Factors affecting contraceptive practice amongst in-school adolescents in Ebonyi State, Nigeria

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Abstract

The study investigated factors affecting contraceptive practice amongst in-school adolescents in Ebonyi State Nigeria. The factors affecting contraceptive practice are as follows: lack of knowledge, accessibility, cost, side effects, religious beliefs and culture to mention but a few. Few study have been done on factors affecting contraceptive practice amongst in-school adolescents in other states apart from Ebonyi State Nigeria. A multilevel approach is required to address the interrelated factors and to create an enabling environment in which adolescents are fully informed and equipped to make use of contraceptive. The theoretical frameworks of this paper are social cognitive theory and health belief model (HBM). The study adopted a cross sectional design and it consists of questionnaire, in-depth interview guide (IDI) and focus group discussion guide (FGD). The study population is 126,837 in-school adolescents with sample size of 264 was generated using fishbein statistical formula. The multi stage sampling which involves simple random sampling was used to select respondents and statistical package for social science (SPSS) was used for the processing and interpretation of quantitative data using frequency table, percentage and illustration of graphics. The findings shows that lack of knowledge on how to use contraceptive properly, religion beliefs and culture are barrier towards contraceptive practice amongst in-school adolescents. It was recommended that reproductive health education should be include in secondary school curriculum to educate in-school adolescents about contraceptive practice.

Keywords: Factors, Contraceptive practice, In-school adolescents, Ebonyi State.

Introduction

According to the world Health organization (WHO, 2004) adolescents are persons aged 10 to 19 years. Adolescents' sexual behaviour is issue of global public health concern (Duru, Ubajaka, Nnebue, Ifeadike & Okoro, 2010). Studies in Nigeria indicate high rate of sexual activities as well as limited knowledge and use of contraceptive among secondary school student as well as undergraduates (Ogbuji, 2005; Orji, Adegbenro, Olalekan, 2005, Iyaniwura & Salako, 2005).

Culture and religions belief seem to influence the contraceptive use among the adolescents in Nigeria. Even though this study has shown that condom was the commonest method of contraceptive used by both groups and this is similar to finding from many studies (NPC, 2009, Odeyemi, Onajole & Ogunnowo,2009; Moronkole & Fakeye, 2008; AGI, 2006), yet numerous other studies have found that young people's perception of condoms tend to be negative (Abiodun & Balogun, 2009, Bankole, Ahmed , Neema, Quedrago & Kongoni, 2007; Guiella & Madise, 2007) and such youth in Sub-Saharan Africa, still engage in risky sexual behaviour. Furthermore unplanned pregnancies are the result of various factors including poverty, early sexual debut, a lack of knowledge about reproductive health including a lack of access to and knowledge about how to use contraceptive , difficulties in using contraceptive because of a partner's or family objections; contraceptive failure and sexual assault (Bryan & Packer, 2004).

It is against this backdrop that the following objectives are put forward to guide this study:-

1. Factors affecting contraceptive practice amongst in-school adolescents in Ebonyi State, Nigeria.
2. How knowledge of contraceptive practice amongst in-school adolescents can be improved.
3. The paper is also guided by this hypothesis, in-school adolescents with more knowledge about contraceptive are more likely to use contraceptive than those who do not have the knowledge.

Literature Review/Theoretical Framework

The Concept of Contraceptive

According to Sally (2000), contraceptive is a drug, device or practice used to prevent woman from becoming pregnant. Also Macmillan dictionary by Michael (2002) defines contraceptive as a drug, method or object used for preventing a woman from becoming pregnant. Contraceptive can be grouped into modern and traditional methods (Darko, 2016). The modern methods include; barrier method (female and male condoms as well as diaphragm), hormonal method (pill, injectable and implants) Intrauterine device

(IUD), male and female sterilization (Department Health & Human Services, 2011, Planned Parenthood Federation of America, 2012). The traditional methods, on the other hand include, periodic abstinence method and withdrawal method (coitus interruptus) (Steward, McNamee & Harvey, 2013).

Kinaro, kimani, Lawrence and Elias (2015) examined perception and barrier to contraceptive use conducted in Nairobi, Kenya. Mixed method study design was adopted. Qualitative data were collected and analyzed and interpreted together with the results from cross-tabulations and logistics regression and the qualitative data shows that teachers and parents lack adequate information and skills to discuss sexuality issues.

Another study by Ajah, Onubogu, Anozie, Lawani, Iyoke, One and Ajah (2015), investigated adolescent reproductive health challenges conducted in abakaliki, southeastern, Nigeria. Cross- sectional study was adopted in which self administered questionnaires were completed by 482 adolescent girls at two secondary schools. Results shows that mean age at menarche was 13.13+_ 2.37 years. The mean menstrual cycle length was 27.8+_ 3.14 days and the mean duration of menstrual flow was 4.8+_ 1.14days. Thirty-seven (7.7%) respondents were ignorant of their cycle length while 29(6.0%) had irregular cycles. Premenstrual syndrome and dysmenorrhea where major issues which related in 69 (14.3%) and (12.2%) of respondents resorting to self-medication and absenteeism from school, respectively. Mother were the main source of their daughters adolescent education while friends and mass media were the main source of contraceptive information.

Theoretical Framework

The Social Cognitive (Learning Theory) and Health Belief Model (HBM) was adopted as the framework for this study.

1. **Social Cognitive Theory:** is a theory that stemmed out of work in the area of social learning theory, proposed by N.E Miller and J. Dollard in 1941. Their position posits that if one were motivated to learn a particular behaviour, then that particular behaviour would be learned through clear observation. The premise of the social cognitive theory states that new behaviours are learned

either by modeling the behaviour of others or by direct experience.

Central Tenet of Social Cognitive Theory are:

- **Self-Efficacy:** the belief in the ability to implement the necessary behaviour (I know I can insist on contraceptive use with my partner").
- **Output Expectancies:** Belief that using contraceptive correctly will prevent HIV infection, STI and unwanted pregnancies.

2. **Health Belief Model:** The theory of Health belief model (HBM) is a psychological model that attempt to explain and predict health behaviour. This is done by focusing on the attitudes and belief of individuals. The HBM was first developed in the 1950's by social psychologist Hochbaum, Rosenstock and Kegels, who were working in the US public health service. According to this model, a person must hold the following beliefs in order to change behaviour:

- Perceived susceptibility to a particular health problem (am I at risk for HIV?).
- Perceived seriousness of the condition (how serious is AIDS; how hard would my life be if I got it).
- Belief in effectiveness of the new behaviour (contraception are effective against HIV transmission).
- Perceived benefits of preventive action (if I start using contraceptives, I can avoid HIV/AIDS infection or unwanted pregnancy).
- Barrier to taking action (I don't like using contraceptives).

In application, of social cognitive and HBM are useful because its strengthening the contraceptive practice amongst in-school adolescents to abate the challenges of factors affecting contraceptive practice amongst in-school adolescents in the Ebonyi State, Nigeria. It is also important because it call for the Nigeria authority to critically examine factors affecting contraceptive practice in Nigeria, ensure the sustainability and improve critical contraceptive practice amongst in-school adolescents in Ebonyi State, Nigeria to avoid unwanted pregnancy, abortion and STDS.

Methods

This paper adopted a cross sectional survey design. The area of study is Ebonyi State, Nigeria and it is created Oct. 1, 1996 with a land area of about 5,935 sq km and its

populated primarily by Igbos. Economically, agriculture and trading were the major occupations of the people of the state. The population is 126,837 and a sample size of 264 was generated using fishbein statistical (1998) formula. The target population comprises male and female in-school adolescents. The major instruments of data collection were questionnaire, focus group discussion and in-depth interview. The questionnaire was administered by the researcher through the help of three head teachers (research assistant). Multi stage sampling method although through application of simple random the balloting method of the simple random sampling techniques was adopted by the researcher in selecting 3 mixed secondary schools from the 204 secondary schools in Ebonyi State. The schools that were selected were community secondary school Amasiri, command secondary school Abakaliki and Amuzu high school onueke. Finally, 88 respondents from 3 schools, all were girls, boys, health workers, parents and teachers bringing the total number of respondents to the sample of 264.

Through the aid of statistical package for social science (SPSS) software application, quantitative data collected were processed and interpreted using frequency tables, percentage and graphics illustrations. The research hypothesis were tested with the chi-square (contingency,×2) inferential statistics. The qualitative data generated were analyzed thematically.

Findings/Results

Personal Data of Respondents

Table 1: Personal data of respondents are presented in table 1.

Variable	*Response*	*Frequency*	*Percent*
Distribution of respondents by gender	*Male*	*140*	*54.5*
	Female	*117*	*45.5*
	Total	*257*	*100.0*
Distribution of respondents by age	*10-14*	*86*	*33.5*
	15-19	*168*	*65.4*
	No response	*3*	*1.2*
	Total	*257*	*100.0*
Distribution of respondents by marital status	*Single*	*253*	*98.4*
	Married	*3*	*1.2*
	No response	*1*	*.4*
	Total	*257*	*100.0*
Distribution of respondents by place of residence	*Urban*	*171*	*66.5*
	Rural	*85*	*33.1*
	No response	*1*	*.4*
	Total	*257*	*100.0*
Distribution of respondents by name of school	*Commercial Secondary School Amasiri*	*86*	*33.5*
	Command Secondary School	*91*	*35.4*
	Amuzu high School	*79*	*30.7*
	No response	*1*	*.4*
	Total	*257*	*100.0*
Distribution of respondents by class	*SS1*	*123*	*47.9*
	SS2	*121*	*47.1*
	SS3	*13*	*5.1*
	Total	*257*	*100.0*
Distribution of respondents by religious affiliation	*Islam*	*8*	*3.1*
	Christianity	*248*	*96.5*
	No response	*1*	*.4*
	Total	*257*	*100.0*
Distribution of respondents by mother's level of education	*No formal education*	*37*	*14.4*
	Completed elementary education	*45*	*17.5*
	Completed secondary education	*55*	*21.4*
	First degree and above	*99*	*38.5*
	Don't know	*21*	*8.2*
	Total	*257*	*100.0*
Distribution of respondents by father's level of education	*No formal education*	*16*	*6.2*
	Completed elementary education	*53*	*20.6*
	Completed secondary education	*67*	*26.1*
	First degree and above	*100*	*38.9*
	Don't know	*21*	*8.2*
	Total	*257*	*100.0*
Distribution of respondents by parents' job status	*Both of my parents works*	*204*	*79.4*
	My father only work	*23*	*8.9*
	My mother only work	*21*	*8.2*
	Both don't work	*9*	*3.5*
	Total	*257*	*100.0*
Distribution of respondents by parents' level of income	*5000-10,000*	*34*	*13.2*
	10,000-15,000	*28*	*10.9*
	15,000-20,000	*15*	*5.8*
	20,000-25,000	*24*	*9.3*
	25,000 and above	*156*	*60.7*
	Total	*257*	*100.0*

Field survey 2019

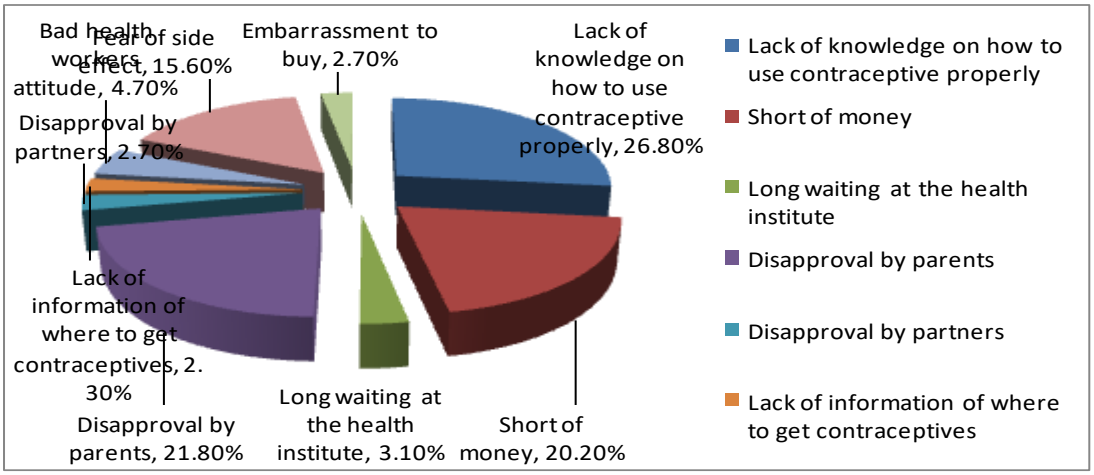
In table 1, 140(54.5%) of the respondents are males whereas 117(45.5%) of them are females. This shows that there are more males than females in the distribution. With regards to age, a majority of the respondents 168(65.4%) are age between 15-19 while 86(33.5%) age 10-14 years old. The marital status data indicates that 253(98.4%) of the respondents are single while 3(1.2%) are married as shown in table 1.

Furthermore, the distribution of respondents by place of residence indicates that 171(66.5%) live in the urban area while 85(33.1%) live in rural area. On schools, 91(35.4%) of the respondents are from command secondary school, 86(33.5%) of the respondents are from community secondary school Amasiri while 79(30.7%) are from Amuzu high school. The table equally shows the class distribution, 123(47.9%) of the respondents are in ss1, 121(47.1%) of the respondents are in ss2 while 13(5.1%) are in ss3. Also the table shows that the majority of the respondents are Christians 248(96.5%), Islam 8(3.1%) while 1(.4%) of the respondents did not respond.

Finally, educational attainment by mothers 99(38.5%) of the respondents have first degree and above, 55(21.4%) completed secondary education, 45(17.5%) have completed elementary education, 37(14.4%) of the respondents have no formal education while 21(8.2%) did not know. Subsequently, father's level of education 100(38.9%) of the respondents have first degree and above, 67(26.1%) completed secondary education, 53(20.6%) completed elementary education, 21(8.2%) did not know while 16(6.2%) have no formal education. The distribution of parents job status 204(79.4%) of the respondents shows that both parents works, 23(8.9%) of the respondents indicates that father only work, 21(8.2%) of the respondents shows that mother only work while 9(3.5%) indicates that both don't work. Also on the income level 156(60.7%) of the respondents earns 25000 and above, 34(13.2%) of the respondents earns 5000- 10,000, 28(10.9%) earn 10,000- 15,000, 24(9.3%) earns 20,000-25,000 while 15(5.8%) earns 15,000- 20,000.

Factors affecting contraceptive practice amongst in-school adolescents

The factors affecting contraceptive practice amongst in-school adolescents in Ebonyi State are presented in Fig. 1.



Source: Field survey 2019.

Fig. 1: Distribution of respondents on problems they encounter using contraceptive

Figure 1 shown that a majority of the respondents 69(26.8%) identified lack of knowledge on how to use contraceptive properly as a major problem while the lowest percentage of the respondents 40(15.6%) associated side effect of contraceptive as a barrier to contraceptive used. This shows that the respondents prefer having sex without any forms of contraceptive. Among the respondents 56(21.8%) and 7(2.7%) were disapproval by parents and also disapproval by partner. From this statistics it shows that parents don't encourage their children to use contraceptive whenever they want to engage in sex. However, 52(20.2%) and 8(3.1%) of the respondents identified short of money and long waiting at health institute as problems they encountered to use contraceptives. Other problems identified by the respondents 12(4.7%) and 7(2.7%) were bad attitude of health workers and embarrassment to buy contraceptives as their problem to contraceptive use. Among the respondents 6(2.3%) also identified lack of information, where to get contraceptive as a problem they encounter. This shows that media houses and other broadcasting organization/agencies need to create more awareness on proper use of contraceptives. In line with the above finding, a participant during an FGD season stated that

Exposed a number of problems in-school adolescents face in trying to use contraceptive, almost all the in-school adolescents encounter problems in trying to use contraceptives both at acquisition and usage. They further explained that lack of knowledge on how to use contraceptive properly is one of the major problems they face. This according to them does not know how to use even managed to buy and to avoid being seen by their parents, relatives or friends. Others raised the issues of being humiliated by providers while asking for contraceptive to be an important barrier. Also the religious opposition to contraceptive and short of money to buy as their own barriers to use contraceptive. This was also confirmed by some of their expression (Participants D Community secondary school Amasiri, SS1 male, 14).

How knowledge of contraceptive practice amongst in-school adolescents can be improved

Table 2: Distribution of respondents on how knowledge of contraceptive practice can be improved

		Frequency	Percent
Valid	By including sex education in school curriculum	49	19.1
	By engaging in sensitization programmes in the media	58	22.6
	By organizing workshops and seminars for in school adolescents	49	19.1
	By involving the faith based organizations in awareness creation	13	5.1
	By making books, journals, leaflets available to in school adolescents	9	3.5
	999	79	30.7
	Total	257	100.0

Source: Field survey 2019

Table 2 shown that a majority of the respondents 79(30.7%) did not respond to the question, 58(22.6%) by engaging in sensization programmes in the media, 49(19.1%) by including reproductive health education in school curriculum, 49(19.1%) by organizing workshops and seminars for in-school adolescents, 13(5.1%) by involving the faith based organization in awareness creation and 9(3.5%) by making books, journals, leaflets available to in-school adolescents.

Test of Hypothesis

Hi: In-School adolescents with more knowledge about contraceptive are more likely to use contraceptive than those who do not have the knowledge.

Table 3: Cross-tabulation between knowledge and use of contraceptives amongst in school adolescents in Ebonyi State

			Have you ever used any contraceptive?			
			Yes	No	Don't know	Total
Would you like to know more about contraceptive methods?	Yes	Count	20	147	7	174
		% of Total	7.8%	57.4%	2.7%	68.0%
	No	Count	2	66	1	69
		% of Total	0.8%	25.8%	0.4%	27.0%
	Don't know	Count	1	10	2	138
		% of Total	0.4%	3.9%	0.8%	5.1%
Total		Count	23	223	10	256
		% of Total	9.0%	87.1%	3.9%	100.0 %
X^2 (4, N=256) = 10.417 P =0.034						

Field Survey, 2019

A significant relationship was found between knowledge and use of contraceptives amongst in school adolescents in Ebonyi State at P=0.034. This implies that the more the knowledge of contraceptives, the more the use of contraceptives amongst in school adolescents in Ebonyi State, Nigeria. It could be inferred that more knowledge of contraceptives has influence the usage of it in Ebonyi State, Nigeria.

Discussion

The study found that low level of contraceptive awareness and usage in Nigeria correlates with the low level of contraceptive information resulting from the poverty of sources of information on contraception and this is more marked among secondary school girls (Aderibigbe, 2011). Several studies in the six geopolitical zones in Nigeria indicates that contraceptive knowledge and awareness especially among in-school adolescents age 15 to 24 years, is very high while all of the studies that showed good knowledge and awareness did not show a strong prevalence of use of contraceptive. Also studies showed a high level of sexual activity corresponding with a low contraceptive prevalence. The average age of sexual debut in many of the studies ranged between 12 and 20 years with a mean age of 16 years (Amazigo, 1997), The consequence of high sexual activity and low contraceptive use is an increased frequency of unplanned pregnancy and subsequent induced abortions or unplanned deliveries. Studies reveals that a high percentage of adolescents and young adults have had at least one unwanted pregnancy leading to induced abortion (Balogun, 2009).

Conclusion

Level of knowledge and contraceptive practice amongst in-school adolescents in Ebonyi State Nigeria is very vital to society as a whole because it will be helpful in reduction of teenage pregnancy, abortion and STDs amongst in-school adolescents. The in-school adolescents that cannot control their sexual urge or libidos are meant to use contraceptives which also serve as prevention of STDs.

A lot therefore need to be done to put to an end to unwanted pregnancy, abortion, STDs and adolescents dropout from school, which has eaten deep into fabrics society of Ebonyi State.

Recommendations

This Study Recommends

1. Adolescents friendly services should be establish to provide basic knowledge of reproductive health education before the age they are likely to engage in sexual

activities

2. Effective channels of communication should be used to educate adolescents using health professionals.
3. In Ebonyi State youth friendly centers should be establish and encouraged through sensitization programme to teach in-school adolescents the important of knowledge of contraceptive practice.
4. Government should make Contraceptive available and free of charge to in-school adolescents in order to avoid teenage pregnancy, STDS, abortion and school dropout because they are naive to their sex life

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