

Influence of Knowledge, Attitude and Beliefs on Adolescent Contraceptive use in Benin City, Nigeria

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Abstract

Contraceptive use by adolescents has become a critical issue of concern to parents, educators and medical practitioners in recent years because of trends towards more widespread and early sexual activity of adolescents. This leads to devastating consequences of unprotected sexual activity at an early age such as unplanned pregnancy, unsafe abortion and sexually transmitted infection.

The study assessed the knowledge, attitudes, practices and beliefs about contraceptives use among secondary schools adolescents in benin city, edo state, Nigeria.. Descriptive cross sectional design using both quantitative and qualitative methods was adopted for the study. Four hundred students from seven public secondary schools categorised into urban, peri-urban and rural were randomly selected and interviewed.

The result showed that contraceptives awareness level among the students was high but the use among the sexually active students was very low due to ignorance. The television was the main source of knowledge on contraceptive to adolescents. Only 23.3% of the boys and 11% of the girls of the sexually active students who claimed to use contraceptives used them consistently. The male condom was the commonest used method by both sexes. The main reasons given for non-use of contraceptives were ignorance and feeling shy buying contraceptives. There is the need for adolescents to be educated more on their sexuality to increase their awareness of the risks of pregnancy and STIs such as HIV.

Keywords: *Contraceptive, Adolescents, Knowledge, Attitude, Practice.*

Introduction

Adolescents engage in rather consistent aggression of sexual behaviour¹. The initial sexual intercourse occurs in the mid to late adolescent years for the majority of teenagers. More than one-half of 17 year olds have had sexual intercourse and by the end of adolescence, the majority of them have had sexual intercourse.²

Contraceptive use by adolescents has become a critical issue of concern to parents, educators and medical practitioners in recent years, because of the trend towards more widespread and early sexual activity of young people. It is also because of the devastating consequences of unprotected sexual activity at an early age such as unwanted pregnancy, unsafe abortion and sexually transmitted infection (STIs) including HIV and AIDS.

Adolescents have to make effective decisions on contraceptive use once they become sexually active but this activity is usually affected by factors such as peer influence, knowledge about contraceptive methods, economic status, life goals of the individual, beliefs about contraceptive use as well as the role the media plays in the lives of adolescents. It has been realised that effective, accessible,

Influence of Knowledge, Attitude and Beliefs on Adolescent Contraceptive Use in Greater Accra Region, Ghana affordable and acceptable health care services could help adolescents make good decisions on contraceptive use.

Although adolescents need effective, affordable and comprehensive health care services to increase contraceptive use and enhance their general health status, they encounter many barriers to obtain contraceptive methods and these affect their decision to use contraceptives.

In some places, cultural pressures and practices related to adolescents and their sexuality (puberty or transitional rites, age of marriage, acceptance of premarital sex) may inhibit their decision on using contraceptive devices. Inaccurate information from rumour, myths and beliefs in their ability to successfully use condom to protect themselves against HIV may be factors for adolescents deciding not to use contraceptives.

Problem statement

Majority of adolescents throughout the world are sexually active by age 19 years with a mean age of sexual activity at 14.4 years for boys and 15.9 years for girls⁴ but most of adolescents lack accurate knowledge about sexuality and reproduction, and have little access to reproductive health services including contraceptives⁵. Premarital sexual intercourse is common, often impulsive and appears to be on the rise in all the regions of the world.

In Nigeria, 38% of girls and 19% of boys between the ages 15-19 years are sexually active but only 5% of adolescents of both sexes in the same age group use contraceptives. Adolescents have to face unplanned and unwanted sexual encounters as well as unwanted pregnancies and unsafe abortion with serious complications as a result of non-use of contraceptive methods⁸.

Reports from West Regional Health Directorate indicated that from first January to 31 December, 2007, 14,139 teenagers aged between 10 and 19 years were pregnant, out of which 2,280 attempted abortions and ended up at various health facilities with complications⁹. In university of benin Teaching Hospital, in Nigeria, abortions account for 25% of all adolescent maternal mortality¹⁰. A further study showed that about 14% of all pregnant women are adolescents.

The prevalence rate of HIV among the adolescents between the ages of 15 and 19 years is 2.3%.⁸ Even though young people possess some basic information about STIs, HIV/AIDS and pregnancy prevention; overall they receive much inaccurate information from rumours and myths. Furthermore, some adolescents believed that they are too young to become pregnant and lack the ability to successfully use condoms to protect themselves from HIV.

Some factors which prevent adolescents from using contraceptives are prohibition or restrictive provision of reproductive services and supplies on the basis of age or marital status, provider bias or disapproval of adolescents' sexual activity and lack of confidentiality. However, in spite of all the issues raised, there is lack or insufficient data on the basis to address the raised issues. Further, it is apparent that current interventions are not based on local evidence but rather 'importation'¹ of donor-driven policies and advice. Hence the need to carry out this research to provide high quality evidence based data to inform policy update, for effective programme design, implementation, monitoring and evaluation on the knowledge, attitudes and beliefs about contraceptives among adolescents.

Objectives of the study

- To assess adolescents' knowledge about contraceptives use
- To examine their attitude and practices of contraceptives
- To assess the beliefs about contraceptives use

Significance of the study

The findings of the study are expected to assist policy makers, healthcare providers, parents and adolescents to plan interventions that would:

- Contribute to better understanding of the factors that influence adolescents' decisions on contraceptive use from the perspective of policy makers, healthcare providers, parents and adolescents themselves.
- Help policy makers to formulate appropriate guidelines and policies which will improve contraceptive use among adolescents.
- Generate further questions for research.

Literature review

Knowledge

Information on contraceptives is very vital to adolescents in order to access family planning methods. The media have always played a key role in communicating family planning messages to the public. The sources of family planning information for young females include, radio (65.6%), television (64.5%), newspaper (25.9%), and posters (40.4%). The study of Zabin¹³ indicated that, acquiring knowledge or lack of it could influence contraceptive use among adolescents. They stated that lack of knowledge and access are important barriers to using contraception for most adolescents. According to them many teenagers are unwilling, unable or afraid to use the knowledge they have to make conscious decision about their sexual behaviour. According to a study done in Ecuador, with adolescents and youths, the respondents knew a lot about or heard about oral contraceptive pill, 14% of the women and 20% of the men indicated that they had good knowledge on it but 57% of the women and 45% of men had wrong knowledge or no knowledge on birth control methods¹⁴ Other studies on adolescents have shown that many adolescents have very limited or often faulty information about when fertility begins, the time of fertility within the menstrual cycle, and the probability of conception¹⁵. According to Rodrigo¹⁶ most of the adolescent boys believed that women are fertile during the menstrual period. Moreover, most adolescents are not informed on sexuality and reproductive health issues so are not aware of the time of fertility. Endemain¹⁷ reported that when adolescent women were asked the contraceptive method appropriate for adolescents, the majority, 43.9% responded 'I don't know.' The next mentioned answers were condoms (31.1%), oral contraceptives (12%) and injectables (4%). Rodrigo¹⁶ recognized that some adolescents use oral contraceptive pill half an hour before having sexual intercourse. Adolescents' misinformation regarding contraceptive methods was consistently found in many countries. A study in Tanzania found that, most adolescents had heard from their friends or relatives that modern contraceptives have side effects. They were told that, using modern contraceptives might lead to infertility in nulli- gravid women.

This led to adolescents' refusal to use a method¹⁸. Some adolescents have knowledge about local 'traditional' methods of contraception. Rodrigo¹⁶ in his study in Sierra Leone reported that some male adolescents of the coastal region expressed that they know various types of contraceptive methods and they use them occasionally. One of them mentioned local contraceptive method regarded as the best and most effective which was 'pineapple juice mixed with lemon, taken

at least three times a day'. Survey results from Sub-Saharan Africa indicated that you people possess some basic knowledge about STIs, HIV/AIDS, and pregnancy prevention yet overall they receive much inaccurate information from rumours and myths. Furthermore, one study found that considerable proportion of youth have little belief in their ability to successfully use condom to protect themselves from HIV²⁰. Discussing sexuality and/or teaching children about reproductive health issues is a social taboo and this leaves adolescents poorly prepared to protect themselves against STIs or unintended pregnancy²¹.

Attitudes and practices

Ability to plan for sexual intercourse and fit contraception is an important factor in the lives of adolescents since many of them do not often plan for this activity. This was observed to be closely associated with failure to use an contraceptive method. According to demographic survey in Ecuador, the first reason given by adolescents 15 to 19 years of age for not using a contraceptive method at first sexual intercourse was 'I did not expect to have sex'¹⁷. Most of the teenagers describe their first sexual encounter as something that just happened and explained their failure to use contraceptive by saying, 'I just didn't think about it'²². As Hewell and Andrews²³ have noted, it is the adolescents' perception of risk rather than the actual risk itself that determines their use of contraceptives. A research in Kenya indicated that

contraceptor was viewed favourably by students of high socio-economic status²⁴, because of the adverse effects of early pregnancy on their academic success and economic security, together with affordability of contraceptives. Another study, among sexually active Jamaicans aged 15-24 years, found that 40% of females and 50% of males use some methods of contraception. Among both sexes, contraceptive use increased with age and educational level. It was highest among urban residents and those with medium to high socioeconomic status²⁵.

According to Keller²⁶ many adolescents are afraid, embarrassed or unwilling to take the precaution against sexually transmitted diseases or to prevent unintended pregnancy. It stated that even though some adolescents have multiple sexual partners, yet they rarely use condom. These young people may be prone to such risk-taking because they do not have mature sense of the hazards involved or appreciate the long-term implications. Even when adolescents have better access to contraceptives, some may not take precautions indulging in sexual activities. Landry observed that, adolescents in the U.S. city of New Orleans were not likely to use contraception just because they knew about it and also knew where to get it. Of the 228 pregnant adolescent women, 86% said they knew about contraception at the time they became pregnant, but did not use during sexual intercourse.

Beliefs

Taboos, traditional beliefs or customs regarding premarital sexual relations may inhibit young people from getting information on contraceptives. Adolescent girls especially, may be isolated from peers and from institutions where they could access information, counselling or service www.unfpa.org/adolescents/education.htm⁴ Fear of future infertility was an overriding factor in adolescents' decision to rely on induced abortion rather than contraception. Many focus-group participants in Nigeria perceived adverse effects of modern contraceptives on fertility to be continuous and prolonged, while they saw abortion as an immediate solution to unplanned pregnancy and therefore, the one that would have a limited negative impact on future fertility. This belief was reflected in the view of a participant who drew a relationship between the ease of abortion and continuous use of oral contraceptives "one D and C is safer than 16 packs of daily pills.

Many adolescents also think that they are not at risk of getting pregnant. Zabin,¹³ also found that 10 % to 25% of adolescents do not believe that pregnancy can occur the first time one has sexual intercourse. Another study done in Peru showed that 79% of adolescents did not use contraceptives during their first sexual intercourse and 27% of them believed that it is impossible to become pregnant during first intercourse²⁹.

Peers can have influential roles on the attitudes and beliefs of other members of the peer group. Adolescents tend to internalise the frequently negative attributes their peers attach to the contraceptive value of condoms and the notion that condoms are only necessary when one is already infected with STIs or HIV¹. Campbell³² realised that young men are particularly influenced by the dominant views of their peers and there were frequent references made to the ways in which those using condoms were jeered at and belittled by their friends. Many of the participants stated that they have been accused of being stupid after using condoms and had decided that they would not use them again. He also realised that men have the notion that indulging in flesh-to-flesh sex was as a result of influence from their peers.

Methods

Study design and methods

The study was cross sectional descriptive and exploratory study. The sampling frame for the study was the in-school adolescent population in public secondary schools in Benin City between the ages 15 and 19 years. All the schools in the region were categorised into urban, peri-urban, and rural.

The schools in the urban area were further categorised into boys only, girls only, and mixed schools. One boys' school, a girl school and a mixed school were selected randomly in the urban area. Two mixed schools from the peri-urban and two from the rural areas were also

randomly selected. In each, the participants were drawn from two units of classes comprising SS1 and 2 because the SS3 were writing their West Africa Secondary School Certificate therefore and were-, not included in the study. In the mixed school almost equal number of boys and girls were selected. For the selection of students from various classes/ systematic sampling was adopted by selecting every other student in the class. When the required number of students was not acquired from a class, the researcher moved to the next class until the requisite number was reached. Seven schools were selected for the study.

Questionnaire was administered to obtain the information on contraceptive methods, source of knowledge, age at first sex, circumstance leading to first sex, contraceptive use at first and last sex, sentiment towards buying of contraceptives, and beliefs about sex and contraceptive use. A total of 400 students filled the questionnaires. The analysis of the data was done using SPSS version 15.

Results

Table 1. Socio-demographic characteristics of the students

	Boys (n1= 215)		Girls (n2= 185)		Total (N = 400)	
	No.	%	No.	%	No	%
Schools						
La bone	43	49.4	44	50.6	57	21.8
Benin Academy	83	100	-	-	83	20.8
Oredo Girls	-	-	52	100	52	13.0
Idia College	3 5	50	35	50	70	17.5
Ghanatta	24	51.1	23	48.9	47	11.8
Amasaman	19	50	19	50	38	9.5
Osudoku	11	47.8	12	52.2	23	5.8
Location of school						
Urban	126	58.6	96	51.8	222	55.5
Peri-urban	59	27.4	58	31.4	117	29.3
Rural	30	14.0	31	16.8	61	15.2
Age						
15	16	7.4	26	14.1	42	10.5
16	80	37.3	79	42.7	159	39.8
17	59	27.4	55	29.7	114	28.5
18	29	13.5	18	9.7	47	11.7
19	31	14.4	07	3.8	38	9.5
Educational Level						
Senior High 1	94	43.7	100	54.1	194	48.5
Senior High 2	121	56.3	85	45.9	206	51.5

Knowledge about contraceptive

The study attempted to find out from the students what they understand by contraceptives. The results showed that 313 (78%) of the students understood contraceptive to be a device for the prevention of pregnancy while 14(4%) were ignorant about the meaning of contraceptives.

Table 2. Students understanding of contraceptives

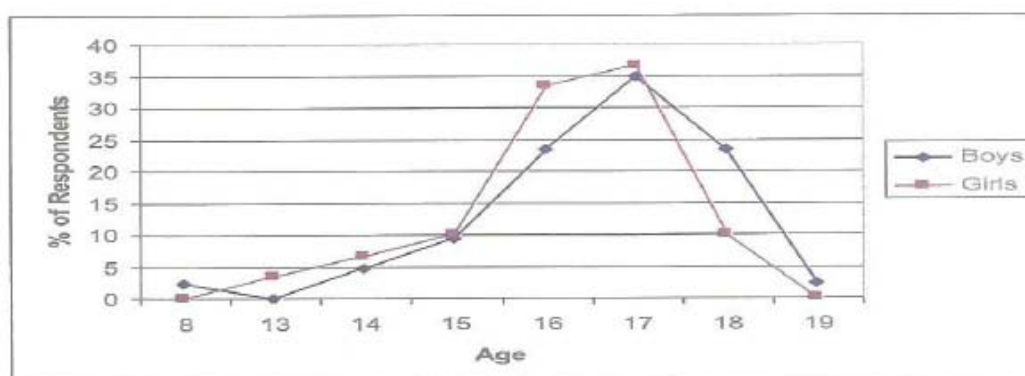
	Frequency	% (100)
Responses	(N=400)	
It is a device to prevent pregnancy	313	78.0
Prevents sexually transmitted infections including HIV	35	9.0
It is to delay getting pregnant	24	6.0
It is to stop you from having children	12	3.0
Don't know	14	4.0

The male condom was the commonest contraceptive method cited by both 176 (25.2%) males and 113(22.7%) females students however 5 (0.7%) of males and 11 (2.2%) of females did not know any contraceptive method. The students were asked about their sources of knowledge on contraceptives. Most 135 (62.8) of boys and 119 (64.3%) of the girls mentioned the media as the key source of knowledge on contraceptives. As to where the students could access contraceptives, more than half 52% (208) of the students mentioned the pharmacy/chemical shop as the place one could easily access contraceptives; only 15 (4%) did not know where they could access contraceptives.

Attitudes and practices concerning contraceptives

The ability to plan for sexual intercourse and *for contraceptive use is very important* in the lives of adolescents because many of them do not plan for these activities.

The study explored if students had a boy/girl friends. Ninety three (43.3%) of the boys and 83(44.9%) of the girls stated that they had boy/girl friends. Among those who had boy/friends 43 (46.2%) of the boys and 30 (34.9%) of the girls had had sexual intercourse *with their boy/girl friends. The highest* proportion of 24 (46.2%) came from peri-urban schools and the lowest from 33 (37.5%) urban schools. The age at which the students first engaged in sexual intercourse was between 8 and 19 years. Fifteen (34.9%) of the boys and 11(36.7%) of the girls had their first sexual intercourse at 17 years and one boy had his first sexual intercourse at 8 years (*Figure 1*).



The circumstances that led to first sexual intercourse, the males 16 (37.2%) reported that pressure from their peers led to their first sex but for the females 16 (53.4%) the incidents just happened without any prior plan. Twenty one (48.8%) boys and 6 (20%) girls who had sex with their boy/girl friends used contraceptives during their first sexual intercourse. The commonest contraceptive method used by the students was the male condom and was used by more than half of the students. One-quarter, 9 (25.1%) of the students pointed out that they used the withdrawal method, and two (5.7%) used other methods which they did not disclose.

The students were also asked whether they used contraceptives the last time they had sexual intercourse. Twenty four (55.8%) of the boys used contraceptives compared to 10(37.0%) of girls during their last sexual intercourse. Among the students who used contraceptives, all the 24(100%) boys and 8(80%) girls used the male condoms. Regarding the frequency of contraceptives during sexual intercourse, 10(23.3%) boys and 3(11.1%) girls used contraceptives anytime they had sexual intercourse. Generally, of the 24 students who used contraceptives the majority 20(83.3%) had their supplies from the pharmacy/chemical shops, 3(12.5%) from their friends, only 1(4.2%) of the boys and 2(20%) of the girls obtained their supplies from a family planning clinic. When information was sought from the students on -whether or not they felt embarrassed when buying contraceptives either from the pharmacy or family planning clinic, 12 (36.4%) said they did. Those who said they felt embarrassed were asked to give their reasons. About 7(46.7%) acknowledged that they just felt shy to buy contraceptives, while 2 (13.3%) said the pharmacist would ask them what they were going to use the contraceptives for. Three (20%) said the provider would think they were bad boys/girls and 1(6.7%) boy mentioned that the seller would turn him away.

Beliefs about contraceptives One's belief about contraceptive would be an indication of its use. If the adolescent believes that contraceptives are safe to use, this belief would encourage him/her to use them when the need arises. Of the 400 students 28 (45.9%) in the rural schools believed that sex was safe if contraceptive was used as compared to pe urban and urban students, Figure 2.

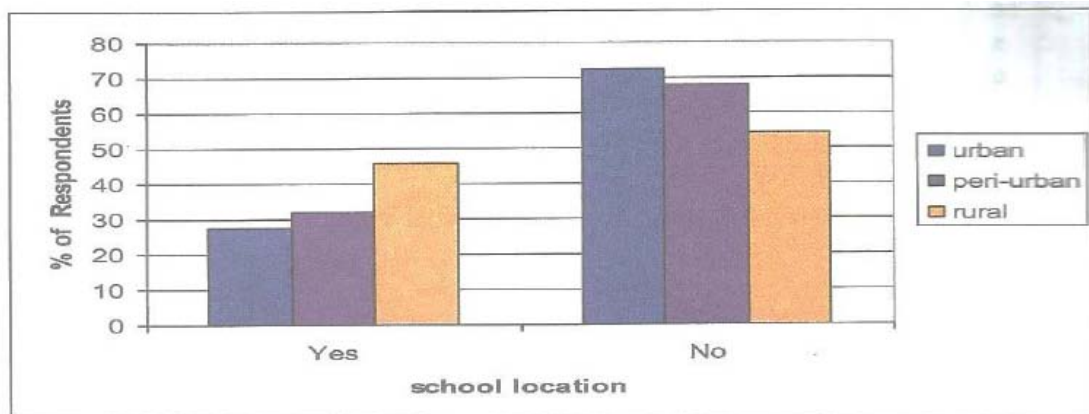


Figure 2. Students who believed that sex is safe if contraceptive is used by school location

Reasons students gave for their belief that sex was safe if contraceptives were used: 74(57.8%) thought contraceptives prevent pregnancy, 52 (40.6%) said condoms protect you against sexually transmitted infections and 1 (0.8) said because of advertisement shown on TV. The students were asked whether they thought their peers could influence them to use contraceptives. Of the 229 students, 74

(34.9%) of boys and 37 (20.3%) of girls stat that their peers could influence them to u contraceptives. When the students we further asked to specify the reasons why the thought their peers could influence them use contraceptives, of 82 students 24(29.3^C) stated that they would tell them tr contraceptives prevent pregnancy so they should use them as in Table 3.

Table 3. Students who believed that peers could influence them use contraceptives

Reasons	Frequency (N=82)	%(100)
They tell you that it prevents pregnancy so you should use it	24	29.3
By advising me to use it	21	25.6 —
By teasing you if you don't use it	20	24,5
By teaching you how to use it	12	12,6
By telling you the implication of not using it	3	3.7
They pressurize you to use it/boosting your curiosity	2	2.4

Other students thought their peers could not influence them to use contraceptives. Of the 400 students 96 (45.1%) of boys and 89(49.3%) of the girls said their peers could not influence them to use

contraceptives. The students who believed that their peers could not influence them to use contraceptives gave their reasons as presented in Table 4.

Table 4. How peers could not influence students to use contraceptives

Reasons	Frequency (N=99)	%
They will always tell you about the side effects of contraceptives	40	40.4
Using condom is like eating toffee with the wrapper on	31	31.4
Good friends will discourage you to avoid premarital sex	10	10.1
If your peers used it and know that it is not safe	8	8.1
They will tell you that you can't be pregnant at first sex	5	5.0
It is not good for people who are not married	3	3.0
They will tell you that it is a sin	2	2.0

The students were also asked whether they believed their partners suggestions to use condom during sexual intercourse to mean distrust. Of the 400 students, 31(14.4%) boys and 28(15.1%) girls answered in the affirmative. The students who believed that suggestion for condom use during sexual intercourse gave their reasons. About 12(37.5%) reported that their partners would think they were having sexually transmitted infections, 8(25.0%) said they may think you are cheating on them, 6(18.8%) wanted to have natural feeling for sex. Three (9.4%) would like to show their love to their lovers 2(6.3%) wanted to be faithful to their partners and 1(3.1%) said no one is trusted nowadays.

Discussion

The level of knowledge on contraceptives was found to be high for both boys and girls. The male condom was the commonest contraceptives method known and used by the students. This would help sexually active adolescents because condom is affordable and also the contraceptive method which could protect them against both pregnancy and sexually transmitted infections.

The media could have both positive and negative effects on adolescents. It was not surprising that, both boys and girls mentioned the media particularly the television as their key source of knowledge on contraceptives¹¹ because adolescents like watching television, the television could be used as an effective method to educate adolescents on contraceptives. The self-reported mean age of first sex in this study was 17 years (both boys and girls) and this finding is in contrast with findings from other parts of Sub-Saharan Africa which has mean age at first sex at 14.4 years for boys and 15.9 for girls⁴. The higher age at first sex indicates that with proper sexual and reproductive health education, adolescents can postpone sexual activities until later age. This will reduce the rate of adolescent pregnancies and sexually transmitted infections. Regarding the circumstances that led to the first sexual intercourse, the boys attributed it to peer pressure but for the girls, the incidents just happened without planning for them^{17,22}. This exhibited the unplanned nature of adolescents' sexual activities when it occurred which may be the main reasons why many of them do not use contraceptives. At first sexual intercourse, 80% of the sexual active girls did not use contraceptives. This is worrying because of the risk of unplanned pregnancies, unsafe abortions, contracting sexually transmitted infections or even death because of non-use of contraceptives. Attitudes of healthcare providers could have positive or negative influence on contraceptive use among adolescents. Some of the sexually active adolescents had never used contraceptives as they felt embarrassed buying contraceptives from pharmacies or family planning clinics because of the attitudes of healthcare providers. It is time healthcare providers accept the fact that, not all adolescents could abstain from sexual activities and to appreciate the fact that at least some adolescents are bold enough to go to pharmacies or family planning clinics to access contraceptive methods.

Some of the students were of the notion that their peers could prevent them from using contraceptives by saying: Your peers will tell you that if it is your first time having sex you can never get pregnant²⁹. Such erroneous information need to be dispelled by educating adolescent girls on the menstrual cycle and the implication of having sexual intercourse during certain phases of the cycle. Other adolescents believed that one has to use condom only when one or his partner contracts sexually transmitted infections. Some of the students believed that, when their partners suggested the use of condom during sexual intercourse, this indicates that they suspected them of having sexually transmitted infections^{30, 31}. Ignorance has been mentioned as the reason for non-use of contraceptives among adolescents¹⁷. About 8% of the students indicated that contraceptives can cause harm to them in future so they would not like to use them²⁸. Some students were of the view that as adolescents were always in a hurry to have sex hence did not have time to use contraceptives.

Conclusion

It was concluded that contraceptives use among the sexually active adolescents was very low due to ignorance. Some of them also felt embarrassed buying contraceptives because of the attitudes of the providers. Sexually active adolescents need to be encouraged to use contraceptives to prevent the consequences of unprotected sex.

Recommendation

- Adolescents need to be educated on contraceptives and encouraged to use them especially condoms.
- Healthcare providers should treat adolescents with respect and provide them with contraceptives if they are sexually active.
- Girls need to have the skills to acquire contraceptives and should be able to communicate with their partners about contraceptives use.

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