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Review Article

A Systematic Review on Adolescent Contraceptive Usage

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ABSTRACT

A systematic review of the literature was conducted to describe the available data on adolescent contraceptive usage. The keywords used in the search include: adolescent, contraceptive use, contraceptives, adolescent reproductive health disease in PUBMED, MEDLINE, CINAHL Plus, Nursing and Allied Health, and SAGE, which resulted in a total of 452 published papers. The researcher ensured that the articles/journals were materials of high quality which satisfied the following characteristics of inclusion such as; there was a title for each paper, the name(s) of the author(s) was/were clearly written on the papers, the paper must have been published between the years 2014 and 2022 and the paper must be available in academic search tools and databases, published by official and credible sources. A total of 13 relevant journal articles were believed to be suitable for inclusion by the researcher in the systematic review.

Keywords: *Adolescent, Contraceptives, contraceptive use, adolescent reproductive health disease, Adolescent family planning.*

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INTRODUCTION

Adolescent family planning is a current public health issue that has deep roots in society, culture, and religion (McCleary-Sills *et al.*, 2014). Humans go through a stage of growth known as adolescence in which they change from being children to becoming adults. The World Health Organization (WHO) defines "adolescence" as the time period between the ages of 10 and 19, including both "teenagers" and "young adults." Teenagers now make up a sizable percentage of the world's population. One in five people is a teenager (aged 10 to 19), and the vast majority of these adolescents (85%) reside in developing nations like Nigeria (WHO, 2021). Adolescents are said to be curious about the other sex, fixated with their own physical and sexual attractiveness, and adolescence-hopping (DESA, 2013; Kar *et al.*, 2015).

Family planning is a manner of family freely selected by individuals and couples based on available knowledge, attitude, and practise that allows them to spacing children and have the necessary number of children to improve not only their own health but the health of the nation as a whole

(Semachew Kasa *et al.*, 2018; Senderowicz, 2020). Contraception, a method of stopping a fertilized egg from fertilizing a sperm, lies at the heart of the family planning debate (Tabassum, 2016).

It is estimated that there are 1.2 billion adolescents in the world, with half of them being extremely young adolescents (Woog & Kågesten, 2017). Young adolescents (ages 10 to 14) and older adolescents (ages 15 to 19) are the two main groupings of adolescents (Dixohon-Mueller, 2008). Sixty-three percent were located in Asia, twenty-six percent in Africa, and ten percent in Latin America and the Caribbean, making up 545 million very young adolescents in poor nations in 2016 (Woog & Kågesten, 2017). Forty percent of the population of one of the developing countries in sub-Saharan Africa is comprised of children and adolescents (Wusu & Amoo, 2014).

A higher incidence of negative maternal and perinatal outcomes has been linked to the increased prevalence of adolescent pregnancies in low-income nations (Kassa *et al.*, 2018). Teenage mothers who become pregnant before they are

ready often lack the knowledge and safe-sex education provided by parents, schools, and developmental organizations (Dillon & Cherry, 2014). Children raised by a single parent are at a higher risk of becoming pregnant as teenagers. Teens are especially vulnerable to the influence of pornographic and sex chat rooms as well as media portrayals of sexuality, including television (Collins *et al.*, 2011). Factors contributing to the rise in the rate of teenage pregnancies include the widespread acceptance of gifts for sexual purposes and the deliberate exploitation of teenagers' financial insecurity by some adults in order to introduce them to sexual activities and encourage them to engage in them at a young age (Alukagberie *et al.*, 2023).

When a couple uses birth control methods with the intent to reduce or stagger their family size, they are engaging in contraception. It is possible to use either modern or traditional contraceptive methods (Marquez *et al.*, 2018). Female and male sterilization, the pill, IUDs, injectables, implants, condoms (male and female), diaphragms, foams, the lactation amenorrhea technique (LAM), and emergency contraception are all examples of modern methods. Traditional approaches include rhythm (periodic abstinence) and withdrawal (Acuna, 2021; Cameron & Glasier, 2012). Preconception counselling, management and infertility treatment are all included in the scope of contraception as are the prevention and treatment of sexually transmitted infections (Hemsing *et al.*, 2017).

Modern contraceptive use is low among sexually active, never-married teenage girls in Nigeria. Adolescents in Nigeria have their own set of challenges when it comes to learning about and gaining access to contraception. Despite the fact that Nigeria approved a curriculum for Family Life and HIV Education in 2003, it does not include any discussion of contraception despite mentioning safer sex in the context of HIV prevention (Wood & Rogow, 2017). Although the legal age of permission for sexual activity in Nigeria is 18, access to contraceptives is not formally regulated based on age, which can make it more difficult for adolescents to obtain them (Singh *et al.*, 2018). However, many providers put their own age or parity limitations on contraception access; this is likely an act of self-preservation in the face of ambiguous regulations (Ajani, 2021).

Research from both developing and developed nations shows that sexual and reproductive health issues affect the vast majority of adolescents (Dixon-Mueller, 2008). Early sexual debut and early maturity, which affects 17-31% of females in some areas of Africa between the ages of 12 and 14, are contributing causes (Ibitoye *et al.*, 2017; Peltzer & Pengpid, 2015). Additionally, adolescents' dangerous sexual practices can be attributed to factors such as peer pressure, a lack of parental support, and an increasing urge to explore intimate relationships as their bodies change from childhood to adulthood (Gifford-Smith *et al.*, 2005; Moore & Rosenthal, 2007). In addition, because of the speedy development of technology, today's adolescents are more likely to get their news from their peers than from any other source (Gifford-Smith *et al.*, 2005; Moore & Rosenthal, 2007). They develop close ties with others, which can lead to unsafe sexual practices including unprotected sexual intercourse (Selin *et al.*, 2019; Zuma *et al.*, 2020). Young adolescent girls who engage in sexual activity without protection are at increased

risk for unwanted pregnancies, STDs (such as HIV), and cervical cancer (Peltzer & Pengpid, 2015). The rates of early sexual debut in Caribbean countries are 37.2% for boys and 16.9% for girls (Omona & Ssuka, 2023). While 18-25% of both men and women make their sexual debut before the age of 15 in Southern, Middle, and Western Africa, only 13-15% of women make their debut before the age of 15 in Eastern Africa (Bolarinwa *et al.*, 2023; O. Asante *et al.*, 2018).

Contraceptive use among adolescents is low worldwide, but especially so in LICs like those in Africa, despite the fact that adolescent pregnancy and birth rates are very high (Chola *et al.*, 2020). There is data showing that the overall contraceptive prevalence rate (CPR) for adolescent females in LICs (ages 15-19) is 21%, including both modern and traditional methods (Chola *et al.*, 2020). While there is evidence that family planning strategies can help mitigate the negative adolescents associated with adolescent pregnancy and contraception, adolescent contraceptive use remains dismally low. The ability to choose one's own family size and child-spacing, better health results (such as lower rates of maternal and newborn mortality), and more positive educational and economic outcomes are only a few examples (Lesinski, 1976).

Teenage females are five times more likely to become pregnant if they do not use contraception at the time of their first sexual encounter, according to global figures. Babies of teenage moms are more likely to be born prematurely and weigh less than average. Further, adolescent girls are disproportionately affected by obstetric problems such as fistula, uterine rupture, postpartum haemorrhage, and preeclampsia when they give birth (Woog & Kågesten, 2017). Adverse social and economic effects, including increased maternal morbidity and mortality, are exacerbated by these problems. Despite high rates of illness and death, people in this age group confront barriers like negative attitudes from medical professionals, long travel times, and a lack of available resources while trying to get the care they need (Nmadu *et al.*, 2020).

In view of the above, the study specifically investigated adolescents' contraceptive usage.

MATERIALS AND METHODS

The research strategy will be a comprehensive literature review. Recent trends favour a systematic review over less laborious but less precise methods such as narrative, scoping, argumentative, integrative, theoretical, and others (Creswell & Creswell, 2017). The proposed systematic review would adhere to the criteria established by the Joanna Briggs Institute (JBI) and the Preferred Reporting Items for Systematic Review and Meta-analysis Scoping Review extension (PRISMA-ScR). The JBI approach to scoping reviews consists of nine (9) steps: (1) defining and aligning the objective(s) and question(s); (2) developing the eligibility criteria; (3) describing the planned approach to evidence searching; (4) searching for the evidence; (5) selecting the evidence; (6) extracting the evidence; (7) analysing the evidence; (8) presenting the results; and (9) summarizing the evidence (Peters *et al.*, 2021).

Table 1
Joanna Briggs Institute's approach for scoping review 2020

Step 1	Defining the objective/s and question/s,
Step 2	Developing and aligning the inclusion criteria with the objective/s and question/s
Step 3	Describing the planned approach to evidence searching, selection, data extraction, and presentation of the evidence
Step 4	Searching for the evidence
Step 5	Selecting the evidence
Step 6	Extracting the evidence
Step 7	Analysis of the evidence
Step 8	Presentation of the results
Step 9	Summarizing the evidence in relation to the purpose of the review, making conclusions, and noting any implications of the findings

PRISMA is an evidence-based minimum set of things that must be disclosed in systematic reviews and meta-analyses. The PRISMA-ScR is designed to assist readers in better comprehending pertinent terms, basic concepts, and key items to present for scoping review. It also aids researchers in critically evaluating all previously published systematic reviews.

Review Objective and Questions: This review sought to identify and summarize literatures on family planning, adolescent, and contraceptive use among adolescents. The researcher has carried out a scoping review of the studies published in the literature that were related to adolescent reproductive health, contraceptive use, adolescents and adolescence contraceptive usage. A preliminary search for evidence of any scoping review was done, and no existing or ongoing scoping review was discovered.

Selection criteria: The two steps screening for the publications was conducted which include: (1) title and abstract reviews, and (2) whole article reviews. In order to achieve this, scoping review technique was adopted. The collected titles and abstracts were reviewed to reduce duplicate search results, and the reviewer screened the abstracts. All publications that are not relevant to the adolescents and contraceptive use were removed. The reviewer looked through the results, using the above-mentioned inclusion and exclusion criteria to filter out the likely related articles. All conflicts settled through discussion, and when a decision to include or omit an abstract could not be determined based on its information, the entire text were retrieved and screened, with those that do not meet the inclusion and exclusion criteria being deleted.

Eligibility and Exclusion Criteria: This section discussed the inclusion and criteria of the systematic review. According to Creswell and Creswell (2017), the role of inclusion criteria is to mention vital characteristics that must be considered in selecting prospective subjects that needed to be included in the study. The studied data found was scrutinized using the topic for the systematic review; adolescents, family planning, contraceptives, and adolescent contraceptive use. To aid the

selection of relevant articles to review the aforementioned topic, an inclusion and exclusion criteria are necessary (Creswell & Creswell, 2017).

The books, articles, reports and journals found during the search were too much running into millions, so there was need to delimit the search down to materials between the years 2017 and 2022 in which 48 papers were found. The 48 published articles, and journals found, were perused and selected based on the relevance to the aim and objectives of this systematic review. All papers/materials that were not relevant enough in achieving the aims and objectives of this review were excluded by the researcher. The first criterion used was to select all relevant studies conducted in several countries. This reduced the papers to 48 articles/journals.

The 59 articles/journals were further subjected to inclusion and exclusion criteria. The researcher ensured that the articles/journals were materials of high quality which satisfied the following characteristics of inclusion such as;

1. There was a title for each paper
2. The name(s) of the author(s) was/were clearly written on the papers
3. The paper must have been published between the years 2014 and 2022.
4. The paper must be available in academic search tools and databases, published by official and credible sources.

For this detailed search anything outside of the above criteria is excluded to guarantee that literature for systematic review is similar for critique within the appraisal and is as relevant to the aim of the systematic review, with a focus of achieving the objectives of the study.

Articles/journals excluded were papers that were not appropriate enough in order to meet the aims and objectives of this review. Papers excluded were also the ones that did not meet the criteria of being between the years 2017 and 2022. A total of 13 relevant journal articles were believed to be suitable for inclusion by the researcher in the systematic review which was presented under result and analysis of the selected studies.

The limitation of this study is that the systematic review is restricted by a word count and certain number of articles.

Article Selection: All the 523 published and unpublished papers were further scrutinized by considering the relevance of the title and abstract to the objectives of the systematic review. The search period was also limited to the last 8 years (2014 to 2022) so as to restrict the number of papers found. This further reduced the found article to over 59 papers.

Data Extraction: After random and unrelated results were eliminated, selected abstracts were downloaded and initially evaluated for research inclusion or exclusion criteria. The aim and objectives are kept in focus throughout the review to ensure clarity of topic and relevance of comment and reference. The systematic review is extensive and systematic, ensuring that the scope is wide so that discussion of variables and recommendations can be achieved.

Table 2
Presentation of Result and Analysis of the selected Studies

S/N	Title of the article	Author & year of publication	Journal	Goal and objective	Participant	Methods	Key findings
1	Knowledge and Use of Contraceptives among Female Adolescents in Selected Senior Secondary Schools in Ife Central Local Government of Osun State	(Tchokossa and Adeyemi, 2018)	International Journal of Caring Sciences	The study investigated the knowledge and use of contraceptives among female adolescents in selected secondary Schools in Ife Central Local Government Area of Osun State.	397 female adolescent students	The research design used was descriptive of cross-sectional type	The results showed that 244 (61.5%) of females adolescents had adequate knowledge of Contraceptives in the study area. The factors that are enhancing the use of contraceptive among secondary school adolescents are proper sex education (77.8%) outreach service (71.5%) and proper orientation (69.5%). Also, there was no significant difference in the knowledge of contraceptive of female adolescents of different age categories ($F = 2.394$; $p > 0.05$)
2	Quality of life in patients with chronic kidney disease in Brazil	(Kpiinfaar, <i>et al.</i> , 2015)	Clinics	This study aimed to determine factors influencing contraceptive use among adolescents in Techiman Municipality	298 adolescents between the ages of 16 and 19 years who has had sex.	cross-sectional community-based study	Contraceptive use was high, but few (10%) relied on LARCs The most commonly used contraceptives were condoms (54%) and emergency contraception (31%).
3	Trends in contraceptive use among female adolescents in Nigeria: Evidence from the Nigeria Demographic and Health Survey	(Ukamaka <i>et al.</i> , 2018)	African Journal of Reproductive Health	The study examined data from the 2013 and 2018 Nigeria Demographic and Health Survey for trend on the knowledge and use of contraceptives by all women, currently married and sexually active unmarried women aged 15-19 years in between surveys.	2013-2018(a 5year NDHS survey)	A Survey	None of the adolescents adopted Long-acting methods (LAM), Intrauterine device (IUD), and female sterilization contraceptive methods.
4	Improving Adolescent Access to Contraception in Sub-Saharan Africa: A Review of the Evidence	(Smith, 2020)	African Journal of Reproductive Health	The review summarizes and analyzes literature on the subject in order to determine implications for policy and program development, and to guide future research	Review	Multiple Country findings and evidence	Most adolescents get their information about contraception from the media or peers. Persistent myths regarding effectiveness and side effects, as well as cultural and gender norms, impede access to and demand for contraception. Other determinants of access and use include education level and socio-economic status.

Adolescent contraceptive usage

5	Patterns and Trends in Adolescents' Contraceptive Use and Discontinuation in Developing Countries and Comparisons With Adult Women	(Blanc <i>et al.</i> , 2009)	<i>International Perspectives on Sexual and Reproductive Health,</i>	<i>Demographic and Health Survey data from more than 40 countries were used to examine the proportions of 15–19-year-old women who are currently married or are unmarried but sexually active; their rates of contraceptive adoption, current use, discontinuation, method switching and contraceptive failure; trends in these indicators; and comparisons with older women</i>	<i>Demographic and Health Survey data from more than 40 countries.</i>	<i>Adolescent contraceptive use is growing ,and compared with adult use, is characterized by shorter periods of consistent use with more contraceptive failure and more stopping for other reasons. Use through the reproductive years is likely to grow, fueled further by growth in the numbers of young people</i>	
6	They Will Wonder What Kind of a Girl I Am'': Adolescent Perceptions towards Contraceptive Use in Nairobi	(Kinaro, 2013)	<i>Advances in Sexual Medicine</i>	The study examined the perception of adolescents towards contraceptives use in Nairobi	A total of 15 in-school, 13 out-of-school and 15 married out-of-school adolescents attended the focus group discussions (FGDs). Another 12 parents also attended FGDs. In addition, 137 parents and 42 teachers from 30 secondary schools attended the in-depth inter- views (IDIs). 1119 completed the questionnaire.	A mixed study that utilized the descriptive research method	The perceptions on parental approval, adolescent approval, ability to get contraceptives for self, knowledge of how to use contraceptives and sexual partner communication had significant effect on contraception. The narratives showed that parents, teachers and service providers had negative perceptions and discouraged contraception among adolescents thereby influencing use
7	Modern contraceptive use among unmarried girls aged 15–19 years in South Western Nigeria: results from a cross-sectional baseline survey	(Crawford, 2021)	<i>Reproductive Health</i>	The study examined modern contraceptive use among adolescents in South west Nigeria.	12,024 women were interviewed	cross-sectional baseline survey	The use of modern contraception was positively associated with having never given birth, living in an urban area, current enrolment in education, high level of education, high socioeconomic status, exposure to information about contraception, perceived social support for contraception, and self-efficacy for contraception.

	for the Adolescent 360 (A360) impact evaluation						
8	Modern contraceptive use among adolescent girls and young women in Benin: a mixed-methods Study	(Ahissou, <i>et al.</i> , 2022)	<i>BMJ</i>	The study assessed the determinants of modern contraceptive method use among young women	The Benin 2017–2018 Demographic and Health Survey datasets	A mixed study	The quantitative analysis revealed young women obtained contraceptive mainly from for-profit outlets, pharmacies and relatives. The factors associated with demand satisfied by a modern method were literacy, being unmarried, knowing a greater number of modern contraceptive methods and experiencing barriers in access to health services. On the other hand, the qualitative study found that barriers to using modern methods include community norms about pre-marital sexual intercourse, perceptions about young women's fertility, spousal consent and the use of non-modern contraceptives.
9	Which Structural Interventions for Adolescent Contraceptive Use Have Been Evaluated in Low- and Middle-Income Countries?	(Burchett, <i>et al.</i> , 2022)	International journal of environmental research and public health	Conduction of a systematic map to understand which structural adolescent contraception interventions targeting these upstream factors have been evaluated in LMICs.	Review	We searched eight academic databases plus relevant websites and a 2016 evidence gap map and screened references based on set inclusion criteria. We screened 6993 references and included 40 unique intervention evaluations, reported in 138 papers.	A range of structural interventions have been evaluated for their effect on adolescent contraceptive use/pregnancy. These interventions, and their evaluations, are heterogenous in numerous ways. Improved understandings of how structural interventions work, as well as addressing evaluation challenges, are needed to facilitate progress in enabling adolescent contraceptive use in LMICs.
10	Contraceptive Use in Adolescent Girls and Adult Women in Low- and Middle-Income Countries	(Li <i>et al.</i> , 2020)	Global Health	To estimate the levels and trends of contraceptive use in adolescent girls (age 15-19 years) compared with adult women (age 20-34 years).	Descriptive study of the survey type	A total of 832, 673 adolescent girls and 2 156 268 adult women were included in the Analysis from 103 LMIC	An increasing gap between adolescent girls and adult women was found in 18 countries for modern contraceptive use and in 20 countries for unmet need for family planning. In India, for example, both age groups had increased percentage of unmet need for family planning over time, from 16.2%
11	Use of contraceptives among adolescents in Kintampo, Ghana: a cross-sectional study	Boamah, <i>et al.</i> , (2014)	Journal of Contraception	To assess contraceptive use among adolescents as evidence to develop appropriate interventions for adolescent sexual health programs	Cross-sectional study using mixed method	793 male and female adolescents (aged 15–19 years) in the Kintampo area of Ghana from October 2010–May 2011.	Knowledge of male condoms was highest (84.0%), and it was the most common contraceptive method used. Adolescents who discussed contraceptive use before their first sexual encounter were more likely to use contraceptives consistently when compared to those who had never discussed contraceptive use

12	Adolescent Sexual Activity, Contraceptive Use, and Pregnancy in Britain and the U.S.: A Multidecade Comparison	Scott, et al., (2019)	Journal of adolescent health	of This comparison describes trends in pregnancy rates, recent sexual activity, and contraceptive use among women aged 16e19 years in the U.S. and Britain to consider the contribution of these two behavioral factors to the decline in pregnancy rates in the two countries and the differences between them.	Survey	Secondary data	Pregnancy rates declined in both countries; this began earlier in the U.S. and was steeper. There was no change in sexual activity in Britain, but in the U.S., the proportion reporting recent sex declined. In both countries, there was a shift toward more effective contraception. A higher proportion in Britain than the U.S. reported ever having had sex (65% vs. 49%) and sex in the last year (64% vs. 45%), 6 months (59% vs. 39%), and 4 weeks (48% vs. 29%). A higher proportion in Britain reported using more effective contraception (68% vs. 52%).
13	Contraceptive use among sexually active female adolescents in Ethiopia: trends and determinants from national demographic and health surveys	Olika, et al., (2021)	Reproductive health	The study was designed to examine the trends and factors associated with contraceptive use among sexually active girls aged 15–19 years in Ethiopia by using Ethiopian demographic and health survey data.	Review	Four Ethiopian demographic and health survey data	Contraceptive method use had increased significantly from 6.9% in 2000 to 39.6% in 2016 among sexually active adolescent girls in Ethiopia. The odds of contraceptive use were lower among female adolescents who had no formal education (AOR 0.044; 95% CI 0.008–0.231) and attended primary education (AOR 0.101; 95% CI 0.024–0.414). But the odds were higher among adolescents from a wealthy background (AOR 3.662; 95% CI 1.353–9.913) and those who have visited health facilities and were informed about family planning

RESULTS

Female adolescents in the Ife Central Local Government Area of Osun State's selected secondary schools were studied by Tchokossa and Adeyemi, (2018), who looked at their levels of awareness about and comfort with using contraceptives. Purposive sampling was used to poll 397 female high school students for this investigation. The data was collected using a modified instrument. At the 0.05 level of significance, two hypotheses were tested and shown to be correct, and five research questions were also answered. The findings indicated that 244 (61.5%) of the female adolescents in the study region possessed sufficient understanding of contraceptives. Adolescents who received adequate sex education (77.8%), outreach service (71.5%), and orientation (69.5%) were more likely to use a contraceptive. What's more, the results showed that there was no statistically significant variation in the contraceptive knowledge of female adolescents between age groups ($F = 2.394$; $p > 0.05$). Since this is the case, the study concluded that adolescent girls in particular would benefit from receiving high-quality sex education.

Keogh *et al.*, (2021) looked into teenage use of contraceptives in Ghana is minimal. There has been no research into the factors that affect teen contraceptive use in Techiman Municipality. This research set out to identify the adolescents that were associated with adolescent contraceptive use in Techiman Municipality. From January to March of 2018, researchers analysed data from a cross-sectional community survey of 16- to 19-year-adolescents who had sexual experiences. Multiple rounds of sampling were used to pick the respondents. Pre-tested, structured questionnaires were used to compile the data. Logistic regression was used to determine the risk factors for contraceptive use, and then adjusted odds ratios (AORs) with 95% confidence intervals were calculated (CIs). A significance level of 0.05 was used. Overall, 298 adolescents who reported ever had sex were surveyed. There was a median age of 17.5 years old (standard deviation 1.1 years). About 53% were not enrolled in school, and 43.6% had sexual activity in the month prior to the interview; those who were not enrolled in school were more likely to have had sex than those who were (53.8% vs. 32.1%; $p < 0.001$). Contraceptive knowledge and ever usage were 75.0% and 65% respectively. Condoms (54%) and emergency contraception (31% of users) were the most popular forms of birth control. Factors such as father's education level (AOR4.86; 95% CI 1.70 -13.91; $p < 0.001$) and prior discussion of contraceptive use with a partner (AOR3.96; 95% CI 1.32 - 11.89; $p = 0.01$) were found to be significant in predicting contraceptive uptake. High rates of contraceptive use were observed, with just a minority (10%) relying on LARCs. During sexual health and contraceptive counselling, adolescents should be prompted to broach the topic of contraceptive use with their sexual partners. Adolescents' use of LARCs is a problem, and we need to find ways to solve it. According to Alayande *et al.*, (2021), only 2.1% of married (or in union) adolescents in Nigeria are using any type of contraception and only 1.2% are utilizing a modern technique of contraception. In part because of this, an estimated 1.2 million induced abortions are performed annually, of which

60% are deemed to be dangerous. Trends in contraceptive awareness and use among Nigerian women, including those who are currently married and sexually active unmarried women aged 15-19, were analysed using data from the 2013 and 2018 Nigeria Demographic and Health Surveys. Family planning (FP) was discussed by 144% more women (15-19) who were currently married during health facility visits ($p < 0.05$), 50% more women (15-19) used FP ($p < 0.05$), 97% more women (15-19) whose FP demand was met by modern technologies ($p < 0.05$), and 7% fewer women (15-19) had an unmet FP need ($p > 0.05$). Among sexually active, unmarried women aged 15 to 19, it also indicated a drop in current contraceptive use of 50% ($p < 0.05$) and an 86% reduction in unmet need ($p < 0.05$). Long-acting methods (LAM), intrauterine devices (IUDs), and female sterilization were not used by any of the adolescents. We advocate for providing contraceptive services and information to all adolescents, regardless of marital status, in a way that is accessible and geared toward young people.

Smith, (2020) argued that during the past decade, there has been a rise in international pledges to and support for SRH. Sub-Saharan Africa (SSA) has the world's highest rate of unmet demand for contraception, making adolescent access to contraception an important aspect of this goal. However, in SSA, there is a lack of consolidated data on adolescents' use of and exposure to contraception. In order to assess policy and programme development implications and to guide future study, this review summarises and evaluates literature on the topic. There are a plethora of studies from East Africa, but the vast majority of the study done thus far has been conducted in South Africa. Although few mixed-method studies and one RCT have been conducted, the vast majority of these investigations are qualitative. Multiple international studies have found that adolescent adolescents in sub-Saharan Africa (SSA) have a substantial unmet need for contraception. Most young people's knowledge of methods of birth control comes not from adults but from other young people. Access and demand for contraception are hampered by cultural and gender conventions, as well as persistent misunderstandings about its efficacy and negative effects. Level of education and socioeconomic class are also important factors in terms of both access and use. Access to and demand for contraception are two SRH outcomes that are hampered by cultural barriers and socioeconomic constraints, according to intervention reviews. A person's level of education and socioeconomic status are also crucial factors in terms of both access and use. As a result, intervention assessments emphasise that cultural obstacles and socio-economic constraints hinder SRH outcomes.

According to Kinaro, (2012), only one in twenty Kenyan adolescents report using contraception, which is far lower than the rates seen in other poor nations. Adolescent pregnancies carry a high risk for a variety of negative health adolescents. In order to create effective programmes and policies that will enhance the prevalence of contraceptive usage among adolescents, it is crucial to identify the attitudes that affect contraception and the factors that influence those beliefs. Primary data were collected using a home survey with a random sample technique in eight regions of Nairobi County

in 2010. Data was gathered via in-depth interviews, focus groups, and structured interviews for this study (IDIs). The results showed that contraception was significantly affected by how people felt about their parents' acceptance, their peers' approval, their own access to contraceptives, their own understanding of how to use contraceptives, and how openly they discussed sexuality with their sexual partners. Narratives revealed that parents, educators, and service providers all had negative views of contraception and actively discouraged its use among adolescents. Because of the unfavourable atmosphere that was likely caused by parents' and teachers' inability to effectively transmit sexuality messages, adolescents' views on contraception were likely to be shaped in a negative way.

Adolescents 360 (A360), a programme developed by Crawford *et al.*, (2021) with the goal of boosting the use of voluntary contemporary contraception among women in Nigeria's prime reproductive years (15–19), is currently being implemented across the country. We profiled young unwed girls in South Western Nigeria with regards to their sexuality, fertility, and contraceptive use based on data from an evaluation study's baseline survey. In Ogun state, Nigeria, in August 2017, a cross-sectional baseline survey of single teenage girls was carried out. In this study, we employed a cluster sampling strategy. Using logistic regression, we found factors that predict whether or not this population uses contemporary contraception. Only 15.3 percent of the 12,024 women polled had a sexual encounter in the previous 12 months. The vast majority of respondents (79.6%; 9525/11,967) were familiar with the concept of contraception. In a survey of sexually active adults, 45.3% reported using some form of contemporary contraceptive. Male condoms (50.3% of all users) and the emergency contraceptive pill (16.7%) are the most popular forms of modern contraception. After controlling for other factors, it was found that never having given birth, living in an urban area, enrolling in school at the present time, having a high level of education, having a high socioeconomic status, being exposed to information about contraception, having perceived social support for contraception, and having self-efficacy for contraception were all positively associated with using modern contraception. Relatively few sexually active teen girls in South Western Nigeria utilise contemporary contraception. Access to current methods of contraception, as well as social acceptance of their usage, should be promoted through various initiatives.

The factors that lead young women in Benin to use modern contraceptive methods were analyzed by Ahissou *et al.*, (2022). For this study, we analysed data from the 2017-2018 Benin Demographic and Health Survey. Multiple cluster sampling was used, and a household survey was also performed, to compile the data. The qualitative research took place in Allada, one of the cultural centres of Benin. They picked us on purpose to take part. The quantitative section included measurements of the contraceptive prevalence rate, the unmet need for a modern technique, and the proportion of demand satisfied by a modern method among sexually active married and unmarried women. The qualitative analysis examined obstacles to access and the application of cutting-edge research techniques. In the general population of women aged 15–24, 8.5% (95% CI 7.7% to 9.5%) were using a

modern method of birth control, while 13.0% (12.1% to 14.0%) of women aged 25 and up were doing the same. Younger women (15-24) had a greater unmet need and a lower demand that was supplied by modern contraceptive techniques than older women (25 and up). It was estimated that 60.8% (56.9% to 64.7%) of all young women under the age of 25 who were not married had an unmet need for contemporary contraception. To prevent unwanted pregnancy, young women are more likely to use male condoms, which they often get from drug stores, friends and family. Literacy, single status, familiarity with many contemporary techniques, and the presence of barriers to accessing health services were all linked with having a need met by a modern way. Contrary to popular belief, the use of non-modern contraceptives and spousal disapproval are significant hurdles to the use of modern techniques, according to the qualitative research. Use of modern contraception is low among Beninese women of contraceptive age. Socio-demographic and societal norms impact the uptake of contemporary contraception. Appropriate solutions may include fostering in-depth sexuality education, boosting community involvement, delivering youth-friendly services, and addressing gender inequities.

Contraceptive use was analyzed by Burchett *et al.*, (2022). Enabling contraceptive use is one way to reduce adolescent childbearing, which is a global goal. The prevalence of contraceptive use can be affected by a variety of upstream factors, including but not limited to gender inequality, cultural norms towards reproduction, economic status, levels of individual agency, and levels of education. To better understand which structural teenage contraception strategies targeting these upstream determinants have been tested in LMICs, we created a comprehensive map. We evaluated references using predetermined inclusion criteria by searching eight scholarly databases, relevant websites, and a 2016 evidence gap map. We searched through 6993 sources and found 138 papers reporting on 40 separate evaluations of interventions. Seventeen reports of assessments were found solely in grey literature. The majority of structural interventions targeted poverty alleviation and economic empowerment, followed by efforts to improve access to education (through measures like legislation and monetary transfers) and initiatives to alter cultural norms. Randomized controlled trials made up 50% of the evaluations. When and how we measured success at the end of a study differed widely. Multiple structural interventions have been studied to see how they might influence teen pregnancy and contraceptive use. Both the interventions themselves and the methods used to assess them are quite variable. To make headway in facilitating teenage contraceptive use in LMICs, we need to improve our understanding of the efficacy of structural interventions and find solutions to evaluation issues. The health and social well-being of mothers and children depend on adolescent females using contraceptives effectively to reduce the number of unintended pregnancies, as argued by Wood *et al.*, (2023). The goal of this study is to provide an estimate of the prevalence and trajectory of contraceptive use among adolescent girls (15–19 years old) in comparison to adult women (age 20-34 years). Information from 103 low- and middle-income countries between 2000 and 2017 was utilised to compile this survey study's 261 Demographic and

Health Surveys or Multiple Cluster Indicator Surveys. The use of modern contraceptives and the unmet need for family planning among teenage girls and women of contraceptive age were evaluated at both the national and global levels in a total of 90 countries. Between March and December of 2019, data analysis were performed for this investigation. Adolescent girls and adult women's estimates of absolute and relative inequalities in modern contraceptive use and unmet need for family planning (defined as the ratio in service use between adult women and adolescent girls). Disparities in wealth and location were also analysed by age group. Together, we looked at data from 832 673 teenage girls and 2 156 268 adult women. Adolescent girls were more likely to have an unmet need for family planning (50.8% [95%CI, 49.0% to 52.5%] vs 36.4% [95%CI, 35.9% to 36.4%]; absolute inequality, 14.4 PPs; relative inequality, 1.38 PPs [95%CI, 1.36 to 1.40 PPs]) and were less likely to use modern contraceptives (31.6% [95%CI, 30.3% to 32.9%]). Unmet need for family planning is higher among teenage girls than among adult women, and the difference in modern contraceptive use is widening in 18 countries. In India, for instance, the percentage of women's unmet need for family planning rose from 16.2% (95% CI, 15.9% to 16.6%) in 2006 to 29.8% (95% CI, 29.6% to 30.1%) in 2015, and the percentage of adolescents' unmet need rose from 23.9% (95% CI, 23.0% to 24.9%) to 64.5% (95% CI, 63.3% to 65.7%) over the same time period. Inequality grew from 7.7 (95% CI: 7.2) to 34.7 (34.2) percentage points between 2006 and 2015. A decade of increased attention to contraception through programmes like Family Planning 2020 has not yet led to parity in contraceptive use between adult women and adolescent girls. Adolescent females who are sexually active need age-appropriate interventions for expanding access to and maintaining contraceptive use. According to Boamah *et al.*, (2014), adolescents face health risks including infertility and even death because of unwanted pregnancies, unsafe abortions, and complications associated to abortions. Adolescent contraceptive use was analysed to inform the design of effective sexual health education and prevention programmes for young adolescents. Between October 2010 and May 2011, 793 male and female adolescents (15-19 years old) in the Kintampo region of Ghana participated in a cross-sectional study utilising quantitative and qualitative approaches. Males (92.1%) and females (86.9%) adolescents were equally knowledgeable about contraceptive options. Among men, knowledge of condoms was highest (84%) and their usage was the most common kind of contraceptive (82%). Only a small percentage of people tried other treatments like tablets (7.9%), injections (0.9%), or foam (0.3%). Roughly 22.9 percent of adolescents reported regular contraceptive use. Adolescents who often discuss their contraceptive options with their partners are more likely to utilise contraception (P,0.01). Teens who had a conversation about birth control with their parents before their first sexual experience were significantly more likely to take birth control on a regular basis than teens who had not had such a conversation (odds ratio =0.06; 95% confidence interval: 0.02-0.17; P,0.01). Thirty percent of sexually active adolescents had been pregnant, with thirty-four percent of those pregnancies ending in termination. Adolescents who did not routinely use contraceptives were more likely to become

pregnant than those who did (6.4 percentage points vs. 93.6 percentage points, P0.01). Most women got their birth control through a drugstore or chemical supplier (62.1%). While many young people were familiar with at least one type of birth control, this familiarity did not lead to more regular use. Adolescents who engaged in sexual activity were disproportionately underrepresented among those who regularly used a contraceptive. Therefore, it is suggested that an intervention be undertaken to increase regular contraceptive use among adolescents. Building adolescent-friendly reproductive health care clinics is strongly encouraged.

Pregnancy rates among adolescents have decreased in the United States and Great Britain, but remain high relative to other high-income nations, as argued by Scott *et al.*, (2019). Their goal was to examine the similarities and contrasts in the declining birth rates in the United States and the United Kingdom by describing trends in pregnancy rates, recent sexual activity, and contraceptive use among women aged 16–19 years old. We use data from two waves of the British National Survey of Sexual Attitudes and Lifestyles (2000–2001 and 2010–2012) and the United States National Survey of Family Growth (2002–2003 and 2011–2015) to characterize population-level differences in sexual activity and contraceptive use across countries and over time. Pregnancy rates are determined by analysing data on births and abortions on a national scale. Pregnancy rates fell significantly in both countries, albeit the decrease in the United States started sooner and was more rapid. In Britain, sexual activity remained stable, whereas in the United States it actually fell. There was a shift toward more reliable methods of contraception in both nations. The percentage of British respondents who said they had sex in the previous year (65% vs. 45%), the previous six months (59% vs. 39%), the previous four weeks (48% vs. 29%), and the previous two weeks (65% vs. 29%) was higher than the corresponding percentages for the United States. It was found that more than twice as many people in Britain (68% vs 52%) reported using highly effective contraception. Reduced birth rates can be attributed in large part to increased access to modern methods of birth control in both nations, but the steeper decrease in the United States is probably also attributable to reductions in recent sex.

Adolescents' reproductive decisions have far-reaching effects on their health, happiness, and opportunities in school and the workforce, making protection of their sexual and reproductive rights a worldwide concern (Senderowicz, 2020). Ethiopia faces a demographic and public health dilemma due to the high rate of teen pregnancies (Beyene *et al.*, 2022). Pregnancies and its problems can be avoided if sexually active adolescents have easier access to contraceptive. However, there is a lack of data on the rates and factors that influence contraceptive use among Ethiopian teenage girls. As a result, using data from the Ethiopian demographic and health survey, this study sought to analyse the patterns of contraceptive use among sexually active girls aged 15-19 in Ethiopia. Use of contraceptive methods in Ethiopia was analysed using data from four surveys of Ethiopia's population and health. The 2016 Ethiopian demographic and health survey data were used to determine whether factors were connected with contraceptive use.

Teenage girls' sexual activity information was retrieved from the database of the Demographic and Health Survey Program. The data was then examined using SPSS version 21, after being appropriately weighted. The study's independent variables were described by a descriptive analysis. Adjusted odds ratios with a 95% confidence interval were reported for relevant variables discovered by use of a multivariate logistic regression model to examine associations between covariates and contraceptive practise. The p-value for a variable to be regarded significantly linked with contraceptive use was set at .05. The percentage of sexually active Ethiopian teenage females who reported using a contraceptive method rose dramatically between 2000 and 2016—from 6.9% to 39.6%. Compared to high school graduates, the odds of contraceptive adolescents using contraception were lower among those with no formal education (AOR 0.044; 95% CI 0.008-0.231) and primary school graduates (AOR 0.101; 95% CI 0.024-0.414). However, the odds were greater among affluent adolescent girls (AOR 3.662; 95% CI 1.353-9.913) and those who had visited health care facilities and been educated on birth control options (AOR 3.115; 95% CI 1.385-7.007). Between 2000 and 2016, the number of sexually active contraceptive adolescents in Ethiopia who used any kind of contraception rose. There were large differences in modern contraception use by socioeconomic status, amount of education, number of times a person saw a health care provider, and knowledge of the importance of family planning. One possible solution to the low rate of contraceptive use in Ethiopia is to increase young women's access to information and education. Up to 16% of the world's population is made up of adolescents.

DISCUSSION

Benefits of Contraceptives

Having access to contraception and the freedom to choose if and when to start a family is a huge boon to a teenager's future success academically, professionally, personally, and financially. Over 190 million adolescents worldwide become pregnant each year, and of them, over 50 million have abortions. This is despite the fact that over 200 million adolescents worldwide desire to utilise safe and effective family planning methods but are unable to do so. "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and married adolescents to promote the health and welfare of the family group and thus effectively contribute to the social development of the country," is how the World Health Organization defines family planning. Family planning and contraception are recommended by the World Health Organization, (2018) to reduce the risk of unwanted pregnancies, maternal and infant mortality, and the spread of HIV/STIs. It facilitates population control by encouraging people to have only as many children as they can provide for. According to World Health Organization, (2018), it is disheartening that 214 million adolescents of reproductive age who want to delay or prevent pregnancy are not using any form of modern contraceptive (WHO, 2018). Contraceptive use has many positive effects on human health, including the prevention of unintended pregnancies, the

maintenance of optimal intervals between births, the decrease of maternal and infant mortality, and the enhancement of the quality of life for young adolescents. Humanity has benefited much from the pioneering research and development of safe and effective contraceptive technologies (Alano & Hanson, 2018; Blumenthal *et al.*, 2011; Joshi *et al.*, 2015). Using contraceptives has several positive effects, including lowering the rates of poverty and infant and maternal mortality, empowering young people by preventing them from having too many adolescents, and improving environmental sustainability through population stability (Alano & Hanson, 2018).

Adolescents' health and happiness, as well as the outcome of pregnancies, are positively impacted when they are able to restrict the number of pregnancies they have, according to the research of Oluseye, (2021). If all adolescents had access to contraceptive services, it is predicted that one in three deaths associated with pregnancy and delivery could be prevented. Furthermore, in a country like Nigeria (with a population of over 150 million), family planning is essential to reducing unsustainable population growth and the detrimental effects it has on the economy, the environment, and national and regional development initiatives. Contraceptive use has risen in many regions, especially in Asia and Latin America, but remains low in sub-Saharan Africa. There has been a modest increase in the worldwide adoption of contemporary methods of contraception from 54% in 1990 to 57% in 2012. More than ten years ago, in 2015, Coetzee and Ngunyulu released the first ever estimates of the global incidence of unintended pregnancy and pregnancy outcomes (Singh *et al.*, 2010). About 38% of all pregnancies were thought to be unexpected back then, and of them, 22% were terminated. About 14 million unintended pregnancies occur annually in sub-Saharan Africa, with young adolescents ages 15–24 bearing the brunt (44%) (Hubacher *et al.*, 2008).

Use of Contraceptives

Around the world, more people want birth control than can get it. Eighteen percent of women in more and less developed regions have unmet contraceptive needs, and thirty percent of women in the least developed regions do not have access to modern contraception. Women may be forced to resort to illegal methods of birth control or abortion because of social and religious norms that prohibit them from using birth control openly.

In order to determine changes in modern contraceptive prevalence rates among women aged 15-49 years in nine settings across eight sub-Saharan African countries (Burkina Faso, Kinshasa, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Niamey, Niger, Kaduna, Nigeria, Lagos, Uganda), Ahmed *et al.*, (2019) used data from 45 rounds of Performance Monitoring and Accountability 2020 surveys, all of which were conducted after 2012. The 95% confidence interval for the yearly rate of change in rates was 1.92%. Burkina Faso, Ghana, Kaduna (Nigeria), Kinshasa (DR Congo), and Uganda all experienced rapid development, while Ethiopia, Kenya, Lagos (Nigeria), and Niamey (Niger) only saw marginal growth. Since Nigeria, a populous sub-Saharan African country, has shown no growth in modern contraceptive prevalence rates, it is questionable whether all

sub-Saharan African countries will reach the 120 by 20 goal set at the Summit.

Despite widespread access to contemporary methods of birth control, several nations in sub-Saharan Africa still have a high total fertility rate, with women having about 5.4 children on average. According to the research of Alexandra, (2016), many people in Western Europe regularly use contraception. Yet, contraceptive use varies dramatically from one country to the next. These variations are a product of societal and cultural disparities in perspectives on birth control, sexuality, and women's roles.

WHO data from 2018 revealed both rising and falling rates of contraceptive use across several continents. The global prevalence of modern contraceptive use among married women of reproductive age (MWRA) grew from 55.0% (95% UI 53.7%-56.3%) in 2000 to 57.1% (95% UI 54.1%-59.5%) in 2019. It fell in areas where fewer options were available, where access to services was difficult, particularly for the young, the poor, and the unmarried; where people had negative experiences with certain methods; where there was cultural or religious opposition; where the quality of available services was low; where there was bias against certain methods from both users and providers; and where there were gender-based barriers to accessing services

Practice of Contraceptives

According to Durowade *et al.*, (2017) research, just 20% of respondents reported ever using contraceptives, while 80% said they had never done so. The condom was the most popular form of birth control among the people who were surveyed. The condom was used by 46.3% of individuals who have ever used contraceptives, while the injectable was used by 27.5%, and the oral contraceptive pill was used by 15.0%. The data suggest that the injectable contraceptive is the most popular choice among respondents (61.0%). On the other hand, zero percent of respondents indicated a preference for sterilization procedures such as tubal ligation and vasectomy. Similarly unpopular were Norplant (6.5%) and IUCD (2.0%). 49.3 percent of men and women polled indicated they would only take contraception if they did not want to impregnate a girl or if the girl did not want to become pregnant. Surprisingly, 15.3% said they wouldn't use birth control at all unless both they and their partner wanted to.

Cost of contraceptives ($P = 0.001$ and $X^2 = 52.4$), shyness in buying contraceptives ($P = 0.001$ and $X^2 = 56.7$), non-youth friendly health services ($P = 0.001$ and 41.3), and perceived adverse effects of contraceptives ($P = 0.001$ and $X^2 = 61.6$) were found to be the most significant barriers to adolescent contraceptive use. However, the test of association revealed no statistically significant link between parental worry and performance ($P = 0.42$, $X^2 = 2.8$).

Samandari *et al.*, (2010) research in Cambodia found that about eighty-nine percent of reproductive-age women there want to reduce or postpone having children, but only around twenty-seven percent actually do so by employing some form of contemporary contraception. Current contraceptive use, demographic factors, and items linked to contraceptive social support from spouses, peers, and elders were all measured in this quantitative study of married women aged 15-49 from two rural districts in Cambodia (Kampong Thom and Kampot).

Models were stratified by low (3 live births), moderate (1-3 live births), and high (5+ live births) birth rates to determine the correlation between contraceptive use and social support. To achieve goal 2, a qualitative study was conducted using in-depth interviews and focus groups with users, discontinuers, and non-users of contraceptive methods to gain insight into the distinct barriers and motives of each group. Significant correlations between spouse approval and contraceptive use are found in the empirical study. The likelihood of method usage drops among high-parity women when the husband has full decision-making power, but for all women, a husband's favourable attitude toward methods and the ease of communication with the husband are associated with increased contraceptive use. Perceiving that peers use modern methods of contraception raises the possibility that low-parity women will also use them. Negative attitudes held by seniors against contraceptive use have a chilling effect on actual use. According to the qualitative data, prevalent myths and misunderstandings about potential adverse effects serve as major barriers to use.

The study by Asekun-Olarinmoye *et al.*, (2013) analyzed data from a survey sent to 408 women of childbearing age in Osun State, Nigeria, to determine what factors influence their decision to use contraception. The study found that, overall, 30.1% of women in the study area had ever used a modern contraceptive technique, and 56.2% of women approved of using one. More than a quarter said they have only ever used a male condom, while only 0.8% said they had ever considered female sterilization. The poll found that just 7.8% of respondents were actively using any form of contraception, with the pill, IUCD/coil, male condom, and Norplant accounting for the vast majority of users (18.8%). The use of modern contraceptive techniques in the research area was not substantially related to socioeconomic position, contrary to the hypothesis tested using logistic regression.

There are 61 million American women of childbearing age (15-44) in the United States. Seventy percent, or almost 43 million, of sexually active women are at risk of an unplanned pregnancy because they or their partners are not using an effective form of contraceptive (Forrest, 1994). Women aged 15-19 have the highest rate of not utilizing a method to prevent pregnancy (at 18%), while women aged 40-44 have the lowest rate (at 9%).

In a study comparing the prevalence and demographics of contraceptive use in Nigeria and Zambia, conducted by Ntoimo and Chirwa-Banda, (2017), only monogamous couples with a single live birth and a non-pregnant contraceptive partner were included (6,229 couples in Nigeria and 6,573 in Zambia). Of these couples, 27% in Nigeria and 63% in Zambia were using contraceptives at the time of the survey. About half of married couples have no higher education, and in those couples, the wife is typically younger than her husband by 5-9 years. Family planning was used more frequently by Muslim couples than by Catholic ones, according to the study, while in Nigeria, couples with the same level of education were 2.02 times more likely to take contraceptives than those with no education ($P < 0.01$). Religious identification was also confirmed by Wusu, (2015) in relation to the use of contraceptive. It was found that in both countries, listening to the radio had a positive effect on the use of

contraceptives, especially when the programme was broadcast in both English and the vernacular. It was also found that fertility preference in either partner is a contributing or inhibiting factor to family planning uptake, and that there is a significant relationship between region of residence and household wealth index (Ntoimo & Chirwa-Banda, 2017).

Although early marriage was prevalent, exposing young women to the rigours of pregnancy and parturition and leading to poor health outcomes like abortion and other complications, Brhanie and Asire, (2016) found that only 123 (34.8%) of the 353 respondents in Merari town, Ethiopia were not using any form of contraceptive. The contraceptive prevalence rate among married women was 65.2%, and 79.0% of the users were living with their sexual partners.

Women who are married are more likely to be sexually active, and as a result, are more likely to utilise a contraceptive technique (77% vs. 42%). Contraceptive use is higher among currently married women than among never-married women (93% vs. 83%), even though both groups face the same risk of an unexpected pregnancy. Women of many faiths regularly utilise contraceptives. For instance, nowadays, 90% of at-risk Protestants and 89% of at-risk Catholics employ a technique. Roughly 99 percent of Catholic and Protestant women with sexual experience have taken contraception at some point in their lives. Women who have had sexual experiences make up 80% of those who have used the pill.

Wulifan *et al.*, (2016) argues that population growth and its effects on the economy necessitate efforts to lower birthrates. Promoting family planning approaches like the use of contraceptives has been suggested as one such strategy to enhance reproductive health. The health-related Millennium Development Goals of lowering child mortality and enhancing maternal health emphasise the importance of promoting family planning tools to help people avoid unintended pregnancies. A key problem to adolescent reproductive health is the rise in sexual activity, which increases the likelihood of undesired pregnancies, unsafe abortions, STD infections, and maternal mortality among young people (Olukoya, 2004).

CONCLUSION

It has been found that sexual and contraceptive behaviours are linked to family background variables such as family structure and socioeconomic position. Both of these factors increase the chance of an unplanned or early pregnancy. It is more likely that members of racial and ethnic minorities will not take contraceptives, which contributes to the higher rates of contraceptive pregnancy and motherhood that are experienced by these groups. If adolescent adolescents do not use contraception and have poor academic performance, low educational expectations, low test scores, and a low rate of school attendance, they have an increased risk of becoming pregnant and having more children. Focus is placed on individual aspects such as education, awareness of available contraceptives, fear, humiliation, myths and stigma, and dread of harmful consequences and side effects of the contraceptive itself. Other aspects, including as those at the levels of the family, society, peer group, health system, culture, and religion, also play a part in the decisions that adolescents make regarding whether or not they will use contraceptives.

Adolescent clients who seek family planning services to assist them in avoiding unintended adolescents face a great deal of resistance, both psychological and logistical, in their attempts to do so. Access concerns, such as clients' inability to pay, a lack of transportation, and inconvenient clinic hours are some of these hurdles. Other impediments include. Examples of sociocultural and attitudinal barriers include a lack of information about family planning methods and their availability, perceptions of the risk of pregnancy, attitudes toward contraception, communication about intimate relationships with partners and peers, and the impact of cultural beliefs and values as well as social influences from both the partner and the community.

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