The thematic analysis followed Braun and Clarke's (2006) six-step guide. The researcher thus repeatedly read the data in step one, and the process ensured that initial codes from the data were generated in step two. A broader list of codes was grouped together based on similarities in step three. Candidate themes were reworked and merged, and others were discarded in step four. The themes were reviewed in step five, and step six entailed the presentation of the results. The steps are as follows:

**Step 1:** The researcher listened thoroughly to the interview recordings and read through the narratives before transcribing the recorded information to become familiar with the data.

**Step 2:** The researcher then identified relevant and constant information that was said and written by participants to generate initial codes.

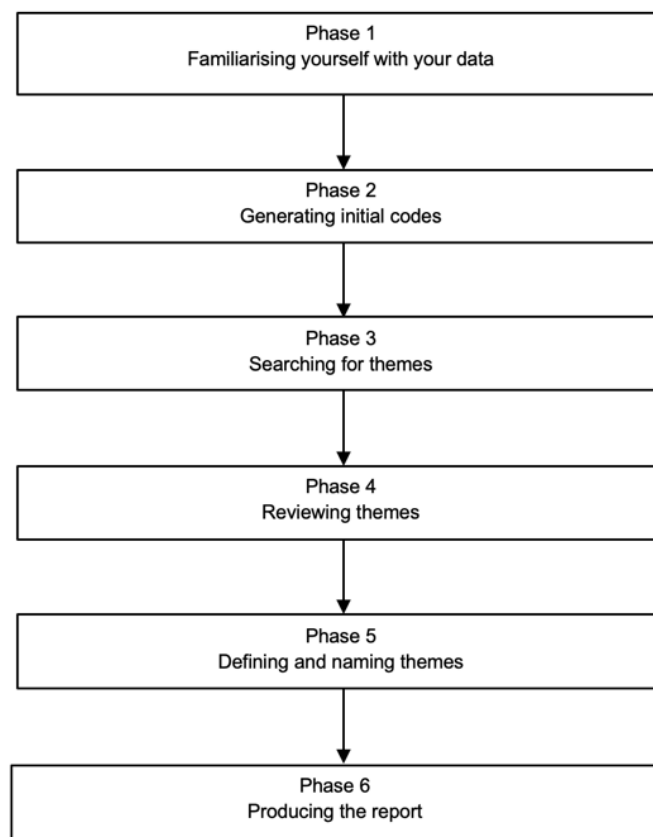
**Step 3:** The information was grouped into classes, contents, and sub-contents to search for themes across the data.

**Step 4:** The researcher identified relevant, constant, and repeated information to determine if the data address the research questions and explore the themes.

**Step 5:** The researcher conducted a thorough examination of the themes by constructing concise yet comprehensive expressions. They achieved this by quoting and comparing various instances of the same content in order to identify consistent opinions or viewpoints.

**Step 6:** The researcher produced the report by documenting and writing down any changes occurring during the process, and completed and finalised the report once it was confirmed that no additional changes were forthcoming.

Consensus was reached about the coded data during a thorough discussion between the researcher and the independent coder. Figure 4.1 illustrates Braun and Clark's six steps of thematic analysis.



**Figure 4.1: Six-step thematic analysis process (Braun & Clarke 2006)**

## 4.3 RESEARCH FINDINGS

### 4.3.1 Sample Characteristics

All the participants were female learners from two high schools in the Ekurhuleni District, Gauteng Province, South Africa. Participants' ages ranged from 13 to 19 years. The majority of participants were in grade 8. Other participants were from grades 10, 11 and 12. Furthermore, a majority of participants were not using contraceptives, and most were not in a relationship. One participant was pregnant, and one had a child. Table 4.1 highlights the participants' demographic characteristics.

**Table 4.1: Sample characteristics**

Factor		Frequency	Per cent
<b>Gender</b>	Female	36	100,0
<b>Age</b>	13 Years	6	16,7
	14 Years	6	16,7
	15 Years	8	22,2
	16 Years	5	13,9
	17 Years	8	22,2
	18 Years	3	8,3
<b>Educational Status</b>	Grade 8	20	55,6
	Grade 10	8	22,2
	Grade 11	3	8,3
	Grade 12	5	13,9
<b>Relationship status</b>	In a relationship	9	25,0
	Not in a relationship	27	75,0
<b>Contraceptive use</b>	On contraceptive	1	2,8
	Not on contraceptive	33	91,7
	Used them before	2	5,6
<b>Children(s)</b>	Yes	1	2,8
	No	34	94,4
	Pregnant	1	2,8
<b>Data source</b>	Interview	16	44,4
	Narrative	20	55,6

### 4.3.2 Presentation of Findings

After the data were analysed, four themes and eight sub-themes emerged from the findings; Table 4.2 presents the themes and sub-themes.

**Table 4.2: Emerging themes**

THEMES	SUB-THEMES
Theme 1: Positive and negative perceptions of contraceptive use	1.1 Positive perceptions of pregnancy prevention
	1.2 Negative perceptions associated with potential health issues
Theme 2: Personal factors influencing contraceptive usage	2.1 Knowledge of contraceptives
Theme 3: Social factors enabling the use of contraceptives	3.1 Peer pressure
	3.2 Influence of male partners
Theme 4: Environmental factors inhibiting the use of contraceptives	4.1 Healthcare workers' attitudes
	4.2 Parental disapproval
	4.3 Community members' negative attitudes

#### 4.3.2.1 Theme 1: Positive and negative perceptions of contraceptive use

Participants shared positive and negative perceptions of contraceptive use, which surfaced as the main theme. Two sub-themes emerged, namely positive perceptions of pregnancy prevention and negative perceptions associated with potential health issues. Their primary positive perception was therefore that contraceptives prevented pregnancy, and their negative perception was that contraceptives are associated with health issues.

### **a) Sub-theme 1.1: Positive perceptions of pregnancy prevention**

It was noted that teenage girls knew contraceptives are a preventative measure against pregnancy and diseases. This was a positive perception of contraceptives and is supported by the following responses:

*“Because they want to protect themselves from falling pregnant. It’s done so the youngsters should not have kids at a young age.”* **Participant 04 (Interview)**

*“So that they don’t fall pregnant and so that they can do all their things while they are still young. Because when they fall pregnant it’s where a lot of things fall apart. As in like they drop out of school. Yes”* **Participant 05 (Interview)**

*“I think the prevention of teenage pregnancy and the fear of, hmm, the feeling of that you have had enough children. Maybe you are 18 years old and have had 2 children so now you feel like at this point you must use contraceptives even maybe you didn’t like them before. Maybe you felt like they harm your body...and as well as for people who don’t want children at all ever in their lives, I think that also encourages the use of contraceptives.”* **Participant 25 (Interview)**

*“Using contraceptives has many benefits. Factors which may influence the use of it include an attempt to prevent pregnancy.”* **Participant 31 (Interview)**

*“There are a lot of teenagers that are sexually active and cannot control their hormone so contraceptive pills are the only way to avoid their pregnancy and also helps with their sexual activities.”* **Participant 30 (Interview)**

*“To prevent disease, to prevent teenage pregnancy. Yes”* **Participant 03 (Interview)**

The younger participants whose data were collected through narratives agreed that contraceptives were good because they prevented pregnancy. The quotations that follow reflect the participants' narrative accounts:

*"They use those pills so that they can't be pregnant, or their parents can't know that the girl is pregnant"* **Participant 13 (Narrative)**

*"Many things such as preventing pregnancy, STI err maybe HIV. Those kinds of things"* **Participant 10 (Narrative)**

*"From getting pregnant. For someone to not have diseases when having sex."* **Participant 19 (Narrative)**

#### **b) Sub-theme 1.2: Negative perceptions associated with potential health issues**

Participants explained their negative perceptions of contraceptives were attributed to their identification of some health issues arising from contraceptive use. Participants were concerned about perceived infertility and changes in the body's structures when using contraceptives.

*"With me mam, I heard that it makes you unstable like you... some people say you won't be able to give birth some say it's a good thing..."* **Participant 31 (Interview)**

*"Yes... [giggles]. Like they are being damaged, they end up having bad bodies, or sometimes their ovaries are also being damaged and you will not fall pregnant again. I think because their ovaries are...If the person engages in sexual intercourse their ovaries when they take the pills ...hmmm I don't know how but I feel like somehow the ovaries are being damaged."* **Participant 06 (Interview)**

*"According to them, they think that prevention is not good err it damages the body coz at some point going forward it may stop you eh, it may*

*damage your womb from giving birth, when time goes on eh that's what they think, yes"* **Participant 01 (Interview)**

*"I think that the use of contraceptives is necessary, but I know from family experience that sometimes they fear using contraceptives because most of my family members were unable to have children after that and some of them struggled to have children. I had a family member who lost their child last year when she was 7 months pregnant and because she has been using contraceptives for the longest time and when she finally had the chance to have a child that was taken away from her."* **Participant 26 (Interview)**

*"Fear of using contraceptives, because some people say that when you use contraceptives, they have some effects on the near future. When you use them at a young age you might get affected earlier and you cannot conceive."* **Participant 07 (Interview)**

*"Hmm, contraception should not be a healthy thing to do because it can mess up your body structure and your inner body. So, hmmm yes"* **Participant 31 (Interview)**

*"But I do have friends who do not like using contraceptives because they feel like it ruins their body, it makes them gain weight and it makes them, I don't know whether to say it makes their body yellow but that's their experiences on using contraceptives."* **Participant 25 (Interview)**

*"So last year in August I decided that I must use contraceptives and when I started using it, I saw changes in my body, I started losing weight, yah so, that's why early January I decided that it's not for me."* **Participant 03 (Interview)**

*"I don't have any experience with using contraceptives because I am not so sexually active, but I do have friends who do not like using contraceptives because they feel like it ruins their body, it makes them gain*

*weight and it makes them, I don't know whether to say it makes their body yellow but that's their experiences on using contraceptives."* **Participant 01 (Interview)**

*"Negative effects such as the changing hormones. I will gain weight, or I will lose weight, those are all the external factors hmmm that influence my thoughts towards prevention, but I am for prevention."* **Participant 02 (Interview)**

The responses from the narratives also highlighted participants' negative perceptions of contraceptives, based on what they had heard:

*"My parents told me that they are not good, and I think they can damage my body system"* **Participant 11 (Narrative)**

*"From what I heard is that contraceptives shouldn't be a healthy thing to do because they can mess up your body structure and your inner body example they say when using the pill too long or the injection you can get infertile (cannot have kids)."* **Participant 35 (Narrative)**

#### **4.3.2.2 Theme 2: Personal factors influencing contraceptive usage**

Bandura's social cognitive theory emphasises the importance of personal factors, such as knowledge, influencing individual behaviour. The second theme considered the concept of personal factors influencing contraceptive use. One sub-theme emerged from this theme, which was knowledge of contraceptives.

##### **a) Sub-theme 2.1: Knowledge of contraceptives**

Personal factors influence individuals' decision to use contraceptives. Of the participants who were interviewed, some demonstrated their knowledge positively influenced contraceptive use. This finding is supported by the following quote:



*“Yes, I do use contraceptives so that I don’t have a child and not to add more problems at home than the ones they already have”* **Participant 02 (Interview)**

However, inadequate knowledge of the effectiveness of contraceptives also impeded some participants’ use of contraceptives. The quotations from the interviewed participants illustrate the influence of knowledge as a personal factor affecting their behaviour towards contraceptives:

*“Maybe some are scared because there are rumours that. I am not sure if it is rumours or the truth, sometimes there is a chance to fall pregnant while using contraceptives”* **Participant 06 (interview)**

*“Well, I don’t have experience, but I know a friend that once took contraceptives and she stopped taking them because she was using them but after she became pregnant, she thought that it was useless to use contraceptives if you still going to fall pregnant.”* **Participant 04 (Interview)**

Younger participants’ responses also highlighted their awareness that contraceptives are useful for preventing pregnancy, in support of the sub-theme.

*“A way of helping girls who are inside a relationship to not have to fall pregnant when they have sex”* **Participant 14 (Narrative)**

*“It helps people not to get pregnant at a young age or maybe if you are having unprotected sex they help you.”* **Participant 17 (Narrative)**

Although participants acknowledged that contraceptives prevent pregnancy, the lack of their effectiveness, as discussed by the interviewees, was also revealed in the written narratives. The quote below supports this sub-theme:

*“I think that using contraceptives is good and bad at the same time because we all know that contraceptives are not 100% safe so whether*

*you use them or not you might get pregnant. It's useless to use something that is not 100% safe."* **Participant 23 (Narrative)**

#### **4.3.2.3 Theme 3: Social factors enabling the use of contraceptives**

Social factors, such as peer pressure and the influence of the male partner, played an important role in shaping teenage girls' behaviours towards contraceptive use. These social factors encouraged the participants to use contraceptives and emerged as sub-themes.

##### **a) Sub-theme 3.1: Peer pressure**

Pressure from peers seemed to play a positive role in the teenagers' decisions to use contraceptives. The pressure influenced them in a positive way and prompted them to use contraceptives. Interviewed participants shared:

*"The, it's because other teenagers are controlled by their peers so that they can use er, contraceptives. Uhm, the other fact is that other teenagers like to go to conclusions, which means they are too young to go there. I think so."* **Participant 09 (Interview)**

*"I don't have any experience using contraceptives, but my friend wanted to experience because some of her classmates told her that they are preventing."* **Participant 07 (Interview)**

*"I have never experienced, I have never gone through them and I have never used them, the contraceptives but according to some of my friends about them, they say that they are very good but at some point, and maybe I can also try in future"* **Participant 01 (Interview)**

The quote from Participant 11's narrative account also concurred with data from the interviews, demonstrating peers' influence on their use of contraceptives:

*“Although I am not an active user of contraceptives, I am aware of many people who are. A vast number of young girls who participate in sexual activities are users of contraceptives who encourage us to use them so that we don’t have babies”* **Participant 11 (Narrative)**

### **b) Sub-theme 3.2: Influence of male partners**

Participants revealed that their boyfriends forced them to use contraceptives, or they made the decision together if their partner initiated sexual intercourse.

*“It is mostly boys, the relationship they go into can allow them to use it. Mostly boys don’t want to be having kids, so they send their girlfriends or their sexual partners to have these contraceptives because the boys don’t want to use condoms or protection.”* **Participant 30 (Interview)**

*“Yes, I do use contraceptives so that I don’t have a child and not to add more problems at home than the ones they already have, and my partner also reminds me”* **Participant 02 (Interview)**

*“Yes, I have used it. It depends on your body and which one you prefer. Either the three months or what’s that thing called... I think the three-month one, my boyfriend said to use it, so that I do not always go to the clinic. It’s injected in the bottom is much better, not the implant.”* **Participant 04 (Interview)**

The data from the narratives also supported sub-theme 3.2, highlighting that pressure from male partners facilitated participants’ use of contraceptives:

*“Being pressured by your partner to sleep with him.”* **Participant 10 (Narrative)**

#### 4.3.2.4 Theme 4: Environmental factors inhibiting the use of contraceptives

Bandura's social cognitive theory describes the influence of other people in the community as part of the environmental factors affecting behaviour. From the analysed data, environmental factors seemed to prevent teenage girls from using contraceptives. The following sub-themes emerged as environmental factors:

##### a) Sub-theme 4.1: Healthcare workers' attitudes

Participants identified healthcare providers and family members were judgemental when teenagers sought contraceptives in healthcare facilities. Participants described that the judgemental attitudes of healthcare workers prevented them from using contraceptives. This sub-theme shows that healthcare workers' attitudes are a serious challenge teenage girls face, as indicated below:

*"Contraceptives, yes. When they arrive at the clinic, they are being judged by the nurses or like other people. Yeah, they'll be telling them that like they are young to use these contra...contraceptives. So, yeah that can prevent a person from using contraceptives."* **Participant 08 (Interview)**

*"Sometimes at the clinic and the nurses give you a bad attitude, they shout at you telling you, you are too young to be using this. Some other challenges you might not fall pregnant in the years to come if you use contraceptives regularly."* **Participant 04 (Interview)**

*"Because when you go to the clinic when you say you want the pills, the nurses will judge you."* **Participant 07 (Interview)**

The data analysed from the narratives also highlighted that negative attitudes among healthcare workers were an inhibitor to teenage girls in Ekurhuleni's use of contraceptives.

*“One day in the future I will need babies and I can’t get them because of contraceptives and also I will be scared to be judged by nurses”* **Participant 21 (Narrative)**

*“Being scared to be judged by the nurses, Parents won’t allow you.”* **Participant 32 (Narrative)**

*“Lack of knowledge. Bad services at health facilities. Fear of being judged. Peer pressure.”* **Participant 34 (Narrative)**

#### **b) Sub-theme 4.2: Parental disapproval**

The participating teenage girls’ parents did not approve of them using contraceptives, which, in turn, influenced their behaviour. Participants shared:

*“My parents don’t know that I am in a relationship and that I am having sexual intercourse and so to prevent...to prevent ahhh it’s a lot of jobs but one of my family members does promote me to use it but my mother... My mother, I don’t think she would like that, like as young as I am uhhm, I’m having sexual intercourse and I have to prevent it. According to them, they think that prevention is not good err it damages the body coz at some point going forward it may stop you, it may damage your womb from giving birth to, when time goes on ehh that’s what they think, yes”* **Participant 01 (Interview)**

*“Errr, the first prevention is the parents, because parents are, sometimes are so strict and sometimes the situation in the house is not good and the other prevention is when you are in an abusive relationship or toxic relationship.”* **Participant 09 (Interview)**

*“Uhhm my parents [laughs] my parents do not fully understand the usage and the reasons for using contraceptives, so each time I bring the topic up, it’s either I’m sidelined, or they just think I am engaging in premature sexual activities and it’s just me wanting to know. I am also afraid of the effects*

*as well, I think some people are afraid of the effects that's why they don't use ama contraceptives, but they are sexually active. The society as well, what the society thinks of them and the treatment they will get around, or at the healthcare centres where they will seek for help.”* **Participant 26 (Interview)**

*“Well, factors that prevent me from using contraceptives is that I would not want my mother to know that I am intimate and that I have a boyfriend...And another factor is that I would not want people to see me in ques err, what's this. Hmmm, family planning ques, because they will say that I am too young to be standing there.”* **Participant 28 (Interview)**

Responses from the younger participants who provided narratives also highlighted the challenge of parental disapproval:

*“It's my parents who don't want”* **Participant 11 (Narrative)**

### **c) Sub-theme 4.3: Community members' negative attitudes**

Community members were identified as having negative attitudes towards teenage girls' contraceptive use. These negative attitudes consequently prevented the teenage girls from using contraceptives. The quotations below support this sub-theme:

*“As I have mentioned, society and we are sort of treated differently from others and that is not nice, it kind of takes a toll on our mental health though we know we are doing better for society even though we are not treated as great.”* **Participant 29 (Interview)**

*“It could be the mindset that society has, they sort of treat you differently apart from the others because they see you as this child who is self-controlling...controls themselves and who wouldn't listen to the elders because elders have this mindset that teenagers should not be in clinics for such things Uhm and things like that.”* **Participant 29 (Interview)**

Similarly, the younger participants also noted the issue of community members' negative attitudes towards teenage girls who sought contraceptives.

*“Some community members/friends judge you and look at you in a bad way. Some families do talk about this and let you know what is the cause of this and they assist you in such a way you can be proud of.”* **Participant 36 (Narrative)**

#### **4.4 DISCUSSIONS OF RESEARCH FINDINGS**

The study sought to describe teenage girls' perceptions of the use of contraceptives. Based on the findings, teenage girls had both negative and positive perceptions of contraceptives. The researcher also found that teenage girls' use of contraceptives was enabled by social factors, such as influence from their male partners and peers. However, environmental factors, such as healthcare workers' attitudes, parental disapproval and the negative attitude of community members impeded their use of contraceptives. In addition, knowledge of contraceptives was a personal factor that affected contraceptive use; the knowledge that contraceptives prevented pregnancy enabled their use, while inadequate knowledge of contraceptives' effectiveness was a hindrance to their use.

##### **4.4.1 Positive and Negative Perceptions of Contraceptives**

The participants held positive perceptions based on contraceptives preventing pregnancy. Their negative perceptions were founded on the belief that contraceptives were associated with potential negative health effects.

###### **4.4.1.1 Positive perceptions of pregnancy prevention**

In this study, participants emphasised their positive perception that contraceptives enable pregnancy prevention. These views that contraceptives are necessary for pregnancy prevention support the findings of a study conducted in South Africa with learners in grades 10 to 12 by Pleaner et al (2022:2); they determined that adolescents had some knowledge of contraceptives. A study in Zambia also concurred that

pregnancy prevention was one key motivator for teenage girls' use of contraceptives, and they feared disruption to their education should they fall pregnant (Chola et al 2022:4). However, a systematic review showed that contraceptives are more likely used by teenagers who are better educated and have more knowledge of contraceptives (D'Souza et al 2022:368). The review further agreed that the need to prevent pregnancy was a factor associated with teenage girls' use of contraceptives. The results are also reflected in findings from a study conducted in Nigeria by Oniso and Tawari (2021:463), who indicated that the first step towards promoting teenagers' use of contraceptives is for them to know what the contraceptives are used for; subsequently, having knowledge is also crucial when it comes to obtaining access to contraceptives. In addition, Jonas, Durby, Maruping, Harries and Mathews (2022:10-11) conducted a study in South Africa and agreed with this statement, since their participants believed the use of contraceptives enables the prevention of unwanted pregnancies. In contrast, a study conducted in Jimma Town, Ethiopia, revealed that high school girls are not aware of contraceptives and condoms' use against STIs and unwanted pregnancy (Tucho, Workneh, Abera & Abafita 2022:8).

Participants' positive perceptions towards contraceptive use align with the personal factors of Bandura's social cognitive theory. Positive attitudes towards contraception included beliefs that contraceptives prevent pregnancy and diseases, which can facilitate consistent and responsible use among teenage girls. Bandura's concept of self-efficacy is thus important in pregnancy prevention. Teenagers showed that they were more likely to engage in consistent and effective contraception behaviours if they had a higher self-efficacy that pregnancy is prevented through contraceptive use.

#### **4.4.1.2 Negative perceptions associated with health issues**

Some participants perceived the use of contraceptives negatively. These negative perceptions were associated with potential health implications, such as gaining or losing weight. Participant 05 noted: "*You become fat and sometimes when the implant is placed, it can be placed in the wrong place. So yes, it can affect your body system*". A few participants also mentioned that they previously used contraceptives and then decided to discontinue because their body weight was affected.



Similar perceptions of contraceptives were found in a study conducted in Missouri, USA, with teenage girls noting that contraceptives resulted in weight gain (Lee 2021:6). The study conducted by Jonas et al (2022:11) supported these findings and indicated that young teenage girls in South Africa did not use contraceptives because of the myths and misconceptions about the side effects of contraceptives, especially the injectable hormonal contraceptives.

Furthermore, this study reported that teenagers' negative perceptions of contraceptives included the belief they prevent a person from having a child in future. These views were shared in the study conducted in Kenya by Calhoun et al (2022:1), who concluded that teenage girls associated hormonal contraceptives with future infertility. Reiterating this fear of future infertility, similar results were reported in a study conducted by Sedlander et al (2022:1) in Ethiopia, where it was found that teenage girls' fear of future infertility was worsened by the belief that husbands abandon infertile women. In the USA, a developed country, Hunter et al (2020:27) described the fear of a foreign body – namely implants and IUDs – prevented young women from using LARCs.

These findings also align with the affective factors of Bandura's social cognitive theory, as participants expressed their experiences with contraceptives and how they have been affected. Affective events impacted the teenagers' emotional well-being, influencing their contraceptive use. Teenagers in this study had negative emotional reactions to potential outcomes of infertility and changes in their bodies' structure. This impacted their willingness to use or consider specific contraceptives.

#### **4.4.2 Personal Factors Influencing Contraceptive Use**

The findings reflected personal factors influencing contraceptive use include teenagers' knowledge about contraceptives, which is crucial for informed decision-making. In this study, the teenagers' knowledge either influenced their perceptions positively or negatively. A Zambian study by Chola et al (2022:2) concurs with these findings, and they report the use of contraceptives among teenage girls was affected by their knowledge of contraceptives. Furthermore, Ofosu and Sam (2020:24317) concluded that adolescents in Ghana had a limited understanding of how to use

contraceptives, indicating a low level of knowledge and their attitudes towards contraceptives led to a preference for non-modern contraceptive methods. The study's findings also support those from another study conducted among students at secondary schools in Tanzania. The Tanzanian study reported that 60% of their participants had some knowledge of at least one contraceptive method; however, despite this knowledge, only 15% had ever used contraceptives (Mbilinyi & Moshiro 2020:7). Mbilinyi and Moshiro (2020:7) thus described this knowledge as unsatisfactory. A systematic review of African studies further explains that even when adolescents possess a high level of knowledge about contraception, it does not result in a corresponding increase in their use of these services (Atuhaire, Ngendakumana, Galadima, Adam & Muderhwa 2021:4294). Bandura's social cognitive theory emphasises personal factors' role in shaping behaviour and learning. When applied to this study exploring teenage girls' perceptions of contraceptive use, personal factors included knowledge of contraceptives, which influenced participants' attitudes towards their use.

#### **4.4.3 Social Factors Enabling the Use of Contraceptives**

Social factors in this study encouraged teenage girls' contraceptive use. Some participants indicated peer pressure and influence from their male sexual partners had a positive effect on their use of contraceptives. Being sexually active and being in a relationship are some of the factors that promote contraceptive uptake. The Zambian study by Chola et al (2022:10) also revealed that the decision to use contraceptives and which contraceptive to use was initiated by teenage girls' boyfriends and partners. These findings that male partners encourage the use of contraceptives contrast with a South African study conducted by Govender et al (2020:7), who found that teenage girls did not use contraceptives, especially condoms, as their partners did not want to use condoms. Moreover, in a review of data from 73 low and middle-income countries, de Vargas Nunes Coll et al (2019:1) determined that teenage girls do not use contraceptives because of the influence of sexual partners. These contrasting findings are expected as their study participants made reference to teenage boys as sexual partners (Govender et al 2020:7), while the study conducted by de Vargas Nunes Coll et al (2019:1) reported teenage girls' sexual partners were older men married to them.

It is evident that social factors played a crucial role in this study's participants' decision to use contraceptives. These findings align with the social factors (influence of peers and male partners) described in Bandura's social cognitive theory. Bandura's social cognitive theory states that individuals are more likely to imitate behaviour modelled by people they perceive as powerful or similar to themselves. Teenage girls therefore used contraceptives because it was used by their peers, and their male partners influenced them easily because of their power as male counterparts.

#### **4.4.4 Environmental Factors Inhibiting the Use of Contraceptives**

The study's findings indicated various environmental factors prevented teenage girls from using contraceptives. Most participants said judgement by nurses and doctors, community members, peers, and their parents was the main reason for them not using contraceptives. A similar study in South Africa found that adolescents wanted parental approval to use contraceptives (Govender et al 2019:2). However, some participants revealed their parents were strict and would not approve of the use of contraceptives.

Participants also perceived judgemental attitudes among nurses prevented them from using contraceptives. In agreement, D'Souza et al's (2022:369) systematic review of global research revealed that healthcare professionals influence individuals' access to contraceptives, choice, and use of methods. Participants claimed they were treated differently and negatively at healthcare centres, which posed a challenge in using contraceptives. The discrimination participants described are in concordance with the findings of a study conducted by Boamah-Kaali et al (2021:175) in Ghana, where it was determined that the poor professional relationship between nurses and adolescent girls resulted in adolescents not using contraceptives. Furthermore, a study conducted in Cape Town, South Africa, also found that poor attitudes among nurses resulted in teenage girls not using contraceptives (Jonas et al 2019:85).

Negative attitudes towards adolescents seeking contraceptives are not only displayed by healthcare workers, but also by community members. A study in Zambia, by Chihana (2021:8), noted that teenagers were afraid of the negative attitudes of elders in the community, which prevented them from using contraceptives. Chola et al (2022:13) recommended in a South African study that parents, family members,

community members and religious groups need to eliminate misinformation about adolescents' contraceptive use by being alerted to their significance and benefits.

#### **4.5 SUMMARY**

This chapter described the findings obtained through the individual, semi-structured, face-to-face interviews and narrative accounts at the data collection stage of the study. The themes and sub-themes that emerged from the transcribed data were presented. The next chapter concludes the study and offers recommendations.

## **CHAPTER 5**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

In the previous chapter, the data were analysed and presented. Coding occurred, and themes and subthemes were formulated to ensure the study's objectives were met. In this chapter, the researcher presents a summary of the main findings. These findings are directly related to the research questions that guided the study and ultimately address the purpose and objectives of the project. The purpose of the study was to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province.

Overall, this chapter summarises the main findings, draws conclusions and provides recommendations to improve reproductive health outcomes for teenage girls. Limitations are also discussed in this chapter. The following objectives guided this study:

- Explore teenagers' perceptions regarding the use of contraceptives.
- Describe factors that promote their use of contraceptives.
- Describe factors that prevent teenage girls' use of contraceptives.

#### **5.2 RESEARCH DESIGN AND METHOD**

Chapter 3 described the research design and method employed in this study in detail. A qualitative, explorative, descriptive design was used to explore teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province. The study was conducted at two high schools in Tembisa. Participants included 13 to 19-year-old teenage girls living in the Ekurhuleni District. Data were collected using semi-structured, individual, face-to-face interviews, field notes and observations. An audio recorder was used to record the interviews. Data were also collected from younger participants' narrative accounts. English and isiZulu were used to communicate with the participants.

According to Grove and Gray (2019: 588), a research design is an outline for managing a study. It increases the researcher's control over factors that could interrupt the validity of the results and directs the application and preparation of a study so that a goal is likely to be achieved.

### **5.3 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS**

#### **5.3.1 Objective 1: Explore Teenage Girls' Perceptions Regarding the Use of Contraceptives**

The findings of the study revealed that teenage girls perceived contraceptives in a negative and a positive way. Participants had positive perceptions of contraceptive use founded on their awareness that contraceptives prevent unwanted pregnancies. They confirmed this knowledge was the reason they used contraceptives. However, negative perceptions were primarily attributed to contraceptives' potential adverse health effects and the idea that contraceptives may cause future infertility. Such adverse health effects included the belief that contraceptives caused weight gain and weight loss.

#### **5.3.2 Objective 2: Describe Factors That Promote Their Use of Contraceptives**

The study revealed that some participants used contraceptives while others had previously used contraceptives but stopped. Teenagers shared that their use of contraceptives was mostly influenced by peers and their male partners who did not want to have children. Male partners thus encouraged the use of contraceptives. This influenced participants positively and increased the likelihood of their contraceptive use.

#### **5.3.3 Objective 3: Describe the Factors That Prevent Teenage Girls' Use of Contraceptives**

The findings determined that most teenage girls did not use contraceptives due to the negative attitudes among nurses and doctors, and participants' personal lack of knowledge of the effectiveness of contraceptives. In addition, judgement from the

community and parents' disapproval hindered teenage girls' use of contraceptives. Some teenagers feared their parents finding out that they were in a relationship.

## **5.4 CONCLUSION**

It was concluded that teenage girls had both negative and positive perceptions of contraceptives. The community, parents and healthcare professionals influence how teenage girls behave and respond to contraceptive use. In addition, potential side effects also prevent some teenagers from using contraceptives. However, if teenage girls are appropriately guided by people they trust, they are more likely to have a changed behaviour and greater acceptance towards contraceptive use.

## **5.5 RECOMMENDATIONS**

This section offers recommendations for policymakers, the Gauteng Department of Health and Basic Education, nursing education institutions, parents, non-governmental organisations, the community and future research regarding teenage girls' use of contraceptives.

### **5.5.1 Recommendations for Policymakers**

Based on the study's findings, it is recommended that policymakers ensure public libraries have contraceptive information for teenagers as they gather in these locations to seek educational information. Social media platforms like Facebook and TikTok need to include contraceptive information specifically targeted at teenage girls, as they allow rapid dissemination of information. Access to educational content, articles and resources that provide information on different contraceptives, their effectiveness, and potential side effects need to be available for teenage girls through various mass media platforms.

### **5.5.2 Recommendations for the Gauteng Department of Health and Department of Basic Education**

It is recommended that the Gauteng Department of Health and the Department of Basic Education collaborate and consider establishing primary healthcare clinics in schools, especially high schools, where contraceptives will be easily available. Healthcare providers should enrol in continuous development programmes that consist of the latest development information and updates regarding reproductive health issues and contraception. This would assist them in providing reliable and correct information to teenagers. Authorities from the provincial health departments should also perform regular spot checks in community health centres to address negative attitudes among healthcare professionals. This is crucial to ensure quality healthcare and a positive outcome is provided for teenagers who visit these facilities, especially for contraceptive services. It is important that teenagers have a positive and pleasant experience at the hands of these healthcare professionals. Ongoing education and training programmes that foster positive attitudes, empathy and effective communication should thus be provided to all healthcare workers. This should include all categories of nurses as well as health educators, social workers, and medical practitioners in all facilities.

The Department of Basic Education should also ensure that textbooks focusing on reproductive health and contraceptives are developed and used in schools. The Department of Basic Education should include contraceptive education in the Life Orientation curriculum, and learners need to be tested on their knowledge. Pamphlets containing contraceptive and sexual reproductive health information should be distributed to schools. This approach could deliver information to shy teenagers who do not seek information themselves or are afraid of any repercussions. They can then read the contents for themselves.

### **5.5.3 Recommendations for Nursing Education Institutions**

Nursing education institutions should develop and implement comprehensive educational programmes that provide evidence-based information to dispel any misunderstandings or false beliefs that may hinder teenagers' acceptance and use of



contraceptives. Peer education programmes should be incorporated into different settings to promote learning and awareness, where knowledgeable and trained peer educators, who are close in age to the target audience, can share accurate information about contraceptives. Nurses should also be equipped with effective counselling and communication skills to engage in non-judgmental and empathetic conversations with teenage girls. Nurses should be trained to actively listen, address concerns, and provide personalised recommendations based on individual needs and preferences.

#### **5.5.4 Recommendations for Parents**

Parents should become involved in sexual and reproductive health education so that they also encourage teenagers to use contraceptives and become a trusted source of information for their children. The SGB can be instrumental in fostering collaboration between schools and parents and facilitating programmes aimed at enhancing teenage contraceptive use. Parents should attend workshops, information sessions, and parent-teacher meetings to discuss the importance of sexual and reproductive health education. Access to educational resources such as pamphlets and books can also help parents to engage in meaningful conversations with their teenagers.

#### **5.5.5 Recommendations for Non-Governmental Organisations**

Non-governmental organisations can also promote responsible contraceptive use in schools by providing education, training, access to services and fostering a supportive environment. They can contribute to the sexual and reproductive health and well-being of teenage girls in a very positive and non-threatening manner by establishing various awareness programmes in schools. These programmes could also take the form of drama productions or puppet shows.

#### **5.5.6 Recommendations for the Community**

The community of the Ekurhuleni District should seek information on sexual reproductive health and contraceptive use. Awareness campaigns should be held in community halls where such matters are discussed and information is shared. The community of Ekurhuleni needs to change negative perceptions about teenagers

using contraceptives and support such decisions. Community leaders, for example, Sangomas, school principals and teachers, priests and pastors have a major role to play in educating their various communities.

Platforms like television and radio stations could also host different speakers who are experts in this field on a regular basis and have chat shows on different reproductive health issues. This information could also be published in community newspapers. Academics facilitating nursing programmes in colleges and universities could post podcasts and TikTok videos on various topics to inform the communities of the importance of contraceptive use among teenagers.

### **5.5.7 Recommendations for Future Research**

Many aspects of this important topic still need to be researched. Future researchers can focus on teenage boys' perceptions regarding their sexual partners' use of contraceptives. Parents' perceptions regarding the use of contraceptives among their teenage girls could also be explored.

## **5.6 CONTRIBUTIONS OF THE STUDY**

The current study contributes to existing literature on what teenage girls think about contraceptives and why some teenage girls use or do not use contraceptives. The findings promote readers' understanding of how teenagers can be encouraged to use contraceptives.

The study also contributes to teenage girls' lives by providing information on preventing teenage pregnancy and promoting responsible decision-making. By equipping teenage girls with accurate and comprehensive information about contraceptives, they can make informed choices regarding their sexual health and take necessary precautions to prevent unwanted pregnancies.

Families and the community at large could benefit from this study by gaining contraceptive knowledge and learning to encourage teenage girls to use contraceptives. When parents and other community members have accurate

information, they can play a crucial role in promoting responsible sexual behaviour and supporting the reproductive health of teenagers. Furthermore, when parents are aware of their teenagers' reproductive health, they can offer appropriate guidance and support and facilitate access to healthcare services. Overall, disseminated contraceptive knowledge to families and the wider community can contribute to improved reproductive health outcomes for teenage girls.

Based on the study's findings, school educators could implement plans to help teenage girls use contraceptives. For this to be successful, all educators need to be trained and informed about contraception issues. Only then will educators be fully equipped to effectively educate and support teenage girls in making informed decisions. The study's findings will serve as a resource for school curriculum developers to create relevant programmes for the effective distribution of contraceptive information.

Clinical practice and policymakers will also potentially benefit from the study by filling in important gaps on how to prevent teenage pregnancy through this population's increased contraceptive use. The findings of the study could be used as a guideline in developing effective teenage pregnancy prevention programmes that may apply to other schools. Collaboration between clinical practice and policymakers will facilitate the connection between research and clinical application, fostering evidence-based decision-making. The findings could also promote comprehensive sexuality education and improve the provision of youth-friendly sexual reproductive health services.

## **5.7 DISSEMINATION OF RESEARCH FINDINGS**

The study's findings will be presented at research seminars and conferences, and articles will be published in accredited journals, both locally and abroad. This will ensure its accessibility to a broader audience and contribute to the existing body of knowledge.

Furthermore, the findings will be shared with the Gauteng Department of Health and the Department of Basic Education so that they are aware of the recommendations to be considered when making decisions and implementing policies related to

reproductive health education in Gauteng. Copies of the completed dissertation will be distributed to both schools' libraries where the study was conducted; this will assist the principals and educators in implementing the recommendations. The researcher will also offer a PowerPoint presentation to the staff of both schools to explain the results in detail.

## **5.8 STRENGTHS OF THE STUDY**

The study's main strength was in the two data collection techniques that were employed since they complemented each other. Written narratives complemented the interviews, enabling younger participants to remember information they might have forgotten to share if interviewed.

## **5.9 LIMITATIONS OF THE STUDY**

- Teenage boys were not included in the study; however, the researcher feels their participation would have increased understanding of this topic.
- The researcher conducted face-to-face, individual interview sessions and collected written narratives from younger participants. However, the participants mentioned that a focus group should have been adopted because when teenagers are together and see one another express their thoughts and feelings, it becomes easier for the rest to talk. The researcher would not have had to probe as much as they did with the individual interview sessions.
- Younger participants are shy and would not be comfortable in an interview.
- The study's findings cannot be generalised to the entire Gauteng Province because data were only collected in the Ekurhuleni District, and only two high schools in the district participated. Therefore, this sample cannot represent the entire Gauteng Province.

## **5.10 CONCLUDING REMARKS**

The study focused on teenage girls' perceptions regarding the use of contraceptives in the Ekurhuleni District, Gauteng Province. The findings demonstrated that a majority

of participants recognised the importance of contraceptives in preventing unwanted pregnancies. This indicates a level of awareness and understanding among teenage girls regarding the benefits of contraceptives. However, some participants expressed concerns about the potential side effects or health risks associated with using contraceptives. A subset of participants also mentioned challenges in accessing contraceptives due to factors such as disapproval among parents, judgemental community members, peers, and healthcare professionals.

It is important to provide accurate information and comprehensive sexual health education to address any misconceptions and alleviate adolescents' concerns. Efforts should be made to improve access to contraceptives for teenage girls, ensuring confidentiality, challenging the stigma surrounding teenage contraceptive use, encouraging parents to have non-judgemental discussions with their teenage girls, and equipping healthcare professionals with knowledge to provide non-judgmental and youth-friendly healthcare services. This can help empower teenage girls to make informed decisions about their sexual health, seek healthcare services without fear of judgement or breach of confidentiality, and reduce the rate of unintended pregnancies.

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## APPENDIX 1: ETHICAL CLEARANCE CERTIFICATE



### COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

26 September 2022

Dear Ms Pretty Thulisine Moloi

NHREC Registration # :

Rec-240816-052

CREC Reference # :

15750523\_CREC\_CHS\_2022

**Decision:**

**Ethics Approval from 26 September 2022 to 26 September 2023**

**Researcher(s) Name: Ms P.T. Moloi**  
**Contact details: [15750523@mylife.unisa.ac.za](mailto:15750523@mylife.unisa.ac.za)**  
**Supervisor(s) Name: Dr. Dr RG Malapela**  
**Contact details: [emalapr@unisa.ac.za](mailto:emalapr@unisa.ac.za)**

Human Science Ethics Committee. Ethics approval is granted for one year.

The **medium risk application** was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the




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confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.


5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act



Yours sincerely,

Signature: 

Prof. KB Khan  
CHS Research Ethics Committee Chairperson  
Email: khankb@unisa.ac.za  
Tel: (012) 429 8210

Signature: PP 

Prof ZZ Nkosi  
Acting-Exécutive Dean: CHS  
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Ethics clearance reference number: 15750523-CREC-CHS-2022

Research permission reference number:

Date:

Title: PERCEPTIONS OF TEENAGE GIRLS REGARDING THE USE OF  
CONTRACEPTIVES IN EKURHULENI DISTRICT, GAUTENG PROVINCE

### **Dear Prospective Participant**

My name is Pretty Thulisine Moloi and I am doing research in the Department of Health Sciences at the University of South Africa. We are inviting you to participate in a study entitled:

PERCEPTIONS OF TEENAGE GIRLS REGARDING THE USE OF  
CONTRACEPTIVES IN EKURHULENI DISTRICT, GAUTENG PROVINCE

#### **WHAT IS THE PURPOSE OF THE STUDY?**

I am conducting this research to investigate teenage girls' perceptions regarding the use of contraceptives.

#### **WHY AM I BEING INVITED TO PARTICIPATE?**

You have been invited to participate in the study because you are a female teenager between the ages of 13 to 19 years of age and wish to participate in the study.

You are in the selected school.

#### **WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?**

You will be required to avail yourself on the scheduled time and date for the interview. The study involves interview sessions that will be recorded and take approximately 60 minutes.

The study also involves a written narrative where participants will be given a notebook and tell a story on how they feel about contraceptives and the notebook will be collected after 1 week.

You will have the right to withdraw from the study at any time with no explanation.

You will be expected to sign a consent form that will only be applicable on this study and the information will only be used for this specific study.

The study will be conducted in 2 high schools in Ekurhuleni.

**Will you gain anything form the study?**

The study will assist you to understand the importance of using contraceptives as a teenager and be able to encourage other teenagers in using them too.

**How will your findings be protected and who will see them?**

Anonymity of your findings will be protected by using codes instead of real names for all participants.

Your privacy will be respected by ensuring that the interview conducted in a private area without interruptions.

Your results will be kept confidential by not sharing the information given with external sources and by safely storing the equipment used for the study under lock and key or encrypted with a password if stored on a compute.

Only the researcher and supervisor will be able to look at your findings.

As soon as data has been transcribed it will be deleted from the records.

Findings will be kept safe by locking hard copies in locked up in a proper safe in the department where the researcher studies, for at least 5 years. The electronic data will be password protected. As soon as data has been transcribed it will be deleted from the records.

**How will you know about the results of this research?**

You will be informed of any new relevant findings by the researcher and all questions will be answered by the researcher should there be any.

Should you wish to know of the findings of the study please contact the researcher Ms P Moloji on 0810406061 or 01124733300 or my supervisor Dr R G Malapela on 0825986881 or 012 429 4506

**Will you be paid to take part in this study and are there any costs for you?**

You will not be paid to take part in this study.

No travel expenses will be paid by participants as interviews will take place at their schools and they will narrate their stories at home or where they are comfortable at

**Is there anything else that you wish to know?**

You can contact Ms P Moloji on 0810406061 or 01124733300 if you have any further questions or have any problems.

You can also contact my supervisor Dr R G Malapela on 0825986881 or 012 429 4506

You will receive a copy of this information sheet and consent form for your own purposes.

**APPENDIX 3: CONSENT FORM**

I, \_\_\_\_\_ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview sessions.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature..... Date.....

Researcher's Name & Surname..... (please print)

Researcher's signature..... Date.....

## **APPENDIX 4: ASSENT FORM**

We ( ) are the researchers from the University of South Africa. We are conducting the research to explore the perceptions of female teenagers with regards to contraceptive use in Ekurhuleni. You are being invited to participate in this study because you are a teenager between the ages of 13 to 19 years old.

For this research, we will provide you with a set of questions (naïve sketches) and request you to respond to questions in writing. There will be no wrong or right answer as these will be your views (perception). You will be given adequate time to write your responses, and then submit these back to the researchers. We will keep all your answers private and will not show them to your teachers or parents/guardians. Only people from University of South Africa working on the study will see them.

We do not think that any big problems will happen to you as part of this study, but you might feel sad when being asked to share your experiences on contraceptive use. You must know that the other learners will not see your answers you have written in the naïve sketches.

By participating in this study, you will be a contributor to the body of scientific knowledge that seeks to explore by means of different methodologies.

You should know that:

- You do not have to be in this study if you do not want to. You won't get into any trouble with University of South Africa, your teachers or school if you say no.
- You may stop being in the study at any time. If there is a question you do not want to answer, just leave it blank (but you are encouraged to answer all questions)
- Your parent(s)/guardian(s) were asked if it is OK for you to be in this study. Even if they say it is OK, it is still your choice whether to take part.
- You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact principal the researcher Pretty Moloji on 0810406061

**Sign this form only if you:**

- have understood what you will be doing for this study,
- have had all your questions answered,
- have talked to your parent(s)/legal guardian about this project, and
- agree to take part in this research.

Your Signature

Printed Name

Date

---

Name of Parent(s) or Legal Guardian(s)

Researcher explaining study.

Signature

Printed Name

Date

## **APPENDIX 5: CONSENT FOR AUDIO RECORDING**

Title: PERCEPTIONS OF TEENAGE GIRLS REGARDING THE USE OF  
CONTRACEPTIVES IN EKURHULENI DISTRICT, GAUTENG

I confirm that I have been informed by the researcher about the nature of the study. I have read / it was read to me, and I understood the information sheet and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care and legal rights being affected. I understand that as the interview is being done and an audio recording of it will be taken. I agree to be audio-recorded.

I am aware that questions on perceptions of female teenagers regarding contraceptive use will be asked. The findings will be anonymously processed into a computerized system.

Should you wish to contact me at any stage regarding consent you can contact me as the principle investigator: Cell: 0810406061 or 0112473300 or my supervisor: Supervisor: Dr R G Malapela Cell: 0825986881 or 012429 4506

I agree to take part in the above-mentioned study. I hereby give consent for my work history to be used as per the above-mentioned conditions.

-----

Name and Surname Signature Date

Translator/Person explaining Consent

-----

Name and Surname of participant Signature Date

## **APPENDIX 6: INTERVIEW SCHEDULE**

**Research title: "Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.**



**Researcher: Ms P T Moloji**

**Instructions to the participants**

Welcome to the interview session that will take about 45 to 60 minutes and to be conducted in English and IsiZulu. The interview will be in 3 parts. Relax and answer questions freely, no one is right, and no one is wrong. Your answers will not be shared with anyone else; confidentiality will be maintained hence you are not to mention your names. Your name will be replaced with a P1 etc, which means participants 1 if you will be the first to do the interview. If you do not feel comfortable or feel overwhelmed during the interview session, inform the interviewer so that you can take a break or withdraw. Once the interview is completed you can ask any questions. The researcher will refer you for debriefing and counselling at the nearest health facility, after the session if you need it.

**Part 1: Warm-up questions with demographic questions**

Age: .....

Grade: .....

Residential area: .....

Parents employment status: .....

How many siblings if any: .....

Do you have any kids? .....

Relationship status: Indicate with a cross x in the relevant box

In a relationship  Not in a relationship

**Part 2: Central questions**

What are your thoughts regarding the use of contraceptives?

Yini oqonda ngayo ngokuphathelene nokusetshenziswa kwezinto zokuvimbela inzalo?

What are your experiences on the use of contraceptives?

Yikuphi okuhlangenwe nakho kwakho ekusebenziseni izinto zokuvimbela inzalo?

What do you think are the factors that promote contraceptive use?

Ucabanga ukuthi ziyini izici ezithuthukisa ukusetshenziswa kokuvimbela inzalo?

What are the factors that prevent you from using contraceptives?

Yiziphi izici ezikuvimbela ukuba usebenzise izinto zokuvimbela inzalo?

What are the challenges you are faced with when you want to use contraceptives?

Iziphi izinselele obhekene nazo lapho ufuna ukusebenzisa izinto zokuvimbela inzalo?

What do you suggest can be done to promote contraceptive use?

Yimaphi amasu angeziwa ukuze kugqugquzelwe ukusetshenziswa kokuvimbela inzalo?

**Probing questions/ words used to dig a bit deeper to elicit good responses.**

Could you clarify what you mean by?

Can you tell me more about?

Can you elaborate more on factors that prevent you from using contraceptives?

How do you feel when you are being judged?

**Part3**

This is nearly the end of the interview session, would you like to ask anything that you need clarity on?

How did participating in the study make you feel?

Will you be available should there be a need for follow-up questions?

Thank you for your time and participation.

The recording will be switched off.

THE END

**APPENDIX 6.1: INTERVIEW TRANSCRIPT AND WRITTEN  
NARRATIVE**

For the sake of confidentiality and anonymity, pseudonyms were used. Interviews were digitally recorded, and permission was obtained for the recording. Interviews were conducted in English and scheduled according to the participant's preferences.

Title: "Perception of teenage girls regarding the use of contraceptives in Ekurhuleni District."

Participant	Question asked	Response
<p>Participant 02</p> <p>17 years old</p> <p>Has no child</p> <p>In a relationship</p> <p>Interviewed 09 May 2023</p> <p>15h00-15h40</p> <p>40 minutes face to face</p>	<p>Introduction</p>	<p><b>Interviewer:</b> Welcome to the interview session participant number 02.</p> <p>Participant 08: Thank you ma'am.</p> <p><b>Interviewer:</b> Err, remember we are not going to be calling you by name, for anonymity and confidentiality. Thank you for taking part in the research.</p> <p>Participant 02: Yes ma'am</p> <p><b>Interviewer:</b> By the way, how old are you?</p> <p>Participant 02: I am 17 years old.</p> <p><b>Interviewer:</b> You are 17 years old, and you are in grade?</p> <p>Participant 02: 10</p> <p><b>Interviewer:</b> In grade 10, err where do you stay?</p> <p>Participant 02: Uhhmm Tembisa ko Essellen Park</p> <p><b>Interviewer:</b> Essellen park Tembisa, and then parent's status, are they working?</p> <p>Participant 02: They are both working.</p> <p><b>Interviewer:</b> Both are working, and many siblings do you have?</p> <p>Participant 02: Three</p> <p><b>Interviewer:</b> You having three siblings, and do you have any kids?</p> <p>Participant 02: No kids.</p>

		<p><b>Interviewer:</b> No kids at the moment, and then relationship status, are you in a relationship?</p> <p>Participant 08: I am in a relationship.</p> <p><b>Interviewer:</b> Yes, you are in a relationship. Thank you, very much participant number two, so I am going to address you as participant number 2.</p>
	<p>What are your thoughts regarding the use of contraceptives?</p> <p>Yini oqonda ngayo ngokuphathelene nokusetshenziswa kwezinto zokuvimbela inzalo?</p>	<p><b>Interviewer:</b> what are your thoughts regarding the use of contraceptives?</p> <p>Yini oyicabangayo ngento zokuvimbela inzalo?</p> <p>Participant 02: Ohh ahmm ngokuya ngami ngibona ukuthi like it's a good thing coz like many families ama situation like awekho right so bringing another baby to the family kuzoba umthwalo kubazali, yes.</p> <p>[Ohh ahmm according to me, like it's a good thing because like many family's situations are not okay so bringing another baby to the family will be a burden to the parents.]</p> <p><b>Interviewer:</b> So, you are saying you see it as a good thing, please tell me more, what do you mean by good?</p>

		<p>Participant 02: As a positive thing because families are not the same and bringing more family members to the family will create a burden in terms of buying food and everything. It will burden the parents.</p> <p><b>Interviewer:</b> Thank you, participant number 2</p>
	<p>What are your experiences on the use of contraceptives?</p> <p>Yikuphi okuhlangenwe nakho kwakho ekusebenziseni izinto zokuvimbela inzalo?</p>	<p><b>Interviewer:</b> and what are your experiences on the use of contraceptives?</p> <p>Ukuthi wena uke wasebenzisa ama contraceptives and yini....</p> <p>Participant 02: Yes, mina ngayapreventa, ukuthi nginga khoni ukuthola umntwana, nginga addi ama problems phezu kwalawa abano ekhaya.</p> <p>[Yes, I do use contraceptives so that I don't have a child and not to add more problems at home than the ones they already have.]</p> <p><b>Interviewer:</b> So, you are using contraceptives, do you know different types of contraceptives?</p> <p>Participant 02: No angazi, ngazi e injection ya 2 months, ye 3 months nama pilisi.</p> <p>[No, I don't know. I only know the 2 month and 3 months injections and pills]</p>

		<p><b>Interviewer:</b> So, which one are you using?</p> <p>Participant 02: I am using the 3 months one.</p> <p><b>Interviewer:</b> You are using the 3 months injection, your experiences. Ikhuphata kahle, ikwenzani? [how does it treat you, what does it do]</p> <p>Participant 02: Ingphatha kahle yona but indlisa kakhulu so, ngi decide uku gyama [It treats me well, but it makes me to eat a lot so, I have decided to exercise]</p> <p><b>Interviewer:</b> Eating too much but you are exercising?</p> <p>Participant 02: Yes</p>
	<p>What do you think are the factors that promote contraceptive use?</p> <p>Ucabanga ukuthi ziyini izici ezithuthukisa ukusetshenzi swa</p>	<p><b>Interviewer:</b> What do you think are the factors that promote contraceptive use?</p> <p>Yini eyenza ukuthi abantu basebenzise ama contraceptives?</p> <p>Participant 02: Ukuthi abanye abafuni ukuzala, yes. [ It's that some don't want to have children]</p> <p>Interviewer: Is because people don't want to get children neh?</p>

	<p>kokuvimbela inzalo?</p>	<p>Participant 02: Yes, at an early stage. Abanye, most yabo [some and most of them]</p> <p><b>Interviewer:</b> At an early age neh</p> <p>Participant 05: Yes.</p> <p><b>Interviewer:</b> So, that will be your reason for doing it now because you don't want children?</p> <p>Participant 02: Yes</p>
	<p>What are the factors that prevent you from using contraceptives?</p> <p>Yiziphi izici ezikuvimbela ukuba usebenzise izinto zokuvimbela inzalo?</p>	<p><b>Interviewer:</b> What are the factors that prevent you from using contraceptives?</p> <p>Actually, because you said you are using them.</p> <p>Participant 02: Yes, ma'am there is nothing, so far for me.</p> <p><b>Interviewer:</b> Okay</p>
	<p>Challenges</p>	<p><b>Interviewer:</b> What are the challenges when you are faced, that you are faced with when you want to use contraceptives?</p>

		<p>Participant 02: Challenges?</p> <p><b>Interviewer:</b> Hmmmm, Iziphi. Mhlambe uya eclinikini uyowafuna, do you experience challenges.</p> <p>[Hmmmm, what. Maybe you go to the clinic for contraceptives do you experience challenges?]</p> <p>Participant 02: Usually I use Endayeni clinic and so far, they have not given me any problems.</p> <p><b>Interviewer:</b> No challenges up to so far?</p> <p>Participant 02: Yes.</p> <p><b>Interviewer:</b> So, they are willing to give you without any questions or whatsoever neh?</p> <p>Participant 02: Yes</p>
		<p><b>Interviewer:</b> Is there anything you want to say?</p> <p>Participant 02: No ma'am thanks</p>



	<p><b>Interviewer:</b> You are okay, so I think we are to the end of the interview session, and</p> <p>you said there is nothing you would like to say, Errhh, how do you feel about participating in this?</p> <p>Participant 02: I feel so happy coz many people aba khoni uku khuluma ngale situation</p> <p>le, nabanye abantu besides abazali babo.</p> <p>[I feel so happy because a lot of people cannot talk about this situation with other people besides their parents]</p> <p><b>Interviewer:</b> Thank you, participant number 2</p> <p>Participant 02: Thank you mam.</p> <p><b>Interviewer:</b> We have come to the end of our session.</p>
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## Participant 22

1. My thoughts about contraceptives is that females use contraceptives before or after losing their virginity. Or at their teenage stage because they are afraid of having children even though they are persuaded to do so.

2. I have never used contraceptives because I know about teenage pregnancy and because any contraceptives have side effects.

3. The factors of using contraceptives is females are afraid to get pregnant and because they know that raising a child is a lot of work to deal with, also want parents to not know that they have lost their virginity.

4. Factors preventing

Being scared to be judged by nurses  
Parent won't allow you

5. Being judged or neglected by your parents, friends and doctors and don't feel comfortable around people that use contraceptives.

## APPENDIX 7: PERMISSION LETTER TO CONDUCT RESEARCH

## **PERMISSION LETTER**

**Research title:** “Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

**Researcher:**

**(Ms Pretty Thulisine Moloji)**

**Request for permission to conduct research at Gauteng Department of Education**

“Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province”

30 June 2022

Department of Basic Education  
Sol Plaatjie House, 222 Struben St,  
Pretoria Central, Pretoria 001  
Tell: 012 357 3000

To the Director

I, Pretty Thulisine Moloji an occupational health nurse at the Gauteng College of nursing: Rahima Moosa Campus, I am doing a Master’s degree. I am requesting permission from your department to allow two of the schools in your district namely, Jiyana Secondary and Tembisa West Secondary, to participate in a study entitled: “Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

The study aims to explore the perceptions of teenagers regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

The study will entail interviewing and narrative writing of teenage girls between 13 to 19 years old in 2 high schools. The teenagers are those who have reached menarche stage, who fell pregnant while at school and had schooling disrupted by pregnancy.

The benefits of this study are to contribute contraceptive knowledge in teenager so that they make correct and sound decisions when using contraceptives. These teenagers will also encourage their peers to use contraceptives so that pregnancy rate can be reduced and they don't get disrupted at school.

Potential risks are physical discomfort, anxiety and fatigue that may arise from being interviewed. Emotionally they may be disturbed and start crying during the interview session. Refreshments will be provided after the interview session. Teenagers will also be referred for counselling at the nearest health facility if there were any risks that emerged from the interview.

The feedback procedure will entail presenting the research findings at research seminars and conferences and articles will be published in accredited journals, both locally and abroad.

Yours sincerely

Ms Pretty Thulisine Moloji

Researcher

University of South Africa

## **APPENDIX 8: GAUTENG PROVINCE DEPARTMENT OF EDUCATION APPROVAL**



## **GAUTENG PROVINCE**

Department: Education  
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

### **GDE RESEARCH APPROVAL LETTER**

Date:	17 January 2023
Validity of Research Approval:	08 February 2023– 30 September 2023 2023/09
Name of Researcher:	Moloi PT
Type of qualification	Masters
Number and type of schools:	2 Primary Schools and 2 Secondary Schools
District/s/HO	Ekurhuleni North

#### **Re: Approval in Respect of Request to Conduct Research**

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below are met. Approval may be withdrawn should any of the conditions listed below be flouted:

*Making education a societal priority*

#### **Office of the Director: Education Research and Knowledge Management**

1. The letter would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. **Because of the relaxation of COVID 19 regulations researchers can collect data online, telephonically, physically access schools, or may make arrangements for Zoom with the school Principal. Requests for such arrangements should be submitted to the GDE Education Research and Knowledge Management directorate.**
4. **The Researchers are advised to wear a mask at all times, Social distance at all times, Provide a vaccination certificate or negative COVID-19 test, not older than 72 hours, and Sanitise frequently.**
5. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s has been granted permission from the Gauteng Department of Education to conduct the research study.
6. A letter/document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs, and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.

12. The researcher is responsible for supplying and utilising his/her research resources, such as stationery, photocopies, transport, faxes, and telephones, and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
13. The names of the GDE officials, schools, principals, parents, teachers, and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
14. On completion of the study, the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
15. The researcher may be expected to provide short presentations on the purpose, findings, and recommendations of his/her research to both GDE officials and the schools concerned.
16. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a summary of the purpose, findings, and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



.....  
Dr. Gumani Mukatuni

Acting CES: Education Research and Knowledge Management

DATE: .....17/01/2023.....

2

*Making education a societal priority*

**Office of the Director: Education Research and Knowledge Management**

7<sup>th</sup> Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gpg.gov.za

**APPENDIX 3: REQUEST FOR PERMISSION LETTER TO  
CONDUCT RESEARCH AT GAUTENG DEPARTMENT OF  
EDUCATION**

**PERMISSION LETTER**

**Research title:** “Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

**Researcher:**

**(Ms Pretty Thulisine Moloi)**

**Request for permission to conduct research at Gauteng Department of Education**

“Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

06 March 2023

The Principal  
Jiyana Secondary School  
116 Dan Nkabinde Road, Tembisa  
Kempton Park  
1632  
Tell: 011 925 1804  
082 561 6552/ 081 240 6913

Dear Sir/Madam

I, Pretty Thulisine Moloi an occupational health nurse at the Gauteng College of nursing: Rahima Moosa Campus, I am doing a Master’s degree. I am inviting your learners to participate in a study entitled: “Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

The study aims to explore the perceptions of teenagers regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

The study will entail interviewing and narrative writing of teenage girls between 13 to 19 years old in 2 high schools. The teenagers are those who have reached menarche stage, who fell pregnant while at school and had schooling disrupted by pregnancy.

The benefits of this study are to contribute contraceptive knowledge in teenager so that they make correct and sound decisions when using contraceptives. These teenagers will also encourage their peers to use contraceptives so that pregnancy rate can be reduced, and they don't get disrupted at school.

Potential risks are physical discomfort, anxiety and fatigue that may arise from being interviewed. Emotionally they may be disturbed and start crying during the interview session. Refreshments will be provided after the interview session. Teenagers will also be referred for counselling at the nearest health facility if there were any risks that emerged from the interview.

The feedback procedure will entail presenting the research findings at research seminars and conferences and articles will be published in accredited journals, both locally and abroad.

Yours sincerely

Ms Pretty Thulisine Moloji  
Researcher  
University of South Africa

## **APPENDIX 10: APPROVAL TO CONDUCT STUDY – JIYANA SEC. SCH**

Jiyana Secondary School

116 Dan Nkabinde Road,

Tembisa

Kempton Park

1632

Tell: 011 925 1804

082 561 6552/ 081 240 6913

University of South Africa  
Pretoria, City of Tshwane  
10003 South Africa  
Tel: +27 12 429 4150  
[www.unisa.ac.za](http://www.unisa.ac.za)





# **APPENDIX 11: REQUEST FOR PERMISSION TO CONDUCT STUDY AT GAUTENG DEPARTMENT OF EDUCATION**

## **PERMISSION LETTER**

**Research title:** “Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

**Researcher:**

**(Ms Pretty Thulisine Moloji)**

**Request for permission to conduct research at Gauteng Department of Education**

“Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

05 July 2023

The Principal  
Tembisa West Secondary School  
1 Morogoro Street, Esiqongweni Section  
Tembsa 1632  
Tell: 011 056 8241

Dear Sir/Madam

I, Pretty Thulisine Moloji an occupational health nurse at the Gauteng College of nursing: Rahima Moosa Campus, I am doing a Master’s degree. I am inviting your learners to participate in a study entitled: “Perceptions of female teenagers regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

The study aims to explore the perceptions of teenagers regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

The study will entail interviewing and narrative writing of teenage girls between 13 to 19 years old in 2 high schools. The teenagers are those who have reached menarche stage, who fell pregnant while at school and had schooling disrupted by pregnancy.

The benefits of this study are to contribute contraceptive knowledge in teenager so that they make correct and sound decisions when using contraceptives. These teenagers will also encourage their peers to use contraceptives so that pregnancy rate can be reduced, and they don't get disrupted at school.

Potential risks are physical discomfort, anxiety and fatigue that may arise from being interviewed. Emotionally they may be disturbed and start crying during the interview session. Refreshments will be provided after the interview session. Teenagers will also be referred for counselling at the nearest health facility if there were any risks that emerged from the interview.

The feedback procedure will entail presenting the research findings at research seminars and conferences and articles will be published in accredited journals, both locally and abroad.

Yours sincerely

Ms Pretty Thulisine Moloji

Researcher

University of South Africa

**APPENDIX 12: APPROVAL TO CONDUCT STUDY – JIYANA SEC.  
SCH.**

No. 1 Esiqongweni Section  
Tembisa 1632  
P. O. Box 210  
1628



Enquiries  
Mr Seleho R.B  
Tel: 011 056 8241/2/3/4  
CELL : 0825529576  
Fax: 086 571 8425

EMIS NO. 400117

Email:tembisawestsec@gmail.com

**RE: Permission Letter To Conduct A Study**

This letter hereby gives permission to the researcher Pretty Thulisile Moloi to conduct a study with teenage girls between the age of 13 to 19 years at the above-mentioned school.

Research topic: Perceptions of teenage girls regarding the use of contraceptives in Ekurhuleni District, Gauteng Province.

Date: 20 July 2023

PRINCIPAL  
RB SELEHO

P. Seleho



Together we can make it

## APPENDIX 13: EDITOR'S CERTIFICATE

# Between lines editing

Leatitia Romero  
Professional Copy Editor and Proofreader  
(BA HONS)

Cell: 083 236 4536  
leatitiaromero@gmail.com  
www.betweenthelinesediting.co.za

15 MAY 2024

To whom it may concern:

I hereby confirm that I edited the dissertation titled: "PERCEPTIONS OF TEENAGE GIRLS REGARDING THE USE OF CONTRACEPTIVES IN THE EKURHULENI DISTRICT, GAUTENG PROVINCE". Any amendments introduced by the author hereafter are not covered by this confirmation. Participants' verbatim quotes were not edited. The author ultimately decided whether to accept or decline any recommendations I made, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work. The author is responsible for ensuring the accuracy of the references and its consistency based on the department's style guidelines.



Leatitia Romero

### Affiliations

PEG: Professional Editors Group (ROM001) – Accredited Text Editor  
SATI: South African Translators' Institute (1003002)  
REASA: Research Ethics Committee Association of Southern Africa (104)

## APPENDIX 14: TURNITIN RECEIPT

PAPER NAME	AUTHOR
<b>Perceptions of teenage girls regarding the use of contraceptives in the Ekurhuleni District%2C Gauteng Province.docx</b>	<b>PRETTY THULISINE MOLOI</b>
<hr/>	
WORD COUNT	CHARACTER COUNT
<b>29879 Words</b>	<b>173043 Characters</b>
PAGE COUNT	FILE SIZE
<b>132 Pages</b>	<b>5.5MB</b>
SUBMISSION DATE	REPORT DATE
<b>May 27, 2024 6:34 AM GMT-5</b>	<b>May 27, 2024 6:41 AM GMT-5</b>
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