

Knowledge and Previous Contraceptive Use by Pregnant Teenagers in Ilorin, Nigeria.

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Abstract:

Context: Teenage pregnancy is a major health and social problem the world over and its incidence is on the increase. One important contributory factor to the increase is non-use of contraception.

Objective: To determine knowledge of and previous contraceptive use by pregnant teenagers in Ilorin, Nigeria.

Subjects and Methods: Between 1st January and 30th June, 1999, 326 consecutive pregnant teenagers that booked for antenatal care at University of Ilorin Teaching Hospital, Ilorin, Nigeria were interviewed with the aid of a pre-tested questionnaire administered by resident doctors. Information obtained included demographic characteristics, knowledge of and previous use of contraception.

Results: Respondents displayed a high level of contraceptive knowledge, as 277 (91.7%) were aware of it. The condom and the combined oral pill were the two contraceptive methods most commonly known, by 254 (85.5%) and 225 (78.8%) of the respondents respectively. Only 53 (16.3%) had previously used any contraceptive method. The combined oral pill was the commonest method ever used by the respondents 29 (54.7%). Friends were the most common source of information about contraception in 135 (45.5%). None of the respondents used any contraceptive method prior to or during their first sexual experience. Fear of side effects was the commonest reason for non-use of contraception.

Conclusion: Pregnant teenagers are quite knowledgeable about contraceptive method but are poor users. Family life education, including contraception should be provided for teenagers and incorporated into the curricula of schools and colleges. Clinics where comprehensive reproductive health services are provided for teenagers should also be established.

Key Words: Contraception, Teenagers, Pregnancy, Knowledge. [Trop J Obstet Gynaecol, 2001, 18: 73-77]

Introduction

Teenage pregnancy is a major public health and social problem the world over and its incidence is on the increase¹. It is contributing substantially to overall fertility in Sub-Saharan Africa. Taken as a region, the countries of Sub-Saharan Africa have the highest level of early child bearing in the world². On the average, more than 50% of young women in the region give birth before the age of 20². Teenage pregnancy constitutes a health hazard both to the mother and the fetus. The mother is at increased risk of pregnancy-induced hypertension, anaemia, obstructed labour and its sequelae^{3,4,5,6}. They are also three times more likely to die as a result of the complications of pregnancy and delivery than those aged 20-24⁷. The fetus is prone to be delivered preterm, small for gestational age and has an increased risk of perinatal death^{1,4,5,7}.

The reasons for teenage pregnancy vary from country to country and from region to region within the same country. It is culturally and religiously acceptable in some areas like Northern Nigeria where a girl is often expected to experience menarche as a married woman⁸. Other factors that are associated with teenage pregnancy include rapid urbanization, low socio-

economic status, low educational and career aspiration, residence in a single parent home and poor family relationships⁹. Non-use of contraception is another important factor in teenage pregnancy^{9,10}. In Sub-Saharan Africa, the proportion of single sexually active women aged 15 to 19 years using modern methods of contraception ranged from 3 to 14%^{9,11}. Reasons for non-use of contraception include denial of fertility, inability to plan ahead, and lack of knowledge of fertility potential. Other reasons include geographic, social and economic barriers to access and use of contraception, attitude of health care providers towards teenagers seeking contraceptive information and services, and the fear of side effects^{9,12}. The purpose of this study was to determine knowledge of contraception and its previous use by pregnant teenagers in Ilorin and to suggest ways of improving the prevalence of contraceptive use in this segment of the population.

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Materials and Methods

The University of Ilorin Teaching Hospital is located in Ilorin the Capital of Kwara State in the middle belt of Nigeria. It serves a dual purpose of both General and Teaching Hospital and patients are attended to with or without referrals. All pregnant teenagers' aged less than 20 years who booked at the University of Ilorin Teaching Hospital, Ilorin, Nigeria between 1st January and 30th June, 1999 were interviewed with the aid of a questionnaire. Resident Doctors carried out the interview after appropriate briefing, having obtained consent from the patients. Fifty of the questionnaires were pre-tested and necessary adjustment made on the questionnaires after the pre-test. The interview took place during the respondents' first visit to the antenatal clinic. Information obtained included age, parity, marital status, level of education of respondent, husband's occupation, knowledge of, and previous use of modern contraception, source of first information about contraception and reasons for non-use of contraception. The social class of the respondents was determined from the respondents' educational attainment and their husbands' occupations¹³. Knowledge of contraceptive method means that a respondent could recall hearing about it when prompted (that is after the interviewer had mentioned it).

Results

During the study period, between 1st January to 30th June, 1999, 326 consecutive pregnant teenagers who were booked for antenatal care were interviewed. Two hundred and ninety-seven (91.7%) were aware of at least one method of modern contraception while 29(8.7%) were not aware of any. The age distribution of the respondents is shown in Table 1.

Table 1

Distribution of Respondents by Age

Age (years)	Number	Percentage
19	158	48.5
18	81	24.8
17	42	12.9
16	19	5.8
15	15	4.6
14	11	3.4
Total	326	100.0

Forty-five (13.8%) were aged 16 years and below while 158(48.5%) were aged 19 years. Their mean age was 18 years. Two hundred and fifty one (77%)

were primigravid while 25(7.7%) were multigravidae. Two hundred and seventy seven (85%) were married while 49(15%) were still living with their parents at the time of first visit. Of those that were married 54(16.6%) had to live with their husband without the necessary traditional marriage rites when it was discovered that they were pregnant.

Table 2

Respondents' Educational Level and Husbands' Occupation

Educational Status	No.	Percentage
No Schooling or Primary Level only	283	86.8
Secondary or Tertiary Level below University	36	11.0
University Level	7	2.1
Husband's Occupation		
Professional, Politicians, Top Civil Servant	10	3.1
Top Businessmen		
Middle Level Bureaucrats, Technicians, Trader	88	27.0
Skilled Artisans		
Unskilled Worker		
People with Income below National Minimum Wage.	228	69.9

Most of the respondents belonged to the low socio-economic class as 283(86.8%) of them had no formal education at all, or attended only primary school. Only 10(3.1%) of the husbands of belonged to the group of professionals, top civil servants, politicians or businessmen [see Table 2]. About half 157(48.2%) were either housewives or petty traders and 25(7.7%) were civil servants. None of the respondents used any modern method of contraception during their first sexual experience and 21(6.4%) claimed that they got pregnant during the first sexual experience. For those that were aware of modern contraception, the most common first source of information about contraception was their friends - 135(45.5%). The media was the source in 68(22.9%) while health workers and relations were responsible for 33(11.1%) and 20(6.7%) respectively. All the respondents with a minimum of secondary school education were aware of at least one modern method of contraception.

Of the 297 respondents that were aware of modern contraception, the condom and the combined oral pill were the two most common contraceptive methods known by the respondents: 254(85.5%) and 225(75.8%) of the respondents respectively. Surgical contraception was the least known - 25(8.4%). The commonest modern contraception ever used by the respondents who had used one contraceptive method at one time or the other (53) was the pill in 29(54.7%). This was followed by withdrawal method by the sexual partner in 21(28.4%). The least commonly used was condom and other barrier methods in 5(9.4%) each respectively (Table 3). The withdrawal method had the highest awareness versus ever use ratio (18.9% versus 28.4%), while the condom was well known but not commonly used by the sexual partners (85.5% versus 6.8%) - Table 3. No respondent used any method consistently for up to six months.

Table 3
Awareness and Previous Use of Modern Contraception

Contraceptive Method	Awareness (N = 297)	Previous Use (N = 53)
Condom	254(85.5%)	5(9.4%)
Combined Pill	225(75.8%)	29(54.7%)
Injectable	154(51.9%)	7(13.2%)
Diaphragm/Spermicide	123(41.4%)	5(9.4%)
Natural Family Planning	62(20.8%)	7(13.2%)
Withdrawal	59(18.9%)	21(39.6%)
IUCD	25(8.4%)	0(0.0%)
Surgical	25(8.4%)	0(0.0%)

**Many respondents knew and used more than one contraceptive method.*

The most common reason for non-use of contraception by the 273 respondents who had never used any form of contraception was fear of side effects, seen in 167 (61.2%). One hundred (36.1%) did not consider contraception necessary while 25(9.2%) considered the cost of the contraception to be too high (Table 4).

Table 4
Reasons for Non-Use of Modern Contraception in Non-Users

Reasons	Number (N = 273)	Percentage
Fear of side effects	167	61.2%
Not necessary ('cannot get pregnant at such an early age')	100	36.6%
Against religious beliefs	77	28.2%
Husband/Fiancée would not allow it	69	25.3%
Fear of what health workers would say	60	22.0%
Friends against it/not using	47	17.2%
Lack of knowledge	29	10.6%
High Cost	25	9.2%

**Many respondents had more than one reason for non-use of modern contraception.*

Discussion

This study has demonstrated a high level of awareness of modern contraception by pregnant teenagers. This had been the observation of many writers on the subject ^{2,11,14}. However, in concordance with the low general level of contraceptive use in Sub-Saharan Africa, previous contraceptive use by the pregnant teenagers in this study is low. The importance of education in gathering and utilising information is amply demonstrated here in that all respondents with secondary education and above were aware of at least one modern contraceptive method and 79% of those who had ever used contraceptives belonged to this group of respondents.

It is particularly noteworthy, that none of the respondents used any form of contraception prior to or during their first coital act. This conforms to the risk-taking behaviour characteristic of teenagers. The fact that some of the pregnant teenagers were not ready for married life is quite evident in that 15% of them were still living with their parents at the time of their first antenatal visit while 16.6% did not have any form of traditional marriage rites performed before moving to their husbands' homes. This could contribute to future marital instability as the husbands may accuse them of 'trapping' them into marriage.

The commonest initial source of information about modern contraception was the teenagers' friends. 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 reasons. Such information provided by friends has been found to contain a lot of misinformation, distortion and falsehood^{2, 9}, which may adversely affect the teenagers' understanding and perception of modern contraception. The condom and combined oral pill were the most widely known modern contraceptives in this study. This is in agreement with the findings of others on the subject^{11, 14}. However, in terms of usage, the pill was the most commonly used method. The reasons for the common use of the pill may be due to the fact that it is readily available without prescription in pharmacy shops and it is relatively cheap per unit, although not necessarily cost-effective if used for long periods when compared to methods like the intrauterine contraceptive device. On the other hand, although the condom is widely known, the sexual partners of the respondents rarely use it. This may be because of their weak negotiating power and their inability to refuse coitus firmly if the partner does not consent to contraception¹⁵.

The fear of side effects is the commonest reason for non-use of modern contraception in this study. This may be due to misinformation about modern contraception particularly the misconception that modern contraception might prevent future childbearing. The risk-taking attitude of teenagers in general is quite evident here in their belief that they cannot get pregnant so early in life. This is further compounded by the fact that many of them had sexual intercourse several times without getting pregnant, reinforcing this belief and their conviction that there is no need to use contraception. The attitude of health workers also contributed in no small way to the non-use of modern contraception as 10.4% of those who had never used any modern contraception feared what the health worker would say if they requested for contraception. Sometimes, they are not even seen as reliable sources of information about modern contraception¹⁶.

To improve contraceptive use among the teenagers, practically all segments of the populace must be involved – parents, school authorities, health care providers, community leaders, religious organisations and governments at all levels. Parents must be educated on the need to discuss contraception with their children. There is a general belief [not borne out of scientific facts and evidence] that discussion about contraception will make the teenagers more

sexually active. Studies have conclusively shown that this is not the case⁴. In fact pregnancy is commoner among children whose parents fail to discuss contraception with them since they will seek information about it from their peer group and friends and such information is usually incorrect or incomplete or both².

Family life education including contraception should be incorporated into the curricula of schools so that teenagers are aware of the dangers of unprotected sexual intercourse. It is unrealistic to expect sexually active teenagers to stop sexual activity, but effective contraception will provide an alternative to teenage pregnancy. Religious organisations can also help to curb teenage pregnancy and improve the rate of contraceptive use in sexually active teens by organizing seminars for the youth where information and counselling are provided about sex and contraception. The health care provider must not scare away the teenagers by their attitude towards their enquiries about contraception. Any sexually active teenager is "old" enough to be guided to use appropriate contraception.

Public health education must be intensified and targeted at the teenagers to disabuse their minds about the misinformation about modern contraception disseminated by their peer group and the mass media. Issues of compliance in contraceptive use should be specially addressed. Risk-taking behaviour should also be discouraged through health education. Government must, as a matter of urgency, focus on the contraceptive needs of teenagers by providing information and contraceptive services specifically designated for them. Clinics where comprehensive reproductive health services are provided for teenagers should also be established.

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