

Research Article

Exploring Adolescent Contraceptive Use: The Voices of Parents/Guardians from a Selected Hospital in Lesotho

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Abstract

Sexual and reproductive health (SRH) services have drawn much attention in most African countries. Special focus had been directed toward the utilization of sexual and reproductive health services by adolescents aged 15 to 19 years old. However, little is known about parental and guardians' roles in optimizing the utilization of sexual and reproductive health services by adolescents 15 – 19 years in Leribe district, Lesotho. The study aimed to explore the perceptions and experiences of parents and guardians regarding contraceptive use by adolescents to prevent teenage pregnancy in the Leribe district. A qualitative exploratory study design was done using one-on-one semi-structured interviews with parents and guardians raising adolescents aged 15-19 years in their homes. Twelve parents and guardians attending healthcare services at the selected hospital were purposively selected to participate in the study. Data was analyzed using six steps of Thematic data analysis by Braun and Clarke. Six themes were identified from the study, parents and guardians knew about contraceptives and their use, contraceptive use was understood to prevent problems to the family, contraceptives were viewed as resulting in unfavorable behaviour to adolescents, experiences on sexual health communication were considered as significant and non-significant, outreach services were needed to reach vulnerable adolescents, and awareness about contraceptive use by adolescents. Participants were aware of the prevailing situation of teenage pregnancy and its consequences. That is why they advocated for contraceptive use by adolescents and engage in sexual health communication for their adolescents to make the right decisions concerning SRH issues.

Keywords

Adolescents, Contraceptives, Experiences, Perceptions, Teenage Pregnancy

1. Introduction

Reproductive health of both women and men has recently received special attention in many African countries. Many governments have been concerned with various reproductive health matters of their people, especially after the 1994 Cairo International Conference on Population and Development Mtur, [1]. Also, Mturi [1] added that a special focus has been directed towards the reproductive health of adolescents due to

the consequences this group of people face.

Janet [2] described adolescence as a period between childhood and adulthood with the age range of 10 – 19 years. This period is not without its problems of inclination towards risky behaviors. Among these risky behaviors is unprotected sexual intercourse which can lead to unwanted pregnancy and infections from HIV and other sexually transmitted diseases

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[2]. Govender, Taylor and Naidoo [3] indicated that adolescent pregnancy has a negative impact on the educational opportunities of young women. The study further reported that more than 90% of adolescent pregnancy occurs in low- and middle-income countries, with sub-Saharan Africa bearing the largest burden and it is further compounded by socio-economic constraints and the HIV/AIDS epidemic [3].

Adolescent pregnancy is a major public health problem. The World Health Organization (WHO) estimates that about 21 million girls between the ages of 15-19 years get pregnant every year in low and middle-income countries, of which 50% are unintended pregnancies. Approximately 12 million births occurred in the ages of 15-19 years. In adolescents aged 15-19 years, 50% of pregnancies that occur are unintended and result from low contraceptive usage [4]. In the United States according to Brindis et al. [5] the adolescent birth rate was 89 births per 1000 young women aged 15-19 and it declined to 17.4 births per 1000 in 2018, a remarkable 72% decrease since 1991. The study further indicated that the extraordinary decline is due to changes in social norms, with many youths delaying the initiation of sexual activity, and a growing percentage of adolescents using highly effective, long-acting, reversible contraception [5].

In Sub-Saharan Africa, data on adolescents (15-19 years) was not readily available, but limited data from Angola, Mozambique, Bangladesh, and Nigeria estimated that, the occurrence of births in this age group at more than 10 per 1,000 girls. In Uganda, 25% of adolescent girls aged 15-19 were either pregnant or had given birth [6]. In Ethiopia, 60% of adolescent pregnancies are unwanted resulting from unprotected sexual intercourse. Among youth aged between 15-24 years old, 1.1% of women are infected with HIV [7].

In Lesotho, Mturi [1] indicated that premarital childbearing is increasing in Lesotho due to the low uptake of contraceptives by adolescents. Matope [4] added that 1 in 4 women marry before 18 years of age, the median age of first intercourse is 18.5 years, and approximately 6% of the population is sexually active before the age of 15 years [4]. A Demographic and Health Survey (DHS) [8] conducted in 2014 showed that although 98% of the population had access to contraceptive information, the unmet need for contraception among all women in the country was 6.1%. This unmet need was higher in adolescents than adults and was seen in married (18%) and unmarried (24.2%) female adolescents.

However, limited research has been done to elicit the perceptions and experiences of parents and guardians regarding the use of contraceptives by adolescents in the prevention of adolescent pregnancy. Parents and guardians play significant roles in motivating adolescents towards the use of contraceptives and in improving sexual and reproductive health. Hence, this study intended to fill this knowledge gap by obtaining rich information by exploring the perceptions and experiences of parents and guardians towards the use of contraceptives by adolescents aged 15-19 years.

Research Aim

The purpose of this study was to explore the perceptions and experiences of parents and guardians towards the use of contraceptives by adolescents for the prevention of teenage pregnancy in the Leribe district, Lesotho.

Research objectives

- 1) To explore the perceptions of the parents and guardians regarding the use of contraceptives by adolescents in the prevention of teenage pregnancy
- 2) To describe the parents and guardian's experiences on sexual and reproductive health issues towards adolescents
- 3) To describe the strategies to improve contraceptive use by adolescents.

2. Methodology

A Qualitative exploratory design was done using one-on-one semi-structured interviews with parents and guardians raising adolescents aged 15 to 19 in their homes. Data saturation was reached by 12 participants who were purposively sampled while attending healthcare services at the selected public hospital. Written informed consent was obtained from the participants who took part in the study, were kept anonymous with codes and the interviews were conducted privately. Audiotapes were used to record interviews and transcribed verbatim. Data was analyzed using thematic data analysis by Braun and Clarke. Permission to conduct the study was sought and granted from the National University of Lesotho Institutional Review Board (IRB) and the Ministry of Health Research and Ethics Committee for approval ID13-2023.

3. Results

3.1. Socio-Demographic Characteristics of the Participants

As is shown in table 1, majority of participants i.e. 7(58%) were aged from 30 to 39 years, 3(25%) aged 40 to 49 years and 2(17%) aged 50 to 60 years. 11 (92%) of the participants were females as compared 1 (8%) who was a male. 8 (67%) of the participants were parents to the adolescents as opposed to 4 (33%) who were guardians to the adolescents. In terms of the level of education, 1 (8%) were from tertiary level, 3 (67%) were from primary and 8 (67%) were from secondary school level. Lastly, most of the participants 7 (58%) were from the urban areas compared to 5 (42%) in the rural areas.

Table 1. Table of socio-demographic characteristics of the participants.

| Age in numbers | Frequency | Percentages (%) |
|----------------|-----------|-----------------|
| 30 – 39 | 7 | 58% |

| Age in numbers | Frequency | Percentages (%) | Age in numbers | Frequency | Percentages (%) |
|--------------------|-----------|-----------------|----------------|-----------|-----------------|
| 40 – 49 | 3 | 25% | Secondary | 8 | 67% |
| 50 – 60 | 2 | 17% | Tertiary | 1 | 8% |
| Sex | | | Residential | | |
| Male | 1 | 8% | Urban | 7 | 58% |
| Female | 11 | 92% | Rural | 5 | 42% |
| Responsibility | | | | | |
| Parent | 8 | 67% | | | |
| Guardian | 4 | 33% | | | |
| Level of education | | | | | |
| Primary | 3 | 25% | | | |

3.2. Themes and Sub-themes

As shown in Table 2 below, the emerging themes and sub-themes were developed from thematic data analysis by (Braun & Clarke 2006;87). A total of nine (6) themes and ten (10) sub-themes emerged from the data analysis.

Table 2. Table of themes and sub-themes.

| Themes | Sub-themes |
|--|---|
| Parents and guardians had knowledge about contraceptives and their use | Positive attitudes towards contraceptive use Risk behaviors Complications of adolescents' pregnancy |
| Contraceptive use was understood to prevent problems for the family | Family burden |
| Contraceptives were viewed as resulting in unfavorable behaviour to adolescents | Fear towards contraceptive use |
| Experiences on sexual communication were viewed as significant and non-significant | Enablers of sexual communication Constraints to sexual communication |
| Outreach services were needed to reach vulnerable adolescents | School-based approach Community-based approach |
| Awareness about contraceptive use by adolescents | Health education |

3.2.1. Parents and Guardians Had Knowledge About the Contraceptive and Their Use

This theme revealed participants voicing issues agreeing with the use of contraceptives by adolescents. The sub-themes that were identified were as follows, Positive attitudes toward contraceptive use, risky behaviors, and complications of teenage pregnancy.

Positive attitudes toward contraceptive use

Most of the respondents agreed with the issue of the use of the contraceptives by adolescents because contraceptives help to prevent pregnancy while they are still young and protect them from getting STIs and HIV

“...I agree with the use of contraceptives because they prevent pregnancy at early ages because of the way they live their lives” (PARTICIPANT 4)

Another participant added...

“...I can say they should use them because the way they live their lives puts them at high risk of falling pregnant at

young ages and contraceptive use could help to prevent that...” (PARTICIPANT 9)

Another participant added on the issue of protection against diseases.

“...I think I can encourage the use of contraceptives by adolescents due to their lifestyle which is totally different from the olden days. They can also be protected against many diseases like STIs and HIV...” (PARTICIPANT 6)

Risk behaviors

While still agreeing with the use of contraceptives by adolescents, other participants also described the risky lifestyle of adolescents leading to high pregnancy rates at young ages which result in a high number of deliveries among adolescents.

“...due to the current life situation whereby, most deliveries are from adolescents, I do agree that they should use contraceptives because they engage in sexual activity in early stages, even if they are told that sex is for the adults...” (PARTICIPANT 1)

Another respondent shared similar responses...

"...I can say they should use contraceptives because the way they live their life puts them at a high chance of being pregnant at a young age..." (PARTICIPANT 9)

"...I can agree on the use because of the way they live their lives which is very risky such that they end up falling pregnant while they are still young..." (PARTICIPANT 11)

Complications of adolescents' pregnancy

As participants were still agreeing with the use of the contraceptives, some were explaining the consequences of adolescents' pregnancy which could result in backstreet abortions and complications during pregnancy and delivery. They spoke.

"...I can agree with the use of contraceptives because most adolescents fall pregnant while still young and have not yet completed their studies. They are unable to take responsibility to raise babies; some of them end up doing illegal abortions which may lead to death while others may leave their babies on the street..." (PARTICIPANT 7)

Another participant added that...

"...I can say that they should use contraceptives because nowadays giving birth is associated with complications, especially with young people. Also, the way they live is different from the previous years so it wise to give contraceptives..." (PARTICIPANT 2)

3.2.2. Contraceptive Use Was Understood to Prevent Problems in the Family

This theme refers to the respondents describing their understanding of the use of contraceptives by adolescents to prevent problems for the family. The category of family burden was developed.

Family burden

This category brings up participants still agreeing with the use of contraceptives describing the inabilities of the adolescents to raise their newborns on their own hence that may lead to extra work for their parents/guardians and dropping out of the schools.

"... I encourage the use of contraceptives by adolescents because most of them are giving birth at young ages and giving an extra job to their parents of raising both her and the newborn because they are very young to raise children on their own..." (PARTICIPANT 3)

Two other respondents elaborated on the issue of family burden and school dropout.

"... I think they should be given contraceptives because most of them are giving birth at young ages hence this brings a burden to the parents as both she and the newborn have to be taken care of by the family..." (PARTICIPANT 8)

"...I can agree with the use of contraceptives among adolescents as most of them fall pregnant and they have to drop out of school to raise babies on their own while they are not working..." (PARTICIPANT 5)

3.2.3. Contraceptives were Viewed as Resulting in Unfavorable Behaviour Among Adolescents

This theme refers to the few of the respondents expressing their fears towards the use of contraceptives by adolescents. The sub-theme fear towards contraceptive use emerged.

Fears towards contraceptive use.

Under this sub-theme, the participants disagreed with the use of contraceptives by adolescents as they thought it's like giving adolescents freedom to engage in sexual activity. They said.

"...I can yes and no at the same time. If they are given contraceptives, it is like giving them the freedom to engage in sexual activity. On the other hand, if they are not given contraceptives, because of their risky lifestyle, they are likely to fall pregnant at young ages..." (PARTICIPANTS 10)

Another participant further elaborated.

"...I don't think it's a good thing to give contraceptives to adolescents because they may think that they are given license to engage in sexual activity freely..." (PARTICIPANT 12)

3.2.4. Experience on Sexual Communication was Viewed as Significant and Non-significant

This theme refers to the participants expressing their feelings towards sexual communication between them and their adolescents. The two sub-themes that were developed were as follows, enablers or drivers to sexual communication and constraints to sexual communication.

Enablers or drivers to sexual communication

The sub-theme is about participants agreeing with the issue of sexual communication because of the risky behaviour adolescents are engaging in as they need to talk to their children about such topics to avoid falling pregnant while still young and attending school. They said.

"...yes, I normally talked to her, I started after noticing that she has started to have her first menstrual period. I told her that if she happens to engage in a sexual activity, she will fall pregnant..." (PARTICIPANT 1)

"...yes, I always advise them that it is the risky to engage in sexual activity while still young to avoid being pregnant..." (PARTICIPANT 2)

Other participants added indicating the risky behaviour as the most drivers to engage in sexual communication with their children.

"...yes, I normally do talk to her...and sometimes it feels like she is not getting any message as she continues with her risky lifestyle..." (PARTICIPANT 7)

"...yes, I do talk with her about sexual issues, and I also warn her about the dangers of falling pregnant at a young age..." (PARTICIPANT 12)

Constraints on sexual communication

Participants explained their disagreement with the idea of sexual communication because such discussion creates un-

comfortable situations between them and their children. Some indicated that they would rather prefer a close relative to engage in such a discussion. They said.

"...No, I have not yet talked about such issues because I don't feel comfortable, and I believe she is getting such information from school..." (PARTICIPANT 4)

"...No, I don't talk to her about such topics because it is not easy as a parent to talk to your child about sexual issues and it is uncomfortable to discuss such..." (PARTICIPANT 5)

"...No, I don't talk with her about such topics because it is not easy as a parent to talk to your child about sexual issues and it is uncomfortable to discuss such topic..." (PARTICIPANT 6)

Other participants added that they had to ask a close relative to engage in sexual communication with their adolescents....

"...No, I have not yet talked to her about issues of sexual activities because I am not comfortable, however, I always recommend her aunt to talk with her about such topics..." (PARTICIPANT 3) "...No, I don't talk to her about such issues because I don't feel comfortable. However, I always recommend her aunt to talk with her..." (PARTICIPANT 8)

3.2.5. Outreach Services were Needed to Reach Vulnerable Adolescents

This theme refers to the participants describing the ways to improve contraceptive utilization by adolescents. The categories that emerged from data analysis were school-based approach, community-based approach, and health education.

School-based approach

Under this sub-theme, the participants were voicing the importance of school visits whereby adolescents will be educated and provided with contraceptives at school to improve contraceptive utilization. They said.

"...I think adolescents can be educated on the use of contraceptives and be provided with such services at schools..." (PARTICIPANT 12)

Other participants added....

"...I think school visits where contraceptive services can be provided after educating about the importance of contraceptive use by adolescents..." (PARTICIPANT 2)

"...I think HCWs can visit schools to teach about the dangers of risky behaviors, use of contraceptives, and provision of such services i.e., contraceptive services to adolescents whose parents have permitted to receive such services..." (PARTICIPANT 7)

Community-based approach

This sub-theme confers participants explaining the importance of the community outreaches whereby both parents or guardians and adolescents will be reached at the community and contraceptive services be provided to the adolescents. They spoke.

"...I think community visits to talk to parents about the importance of contraceptive use to adolescents so that they can permit their children to get contraceptive services..." (PARTICIPANT 9)

Other participants added....

"...I think parents should be the ones to accept the use of contraceptives on their children and therefore, it is important to educate the parents through community gatherings" (PARTICIPANT 10)

"...I think it is important to educate both parents and adolescents about the use of contraceptives in the communities and schools" (PARTICIPANT 11)

3.2.6. Awareness About Contraceptive Use

This theme was about the respondents raising the importance of awareness about contraceptive use by adolescents to both adolescents and their parents or guardians. The category of health education emerged from data analysis.

Health education

The category was about the respondents explaining the importance of health education as part of awareness to improve the utilization of contraceptives by adolescents which could be done at schools, communities and through the media. They said.

"...I think the healthcare workers (HCW) should visit schools and educate adolescents about the dangers of engaging in early sexual activity..." (PARTICIPANT 1)

"...I think HCWs can assist in educating adolescents about the importance of contraceptive use and the danger of risky behaviors in sports, schools, and community gatherings..." (PARTICIPANT 5)

Another respondent added the importance of health education through the media to raise awareness.

"...I think the Non-Governmental Organizations (NGOs) which had been educating about the importance of pre-exposure prophylaxis on local radios should add a topic of the importance of contraceptive use to adolescents..." (PARTICIPANT 6)

4. Discussion

4.1. Parents and Guardians Knew About Contraceptives and Their Use

Parental and guardians' perceptions of the use of contraceptives by adolescents can influence adolescents' decisions in taking up the option of contraception in preventing unwanted pregnancies and in the prevention of HIV and other sexually transmitted diseases. The finding from this study indicated high perceptions towards contraceptive use by adolescents from parents and guardians and it is in accordance with the report from the study by Tipwareerom and Weglicki [9]. Apart from high perceptions toward contraceptives by adolescents, most parents preferred condom use as the safest method of family planning and knew that condom use was important because of the perceived risk of HIV/AIDS. However, other reports which are not in line with the current study findings were from Ehiaghe and Barrow [10] who revealed that despite good con-

contraceptive knowledge, more half of the participants had negative attitudes towards contraceptive use by the unmarried adolescents, and Kinaro et al. [11] reported that 65 percent of participants objected contraceptive use by unmarried youth and adolescents. Thus, with the current study findings, positive attitudes toward contraceptive use by adolescents could mean parents/guardians could be the key factor in encouraging contraceptive use among adolescents.

4.2. Contraceptive Use Was Understood to Prevent Problems for the Family

In addition to high perceptions towards contraceptive use by adolescents, the study findings also revealed that participants agreed with the use of contraceptives to prevent complications and consequences of teenage pregnancy which will in turn bring problems to the families if not attended to. The findings further indicated that if complications and consequences of teenage pregnancy are prevented, this will allow adolescents to have a bright future by taking part in economic growth. The results from Olal et al. [12] discovered that adolescent girls with more than one sexual partner had higher odds of using modern contraceptives as compared to those with one sexual partner. This could be because adolescents with sexual partners could have a greater desire to prevent pregnancy alongside sexually transmitted infections/HIV. Hence, the two reports are congruent as they indicate the importance of contraceptive use among adolescents to prevent unwanted pregnancy and its complications and prevent sexually transmitted diseases thereby allowing adolescents to pursue their dreams.

4.3. Contraceptives Were Viewed as Resulting in Unfavorable Behavior by Adolescents

Findings from this study revealed that few of the parents and guardians had negative attitudes toward contraceptive use by their adolescents, the reason being permitting adolescents to indulge in sexual activity freely. The results are congruent with the report from Mturi [1] that traditionally unmarried adolescents are not expected to initiate sexual activities until they marry and therefore, encouraging contraceptive use would be against tradition. Also, Dioubat é et al. [13] reported that contraceptive use by adolescents and unmarried youth was not well established because practices related to sexuality were taboo and therefore, unmarried youth and adolescents were supposed to be pious and chaste and must keep their virginity until married. Therefore, from this present study, it is observed that tradition still plays a major barrier to contraceptive use.

4.4. Experiences on Sexual and Reproductive Health SRH Communication Issues Viewed as Significant and Non-significant

Good parent-child communication has been documented to be effective in shaping the stage of adolescence, improving

adolescent reproductive health and the use of contraceptives by adolescents in Nigeria and other African countries Janet [2]. The findings from the study revealed that half the participants agreed to have sexual and reproductive health communication with their adolescents to support and encourage them to make the right decision. This is in line with the report by Mturi [1] that parents reported that they discuss sexual and reproductive issues freely with their adolescent children by discouraging any sex-related activities before marriage. Further reports by Bhatta et al. [14] which are in accordance with the current study findings, indicated that parent-adolescent communication about SRH issues was positively associated with increased SRH services utilization and reduced risky sexual behaviors. However, communication about sexual and reproductive health issues was found insignificant. Findings from this study showed that another half of the participants did not engage in SRH communication with their adolescents because discussing such topics made them uncomfortable as caretakers and it is like encouraging them to engage in sexual activities. Instead, they could rather prefer the closest relative or teachers at school. Other similar findings from Makenen et al. [15] reported that limited SRH communication between parents and adolescents was due to conservative norms around sexuality and fear that such communication would encourage sexual activities. Therefore, it is observed that more work still needs to be done on the awareness of the importance of engaging in SRH communication with adolescents in this study.

4.5. Outreach Services Were Needed to Reach Vulnerable Adolescents

Makwinja et al. [16] reported that health workers make school visits to address all learners on SRH issues to mitigate the social gap between teachers and learners. This is in line with another report by Self et al. [17] that youth and parents suggested adding youth-specific spaces and times for FP provision, youth clubs, better counselling services, and FP provision and information in schools. Therefore, the two reports are congruent to the findings that this study makes an extension to what previous studies have reported by providing SRH services to the community for targeting those adolescents that are in hard-to-reach areas and providing such services at school as well as strategy to optimize contraceptive use by adolescents. From this study, it is observed that the participants indeed want to see service provision reach where appropriate clients are.

4.6. Awareness of Contraceptive Use

Bhatta et al. [14] reported that health workers, peers, and mass media were the most common sources of information regarding FP. These findings are in accordance with the current study findings that one of the strategies to optimize contraceptive uptake by adolescents is through information dis-

semination at schools, community and the use of mass media. A further report by Self et al. [17] added that incorporating FP information in schools, especially comprehensive sex education. Therefore, it is observed that dissemination of SRH information by healthcare workers will close the knowledge gap between teachers and adolescents and their caretakers. This is because both teachers and parents/guardians will be well equipped and be able to guide the adolescents.

5. Conclusions

The study showed that parents and guardians were aware of the prevailing risky behaviors adolescents were engaging in which ended up in an unplanned pregnancy. Hence, most of the parents and guardians advocated for the contraceptive use by the adolescents even though they did not know where such services (contraceptive services) were offered within health facility premises. However, few of the parents and guardians were afraid of contraceptive use by adolescents because they believed that it was like giving freedom to sleep around. The study also revealed that sexual health communication between parents/guardians and adolescents was significant because it helped adolescents to make the right choices regarding SRH issues. However, there were constraints to sexual health communication which were due to cultural or religious beliefs. Lastly, contraceptive use by adolescents was found to be promoted through health promotion and community outreach services.

Abbreviations

| | |
|------|--------------------------------------|
| FP | Family Planning |
| HIV | Human Immunodeficiency Virus |
| IRB | Institutional Review Board |
| LDHS | Lesotho Demography Health and Survey |
| MOH | Ministry of Health |
| SRH | Sexual Reproductive Health |
| WHO | World Health Organization |

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Author Contributions

Sebofe Peter Molefe: Formal Analysis, Investigation, Methodology, Writing – original draft

Isabel Nyangu: Supervision, Writing - original draft, Writing – review & editing

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Data Availability Statement

The data is available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

References

- [1] Mturi, J. A. Parents' Attitudes to Adolescent Sexual Behaviour in Lesotho. *African Journal of Reproductive Health*, 2003, 7(2), 25-33. <https://doi.org/10.2307/3583210>
- [2] Janet A. B. Perception of Parents on Adolescents' use of Contraceptives in Igbogbo District in Ikorodu Local Government, local state Nigeria, *Texila International Journal of Public Health* (2017) 5(1). <https://doi.org/10.21522/TIJPH.2013.05.01.Art009>
- [3] Govender, D., Naidoo, S., and Taylor, M. Understanding Adolescent Mothers Perspectives of Sexual Risk Behaviour in KwaZulu Natal, South Africa. *BMC Public Health*, (2020) 20(1), 1-17. <https://doi.org/10.1186/s12889-020-08474-2>
- [4] Matope F. B. An Assessment of Factors that Determine Usage of Contraceptive Services Among Adolescent Women in Lesotho: An Analytical Cross-Sectional Study of Maseru City Secondary School Students, Master's Degree Thesis, University of the Western Cape, South Africa, 2022. <http://etd.uwc.ac.za/>
- [5] Brindis, C. D., Decker, M. J., Gutmann-Gonzalez, A., Berglas, N. F. Perspectives on Adolescent Pregnancy Prevention Strategies in the United States: Looking back, Looking forward, *Adolescent Health Medicine Therapeutics*. 2020, (11), 135-145. <https://doi.org/10.2147/ahmt.s219949>
- [6] Vuamaiku, G. J., Eputai, J., Andru, M., Aleni, M. Perceptions of Parents and Guardians Regarding the use of Modern Contraceptives by Adolescents in Arua City, Uganda, *International Journal of Reproductive Medicine*. 2023, (1), 1-9. <http://doi.org/10.1155/2023/6289886>
- [7] Ayalew, M., Mengostie, B., Semahegn, A. Adolescent – Parent communication on Sexual and Reproductive issues Among High School Students in Dire Dawa, Eastern Ethiopia; A Cross-Sectional Study, *Reproductive health*. 2014, 11(77), 1-11 <http://www.reproductive-health-journal.com/content/11/1/77>
- [8] Ministry of Health. Demographic and health survey, Lesotho, Maseru; 2014, pp. 75-79. <http://www.gov.ls/health/>
- [9] Tipwareerom, W., Weglicki, L. Parents Knowledge, Attitudes, Behaviors and promoting condom use among their adolescent sons, *Nursing and Health Sciences*. 2017, 19(2) 212 – 219. <https://doi.org/10.1111/nhs.12331>
- [10] Ehiaghe, A. D., Barrow, A. Parental Knowledge, Willingness, and Attitude towards Contraceptive Usage among Their Unmarried Adolescents in Ekpoma, Edo State, Nigeria, *International Journal of Reproductive Medicine*. 2022, 2022(1) 85333174 <https://doi.org/10.1155/2022/8533174>

- [11] Kinaro, J., Kimani, M., Ikamari, L., Ayiemba, E. H. O., Perceptions and Barriers to Contraceptive Use among Adolescents Aged 15-19 years in Kenya: A Case Study of Nairobi, Scientific Research Publishing, 2015, 7(1), 85-97
<https://doi.org/10.4236/health.2015.71010>
- [12] Olal, E., Grovogui, F. M., Nantale, R., Sserwanja, Q., Nakazwe, C., Nuwabaine, L., Mukunya, D., Ikoona, E. N., Benova, L. Trends and Determinants of Modern Contraceptive Utilization among Adolescent Girls Aged 15-19 years in Sierra Leone: An Analysis of Demographic and Health Surveys, 2008-2019, Journal of Global Health Reports, 2023, 7.
<https://doi.org/10.29392/001c.75430>
- [13] Dioubat é N., Manet, H., Bangoura, C., Sidib é S., Kouyat é M., Kolie, D., El Ayadi, A. M., Delamou, A. Barriers to Contraceptive Use Among Urban Adolescents and Youth in Conakry in 2019 Guinea, Frontiers in global women health, 2021, 2,
<https://doi.org/10.3389/fgwh.2021.655929>
- [14] Bhatta, B. R., Kiriya, J., Shibanuma, A., Jimba, M. Parent-adolescent communication on sexual and reproductive health and the utilization of adolescent-friendly health services in Kailali, Nepal, Plos one, 2021, 16 (2), 1-19.
<https://doi.org/10.1371/journal.pone.0246917>
- [15] Mekonen, M. T., Hana Abebe Dagnew, H. A., Yimam, T. A., Yimam, H. N., Reta, M. A. Adolescent-parent communication on sexual and reproductive health issues and associated factors among high school students in Woldia town, Northeastern Ethiopia, Pan African Medical Journal. 2018, 31(35), 1-15.
<https://doi.org/10.11604/pamj.2018.31.35.13801>
- [16] Makwinja, A. K., Maida, Z. M. Nyondo-Mipando, A. L. Delivery strategies for optimizing uptake of contraceptives among adolescents aged 15–19 years in Nsanje District, Malawi, Reproductive health, 2021, 18(15), 1-9.
<https://doi.org/10.1186/s12978-020-01065-9>
- [17] Self, A., Chipokosa, S., Misomali, A., Aung, T., Harvey, S. A., Chimchere, M., Chilembwe, J., Park, L., Chalima, C., Monjeza, E., Kachale, F., Ndawala, J., Marx, M. A. Youth Accessing Reproductive Health Services in Malawi: Drivers, Barriers, and Suggestions from the perspectives of Youth and Parents, Reproductive Health, 2018, 15(108)
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Biography



Sebofe Peter Molefe is a Midwifery Specialist currently working in Botha-Bothe Government Hospital. He completed Master of Nursing Science Midwifery from the National University of Lesotho (NUL) in 2023, and his Bachelor's degree in General Nursing and Midwifery from the same institution. He worked in Seboche Mission Hospital for 7 years in general wards and maternity, then moved to Motebang Regional Hospital for 3 years working in maternity ward. Currently, he is working in Botha-Bothe Government Hospital at Maternal Child Health (MCH). He also took part in the recent ECSACONM conference held in Lesotho Maseru, where he shared the results of the same study.