



INFLUENCE OF TRADITION, MYTHS, AND RELIGION ON THE KNOWLEDGE AND USE OF MODERN CONTRACEPTION BY ADOLESCENTS IN CALABAR, NIGERIA

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Abstract: The current prevalence rate for contraceptive use in Nigeria is approximately 11%–13%. This rate is very low in view of the fact that sexual activity is high and there is also widespread awareness of the various contraceptive methods among Nigerian adolescents and youths. Adolescents often may get involve in casual sexual exploits and are often not ready for the outcome, which usually is unwanted pregnancy, hence the need for use of contraception.

This survey aims to ascertain the knowledge and practice of contraception among adolescents in Calabar and the reasons for not using modern methods by those who do not use any or have changed method.

This was a self-administered questionnaire -based study carried out in Calabar metropolis. The information was obtained at 3 different higher institutions in Calabar. A total of 1,596 female adolescents were recruited into this study. Their age range was 16 to 19 years, with a mean age of 17.6 years. The respondents have all attained basic secondary education and were all currently pursuing tertiary education and have all had sexual intercourse and have heard about contraception or family planning. Of this number, 968 (60.7%) have used Emergency contraceptive pills, 26.6% used condom, 6.1% use CuT, 1.9% use injectables, 1.1% use implants while 3.6% have not used any method.

Adolescents and youths are undoubtedly the bedrock to propagate any programme irrespective of the field. Adolescents are therefore in dare need of information on reproductive health issues not only on contraception but also on other issues concerning their reproductive health.

Index Terms - adolescents, contraception demand, myth and influences

INTRODUCTION

According to the Guttmacher Institute 1999 research in Nigeria, 20% of married urban contraceptive users use the pill and 16% of them use intrauterine contraceptive devices whilst 33% use traditional methods. Hospital data from Lagos, Nigeria show that the intrauterine contraceptive device (IUCD) is the most commonly chosen method. It is chosen by 68% of clients with 15% choosing to use injectables⁽¹⁾ Contraceptive use and choices vary widely in Nigeria according to type of health facility, geopolitical zone, and within urban or rural settings. Various factors, related to both supply and demand, account for these variations and contribute to the low levels of contraceptive use and choices in Nigeria⁽¹⁾ On the supply side are issues such as limited availability, quality, and cost of family planning services. As a consequence of limited availability, many Nigerians (particularly in rural areas) lack access to modern contraceptive and family planning services⁽²⁾.

More than 200 million women in developing countries would like to delay their next pregnancy or even stop bearing children altogether,⁽³⁾ but many of them still rely on traditional and less effective methods of contraception or use no method at all. Those who do not use any contraceptive method may lack access or face barriers to using contraception⁽³⁾. These barriers include lack of awareness, lack of access, cultural factors, religion, opposition to use by partners or family members, and fear of health risks and side effects of contraceptives⁽⁴⁾. In Nigeria, unintended intercourse is the primary cause of unwanted pregnancies, and many women with unwanted pregnancies decide to end them by abortion⁽⁵⁾. Since abortion is illegal in Nigeria (unless medically recommended to save a mother's life) many abortions are carried out in an unsafe environment. The consequences of these clandestine abortions are grave and can be life-threatening, often leading to maternal death. Abortions account for 20%–40% of maternal deaths in Nigeria⁽⁶⁾. The oral contraceptive pills are the most easily accessible contraceptive but a significant problem in Nigeria is a general lack of adequate information about the combined oral contraceptive pills (OCP). The myth that prolonged use

of the OCP leads to permanent sterility has limited its use in Nigeria and may explain why youngest females in Nigeria, especially students, prefer to use abortion instead of contraception for unwanted pregnancy⁽⁷⁾. Also, the protective effects of OCPs are virtually unknown by the majority of women in the Nigerian population⁽⁸⁾.

Family planning has had a major impact in countries like Indonesia and Mauritius, which has been attributed to early presidential support and the continued commitment of national and local leaders⁽⁹⁻¹⁰⁾ The Nigerian Demographic Health Survey⁽¹⁴⁾ results revealed that Nigerian women are now marrying late, are more interested in acquiring a formal education or acquiring personal source of income and are commonly not abstaining from having premarital sex⁽¹¹⁾. In Nigeria, the political will and commitment for family planning and safe motherhood is grossly lacking. If the political will is equally extended to family planning as is done in the payment of allowances and entitlements of legislators, there will be a significant reduction in unplanned pregnancies and the catastrophically high maternal death rate. The Nigerian health and educational sectors have grossly been neglected by governments over the decades, hence the decadence and poor quality of services rendered.

METHODOLOGY

This study was carried out within Calabar Metropolis in Cross River State, Nigeria. This was a self-administered questionnaire-based study aimed at adolescents randomly selected from three tertiary institutions in Calabar- the school of Nursing, school of Health Technology, and the University of Calabar. Information collected include age, awareness and use of contraception, source of information, religion, awareness of other methods and myth about contraception. Adolescents especially those 16-19years were recruited for this study. This study was carried out over a 6month period from February 1, st 2023 to July 1st, 2023. Structured questionnaires were administered to those who accepted to participate in the study. A total of 1,600 female adolescents were recruited for the study out of which 1,596 met the criteria for analysis. The information was collected, collated, inputted and analyzed using Epi-info version 7 and presented in tables as frequencies and percentages.

RESULTS

Table 1-awareness and use of contraception

Contraceptive method	Frequency	Percentage (%)
Emergency pills (Postinor 2)	968	60.7
Condom (male partner)	424	26.6
Copper T (CuT)	98	6.1
Injectables	30	1.9
Implants	18	1.1
No method	58	3.6
	1,596	100

Table 1 shows the level of awareness and use of contraception by clients. Postinor- 2 which is used as an emergency contraceptive pill was the most used form of contraceptive patronized mainly by adolescents because readily available and affordable. It is also cost effective. Implants were the least requested (1.1%) because it is not patient dependent and is expensive. It needs the services of a service provider for use.

Table 11- Source of information

Source	Frequency	Percentage (%)
Radio/television	496	31.1
Internet/peer group	392	24.6
Magazine/books	378	23.7
School	198	12.4
Parents/relatives	82	5.1
Campaign by NGOs	50	3.1

Table 11 shows the sources of information on contraception available to the clients. Radio, television and the social media were the major source of information available to the adolescents.

Table 111- Religion

Denomination	Frequency	Percentage (%)
Catholic	654	40.9
Other orthodox	442	27.7
Pentecostals	408	25.6
Others	70	4.4
Muslims	22	1.4

Table 111 shows the influence of religion on the use of modern methods of contraception. Majority of the respondents were Catholics, which is the major religion in this locality. Muslims were the least respondents.

Table 1V- Myths about contraception

Myths	Frequency	Percentage (%)
Cessation of menses	288	18.1
Increase weight(injectables)	255	16.0
Permanent sterility	234	14.7
Results in infertility	232	14.5
Abnormal vaginal discharges (IUCD)	214	13.4
Menorrhagia	142	8.9
Early menopause	98	6.1
Deliver children with defects	74	4.6
Decreases libido	43	2.7
Cancer	16	1.0

Table V- Myths about contraception is a major hindrance on the use of modern methods. Majority rejecting any of the methods are worried about its effect on their menstrual flow (18.1%). Cancer appears as the least myths as an obstacle on the uptake of modern contraceptives.

DISCUSSION

Contraceptive use and choices vary widely in Nigeria according to type of health facility, geopolitical zone, and within urban or rural settings. Various factors, related to both supply and demand, account for these variations and contribute to the low levels of contraceptive use and choices in Nigeria. Emergency contraceptive pills 968(60.7%) was the commonest form of contraception among adolescent in this study, followed by the male condom 424(26.6%). The longer acting contraceptives were noted to be used mostly by the married adolescence; copper T 6.1%, while the injectables and implants combined was 3.0%. Those have not used any form of contraceptives were 58(3.6%). The adolescents have various sources of information concerning contraceptives. The commonest source been from the mass media (31.1%), followed by internet/peer groups and books or magazines. Adequate information is not gotten schools and homes where they spend greater time. Those that got information from NGO's 50(3.1%), were those attending counseling for other issues such as HIV/AIDS, STIs, and health gatherings.

Religion and Christian denomination have also been shown to have an influence on contraceptive usage. The majority of respondents in this study were of the Catholic faith 654 (40.9%), followed by other orthodox churches 442(27.7%). The Pentecostals formed 408(25.6%), others 70(4.4%) and Muslims 22 (1.4%). The state is undoubtedly a Christian dominated area. Research has shown that while the Roman Catholics get their contraceptives mostly from patent medicine shops, the majority of other Christians get theirs from general hospitals. Catholic patronage of patent medicine shops and market places may be connected with a religious objection to the use of modern contraceptive methods. Muslims in the same study also patronized the patent medicine shops more often because of the reported high disapproval by Muslims of contraceptive use ⁽⁷⁾.

In addition, discussions on sex and contraception with young persons is still considered inappropriate in Nigeria, even among health workers ⁽⁵⁾. Therefore, there is a great need in Nigeria to promote youth-friendly reproductive services to encourage sexually active young people to increase their contraceptive use. However, this must begin by mass education of the adult population in

Nigeria to change the cultural norms about sex education in adolescence. Recent observations in some centers and communities indicate staff in health centers are becoming an important source of information, especially in southern Nigeria ⁽¹²⁾.

It is obvious from table 4 that all the respondents have one concern (myth) about contraceptive use. It is thus probable that the ideal contraceptive has not been discovered and the unmet need still persists. Myths abound in Nigeria is not restricted only to the rural areas, even among the educated, about issues of reproductive health. Table 4 shows some of the myths perceived by adolescents and even unenlightened adults on issues bordering on contraception. Cessation of menses, either permanent or temporary was the major concern of the respondents 288(18.1%). The fear of adding weight (weight gain) was reason 255(16.0%) declined the use of contraceptives. The least concern was the future occurrence of cervical cancer and decreased libido as reported by 1.0% and 2.7% respectively. Bilateral tubal ligation was not an option by the respondents since majority of them were nulliparous. However, multiparous women have the myth of been born sterile if they reincarnate in future.

CONCLUSION

The paucity of information about the use and benefits of contraceptives is lacking among the adolescents of the state and by extension the country as a whole.

Apart from preventing pregnancy some contraceptives have other benefits other than preventing pregnancy. Information about contraception should be introduced in schools, as early as the senior secondary schools and also in the general studies lectures in tertiary institutions. Even in the curricular of medical sciences, it is noted contraception is not taught except in medicine and nursing departments. Children and adolescents spend quality time of their lives at home with their parents and relatives but surprisingly issues bordering on sex and contraception are considered as taboos. However, when the adolescent girl becomes pregnant, she will be treated with disdain and almost banished from the family by the members who would have guided her ab initio.

Parents and care givers should be bold and confident enough to discuss issues relating to sex, contraceptives, sexually transmitting infections and family planning the adolescent instead of allowing them to source for information from the internet or from peer groups who themselves may not be knowledgeable enough on such matters.

Therefore, safe motherhood program activities and research have to focus not only on the socio-cultural, medical, and technical dimensions, but also on the political dimension to bring about changes in maternal and child health indicators in Nigeria ^(13, 15). Meeting the unmet needs for contraception may not actually be of major concern at the moment, rather education, enlightenment and disregarding some of the biases about the myths about contraception may be the solution to the low uptake of the various methods.

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