High school students' attitudes, practices and knowledge of contraception in Jozini, KwaZulu-Natal

Oni TE, MFamMed
Department of Family Medicine, Faculty of Health Sciences, University of the Free State
Prinsloo EAM, MFamMed
Department of Family Medicine, Faculty of Health Sciences, University of the Free State
Nortje JD, MMed (O & G)
Department of Obstetrics and Gynaecology, Faculty of Health Sciences, University of the Free State
Joubert G, BA, MSc
Department of Biostatics, Faculty of Health Sciences, University of the Free State

Correspondence: Prof. EAM Prinsloo, Department of Family Medicine, University of the Free State, PO Box 339, Bloemfontein, 9300, Tel: 051 401 3307, Fax: 051 401 3312 Email: gndkeamp.MD@mail.uovs.ac.za

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Abstract

This study assessed the knowledge, attitudes and practices of contraception and sexual awareness amongst high school pupils in rural KwaZulu-Natal.

Two hundred males and 200 females from five high schools in the Jozini district completed confidential, self-administered questionnaires in isiZulu.

Almost two-thirds (61%) of the males and only 34.5% of the females indicated that they had girlfriends or boyfriends. Many more males (61.6%) than females (27.8%) indicated that they had engaged in sexual intercourse. The average age of first sexual intercourse was 15.4 years for the males and 16.4 years for the females. The most common contraceptive used among the males was a condom (81.4%) and among females it was the injection (65.4%). There was a high rate of unprotected sexual activity among the respondents, with 75.2% of the males and 61.5% of the females indicating that they had had sex without contraception. Most respondents received contraceptive information from the media. The preferred source of information was a doctor (45% male, 36.5% female). Only 29.1% of the males and 26.4% of the females indicated that their parents had discussed contraception with them. The high level of sexual activity and low contraceptive use put these adolescents at risk of pregnancy and STD infections.

This study indicates that adolescents want to receive information on sexuality and contraception from their doctors.

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Introduction

Unplanned teenage pregnancy constitutes an important health and social problem in South Africa.[1] In the Transkei, the prevalence of adolescent schoolgirl pregnancy was 31.3% in 1996[2,3] and 25% of the mothers were teenagers, 75% of whom were unmarried.[4]

The socio-economic implications of teenage motherhood are many. An increased economic burden is placed on the families, because most teenage mothers are still at school and do not receive financial support from the father.[1] Many of the negative outcomes of teenage pregnancy, however, precede rather than stem from early parenthood.[5]

Studies have shown that sexual maturation and sexual activity initiation are occurring much younger, and this has far-reaching implications for adolescent reproductive health.[2] Due to early maturity, teenagers face many problems, such as inadequate knowledge of reproductive biology, early sexual relationships, limited knowledge of and access to contraceptive methods and therefore a low contraceptive use rate.[6]

A high teenage pregnancy rate implies a major problem with the sexual and reproductive health of the country's youth, and this includes the spread of sexually transmitted diseases. A study of rural South African high school students found that the effective use of contraception was hampered by incorrect and inadequate family planning information.[7] Almost a third (30%) of teenage pregnancies were found to occur amongst 'contraceptive users'.[8] It is therefore not enough just to get teenagers to use contraception. There is a need for adequate information and correct contraceptive usage amongst these teenagers. Some studies, however, have revealed that a high level of sexual knowledge amongst teenagers does not translate directly into low-risk behavior.[9,10]

Countries that have mandatory sex education, adolescent health services and openness to discussing sexual issues in families have shown a

reduction in sexually transmitted diseases and teenage pregnancy.[11] Adolescent pregnancy is not caused by adolescent behaviour alone. According to a study conducted in California on 27 215 adolescent mothers, 50% of the babies were fathered by adults.[12] Therefore, the male role in the problem of teenage pregnancy is important and worthy of consideration.

This study assessed the knowledge, attitudes and practices of contraception and sexual awareness amongst a group of school-going adolescents in rural KwaZulu-Natal.

Methods

The respondents in the study were consenting students from grades seven to 12. Five secondary schools out of the 17 high schools in the Jozini area were chosen by using a random sampling technique (each school was sent 40 male and 40 female questionnaires). The respondents included 200 males and 200 females.

Two questionnaires (one for males and one for females) were developed. They included questions on knowledge of contraception, sexuality and reproductive functions, and on the participants' source of this information. The respondents' attitudes towards using contraception were also determined. Ten males and 10 females from one school (excluded from the main study) took part in a pilot study and the questionnaires were amended accordingly. The questionnaires were translated into isiZulu and, to ensure clarity and accuracy, two groups of translators were used and the translations were compared before a final translation was obtained. Questions were simple and concise.

Principals and teachers helped enlist respondents across the grades. After the study had been explained, the respondents in each grade were enlisted on a voluntary basis. On the day that the questionnaire was administered, the respondents were seated in a classroom and the questionnaire was explained to them. The questionnaire was self-administered, anonymous and placed in a box after completion.

The data analyses were descriptive, and reported percentages and frequencies for categorical data and means and percentages for continuous data.

Participation was voluntary and consent was obtained from the respondents, the Regional Circuit Inspectors for Education, as well as the Headmaster of each participating school. The study was approved by the Ethics Committee of the Faculty of Health Sciences, University the Free State.

Results

Two hundred male and 200 female pupils in grades seven to 12 completed the questionnaires. The mean age of the males was 18.1 years (range 13-26 years) and that of the females was 16.1 years (range 12-28 years). Of the males, 80.5% were aged 15 to 20 years and 82.3% of the females were aged 13 to 18 years. Most pupils lived with one or both parents (70% of males and 78.7% of females).

Sexual maturation and sexual behaviour

The mean age for semenarche and menarche was 15.0 years and 14.4 years, respectively. Almost two thirds (61.1%) of the males and only 34.5% of the females indicated that they had girlfriends or boyfriends. Many more males (61.6%) than females (27.8%) indicated that they had engaged in sexual intercourse. However, from subsequent information in the questionnaire it was deduced that a further 3.5% of the males and 1.0% of the females had engaged in sexual intercourse. The average age of first sexual intercourse was 15.4 years for the males and 16.3 years for the females.

Table I: Types of contraceptives used

Contraceptive	Male		Female	
	n	%	n	%
Respondents using contraception	59	48.8	26	49.1
Withdrawal	4	6.8	1	3.9
Safe period	4	6.8	1	3.9
Injection	-	-	17	65.4
Contraceptive pill	-	-	2	7.7
Condom	48	81.4	2	7.7
Other	1	1.7	-	-

Prevalence of contraception

Of those who indicated that they had had sexual intercourse, 48.8% of the males and 49.1% of the females indicated that they had used contraception. Some respondents answered "no", but in their responses to subsequent questions they indirectly admitted to using contraception. These respondents constituted a further 37.2% and 26.4% for males and females respectively.

The types of contraceptives used are given in Table I. The most common contraceptive used by the males was the condom (81.4%), while among females it was the injection (65.4%). The frequency of contraceptive use by those who have had intercourse is given in Table II. Only 17.8% of the males and 22.5% of the females always use contraception.

There was a high rate of unprotected sexual activity among the respondents, with 75.2% of the males and 61.5% of the females indicating having had sex without contraception. The reasons given for the lack of contraceptive use included ignorance about contraception (33% male, 50% female), unavailability (3.3% male, 0% female), partner did not want it (9.9% male, 6.3% female) and not thinking about contraception at the time of sexual activity (6.6% male, 9.4%

Table II: Frequency of contraceptive use

Response	Males (n=118)		Females (n=40)	
	n	%	n	%
Always	21	17.8	9	22.5
Sometimes	46	39.0	17	42.5
Never	51	43.2	14	35.0

Table III: Source of information on contraception

Source	Males (n=200)		Females (n=200)	
	n	%	n	%
Parents	37	18.5	38	19.0
Siblings	59	29.5	34	17.0
Teachers	68	34.0	9	4.5
Girlfriend	28	14.0	2	1.0
TV/radio/magazine	109	54.5	43	21.5
Doctor	41	20.5	10	5.0
Clinic	59	29.5	36	18.0
Other	25	12.5	1	0.50

female). Of all the respondents, most males (79.7%) stated that they would prefer not to have sex if their girlfriend wanted to have sex without contraception, compared with 95.8% of females. Among the male respondents, 40.9% did not approve of their girlfriend use of contraception, 21.7% approved and 37.4% were unsure. The reasons for not approving included the fear of: contraception causing sterility (27.2%), making the girlfriend promiscuous (35.8%), losing control over the girlfriend (17.3%) and having less enjoyable sex (17.3%). The lowest response for not being in favour of their girlfriend using contraception was the desire to have a baby in order to prove their manhood (1.2%). Many males (62.8%), and fewer females (36.8%), thought it easy to get hold of contraception.

Source of information on contraception

The sources of information on contraception are given in Table III, with most respondents receiving information from the media. The preferred source of contraceptive information was a doctor (45% male, 36.5% female). Only 29.1% of the males and 26.4% of the females indicated that their parents had discussed contraception with them. Three-quarters of these males (74.0%) and females (77.2%) were satisfied with the information they received about contraception from their parents.

Attitude to teenage pregnancy

Most respondents believed teenage pregnancies were wrong (74.8% male, 94.4% female). A few (12.1%) males admitted to having fathered a child and 13.9% of the females had previous pregnancies. Only 7.1% males and 3.1% females indicated being treated for a sexually transmitted disease.

Knowledge of contraception and sexuality

Most respondents (74.2% of males and 72.9% of females) knew that condom use prevented sexually transmitted diseases, and 97.5% of all males and 98.5% of all females indicated that a condom could be used only once.

Half the respondents (48.5% males and 52.4% females) knew that a female could fall pregnant during the first sexual intercourse. Among the female respondents, only 21% knew that conception could take place if they had missed taking their contraceptive pill once. The majority (57.4%) did not know the answer.

Discussion

Due to the cultural sensitivity of the subject, an attempt was made to minimise under- or over-reporting by making the questionnaires anonymous and as simple as possible.

Many of the adolescents in this study were sexually active, with an average age of first intercourse in the mid-teens. Other studies have also found the age of first intercourse to be in the mid-teens.[2,8,13]

In spite of this high sexual activity, contraceptive knowledge and use was very low, with 75.2% of males and 61.5% of females who have had intercourse indicating that they had had unprotected sex. Most respondents (79.7%), however, stated they would not have sex if their partner did not want to use contraception. This reflects a wide discrepancy between the adolescents' attitudes towards and practice of sexual habits. Only half the respondents knew that it was possible to fall pregnant during the first sexual intercourse. A fifth of the females knew that they could fall pregnant if they missed their contraceptive pill only once. The condom constituted the highest percentage (81.4%) of contraception among males, whereas the injection constituted 65.4% and condom use only 7.7% among the females. The low condom use among the females is worrying, because condoms are freely available and the subsequent reduction in STD transmission is widely published. The respondents were, however, not asked whether they had knowledge of their partners' contraceptive use, and this limits the study.

Most of the respondents believed teenage pregnancies were wrong. This differs from the findings of Steven-Simon et al.,[14,15] but is similar to the findings of local studies,[2,9,16] which found that most teenagers do not approve of teenage parenthood.

In this study, the main source of information on contraception was the media. This differs from a Kenyan study, which found the parents to be the main source of sexual information.[17] In a Zimbabwean study, friends, teachers and media accounted for the main sources of information on contraception among adolescents.[6]

The study revealed that most male (45%) and female (36.5%) respondents in this study wanted their doctor to teach them about contraception. The adolescents therefore expect basic information on contraception from their doctors, but do not seem to be getting this information, because only 20.5% of the males and 5% of the females indicated they had received information from their doctor. This differs from a study by Kunene, which found that most schoolgirls (77%) wanted their parents to discuss sexual matters with them.[9] In his review on effective sexuality education for youths, Grazioli also concluded that most teenagers preferred to obtain sexual education from their parents.[18]

Conclusion

The high level of sexual activity and low contraceptive use put these adolescents at risk of pregnancy and STD infection. Family life education should be reinforced in schools. Emphasis should be put on the need to delay sexual activity, but the correct information on contraception must also be given to adolescents. Adolescents should be encouraged to ask about contraception and sexual health at clinics, and all health workers, including nurses and doctors, who are consulted must see every encounter as an opportunity for counselling in reproductive health. This study indicates that adolescents want to receive information on sexuality and contraception from their doctors.

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