

Perception of Parents on Adolescents' use of Contraceptives in Igbogbo District in Ikorodu Local Government, Lagos State, Nigeria

Article by Aremu Bukola Janet
Master of Public Health, Texila American University, Guyana
E-mail: buksang@yahoo.com

Abstract

Problem: Adolescent reproductive health has become a major public health concern as the number one killer of adolescent girls worldwide is unwanted pregnancy and childbirth-related deaths. The adolescence period is characterized by the inclination towards risky behaviors. Among these risky behaviors is unprotected sexual intercourse that can lead to unwanted pregnancy and infections from HIV and other sexually transmitted diseases, STDs.

Objective: The purpose of this study is to determine the perception of parents on adolescents' use of contraceptives in Igbogbo district in Ikorodu Local Government of Lagos State, in Southwest Nigeria.

Method: A multi-stage sampling technique was employed to select 120 secondary school students, the parents of the selected students were given a self developed questionnaire that has already been validated and tested for reliability to fill and return and out of 120 questionnaires only 110 was properly filled and returned. A descriptive analysis was used to describe the data generated and out of the respondents.

Outcome: The findings from this study showed that 74 (67.3%) of the respondents were females and 36 (32.7) were males. It was deduced from this study that parents are aware of adolescent engagement in sexual relations, have a fair knowledge on modern forms of contraceptives, communicate well with their children but have a low perception on adolescents' use of contraceptives. The findings from this study did not show any association between parents' socio-demographic characteristics and their perception. This study revealed the fear of serious side effects, promiscuity tendency, cultural beliefs and religion beliefs as the major factors that might have contributed to this low perception. This study also showed that parents want adolescents to abstain from any form of sexual relation but wants them to be educated on the uses and benefits of contraceptives. This study therefore concluded that parents should be educated on the types, uses, and benefits of contraceptives and be encouraged to pass the knowledge across to their children.

Introduction

Background

Adolescence can be described as a period between childhood and adulthood with the age range of 10 – 19 years. This period is not without its problems of inclination towards risky behaviors. Among these risky behaviors is unprotected sexual intercourse that can lead to unwanted pregnancy and infections from HIV and other sexually transmitted diseases, STDs (Gomes et al, 2006; Mestad et al. 2011).

Health risk behaviors among adolescents are very common. A study conducted by Heneghan et al, (2015) in U.S reported that 65% of teen are involved in at least one health-risk behavior. Adolescents face many sexual and reproductive health risks stemming from early, unprotected, and unwanted sexual activity (WHO, 2012). Key factors fundamental for this issue are lack of access to sexuality education, and to accessible, affordable, and appropriate contraception (WHO, 2012).

Adolescent sexual and reproductive health has become a major concern to public health. The number one killer of adolescent girls worldwide is unwanted pregnancy and childbirth-related deaths (UNICEF, 2002). The incidence of unsafe abortion among adolescents is 2.2-4 million per year

(Olukoya, 2001). Also, 99% of all maternal deaths occur in the developing nations, Nigeria inclusive (Bale et al, 2003) and 74% of these deaths are preventable (Wagstaff and Claeson, 2004).

Globally 34 million people were living with HIV at the end of 2011 with an estimated 0.8% of adults aged 15-49 years (UNAIDS, 2012). According to UNAIDS (2014), about 40% of new HIV infections are among those under age 25. In 2010, youth accounted for estimated 26% of all new HIV infections in the United States (CDC 2015). In Nigeria, according to the 2008 National Seroprevalence, infection rates among young people aged 15-19 was put at 3.3% (UNFPA, 2010).

There has been an increase in the levels of premarital sexual activity among Nigerian adolescents (Fatusi and Blum, 2008; NPC and ORC, 2004; NPC and ICF 2009). Abstinence from sex is the most efficient way of preventing pregnancy and sexual transmitted diseases but for sexually active adolescents this might be impossible to achieve. Many efforts are been made to improve the availability and access to reproductive health by the adolescents and among these efforts is the introduction of contraceptives to this age group. The level of usage of contraceptives is still low among this age group (Ikeme et al., 2005; Orji and Esimai, 2005) with resultant increase in the incidence of unwanted pregnancies, risky abortions, HIV and other sexually transmitted diseases, STDs (Bankole et al., 2006; FMOH, 2009)..

Many factors have been recognized to act as barriers to the use of contraceptives and other reproductive health services by adolescents; among them are the cultural belief and the influence of parents. A study conducted in Bolivia identified the feeling of shame, anxiety, guilt and fear of being punished by family as psychological barrier to the uptake of reproductive health services by teenagers (Belmonte et al., 2000). Also, Lebesse et al (2013) reported cultural taboos as a major obstacle to the use of contraceptive by the adolescents.

The perception of parents is very important in motivating adolescents towards the use of contraceptives and in improving their sexual and reproductive health. According to the result of a study conducted in Kenya, one of the main perceived barriers to use of contraceptive by adolescents is the parental approval (Kinaro, 2013). Parental influence and communication have been found to positively influence adolescents' decision making on sexuality and contraception (Aspy et al., 2007; Lagana, 1999). Parents have significant role to play in reducing sexual risk behaviors and promoting healthy adolescent sexual development. One way that parents can successfully carry out this duty is by communicating with their adolescents about sexual behaviors and decision-making (Martino et al., 2008). This is also supported by Jaccard and Dittus (2000) who stated that maternal approval is very important in contraceptive use by adolescents; however, this finding was correlated with increased incidence of sexual activity. A study conducted in the Rivers State of Nigeria reported that a greater proportion of parents did not favor the use of contraceptives by sexually active adolescents (Briggs, 1998). Biddlecom, et al (2009), in their own research concluded that programs to improve adolescent sexual and reproductive health should include different levels of parental involvement.

There is dearth of literature to ascertain the opinion of parents concerning contraception by adolescents in Lagos State, one of the most populous states in Nigeria therefore, the purpose for this study is find out the perception of parents on adolescents' use of contraceptives.

Statement of problem

According to Commendador (2010), adolescence is a period of transition that involves biological, cognitive, psychological, social, physical changes with an increasing interest in sex. Dangal (2006) reported that approximately one-fourth of adolescents have testified to have intercourse prior to the age 15. Although there are several safe and effective contraceptives available, adolescents' pregnancy is still on the increase (Commendador, 2010).

Abstinence as the only method of contraception has not been in all successful. Kirby (2008) reported that abstinence programs do not work. This is also supported by Santelli et al. (2006) who stated that although abstinence from sexual intercourse is a healthy choice for adolescents, "abstinence only" as a single option is flawed and according to many adolescents are very sexually

active and the use of contraceptives is still a very important part of the national efforts to reduce adolescents' pregnancy.

Several studies have been conducted in some parts of the world to find out factors that can influence adolescents' sexual activity, decision making and contraceptives use (Brown, 2000; Belsky et al., 1991; Brooks-Gunn and Furstenberg, 1989). Also, some studies have Commendatory (2010), been carried out here in Nigeria with respect to adolescents' sexual and reproductive health (Oyediran et al., 2013; Atere et al., 2010; Omobude-Idiado and Bazuaye, 2009; Oye-Adeniran et al., 2006; Briggs, 1998) but among all these studies, only few were narrowed down to really find out the perception of parents on adolescents' use of contraceptives, and none in Igbogbo local council area of Lagos state in Nigeria, thus the impetus for this study.

This research answered the following questions;

1. What is the socio-demographic of the parents of some selected adolescents?
2. Do parents have knowledge about adolescents' sexual behavior and contraceptives?
3. What is the level of communication and relationship between parents and their children?
4. What is the perception of parents on adolescents' use of contraceptives?
5. What is the association between parents' socio-demographic variables and perception on adolescents' use of contraceptives?

The objectives of the study

1. To determine the socio-demographic of the parents of some selected adolescents
2. To determine the knowledge of parents on adolescents' sexual behavior and forms contraceptives
3. To determine the level of communication and relationship between parents and their children
4. To determine the perception of parents on adolescents' use of contraceptives
5. To determine the association between parents' socio-demographic variables and perception on adolescents' use of contraceptives.

The limitation of the study

Some questionnaires were not returned and some not properly completed.

Definition of terms

- Adolescents: these are young people between the ages of 10 and 19 years.
- Contraceptives: these are methods used to prevent pregnancy and condom as a form of contraceptive has the ability of preventing sexually transmitted diseases.
- Perceptions: this is the opinion someone has towards to a thing.

Literature review

Adolescent development and risky behaviors

Adolescence is a period between childhood and adulthood with age range of 10-19, nearly half of the world's population that is, about 6.2 billion people comprises the adolescents and young people and 85% of these group of people are from developing countries (WHO, 2004). This period is characterized by secondary sexual growth, changes in hormonal secretion, emotional, cognitive and psychosocial development and engagement in risky behaviors e.g. sexual relations, substance use and abuse, intentional and unintentional injuries etc.(WHO 2015). These biological and psychological changes can lead to awareness of sexuality and tendency to demand for autonomy in this critical period (Connel, 1990.)

Adolescent sexual behavior

Adolescents can experience sexual feelings at one point or the other, some can react to these feelings by engaging in sexual intercourse; some don't have intercourse but can have anal intercourse

or oral sex (Remez, 2000). Some deny their sexual feelings by engaging intensely in non-sexual pursuits; other adolescents are able to have socially acceptable intercourse through early, sometimes pre-arranged, marriages (WHO, 2004).

According to Alan Guttmacher Institute, (1998), 8 out of 10 young women in sub-Saharan Africa have had their first sexual intercourse before the age of 20 and 4 out of 10 before marriage; 8 out of 10 young women in five developed countries have engaged in intercourse as adolescents and 7 out of 10 had theirs before marriage and lastly 6 out of 10 young women in Latin America and the Caribbean have had sex in adolescence and 3 out of 10 before marriage.

A study conducted in Nigeria with a sample size of 690 and 814 male and female students respectively showed that 398 (57.7%) and 216 (26.5%) male and female students respectively were sexually active as at the time of the study and also that 68 (17.0%) of the male students had their first sexual intercourse at 9 years while 131 (33%) had their first intercourse at 10-14 years, and 147 (37%) at 15-18 years. For the female students, 119 (55.1%) had their first sexual intercourse between ages 15-18 years and while only about 61 (28.5%) had their first sexual intercourse at less than 15 years (Idonije et al, 2011). Odimegwu et al (2002) reported in their study among Nigeria adolescent, that adolescents with low parental income were more sexually active than those who reported high or medium parental income.

Consequences of adolescent sexual behavior

Unwanted pregnancy

Adolescent pregnancies may be accompanied by increased levels of mortality and morbidity, which may be as a result of less antenatal care and delayed intrapartum care due to stigma attached to adolescent pregnancy, and also obstructed and prolonged labor (Alan Guttmacher Institute, 1998; Anandalakshmy & Buckshee, 1993), studies have shown that babies of adolescent mothers are more likely to be born prematurely and have a low birth weight (International Planned Parenthood Federation, 1994; Alan Guttmacher Institute, 2002b; Anandalakshmy & Buckshee, 1993).

Unsafe abortion

Though safe legal abortion may be available in some parts of the world especially in the developed countries rarely, unsafe abortion is common in areas where abortion is illegal especially in developing countries and happened to be more dangerous for adolescents as they tend to seek abortion through crude methods and very late in pregnancy (International Planned Parenthood Federation, 1994). Unsafe abortion accounts for 13% of maternal death globally with the incidence of 2.2-4 million per year (Olukoya et al., 2001). A study conducted by Aderibigbe et al (2001) reported 100% abortion prevalence among the sampled Nigerian adolescents and that all abortion were induced and carried out by unqualified personnel.

HIV and other sexually transmitted diseases

According to WHO, (2004) one out of 20 adolescents and young people contract an STI each year. Factors that may prevent adolescents from getting help for STDs include inability to know that they contracted STIs, stigma involved in seeking for help and lack of access to treatment Late-treated or untreated STIs can potentially hinder the adolescent's long-term health and fertility (WHO, 2004).

Globally 34 million people were living with HIV at the end of 2011 with an estimated 0.8% of adults aged 15-49 years (UNAIDS, 2012). According to UNAIDS (2014), about 40% of new HIV infections are among those under age 25. In 2010, youth accounted for estimated 26% of all new HIV infections in the United States (CDC 2015). In Nigeria, according to the 2008 National Seroprevalence, infection rates among young people aged 15-19 was put at 3.3% (UNFPA, 2010).

Contraceptives knowledge and use among adolescents

Though abstinence from any form of sexual activities may be seen as the most efficient way of preventing pregnancy and sexual transmitted diseases, but achieving this with sexually active adolescents might proved difficult. Many efforts are been made to improve the availability and access to reproductive health by the adolescents and among these efforts is the introduction of contraceptives to this age group. The level of usage of contraceptives is still low among this age group (Ikeme et al., 2005; Orji and Esimai, 2005).

A study conducted in three Bolivian cities deduced that Knowledge about contraception is often incomplete and/or incorrect, and this does not automatically resulted in contraceptive use among those who are sexually active. It also reported that 71 percent of respondents said they were likely to use a method and less than half of those who had had sexual relations used any method to prevent pregnancy or STDs. The method used was primarily the condom, with 44 percent of all those who had had sexual relations have used a condom at one time or more (Belmonte et al, 2000).

Idonije et. al (2011), reported in the study conducted in Nigeria that 292 (42.3%) and 492 (60%) males and females respectively had good knowledge of contraception while 206 (29.9%) and 122 (15%) males and females had no knowledge of contraception; parents (25.5%), friends (17%), books and magazines (16.2%) and internet (10.7%) were the main sources of information about sex and contraception; condom was the major available contraceptive for the males while Andrew liver salt (29%), oral pills (10.3%), 7 Up (7.4%) were the used by the females and that about 40% of the total sampled population believed contraception is not safe.

Types of contraceptives

Dual protection and dual method

Two approaches (other than abstinence) exist to simultaneously protect against pregnancy and STIs. One is the use of condoms only to provide “dual protection” i.e. against STIs and pregnancy. However to ensure maximum contraceptive efficacy, condom use also requires a willingness and ability to use emergency contraception in the event of condom slippage, breakage or failure to use. The second method is the practice of “dual method use”, which involves always using a condom with another method that has a lower contraceptive typical-use failure rate (WHO, 2004).

Barrier method

Substances use in barrier method include spermicidal foams, jellies, creams, films and suppositories; male condom; female condom; diaphragm; contraceptive sponge, and cervical cap. All these are generally available over the counter except diaphragm and cervical cap. These methods prevent pregnancy through the provision of a physical and/ or chemical barrier to sperm (WHO, 2004). The major disadvantages are comfort of use, allergic reactions and incorrect use of this method.

Oral contraceptives

These are birth control medications or pills taken by mouth. They are taken once daily and are widely available. They can be in the form of combined oral pills containing both estrogen and progestin and the progestin-only pills. Failure rate of this method is as high as 15 pregnancies per 100 adolescents and this rate has been linked with errors in pill taking (Kaunitz, 1992). Side effects may include nausea, dizziness, mild headache, breast tenderness, mood changes and breakthrough bleeding may occur in some cases. As with adults, adolescents must be counseled about possible side-effects before initiating use and reassurance should be given that these side-effects usually settle within the first three months of use (WHO, 2002). A population-based study shows no statistically significant increase in weight gain among a population of women using oral contraceptives (Coney et al., 2000).

Injectables

This is progestin-containing injection given in the arm or buttock every 3 months for birth control. The side effects of this method may include irregular, unpredictable, prolonged or heavy bleeding or spotting, breast tenderness, headaches, dizziness, hirsutism, hair loss, nervousness, acne and weight gain (WHO, 2004).

Implants

These are small rods put under the skin the arm and they release slowly progesterone hormone into the body. They are two types available Levonorgestrel implants (Norplant® and Jadelle®) and Etonogestrel implant (Implanon®). The high contraceptive effectiveness, its duration, and easy compliance are important advantages for adolescents who desire long-term contraception (WHO, 2004). The side effects of this method include nausea, dizziness, change in appetite with subsequent weight gain or loss, hair growth or loss, oiliness of the skin, acne, headaches and menstrual irregularities (WHO, 2004).

Intrauterine devices (IUDs)

These are small T-shaped plastic devices that are inserted into the uterus. There are two major types; the hormonal IUDs and the copper IUDs. The most important side-effects experienced with copper-bearing IUD use are increased menstrual bleeding, pain and pelvis inflammatory disease (PID). The risk of PID among women who are appropriate candidates for IUD use is about 1 case per 1000 users (WHO, 2004).

Natural family planning

This is a method of birth control that is approved by the Roman Catholic Church and it involves the use of ovulation cycles. This method involve recognition of the fertile days of the cycle by observing fertility signs such as cervical secretions and/or basal body temperature (Ott et al., 2002; Santelli et al., 1998) or by clinging to a set number of abstinent days (“Standard Days Method” or “Fixed Formula Method”) (Arevalo et al., 2000) during each menstrual cycle.

Withdrawal method

This method involves the removal of the male genital from the female vagina before ejaculation. Withdrawal requires a high degree of motivation and discipline, which may be quite difficult for a young adolescent couple and it is the mostly frequently-used method by adolescent couples (WHO, 2004).

Emergency contraceptives

This method is also referred to as ‘morning-after pill’. Pills that can prevent ovulation and fertilization are used immediately after unprotected copulation; also IUDs can be used. Copper-bearing IUDs are the most effective form of emergency contraception and when put in place within five days of unprotected copulation, 99% of expected pregnancies are prevented (Glasier, 1997). Nausea and vomiting are frequent side-effects of this method, especially with oral pills regimen (WHO, 2004).

Barriers to adolescent use of contraceptives

A number of factors have been found to affect the use, non-use, and the correct and consistent use of contraceptive methods by adolescents and amongst these factors are personal, social and cultural factors in the environment. The result of a study conducted in Kenya showed that the main perceptions associated with contraceptive use are parental approval, opinion of adolescents, ability to get a method for self and discussion with sexual partner (Kimoru, 2013). Lebeso et al (2013) reported cultural taboos as a major obstacle to the use of contraceptive by the adolescents and maternal

approval for contraception resulted in higher use of contraceptives by adolescents (Jaccard and Dittus, 2000).

Parental perception on adolescents' use of contraceptives

Parental approval especially maternal approval for contraception has been linked to higher use of contraceptives by adolescents (Jaccard and Dittus, 2000). The result of the study conducted by Ankomah et al (2011) in Nigeria suggested that participants in their study felt that parents could have either negative or positive influence on the sexual activity of their children. A study conducted in the Rivers State of Nigeria reported that a greater proportion of parents did not favor the use of contraceptives by sexually active adolescents (Briggs, 1998) and this also supported by Oyediran et al. (2013) that reported parents had negative attitude towards provision of contraceptives to the adolescents. Biddlecom, et al (2009), in their own research concluded that programs to improve adolescent sexual and reproductive health should include different levels of parental involvement.

Communication between parents and children

Adolescents often get themselves involved in risky sexual behaviors with resultant adverse health outcome like unintended pregnancy and sexually transmitted diseases. Parent-adolescent communication is very vital since sexual activities begin at early age for many adolescents (Jaccard et al., 2002). Rates of sexual initiation during young adulthood are on the increase in many developing countries, and high HIV prevalence adds to the risks connected with early sexual activity (WHO, 2009). Parents have significant role to play in reducing sexual risk behaviors and promoting healthy adolescent sexual development. One way that parents can successfully carry out this duty is by communicating with their adolescents about sexual behaviors and decision-making (Martino et al., 2008).

Methodology

Participants

The participants for this study were parents of pupils in SS1 – SS3 classes of the secondary schools that were randomly selected.

Instrument

The instrument for this study was a semi-structured questionnaire that was designed by the researcher and it was divided into four parts. Part 1 was used to gather information about the socio-demographic of the participants, part 2 was used to collect information about the knowledge/awareness of the participants on adolescents' sexual behavior and contraceptives, part 3 was used to retrieve information about the relationship and communication between parents and their wards and lastly part 4 was used gather information on the perception of parents on the adolescents' use of contraceptives. The questionnaire went through face-validity by professionals in the field of psychology and reproductive health and test- retest reliability was also done by administering the questionnaire to 10 parents and after 2 weeks, the same questionnaire was re-administered to the same parents and the reliability was calculated to be 0.77.

Study site

The study site for this study was Igbogbo district in Ikorodu Local Government Area of Lagos State in the South-Western part of Nigeria. It is considered to be outside Lagos Metropolis, it is within Ikorodu which is situated in the South East of Lagos State and shares border with Ogun State in Nigeria. The people's major language is Yoruba and they engage themselves majorly white collar jobs, trading and some in farming. There are five public secondary schools in this location.

Sample size

The minimum sample size was calculated using the **Leslie and Kish formula** for descriptive studies

$$N = P (1-P) Z^2/D^2$$

- Where N is the minimum sample size needed
- D is the level of error that can be tolerated (0.05 chance of error)
- P is the estimated prevalence rate (0.93) of parents' knowledge on contraceptives
- Z is the standard variate corresponding to confidence level. At confidence level of 95%, Z=

1.96

$$N = 0.93(1-0.93) 1.96^2/0.05^2$$

$$N = 100$$

To allow for a non-response rate of 10% (10 respondents), the sample size was **120**

Sampling method

A multi-stage Sampling method was employed to select participants for this study. Three secondary schools were randomly selected out of the five public secondary schools and 20 pupils in SS1-SS3 were randomly selected from each class in the 3 schools making a total of 120 students. Ethical approval was sought and obtained and, parents of the selected pupils in SS1-SS3 of the selected schools were contacted, their informed consents were obtained and the questionnaires were given to them for completion.

Data analysis

The data collected in this study were analyzed using SPSS version 22. Descriptive analysis in the form of frequencies, percentages, and bar charts were used to describe the data and also chi-square was used to find the association between variables.

Results

Socio-demographic characteristics of participants

Table 1. Percentage distribution of the socio-demographics of the participants

Sex	Frequency (n)	Percentage%
Female	74	67.3
Male	36	22.7
Total	110	100
Age group		
20-29	6	5.5
30-39	37	33.6
40-49	54	49.1
50 & above	13	11.8
Total	110	100

Educational level		
Primary	7	6.4
Secondary	26	23.6
Tertiary	77	70.0
Total	110	100
Religion		
Christianity	89	80.9
Islam	21	19.1
Traditional	0	0.0
Total	110	100
Marital status		
Married	92	83.6
Separated	6	5.5
Single parent	3	2.7
Widowed	9	8.2
Total	110	100

One hundred and twenty (120) questionnaires were given out for completion out of these only 110 (91.7%) participants properly filled and returned their questionnaires. Out of these participants, 74 (67.3%) were females, 36 (32.7%) were males, 6 (5.5%) were within the age range of 20-29, 37 (33.6%) fell within 30-39, 54 (49.1%) within 40-49 and 13 (11.8%) were 50 years and above. Seven (6.4%) had only primary education, 26 (23.6%) had only up to secondary education and 77 (70.0%) had tertiary education. Eighty-nine (80.9%) practiced Christianity, 21 (19.1%) practiced Islam and none of participants was a traditionalist. Ninety-two (83.6%) were married, 6 (5.5%) separated, 3 (2.7%) were single parents and 9 (8.2%) widowed (Table 1).

Knowledge/awareness of parents on adolescents' sexual behavior

Table2. Percentage distribution of parents' knowledge/ awareness on adolescents' sexual behavior

		Frequency (n)	percentage%
Adolescents engage in sexual relations:	YES	99	90.0
	NO	11	10.0

Can be influenced by peers and other sources:	YES	104	94.5
	NO	6	5.5
Adolescents can contract HIV & STDs:	YES	102	92.7
	NO	8	7.3
Contraceptives can prevent pregnancy & STDS:	YES	63	57.3
	NO	47	42.7

Ninety-nine (90.0%) of the parents said that they believed that adolescents engage in sexual relations while 11(10.0%) said that they don't believe that adolescents engage in sexual relations. One-hundred and four (94.5%) said that adolescents sexual behavior can be influenced by peers and information from different sources, 102 (92.7%) knew that adolescents are at risk of contracting HIV and other sexually transmitted diseases (STDs) and 63 (57.3%) said that contraceptives can prevent unwanted pregnancies, HIVs and STDs in adolescents (Table 2).

Knowledge on the forms of contraceptives

Table 3. Percentage distribution of parents' knowledge on the forms of contraceptives

Forms of Contraceptives	Frequency (n)	percentages%
Condoms	85	77.3
Pills	42	38.2
Injections	44	40.0
Withdrawal method	53	48.2
IUDs	20	18.2
Calendar method	35	31.8
Others	14	12.7

Eighty-three (77.3%) parents said they know condom as a form of contraceptives, 42 (38.2) knew about pills, 44 (40.0) knew about injectable contraceptives, 53 (48.2) knew about withdrawal method, only 20 (18.2) knew about IUDs, 35 (31.8) have knowledge about calendar method and 14 parents (12.7) knew some other forms of contraceptives e.g. implants and abstinence (Table 3).

Communication/relationship between parents and children

Table 4. Percentage distribution of parents' level communication with their children

		Frequency (n)	percentage %
General discussions with children	YES	103	93.6
	NO	7	6.4
Sex education	YES	84	76.4
	NO	26	23.6
Freedom of children to discuss challenges	YES	103	93.6
	NO	7	6.4

One-hundred and three parents (93.6%) said that they discuss general issues with their children, 84 (76.4) said they give sex education to their children at home and 103 (93.6%) said that their children are free to discuss the challenges they are facing with them (Table 4).

Perception on adolescents' use of contraceptives

Ninety-six parents out of 110 participants (87.3%) said that the use of contraceptives by adolescents can lead to promiscuity while 8 (10.8%) females and 6 (16.7%) males affirmed that contraceptives usage by adolescents cannot make them become promiscuous. Eighty-two parents (74.5%) said their religions do not allow adolescents to make use of contraceptives while only 18 (24.3%) females and 10 (27.8%) males said that their religions do not have anything against adolescents' use of contraceptives. Eighty-one parents (73.6%) affirmed that Nigeria culture disapproves of adolescents' use of contraceptives while 20 (27.0%) females and 9 (25.0%) males said that the culture in Nigeria is not against adolescents' use of contraceptives. One-hundred and one parents (91.6%) support abstinence from any form of sexual relations by the adolescents but 8 (7.3%) females and 1(2.8%) male said there is no need for adolescents to abstain from sexual relations. Eighty (72.7%) parents said education on the use and benefits of contraceptives should be given to the adolescents while 16 (20.2%) females and 15 (41.7%) males said adolescents should not be educated on the use and benefits of contraceptives. Ninety-three (86.3%) parents believed that contraceptives may have serious side effects in the future while 12 (16.2%) females and 3 (8.3%) males said that contraceptives will not have side effects (Figure 1).

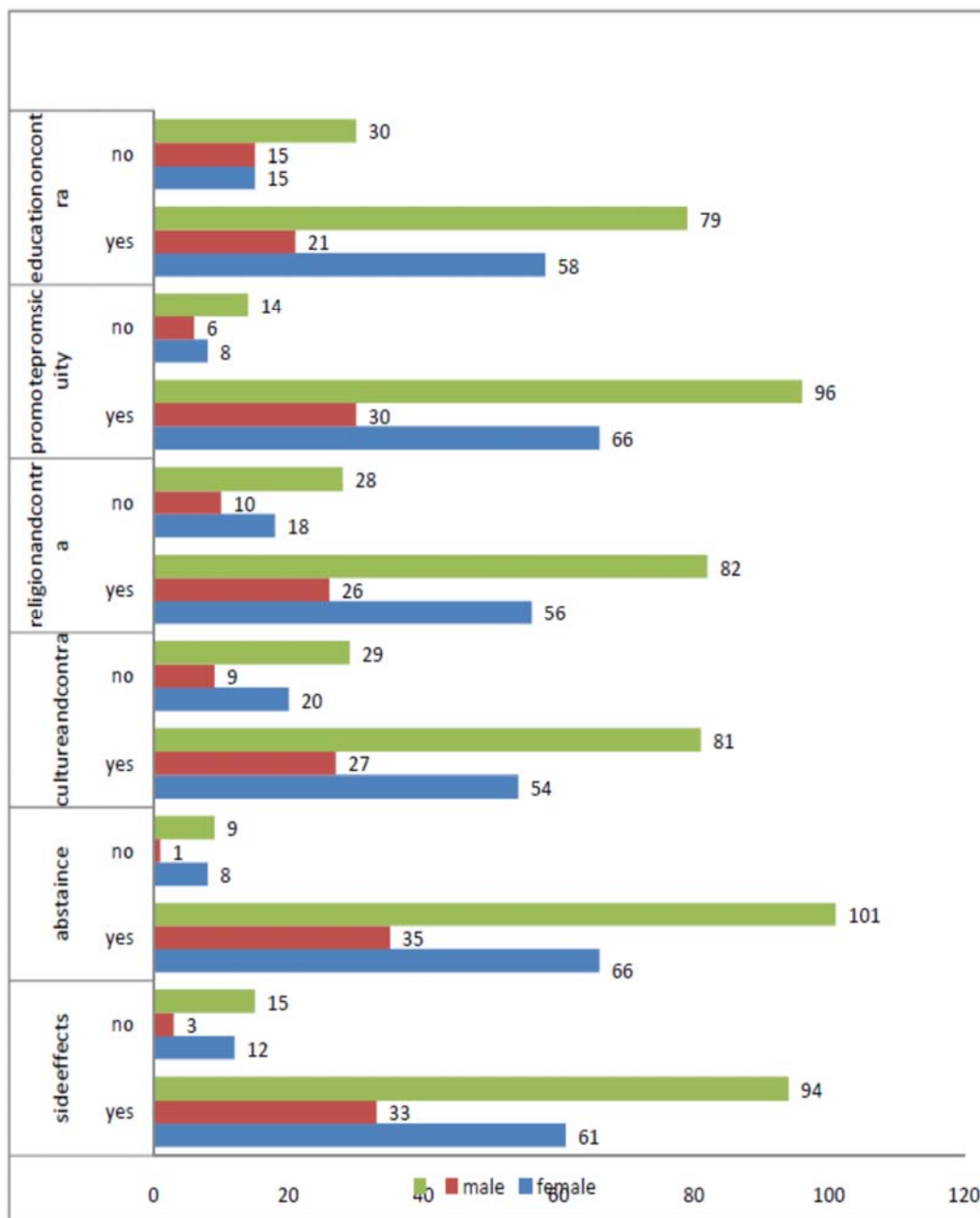


Figure1. Gender distribution of Perception of Parents on Adolescents' Use of Contraceptives

Association between socio-demographic characteristics of parents and perception

There is no association between parents' socio-demographic characteristics and perception on adolescents' use of contraceptives (p-value>0.05). That is the perception of parents is not affected by the parents gender, age, religion, level of education and marital status (Table 5).

Table 5. Association between socio-demographic variables of parents and perception

	Promotes promiscuity	Religion does not support adolescent use of contraceptives	Culture prohibits adolescent use of contraceptives	Adolescents should abstain from sex	Educated on contraceptives	Contraceptives have side effects
	p-value	p-value	p-value	p-value	p-value	p-value
Sex	0.282	0.433	0.507	0.141	0.119	0.197
Age	0.731	0.109	0.132	0.371	0.118	0.469
Educational Level	0.501	0.742	0.152	0.598	0.629	0.497
Religion	0.096	0.255	0.497	0.456	0.340	0.413
Marital Status	0.187	0.938	0.579	0.315	0.446	0.780

p<0.05 as the level of significance

Discussion

Parents are key players in adolescent reproductive health and the roles of parents in delaying the age of sexual initiation and in the uptake of contraceptives have been well documented. This study therefore assesses the perception of parents on adolescents' use of contraceptive. Findings from this study reveal that female parents, 67.3% participate more than the male parents. This might be due to the relationship that exists between mothers and their children because in the part of Nigeria where this study was conducted mothers are seen to be homemakers who are suppose to train their children and spend time with them and this finding is in tandem with the findings in the work of Oyediran et al. (2013) and Ladapo (2004) that had more female parents respondents in their studies. From this study it is deduced that majority of the parents, 49.1% fell within the age range of 40-49 and more than half of the respondents have tertiary education as their highest level of education which might be buttressed by the fact that majority of the people living in Igbogbo local government district of Lagos State in Nigeria engage themselves in white-collar jobs. Majority of the respondents, 80.9% and 83.6% are Christians and married respectively.

Findings from this study show that majority of the sampled parents are aware of adolescents' engagement in sexual relations, have knowledge that adolescent sexual behaviors can be influenced by peers and information from different sources e.g. media, that they are at risk of contracting HIVs and other STDs and more than half of the respondents know that contraceptives can prevent pregnancy, HIVs and other STDs in adolescents. These findings might be as a result of several awareness programs on HIV and STDs in Nigeria. Also, these findings are supported by Olubusayo-Fatiregun (2012); Ojo et al. (2011) and Mturi (2003) but not in tandem with the report of Mollborn and Everett (2010) that reported that more than a half of their sampled parents reported inaccurately about their children sexual behaviors.

It can also be deduced from this study that parents of adolescent have a fair knowledge of modern forms of contraceptives; condom is the most common form of contraceptives known; intra-uterine devices (IUDs) is the least known and 12.7% of the parents know abstinence and implants as other forms of contraceptives. This is in line with Oyediran et al., 2013, who stated that more than half of the sampled parents in their study conducted in a state in Nigeria have good knowledge of contraception and also supported by Obisesan et al. (1998), who reported a good awareness of contraceptives by married women in a South-Western state in Nigeria and that condom is the most known form of contraceptives.

Good parent-child communication has been documented to be effective in shaping the stage of adolescence, improving adolescent reproductive health and the use of contraceptives by adolescents in Nigeria and other African countries (Onifade et al., 2013; Ojo et al., 2011; Biddlecom et al., 2009 Odimegwu et al., 2002). Majority of the parents in this study report to communicate well with their children on general issues, only about 23.6% do not give home-based sex education and majority report that their children are free to discuss challenges they are facing with them. This is not in line with the work of Briggs, 1998 that stated most of the sampled parents in the Eastern part of Nigeria do not usually discuss sexual issues with their children.

Parental perception on the use of contraceptives by adolescents can influence adolescents' decisions in taking up the option of contraception in preventing unwanted pregnancies and in the prevention of HIVs and other sexually transmitted diseases. The findings from this study indicate a low perception by parents as regards the use of contraceptives by the adolescents and it is in accordance with the report of Briggs, (1998). The main factors contributing to this low perception include; the fear of serious side effects and promiscuity and also cultural and religion beliefs. Majority of the respondents in this study affirm that the use of contraceptives by adolescents can promote promiscuity and that their culture and religion do not support contraceptives usage by adolescents-. From this present study it is observed that majority of the parents believe that contraceptives can have serious side effects in future and advocate for total abstinence from any form of sexual relations by

the adolescents but they want them to be educated on the uses and benefits of contraceptives. Lastly this study does not find any association between parents' gender, age, marital status, educational level and religion and perception and this is supported by Omo-Aghoja et al. (2009) who also found no association between religion and perception of contraception in rural Southern Nigeria.

Conclusion

In conclusion, this study reveals a good knowledge on the part of the parents about adolescents' sexual behavior, a fair knowledge on the modern forms of contraceptive and a good parent-children communication as reported by the parents. It reveals a low perception by parents on adolescents' use of contraceptives resulting from the fear of serious side effects, promiscuity tendency, cultural beliefs and religion beliefs. It shows that parents want adolescents to abstain from any form of sexual relations but want them to be educated on the uses and benefits of contraceptives. Lastly this study shows no relationship between parents' socio-demographics characteristics and their perception on the use of contraceptives by adolescents.

Recommendation

Adolescent reproductive health has become a major public health concern, therefore this study recommends an intervention in the form awareness and education program for the parents in Nigeria on the types, uses and benefits of contraceptives to allay them of the fear of side effects and other myths associated with the use of contraceptives in order to improve their perception and also to educate and motivate their children to take up the option of contraceptives.

Also, sex education should be included in the secondary school curriculum in Nigeria and also encouraged at homes. Teachers should be properly trained for this purpose and proper educational materials should be provided for both parents and teachers.

References

- [1]. Aderibigbe, S.A., Araoye, M. A., Akande, M.T., Musa I O., Monehin, J. O., Babatunde, O.A (2011). Teenage Pregnancy And Prevalence of Abortion Among In-school Adolescents in North Central Nigeria. *Asian Social Sciences*, Vol.7, No1.
- [2]. Alan Guttmacher Institute, (1998). *Into a New World – Young Women's Sexual and Reproductive Lives*. New York, 5–14, and 26–44.
- [3]. Alan Guttmacher Institute (2002). *Facts in Brief. Teen Sex and Pregnancy, 1999*. Accessed February 2002.
- [4]. Ankomah, A., Mamman-Daura, F., Omoregie G., Anyanti, J. (2011). Reasons for Delaying or Engaging in Early Sexual Initiation among Adolescents in Nigeria. *Adolescent Health, Medicine and Therapeutics*, Vol. 2: 75–84.
- [5]. Anandalakshmy, P.M., Buckshee, K. (1993). Teenage pregnancy and its effect on maternal and child health – A hospital experience. *Indian J Medical Sciences*, 47(1):8–11. A
- [6]. Arevalo, M., Sinai, I., Jennings, V. (2000). A fixed formula to define the fertile window of the menstrual cycle as the basis of a simple method of natural family planning. *Contraception*, Vol. 60:357–360.
- [7]. Atere, A.A., Wahab, E.O., Ajiboye, O.E., Shokoya, H.O., Akinwale, A.A., Oyenuga, A.J. (2010). Awareness of STIs and Contraceptives Use Among Out of School Youths in Nigeria. *Ethno Med.*, Vol. 4 (2): 131-137.
- [8]. Aspy, C.B., Vesely, S.K., Oman, R.F., Rodines, S., Marshall, L., Mcleroy, K. (2009). Parental Communication and Youth Sexual Behavior. *Journal of Adolescence*, vol., 30(3), 449-460.
- [9]. Bale, J. R., Stoll, B.J., Lucas, A.O. (2003). *Improving Birth Outcomes: Meeting the Challenge in the Developing World*. Washington, DC: The National Academies Press.
- [10]. Bankole A, Oye-Adeniran BA, Singh S, Adewole IF, Wulf D, Sedgh G. et al. Unwanted pregnancy and induced abortion in Nigeria: causes and consequences. New York: Guttmacher Institute, 2006.
- [11]. Belmonte, L.R., Gutierrez, E.Z., Magnari, R., Lipovsek, V. (2000). *Barriers to Adolescents' Use of Reproductive Health Services in Three Bolivian Cities*. Washington D.C: FOCUS on Young Adults/Pathfinder International.

- [12]. Belsky, J., Steinberg, L., Draper, P. (1991). Childhood Experience, Interpersonal Development and Reproductive Strategies: An Evolutionary Theory of Socialization. *Child Development*, 64(4): 647-670.
- [13]. Berry, G. (2000). Multicultural Media Portrayals and Changing Demographic Landscape: the Psychosocial Impact of Television Representations on the Adolescent of Color. *Journal of Adolescent Health*, 27(2): 35-44.
- [14]. Biddlecom, A., Awusabo-Asare, K., Akinrinola, B. (2009). Role of Parents in Adolescent Sexual Activity and Contraceptive Use in Four African Countries. *International Perspectives on Sexual and Reproductive Health*, Vol. 35(2)
- [15]. Briggs, L.A. (1998). Parents' Viewpoint on Reproductive Health and Contraceptive Practice among Sexually Active Adolescents in the Port Harcourt Local Government Area of Rivers State, Nigeria. *Journal of Advanced Nursing*, Vol. 27: 261-266.
- [16]. Brooks-Gunn, J., Furstenberg, F. (1989). Adolescent sexual Behavior. *American psychologist*, Vol. 44(2): 249-257.
- [17]. Center for Disease Control and Prevention (2015). HIV Among Youth. www.cdc.gov/hiv/...youth/index.html assessed 12/06/15.
- [18]. Commendador, K.A. (2010). Parental Influences on Adolescent Decision Making and Contraceptive Use. *Pediatric Nurs.*, Vol. 36(3): 147-156.
- [19]. Connel J. P. (1990). Context, Self and Action: A Motivational Analysis of Self System Processes Across the Life Span. In: Dchichetti and M Beeghly (Eds). *The self in Transition: Infancy to childhood* Chicago: University of Chicago Press, pp. 61-97
- [20]. Dungal, G. (2006). An Update on Teenage Pregnancy. *Internet Journal of Gynecology and obstetrics*, Vol. 5(1), 3.
- [21]. Fatusi, A.O, Blum, R.W (2008). Predictors of early sexual initiation among a nationally representative sample of Nigerian adolescents. *BMC Public Health*, 8: 136
- [22]. Federal Ministry of Health [Nigeria]. *National HIV/AIDS and reproductive health survey*. Abuja: Federal Ministry of Health, 2009.
- [23]. Glasier, A. (1997). Emergency Postcoital Contraception. *N Engl J Med*, Vol. 337 (15) :1058–1064.
- [24]. Gomes, E.R., Speizer, I.S., Oliveira, D.C., Moura, L.B., Gomes, F.M.(2006). Contraceptive method used by adolescents in Brazilian State Capital. *Journal of Pediatric and Adolescent Gynecology*, vol.21 (4), 213-219.
- [25]. Heneghan A., Stein, R.E.K., Hurburt, M.S., Zheng, J., Rolls-Reutz, J., Kerker, B.D., Landsverk, J., McCue Horwitz, S. (2015). Health-risk Behavior in Teen Investigated by U.S. Child Welfare Agencies. *Journal of Adolescent Health*, vol.56 (5), 508-514.
- [26]. Idonije B.O., Oluba, O.M, Otamere, H.O. (2011). A Study on Knowledge, Attitude and Practice of Contraception among Secondary School Students in Ekpoma Nigeria. *JPCS*, Volume, 2.
- [27]. Ikeme ACC, Ezegwui HU, Uzodinma, AC. Knowledge, attitude and use of emergency contraception among female undergraduates in eastern Nigeria. *J Obstet Gynaecol* 2005; 25: 491-3.
- [28]. International Planned Parenthood Federation (1994). *Understanding Adolescents*. London
- [29]. Jaccard, J., Dittus, P. (2000). Adolescent Perceptions of Maternal Approval of Birth Control and Sexual Risk Behavior. *American Journal of Public Health*, Vol. 90 (9): 1426-1430.
- [30]. Jaccard J, Dodge T, Dittus P. (2002). *Parent-Adolescent Communication about Sex and Birth Control in Talking Sexuality*. New Directions in Child and Adolescent Development San Francisco, CA: Jossey-Bass pp. 9-41.
- [31]. Kaunitz, A.M. (1992) *Guiding Adolescents in Proper Contraceptive Use*. *Cont OB/GYN*, pp. 15–33.
- [32]. Kinaro, J.W. (2013). *Perceptions and Barriers to Contraceptive use among adolescents: A Case Study of Nairobi*. <http://erepository.unobi.ac.ke:8080/xmlui/handle/123456789/43838>.
- [33]. Kirby, D. (2008). The Impact of Abstinence and Comprehensive Sex and STD/HIV Reduction Program on Adolescent Sexual Behavior. *Sexuality Research and Social Policy*, Vol. 5(3): 6-17.
- [34]. Lagana, L. (1999). Psychosocial correlates of contraceptive Practices During the Late Adolescence. *Adolescence*, Vol. 34(135):463-483.

- [35]. Lebesse, R.T., Maputle, S.M., Ramathuba, D.U., Khoza, L.B. (2013). Factors Influencing the Uptake of Contraception Services by Vatsonga Adolescents in Rural Communities of Vhembe District in Limpopo Province, South Africa. *Health SA Gesondheid*, vol. 18(1)
- [36]. Martino, S.C., Elliott, M.N., Corona, R., Kanouse, D.E., Mark, S.A.(2008). The Roles of Breadth and Repetition in Parent-adolescent Communication about Sexual Topics. *Off J Am Acad Pediatrics* 121(3):612-618.
- [37]. Mestad, R., Secura, G., Allsworth, J.E., Madden, T., Zhao, Q., Pelpert, J. F. (2011). Acceptance of long-acting reversible contraceptive methods by adolescent participants in the contraceptive CHOICE project. *Contraception*, vol. 84 (5), 493-498.
- [38]. Mollborn, S & Everett, B. (2010). Correlates and Consequences of Parent-teen Incongruence in Reports of Teens Sexual Experience. *J Sex Res*, Vol. 47 (4): 314-329.
- [39]. Mturi, A. J. (2003). Parents' Attitude to adolescent Sexual Behavior in Lesotho. *African Journal of Reproductive Health*, Vol. 7 (2): 25-33.
- [40]. National Population Commission (NPC) and ORC Macro (2003). Nigeria demographic and health survey. NPC and ORC Macro, Calverton, Maryland, 2004.
- [41]. National Population Commission (NPC) and ICF Macro (2009). Nigeria demographic and health survey 2008. Abuja: NPC and ICF Macro.
- [42]. Obisesan K. A., Adeyemo, A., Fakokunde, B. O. (1998). Awareness and Use of Family Planning Methods among Married Women in Ibadan, Nigeria. *East African Medical Journal*, Vol. 75 (3): 135-138.
- [43]. Odimegwu, C.O., Solanke, L.B, Adedokun, A (2002). Parental characteristics and adolescent sexual behaviour in Bida LGA of Niger State, Nigeria. *African Journal of Reproductive Health*, Vol. 6(1): 95-106.
- [44]. Ojo, O., Aransiola, J., Fatusi, A., Akintomide, A. (2011). Pattern of Socio-demographic Correlates of Parent-child Communication on Sexual and Reproductive Health Issues in South-Western Nigeria; A Mixed Method Study. *The African Symposium*, Vol. 11 (2).
- [45]. Olukoya, A.A., Kaya, A., Ferguson, B.J., AbouZahr, C. (2001). Unsafe Abortion in Adolescents. *International Journal of Gynecology and obstetrics*, Vol. 75, pp. 137-147.
- [46]. Olubusayo-Fatiregun, M.A. (2012). Parenting Attitude Towards Adolescent Sexual Behavior in Akoko-Edo and Estako-West Local Government Areas, Edo State, Nigeria. *World Journal of Education*, Vol. 2, No 6.
- [47]. Omo-Aghoja, L.O., Omo-Aghoja, V.W., Aghoja, C.O., Okonofua, F.E., (2009). Factors Associated with the Knowledge, Practice and Perception of Contraception Rural Southern Nigeria. *Ghana Med J*, 43 (3): 115-211.
- [48]. Omobude-Idiado, S.N., Bazuaye, G.N. (2009). Patterns of Sexually Transmitted Infections (STIS) Reported Among Students in a Federal University in Mid-Western Nigeria. *College Student Journal*, Vol. 43(2).
- [49]. Onifade, C.A., Osibanjo, D., Taiwo, A. (2013). The Role of Parents in the Prevention of HIV/AIDS among Secondary Students in Ijebu-ode, Ogun State, Nigeria. *Canadian Social Science*, Vol. 9 (2): 95-106.
- [50]. Orji EO, Esimai OA. Sexual behaviour and contraceptive use among secondary school students in Ilesha southwest, Nigeria. *J Obstet Gynaecol*. 2005; 25: 269–72.
- [51]. Ott, M.A., Adler, N.E., Millstein, S.G., Tschan, J.M., Ellen, J.M. (2002). The trade-off between hormonal contraceptives and condoms among adolescents. *Perspectives on Sexual and Reproductive Health*, 34(1):6–14.
- [52]. Oye-Adeniran, B.A., Adewole, I.F., Umoh, A.V., Oladokun, A., Gbadegesin, A., Ekanem, E.E., Yusuf, B. (2006). Community Based Study of Contraceptive Behavior in Nigeria. *African Journal of Reproductive Health*, Vol. 10(2); 90-104.
- [53]. Oyediran, O.O., Faronbi, J., Ajibade, B.L. (2013). Parental Attitude towards the Use of Contraceptives by Adolescents in Osogbo, Osun State. *IOSR Journal of Pharmacy and Biological Sciences*, Vol. 8, issue 3.
- [54]. Remez, L. (2000) Oral Sex Among Adolescents: Is it Sex or is it Abstinence. *Fam Plann Perspect*, Vol. 32(6):295–298.
- [55]. Santelli, J.S., Brener, N.D., Lowry, R., Bhatt, A., Zabin, L.S. (1998) Multiple sexual partners among US adolescents and young adults. *Fam Plann Perspect*, 30(6):271–275.
- [56]. UNAIDS (2012). UNAIDS Report on Global Aids Epidemic 2012.
- [57]. UNAIDS (2014). *Epidemiology Slides- GAP report 2014*.

- [58]. UNFPA (2010). HIV and AIDS in Nigeria
- [59]. UNICEF (2002). Adolescence: a time that matters. New York: UNICEF.
- [60]. Wagstaff, A., Claeson, M. (2004). The Millennium Development Goals for Health: rising to the challenges. Washington DC: the World Bank.
- [61]. World Health Organization (2004). Adolescent Health and Development. Department of Child and Adolescent Health and Development.
- [62]. World Health Organization (2009): Adolescent pregnancy: a culturally complex issue. Bull World Health Organ, 87(6):405-484.
- [63]. World Health Organization (2012). Expanding Access to Contraceptive Services for Adolescents. Policy Brief WHO/RHR/12.21
- [64]. World Health Organization (2015). Adolescent Development, Maternal, Newborn, Child and Adolescent health.