

Factors contributing to pregnancy amongst female students at the University of Limpopo, Turfloop campus, South Africa

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Abstract

From observation, unwanted pregnancy among students at some of South African universities is fast becoming a problem. In spite of the availability of contraceptives at the students health centre of the University of Limpopo, Turfloop campus, and the provision of free condoms at the halls of residences. The aim of this study was to examine the factors which contribute to pregnancy amongst the University of Limpopo students. A quantitative research study was conducted among 19 University of Limpopo female students in order to examine the factors that contribute to them becoming pregnant. A structured questionnaire with close ended questions was used to collect data from the 19 students who participated in this study. The questionnaire was divided into Section A which was on demographic data, Section B on the personal data and Section C on the sexuality data. Descriptive statistics were used to describe and summarise the data. In contrast to the problem statement that the University of Limpopo could be experiencing a high pregnancy rate among students, the findings indicated that the pregnancy rate was not as high as was suspected. Sexuality education specifically for adolescents is imperative for all junior and secondary school pupils. Contraceptive use awareness campaigns have to be more rigorous and intensified.

Keywords: Pregnancy, factors, contraceptives, University female students.

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Introduction

Saman, Xiaohong, Liming, Masahiro and Qiaoqin (2003) conducted a survey among Chinese University students to determine the prevalence of pregnancy, the factors associated with unintended pregnancy, induced abortion and contraceptive use. They found that 10.6% of the students were sexually active, 11.6% became pregnant while 11.3% had an induced abortion. The identified risk factors among female students were initiation of sexual activity before completing university studies, non-consensual sexual intercourse, multiple partners, and a lack of condom use. This high prevalence of pregnancy and induced abortions in the population of China indicated that there was a need for better and targeted sex education and family planning services.

Devries, Free, Morison and Saewye (2009) conducted a survey to determine the factors that are associated with pregnancy and sexually transmitted infections

among aboriginal students in British Columbia. Their findings were that 34.8% of young women had never had sex, whilst 33.7% of young Aboriginal men had never had sex. Among the young women who had ever had sex, 10.6% reported having been pregnant and 4.2% had never been diagnosed with a sexually transmitted infection. Among young men who had never caused a pregnancy, 3.9% had never been diagnosed with a sexually transmitted infection. Among young women who had had sex, 32.5% had never lived on a reserve, 77% had learned about culture from their family, and 40.3% reported having been sexually abused. Unadjusted results indicate that having learned about culture from the family, having lived on a reserve, higher lifetime substance abuse and having been sexually abused were associated with increased rates of pregnancy. Having helped with volunteer work in the community in the past year was associated with a decreased rate of pregnancy. For the sexually transmitted infections outcome, only higher lifetime substance abuse was associated with increased rates of sexually transmitted infections and feelings of having been more connected with the family were associated with decreased rates.

According to a study conducted by Nyakubega (2009) on the factors associated with adolescent pregnancies among secondary school students, a higher percentage (82.6%) of students received reproductive health education from their parents /guardians and health centres, 29.1% received it from their schools, whilst 7.2% from their peer groups. This is contrary to Muhondwa's (2007) findings in Mtwara rural village and Makete district in Tanzania which revealed that parents and schools were not among the source of sexual knowledge. The difference in the results could possibly be due to the fact that there is a ten year difference in the two studies and that one study was conducted in a rural community while the other was in an urban community.

According to Were (2007), the problems of a high rate of pregnancy among the youth were partly attributed to a breakdown in traditional practices and adoption of the Western culture, pornographic literature and secular music to name a few. Teenage pregnancy was also attributed to poverty. Respondents showed a general lack of knowledge about emergency contraceptive pills and misconceptions about the safety of their use. The intention to use emergency contraceptive pills correlated with both intent to use condoms and attitude towards condoms. The intent to use emergency contraceptive pills and condoms was significantly higher for females than for male students, which is not surprising, given that women feel responsible for the use of contraceptives and are likely to be most affected by the prospect of unplanned pregnancies (Kang & Moneyham, 2007).

South Africa is experiencing a steady increase in the population, the major cause of this being attributed to the rate at which the youth **are** becoming pregnant (Sepota & Mohlake, 2004). It was suspected that the University of Limpopo, Turfloop campus is experiencing an increase in pregnancy despite the presence

of the Health Centre and freely available condoms in the halls of residences. In 2007, a survey was conducted among nursing students to determine the factors that influence their decision-making with regard to contraceptive use and pregnancy. It was, at that time, found that a lack of guidance issues of sexuality and sex education which was reinforced by cultural taboos inhibit such discussions and that the pregnancy was unplanned for all the respondents (Arhin & Cormier, 2007). Ramathuba (2013) reports that the Integrated Primary Health Care (PHC) services are now widespread. She further reports that each year, women around the world record 75 million unwanted pregnancies. This happens mostly because they were not using contraceptives. Adolescents are particularly susceptible to unintended pregnancy. They are often uninformed, and frequently misinformed, about sexuality and the risk associated with early and unprotected sex (WHO, 2000). Teenage pregnancy is a socio-economic challenge and a public health problem for communities in South Africa. It perpetuates the risk of contracting sexually transmitted infections and many birth complications like preterm and teenage motherhood, disruption of education and lack of social security. About 80% pregnancy prevalence rate was reported in one secondary school in the Malamulele District in 2011 (Sunday Times, 2011). The question in this study was “what factors contribute to pregnancy amongst female students of the University of Limpopo, Turfloop campus, South Africa?”

Methodology

Research design and setting

A quantitative, descriptive research approach was followed in conducting this study on the factors that could be responsible for pregnancy among students at the University of Limpopo, Turfloop Campus. This approach was suitable in the sense that it allowed variables to be quantified whilst at the same time facilitating descriptive analysis. The respondents in the study were girls aged 18-25 years of age.

Population and sampling

The population for this study consisted of female students aged 18 to 25 years who were registered at the University of Limpopo. The fishbowl sampling technique was used to draw the sample of 19 consenting students.

Data collection

A structured questionnaire with close-ended questions was utilized to collect data from the 19 students on The University of Limpopo, Turfloop Campus. These were distributed to these 19 students who consented to participate in the study. The questionnaires were administered with respondents seated in the privacy of a classroom and the questions explained to them. Items on the

questionnaires focused on demographics, personal and sexuality data such as sexual behaviour, knowledge and use of contraceptives and pregnancy related issues.

Reliability and validity

In order to determine the reliability of the research instrument, a pre-test of the instrument was conducted with ten students who were not part of the study and by testing the feasibility of the study including clarity of the questions. Furthermore, an extensive literature review formed the base for the construction of the questionnaire. The researcher guaranteed that the sampling method could be applied repeatedly to the same respondents and would yield the same results (Brink, 2006; De Vos, Strydom, Fourche & Delpont 2006; Babbie & Mouton 2009).

The validity of the research instrument was ensured by subjecting it to peers in the field of reproductive health. Construct validity was ensured by aligning the content of the instrument based on literature related to reproductive health and adolescent and youth sexuality. Hopkins (2008) states that to ensure the validity of the research instrument, an extensive literature review has to be conducted.

Ethical considerations

Ethical clearance was obtained from the University of Limpopo Medunsa Ethics Research Committee (MREC). Such permission was also obtained from the University of Limpopo, Turfloop Campus as well as from the respondents. Informed consent was obtained from each respondent after a full and thorough explanation of the aim and potential benefits of participating in the study were explained and a written consent was signed. Anonymity and confidentiality were ensured in that respondents' names did not appear on the questionnaires. The questionnaire was completed in a private and comfortable place. The respondents were also assured that information would not be shared with unauthorised people. Participation was voluntary and respondents were told that they could withdraw participation at any stage of the research process if they felt uncomfortable with it but would not be penalised for doing so.

Data analysis

The Statistical Package for the Social Sciences (SPSS) version 20 was used to analyse the data. Descriptive statistics of frequencies and percentages for categorising data were used to test relationships among variables, and open-ended questions were used for content analysis. This helped in describing the basic features of the data to a manageable form in order to reduce the information into a simple summary. Data were presented using figures and percentages.

Results and Discussion

Demographic information

Of the 19 respondents, 20%, were between the ages 18 and 21 years, and 80% were 21-25 years old. These students were in their second year of study, were never married and lived in the rural and urban areas, respectively.

Personal data

All these respondents had unsafe sex due to peer group pressure, had a feeling that condoms reduce the sex pleasure, sometimes forgot to use the contraceptives and had an unplanned pregnancy.

Sexuality data

All the respondents had boyfriends, were sexually active, and 11.6% had been pregnant before. Sixty-three (63%) percent used condoms that were supplied by the Health Centre, knew that the Health Centre provides family planning, did not know how to use emergency contraceptives and had never been raped; 37% did not use a condom. The results concur with the findings of Fitch, Stine, Hager, Mann, Adam, and McIllhane (2002), in which the respondents indicated that the condom was the only method that can protect one against unwanted, unplanned pregnancy and sexually transmitted infections when used correctly. Furthermore, the WHO (2000) emphasizes that adequate information given to clients should include sexuality education.

Provision of contraceptives by the health centre

Sixty-eight (68%) percent of the students reported that the health centre does provide contraceptives and 32% said the centre does not supply them.

Religion and contraceptive use

Some of the twenty one percent (21%) of the students reported that their religious beliefs inhibit them from using contraceptives and 79% reported that there was no inhibition in theirs. The results also indicated that cultural taboos inhibit discussions on issues of sexuality and sex education, which is not concurrent with the results in this study as only 21% responded that it was a taboo to discuss sexual issues with their parents.

In the study by Arhin and Cormier (2007), all the pregnancies were unplanned whereas in this study a significant 72% of the pregnancies were also unplanned and only 28% were planned.

Sex education

Lack of guidance on issues of sexuality and sex education contributed to pregnancy in a study conducted by Arhin and Cormier (2007). However, in this study, 62% of the respondents actually did receive some formal sexual education. Magazines could be used as an effective method to distribute information on sex education to adolescents. This is corroborated in a study by James, Reddy, Taylor and Jinabhai (2004) which indicated that sexual behavioural change was observed among 70% of the respondents who were given magazines on condom use in the experimental group as compared to the 56% of the control group without magazines. McCree, Sharpe, Brandt and Robertson (2006) also supported magazines as an effective source of distributing sex education information. Clark, Jackson and Allen-Taylor (2002) reported that there was an increase in knowledge scores of respondents who received education at school.

Rape

No rape cases were reported in this study whereas non-consensual intercourse contributed to pregnancy in the study conducted by Saman, Xiaohong, Liming, Masahiro and Qiaoqin (2003).

Pregnancy

In this study, 11.6% of female students had a history of a previous pregnancy, and 88.4% of the respondents had never been pregnant before. According to a study conducted by Nyakubega (2009) on the factors associated with adolescent pregnancies among secondary school students, a higher percentage (82.6%) of students received reproductive health education from their parents/guardians and health centres, 29.1% received it from their schools, whilst 7.2% from their peer groups.

Sexual activity

Devries, Free, Morison and Saewye (2009) reported in their study that 34% of the young women had never had sex whereas 84% of the students in this study were sexually active and 16% were not. The early engagement in sexual activities might be due to peer pressure (Makhubela & Ntlabati, 2007). The rapid social changes and weakening of traditional controls regarding sexual intercourse outside marriage might also account for the early engagement in sexual activities (Centers for Disease Control, 1998).

Emergency contraception

In this study, 79% of the respondents were aware of contraceptives including the emergency ones. These students had knowledge about the misconceptions and safety of contraceptives.

Knowledge about contraceptives

In this study, 79% had knowledge about contraceptives and used them consistently. In a study conducted by Skinner, Smith, Hendriks, Fyfe and Kendall (2009), the respondents were familiar with contraception but some used it inconsistently.

Limitations

This study was conducted on 19 female University of Limpopo, Turfloop campus students only, and can thus not be generalized to all university campuses in the country. It is thus suggested that a similar study be conducted at other university campuses to determine the factors that contribute to pregnancy amongst female university students.

Recommendations

The factors driving adolescents/teenagers to engage in premarital sexual activities are complex and varied and therefore require multifaceted interventions and strategies. There is a wide range of strategies aimed at preventing adolescent/teenage pregnancy including education programmes, fertility control services, school-based health centres, youth-friendly clinics and youth development programmes. The following recommendations are made for pregnancy prevention based on the results of the study:

- The health centre should distribute more contraceptives in the halls of residence.
- Better effective preventive measures should be developed to prevent unplanned pregnancy.
- Pregnancy prevention programmes with guidelines should be available to the adolescents/teenagers.
- Contraceptive use Awareness campaigns on contraceptive use should be embarked upon.
- All public clinics should be made “youth friendly” through existing support programmes. These programmes have been proven to improve the quality of care and expand access to contraceptives, support and counselling.
- Facilitate the establishment of adult-adolescent communication programmes with guidelines to reduce risky behaviour.

- Educate males, at universities on prevention of unplanned and unwanted pregnancies.

Conclusion

The study illustrates that there is a need for intensified sexuality education at the University of Limpopo, Turfloop campus mainly for female students. This might help alleviate the incidence and prevalence of unplanned and unwanted pregnancies on campus. Education on contraceptive use for the sexually active female students is important.

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