

CONTRACEPTIVES USE AMONG FORM TWO LEARNERS: INTERROGATING PERCEPTIONS OF PARENTS IN ZIMBABWE

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ABSTRACT

This study examined the perceptions of parents on the use of contraceptives among form two learners in Masvingo urban, Zimbabwe. The study is informed by Urie Bronfenbrenner's ecological theory. The study used a phenomenological design with interviews to twelve parents (all from Mucheke community). The design helped to bring to the surface deep issues and to make the voices of the parents heard. To make sense of the collected data, the researchers applied the grounded theory of data analysis to identify themes and categories. This study established that there were mixed feelings among participants on the use and distribution of contraceptives to form two learners. Some parents supported the view while others were even bitter to discuss the issue. The five parents out of twelve, who openly supported the idea highlighted the advantage of reducing teenage pregnancies and the spread of HIV and other STIs among their children. Parents against the whole idea of the use of contraceptives argued that this could promote promiscuity, prostitution, compromise moral, cultural, religious and traditional values and demean the school institution. Seven out of twelve parents proposed abstinence, guidance and counselling, sex education and impartation of life skills as key strategies to deal with teenage pregnancies.

Keywords: teenage pregnancies, abstinence, contraceptives, parents, perceptions

BACKGROUND TO THE STUDY

There has been heated controversies on the issue of the distribution of contraceptives among secondary school learners both on local and global scenes. Young people are among the most affected and infected by HIV and AIDS in the world and Zimbabwe in particular due to early sex. Every term numerous adolescent girl learners enrolled in Zimbabwean schools drop out of school due to early and unplanned pregnancies. This is indisputable evidence that school learners are engaging in unprotected sex which can subsequently expose them to HIV infection and other related diseases (Chingwaru, 2018). Furthermore, teenage girls who are not physically mature are at greater risk of obstructed labour, pregnancy-induced hypertension and obstetric fistula (the creation of a hole between the birth canal and anal area during prolonged labour and highly contribute to child mortality rate) (UNICEF, 2014). Pregnancies among girls less than 18 years of age have irremediable outcomes. It infringes the rights of girls, with life-threatening effects in terms of sexual and reproductive health, and presents high development costs for communities, particularly in keeping up the cycle of poverty (UNFPA, 2013). Existing evidence supports immediate action to enforce laws protecting the rights of children and particularly of girls; guarantee education and health needs; and eliminate the risks of violence, pregnancy among girls less than 18 years of age, HIV infection, and maternal deaths and disability.

In the recent past, the global occurrence of pregnancies among girls less than 18 years of age has slightly declined to less than 14 per cent (UNFPA, 2013) while in African countries pregnancies among girls range from 30 to 51 percent, Zimbabwe with about 34 per cent (UNFPA, 2013). In an effort to protect the learners and the general public from HIV and AIDS infections and to mitigate the incidence of school girl pregnancies and dropout, the Government through various multi sectorial interventions has made notable policies and programmes which however include making easy access of contraceptives to secondary school learners. Contraception is the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs or surgical procedures, (MOHCC, 2016). Kurewa lists types of contraception which includes barrier methods, hormonal methods emergency contraception, intrauterine methods and also sterilization. Barrier methods include male and female condoms, diaphragms, cervical caps, contraceptive sponges and spermicides. Hormonal methods involve combined oral contraceptives, progesterone in only pills, contraceptive patch, injectable birth control, vaginal rings, implantable rods, emergency contraceptive pills (Kurewa, 2011).

The idea of easy access to contraceptives has been suggested by some sectors of society with the hope of curbing the dilemmas outlined above but has received severe criticism from various quarters of society which argue that this might lead to erosion of cultural norms. Of note is also government's apathetic position on the matter. The Ministry of Primary and Secondary Education outlawed the distribution of contraceptives to secondary school learners in the country. This position has recently been affirmed by Minister Dokora of Primary and Secondary Education in 2017, who is on record of having blatantly stated that he would not allow the distribution of condoms to schools arguing that this would compromise the country's dignity (Chikwizo, 2016). The researchers feel that these blind and fierce criticism of the distribution of contraceptives to sexually active learners should be discussed and debated openly without fear or favour. Perhaps what people should be asking is how, when and where can contraceptives be distributed to learners in a descent manner so as to prevent the transmission of HIV and curbing schoolgirl pregnancies.

As noted above one of the main reasons why early pregnancy and motherhood are considered to be social complications is that these often result in disruption of the girl's education, leading to the intergenerational transmission of poverty and HIV and AIDS. This calls for a multi sectorial approach involving all key players in society such as schools, churches and other faith organisations, NGOs, all government departments, traditional leadership among others to play a crucial role in the lives of learners and young people. Taking cue from the urge 'we can't sit and do nothing', all key players in society should make it part of their roles and responsibilities to confront these issues head-on and do 'whatever it takes' (Hlalele, 2011). It is a time when people should re-examine their religious and traditional beliefs for the sake of saving a generation on the verge of destruction. It is in this light that issues to do with access to contraception by young people and secondary school learners must be seen.

The year 1994 saw the passing of a watershed policy in Boston, America, which endorsed the distribution of condoms in high school (Schuster, 2010). The policy would see students being able to receive condoms at any of the high schools either from a community health service partner, the Boston Public Health Commission, or from responsible school personnel. As in many other schools which were already giving out contraceptives the learners would be counselled first before they were given the contraceptives. In Kenya, condom distribution among youths without counselling proved to be disastrous. This is supported by Agweda cited by Kapolo (2014) who wrote to the effect that though young people may exhibit knowledge about HIV, it is common for them not to use condoms (Kapolo, 2014). The distribution of condoms to learners in schools has received severe criticism. However in

attempting to counter this criticism and support the idea of condom distribution in schools, Liddel, Giles and Rae (2011) assert that most learners are uncomfortable with going to a store to buy condoms and would favour getting them free from school. The same authors further argue that condoms empower the learners and eventually they develop responsible sexual behaviour. Sexually active learners should be able to get contraceptives without feeling embarrassed. Indeed pregnancy and disease, not abstinence, are the penalties of such embarrassment.

A study conducted in South Africa with the aim of uncovering perceptions of women teachers on condom availability in Schools found out that teachers reiterated the perception that condom availability may encourage early sexual activity and promiscuity among learners (Hlalele, 2011). This is contrary to several studies which indicated that condom availability in schools resulted in increased condom usage only, not rates of sexual activity (Black, 2003). A study in rural Uganda confirmed a high level of knowledge about condoms amongst boys and girls (over 60% in both) (Kingsman, 2001). Taylor found that despite good knowledge about this risk of unprotected sex, unending HIV infections among youth warranted a need for better understanding of youth's condom behaviour (Taylor, 2007).

In Namibia the United Nations World Health Organization (WHO) representative once proposed the distribution of contraceptives to learners in schools. Similarly the Swapo Party of Namibia Youth League hinted on the distribution of condoms in schools (Akena, 2002). These recommendations attracted relentless criticism from most sectors of the society which denounced them as unacceptable and tantamount to promoting evil (Majaka, 2013). Conversely, WHO and other civil society groups justified their stance arguing that this move was long overdue especially in the wake of the ever increasing high rates of teenage pregnancy and HIV infections among the youth. People who oppose the provision of contraceptives to learners fear that sex education and condom convenience might buoy up teenage sex, but then again studies across Namibia, Zimbabwe and Africa as a whole recurrently validate the inescapable fact that teenagers are already having sex at younger ages without any protection from pregnancy and disease. Many parents have dismissed this as encouraging an evil. Those who are pitted against dispersal of condoms in Namibian school always cite programmes being carried out conjointly by the Ministries of education and health (Kapolo, 2014). This study called on policy makers to go back on the drawing board and redo the School HIV plans and programmes which will be effective.

In Malawi, UNAIDS (2011) notes how the community treats distributing condoms in schools as encouraging risky behaviour. Nevertheless UNAIDS (2011) pointed out that the ever increasing number of students contracting HIV and school girls falling pregnant has compelled authorities to introduce further ways of tackling these challenges. For these reasons, it can be argued that the distribution of condoms in schools is a reasonable option which may save some students from HIV and unwanted pregnancy.

A study conducted by Marindo, Pearson and Casterline (2003) in Harare to compare the views of young people about abstinence and condom use in Zimbabwe with the views underlying national policies and religious and traditional beliefs revealed that young people's decisions to take up one or the other of these risk-reduction strategies may not necessarily indicate genuine individual choices, but rather their deference to adults' interests as they understand those interests. From the above statistics it is apparent that many secondary school learners in Zimbabwe who fall within the age range 15 – 19 years are sexually active. It is against that backdrop that this study is done to interrogate parents' views on use and distribution of contraceptives among form two learners.

Research Questions

1. What are the perceptions of parents on the distribution of contraceptives to secondary school learners?

METHODOLOGY

Research Design

The study adopted a qualitative phenomenological case study design in order to explore and present the perceptions of parents on the use of contraceptives among form two learners in Mucheke suburb in Masvingo, Zimbabwe. Qualitative phenomenological case study approach is used to highlight the specifics and to identify phenomena through how they are perceived by the actors in the situation. One of the advantages of this approach is that it allows the researchers to gain an understanding of social phenomena from participants' perspectives in their natural settings (McMillan & Schumacher 2010:315).

Sampling

The study was carried out in Mucheke high density suburb of Masvingo, Zimbabwe. The selection of the twelve parents was purposefully done to ensure that the findings were authentic. The target population comprised all the parents of form two learners in Mucheke suburb. To authenticate findings, interviews were used. Twelve (12) parents were interviewed face to face by the researchers to solicit their views and perceptions towards the distribution of condoms among secondary school learners.

Data Collection and Analysis

In addition to the intensive review of related literature, data was collected through interviews. The research instrument was validated and reliability of data was ascertained.

An inductive approach to analysing the responses was undertaken to allow patterns, themes, and categories to emerge rather than being imposed prior to data collection and analysis (Patton 2012). This identification of themes provided depth to the insights about understanding the parents' views on distribution of condoms in secondary schools in Mucheke, Masvingo, Zimbabwe.

Ethical Considerations

The researchers also secured permission from the selected parents. The participants were informed that their involvement in the study is voluntary and that they were free to withdraw at any stage of the interviews if they were not comfortable. Participants were also assured of anonymity in the research report.

Validation/ Trustworthiness of Data Collected

The interviews were to be audio-taped and the researcher made observations and copious notes during the interviews. This strategy helped to eliminate the problem of inaccuracy or incompleteness of the data which, according to Maxwell (2012:89) is the main threat to the valid description of what the researchers saw or heard.

RESULTS AND DISCUSSION

The results of the study yielded the following themes:

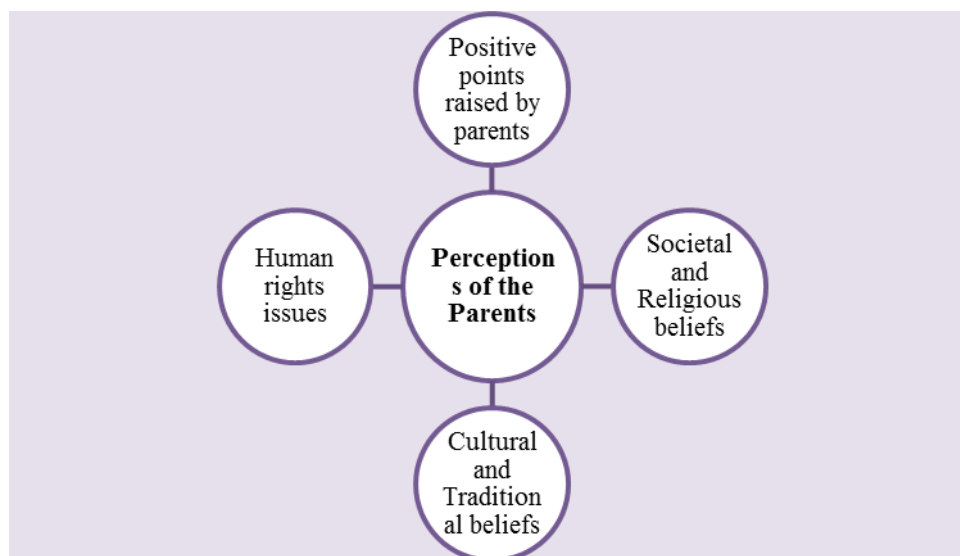


Fig 1: Summarising themes from the study

The study yielded the following themes, positive points raised by parents, societal and religious beliefs, cultural and traditional beliefs and human rights issues

Theme 1: Positive Points Raised by Parents

Conversely the more progressive camp favours the distribution of contraceptives in schools as one major solution to these challenges faced by learners (Chidzikwe, 2018). Parent, P1 indicated that the distribution of contraceptives was a good idea because it would assist in reducing dangers associated with unprotected sex. Participants P1, P2, P3, P4, P8 and P7 all were for view that availing contraceptives to secondary school learners was more empowering to the learner and that it did not necessarily promote promiscuity. In stressing this point participant P7 had this to say:

Availing contraceptives to learners is empowering because it comes with information on STI's, sexual reproductive health and other important health lessons given at clinics. ...distribution of contraceptives would help sexually active learners to have control over their sexual and reproductive health.

This is contrary to several studies which indicated that condom availability in schools resulted in increased condom usage only, not rates of sexual activity (Black, 2003). In support of the idea of distributing and using contraceptives among form two learners, P8 suggested that correct and consistent use of contraceptives had the potential of improving the current decaying of sexual health of young people found in schools. This was validated by sentiments raised by P4 who highlighted that giving contraceptives was a way of empowering learners to be able to care for their health and that of others so as to ensure a healthy, productive and safe nation. To him the current adolescent reproductive health status in the country compromised educational processes and outcomes. He hastened to point out that improving the sexual reproductive health of secondary school learners came at a cost of compromising religious, traditional and related norms and values. He went further to suggest that the cost of availing contraceptives was however far lower than that of failing to do so hence he said:

...availing contraceptives to secondary school learners had the potential of reducing unsafe abortions and complications associated with teenage pregnancies. All conditions they said had the effect of permanently compromising the sexual reproductive health of young people with girls being worst affected.

UNAIDS (2011) pointed out that the ever increasing number of students contracting HIV and school girls falling pregnant has compelled authorities to introduce further ways of tackling these challenges. Participant P5 accepted that learners were engaging in sex resulting in catastrophic consequences like HIV infection, teenage pregnancy and unsafe abortion. P5 supported the move saying:

...there was a great need for contraceptives among secondary school learners as evidenced by increasing school dropouts due to teenage pregnancies.. one learner died yesterday at the general hospital due to complications encountered while giving birth. I think if she had had access to contraceptives she might not have gotten pregnant after all.

Three parents who supported the idea of distributing contraceptives to learners posited that the move was long overdue because its merits outweighed its demerits and that the results of such a development would be less fatal than when access to contraceptives by learners were to be severely restricted.

P1 asserted that the distribution of contraceptives to secondary school learners had little or no effect on their conduct or behaviour. P5 hinted that contraceptives had the potential of moulding learners into responsible citizens with desirable conduct.

...contraceptives had the potential of reducing teenage pregnancies and the spread of HIV among secondary school learners this may be compromised by the taboos, values and beliefs of the society surrounding sexual activities let alone of learners regarded as immature. To them more socially acceptable methods were desirable.

Given the above, in support, P2 stated that distributing contraceptives to secondary school learners had more advantages than not doing so even if this would go against societal beliefs and values.

Despite arguments raised by other parents on the importance of giving form two learners contraceptives, P6, was of the view that availing contraceptives to learners was not permissible because it would encourage learners to engage in sex even more. In line with the above argument, P5, intimated that availing contraceptives to secondary school learners was an unacceptable development because it would be equivalent to giving learners a green light to engage in sexual activities.

Theme 2: Societal and Religious Beliefs

Results from the interviews, revealed that most participants accept that contraceptives should be availed to secondary school learners in the wake of the catastrophic effects of teenage pregnancy and HIV among school learners. To most participants' contraceptives remain academically the most practical way of preventing the spread of HIV and related STI's as well as teenage pregnancies, unsafe abortions and pregnancy related complications among secondary school learners. However the same participants were sceptical about the societal support of such a move. They were quick to note that providing contraceptives to learners would compromise societal religious beliefs which prohibit sex before marriage. P2 was of the view that availing contraceptives would be going against biblical principles and was sin.

P2 went further to suggest that doing so would be encouraging moral decadence. She emphasised the point by saying:

Giving children condoms is sin and can never be condoned by the church. However like so many other perverse policies and programmes i see this being done in fulfilment of biblical prophecy on the rot that will prevail in end times

The majority of the participants subscribed to such religious beliefs. It was revealed by most parents that distributing contraceptives was a right thing to do, only from a professional point of view. However when viewed from their social and parental position it was religiously immoral.

P3 stated that the mere use of contraceptives by learners was in itself a way ward conduct hence increased access would only worsen the misconduct of learners. Participant P8 out rightly objected to the distribution of contraceptives to learners saying:

the only system put in place to help reduce teenage pregnancy and the spread of HIV infection in schools was the guidance and counselling department. Schools should take Guidance and counselling seriously.

Since Christianity is given so much importance in Zimbabwe evidenced by high church attendances, it is indisputable that the convictions of Christianity which include abstinence till marriage influence the majority of the population hence the role of religion in shaping the participants perceptions on this matter (Marindo, 2003). Sexual abstinence until marriage is also supported by “True Love Waits” clubs sponsored by American Christian evangelists (Marindo, 2003). Participant RL a leader of a Christian organisation had this to say,

The idea of placing condoms in schools and injecting school girls with contraceptives violates Christian values; we are a Christian nation so we cannot encourage pre-marital sex in the name of practicality. Abstinence is the only way out.

The majority of parents are in favour of the Ministry of Primary and Secondary Education and Government’s policies discouraging the teaching and provision of contraceptives to learners. Such policies also encourage abstinence among learners at lower levels of education including secondary school (UNESCO, 2018).

Examples of government policies supporting abstinence include the Reproductive Health Guidelines and Policy (1998) which affirms that the Ministry of Health purposes to tackle issues related to adolescent sexuality by utilising youth-friendly services. Interestingly the policy only recognises abstinence instead of condom use as a risk-reduction approach among young and unmarried people an age group within which secondary school learners belong (MOHCW, 1998). Similarly the National Youth Policy (1999) of the Ministry of Youth, Gender, and Employment Creation advocates for abstinence and does not adopt encouragement of condom use as an option and complementary stratagem for HIV prevention (Ministry of Youth, 1999). According to Bronfenbrenner government policies fall within the macro system which is the outer most level and has influence on the child’s well-being as well as those of the caregivers. In other words government policies in this case have an influence on how guardians and caregivers view the adoption of using contraceptives as an alternative and complementary strategy towards the reduction of teenage pregnancy and HIV.

In other words as stated above that the majority of Zimbabweans subscribe to Christian values which esteem abstinence and condemn sex by teenagers as immorality it is not surprising that most respondents in this research believe that although it is a fact that contraceptives can help reduce teenage pregnancies and related consequences their

distribution to learners might not yield positive results since most parents and the learners themselves may lack the moral will to support their usage. In other words the subjective norm shaped by religious values significantly shape the participants perceptions towards the matter under study.

Cultural Norms and Traditional Value

Research findings revealed that although most participants acknowledge that secondary school learners are engaging in sexual activities and that there are catastrophic consequences to such activities the decision to avail contraceptives to learners' contradicted with African cultural norms and values. Indeed traditional Zimbabwean culture does not tolerate premarital sex. One parent, P4 purported that:

...the concept seemed to be a foreign idea which was parallel to the African concept of Ubuntu. ...the idea was western sponsored and hence had the effect of not improving sexual health but increasing immorality which he said was rampant in the west.

P6 also said:

...they heavily compromised norms, beliefs and stereotypes which prevailed in their communities. It is believed that when a girl uses contraceptives before they have their first child chances of getting pregnant in future were severely reduced since it was alleged that contraceptives make people sterile.

According to one scholar it is only the Ndebele people in Zimbabwe, who traditionally encouraged or accepted premarital childbearing (Runganga, 2000). Conversely, the majority of ethnic groups in the country traditionally esteemed virginity among young unmarried females so much so that cultural mechanisms to forestall premarital sex were put in place (Gelfand, 1979). One such mechanism was the custom of paying bride price which was made on the premise that the girl would be a virgin before marriage. It was expected that every girl be a virgin at the payment of bride price otherwise family relations of both parties would be constrained. Traditional Zimbabwean culture was also characterised by virginity testing particularly for girls. Most recently and in eastern Zimbabwe, older women tested a group of young ladies for their virginity status (Mkwana, 2001). Those who passed the test were celebrated in a ceremony broadcast on the country's only national television (Mkwana 2001).

Within this cultural perspective are stereotypes, myths and misconceptions about the use of contraceptives. Some of the parents interviewed stated that their children are socialised to believe that contraceptives have the effect of reducing sexual pleasure, causing sterility and having small germs purposefully put by whites to wipe away the African race. All the members of the out of school youths focus group concurred that it was common belief that girls were discouraged from using contraceptives until after their first born child because it is believed doing so had the potential of causing sterility for the girl.

It is therefore not surprising that most of the participants interviewed suggested that although they believed that contraceptives had high efficacy for preventing STI's and teenage pregnancy distributing contraceptives to secondary school learners let alone in schools would mean sacrificing cultural norms and values.

Human Rights Theme

From the research findings it emerged that some participants were inclined to the human rights perspective buttressed by legal provisions. P2 stated that:

Contraceptives are an inalienable component of the health delivery system, hence compromising one's access to them would be violating the universal right to basic health.

It was suggested that sexually active learners had an inalienable right to access contraceptives like any other person. This standpoint was supported by policies such as the adolescent sexual reproductive health enshrined in several global, regional, national policies and conventions. Participants of this point of view argued that sexual reproductive health was a component of basic health which is a universal right. Therefore failure to avail contraceptives to secondary school learners is viewed as infringement of a basic right to health services.

CONCLUSION AND RECOMMENDATIONS

Results from this study indicated that there were mixed feelings among parents on the use and distribution of contraceptives to form two learners at schools. Some parents, supported the view while others were even bitter to discuss the issue. The five parents out of twelve, who openly supported the idea highlighted the advantage of reducing teenage pregnancies and the spread of HIV and other STIs among their children. Parents against the whole idea of the distribution of contraceptives argued that this could promote promiscuity, prostitution, compromise moral, cultural, religious and traditional values and demean the school institution. It can arguably be noted that in the wake of increasing teenage pregnancies, motherhood and HIV/AIDS, teachers, parents, traditional leaders, church leaders and other key figures in the community must be well-informed about their roles and responsibilities for safeguarding and leading children and young people, as well as crafting for them benign and protected environments in schools, homes and communities. Pertinent as this recommendation maybe it comes when learners, teachers, parents and several other stakeholders in education are faced by a quandary of finding lifelong interventions to control pregnancies among learners while at the same time checking the spread of HIV and AIDS. The study also propose abstinence, guidance and counselling, sex education and impartation of life skills as key strategies to deal with teenage pregnancies.

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