IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 14, Issue 6 Ser. 2 (Nov. – Dec. 2025), PP 23-31
www.iosrjournals.org

Exploring Factors Affecting Contraceptive Use Among Postpartum Women in Eswatini

Eunice Moyo RN, MSc[1], Rebecca Phaladi-Digamela RN, PhD[2]
[1](Department of Nursing Sciences, Sefako Makgatho Health Sciences University, South Africa
[2](Skills Centre, Sefako Makgatho Health Sciences University, South Africa)

Abstract:
Background*: Of the 59 health facilities in Eswatini, 57 offer contraceptives at no financial costs to users making the family planning vastly available in that country. But fertility rate is as high as 3.8 births per woman and higher in the countryside despite abundant existence of contraceptives. On the other hand, maternal mortalities were as high as 37% due to illegal terminations of unwanted pregnancies in the country. Contraceptive underutilisation appears to be a challenge particularly for childbearing women. Thus, adequate availability of contraceptives seems not translating or correlating with ideal use. The objective was to explore and describe factors affecting optimum contraceptive use among Swazi women at a facility in Hhohho region in Eswatini.*
Materials and Methods*: A qualitative, contextual, explorative and descriptive research design was followed. Ethical approval was obtained, and participation in the study was voluntary. Eight postpartum women were conveniently selected and were individually interviewed for 30 minutes each before discharge from the hospital after childbirth. Transcribed interviews were analysed using six stages of thematic analysis. Principles of credibility, transferability, confirmability, dependability and authenticity were applied to achieve trustworthiness.*
Results*: Personal factor theme under which abandoning contraceptives, poor contraceptive knowledge inconsistence contraceptive use, assumed side effects, actual side effects, are sub-themes representing the underutilisation of contraceptives in the current study.*
Conclusion: *Evidence available in this study suggests that in spite of availability, affordability and accessibility of contraceptives, lack of knowledge of the identified factors perpetuated ineffective use among women. Measures such as improving and intensifying education on a wide range of contraceptives, side effects of the method used and how to manage them as well as alternative options available in case of a problematic method are recommended. The study further recommends that the government and non-governmental organisations concerned carry out aggressive contraceptive campaigns using print and electronic media and, outreach programs to achieve better awareness and increase optimum use. This could reduce the rate of unwanted pregnancies and avert maternal mortality and morbidity.*
Key Word*: Abortion, Contraception, Contraceptive, Pregnancy.*

Date of Submission: 10-11-2025 Date of Acceptance: 21-11-2025

I. INTRODUCTION

According to the Department of Economic and Social Affairs report on Trends in Contraceptive Use Worldwide, in 2015 contraceptive use was much lower in the least developed countries (40 per cent) and was particularly low in Africa (33 per cent). The above report further stated that the unmet need for family planning for married or in-union women remain higher for one in ten (1/10) women in sub-Saharan Africa experienced increased unmet need at 24% that is twofold the global average in 2015. Thus, the low use of contraceptives is extremely high in the sub-Saharan region resulting in massive unintended pregnancies. Consequently, abortion becomes the option to get rid of unintended pregnancies. According to Ogboghodo, Adam and Wagbatsoma (2017:1), of the 190 million women who become pregnant annually, 50 million undergo clandestine abortions. Unintended pregnancies as well as illegal abortions are avertible.

An estimated 74 million of unintended pregnancies occur annually, majority are among women lacking optimum use of modern contraceptives or traditional method for pregnancy prevention (Sedgh, Ashford & Hussain, 2016:3). Suffice to state that poor contraceptive use among women exist. Subsequently, unintended pregnancies rise, and such contribute to maternal morbidities and mortalities if backstreet platforms for pregnancy termination are used.

In 2014, an estimated 9% of maternal mortalities in Africa resulted from unsafe abortions (Facts on Abortions in Africa, 2015:1). Selecting to safely terminate a pregnancy in the absence of any health reason or opting for unsafe abortion service, could signal that pregnancy was unwanted. Thus, the availability and the optimum contraceptive use are in contrast.

Access to abortion services varies greatly across the regions of the world (Marecek, Macleod & Hoggart 2017:5). The circumstances under which abortion services may be legally performed vary widely from country to country with some counties virtually lacking legal grounds to terminate unintended pregnancy. Singh, Remez, Sedgh, Kwok and Onda (2017:4), stated that as of 2017, 42% of women of reproductive age live in 125 countries where abortion is highly restricted (prohibited altogether, or allowed only to save a woman's life or protect her health). Provision of termination of pregnancy (TOP) services are mainly available in developed countries where it has long been legal. Permission for TOP to any reason is prohibited in 10 out of 54 African countries, with an estimated 93% of women of reproductive age living in nations with restrictive abortion laws (Facts on Abortion, 2018:1). As such, women access unsafe procedures to eliminate unintended pregnancies. Four countries in Africa that relatively have liberal abortion laws include Zambia that permits TOP for health and socioeconomic reasons, whereas Cape Verde, South Africa and Tunisia permit it without restriction except consideration of gestational age (Facts on abortion, 2018:1). Suffice to state that TOP as a choice by women is available only in the three mentioned African countries. If contraceptives are optimally used by women, perhaps legal or illegal termination of unwanted pregnancy would not be a challenge.

In sub-Saharan Africa, women's access to TOP and post-abortion care is hampered by restrictive laws, socio-cultural barriers, and inadequate resources to provide safe abortion (Rominski & Lori, 2014:18). Currently in Eswatini, choice of TOP is unlawful, except under restricted circumstances, as per the Section 15 (5) of 2005 Constitution. Abortion is only allowed in three circumstances. Firstly, on medical or therapeutic grounds of the woman or where a serious risk exist that the child will suffer physical or mental disability. Secondly, if the pregnancy resulted from rape, incest, or other unlawful sexual intercourse with a woman with a mental disability. The final exception is only made on other grounds that Parliament has prescribed. There is thus lack of legal support for a woman to choose TOP on any other grounds. But if contraceptives that are widely available in that country are optimally used, perhaps abortions would not be part of government plans.

The percentage of unsafe abortions are higher in countries with highly restrictive abortion laws when compared with countries with more liberal laws (Atakro, Addo, Aboagye, Menlah, Garti, Amoa-Gyarteng, Sarpong, Adatara, Kumah, Asare, Mensah, Lutterodt & Boni, 2019:2). Gebremedhin, Semahegn, Usmael and Tesfaye (2018:2), reported that more than 97% of unsafe abortions take place in developing countries. One can conclude that only 3% of unsafe abortions take place in the developed counties where abortion laws are liberal. Illegal abortions have contributed to maternal deaths, and have been linked to infanticide (SIGI Report, 2019:7). According to attorney general of Eswatini, performing, receiving, or participating in illegal abortion is a criminal offence carrying a maximum sentence of life imprisonment (IGI Report, 2019:7). Legal prescriptions of abortion do not prevent women who need abortions from obtaining it (Marecek, Mcleod & Hoggart 2017:10).

According to Gebremedhin et al (2018:2), 99% of all induced abortions carried out in Africa are unsafe, and the risk of maternal death from an unsafe abortion is one in every 150 procedures which is the highest in the world. Similar findings were revealed by Rominski and Lori (2014:18). Many pregnant women resorting to unsafe methods to get rid of unintended pregnancy often present with complications such as incomplete abortion, excessive blood loss and infection (Abortion in Africa fact sheet, 2018:1).

The high rate of maternal deaths is a major concern as consequences go beyond effects on one's own health to increase the economic burden on poor families and incurring considerable costs to already struggling public health systems. On the other hand, the burden of losing a mother often results in family fragmentation due to strenuous relationships within the household (Molla, Mitiku, Worku & Yamin, 2015:6-7).

Meeting the demand for family planning with modern methods of contraceptives improves maternal and child health (Population Facts, 2017:1). Thus, optimum use of contraceptives could improve women's health protecting them from unintended pregnancies and unsafe abortions. In Eswatini contraceptives are easily accessible in public health care facilities. It is reported that more than 95% (57 out of 59) of health facilities in Eswatini offer contraceptive at no financial costs to users, but unintended pregnancies are common (Improving the quality of maternal health services in Eswatini, 2011:23). The purpose of this study was to explore and describe factors affecting optimum contraceptive use among postpartum women using the local health facility for childbirth in Hhohho region in Eswatini

II. MATERIAL AND METHODS

The research design employed was a qualitative, explorative, descriptive and contextual in nature with the intention to understand the perspectives of postpartum women post childbirth regarding their use of contraceptives.

Population and sampling

Postpartum women between the ages of 27 and 36 years who gave birth to a live infant at the identified hospital comprised the study population. All women had previous pregnancies before the current childbirth to ascertain if contraceptives were used to prevent pregnancies. Thus, eight postpartum women were conviniently selected and participated voluntarily in the study.

Data collection

A pilot study was conducted on five similar participants in September 2018 to assess if interview approach could yield required data before actual data collection (Rees, 2011:38), and the approach was appropriate. Main data were collected between October and November 2018. Individual interviews that lasted for 30 minutes using interview guide to ensure that enough information was obtained were conducted (Bless, Higson-Smith & Sithole, 2013:21). Audio recorder was used to capture interviews to data saturation as no new information were no longer received (Bless et al, 2013: 239). Soon after each interview, the information was transcribed verbatim in preparation for qualitative data analysis.

Ethical considerations

Ethical approval was granted by the Sefako Makgatho Health Sciences University's Research Ethics Committee (SMUREC/M290/2016: PG). Additionally, permission was secured from the Eswatini Health and Human Research Review Board (EHHRRB) and the Senior Matron at the study site. Participation was voluntary, with strict adherence to ethical principles, including respect for persons, beneficence, justice, informed consent, anonymity, confidentiality, and the right to privacy. Participants were provided with information leaflets explaining the study, ensuring they could make informed decisions about their involvement. Beneficence was upheld by minimizing risks, as the study involved narrative information on contraceptive use. The principle of justice was addressed through purposive selection of postpartum women based on specific criteria. Anonymity was maintained by using pseudonyms, while confidentiality was ensured by securely storing data and using numeric identifiers for audio recordings. Lastly, privacy was respected by conducting interviews in private settings and obtaining permission for recording, thereby safeguarding participants' personal and health information.

Data analysis

Thematic analysis was used to analyze the data. The data analysis process, guided by Braun and Clarke's six stages (2006), began with familiarization during data collection as the researcher listened to participants share their experiences with contraceptive use. This familiarization deepened during transcription, where repeated listening to audiotapes and careful reading of transcripts enhanced understanding. Initial coding was achieved by identifying and organizing interesting features of the data into meaningful groups, with codes highlighted using different colored pens and noted in the margins of transcripts. The subsequent stage involved sorting these codes into potential themes, with some codes combined to form major themes. The researcher then reviewed the themes to ensure they accurately represented participants' responses. The main theme identified was "personal factors affecting optimum contraceptive use," which was clearly defined and supported by five sub-themes. Finally, a comprehensive report was produced that encapsulated the main theme and its sub-themes, completing the data analysis process.

III. RESULTS

All participants (n=8) were post-partum women who gave birth to live babies at the selected tertiary hospital and all were of low risk status. The profile of participants is depicted in table one below.

Table 1. Profile of participants

Criterion	Characteristics	Frequency	Percentage (%)
Age	27-35	6	75
	36<	2	25
Age at first conception	14-19	6	75
	20-40	2	25

Parity	2	2	25
	3-4	4	50
	5-7	2	25
Level of education	Tertiary	2	25
	Secondary	4	50
	Primary	1	12.5
	No schooling	1	12.5
Residential area	Urban	4	50
	Peri-urban	2	25
	Rural	2	25
Socio-economic status	Employed	4	50
	Self-employed	3	37.5
	Unemployed	1	12.5
Marital status	Married	4	50
	Single	3	37.5
	Widowed	1	12.5
Interests in using contraceptives in future	Yes	7	87.5
	No	1	12.5
Desire for more children	Yes	2	25
	No	6	75
Total		8	100

Eight postpartum women whose ages ranged from 27 to 36 years were interviewed to explore the factors affecting optimum contraceptive use. Of the eight participants, six were of childbearing age with only two above childbearing age. Childbearing women refers to those women who are naturally capable of producing children (*Illustrated dictionary of midwifery* 2016:63). However women aged 35 years or more are at higher risk of pregnancy and delivery complications than younger women.

It is observed in this study that the proportion of older women with poor contraceptive use was 25% as compared to 75% younger women. The implication could be that the greater majority of the older women were optimally using contraceptives, on the other hand some could have completed their cycle of childbearing. Similarly, findings of Osmani, Reyer, Osmani & Hamajima (2015:554), in Afghanistan shown that the proportion of older women optimally using modern contraceptive methods was higher than the younger women. On the other hand, ages of participants in the current study were also helpful as it shows that most participants were sexually active for more years before taking part in the study. Contraceptive use was checked from participants from the age of 14 years. Like in many other places where teenage pregnancies are prevalent, 75% of participants in the current study experienced teenage pregnancies. According to Susuman and Gwenhamo (2015:1) teenage pregnancy is associated with poor socioeconomic challenges experienced in underprivileged families. With the same sentiment, in a study conducted in Misha Woreda, South Ethiopia by Hamdalla, Arega and Markos (2017:5), findings revealed that women with higher household income were highly likely to use modern contraceptive methods. Contrary to the current study findings, socio-economic aspect was insignificantly associated with contraceptive usage as half (50%) of the women were formally employed earning a medium income ranging from R9000-R13000 per month while the other half was economically unstable earning a profit of R3000-R4000 per month. Findings suggest that contraceptive underutilisation was observed among women regardless of their socio-economic status.

With regards to educational status, six (75%) of the women attained higher secondary school certificate one (12.5%) reached primary level and the other one (12.5%) had no formal education. On contrary, findings of Hamdalla et al (2017:5), revealed that women educated up to high school level and above were four times more likely to use modern contraceptives as compared to illiterates. This observation concurs with findings of a study conducted in a rural community in Southern Nigeria by (Ogboghodo et al (2017:104) which revealed that women's education had a strong positive effect on their contraceptive usage.

Considering the place of residence, urban women are expected to utilise contraceptives better than rural women because of easier access to information including family planning services, improved socio-economic status and better literacy levels (Osmani et al 2015: 558). In this study place of residence was proportionally insignificant to contraceptive use as four (50%) of the participants lived in urban areas whilst the other four (50%) lived in the peri-

urban and rural areas, respectively. In Eswatini, health care facilities are easily accessible regardless of the residential area.

The number of children a woman has had is an important factor to examine the desire to stop bearing children and continue with contraception use (Mobolaji, Bamiwuye & Bisiriyu 2016:49). Married as well as single women desired not to have more children in this study and conveyed an interest in using contraceptives in future. It implications might be that women might have reached their desired family size.

Theme and sub-themes

Personal factor was the theme under which five subthemes were derived from data sets to represent study findings. Table two present study findings according to a theme and sub-themes.

Table 2: Theme and subthemes of this study

Theme	Sub-theme
Personal Factor	Abandoning contraceptives Poor knowledge of contraceptives Inconsistent use of contraceptives Assumed side-effects Actual side-effects

Main Theme: Personal factor

Personal factors are internal issues within an individual influencing that person to make decisions (Barden-O'Fallon, Speizer, Calhoun & Corron 2018:4-5). Options are available as a person follows a pattern out of own accord.

Abandoning contraceptives

To abandon is to halt the continuation before completion (Oxford Advanced Learner's Dictionary 2017:1). Women in this study abandoned contraceptives without opting for another method to prevent pregnancy or reporting to the clinic about problems brought about by the method used. Explanation to abandon contraceptives were described as follows:

"*I used to drink pills. I stopped because I was always bleeding. I did not like it because I was always wet. Then I felt it was right to stop those pills. Then I fell pregnant because I stopped taking the pills."* Another participant said: *"I was using an injection. I did not go for my next injection".*

Poor knowledge of contraceptives

Participants expressed lack of knowledge of contraceptives. This resulted to limited choices of other effective contraceptive methods available. Lack of knowledge was demonstrated as follows:
"I wanted a loop but was not sure how it works to prevent pregnancy. I know it is inserted in the vagina. I don't know how it prevent pregnancy, I'm not sure."

Another participant indicated that:
"*I was not having my periods, with the injection. Implant is put on the arm, but I did not understand how it prevents pregnancy."*

Inconsistent use of contraceptives

Contraceptives were infrequently used in the current study. It was explained as follows:
"I used to forget taking my pills. Sometimes I would forget for a day, then remember the next day. Sometimes when I visit grandma I would forget them in the house and then come back few days later, and that time I did not take them''.
Another participant said: "*I hid the pills as I was taking them secretly when my boyfriend was not around because he didn't want me to take them. So sometimes I would wait for him to go out before I drink them. I was not ready to have a baby with him."*

Assumed side-effects

Participants highlighted that contraceptives were stopped because they have heard bad report of side effects about them. As such, the bad report perpetuated poor usage of contraceptives. A participant said:

"*Some people are saying if you take an injection you will be fat. You are going to be always wet under your panty. These things that people say about contraceptives, they talk from their experiences. What if I take the injection and I become very fat? I do not want to be wet all the time because other people say you become wet and I don't think I will be comfortable".*

Another participant indicated that:

"Some women complain of continuous vaginal bleeding, then because of being afraid of bleeding you end up stopping drinking or going for next injection.

Actual side effects

Participants reported to have experienced side-effects such as bleeding, headache and vomiting as being related to contraceptive methods. As such, side effects were a significant factor that contributed to suboptimal use of contraceptives. A participant said: *"*

I would go for periods for some months and some not but at the same time gaining a lot of weight. I then decided to stop using contraceptives.

Another participant indicated that:

"With the pills, when I took them I was having headaches and feeling like vomiting, I think they were too strong for me, I decided to stop using them to avoid problems

IV. DISCUSSION

The study was a qualitative study that explored factors affecting optimum contraceptive use among postpartum women in Eswatini. The findings shows that although contraceptives are readily available, accessible and affordable to women in most government health facilities in the country, utilisation thereof remains low. In this study, reasons cited for ineffective contraceptive use included abandoning contraceptives, poor contraceptive knowledge, inconsistence contraceptive use, assumed side effects and actual side effects.

Abandoning contraceptives was perpetuated by ignorance as women gave no apparent reason for not honouing family planning appointments as scheduled. On the other hand other women who experienced method-related problems such as watery discharges did not consult a health care provider for alternative options but instead gave up contraception use even though they were not yet ready for another pregnancy. In a study in rural Lagos by Afolabi, Ezedinachi, Arikpo, Ogunwale, Ganiyu, Abu and Ajibade (2015:73), Southwest Nigerian women stated that they did not think about using contraceptives despite the fact that they had not planned for another pregnancy. Suffice to state that ignorance perpetuated abandonment of contraceptives as these women were sexually active at the time of non-use.

Findings revealed that women lacked knowledge on a wide range of available contraceptives, how they work, how to manage side effects, and switching options available in case of a problematic method. The lack of effective knowledge concerning contraceptive use results in an increase in unplanned pregnancies (Trieu et al. 2011:431). According to Castle and Askew (2015:7), women with higher levels of education are assumed to have a better knowledge of their physiology and are better able to seek out and understand information from providers or others when side effects occur. With the same sentiment, findings of a study in Nigeria by Ejembi, Dahiru and Aliyu (2015:35), revealed that female education was positively associated with effective use of modern contraceptives. Same observation was made in South Africa by the National Department of Health (2012:15). Contrary, this study found out that educational status was insignificantly associated with contraceptive utilisation as both educated and uneducated women demonstrated lack of knowledge on the available contraceptives.

Consistent use of contraceptives was lacking among women in this study. In other instances, women hid pills and took them secretly because of partner disapproval. Some missed clinic appointments because of unfavourable work schedules. In some instances women forgot to take contraceptives on time especially pills. This often caused mistiming and poor use of contraceptives resulting in inconsistent use. With the same sentiment, a study conducted on the use of modern contraceptives among women of child bearing age in Kenya by Kei, Ndwiga and Okong'o (2015:506), revealed that women took the pills only when their partners were around reducing the efficiency of the method in preventing pregnancies. Concurring with these findings, Kavanaugh and Anderson (2013:6), in their report

on Contraception and beyond in the United States revealed that mistimed pregnancies generally resulted from ineffective use of contraceptives.

With regards to assumed side effects, women highlighted that contraceptives were stopped because they had heard bad report of side effects about them. As such, women believed rumours, lacked scientific facts and based their fears on hearsay, such bad reports perpetuated discontinuation leading to poor usage of contraceptives. This is in line with findings of Ochako, Mbondo, Aloo, Kaimenyi, Thompson, Temmerman and Kays (2015:4), in Nyanza, Kenya where women expressed fear of side effects such as causing the body to retain dirty blood from rumours spread by other women. With the same sentiment, a study in Burundi revealed that other women's perceptions propagated through hearsay of myths and misconceptions about contraceptives influenced the decision of others not use (Ndayizigiye, Fawzi, Lively & Ware 2017; 9). Suffice to state that fear and assumptions perpetuated contraceptive underutilisation for women.

Actual side effects experienced by women in the current study motivated them to stop taking contraceptives. Side effects such as headaches, weight gain, watery vaginal discharges, vaginal bleeding, irregular menses and abdominal pains posed health concerns and displeasures, and often resulted in discontinuation or non-use. Similar findings were reported in United States by Kavanaugh and Anderson (2013:11), where women experienced persistent side effects with certain methods, including breakthrough bleeding on some types of pills and the implant, increased vaginal discharge with the vaginal ring, and weight gain with injectables. With the same sentiment, a study in urban Senegal by Barden-O'Fallon, Speizer, Calhoun and Corroon (2018:4-5), found out that women discontinued contraception use because of side effects such as weight gain and menstrual problems. Side effects were therefore one of the major constraints mentioned by women as a reason affecting effective contraception use

V. CONCLUSION

In conclusion, while it is often assumed that increased availability, affordability, and improved access to contraceptives will naturally lead to higher usage rates, this study highlights a more nuanced reality. The evidence suggests that poor utilization is significantly linked to a lack of knowledge about essential factors such as the types of contraceptives available, their proper usage, and the benefits they provide. This gap in understanding can stem from inadequate education on sexual and reproductive health, cultural stigmas, and misconceptions about side effects or efficacy. Therefore, simply improving access is insufficient; it is crucial to implement comprehensive educational initiatives that empower individuals with accurate information and address prevailing misconceptions. By enhancing knowledge and understanding, we can foster a more effective use of contraceptives, ultimately leading to better reproductive health outcomes and a more informed population.

VI. RECOMMENDATIONS

Recommendations are made that health care workers intensify education on a wide range of contraceptives, offer counselling on side effects, give information on benefits and options available in case the method is problematic. This could enable women to rely on health worker information in dealing with side effects while preventing ineffective contraceptive usage. The study further recommends that the government and Non-governmental organisations concerned carry out contraceptive campaigns using print and electronic media and, outreach programs to achieve better awareness and increase optimum use. Thus unintended pregnancies might be averted as informed women might visit health facilities to choose from a wide range of contraceptives of their preferences and switching options in case of a problematic method.

VII. LIMITATIONS OF THE STUDY

The study was qualitative, as with most qualitative research, the findings are not generalizable to other populations therefore, factors affecting optimum contraceptive use were not quantified. There is a need for further research in other hospitals to assess responses as different results may be obtained. The study was limited to women, and yet, men's involvement could have been beneficial since men are usually decision-makers about sexual activity and the desired number of children. The factors affecting optimum contraceptive use could have been explored more deeply amongst males.

ACKNOWLEDGEMENTS

The authors wish to express their heartfelt appreciation to the Senior Matron of the hospital who granted the researchers permission to conduct the research. Sincere appreciation is also extended to the postpartum women who voluntarily took part in the study

REFERENCES

[1]. Allan Guttmacher Institute. Facts on abortion in Africa. Available from: http:// www.guttmacher.org/pubs/IB_AWW-Africa.pdf. Accessed 27 Dec 2017.

[2]. *Bailliere's nurses' dictionary for nurses and health care workers*. (2010). 25th Edition. : Elsevier Bailliere Tindall.

[3]. Barden-O'Fallon, J. et al. (2018) 'Women's contraceptive discontinuation and switching behaviour in urban Senegal, 2010-2015', BMC Women's Health. BMC Women's Health, 18(1), pp. 1–9. Doi: 10.1186/s12905-018-0529-9.

[4]. Bless, C., Higson-Smith, C. & Sithole, and S.L. (2013). *Fundamentals of social research methods: an African perspective.* 5th Edition. Cape Town: Juta.

[5]. Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology", *Qualitative Research in Psychology,* 3 (2):77-101.

[6]. Brink, H., Van der Walt, C., & Van Rensburg G. (2012). Fundamentals of research methodology for health care professionals. 3rd edition. Cape Town: Juta.

[7]. De Vos, A.S., Strydom, H., Fouche, and C.B & Delport, C.S.L. (2011) .Research at Grass Roots: For social sciences and human service professions. 4th edition. Pretoria: Van Schaik Publishers.

[8]. Ejembi, C. L. Dahiru, T. and Aliyu, A.A. (2015). Contextual Factors Influencing Modern Contraceptive Use in Nigeria. DHS Working Papers No. 120. Rockville, Maryland, USA: ICF International.

[9]. Hamdalla T, Arega A, Markos T (2017) Prevalence and Associated Factors of Modern Contraceptive Utilization among Married Women in Reproductive Age Group in Misha Woreda Hadiya Zone, South Ethiopia. J Women's Health Care 6: 372. Doi: 10.4172/2167-0420.1000372

[10]. Houser, J. (2012). Nursing Research: Reading, using, and creating evidence. Second edition. Sudbury, MA: Jones & Bartlett Learning.

[11]. Kavanaugh, M. L. and Anderson RM, (2013). 'Contraception and beyond: The health benefits of services provided at family planning centers', New York: Guttmacher Institute *Vaccine*, 31(Suppl 3), pp. C99–C108. <http://www.guttmacher.org/pubs/health-benefits.pdf>.

[12]. Kei, R.M., Ndwiga, T. and Okong'o., S. (2015). 'The Use of Modern Contraceptives Among Women of Child Bearing Age Attending MCH/FP Clinic at Uasin Gishu Sub-County Hospital, Uasin-Gishu County, Kenya', *Science Journal of Public Health*.Vol. 3, No. 4, 2015, pp. 500-507. Doi: 10.11648/j.sjph.20150304.17

[13]. King, T. L., Brucker, M. C., Osborne, K., & Jevitt, C. (2019). *Varney's midwifery*. Sixth edition. Burlington, Massachusetts: Jones & Bartlett Learning.

[14]. Miller, S., Belizán, J.M. The true cost of maternal death: individual tragedy impacts family, community and nations. *Reprod Health* 12, 56 (2015). https://doi.org/10.1186/s12978-015-0046-3

[15]. Molla M, Mitiku I, Worku A, Yamin A. Impacts of maternal mortality on living children and families: a qualitiatve study from Butajira. Ethiopia Reproductive Health. (2015); 12(Supp 1):S6. http://www.reproductive-health-journal.com/content/12/S1/S6

[16]. Ndayizigiye, M., Fawzi, M.C.S., Lively, C.T. & Ware N.C. Understanding low uptake of contraceptives in resource-limited settings: a mixed-methods study in rural Burundi. *BMC Health Serv Res* **17,** 209 (2017). https://doi.org/10.1186/s12913-017-2144-0

[17]. Nsubuga, H. *et al.* (2016) 'Contraceptive use, knowledge, attitude, perceptions and sexual behavior among female University students in Uganda: A cross-sectional survey', *BMC Women's Health*. BMC Women's Health, 16(1), pp. 1–11. Doi: 10.1186/s12905-016-0286-6.

[18]. Ochako, R. *et al.* (2015). 'Barriers to modern contraceptive methods uptake among young women in Kenya: A qualitative study Global Health', *BMC Public Health*, 15(1), pp. 1–9. Doi: 10.1186/s12889-015-1483-1.

[19]. Ogboghodo E.O., Adam V.Y. & Wagbatsoma, V.A. (2017). Prevalence and determinants of contraceptive use among women of child-bearing age in a rural community in Southern Nigeria. *Journal of Community Medicine and Primary Health Care,* 29 (2): 97-107.

[20]. *Oxford Advanced Learner's Dictionary: International Student's Edition* 8th edition (2017). Oxford: Oxford University Press.

[21]. Polit, D.F. & Beck, C.T. (2010). *Nursing research: appraising evidence for nursing practice.* 7th edition. Lippincott Williams & Wilkins, Philadelphia.

[22]. Polit, D.F & Beck, C.T. (2012). *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. 9th Edition. United States of America: Lippincott Williams and Wilkins, Philadelphia.

[23]. Rees, C. (2011). *An Introduction to Research for Midwives*. 3rd ed. London: Churchill Livingstone / Elsevier.

[24]. Ritchie, J., Lewis, J., Nicholls, C.M. & Ormston, R. (2013).*Qualitative Research Practice: A guide for social science students and researchers*. 2nd Edition. London: Sage Publications Inc.

[25]. Rominski SD, Lori JR. Abortion care in Ghana: a critical review of the literature. African Journal of Reproductive Health. (2014); 18(3):17–35. 7.

[26]. Sathiya Susuman A, Gwenhamo K (2015) Contraceptive Use and Teenage Pregnancy among Child-Headed Households in South Africa. J Clin Case Rep 5: 517. doi:10.4172/2165-7920.1000517

[27]. Sedgh G., Lori S. Ashford, L.S., & Hussain, R. (2016). *Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method,* New York: Guttmacher Institute, 2016, http://www.guttmacher.org/report/unmet-need-for-contraception-in-developingcountries

[28]. Singh S et al., Abortion Worldwide 2017: Uneven Progress and Unequal Access, New York: Guttmacher Institute, 2018.

[29]. Sonubi, S. A. and Nkombua, L. (2015) 'Contraceptive usage in women requesting emergency contraception in Eswatini', *South African Family Practice*, 57(3). Doi: 10.1080/20786190.2014.976991. http://www.tandfonline.com/loi/ojfp20.

[30]. Susuman, S. A, Gwenhamo K (2015) Contraceptive Use and Teenage Pregnancy among Child-Headed Households in South Africa. J Clin Case Rep 5: 517. doi:10.4172/2165-7920.1000517

[31]. Eswatini Central Statistical Office (CSO). 2008. *Eswatini demographic and health survey, 2006-07: key findings*. Calverton, Maryland: CSO and Macro International.

[32]. Trieu, S.l., Shenoy, D.P., Bratton, S. & Marshak, H.H., 2011, 'Provision of emergency contraception at student health centers in California community colleges', Women's Health Issues 21(6), 431–437. PMID: 21703870, http://dx.doi. org/10.1016/j.whi.2011.04.011

[33]. United Nations, Department of Economic and Social Affairs, Population Division (2015). Trends in Contraceptive Use Worldwide 2015 (ST/ESA/SER.A/349).

[34]. The World Bank. (December 2010). *Reproductive health at a glance – Eswatini*

[35]. World Bank. (2011). *improving the quality of maternal and neonatal health services in Eswatini: a situational analysis (English)*. Washington, DC: World Bank. http://documents.worldbank.org/curated/en/755391468166782488/Improving-the-quality-of-maternal-and-neonatal-health-services-in-Eswatini-a-situational-analysis