

## **Knowledge and Attitudes of Female Adolescents' Regarding Contraceptive Use in one High School in Manzini, Swaziland**

Zama Mkhonta, Louise Kaplan (*Washington State University*),  
Nomsa Nxumalo-Magagula, N (*University of Swaziland*),  
Faye A. Gary, F. A. (*Case Western Reserve University*)  
Zanele C. Mhlongo-Manana, Z. C (*University of Swaziland*),  
Percis P. Khumalo, P. P. (*University of Swaziland*),  
Ruth N. Mkhonta, (*University of Swaziland*) and  
Tengetile R. Mathunjwa-Dlamini, T. R. (*University of Swaziland*).

### **Abstract**

Adolescent pregnancy is the leading cause of maternal mortality among adolescents in developing countries. In order to reduce the unintended pregnancies and devastating consequences such as high maternal mortality, dropping out of school, diminished chances for gainful employment opportunities, and the possibility of experiencing numerous vulnerabilities to poverty, contraceptive use has to be prioritized as an intervention in health and education programs. This study examined the knowledge and attitudes of female adolescents regarding contraceptive use in one High School in Manzini, Swaziland.

A quantitative-descriptive approach was utilized. A sample of N=60 adolescent girls was selected by simple probability sampling. All participants were female adolescents aged 15-19 years, and were enrolled in Grade 8 – Grade 10 in one High School in Manzini. A structured questionnaire was used as the measure to collect data. The collected data were analyzed using descriptive statistics, Pearson's Correlation and Chi-square.

Most (n= 42, 70%) of the participants had good and 30% (n=18) had poor knowledge about contraceptives. A majority (n=46, 76.7%) had negative and 23.3% (n=14) of the participants had positive attitudes towards contraceptives. This study showed a high level of knowledge but negative attitude toward contraceptive use. The findings indicated that there is an association between

knowledge and attitude towards contraceptives ( $X^2=21.234$ ,  $p=0.047$ ). There was an association between education and knowledge ( $r=0.322$ ,  $p=0.012$ ), reflecting that with an increase in educational level there was increase in knowledge on contraceptive use.

Parents must be encouraged to discuss sexual and reproductive health issues with their children from a very young age so that they acquire accurate information before they are exposed to peers.

**Key words:** Knowledge, attitude, adolescents, contraceptive use.

## **BACKGROUND**

The decision to use contraceptives is related to comprehensive knowledge about the benefits and positive attitude towards contraceptives. However, among adolescents, available evidence from meta-analysis (Munakampe, Zulu & Michelo, 2018) from several countries suggests that their level of knowledge regarding contraceptive use is very low. This gap in knowledge often results in high rates of unwanted and unplanned pregnancies across several populations in various countries. Research has also shown that knowledge alone does not change behavior (Kelly & Barker, 2016). Worldwide, the majority of countries with adolescent pregnancy levels above 30% occur in sub-Saharan Africa (Loaiza, & Liang, 2013). Adolescent pregnancy is a major public health concern because of its shattering risk and consequences that could impact female adolescents for years to come. Maternal death is the most devastating outcome of adolescent pregnancy (World Health Organization [WHO], 2018).

## **Literature Review**

Contraceptives are important for the health and well-being of women and children by preventing unwanted pregnancies, delaying early pregnancies, extending the period between births and limiting the number of pregnancies. Moreover, contraceptives are the

pillar of safe motherhood and have been perceived as a human right for women and girls (Shah, Solanki, & Mehta, 2011). It has a positive impact on maternal and infant health and population growth. However, it is unfortunate that unwanted pregnancies occur frequently, especially among female adolescents. The WHO (2014) has indicated that the global average birth rate among 15 to 19 years old females was high at 87 per 1000 girls and it was estimated that, across the global community, 16 million girls gave birth every year. Maternal mortality is the leading cause of deaths among adolescents (United Nation Population Fund [UNPFA], 2012). In 2017 the vast majority of maternal mortality (94%) occurred in low-resource settings. Sub-Saharan Africa accounted for approximately 86% (254 000) of the estimated global maternal deaths in 2017, accounting for approximately two thirds (196 000) of maternal deaths (WHO, 2019). Therefore, many adolescents die before they transit to adulthood because of unwanted pregnancies and maternal deaths (WHO, 2018).

In 2014, Nigeria had an estimated 23% of adolescents aged 15-19 years who had begun childbearing, among these 17% had their first child and 5% were pregnant with the first child (Demographic Health Survey, 2014). In Tanzania, teenage pregnancy increased by 4% in 2010 and by 2016 one (1) in four (4) adolescents aged 15-19 had begun childbearing (Tanzania United Nations Population Fund [UNFPA], 2017). In Swaziland, 28.6% of girls became pregnant before their 18<sup>th</sup> birthday over almost a ten year period, ranging from 2000 to 2009 (World Bank, 2019). Adolescents in Swaziland begin having sexual experiences at an early age. Females begin sexual intercourse, on average, at 15 years, and boys, on average at 17 years of age (Ministry of Health [MoH], 2017). In addition, adolescents account for 25% of the country's 33,000 annual deliveries. Among the females who delivered, 27% were living with the human immune deficient virus (HIV) (MoH, 2017). This percentage of infected females has implications for the prevention of sexually transmitted infections,

poor infant health outcomes, mortality and morbidity rates that could diminish the future population growth and health and well-being of the nation. Recognizing that contraceptive use is one major solution to preventing adolescent pregnancy, this method requires high levels of knowledge and positive attitudes among adolescents regarding contraceptive use during sexual activities. Additional emphasis must also be placed on behavioral change as knowledge and attitudes do not always bring about behavioral change. Stressing much on external or observable behaviour may produce desirable results for learners and the school (Nkhata et al, 2019).

Adolescent pregnancy is usually unintended and is associated with increased risks of unsafe abortions, because adolescents are not ready for child rearing (Chandrarekha, Kumar, & Venakateshan, 2018). Furthermore, adolescent pregnancy may end opportunities for the female to attain high school education and gainful employment. Without a basic education and sustained employment, poverty seems to be the likely outcome, which is likely to increase numerous types of vulnerabilities. In addition to these maladies, exclusion and stigma from others in the Swazi populace has a high likelihood for negatively impacting these young females (UNFPA, 2013). In order to reduce unintended pregnancies and consequences, contraceptive use has to be prioritized as an intervention (WHO, 2014) in numerous institutions throughout the nation. Without culturally appropriate interventions that are made available to adolescent females and males, consistently administered and evaluated, adolescent females and their children are more likely to face a continued cycle of poverty that will adversely impact them.

Amongst the benefits of contraceptives is the prevention of unwanted or unplanned pregnancies leading to, improved levels of education, and the reduction of maternal morbidity and mortality. The use of contraceptives will also help to reduce and eliminate infant mortality rate, HIV and AIDS, other sexually transmitted infections, cancers of the reproductive system, and enhancing the chances of sustaining and increasing population growth across the

nation (Canning & Schultz, 2012; Joshi & Schultz, 2013). Emphasis should also be placed on the types of contraceptive commodity specifically condoms because they also prevent sexually transmitted infections including HIV.

Low level of knowledge about contraceptives among adolescents was amongst the factors contributing to the adolescents engaging in sexual activity at early ages (Nsubuga, Sekandi, Sempeera & Makumbi, 2016). In another African country, at a Uganda University, most students knew about and used male condoms and oral pills but had less knowledge about female condoms because this type is less popularized. In addition, low use of contraceptives among adolescents in Bangladesh, was reportedly related to insufficient knowledge about human reproduction and sexuality (Rahman, Kabir & Shahidullah, 2007). In another study conducted in Swaziland, it was reported that low knowledge on contraceptive use among adolescents led to unwanted pregnancies (Ziyane & Ehlers, 2006). The investigators (Ziyane & Ehlers, 2006) reported that negative attitudes, misconceptions, and fears about the use of contraceptives accounted for low knowledge on contraceptive use. However, current literature about adolescents' knowledge on contraceptives is limited, and gaps in the science should be addressed immediately.

A study conducted by Moore, Beksinska, Rumphs, Festin and Gollub (2015), in 56 developed and developing countries revealed that adolescents in developing countries perceived contraceptives as bad because they believed it caused infertility. Mohlake (2014) continues to argue that in African countries, men fear that contraceptives would encourage their wives to be unfaithful, and adolescents will take control over their sexuality. Adolescent females were less likely to use contraceptives because they do not make decisions over sexual matters. Instead, their male partners are the decision-makers about their health practices and behaviors (Widman, Noar, Choukas-Bradley, & Francis, 2014). This reality highlights a practice that is associated with perceived minority status of women (Mathunjwa & Gary, 2006). It also suggests that male adolescents

should be involved in intensive interventions about human sexuality and reproduction, personal sexual responsibility, and the short and long-term devastating impact that early parenthood could have on the female and, potentially, the male adolescents.

On another note, Ziyane and Ehlers (2006), in their study of adolescent Swazi boys and girls identified that they had low levels of knowledge on contraceptives and difficulty in accessing contraceptives for their personal use. They also had reservations about using modern contraceptives (such as the pill, implant and injection to mention but a few) and preferred the use of traditional contraceptives (including coitus interruptus /withdrawal method, calendar method, cervical mucus method and abstinence) because they believed the latter had less harmful side-effects and was culturally accepted. This lack of knowledge, misconception and fear about the use of contraceptives increased school dropout by 338 primary female adolescents due to unwanted pregnancies (Annual Education Census 2012). These statistics are startling. However, early pregnancies can be prevented.

The United Nations Population Fund (United Nations Population Fund [UNFPA], 2015), contains statements that culturally appropriate programs should be integrated into family planning services, public and private clinics in urban and rural settings, and public and private schools. The allocation of resources designed to reduce and eliminate adolescent pregnancy, must become a high priority in the nation. Contraception services are free to all in Swaziland, and they are accessibility. However, the prevalence of adolescents' pregnancy globally (WHO, (2018) and locally in Swaziland (Nsubuga, Sekandi, Sempeera & Makumbi, 2016) suggests that contraceptive knowledge was relatively low among female adolescents. Such findings further imply that adolescent pregnancy continue to be a public health problem across the globe.

In Swaziland, adolescent sexual and reproductive health is addressed through the Sexual and Reproductive Health Unit, which is a component of the Ministry of Health, as well as School Health

Programs that are available to all in-school adolescent students. In health facilities the service providers offer youth friendly services which include family planning. Whereas, in schools there are peer educators and health clubs which are initiated by non-governmental organizations. In addition, Non-Governmental Organizations such as the Family Life Association of Swaziland (FLAS) provide reproductive services for adolescents, including contraceptives, and sexual health education. On the other hand, partners such as UNFPA provide technical (guidance) and resource support. Despite the presence of these programs (including family planning services) and resources that are currently available to adolescents, there is still low use of contraceptives as evidenced by increased adolescent pregnancy. Furthermore, national policies and guidelines support the use of contraceptives among adolescents. Lema (2011), states that the age of consent of contraceptive use is 16 years of age for males and females. This implies that adolescents can have access and do not require consent from parents to use contraceptives at an early age.

Recall that the increased rate of adolescent pregnancy suggests low contraceptive knowledge among adolescents in Swaziland (de Vargas, Coll, Ewerling, Hellwig, & de Barros, (2019).. The unmet need for contraceptive stands at 15.2% among women aged 15-49, and higher among adolescents aged 15 – 24 years at 28.6%, and highest among the poorest, rural-based and least educated young women (Swaziland Multiple Indicator Cluster Survey [MICS], 2014). Despite the generation of recent national policies about contraceptive, traditional cultural issues in the Swazi society have not allowed adolescents the flexibility to use contraceptives, and unprotected sexual activities continue among sexually active adolescents. The consequence is the increased chances of a blighted life for the female adolescent and the child (WHO, 2018).

The life of the adolescent and baby is likely to have long term low socio-economic status and poor health. In addition, there is limited science about adolescent knowledge on condoms, and there

is dearth of research about attitudes regarding condom use among this vulnerable population. This study investigated knowledge and attitudes of female adolescents regarding contraceptive use in one high school in Manzini, Swaziland.

A study by Masoda and Govender (2013) among University students in the Democratic Republic of Congo revealed that about a quota (24%) of the young adults had a negative attitude towards using condoms for contraception. The negative attitude was reported to be related to cultural and religious beliefs, lack of confidentiality and privacy in places where there were condoms. However, there is limited literature on adolescents' attitudes towards condom use in Swaziland.

The same researchers further reported that almost half (48%) of the University students revealed that they would not use condoms regularly even if they were free (Masoda & Govender, 2013). Reasons reported for not using condoms were: reduction in sexual pleasure, being uncomfortable, and lack of privacy where condoms were obtained. Lack of condom use exposes individuals to sexually transmitted infections including HIV and unplanned pregnancy. Notable condoms are free in Swaziland and are distributed in various settings, but the extent to which condoms are used by adolescents is scanty since there are limited studies on condom use among this population group.

## **METHODOLOGY**

A quantitative descriptive research design was employed in this study, which was conducted in one of the high schools in Manzini, Swaziland. There were 236 girls from Grade 8 to Grade 10 who formed the target population. Eligibility criteria for inclusion were female adolescents of ages 15-19 years, and willing to participate in the study. Informed Consent was obtained from all adolescents while the parent or guardian of an adolescent under age 18 years provided assent for their participation in the research. The sample



was obtained using simple random sampling procedure. From the 236 girls 60 girls were sampled, using study power of 0.80, an effect size of 0.45, and  $p < 0.05$  (Lipsey, Hofer, Dong, Farran & Billbrey, 2013). The research study was approved by the National Health Review and Research Board.

The research study was guided by three questions:

1. What knowledge do female adolescents in one high school in Manzini have on contraceptive use?
2. What are the attitudes of female adolescents in one high school in Manzini towards contraceptive use?
3. What is the association between adolescents' knowledge and attitudes towards contraceptive use?

The questionnaire used to collect data was adapted from Isikanda (2012), titled "Factors Influencing Utilization of Family Planning Services among Adolescents in the Sinazongwe District, Zambia". The questionnaire was in English. Section A of the questionnaire addressed demographic data, section B was on knowledge on contraceptives, and section C questions were about the attitude of adolescents regarding contraceptives. Pretesting was done among 10 participants in a similar school in the Manzini region of Swaziland. Using the data from the pretest, the necessary adjustments were made and a revised measure was used in the study.

The researcher introduced the purpose of the study and its benefit to the participants in their class. All adolescents in the class room who were less than 18 years of age and were given human subjects assent documents and forms to take home for parental or guardian permission to participate in the study as evidenced by their signatures.

Data were collected between February and March 2017 following receiving permission from the school authorities. Simple random sampling was used to select the adolescent female participants. From all levels (Grade 8 – Grade 10) participants were assigned a number which was placed in a bowl and then selected by an independent

person in the class. Research administered questionnaire were used with adolescents between the ages of ages 15 and 19 after assent and informed consent forms have had been obtained and were encrypted and stored in the computer.

It should be emphasized that when the informed consent was discussed with the adolescent females, they were informed that this study was voluntary, and that any person could decide not to participate. The researchers also stressed that the if they decided not to participate, none of their services would be interrupted, that they had the right to refuse to participate, and that their decision would be respected and protected. To ensure that participants rights were not violated all ethical principles were observed, including seeking and obtaining ethical clearance from the National Health Review and Research Board, permission from the School Management. Furthermore, assent from parents or guardians, was sought while informed consent was obtained from participants.

Reliability was ensured by using same questionnaire for all participants in same language to maintain consistency and only the researchers administered the questionnaires to the sample population for consistency. Validity was ensured by using an existing questionnaire. In addition, the tool was piloted before the actual study

After data collection, questionnaires were checked for completeness including missing data, before data was entered into the Statistical Package for Social Science (SPSS), version 20. All completed questionnaires were kept secure in a locked cupboard. Also, to help protect the adolescents' identify, the study participants were instructed not to place their names on the questionnaire. Hence, the data collection was done with minimum risk to the female adolescents in the study. Data was kept in a computer which was password protected. Only the primary investigator of the study had access to the passcode and the computer that was used for data storage.

Descriptive statistics were used to provide a base profile of the sample. Pearson's correlation and Chi-square statistics were used to determine any associations between variables in the study.

## RESULTS

### Socio-demographic profile

Response rate for participants was 100% (N = 60). The majority (n=17, 28.3%), of participants were aged 17 years those aged 15 were equivalent (n= 14, 23.3%) to those aged 16 years. In addition, those who were aged 18 years were 15% (n= 9) and 10% (n= 6) were aged 19 years. Most (n=45, 75%) of the participants were aged 17 years or younger. The mean age of the participants in the study was aged 17 years with a standard deviation of 1.6 years.

The majority of the participants were in Grade 10 (n= 34, 56.7%), followed by 23.3% (n= 14) who were in Grade 9 and 20% (n= 12) were in Grade 8.

The sample reflected diversity in religious ideology. The majority (n= 55, 91.7 %) of participants were Christians; 6.7% (n= 4) were Jehovah’s Witness and 1.7% (n=1) were Muslims.

Table 1: Demographic data of participants (N = 60)

Variable	n/mean	%/SD
<i>Age (years)</i>	17	1.6
15	14	23.3
16	14	23.3
17	17	28.3
18	9	15
19	6	10
<i>Level of Education</i>		
From1 (Grade 8)	12	20
Form 2 (Grade 9)	14	23.3
Form 3 (Grade 10)	34	56.7
<i>Religion</i>		
Muslim	1	1.7
Jehovah’s Witness	4	6.7
Christians	55	91.1

**Research Objective 1:** To determine female adolescent’s knowledge about contraceptive use in one high school in Manzini.

The following aspects of knowledge about contraceptive use were determined

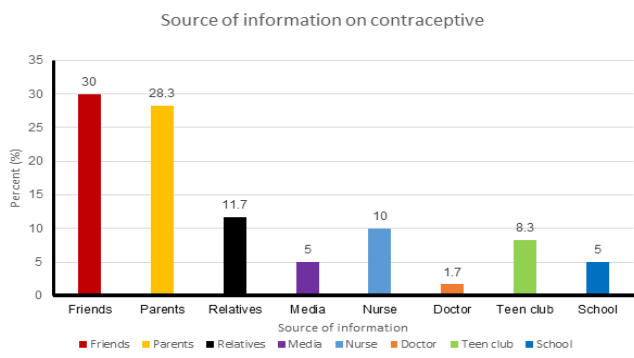
**Ever heard about contraceptives**

Participants were asked if they had ever heard about contraceptives. All (N=60, 100%) participants reported that they had ever heard about contraceptives. Reflecting that information on contraceptives was widely disseminated among adolescents

**Source of information on contraceptives among adolescents**

Various sources of information on contraceptives were reported. The most common source of information were friends (n= 18, 30%) and 28.3% (n= 17) received information from parents. Nurses accounted for 10% (n= 6), 8.3% (n= 5) reported teen clubs, 5% (n= 3) received information from the school and media respectively, and 1.7% (n=1) participants heard about contraceptives from a physician. This shows that friends were the major source of information on contraceptives.

*Figure 1:* Participants’ sources of information on contraceptives (N= 60)



### **Knowledge of participants regarding where to find contraceptives**

Participants were asked on knowledge they had on where to obtain contraceptives. A majority (N=58, 96.7%) of the participants knew where to get contraceptives and 3.3% (n= 2) indicated that they did not know where to retrieve the contraceptive. Findings revealed that more than half of the adolescents knew where to obtain contraceptives

### **Permission from parent to get contraceptives**

The participants were asked if they required permission from parents to get contraceptives. Participants who reported that there was no need for parental permission for contraceptives use were 76.7% (n= 46), the majority, and those who reported that they needed parental permission were 23.3% (n= 14). The findings indicate that most adolescents were independent with regards to contraceptive use and they felt it was not necessary to obtain permission from parents

### **Dual protection**

Participants were asked if they knew about dual protection. More than half (n=36, 60%) of the participants knew that the pill and condom could be used as dual contraceptives and 40% (n=24) reported that the pill and condom cannot be used as dual contraceptives. The findings revealed that a majority knew that the pill and condom can be used as dual contraceptives.

### **Participants who had ever used contraceptives**

The participants were asked if they had ever used contraceptives. Most of the study participants (n= 43, 71.7%) had never used any form of contraceptives and 28.3% (n= 17) reported that they have used contraceptives. This indicates that almost half of the adolescents had never used contraceptives.

In summary, most (n= 42, 70%) of the participants had good and 30% (n=18) had poor knowledge about contraceptives.

**RESEARCH OBJECTIVE 2:** To determine the attitudes of female adolescent's towards contraceptives in one high school in Manzini.

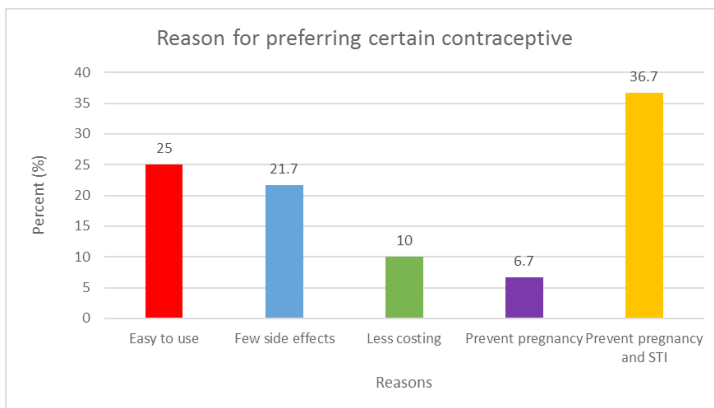
### Most suitable form of contraceptive for adolescents

One other issue of concern was determining the most suitable form of contraceptive among participants. The majority (n= 42, 70%) of the participants thought that condoms were the most suitable form of contraceptive for adolescents. Eleven percent (11.7%, n=6) reported that the injection was suitable; 10% (n=6) suggested the pill; 3.3% (n = 2) participants preferred an implant; and those who thought pills and condoms were suitable were 3.3% (n=2) and: only 1.7% (n=1) preferred the intra-uterine cervical device (IUCD).

### Reasons of preferring certain contraceptives

Reasons of preferring selected contraceptive varied among the participants. The majority (n=22, 36.7%) reported that contraceptives prevent pregnancy and sexually transmitted infection. About a quarter (n= 15, 25%) reported that contraceptives were easy to use. However, those who reported few side effects were 21.7% (n= 13). Ten percent (n= 6, 10%) reported that contraceptives were not expensive and 6.7% (n= 4) of the participants reported that contraceptives only prevent pregnancy.

Figure 2: Reasons for preference of certain contraceptives (N= 60)



### **Discussed contraceptives with parents or suggested contraceptives to the sexual partner**

Of the 60 participants, 88.3% (n=53) had not suggested the use and only 11.6% (n=7) reported to have suggested the use of contraceptives to their male partners. Sixty percent (n=36, 60%) of the participants had never discussed contraceptives with parents and 40% (n=24, 40%) had once discussed contraceptives with parents.

### **Who should decide contraceptive use among adolescents?**

Most (n=49, 81.7%) participants reported that the adolescent female should decide on contraceptive use, and only 16.7% (n=10) thought that the sexual partner should decide about the use of condoms during the sexual act.

In conclusion, a majority (n=46, 76.7%) of the adolescents had negative attitude and only 23.3% (n=14) of the participants reported positive attitudes towards contraceptives.

**RESEARCH OBJECTIVE 3:** To examine the association between adolescents' knowledge and attitudes.

The findings indicated an association between knowledge and attitude on contraceptives ( $X^2=21.234$ ,  $p= 0.047$ ). Participants who were knowledgeable about contraceptives, tended to have more positive attitudes towards contraceptives.

There was a relationship between education and knowledge ( $r=0.322$ ,  $p = 0.012$ ). That is to say, as the level of education increased, the level of knowledge on contraceptives increased as well.

## **DISCUSSION**

All of the study participants had some information about contraceptives. The results are from this study are similar to a study conducted by Ishaku, Onwe, Gaji, Sambo and Lola (2017) in Nigeria, West Africa, where the majority of the participants had heard of contraceptives. Knowledge is crucial because it helps to empower individuals to make informed decisions and probably change negative attitudes towards contraceptives. Moreover, the findings revealed that with increase in knowledge on contraceptives positive attitudes also increased. The relationship between knowledge and attitudes about condom use is important, but these two variables do not always support behavioral change (Kelly & Barker, 2016).

In the current study, the most common source of information on contraceptive use among adolescents was friends, and least source of information was physicians. These findings are contrary to a study done by Magesa (2014) where few participants' reported that their source of information was friends. Our findings help to underscore how information about contraceptives is disseminated among adolescents in Swaziland. This practice could be related to the reality that Swazi parents barely discuss sexual and reproductive issues with their children. In fact, discussing such issues is a taboo in the country. Tamang (2015) who argued that contraceptives were hardly discussed with parents as it was viewed as a sensitive topic among adolescents and their parents. This practice could be a barrier to healthy adolescent growth and development, and pregnancy prevention.

Consistent with Magesa (2014) and Tamang (2015), the study revealed that the major source of information about contraceptives among adolescents was from friends, because adolescents often spend time with friends. However, these findings are in contrary to that of Nganabashaka (2016); Tekelab, Melka, and Wirts (2015) who have posited that the major source of information regarding contraceptive among adolescents was from nurses. This could be related to the expectation by most parents that children begin to engage in sexual activity after marriage.



A majority of the participants thought that condoms were the most suitable form of contraceptives for adolescents. This finding suggests that adolescents show positive attitudes toward at least one form of contraceptive. These results are supported by a study done by Aziato, Hindin, Maya, Manu, Amuasi, Lawerh and Ankomah (2016), in Ghana, where the majority of the adolescents reported that the condom was the most suitable form of contraceptive for them. However, findings by Muhammed.Ntsipe and Mokgatle (2013) are contrary to the findings of the current study. These researchers have written that, the majority of the adolescents preferred injectable contraceptives. The injectable form of contraceptive was considered to be convenient, but it does not protect the individual from contracting sexually transmitted infections, including HIV. This increases the risk of contracting sexually transmitted infections accompanied by long-term negative consequences such as pelvic inflammatory disease, infertility and morbidity. In addition, a study conducted by Bezerra, Pereira, Chaves and Monteiro (2015), in Brazil indicated that condom use was low among adolescents because of the belief that condoms would reduce sexual pleasure, for both partners. Similar findings were reported in Nigeria that sexual pleasure was noted to be the barrier to condom usage (Ajayi, Ismail, & Akpan 2019). Moreover, this could be attributed to the negative attitudes of adolescents to contraceptive use.

Among the reasons for preferring certain contraceptive than others, a majority reported that contraceptives prevent pregnancy and sexually transmitted infection, especially condoms. Feucht, Meyer, & Kruger, (2014) revealed that contraceptives have profound benefit for adolescents that include, prevention of pregnancy and sexually transmitted infections, reduction of maternal and infant mortality and morbidity rate, as well as empowerment of adolescents to have informed decision about their fertility. Therefore, positive attitudes and negotiating skills with partners empower adolescents to use contraceptives (Boamah, Asante, Mahama, Manu, Ayipah, Adeniji. & Owusu-Agyei, 2014).

Results from this research study suggest that most of the female adolescents would not suggest contraceptive use to their sexual partners. This finding is consistent with a study conducted by Lim, Zhang, Kennedy, Li, Yang, Li, Temmerman, & Luchters (2015). These authors have revealed that this emanates from the belief that female adolescents fear that their sexual partners will accuse them of being in other sexual relationships, which tends to erode trust between the partners. Perhaps if female adolescents were taught empowerment strategies and assertiveness, they would be better able to make healthier decisions about sexual activity, understand the risks that are associated with intercourse, including early pregnancies, sexually transmitted infections, and, of course, maternal deaths, a potential devastating outcome. In addition, school dropout rates would decrease, and the potential for the adolescents to have a brighter future would be substantially enhanced.

### **Strengths and limitations of the study**

The quantitative approach which was utilized in this study is based on principles of objectivity.

Limitations of the study included the sample size (N=60) which may limit generalizability of the findings.

### **Conclusion**

Female adolescents reported that they had sufficient knowledge about contraceptives. The most common source of information about contraceptives were peers, followed by parents. Most of the study participants knew how to secure the contraceptives for their personal use, and they reported that condoms were the most suitable form of contraceptive for them. Most participants reported that adolescent females should decide contraceptive use and not necessarily the partner.

Majority of the participants had negative attitudes toward contraceptive use. There was also a significant relationship between knowledge and attitude of adolescents regarding contraceptive use. This study revealed that adolescents' knowledge on contraceptives improved attitude of contraceptive use. Moreover, knowledge plays a substantial role on adolescents and contraceptive as adolescents are able to make informed decisions on contraceptive use.

### **Recommendations**

The recommendations are based on the findings of the study: Female adolescents need to be empowered on how to negotiate with their partners about condom use, learn additional assertive strategies useful in their negotiations, and determining when and how it is okay to say "No" during the sexual encounter.

Educating female and male adolescents is an additional topic that deserves more methodological and culturally appropriate teaching by nurses and other health professionals, teachers, and other groups that work with adolescents.

Parents must be encouraged to discuss sexual and reproductive health issues with their children from a very young age so that adolescents acquire accurate information before they are exposed to peers.

Delaying the early initiation of sexual activity could be explored as an approach to preventing all of the untoward outcomes associated with teenage pregnancy.

There is need to replicate the current study, country wide, with a representative sample, and a culturally appropriate theoretical framework, with the intent of making relevant policies for all female adolescents

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