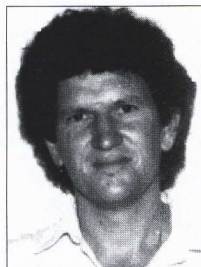
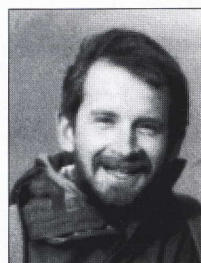


Family Planning: Attitudes of rural high school students



Curriculum Vitae

Ian was born and schooled in Port Elizabeth. He graduated from the University of the Witwatersrand with a BA (Psychology) in 1983 and a MBChB in 1987. He worked at Livingstone and Dora Nginza Hospitals in Port Elizabeth before going to work as a volunteer with the Anglican Church in Paraguay. In January 1991 Ian commenced work at Manguzi Hospital, where he has been acting Medical Superintendent since August 1993. He was submitted to alternative service as a conscientious objector, completed in September 1993. He completed his M Fam Med through Medunsa in 1995. He is married to Jacqui, an occupational therapist, and they have two sons.



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Summary

High school students cannot be expected to make effective use of contraception when they have been given incorrect information. An essay competition in a rural area of KwaZulu-Natal invited students to discuss contraception. Qualitative analysis of randomised samples of these essays yielded an understanding of students' beliefs about family planning. This paper explores common themes and presents them in the students' own words, exposing misconceptions. The insights which such analysis offers allows health workers to develop targeted educational material at a local level and to enter into fruitful dialogue with students.

Introduction

In 1992 the Manguzi School Health Services (supervised by author IDC) held their first "Easter Essay Competition". All students in secondary schools in the Manguzi Health Ward of Northern Zululand were invited to participate. The competition was intended to promote health as well as the use of English, which is taught as a second language in these schools. Prizes for winners and their schools were sponsored by a local store.

The success of this first competition led to it being established as an annual event. In 1994 the topic chosen for the competition (organised by author TJDA) was "Plan your family, plan your future." In the letter of invitation it was noted that fifteen percent of available marks would be allocated to a student's understanding of the concept of family planning and knowledge of methods of contraception.

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1995;16:602-609

KEYWORDS

Knowledge, attitudes,
practice;

Family planning;

Contraceptive devices;

School children;

Kwa-Zulu;

Sex education;

Rural population.

In 1994, 267 essays were received from seven of the nine eligible secondary schools. The essays revealed a wealth of information about students' attitudes towards family planning and their knowledge of contraception. Such information has relevance for public health policy and planning, yet is often oversimplified by quantitative analysis. It was thus decided to examine the essays using qualitative research methodology.^{1,2}

Students who participated were in standards six to ten of secondary school, with ages ranging from 13 years through to 26 years. Participation was voluntary, but a prize in the competition for the school with the most entries led some teachers to encourage students quite strongly. Nearly all the students were local inhabitants of the Tembe Tribal Area in the north east corner of KwaZulu-Natal, an undeveloped rural area with a predominantly subsistence economy. Library facilities exist only in one school, and there are no local newspapers, so information is received through radio and TV, peers, teachers and elders, six monthly school nurse visits and educational activities of the health service.

Methodology

The aim of this paper was to let the students speak for themselves as much as possible, with the minimum of interpretative comment.

Content analysis of the essays was done, with the aim of hearing the students' ideas in their own words. In order to reduce observer bias the essays were numbered and three random samples of approximately 60 essays were selected, using random numbers generated by EpiInfo.³ The two authors each analysed a different sample to derive general themes and attitudes. Each author read the essays a number of times until common themes could be identified. Extracts from the essays were then aligned according to themes, by each author.

Comparison of the two groups at this stage showed great similarity, suggesting a reliable summation of the students' views. Themes were thus linked and a draft was written drawing them together. The third sample of essays was then read and compared to the draft, to affirm the themes and to ensure that the resulting paper remained representative of students' views. As a result, we believe this paper to be an accurate reflection of what students know about contraception and also of their misconceived ideas.

There are obvious **limitations** to this as research methodology. The essay competition was established as a health promotion tool, rather than as a method of researching beliefs. This leads to certain constraints. Most significantly, one is dealing with a motivated group of volunteers, who may or may not have done some research before presenting their views. It is difficult to know if they actually believe and would act upon their stated views. Furthermore there is inevitably some bias as the writers present what they believe the judges might wish to read. Despite these limitations, the views and beliefs which these essays reflect are valuable as we seek to make health education relevant to rural students. Significant misconceptions can be targeted in further education.

Even without such future targeting, there are major advantages of this competition in terms of its educational function, creating awareness and encouraging students to learn more about the topic. Its use as a vehicle for research is merely a by-product, which, nonetheless, remains a satisfyingly participatory method of doing research.

Here follows a presentation of the students' ideas.

Family planning theory

The **purpose of family planning** is to limit the size of one's family in order to be able to provide for all their needs,

"These contraceptives make it possible for youth to take sex as a game," says Hlengiwe.

Students want a better lifestyle than their parents, and family planning will contribute towards it.

especially education, and at the same time be able to afford all the good things in life – a house, beautiful furniture, a smart car, etc.

Dumisani states this clearly: “If you want to have family, you must plan before you have children. You must first decide how many children do you want to have. And you must ask yourself that do you have enough money to satisfy your children. After you have responded yourself you can have children.” Another Dumisani says one should “aim for few children” as then one will “have money for growing them and for buying clothes to wear.”

Thokozani writes: “If you plan your family we can found that you become rich.” Nomsa expands on this: “If you are a small family you can afford to buy things with budget. Your money can be used for many things and at the end you will found in riches. If people plan your family all the poor people will be abolished in this world.” Dumisani concludes... “The future of the family as a whole will be bright economically and socially.”

Simangele also believes that “you are prevent” because “you know that a good education is the most valuable thing you can give to children.” Through family planning, states Charity, “all children get sufficient opportunity to go to schools and hospitals and get all requirements a child must have.”

Old attitudes need to change. Jabulani writes: “Some people when he have many children he says, ‘I am a man because I have many children.’ But he forgets that al these children, without education and food they are nothing whatsoever.”

However, the need for family planning goes beyond the nuclear family. As Ellias puts it, “family planning protects the health of both mother, father, children and the society.” Hlengiwe feels “family planning is very essential in

order to avoid overpopulation”.

The assumption behind these attitudes is that there is an **ideal family size** which should be aimed at, most commonly two to four children. Rosette advises that “parents with forethought they have two or three children and they feed them with all they needs.”

Lindiwe believes “two or three labours are enough,” and Thoko that “if you have two or three children, these children can get enough love from their parents.” Whatever one chooses, Dumisani believes “we must not have more than five children.”

Vusi’s plan is clear: “Ideal numbers are two boys and two girls,” whereas Jabu would “like to have only two children so that it can be easier to give them enough care.”

Alongside this is the feeling, expressed by the young men, that, in Thokozani’s words, “if you are a citizen” you must have “one wife”, preferably “an educated wife who can be able to manage life on her own.” This does not necessarily mean that liberation has arrived for the rural wife; the man needs an educated wife, says Douglas, so “she can progress or have a progress in her life and so that she may be able to take care of my children even if I’m not there.”

Equally, though polygamy remains an option for some. “My plans” says Jotham, “is to marry two wives. I wish to marry a girl from rural areas and someone from location.”

For many students their attitudes about family planning and contraception arise from strong personal morality. Dumi feels that “it is very wise and advisable that one should avoid knowing what is sex before marriage, especially the youth. Those people should not even be involved in love matters.” Thoko states “it is not allow for us to do sex freely; the better thing is to

Only one student (out of 109) experienced awareness of natural methods of family planning.

have an agreement to avoid sex or prevent.”

For Thokozani, as for many of his peers, “we know that to have a child before married is a sin... so we must prevent it using contraception.” Michael took this even further: “If a girl or student get a pregnant without marriage I will put him/her in jail for six months full, after she had been released in jail, she will see the results of the pregnant is so difficult.” Even if it is not a sin, Douglas points out that “pregnancy is a very bad thing especially if you are not willing to have a child.”

The issue it seems, is becoming pregnant rather than sexual intercourse. Though sexual activity is not seen as the ideal by all – “enjoying sex can throw me in a dark forest” writes Nomsa – it is accepted as an inevitability. As David puts it, “we must try to avoid sex whereas it is too difficult to the human being.” This is where contraception comes in. Nkululeko thinks that “if one could not run away from sex it is advisable at least to use the contraceptives.” Sfiso says “if you want to protect yourself from getting pregnant avoid sex, but if you fail to avoid sex you may use pill, condom, injection and loop.”

The danger of this is expressed by Hlengiwe: “These contraceptives make it possible for the youth to take sex as a game.”

Contraceptive methods

When it came to **methods of contraception**, only 35% of students (38 out of 109 essays in the two samples analysed) mentioned specific methods. The most commonly mentioned methods were “the injection” (27%), the condom (27%), “the pills” (24%) and “the loop” (16%). Sterilisation (both female and male) was only mentioned twice in the two samples, and natural methods were listed by only one student. Male sterilisation is described as follows by

Phumzile: “The male do that contraception by going at hospital where he is going to be operated and the sperms will be removed off.” No student mentioned the possibility of post-coital contraception.

Students seemed to understand that contraceptives are available free of charge at hospitals and clinics, but are described as being for those who “lacks to control herself about sex to avoid mistakes of pregnancy” (Hlengiwe) and to be used “while you failed to control your feelings” (Rosette) which seemed quite opportunistic to us.

The message about **condoms** carried by AIDS information campaigns appears to have brought widespread knowledge about this method. The condom, states Jabu, “is used by the male only and it is a best contraceptive”; in fact says S'thembiso, “it is the safest way of preventing. No mistakes can be done during intercourse.” Perhaps this is because it “is the new way which has developed only a short time ago.” (Thembinkosi)

One uses a condom, Nomsa says, “in order to prevent your sperms to enter inside the ovule.” More importantly to students, according to Jabu, a condom “is good because if a female have sex disease the male is protected against it”. Rosette explains: “When he meets with his girl friend it is best because when they do sexual intercourse while some one have a disease it is not easy to transmit that disease.” This is because, according to Nomsa, “all the dirty substances that enter will not find the way.” The diseases that the condom prevents are “diseases just like AIDS, drop, etc” (Jabulani).

Students appear to understand how to use it. Mandla explains: “Before you ensuing for copulation, you must take a condom and you must dress your penis and satisfy your darling with sex. Having finished you must throw away

“Don't use second round with the same condom; you may endanger your darling,” says Sfiso.

No student mentioned post-coital contraception.

or burn by fire. Each and every condom must have their own round. Don't use second round with single condom because you may endanger your darling." Not following these instructions can be dangerous, as Sfiso explains: "Don't use one condom in two or more rounds because it will burst while you are doing sex inside the girl. In the years to come the girl unable to get children because of pieces of condom which were left inside the girl." Furthermore, Jabu warns, "not everybody has checked it before he use it that it is new or it is used before, and if it is used before you can find yourself in trouble".

The disadvantage of the condom is the decreased sensation. David argues: "The condom is bad because it is not the same as flesh to flesh." Jabulani says "some people failed to use condoms as they said the condom are like the raincoat." However most students felt safety was more important. In the words of Nonhlanhla, "the condom is a good contraceptive. It is not better to do flesh to flesh than to use condom because it avoid the un-needed children and avoid STD."

The **injectable contraceptive** is also popular both because it is controlled by the female partner and because one does not have to remember anything in the heat of the moment. Thoko states: "Injection is the best way for planning because it lasts a long time." Thokozani believes "the better method is to use the injection because it take a lot to get pregnant than the pill. It take about three month or so you can be safe for a pregnancy." Mandla advises: "An injection is a good source for the policy of love affairs." Thokozani believes it is particularly useful for girls "that have got plenty of sex."

Many students are aware of the different types of injectables. Nomsa explains: "First two months. This is allowed in ladies that have no children. Second three months. This is strong for

people who have a baby." In fact, Khululiwe says "injection of three months is not allowed to an unmarried person because it is too strong."

How does it work? Ellias states "this injection works in the same way as the pill", but Thoko says "injections are used by females to destroy the eggs of a female."

Many students alluded to the need to wait ten days after being injected before intercourse. For example, Gezile says: "The better way is to leave for ten days not to be together with your partner to use sexual reproductive organs. Because on that days the injection settled its function may be it cannot occur in the ovary. So it is better to wait until you have been satisfied and it will make you be in a position." More simply, Silindile says: "After injection having sex before 10th day is dangerous."

What are the disadvantages? Jabulile explains: "The thing that makes an injection not liked by people is that if a girl is using it she becomes fat. Whereas a girl must remain in shape." More strongly, Khululiwe warns "injections may weaken one's body and destroy it; it may make you look plumpy and obese. It makes you look older than you are." In addition, Dumisani tells us that some women are affected "with more diseases and also confronted with other sickness/illness."

When it comes to the **oral contraceptive** all students who discussed this mentioned the problem of forgetfulness. They felt it was a good method of contraception, because it can be "used by females to destroy the eggs of a female" (Zama), but the need to take it every day is a major disadvantage. Zama says: "Once you have forgotten to take pills on fixed periods, definitely you will become pregnant. Someone who uses it needs to be perfect so that no mistake may occur." And Rosette says "pills are good but it have a dan-

"An injection is a good source especially for girls that have got plenty of sex," says Mandla.

The AIDS information campaigns have successfully spread knowledge about the use of condoms.

ger while you forget.” Because, explains Thoko, “if you forget to swallow it one day and sleep with your boyfriend, you can become pregnant.” This is such a problem, says Khululiwe, that “you must have someone to advise you how to use this pill.”

There were a few students however who were not so clear about how to take the pill. Jabu believes “if she must have sex she must eat the pills every time she wants sex that day.” And Nomsa says, “You must use it every day when you want sex. Sometimes it may cause some problems if you do sex without using pills maybe for one day.”

Problems with using the pill are not only the danger of pregnancy, but also not being able to fall pregnant afterward. Gezile states: “If you are always on the pill it can make you do not get children even in the time you need them.” There is also a risk in taking the pill if you are already pregnant; Harriet warns, “do not eat the pills when you see that you are pregnant now because it is dangerous.”

The IUCD is also viewed with mixed feelings. Thabo tells us: “The loop is good for persons who have children to prevent pregnant and it stay for years. But when the loop not stay with the right position it may also cause problems.” Gezile explains: “Loop it can be take a period of five years but it better to those who have child so that she can prevent for the long time to maintain the situation or child they have. It is better to use it because it give you enough time to give your child to be old enough. You do not get a child in the time you do not want.” But says Jabu, “A loop must use by people who are not lazy because you always must check that it is still in a good position. If it is not in a position it can harm a person.”

Some students understand the IUCD, but many do not have a real grasp of how it works. Ellias states: “The intra-uterine, this is often called a loop

because of its shape. This is a IUD made of plastic, it is placed in the woman’s womb. This takes only few minutes and it can be removed by a trained nurse. When the user of IUD want a child the device is removed.” S’thembiso says “A loop is replace by the doctor in the female channel where the sperm goes through”, and Petros says “when sperms enter they enter the loop”, but Jabu says “it is put in the bladder by the doctor or nurses. If they put it correctly it is a good protector.”

The loop is perceived to have many problems:

- “it unfortunately move” (S’fiso);
- “the loop can move from its place if you play or jump badly” (David);
- “when they are contracepting with loop they count some problems suffering with bladder” (Thoko);
- “you are not safe from disease” (Thokozani);
- “sometimes the loop burst inside when full of sperms” (Nompumelelo);
- “a loop simply brings an early abortion” (Zama); and
- “the loop is not good in rural areas” (Mandla).

Perhaps it is for these reasons that Mandla advises in terms of the loop “it will be better to consult the plastic surgery”!

Misconceptions about contraception

The loop is obviously the method associated with the most **misconceptions** but all have frequent myths attached to them. There are also misconceptions about contraception as a concept. The long term effects are worrisome it seems. Thoko says: “Something I could not support about these contraceptives is that they usually destroy the reproductive part of a female. People who are using these thing end up being good for nothing to the community.” In fact, S’thembiso believes “if you use this contraceptive sometimes you die. It will affect your life.” Nkululeko is more specific: “It is unwise for a student to go for contraceptives in

The loop is perceived by the students to have many problems, and many myths are attached to it.

“Sometimes the loop burst inside when full of semen,” says Nompumelelo.

Mandla advises “to consult the plastic surgery for the loop.”

Standard 7. It might destroy a child's health and by the time he/she is 27 or 30 he/she looks half dead." If you are fortunate enough that contraception does not "secretly destroy your entire being" (Busisiwe), there is another danger that Dumisani warns about: "Sometimes it may close forever and they will never have a child."

Hlengiwe lists some specific problems: "Let's say a female use a Depo or pill. Take years doing this thing sometime block your mensuration (sic). But mensuration is the source of our female life. What about you using this without married if you are in trouble of sick, that become your own problem. I think of bursting of loop or condom can cause disease to the female." The pills and the injections make it "easy to attack with diseases" (Nkululeko). Even the condom is not harmless. Jabu believes "if it is not use correctly it can harm a girl's bladder. You can find a girl die because it is poisonous."

There is an awareness amongst some of the benefits of contraception, mainly in terms of preventing sexually transmitted disease and AIDS, and also preventing abortion. However it seems that the possible protective effect of condoms has been generalised to all contraceptive methods. Douglas says "it is recommended that ones uses some contraceptives because they have a great advantage in avoiding pregnancy and the reduction of self transmitted diseases eg aids. It also avoids abortion because one will not be pregnant at all... The usage of preventers is very important because it even reduces the rate of abortion, as we are told that abortion is a very bad thing and leads to the death of one who does such a thing". Nompumelelo says "it is more safe to use a contraceptives during sexual intercourse because you may have sex with a person having certain diseases like HIV."

Sexually transmitted diseases are a mystery and thus a fear. Nompumelelo

writes: "There are fatal diseases transmitted through sex. People in rural areas do not really understand about fatal disease." David explains "Concerning AIDS it is incurable. About five million people had pass away about this disease and we will of among them if we don't be aware of ourselves to plan for future and family."

Need for education

Students agree that the way to deal with their own ignorance is through education. "There is a need of teaching youth and others about contraceptives." (Dumisani) Douglas says: "As youth it is very good to gather and discuss the importance of using contraceptives. This means that if we have reached that stage we will encounter no problem in using contraceptives. Teachers also must play an important or active role in teaching students about sex education." Ellias says: "The youth blood are in high functioning. We must teach to avoid the sexual intercourses. All this assist to avoid unwanted children." Nkululeko suggests that "there should be teachers or the group of people who will travel around schools, where there is youth, and teach about importance of contraceptives among youth. And also the youth should be taught about sex education."

Some feel this teaching should take place at home. Zama says "If the children get more information at home we cannot have a lot of teenage pregnancy." S'fiso argues it is "very important for every man to discuss the importance of sex education and contraception", but Bongani feels "mother must teach children how can avoid sex." Alternatively, Bongani says "you must take the children to the hospital to get more information about sex."

Discussion

Students want a better lifestyle than their parents. They believe, in theory at least, that family planning is one factor in achieving this. Contraception is val-

"The youth are in high functioning," says Ellias.

"They must teach to avoid this sexual intercourses."

ued during the school years when pregnancy is seen to be extremely disruptive for a girl. In married life, while family planning is seen as desirable there is a range of views as to what actual number of children is ideal.

Achieving this planned family is a problem, with evident uncertainty and misunderstanding about all methods of contraception. Each method is viewed as a potential cause of significant harm to its users, without any comparison with the risks of pregnancy. Meanwhile, a key benefit of the condom (reduced HIV transmission) is generalised to all methods of contraception. Despite such misconceptions, students clearly want to know more and plead for better sex education.

Conclusion

Rural high school students seem largely to understand the reasons for practising Family planning. However, they are clearly hindered in their practice by fears, misconceptions and simple ignorance, which need to be addressed. The students recognise their need to be better informed; the challenge to us, as health educators, is there. Are we able to meet it?

Content analysis has enabled us to capture in a meaningful way the major issues for students regarding contraception, and to understand clearly their aspirations, their level of knowledge, and their fears.

We believe it would be worthwhile to pursue this method in order to gain insight into students' attitudes with respect to other health issues. It would be useful to involve students in this process as co-researchers in order to complete the feedback loop of discussing the findings with the students themselves and thus validating them.

Acknowledgments

Our thanks go to Esca Scheepers of the HSRC Centre for Research Methodology and Jannie Hugo of MEDUNSA Department of Family Medicine for their insight and assistance.

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