

Contraceptive Use Among Adolescents In University Of Ilorin Teaching Hospital Uith In North Central Nigeria

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Abstract

Context: Contraception is one of the important unmet health needs of the adolescents especially in the developing countries.

Objective: To determine the prevalence of contraceptive use among adolescents in Ilorin.

Methods: Records of all female adolescents aged 15-24 years who attended the Family planning clinic over a 5 year period (2005-2010) at the University of Teaching Hospital were reviewed. The clients' social data and choice of contraception were analysed.

Results: There were 188 adolescents out of a total of 6605 women who attended the family planning clinic over the stated period. The mean age was 20.2 years. 7.4% of the clients' were unmarried while 92.6% were married. 54.9% chose IUCD, 25% chose OCP, 16.3% chose Depo Provera, 1.6% chose Norplant and 1.1% chose condom and Vaginal pessaries respectively.

Conclusion: The contraceptive needs of adolescents are still largely unmet. All efforts should be put to meet these needs as contraception is one of the most important ways of preventing unwanted pregnancy, subsequent abortion and its attendant morbidity and mortality.

Introduction

Adolescence is described as a period when a care free child becomes a responsible adult. A person aged 10-24 years is described as an adolescent¹. It is the most vulnerable stage of development. During adolescence, young people develop physically, emotionally and intellectually. Adolescence is also a time when risks of sexual and other forms of abuse, exploitation and violence are high². This makes adolescents to have special health needs especially as it concerns to their sexual and reproductive lives. One of such health needs that must be met is contraception because it is one of the most effective ways of preventing unwanted pregnancies and subsequent abortions which are mostly unsafe. This is particularly so in developing countries.

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In Nigeria, there is a persistent reluctance by health workers to provide adolescents with contraceptives and also of the adolescents to seek contraceptive services³. This is based largely on the premise that the culture does not support pre-marital sexual activity. However, several studies have revealed that a large number of adolescents are experiencing early sexual debut, some as early as 13 years³. Furthermore, mortality resulting from termination of unwanted pregnancies is on the increase among Nigerian adolescents³.

The aim of this paper is to determine the prevalence of contraceptive use among adolescents in Ilorin, Kwara State.

Methods

This is a retrospective study. Data were obtained from the records of the family planning unit of the UITH, Ilorin. The period of study was 5yrs (2005-2010). Data was collected from the records of the adolescent clients (10-24yrs). Analysis was done using simple frequencies and percentages.

Results

A total of 6605 women registered at the Family Planning Clinic at the UITH, of which 188 (2.8%) were adolescents. The mean age was 20.2 yrs (range 15-24 yrs). Fourteen (7.4%) of the adolescent clients were unmarried, and the rest were married as shown in diagram I.

Intrauterine contraceptive device was chosen by 103 (54.9%) of the clients, 47(25%) chose OCP, 16.3% Depo provera, 1.6% implant (Norplant), 1.1% condom & vaginal pessaries. There was no record on emergency contraception. Thirteen of the 14 unmarried adolescents preferred as their contraceptive method the oral contraceptive pills. This is shown on table I.

Discussion

Adolescent attendance at the family planning clinic was abysmally low in this study. The prevalence was only 2.8%. This finding is to be expected in this country as Nigeria has one of the lowest contraceptive prevalence rates from 13% in Africa⁴. This results in high rates of unplanned and unwanted pregnancies. This is associated with high rates of unsafe and induced abortions. It is estimated that 60% of pregnancies in Nigerian

Marital Status of Adolescent Clients at the Family Planning Clinic UITH



TABLE I: Choice of contraceptive of adolescent clients at the family planning clinic, UITH.

Marital status	Contraceptive method of choice					
	IUCD	OCP	DEPO	Norplant	Condom	Vag.Pess
Married	103(54.9)	34.0(18.1)	30 (15.9)	3(1.6%)	2(1.1%)	2(1.1%)
Unmarried	0.0	13.0(6.9)	1(0.5)	---	---	---
Total	103(54.9%)	47(25%)	31(16.3%)	3(1.6%)	2(1.1%)	2(1.1%)

adolescents aged 15-25 years are unwanted and unplanned, with 80% of these adolescents with such pregnancies resorting to unsafe and illegal abortion⁴. Those who continue with the pregnancies suffer negative socio cultural and economic factors that severely compromise their health status in pregnancy and contribute to adverse maternal outcomes⁴.

In this study, contraception utilisation by the unmarried girls was very low as 92.6% of the adolescent clients were married. This further reinforced the findings by a study from this centre that even though adolescents have high level of contraceptive knowledge, they are poor users of contraception services due to many reasons including being unmarried⁵. Other reasons for poor patronage of these services found in that study include feeling embarrassed to go to the clinic, poor reception and lack of confidentiality by the service providers, location of the FP services and high cost of methods⁵.

Intrauterine contraceptive device (IUCD) was the choice of contraception in 54.9% of the adolescents. This was followed by oral contraceptive pills (OCP) in 25%, injectable contraceptives in 16.3%, implant (Norplant) in 1.6%. This differs from the developed countries where the choice of injectable is becoming increasingly common although continuation rates are disappointing⁶. It was also found in this study that OCP was particularly more acceptable to the unmarried clients as 92.1% chose that method of contraception. This may be explained

from a previous study which showed that factors affecting choice of contraception among adolescents include effectiveness, peer group influence, cost availability and convenience⁷. Convenience may be the factor here as it is easier to purchase OCP over the counter than to go to a health centre to insert an IUCD.

Emergency contraception (EC), which refers to methods of pregnancy prevention used after unprotected intercourse, did not feature at all in this study as there was no record of it being offered to clients. Even though EC has the potential to prevent 50% of unplanned pregnancies and thus 60%-70% of abortions annually⁸ (Henshaw, 1998; Trussell, Stewart, Guest & Hatcher, 1992), it is still not widely used and where it is used, Obionu CN et al (1999) found that it was used mainly in the older age group and more educated women⁹. The safety and efficacy of EC make it a particularly important tool for sexually active adolescents. Henshaw, 1998)

The goal of the clinician who provides care to adolescents is to help prevent unintended pregnancy and the transmission of sexually transmitted infections (STIs). Every adolescent requires counselling on the choices they make related to sexual activity, which should include discussions about abstinence, contraception, the prevention of STIs, and the correct way to use a condom. Clinicians and other health care workers involved in adolescent care must be supportive of the adolescent as their choices evolve over time

There should be more vigorous education of adolescent by the parents and in the classroom on a more responsible sexual behaviour, such as sexuality education/Family Life Education. Adolescent Friendly Clinics (AFC) should be available and easily accessible to the adolescent without the fear of being looked down upon, harassed or becoming a source of gossip by the health workers and the public.

References:

1. Report of the National Conference on Adolescent Reproductive Health in Nigeria. 26-29 1999, FMOH, Abuja.
2. UNFPA: Supporting adolescents and youth. Available at <http://www.UNFPA.org/adolescents/about.htm>
3. Adekunle AO; Arowojolu AO; Adedimeji AA; Roberts OA: Adolescent contraception: Survey of attitudes and practice of health professionals. *Afr J Med Med Sci.* 2000; 29(3-4):247-52
4. Health Reform Foundation of Nigeria. Nigerian Health Review 2006; 103-122.
5. Aboyeji, AO., Fawole. AA. Ijaiya. MA: Knowledge and previous contraceptive use by pregnant teenagers in Ilorin, Nigeria. *Trop. J. Obstet. Gynaecol.* 2001 18(2): 73-77.
6. Hewitt, G and Cromer, B. Update on adolescent contraception. *Obstet Gynaecol Clin North Am.* 2000; 27(1): 143-62.
7. Osemwenkha, S. Factors affecting choice of contraception among female undergraduates. A case study of university of Benin: *Trop. J. Obstet. Gynaecol.* 1996; 13(1): 16-17
8. Henshaw, SK. Unintended pregnancy in the United States. *Family Planning Perspectives.* 1998; 30(1):24-29.
9. Obionu, CN, Okonkwo, JEN. Knowledge and practice of emergency contraception by Nigerian adolescent females: *Trop. J. Obstet. Gynaecol.* 1999; 16(1): 27-32.
10. National Demographic and Health Survey. National Population Commission Federal republic of Nigeria, Abuja November 2009.