
Knowledge of Contraceptive among Adolescents in Ahoada West Local Government Area of Rivers State

Samuel, G. K. & Elechi, Comfort Emma (Ph.D)

Ignatius Ajuru Universty of Education,
Rivers State, Port Harcourt
gentle.samk@gmail.com

Abstract

This study investigated the knowledge of contraceptive among adolescents in Ahoada West Local Government Area of Rivers State. 3 hypothesis tested at 0.5 level of significance guided the study. The study adopted the descriptive survey design. A sample of 300 respondents was selected using multistage sampling procedure. The questionnaire made of section A, which concentrated on socio-demographic characteristics of respondents and B, emphasized knowledge of contraceptives validated by 3 experts in reproductive health. The reliability of the instrument was determined with the test-re-test and the Pearson product moment correlation coefficient of 0.75 was obtained. The results of the study were; gender significantly influences adolescent knowledge of contraceptive ($df = 1, X^2 = 6.538, P = 0.00$). Age significantly influences adolescent knowledge of contraceptive, ($df = 1, X^2 = 15.495, P = 0.00$) and that religion significantly influences adolescents knowledge of contraceptives ($df = 1, X^2 = 68.7, P = 0.00$). Based on the findings of the study some recommendations were made, which included; teachers and parents should give relevant sexuality education to adolescents before their engaging in sexual activities and the government should put in legislations emphasizing free access to contraceptive health services for adolescent especially in Ahoada West Local Government Area of Rivers State.

Keywords: Contraceptive, Knowledge, Adolescents, Ahoada East, Rivers State.

Introduction

Adolescents in urban and rural areas in developing countries are most of the times denied the right information about family planning, contraceptive use and its benefit. Studies reveal that the case of Nigeria is not an exception. Family planning clinics are not adolescents friendly; the reason for this unfriendliness is rooted in the cultural fabric of Nigerian society where many still regard family planning services as the preserved of the married people (Makhaza, 2010).

A study done in Illorin stipulated that, the method mostly known by adolescents were condoms, oral pills, Intra Urine Contraceptive Device (IUCD) and periodic abstinence with the most respondents being able to name at least one method of contraception (Abiodun and Balogun, 2009), of which Bankola, Sedgh, Okonofua, Imarhiagbe, Hussain and Wulf (2009) said that their sources of information on contraceptives comes from friends, siblings, radio, television, newspapers, magazines, school lecturers, workshops/seminar and health workers.

Most adolescents especially those aged between 15 and 19 years are sexually active yet they rarely use contraceptives due to some negative attitudes (Minthali, Moore, Kenyani and Zakeyo, 2006). Low contraceptive use, among adolescents results in unwanted pregnancies. Globally, more than 70% of unmarried adolescents aged between 15 and 19 years' experience unintended pregnancies (WHO, 2007). Sotver and Ross, (2010) added that over 14 million adolescents give birth each year globally with 12.8 million births occurring in developing countries and the contraceptive use prevents more than 200 million unintended

births annually.

Many studies carried out show high level of sexual activities corresponding with low contraceptive use amongst these same adolescents due to lack of knowledge on contraceptives, on this note, the researcher tends to study the knowledge of adolescents towards contraceptives in Ahoada West Local Government Area, Rivers State.

Knowledge of contraceptive method is the first step towards accepting a method (Khan & Mishra, 2008). In all region, knowledge of any modern method of contraception is nearly universal among both young women and men.

The levels of knowledge of contraception among adolescents are tolerable; however, there is substantial room for improvement, misconceptions about the side effects of mechanisms of action of contraception are pervasive among this population, who have low levels of knowledge regarding contraception tend to discontinue usage or use inconsistently. Also, attitude towards contraception is greatly influenced by level of knowledge. As a result, adolescents tend to develop more positive attitudes as mis-perceptions are abated. Moreover, clear disparities persist among adolescents with minority and young adolescents being at increased risk of pregnancy, poor contraceptive use, and insufficient knowledge about conception, understanding the level of knowledge of and attitudes towards contraceptives among adolescents is essential to the development of effective pregnancy prevention program (Cunningham, 2009).

Knowledge and use of contraceptives in the sub-Saharan Africa is higher than other regions of the world (Gadisa, 2004). In confirmation with this study among adolescents aged 15-19 in Ghana revealed that 85% know at least one method of contraception while only 17% of sexually active youth use contraceptives. The rate for any method was 27%. Similar studies in Nigeria has revealed that over 60% of urban youths have heard of at least one method but only 4.7% of active youth practice contraception of which 3.5% of them practice modern methods (Ahmed, 2006).

Also, Fantahun, Ghala and Lola (1995) discovered in their study that 75% of adolescents aged 15-17 know about contraceptive with Josphat, Florence, Elizabeth and Kristin (2006) Byamugisha, Mtrembe, Foxelid, Duntelsson (2006) Abiodun, Adisa, Aderemi (2001) revealing their source of information to be friends and early health institutions and family planning clinics.

Study carried out in sub-Sahara Africa has demonstrated that university female students have high rate of unwanted pregnancy which results to high abortion rate despite this fact, there exists limited information about sexual behaviours, contraceptive knowledge and use among female university students in Tanzania (Akani, Enyindah&Babatunde, 2008). Similarly, Bomba, Mbonole, Obure and Mahanle (2014) carried out a study on sexual behaviour, contraceptive knowledge and use among undergraduate students of Mihimbili and Der es Salaam University in Tazawa. The study revealed that knowledge about contraception among the students was high. They also observed that adolescents whose ages were below 16 years age groups had more knowledge about contraceptives than those whose ages were above 16 years and also that 75.6% male, 27.3% female had good knowledge of contraceptive and often used it.

The Nigerian National Demographic Health Survey (2008) revealed that 6% of female adolescents and 16% of male adolescents aged 15-24 were sexually initiated and sexual active before age 15 with low contraceptive usage due to lack of knowledge.

Another study carried out by Chinnah, Lowoyiri, Ilika, and Nnebue (2016) revealed that more males 28 (34.6%) and female 20 (27.4%) know about contraceptives. 97.8% of those within age 10-14 knew more about contraceptives than those between 15-19 (2.2%) and also that Christians who knew about contraceptives were 249 (62.3%) and the Muslims 151 (37.7%).

Another study in Kenya indicates that 90% of Kenyan High School students know at least one method. 49% of male and 43% of female students use contraceptives (Bekele, 2005). The same study also revealed an increase in contraceptive use from 25% versus 28% during the last intercourse among male and female students respectively. However, only 11% of ever users considered themselves as frequent users (Bekele, 2005). Knowledge of contraceptive method among youths in most countries of Latin America, the Caribbean, Asia, Near East and North African exceed 90% (Gadisa, 2004).

However, a considerable proportion of youth in sub-Saharan African do not know of modern contraceptive methods: Chad republic is the most notable examples were only 49% of this country's young women and 72% of its young men know of a modern method; Khan and Mishra (2008) further observed that other countries with low levels of knowledge of any contraceptive method include Madagascar, Mali and Nigeria. Overall, knowledge of any method is somewhat higher among young women and knowledge levels are generally higher in countries outside sub-Sahara Africa. This is in agreement with the study carried out in Nigeria by Arowojolu and Adekunle (2002) on perception and practice of emergency contraception in Nigeria. The result shows that, being aware of contraception significantly increased the likelihood that youth will use emergency contraception. Their findings further show that being young and Pentecostal also increased the likelihood of using contraceptives. Meanwhile, Makinwa (1992) in his research on sexual behaviour among Urban Nigerians shows that ethnic origin, education and place of residence were all significant determinants in contraceptives use in Nigeria.

Similarly, Addai (1999) study on ethnicity and contraceptive use in sub-Sahara Africa which explored ethnic differences in contraceptive among 6 groups. The result shows that ethnicity, having no education, no occupation, having a husband with no education and having no living children were all negatively associated with using contraceptive. The result also shows that living in an urban area was positively related to using contraceptive in Nigeria.

Kiragu and Zabin (1995) carried out a study on contraceptive use among high school students and their findings showed that for females, high economic status, high academic achievement and a favourable attitude towards contraception were the most important factors predicting use of contraception at first and last sex. The study further indicates that males who said their partner approved of contraception were twice as likely to have a method at last sex.

Story (1999) sates that if sexual and relationship education is started at an early age, prior to sexual debut, such knowledge could help both male and female students to delay their first sexual encounters. Female students need knowledge about contraceptives before sexual activities commence in order to prevent unplanned pregnancies and reduce the number of female pregnancies. Thus sex education needs should be considered, there might also be gender like difference in knowledge, attitude and behaviour among adolescents towards contraceptives. Both female and male students may need interventions that could improve their sexual knowledge and skills, clarify attitudes and beliefs and enhance discussions and negotiation skills (Watt, 2001).

Makhaza (2014) said, there exists a relationship between religion and sex education. Women who are not affiliated to a religion are more likely to experience an unplanned pregnancy. This may be due to the type of education received. Parents with Christian affiliation were not more likely to teach their daughters about abstinence and to talk about the importance of abstinence. Ugwu (2012) revealed the percentage of Muslims to Christians who knew about contraceptives were (68% to 32%).

Statement of the Problem

Good knowledge of contraception is of enormous benefit to all individuals in various part of the world as it helps convince individuals to having positive attitudes towards using some methods and the use of these methods by people has prevented a lot, ranging from the spread of sexually transmitted infections and diseases, unintended pregnancies which sometime leads to unsafe abortion, and consequently prevented death or reduced death rate. On the other hand, lack of knowledge or misinformation about contraceptives has led to people portraying negative attitude towards contraception which has further lead to so many problems like rise in population growth rate and affecting the country's Gross Domestic Product (GDP), sexually transmitted infections and complications resulting from abortions. The World Health Organization cited in Lamha (2015) revealed in a study that an estimate of 210 million pregnancies occur annually worldwide of which about 80 million are unplanned and 46 million end in abortion and all these problems including forced or early marriage resulting from unintended pregnancy, homelessness, school dropout, rejection and death has been noticed among adolescents in Ahoada West Local Government Area of Rivers State. In view of the above, the researchers are poised on determining the knowledge of contraceptive among adolescents in Ahoada West Local Government Area.

Purpose of the Study

The purpose of the study was to determine adolescent's knowledge concerning contraceptive use in Ahoada West Local Government Area of Rivers State.

Research Hypotheses

1. There is no significant influence of religion on adolescent knowledge of contraceptives in Ahoada West Local Government Area of Rivers State.
2. There is no significant influence of gender on adolescent knowledge of contraceptives in Ahoada West Local Government Area of Rivers State.
3. There is no significant influence of age on adolescent knowledge of contraceptives in Ahoada West Local Government Area of Rivers State.

Area of the Study

This study was carried out in Ahoada West Local Government Area of Rivers State. Ahoada West Local Government Area is in the Rivers West Senatorial District and has a population of about 295, 420 (NPC, 2011).

Research Design

The study adopted the descriptive survey design. The researchers collected data on knowledge of contraceptive among adolescents in Ahoada West and analyzed the data without manipulating any variable in the study.

Population of the Study

The population for the study consisted of adolescents, both male and female in Ahoada West Local Government Area, Rivers State, Nigeria.

Sample Size

The sample size for the study consisted of 300 adolescents both male and female in Ahoada West Local Government Area of Rivers State.

Sampling Techniques

Multi stage sampling was adopted in this study. First, the researcher used simple

random sampling to select (6) wards out of the 12 wards in Ahoada West Local Government Area using balloting with replacement. From the six wards, simple random sampling was used to select the villages and towns that were used for the study. Finally, accidental sampling was used to distribute the instrument to 50 adolescents in each of the towns and villages selected.

Table 1: Selection of Sample Size

Wards	Selected villages and towns	No of Respondents
8	Ula-Okobo	50
11	Ikodu	50
12	Oyigba	50
6	Akala-Olu	50
2	One-man country	50
5	Uyakama	50
Total	6	300

Instrument for Data Collection

The instrument for data collection was a questionnaire designed by the researcher which consisted of sections A and B. section A provided personal data of the respondents, section B concentrated on questions designed to test the adolescent knowledge of contraceptives.

Validity of the Study

The instrument was validated by three experts in reproductive health and family planning. Suggestions from these three experts were incorporated in re-writing the final copy of the questionnaire.

Reliability of Instrument

The reliability of the instrument was determined with test-retest and was analyzed using Pearson's Product Moment Correlation (r). A reliability value of 0.75 was obtained indicating that the instrument was reliable.

Method of Data Analysis

Data collected were analyzed using chi-square via the statistical package for social sciences version 21.

Results

HO₁: There is no significant relationship between gender and adolescent knowledge of contraceptives.

Table 2: Influence of Gender on Adolescent Knowledge

Variable	Male	Female	Total	Df	X ² value	P value	D
Knowledge	67 (40.6)	98 (59.4)	165 (55)	1	6.538	0.00	H ₀ Rejected
No Knowledge	75 (55.6)	60 (44.4)	135 (45)				
Total	142 (47.3)	158(52.7)	300 (100)				

The findings above showed that gender significantly influence adolescent knowledge of contraceptives (df = 1, x² value = 6.538). P value 0.00. The null hypothesis is therefore

rejected.

H0₂: There is no significant relationship between age and adolescent knowledge of contraceptives.

Table 3: Influence of Age on Adolescent Contraceptive Knowledge.

Variable	10-14	15 – above	Total	Df	X ² value	P value	D
Knowledge	53. (35.1)	98 (64.9)	151 (50.3)	1	15.495	0.00	H ₀ Rejected
No Knowledge	86 (57.7)	63 (42.3)	149 (49.7)				
Total	139 (46.3)	161 (53.7)	300 (100)				

The table above showed that there exists a significant influence of age on adolescent knowledge of contraceptives. (df = 1, x² value = 15.495, P value = 0.00). The null hypothesis is therefore rejected.

H0₃: There is no significant relationship between religion and adolescent knowledge of contraceptive.

Table 4: Influence of Religion on Adolescent Contraceptive Knowledge

Variable	Christianity	Islam	Total	Df	χ ² value	P value	D
Knowledge	134 (67.7)	64 (32.3)	198 (66)	1	68.7	0.00	H ₀ Rejected
No	18 (17.6)	84 (82.4)	102 (34)				
Total	152 (50.7)	148 (49.3)	300 (100)				

The finding in the table revealed a significant influence of religion on adolescent knowledge of contraceptives {df = 1, X² value = 68.7 P = 0.00}. The null hypothesis is therefore rejected.

Discussions

H0₁: There is no significant influence of gender on adolescent knowledge of contraceptives.

The study finding revealed that there is a significant influence of gender on adolescents' knowledge of contraceptive use, revealing that both male 67 (40.8%) and female 98 (59.2%) adolescents know of contraceptives with female having more knowledge above their male counterparts. This is dissimilar to the results of Bekele (2005) who discovered that 49% of male adolescents know about contraceptives more than the female 43%, Khan and Mishra (2008) said that 49% of female and 72% of male adolescents knew of a modern method. Akani et al (2008) said that there is limited information about contraceptive knowledge among female, also Chinnah et al (2016) said that more males 28 (34.6%) than females 20 (27.4%) knew about contraceptives and finally, Bomba et al (2014) found out that 75.6% males knew about contraceptives than 27.3% females. A similar study by Ugwu (2012) showed that female adolescents (40.0%) know more about contraception and practice it more than the males (27.8%) who show negative attitude towards contraceptive use. Also, Eggieston et al (1999) said that male students are more favourably disposed in their attitude towards knowledge of reproduction with 77.7% as against 52.2% of their female counterparts, and Peditr (2011) said that 77% of the girls and 66% of boys know about

contraceptives.

The reason for the similarity is that female adolescents seek to know about contraceptive use so it can help them prevent unwanted pregnancy, abortion which could lead to death while the contrary studies stated that their reasons were that they (males) did not want to get their girlfriends pregnant so they do not start taking responsibilities. Both female and male adolescents need interventions that could improve their sexual knowledge and skills, clarify attitudes and beliefs and enhance discussions and negotiation skills (Watt, 2001).

H0₂: There is no significant influence of age on adolescent knowledge of contraceptives.

The study in table 4.2 and 4.8 showed that those adolescents aged 15 and above 98(60%) know more about contraceptive use than those aged between 10-14 53(40%). In confirmation with this study, a study carried out by Addai (1999) among adolescents aged 15-19 in Ghana revealed that 85% know at least one method of contraception. Also, Fantahum, et al (1995) discovered in his study that 75% of adolescents aged 15-17 know about contraceptives with Josphat, et al (2006). Byamugisha, et al (2006), Abiodam, et al (2001) and Nworah, et al (2010), revealing their source of information to be friends and rarely health institution and family planning clinics.

In aberrance to these studies, Chinnah et al (2010) and Bomba et al (2014) revealed own that adolescents aged 10-14 years 97.8% know more about contraceptives than those aged 15 and above (2.2%). Also, the Nigerian National Demographic Health Survey (2008) showed that 22% of adolescents aged 15-24 did not know about contraceptives.

Reasons for similarities could be that adolescents aged 15-19 are liable to have better access to sources of contraceptive knowledge like the internet, magazines, their class teachers because of their class level, their parents will not feel free to pass sexuality information to them because they are not mature for it. Not every source of sexuality information conveys and gives out age appropriate information that is why the younger ones especially in this part of the world are denied sex education. The people feel they are too young for such information. While the reason for the difference could be due to difference in the population of study.

Other studies have stated that the higher the adolescents' age, the higher the knowledge they have about contraceptive. Story (1999) is of view that sexual and relationship education should start at an early age prior to sexual debut, such knowledge could help both male and female adolescents to delay their first sexual encounters. Therefore, it is proper that those adolescents aged 10-15 even from 8 years be informed about contraception.

H0₃: There is no significant influence of religion on adolescent knowledge contraceptives.

The study revealed that there is no significant influence of religion on adolescent knowledge towards contraceptive. This means that Christians 134(69%) knew more about contraceptives than Muslims 64(31%) and this is in line with the findings of the study conducted by Chinnah et al (2016) which showed that Christians (62.35) knew more about contraceptives more than the Muslims (37.7%) of which Makhaza (2014) in his study gave a reason that parents with Christian affiliation were more likely to teach their daughters about abstinence and to talk about the importance of abstinence. But the study carried out by Ugwu (2012) is in aberrance to the finding of the study above, observed that Muslims (68%) knew more about contraceptives than Christians (32%).

The reason for similarities could be that every religious body would want to protect their image and practice what they preach by setting examples through the life of their young ones.

The reason for the dissimilarities in the result could be that the study carried out by Ugwu (2012) was conducted in the Northern part of Nigeria where there are more Muslims than Christians while that of Chinnah et al was conducted in the Eastern Nigeria where there are more Christians. Despite religious affiliation, proper age, sex information and education should not be hidden from adolescents especially in the church, because they tend to at this stage believe and practice what they are taught in the church, mosque and other religious settings than elsewhere.

Recommendations

- i. School, churches and other agencies of socialization should sponsor programmes promoting safe sex and sex education which should be in form of talk shows, seminars and platform for discussions with adolescents and youth by health educators, health professionals and teachers.
- ii. The teachers and parents should do well to give relevant sexuality information or education to adolescents before their engaging in sexual activities.
- iii. Government should provide youth friendly centres in the towns and villages which should be staffed with youth and health officers.
- iv. The government should put in legislations emphasizing free access to contraceptive health services for adolescents, especially in Ahoada West Local Government Area of Rivers State.

References

- Addai, J. (1999): Ethnicity and Contraceptive Use in Sub-Saharan Africa: The Case of Ghana. *Journal of Bioscope*. Science, 31, 105-120.
- Akani, C.I., Enyindah, C.E., Babatunde, S. (2008): Emergency Contraceptives, Knowledge and Perception of Female Undergraduates in the Niger Delta of Nigeria, *Ghana Med J*. 42(2) 68-70.
- Arowojoju, A.O. & Adekunle, A.O. (2002): Perception and Practice of Emergency Contraception by Post-Secondary Students in South West Nigeria. *Africa Journal of Reproductive Health*, 4; 56-65.
- Bekele, T. (2005): *Sexual Behaviour and its Correlates. The Use of Young People in Adama*(MSC Thesis University of Nazareth).
- Byamugisha, J.K., Mtrembe, F.M., Faxelid, E. Genzelt, Denlelsson, K. (2006): *Emergency Contraception Fertility Awareness among University Students in Kampala Uganda Afr. Health Science* 6(4): 194-200.
- Chimah, U.C., Lawoyin, T.O., Ilika, A.L. & Nnebne, C.C. (2016): *Contraceptive Knowledge and Practice among Senior Secondary School Students in Military Barracks, Nigeria* Ncponline.com.
- Gadisa, T. (2004): *Barriers to Use Contraceptive among Adolescents in the City of Addis Ababa*.
- Khan, S. & Mishra, V. (2008): Youth Reproductive and Sexual Health. OHS Comparative Reports No. 19 Calverton, USA: *Macro International Inc*.
- Kiraju, K. & Zabin, L. (1995): Contraceptive Use among High School Students in Kenya, *International Family Planning Perspective*, 21(2), 105-113.
- Lamina, M.A. (2015): Prevalence of Abortion and Contraceptive Practice among Women Seeking Repeat Induced Abortion in Western Nigeria. *Journal of Pregnancy*, 20.
- Makinwa, A.P. (1992): Sexual Behaviour: Reproductive Knowledge and Contraceptive Use

- among Urban Nigerians. *International Family Planning Perspective*, 18, 67-69.
- Mkhaza, M. (2014): Knowledge and Use of Contraceptives among Tertiary Education Students in South Africa. *Rome-Italy: MCSERC*, Vol. 5. No. 10, Pp. 502.
- Munthali, A., Moore, A.M., Konyani, S., Zakeyo, B. (2006): *Qualitative Evidence of Adolescents' Sexual and Reproductive Health Experiences in Selected Districts of Malawi*. The Allan Guttmacher Institute Occasion Report; (23).
- Onukwufor, J.N. and Echendu, I.O. (2016): Relationship between Parents' Drug Use, Peer Group Influence and Adolescents' Addictive Behaviour. *International Journal of Humanities Social Sciences and Education (IJASSSE)* Vol. 3, Pp. 1-8, www.iiardjournal.org.
- Story, W.A. (1999): *The Effect of Unplanned Pregnancy among College Women*, Virginia University Press.
- Ugwu, N.H. (2012): *Knowledge and Use of Contraceptive Methods among Youths in Abuja Metropolis, Nigeria*.
- Watt, L.D. (2001): Pregnancy Prevention in Primary Care for Adolescent Males, *Journal of Pediatric Health Care*. 15(5) 223-228.
- WHO (2007): Adolescent Pregnancy needs and undone deeds; a review of literature and programmes. World Health Organization; Geneva.