

ORIGINAL RESEARCH ARTICLE

Adolescents' knowledge and use of sexual and reproductive health services in the Federal Capital Territory, Nigeria

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Abstract

Contraceptive knowledge is vital to promoting youth health. It has been proven to lower the high rates of unwanted pregnancies, and STIs including HIV/AIDS. The aim of the study was to examine the level of contraceptive knowledge and use among youths in Federal Capital Territory (Abuja) Nigeria. The study adopted an explanatory sequential mixed-method research design. A total of 500 young people between the ages of 15 and 25 were interviewed. The majority of the youth (58.2%) were sexually active, with sexual debut starting within age 15-19. The prevalence of contraceptive knowledge was very high (78.8%), while (34.6%) were not using any type of contraceptives, even among the educated youth notwithstanding their level of education. It was concluded that there is a wide disparity between contraceptive knowledge and use which need to be bridged. There is a need to review policies regarding sexual and reproductive health, as well as sexuality education among youth in Nigeria. (*Afr J Reprod Health 2022; 26(6):80-88*).

Keywords: Adolescent, sexual and reproduction health, contraceptive knowledge, Nigeria

Résumé

Les connaissances en matière de contraception sont essentielles pour promouvoir la santé des jeunes. Il a été prouvé qu'il réduisait les taux élevés de grossesses non désirées, d'IST, y compris le VIH/SIDA. Le but de l'étude était d'examiner le niveau de connaissance et d'utilisation des contraceptifs chez les jeunes du Territoire de la capitale fédérale (Abuja) au Nigeria. L'étude a adopté une conception de recherche explicative séquentielle à méthodes mixtes. Au total, 500 jeunes âgés de 15 à 25 ans ont été interrogés. La majorité des jeunes (58,2 %) étaient sexuellement actifs, leurs premiers rapports sexuels commençant entre 15 et 19 ans. La prévalence de la connaissance de la contraception était très élevée (78,8%), tandis que (34,6%) n'utilisaient aucun type de contraceptif, même parmi les jeunes instruits, quel que soit leur niveau d'éducation. Il a été conclu qu'il existe une grande disparité entre la connaissance et l'utilisation de la contraception qui doit être comblée. Il est nécessaire de revoir les politiques concernant la santé sexuelle et reproductive, ainsi que l'éducation sexuelle chez les jeunes au Nigeria. (*Afr J Reprod Health 2022; 26(6):80-88*).

Mots-clés: Adolescent, santé sexuelle et reproductive, connaissance de la contraception, Nigeria

Introduction

Contraception is one of the key preventive measures in the reduction of sexually transmitted infections (STIs) including HIV/AIDS. Due to young people's involvement in risky sexual behaviours such as transactional sex, multiple sexual partnering, and non-use of condoms, scholars, and public health practitioners have begun to pay more attention to youth's sexual and

reproductive health (SRH) across the globe. Studies have shown that a number of factors are responsible for the increase in youth involvement in risky sexual behaviour that spurred the interest of the global health community^{1,2}. Some of these factors include low contraceptive knowledge and use, as well as a lack of adequate sex education from parents and teachers. The health risk faced by young people as a result of these factors is very high, accounting for 15% of the Global Burden of

Disease (GBD) for maternal conditions and 13% of all maternal deaths³. Contraceptive knowledge is crucial in the reduction of high Maternal Mortality Rate (MMR), as well as HIV/AIDS among youths. Despite the recent declines in the percentage of young people who have ever had sexual intercourse, and reduction in teenage pregnancy and child bearing in developed nations⁴. The case in developing countries Nigeria inclusive are different, as young people continue to be inconsistent contraceptive users. While studies in Nigeria, have shown that the high MMR, which was estimated to be 512 deaths per 100,000 live births in 2018 is a result of unsafe abortions among the youths². It indicates that many young people are sexually active with low level of contraceptive use. Discrimination on the part of female youth has subjected them to physical and sexual abuse which also contributes to increasing infections that are associated with non-condom use in Nigeria⁵.

Appreciable progress with regards to contraceptive knowledge and use has been made, but knowledge and use of contraceptives among youth showed very wide variation among countries in sub-Saharan Africa (SSA) than in other regions of the world⁶. A significant number of people globally without access to contraception are young people⁷, and if current trends of low knowledge of contraception among young people continue, there will be a high number of unwanted pregnancy, high maternal mortality, and illegal and clandestine abortions among young people^{8,27}. While lack of knowledge and access to contraception has been reported among young people⁹, other studies have reported increased interest among young people to have knowledge and how to access and use contraception in Nigeria^{10,11}, and a number of factors have been associated with low knowledge and use of contraception among youth in Nigeria.

For instance, demographic factors, such as age, region of residence, and gender have been associated with poor access to contraceptive information, with some studies showing that discrimination on part of young girls in some regions has subjected them to physical and sexual abuse compared to their adult counterparts^{12,13}, and this has been attributed to the fact that young girls most often start engaging in early sexual activities than their male counterparts¹⁰. Socio-cultural practices such as social norms, beliefs, and values attached to families and communities have also been associated with low contraceptive usage,

where young people are attacked by this socio-cultural environment when they want to exercise or negotiate safe sexual practices¹⁴. Other characteristics that have been found to be associated with contraceptive decision making include perceived risk and benefits, values, and personality factors^{15,16}. Consequently, for young people to exercise their sexual rights in many communities, it must be addressed within the cultural norms and values of such communities rather than individually as prescribed by the ICPD¹⁷.

More so, as part of this growing body of literature, the effect of age and area of residence has also been studied^{18,17}. This is because the age at which the youth engage in sexual activities varies considerably depending on the various socializing influences and the opportunities available for practicing sexual health. Also in several parts of Nigeria, studies have shown that pre-marital sexual activities are quite common, especially in the urban areas¹⁹⁻²⁰. As a result, unintended pregnancy arises when sexually active youth do not use contraceptive or use them incorrectly¹⁵. The tendency for young people to engage in sexual activity without the use of contraception, despite exposure to educational programs, has led investigators to consider the potential predictors of contraceptive use¹⁵, which has increasingly become of interest to policymakers and programme planners.

Based on the foregoing, the available literature shows the relevance of knowledge and practice of sexual and reproductive health among youth with mixed results. Numerous prevention strategies such as health education have been employed across the world including Nigeria in an effort to address the problems of sexual and reproductive health of young people. What is missing in the literature is the effectiveness of these programmes towards information on contraceptive access and use among young people, especially in Nigeria. This is vital because raising awareness of the consequences is not enough, young people's perception should be explored as factors responsible for low contraceptive knowledge and use among them, for any remedial action to be effective. This paper is also motivated by the fact that contraceptive knowledge is vital to promoting youth's health and wellbeing. Since, it has been proven to lower the high rates of unwanted pregnancy, and sexually transmitted infections.

Therefore, the main question this paper seeks to address is to ascertain the level of contraceptive knowledge and use among youth and to identify factors responsible for low contraceptive knowledge and use in Abuja metropolis.

Theoretical framework

The study adopted the theory of Reasoned Action, and the Health Belief model (HBM). Theory of reasoned action postulate that human beings are usually quite rational and make systematic use of the information available to them. It states that people consider the implications of their actions in a given context at a given time before they decide to engage or not engage in a given behaviour, and that most actions of social relevance are under volitional control²¹. On the other hand, HBM has been used to predict and explain variations in contraceptive behaviour since 1970s. It has been very influential in the study of family planning. The people consider the application of HBM as a very good strategy to prevent unintended pregnancies, especially among the youths. HBM state that knowledge about poor contraceptive behaviour have evolved over time. Therefore, contraceptive behaviour viewed through HBM helps to identify factors that influences successful control and reduce threat of pregnancy and associated complications.

Studies on contraception and other health behavioural outcomes have gone beyond prevention of pregnancy. For instance, exploring the association between levels of contraceptive use to STIs as well as HIV/AIDS prevention among adolescent girls and women aged 15-24 in Sub-Africa. More so, a significant association between power dynamics and contraceptive use efficacy has been reported²². This has been established in a study examining poor contraceptive knowledge and use became obvious because young girls who is engaging in a sexual relationships with an older men may be less likely to negotiate condom use given the gender power dynamic in the Southern African setting²³.

In SSA²⁴) examining ethnicity and contraceptive use among six groups in sub-Saharan Africa. The results of the study showed that ethnicity, not been in school, unemployment were negatively associated with contraceptive use. These factors identified especially ethnicity and place of residence were positivity related to using contraceptives in Nigeria. Similarly,

socioeconomic status, high educational achievement and an access to contraception were the most important factors predicting use of contraceptive among young females in Nigeria⁹. While almost all men who have used contraceptive had higher approval by their female partner. Consequently, World Health Organization report 2005 shown that the highest level of contraceptive use are for young unmarried youths between 20-24 years, whilst the lowest users are among adolescent married women between the aged 15-19. This gender differential in the levels and patterns of contraceptive use has also been documented in Ghana, where young adolescent women who used any method of contraception, had higher odds of coming from parents who are highly educated²⁵⁻²⁷.

The models suggest that an individual perception of perceived seriousness of pregnancy, benefits and barriers are more likely to affect the preventive actions such as using contraception which can prevent a specified condition such as unplanned pregnancy and perceived barriers such as difficult access to sexual and reproductive health services. The models provide a framework for understanding the use of condoms in heterosexual intercourse to prevent HIV/AIDS. It helps to understand the intentions to use condoms with sexual partners, in order to guide the design of policy, and programmes. Thus, the adoption of these models best explain the level of youth's contraceptive knowledge and use.

Methods

The population for this study consists of sexually active youth between the ages of 15 and 25 years in Abuja metropolis. FCT is the capital city of Nigeria, comprising five districts and several surrounding towns and villages. Abuja metropolis is one of the six councils areas in the FCT, the others being Bwari, Kwali, Kuje, Gwagwalada and Abaji. It is a place of remarkable beauty, well planned and peaceful. Abuja is the capital of Nigeria, established by a military decree in 1976 to be a place centrally located and free of ethnic domination by any cultural or religious group. By 1991, it had become the official capital (seat of Government) having most of all federal agencies based in or completely relocated to it from the former capital Lagos.

Simple random sampling technique was used to select the participants, which included undergraduate students in the University of Abuja,

Secondary school students, as well as traders and artisans in the metropolis. This type of sampling methods were chosen because of its objective nature in application since everyone in the study population has equal chance of being selected. Questionnaire were self-administered, and the participants were meant to know that anonymity and confidentiality will be highly maintained. About 520 questionnaires were distributed, meanwhile, about 500 were returned. After sorting out incomplete questionnaires, those from married respondents, 266 females and 234 males were left for analysis. And this samples were distributed across schools and other locations selected for the study. The sample consists of about 47 percent Christians, 46 percent Muslims and 7 percent with no specified religion.

The instruments developed for this study are two. It included questionnaires and In-depth interview guide. Although, questionnaire was the major instrument for data collection and in two sections. The first section sought to identify the socio-demographic information of the respondents, while the second part sought information on sexual activities, knowledge and use of contraception. The In-depth interview was used to investigate salient issues that may not have been covered in the questionnaire. It seeks information on the respondent's knowledge and attitude to the use of contraceptives. Data was analyzed using SPSS and results were presented using frequencies distribution tables and descriptive statistics.

Results

Table 1 shows that majority of the respondents were female youth (53.2%). While the male respondents were (46.8%) of the sample. This shows that the female respondents were more in number and shows interest to the study. The ages of the respondents ranging from 15-25 years were categorized into intervals of 5 years given a total of two intervals. Table 1 further showed that the highest proportion of respondents were aged between 15 and 19 years (54.4%). Followed by those aged 20-24 (38.2%) and then those aged 25years (7.4%). The implication is that contraceptive information should be made available to young people in the metropolis, as it was observed that this is the age adolescents engages in sex more in the metropolis, whether they have access to contraceptives or not. In confirming the results from the questionnaire, most

people interviewed agreed that 15 to 19 years age intervals are of critical point of starting sexual relationships. Hence, youths within this aged category should be properly guided with regards to sexual matters. Education was also paramount in adolescent health and wellbeing. Therefore, in assessing the level of education and knowledge of contraception among youth. Majority of the respondents (40%) are currently in secondary schools and higher institution respectively. Meanwhile, a lesser number of respondents (20%) are not in school at the time of this study. This therefore, shows that a higher percentage of the respondents were located in the school environment which made it easier for the distribution and collection of the questionnaires by the researcher.

As shown in the Figure 1, majority of the respondents (47.4%) were Christians, while 45.6% of the respondents were Moslems. The small proportion of the respondents (7.0%) could not specify their religious affiliation during the time of the study. This suggest that religious leaders have significant roles to play in the life of younger population, especially on how to live and practice a positive sexual life.

With regards to the knowledge of contraceptives among youth in the metropolis, table 2 shows that a higher proportion of the respondents (78.8%) were of the opinion that they have adequate knowledge of contraception while a lesser number of the respondents (21.2%) do not know or have knowledge of contraceptive method. The high knowledge of contraceptive method in the metropolis could be associated with the metropolitan nature of the city and the media advertisements on radios and televisions especially on how to avoid contracting HIV/AIDS.

With regarding to contraceptive use among youth, majority of the respondents (55.4%) were of the opinion that they did not use any contraceptive method during the last sexual intercourse with their partners. However, about (34.2%) of the respondents used a method of contraception at their last sex. Only a small number of respondents did not indicate whether they used any method or not. The implication is that majority of the youth may have adequate knowledge of sexual and reproductive health services but could not access or use. This could be as a result of embarrassment and fear to be seen when buying as indicated by those interviewed.

Table 1: Distribution of Socio-demographic characteristics of the respondents

Sex	Male		Female		Total (N=500)	
	No	%	No	%	No	%
	234	46.8	266	53.2	500	100
Age	15-19 years		20-24 years		Total (N=500)	
	272	54.4	19	38.2	463	92.6
Level of education	Tertiary		200		40%	
	Secondary schools		200		40%	
	Not in School		100		20%	
	Total		500		100%	

Source: Field work (2016)

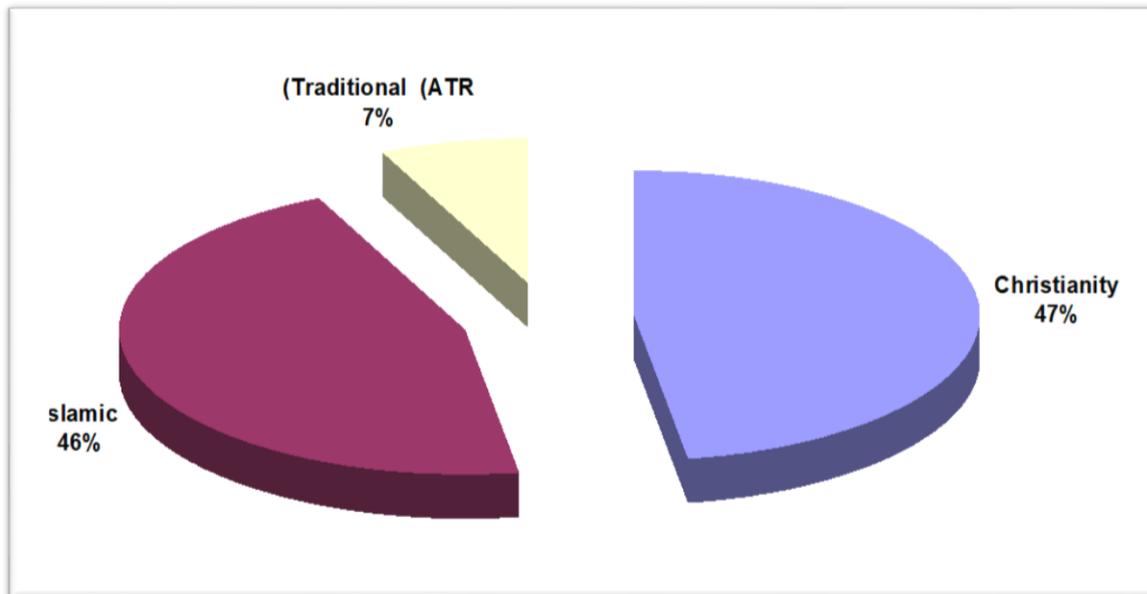


Figure 1: Distribution of respondents by religion

Table 2 further shows majority of respondents (26.6%) identified condom as the type of contraceptive methods that they used often. This was followed by smaller number of respondents (6.4%) that used withdrawal method at their last sex. Meanwhile, 5.8%, 1.6% as well as 0.6% adopt safe period, pills and IUD respectively. The result were also confirmed from the in-depth interviews, as condom was also identified as the most frequently contraceptive methods young people preferred to use during sexual intercourse. Furthermore, they identified the influence of alcohol, unplanned sex, negligence, and substance use as predictors to inconsistent use of contraceptive methods. Meanwhile, some of the youth pointed out how they got to know about condom through the in-depth interview sessions. For instance, ‘A 20 year old trader in the metropolis’, ‘my boyfriend encouraged me to use

condom whenever he wants to have sex with me to avoid getting pregnant’ with this I was able to know what contraceptive is all about (**IDI respondent**) Partner knowledge of contraception was also evident to the youth in other to avoid getting unwanted pregnancy and to prevent sexually transmitted infections. ‘My boyfriend have knowledge about contraceptive methods through watching pornographic videos’ [**Secondary school student**]

Figure 2 show that a higher proportion of young people may have knowledge of contraception but could not use it, and these could be as a result of barriers to access contraception. Other reasons could be socio-cultural barriers preventing older people to discuss sex related issues with younger ones in many communities in Nigeria. This result, however, suggest that there is need to empower

Table 2: Knowledge and use of contraceptive method

Knowledge of contraception	Frequency N=500	Percentage
Yes	398	78.8
No	106	21.1
Total	500	100
Use of contraceptives	Frequency	Percentage
Yes	171	34.2
No	277	55.4
Don't Know	52	10.4
Total	500	100
Did you use contraceptive method the first time you had sex	Frequency	Percentage
Don't know	180	36.0
Yes	173	34.6
No	147	29.4
Total	500	100
What contraceptive method did you used	Frequency	Percentage
No Response	289	57.8
Condom	133	26.6
Pills	8	1.6
Injectable	6	1.2
Withdrawal	32	6.4
Safe period	29	5.8
IUD	03	0.6
TOTAL	500	100

Source: Field work (2016)

young people with the necessary skills to practice safe sex. Again, give them basic information that will help in addressing their fear of side effects of contraceptives as alluded by some of them.

A lot of factors were identified as the reasons why they did not use any contraceptive method with their partners. Many of them identified lack of proper knowledge of contraception, while others identified that contraception is not culturally accepted, as their religion opposes the use of it. Other factors included perceived side, disapproval by parents/partner, long waiting at health institute and lack of money as well as lack of information on where to get contraceptive. For instance, some of the expressions are as follows:

“Using contraceptives by young people is not good and our church forbid using of it because it is a sin” [A University Undergraduate]

“It is always sweet to do it skin to skin as I enjoy sex that way” [A male bread hawker]

“I have never had of anything called condom, talk more of using it” [A young female hair dresser]

Hypothesis testing

The purpose is to test the study hypothesis, most of which focused on the relationship between independent variable and outcome variables. For instance, factors that influence knowledge and use of contraceptive use. The theories build on the rational choice of using vital information to enhance one's health, and to identify factors that could help to prevent unwanted pregnancies and sexually transmitted infections. The following research hypothesis were tested:

- I. Female youth approve use of contraceptives more than their male counterparts
- II. Youth in tertiary institutions are more aware of contraceptive methods compared to those in secondary and not in school.
- III. The higher the knowledge of contraceptives, the more the use of contraceptives

Hypothesis one examines the relationships between gender and use of contraceptives among youths. The significance of this relationship was tested by examining the p-value corresponding to the estimated odd ratios, which the p-value set at 95% significance level ($\alpha=0.05$). Results from the analysis show that female youth have higher odds of approval to use contraceptive more than their male counterparts. This implies that hypothesis 1 is upheld, since the knowledge and use of contraceptive will reduce unwanted pregnancy and HIV/AIDS infections among the female youth.

Hypothesis two tested the level of education and contraceptive use.

This was done by cross-tabulating knowledge of contraceptives by level of education of the respondents. The result revealed that youth in higher institutions (35.8%) are more knowledgeable about contraception compared to youths in secondary schools and those not in schools. Therefore, since the chi-square value 346.525 was significant at $p=0.007$ levels, we accepts the hypothesis that youths in higher institutions are more aware of contraception than their secondary school counterparts.

Hypothesis three tested higher knowledge of contraceptives, with the use among youth. This was done by cross-tabulating use of contraceptive methods with contraceptive knowledge. The result

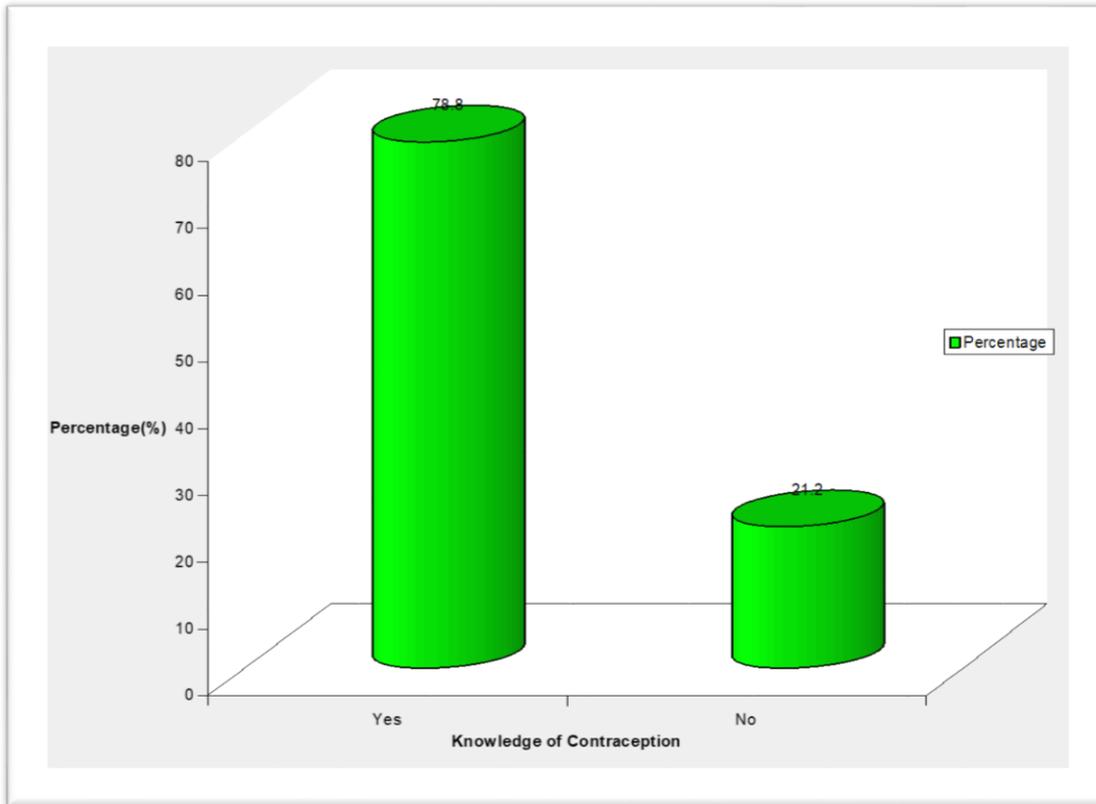


Figure 2: Distribution of respondents on knowledge of contraceptives

Table 3: Knowledge of contraceptive * current level of education

Knowledge of contraceptive methods	Current level of Education			Total
	Secondary	Tertiary	Not in school	
Aware of Contraceptive	90(18.0%)	179(35.8%)	55(11.0%)	324(64.8%)
Not Aware of Contraceptive	85(17.0%)	14(2.8%)	23(4.6%)	122(24.4%)
No Response	25(5.0%)	7(1.4%)	22(4.4%)	54(16.8%)
Total	200(40.0%)	200(40.0%)	100(20.0%)	500(100%)

$\chi^2 = 346.525, df = 98, P=.007$

Table 4: Knowledge and use of contraceptive * knowledge of contraceptive

Use of contraceptive methods	Knowledge of Contraceptive			Total
	High	Low	Don't know	
Approve	180(36.0%)	106(21.2%)	46(9.2%)	332(66.4%)
Not approve	112(22.4%)	-	10(1.2%)	122(24.4%)
No Response	-	-	46(9.2%)	46(9.2%)
Total	292(58.4%)	106(21.2%)	102(19.6%)	500(100%)

$\chi^2 = 4494.56, df = 1029, P=.000$

show that the higher knowledge of contraceptive methods determines the level of use among youths. Therefore, the chi-square value of 4494.56 was significant at $p=0.000$ levels. For youth to avoid being infected with sexually transmitted diseases or female youths getting unwanted pregnancies, knowledge of contraceptives is vital in curbing this menace.

Discussion

The aim of this study was to examine the existing evidence on knowledge and use of contraceptive methods among young people aged 15-24 in Abuja metropolis. Such studies were largely absent and this study pointed out the lack of available literature on SRH of young people, particularly

their knowledge and use in the metropolis, where sociocultural factors are preventing them from exercising their sexual rights, thereby putting their SRH at risk. It was observed that young people most often lack knowledge on SRH issues, including access to information, which were most times hindered by many different factors, including stigma and discriminations²⁸. Some of the studies reviewed showed high contraceptive knowledge, but limited usage¹⁻⁷. Our findings revealed that insufficient use of contraceptive contributes to high adolescent pregnancy related complications and untimely deaths in the metropolis. The study have tried to explore the access and hindrances to obtaining contraceptive methods. These factors includes, socio-cultural norms and values, including discriminations and stigmatization on the part of the providers.

The study further revealed that age, level of education and types of religious affiliation is associated with knowledge and use of contraception among youths in the metropolis. The fact that becoming older among the youths was found to increase the knowledge and use of any methods of contraceptives. It suggest that older youth tends to have better knowledge of contraception which might influence their sexual behaviour. In addition, it was revealed that education was associated with contraceptive knowledge, as it is a medium for transformation and dissemination of information about positive sexual behaviour. As a result, education provides young people with sexuality information, which gives them more power and ability to negotiate sex with their partners especially to use contraception²⁶.

More so, in line with an observation from²), our result revealed that using contraceptive could be linked to the fact that youth faced a lot of barriers at the level of access, which the reasons could be embarrassment to buy, fear of side effect and religious opposition could result that even youth who have the knowledge and want to use it will not due to these factors. These has affected their sexual and reproductive health rights as stipulated in ICPD framework. Therefore, youth at earlier age, for instance, 15-19years were less likely to use than those aged 20 and above, it could be that older youth discuss contraceptives with their partners/relatives than younger youths. This explains why youth at their early stages should need to be provided with information and guidance.

It could also indicate the importance of parents in providing information about contraceptive use and clearing the negative perceptions about contraceptives.

Ethical considerations

The ethical approval of the study was obtained from the Health Research and Ethics Committee University of Abuja, Nigeria and Vice Principal Academics of the Secondary Schools used for the study. Consent was obtained from the parents of those below age of 18 years that participated in the study.

Conclusion

In conclusion, the outcomes of this study are in support of the literature on the knowledge and use of contraceptive which was higher for youths in tertiary institutions compared to their secondary school counterparts. The study further highlights the influence of socio-cultural factors in shaping youth's contraceptive behaviour and its consequences for sexual and reproductive health rights. This could be attributed to the influence of globalization on social norms and the issue of morals among young people in Nigeria. As a result, the attitudes of most young people towards contraceptive use and its knowledge need to be improved through the provision of sexual and reproductive health information for healthy sexual behaviours. Also there is need to intensify national health sexual behavioral campaign programmes promoting safe sexual behaviour need of the youths in Abuja metropolis and Nigeria in general. The study recommends the provision of information about contraception and how it could be accessed by the youths without any stigmatization on the part of the providers.

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