



Use and Effects of Contraceptives among Female Secondary School Students in Abraka Community, Delta State, Nigeria

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ABSTRACT: This study assessed the use and effects of contraceptives among female secondary school students in Abraka. A total of 250 female students were involved in this study. Primary data were obtained using a well-structured questionnaire. Data gotten were analysed using descriptive and inferential statistics. The mean age of the respondents in this study was 15.09, majority of the respondents 212 (84.8%) considered themselves sexually active, while 198 (79.2%) of the respondents admitted to have had sexual intercourse. A high number of the respondents 201 (80.4%) had knowledge of contraceptives and a greater percentage (62%) got this knowledge from class-mates and friends and only 2.4% got it from course education and family combined. A total of 147 (58.8%) of the respondents were currently on contraceptive with most 81 (32.4%) admitting weekly use. One hundred and thirty-seven (137) (54.8%) of the respondents admitted to have experienced adverse effect in the course of using contraceptives with issues relating to menstruation being the most prevalent effect (26.4%). It is recommended that efforts should be intensified in creating awareness to promote safe sexual practice, especially abstinence amongst this age group.

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Throughout the world, female students are exposed to the risk of unplanned pregnancies as a result of ineffective or non-use of contraceptives (Tsui *et al.*, 2010). This may result in failure to complete their education, inability to maintain gainful employment as well as making independent marital decisions (Coetzee and Ngunyulu, 2015). Young students' sexual activities are a communal, municipal and public health concern. These activities, especially pre-marital sexual activities, seem to be increasing amongst students in continents such as Asia and Africa (Chimah *et al.*, 2016), because of factors such as rapid urbanization and exposure to social media (Mehra *et al.*, 2012).

Young people, (15-24 years) who represent one sixth of the world population (Rose-Clarke *et al.*, 2019), face a number of sexual and reproductive health problems. Chief among these include; sexually transmitted infections (STIs) especially HIV, teenage and unwanted pregnancies. There are about 12 million young people living with HIV and AIDS globally of whom 62% live in Sub-Saharan Africa (Ayesha and Quarraisha, 2016). An additional 6000 are infected

every day, representing more than 50% of all new HIV infections in the world (Ayesha and Quarraisha, 2016)

Abortions are very controversial in Africa, with most countries still having laws which prevent access to safe abortion services. According to the United Nations Population Fund (UNFPA) sub-Saharan Africa has the lowest demand (30%) and use (20%) of contraceptives among 15-19 year olds (Tsui *et al.*, 2017). Lack of access to family planning services and negative attitudes of health workers towards adolescent contraceptive use have contributed to high rates of pregnancies among adolescents (Radovich *et al.*, 2018).

This study was designed to investigate the extent of awareness on the use and effect of contraceptives among female secondary school students. It is expected that the outcome of this study could encourage at the grass root level, creation of awareness on the use of contraceptives for young people.

MATERIALS AND METHODS

This was a descriptive cross-sectional study that involved a total of 250 female students drawn from the

five (5) different secondary schools in Abraka community. Female secondary school students who responded to the research instruments constituted the study population. Questionnaires were given to consenting female secondary school students who answered and returned after filling. Ethical approval was obtained from the ethical board of the Faculty of Basic Medical Sciences. Informed oral consent was obtained from individual student who participated in the study. Data was presented as percentages using descriptive statistics.

RESULTS AND DISCUSSION

The socio-demographic pattern of respondents is presented in Table 1. Most of the respondents were within the age of 14-16yrs (32%), with a mean age of 15.1 years. The majority of the students, 77 (30.8%) were in junior secondary class 3 (JSS 3). Table 2 shows the respondents view on their sexual activity. A total of 212 (84.8%) of the respondents considered themselves sexually active while 198 (79.2%) admitted to have had sexual intercourse. Table 3 shows the respondents' knowledge about contraceptives. A number of 201 (80.4%) of the respondents knew about contraceptives. Knowledge about contraceptives was majorly gotten from classmates and friends according to 155 (62%) of the respondents. A total of 151 (60.4%) of the respondents identified pills as the contraceptive they knew about. Table 4 shows the respondents usage of contraceptives with 137 (54%) of the respondents admitting to have used pills. 147 (58.8%) admitted to be currently using contraceptives with 81 (32.4%) of them using it weekly. Twenty-five (10%) of the respondents have used contraceptive once and stopped. Table 5 shows the adverse effects experienced by the respondents. Of the 161 of the respondents that admitted to using contraceptives, 137 (54.8%) reported observing side effects from its use. Irregular menstruation was the most observed adverse effect as reported by 97(38.8%) of the respondents.

Majority of the respondents (82.4%) were aged between 11 and 19 years. This falls within the adolescent age group (Blanc *et al.*, 2009). Studies have shown that adolescents and youths constitute a high-risk group for unwanted pregnancy and sexually transmitted infections (STIs) including HIV/AIDS (Mason-Jones *et al.*, 2016). These are conditions that could be averted by good contraceptive knowledge and practice. The studies posited that these occurrences could be because these adolescents are in the transition period to adulthood and are likely to be involved in unprotected sexual activity (Duru *et al.*, 2010).

Table 1: Distribution of respondents' demographic characteristics

| Characteristics | Number (%) |
|-----------------|------------|
| Age | |
| 8-10 | 25 (10.0) |
| 11-13 | 61 (24.4) |
| 14-16 | 80 (32.0) |
| 17-19 | 65 (26.0) |
| 20-23 | 19 (7.6) |
| Total | 250 (100) |
| Class | |
| JSS 1 | 21 (8.4) |
| JSS 2 | 29 (11.6) |
| JSS 3 | 77 (30.8) |
| SSS 1 | 62 (24.8) |
| SSS 2 | 41 (16.4) |
| SSS 3 | 20 (8.0) |
| Total | 250 (100) |

Table 2: Distribution of respondent's Sexual activity

| Characteristics | Number (%) |
|-------------------------------|-------------|
| Sexually Active | |
| Yes | 212 (84.8%) |
| No | 38 (15.2%) |
| Total | 250 (100) |
| Had Sexual Intercourse | |
| Yes | 198 (79.2) |
| No | 52 (20.8) |
| Total | 250 (100) |

Table 3: Distribution of respondents' knowledge about contraceptives

| Characteristics | Number (%) |
|---|------------|
| Knowledge of contraceptives | |
| Yes | 201 (80.4) |
| No | 49 (19.6) |
| Total | 250 (100) |
| Source of knowledge of contraceptive | |
| Social media | 40 (16.0) |
| Classmates and friends | 155 (62.0) |
| Course education | 2 (0.8) |
| Family | 4 (1.6) |
| Total | 201 (80.4) |
| Type of contraceptive known | |
| Female condoms | 35 (14.0) |
| Pills | 151 (60.4) |
| Implants | 15 (6.0) |
| Total | 201 (80.4) |

Despite the relatively young age of the respondents in this study (15.09), a high number considered themselves sexually active 212 (84.8%) and 198 (79.2%) of the respondents admitted to have had sexual intercourse. This is most likely due to lax parenting, as family is the first place rules and advice about chastity especially in the female is highly encouraged (Okigbo *et al.*, 2015). Another possible factor is that the environment despite the presence of a university is predominantly rural. In these rural communities, the geographic dispersion, the difficulty of access, and the limitations in the quality of health services show a greater precariousness when compared to the urban health conditions (Padmore *et al.*, 2018). Adolescents are sometimes deprived of access to formal education, health services, and leisure and work opportunities, which are of great importance

for their development. The role of peer pressure also cannot be ignored.

Table 4: Distribution of respondents' use of contraceptives and occurrence of unintended pregnancy

| Characteristics | Number (%) |
|---------------------------------------|------------|
| Contraceptive used | |
| Female condoms | 24 (9.6) |
| Pills | 137 (54.8) |
| Implants | 0 (0.0) |
| Total | 161 (64.4) |
| Current usage of contraceptive | |
| Yes | 147 (58.8) |
| No | 103 (41.2) |
| Total | 250 (100) |
| Frequency of contraceptive use | |
| Daily | 76 (30.4) |
| Weekly | 81 (32.4) |
| Monthly | 4 (1.6) |
| Total | 161 (64.4) |
| Used contraceptive once only | |
| Yes | 25 (10.0) |
| No | 136 (54.4) |
| Total | 161 (64.4) |
| Had unintended pregnancy | |
| Yes | 35 (14) |
| No | 215 (86) |
| Total | 250 (100) |

Table 5: Distribution of the adverse effects reported by the respondents

| Characteristics | Number (%) |
|--|------------|
| Did you observe adverse effects | |
| Yes | 137 (54.8) |
| No | 24 (9.6) |
| Total | 161 (64.4) |
| Adverse effect observed | |
| Nausea | 8 (3.2) |
| Headache | 25 (10) |
| Heavy period | 75 (30) |
| Skin rash | 13 (5.2) |
| Offensive vagina discharge | 51 (20.4) |
| Menstrual delay | 66 (26.4) |
| Irregular menstruation | 97 (38.8) |

A high number of the respondents 201 (80.4%) had knowledge of contraceptives but a greater percentage (62%) got this knowledge from class-mates and friends and only 2.4% got it from course education and family combined. Information of this sort should have been mostly gotten from the home and also in schools as there is a tendency for peer to peer information to be wrong, based on myth or hearsays which are often incorrect and the effects are only worsen when they are spread and practiced often leading to unfortunate results namely infection and unwanted pregnancies. The role of the family and school ought to play a predominant role in sex education and awareness especially in rural environments, where social media education is not widely available as shown by the fact that only 16% got information from this source. The result reveals a lack of basic factual information (particularly from reliable sources) on contraceptive devices. This lack might have influenced their use of

contraceptives, although, simple measures such as mobile phones and social media if censored by appropriate authorities, have been suggested as promising means of increasing contraceptive use among adolescents (Chandra-Mouli *et al.*, 2014).

Majority of the respondents, 151 (60.4%) indicated that oral contraceptive pills were the method of contraception they were most familiar with, both in terms of knowledge and practice. It would therefore appear, that a higher priority was placed on prevention of unwanted pregnancies rather than prevention of sexually transmitted diseases (STDs). Furthermore, as 10% of respondents said they had used contraceptives only once before stopping it, it could be inferred that these students belonged to a unique class who needed emergency contraception following an unplanned sexual activity. As the risk of an unwanted pregnancy as severe or perhaps even more so than contraction of an STI, the use of barrier contraceptives should be advocated in such groups. The use of female condoms should be encouraged in this situation as they provide dual protection against STDs and unwanted pregnancies. A total of 147 (58.8%) of the respondents said they were currently on contraceptive use, with most 81(32.4%) admitting weekly use. This is probably in line with the fact that a high number indicated sexual activity.

A total of 137 (54.8%) of the respondents admitted to have experienced adverse effect in the course of using contraceptives with issues relating to menstruation being the most prevalent issue. It stands to reason that this could be because of the high number of the respondents taking pills as this has been shown to cause hormonal imbalances manifesting with menstruation irregularities (Curtis *et al.*, 2016). Other side effects noticed are also due to pills being employed as contraceptive means as the use of female condoms does not produce such effects, further strengthening its case as the more suitable means of contraception in this study.

Unsurprisingly, in view of the adverse effects, and perhaps other factors, 30% of the respondents chose female condoms as the most suitable means of contraception in this study. However, it is important to note that a higher number chose abstinence as the best method of contraception because of the moral, social, emotional and health dangers that exposure to adolescent sexual activity brings. A total of 35 (14%) of the respondents reported to have had unplanned pregnancy and this could be likely because of poor knowledge and practice of contraception. These results have highlighted the vacuum of knowledge currently among female secondary school students in

secondary school concerning sex education which is important at their current stage of life. Information garnered from friends at this stage have the possibility of not only being wrong but also lead to often negative life transforming situations such as unwanted pregnancy or incurable sexually transmitted disease (STDs). Such situation at such tender age would negatively impact on the family and society. These results also show that the role of the family especially mothers in the aspect of child sex education in seriously lacking. Parents particularly mothers should teach their children especially the girl child about sex education.

Conclusion: Findings from this study have shown a high level of contraceptive awareness and fairly high level of knowledge among the female students. The information on contraception was gotten from sources which may be lacking or wrong in mode of application. It is recommended that efforts be intensified in creating awareness to promote safe sexual practice, especially abstinence amongst this age group, particularly schools, churches and homes.

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