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Persistently Poor Contraceptive Uptake by Adolescents: Finding from Reviews of Contraceptive Uptake in a Family Planning Unit in Yenagoa, Nigeria

Olakunle I. Makinde[1*], Nkencho Osegi[1] and Ebiogbo S. Ozori[1]

[1]Department of Obstetrics and Gynaecology, Federal Medical Centre, Yenagoa, Bayelsa state, Nigeria.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Short Research Article

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ABSTRACT

Background: Adolescent contraceptive uptake is low despite significant threat posed by pregnancy to the health and lives of adolescent girls in developing countries.
Methodology: A comparison of analysed data from three retrospective descriptive studies on patterns of contraceptive uptake between 2014 and 2020 at the Federal Medical Centre Yenagoa, Nigeria.
Results: Trend showed persistently poor contraceptive uptake by adolescents. Just 0.19% of uptakers of reversible contraceptives between 2014 and 2018 were adolescents. Only one adolescent out of 253 clients took up Implanon during the same period and there was zero-uptake of any form of long-acting contraceptive by adolescent girls between 2016 and 2020. During the same period in the same setting, 4.8% of manual vacuum aspirations for incomplete abortion, were done in adolescent girls between the ages of 15-19 years.
Conclusion: Concerted efforts are required to scale up awareness programmes on contraception in

**Corresponding author: E-mail: olakunleife@gmail.com;*

adolescents. More adolescent friendly contraception clinics need to be created and more health workers and grassroot sensitizers, trained in adolescent sexual and reproductive health are required.

Keywords: Adolescent; contraceptive; contraceptive uptake.

1. INTRODUCTION

Adolescence is that period of physical, sexual, reproductive, emotional, psychosocial and intellectual transition from childhood to adulthood which is synonymous with physiological puberty [1-3]. Defining the age limit of adolescence has been a dilemma because of the early onset of puberty seen in all populations and those social factors shifting the perception of when adulthood begins [1,2]. However, the World Health Organisation (WHO) defines 'Adolescents' as individuals in the 10-19 years age group [4]. Adolescence is characterized by the onset of sexual thoughts and experimentation. About 70% of total adolescent population of the world are in developing countries [5]. Poverty and urbanization in developing parts of the world is associated with increasing urban poverty, slum residence and high rates of risky sexual behaviour among adolescents; especially adolescent girls [6-8].

The concerns of parents and the society over premature sexual activity and risky sexual behaviour include unplanned pregnancy, adolescent fatherhood, sexually transmitted infections (STIs), sexual abuse, and potential emotional consequences of such sexual behaviors [3]. According to the WHO, globally, 61% of all unintended pregnancies ended in an induced abortion between 2015 and 2019 [9]. At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in developing countries and about 70% of abortions that occur each year among them are unsafe, contributing to maternal mortality, morbidity and lasting health problems [10]. The risk of dying from an unsafe abortion is also highest in Africa [9]. Complications during pregnancy and childbirth are the leading cause of death of 15–19-year-old girls globally. Adolescent mothers face higher risks of eclampsia, puerperal endometritis, and systemic infections, and babies of adolescent mothers face higher risks of low birth weight, preterm delivery and severe neonatal conditions [10]. Despite the significant threat to the health and lives of adolescent girls posed by pregnancy in developing countries, data from descriptive studies on contraceptive uptake in the family planning unit of a hospital in Nigeria revealed low and worsening contraceptive uptake.

2. METHODS, RESULTS AND DISCUSSION

Analysed data from three retrospective descriptive studies [11-13] on patterns of contraceptive uptake conducted between 2014 and 2020 at the Federal Medical Centre Yenagoa, Nigeria were compared for adolescent contraceptive uptake. Federal Medical Centre, Yenagoa is a tertiary level health facility in Yenagoa the capital city of Bayelsa State, in the South-South geopolitical zone of Nigeria. The hospital is at the zenith of health care delivery in Bayelsa State and serves as a referral hospital for primary- and secondary-level hospitals in Bayelsa State and its environs. The indigenous people of Bayelsa are collectively referred to as Ijaws and the state is also home to a sizable community of non-indigenous tribes including the Igbos, Ibibios, Efiks, Urhobos, Itsekiris, Isokos, Edos, Yorubas, Hausas etc. Most people in Bayelsa State engage in trading, subsistence farming and small-scale commercial farming. Others work in the State and Federal civil service. Studies for the comparative analysis were selected based on the similarities in the independent variables collected during each of the studies and on the similarity of the study setting. For each study, data including age, level of education, religion, parity, source of previous information/referral for contraceptive service, previous contraceptive use and type used, reasons for needing a contraceptive, current choice of contraceptive, discontinuation, duration of use and reason for discontinuation were collected as it applied, from the Family Planning and Contraception Unit (FCPU) record, using a predesigned proforma. Analysis of data was done using Statistical Package for Social Sciences (SPSS).

A comparison of the analysed data showed that between 1st January 2014 and 31st December 2018, of the 2,676 clients who accepted a

reversible method of contraception at the FPCU of the Federal Medical Centre, Yenagoa, only 5 (0.19%) were adolescents (age between 15-19 years). In another study in the same setting and during the same period, that reviewed the uptake of Implanon, only one out of 253 clients was an adolescent between the age of 15-19 years. These were abysmally low contraceptive uptake, and worse still by the year 2020, in a study to determine the uptake and pattern of use of long-acting contraceptives (LACs) between 2016 and 2020, a zero-uptake of LAC by adolescent girls was recorded among 295 clients during the 5-year period. See Table 1. The finding from these studies is disturbing considering that, in Nigeria, 28% of adolescents have their sexual debut between 10 to 15 years of age [14], and 23 million adolescent girls aged 15 to 19 years in developing countries have an unmet need for modern contraceptives [14]. Moreover, while uptake of contraceptives by adolescents ranged between zero to 0.19% in the study setting, at about the same period; between 2016 and 2020, 4.8% of manual vacuum aspirations for incomplete abortion, were done in adolescent girls between the ages of 15-19 years. See Fig. 1. With the impact of poverty and urbanization on one hand, poor access to and poor uptake of contraceptives is another major contributing factor to unwanted pregnancy among adolescent girls in developing countries.

Data shows that pregnancy in American adolescents has decreased, largely because they are becoming more effective contraceptive users. Between 2006 and 2012, use of LARC methods among adolescents tripled (from 1.5% to 4.3%). By 2013, nearly 80% of females used a birth control method the first time they had sex. The social and behavioral factors that motivated American adolescents to become more effective users of contraceptives and less sexually active are unclear. Educational and career aspirations mentoring programs, contraceptive coverage

Table 1. Age range of clients who accepted contraceptives over a period of 6 years

Age range (Years)	Uptake of reversible method of contraception between 2014 and 2018	Uptake of Implanon between 2014 and 2018	Uptake of LACs between 2016 and 2020
	N=2,676 (%)	N=253 (%)	N=295 (%)
15-19	5 (0.19)	1 (0.4)	0 (0.0)
20-24	178 (6.7)	13 (5.2)	27 (9.2)
25-29	553 (20.8)	61 (24.2)	52 (17.6)
30-34	920 (34.5)	96 (38.1)	111 (37.6)
35-39	622 (23.4)	59 (23.4)	82 (27.8)
40-44	323 (12.1)	18 (7.1)	23 (7.8)
45-49	62 (2.3)	2 (0.8)	
≥49		2 (0.8)	

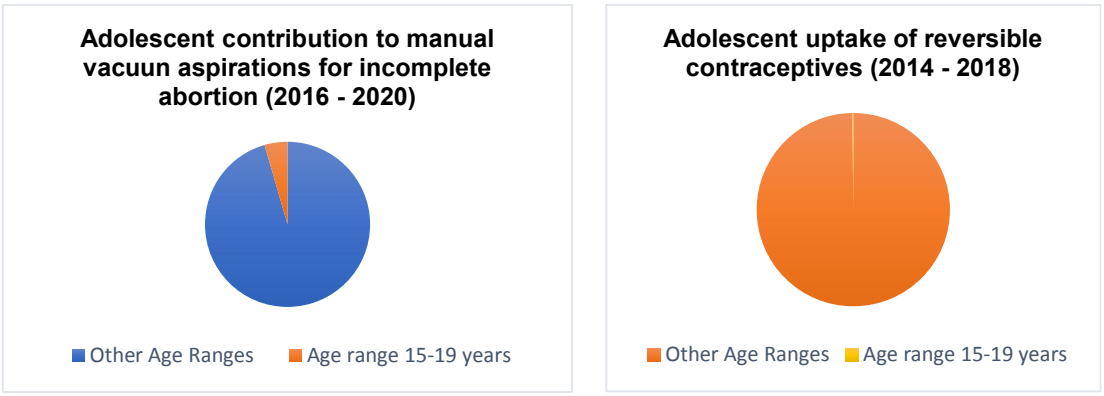

Fig. 1. Comparison between adolescent (15-19 years) contribution to manual vacuum aspiration for incomplete abortion and adolescent uptake of contraceptives at the Federal Medical Centre, Yenagoa, Nigeria

under the Affordable Care Act (Obamacare), and the availability of health information through the Internet and television are among factors hypothesized to play a role [15].

Like it was established from the analysed results, many adolescents in Sub-Saharan Africa still underuse contraceptive services where they exist [14]. Majority of adolescents were found to be knowledgeable about methods of contraception in a study done by Mbachu et al in the south of Nigeria [16]. From another study by Ezenwaka et al [14], also in the south of Nigeria, that explored factors constraining utilization of contraceptive services through data from the community, awareness and knowledge on contraceptives were perceived to be poor by respondents. A number of other constraints were also identified. Gendered cultural norms prevents an adolescent girl from seeking contraception, and as a result, they are too shy to openly buy a contraceptive or discuss contraception with health workers. There is a negative perception about adolescent sexuality education including information on contraceptives; parents shy away from such discussion and believe that discussing contraception with an adolescent encourages waywardness and promiscuity. In addition, health systems barriers exist such that contraceptive service providers are unfriendly and judgmental towards adolescents, privacy and confidentiality is not ensured, youth-friendly facilities are lacking and health workers who are trained to handle adolescent sexual and reproductive health are inadequate. Most adolescents prefer coitus interruptus (withdrawal method) to the use of condoms as condoms are perceived to reduce sexual pleasure. This opinion is held by both sexes, but mostly by boys [16]. Some adolescents also have misconceptions about alternative methods of preventing pregnancy. They believe pregnancy could be prevented by use of white chlorine, laxatives, boiled alcoholic beverages and hard drugs [16].

3. CONCLUSION

While adults still shy away from discussing adolescent sexuality and adolescent sexual health is still not at the fore-front of government programs, millions of adolescent girls get pregnant each year in developing countries [10,16], and over 60% of these pregnancies are terminated through unsafe abortions [10,16]. It is high time concerted efforts are made by federal, state and local governments and community organisers, to scale up awareness programmes on contraception in adolescents through the internet, on television and by grassroot sensitization. More adolescent friendly contraception clinics, with affordable and round the clock available contraceptive options should be created and more health workers should be trained in adolescent sexual and reproductive health.

CONSENT

As per international standard or university standard, Participant written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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