AN INVESTIGATION INTO THE HIGH RATE OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS IN FORT BEAUFORT AREA IN THE EASTERN CAPE PROVINCE.

By

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201012347

Mini –dissertation submitted in partial fulfillment of the requirements for the Degree of Master of Nursing Science (Magister Curationis) (Midwifery)

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2013

DECLARATION

On this 16th Day of April 2014, I Thenjiswa Regina Nika, declares that this research is my original work, unless stated otherwise and that it has never been published anywhere before.

Signature:  Date: 16/04/2014

ABSTRACT

The continued increase in teenage pregnancies in Fort Beaufort area in the Eastern Cape Province, prompted the researcher to investigate the reasons for the rise as well as the increase of sexually transmitted infections (STIs) including HIV and AIDS between the ages of 15 to 19 years. Teenage pregnancies are taking place despite the presence of dual protection practice and health care awareness programmes related to health and sexuality education that are carried out by health providers in South Africa. In 2009, the Eastern Cape teenage pregnancy statistics showed a high pregnancy rate of 68, 81% of pregnant pupils per 1000 registered compared to13.9% of 2003 (SA news, 2009 report, 28/08/2009 12:00).The statistics of 2010 delivered teenagers between 15 and 19 years of age in Fort Beaufort hospital revealed an increase in the number of pregnant teenagers.

In the light of the background provided above, this study investigated the underlying cause/s of the high teenage pregnancy rate and high rate of transmission of sexually transmitted diseases, including HIV and AIDS in Fort Beaufort. The objectives of the study were to: investigate the extent of teenage knowledge regarding dual protection practices, STIs including HIV and AIDS infections, and to explore the behaviours and practices of teenagers with regard to prevention of sexually transmitted diseases including HIV and AIDS. The research questions were; what is the knowledge of teenagers in Fort Beaufort area regarding the dual protection practices, STIs as well as HIV and AIDS infections and what are the behaviours and practices of teenagers regarding prevention of STIs including HIV and AIDS infections in Fort Beaufort area?

A descriptive quantitative research design was used in this study. This design allowed the researcher to describe the knowledge and behaviour of teenagers regarding teenage pregnancy including the risk of STIs and HIV and AIDS exposure in Fort Beaufort area. The target population comprised of pregnant teenagers who were 15 to 19 years of age, who were unmarried within the clinics and the hospital in Fort Beaufort area. A convenience sample was used to sample the target population

for the study based on the criteria, and a total of 70 (seventy) respondents served as the size of the sample. A pre-test of the tool was carried out to validate the tool before the actual data collection commenced. Ethical approval was obtained from the University of Fort Hare, the Department of Health, as well as from the Fort Beaufort hospital and clinics. Data were collected by means of self-administered questionnaire. The Statistical Package for Social Sciences (SPSS) version 20 software for windows reference was used as a tool to analyze the data. The results were presented in tables, graphs and pie charts.

The results revealed that 56.9% (n=40) reported to know nothing about family planning, 27.5% (n=19) knew that family planning is about prevention of pregnancy, and mentioned the injection as a method of family planning, and 11 respondents described family planning as a family agreement on something, planning for future babies and going to clinic for an injection. Those who knew about family planning mentioned friends, clinics, schools, family and neighbours as the source of information about family planning.

The response about condom use only 96.1% (n=67) heard about condoms, 66.7% (n=47) who once used the condoms and 72.5% (n=51) showed knowledge about the condom use and 27.5% (n=19) did not know how to use the condoms, 34% (n=24 knew that condoms protects against pregnancy and STIs. 20% (n=14) knew that condoms protects against pregnancy, 37.1% (n=26) knew that condoms protects against STIs and 9% (n=6) who did not know anything about condoms. Regarding knowledge about STIs; 47% (n=33) knew that one gets STIs through sex if slept with an infected partner and that they are infectious but can be treated 45% (n=32) had no knowledge about STIs 7.8% (n=5) knew that one gets STIs when he/she sleeps with a partner without using condoms. Out of the 70 respondents only 3% (n=2) admitted that they have been treated for STIs. The researcher therefore recommends that the Department of Health should extensively reinforce health education on family planning and counseling to clients for better choices of methods including dual protection to prevent pregnancy and STIs, including HIV and AIDS.

ACKNOWLEDGEMENTS

To my heavenly Father who gave me courage and strength throughout my studies. To my loving and caring husband Lizo Allwen Nika who supported me throughout this journey, my son Lona and my family at large, thank you for your understanding and support during this period.

- To my supervisor, Mrs J.E. Bereda-Thakhathi; thank you for your guidance, your support, your patience and for encouraging me throughout.
- To my colleague, friend and sister Mrs N. Pepe; thank you so much for your support.
- To my friend Mrs B E Mahlanyana, thank you once again for your support
- To my colleagues at Victoria Satellite Campus (Lilitha), thank you for your support during my studies.
- To the Department of Health, Nkonkobe Sub-district clinics, Fort Beaufort hospital and to everybody who contributed to the success of this research study, I thank you.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Teenage pregnancy is a global challenge and the United States is reported as having the highest rate of teenage pregnancy even though it is an industrialised part of the world. A study done in Nevada revealed that 34% of teenage girls in the United States of America become pregnant at least once before the age of 20 years (Meana & Thaler, 2004:1). This shows that this problem cuts across all colours, cultures and nations.

With regards to South Africa (SA), a report by the SA news showed that in 2004 there was a high pregnancy rate of 68.81% of pregnant pupils per 1000 registered (SA news, 2009 report, 28/08/2009 12:00). In relation to the Eastern Cape, Berry and Hall (2010) in Statistics on children in South Africa, HIV and Health-Teenage pregnancy revealed that teenage girls (15-19 years) 18% became pregnant in 1998 and 14% in 2008. Although the numbers dropped in 2008, 14% is still too high for young girls whose dreams are curtailed through pregnancy and at times STIs, including HIV and AIDS. The high pregnancy rate in South Africa is a major concern for parents, teachers, health care providers and the government and urgent solutions are required to deal with this problem. In South Africa and the world over, teenagers are not only afflicted with pregnancies when they engage in unprotected sex, but they are also exposed to STIs, including HIV and AIDS.

Bana, Bhat, Godlwana, Libazi, Maholwana, Merafungana, Mona, Mbonisweni, Mbulawa, Mofuka, Mohlajoa, Nondula, Qubekile, & Ramnaran (2010:154-158) reports that South Africa has a major public concern, because there are about 11 million sexually transmitted infection cases that are reported annually and this facilitates the spread of HIV and AIDS. Additionally, teenagers in the 15 -19 year age group, who contracted HIV were 13.7% in 2006; 13.1% in 2007; 14.1% in 2008

and 13.7% in 2009 and 14.0% in 2010 (Department of Health study, 2010) These statistics show that HIV prevalence among 15-19 years old teenagers in South Africa is not dropping but rather becoming higher. It is unfortunate that all this is happening in spite of the presence of health awareness programmes on health and sex education that are provided by health practitioners. In terms of the health programmes that are carried out by health care providers, teenagers are informed about available free contraceptives from the local clinics, hospitals, mobile clinics, as well as at schools through the life orientation subject. During these programmes, teenagers are also encouraged to use condoms as well as a reliable family planning method during sexual activities, if they cannot abstain. The reason why they are encouraged to use condoms is because condoms provide them with dual protection, that is, simultaneous protection against STIs and unwanted pregnancy (Morroni, Myer, Mlobeli, Gutin & Grimsrud, 2007:7).

Simultaneous prevention of unwanted pregnancies and sexually transmitted infections has been identified as an important strategy in the promotion of women and reproductive health, especially for sexually active persons. The concurrently high rates of STIs and unplanned pregnancies make a compelling case for dual protection usage, as indicated in the National Contraception Guidelines (2012: 9) that there is a need for constant promotion of dual method use. Barrier methods, both male and female condoms, should be used in combination with all other contraceptive methods to effectively prevent HIV, STIs and pregnancy. However, even though many efforts have been made so far to reduce the rate of teenage pregnancy, the problem continues to persist, pointing to a need for more active strategies to solve this problem. As a reaction to this need, this study examines the knowledge and behaviours of teenage pregnancy in South Africa, specifically the Fort Beaufort in the Eastern Cape, in order to identify strategies that can be used to alleviate this problem.

Although research studies about teenage pregnancy and the risk of STIs and HIV infections have been carried out in the Eastern Cape, there is no known study that

has been conducted in Fort Beaufort; hence the researcher selected this area. Fort Beaufort is a rural town surrounded by locations, villages and farms.

The main motivation for carrying out this study in Fort Beaufort is the increasing number of teenagers who get pregnant between the ages of 15 and 19 years, as revealed by the 2010 statistics report from Fort Beaufort hospital. The 2010 statistics of delivered teenagers of 15-19 years of age in Fort Beaufort hospital were 14. 7 % in the first quarter, 16.5% in the second quarter, 22. 7% in the third quarter and 20.7% in the last quarter (Fort Beaufort hospital maternity register, 2010). These percentages indicate that teenagers may not be effectively using dual protection or any reliable contraceptive, hence the need to identify measures to curb this problem.

1.2 PROBLEM STATEMENT

Despite the awareness programmes that are rendered by the health care providers in conjunction with media and NGOs' initiatives regarding prevention of teenage pregnancy, STIs including HIV and AIDS infections, teenage pregnancy is still increasing in South Africa as shown by the South African Country Progress Report on HIV and AIDS (Department of Health (2010). This report reveals that according to the Antenatal HIV zero prevalence survey done in 2008, the Eastern Cape Province in 2006 had the prevalence of 28.6%, in 2007 it was 28.8% and in 2008 was 27.6%. Looking at these statistics, the difference between 2007 and 2008 is less than 2% and that has little significance. The researcher has observed this trend irrespective of the presence of the dual protection practices, pointing to a need for this study to identify the causes of teenage pregnancy in Fort Beaufort and measures to curb this problem.

1.3 PURPOSE OF THE STUDY

This study investigates and describes the extent of teenage knowledge regarding dual protection practices, STIs including HIV and AIDS infections, and to explore the

teenage behaviours and practices with regard to the prevention of STIs in Fort Beaufort in the Eastern Cape Province.

1.4 THE SIGNIFICANCE OF THE STUDY

The results from this study will form part of the Department of Health strategies in the prevention of teenage pregnancy and STIs including HIV and AIDS. Again the study will add to the body of knowledge within the area of preventive and promotive health including women's health.

1.5 RESEARCH OBJECTIVES

The objectives of this study are to;

- Investigate and describe the extent of teenage knowledge regarding dual protection practices, STIs including HIV and AIDS infections.
- Explore and describe the behaviours and practices of teenagers with regard to the prevention of sexually transmitted diseases including HIV and AIDS.

1.6 RESEARCH QUESTIONS

The research questions of the study are;

- What knowledge do teenagers have regarding dual protection practices, STIs including HIV and AIDS infections in Fort Beaufort area in the Eastern Cape Province?
- What are the behaviours and practices of teenagers regarding prevention of STIs including HIV and AIDS infections in Fort Beaufort area, in the Eastern Cape Province?

1.7 DEFINITION OF CONCEPTS

Teenage

The term teenage refers to a period between 13 and 19 years old (Hornby, 2005:1520). In this study teenage refers to the age of 15 to 19 years.

Teenager

A teenager is a person who is between 13 and 19 years old (Hornby, 2005:1520). However, in this study, the term teenager will be used to refer to a person who is 15 to 19 years.

Teenage pregnancy

Teenage pregnancy is defined as pregnancy experienced up to and including the age of 19 years, and is frequently further divided into pregnancies up to 15 years of age, and from 15 to 19 years (Macdonald Magill-Cuerden, 2011:186). In this study, the term will be used to refer to pregnant teenagers who are 15 to 19 years old and who are unmarried.

Sexually Transmitted Infection (STI)

A sexually Transmitted Infection is an infection transmitted either by means of sexual intercourse between heterosexual or homosexual individuals, or by intimate contact with genitals, mouth and rectum (Weller, 2005:356).

HIV

HIV stands for Human Immunodeficiency Virus. It is a lent virus (slow virus) that belongs to a group of viruses known as retroviruses and causes AIDS in humans (Weller, 2005:189).

AIDS

Aids stands for Acquired Immunodeficiency Syndrome. It is the late symptomatic stage of a chronic disease caused by a human immunodeficiency virus infection

which progressively impairs the body's cell-mediated immune response to infections and cancers (Weller, 2005: 13).

Dual Protection

Dual protection is the simultaneous protection against sexually transmitted infections and unwanted pregnancies (Morroni, Myer, Mlobeli, Gutin & Grimsrud, 2007: 7).

1.8 RESEARCH METHODOLOGY

Research Design

This study used a descriptive quantitative research design. Descriptive research is the exploration and description of phenomena in real life; it provides an accurate account of characteristics of particular individual, situation, or groups (Burns & Grove, 2009: 25). This design allowed the researcher to describe the knowledge and behaviour of teenagers regarding teenage pregnancy as well as the risk of STIs and HIV and AIDS exposure in Fort Beaufort area of the Eastern Cape Province despite the presence of dual protection practice.

Target Population

Brink, van der Walt and van Rensburg (2012:131) defines the population as the entire group of persons or objects that meets the criteria of interest for the researcher's study. In this study the target population comprised of pregnant teenagers who were 15 to 19 years of age, who were unmarried within the clinics and the hospital in Fort Beaufort area of the Eastern Cape Province.

Sampling

Brink, et al (2012:132) refers to sampling as a process of selecting a sample from a population of study in order to obtain information regarding a phenomenon in a way

that represents the population. A convenience sample was used in this study. Convenience sampling is availability sampling and involves choice of readily available subjects or objects for the study (Brink, et al 2012:140). The available pregnant teenagers who were 15-19 years were selected from all clinics and the hospital in the Fort Beaufort area. These respondents were selected by the researcher because of their relevance to the study.

Sample Size

A sample is a subset of the population that is selected for a particular study (Burns and Grove, 2009:42). The sample size for this study was 70 respondents who were drawn from the available targeted population at the clinics and hospital during the period of data collection.

Inclusion criteria

The sample included pregnant teenagers of 15 to 19 years of age, unmarried who were attending antenatal care at the Fort Beaufort clinics and those who came for admission in the hospital during the time of the study.

Exclusion criteria

The sample excluded pregnant teenagers who were married, those who were attending antenatal care at the mobile clinic and non-clinic attendees.

1.9 DATA COLLECTION

Burns and Grove (2009:43) describe data collection as "the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypothesis of a study". In this study, data were collected by the researcher using structured questionnaire, with closed and open-ended questions. The question had section A for respondents personal data, and section B that was for the attitudes and experiences of teenage pregnant individuals to respond to both open and closed ended questions. The questionnaire was given to the respondents

after obtaining their informed consent. The questionnaire was available in English and was given to the respondents at the clinics and hospital. These questionnaires were completed in the presence of the researcher and collected immediately after completion.

1.10 VALIDITY AND RELIABILITY

Reliability is concerned with consistency of the measurement technique, and validity of an instrument is a determination of how well the instrument reflects the abstract concept being examined (Burns & Grove, 2007:365). The validity of the tool was established in consideration with midwifery clinicians and statistician, and suggestions were considered. The reliability of the tool was tested on the first three respondents at one of the Fort Beaufort clinics.

1.11 DATA ANALYSIS

Data analysis reduces, organizes and gives meaning to the data (Burns& Grove, 2007:41). Polit & Beck (2004:716) define data analysis as the systematic organisation and synthesis of research data, and the testing of research hypothesis using those data. The data analysis method used in this study was the descriptive statistics which were used to describe and summarize data. After collecting data, data were analysed with the help of a statistician. Data was captured and encoded in the form of spread sheets in Microsoft Excel and exported to Standard for Statistical Package for Social Sciences (SPSS) software (Version 20) for analysis.

1.12 PRE-TEST OF THE TOOL

Brink,et al(2012: 174) defines pilot study as a small scale study conducted prior to the main study on a limited number of participants from the population at hand to investigate the feasibility of the proposed study. In this study a pre-test of the tool was carried out. It is important to pre-test the questions in order to identify if they are clear and non-leading. The questions were assessed by the supervisor of the study,

an advanced midwife and a colleague of the researcher to determine the validity of the questionnaire. The first three teenagers that were willing to participate at the clinic were used for piloting the questionnaires and did not form part of the main study. The purpose of the pre-test was to check the reliability of the questionnaire. The questions were found to be clear and non-leading.

1.13 ETHICAL CONSIDERATIONS

This refers to the responsibility of the researcher in conducting research in an ethical manner (Brink, 2012:32). In this study the researcher considered the following;

Approval by Institutional Committees

The researcher requested ethical clearance for doing the research study from the Research Ethical Committee of the University of Fort Hare. Permission to conduct the research was obtained from the Provincial Department of Health, Eastern Cape Province. Furthermore permission was sought from the Fort Beaufort hospital manager as well as the manager of Nkonkobe Sub-district. The purpose of the study was clearly communicated during the processes of obtaining all permissions.

Protection of human rights

- *Right to Self-determination.*

The respondents were informed about the purpose of the study, and were informed that the questions needed their personal experiences and knowledge. Participation was voluntary, that means one had a right to refuse participation in the study. Additionally, the questionnaire was anonymous and consent forms only required signatures. Written consent was obtained from the participants and from the parents of those who were minors, that is those who below the age of 16 years. The minors also assent as individuals to participate in the study.

- *Right to Privacy, Anonymity and Confidentiality.*

  The participants were reassured of their privacy and confidentiality as the questions were answered individually and the information was written down in an anonymous questionnaire.

  The information was kept confidential.

- *Right to Protection from Discomfort and Harm.*

The research study did not cause any physical harm to anyone involved. Temporal discomfort might have occurred to the respondents as the study was investigating their understanding regarding their pregnancies and their behaviours regarding STIs and HIV infection exposure. The respondents were informed that the questionnaire was anonymous, and confidentiality of the respondents was maintained all the time. The respondents were informed about their right to refuse to participate or withdraw at any time.

1.14 RESULTS AND RECOMMENDATIONS

The results were interpreted and recommendations were provided to the Eastern Cape Department of Health and Nkonkobe Sub-district Health Service Manager.

1.15 CHAPTER SUMMARY

This chapter introduced this study by providing a background to the study, a problem statement, significance, objectives of the study and methodology which showcased the research design and data collection procedures. The terms that are mostly used in the study were defined.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Brink,et al (2012:71) states that literature review is a process that involves finding, reading, understanding and forming conclusions about published research and theory on a particular topic. In this chapter the researcher reviews relevant literature on the subject so as to gain more knowledge about the research problem. A review of literature also assists in identifying the methods used in the research, and also the research findings of other researchers in order to be able to use them. The content of the reviewed literature classified as follows:

- Contributing factors to teenage pregnancy;
- Knowledge of teenagers regarding dual protection practice;
- Knowledge of teenagers regarding sexually transmitted infections (STIs)

  Including HIV and AIDS infections;

- Behaviours and practices of teenagers regarding prevention of STIs including HIV and AIDS infections.

2.2 CONTRIBUTING FACTORS TO TEENAGE PREGNANCY

Shisana (2005) is of the opinion that female teenagers are intimidated into sexual relationship to ensure continuity of a relationship. Some girls deliberately fall pregnant,, using pregnancy as a tool to keep their boyfriends. Many young people are negative or lack a vision about their future and what they might become, increasing susceptibility to teenage pregnancy. Langham (2013) identified the following as the causes of teenage pregnancy;

- Peer pressure: the teenagers feel the pressure to make friends and fit in with their peers. They are also influenced to have sex while not knowing the consequences of the sexual act.

- Absent parents: the teen girls are more likely to get pregnant when there is no guidance from the parents.

- Glamorisation of pregnancy: the movie industry and the media contribute to teenage pregnancy by glamorising teen pregnancy in news and movies

- Lack of knowledge: teenagers who are uneducated about sex are more likely to have unintended pregnancies.

- Sexual abuse or rape: teens can become pregnant as results of sexual abuse or rape.

- Teenage drinking: teen drinking can cause unexpected pregnancy.

The Mail and Guardian, (04/10/2011:1) in its health section, quoted an article written by Katherine Child stating that "Teenage moms learn the hard way" that revealed that teenage pregnancy results from factors associated with social conditions under which children grow up, myths surrounding contraceptives and child grants. In another survey that was conducted by Dispatch in the Eastern Cape Province in East London schools regarding teenage pregnancy and its impact, the following results were came to light (Saturday Daily Dispatch May 5, 2012:1):

- Fifty two percent of the respondents said the schools were not teaching enough about sex.

- Most pupils come from big families where alcohol is abused, and the homes are small and they get to see adults having sex and they also want to try it.

- Peer pressure was also blamed as the reason for pupils becoming sexually active as they would call each other names to encourage them to have sex and fall pregnant.

- Some pupils said it is acceptable to be pregnant at school.

- Failure of parents to give guidance to the children. Parents are not free to talk to children are about sex related matters as a result children are easily influenced by others

2.3 KNOWLEDGE OF TEENAGERS REGARDING DUAL PROTECTION PRACTICE USE.

Morroni, et al, (2007:7) state that dual protection refers to simultaneous protection against sexually transmitted infections and unwanted pregnancy, and represent an important option for South African women and men. Morroni et al, (2007: 7) further states that despite the importance of dual protection as a reproductive health intervention in South Africa, there is still little known about the approaches of women and men to achieving dual protection.

The World Health Organization, (2012) explains that contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. The use of modern contraception has globally increased from 54% in 1990 to 57% in 2012. Regionally the proportion of women aged 15-49 years reporting use of modern contraceptives method has risen minimally between 2008 and 2012. In Africa it went from 23% to 24%, Asia remained at 62% and Latin America and Caribbean rose slightly from 64% to 67%. Although this report is not specifically pointing out the teenagers alone, it shows that family planning services are not used well and this is a global challenge; but worse in Sub-Saharan Africa.

Rotermann (2008:1- 4) reported that the Canadian Community Health survey of 2003 and 2005 showed a decline in the proportion of teens who have had sexual intercourse in 1996 /1997 National Population Health Survey report. In 2005 it was reported that 43% of 15-19 year olds reported to have had sexual intercourse compared to 47% of 1996/1997. Condom use was reported by approximately three quarters of sexually active 15-19 years olds who had multiple partners or who were not married. This study included both males and females and the number of the

target population was not stated. This report shows that the teenagers knew about dual protection but consistency of using dual protection was not stated.

Bankole, Ahmed, Neema, Ouedraogo and Konyani,(2007:197-220) conducted a study based on the knowledge of correct condom use and consistency of use among adolescents in four countries in sub Saharan Africa. These countries are Burkina Faso, Ghana, Malawi and Uganda. The age of the adolescents was 15 to 19 years including both males and females and the results with regards to the use of condoms among sexually active adolescents were moderately high. Although the teenagers used condoms, there was no consistency as some adolescents who had sex 12 months before the study had not used the condom.

A study on Contraceptive Knowledge, Perceptions and Use among Adolescents in Selected Senior High Schools in the Central Region of Ghana (Hagan & Buxton, 2012:170) showed that almost 21% of 244 students with knowledge of contraception were users, 82% of sexually active students were non–users, while condoms were the most common contraceptive used. The knowledge about contraceptives was obtained from the media, and friends.

Another study by Tayo, Akinola, Babatunde, Adewunmi, Osinusi & Shittu, (2010:35),on contraceptive knowledge and usage amongst female secondary school students in Lagos, Southwest Nigeria revealed that the participants were single, nulliparous, and of the age range 9 to 19years. Of the 1500, 77% claimed to have knowledge of contraceptives, sources of information being TV/radio 45%; parents 35.0%; from sisters 9.9% and 10% from friends. Those who had no knowledge were 23%. The most common type of contraceptive was the condom (33%).

Asante and Doku (2010:1-7) did a research to evaluate the appropriateness and practicability of condom use Self Efficacy Scale among Ghanaian university students. The condom use Self Efficacy Scale was administered to the participants to assess condom use self-efficacy in order to measure the individual`s perceived ability to use condoms with a higher internal consistency. The findings of the study

revealed that 87.8 % of the participants were single and never married and approximately 82% of them reported being sexually active and only 48% reported use condoms. The researchers of this study did not evaluate the knowledge and attitudes of the participants towards condom use, but the findings indicate low percentage use of condoms. The study also illustrated the influence of cultural diversity on the use of condoms for preventive measures when it comes to condom use self–efficacy. It was also eluded in the study that in Ghana, premarital sex and condom use are taken as a violation of religious, social and traditional norms, hence it is not normally discussed, though 82% of the participants were sexually active and vulnerable to HIV and STI infections, therefore dual protection was recommended (Asante & Doku 2010:5).

The campaign of "Love Life" has run since 1999 and uses a wide range of media directed mainly towards teens. It also runs youth centres in the country (South Africa) which provides sexual health information, clinical services and skills development. Despite the improved rich awareness campaigns, accurate knowledge about HIV and AIDS remains poor. The campaign showed that there is a lack of knowledge on how to prevent transmission of sexual transmission of HIV (South African Department of Health 2010). The report further indicated that condom use in South Africa is growing with the percentage of those using a condom during their last sexual encounter increasing from 27% in 2002, 35% in 2005 to 62% in 2008.

Van Loggerenberg, Diester, Sobieszczyk, Werner, Grobler, et al (2012) conducted a study in KwaZulu- Natal on HIV Prevention in High Risk Women in South Africa: Condom Use and the Need for Change. The results of the study revealed that the participants had a high level of knowledge about HIV. Of 245 participants, 60.3% reported condom use. Those who reported condom use at last sexual counter varied by partner type, 57.0% with steady versus 64.4 % with casual partners. Condom use was lower with steady partners compared to casual partners, and those with high school education were more likely to use condoms than those with primary education.

The National Communication Survey (2009) also revealed that in South Africa, condom use is at lowest in married or living together relationship and highest among people with fewer relationships. The age group of the population in this survey report is not stated, but the researcher observed that teenagers of 15-19 years of age were mostly not married in South Africa as they are still of school going age group. This report shows that the unmarried know about the condom use but consistency of condom use is not stated.

Kleinschmidt, Maggwa, Smit, Beksinska and Rees (2003:854-857) also conducted a survey to determine the prevalence and co-factors associated with the practice of dual protection against sexually transmitted infections and unwanted pregnancies in a cross sectional sample of South African women using the target population of women between the ages of 15-49 years. The survey included issues related to health status, reproduction health, fertility, child health, knowledge and attitudes related to health matters.

The findings of this study indicate that out of 11735 women who were interviewed 51% reported that they had had sexual intercourse within the last 4 weeks of interview out of which only the 10.5% of sexually active women used a condom, therefore were dually protected. The 6.3% of sexually active women used two methods assuming to be the hormonal method and barrier method, only 2, 5% stated that condom was their contraceptive method and 88% reported the use of a condom at their last intercourse. This is indicative of the fact that the group knew about condoms but was not using the condoms consistently. The study also revealed that the participants showed no evidence of knowledge that condoms were used as dual protection as some reported to use them for pregnancy prevention and some for STIs prevention. This information is still relevant to the researcher's study as the teenagers of 15-19years are included in the survey population.

2.4 KNOWLEDGE OF TEENAGERS REGARDING SEXUALLY TRANSMITTED INFECTIONS INCLUDING HIV AND AIDS

2.4.1 SEXUALLY TRANSIMITTED INFECTIONS

As stated in Chapter 1, sexually transmitted infections (STIs) are infections transmitted either by means of sexual intercourse between heterosexual or homosexual individuals, or by intimate contact with genitals, mouth and rectum (Weller, 2005:356). Sellers (2005:1070-71) describes the general predisposing causes of sexually transmitted diseases as follows:

- Increasing sexual activity in the younger generation.
- Changing customs, traditions and beliefs of various population groups.
- Increased mobility of population groups.
- Migration of people from rural to urban areas.
- Increasing extra--mural sexuality in both partners.
- Differences in knowledge, beliefs and values of various people, together with a lack of health education.
- Increasing unemployment and prostitution rate.

Sexually transmitted infections are classified into different types according to the causative organisms by Sellers (2005:1071-1093) as shown in Table below.

Table 2.1 Classification of STIs

CLASSIFICATION	CAUSATIVE ORGANISM
Syphilis	Treponemapallidum
Gonorrhoea	Neisseria gonorrhoea
Chlamydia	Chlamydia trachomatis
Herpes simplex virus	Herpes simplex virus
Genital warts	Human papilloma virus
Chancroid	Haemophilusducrey
Pelvic inflammatory disease(PID)	Neisseria gonorrhoea
Human immune-deficiency viral infection	Retro-virus

Sellers (2005:1090) further states that pelvic inflammatory disease is the most serious result of sexually transmitted diseases in teenage and young adults. About 70% of those infected are younger than 25 years and it is more likely to develop in nulliparous women than multiparous women. This report also shows that teenagers who are sexually active and not using dual protection are exposed to pelvic inflammatory disease.

Condon, (2010) reported that teens have poor knowledge of STIs and indicated that young Irish adults believe that the social stigma attached to contracting a sexually transmitted infection is worse than the stigma of having an unplanned pregnancy. Furthermore this researcher stated that while young Irish people's awareness of the term STI is relatively high, their knowledge of specific STIs and their respective symptoms and consequences remained low. Samkange-Zee, Spallek, and Zeeb (2011:727) also conducted a research study on Awareness and knowledge of sexually transmitted diseases (STD) among school – going adolescents in Europe: a systematic review of published literature. The 15 studies that were reviewed were all cross – sectional surveys conducted among school attending adolescents aged 13-20 years. The study focused on awareness and knowledge being assessed in depth mainly for HIV and AIDS and HPV, and some extent chlamydia. For syphilis gonorrhoea and herpes only awareness was assessed. According to the results, awareness was high on HIV and AIDS (above 90%) and low for HPV (range from 5.4%-66%). Despite the knowledge that condoms helps protect against contracting an STD, some adolescents still regarded condoms primarily as an interim method of contraception before using the pill.

2.5 BEHAVIOURS AND PRACTICES OF TEENAGERS, REGARDING PREVENTION OF STIs INCLUDING HIV AND AIDS.

The Centres for Disease Control and Prevention in United States (CDC, 2011: 4-5), did a survey among United States high school students in 2009 about sexual risk behaviour: HIV, STI and Teen pregnancy prevention. The study reported that 46% never had sexual intercourse; 34% had sexual intercourse during the previous three months; 39% of the students did not use a condom the last time they had sex, 77%

did not use the birth control or Depo- Provera to prevent pregnancy the last time they had sex and 14% had sex with four or more people during their life time.

The researcher observed that, although the sample size was not stated, the percentage of those who did not use condoms during sexual intercourse was high. The study concluded that these students exposed themselves to the risk of STI and HIV, as well as to teenage pregnancy as some of them did not use condoms or any other contraceptive method. The exposure to STIs is further confirmed by this survey whereby it states that 8.3000 young people aged 13-24 years in the 40 states had HIV infection in 2009. It was also reported that 19 million new STI cases each year were among the young people of 15-24 years of age and more than 400 000 teenage girls aged 15-19 years gave birth in 2009. (Centers for Disease Control and Prevention, 2011: 5).

The South African Department of Health, (2010) also conducted a study on HIV prevalence in antenatal clinics across the nine provinces. The sample comprised of 32,225 women attending 1.424 clinics. The results estimated that 30.2 % of pregnant women aged 15-49 were living with HIV in 2010. The Eastern Cape Province recorded 29.9 % reflecting an increase when compared to previous reports.

Peltzer and Promtussananon (2005:1) conducted a study aimed at assessing HIV and AIDS knowledge and sexual behaviours among Junior Secondary School students in South Africa, using a cross-sectional survey design. The sample consisted of 3150 students. The sample included both males 44.1%, and females 55.9%, age ranging between 13 and 24 years. The findings of the study indicate that 46% of the 16 year old males and 20% of the females were already been sexually active. Among the participants 63.8% of males and 78.7% of females used a condom at their first sexual intercourse, but 44% of them did not use a condom during their last sexual intercourse. Twenty five point six percent (25.6%) of these students indicated that they had sex with much older people and this common amongst females than males. One of the reasons why girls have sex with older people is to get gifts from them. This study is relevant to the current study because it

covers the research problem of this study as well as the age bracket of teenagers who are exposed to HIV and AIDS infection including other STIs.

Bana,et al (2010:154-158) conducted another study aimed at assessing the youth's knowledge, attitudes and behaviours regarding STIs, teenage pregnancy, contraception and substance abuse in the Mhlakulo region of the Eastern Cape Province. The findings of this study revealed that 56% of the learners knew about STIs from health ca--re workers, the media, educators, school and friends. Among the sexually active, 54% of the learners reported condom use, 62% used them consistently, 7.33% were promiscuous had more than 5 sexual partners. Among females, 12.8% had been pregnant and a 16 % of them still wanted to be pregnant. Twenty two percent of these learners admitted to using drugs at some time and that could be the reason why they engaged in unsafe sexual behaviours. These findings show that the teenagers are exposed to the risks of STIs, HIV and AIDS and pregnancy which could be due to lack of knowledge or their attitude towards dual protection that leads to unsafe sexual behaviour.

Johnson, Kincard, Laurence, Chikwana, Delate, and Mahlasela , (2010:3-5) in their survey that was carried out in 2009 stated that, although knowledge of the importance of condoms as an HIV prevention measure in Eastern Cape was very high (at 74-92 %) based on education level, condom use was uneven. This showed that more knowledge was needed to reach those who do not condoms and those who were likely to know that faithfulness, reduction in sexual partners and abstinence are crucial methods in the prevention of HIV.

Govender in (Sunday Times, 15/4/2012:6) reported that teachers blame poor sex education for the increase of teenage pregnancy in schools. as evidenced by the statistics of July 2008 to July 2010 which showed that about 160754 teenager became pregnant during the time. This statement is supported by the confession of an 18 year old who said that "she was in love but did not know the consequences of having sex".

Hoque, (2011:158) in an article on reported that there were high risky sexual practices amongst female undergraduate students in KwaZulu Natal and stated that South Africa`s HIV prevalence amongst youths aged 15- 24 is higher than in other age groups, and female youths have a higher rate of 16.9 % compared to male youths who had 4.4% being positive.

Hogue, (2011) further stated that there is a huge campaign in South Africa to reduce the incidence on HIV through condom promotion, STI treatment programmes, the HIV and AIDS Life Skills interventions, and through mass media communication. Despite these measures, South African youth continue to engage in risky sexual behavioural practices. The study revealed that out of 391 students, 52.4% of the female students were sexually active, and among the sexually active 89.3 % had an on-going sexual relationship with a single partner and about one tenth of the respondents reported having multiple sexual partners.

The 18% of the sexually active female students reported that they had been diagnosed with STI during the previous twelve months before interview. Of the participants, 89.3% of the respondents admitted using contraceptives and 82.5% used condoms as their main method of contraception. The consistency of condom use is not stated but this study reveals that these students were aware of condom use, but some still engaged in risky sexual behaviours and some had multiple partners.

Hoque, (2011) also stated that the adolescent relationships with older partners are risky because old partners often have a history of multiple relationships. Negotiating safe sex practices also diminished, and exchanging money or gifts for sex further increased the likelihood of more coercive sex. He further noted that in South Africa, girls aged 15 -19 years reported that they have had five partners and some of these partners were 10 years or more older than the girls.

The South African National HIV prevalence, incidence, behaviour and communication survey (2008) revealed that the percentage of adults, 15 years and

over whom used condoms at last sex in 2002 was 27.3%, in 2005 was 35.4% and in 2008 was 62, 4%. These statistics show that there was an increase in condom use in 2005 and teenagers who were 15 to 19 years old were in the age bracket.

2.6 CHAPTER SUMMARY

The literature that was reviewed by the researcher reveals that generally the youths are still have a challenge of preventing exposure to STIs including HIV and AIDS, as well as curbing teenage pregnancy because of their attitudes, level of knowledge and social conditions. The reviewed literature also revealed that people are generally aware of the importance of condom use but are not consistent in their use, hence the relevancy of undertaking this study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter presents the methodology used to conduct the research study. The research design, study setting, target population and sampling procedure, inclusion and exclusion criteria, the research tools, piloting of the questionnaire, data collection, limitations, ethical considerations, method of data analysis and summary will be clearly stated in this chapter.

3.2 RESEARCH METHODOLOGY

3.2.1 Research Design

Brink, et al, (2012:94) describes a research design as the set of logical steps taken by the researcher to answer the research question. It forms the blue print of the study and determines the methodology used by the researcher to obtain sources of information. Polit and Beck (2008:765) define a research design as the overall plan for addressing a research question, including specifications for enhancing the study's integrity. This study used a descriptive quantitative research design. Descriptive research is the exploration and description of phenomena in real life; it provides an accurate account of characteristics of particular individual, situation, or groups (Burns & Grove, 2009: 25). Quantitative research in turn is a formal, objective systematic process in which numerical data are used to obtain information about the world. This research method is used to describe variables, examine relationships among variables, and determine cause and effect interactions between variables (Burns & Grove, 2009:22). To achieve the purpose of this study, the researcher adopted a descriptive design and the quantitative approach. A quantitative descriptive approach that was used in this study enabled the researcher to describe

and categorise the behaviours and knowledge of teenagers with regard to dual protection, teenage pregnancy, STIs and HIV and AIDS infections.

3.3 STUDY SETTING

The study was conducted in Fort Beaufort. Fort Beaufort is a rural town surrounded by townships, villages and farms within the Nkonkobe Sub-district of the Eastern Cape Province. The following clinics; Lulama Kama, Thozamile Madakana, C C Lloyd , Newtown and Hillside and Fort Beaufort Hospital were utilised for collecting data as these were the relevant areas to meet the population of the study. These clinics render comprehensive services, but antenatal care is rendered on certain days weekly. Lulama Kama, Thozamile Madakana and Hillside clinics are rendering antenatal care on Mondays, CC Lloyd and Newtown clinics on Wednesdays. These clinics are 5 to 10km kilometres apart and are situated in different areas of the town. All these clinics refer antenatal complications and bookings for delivery to Fort Beaufort hospital which is situated in town. The hospital also admits clients from areas outside Fort Beaufort jurisdiction. The study was based on the population of teenagers between the ages of 15 to 19 years old residing in Fort Beaufort and surrounding areas.

3.4 POPULATION

3.4.1Target Population

Brink, et.al (2012:131) defines the population as the entire group of persons or objects that meets the criteria of interest for the researcher's study. Polit and Beck (2004:727) define the population as the entire aggregation of cases in which a researcher is interested. In this study the target population comprised of available pregnant teenagers who were 15 to 19 years old, who were unmarried and visited the clinics and the hospital in Fort Beaufort area in the Eastern Cape Province.

3.4.2 Sampling Procedure

A convenience sample was used in this study. Burns and Grove (2009: 687) describe a convenience sample as a technique in which subjects are included in the study because they happened to be at the right place at the right time. Available subjects are simply entered into the study until the desired sample size is reached. Brink, et al (2012:140) states that convenience sampling is availability sampling and involves choice of readily available subjects or objects for the study. This sampling was used as it gave all the targeted teenagers attending the clinics a chance to respond in the study.

Available pregnant teenagers who were 15-19 years of were included from all clinics and the hospital in Fort Beaufort area. These respondents were selected by the researcher because of their relevance to the study and they meet the eligibility criteria.

3.4.3 Sample Size

A sample is a subset of the population that is selected for a particular study (Burns & Grove, 2009:42). The sample size for this study was made up of seventy (70) unmarried 15 -19 years of age who volunteered to respond to the questionnaire. This sample was drawn from the available targeted population that was at the clinic and hospital, during the period of data collection.

3.4.4 Inclusion criteria

The sample included pregnant teenagers who were between 15 to 19 years of age, unmarried who were attending antenatal care at the Fort Beaufort clinics and those admitted in hospital during the period of data collection.

3.4.5 Exclusion criteria

As stated in Chapter 1, the sample excluded pregnant teenagers who were married, those who were attending antenatal care at the mobile clinic and non-clinic attendees who were not admitted in the hospital during the time of data collection.

3.5 RESEARCH TOOL

A structured questionnaire was used as a research tool. A copy of the questionnaire is attached (see Annexure J). A questionnaire was constructed in such a way that it corresponded with the aims and objectives of the study and enabled the respondents to answer the research questions. The questionnaire consisted of two sections. Section A presented demographic data which comprised of race, age, and educational level of the respondents. Section B consisted of questions which focused on the causes of teenage pregnancy, knowledge of family planning, condom use, sexually transmitted infections (STIs) and HIV and AIDS. The questionnaire was anonymous, and the information was confidential and consisted of both closed and open ended questions. The questions were of relevance to the research study and were written in English and translations were done where necessary. The questionnaire took about 25 -30 minutes to administer. The following questions were asked in order to investigate the knowledge of participants on:

- Family planning methods, sources of information, reasons for stopping their use and reasons for not using them.
- Condoms, their use, sources of information and reasons for not using them
- STIs, HIV and AIDS including previous treatment for sexually transmitted infections.
- Importance of HIV testing and if the participants ever tested.

3.6 RELIABILITY AND VALIDITY

The validity of the tool was established in consideration of midwifery clinicians and statisticians, and suggestions were considered and incorporated. A pre-test was done to test the validity and reliability of the measuring instrument whether it is measuring that which it should measure (Brink, et al, 2012).

3.7 PRE-TEST OF THE TOOL

Brink, et al, (2012: 174) state that in order to test the practical aspects of a research study, the researcher can conduct a pilot study or a pre-test. In this study a pre-test was done. It is important to pre-test the questions in order to identify if they are clear and non-leading. The questions were assessed by the supervisor of the study, an advanced midwife and a colleague of the researcher to determine the validity of the questionnaire. The first three respondents at the clinic were included in the study after getting informed consent for testing the questionnaire and did not form part of the main study. The purpose of the pre-test was to check the reliability of the questionnaire. The questions were found to be clear and non-leading.

3.8 DATA COLLECTION

Burns and Grove (2009:43) describe data collection as "the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypothesis of a study".

In this study, data were collected by the researcher using structured questionnaire, with closed and open-ended questions. The questions were used to investigate and describe the extent of teenage knowledge regarding dual protection practices, sexually transmitted infections, including HIV and AIDS infection, as the researcher was concerned about the increasing rate of teenage pregnancy and sexually transmitted infections in Fort Beaufort.

The researcher used a self-reported questionnaire on 70 respondents during data collection after obtaining informed consent. Prior arrangements were done with the clinic supervisors and hospital manager to get permission to visit the institutions for data collection. The data were collected by the researcher using designed structured questionnaires. The questionnaire was available in English language and assistance of language translation was done where necessary. The questionnaire was completed in the presence of the researcher and confidentiality was maintained by using a private room with one respondent at a time and questionnaires were collected immediately after completion. The researcher preferred to collect data individually as individuals might be embarrassed to ask for assistance of translation.

Data were collected while the respondents were waiting for consultation and when exiting the clinic using private rooms that were allocated to the researcher at the clinics during the time of data collection. On arrival at the clinic the researcher reported to the in charge that in turn referred the respondents to the researcher. The researcher explained to the respondents individually about the data collection questionnaire and their rights to refuse and withdraw any time. Those who volunteered to respond to the questions were given consent forms to sign.
In the hospital data were collected from those who were not in labour and post - delivery at the time of data collection using private room after giving information about the purpose of the study and their rights and signing of the consent.

3.9 DATA ANALYSIS

Data analysis reduces, organises and gives meaning to the data (Burns & Grove, 2007:41). Polit & Beck (2004:716) define data analysis as the systematic organization and synthesis of research data, and the testing of research hypothesis using those data. After collecting data, data was analysed with the help of a statistician.

Data were captured and encoded according to their numbers in the form of spread sheets in Microsoft Excel and exported to Statistical Package for Social Sciences (SPSS) software (Version 20) for analysis. For the analysis of teenage knowledge

and behaviour with regard to dual practices, prevention of STIs including HIV and AIDS, descriptive statistics were applied. Interpretive analysis, simple statistics, tables, pie charts and graphs were used to present the results. Interpretive analysis provides intensive descriptions of characteristics, processes and context this constitutes the phenomenon being studied (Durrheim & Terre Blanche, 2006).

3.10 ETHICAL CONSIDERATIONS

Before the research was conducted, the permission was obtained from the University Ethical Research Committee, the Department of Health and the institutions that were to be used for data collection. The letters requesting approval and those of approval are attached. Separate consent letters for the parents of minor respondents and consent forms for the minors who should as well give assent to participate in the study were provided during data collection. All respondents were made to sign the consent form before data was collected after a clear explanation of the purpose of the study.

The consents were read and explained to the respondents, the parents of the minors and the minors who should give assent before signing. The copies of consents are attached (see annexure I). The respondents were made aware of their right to refuse to respond or to withdraw and that this would not affect the service rendered to them. The participants were told that there were no wrong or right answers as the questionnaire focused on their knowledge and behaviours. They were assured that the questionnaire was anonymous, no harm, their decision is respected. A private room was created for data collection while still waiting for consultation.

3.11 CHAPTER SUMMARY

In this chapter, the researcher outlined the design and the methodology used in conducting the research study. This includes explaining the study setting,

population and sampling, research tools and piloting of the tools and data collection, the limitations of the study, data analysis and ethical considerations.

CHAPTER 4

RESULTS AND INTERPRETATION

4.1 INTRODUCTION

Data was collected by the researcher using designed structured questionnaires. After collecting the data, data was captured and encoded in the form of spreadsheets in Microsoft Excel and exported to Standard for Statistical Package for Social Sciences (SPSS) software (Version 20) for analysis. For the analysis of teenage knowledge and behavior with regard to dual practices, prevention of STIs including HIV and AIDS, descriptive statistics were applied. Interpretive analysis, simple statistics, tables, pie charts and graphs were used to present the results as shown below.

4.2. ANALYSIS OF THE RESULTS

4.2.1 Section A: Demographics

Variable 1 Race of the respondents

Figure: 1 shows the race of the research respondents, which is as follows: Africans were 90% (n=63), Coloureds were 7.1 % (n=5) and Indians were 2.9 % (n=2).

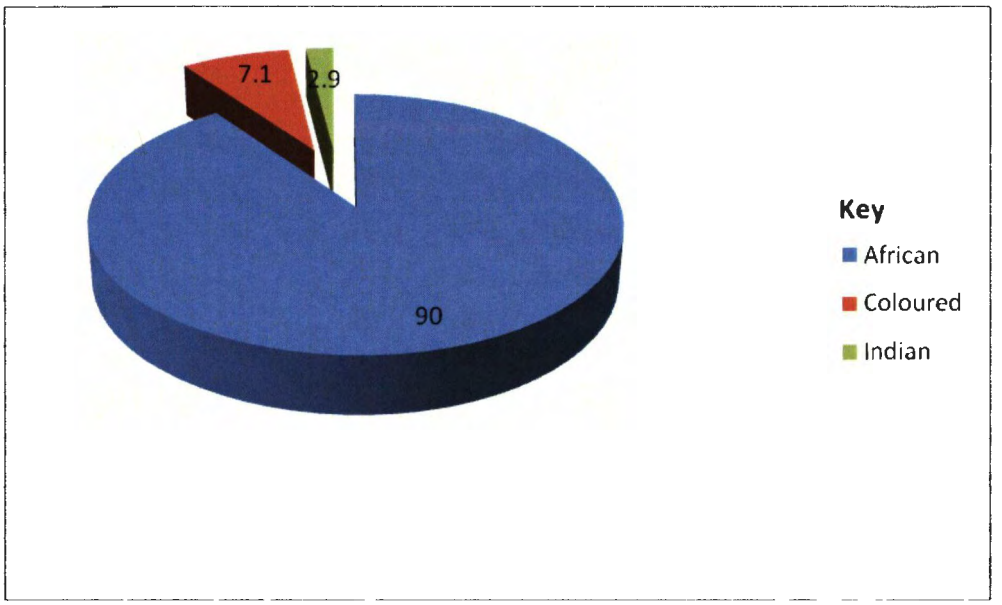


Figure 1: Race

Variable 2 Age of the respondents

Table 1 below presents the age frequency of the participants. The target population of the study was from 15 to 19 years. The percentage of the 15 years old respondents was 12.8% (n=9); those who were 16 years was 28.6% (n=20); those who were 17 years was 18.6% (n=13); those who were 18 years was 21.4% (n15) and those who were 19 years was 18.6% (n=13).

Table 1: Age of respondents

Age	Frequency	Percentage
15 years	9	12.8
16 years	20	28.6
17 years	13	18.6
18 years	15	21.4
19 years	13	18.6
Total	70	100

Variable 3: Education status of the respondents

Figure 2 below illustrates the education status of the research respondents. Those

who had primary level education were 3.9% (n=3) secondary level 92.2% (n=64) and those who never went to school were 3.9% (n=3) .

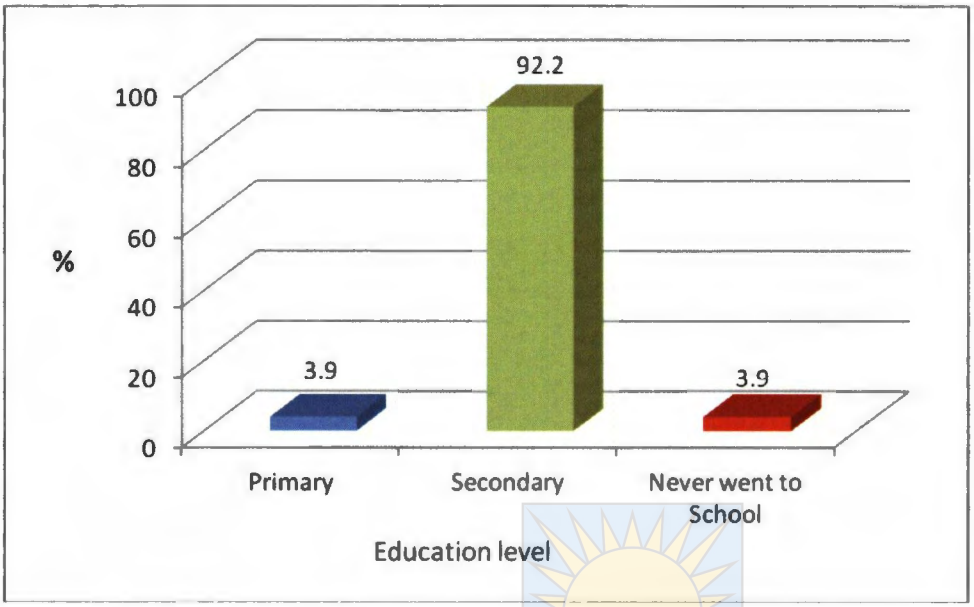


Figure 2: Education status

Section B: Information on teenage pregnancy and STIs

The information below is presented in graphs, tables and pie chart describing the knowledge of the teenagers on the causes of teenage pregnancy, dual protection practice, that is condom use including other family planning methods as well as sexually transmitted infections.

Variable 4: Causes of pregnancy

What do you think could be the cause/s of many teenagers to have children at such a young age of 15 to 19 years?

Table 2 shows the response to above questions the 70 respondents had one or more causes of teenagers to have of teenagers to have children at an age of 15 to 19 years. The results were as follows:

Table 2: Response to causes of teenagers to have children

Cause	Frequency	Percentage
No family planning method use	20	28.6
Peer group pressure	13	18.6
Causes not known	10	14.2
Home conditions	5	7.1
Experimenting and curiosity	4	5.7
Carelessness	3	4.2
Mistake	2	2.9
Lack of knowledge	2	2.9
Wrong behaviours	9	12.9
Parents not open to children	2	2.9
Total	70	100

Variable 5: Reasons for becoming pregnant at this age

Can you indicate why you became pregnant at this age?

Figure 3 below shows why the respondents became pregnant at this age .Out of seventy (70) respondents, 77% (*n=54)* reported that they did not use contraceptives and condoms; 6% (n=4) forgot to take contraception; 11, 4% (n=8) stated that condoms burst; 1.4% (n=1) stated that it was intentional. 4.2% (n=3) defaulted contraceptives.

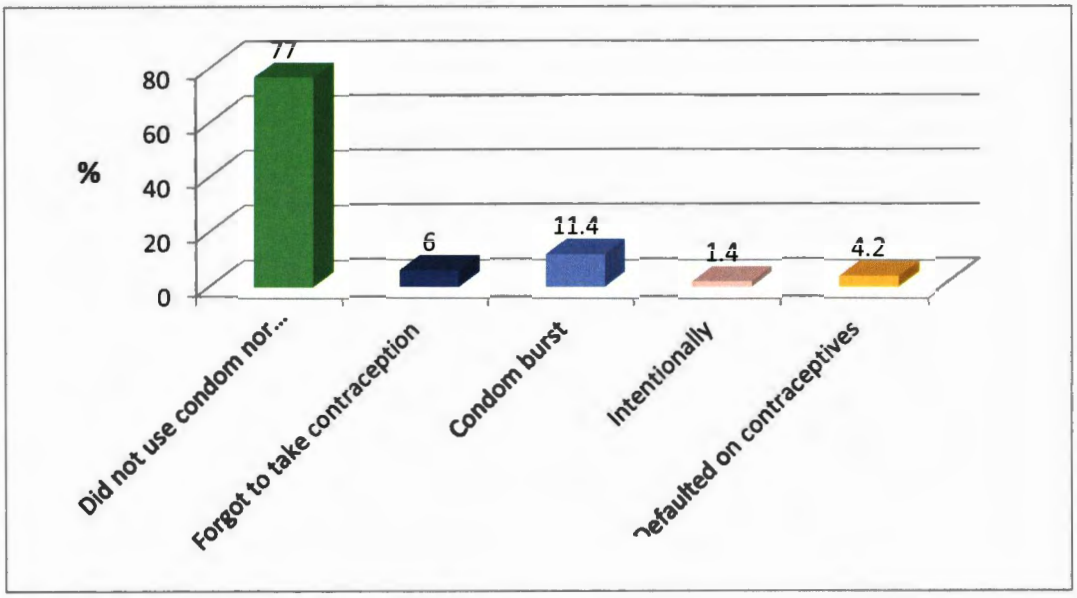


Figure 3: Reasons for becoming pregnant.

Variable 6: Knowledge about family planning methods

What do you know about family planning?

Figure 4 shows the response the respondent on their knowledge about family planning. There were 70 respondents. Out of 70 respondents, 56.9% (n=40) knew nothing about family planning; 27.5% (n=19) had knowledge about family planning that they knew that family planning is about prevention of pregnancy and 5.7% (n=11) had little knowledge as they stated that family planning is about discussing as a family and agree on something; some stated that its about getting an injection at the clinic; and also planning the future babies.

Variable 8: Use of family planning method by the respondents

Table 4 shows that out of 70 respondents, 54.2% (n=38) have used family planning methods before pregnancy and 45.7% (n=32) have never used family planning.

Have you ever used any method of family planning?

Table 4: use of family planning

Family planning method use	Frequency	Percentage
yes	38	54.2
no	32	45.7
Total	70	100

Variable 9: Reasons for stopping family planning methods

If yes why did you stop using family planning?

Figure 5 below shows the percentages of the respondents `reasons for stopping use of family planning, and table 4 below shows the reasons for stopping family planning , frequency and percentage.

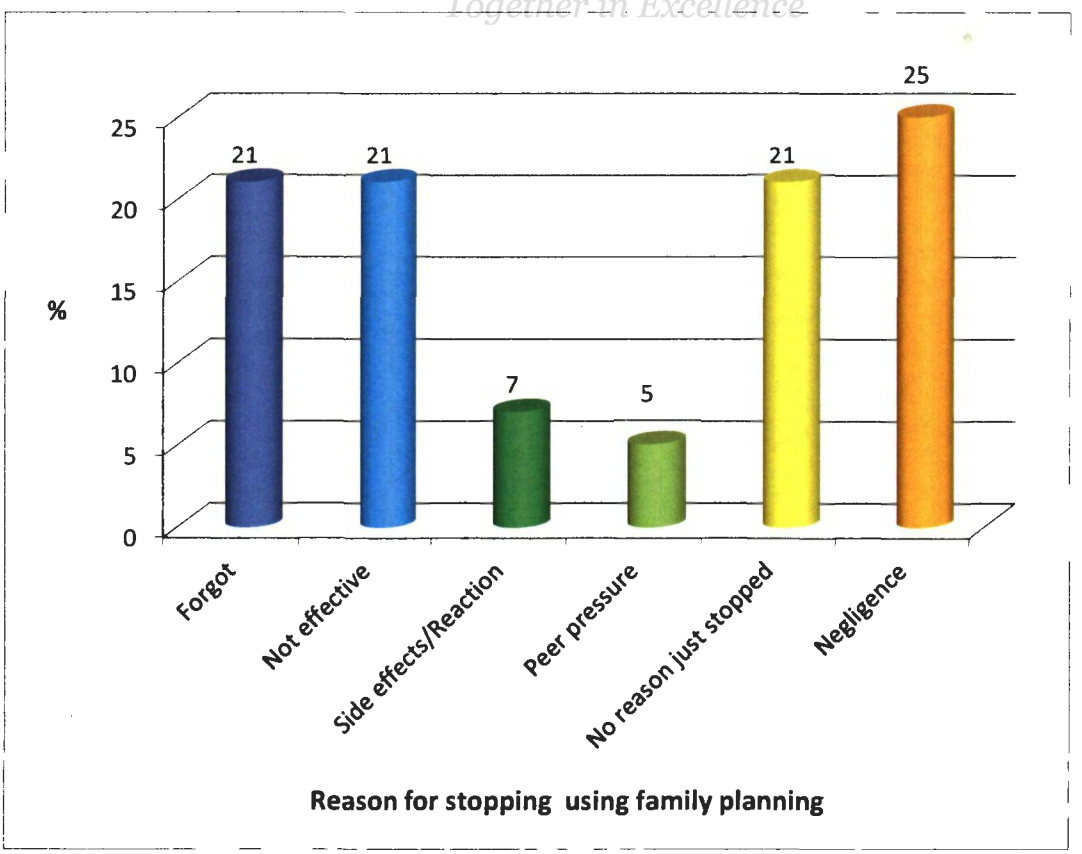


Figure 5: Reason for stopping using family planning

Table 5: Reasons for stopping family planning

Reason for stopping	Frequency	Percentage
Forgot follow up	8	21
Not effective	8	21
Side effects/reaction	3	7
Peer pressure	2	5
No reason	8	21
negligence	9	25
Total	38	100

Variable 10: Reasons for not using contraceptives

If no, why did you not use the family planning method?

Figure 6 below shows that out of 32 respondents 87% (n=28) had no knowledge about family planning methods; 9% (n=3) were guided by their religious beliefs and 4% (n=1) did not want to use family planning methods.

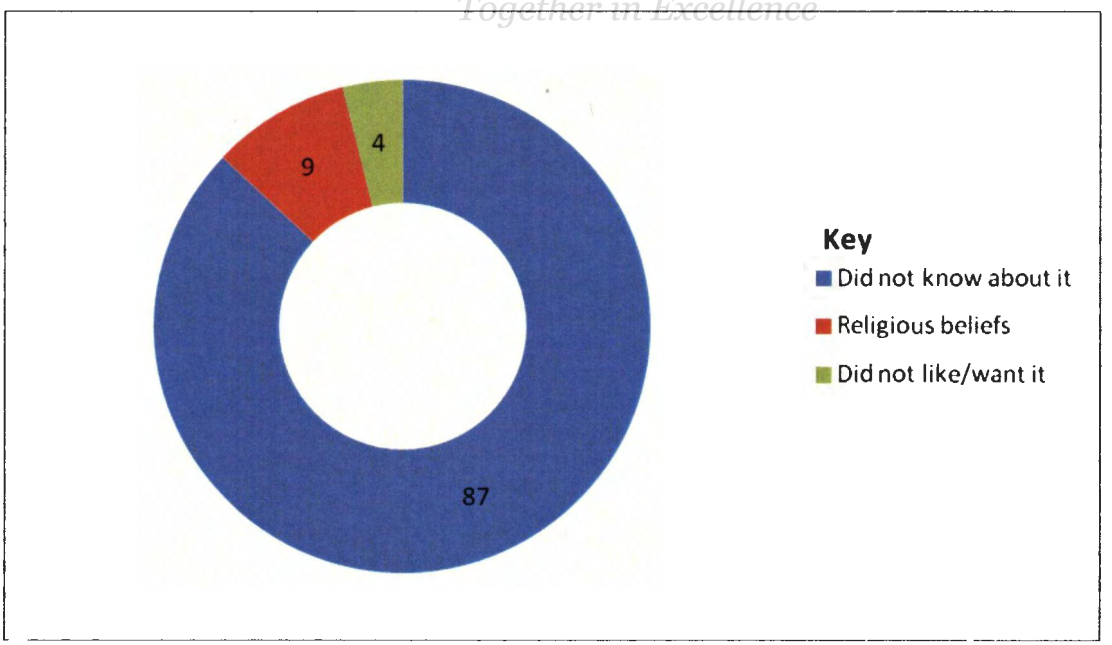


Figure 6: Reason for not using family planning method.

Table 6 below shows the reasons of not using family planning, frequency and percentage.

Table 6: Reasons for not using family planning method

Reasons	Frequency	Percentage
Did not know	28	87
Religious belief	3	9
Did not want it	1	4
Total	32	100

Variable 11: Knowledge about condoms

Have you ever heard about a condom?

Table 7 below shows that out of 70 respondents, 96.1% (n=67) admitted that they heard about condoms and only 3.9% (n=3) who never heard about condoms'

Table 7: Heard about a condom

Heard about a condom	Frequency	Percentage
Yes	67	96.1
No	3	3.9

Figure 7 reveals that 96.1% (n=67) heard about condoms and 3.9% (n=3) said they had never heard of condoms.

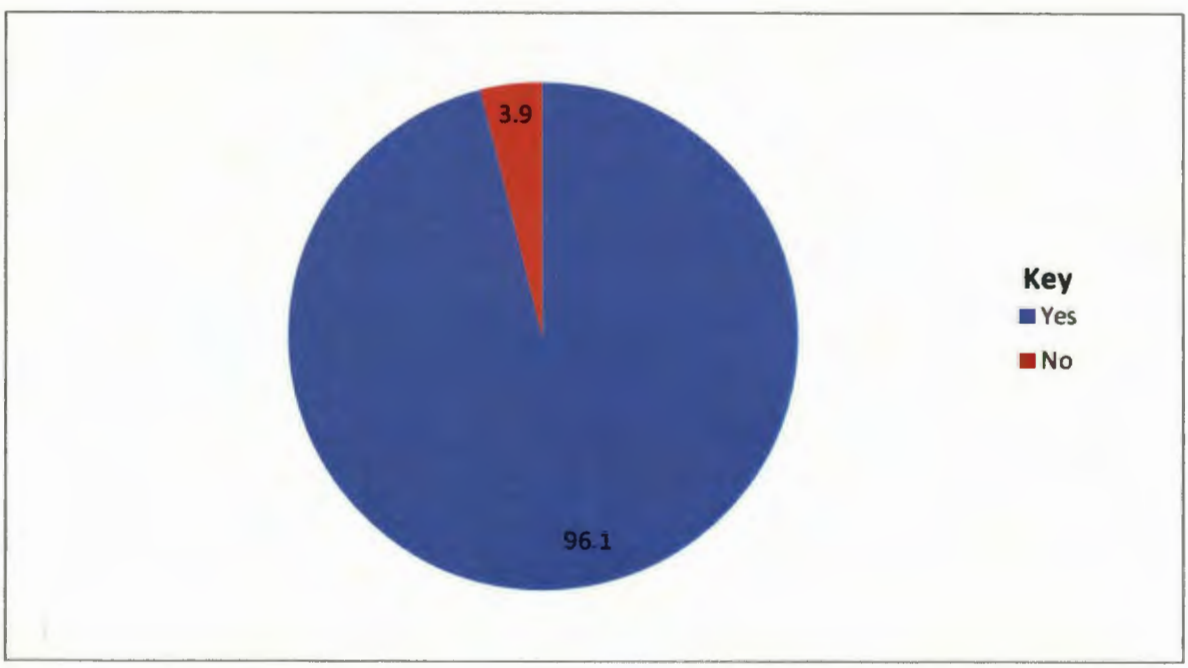


Figure 7: Heard about condom?

Variable 12: Condom use

Have you ever used a condom?

Table 8 below shows that 66.7% (n= 47) had used condoms before and 33.3% (n= 23) have never used a condom.

Table 8: Condom use

Condom use	Frequency	Percentage
Yes	47	66.7
No	23	33.3
Total	70	100

Variable 12: Knowledge about use of condoms

Do you know how to use a condom?

Figure 8 below shows that 72.5% (n=51) knew on how to use condoms and 27.5% (n=11) did not know how to use condoms.

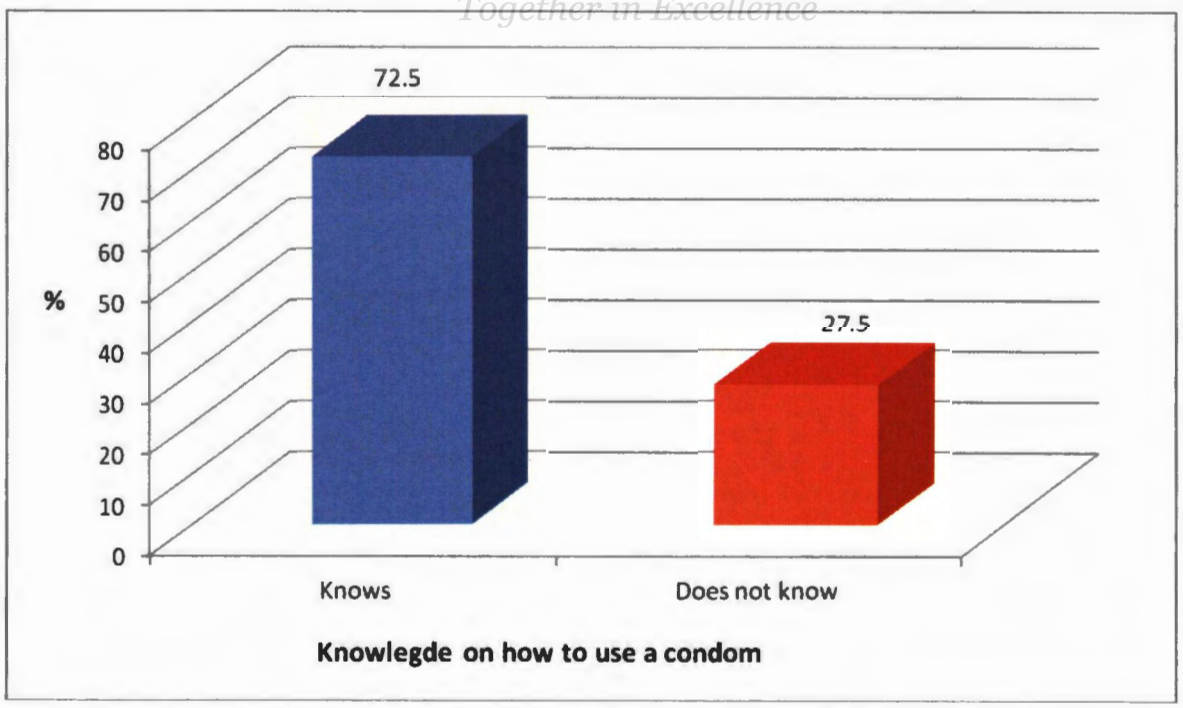


Figure 8: Knowledge on how to use a condom

Variable 13: Knowledge about condoms

What do you know about a condom?

Table 9 shows that 20% (n-14) knew that condoms protects against pregnancy, 37% (n=26) knew that it protects against STIs; 34 (n=24) knew that it protects against pregnancy and STIs and 6 participants (9%) did not know anything.

Table 9: Knowledge about condoms

What do you know about a condom?	Frequency	Percentage
Protects against pregnancy	14	20
Protects against STIs	26	37
Protects against pregnancy & STIs	24	34
Don't know anything	6	9
Total	70	100

Variable 14: Source of information about condom

Where did you get the information about condom?

Table 10 below shows the frequency and the percentage regarding the sources of information about condom use. Out of 64 respondents, 3.1% (n=2) got the information from friends; 9.3% (n=6) got information from relatives; 29.6% (n=19) got information from school; 48, 4% (n=31) got information from the hospital/ clinics and 9.3% (n=6) got information from the media

Table 10: Source of information about condoms

Source of information about a condom	Frequency	Percentage
Friends	2	3.1
Relatives	6	9.3
At school	19	29.6
Hospital/Clinic	31	48.4
Media	6	9.3
Total	64	100

Variable 15: Reason for not using a condom

Why are you not using the condom?

Figure 9 below shows the percentage of the respondents according to their reasons for not using condoms. The highest percentage is 47% (n=11) showed that the respondents had no reason for not using condoms; 24% (n=6) did not like using the condoms; 17% (n=4) had pressure from boyfriends; 6% (n=1) stated that condoms were not always available and the other 6% (n=1) said they were irritating.

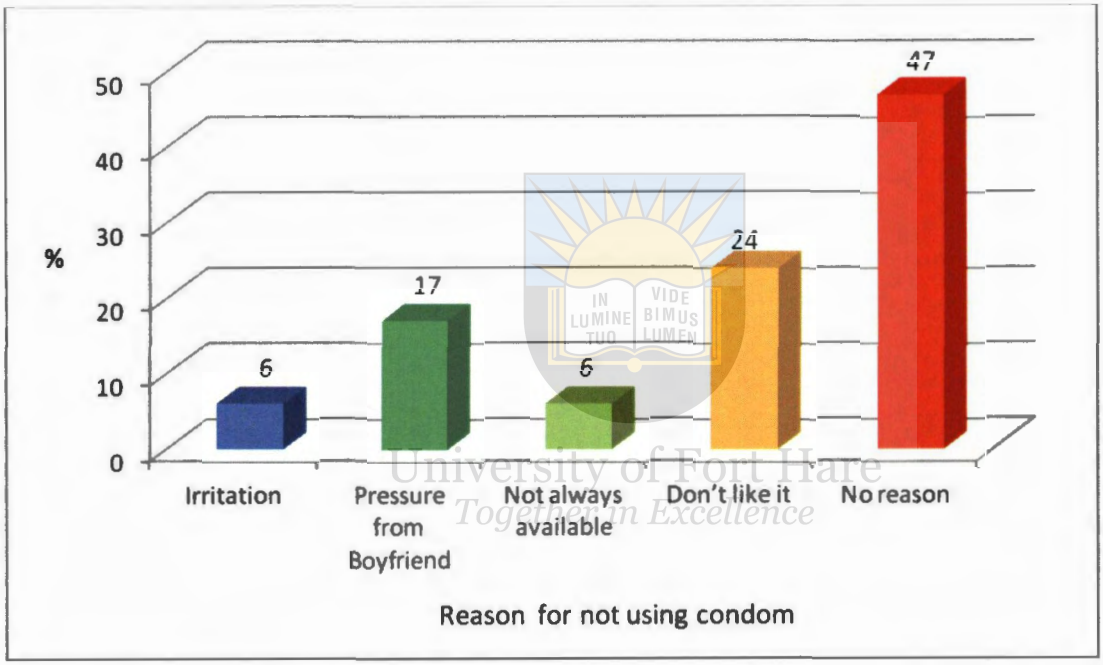


Figure 9: Reason for not using condoms

Table 11 below shows the frequency and the percentage of the respondents who were not using condoms.

Table 11: Reasons for not using condoms

Reasons for not using condoms	Frequency	Percentage
Irritation	1	6
Pressure from boyfriend	4	17
Not always available	1	6
Do not like it	6	24
No reason	11	47

Total	23	100

Variable 16: Knowledge about STIs

What do you know about sexually transmitted infections?

Figure 10 below indicates that out of 70 respondents, 47% (n=33) knowledge about sexually transmitted infections as they knew that one gets STIs through sex if slept with an infected partner and that they are infectious but can be treated; 45.1% (n=32) had no knowledge about STIs and 7.8% (n=5) showed little knowledge that one gets STIs when he/she sleeps with a partner without using condoms.

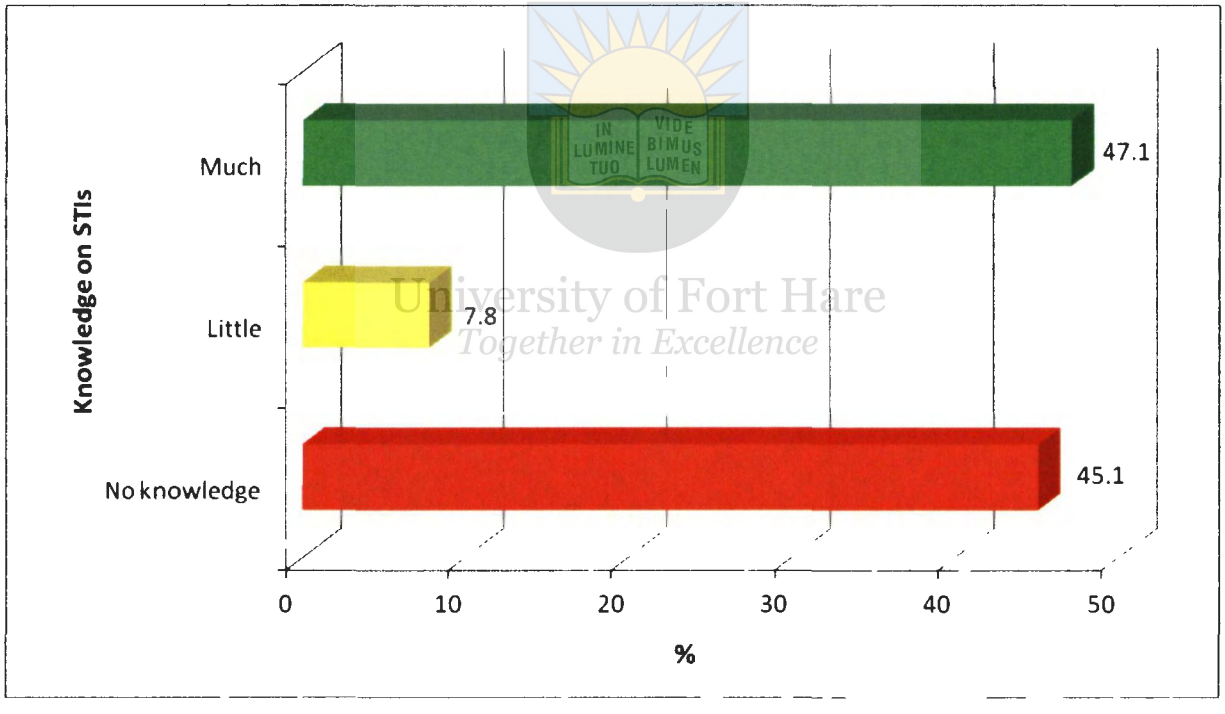


Figure 10: Knowledge on STIs

Variable 17: Those who have been treated for sexually transmitted infections (STIs)?

Have you ever been treated for sexual transmitted infections, Yes of No?

Table 12 below shows the frequency and percentage of respondents who have and have never been treated for sexually transmitted infections. 3% (n=2) admitted to being treated for STIs and 97% (n=68) were never treated for STIs as shown in the table below.

Table 12: Treatment for STIs

Treatment for STIs	Frequency	Percentage
Yes	2	3
No	68	97
Total	70	100

Variable 18: Type of STIs that they suffered from

If yes which one did you suffer from?

Table 13 below shows that one respondent reported to be treated for syphilis and another one is on HIV treatment.

Table 13: Type of STIs those respondents suffered from

Type of STIs	Frequency	Percentage
syphilis	1	50
HIV	1	50
Total	2	100

Variable 19: Response to HIV Testing

Have you been tested for HIV? Yes / No?

Table 14 below presents the responses of the respondents regarding HIV testing.

Table 14: HIV testing response

Have you ever been tested for HIV?	Frequency	Percentage
Yes	68	97
No	2	3
Total	70	100

Variable 20: Time frame for HIV testing

If No, how soon will you go for your test?

Figure 11 below shows the time frame response to testing from those who never tested for HIV. The respondents showed that they were not ready as they did not know when they were going to test as illustrated in the diagram below.

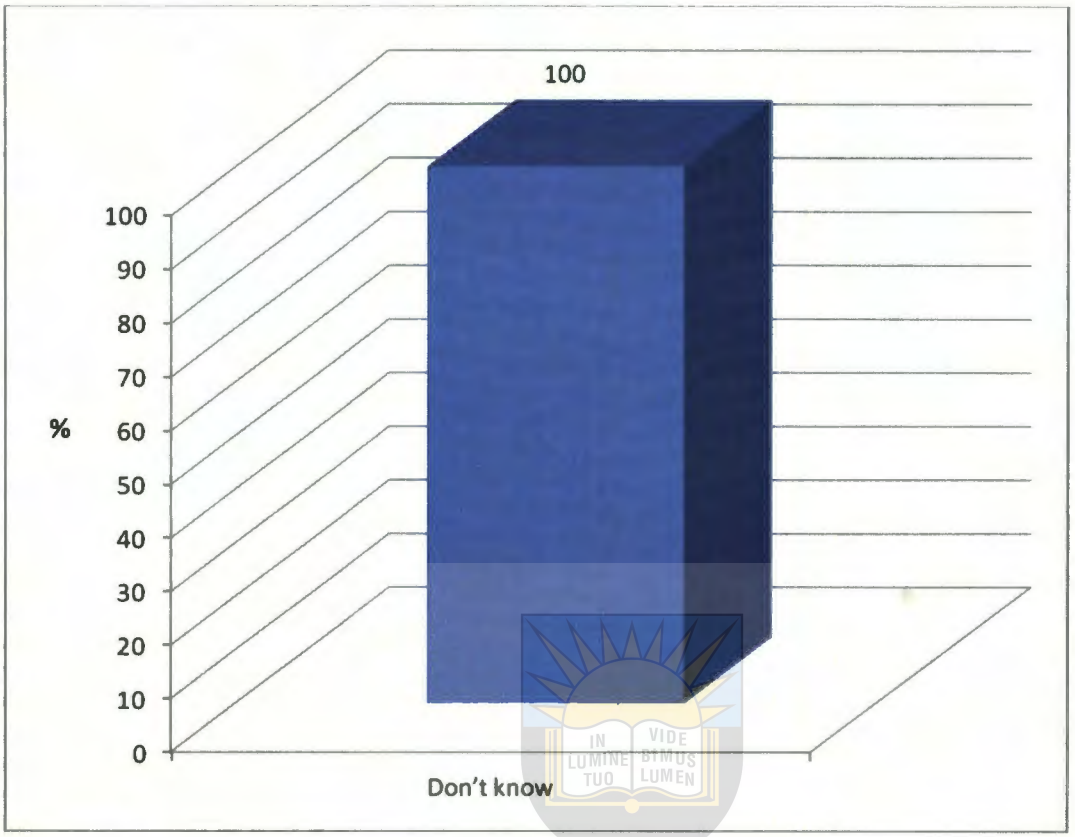


Figure 11: Time frame for HIV testing

Variable 21: Feelings of respondents after testing

Of yes, how did you feel about knowing your results?

Figure 12 below presents the percentages of respondents' feelings regarding their HIV test results. Of the 68 participants, 93% (n=63) were happy that the results were negative and 4.2% (n=3) were depressed as they were still going to repeat the test and 2.8% (n=2) shocked respectively as their results were testing positive. The results are presented in the diagram below.

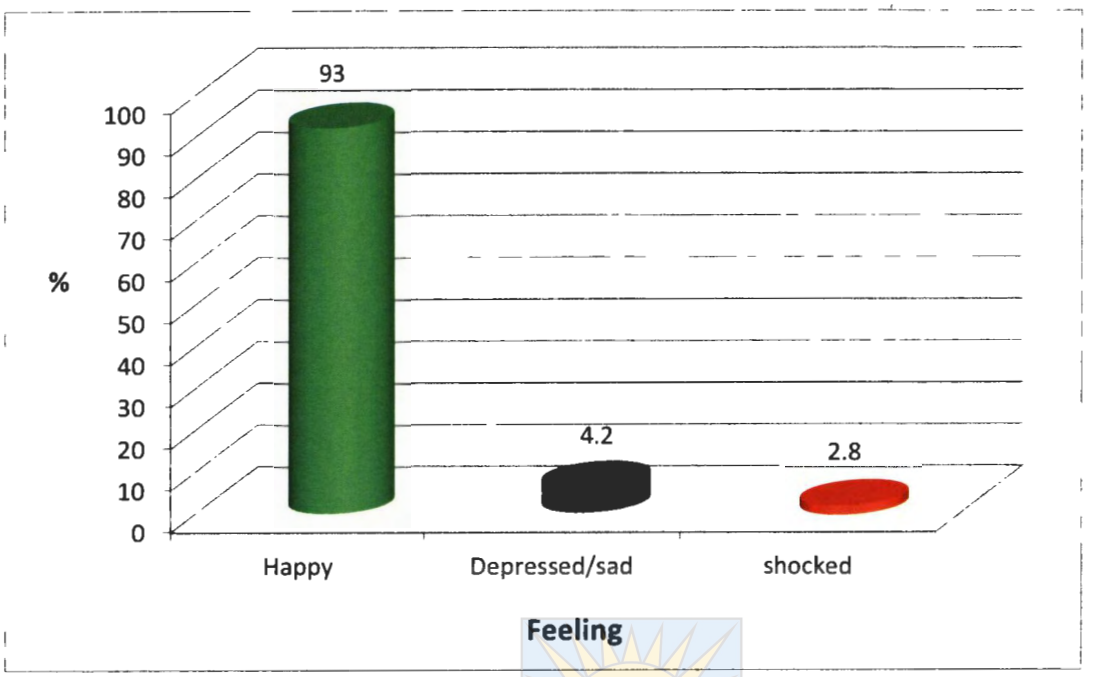


Figure 12: Feelings about HIV test results/status?

Variable 22: Importance of knowing your HIV status

Do you think it is important to know your HIV status?

Table 15 below shows the frequency and the percentage of the respondents regarding the importance of knowing your HIV status.

Table 15: Importance of HIV testing

Do you think it's important to know your HIV status	Frequency	Percentage
Yes	68	97.1
No	2	2.9
Total	70	100

Variable 23: Planned pregnancies

Is this pregnancy planned, Yes or No?

Figure 13 below shows that only 11.8% planned their pregnancies and 88.2% did not plan their pregnancies.

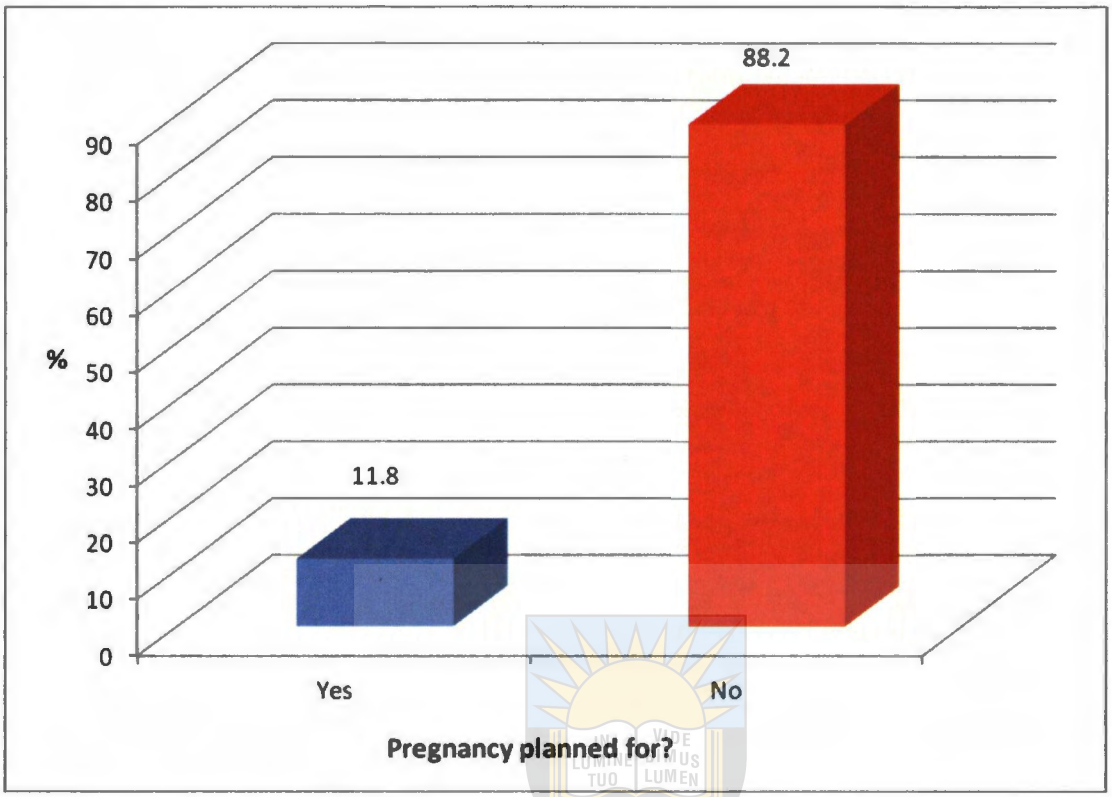


Figure 13: Planned pregnancy

4.3 CHAPTER SUMMARY

The analyzed data reveals that these teenagers are not well informed about family planning methods, all that they know is getting an injection to prevent pregnancy and they do this not knowing the effects, as a result they defaulted and became pregnant. Those who used condoms were not consistent and had limited knowledge about their use. The participants had knowledge about HIV and AIDS as well as STIs, but they did not use condoms during sexual intercourse and the researcher feels that they were negligent. Some of the participants claimed to use the condoms but they burst. If this is the case, they lack information on condom use.

CHAPTER 5

DISCUSSIONS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1 INTRODUCTION

In this chapter, the demographic data of the research participants, the findings pertaining to the objectives and the questions of the research study will be discussed and recommendations made.

5.2 DEMOGRAPHIC DATA

The interviewed participants for this research study were single pregnant teenagers from the ages of 15 to 19 years old. These attended antenatal care at the Fort Beaufort clinics and those admitted at the hospital during their pregnancy and for delivery. The sample size of the study was seventy (70). The highest percentage of the participants was Africans (Blacks) who comprised 90%, Coloureds 7.1 % and Indians 2.9%.

The reason why most participants were Africans is that Fort Beaufort Area is dominated by the African community. With regards to the age of the participants, most participants who were pregnant were 16 years old at 28. 6%, followed by 21.4% who were 18 years old, 18.6% were 17 years and 19 years and 12.8% were 15 years. Concerning the education levels of the participants, 92.2 % had secondary level education, 3.9% were at primary level and 3.9% never went to school. The relevance of the this study is that, the school curriculum is inclusive of life orientation therefore if a teenager missed the opportunity of getting information on sex at home or at the clinic, she can get it at school. The researcher is of the opinion that the teenagers who have been to school were negligent as they were taught life orientation at school.

5.3. CAUSES OF PREGNANCY AMONG THE RESPONDENTS

The Medical Research Council (2007) conducted a study that showed that the attitudes of nurses at the hospitals and other health centres are barriers to adolescent contraceptive use in South Africa. These attitudes hinder teenagers from seeking protection and they therefore contribute to teenage pregnancy. In addition, the study showed that most nurses feel uncomfortable to provide teenagers with contraceptives because of their belief systems; they feel that adolescents should not be having sex at an early age.

The current researcher is of the view that the findings of the Medical Research Council are still relevant as the teenagers showed lack of knowledge on contraception and condom use, although the participants did not mention the attitude of nurses as the cause. Of the 70 participants, 76.5% stated that they became pregnant because they did not use condoms or any other method of family planning as they were not aware that they could easily get pregnant. These teenagers lacked knowledge regarding the process of conception including the effects of family planning methods and condoms, as they thought that it takes time before one can become pregnant. The statistics also show that 11.8 % of the participants stated that condoms burst during sexual intercourse. These participants might be lacking knowledge on how to use condoms, as condoms should be checked for the expiry, as well for holes before use. Some teenagers defaulted the contraceptives and this resulted in pregnancy. This shows that consistent condom use and contraceptive use is a must among sexually active teenagers. Out of the 70 participants, 2% had intentions of being pregnant because boyfriends wanted to have babies so they had pressure from boyfriends and did not want to be left by the boyfriends. Even those who planned the pregnancy did not know the consequences of teenage pregnancy and the risk that they are exposed to.

5.4. KNOWLEDGE OF THE PARTICIPANTS REGARDING STIs INCLUDING HIV AND AIDS

Forty seven percent (47%) of the research participants knew about STIs as they stated that one gets STIs and HIV through sex if one slept with an infected partner without condoms. Furthermore, 7.8% of the participants knew that one gets infected when he/she sleeps with a man/woman and 45.1% had no knowledge of STIs. Of all the participants, only 11.8% admitted to being treated for STIs. 97.1 % of the participants were tested for HIV, and 2.9% were not ready for testing. Condon (2010) in her study reports that 'Teens have poor knowledge of STIs' and also that young Irish adults believe that the social stigma attached to contracting a sexually transmitted infection is worse than the stigma of having an unplanned pregnancy. The above report gives the researcher a benefit of the doubt about the low percentage of those who admitted to be once treated for STIs. This may be due to the fear of the participants to be stigmatised. This may lead to giving wrong information and the researcher was depending on the responses given by the participants.

Condon, (2010) further stated that while young people's awareness of the term STI is relatively high, their knowledge of specific STIs and their respective symptoms and consequences remain low. In the current study, those who tested for HIV felt that it is important for people to know their HIV status in order to get treatment early if necessary. Consequently, 92.8% reported that they were happy with the results they got, while the remainder were depressed and shocked after knowing their HIV status which turned out to be positive.

5.5 KNOWLEDGE OF PARTICIPANTS REGARDING DUAL PROTECTION AND OTHER FAMILY PLANNING METHODS

When the participants were asked about their knowledge on condom use (dual protection) and other family planning methods, 56.9% had no knowledge about

family planning methods; 27.5% had knowledge that family planning is the spacing of children using an injection, and 15.7% knew that one must go to clinic for the injection. Of all the participants, 41.2% stated that no one gave them information, so even if they used any method they had no information; 21.6% got the information from family; 17.6% got the information from the clinics and the hospital; 9.8% from school; 5.9% from friends; 2% from boyfriends and 2% from neighbors. These teenagers showed lack of knowledge about family planning methods and the researcher feels that these teenagers need to be given information about the effects and side effects of all the choices of family planning so that they know what is happening in their bodies and how to use the various methods so that they can make informed decisions.

Regarding dual protection, 96.1% knew about condoms and 3.9% said they had never heard of condoms. Seventy two point five per cent (72.5%) knew how to use the condoms and 27.5% did not know how to use condoms. Of these, (20%) knew that condoms protect against pregnancy, (37%) knew that it protects against STIs; (34%) knew that it protects against pregnancy and STIs and (9%) did not know anything. Concerning condom use, 47% of the participants had no reason for not using condoms; 24% did not like using the condoms; 17% had pressure from boyfriends; 6% stated that condoms were not always available and other 6% said they were irritating.

The researcher's opinion regarding the data collected about condom use is that the teenagers are still lacking knowledge as there was no consistency of condom use despite the fact that 67 respondents (96.1%) of the respondents heard about condoms and 47 respondents used (66.7%) used the condoms they became pregnant. It is possible that the correct method of using condoms is not known and that can lead to bursting of condoms as that was reported as the cause of being pregnant by the 11.4% of the respondents. Q1 `~

The researcher supports the study by Bonkole, Ahmed, Neema, et al (2007:197-220) which was based on the knowledge of correct condom use and consistency of use

among adolescents in four countries in sub Saharan Africa. These countries were Burkina Faso, Ghana, Malawi and Uganda. The age of the adolescents was 15 to 19 years including both males and females and the results with regards to the use of condoms among sexually active adolescents were moderately high. This was despite the fact that they were using the condoms. Pregnancy resulted because there was no consistency, as the adolescents who had sex 12 months before the study did not use condoms.

Asante and Doku (2010:1-7) did a research to evaluate the appropriateness and practicability of the condom use Self Efficacy Scale among Ghanaian university students. The condom use Self Efficacy Scale was administered to the participants to assess condom use self-efficacy in order to measure the individual's perceived ability to use condoms with a higher internal consistency. The findings of the study revealed that 87, 8 % of the participants were single and never married and approximately 82% of them reported having been sexually active and only 48% reported that they used condoms. This study also revealed that there is no consistency in condom use therefore there is an exposure to sexually transmitted infections. These findings are true of the current study whereby the availability of condoms does not entail condom use.

The National Contraception Clinical Guidelines (2012:60) states that there may be challenges for young people in terms of discovering their sexuality and using condoms correctly as young men may be embarrassed and worry about losing their erection with male condoms, while young women may feel uncomfortable about inserting the female condom. The researcher supports this statement as the some participants showed ignorance on the correct use of condoms. Teenagers therefore need proper counselling and information on the benefits of dual protection.

5.6 BEHAVIOURS AND PRACTICES OF THE PARTICIPANTS REGARDING SEXUALLY TRANSMITTED INFECTIONS INCLUDING HIV AND AIDS

The findings of this study revealed that the research participants engaged in early sexual intercourse activities, non- use and poor use of family planning methods including condoms and these exposed the teenagers to unwanted pregnancies and sexually transmitted diseases. The researcher supports Holgate (2006) who states that many unplanned births occur because of the increased and widespread sexual activity among the young. The study of sexual behavior conducted by Holgate found that about 40% of boys and 80% of girls aged as young as fifteen had some experience of sexual intercourse. This report is supported by the findings of the researcher as 12.8% of the participants were 15 years old and pregnant and the highest percentage of the participants was 16 years old at 28.6%. This shows that teenagers need to be informed that one does not need to have frequent sexual intercourse to fall pregnant and to contract STIs and HIV if condoms are not used or not used properly. This also applies to teenagers who know about STIs, HIV and AIDS as some were not consistent in condom use.

5.7 RECOMMENDATIONS

The researcher recommends that the Department of Health should have youth friendly clinics around Fort Beaufort area with specially trained staff that will be able to give information to these teenagers and counsel them so as to make better choices on family planning and dual protection and to improve their knowledge on condom use and change their attitudes.

The clinic services should be available until after school hours. Health workers should do dual protection awareness campaigns starting from primary school as some teenagers become pregnant while at that level. The services should be made accessible to farms and villages as these are far from the town.

5.8 LIMITATIONS OF THE STUDY

The non –probability sampling was used, therefore findings cannot be generalised. The clinics are scattered 5 to 10 km apart and sharing same days for antenatal care services and this elongated the period of data collection as the researcher could not reach them on the same day. The questionnaire had no numbers of the questions and that could have made data analysis difficult.

5.9 CONCLUSION

The researcher conducted a study investigating the causes of the increase in teenage pregnancy and sexually transmitted infections in Fort Beaufort. The results revealed that teenagers lack knowledge on family planning methods, including condoms use as well and sexually transmitted infections. The health care workers should continue with intense health education processes aimed at increasing knowledge, responsibility as well as accountability regarding promotion of quality women health.

REFERENCES

Asante, K.O.& Doku, P.N. 2010. Cultural Adaptation of the Condom Use Self Efficacy Scale (CUSES) in Ghana BMC Public Health available from http://www.biomedcentral.com/1471-2458/10/227.

Bana, A.; Bhat , VG.; Godlwana, X.; Libazi, S.; Maholwana, Y.; Merafungana, N.; Mona, K.; Mbonisweni,AM.; Mbulawa, N.; Mofuka, J.; Mohlajoa, NA.; Nondula,NN.; Qhubelike , Y. & Ramnaran, B., 2010. Original Research. Knowledge, attitude and behaviours of adolescents in relation to STIs, pregnancy, contraceptive utilization and substance abuse in the Mhlakulo region, Eastern Cape. SA Fam Pract 2010:52(2):154-158.

Bankole, A.; Ahmed, F.H.; Neema, S.; Ouedraogo, C. & Konyani S. 2007.Knowledge of correct condom use and consistency of use among adolescents in four countries in Sub-Saharan Africa. Afri J Reprod Health 2007 Dec; 11(3) 197-220.

Berry,L. & Hall, K. 2010. Statistics on children in South Africa. HIV and Health-Teenage pregnancy. Children`s Institute, University of Cape Town. www.childrencount.ci,org.za

Brink, H.; van der Walt, C. and van Rensburg, G., 2012. Fundamentals of Research Methodology for Healthcare Professionals. Third edition. Juta & Company Ltd Cape Town.

Burns, N. & Grove, S.K. 2007. Understanding Nursing Research Building An Evidence-Based Practice.4th Edition. Saunders Company Philadelphia London.

Burns, N. & Grove, S.K. 2009. The Practice of Nursing Research. Appraisal, synthesis and generation of Evidence sixth edition.W.B. Saunders Company Philadelphia London.

Centres for Disease Control and Prevention, 2011. Sexual Risk Behavior: HIV,STI,& Teen Pregnancy Prevention. USA.gov cdcinfo@cdc.gov

Condon, D. 2010. Teens have poor knowledge of sexually transmitted infections. Irish Health. Com (18 Dec.2013) available from http://www.irishhealth.com/] 22/03/2010

Durrheim, K. & Terre Blanche, M. 2006. Research in Practice. Cape Town, University of Cape Town Press.

Fort Beaufort Hospital Maternity Register, 2010.

Hagan, J.E. & Buxton, C. 2012.Contraceptive Knowledge, Perception and Use among Adolescents in Selected Senior High Schools in the Central Region of Ghana. Journal of Sociological Research 2012 Vol.3, No. 2 available from www.macrothink.org/jsr

Holgate, F.S. 2006. Adolescence: Biological and psychological perspectives on Teenage pregnancy, United States of America: Greenwood.

Hoque, M.E. 2011.Reported risky sexual practices amongst female undergraduate students in KwaZulu- Natal, South Africa.Afri J Prm Health Care Fam Med. 2011; 3(1). Art. 281.6

Hornby, A S. 2005. Oxford Advanced Learner`s Dictionary.7th Edition. International students` edition.Oxford University Press.

Johnson, S.; Kincard, L.; Laurence, S.; Chikwana F, Delate R, & Mahlasela, I. 2010. Second National HIV Communication Survey 2009: Findings from Eastern Cape Province. Pretoria: JHHESA.

Kleinschmidt, I.; Maggwa, B.N.; Smit, J. & Rees, H. 2003. South African National Contraceptive Policy, Nov. 2003 Vol.93 no.11 SAMJ.

Langham, R.Y. 2013. What are the causes of teenage pregnancy? http://www.livestrong.com/article/146681-what-are-the-causes-of-teenage-pregnancu/ (accessed 09/10/2013).

Macdonald, S. & Magill-Cuerden, J. 2011. Maye's Midwifery.14th edition.Baillie'reTindall Elsevier.

Mail & Guardian, October 04, 2010. Teenage pregnancy is more than a teenage issue, the GM & Greveals.

Meana, M. & Thaler, L. 2004. Sexuality and Pregnancy in Nevada Report. Department of Psychology, University

Medical Research Council of South Africa, 2007. A National Health plan for South Africa. Pretoria, South Africa.

Medical Research Council, 2009. South African National HIV prevalence, incidence, behaviour and communication Survey. A Turning Tide among Teenagers. South Africa. CADRE.

Morroni, C.; Myer, L.; Mlobeli, R.; Gutin, S. & Grimsrud, A. 2007. Dual protection among South African women and men: perspectives from HIV care, family planning and sexually transmitted infection services. Women `s Health Research Unit. School of Public Health and Family Medicine University of Cape town.

National Contraceptive Clinical Guidelines, 2012. *A companion for the* National Contraception and Fertility Planning Policy and Service Delivery Guidelines. Republic of South Africa.

Peltzer, K & Promtussananon, S. 2005. HIV/AIDS Knowledge and Sexual Behaviour Among Junior Secondary School Students in South Africa. Science Publications.

Polit, D.F. & Beck, C.T. 2008. Nursing Research Generating and Assessing Evidence for Nursing Practice.8th Edition. Philadelphia. Lippincott. Williams & Wilkins.

Rotermann, M. 2008. Trends in teen sexual behaviour and condom use. Statistics Canada, Catalogue no. 82-003-XPE* Health Reports, vol.19. No. 3, September 2008.

Samkange-Zeeb, F.N., Spallek, L. & Zeeb, H. 2011. Awareness and knowledge of sexually transmitted diseases (STDs) among school-going adolescents in Europe; a systematic review of published literature.BMC Public Health. Available from http:www.biomedcentral.com/1471-2458/11/727.

Saturday Daily Dispatch, May 5, 2012. Teen Sex ticking Bomb- Survey.

Sellers, P. 2005. Midwifery Volume 2. A textbook and Reference Book for Midwives in Southern Africa.Lansdownne.Juta.

Shisana, S. 2005. Adolescent Pregnancy: STDs and HIV/AIDS: United States of America: Green wood.

South African Country Progress Report on HIV and AIDS, 2010. Department of Health. Republic of South Africa.

South African Department of Health, 2011. Report on HIV prevention in South Africa. Online : accessed 6/4/2011.

South Africa HIV& AIDS Statistics, 2010. Estimated HIV prevalence (%) among antenatal clinic attendees, by province. file:///South%20Africa%20HIV%20&%20aids%Syphilis accessed 2012/11/06.

South African news report, 2009. 28/08/2009, 12:00. News 24. www.news24.com.

Sunday Times, April 15, 2012.

Tayo,A.;Akinola, O.; Babatunde, A. Adewunmi, A.; osinusi, D.; & Shittu, L. 2010. Contraceptive knowledge and usage amongst female secondary school students in Lagos, Southwest January 2011 available online at *http://www.academicjournals.org/ Nigeria.Journal of Public Health and Epidemiology* Vol.3 (1), pp.34-37, jphe.

Van Loggerenberg, F.; Dieter, AA.; Sobieszczyk, ME.; Werner, L.; Grobler, A. & Mlisana, K., 2012. HIV Prevention in High Risk Women in South Africa: Condom use and the Need for Change Plos ONE 7(2):e30669.doi:10.1371/journal.pone.

Weller, B.F. 2005. Balliere`s Nurses Dictionary for nurses and health care workers. 24th edition.Elsevier.

World Health Organization, Media Centre, 2012. Family planning Fact sheet No351 http://www.who.int/mediacentre/factsheets/fs351/en/index.html.

ANNEXTURE A

LETTER REQUESTING PERMISSION TO CONDUCT A STUDY FROM THE ETHICAL RESEARCH COMMITTEE OF THE UNIVERSITY OF FORT HARE

P.O. Box 476

Fort Beaufort

5720

03/02/2012

The Ethical Research Committee

University of Fort Hare

East London

Dear sir/Madam

REQUEST FOR AN APPROVAL TO CONDUCT A RESEARCH STUDY

I am hereby requesting for an approval from the Ethical Research Committee of the University of Fort Hare to conduct a research study in Fort Beaufort Hospital and at the clinics in Fort Beaufort Area, Eastern Cape.

The proposed research topic is: AN INVESTIGATION INTO THE HIGH RATE OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS IN FORT BEAUFORT AREA IN THE EASTERN CAPE PROVINCE.

I am currently registered for the Degree of Masters in Nursing (Midwifery) within the Nursing Science department of the University of Fort Hare.

The objectives of this study are to;

- investigate the extent of teenage knowledge regarding the protection practices, STIs including HIV and AIDS infections.
- explore the behaviours and practices of teenagers with regard to prevention of sexually transmitted diseases including HIV and AIDS

The summary of the research findings and the recommendations will be distributed to your office

Kind regards

Mrs. T.R. Nika

ANNEXTURE B

PERMISSION FORM THE ETHICAL RESEARCH COMMITTEE OF FORT HARE UNIVERSITY

OFFICE OF THE DEPUTY VICE-CHANCELLOR:
ACADEMIC AFFAIRS AND RESEARCH
Private Bag X1314, Alice 5700
Tel: 04060 22403
Fax: 0866282944
tsnyders@ufh.ac.za

University of Fort Hare
Together in Excellence

UFH/UREC, 14 - REC-270710-028

Application for clearance from the University of Fort Hare's Ethics Committee

Project title:	**An investigation of the high rate of Teenage Pregnancy and sexually transmitted infections regardless of dual protection practice in Fort Beaufort area, Eastern Cape Province**
Chief Researcher:	**Thenjiswa Nika**
Supervisor/Co-supervisor:	Mrs JE Bereda-Thakhathi Dr B Nzama
Date of application:	29 March 2012

Having consulted the Dean of Research, I hereby grant permission to conduct the research.

Professor G de Wet
Deputy Vice-Chancellor
Chairperson of the interim Ethics Committee

10 April 2012

ANNEXTURE C

LETTER REQUESTING PERMISSION TO CONDUCT A STUDY FROM THE DEPARTMENT OF HEALTH EASTERN CAPE

P.O. Box 476

Fort Beaufort

5720

23/05/2012

The Research and Surveillance Department

Department of Health Eastern Cape

REQUEST FOR AN APPROVAL TO CONDUCT A RESEARCH STUDY

I am humbly requesting for an approval from the Department of Health to conduct a research study in Fort Beaufort Hospital and at the clinics in Fort Beaufort Area, Eastern Cape.

The proposed research topic is: AN INVESTIGATION INTO THE HIGH RATE OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS IN FORT BEAUFORT AREA IN THE EASTERN CAPE PROVINCE.

I am currently registered for the Degree of Masters in Nursing (Midwifery) within the Nursing Science department of the University of Fort Hare.

The objectives of this study are to;

- investigate the extent of teenage knowledge regarding the protection practices, STIs including HIV and AIDS infections.
- explore the behaviours and practices of teenagers with regard to prevention of sexually transmitted diseases including HIV and AIDS

The summary of the research findings and the recommendations will be distributed to your office

Kind regards

Mrs. T.R. Nika

ANNEXTURE D

PERMISSION FROM THE Eastern Cape DEPARTMENT OF HEALTH IN EASTERN CAPE PROVINCE

Eastern Cape Department of Health

Enquiries:	Zonwabele Merile	Tel No:	040 608 0830
Date:	06th June 2012	Fax No:	043 642 1409
e-mail address:	zonwabele.merile@impilo.ecprov.gov.za		

Dear Ms TR Nika

Re: An investigation of the high rate of Teenage Pregnancy and sexually transmitted infections regardless of dual protection practice in Fort Beaufort area, Eastern Cape Province

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT

Ikamva eliqaqambileyo!

ANNEXURE E

A LETTER REQUESTING PERMISSION TO CONDUCT A STUDY AT NKONKOBE SUB-DISTRICT CLINICS

P.O. Box 476

Fort Beaufort

5720

12/06/2012

The Nkonkobe Sub-District Manager

Department of Health

Fort Beaufort

Eastern Cape

5720

REQUEST FOR AN APPROVAL TO CONDUCT A RESEARCH STUDY

I am humbly requesting for an approval from the Sub-district Manager to conduct a research study in Fort Beaufort clinics, Eastern Cape.

The proposed research topic is:

AN INVESTIGATION INTO THE HIGH RATE OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS IN FORT BEAUFORT AREA IN THE EASTERN CAPE PROVINCE.

Presently I am doing Degree of Masters in Nursing (Midwifery) with the University of Fort Hare.

The objectives of this study are to;

- investigate the extent of teenage knowledge regarding the protection practices, STIs including HIV and AIDS infections.
- explore the behaviours and practices of teenagers with regard to prevention of sexually transmitted diseases including HIV and AIDS

The summary of the research findings and the recommendations will be distributed to your office

Kind regards

Mrs. T.R. Nika

ANNEXTURE F

PERMISSION LETTER FROM NKONKOBE SUB-DISTRICT

Isebe LeZempilo · Department of Health
AMATHOLE HEALTH DISTRICT
Nkonkobe Sub-District
Cape College of Education
Fort Beaufort. 5720

Enquiries: Ms.Magenukai
Tel: 046-6451892
Fax: 046-6453052

Province of the Eastern Cape

TO : Mrs. Thenjiswa Reginah Nika
P.O. Box 476
FORT BEAUFORT
5720

APPROVAL TO CONDUCT RESEACH STUDY: MRS.T.R.NIKA

An approval is here by granted to you to conduct the research study at the five Fort Beaufort clinics.
A copy of your request has been forwarded to the respective Acting Clinic Supervisor Mrs Makrosi-Papu.

You will be expected to report to her when you visit the clinics.

The Nkonkobe Sub –district management team would like the feedback on completion of your study so that lessons learnt may be utilized to enhance quality services delivery .

Wishing you success on your endeavours.

Ms. P.M.MAGENUKA
SUB-DISTRICT MANAGER
NKONKOBE SD
26/06/12

ANNEXTURE G

LETTER REQUESTING TO CONDUCT A STUDY AT FORT BEAUFORT HOSPITAL

P.O. Box 476

Fort Beaufort

5720

12/06/2012

The Middle Manager Health

Fort Beaufort Hospital

Fort Beaufort

Eastern Cape

5720

REQUEST FOR AN APPROVAL TO CONDUCT A RESEARCH STUDY

I am humbly requesting for an approval from the Hospital Manager to conduct a research study in Fort Beaufort Hospital, Eastern Cape.

The proposed research topic is: AN INVESTIGATION INTO THE HIGH RATE OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS IN FORT BEAUFORT AREA IN THE EASTERN CAPE PROVINCE.

I am currently registered for the Degree of Masters in Nursing (Midwifery) within the Nursing Science department of the University of Fort Hare.

The objectives of this study are to;

- investigate the extent of teenage knowledge regarding the protection practices, STIs including HIV and AIDS infections.
- explore the behaviours and practices of teenagers with regard to prevention of sexually transmitted diseases including HIV and AIDS

The summary of the research findings and the recommendations will be distributed to your office

Kind regards

Mrs. T.R. Nika

ANNEXTURE H

PERMISSION FROM FORT BEAUFORT HOSPITAL TO CONDUCT STUDY

Isebe LeZempilo - Department of Health

FORT BEAUFORT HOSPITAL

FORT BEAUFORT HOSPITAL
BELL STREET
FORT BEAUFORT

PROVINCE OF THE EASTERN CAPE

Enquiries: Mr M Gwebani
TEL: (046) 645 1111
Fax: (046) 645 2034

To: Senior Lecture/Supervisor: Nursing science
Department Nursing science

From: Acting Hospital Manager
Fort Beaufort Hospital

APPROVAL TO CONDUCT A RESEARCH STUDY: MRS T.R. NIKA

An approval is here by granted to Mrs Thenjiswa R. Nika to conduct research study at our facilities.

The Fort Beaufort Hospital management team would like the feedback on completion of her study so that lessons learnt may be utilized to enhance quality service delivery.

M Gwebani

Acting Deputy Manager Nursing

2012 /06/19
Date

ANNEXTURE I

CONSENT FORM FOR THE PARTICIPANTS

CONSENT FORM

AN INVESTIGATION OF THE HIGH RATE OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS IN FORT BEAUFORT IN THE EAST CAPE PROVINCE.

STUDENT NO: 201012347

PRINCIPAL RESEARCHER: Mrs. T. R. Nika

CONTACT NUMBER 0822982178

Dear participant

You are invited to take part in a research study. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is entirely voluntary and you are free to refuse to participate. If you say no, this will not affect you negatively in any way. You are also free to withdraw from the study at any point, even if you did agree to take part.

This study has been approved by the Human Research Ethics Committee at Fort Hare University and will be conducted according to the ethical guidelines.

What is this research study all about?

This study will be done by means of a questionnaire and aims at increasing awareness regarding the prevention of teenage pregnancies and other related health problems. This study will also add to the body of knowledge within the area of preventive and promotive health. The questionnaire focuses mainly on causes of teenage pregnancy, knowledge regarding STIs including HIV and AIDS and understanding of dual protection practices and other reliable contraceptive methods. Answering these questions will assist the researcher to draw recommendations for best practice interventions.

Why have you been invited to participate?

You are invited because you are a pregnant teenager and the study focuses on pregnant teenagers who are 15 to 19 years of age.

What will your responsibilities be?

You only need to complete the questionnaire. Completion of the questionnaire is totally voluntary, and if you do not want to answer all the questions that is also acceptable.

Will you benefit from taking part in this research?

You will probably not benefit from this study immediately, however your inputs on the study will assist on proposing an action plan based on the study results.

Are there any risks involved in your taking part in this research?

There are no risks involved to you as a person. This study is strictly confidential.

If you do not agree to take part, what alternatives do you have?

You do not need to complete the questionnaire.

Who will have access to your records?

Information collected will be treated confidentially, will remain anonymous and will only be accessed by the researcher, the study supervisor and the University of Fort Hare

What will happen in the unlikely event of some form of injury occurring as a direct result of your taking part in this research study?

There are no potential or actual risks involved in this study.

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

No, you will not be paid to take part in the study, but your contribution will benefit the future teenagers.

Is there anything else that you should know or do?

Taking part in this study should not take more than 30 minutes to complete.

The completion of the questionnaire will signify your willingness to consent and your voluntary participation in the study.

Your participation and feedback is valued.

Signature of the participant

Date:

ANNEXTURE J

QUESTIONNAIRE

THE RESEARCH QUESTIONNARE

THE OBJECTIVES IS TO:

- investigate and describe the extent of teenage knowledge regarding the protection practices, STIs including HIV and AIDS infections.
- explore and describe the behaviours and practices of teenagers with regard to prevention of sexually transmitted diseases including HIV and AIDS

INSTRUCTIONS

Please answer the following questions by crossing(**x**) in the relevant block or writing down your answer in the space provided.

SECTION A: BACKGROUND INFORMATION

This section of the questionnaire refers to the background or biological information. The researcher is aware of the sensitivity of the questions in this section, and thus the information will be kept confidential and will only be used to compare groups of respondents. Once again, you are reminded that your information will remain anonymous.

EXAMPLE of how to complete the questionnaire:

1. State your gender

Male	1	
Female	2	X

1. State your race

African	1	
Coloured	2	
Asian	3	
White	4	

2. Age

15	1	
16	2	
17	3	
18	4	
19	5	

3. What education level are you in?

Primary level	1	
Secondary level	2	
Tertiary level	3	

None of the above	4	

SECTION B

This section of the questionnaire refers to the attitudes and experiences of the teenage pregnant individual as well as the risk factors associated with pregnancy, there is no wrong or right answer.

Indicate your answer with X when choosing between YES or NO.

What do you think could be the cause of many teenagers to have children at such a young age of 15 to 19 years?

.....

.....

Can you indicate what happened that you became pregnant at this age?

.....

.....

What do you know about family planning?

.....

.....

Who told you about family planning or how did you get to know about it?

.....

.....

Have you ever used any method of (contraception)? YES NO

If `Yes` why did you stop using the family planning methods?

.....

.....

If `No` why did you not use the family planning methods?

.....

.....

Have you ever heard of about a condom? YES NO

Have you ever used a condom? YES NO

Do you know how to use a condom? YES NO

What do you know about a condom?

.....

.....

Where did you get the information about condom?

.....

.....

If the answer is `NO 'about the use of a condom, why are you not using the condom?

.....

.....

What do you know about Sexually Transmitted Infections?

.....

Have you ever been treated for Sexually Transmitted Infections? YES NO

If YES which one did you suffer from?

.....

.....

Have you been tested for HIV? YES NO

If NO how soon will you go for your test?

.....

If YES how did you feel about knowing your results?

.....

.....

Do you think it is important to know your HIV status? YES/NO

Give reasons for your answer above

.....

.....

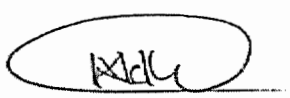
Is this pregnancy planned? YES NO

Thank you for your time and your contributions to this study

EDITOR'S DECLARATION

I Dr. Ketiwe Ndhlovu (Department of Linguistics UNISA) confirm that I edited Masters Dissertation of THENJISWA REGINA NIKA entitled: **AN INVESTIGATION INTO THE HIGH RATE OF TEENAGE PREGNANCYAND SEXUALLY TRANSMITTED INFECTIONS IN FORT BEAUFORT AREA, EASTERN CAPE.**

During the process of editing, the following changes were recommended; grammatical, sentence construction and paragraphing and structural among others. It is up to the candidate to effect these changes as she is the author of this thesis and thus remains in control of the writing process.



29/01/2014

Editor's Signature Date