

Awareness, Attitude And Practice Of Contraception Among Secondary School Girls In Calabar, Nigeria.

* E. A. Bassey MBBS, FWACS, * A. M. Abasiattai MBBCh, FWACS, ** E. E. Asuquo FRCOG, FWACS, FMCOG, ** E. J. Udoma MBBS, FWACS, *** A. Oyo-Ita MBBCh, FWACP.

*Department of Obstetrics and Gynaecology, University of Uyo Teaching Hospital Uyo, Nigeria, **University of Calabar Teaching Hospital Calabar, Nigeria, ***Department of Community Health, University of Calabar Teaching Hospital, Calabar, Nigeria.

ABSTRACT

Background: *Adolescents are disposed to unprotected sexual activity and as a consequence, there is an increasing incidence of unwanted pregnancy among adolescent school girls in Nigeria. This study was carried out to assess the awareness, attitude and use of contraceptives among secondary school girls in Calabar, Nigeria and to determine how attitude affects its use.*

Methods: *Data was obtained using self administered semi-structured questionnaires distributed to 480 secondary school girls out of which 450 were properly filled and returned. These were analysed using percentages and chi-square was used to test for significance.*

Results: *The study revealed that contraceptive awareness was high. The main sources of contraceptive information were books/magazines (37%) and friends (26%). Three hundred and thirty-three (74%) girls had a negative attitude (misconceptions) towards contraceptives, while 117 (26%) girls said contraceptives were essential/useful. Sixty-six girls (14.7%) admitted that they were currently sexually active and 42 (9.3%) of them used contraceptives. There was a statistically significant association between positive attitude/beliefs and use of contraceptives ($P < 0.05$).*

Conclusion: *We recommend the provision of accurate contraceptive information to dispel these misconceptions and the establishment of adolescent reproductive health services which should be strictly confidential to encourage acceptability and optimum utilization.*

KEY WORDS: *Awareness; Attitude; Contraception; School girls.*

Paper accepted for publication 31st January 2005

INTRODUCTION

It is traditional to protect adolescents from receiving sex education in the false belief that ignorance will encourage chastity¹. However early initiation of females into sexual activity and child bearing has long been a cultural norm in the African society, despite adverse consequences². In general, the average age of sexual debut in Nigeria ranges between 15 and 17 years and mostly without accurate information and contraceptive protection². In a 1983 survey in Ibadan, Nigeria, it was found that half the girls and nearly four-fifths of the boys had sexual relations by the time they were 18 years old³. In Benin city, 55% of girls reported having their first sexual experience before age 16⁴. The picture is similar in many urban and rural areas in the country. In Lagos 40% of secondary school students have already had sexual intercourse⁵ and in Calabar, 54% of female adolescents had sex mostly before age 15⁶.

The existing family planning services do not meet the needs of adolescents as many adolescents are reluctant to seek contraceptive advice or prescription from family planning clinics because they find providers hostile because of cultural and religious restrictions on premarital sex⁷. They are further discouraged by the general myth that associates use of contraception with sexual permissiveness². Available evidence supports the position that most girls have been sexually active for over a year before requesting contraception⁸.

A pregnant school girl does not have many options. She would either be forced to withdraw from school and marry, procure an illegal abortion with its attendant complications or will be expelled from school. Adolescent pregnancy leads to a high school drop out rate thus adversely affecting their educational career and contributing to their inability to attain full

economic independence.

In a community-based study of reasons for unwanted pregnancy in Nigeria, 31% of respondents cited the fact that they were still in school⁹. In Ilorin, Nigeria, 13% of adolescent male students reported that they had made a partner pregnant and 69% claimed that the pregnancies were aborted, similarly 75% of the female adolescent students who had been previously pregnant had illegal abortions¹⁰. These illicit abortions are often delayed, performed by unqualified persons, using dangerous methods and are thus associated with a high complication rate¹¹.

Adolescents are disposed to an early initiation of sexual activity but lack access to accurate contraceptive information and services. This has led to an increasing incidence of unwanted pregnancy among adolescent schoolgirls and its attendant economic, social and health problems. The purpose of this study is to assess the awareness of contraception and how attitude/beliefs affects its use among sexually active secondary school girls in Calabar, since to the knowledge of the authors, no similar study has been conducted in this environment. This will serve as a useful tool for planning future interventions by family planning service providers.

MATERIALS AND METHODS

The study was conducted in Calabar, the capital of Cross River State of Nigeria in May 2002. Calabar comprises of both urban and semi-rural areas and the inhabitants of this area are mostly Christians. There are twenty five Government owned secondary schools, two are boys only, three are girls only and the rest are co-educational. The three all girls secondary schools were used for the study and students in the senior classes (fourth to sixth years) were selected because they were more likely to be sexually active.

Permission was obtained from the principals of the three only female schools and six hundred senior secondary school girls were randomly selected from the three schools. Consent could however be obtained from only

four hundred and eighty girls. Four hundred and fifty questionnaires were properly filled and returned and data analysis was based on these.

Data was collected using self administered semi-structured questionnaires after explaining the various items to them. These included knowledge of contraception, source of information, current sexual activity, attitude to contraception and use of contraception. The collected data were analysed using percentages and chi-square was used to test for significance.

RESULTS

The age of students who filled the questionnaire ranged from 14 to 17 years. The mean age was 16.04 ± 1.2 years.

All the students were familiar with the term family planning or contraceptive, however only 320 (71%) students were able to define it as a form of birth control and could cite at least one conventional method of contraception. These included condoms 168 (37.3%), safe period 72 (16%), oral pills 52 (11.6%) postinor tablets (emergency contraception) 22 (4.9%) and intra-uterine device 6 (1.3%). Unconventional methods mentioned were menstrogen pills 42 (9.3%) and herbs 8 (1.8%).

Their main source of information was books/magazines (37%). Other sources of information were friends (26%), school (23%), older siblings (10%) and health workers (4%). No student admitted to have been taught by the parents about contraception (Figure 1).

Three hundred and thirty-three (74%) girls had misconceptions (negative attitude) about contraceptives. These misconceptions included that the use of contraception made a woman promiscuous 229 (51%), causes infertility 58 (13%), against God's law 30 (7%) and causes abnormal bleeding 16(3%). One hundred and seventeen girls (26%) said contraceptives were essential/useful (positive attitude).

Two hundred and twenty (49%) girls knew contraceptives had side effects which were cited to include weight gain, heavy menstrual or abnormal bleeding and paradoxically the oral pills were said to make people lose weight by 16

(3.6%) girls.

Abstinence was cited as the safest means of preventing unwanted pregnancy and illicit abortion among school girls by 252 (56%) girls, while 198 (44%) cited contraceptives as the safest means of preventing unwanted pregnancy.

Two hundred and seventy-nine (62%) recommended that contraception should be taught in schools.

Ninety-nine (22%) said that contraceptives should be freely prescribed in hospitals and clinics.

Three hundred and fifteen (70%) girls admitted that they would seek an abortion to get rid of an unplanned pregnancy (Table I).

Three hundred and fifty-one (78%) girls had never used any form of contraception. Ninety-eight (21.7%) admitted prior use of contraception. The safe period was the commonest method used by 27 (6%) girls, condoms by 20 (4%) and oral pills by 12 (3%) girls. Forty (9%) girls did not state the method of contraception they used (Table II).

Sixty-six girls (15%) admitted that they were currently sexually active. Three hundred and eighty-four girls (85%) claimed they were not currently sexually active. Forty-two of the sexually active girls used contraceptives, out of these 37 had a positive attitude towards contraceptives while only 5 girls had a negative attitude. Twenty-four sexually active girls did not

use contraceptives, 13 of them were girls with a negative attitude while 11 of them had a positive attitude. This relationship was found to be statistically significant, $\chi^2 = 13.75$, (P=0.0002085) (Table II).

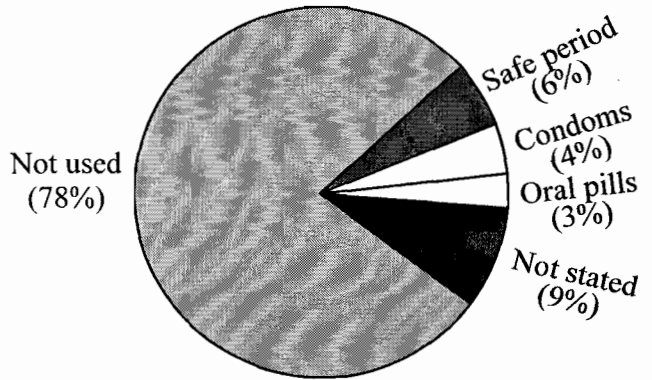


Figure 2. Use Of Contraceptives

Table I. Attitudes And Beliefs On Contraceptive Usage

Attitudes/Beliefs	Frequency (%)
Essential/ Useful	117 (26)
Causes Promiscuity	229 (51)
Causes infertility	58 (13)
Against Gods Law	30 (7)
Causes abnormal bleeding	16(3)
Knowledge of Side Effects	220 (49)
Heavy menstrual/abnormal bleeding	186 (41)
Loss of weight	34 (8)
Prevention of unwanted pregnancy/illicit abortions	
Abstinence	252 (56)
Contraceptives	198 (44)
Teaching of contraception in schools	
Should be taught in schools	279 (66)
Should not be taught in schools	171 (44)
Free Prescription of contraceptives in hospitals/clinics	
Yes	99 (22)
No	300 (67)
No response	51 (11)
Attitude to unplanned pregnancy	
An abortion	315 (70)
Keep the pregnancy	41 (9)
No response	94 (21)

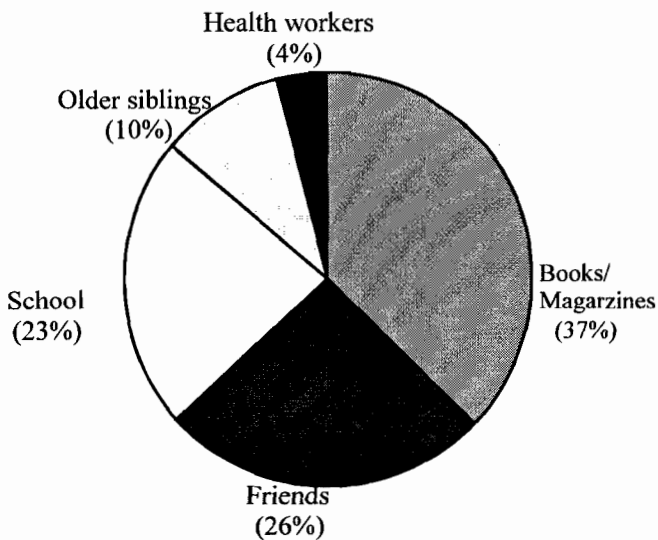


Figure1. Sources Of Information About Contraception

Table II. Relationship Between Beliefs/ Attitude And Actual Use

Attitude/ Beliefs	Use Of Contraception		Total
	Yes	No	
Positive	37	11	48
Negative	5	13	18
Total	42	24	66

$$\chi^2 = 13.75 (P = 0.0002085)$$

DISCUSSION

This study revealed that there is a high level of awareness of contraception among senior secondary school girls as all of them had heard of the term family planning or contraceptive and 71% were able to define it as a device to control unwanted pregnancy and could cite at least one conventional method of contraception. This may be attributed to wide spread publicity on the radio, television, newspapers and magazines especially since the HIV/AIDS pandemic and the fact that this study was carried out in an urban area.

The commonest initial source of information about contraception was books/magazines followed by friends. No mention was made of information being obtained from a parent and only 4% of such information was obtained from health workers. This is usually the case when parents, teachers and the community at large fail to provide such information, often as a result of socio-cultural reasons¹². Such information provided by friends has been found to contain a lot of misinformation, distortion and falsehood¹³ which may adversely affect the teenagers understanding and perception of modern contraception.

Despite the high level of awareness, only 22% of the girls admitted prior use of any form of contraceptive. This may be due to misinformation about contraception and misconceptions that contraception may cause infertility, promiscuity and undesirable side effects¹². Negative societal beliefs, religious fanaticism, negative attitude of parents and teachers may all add to discourage practice of contraception among school girls.

Contraceptive use was significantly much higher among girls who had a positive attitude towards contraception.

Majority of the girls cited abstinence as the safest means of preventing unwanted pregnancy and illicit abortion among school girls. This is an encouraging observation as abstinence is the most effective means of protecting against both pregnancy and sexually transmitted infections. In practice, however, abstaining from sex tends to be less effective than many contraceptive methods because complete abstinence requires strong motivation, self-control and commitment¹⁴.

The safe period was the commonest method of contraception used, followed by the condom and oral contraceptive pills. The safe period, periodic abstinence or rhythm method requires a high degree of motivation, self-control and commitment from both partners. A further disadvantage is that determining fertile days may be difficult because ovulation is rarely predictable in early reproductive life. The oral contraceptive pills though very effective do not protect against sexually transmitted infections and HIV/AIDS, it also requires a high degree of motivation as it must be taken daily and there is frequently the problem of missed pill¹⁴. These methods are therefore not reliable when used by adolescent school girls.

The barrier methods especially the male condoms are advantageous because they are cheap, accessible, and affordable and protect against Sexually transmitted infections and HIV/AIDS. They however must be used correctly with each act of intercourse, and are not under the control of the adolescent female as the male partners frequently reject them due to decreased sensitivity^{12, 14}. These drawbacks underscore the need for proper contraceptive counselling, as the contraceptive needs of each adolescent should be individualized.

A worrying observation was the fact that 70% of the girls admitted that they would use an abortion to solve the problem of an unplanned pregnancy. This finding was also corroborated by other studies which have shown that adolescents are more likely to use unsafe abortions to terminate unplanned pregnancy

with serious consequences to their health and future reproductive capacity^{7, 10, 15}. A similar finding was depicted in a study in Niger state of Nigeria, in which 75% of adolescent respondents who had been pregnant, had an illegal abortion¹⁵.

Unplanned pregnancy and illicit abortions among teenagers are on the increase in our community and to reduce these, contraceptive use among sexually active adolescents must be encouraged. All segments of the populace, parents, School authorities, healthcare providers, Community leaders, religious organizations and Government at all levels have a very important role to play.

Parents must be educated on the need to discuss contraception with their children, as contrary to widely held beliefs, pregnancy has been shown to be commoner among children whose parents fail to discuss contraception with them¹². Family life education including contraception should be incorporated into the curricula of schools, so that teenagers are aware of the dangers of unprotected sexual activity and illicit abortion.

Religious bodies should not be judgemental but should organize seminars and counselling sessions for the youth that encourage abstinence while providing medically accurate information on contraception.

Adolescent reproductive health should be provided and also included in the curriculum of training for all levels of health providers. This amongst others should focus on the contraceptive needs of teenagers by providing information and contraceptive services specifically designed for them. These services should be strictly confidential as this would encourage acceptability and optimum utilization. Finally health care providers should guide rather than scare away teenagers who approach them for contraceptive advice.

REFERENCES

1. Nnatu S. Promoting women's sexual and reproductive rights: The role of institutions, schools and organizations. *Trop J Obstet Gynaecol* 2002; 19(1): 31-32.
2. Ladipo OA. Adolescent sexuality and fertility problems. *Trop J Obstet Gynaecol* 1994; 11(1): 1-7.
3. Douglas N, Ladipo OA, Paxman JN. Contraceptive practice and Reproductive health among Nigerian adolescents. *Studies in Family Planning* 1986; 17(2):100-106.
4. Oronsaye AN, Odiase DI. Attitudes towards abortion and contraception among Nigerian secondary school girls. *Int J Obstet Gynaecol* 1983; 21(5): 423-425.
5. Oloko BA, Omoboye AO. Sexual networking among some Lagos state adolescent Yoruba students. *Hlth Trans Rev* 1993; 3(suppl): 151-157.
6. Ogbuagu SC, Charles JO. Survey of sexual networking in Calabar. *Hlth Trans Rev* 1993; 3(suppl): 105-120.
7. Mulugeta K. Reproductive Health knowledge, attitude and practice among high school students in Bahir Dar, Ethiopia. *Afr J Rep Hlth* 2003; 7(2): 39-45.
8. Settlage DSF, Baroff S, Copper D. Sexual experience of younger teenage girls seeking contraceptive assistance for the first time. *Family Planning Perspective* 1973; 5: 223.
9. Okonofua FE. Unwanted pregnancy, unsafe abortion and the Law in Nigeria. *Trop J Obstet Gynaecol* 2002; 19(1): 15-17.
10. Araoye MO, Fakeye OO. Sexuality and contraception among Nigerian adolescents and Youth. *Afr J Rep Hlth* 1998; 2: 142-150.
11. Olukoya AA, Kaya A, Ferguson BJ, Abouzahr C. Unsafe abortion in adolescents. *Int J Gynaecol Obstet* 2001; 2: 137-147.
12. Aboyeji AP, Fawole AA, Ijaiya NA. Knowledge and previous contraceptive use by pregnant teenagers in Ilorin, Nigeria. *Trop J Obstet Gynaecol* 2002; 18(2): 73-77.
13. Baker GN, Rih S. Influences on adolescent sexuality in Nigeria and Kenya: Findings from recent Focus group discussion studies. *Stud Fam Plan* 1992; 23: 199-210.
14. Abstinence: An option for adolescents. *Network* 2002; 22(1): 4-7.
15. Summola AM, Dipeolu M, Babalola S, Adebayo OD. Reproductive knowledge, sexual behaviour and contraceptive use among adolescents in Niger state of Nigeria. *Afr J Rep Hlth* 2003; 7(1): 35-48.