



## Adolescents Attitude Towards Use of Contraceptives in Secondary Schools in Ughelli, Delta State

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### Abstract

The study investigated adolescents' attitude towards use of contraceptives in secondary schools in Ughelli, Delta State. The design of the study is the descriptive survey. The target population comprised of all adolescents in secondary schools in Ughelli. A sample size of 200 students were randomly selected from five public and five private schools using the multistage sampling procedure. The instrument used for investigation was; Adolescents Attitude towards Contraceptive Questionnaire (AATCQ). A reliability coefficient of 0.83 was obtained using Pearson's Product Moment Correlation Coefficient. T-test of independent sample was used to analyse the data collected. The study revealed that there is no significant difference in the attitude of male and female secondary school students towards contraceptives and there is no significant difference in the attitude of public and private school students towards contraceptive in Ughelli. It was recommended that adolescents should be strongly encouraged to postpone or delay sexual activities, schools should carry out programmes that will enable students know and understand the risk of unsafe sex practices in order to become sexually healthy adults, as well as family planning clinics extending their services to schools by ways of organising health talks and seminars on the use of contraception, as such leading to a continuous improvement in the attitude of adolescents towards contraceptives.

**Keywords:** Adolescents, Attitude, Contraceptives, Schools.

### Introduction

Adolescence is explained as a period of transition with changes in biological development from commencement of teenage years to full sexual and reproductive maturity of adulthood; psychological development from the cognitive and emotional patterns from childhood to adulthood (Moreillion in Egbochuku, 2008). The transition from childhood to adolescence is complex and multi-dimensional involving changes in different aspects of an individual's life. This period is marked by the development of physical changes in body size, growth and shape, changes in the level of hormones in male and female as well as considerable changes in cognitive development.

According to Brown (2000), adolescence is a phase of transition during which major developments of sexuality takes place. Puberty is reached during adolescence, which is a major landmark in the development of sexuality.

Kar, Choudhury and Sigh (2015) posit that adolescence can be broadly divided into three stages: Early (10–13 years), middle (14–16 years), and late (17–19 years). Physical changes start in early adolescence, where they are very concerned about their body image. During adolescence cognitive development takes place; adolescents develop abstract thinking and reasoning. Emotionally, they develop a sense of identity during late adolescence; social involvement, peer interaction, as well as sexual interest, develop in this phase. Different behavioural experimentation is seen in early adolescence, risk taking in middle adolescence, and later adolescents learns to assess their own risk taking.

In recent decades, developing countries like Nigeria are going through a rapid change due to urbanization, migration, education, and mixing of cultures, which are having a definite impact on the attitude toward sexuality in adolescents (Hindin & Fatusi, 2009). Hence, the issue of unwanted pregnancy among adolescent girls and adolescent fatherhood has become an issue of social and public health concern all over the world. Adolescence is the period during which an individual's thought perception, as well as response gets coloured sexually. In essence, adolescence is the age to explore and understand sexuality. Sexual curiosity in the adolescence leads to exposure to pornography, indulgence in sexual activities, and also increases the vulnerability for sexual abuse (Kar, Choudhury & Sigh, 2015). The result of indiscriminate sex among adolescents may not be unconnected to the attitude of non-usage of contraceptive, as effective use of contraceptive has been known to be of help in population control and in the reduction of teenage pregnancies and other adolescents' sex related problems (World Health Organisation (WHO), 2012).

WHO (2004) reported that 20 million adolescent girls undergo the hazards of unsafe induced abortion every year due to lack of use of contraception and estimation of maternal death as a result of abortion ranged from 60,000 to 100,000 per year. Consequently, the apparent increasing rate of sexual activities among adolescents expose millions of them to these threats without the concurrent use of contraceptive. Several studies revealed that there is no doubt that unsuccessful illegal and unsafe abortions in Nigeria is one of the main causes of death among girls between ages 14-24.

Young men are often over looked as a group that play an important role in reducing teenage pregnancy. A national survey found that 13 percent of sexually experienced teenage boys had been involved in pregnancy issues in 2002, (National Campaign to Prevent Teen and Unplanned Pregnancy (NCPTUP), 2006). Therefore, pregnancy prevention is the job of both partners to foster responsible sexual choices among adolescent boys and girls. The level of current contraceptive use is usually higher among sexually active male adolescents from ages 15-19. One might expect that boys and girls would have similar levels of contraceptive attitude in sexual relations, however, female adolescents are more likely to be motivated than the male to know if they are being protected against pregnancy because unlike the boys, they are to face the risk of unwanted pregnancy. Study has also shown that adolescent girls with older partners use contraceptive less frequently (WHO, 2004).



Chimah, Lawoyin, Alika and Nnebue (2019) carried out a study on contraceptive knowledge and practice among senior secondary school students in military barracks in Nigeria. The sample of the study comprised of 400 senior secondary school students in Ojo military barracks, Lagos, selected using the multistage sampling technique. Data were collected using pretested, self-administered structured questionnaires. The data were analyzed using Chi-square statistical tests for proportions.  $P < 0.05$  was considered significant.

The response rate was 100%. Majority of them 391 (97.8%), were in the adolescent age group (10–19 years). The mean age was  $15 \pm 2.4$  for males and  $15 \pm 2.2$  for the females. Two hundred and seventy (67.5%) of them had correct knowledge of the use of condoms while 48 (31.1%) of the sexually active respondents have never used any form of contraceptive with no statistically significant difference between the male and female respondents ( $P = 0.338$ ). The most common barrier to contraceptive methods as reported by 131 (85.1%) of respondents was their being too embarrassed to source for the commodities. Also, Ugoji (2013) posited that there is no significant difference in male and female students' attitude toward contraceptives.

Contraceptive have been used in one form or another for thousands of years throughout human history and even prehistory. Evidences show that ancient civilization in both Nigeria and other parts of the world used vagina passerines, charms and other substances as methods of contraceptives, (Planned Parenthood Federation, 2006). Contraceptive has always been widely used and practiced, even in societies dominated by social, political or religious codes that require people to be fruitful and multiply from era of Pericles in ancient Athens to date (Planned Parenthood Federation, 2006). Therefore, the reason for the high rate of pregnancy and sexually transmitted diseases (STDs) in adolescence is considered to be the lack of appropriate use of contraceptive methods such as withdrawal, pills, condom, diaphragms, and cervical cap among others. Such behaviour may be caused by the following aspects: adolescents' denial of the possibility of pregnancy, (the fact) that the sexual intercourses are casual, adolescents' belief that when using contraceptive methods, they are acknowledging their active sex life, adolescents' poor attitude towards contraceptive methods or lack of sex education.

The lack of education and family planning services leads to increased rates of unwanted pregnancy at tremendous social, economic and emotional costs. Prevention involves making wise sexual choices and access to contraceptive services and counselling to discourage premature sexual activity until education is completed. (Ugoji, 2004). According to Eschena cited in Ugoji (2013) the use of oral contraceptives could lead to breast cancers and reproductive tract cancers. Barrier methods particularly condoms, need to be encouraged because of their effectiveness against the spread of Human immunodeficiency virus (HIV) and sexually transmitted infections (STIs). According to Barker (1999) adolescents who are well informed about sexuality and contraception and trained in decision making, self-esteem and responsible parenthood are likely to postpone sexual activity. The type of school (public or private) could determine adolescents' access to such relevant information on sexuality and use of contraceptive.

According to Orji and Esimai (2003), a majority of the parents (92%), teachers (90%) and students (78%) supports the introduction of sex education into the Nigerians school curriculum and believed that it would prevent unwanted pregnancies, enhance healthy relationships between

opposite sex, prevent transmission of HIV infections and STDs, provide the knowledge of sexual interactions, consequences and responsibilities and to educate the students on the basic processes of human reproduction. However, some individuals opposed the introduction of sex education because they believed that it would corrupt the students, it might lead to experimentation and that it should be the responsibility of the parents at home.

Once a girl is pregnant, whether the pregnancy is continued or not, the effects on her personal, social and educational life are often irreversible. In some societies, unmarried young women who become pregnant or who are known to have an abortion may become social outcasts. Sometime, young women are forced to give up school because of fear that they will be a “bad influence” on other girls. Early parenthood, particularly for young women, may limit or preclude social, educational and employment development and the ability to achieve full status in society (UNFPA, 2008; WHO 2012). Therefore, the objective of the present study was to describe and analyse the attitudes about contraception of adolescents in secondary schools in Ughelli, Delta State. Our findings may provide primary data for the elaboration of policies for sexual health addressing this population.

### **Hypotheses**

**HO<sub>1</sub>:** There is no significant difference between attitude of male and female secondary school students towards use of contraceptives

**HO<sub>2</sub>:** There is no significant difference in the attitude of students in public and private secondary school towards use of contraceptives

### **Methodology**

Descriptive survey design was used for the study. One independent variable was involved in the study; contraceptive and one dependent variable; students' attitude. The population consists of all adolescents in secondary schools in Ughelli, Delta state. A sample size of 200 students were randomly selected from five public and five private schools using the multistage sampling procedure.

The instrument used for investigation was; Adolescents Attitude toward Contraceptive Questionnaire (AATCQ) developed with a guide from Raine-Bennett and Rocca (2015) brief questionnaire to assess contraceptive intent among adolescents. The content validity of the research instrument was established by three experts. A reliability coefficient of 0.83 was obtained using Pearson's Product Moment Correlation Coefficient. T-test of independent sample was used to analyse the data collected. The researchers visited the sampled schools for the study to administer the questionnaires. The researchers explained the purpose of the research exercise and distributed copies of the questionnaire to the students. Copies of the questionnaire were immediately collected after the subjects finished responding to them. This was done after seeking the permission of the schools' principal. The obtained data were analysed using t-test of independent sample.



## Results

**Hypothesis One:** There is no significant difference between attitude of male and female secondary school students towards use of contraceptives

**Table 1: T-Test on the Attitude of Male and Female Secondary School Students towards Contraceptives. (n = 182)**

Sex	N	Mean	SD	Df	t	p-value
Male	91	42.41	19.99	180	1.858	0.065
Female	91	38.21	15.86	177.3		

$P > 0.05$  ( $t = 1.858$ ,  $P > 0.05$ )

Table 1 shows the calculated t-value of 1.858 and a p-value of 0.065 testing at an alpha level of 0.05. Thus, the p-value is greater than the alpha level of 0.05. Consequently, the null hypothesis which states that there is no significant difference between attitude of male and female secondary school students towards use of contraceptive is retained. This implies that there is no significant difference in the attitude of male and female students towards use of contraceptives.

**Hypothesis Two:** There is no significant difference in the attitude of students in public and private secondary school towards use of contraceptives

**Table 2: T-test on the Attitude of Male and Female Secondary School Students toward Contraceptives. (n = 182)**

School	N	Mean	SD	Df	t	p-value
Private	91	39.04	16.09	180	1.168	0.245
Public	91	41.64	13.93	176.4		

$P > 0.05$  ( $t = 1.168$ ,  $P > 0.05$ )

Table 2 shows a calculated t-value of 1.168 and a p-value of 0.245. Therefore, the p-value is greater than the alpha level of 0.05. The null hypothesis that there is no significant difference in the attitude of students in public and private secondary school towards use of contraceptives is retained. This implies that there is no significant difference in the attitude of public and private secondary school students towards use of contraceptives.

### **Discussion of Findings**

The finding in table one revealed that there is no significant difference in the attitude of male and female secondary school students towards use of contraceptives. Hence, the study found that most of the adolescents are aware of family planning methods irrespective of their sex. This finding agrees with the findings of Chimah, Lawoyin, Alike and Nnebue (2019) and Ugoji (2013). They reported that there is no significant difference between the attitude of male and female students towards contraceptive use. The result of this study is not surprising as both male and female students live in the same environment and they are exposed to the same sex education and other external environmental influences.

The finding in table two revealed that the type of school (public or private) do not significantly affect adolescents' attitude towards use of contraceptives. This finding agrees with that of Onogwo (2014) that education is a change agent, and the higher you go the better you become irrespective of the environment of study. This finding is mind boggling as it is expected that students in private schools have advantage on knowledge acquiring over those in public schools. Access to information on sex education will enable the adolescents who are well informed about sexuality and contraception and trained in decision making, self-esteem and responsible parenthood to postpone sexual activity (Barker, 1999).

### **Conclusion**

This study sought to examine the attitude of adolescents towards use of contraceptives. The findings of the study revealed that there is no significant difference between attitude of male and female secondary school students towards use of contraceptives. Also, there is no significant difference in the attitude of students in public and private secondary school towards use of contraceptives in Ughelli, Delta State.

### **Implications for Counselling**

The findings of this study have clearly highlighted the lack or some of the shortcomings of sex education programme in secondary schools. Presently in the secondary school sex education is only taught as a topic in Biology and some Health Science subjects which effect does not give full representation of the issue. This situation needs to improve for the better so that students can develop more meaningful and lasting attitude towards health problems of paramount importance such as sex education which includes the use of contraceptives. Therefore, counsellors' focus should be on how counselling services can be used in providing the right information and guidance to adolescents on the use of contraceptives. There is also need to lay emphasis on the need to delay (deferring) the start on sexual intercourse for it would be of value on psychological and physical health of adolescents. It is imperative as counsellors to help students identify their own goals for safe and responsible sexual behaviour, including reinforcing and supporting abstinence.





## Recommendations

Based on the findings of the study, the following recommendations were made:

- 1) Students should be strongly encouraged to postpone or delay the initiation of sexual activities. For young people who are already engaged in sexual intercourse, a discussion of contraceptive methods and prevention of sexually transmitted infections (STIs) including HIV/AIDS is essential.
- 2) The schools should carry out programmes that will enable students to know and understand the risk of unsafe sex practices, abortion and develop communication skills to discuss with school counsellor, parents, and health professional.
- 3) Schools should develop and include topics that students need to study to become sexually healthy adults

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