Research Article

Reproductive health needs and the reproductive health behaviour of the youth in Mangaung in the Free State province: a feasibility study

E Seekoe, MBA, M Soc. Science
Lecturer at the University of Johannesburg, School of Nursing

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From the community profiles conducted by nursing students in Mangaung, the following observation was prevalent: an increase in the prevalence of teenage pregnancy together with a high prevalence of HIV infection was demonstrated. The relationship between young people's reproductive behaviour and the prevalence of HIV is well documented. To address this problem, a community -based education programme is required. Developing a successful community-based educational programme that addresses the needs of youth requires that such a programme be based on the needs of such a group. The research question is applicable: How do youth in Mangaung in the Free State province in South Africa perceive their reproductive health needs and their reproductive health behaviour? The aim of this article is to explore and describe the reproductive health needs and the reproductive health behaviour of the youth in Mangaung.

A quantitative research design that is descriptive and explorative in nature was conducted. The reproductive health needs and the reproductive health behaviour of the youth were collected by means of a structured questionnaire with open-ended and closed questions. A purposive non - probability sampling method was utilized and (n=250) drawn from the youth. The justification of the sample was further enhanced by collecting data from youth aged 13-25 at three high schools in Mangaung and at the health centre of MUCPP. Qualitative data obtained from open-ended questionnaires was coded and analyzed by using Tech's (1990) content analysis approach. A descriptive statistical analysis was performed on the quantitative data from closed questions. A descriptive analysis of the participant's ages and their perceived reproductive health needs and reproductive health behaviour was done. The mean age of the participants was 18.6, which could be because all the respondents were of school- going age.

The results indicated that the youth received insufficient reproductive health information to be able to prevent pregnancy and HIV/AIDS. The special needs of youth were indicated by 92% who requested that the clinic should accommodate both boys and girls and 96% of the respondents requested sessions for discussions facilitated by a professional person. A total of 95% of the youth requested that a special programme of activities be conducted during school holidays. The risk behaviours practised by the youth were: having sex with a stranger, many partners, drinking alcohol, and using drugs and dagga. The researcher recommends that such a programme be supported by different university departments and rolled out to different districts in the Free State province.

Correspondence address:
Ms Eunice Seekoe
School of Nursing
University of Johannesburg
PO Box 524
Auckland Park
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Abstrak

Uit die gemeenskapsprofiele wat deur verpleegstudente in Mangaung opgestel is, is die volgende waarneming gemaak: 'n toename in die voorkoms van tienerswangerskap is saam met 'n hoë voorkoms van MIV-infeksie getoon. Die verhouding tussen mense se reproduktiewe gedrag en die voorkoms van MIV is goed gedokumenteer. Ten einde hierdie probleem aan te spreek, word 'n gemeenskapsgebaseerde onderrigprogram benodig. Die ontwikkeling van 'n suksesvolle gemeenskapsgebaseerde onderrigprogram wat die behoeftes van die jeug aanspreek, vereis dat sodanige program op die behoeftes van so 'n groep gebaseer word. Die navorsingsvraag van toepassing is: Hoe sien die jeug in Mangaung in die Vrystaat-provinsie hul behoeftes en gedrag in reproduktiewe gesondheid? Die doelstelling van hierdie artikel is om die behoeftes en gedrag in reproduktiewe gesondheid van die jeug in Mangaung te ondersoek en te beskryf.

'n Kwantitatiewe navorsingsontwerp wat beskrywend en ondersoekend van aard is, is gebruik. Die behoeftes en gedrag in reproduktiewe gesondheid van die jeug is deur middel van 'n gestruktureerde vraelys met oopeinde- en geslote vrae, ingesamel. 'n Gerieflike en doelgerigte steekproef (n = 250) is uit die jeug getrek. Die regverdiging van die steekproef is verder verhoog deur data in te samel van jeugdiges tussen die ouderdom van 13 tot 25 by drie hoërskole in Mangaung. Kwalitatiewe data wat deur oopeinde-vrae op vraelyste verkry is, is gekodeer en geanaliseer deur van Tech (1990) se inhoudanalise-benadering gebruik te maak. 'n Deskriptiewe statistiese analise is op die kwantitatiewe data, wat uit die geslote vrae verkry is, uitgevoer. 'n Deskriptiewe analise van die deelnemers se ouderdomme en hul waargenome behoeftes en gedrag in reproduktiewe gesondheid, is gedoen. Die gemiddelde ouderdom van die deelnemers was 18.6, wat moontlik is aangesien al die respondente van skoolgaande ouderdom is.

Die resultate het aangetoon dat die jeug nie genoeg inligting oor reproduktiewe gesondheid ontvang om hulle in staat te stel om swangerskap en MIV/Vigs te voorkom nie. Die spesiale behoeftes van die jeug is deur 92% aangedui wat versoek het dat die kliniek seuns en meisies akkommodeer, en 96% van die respondente het besprekings wat deur 'n professionele persoon gefasiliteer word, versoek. 'n Totaal van 95% van die jeug het versoek dat 'n spesiale program met aktiwiteite tydens die skoolvakansies aangebied word. Die risikogedrag wat deur die jeug getoon is, is: seksuele omgang met 'n vreemdeling, verskeie seksuele maats, die drink van alkohol en die gebruik van dagga en dwelmmiddels. Die navorser beveel aan dat sodanige program deur verskillende universiteitsdepartemente ondersteun word en in verskillende distrikte in die Vrystaat-provinsie aangebied word.

Introduction and background to the study

The principle known as respect for persons presumes that all human beings have dignity and are worthy of respect. Showing respect for the youth as people means recognizing their autonomy and treating them as capable decision-makers and full participants in their own health (SEATS11, 2004:1). A second principle is equity, which requires a fair distribution of health care.

Since the implementation of the Reconstruction and Development Programme Policy in South Africa, much has been done for all interest groups, particularly in the provision of health services and special programmes , but little has been allotted to youth health as an entity in the Free State province. Programmes have been developed for the health of women, whereas young women live in risky situations as indicated by increasing levels of teenage pregnancy and related complications as well as sexually transmitted infections, including HIV/AIDS, which sometimes lead to school drop-outs (SEATS11, 2004:1).

In 1994 the Reconstruction and Development Programme Policy recommended the development of a National Youth Programme which was to help young people to realize their full potential, to participate fully in society and to develop a sense of service towards the nation (The Reconstruction and Development Programme, 1994:73). Health was one of the areas at which the youth service programme was aimed. However, most of the efforts of the health professionals have been on the implementation of primary health care and the provision of free services, which excluded youth reproductive health as an entity.

As a consequence of the historical development of Bloemfontein and the policy of apartheid in South Africa, most of the black populations of Bloemfontein currently live in previously termed black township areas of Mangaung. The residents of these areas previously had significantly lower standards of living than the rest of the residents of Bloemfontein. The introduction of primary health care challenged the institutions of higher learning to ensure that their curricula were relevant to the needs of the communities. In response to this challenge, the School of Nursing at the University of the Free State implemented a problem–based, community-based education programme for nursing students. The students of the School of Nursing at the University of the Free State were placed in the Mangaung community and at the Mangaung University Community Partnership Program (MUCPP) in the Community Health Centre. In their learning process, students identified the following problems related to youth health:

- Lack of youth health services at MUCPP Health Centre.
- High rates of sexually transmitted diseases among young people, lack of information on HIV/AIDS and lack of knowledge on contraceptive use and drug abuse.

Lack of youth health services at MUCPP Health Centre

The youth in Mangaung expressed the need for a youth health service. There was a concern that the health care staff in the MUCPP did not cater for the needs of the youth as a group. Young people presented themselves at the Health Centre for contraceptives and advice. The reproductive service provided at this centre did not pay special attention to the youth. Therefore, the leaders of the youth group at the Health Centre took it upon themselves to provide counselling services to young people. The above-mentioned leaders had no experience of counselling. The demands of younger people for accessible health care could be driving forces behind a series of initiatives to develop more appropriate services. The official strategic planning document of the National Department of Health on (HIV/AIDS 2000-2005)

Table 1: Community needs identified by first year nursing students in Mangaung

YEAR OF STUDY	GROUP OF STUDENTS	WARD	IDENTIFIED ISSUES
1997	2	Ward 25: Turflaagte informal Settlement	High rates of sexually transmitted diseases among the youth
1998	5	Ward 26: Rocklands	• Lack of knowledge on contraceptives • Increased rates of sexually Transmitted diseases • Requisition of information on HIV/AIDS • Child molestation • Lack of knowledge on children's grants • Drug abuse

indicates the importance of a multidisciplinary initiative, which could be developed in partnership with nursing students and a community with the aim of promoting reproductive health needs/ services in order to break down barriers and misconceptions.

High rates of sexually transmitted diseases among young people, lack of information on HIV/AIDS and lack of knowledge on contraceptive use and drug abuse

As part of the problem-based learning community-based education programme of first year students in the School of Nursing, these students were placed at different communities in the Greater Bloemfontein. In these communities, each group of students was expected to compile a community profile. From 1997 to 1999, students identified needs that were related to young people in their communities.

In table one group two of 1997 were in Ward 25 and addressed the issues they had identified by holding an information-sharing youth day (there are no statistics available on this data), while group five of 1997 were in Ward 26, which also addressed the needs through a Health Expo. Three schools in Mangaung also requested the Health Expo. Nursing students organized, planned and conducted the three sessions during their free time, but they could not cope with providing this service as the demand increased. However, what became evident was the fact that there was a need for an organized youth health service and a holistic HIV/AIDS programme in Mangaung.

It became important for the researcher to conduct a feasibility study in order to analyze the needs of the youth before a youth community-based project could be implemented. The following research question is applicable: How do the youth in Mangaung in the Free State province in South Africa perceive their reproductive health needs and their reproductive health behaviour? The purpose of this article is to explore and describe the reproductive health needs and the reproductive health behaviour of the youth in Mangaung.

Literature review

A literature review was conducted in order to ensure the validity of the content of the questionnaires and to direct the study.

The literature review was based on the reproductive health needs and the reproductive health behaviour of the youth.

The relationship of youth to parents

The relationship of youth to their parents has impact on their reproductive health needs and their reproductive behavior.

When there is no relationship between parents and youth, the communication level becomes low and youth start searching for information from peers and other people within the community (Bluemethial and Mcintosh 2004:2).

Reproductive health needs of youth and contraceptives

The lack of access to health services and information lead to youth resorting to abortion for contraception. The reproductive health needs of youth need to be determined before training can be given to youth. Training of youth about reproductive health needs is imperative as youth becomes empowered through information they receive.

Health training needs

Health workers tend to provide information that encourage abstinence from sexual activities to youth and yet due to urbanization and peer pressure youth continue to be sexually active, this information becomes of no use to them, which result to the conflict of ideas between youth and health workers. According to the Center for health systems research and development (1999:24)"Entertainment-Educate "or "Enter- Educate approach is seen as a new and effective way to reach young people with messages about sexual relationships, protection from pregnancy and disease. Songs, drama, soap operas, contests, and films can present youth with ideas they can apply in their lives. Youth is tuned into information that is presented in realistic, dynamic,

entertaining and popular media forms. (The Center for health systems research and development 1999:24). Youth get interested in training workshops only if they take part. They enjoy creating workshop messages. They believe that in their workshops everybody is equal and has rights to be equal. Messages that get emphasized are "let us talk more action, dedication and solidarity to fight AIDS" (The Center for health systems research and development 1999:24).

Abortion

Erken and Desaderio (2004:1) cited that deteriorating economic conditions increasingly leave youth exposed to various forms of risk behaviors which includes the risk of abusive, exploitative and unsafe sexual encounters.

This is however aggravated buy limited access to youth friendly and reproductive health and family planning services hence the induced abortion continues to be used among youth as a method of contraception.

The high resilience to abortion to end unwanted pregnancy is partly due to limited access for youth to modern contraceptives in public and private sectors as well as lack of information on issues relating to sexuality and responsible sexual behavior.

Health services and facilities

Erken and Desidario (2004: 4) anticipated that there will be a rapid dramatic increase in the incidence of HIV infection and AIDS in the coming years, hence relative lack of information and youth friendly services as well as the reluctance of service providers to address issues such as youth sexuality must be addressed to avert the growing number of youth to HIV/AIDS.

Reproductive health information needed by youth

According to the center for health systems research and development (1999:7) parents often believe that sex education leads to earlier or increased sexual activity among youth, hence the reluctance to discuss it with youth.

Reproductive health behaviour of youth

Reproductive health behavior of youth is influenced by communication between youth and parents, moral development, their dating behavior, sexual activity, risk taking and sexual risk taking.

Communication between youth and parents

Youth are more at risk of unwanted pregnancies if there is poor communication with their parents. The center for health systems research (1999:8) cited the study in the Northern Province which indicated that elders did not provide useful information on sexual issues to youth at all, this was mainly due to limitations in communication between parent and child stemming from the notion that children should always respect their elders and yet parents may also believe that their children do not want to discuss sexual matters with them.

School performance

When human sexuality is taught, girls leave school at a disadvantaged age, especially in previously disadvantaged communities. In real life situations girls are thought to leave initiative and decision making to boys. Males are allowed to dominate and there is tolerance of male predatory and violent sexual behavior. Male infidelity is allowed while women are blamed and thrown out. Women often rely on "sugar daddies" and sporadic or permanent prostitution (Center for health systems research and development 1999:6).

Moral development

Obstructive, judgmental and moralizing amongst health workers influence the health-seeking behavior of youth. Some health workers refuse youth contraceptives fearing that this could encourage premarital relationships while teenagers continue to voice discontent ion with the judgmental attitudes of health workers regarding their sexuality. Nurses fail to provide youth with condoms without asking questions about their sexual relations and lecturing them on being too young to have sex (Centre for health systems and research 1999:8)

Dating behavior

Dating and going out are activities which many youth engage starting from age 11, 12 and 13 (Population Action International 2004:1) .Youth go through dating (single or group) and related events (for example having crushes, admiring opposite sex or having admirers, having boyfriends or girlfriends) at younger ages as compared to a decade ago. These behavior changes can be attributed to: improved communication and transport system which facilitate interaction outside home, living arrangements that keep a youth away from home (from parents and relatives supervision). This is therefore greater dating tendency among children of parents who are economically better off, not strict and unstable marriages (Bluemethial and Mcintosh 2004: 1).

Sexual activity

According to a study conducted by the Reproductive Health Unit (RHRU) in South Africa 67% of youth engage in sexual activity at the age of 15-24.

Peers seem to be the most influential source of sex information among youth, therefore peer pressure in youth can be changed to make a positive effect in order to protect youth from harming themselves and their bodies. Peer led education has shown to be effective in relation to substance abuse, giving information on HIV/AIDS related talks, and been successful in changes in HIV-related knowledge and attitudes.

Risk taking behavior

Erken and Desidero (2004:2) indicated that youth are like a community, they are a group of people who know each other and stick together because they know that they are stronger that way, at the same time they stay far from each other but are able to work together like Trade unions. As a high risk group they do not always know each other and can not always work together. Youth does not rely on other people to take charge of their lives; they want to take charge of educating themselves than being educated by an adult who is seen as an outsider in a group.

Sexual risk taking behavior

During the past decades South Africa has seen factors such as rapid urbanization, the explosion of telecommunication, migration patterns which literally ran riot with sexual disposition of youths through the provision of role models and opportunities for sexual encounters. Youth reproductive health especially the prevalence of unprotected sexual relations before marriage has been influenced by a great many variables including urbanization, increased travel, tourism, migration along with shrinking family and earlier menarche. Youth

pregnancy showed an enormous increase, the contraction of STI's skyrocketed among youth while HIV/AIDS introduce itself since the early 1980's. Youth do not always perceive themselves to be at risk. Even if they know the risk of unprotected sex, they feel AIDS could not possibly happen to them. The health seeking behavior of youth in relation to STI's differ from adults as youth tend to delay health seeking for STI's for longer than adults do. This can be due to lack of youth appropriate services which is not in the youth's control (Center for health systems research 1999:9).

Terminology

Youth

According to the National Youth Commission (2000:6), youth refers to a young male or female from the age of 14 to 35 who is at a time in life when most young people are going through dramatic changes in their life circumstances as they move from childhood to adulthood. In this study, youth will be targeted from the age of 13 to 25.

Reproductive health needs

Reproductive health will be defined as follows: The word reproductive is derived from reproduction, which refers to the structure of ovaries (females) and testis (male), how they produce sex cells, hormonal controls, menstrual cycle, major events of pregnancy and delivery. Health is a state of well-being resulting from harmonious interaction of body, mind, spirit and the environment (Hitchcock et al 2003: 3).

Reproductive health behaviour

Reproductive health behaviour is the achievement of a complete state of health or ill health of youth due to good or bad conduct, which could affect the reproductive organs of a male or female youth (Ostler and Swannel 1986: 310).

The aim of the study

The aim of the study was to explore and describe the reproductive health needs and the reproductive health behaviour of youth in Mangaung in the Free State province.

The objectives of the study

The objectives of the study were to:
Explore the reproductive health needs and the reproductive health behaviour of youth in Mangaung in the Free State province.
Describe the reproductive health needs and the reproductive health behaviour of youth in Mangaung Free State province.

Research design and methodology

A combined qualitative and quantitative research design that is explorative and descriptive in nature was conducted. This design was chosen because through its use, the perceptions of the youth about their reproductive health needs and their reproductive health behaviour could be explored and discussed.

Population and sampling

The population of the study included youth between the ages of 13 – 25 at three high schools in Mangaung. There are several high schools in Mangaung, but the researcher utilized high schools that were closer to the MUCPP. The area of the MUCPP was selected because the MUCPP was established in order to support and provide for the health needs of the poorest of the poor community among the previously disadvantaged communities of Mangaung. A purposive non – probability sampling method was utilized (Burns and Grove 2001:235). A sample (n=250) was drawn from the youth in three schools in Mangaung. Fifty pupils who agreed to be part of the study per school were selected. The selection of participants followed the inclusion criteria as indicated below:

- Youth living in Mangaung who attended clinic on the day of data collection and agreed to take part in the study.
- Youth attending school in the three high schools in Mangaung around the MUCPP.
- Both male and female youth aged from 13-25 were requested to take part in the study.
- The participants were mainly Sotho (English, Xhosa and Tswana) speaking.

Data collection

A structured questionnaire with closed and open-ended questions was used to collect data (Burns and Grove 2001: 368). The questionnaire was divided into three sections. The first section consisted of questions that addressed the demographic data, structure and relationship of the youth with their parents, the second section consisted of questions that addressed the reproductive health needs of the youth, while the third section consisted of questions that addressed the reproductive health behaviour of the youth. The participants were requested to reveal their age, their areas of location in Mangaung and their relationships with their parents. A visit to each school was scheduled on specific dates per school. Data was collected through the distribution of questionnaires to the youth in a classroom, provided by each school on the specified date per school. The layout of the questionnaire was explained to each group of researcher and questions were answered to provide clarity to the participants. Questionnaires were administered by the researcher to youth who attended the clinic.

Data analysis

Qualitative data from the open-ended questions was coded and analysed by using Tech's (1990) content analysis. A descriptive statistical analysis was performed on the quantitative data (Burns and Grove, 2001:527). Rigour in data analysis was ensured by applying the principles of content analysis described by Tesch (1990). A literature control on the reproductive health needs and the reproductive health behaviour of the youth was conducted.

Content validity

Content validity was ensured by submitting the proposal and the questionnaire to the bio-statistician of the Free State University before the questionnaire was administered and to the research committee of the MUCPP for evaluation (Devos 2001:83). The content and the question of the study were developed from literature. Questionnaires were even translated to a commonly spoken language in Mangaung, which is Sesotho. Statistical reliability and validity were not determined.

Reliability

A pilot study was conducted. The purpose of the pilot study was to test the understand ability and ensure the reliability of the questionnaire. A pilot study pre-tests a measuring instrument by trying it out on a small number of people having characteristics similar to those of the target group of respondents.

The questionnaire was pilot tested by being given to a group of youth at a school around the MUCPP in Mangaung, which was not included in the study. Ten percent of the questionnaire was calculated from the youth aged 13-25 at a school in Mangaung. The results of a pilot study showed that the questionnaire was understood by the youth and there were no corrections and concepts that were not understood by the youth.

Ethical considerations

The ethical standards of nursing research, as described by DENOSA (1998), were adhered to in relation to informed consent, anonymity and quality of the research. The names of the participating clients were not required on the questionnaires to ensure privacy. Permission for conducting the study was obtained from different health authorities, the departments of the University and the MUCPP Health Centre. Clients were requested to take part in the study through a written consent form and the purpose of the research was explained. An option for withdrawal from the study was explained. The participants were assured of confidentiality of all the information obtained during the study.

Presentation of results

The results are presented in relation to the sample realization of the explorative and descriptive analysis of the reproductive health needs and the reproductive health behavior of the youth in Mangaung. The results will be discussed according to the format of a questionnaire. The questionnaire was designed in different formats as to some questions one respondent was allowed to respond more than once or twice to the question. The data on the demographics, the structure and family relationships between parents and youth will be described first and followed by the reproductive health needs under the following headings: reproductive health and contraceptive information, reproductive health training workshops attended, abortion, health services and facilities, and reproductive health information needed by the youth.

The reproductive health behaviour results will be described under the following headings: communication between youth and parents, school performance, moral development, dating, sexual activity, risk -taking and sexual risk taking behaviour.

Sample realization

Youth involvement in the study showed a distribution of the areas of Mangaung which is indicated by Phahameng (2%), Rocklands (3%), Phelindaba (25%), Freedomsquare (20%), Ipopeng (25%) and Chris Hani (25%). A total of 250 youth in Mangaung gave their consent as they were requested to participate in the study, and 237 responded to the questionnaire.

This reflects a sample realization of 94.8%. The average age of participation was 18 years, which was due to the fact that school-going age was mostly targeted. Clients from areas around the MUCPP seemed to utilize the community health centre more than clients who came from further away.

Descriptive and explorative analysis

Information was identified according to three sections: the demographic data, family structure and the relationships of the youth with parents, the reproductive health needs of the youth and the reproductive health behavior of the youth.

Demographic data, family structure and relationships between parents and the youth

The demographic data, family structure and the relationship of the youth with their parents will be discussed below.

Demographic data

A total of 250 youth in Manaung were requested to participate in the study. Only 237 responded to the questionnaire. Among the participants who responded to the questionnaire 45% were males, while 55% were females.

Family structure and the relationship between the youth and their parents

At the age of 14 99.2% of the youth indicated that they lived with their mother and stepfather while 91.4% lived with their father and stepmother. Only 50.6% lived with both biological parents, 82.7% lived with their mother and other adults, 98% lived with their father and other adults while 86.9% lived with grandparents only. Among the youth 58.9% indicated that their parents were married to each other while 20.6% were not married and 13.6% had separated or divorced parents. Most of the participants (54%) were raised by biological parents. Those whose biological parents did not raise indicated that their parents were divorced ('Mother married another man', 'they left me when I was a year old', 'never married', 'mother or both parents died', 'parents lived too far from school', 'they don't understand school', 'they live in another country', and 'mother did not have money to raise the three of us').

The relationships between parents and their children, including the responsibilities that were given to the youth after school, indicated that 70.9% of the participants went shopping with their parents while 80.2% did not. Only 28.5% went to the movies with parents while 36.4% went to sports events or museums with their parents. Some of the youth 59.1% had done things like cooking with their parents. Some youth 59.9% were given the responsibility of cleaning their rooms while 68.4% were responsible for keeping the rest of the house clean. Other youth 55.7% indicated that they washed the dishes while 55.7% did cooking at home. Some participants (41.4%) indicated that they received rules about watching television, 58.6% were expected to keep their parents informed of where they went, 61.6% had rules about doing their homework and only 29.5% had rules about dating. Parents (60.7%) were clear and consistent about rules. Most (34.6%) of the youth indicated that they were involved in making these rules. However 71.4% of the parents trusted their youth to behave when they were not around. Some wished that their parents would spend more time and make decisions together with them. Most of the youth 76.7% were satisfied with the affection they received from their parents, while 75% indicated that they received all the love they wanted from their parents. Most (96.7%) of the participants were motivated to do their best by their parents. Other (98.4%) participants indicated that their parents loved and were interested in their wellbeing.

Reproductive health needs of the youth

The reproductive health needs of the youth will be discussed next. Girls were

the only respondents who were requested to respond to this section of the questionnaire.

Reproductive health and contraceptives

Some (29%) of the girls who participated in the study indicated that they had had their first menstruation at the age of 15, while 22.7% indicated that they had had their first menstrual cycle at 14, 19.3% at 17, 17% at 13, and only a few (1.1%) girls had it at 10 and (3.4%) at 11. Most of the girls seem to get their first menstrual period between age 13 and 15, few of them had it at age 10 and 11.

According to the opinions of the girls the most commonly used contraceptive methods was a condom (53.3%). The following youth did not have knowledge of the following methods: (43%) condom and foam used together, (43.9%) douching after intercourse, (41.1%) foam, (35.5%) intrauterine device, and (39.3%) Jelly and cream, (22.4%) pill, (23.4%) the safe period, (33.6%) female sterilization, (38.3%) suppository, (41.1%) sponge, (36.4%) vasectomy, and (33.6%) the withdrawal method.

Reproductive health training workshops attended by the youth

Among the (n= 214) participants who took part in the study, 52.8% attended a course relating to sex education. The course on sex education consisted of the following topics: female monthly menstrual cycle (55.8%), contraceptive methods (35.4%), where to obtain contraceptives (27.4%), beneficial and harmful effects of contraceptives (24.8%) and diseases that could result from sexual intercourse (57.5%). Some of the youth seem to have received some education on sexuality as indicated in table 2.

Abortion

Youth gave the following reasons for a woman to have an abortion: if a woman is raped (62.9%), if she is unmarried (15.4%), if she is 16 years and under (36.5%), if she had already had one abortion (14.4%) and if she could not raise a child (29.8%). The male respondents indicated that making a girl pregnant made them feel like real men.

Health services and facilities

Among the n = 84 young people who utilize the health services and facilities in the MUCPP, 52.4% needed or used contraceptives, 68.2% obtained contraceptives from family planning clinics, while 31.8% obtained them from private medical practitioners. When rating the availability of family planning services in the MUCPP, 75.4% were positive about availability, 58.5% rated the service to be youth friendly, 50% indicated that the service was accessible, 52% found the distance from home to the center to be reasonable while 74.1% found the service able to give them time to ask questions.

The source of the reproductive health information received by the youth

The youth received information about pregnancy, menstrual cycle, sexually transmitted diseases and prevention of pregnancy. Only the girls were requested to respond to this section of the questionnaire. The mean age of the girls who received information on the prevention of pregnancy is 15.163. Of the girls who responded to this questionnaire 100% had received information from school, home and the family planning clinic. Some (66.4%) girls received information on the female monthly cycle. Most (100%) of the girls received this information from their schools, home and at family planning clinic. Most of the girls (73%) received information on how pregnancy occurs. Most of the participants (100%) received information from school, home and the family planning clinic. Most of the girls (75.4%) received information on sexually transmitted disease. The mean age of girls who received information on sexually transmitted diseases was 15.378. The girls showed their source of information as school, home and family planning clinic. Other participants (83.6%) received information on the prevention of the pregnancy and 69.3% of these girls received information on the menstrual cycle. Most of the girls (73.6%) were positive about receiving information on how pregnancy occurs and (82.4%) of the girls indicated that they received information on sexually transmitted infections. However, their sources of information were: friends and family members, health care workers, health lectures, minister of religion and mostly media. Most of the girls (86.1%) even received information on the prevention of pregnancy.

The reproductive health behaviour of the youth

Communication between youth and parents, school performance, moral development, dating behaviour, sexual activity, risk-taking behaviour, and sexual risk taking behaviour will be described below.

School performance

The school performance of the youth is indicated by varied problems, 27.9%

Table 2: Contents of the course relating to sex education (n=84)

CONTENTS		YES	%	NO	%
1.	Female menstruation cycle	63	55.8	21	18.6
2.	Different types of contraceptive methods	40	35.4	30	26.5
3.	Where to obtain contraceptives	31	27.4	37	32.7
4.	Beneficial and harmful effects of contraceptives	28	24.8	36	31.9
5.	Disease that could result from intercourse	65	57.5	16	14.2

indicated that they had behaviour of problems at school and 48% repeated grades due to the following reasons: lack of ability, immaturity, frequently absent from school, truancy, health reasons and having moved into a more difficult school.

Moral development

Table 3 indicates that the youth seemed to differ about how they made decisions. Some of them acted without thinking, 51.4% indicated that they were strict about what was right and wrong, and 56.5% indicated that they did not put themselves in the shoes of other people when they did things. The boys showed that they did not experience problems with putting a condom on in front of their girlfriend and did not find it embarrassing if they lost their erection while doing so. The boys indicated that their parents would be very upset if they made girls pregnant while they themselves would be upset.

Dating behaviour

Among the (n=149) respondents 71% indicated that they dated one person only while 21% dated a number of people.

Sexual activity

In table 4 among the participants, 62.5% indicated that they were sexually active and 45% indicated that at the time of the first sexual intercourse, the thought of pregnancy made them feel like avoiding it, while 35.9% did not think about it. Only 9.2% wanted to be pregnant and 9.9% did not even care.

Risk-taking behaviours

The youth agreed to being exposed to the following risk-taking behaviours: Stopped by police and questioned for doing something wrong, on probation several times used alcohol, used dagga drugs. Some of the young people had been convicted for the following behaviours: assault, robbery, and theft by deception, destruction of property, trespassing and breaking in, and major traffic violations. The youth seemed to be involved in risk-taking behaviours in different ways.

Sexual risk-taking behaviours

Some of young people are exposed to the following sexual risk-taking behaviors: having sex with a stranger, indicated by 18.3%, having had sex with a prostitute, (4.7%), having sex with many other people (18.9%) and having sex with someone who took drugs using a needle (5.9%).

Table 3: Moral development

CATEGORY	I AM STRICT ABOUT WHAT IS RIGHT AND WRONG		I CAN PUT MYSELF IN THE SHOES OF OTHE PEOPLE	
	F	%	F	%
Definitely true	76	51.4	26	19.8
Somewhat true	53	35.8	31	23.7
Not true	19	12.8	74	56.5
Total	148	100.0	131	100.0

Table 4: At the time of the first sexual intercourse, this is how the youth felt about pregnancy

CATEGORY	F	%
Wanted	12	9.2
Wanted to avoid it	59	45.0
Did not care	13	9.9
Did not think about it	47	35.9
TOTAL	131	100.0

Discussion of research findings

Demographic data

The youth who attended the clinic in the MUCPP community health centre, live in the different black township areas of Mangaung. A significant number of the black South African youth live in previously disadvantaged communities. Most youth at these areas are sexually active at an early age with an increasing proportion of this activity occurring outside marriage (Centre for health systems research 1999:10)

Family structure and the relationship between the youth and their parents

Most of the young people seem to have been brought up by one of their biological parents. Most of the parents seem to involve youth in doing some household chores and doing things jointly, except during shopping. The youth seem to have been kept occupied with household chores after their school activities. Parents had not been to entertainment areas with their youth. This could be due to the lack of entertainment areas in Mangaung. Blumethial and Mcintosh (2004: 2) cited that in situations where parents did not look after their youth, the only way of involving parents in youth issues was to convince them of the consequences of not communicating with the youth. Parents are however traditional informants about sex. They may feel embarrassed and may even lack knowledge and skills, which can be passed on to the youth. The reproductive health needs and problems of the youth in South Africa are embedded in the socio-cultural, economic and political settings in which they grow up. Recognition of the needs of the youth as a unique group could minimize the problems and meet their total needs. Problems relating to reproductive health impact negatively on youth development and welfare. These problems are daunting challenges for service providers such as nurses, community

leaders, teachers, parents and the youth themselves (Centre for health systems research and development 1999: 12).

Reproductive health needs of the youth

The reproductive health needs of the youth will be discussed next. Girls were the only respondents who were requested to respond to this section of the questionnaire.

Reproductive health and contraceptives

Erken and Desiderio (2004; 1) cited that youth is not a homogeneous group. The needs of young people differ according to age, gender and whether they are in or out of school. Therefore youth programmes must cater for different needs and age groups. The young girls had knowledge about the different contraception methods. The youth did not have knowledge of a variety of contraceptive methods. The commonly known method seems to be a condom which is often not used by most girls and boys. Erken and Desiderio (2004:1) assert that successful and effective youth programmes should aim at increasing the demand for high quality condoms and increasing knowledge about modern contraception among the youth aged 15-25.

Reproductive health training workshops attended by the youth

The need for youth health services where structured training can be given to the youth according to their needs is evident. Health education provided to the youth is often not sufficient. Hence, there is a low level of knowledge on reproductive health issues among the youth. When there is poor training received by the youth, health care trainers are not able to supply the youth with proper knowledge and information, which causes the youth to resort to the services of a private medical practitioner or to abstain from seeking information from health services (Center for health systems research and development 1999:19).

Abortion

It is important that education about the consequences of abortion be given to the youth. According to Population Action International (2002.1), developing nations are lacking in reproductive rights because sex is coercively and frequently demanded by older men in return for valuable goods. This results in youth supporting abortion to rid themselves of unwanted pregnancies.

Health services and facilities

Youth from the Mangaung community seem to appreciate the services of the MUCPP community health centre. According to the research conducted by the Center for health systems research (1999:18) the reproductive health needs of adults and youth cannot be met under the same roof. Unique reproductive health facilities catering exclusively for the youth remain a necessity. The youth prefer nurses and private medical practitioners for health advice and not school teachers and counselors while they experience frustrations with these services when accessing contraceptive methods.

The source of the reproductive health information received by the youth

SEATS11 (2004:1) asserted that youth have a right to reproductive health information and services, while adults experience discomfort in discussing sexual issues with the youth. A report by the Kaiser daily reproductive health (2004:1) indicates that there are misconceptions that sexual and reproductive health and sexual behaviour information leads to high rates of abortion, pregnancy and sexually transmitted infections among the youth, which has however been opposed by President Amy in Population Action International (2004:26) that the Dutch experience has proved that talking openly about sexuality and making services available to the youth have the does the opposite result as their reproductive health benefits.

The reproductive health behaviour of the youth

Communication between youth and parents, school performance, moral development, dating behaviour, sexual activity, risk-taking behaviour, and sexual risk taking behaviour will be described below.

Communication between youth and parents

The Youth seem to be able to talk to their parents on an individual basis and not when both parents are together about reproductive health issues. This lack of communication between parents and youth may result in problems of abuse, violence and rape (Erken and Disederio 2004: 1). A breakdown in traditional and formal culture has taken place in South Africa. According the center for health systems research and development (1999:7), because of a breakdown in family life styles, the youth are nowadays very rarely educated in reproductive matters in their family context. Parents have to work in order to keep the household going, and as a result communication and relations between parents and youth lose the intensity and cohesion that exist in traditional settings. Talking about sexuality between parents and children is taboo. One of the biggest needs the youth have identified around the world understands on the part of their parents, teachers and community leaders; they need people they can turn to and trust, and adults who will listen as they explain what they are experiencing and coping with.

School performance

The youth in this area experience behaviour of problems, which may lead to a drop-out, which may be due to the low level of education of parents around the area. Despite high levels of educational participation, South Africans still lag behind in educational achievement. There is still 23% of Africans aged 15-19 years who have not passed grade 6. Among the people aged 16 years and over, two thirds of the members of the poorest households have only primary school education or no education at all. Young people grow up in households where two thirds of adults aged 45 years and over have no formal education at all. Among the South Africans who drop out of school, even though they wish to continue their education, they experience problems of the lack of finances while pregnancy becomes the reason for dropping out for women (Center for health systems and research 1999:10).

Moral development

The youth seemed to be involved in risk-taking behaviour, which is indicated by doing things first and thinking afterwards. The boys seemed to be aware of the effect of making girls pregnant in their relationship with their parents, but these still showed signs of immaturity when handling sex matters.

Dating behaviour

It is important to educate the youth about sexual risk-taking behaviour as it starts with dating more than one partner. In other developed countries, dating is characterized by abuse, bullying and date rape. It is therefore important that the youth be educated about dating and its consequences. It is however indicated that some of the modern parents do not have control over the dating of youth which culminate in problems of prostitution, rape and pregnancy (Van Dyk 2003:16).

Sexual activity

The youth seem not to think before they did things. It is important that they be educated about health risk behaviours because the future of many nations is impaired by unplanned pregnancies, HIV/ AIDS, and other sexually transmitted youth infections (Population Action International 2002:1) (see table 6).

Sexual risk-taking behaviours

The WHO (World Health Organization) called for attention to the social problems of youth as they lead to an increase in tobacco mortality and morbidity of any country (Erken and Disederio 2004:4). Many sexually active youth are not using contraceptives. Even among the married youth contraceptive use is very low. The youth contract sexually transmitted infections that lead to infertility and death.

The high levels of youth pregnancy are an indication that the youth are sexually active and that they do not use condoms the youth who have unprotected sex with their partners or with single partners who have other partners are not just exposed to pregnancy, but to infection with STI's, including the one that can kill them: HIV (Center for health systems research and development 1999:4).

Recommendations

The following recommendations are made, based on the findings of the study:

- A youth health centre that can empower the youth on life and reproductive health skills should be established.
- The youth health center should have programmes with structured activities, which could be implemented during school holidays where the youth can learn different skills.
- Awareness on the use of condoms, information on HIV/ AIDS and STIs should be created aggressively to empower the youth.
- The youth should be receiving education on how to say no to sex and risk-taking behaviours.
- Accessibility of reproductive health services to the youth should be promoted through the establishment of youth-friendly reproductive health care systems.
- The other departments of the Free State University should support the programme and it should be rolled out to other districts in the province.

Limitations

Students from the Free State University and youth were trained as data collectors, but during the study there was a need for on-site supervision due to the lack of experience. The results of the study could not be generalized in the greater Bloemfontein as the focus was only on the previously disadvantaged population, where there was evidence of youth problems.

Conclusion

The study shows evidence of the need for youth health services where structured training could be given to the youth according to their needs. The youth seem to see abortion as a quick-fix solution and yet its consequences are not considered. Most of the girls (73.6%) were positive about receiving information on how pregnancy occurs. Most of the youth seem to have been brought up by one of their biological parents.

Most of the parents seem to involve the youth in doing household chores and doing things jointly with them except during shopping. The household chores served as after school activities. Parents have not been to entertainment areas with their youth, which may be due to a lack of entertainment areas in Mangaung. The youth did not have knowledge of alternative contraceptive methods. The most commonly used method was a condom, which was often not used by most girls and boys. The youth seem to be involved in risk-taking behaviours in different ways.

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