

THE USE OF CONTRACEPTIVES BY YOUNG AND UN-MARRIED GIRLS IN NJIKOKA ANAMBRA STATE

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Abstract

This paper to xray ways of increasing proper use of contraceptives by teenagers, especially among young and unmarried girls in Njikoka. Questionnaire was used and administered to 120 respondents, using the simple random sampling technique. Chi-square distribution and percentage was used to analyse data collected. The analysis of the data showed that those with urban background tend to use modern contraceptive than those with rural background. The analysis also showed that those with higher level of education are more aware of contraceptive than those with lower level of education. The findings underlie the growing importance of sexual activity among adolescent females. The problems associated with contraceptive use, obstacles, and the importance of sexuality education for adolescent females is of essences now.

Keywords; contraceptive, adolescent, female and teenagers.

INTRODUCTION

The use of contraceptive simply means the way of preventing conception through agents that inhibit conception. It is the effort that are carefully designed to prevent unwanted pregnancies. The Birth control pill is a daily pill that contain the hormones estrogen and progesterone that prevent pregnancy. The use of contraceptive ranges from the use of capsules, orthodox tablet, injection to even traditional method. (Agomoh 1987:5) also noted that birth control measure is a method of prevention or control of conception in order to allow a couple space their children to suit their circumstance.

Akingba (1968:130) believe "it is unreasonable to bring more children into the world that a couple can not afford to maintain well". According to Akingba 1968 a couple should produce only a number of children that their circumstance in life permit to feed.

According to Pick de Weiss (1991) the birth control pill does not protect against sexual transmitted disease (STD). For those having sex condoms must always be used along with Birth control pills. In general, how well each type of birth control method works depends on a lot of things these include whether a person has any health condition or is taking any medication or herbal supplement that might interfere with the use, for example, antibiotic or herb will interfere with the effectiveness of the pill. How well a particular method of birth control work also depend on whether the method chosen is convenient and whether the person, use it correctly all the time. (Pick de Weiss 1991).

According to (Bougaarts 1984:24) "Contraceptive prevalence could explain 85 percent of the variation in the fertility rates in 51 sample of 83 countries around 1950. The need to control conception and fertility is more or less a human desire that is everywhere and show in all societies by at least some people taking ways to limit their births.

PAPER PROBLEM

Why do teens not use contraceptives? Only a minority of sexually active teenagers not using contraception cite lack of knowledge and access. However, knowledge and access do not guarantee use, "many teenagers are unwilling, unable, or afraid to use the knowledge they have to make conscious decisions about their sexual behaviour.

According to Makinwa and Adebisoye (1982) teenagers often know little or have incorrect information about fertility and contraception. Many have heard false rumours and have received misleading information about contraceptive thereby developing negative attitude to its use.

Goldscheider and Mosher (1991). Most religious bodies especially the catholic church preach against the use of modern and unnatural contraceptive method. They preach that it is a sin against God to interfere with the course of procreation, thus discouraging its members which includes young females, against the use of contraceptive.

Also adolescent are also faced with the problem of privacy, most of the health clinics that distribute these contraceptive, are usually visited by older married women whom may look at these young unmarried adolescent as immoral, so there is always a tendency for these young females to indulge in self medication which can lead to serious health hazards like continuous bleeding and hormonal in balance (Pick de Wiss and Palos 1991)

According to Okeibunor (1995:107) the country will experience serious population increase one in which about 40 percent of the population fall below fifteen years. The implication of this is that of an overburdened active population which one person has to support two or more people who are either too old or too young to work. The situation is further compounded when children of about fifteen years or less are allowed to bear children.

Preston Whyte (1994) the word contraceptives conjures up strange interpretation and fears. Fear that if used, contraceptives would cause in fertility, could make them have deformed children, can produce damaging effects, makes intercourse less interesting and forgetting to take pills is a serious risk. Another reason why teens do not use contraception is fear, fear of contraceptive side effects fear of parents finding out, and fear of receiving a pelvic exam. Another factor is the personal factor.

1. SOCIO-CULTURAL FACTORS

African culture generally frown at unmarried females who engages in any form of sexual activity. In some societies, such unmarried females are rejected an ostracized by family members. Hepworth (1993) noted that "It is also important to recognize that different cultures view and react to sexual activities and the use of contraceptives among adolescent females in different ways". Focus group research carried out in Nigeria, identified a practice underscoring the stigma attached to sexual intercourse out side marriage. Unmarried female teenagers suspected to be involved in sexual activities are not allowed to belong to some cultural dance groups. This is to signify that they are unclean (Senderowitz 1995).

Caldwell 1992, says " in Africa societies, gender roles are determined by the society and culture of that society. It is believed that, if a young girl loose her virginity before marriage, she becomes unclean and a disgrace to womanhood. The opposite is the case for the boys. The Africa culture allows young adolescent boys to engage in sexual activities as a display of their virility and manhood". This goes to some length to explain the influence of culture, precisely. African culture, on the use of contraceptive among adolescent females particularly in Nigeria.

Okore 1992 stated that "most of these erroneous cultural belief in Nigeria, especially those that ascribe gender roles to adolescent boys and girls, makes it impossible for young girls that are sexually active to use contraceptive use is a man's role and not a woman's role. The stigma attached to sexual intercourse before marriage, make most of these sexual active adolescent girls unable to obtain medical personnel. They seek help in secret, from quacks who gives them drugs or even carryout unsafe abortions. These most times, lead to the death of the girl. Limited access to contraceptives like condoms, has also caused an increase in the spread of sexually transmitted diseases".

FAMILY PEER PRESSURE

The impact of family members and peer group on the sexual and contraceptive behaviour of teenagers cannot be over looked. In some context, the responsibility of transmitting sexual information to children ties with both parents and grand parents (Caltel 1994:17).

Blanc (1996) also noted that "family instruction of young girls often take the form of moral interdiction, restriction on movement and warning about negative consequences of premarital sexual activities". Adolescent girls may not receive any information about their bodies, menstruation or the reproductive processes and parents rarely discuss, birth control with their adolescent daughters (Beneto 1993)

Blanc (1996) stated that, occurrence of unwanted pregnancies indications are clear that family communication may now deal explicitly in motivating teenagers not to engage in sex and contraception. But already indulging in sex should continue themselves to one partner to minimize the risk of HIV infection. Also

Barbato M, Bertolotti. G. (1998) noted that "Because most" young people find talking about sex with parent and adult, family member uncomfortable or impossible, peer often constitute the reference group for transmitting information about sexual activity and birth control.

Elkind, (1970) says that higher level of communication with members of peer . group about sexuality pregnancy and contraception is associated with a lower likelihood of becoming pregnant such communication may provide useful information and advice for avoiding pregnancy as well as perhaps reflecting greater overall sociability and better peer support at an age at which a strong need for external support arises. This literature on socio-cultural factors that determine contraceptive use among teenagers, provide clear evidence that communication about sex and contraception is strongly influenced by adolescents girls perception on how culturally and socially acceptable their knowing about "sex" is because social norms may define "a good woman as one who is ignorant of sex and passive sexually. Stewart (1993) noted also that "A young girl may be unwilling to bring up sexual matter with parents or guardians because she runs the risk of being labeled a loose girl or a prostitute.

Economic Factors

This factor however, influences the use of contraceptive among adolescent based on employment, financial capabilities and skills training. Teenagers who have no access to employment or any means through which they can earn a living are most likely unable to afford contraceptive. Thus making some adolescent use methods that does not need to be purchased some adolescent who have no knowledge or natural contraceptive method.

Notwithstanding the poor economic situation of most adolescents, majority of them are still able to afford some effective contraceptive like condoms. Most condoms are cheap and are P good barrier method ie It is effective in the prevention of unwanted pregnancy. In addition, employment status of adolescent shows some relationships with over use aid knowledge of source. The percentage of employed adolescents that have ever use contraceptives are higher than those that are not employed correspondingly, the never-employed adolescents have less knowledge of contraceptive method and sources (Ntizi 1991).

Educational factors

Because of the need to understand the close link between education and use of contraceptive among adolescent females, several analysis have been shown that educated adolescent females who are sexually active tend to be more conversant with contraceptive methods than the uneducated one (Koenig, 1997:191).

Kobera (1991) says "A crucial determinant of modern * contraceptive use among adolescent is education. There is a positive association between level of education and the percentages of those who use contraceptive and level of knowledge of sources of supplies. Since teenagers with higher education were more motivated to learn where to get the supplies. Sex education has also been introduced into school curricula to enable educations provide information on contraceptive use in order to prevent pregnancy. But, the introduction of sex education into school system has been met by several oppositions.

Rice (197 8:126) says, some of those who oppose sex education use this same argument. They are afraid if teenagers wrongly get into trouble, most frequently the goal of sex education programme is to increase girl's knowledge of reproduction in order to inform sexual decision making.

Joan (1986) noting, "sex education is an important avenue forgetting information on the reproductive health of women and should be started early in life. Sex education does not lead to earlier or increased sexual activity, it can give young adolescents skills to delay sexual activities, and increase contraceptive use. It is most effective when begun before adolescent begin sexual activity. "However, the major objective of sex education would be seen to provide adolescent with the knowledge and insights needed for successful decision making in sexual activity and use of contraceptive" (Colleta, 1969).

Religious factors

Wikipedia (2002) views that religious vary widely in their views of the ethnic of birth control. In Christianity, the Roman Catholic church accepts only natural family planning methods while protestant maintain a wide range of views from allowing none to very lenient. Views in Judaism range form the stricter orthodox sect to the more related returned sect. In Isam, contraceptives are allowed if they do not threaten health or lead to sterility, although their use is discouraged Hindus may use both natural and artificial contraceptive.

Williams, (1991:52) states that, "the importance of religion especially the catholic religion and religious commitment have over the years change or helped in shaping contraceptive use among teenagers. Regular church attendance is associated with a higher proportion of not having sexual intercourse more extensively in catholic

church, catholic who attend church more regularly are less likely to use contraceptive method". The Catholic Church teaches not to use contraceptive, except the method of "Abstinence" and the "Rhythm method" when there is a very serious social problem, or a sickness. If you use any other method you cannot receive communion. In the words of pope John Paul II.... To be able to receive communion, you have to confess your sin, and stop the contraceptive method wherever it is (HilgersTial, 1998:2).

Hall 1937, view that "these contraceptive are not easily and publicly made available. They are seen as sinful and unholy and are not made available to young adolescents because it is believed that young unmarried youths are not supposed to engage in sexual intercourse until they are married and most adolescents that are sexually actives do not use or publicly obtain effective contraceptive methods for fear of being caught or seen or regarded as unclean.

TYPES OF CONTRACEPTIVE

Contraception is a term used for the prevention of pregnancy, and it is often referred to as birth control. There are several methods of contraception, some of which are created for women and other for men. Some methods are considered permanent while others are reversible. The majority of birth control methods fall into one of two categories: barrier or hormonal. There are also four other methods: sterilization (surgery), withdrawal, natural family planning and abstinence.

1. Abstinence

As a means of contraception is the voluntary refraining from sexual activity, according to Abstinence is the only contraceptive method that is 100% effective in the prevention of both pregnancy and the transmission of sexually transmitted disease.

2. Fertility awareness method: natural family planning (NFP)

Fertility awareness method is also known as natural family planning and it is commonly called NFP. NFP does not rely on devices or medications to prevent pregnancies. To Senderd Witzi.J (1995), noted that NFP is a contraceptive method that uses the natural functions of your body and your menstrual cycle to calculate ovulation.

3. Barrier Method Devices

Barriers method or device method of contraceptives are physical or chemical barriers designed to stop sperm from entering a woman's uterus.

Male condom

The male condom is a tube of thin material (latex rubber) that is rolled over the erect penis prior to context with the vagina. According to Caldwell. J, (1992) postulated that, the male condomis the most common barrier method.

Spermicides

To Cochrance, S.H. (1979) spermicides are chemical that are designed to kill sperm. Spermicide chemical are available as foam, telly, foaming tablets and vaginal suppositories.

diaphragm

The diaphragm is a soft rubber dome stretched over a flexible ring. The dome is filed with a spermicidal cream or Jelly. The diaphragm is inserted into the vagina and placed over the cervix not more than 3 hours prior to, intercourse.

4. HORMONAL METHOD

Whether administered as a pill, patch, shot, or implant, hormone medication contain manufactured forms of the

INTRAUTERINE DEVICE (IUD)

The IUD is a small plastic device containing copper or hormones and is inserted in to the uterus by a medical professional (Wikipedia 2002:7).

Obstacles to contraceptive use

I. knowledge and awareness of contraception

Many potential informational barriers exist to contraceptive use. Adolescents are not away of the methods available where supplies of these method can be obtained and how much they cost (with exception of non-supply method such as withdrawal and periodic abstinence) and they don't even kwon how to use the methods they choose.

In several cross-national analysis, these types of knowledge are strongly associated with unmet need for contraception (Brugarts and Bruce, 1995) and in India, they affect the intention to use a method in future (Moshra, 1999). The exploratory power of the following knowledge indicators is considered here; the number of modern and traditional methods that the adolescent knows and the adolescent past use of contraceptives.

In this analysis; knowledge of sources of family planning services and of various methods available are considered indicators of access to services (Sha and Kland, 1993).

Parents or Guardian's opposition

Empirical research conducted during the 1990's makes evident that adolescent's perception that their parents or guardian oppose early sexual activities and use of contraceptive a r dominant factor discouraging contraceptive practice in a wide variety of setting.

National impact survey, sirage idin et al (1976) showed that parents approval of sexual activities is strongly associated with contraceptive use among adolescent. Shan (1984) and Mashnil et al (1976) in comparable studies of reasons for non-use, found, however that a perception that the parents disapproves is provided far less often as a reason for a non-use than are religious concerns and fear of contraceptive side effect on health. Parents disapproval may reflect their adverse feelings about sexual intercourse before marriage.

Another line of research focuses on communication between parents and adolescent about contraception and sex related issues and found that it is a good predictor of contraceptive use (mahttood and Ringheim, 1996).

Health concerns

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FINDINGS

The major findings. These include.

1. That those with urban background are more aware of the use of contraceptive than those with rural background
2. Young people use more of contraceptive than old people
3. Notice that contraceptive prevent pregnancy.
4. Condom is the most frequent use of contraceptive.
5. Those with higher level of education are more aware of the use of contraceptives
6. Most of these adolescent females obtains their contraceptive from a pharmacy or the market without a doctors prescription and this method of obtaining contraceptives without proper medical advice can be very risky for the adolescent's reproductive health.
7. Contraceptives also have side effect

CONCLUSION

It was observed from the analysis of this data that there is clear reluctant to use contraceptives. Most especially the modern type. The awareness rate was equally found to be very low among the rural dwellers. Some of the respondents said that the use of contraceptives, kill babies in the womb, while others said that it destroys the body system.

Again, majority of the respondents agreed that they get more information about the use through friends and relations than the media, school and others. The result equally showed that those who are more educated have promises for better future.

Other respondents said that their use of contraceptives is not only because of unwanted pregnancy but to avoid or escape the danger of some of those deadly diseases like syphilis, gonorrhoea and HIV/AIDS.

Recommendation

The following are areas that should be attended to seriously while considering possible solutions to the problems acting as obstacles to effective use of contraceptive, which can hinder the progress of reproductive health, of women in Nigeria.

1. Sex education should be part of the national school curriculum from secondary to tertiary level and topics that cover issue on contraceptive use should be an integral part of sexuality education,
2. Family planning service workers should be re-socialized on the issue of pre-marital sexual relation among adolescents and age and marital status acting as barrier to contraceptive services should be de-emphasized.
3. Parents especially mothers should try and give their adolescent daughters informal education on contraceptive and sexual issues and on their various reproductive right.
4. The government should try to bring sex education programme to the rural community.
5. The government should try to a reduce the cost of these contraceptive to affordable level.
6. There should be increased support and funding for educational and economic opportunities for women.
7. The issue of healthy child development should be disseminated through functional media forum.
8. Government should show keenness in the activities of some cultures by making off unhealthy cultural norms and values that affect adolescent female and adult women like wise.

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