

KNOWLEDGE, PRACTICE AND PERCEPTION OF CONTRACEPTION BY LITERATE ADOLESCENTS IN CALABAR, NIGERIA

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ABSTRACT: *The current prevalence rate for contraceptive use in Nigeria is approximately 11%–13%. This rate is very low in view of the fact that sexual activity is high and there is also widespread awareness of the various contraceptive methods among Nigerian adolescents and youths. There is sufficient research evidence identifying the various factors that contribute to the low prevalence of modern contraceptive use in Nigeria, with the most common factors being religious adherence and myths about the side effects of modern contraceptives. This survey aims to ascertain the knowledge, practice and perception of contraception among literate adolescents in Calabar. This was a self-administered questionnaire -based study carried out in Calabar metropolis. The information was obtained at three different higher institutions in Calabar. Information collected include age, knowledge and use of contraceptives, source of information, and awareness of other methods of contraception and myths about contraception. A total of 1,596 female adolescents were recruited into this study. Their age range was 16 to 19years, with a mean age of 17.6years. The respondents have all attained basic secondary education and were all currently pursuing tertiary education and have all had sexual intercourse and have heard about contraception or family planning. Of this number, 968(60.7%) have used Emergency contraceptive pills, 26.6% used male condom, 6.1% use CopperT (CuT), 1.9% use injectables, 1.1% use implants while 3.6% have not used any method. They all however had one form of concern or the other about modern contraceptive methods. Adolescents and youths are undoubtedly the bedrock to propagate any programme irrespective of the field. Adolescents are therefore in dire need of information on reproductive health issues not only on contraception but also on other issues concerning their reproductive health. They should be assisted and given unhindered access to various methods of contraception to prevent unwanted pregnancies and unsafe abortion.*

KEYWORDS: Adolescents, Contraception, Myth, Literature, Education, Nigeria

INTRODUCTION

According to the Guttmacher Institute 1999 research in Nigeria, 20% of married urban contraceptive users use the pill and 16% of them use intrauterine contraceptive devices whilst 33% use traditional methods. Hospital data from Lagos, Nigeria show that the intrauterine contraceptive device (IUCD) is the most commonly chosen method. It is chosen by 68% of clients with 15% choosing to use injectables (Askew et al, 1994). The IUCD is readily available, cheap, affordable and does not need very high skills to insert and can be effective for 5 to 10 years.

Contraceptive use and choices vary widely in Nigeria according to type of health facility, geopolitical location, religious teachings, availability and information, and within urban or rural settings. Various factors related to both supply and demand account for these variations and contribute to the low levels of contraceptive use and choices in Nigeria (Askew et al, 1994).

On the supply side are issues such as limited availability, quality, and cost of family planning services. As a consequence of limited availability, many Nigerians (particularly in rural areas) lack access to modern contraceptive and family planning services (Feyisetan and Ainsworth 1996).

More than 200 million women in developing countries would like to delay their next pregnancy or even stop bearing children altogether (Singh et al, 2003), but many of them still rely on traditional and less effective methods of contraception or use no method at all. Those who do not use any contraceptive method may lack access or face barriers to using contraception (Singh et al, 2003). These barriers include lack of awareness, lack of access, cultural factors, religion, opposition to use by partners or family members, and fear of health risks and side effects of contraceptives (Carr and Khan 2004).

In Nigeria, unintended intercourse is the primary cause of unwanted pregnancies, and many women with unwanted pregnancies decide to end them by abortion (Otoide, Oronsaye and Okonofua 2001). It is an abomination in most cultures in Nigeria for a girl to marry with a pregnancy or to marry after giving birth to a child hence, the high rate of unsafe abortions. Since abortion is illegal in Nigeria (unless medically recommended to save a mother's life) many abortions are carried out in an unsafe environment. The major religions in Nigeria teach against contraception because they easily equate it with termination of life (abortion). Hence the clergymen are not ready to preach on family planning using contraceptives. The consequences of these clandestine abortions are grave and can be life-threatening, often leading to maternal death. Abortions account for 20%–40% of maternal deaths in Nigeria (Abiodun and Balogun 2009).

The oral contraceptive pills are the most easily accessible contraceptives but a significant problem in Nigeria is a general lack of adequate information about the combined oral contraceptive pills (OCP). The myth that prolonged use of the OCP leads to permanent sterility has limited its use in Nigeria and may explain why most young females in Nigeria, especially students, prefer to use abortion instead of contraception for unwanted pregnancy (Oye-Adeniran et al 2004). Also, the protective effects of OCPs are virtually unknown by the majority of women in the Nigerian population (Grubb 1987).

Family planning has had a major impact in countries like Indonesia and Mauritius, which has been attributed to early presidential support and the continued commitment of national and local leaders (Mize and Byrant 2006; Adekunle and Otolorin 2000). The Nigerian Demographic Health Survey (DHS-2003) results revealed that Nigerian women are now marrying late, are more interested in acquiring a formal education or acquiring personal source of income and are commonly not abstaining from having premarital sex (National Population Commission National Population Commission 2004).

In Nigeria, the political will and commitment for family planning and safe motherhood is grossly lacking. If the political will is equally extended to family planning as is done in the payment of allowances and entitlements of legislators and politicians, there will be a significant reduction in unplanned pregnancies and the catastrophically high maternal death rate. The Nigerian health and educational sectors have grossly been neglected by governments over the decades, hence the decadence and poor quality of services rendered.

METHODOLOGY

This study was carried out within Calabar Metropolis in Cross River State, Nigeria. This was a self-administered questionnaire-based study aimed at female adolescents randomly selected from three tertiary institutions in Calabar- the school of Nursing, school of Health Technology, and the University of Calabar. Information collected include age, awareness and use of contraception, source of information, religion, awareness of other methods and myth about contraception. Adolescents especially those 16-19years were recruited for this study. This study was carried out over a 6month period from February 1st 2017 to July 1st 2017. Structured questionnaires were administered to those who accepted to participate in the study. A total of 1,600 female adolescents were recruited for the study out of which 1,596 met the criteria for analysis. The information was collected, collated, inputted and analyzed using Epi-info version 7 and presented in tables as frequencies and percentages.

RESULTS

Table 1- Awareness and use of contraception

Contraceptive method	Frequency	Percentage (%)
Emergency pills (Postinor 2)	968	60.7
Condom (male partner)	424	26.6
Copper T (CuT)	98	6.1
Injectables	30	1.9
Implants	18	1.1
No method	58	3.6
	1,596	100

Table 2- Source of information

Source	Frequency	Percentage (%)
Radio/television	496	31.1
Internet/peer group	392	24.6
Magazine/books	378	23.7
School	198	12.4
Parents/relatives	82	5.1
Campaign by NGOs	50	3.1

Table 3- Religion

Denomination	Frequency	Percentage (%)
Catholic	654	40.9
Other orthodox	442	27.7
Pentecostals	408	25.6
Others	70	4.4
Muslims	22	1.4

Table 4- Myths about contraception

Myths	Frequency	Percentage (%)
Cessation of menses	288	18.1
Increase weight(injectables)	255	16.0
Permanent sterility	234	14.7
Results in infertility	232	14.5
Abnormal vaginal discharges (IUCD)	214	13.4
Menorrhagia	142	8.9
Early menopause	98	6.1
Deliver children with defects	74	4.6
Decreases libido	43	2.7
Cancer	16	1.0

DISCUSSION

Contraceptive use and choices vary widely in Nigeria according to type of health facility, geopolitical zone, and within urban or rural settings. Various factors, related to both supply and demand, account for these variations and contribute to the low levels of contraceptive use and choices in Nigeria. Emergency contraceptive pills was the commonest form of contraception among adolescents (60.7%) in this study. It is quite affordable, readily available and be easily administered by the client. The male condom was the next most commonly used contraceptive among the female adolescents (26.6%). The female condom was neither known nor used by any of the respondents. The female condom is not readily available and more difficult to use than the male condom. The long acting contraceptives were noted to be used mostly by the married adolescents; (copper T 6.1%), while the injectables and implants had a combined usage of 3.0%. Those who have never used any form of contraceptives were 58(3.6%). Their inability to use any of the methods was centered on lack of adequate information and choice of contraceptives. The adolescents have various sources of information concerning contraceptives. The commonest source being from the mass media (31.1%), followed by internet/peer groups and books or magazines. Adequate information is not gotten from schools and homes where they spend greater time. Those that got information from NGOs 50(3.1%) were those attending counseling for other issues such as HIV/AIDS, STIs, and other health gatherings.

Religion and Christian denomination have been shown to have an influence on contraceptive usage. No religious organization encourage the use of modern contraception, rather they preach abstinence or at most the 'calendar method' of family planning. Research has shown that while the Roman Catholics get their contraceptives mostly from patent medicine shops, the majority of other Christians get theirs from general hospitals. Catholic patronage of patent medicine shops and market places may be connected with a religious objection to the use of modern contraceptive methods. Muslims in the same study also patronized the patent medicine shops more often because of the reported high disapproval by Muslims of contraceptive use (Oye-Adeniran et al 2005). Religious disapproval on its own will not hinder the adolescents from adventuring into premarital sex neither will it prevent them from having unwanted pregnancies. Rather it pushes them to go underground to seek self help.

In addition, discussions on sex and contraception with young persons are still considered inappropriate in Nigeria, even among health workers (Otoide, Oronsaye, Okonofua-2001).

Therefore, there is a great need in Nigeria to promote youth-friendly reproductive services to encourage sexually active young people to increase their contraceptive use. However, this must begin by mass education of the adult population in Nigeria to change the cultural norms about sex education in adolescence. Recent observations in some centers and communities indicate that staff in health centers are becoming an important source of information, especially in southern Nigeria (Abasiattai, Bassey, and Udoma- 2008).

It is obvious from table 4 that all the respondents have one concern (myth) about contraceptive use. It is thus probable that the ideal contraceptive has not been discovered and the unmet need still persists. Myths abound in Nigeria about modern contraceptives and this is not restricted only to the rural areas. Even among the educated and enlightened females there are still lots of concern about issues of reproductive health. Table 4 shows some of the myths perceived by adolescents and even unenlightened adults on issues bordering on contraception. Cessation of menses, either permanent or temporary was the major concern of the respondents 288(18.1%). The hormonal contraceptive no doubt will interfere with the normal control of the menstrual flow. This usually may be temporary but will ultimately not affect future fertility when it is discontinued. The fear of adding weight (weight gain) was reason why 255(16.0%) adolescents declined the use of contraceptives. This may be reported by some users of hormonal contraceptives and not applicable to all methods. However, a 2009 study in the *American Journal of Obstetrics and Gynecology* found that women using the Depo-Provera gained an average of 11 pounds and increased their body fat by 3.4 percent over three years, though they were not sure what caused this effect. The least concern was the future occurrence of cervical cancer and decreased libido as reported by 1.0% and 2.7% respectively. There is no documented evidence linking the use of contraceptives with cervical cancer. However, uncontrolled hormonal use containing high doses of oestrogen may cause hyper stimulation of the endometrium, predisposing to endometrial cancer. Bilateral tubal ligation was not an option by the respondents since majority of them were nulliparous. In personal discussions with multiparous women, it was noted that some have the myth of being born sterile if they reincarnate in future, should they opt for bilateral tubal ligation.

CONCLUSION

Children and adolescents spend quality time of their lives at home with their parents and relatives but surprisingly issues bordering on sex and contraception are considered as taboos. However when the adolescent girl becomes pregnant, she will be treated with disdain and almost banished from the family by the members who would have guided her ab initio.

Information about contraception should be introduced in schools, as early as the senior secondary schools and also in the general studies lectures in tertiary institutions. Even in the curricular of medical sciences, it is noted that contraception is not taught except in medicine and nursing departments. Other health workers should be knowledgeable about contraceptives as most of them may be the first contact with a client seeking information about contraception.

Parents and care givers should be bold and confident enough to discuss issues relating to sex, contraceptives, sexually transmitting infections and family planning with the adolescents instead of allowing them to source for information from the internet or from peer groups who may not be knowledgeable enough on such matters.

Therefore, safe motherhood program activities and research have to focus not only on the socio-cultural, medical, and technical dimensions, but also on the political dimension to bring about changes in maternal and child health indicators in Nigeria (Shiffman and Okonofua 2007). Meeting the unmet needs for contraception may not actually be of major concern at the moment, rather education, enlightenment and disregarding some of the biases about the myths about contraception may be the solution to the low uptake of the various methods.

REFERENCES

- Abasiattai AM, Bassey EA, Udoma EJ (2008). Profile of Intrauterine Contraceptive Device Acceptors at the University of Uyo Teaching Hospital, Uyo, Nigeria. *Ann Afr Med.* 1:1–5
- Abiodun OM, Balogun OR (2009). Sexual activity and contraceptive use among young female students of tertiary educational institution in Ilorin, Nigeria. *Contraception* 79:146–149.
- Adekunle, A O, Otolorin, E O (2000). Evaluation of the Nigerian population policy – myth or reality? *Afr J Med Med Sci.* 29: 305–310
- Askew I, Mensch B, Adewuyi A (1994). Indicators for measuring the quality of family planning services in Nigeria. *Stud Fam Plann.* 25(5): 268–283.
- Carr D, Khan M (2004). *The Unfinished Agenda: Meeting the needs for family planning in less developed countries.* Washington, DC: Population Reference Bureau.
- Feyisetan, B .J, Ainsworth, M (1996). Contraceptive use and the quality, price and availability of family planning in Nigeria. *World Bank Economic Review.* 10(1):159–187
- Guttman Institute (1999): *Sharing Responsibility: Women, Society and Abortion Worldwide.* New York, NY: The Alan Guttmacher Institute.
- Grubb GS. Women's perceptions of the safety of the pill: A survey in eight developing countries. *J Bio Sc.* 1987;19:313–321.
- Mize LS, Byrant R. *A 35 Years Commitment to Family Planning in Indonesia: BKKBN and USAID historic partnership.* Baltimore, MD: John Hopkins Bloomberg School of Public Health/Center for Communication Program; 2006
- National Population Commission. *Nigeria Demographic and Health Survey 2003.* Calverton, MD: National Population Commission and ORC Marco; 2004
- Otoide VO, Oronsaye F, Okonofua FE. Why Nigerian adolescents seek abortion rather than contraception: Evidence from focus-group discussions. *Int Fam Plan Perspect.* 2001;27(2):77–81.
- Oriji, V.K, Jeremiah I, Kasso T: Induced abortion amongst undergraduate students of university of Port Harcourt. *Nig J Med.* 2009;18 (2): 199–202.
- Oye-Adeniran BA, Adewole IF, Umoh AV, et al. Community-based survey of unwanted pregnancy in Southwestern Nigeria. *Afr J Reprod Health.* 2004;8(3):103–115.
- Oye-Adeniran BA, Adewole IF, Umoh AV, et al. Sources of contraceptive commodities for users in Nigeria. *PLoS Med.* 2005;2(11):e306.
- Shiffman J, Okonofua FE. The state of political priority for safe motherhood in Nigeria. *BJOG.* 2007;114:127–133.
- Singh S, Darroch JE, Vlassoff M, Nadeau J: *adding it up: The benefits of investing in sexual and reproductive health.* New York, NY: The Alan Guttmacher Institute; 2003.