



ISSN 2278 – 0211 (Online)

Barriers to the Utilization of Contraceptives by High School Girls in Johannesburg South

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Abstract:

This paper narrates the findings of a study carried out to explore the possible reasons for the none use of contraceptives by sexually active high school girls in Johannesburg South. The research question was: "What are the barriers to the use of contraceptives among sexually active high school girls?" A qualitative approach was identified as having the capabilities to adequately answer the question. Focus group discussions, questionnaires and document analysis were the tools for data collection. The main study participants were sexually active high school girls between the ages of 13 years to 18 years with and without children. These were purposively sampled.

1. Background

Teenage pregnancy is common in many South African High schools. In some cases, learners can mother up to three or four children during their school years. For those who are not courageous enough to carry the pregnancy to full term, the same numbers of pregnancies translate to abortions. This is despite the fact that contraceptives have been made available to every sexually active female. Studies elsewhere have identified teenage mothering as a number one cause of poverty among women and communities. Many teenage mothers fail to realise their full academic potential as they concentrate on raising babies. This loss of schooling becomes the advent of adverse health and social problems as very few manage to pick up the pieces and continue with their education.

Although not available on the school premises, the national government mandated all public health care centres to avail contraceptives to all females in need. Sexually active school girls like any other female can access contraceptives free of charge. School authorities at the same time must allow girls to go and attend to their reproductive health issues.

2. Methodology

The study was explorative in nature hence the researcher adopted a qualitative approach. Finding answers to social issues affecting people's lives can be best done through exploration. Explorative techniques yield qualitative data which is holistic in nature as one try to understand the core issues that shape people's lives (Barbie, 2010). Qualitative research is not only highly interactive as the researcher gets highly involved with research participants to find out what they think about a research topic. The high degree of interaction during this research was necessitated by the use of triangulation which was through focus group discussions, questionnaires and document analysis.

The primary research participants were teenage high school girls who were purposively sampled. Focus group discussions comprised six participants. "One obvious advantage of focus group is that it allows many participants to be interviewed during a single session" (Ravid and Efron, 2013, p. 105). The homogenous nature of the groups facilitated free interaction and encouraged the participants to reveal information that they would not reveal in any other setting.

Reliable officially documented evidence on teenage pregnancy was obtained from local health centres and schools understudy. Reference to recorded evidence brought in authenticity and accuracy. Such records are useful in crafting interventions that mitigate social issues.

3. Data Presentation and Interpretation

To understand the data well, the recorded tapes were played, replayed and listened to for several times. The accompanying responses from questionnaires were also read and re-read while the researcher took note of impressions that emerged from the data. During coding, focus was given on ideas, concepts, interactions, behaviours, incidents, terminology, phrases used as well as references made by participants. The researcher established categories, themes and ideas. Identification letters or abbreviations were assigned to each category for easy retrieval. Any sub category was taken note of. The researcher went on to synthesize to establish deeper meaning and connections within and across categories.

4. The Findings

Findings revealed an escalation in teenage pregnancies despite the availability of contraceptives. Sexually active girls highlighted several reasons for avoiding contraceptives some of which are summarised below.

4.1. Cultural Beliefs and Practices

Majority of South African people associates sex before marriage with promiscuity. The participants highlighted the fact that they will be automatically labelled as prostitutes the moment they reach out for contraceptives. This revelation resonates with researchers Ramakuella, Lebesse, Maputle, and Mulaudzi (2016) who revealed that one of the major reasons why young adolescents do not access and use contraception is the strong culture of the South African people which associates sex before marriage with promiscuity. When asked whether they were not afraid of unplanned pregnancies, close to three quarters of the participants pointed out that they prefer dealing with that when it happens. One participant categorically hinted that she would rather go for a backyard abortion. To further strengthen the issue of cultural influence, Ayalew, Mengistie, & Semahegn, (2014), noted that in a study in Melbourne, it was mainly African-Australian teenagers who were identified as having unplanned pregnancies. Presumably, the indigenous Australians at the time of study at that particular location never had any teenage pregnancies. If this is anything to go by, it may indicate that their cultural practices and beliefs did not demonise engagement in premarital sex hence it was a subject openly discussed. These open discussions could have resulted in teenagers becoming aware of contraceptive methods and used any one of them to prevent unplanned pregnancies which are hindrances to their education.

4.2. Inadequate Knowledge on Sexual Reproductive Health Matters

It was established that sexually active girls lacked knowledge on sexual matters. The participants accused the system which included teachers and parents for failing to educate them about sexual matters. One girl said she would be in a better position to take a wise informed decision about sexual intercourse if only she was equipped with the knowledge. In a similar study in Bangladesh by Shahabuddin et. al (2016), it emerged that there was a challenge of communication about sexual and reproductive health. For instance, during a focus group discussion all the girls agreed that the use of contraceptives causes infertility hence they would rather not take any pill to prevent pregnancy but go for abortions. Stigmatisation and embarrassment by health care professionals

Several participants disclosed embarrassing experiences they encountered when they went to access contraception at the local health care centres. They highlighted that the stigma associated with their so called "promiscuity" also extends to their families hence they would rather have unprotected sex and deal with the consequences. Nurses were accused of going to the extent of drawing the attention of all patients within the vicinity before announcing a girls' reason for visiting the clinic.

4.3. Lack of Communication between Parents and Adolescents

Naturally, parents are considered the first teachers for their children therefore if they introduce sex education; children may understand and embrace it in a positive manner that will help to create a better understanding. The participants mentioned poor communication between them and parents as a barrier to the use of contraception. A sizeable number blamed their parents for not discussing sexual and reproductive health issues with them. As a result, they turn to their peers and social media for the much needed information. This is very misleading in most cases. One respondent in the studies highlighted the fact that parents only talk about sexual intercourse when something goes wrong. Contrary to this finding, Shackleton et.al (2015) stressed the importance of multicomponent interventions that should have parents playing an important role in not only sexual health education but drug and alcohol abuse.

5. Conclusion and Recommendations

It can be concluded that young girls are willing to learn about and use contraception but the systems are failing them. If the adult population could embrace the fact that culture is dynamic, it could go a long way in solving this social problem. This acceptance is important in that it opens channels of communication in communities. Societies should put intensive awareness campaigns that will help both parents and teachers to empower girls with the necessary knowledge. Proper communication dispels myths and misinformation from unreliable sources. As for health care professionals, it must be considered a serious breach of contract when they fail to handle patient information in a confidential manner. Subjecting offenders to severe punishment will deter others from committing such offenses.

6. References

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