

ASSESSMENT OF CONTRACEPTIVE PRACTICES AMONGST SECONDARY SCHOOL STUDENTS IN EDO STATE

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ABSTRACT

Overt sexual behavior is one of the attendant corollaries of adolescents. This behavior may have undesired consequences such as unwanted pregnancy and sexually transmitted infection if not adequately curtailed. This study is therefore aimed at assessing contraceptive use amongst adolescent using secondary school students as a platform. A Cross sectional study was conducted on 462 Senior Secondary School (SSS) students in Edo state using a multistage sampling technique. From this study the percentage of respondents who have used contraceptives was 84% and the predominant method of contraception was condom (67.2%). The principal reason for non-use of contraception is being shy to buy a contraceptive (58.8%) this was followed by 25.2% of respondents who claimed that contraceptives are expensive. The use of condoms as a means of contraception was in the order of SSS1>SSS3>SSS2 with 37.5%, 33.0% and 29.5% respectively. As there is a good percentage of respondents who still feel shy to get contraception, there is need for enlightenment resources for Secondary School Students and this will ultimately result to a healthy sexual life style with good reproductive health and well-being.

Keywords: Contraceptive, Practice, Senior Secondary School

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INTRODUCTION

Senior secondary school can be described as a pool of adolescents who are in their active pubertal years with sexual behaviors which may lead to undesired outcomes. School management, parents, community leaders, church and mosque leaders, non-governmental and governmental organizations are key players in the management of the repertoire of behaviors that come with adolescents. Of concern in this study are the sexual characteristics and adolescent sexual behavior which are phenotypic offshoots of the cascade of hormonal changes in the hypothalamic-pituitary-gonadal axis. Stevens-Simon states that the asynchrony between adolescent physical and psychological development is undoubtedly responsible for many unintended pregnancy [1]. Young adolescent (ages 10-14years) are adjusting to the physical changes of puberty, are curious about sex and are concrete thinkers who are unable to understand the long term consequences of their behaviours. Middle adolescent (ages 14-17) is a developmental stage marked by a rising importance of peer group a struggle of independence, narcissism and experimentation [1, 2]. During this time of sexual experimentation, the narcissistic teenager may experience unintended pregnancy resulting from the “it won’t happen to me syndrome” as well as inability to conceive of the long term consequences of unprotected intercourse. As late adolescent (ages 17-19) begins, they begin to experience a sense of self with

an associated logical thought process and an understanding of the concept of the future [2]. Sexual health is an important part of adolescent anticipatory guidance and screening, and the pediatricians' long-term relationships with adolescents and families allow them to help promote healthy sexual decision making including abstinence and contraceptive use [3]. A study done in the United States in 2011 shows that Sexual intercourse is common among adolescents; 47% of high school students reported ever having had sex, and 34% reported having had sex in the previous 3 months [4]. The adolescent age group is unmarried and usually unprepared for pregnancy even if they engage in sexual behaviors that may lead to it. Every year, almost one million teenage girls become pregnant in Nigeria and many of these pregnancies are unintended and unwanted [5]. The consequences include drop-out from school, stigmatization, loss of self-esteem and perpetuation of the poverty trap and cycle. The study is therefore aimed at assessing contraceptive use amongst Senior Secondary School Students in Edo state.

METHODOLOGY

Study Area

The study design was a descriptive cross sectional survey on senior secondary school students in Edo state using self-administered structured questionnaires. Edo state is one of the 36 states in Southern Nigeria.

Study Population

The study population comprises Senior Secondary School (SS) students (SS1-3) from the three senatorial districts (Edo north, Edo central and Edo south of Edo State). Each senatorial district

has both single boys and single girls senior secondary schools and mixed senior secondary schools. Each class, (SS1-2) is made up of between 4 and 5 arms in each school while SS3 classes have 2-3 arms.

Sample Size Determination

$$n = \frac{z^2 pq}{d^2} \frac{(p-p)}{d^2}$$

Where $z^2 = 1.962$

$$p = 0.52$$

$$d = 0.05$$

$$= \frac{1.962^2 \times 0.52 (1 - 0.52)}{0.05^2}$$

$$= \frac{1.962 \times 1.962 \times 0.52 (0.48)}{0.05 \times 0.05}$$

$$= \frac{0.9608212224}{0.0025} = 384.32$$

approx 384

With an attrition rate of 25% we got approximately 480 as sample size.

Sampling Technique

A Multistage sampling technique was used. Simple random sampling technique was used to select 2 schools from the 3 senatorial districts among school with male and female students or single sex schools. In each of the school selected, only students in the senior secondary school (SSS1-3) were enrolled into the study.

Ethical Considerations

Ethical clearance and informed consent were obtained from the State Ministry of Education and the participants respectively

Statistical analysis

Results were presented in tables and statistical analyses were done using the students' t-test and $p < 0.05$ were considered statistically significant.

RESULTS

The results of the subjects' characteristics are shown in table 1. Contraceptive practices among adolescent which ranged from use of contraceptives to current methods being used is shown in a table 2. Contraceptive use as a function of gender and class are shown on tables 3 and 4 respectively.

Table 1 Social Demographic Characteristics

<i>Variable</i>	<i>Characteristics</i>	<i>Frequency (N)</i>	<i>Percentage (%)</i>
Gender	Male	240	51.9
	Female	222	48.1
Age	10-15	106	22.9
	16-20	356	77.1
Class of Respondent	SS1	163	35.3
	SS2	217	47.0
	SS3	82	17.7
Category of school	All Boys	132	28.6
	All Girls	118	25.5
	Mixed	212	45.9
Family background	Polygamy	175	37.9
	Monogamous	224	48.5
	Separated parents	63	13.6

Table 2 Contraceptive practice among sexually active respondents

<i>Variable</i>	<i>Response</i>	<i>Frequen cy (N)</i>	<i>Percentage (%)</i>
Ever used contraceptive method	Yes	110	84.0
	No	21	16.0
Are you currently using contraceptives	Yes	36	27.5%
	No	95	72.5%
used Contraceptive in the last 6 months	Yes	110	83.9
	No	21	16.1
Current Method of contraceptives	Condoms	88	67.2
	Periodic Abstinence	6	4.6
	Withdrawal methods	37	28.2
Why contraceptive not used regularly	Being shy about getting it	80	61.9
	Not prepared for sex	5	3.8
	Contraceptive expensive	33	25.2
	Contraceptive inconvenient	13	9.9

Table 3: Contraceptive methods used among respondents sexually active group

Characteristics	Variables				
	Ever used (%)	Currently using (%)	Methods currently used		
			Condoms (%)	Periodic Abstinence (%)	Withdrawal (%)
Male	72.7	56.8	69.3	100	75.7
Female	27.3	43.2	30.7	0	24.3

Table 4: Contraceptive methods used among SSS class of respondents

Characteristics	Variables				
	Ever used (%)	Currently using (%)	Methods currently used.		
			Condoms (%)	Periodic Abstinence (%)	Withdrawal (%)
SS1	30.0	13.5	37.5	0.0	0.0
SS2	35.5	32.4	29.5	83.3	21.6
SS3	34.5	54.1	33.0	16.7	78.4

DISCUSSION

The benefits of contraception in preventing unwanted pregnancy and its extended use in preventing sexually transmitted infection for the barrier methods cannot be overemphasized. However, lack of knowledge, fear of side effects, and disapproval by their partner, limited numbers of male contraceptive methods and a lack of access to services have all been reported as reasons for women not having contraception [6]. In our study, the reasons why senior secondary school students may not want to have contraception ranged from being shy about going to purchase it, unpreparedness for sexual intercourse, relatively high cost of contraceptive, inconvenience of using contraceptive. These reasons given by the respondents and the problems associated with unwanted pregnancy are complex and thus needs adequate attention from parents and all stakeholders involved in the reproductive health off adolescent as well as their upkeep. The reasons for none-use of contraception amongst adolescent are not exactly as seen in the general population [6]. This is because the adolescent period is a complex mix of puberty, peer pressure, sexual behavior and environmental influence. Thus the significant health and social consequences of adolescent pregnancy can only be addressed through the promotion of responsible reproductive behaviors among teenagers and the availability of age-appropriate services [7]. The shyness to get a contraceptive especially a condom is further strengthened by the fear that if their parents were to find condoms in their rooms or bags they would be punished and going to buy a condom may put them in a bad light in the eyes of the seller as being promiscuous [8]. Unsafe sex is a common practice among adolescents including inconsistent and incorrect condom use resulting in unintended pregnancy that ends in unsafe abortion with its complications [9,10] and exposure to STI and HIV [11]. The use of contraceptive among the Senior Secondary School Students is not commensurate with sexual activity (table 2) and this

increases their likelihood of contracting STI and HIV. Though knowledge of at least one contraceptive method was high among adolescents, consistent contraceptive use was rather low. This is possibly because adolescents may be lacking in the depth of their knowledge of various contraceptive methods. Misconceptions about various contraceptive methods may influence contraceptive use [12]. Furthermore, the history of use of condom was not affected by the grade of the students as there was 30%, 35.5% and 34.5% for SSS1, SSS2, and SSS3 students respectively (table 4). This implies there is really no advancement of knowledge on the negative health outcomes of unprotected sexual intercourse.

CONCLUSION

There is need for enlightenment resources for Secondary School Students as this will ultimately result to a hale and hearty sexual life style with desirable reproductive health and well-being.

REFERENCES

1. Stevens-Simon C (1993). Clinical applications of adolescent female sexual development. *Nurse Pract.* 18:18–29.
2. Reedy N (1991). The very young pregnant adolescent. *NAACOG's Clinical Issues* 2:209–28
3. Ott MA and Sucato GS (2014). Contraceptive for Contraception For Adolescent. *Pediatricians* 134:4

4. Eaton DK, Kann L, Kinchen S, et al (2012). Centers for Disease Control and Prevention (CDC). Youth risk behavior surveillance - United States, 2011. *MMWR Surveill Summ.* 61(4):1–162pmid:22673000
5. Action Health Incorporated (1999). Meeting the sexual and reproductive health needs of young people in Nigeria. A guide for action, Lagos: Action Health Incorporated; p 1. 3.
6. Shane B (1997). Family planning saves lives. Washington (DC): Population Reference Bureau.
7. Klima CS (1998). Unintended Pregnancy Consequences and Solutions for a Worldwide Problem. *Journal of Nurse-Midwifery.* Vol. 43, No. 6, 483-491
8. Amobi I and Igwebe A (2004). Unintended pregnancy among unmarried adolescent and young women in Anambra state, South East Nigeria. *African Journal of Reproductive Health.* 8(3):92-102
9. Aderibigbe SA, Araoye MO, Akande TM, Musa OI, Babatunde OA (2011). Teenage Pregnancy and Prevalence of Abortion among In-school Adolescents in North Central, Nigeria. *Asian Social Science.* 7(1): 122-127.
10. Hindin MJ, Fatusi AO (2009). Adolescent Sexual and Reproductive Health in Developing Countries: An Overview of Trends and Interventions. *International Perspectives of Sexual and Reproductive Health.* 35(2): 58-62.
11. Oluwatoyin FE, Oyetunde MO (2014). Risky sexual behavior among secondary school adolescents in Ibadan North Local Government Area, Nigeria. *Journal of Nursing and Health Science.* (3)3: 34-44.
12. Okereke CI (2010). Unmet reproductive health needs and health-seeking behaviour of adolescents in Owerri, Nigeria. *Afr J Reprod Health.* 14(1):43–54.