



*Original article*

## Barriers to access of contraceptives by adolescents in the Keetmanshoop Urban Constituency of the //Kharas Region, Namibia

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### ABSTRACT

**Background:** Adolescent pregnancy remains a serious reproductive health challenge in the Namibia, as most of the adolescent pregnancies could result in poor maternal health and premature babies associated with high perinatal and neonatal death. Even though, Namibia provides free contraceptives in all public health facilities, contraceptives use by adolescents is still low. The aim of this study is to establish the barriers that prevent adolescents to access contraceptives in the Keetmanshoop Urban Constituency of the //Kharas region, Namibia. **Material methods:** A quantitative, non-experimental, descriptive cross-sectional was conducted in two secondary schools in the Keetmanshoop Urban Constituency. Data were collected by means of a structured 5- point Likert scale self- administered questionnaire. Data was analysed using Social Package for Social Sciences (SPSS) version 25 for windows. **Results:** The study revealed that the majority of adolescents (98%) had heard about contraceptives, with the main source of information being health care providers (48%). However, contraceptive-use among adolescents was low with 20% and the majority used male condoms (41%) and pills (41%). The major barriers to the access of contraceptives are parental control (22%), cultural norms (15%), peer pressure (13%) and health professionals' attitudes (11%). **Conclusion:** The study indicated that there is a low contraceptive use among adolescents. Measures that can improve access to contraceptives includes training of health professionals on counselling adolescents, awareness to the parents on contraceptive use among their adolescents, continuous health talks and promotion of contraceptives in schools.

**Key words:** adolescents, barriers, contraceptives

### INTRODUCTION

In 2018, 44 per 1000 of the whole world's adolescent girls aged 15–19 years gave birth [1]. In the years 2012 to 2013, Africa reported the highest incidences of adolescent pregnancy of more than 200 per 1000 adolescent girls. This is in contrast to North America, which reported pregnancies of less than 20 per 1000 adolescent girls, and Europe with less than 15 per 1000 adolescent girls. Moreover, South East Asia's rate of pregnancy stood at 40 per 1000 adolescent girls, while that of South America and the Caribbean Islands stood at 60 per 1000 for the period 2013 to 2015. Furthermore, the use of contraceptives among adolescents in Sub-Saharan Africa stood at 7.6 % in 2014 while the pregnancy rate stood at 6.6%. Of those pregnancies, 29.9% of them were classified as unwanted [2].

Regrettably, these unwanted pregnancies continue to be on the increase unabatedly in Sub-Saharan Africa despite the availability of free contraceptives being offered by respective governments and other health agencies [3]. In Namibia, the contraceptive use among adolescents stood at 24% in 2017 and 2018, respectively. The pregnancy rate on the other hand was 16% in 2017 and 15% in 2018, respectively. Statistics from the Keetmanshoop Health District on the use of contraceptives among adolescents indicate

that only 20% and 21% of adolescents used contraceptives in 2017 and 2018, respectively. Adolescent pregnancy rates on the other hand stood at 16% in 2017 and 17% in 2018, respectively [4]. This implies that there is a low contraceptive use among adolescents in Keetmanshoop and that could lead to unwanted pregnancies.

In the //Kharas region, a total of 91 pregnancies involving school girls at secondary schools were recorded in 2017. The same figure was again recorded in 2018[5]. Currently, the Ministry of Health and Social services (MoHSS) of Namibia conducts school health services where by a yearly visit is done to each school in the region. One of the important components offered during such visits is raising awareness on prevention of pregnancies among school-going adolescents through contraceptive use. Moreover, the Directorate of Education in the //Kharas region also has an educational programme whereby life skills teachers are empowered to educate learners on adolescent pregnancy prevention and HIV prevention. Even though such programmes exist, the number of adolescents becoming pregnant continues to rise unabated. It is against this background that the researchers would like to establish the barriers that prevent or make it difficult for adolescents to access contraceptives in the Keetmanshoop Urban Constituency. The objective of the study was to describe the barriers to access the contraceptives by adolescents in Keetmanshoop Urban constituency.

## **METHODS AND MATERIALS**

This research used non- experimental, descriptive, cross-sectional design to study the barriers to the access of contraceptives among adolescents.

The participants were recruited by the researchers from two secondary schools in the Keetmanshoop urban constituency, namely: PK de Villiers and JA Nel Senior Secondary Schools. The study population was adolescent learners between 15-19 years of age. The study was conducted in October 2019. A total of 85 learners were selected from those schools using a probability sampling technique.

Participants completed a self-administered questionnaire which elicited information about participants' demographic details, questions regarding awareness and barriers to the access of contraceptives among adolescents and measures that could be implemented to improve adolescents' access to contraceptives. The questionnaire was designed based on literature on the use of contraceptives among adolescents. The questionnaire was pre-tested using adolescents from a different school which was not part of the schools from which the population was drawn. Participants were asked to state their opinions regarding measures to improve access to contraceptives among adolescents using a 5-point Likert scales ranging from 1= Strongly disagree to 5= strongly agree. Close-ended questions requiring "yes or no" answered related to awareness and use of contraceptives. The researchers distributed the questionnaire on site in order to ensure high response rate. The adolescents completed the questionnaire privately and anonymously. The researchers checked for completeness and for missing information on site.

Statistical analysis was performed using a Statistical Package for Social Sciences (SPSS) version 25 for windows. Data were presented in form of frequency tables and graphs for easy interpretation were presented. Statistical tests were done to find out if there is an association between age and history of using contraceptives among adolescents. A Statistical test of category variables was also done using spearman rho test to determine whether the variables P-VALUE < 0.05 were regarded as statistically significant.

## **Ethical Consideration**

A written and official authorization was sought from the Directorate of Education, //Kharas region. Furthermore, informed consents were obtained from guardians and/or parents of the adolescent female learners. Written assent letters were also obtained from the adolescent female learners prior to completing the questionnaires. The questionnaires were labelled with numbers for data capturing purposes, and no names of the participants appeared on the questionnaire for confidentiality and anonymity of the participants.

## **RESULTS**

Eighty five learners from two secondary schools in the Keetmanshoop Urban Constituency participated in the study by completing questionnaires designed by the researchers.

Table 1 shows that the majority of the participants were 18 years old, 34% (n=29). The others were 17 years old, 22% (n=19); 16 years old, 20% (n= 17); 15 years, 17% (n=14), and 19 years old, 7% (n=6).

Moreover, all the participants were Christians, 100% (n=85). This was not a surprise since Namibia is Christian dominated country. The study also revealed that the majority of the adolescents are from the Nama ethnic tribe, 42% (n=36). This is because Keetmanshoop is dominated by Nama speaking people. Other tribal groups that formed part of the study include the Aawambo ethnic group, 27% (n=23), and the Damara ethnic group, 10% (n=9). The remainder of the ethnic groups (Coloureds, Bastards, Hereros, those from the Zambezi region, Angolans (Portuguese speaking), and those from the two Kavango regions) only constituted 10% of the total participants.

Furthermore, the majority of the participants were in grade 11, 45% (n=38). The others were in grade 9, 31% (n=28), grade 10, 14% (n=12) and grade 8, 10% (n=9). Moreover, the findings of the study indicate that most adolescents have heard of contraceptives, 98% (n=83), while only 2% (n=2) have not heard about contraceptives.

The results also indicate that the majority of them have heard of contraceptives from health care providers, 48% (n=41), followed by mass media, 17% (n=14). Adolescents have also heard information regarding contraceptives in the community, 14% (n=12) and other sources, 11 % (n=9) which include their teachers, social media. The number for those who have heard about contraceptives from friends stood at 9% (n=7).

With regard to contraceptive usage, 20% (n=17) of the adolescents indicated that they had used contraceptives, while 80% (n=68) claimed never to have used contraceptives at all. Moreover, the majority of the adolescents who used contraceptives used them for less than a year, 53% (n=9). About 47% (n=8) of the respondents used them for more than a year. Regarding the types of contraceptives that the respondents used, the majority indicated that they used both male condoms and pills, 41% (n=7). The others used injectables, 12% (n=2), and femidoms, 6% (n=1), respectively.

**Table 1: Distribution of demographic information**

Variable	Frequency	percentage
Age ( years)		
15	14	17%
16	17	20%
17	19	22%
18	29	34%
19	6	7%
Religion		
Christianity	85	100%
Ethnic group		
Baster	3	4%
Coloured	5	6%
Damara	8	10%
Herero	1	1%
Kavango	5	6%
Nama	36	42%
Awambo	23	27%
Portuguese	1	1%
Silozi (Zambezi region)	2	2%
Xhosa	1	1%
Grade		
8	9	10%
9	26	31%
10	12	14%
11	38	45%

**Table 2: Awareness, information and use of contraceptives among adolescents**

Did the adolescent learner heard about contraceptives	Frequency	Percentage
Yes	83	98%
No	2	2%
Source of information about contraceptives		
Mass media	14	17%
Friends	7	9%
Health care providers	41	48%

Community	12	14%
Others	9	11%
History of using contraceptives		
Yes	17	20%
No	68	80%
Time frame of using contraceptives		
Less than a year	9	53%
More than a year	8	47%
Types of contraceptives used adolescents		
Male condoms	7	41%
Pills	7	41%
Injectables	2	12%
Femidoms	1	6%

**Table 3: Barriers to the access of contraceptives**

Barriers to the access of contraceptives	Frequency	Percentage
Cultural norms	13	15%
Religious factors	4	5%
Peer pressure	11	13%
Parental control	19	22%
Lack of information related sexual health rights and contraceptives	4	5%
Lack of confidential among health professionals providing family planning	7	8%
Accessibility of contraceptives	4	5%
Lack of adolescent health friendly	3	4%
Health professionals attitudes	9	11%
Fear of contraceptives side effects	7	8%
Partner disapproval to contraceptives	2	2%
Refusal of health professionals to give contraceptives to adolescents	2	2%

Regarding barriers to the access of contraceptives, the majority of participants indicated that parental control is a major barrier to contraceptives, 22% (n=19). Other barriers include cultural norms, 15% (n=13), and peer pressure, 13% (n=11). Health professionals' attitudes also have a bearing on the accessibility of contraceptives to adolescents, with, 11% (n=9). Other barriers only constitute approximately 10%.

**Table 4: Operating hours of the Primary Health Care (PHC) clinics and contraceptive availability at schools**

Operating hours of the PHC clinics convenient for learners	Number	Percentage
Yes	58	68%
No	27	32%
Contraceptive should be available at schools		
Yes	63	74%
No	22	26%

As can be seen in the table above, that looked at the operating hours of the clinic if is convenient for learners, the majority of the participants indicated that the operating hours of the clinics is convenient for learners, 68% (n=58). About 32% (n=27) of the participants indicated that the operating hours are not convenient. Furthermore, most of the participants were in affirmative (said yes) when asked whether contraceptives were available at schools, 74% (n=63) as opposed to 26% (n=22) who claimed that contraceptives were not available at schools.

As is evident from table 5, the study indicates that 58% (n=49) of the subjects strongly agree with training of all health professionals on how to counsel adolescents regarding contraceptives while 33% (n=28) agreed. The other 4 % (n=3) and 3% (n=3) were unsure and disagreed, respectively, while 2% (n=2) strongly disagreed.

With regard to parents' awareness regarding the use of contraceptives among adolescents, the majority of adolescents strongly agreed that their parents should be aware of the use of contraceptives among adolescents, 41% (n=35). About 40% (n=34) agreed while 14% (n=12) were unsure if their parents should be aware of contraceptive use among adolescents. Only about 4% (n=3) and 1% (n=1) of the participants disagreed and strongly disagreed, respectively. The results indicate that the majority of adolescents strongly agreed with periodic outreach to schools, 37% (n=23) while 27% (n=23) agreed. About 18 % (n=15) were unsure of the periodic outreach to schools to provide contraceptives. On the other hand 13 % (n=11) disagreed, while 5 % (n=5) strongly disagreed.

The study indicates that 52% (n=44) of the participants strongly agreed that school health nurses should be conducting more health talks on contraceptives, whereas 35% (n=30) of them agreed. About 6 % (n=5) of the participants were unsure, while 5% (n=4) disagreed. Only about 2% (n=2) of them strongly disagreed.

With regard to health and education departments promoting contraceptives , 42% (n=36) agree, while 33% (n=28) strongly agree. 15 % (n=13) were unsure, while 6% (n=5) strongly while 4% (n=3) disagreed.

**Table 5: Measures to improve access to contraceptives by adolescents**

Measures	Strongly disagree (%)	Disagree(%)	Unsure(%)	Agree (%)	Strongly agree (%)
Train all health professionals on how to counsel the adolescents	2	3	3	33	58
Awareness of parents regarding the use of contraceptives	1	3	14	40	41
Periodic outreach to schools to provide family planning	5	13	18	27	37
School health nurses to conduct more health talks on contraceptives	2	5	6	35	52
Health and education departments to promote contraceptives	6	4	15	33	42

## DISCUSSION

The main findings showed that the majority of adolescents have heard about contraceptives. This means that they are aware of their availability. Although their main sources of information are health care workers and mass media, they also rely on community members, teachers, and social media.

Health workers in Keetmanshoop conduct health and reproductive awareness campaigns on an annual basis to all schools in and around Keemanshoop. Their aim is to educate adolescents about the use of contraceptives, and HIV prevention methods, as well as sensitize them on the dangers of alcohol and drug abuse.

### Contraceptive usage among adolescents

This study revealed that only 29% of adolescents in the Keetmanshoop Urban Constituency have used contraceptives, which is a relatively low number. However, that could be attributed to the fact that some of the adolescents are not yet sexually active. Some barriers to the access of contraceptives could also be a contributing factor. Overall, contraceptive use among adolescents is assumed to be significantly lower compared to adults[6].

Despite that, the study revealed that the majority of adolescents in the Keetmanshoop Urban Constituency used contraceptives, albeit for less than a year. The types of contraceptives they used frequently were male condoms. Other forms of contraceptives that they used include pills, injectables and femidoms. The findings of this study are therefore in agreement with the study, conducted in Colorado, which revealed that most teens and young adults opt for the use of reversible contraceptives such as oral contraceptives or condoms [7]. This could be as a result of misconceptions regarding the use of injectables and other methods of contraceptives [8].

## Barriers to the access of contraceptives

This study found parental control to be one of the major barriers to the access to contraceptives by adolescents in the Keetmanshoop Urban Constituency. A study by [9] also supports the finding that parents are influential in the contraceptive choice of their adolescents, and that they, especially mothers, most often discourage their daughters from using contraceptives.

Another major barrier to the access of contraceptives by adolescents in the Keetmanshoop Urban Constituency is Cultural norms. Here, the major issue is that of the fear of being stigmatized. Adolescents feel that they would be embarrassing their families if they use contraceptives. Moreover, there is a perception among some community members that women who use contraceptives have multiple and concurrent sexual partners. Thus, these cultural barriers lead to a sub-optimal use of contraceptives among adolescents [10].

Peer pressure is another major barrier that makes it hard for adolescents in the Keetmanshoop Urban Constituency to access contraceptives as they fear judgment from their peers for using contraceptives [9].

Another major barrier to the access of contraceptives by adolescents in the Keetmanshoop Constituency are the health professionals' attitudes as well as their lack of knowledge in counseling of adolescents on the use of contraceptives. Health professionals are likely to influence adolescents with their personal views toward contraceptive use, leading to incomplete counseling and often eliminating the possibility of adolescents using contraceptives. Furthermore, health professionals also tend to constantly stress the side effects of contraceptives which could fuel misconceptions among adolescents [10].

Other barriers to the access of contraceptives by adolescents in the Keetmanshoop Urban Constituency include fear of the side effects associated with contraceptives, as well as lack of confidentiality by health professionals.

Despite those barriers however, the study found that operating hours of clinics are convenient to all adolescents, as they knock off from school at latest 14h00 giving them sufficient time to visit the clinic if they need contraceptives.

Spearman rho statistical test was conducted to get more understanding and find out if there were association between variables in the questionnaire. The study found statistically significant relations between ages of adolescents and history of using contraceptives. The age of adolescent could influence access to contraceptives. This means that the older adolescents are more likely to use contraceptives as opposed to younger adolescents.

## Measures to improve access to contraceptives among adolescents

We suggest that all health professionals be trained on how to counsel adolescents on health-related matters, particularly contraceptives, which will assist them in understanding concerns and problems facing adolescents. Health care professionals may lack knowledge about adolescent health and could influence counseling [10].

Furthermore, there is a need to create awareness among parents and/or guardians regarding the use of contraceptives by adolescents. This is vital hence parents/guardians are more likely to influence their adolescent girls and help to break the cultural barriers and parental control that exist.

We also suggest that there should be a periodic outreach to schools that provides contraceptives to adolescents. However, this exercise should be done in a confidential manner. We further suggest that school health nurses should conduct more health talks on contraceptives to adolescents and change their behaviors towards contraceptives and be more tolerant towards contraceptives in order to prevent unwanted pregnancies. Lastly, the Departments of Health and Education should intensify their roles in the teaching and promotion contraceptive use.

## CONCLUSION

The study revealed that majority of adolescents are aware of contraceptives mainly from health care providers, mass media, and friends and from the community. However, there is a low contraceptive use among adolescents as a results of barriers to the access contraceptives which include parental control, cultural norms, peer pressure and health professionals' attitudes. Measures that can improve access to contraceptives are training of health professionals on counselling adolescents regarding contraceptives, raising awareness among parents on contraceptive use among their adolescents, continuous health talks and promotion of contraceptives in schools.

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**Competing interest:** We declare no competing interests.

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