

Determinants of the Utilization of Modern Contraceptives among Adolescents in Futa Community, Akure, Ondo State, Nigeria

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Abstract

This study is designed to look into the determinants of utilization of modern contraceptives among adolescents. The study was built on the theory of differential association. Sexual risk taking among adolescents had reached an alarming rate while the adolescent uses of modern contraceptive have been very minimal. The situation has led to increase in maternal morbidity and mortality among the adolescents. The research design for this study was descriptive research design of survey type. The sample for the study was 200 respondents randomly selected in all the nine schools in FUTA. The instrument for the study were self structured questionnaire and in-depth interview schedule. Random sampling technique was used to select the respondents for the study. The researchers generated five research questions and two research hypotheses were formulated to guide the study at 0.05 level of significance. The result shows that majority (69%) were not aware of family planning unit in their domain while majority (67%) were only conversant with the use of condom. The result also shows that majority of these adolescents (68.4%) do not wish to have interaction with service providers they procure the methods used on the counter (selfmedication). The hypotheses were analysed using chi-square. The result shows that economic characteristics of respondents and low level of awareness affect the usage of modern contraceptives among adolescents. It also shows that most adolescents prefer emergency contraceptives such as condom; it shows the early sexual behavior of these adolescents as the age of the target group is between 16 and 19 years and they are already sexually active. Based on the findings of this study, the study recommends that parents should be closer to their adolescents children and introduce them to early sexuality educations so as to prevent early sexuality activities and enhance abstinence. Sex education should be more emphasized among secondary school children. Low cost or free contraceptive services should be provided for sexually active adolescents and service providers should be ready to assist them especially in the area of counseling.

Keywords: Determinants; Utilization; Modern contraceptive; Adolescent; Community; Abiye

Background of the Study

Adolescence describes the teenage years between 13-19 years and can be considered the transitional stage from childhood to adulthood. However, the physical and psychological changes that occurs in adolescence can start earlier during preteen or teen years ages 9 through 12. According to World Health Organization definition as documented by Adhikuri [1,2] adolescence begins with the onset of physiological puberty and ends when they are identified and their behavior is accepted by adults. Adolescence is a period of transition from childhood to adulthood and involves physical, psychological cognitive and social behavioural changes [3].

Adolescence is a period in which although no longer considered a child the young person is not an adult either. In Nigeria, the National Population and Housing census estimated Nigeria population as 160 million out of which adolescents (10-19 years) constitute more than a fifth 22.1% of the whole population while young people (age 24 years) constitute almost a third (31.7%). What makes the adolescent stage to be more interesting is the fact that it is the period of character formation which is characterized by curiosity-adolescent are interested in finding new ideas, they want to be well informed about new innovations and new knowledge [4]. This characteristic propels their attitudes in intending to experience all that their colleagues have experienced. They also predispose themselves to risky sexual behaviours due to their curiosity and over ambition for example in an attempt to explore more knowledge about sex. Pokharel, Kulczycki and Shaky [5], adolescent is a period of development that corresponds roughly to the period between the ages of 10 and 19 years which is consistent with the WHO affirmation that some adolescent engaged in active sex without having an hint about contraceptives method to prevent pregnancy.

A lot of unintended pregnancies occur and most of them became drop out in schools. Influence of peer group is an important peculiarity

of adolescent they believe so much in the information from their friends and peer group than their parents. Fortunately if they find themselves among goal oriented group they achieve laudable success in life. In another fashion the bad influence of their friends may cost them a lasting devastating experience which can give them a permanent damage [1]. Mass media and home videos are also influencing and mostly affecting adolescents. They create too much time for surfing the internet, watching home videos where some of them learn several bad vices, watch phonographic pictures and obscene films. In some instances they may not get the positive messages of these films, they will therefore take to the negative aspect of the films.

Contraception can be defined as intentional prevention of pregnancy through the use of various drugs, devices or surgical procedures. Pokharel, Kulczycki and Shaky [5], defined contraception as the use of various procedures directed at impeding conception. These various drugs, devices or procedures are referred to as contraceptives. Contraceptive could be traditional methods used by our forefathers to prevent pregnancy. According to Adesokan [1], modern methods of contraception are the methods that could either interfere with the body system, referred to as hormonal or block the spermatozoa from entering the womb, these are barrier method. Natural methods are methods that do not violate or interfere with the body mechanisms. These are safe period like calendar method, thermal regulation, beads counting

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and cervical mucus observation. Other contraceptive methods include emergency contraceptives and cervical cap. The use of condoms and vaginal spermicides are methods that are adequate for all sexually active adolescents to decrease the risk for contracting sexually transmitted diseases.

In addition to the latex condom there are other barrier methods such as diaphragm, cervical cap, vaginal sponge and female condom [5].

Single parenting seems to be one of the factors that determine the utilization of modern contraceptives among adolescents in Nigeria. This could be as a result of separation, death and broken marriages. These extra family factors have been found to be responsible for the bad sexual lifestyle of some adolescents. Many of these boys and girls are found on the streets going into prostitution and other social vices [5]. The major concern for this research emanated from the perceived low usage of contraceptives among the adolescents compare with the bad sexual lifestyle ravaging this age group. There is high rate of risky sexual behavior among adolescents which include unprotected sex, rape and sexual assault. This also brings about the urge to know the determinant factors for the low usage of modern contraceptives.

Statement of Problem

Indeed there is poor rate of contraceptives use among the adolescent with increase negative consequences. Adolescents are dying due to poor usage of contraceptives and many going about with complications emanated from early child bearing and criminal abortion. Various studies have been conducted by various researchers have highlighted the negative consequences of adolescent decrease use of contraceptives [1,2,4]. Teenage pregnancy, unsafe abortion leading to serious complications like perforation of the uterus, sepsis and future infertility as part of negative consequences of poor rate of contraceptive use [1]. According to some studies conducted in various parts of the country, it was documented that the utilization level of contraceptives among adolescents were far below average due to influence of culture, religious belief and practice, peer group opinion, parental attitude and job type [4]. Worthy of note, Ondo state had the highest rate of maternal morbidity and mortality in South west geographical zone due to poor utilization of modern contraceptives before Dr. Olusegun Mimiko led government, this attracted the international and NGOs to Ondo State which brought about Abiye programme and mother and child hospitals. The two programmes expose the state to number of pregnant women in the state that could have had problems during delivery if these services were not made free. More nurses and midwives were retrained for the important services of long acting reversible contraceptives methods were introduced to women and adolescents.

The rate at which teenagers are impregnated is on the increase, many of them end up having unwanted babies. Teenage parents often do not have the financial resources to take care of the babies. They usually rely on their family members and relations for assistance. It could also lead to a breakdown in vocational development because they are often expelled from school and may not have opportunity of being reabsorbed to the school again. Rate of teenage pregnancy in the world, according to the (FMOH) Federal Ministry of Health [6] ranged from 143 per 1000 in some sub-Saharan African countries to 2.9 per 1000 in South Korea. About 16 million children are born annually to teenagers of less than 20 years worldwide (11 percent of total births) with a high proportion of this occurring in sub-Saharan Africa. In Nigeria, approximately a quarter (23%) of females aged 15-19 years have begun child bearing, 18% have had a child and 55% are pregnant with their first child; most adolescents pregnancies result in poor prognosis which include maternal deaths, maternal morbidities, neonatal morbidities or mortalities or lifelong

social and economic consequences for the adolescents [3]. There is no study conducted to determine the determinants of the utilization of modern contraceptives among adolescents in FUTA community, Ondo State.

Research Objectives

The general objective of this study is to examine the determinant of the utilization of modern contraceptives among adolescents in FUTA community, Akure, Nigeria.

The specific objectives are to;

- Ascertain the adolescent' level of awareness about modern contraceptives.
- Examine the knowledge of the adolescent about modern contraceptives
- Identify the modern contraceptive methods adolescent are conversant with.
- Investigate the influence of the attitude of family planning service providers on adolescents utilization of modern contraceptives.
- Identify cost effectiveness as it affects its usage among the adolescents.
- Identify possible ways of increasing the utilization of modern contraceptives among adolescents

Research questions

The following research questions were generated to guide the study:

1. What is the adolescents' level of awareness of modern contraceptives?
2. What is the level of adolescents' knowledge of modern contraceptives?
3. To what extent has attitude of service providers influence the utilization of modern contraceptives by the adolescents?
4. Does the cost of modern contraceptive services affect its utilization by adolescents?
5. What are the possible ways of increasing the usage of modern contraceptives among the adolescents?

The following research hypotheses were formulated to guide the study and tested at 0.05 level of significance.

1. There is no significant association between respondent's socio-economic characteristics and the use of modern contraceptives.
2. There is no significant relationship between adolescents awareness and the use of modern contraceptives in FUTA Community

Methodology

The method used in carrying out this research work is descriptive survey design. It is used to investigate the determinants of the utilization of modern contraceptives among the adolescents in FUTA Community, Akure, Ondo State, Nigeria. It contains population of the study, study area; historical background of the studying population, sample and sampling technique, instrument for data collection and procedure for the data collection. The study was carried out in FUTA Community, Ondo state. The university health center is an accredited center for National Health Insurance Scheme (NHIS), where maternal and child health care services are rendered free. The population of the study is

all adolescents in FUTA community comprises of all adolescents staff, students and staff dependants, Ondo state. However, it is a catchment area for all adolescents regardless of race and ethnic group. Other tribes also lives in this area where they run their day-to-day business example; Ijaws, Igbo, Hausa etc. The study population consists of all adolescents in FUTA community. The sample size for the study is 200 adolescents in FUTA Community. Simple random sampling was used to select the respondents because of its fairness and objectivity, since everyone in the population has the chances of being selected.

There are two instruments used in this study. They are; questionnaire and in-depth interview schedule. The questionnaire contains 4 sections. The first section sought the socio-demographic characteristic of the respondent in the study. The second part sought information on knowledge and use of modern family planning methods. The third part is to find out the attitude toward modern F/P. Fourth part is to find out the acceptance and utilization by the respondents.

The data collection for this study was with the help of structured questionnaire that consist of close-ended questions and structured questions. The questionnaires were distributed to respondents for self administration, while the non-literate respondents were interviewed with questionnaires as a guide in which question were translated into the language that the respondent understands. The process of data analysis in this research study were descriptive and inferential statistical techniques such as frequent distribution tables and percentage measures so as to describe the attitude, knowledge, utilization and acceptance of respondents. The data were analyzed using statistical package of social science version 14.0.

Results and Findings

The Table 1 above revealed that 75.5% of the adolescent were 16-19 years, 19.3% were between 14-16 years and 5.2% were 12-14 years. Marital status revealed that 87% were single, 10.9% were married and 2.1% were engaged. The religion affiliation of the respondents shows that 84.4% were Christian, 15.1% were Islamic religion while 5% were traditional believers. The educational status shows that 61.7% had tertiary education, 36.8% had secondary education, 1% had primary education and 0.5 % had no formal education. It is worthy of note that the study was conducted in University community. The occupation of

Variables	Category	Frequency	Percentage
Age group	12 -14 years	10	5.2
	15- 16 years	37	19.3
	17 -19 years	145	75.5
Marital status	Married	21	10.9
	Single	168	87.0
	Engaged	04	2.1
Religion	Christianity	162	84.4
	Islamic	29	15.1
	Traditional	01	0.5
Educational status	Primary	02	1.0
	Secondary	71	36.8
	Tertiary	119	61.7
	Noformal education	01	0.5
Occupation	Unemployed	27	14.1
	Student	163	84.9
	Trading	02	1.0
House hold size	1 -5 persons	74	51.7
	6 -10 persons	64	44.8
	11 persons	05	3.5

Table 1: The demographic characteristics of the respondents.

the respondents shows that majority were students 84.9%,14.1% were unemployed adolescents and about 1% engaged in trading. Household size shows that 44.8% were 6-10, 1-5 person per house hold was 51.7% and those house hold size greater than 11 persons were 3.5%.

Table 2 above shows that 69% were not aware of family planning services in FUTA Health centres and this has a long way to go in the utilization of the service in the study area while only 31% were aware of the service.

Table 3 above shows that about 82% were aware of modern contraceptives among the respondents and 18% were not aware of modern contraceptives among the respondents.

Table 4 above revealed only 47.7% were not utilized any of the available modern contraceptives and none of the respondents was not conversant with various methods of modern contraceptives. About 29.5% of the respondents used condom while 8.3% used oral pills. About 10.9% used safe period/calendar method to determine when to engage in sexual issues with their loved ones. Other methods like billing method, injectables, and implants were utilized by respondents by 1% each though they were conversant with them at varied degrees ranging from 3.8% to 10.5%.

The information from above Table 5 shows that the respondents had preference for the use of condom more often because it is safer , easily available at reduced cost and prevent pregnancy and reduced the risk of contracting sexually transmitted diseases.

Hypotheses Testing

There is no significant association between respondents socio-economic characteristics and the use of modern contraceptives.

As shown in Table 6 above, the study established that there were significant association and relationship in respondents sex ($X^2=0.003$, $P<0.05$), Age ($X^2=0.035$, $P<0.05$), Educational status ($X^2=1.151$, $P<0.05$), Household size ($X^2=0.035$, $P<0.05$), Marital status ($X^2=2.170$, $P<0.05$)

Response	Frequency	Percentage
Yes	60	31
No	133	69
Total	193	100

Table 2: Awareness of family planning unit in futa health centre.

Response	Frequency	Percentage
Aware	159	82
Not aware	34	18
Total	193	100

Table 3: Awareness of modern contraceptives among adolescents.

Methods	Utilised	Utilised	Conversant with	Conversant with
	Frequency	Percentage	Frequency	Percentage
Safe period/ calendar	21	10.9	60	17.5
Billing method	2	1.0	13	3.8
Injectables	2	1.0	36	10.5
Implants	2	1.0	24	7.0
IUD	1	0.5	20	5.8
Oral pills	16	8.3	59	17.3
Condom	57	29.5	130	38.0
Not at all	92	47.7	0.0	0.0
TOTAL	193	100	342	100

Table 4: Methods conversant with and have been utilise before.

Methods	Reasons	Frequency	Percentage
Condom	It is safer	20	38.5
	No cost and scientific method involved	1	1.9
	It is a common method	1	1.9
	It prevent pregnancy	4	7.7
	Easy to calculate menstrual cycle	1	1.9
	Safer, effective and temporary	1	1.9
	It is highly emotional	2	3.8
	Rest of mind of not getting pregnant after sex	1	1.9
	It works faster	1	1.9
	It is more function than others	1	1.9
	I love sex when it is cool	1	1.9
	Easier to use and no negative effect	1	1.9
	It is cheap	3	5.8
	It prevents HIV/AIDS and unwanted pregnancy	1	1.9
	Safest and most convenient	1	1.9
	It's safe and easy to use	1	1.9
	Safe and makes sex smoother like a lubricant	2	3.8
Protect from pregnancy and STDs	1	1.9	
It is sweet and safe	1	1.9	
Oral Pills	It prevents unwanted pregnancy and it's readily available	1	1.9
	It is good	1	1.9
	It is the best method	1	1.9
Iud	No reason	3	5.8
	Menstruation pains	1	1.9
TOTAL		52	100

Table 5: Reasons for the preference of modern contraceptives by the respondents.

Socio economic characteristics	Chi-square calculated	Df	p-value	Decision
Sex	64.5	1	0.003	S
Age	108.3	3	0.035	S
Educational status	44.8	5	1.151	S
House hold size	-	3	0.035	S
Marital status	244.5	7	2.170	S
Occupation	72.258.8	1	0.003	S

Table 6: Association between socio economic characteristic and utilisation of modern contraceptives.

Variable	r-value	P value	Decision
Awareness vs contraceptive use	0.258	0.014	Significant

Table 7: Showing respondents awareness and the use of modern contraceptives among adolescents in the study area.

and occupation ($X^2=0.003$, $P<0.05$) of the respondents and the use of modern contraceptives by the respondents. The null hypothesis, there is no significant association/relationship between respondents socio-economic characteristics and the use of modern contraceptives is therefore accepted. This implies that age, sex, marital status, household size and occupation affect the use of modern contraceptives in the study area.

Hypothesis two

There is no significant relationship between adolescents awareness and the use of modern contraceptives in FUTA Community.

The result of the findings as shown in Table 7 above revealed a significant relationship between awareness ($r=0.258$, $P<0.05$) and the use of modern contraceptives. Therefore, the null hypothesis is rejected. By implication, there is enough evidence to show that there is

significant relationship between adolescents awareness and the use of modern contraceptives in FUTA Community.

Discussion of Findings

One of the Millennium Development Goals (MDGs) is to reduce maternal mortality rate by two third through improvement of maternal health, and this could be achieved through provision of quality reproductive health and family planning services. The rates at which teenagers are pregnant and the adverse effect of criminal abortion have not made the goal achievable in developing countries like Nigeria. Contraceptives are found to be helpful for sexually active adolescents than engaging in abortion even though abstinence is culturally and morally preferable. The result of the first hypothesis showed that there is significant relationship between respondent's socio-economic characteristics and the use of modern contraceptives. This indicates that the sex, age, house hold size and educational status have significant relation with usage of modern contraceptives among adolescents. The findings of this study are in agreement with the documentation.

Considering the age of the targeted respondents in this study, those below 20 years is significantly associated with modern contraceptives use. It is observed that more than two third of the respondents were not married. This is responsible for the low usage of modern contraceptives among them. The findings from the interaction of this study with some service providers indicated that 4 out of 6 were of the opinion that these young adults are too young to be introduced to the use of modern contraceptives. This could be responsible for the increase in teenage pregnancy with subsequent increase in criminal abortion among the adolescents. The role of education in the use of modern contraceptives cannot be underestimated as shown by the findings of this study. Those of higher education status were more likely to use modern contraceptive method than with no formal education or little educational attainment. The target population for this study is educated, only few were without formal education. Therefore, comparative analysis was not feasible but this can be supported by the demographic and health survey in Ethiopia, 2005 that educated women were more likely to use modern contraceptives than the illiterates. The results of the second hypothesis showed a significant relationship between awareness $X^2=0.258$, $P<0.05$ and the use of modern contraceptives. This indicates that the more awareness this group of people have, the more their usage of contraceptives. This is in line with the result of Puri and Cleland [7] who reported that there is little or no awareness of contraceptives usage before most adolescents engage in sex and which could eventually result in unwanted pregnancy. This study is also in agreement with the findings of Odo, Samuel and Fesh [8] when carried out study on psychosocial and socio cultural factors associated with non utilization of contraceptives among adolescents in Nsukka Local Government area of Enugu state. Amuyunzu and Nyamongo [9,10] in their findings observed that most adolescents feel shy and ashamed to obtain information about sexual health services and contraceptives. They are not well informed about the use of contraceptives, majority are not aware of the existence of family planning clinic at FUTA Health Centre, so they cannot maximize the advantage of its existences.

Conclusion

The majority of the adolescents are using condom as contraceptive methods and is the method they are well aware. The adolescents prefer to use contraceptives on their own without consulting service providers. Religious belief and other social demographic variables like marital status, age, household size and level of education affect the utilization of modern contraceptives in the study area. The study

established the fact that inadequate awareness has a great impact on the level of contraceptive usage among the adolescents and more importantly that the adolescents are too young to be exposed to the use of contraceptive as they could abuse the privilege. This study establishes the fact that inadequate awareness has a great impact on the level of contraceptives usage among the adolescents. It is also discovered that if the commodities are provided free by government, it will make them available, affordable and improves its usage. Since most of them are students, their economic status is affecting their purchasing power.

Recommendations

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

1. Early sex education should be introduced to children by their parents as this could enhance abstinence and make the parents to be alive to their parental roles.
2. Parents should always monitor their children since it has been established that they are sexually active at this tender age.
3. Religion leaders should introduce sex education into various special programmes for the adolescents to inculcate good moral values for them
4. More awareness should be created on abstinence as the best method and on the utilization of modern contraceptives when counselors are handling sexually active young people.
5. Family planning service providers should be ready to assist these adolescents that come to their clinic for assistance.

6. All categories of modern contraceptives should be accessible, available, affordable and equitably distributed in low rural resource setting and urban areas.

References

1. Odutolu O (2015) Adolescent Sexual and Reproductive Health in Nigeria. World Bank, Washington, DC.
2. Adhikari R (2009) Factors affecting awareness of emergency contraception among college students in Kathmandu Nepal. *BMC women's health*. 27:2009.
3. FMOH (2011) National Guideline for Family Planning Services in Ethiopia. Addis Ababa: Federal Democratic Republic of Ethiopia Ministry of Health. Ethiopia.
4. Koe I (2000) Determinants of contraceptive use and method choice in Turkey. *J biosoc sci* 32:329-342.
5. Pokharel S, Kulczycki A, Shakya S (2006) School based sex education in Western Nepal: Uncomfortable for both teachers and students. *Reprod Health Matters* 14:156-161.
6. FMOH (2010) Health and Health Related Indicator Policy plan and Finance, General Directorate, Abuja, Nigeria.
7. Puri M, Cleland J (2006) Sexual behavior and perceived risk of HIV/AIDS among young migrant factory workers in Nepal. *J Adolesc Health* 38:237-246.
8. Odo AN, Samuel TR, Fesh ES (2010) Psychosocial and socio-cultural factors associated with non-utilization of contraceptives among adolescents in Nsukka Local Government Area of Enugu State, Enugu.
9. Amujuzu M, Nyamongo M (2005) Qualitative evidence on adolescents views of sexual and reproductive health in sub-Saharan African. Occasional Report. The Alan Guttmacher Institute. New York.
10. Lebes RT, Mapultle SM, Ranathuba DU, Khoza LB (2013) Factors influencing the uptake of contraception services by Vatsonga adolescents in rural communities of Vhembe District in Limpopo Province, South Africa. *Health SA Gesondhied* 18:45-55.