



CONTRACEPTIVE USE AMONG IN SCHOOL ADOLESCENTS IN OREDO LOCAL GOVERNMENT AREA OF EDO STATE, NIGERIA

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Abstract

Sexuality is expressed throughout an individual's whole life, most prominently during adolescent. The reproductive choices made during the period of adolescence produce great effects on an individual's health, education and, career prospects. It also influences adolescent's overall transition into adulthood. The major objectives of this study are to determine the level of awareness on contraceptives among adolescent in selected secondary schools in Oredo local government area; as well as to ascertain if contraceptives are commonly used by adolescents in the area. The cross-sectional survey design was adopted for the study. Quantitative data were collected from 374 respondents which were analyzed using frequency tables, percentages and pie-charts. The result from the study showed that there was a significant difference across gender regarding level of awareness about contraceptives with female adolescents having some edge over their male counterparts. However, contraceptive use among adolescents in the area was very low. This has led to unintended pregnancies, unsafe abortions as well as pregnancy-related mortality and mobility. The need to strengthen reproductive health education among in-school adolescents in Oredo local government area of Edo state, Nigeria was recommended.

Key words: Sexuality, Adolescent, Reproductive, Contraceptive, Pregnancies.

Introduction

The phenomenon of sexuality has caused health care practitioners to be very concerned, mainly due to the risks associated with unsafe sexual practices. Although sexuality is expressed throughout an individual whole life, it is expressed most prominently during adolescence (Mendes, Moreira, Martins, Souza, Matos, 2011). Sexuality can be experienced and expressed in individual's desires, thoughts, values, beliefs, attitudes, roles, relations and



practices is affected by biological, cultural, ethical, social, historical, political, legal, spiritual, religious, economical and psychological factors (Glasier, Gulmezoglu, Schmid, Moreno and Look, 2006). The world health organization defined adolescence as a period of progression from the onset of secondary sex characteristics to sexual and reproductive maturity. Individuals that fall within the age group 10 – 19 years are therefore classified as adolescents, (Kamal, 2012; WHO, 1999).

Kusunoki and Upchurch (2008) stated that the period of adolescence comes with an increased involvement in romantic and sexual relationships and these relationships which are viewed by adolescents to be very important, eventually influences the reproductive health outcomes as well as set the stage for future choices and decisions with regards to sexual life and family formation. Reproductive choices made during the period of adolescence eventually produces a great effect on individual's health, education and even their career prospect and finally influences overall transition into adulthood. For instance, even with the availability of a variety of contraceptive options, unplanned pregnancies among adolescents still occur quite frequently and the effectiveness of pregnancy prevention programs among adolescence is still low, (Blanc, Tsui, Croft and. Trevitt, 2009).

Osotimehin (2011), in his study stated that about 215 million women that live in developing countries cannot access any family planning programs, and hence they cannot exercise some of their reproductive rights. Adolescents living in developing countries makes up an estimated 250 million out of the 1.2 billion adolescents globally and also make up an estimated one sixth of women of reproductive age, with about one in five of these adolescent girls being currently married or in a union while 3 per cent are unmarried but sexually active (UNFPA, 2016). Earlier projections had estimated that about 15.3 million adolescent girls would give birth by 2015 and this number will rise to 19.2million by the year 2035, if current practices do not change (UNFPA, 2016). These projections contrast greatly with the ICPD, MDG AND SDGs goals that give women access to exercise their reproductive right, (Osotimehin, 2011).

Adolescent fertility regulation and pregnancy prevention is a major health care issue in this century (WHO, 2004). Accessibility to contraceptive information, methods and services determine the success of adolescence in avoiding unplanned pregnancies. Estimates arrived at from the year 2000, had shown that about 25% or 11 million women who were married and fall within the ages 15 -19 years, reside in developing countries and the former Soviet Union and that these women had a need for contraception that was not met (that is, they want to postpone or even avoid pregnancy but are not using any form of



contraception), these estimates however do not include unmet need for sexually active women and never-married women, (Blanc, Tsui, Croft and Trevitt, 2009).

The State of the World Population Report from 2014 showed that the cohort of adolescents was the largest. (Hounton, S., Barros, A.J.D., Amouzou, A., shiferaw, S., Maiga, A., Akinyemi, A., Friedman, H., and Korma, D. (2015), and that the choices and the opportunities that are made available to this group in the area of sexual and reproductive services and information will determine the burden of adolescent unwanted pregnancies, abortions, sexually transmissible diseases and high school dropouts and these will in turn affect a country's ability to utilize their demographic dividends. Furthermore, the rights of adolescents are violated when they are prevented from or unable to access sexual and reproductive health services and information. It is therefore important that developing countries increase the number of programs that aim at helping adolescents meet their contraception needs (UNFPA, 2016).

Statement of the Problem

The consequences that come with adolescent pregnancies and childbearing are very grievous. However, due to the low contraceptive use, (Babalola, John, Ajao and Speizer. 2015) observed that in many African countries, unintended pregnancies remains very common while unmet needs are high. Each year, Sub-Saharan Africa records an estimate of 14 million unplanned pregnancies, (Coetzee and Ngunyulu, 2015), and this has negative impacts on the reproductive health of adolescents in developing countries in the region (Ebuehi, Ekanem and Ebuehi, 2006). The negative health consequences on adolescents are due to early unprotected sexual activity which results in contraction of sexually transmissible diseases, unintended pregnancies, unsafe abortions, and pregnancy related mortality and morbidity, (Peltzer and Pengpid, 2015).

Adolescent girls, whether married or unmarried, are more prone to pregnancies and other related health issues such as maternal mortality, obstructed labor and obstetric fistula when compared to women belonging to other cohorts (UNFPA, 2016). This is due to the fact that adolescent body is not matured to carry a pregnancy (UNICEF, 2011). Pregnant adolescents are hence more likely to experience potential fatal pregnancies related conditions such as a miscarriage, stillbirths, and neonatal death. They also might not be financially stable to care for themselves and their children and end up living in abject poverty and depending on public assistance for survival (Chang, Davis, Kusunoki, Ela, Hall and Barber, 2015). Adolescent within the age group of 10- 19 years are particularly more vulnerable to unsafe abortions (Byamugisha, Mirembe, Faxelid and Gemzell-Danielsson, 2006). Children that are born to adolescent



mothers are faced with a higher risk of mortality, undernourishment and illiteracy, compared to their peer, (UNFPA, 2016).

According to Makhaza and Ige (2014), Knowledge and Use of contraceptives play a unique role in preventing various consequences that is linked to the non-use of contraceptives. A decrease in parental control over adolescents leads to an increase in peer pressure and in such situations; adolescents are convinced by their peers to engage in sexual affairs that could lead to unwanted pregnancy. In Nigeria, the use of contraceptives by adolescents is very low and this is due to the fact that contraception and sexual health is not often discussed at home, outside their homes and in schools (Marchie, 2013) and this further limits access to sex and contraception information by adolescents. Facilities that provide information and services on sexual health and contraception provide an alternative means of sexual education for adolescents, however they are not readily patronized by adolescents majorly because of the social stigma that has been associated with sexuality and pre-marital sex, such that adolescents feel that they most likely will be met with unwelcoming and judgmental attitudes from staff of such facility if they decide to visit them for advice concerning their sexual health and contraception.

The difficulties faced by adolescents in procuring contraceptives are far greater than those faced by adults and even in cases where contraceptive services are available, the restrictive laws and policies of the land/country usually serves as a hindrance to the use of such services by adolescents especially those that are unmarried. Adolescent girls may feel uncomfortable visiting clinics that provide reproductive health services even if these clinics are youth friendly. They may also fear that their confidentiality will not be protected which can lead to being stigmatized in the community where they live. In many regions, adolescent girls are married off to older men, hence leaving them with little or no power over their own reproductive health since decisions concerning contraceptive use and family planning are majorly made by their husbands (UNFPA, 2016). Globally, there is an increase in the number of sexually active adolescents with most of these adolescents indulging in unprotected sex and because of the lack of adequate reproductive health information, there is a corresponding increase in the incidences of unplanned pregnancies among adolescents (Mung'ong'o, Mugoyela and Kimaro, 2010). The high rate of unwanted pregnancies among adolescents can be reduced if they knew about preventive measures they could adopt to avoid unwanted consequences.

According to Babalola, John, Ajao and Speizer (2015), benefits that come with



contraceptive use goes way beyond the health sector and unrestricted access to contraceptive by both adolescents and adults and this will help ensure a decrease in unwanted pregnancies and STDs and will also contribute to increase in female education, help empower women, cause a reduction in poverty and enhance environmental sustainability. It is very important that investments into sexual and reproductive health services and information for adolescents are made (UNICEF, 2011). There is therefore a need for the promotion of reproductive health education and services for adolescents in Nigeria. It is therefore in the light of the above that this study seeks to understand the sexuality, knowledge, accessibility, usage and barriers to contraception as observed and experienced by adolescents.

Objectives of the Study

The main objective is to investigate adolescent sexuality and contraceptive use among secondary schools in Oredo Local Government Area. Other specific objectives are:

1. To determine the level of awareness on contraceptives among adolescents in selected secondary schools in Oredo Local Government Area.
2. To ascertain the sexual behaviours (use of contraceptives) among adolescents in selected secondary schools in Oredo Local Government Area.

Brief Review of Relevant literature

Sexuality and Contraceptive Use among Adolescents in Nigeria

Aderibigbe and Basebang (2011), defined “Adolescence” as a period where major physical psychological and emotional developments occur, hence making this period a challenging period. Adolescents are individuals within the age group 10-19 years, and these individuals have their rights to good health and to receive adequate information and privacy, however they are faced with obstacles that prevent their adequate utilization of sexual health services including contraception services (Woog, Singh, Browne and Philbin, 2015).

Adolescents are not a homogenous group; their needs vary enormously by age, gender, region, socioeconomic condition, cultural context and so on. Similarly, their sexual and reproductive health needs vary considerably across various group, cultures and region. Adolescent sexual activities are on the rise and rapidly coming out as a public health concern. Secondary sexual growth, changes in hormonal secretion, emotional, cognitive and psycho social



development result in sexual curiosity and experimentation, often in situation of little reproductive health information or services (Aji et al, 2013).

In spite of investments that are still being made to sexual and reproductive health services for adolescents there are still challenges to the effective delivery of these services to adolescents, (Obare, Birungi, Undie, Wanjiru, Liambila, and Askew, 2011). Among major Non-Governmental Organizations with focus on ensuring that reproductive health services are available to adolescents, the Action Health Incorporated is the leading NGO which offer services that complement the government's efforts in the area of adolescent health (Aderibigbeand Basebang, 2011).

Studies from several parts of Nigeria have reported high level of sexual activity among unmarried adolescents of both sexes with progressively decreasing age of debut, risky sexual practices, including unprotected sexual intercourse with multiply partners. Emeana, Kharel, Jia and Tembo (2014) noted that in a country such as Nigeria, there are major concerns about adolescent reproductive and sexual health and more than 30 million adolescents make up one third of Nigeria's total population. One of the major reasons for unintended pregnancies is spontaneous sexual encounter, and many of these pregnancies end up being aborted. Painfully, because abortion in Nigeria is still illegal (except in cases where it is the best medical option to save the mother's life), these abortions are carried out in unsafe conditions that could lead to severe consequences including maternal death (Emeana, Kharel, Jia and Tembo2014; Adogu et al. 2014.) Furthermore,, it is estimated that 70 percent of premature deaths in Nigeria, among adults, are largely due to behavior initiated during adolescent (WHO, 2017). Age of sexual debut is generally low, yet there is a deficiency of knowledge on sexuality. Based on the foregoing it was pertinent to collect data on the sexuality and contraceptive use among adolescents for this study.

Trends in Adolescent Sexuality and Contraceptive Use beyond the Shores of Nigeria

Globally, there is an increase in incidences of adolescent unwanted pregnancies (Coetzee and Ngunyulu, 2015). Adolescent girls are vulnerable, have insufficient knowledge about sexuality and reproduction and are faced with more barriers that prevent them from accessing appropriate sexual and reproductive health services and this includes family planning (UNFPA, 2016).Population dynamics are pivot to sustainable developments and the cohort of adolescents is the fastest growing cohort (Hounton, Barros, Amouzou, Shiferaw, Maiga, Akinyemi, Friedman and Korman, 2015). The global communities in the last few years have made efforts to make available and



deliver services and information to millions of women and adolescents. Though unwanted pregnancies occur in women of all ages, adolescent girls are the most affected (Hounton, et al., 2015).

Majority of adults become sexually active as teenagers. In Sub-Sahara countries about 70% of teenagers are sexually active, and in some instances this relationship leads to a formal union, causing about 20% of adolescents to have kids at young age (Glasier, Gulmezoglu, Schmid, Moreno, and Look, 2006). Countries in Africa have the highest incidences of premarital sex, adolescent marriage or cohabiting and child birth by adolescents (Glasier, Gulmezoglu, Schmid, Moreno, and Look, 2006). Adolescents mostly engage in unsafe sexual activities and face more obstacles to contraceptive uses such as lack of knowledge and access to service, poor negotiation of contraceptive use and ineffective contraceptive use, (Glasier, Gulmezoglu, Schmid, Moreno, and Look, 2006).

Reports have shown that throughout the world, about 15 million girls aged 15-19 years give birth annually while 5 million opt for abortion. For example, in Central America, 18% of all births are to teen mothers while 23% of all births in Africa are to teen mothers. Although it may be impossible to fully determine the exact degree of unmet need for contraception by adolescents, however there is need for increased adolescent education on reproductive and sexual health (WHO, 2004). The year 2015 marked the end of Millennium Development Goals (MDGs) and the beginning of the Sustainable Development Goals (SDGs). As part of the MDGs goals was improvement of maternal health, reduction in maternal mortality and achieving universal accessibility to reproductive health, (UNFPA, 2016).

The 2030 Agenda for Sustainable Development has a number of targets related to reproductive health. Specifically, target 3.7 calls for “ensuring universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programs by 2030”. Likewise, target 5.6% calls for “ensuring universal access to sexual and reproductive health and reproductive rights” (United Nations, 2017). Other targets in the 2030 Agenda related to reproductive health include “reducing the global maternal mortality ratio to less than 70 per 100,000 live births” (target 3.1); “ending preventable deaths of newborn and children under 5 years of age” (target 3.2); and “eliminating all harmful practices, such as child early and forced marriage and female genital mutilation”(target 5.3). Achieving the targets related to reproductive health can in turn contribute to the achievement of other goals and targets of the 2030 Agenda (United Nations, 2017).



Issues in Adolescent Sexual behaviour

Adolescence is a time of opportunities and risks. During this time, attitudes, values and behaviours that form a young person's future begin to develop and take shape. The world health organisation (WHO) estimates that 70 percents of premature deaths among adult are largely due to behaviour initiated during adolescent. Age of sexual debut is generally low, yet there is a deficiency of knowledge on sexuality. Adolescents are not a homogenous group; their needs vary enormously by age, gender, region, socioeconomic condition, cultural context and so on. Similarly, their sexual and reproductive health needs vary considerably across various group, cultures and region. Adolescent sexual activities are on the rise and rapidly coming out as a public health concern. Secondary sexual growth, changes in hormonal secretion, emotional, cognitive and psycho social development result in sexual curiosity and experimentation, often in situation of little reproductive health information or services (Aji, Aji, Emelumadu, Ubajaka, Nwabueze, Ebenebe and Azuike, 2013).

Studies from several parts of the countries have reported high level of sexual activity among unmarried adolescents of both sexes with progressively decreasing age of debut, risky sexual practices, including unprotected sexual intercourse with multiply partners. Girls, most often, bear the consequences of early sexual activity in unwanted pregnancies, teenage births and abortion, often by quarks. Sexually transmitted disease occurs in both sexes and when inadequately treated, results in chronic reproductive tract infection and infertility. Among the public health concerns are some of the reported types of sexual practices that increase the risk for adverse health outcome. This includes penetrative vaginal sex and anal sex.

In Osogbo, Osun state, in a study of 521 students who were single, oral and anal contributed 13.3 percent and adolescents respectively. Vaginal penetrative sex was 78.1 percent in a study in Anambra state among sexually active adolescents, vaginal/ penis sex was practiced by 74.1 percent, masturbation 16.7 percent, oral 6.7 percent and anal 2.5 percent. Another type of sex engaged in by adolescents is same sex intercourse (gay and lesbianism). These were reported in their review articles and this may be due to the fact that people do not acknowledge their preferences for same sex partner in Nigeria.

The reason given for premarital sex in Anambra for example were peer group pressure (50 percent), financial gain (27.5 percent), personal satisfaction (16.7 percent), curiosity (4.2 percent), and the lack of parental guidance (1.7 percent). In Niger state, the case is different. Pleasure contributes 58 percent of the



reasons for sexual indulgence, test of fertility constitute 22 percent and enhancement of sexual proficiency makes up 7 percent. In Abia state, the context for sexual intercourse is worrisome. The study revealed that 5.4 percent of the girls were drugged; 4.1 raped, 7.4 percent coerced and 14.2 percent deceived, 23 percent of the girls did it out of curiosity while 4.1 percent did it out of biological urge. Other reasons accounted for the test. The sex partners of adolescents have been found to vary. In Bida, Niger state, 56.4 percent of the sexually active adolescent engaged in sex with their boyfriend/girlfriend; 7.4 percent did it with their fiancés; 20.6 percent did it with a sugar daddy/mummy; 1.3 percent had sex with any man/ woman while 31.3 percent gave no response. Among sexually active adolescents in Abia State, the findings were different; 35.8 percent did it with classmates/playmates, 25.9 percent with boyfriend/girlfriend; 10 percent (boys) with prostitutes, 9.3 percent with sugar daddy; 4.9 percent with proposed spouse; 1.2 percent with stranger and 14.4 percent with others (Aji, Aji, Emelumadu, Ubajaka, Nwabueze, Ebenebe and Azuike, 2013).

Contraceptive Awareness, Usage and Accessibility

The use of contraceptives is essential in preventing unwanted pregnancies, unsafe abortion, and abortion related complications that expose adolescents to health-related risks such as infertility and sometimes death. The study done by Kamal, (2012) in Bangladesh on “Childbearing and the use of contraceptive methods among married adolescents” attempted to examine the association between socioeconomic factors, childbearing and use of contraceptive by married adolescent women. Using the 2007 data from Bangladesh Demography and Health survey, which was analysed by both the bivariate and multivariate statistical analyses, findings showed that 69% of adolescents who were married had initiated childbearing while 25% of the most recent pregnancies were unplanned. Some important determinates for the use of contraception by married female adolescents were inter-spousal communication on family planning, visitations by workers of family planning programs, the number of living children and the employment status of the mother. It was concluded that early child birth, low rate of contraceptive use and unintended pregnancies are common among adolescents that are married in Bangladesh and the expanded schooling and reproductive health programmes should encourage improved communication amongst couples so that efficient contraception and better reproductive outcomes can be achieved.

Mendes, Moreira, Martins, Souza, Matos (2011), carried out a descriptive study on the “knowledge and attitudes of adolescents on contraception” that



comprised of 499 adolescents from five different state owned schools located in Cuiaba, MT Brazil. Using a questionnaire designed for the study as the tool for data collection, data was analysed using Epi-Info software and from the results obtained, 36% of adolescents were sexually active; while the use of contraception was preferred by 77% of girls and 66% of boys; 55% of the respondents said they knew about condoms being used along with oral or injectable contraceptives; among the sexually active adolescents, 40% of boys and 58% of girls had discussed with their partner/lovers about a way to prevent pregnancy; from the results obtained 54% of girls and 40% of boys were of the opinion that contraception should be used by both males and females; source of information about contraceptive methods were from friends for 22% of the boys and physician for 36% of girls. The study concluded by stating that even though the adolescent possessed some knowledge about contraception and had adequate attitude towards its use, there is still a need for better sexual orientation and improved sexual awareness as well as improved delivery of contraceptive information especially to adolescents.

Blanc, Tsui, Croft and Trevitt (2009), examined the “patterns and trends in adolescents’ contraceptive use and discontinuation in developing countries and comparisons with adult women”. For this study, more than 40 countries were used and the data from Demographic and Health Survey obtained from these countries was used to examine the proportion of adolescent women between the ages 15-19 years that are sexually active (single or married); indicators that were investigated for this study included the rates of contraceptive adoption, current contraceptive use, contraception discontinuation, contraceptive method switching and contraceptive failure; comparisons were also made with older women. Using the results obtained it was revealed that for over two decades, the number of adolescent women that were using contraceptives has increased; also when compared to older women, there was a greater increase in the use of contraceptive by adolescent, however the number of adolescents’ women that discontinued their use of contraceptive within a year or had experienced contraceptive failure was higher when compared to older women. It was therefore concluded that although the use of contraceptive by adolescent was increasing, adolescent tend to use the contraceptive for shorter duration and recorded more cases contraceptive failure and quitting of contraceptive use for varying reasons when compared to older women. An increase in the demand for contraceptive supplies, information and services might pose some difficulties to the readiness, capacity and resources of already existing family planning programs and providers.

Data obtained from population-based surveys shows that the current rate of contraceptive use by sexually active adolescents within the age group of 15-19



years who have never been married was still low in Africa; Nigeria was 31% (2008), Tanzania was 36% (2010), and Zambia was 26% (2007), (Peltzer and Pengpid, 2015). Furthermore, data obtained from sexually active university students, revealed the following results for non-use of contraceptive; for the never used/occasional use of contraception data obtained from Botswana showed 20% for the males and 26% for the females (Peltzer and Pengpid, 2015; Hoque, Ntsipe and Mokgatle-Nthabu, 2013); using data from Lebanon 76% of the females had not used any contraceptive; for Nigeria only 25% of the respondents had used contraception while 66% were as at the time of the study not using any form of contraception; data from south Africa showed that contraceptive was not used at last sexual encounter by 19% of the respondents; 19% of respondents from Uganda did not use any form of contraception during their most recent sexual encounter.

Theoretical Framework

The study adopted the theory of planned behaviour (TPB), the theory initially began as a theory of reasoned action in the year 1980 that tried predicting an individual's intention to engage in a certain behavior at a given place or time (Lamorte, 2016). The TPB consists of several constructs and according to the TPB model, intentions can be used to predict behavior and these intentions are based on attitudes and norms of individuals, (Kiene, Hopwood, Lule, and Wanyenze, 2014). According to TPB, behavioral achievement will depend on motivation/intention and ability/behavioral control.

Applying this theory to this study, Adolescent will most likely use contraceptive if they are encouraged to use it but they will not use any contraceptive if they are discouraged from using them. If the norms of the society kick against the use of contraceptive by adolescents, then it may not be used by adolescents and vice-versa. In addition to this, when there is a perceived presence of a power or an authority that does not support the use of contraceptive by adolescent, then the adolescent will not use contraceptives. Hence, according to TPB, adolescents will always behave in a particular way as a result of their intentions and available powers to control their behavior.

Materials and Methods

This study was conducted in Oredo Local Government Area of Edo state. The study adopted convenience sampling technique and a multistage sampling technique. The convenience sampling involves the sample being drawn from that part of the population that is close to hand or easily reachable. On the other hand, multi stage sampling techniques is a type of sampling which involves



dividing the population into groups. With respect to the multistage sampling technique, at the initial stage (stage one), five public Secondary Schools were purposively selected from the Government owned Secondary Schools in Oredo Local Government Area in Benin City. At stage two, 40 respondents were purposively selected from the five selected government schools, making a total of 200 respondents. Furthermore, at stage three, the 200 respondents (students), were selected from the SS1 to SS3 classes and these students were randomly recruited for this study in each of the selected schools. Data for this study were collected only from students that are present on the chosen day and time of data collection. The populations for this study comprise of all adolescents both male and female within the age group 10-19 years and are students in a public secondary school which is located in the Oredo Local Government Area of Edo state which has a total of 16,698 students (Ministry of Education, 2018).

The sample size for this study was 400. The methods of data collection used for this study was via primary source using questionnaires that was evenly distributed among participating schools. The quantitative data was processed with the help of the statistical package for social sciences (SPSS).. Contingency tables were used to present the data and the Chi-square statistic was employed in testing the hypotheses. This is represented in the table below.

Research Findings/Results

A total of four hundred (400) respondents (Senior Secondary School students) were administered with the research questionnaires. Three hundred and seventy four (374) copies out of the four hundred (400) copies of the questionnaire distributed were duly filled and returned, thus representing 93.5% response rate

Table 1: Socio-demographic characteristics



Variables	Frequency	(n = Percentage
Age group		
10-12 years	130	34.8
13-15 years	182	48.7
16-19 years	62	16.5
Gender		
Male	142	38.0
Female	232	62.0
Religion		
Christian	296	79.1
Muslim	78	20.9
Distribution by Social Economic Status		
Upper Class	78	20.9
Middle Class	110	29.4
Lower Class	186	49.7

Source: Researcher's survey, 2019

Table 1 shows that 130 (34.8%) of the respondents were within the age bracket 10-12 years; 182 (48.7%) were within the age bracket 13-15 years and 62 (16.5%) were within the age bracket of 16-19 years. This indicates that the majority of the respondents were between the age brackets of 13-15 years. Table 1 also shows that 142 (38%) of the respondents are males, while 232 (62.0%) are females, indicating that the female respondents were more.

Furthermore, Table 1 shows that 296 (79.1%) of the respondents were Christians and 78 (20.9%) were Muslims. This implies that majority of the respondents were Christians. Also, 78 (20.9%) of the respondents belonged to upper class social status; while 110 (29.4%) were of the middle social class. However, 186 (49.7%) respondents belonged to the lower social class. This implies that majority of the respondents were of the lower social status. Below are pie-chart illustrations of socio-demographic attributes of the respondents.

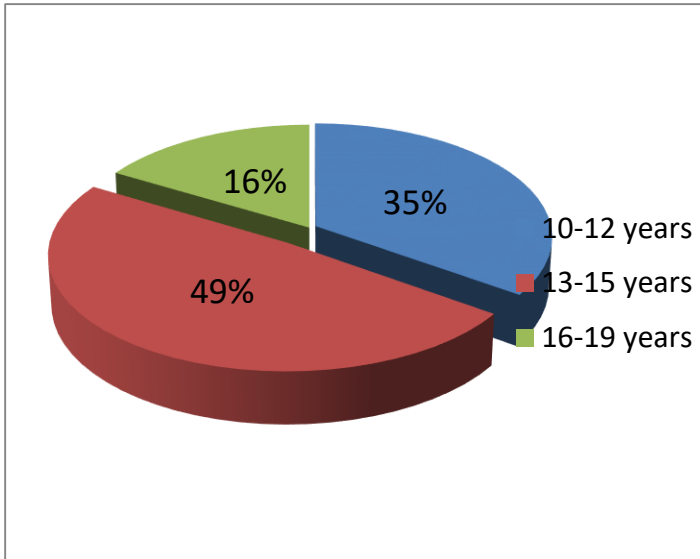


Figure 1 Pie chart showing age groups of respondents

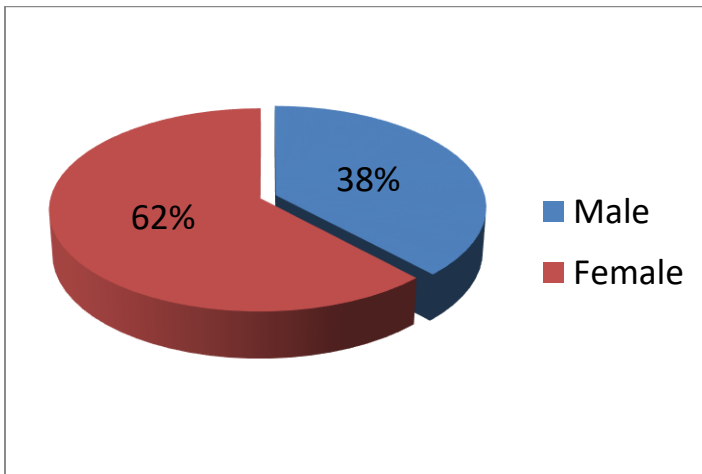


Figure 2 Pie chart showing gender of respondents

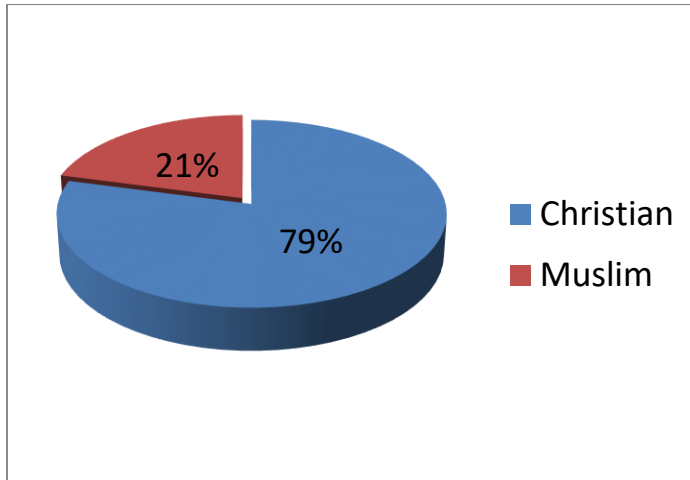


Figure 3: Pie chart showing the religion of respondents

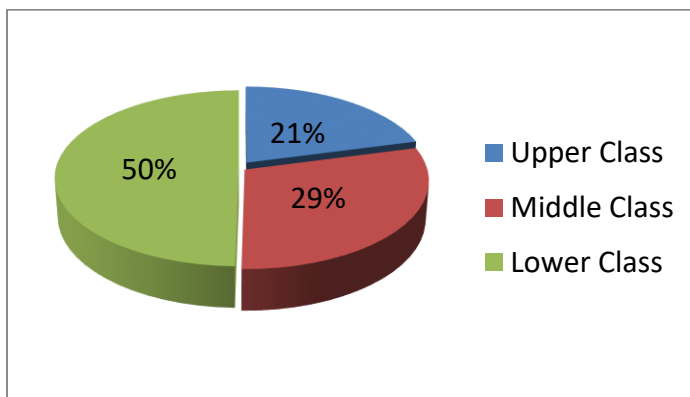


Figure 4: Pie Chart Showing the Socio-Economic Status of Respondents

Study Objective 1: To Determine the Level of Awareness on Contraceptives among Adolescents in selected secondary schools in Oredo Local Government Area.

.With respect to whether the respondents ever heard of the word “contraceptive”, data from the study showed that 53% of the respondents strongly agreed that they are informed about contraceptives whereas 20.6% disagreed. However, 1.6% of the respondents felt the question was not applicable to them. Above 50% of female students were aware or well informed about contraceptives whereas only 21% of their male counterparts claimed to be aware of contraceptives. The findings of this study align with data from National Demographic and Housing Survey which showed that more than 4.7 million Nigerians between the ages 15-19 years are sexually active, and they



are either single or in a union. Mean age at first intercourse was 15.9 years for the females and 17.0 years for the males (WHO, 2016).

Study Objective 2: Ascertain the Sexual Behaviours (Usage of Contraceptives) among Adolescents in Selected Secondary Schools in Oredo Local Government Area.

Although a high number of adolescents (particularly the female gender), were informed, aware or knew at least one contraceptive method, this knowledge seem not to have influenced consistent use of contraceptives. Only 23.7% of respondents accepted to have consistently used contraceptives. This finding is similar to those of Aziken, Okonta and Ande (2003) who held that the rate of contraceptive use by sexually active adolescents in the Western and Southern parts of Nigeria was quite low. They found that only 30% of adolescents use contraceptives and this number is quite low when compared to that obtained from developed countries.

This low levels recorded can be attributed to the low contraceptive access, spontaneity of sexual activities among adolescents and the popular opinion that an unsafe abortion may be easier to obtain compared to consistent contraception practice. Other determinants of the gap observed between ‘knowledge of contraceptives’ and ‘consistent contraceptive use’ among adolescents could be gender. Adolescents may know about contraceptives, but their gender could hinder their access and use of contraceptives.

Low contraceptive use place adolescents, especially the females at risk of unwanted pregnancies and unsafe abortions (Blackstone and Iwelunmor, 2017). According to Okonta, (2007), in Sub-Sahara Africa, abortions are usually carried out under unsafe conditions and 25% of these abortions results in serious life threatening complications, while about 20-40% of such abortions actually lead to maternal death.

Conclusion

Most secondary school students in Oredo Local Government Area were aware about contraceptives. However, awareness about contraceptive commodities and consistent contraceptive use was higher in females when compared to males. The male gender seemed to encounter barrier in accessing both contraceptive awareness and contraceptive commodities for use. Therefore, in addition to creating additional sources of knowledge on contraceptives for males, they should also be empowered to discuss and negotiate contraceptive



use. Also, lessons from this study call for the creation of youth-friendly centers where adolescents can confidently and conveniently go to seek contraceptive services, and counselling regarding sex, sexuality, and pregnancy.

Recommendations

Based on the study findings, the following recommendations are provided:

1. In order to sustain this level of awareness and enhance use of contraceptives among adolescents, there is need for educational programs involving adolescents at schools, since schools are usually where adolescents start dating, express their doubts, get information, and spend most of their time.
2. In-depth and tailored education regarding contraception should be provided to adolescents as part of regular health information. This service should not only be limited to adolescents who attend antenatal clinics, as is usually the case. This will help adolescents who are not pregnant, as well as the males who do not go to antenatal clinics, to be well informed about the choices they can make regarding contraception.
3. There is also the need for investment in training of health and education professionals so that they feel prepared and motivated to work with the topic of adolescent sexuality from the perspective of prevention.
4. It is prudent to help adolescents know about other methods of contraception, such as the pill and injection, apart from the male condom. This would give adolescents a variety of methods to choose from – especially for females, who may not be able to insist on condom use.
5. Continuous advocacy should be available to adolescents who are not abstaining from sex, so they can continuously use contraceptives as a way of protecting themselves from unwanted pregnancies.
6. Finally, there is an urgent need to undertake programs that would empower adolescents, especially females, to become assertive in negotiating condom use every time they want to have sex and do not want to use other contraceptive methods. The district health management teams could include this in their school health programs and occasional health talks to identified youth groups.



References

- Aderibigbe, M. K and Basebang, M. M. (2011). Contraceptive awareness among adolescents in Lagos, Nigeria. (Bachelor's thesis).
- Adinma J.I.B., Agbai A.O., Okeke A.O., and Okaro J.M. (2014). Contraception in teenage Nigerian school girls. *Advances in contraception*. Doi: 10.1023/A:1006732222373. Pp: 283-291.
- Aji, M.O., Ifeadike G.O., Emelmadu, O.F., Ubajaka, C., Nwabueze SA., Ebenebe, and U.E., Azuike, E.C. (2013) Adolescence sexual behavior and practices in Nigeria. *AFRIMEDIC journal*, Vol.4, No. 1
- Aninanya, G.A., Debpuur, C. Y., Awine, T., Williams, J. E., Hodgson, A., Howard, N. (2015). Effects of an adolescent sexual and reproductive health intervention on health service usage by young people in Northern Ghana: A community-randomized trial.
- Aziken, M. E., Okonta, P. I. and Ande, A.B.A. (2003). Knowledge and perception of emergency contraception among female Nigerian undergraduates. *International Family Planning Perspectives*, 29(2):84–87
- Babalola, S., John, N., Ajao, B., & Speizer, I. S. (2015). Ideation and intention to use contraceptives in Kenya and Nigeria. *Journal of demographic research*, 33(8), 212. Doi: 10.4054/DemRes.2015.33.8
- Blackstone, S. R., & Iwelunmor, J. (2017). Determinants of contraceptive use among Nigerian couples: evidence from the 2013 Demographic and Health Survey. *Contraception and reproductive medicine*. 2:9. Doi: 10.1186/s40834-017-0037-6.
- Blanc, A. K., Tsui, A. O., Croft, T. N and Trevitt, J. L. (2009). Patterns and trends in adolescents' contraceptive use and discontinuation in developing countries and comparisons with adult women. *International perspectives on sexual and reproductive health*. 35(2):63–71 Vol. 35, No 2.
- Byamugisha, J. K., Mirembe, F. M., Faxelid, E., and Danielsson, K. (2006). Emergency contraception and fertility awareness among university students in Kampala, Uganda. *African Health Sciences*. 6(4):194-200.



- Chang, T., Davis, M. M., Kusunoki, Y., Ela, E.J., Hall, K. S., and Barber, J. S. (2015). Sexual behaviour and contraceptive use among 18- to 19-year-old adolescent women by weight status: a longitudinal analysis. *Journal of Pediatrics*;1 67: pp586-92.
- Coetzee, M.H. and Ngunyulu, R.N. (2015). Assessing the use of contraceptives by female undergraduate students in a selected higher educational institution in Gauteng.
- Kamal, S. S. M. (2012). Childbearing and the use of contraceptive methods among married adolescents in Bangladesh. *The European Journal of Contraception and Reproductive Health Care*, 17: 144–154.
- Kareem, M., and Samba, A. (2016). Contraceptive use among female adolescent in korle-Gonno, Accra, Ghana. *Gynecolobstet (SunnyVale)* 6:414.
- Kusunoki, Y. and Upchurch, D. M. (2008). Contraceptive method choice among youth in the United states. The importance of relationship context, University of California, Los Angeles. Population Studies Center Research Report 08-655.
- Lamina, M. A. (2015). Prevalence of abortion and contraceptive practices among women seeking repeat induced abortion in western Nigeria. *Journal of pregnancy*. 1-8. <http://dx.doi.org/10.1155/2015/486203>.
- LaMorte, W. W. (2016). Behavioural change models. Boston university school of public health. www.sphweb.bumc.bu.edu
- Makhaza, M. and Ige, K. D. (2014). Knowledge and use of contraceptives among tertiary education students in South Africa. *Mediterranean Journal of Social Sciences*. Vol 5 No 10.
- Marchie, C. L. (n.d). Contraceptive use among female undergraduates of a Nigerian University.3 (1), 103-105.
- Marrone, G., Abdul-Rahman, L., Coninck, Z., and Johansson, A. (2014). Predictors of contraceptive use among female adolescents in Ghana. *African Journal of Reproductive Health*; 18(1): 102



- Mendes, S. S., Moreira, R. M.F., Martins, C. B. G., Souza, S. P. S., and Matos, K. F. D. (2011). Knowledge and attitudes of adolescents on contraception. *Rev Paul Pediatrics*. 29(3):385-91.
- Mung'ong'o, S. G., Mugoyela, V., and Kimaro, B. (2010). Knowledge, Attitude and Practice on Contraceptive Use among Secondary School Students in Dar es Salaam, Tanzania. *East and Central African Journal of Pharmaceutical Sciences*. 13: 43-49
- Obare, F., Birungi, H., Undie, C., Wanjiru, M., Liambila, W., and Askew, I. (2011). Levels, trends and determinants of contraceptive use among adolescent girls in Kenya. APHIA II Operations Research Project/ Population Council.
- Okonta, P. I. (2007). Adolescent sexual and reproductive health in the Niger delta region of Nigeria-issues and challenges. *African Journal of Reproductive Health Vol. 11 No.1*. 113-124).
- Osoimehin, B. (2011). Population and development *Science*;333 (6042), 499
- Peltzer K, Pengpid S. (2015). Contraceptive non-use and associated factors among university students in 22 countries. *African Health Sciences*.15 (4):1056-64.
- UNFPA. (2016). Universal access to reproductive health, Progress and challenges.
- United Nations Children's Fund UNICEF. (2011). Adolescence and Age of opportunity. The state of the world's children.
- United Nations Department of Economic and Social Affairs, Population Division (2017). *Reproductive Health Policies 2017: Data Booklet (ST/ESA/SER.A/396)*.
- Woog, V., S., Browne, A., and Philbin, J. (2015). Adolescent women need for and use of sexual and reproductive health services in Developing Countries. Guttmacher Institute. www.guttmacher.org/pubs/AdolescentSRHS-Need-Developing-Countries.pdf.



World Health Organization (2004). Contraception issues in adolescent health and development.

World health organization (2017). Family Planning Evidence Brief – Reducing early and unintended pregnancies among adolescents: WHO/RHR/17.10. CC BY-NC-SA 3.0 IGO license.

World Health Organization. (2016). Adolescent contraceptive use data from the Nigeria demographic and health survey (NDHS), 2013. CC BY-NC-SA 3.0 IGO. WHO/RHR/16.3