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Parents' Viewpoint on Reproductive Health and Contraceptive Practice Among Sexually Active Adolescents

L. A. Briggs

The viewpoint of parents on reproductive health, specifically their attitude towards contraceptive use among sexually active adolescent daughters and general opinion on adolescent pregnancy, was examined. A sample survey of parents of pregnant in Port Harcourt was conducted. A greater proportion (79.1%) of parents did not favor the use of contraceptives by sexually active adolescents because according to their parents, contraception kills. Also, most (87.8%) parents did not usually sexual matters with their adolescent girls. However, the majority (93.2%) of parents would want a sex education program in schools in order to prevent unwanted pregnancy.

Introduction

In many developing countries parents still have a tremendous influence over their children despite eroding traditional values, especially in urban centers. Therefore, meeting the reproductive health needs of adolescents mostly rest on the shoulders of parents. However, most parents or guardians do not discuss sexual matters with their daughters or wards (Briggs 1994) [2], as a result of shyness, ignorance on sexual matters or societal norms that do not encourage open mother-with-daughter discussion on sexual matters. As was pointed out by (Oilkeh 1981) [11] most parents are either not knowledgeable on sexual matters or are embarrassed to discuss them with their daughters. It is noteworthy that studies have shown that adolescent girls today are more sexually active than they used to be because they mature early and are exposed to urban influences and changing traditional values and norms (Gypi-Garbrah 1985) [5], (Ladipo et al. 1986) [9].

As an increasing percentage of adolescents become, sexually active it young, ages, effective contraceptive methods, which will decrease the risks of unwanted pregnancies and sexually transmitted diseases (STD), become even more critical (Hilland 1993) [7]. (Kane et al.'s. 1993) [8] report presented results that showed although premarital sexual activity was common and began at an early age, lack

of knowledge and limited access to modern contraceptives were obstacles to the use of family planning.

Pregnancy is common among school girls in Nigeria (Ladipo et al. 1986) [9] but most girls do not carry their pregnancies to term of ending their education and the disgrace of childbirth out-of-wedlock. Abortions by school-girls are usually clandestine and performed by unskilled practitioners leading to irreparable damage or even death of the adolescent girl. As a result of the high rate of maternal death from clandestine abortion a one time Health and Human Resources Minister, Resources Minister, Professor (Olikoye Ransome Kuti 1991) stated the Federal Government's intention to legalize abortion services in Nigeria. However, experts in the field of reproductive Health are of the opinion that sexually active adolescents should be encouraged to use contraceptives to prevent unwanted/mistimed, pregnancy. Abortion is still illegal in Nigeria except on medical grounds, such as to save a woman's life.

This study therefore examines the opinion of parents on reproductive health; specifically, parent's attitudes towards the practice of modern contraceptives by sexually active adolescents and their general opinion on adolescent pregnancy were examined. This is necessary because for a meaningful family planning program directed towards adolescents to succeed the contribution and influence of, parents should be examined.

Background

Port Harcourt is an urban center and the capital of Rivers State of Nigeria. It has a population of about 645 883 (provisional census figure of 1991). In a regional and national context Port Harcourt is a very important city because of its position as a port and as one of only two railway termini in Southern Nigeria. The city is the center of the booming oil industry in Nigeria (more than 60% of Nigeria's oil output is produced from Rivers State).

The city is linked to other states of Nigeria by air, land and sea. It has two seaports, namely, the Port Harcourt and the Federal Ocean Termini Onne. There is also an Airport for international and domestic flights. The express road from Port Harcourt runs through Aba (commercial center of Abia State), about 58 km from Port Harcourt, while an east-west road links Port Harcourt with Edo and Delta States (about 130 kms. from Port Harcourt), other oil producing states.

The continuous growth of population in Port Harcourt is as a result of immigration and natural increase. A high proportion of the city's population belongs to the younger productive age group (25-44 years). Like most fast growing cities with higher institutions, of learning, a large proportion of people

in Port Harcourt are between 18 and 24 years of age, Port Harcourt also has a larger proportion of the school age group (5-19 years) (Ogionwo 1979).

The majority of the city's residents are civil servants and blue collar workers in the oil industries. There are also petty traders in stalls and market places scattered all over the city, not to mention the numerous street hawkers/traders, taxi, bus and motor-cycle drivers and artisans.

The Port Harcourt community has only recently had limited exposure to the concept of family planning with the establishment of family planning units in government-owned hospitals and clinics that offer contraceptive counseling and services. A family planning clinic has also been established by the Planned Parenthood Federation of Nigeria whose services are occasionally discussed by the local mass media. Contraceptives, especially condoms and pill are also available from chemists and drugstores in Port Harcourt.

Data and Methodology

The data for the present study were based on a sample of parents, aged 25-59 years, of pregnant adolescents seen at antenatal clinics of government-owned health facilities in the Port Harcourt Local Government Area of Rivers State. One hundred and forty-eight parents of pregnant adolescents attending antenatal clinics were traced and given structured questionnaires focusing on parents' attitudes towards contraceptive practice by sexually active adolescents.

The difficulty of tracing parents was based on the fact that some of them did not reside in Port Harcourt, faulty and concealed residential addresses provided by pregnant adolescents mostly to forestall tracing, peripheral residential areas without residential numbers and office hours. However, with the assistance of trained nurses and midwives 148 parents of the pregnant adolescents were interviewed.

Results

Demographic Characteristics

Table 1 indicates the percent distributions of the sample by selected socio-demographic characteristics. The mean age was 38.0 years with 64.8% of the sample; between 30 and 41 years. As regards educational greater proportion 30.4% had the First School Leaving Certificate (FSLC or Elementary Six), while 18.2% had some secondary education, 8.1% university degree, 16.9% dropped out of school and 26.4% had no formal schooling.

Considering their ethnic group, 16.9% are Ikwerre/Etche followed by Ijaw and Ibo, 15.5% each; Ogoni/Khana, 12.2%, Okrika 10.8%, Kalabari 10.1%; Ibibio 8.1%; least were Hausa/Fulani and Yoruba, 1 4% each. The religious affiliation of respondents indicates that 98.8% are Christians while only 1.3% are Muslims. This is understandable since the study was carried out in the southeast with a predominantly Christian population. Most (64.9%) were married, While 14.2% were widows, 8.1% divorced, 7.4% each unmarried and 5.4% separated from their spouse.

Source of Information of Daughter's Pregnancy

Shown in Table 2 are respondent's sources of information about a daughter's pregnancy. A greater proportion (61.5%) said that they knew about daughter's pregnancy through her physiological situation, while 17.6% said they informed by the adolescent herself, 11.5% noticed their daughter stopped going to school and 3.4% heard from adolescent's friends. Others (6.0%) heard from neighbors and friends.

Table 1: Distribution of respondents by selected demographic characteristics

Characteristics	N	%
Total	148	100
Age		
25-29	10	6.8
30-35	56	37.8
36-41	40	27.0
42-47	24	16.2
48-53	15	10.1
54-59	3	2.0
Education		
Elementary six	45	30.4
Secondary	27	18.2
University degree	12	8.1
Drop-out	25	16.9
No formal schooling	39	26.4
Ethnicity		
Kalabari	15	10.1
Ijaw	23	15.5
Ikwerre/Etche	25	16.9
Okrika	16	10.8

Ogoni/Khana	18	12.2
Ibo	23	15.5
Hausa/Fulani	2	1.4
Yoruba	2	1.4
Ibibio	12	8.1
Others	12	8.1
Religion		
Christian	146	98.6
Islam	2	1.3
Marital status		
Married	96	64.9
Unmarried	11	7.4
Separated	8	5.4
Divorced	12	8.1
Widowhood	21	14.2

Table 2 : Parents' source of information of daughters' pregnancy

Source of information	N	%
Pregnant adolescent	26	17.6
Physiological changes revealed pregnancy	91	61.5
Adolescents' friends	5	3.4
Stopped schooling	17	11.5
Others	9	6.0
	148	100.

Adolescent Sexual Activity

In response to the questions 'did you suspect, that your daughter was sexually active?', a substantial proportion (62.2%) said 'Yes', while 37.8% said 'No' (Table 3).

Table 3 : Parents' responses to whether suspected daughter was sexually active. Did you suspect that your daughter was sexually active?

Response	N	%
Yes	92	62.2
No	56	37.8

Total	145	100.0
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Table 4 : Parents’ reaction towards sexually active adolescent daughters.

Reaction	N	%
Advised to keep away from men	73	79.3
Advised to use contraceptive	2	2.2
Told her she would be pregnant	6	6.5
Just kept a watch on her	6	6.5
Uncertain	5	5.4
Total	92	100.0

Parents’ Reaction Towards Sexually Active Adolescent Daughter

When further questioned on their reaction when respondents discovered their daughter were sexually active (Table 4), the majority (79.3%) simply said they advised their daughters to keep away from men, While only 2.3% said they advised a sexually active adolescent daughter to use contraception, 6.5% told her she would get pregnant and kept a watch on her and 5.4% were uncertain of what to do.

Pregnancy Determinants

Regarding what parents thought was responsible for the untimely or early pregnancy of adolescent daughters, a greater proportion (54.7%) said it was due to the influence of friends, followed by early marriage of adolescent daughter (23.6%) and lack of father’s authority in the household (14.9%). Last was not having enough spending money (4.7%), and too busy to pay attention (1.4%) and forced by man (0.7%) (Table 5).

Mother-Daughter Discussion on Sexual Matters

When questioned if respondents freely talked about sex with daughters, a majority (87.8%) said ‘No’, while 12.2% said, ‘Yes’ (Table 6).

Contraceptive Practice by Sexually Active Adolescents

with regards to parents’ opinion on contraceptive use by sexually active adolescents, most (79.1%) respondents are:

Table 5: Parents' responses to what they thought was responsible for pregnancy

Pregnancy determinant	N	%
Lacks father's authority at home	22	14.9
Not having enough money	7	4.7
Influence of friends	81	54.7
Forced by a man into intercourse	1	0.7
Marriage	35	23.6
Too busy to pay attention to daughter	2	1.4
Total	148	100.0

Table 6 : Responses to whether parents discuss sex with adolescent daughters. Do you freely discuss sexual matters (such as intercourse, pregnancy and reproduction) with your daughter? of the viewpoint that sexually active adolescents should not use contraception, while 20.9% would encourage contraceptive use by sexually active adolescents (Table 7). As was indicated in Table 8, the reasons often cited by parents for not being in favor of contraceptive use by sexually active adolescent were that contraceptives kill (46.2%), would promote sexual promiscuity (18.8%), concern with fecundity (12.0%) and others (5.1%) unspecified; 17.9% of respondents said they have no knowledge of contraception. However, the question refers to all forms of contraceptives. Respondents were not asked to differentiate between the different types of contraception.

Response	N	%
Yes	18	12.2
No	130	87.8
Total	148	100.0

Table 7 : Parents' opinion on contraceptive practice among sexually active adolescents. In your opinion do you think sexually active adolescents should use contraceptives?

Response	N	%
Yes	11	20.9
No	147	79.1
Total	148	100.0

Table 8: Reasons given by parents for not being in favor of contraceptive practice by sexually active adolescents.

Reason	N	%
Contraceptive causes infertility	14	12.0
Contraceptive kills	54	46.2
Promotes sexual promiscuity	22	18.8
No knowledge	21	17.9
Others	6	5.1
Total	148	100.0

Sex Education in School

In response to the question of whether sex education should be included in the school program, a greater proportion (93.2%) said ‘Yes’, while 6.1% said ‘No’ and only 0.7% were uncertain (Table 9).

Parents Opinion on Adolescent Pregnancy

When parents were asked their opinion on adolescent pregnancy and early parenthood a substantial number (35.8%) of respondents would prefer their adolescent daughters to complete their education up to either early marriage or pregnancy. This was followed by respondents who indicated that pregnancy should occur in wedlock. Next were respondents who thought adolescent pregnancy has some advantage (14.9%), adolescent pregnancy should be discouraged (9.5%) and that it entails too many problems (2.7%). However, a substantial number (17.9%) were uncertain of any response.

Discussion

Demographic analysis showed that the mean age of parents was 38 years with 64.8% of the sample between 30-41 years. This suggests that a fairly balanced opinion of matured and adult parents was obtained. The majority (30.4%) of parents have the First School Leaving Certificates (FSLC or Elementary Six). Also, most (64.9%) were married, a situation which suggests that they would be interested in reproductive health.

Table 9: Parents’ responses to sex education in school. Do you think sex education should be in the school program.

Response	N	%
Yes	138	93.2
No	9	6.1
Uncertain	1	0.7
Total	148	100.0

Table 10: Parents' opinion on adolescent pregnancy

Opinion	N	%
Education before pregnancy	53	35.8
Adolescent pregnancy has some advantage	22	14.9
Adolescent pregnancy should be discouraged	14	9.5
Marriage before pregnancy	28	18.9
Too many problems	4	2.7
Uncertain	26	17.6
No response	1	0.7
Total	148	100.0

Although the findings in this study revealed that most (62.2%) parents suspected their adolescent daughters of being sexually active, many of them only advised their daughters to keep away from men (Table 4). This confirms the fact that parents shy away from discussing sexual matters with daughters, as was cited by (Oilkeh 1981) [11]. This was supported by the fact that the majority (87.8%) of parents in this study did not discuss sexual matters with their adolescent girls (Table 6).

This study also showed that most (79.1%) of the parents were of the opinion that sexually active adolescent girls should not use contraceptives. The reasons often cited were that contraceptive kills (46.2%), it promotes sexual promiscuity (18.8%), the parents had no contraceptive knowledge (17.9%) and they had concern over fecundity (12.0%). In countries where the level of sexual activity among adolescents is relatively high the discouragement of contraceptive usage by sexually active adolescents leaves a large number of adolescents unprotected. When parents are not knowledgeable or shy away from discussing specific sex-related issues with their offspring the children become suspicious, curious and tend to rely on peers for information and experiment for need of knowledge. Parents' illiteracy and ignorance in reproductive health may lead to misconceptions, which are carried over to their children.

As was stated by (Dryfoos 1992) [3] adolescents must be given adequate information by their parents and schools at an early age. However, as has been cited by Oikeh, most parents are either not knowledgeable or are too embarrassed to discuss sexual matters with their daughters. There is also a contention that the declining commitment of parents to their children might be a contributing factor to mistimed pregnancy. Most parents themselves are immature, dependent and poorly educated but with large family size (Uhlenberg & Eggebean 1986) [12].

The issue of who should give consent - the adolescent or the parent - and whether the parents should be notified of the fact that a minor was using contraception has been addressed in various ways. The most heated debate has taken place in the United States of America and the United Kingdom. The practice has been to give contraceptive advice and services to those under 16 without first obtaining parental consent (Department of Health and Social Security guideline 1974). The view expressed was that the prevention, of unwanted pregnancies among adolescents should be given priority. This followed the view expressed by the Lane Committee (1974) (the Committee on the working of the Abortion Act) that providing contraception was a 'lesser evil than allowing the girl to run the risk of pregnancy'. As early as 1976 a 'mature minor' in the United States could obtain contraceptives without parental consent in 30 States and the district of Columbia. Some States, among them New York and California, have statues that require family planning services made available at public expense to all needy persons irrespective of age and with no requirement for parental consent.

In Nigeria contraceptive is not free but subsidized in government-owned health facilities. For instance, the cost of the pill is N5.00 per card, the injection N30.0 per amp to vial, the IUCD N100.0 per insertion and the condom 4 at N5.00. The cost differs makerdly in private hospitals and clinics, where the pills may cost as much as N25-N30 per card, the injection and IUCD N150 each. The Central Bank of Nigeria exchange rate is about N130.0 to the pound sterling and N80.0 to the dollar. The emergency contraception (the post-coital pill) is neither available nor the public aware of it. The age of consent in Nigeria to medical treatment and to sexual intercourse is 18 years, although unlike developed western countries adolescents in most developing countries including Nigeria continue to be in closed supervision and guidance by parents. This might either be as a result of cultural and traditional background or lack of opportunities for self-sufficiency, hence there is over-dependency on parents by young people.

A significant finding in this study also revealed that the majority (93.2%) of parents support a sex education program in schools. This is despite the fact that the educational background of the respondents was low. Although there have

been reported cases of pregnancy in schools in Nigeria (Fawole 1981) [4], (Gypi-Garbrah 1985), 1998), (Oladipo et al. 1986) (Oladipo & Akintayo 1991) [10] most teachers said there were no sex education programs in the school curriculum (Oladipo & Akintayo 1991) [10], (Briggs 1994) [2].

However, there is family life and sex education in the School syllabus provided by the State Ministry of Education. The fact that most teachers were not aware of it confirms (Dryfoo's 1992) study that most teachers were not academically prepared to give sex education.

This study also showed that a greater proportion of parents were of the opinion that adolescents should finish their education before pregnancy. However, a substantial number of parents saw nothing wrong with early pregnancy as long as pregnancy takes place in wedlock. As was stated by (Briggs 1993) [1], early recourse is largely a problem of adolescent girls who follow the dictates of their tradition and marry early.

Conclusion

Most parents in Nigeria appear to have negative notions about contraceptions. The negative attitude towards contraceptive practice by sexually active adolescents implies that most parents would not encourage sexually active adolescents to use contraceptives in order to prevent unplanned/unwanted pregnancy.

These findings suggest that parents need to be aware of the importance of reproductive health education if they are to play a vital role in preventing unwanted pregnancies in sexually active adolescents. Contraceptive practice by sexually active adolescents might decrease the incidence of unwanted pregnancy in Nigeria.

A need exists for a wider national study using the general population of parents, it appears from this study that in any program aimed at promoting family planning in Nigeria, public awareness to the benefit of contraceptive practice by sexual active adolescents should be given a key consideration.

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