



**CONTRACEPTIVE AWARENESS AMONG ADOLESCENTS IN
LAGOS, NIGERIA**

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<p>Abstract</p> <p>The purpose of this study was to find out the awareness of adolescents living in Lagos about contraceptive. The aim is to add professional understanding about contraceptive awareness among adolescents to enable them to plan and implement adequate sex education.</p> <p>The study adopted quantitative and qualitative methods in order to understand the depth of contraceptive awareness among adolescents in Lagos, Nigeria. Permission was taken from two different schools and 35 students between ages 15– 18 years participated in the study. Questionnaires containing 14 questions structured in closed and open - ended form were sent to the schools and supervised by our contact persons.</p> <p>Results of the study showed that majority of the adolescents have heard about contraceptives from mediums such as hospitals, media, friends and schools but they have little knowledge and certain misconception about the use and methods of contraceptives. Adolescent also wished that sex education should be taught in their various schools with the following topic included; abstinence before marriage, consequences involved in premarital sex and necessary solutions, advantages and disadvantages of contraceptives and general awareness about sex education.</p> <p>Results of the study can be used in adolescent health counseling as well as in planning and implementing teaching of sex education in schools.</p>		
Keywords Contraceptives, awareness, sex education, adolescent.		
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1 INTRODUCTION

Despite the increase in contraceptive awareness in our society today, unwanted pregnancy still prevails amongst adolescents. The availability of contraceptives do not guarantee the fact that adolescents are free from teenage pregnancy as the low knowledge and use of contraceptive have made many adolescents victims of unwanted pregnancy. Contraception is practiced for pregnancy planning, limiting the number of children, controlling the world's population and other health related benefits. The use of contraception is increasing in developing countries but some forms are economically out of reach of those in developing countries.

All over the world, civilization has enable people to control reproduction and in some parts of the world, information about contraceptive is readily available. It is therefore questionable whether people are really aware of these contraceptive methods and where to look for it.

In Lagos, Nigeria, the awareness of an average adolescent about contraceptive is much higher than it was about a decade ago. The increase in information units, especially the radio, television and of course, the internet has enabled adolescents to be more aware of the contraceptives, and the different methods of contraception. The access to the internet, can be performed in the anonymity of a cybercafé, or in some cases, through the use of a friend, relative, or other persons' computer without revealing the age, or level of knowledge of the enquirer. (Kunnuji, M. 2010)

The increase incidence of sexually transmitted diseases and the epidemic of HIV/AIDS have made some contraceptive, especially condom, more readily available now in Lagos. This has made the society to discuss more about contraceptive with subsequent increase in condom usage as a means of preventing transmission of HIV. Moreover, many adolescents now engage in sexual act with lesser chance or fear of pregnancy. The level of contraceptive awareness in Lagos tends to increase as the years go by but

,
the depth of adolescent contraceptive knowledge is not usually known, because of ignorance of what to learn more.

The purpose of this study was to find out the awareness of adolescents living in Lagos about contraceptive. The aim is to add professional understanding about contraceptive awareness among adolescents to enable them to plan and implement adequate sex education.

2 ADOLESCENCE AND CONTRACEPTION

2. 1 Adolescent in Lagos

Adolescence is a period of rapid physical and emotional development, a challenging period during which major changes such as growth, mental and psychological development take place (Kotdawala 2004). World Health Organization (WHO) defines adolescents as people between the ages of 10 to 19 years.

Nigeria, officially called the Federal Republic of Nigeria is located in West African and it comprises of 36 states including Lagos which lies in the south-western part. Lagos is the former capital of Nigeria and currently the second most populous city in Africa after Cairo. It is estimated to be the fastest growing city in Africa and the seventh fastest growing in the world. The provisional population figure of Lagos State is 8,100,000 and the adolescent formed the one-third of the population (Levy 2004).

According to World Health Organization (2008), about 16 million women of 15 to 19 years old give birth each year, which is equivalent to 11% of all births worldwide. Nigerian culture forbids adolescent pregnancy because it is seen as a disaster to all concerned; that is, the girl, her family, the health services, the education authorities and society in general. As a matter of fact, the society norms does not permit unmarried girl to get pregnant irrespective of their ages. But the adolescent in Lagos are constantly faced with increased social changes that make many of them vulnerable to early sexual exposure with associated pregnancy and induced abortion.

A study was carried out in USA (2003) on Adolescents' Contraceptive Use and Pregnancy History. The objective of the study was to examine the association between pregnancy experience and adolescents' contraceptive use.

The study shows that 27% of the adolescents had been pregnant and 52% of adolescents used non effective contraception (i.e. condoms inconsistently or no method. (Paukku, Quan, Darney and Raine 2003)

However, the Lagos State Government operates private and state schools and the levels are Primary, Junior Secondary School (JSS), Senior Secondary School (SSS) and tertiary institution. All children are offered basic education with special focus now on the first nine years. But the adolescents felt not properly taught and guided on how to lead their sexual life neither from school nor from their parents. (Gadisa 2004)

As a result of this, Nigerian children often resort to books, films and peer group to learn sexual communication because little or no reference is made to reproductive health or reproductive rights in schools or at home. But they are always criticized by the adult populace and this act of criticism makes the youth feel threatened and sometimes impairs their ability to function normally. (Adepoju 2005, 12)

2.2 Contraceptive awareness

Contraception is a process or technique for preventing pregnancy by means of a medication device or method that blocks or alters one or more processes of reproduction in such a way that sexual union can occur without impregnation. (Mosby's Medical, Nursing and Allied Health dictionary 2001, 393)

The low level of contraceptive awareness and usage in Nigeria correlates with the low level of contraceptive information resulting from the poverty of sources of information on contraception, and this is more marked among secondary school girl. (Adinma, Agbai, Okeke and Okaro 1999, 283)

However, many Nongovernmental organizations (NGOs) have been established to serve the general public in various ways. Some are involve in various activities to ensure that young people have access to accurate

information and services, amongst this are Action Aid International Nigeria (AAIN), Action Health Incorporated (AHI), Life Agenda Initiative (LAI) and Life Vanguard to mention few.

In recent times, the Action Health Incorporated (AHI) has been in the frontline of NGOs complementing government's efforts in raising awareness about adolescent health issues and setting a new direction for adolescent sex education in Nigeria. (Adepoju 2005, 7)

Otoide, Oronsaye and Okonofua (2001, 77) also said that, Nigerian adolescents generally have low levels of contraceptive use and their reliance on unsafe abortion is high with subsequent abortion-related complications. (Otoide, Oronsaye and Okonofua 2001, 77).

Adinma et.al. (1999) carried out a research on contraception in teenage Nigerian school girls. According to this study, only 3 methods (pill, withdrawal and rhythm methods) have ever been used by the secondary school teenagers and the pregnancy rate was higher among the sexually exposed secondary school girls. (Adinma et.al.1999, 283)

Adinma et al. said that, peer group has been observed to be the commonest source of information on contraception and it has been assessed to be a very unreliable source often coming from similarly uninformed friends. (Adinma et.al.1999, 283)

Roughly one in five pregnancies each year in Nigeria are unplanned and slightly more than half of it ends up in abortion. About three-quarters of a million Nigerian women have an induced abortion each year. (Guttmacher institute 2006.)

Moreover, in a study titled 'why Nigerian Adolescents Seek Abortion Rather than Contraception', Otoide et al. (2001) identified the following factors; fear of future infertility, adverse effects of modern contraceptives on fertility, abortion has immediate solution to an unplanned pregnancy and many girls belief that one dilatation and curettage (D&C) is safer than 16 packs of daily pill. (Otoide et al. 2001, 78 -79)

Furthermore, a study was carried out in Addis Ababa on barriers to use of contraceptive among adolescents and their contraceptive choices and preferences. The study shows that great majority (245 out of 248) faced various barriers to use contraceptives both at acquisition and use level, these include ashamed to buy, lack of knowledge of how to use it properly, partner disapproval and fear of side effect. (Gadisa 2004)

Gadisa concluded that great majority of adolescents had positive views toward contraceptives and were interested to know more about it from appropriate sources before the age they are likely to start sexual activity. (Gadisa 2004)

Otoide et.al. (2001) emphasized that if contraceptive use is to be improved among Nigerian adolescents, there is need to educate adolescents about the mechanism of action of contraceptive agents and about their side effects in relation to unsafe abortion. (Otoide et.al. 2001, 81) However, adolescent pregnancy can be prevented by providing sex education in all secondary schools and make contraceptive services more accessible to young people. (Guttmacher institute 2006.)

2.3 Contraceptive methods

There are many contraceptive drugs and devices, for better understanding of these contraceptives, they will be group and discuss under five broad headings namely; hormonal methods, intrauterine contraceptive device (IUCD), barrier methods, natural methods, and post coital contraception.

Hormonal methods

These comprises of combined oral contraceptives method (COCs), transdermal combined hormonal, transvaginal combined hormonal, Intramuscular combined hormonal injectable and Progestogen-only methods.

According to Guillebaud (2000, 10), COCs contains synthetic steroid hormones estrogen and progestogen in varying amounts and mechanism of action is primarily prevention of ovulation.

COCs can provide virtually 100% protection from unwanted pregnancy. Benefits of COCs among others include; effectiveness, convenience, reversibility, reduction of most menstrual cycle and no toxicity in overdose. (Guillebaud 2000, 69-71).

However, the most significant unwanted effects are: Irregular or prolonged bleeding, amenorrhea and weight gain. (Guillebaud 2000, 85)

Progestogen-only method of contraceptives consists of progestogen-only pill, injectable and sub-dermal implants. They thickened the cervical mucus to provide a barrier to spermatozoa and also modify the endometrium to prevent implantation. It is recommended that the daily tablets are taken about 4 hours before the usual time of intercourse and should be taken at the same time each day. (Bennett and Brown 2001, 636)

Implants are capsules containing progestogen which are inserted sub-dermally into the inner aspect of the upper arm under local anesthetic. The steroid is release into the body at a constant rate (slightly higher during the first year of use). The steady circulating blood level of steroid gives high contraceptive efficacy. (Bennett and Brown 2001, 637)

The main indication for Implants is the woman's desire for a highly effective method without the finality of sterilization and when other options are contraindicated or disliked. (Guillebaud 2000, 91)

Intrauterine contraceptive device (IUCDs)

IUCDs are inserted into the uterus at any point of the menstrual cycle as long as the chance of pregnancy has been excluded. Some health practitioners prefer to insert it towards the end of menstruation or just after. The IUCD causes an inflammatory response with the increased number of

,
leucocytes which destroy spermatozoa and ova. Copper affects endometrial enzymes, glycogen metabolism and oestrogen uptake, thus rendering the endometrium hostile to implantation. (Bennett and Brown 2001, 638)

Advantages of copper IUDs include; Safe, Effective, continuation rates is high and reversible while the unwanted effect are; extrauterine pregnancy, expulsion, perforation, Pelvic infection, malpositioning, Pain and bleeding. (Guillebaud 2000, 99)

Barrier methods

Barrier methods prevent spermatozoa from coming in contact with the ovum. It comprises of male and female condoms and diaphragms usually used with spermicide. Advantages are: easy availability, protection against sexually transmitted diseases, cheap and safe. (Bennett and Brown 2001, 639)

Natural methods

According to Bennett and Brown (2001, 641), WHO (1988), stated that natural methods of family planning are based on observations of naturally occurring signs and symptoms of fertile and infertile phases of menstrual cycle with abstention from intercourse during fertile phase. Major advantages of this method are the absence of physical side effects and freedom from dependence on medical personnel.

Natural methods include; observation of cervical mucus, observation of body temperature, calendar or rhythm method and coitus interrupts (withdrawal). (Bennett and Brown 2001, 642-644)

Post coital contraception

This is also called emergency contraception. Guillebaud (2000, 122) described the three methods of emergency contraception as; combined oral emergency contraceptive (COEC), Progestogen-only emergency contraceptive (POEC) and Insertion of a copper IUD.

Guillebaud (2000) concluded that insertion of a copper IUD before implantation is extremely effective when it is done up to 5 days after the first sexual exposure. (Guillebaud 2000, 123)

3 SEX EDUCATION IN NIGERIA

Action Health Incorporated (2003) defines sex education as a planned process of education that fosters the acquisition of factual information, the formation of positive attitudes, beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural and spiritual aspects of human sexuality. (Action Health Incorporated 2003.)

Sex education increases knowledge of young people about sexuality. It also leads to positive changes in attitude, reduces the number of adolescents who have experienced sexual intercourse and as well improves the use of contraceptives.

According to Lottes and Kontula (2000), sex education is of utmost importance in the promotion of reproductive and sexual health. Those countries which have a positive attitude towards sex education have made the most progress in the prevention of teen pregnancies and abortions. (Lottes and Kontula 2000)

Lottes and Kontula (2000) said that, the attitudes towards sex education in Finland are positive because sex education has decades of tradition and the major strength is the cooperation between the teaching and health authorities in sex education for the youth. (Lottes and Kontula 2000)

From a sexual right perspective, policy makers have made considerable progress in guaranteeing young people their right to sexual knowledge and information. Sex education is offered by social and welfare services, churches, media and as part of the curricula in schools. (Lottes and Kontula 2000)

But on the contrary, attitudes of society towards sex education in Nigeria are negative due to cultural and religious beliefs. Most parents and some religious organization believe that including sex education in school curriculum will sensitize the adolescent more towards promiscuity and

,
premarital sex. Therefore, they preferred not to discuss anything related to sexuality with the adolescents.

But in the actual sense of it, sex education does not create awareness towards premarital sex. It rather teaches us that, religious principles, beliefs, rules and regulations and ethical considerations affect our everyday interactions, just as culture serve as role models in our families, and our friends' impact us as well. (Adepoju 2005, 16)

Adepoju (2005) further explained that, although adolescents get knowledge about sexuality from sources other than schools, sex education in school still has important significance for the promotion of sexual health.(Adepoju 2005, 16). Various studies has shown that women and men whose main source of sex education had been the school later used contraception more frequently than those whose main source of information had been through friends or media.

Also in Nigeria (2007), Oladokun, Morhason-Bello, Enakpene, Owonikoko, Akinyemi and Obisesan carried out a study about sexual behaviour and contraceptive usage. The objective of the study was to determine the prevalence and contraceptive practices amongst some secondary schools adolescents.

According to the results of the study, only 10% of the respondents get information about sexual education from parents and teachers while the remaining students get information about sexual education from school Mates or friends of which they do not get proper information. (Oladokun et al. 2007, 279-288)

Oladokun et al. recommended that, governments, parents and other stakeholders should introduce sex education right from primary school level. (Oladokun et al. 2007, 279-288)

3.1 Challenges of sex education in Nigeria

Foundation of good sexual ethics can be laid in schools through the study of sex education in which the children learn to appreciate each other as personalities, to treat everyone with consideration and never to treat anyone callously or contemptuously. (Adepoju 2005, 17)

Adepoju(2005, 16) further said that contents of sex education cover all aspects of life in society such as economic, political, social, legal, health, cultural and spiritual, making sure that both individual and collective interests work in harmony for the goodness of individuals and the society as a whole.

However, Oladokun et al. states that, teachings of adolescent sex education in secondary schools are not encouraged by the government and religious leaders. (Oladokun et al. 2007, 280)

According to Adepoju (2005, 16) the objective of sex education is to promote the proper development of personality, sexual well-being and quality of life of the population as a whole. (Adepoju 2005, 16)

Adepoju (2005) suggested different approach to achieve goals and objectives of sex education in Nigeria. These are; reanalyzing the content of sex education, re-sensitizing the population about sex education, provision of appropriate and affordable educational resource materials as well as implementing out-of-school programs in sex education. He said that in so doing, we can begin to realize the goals and objectives of sex education in the country. (Pp. 17-18).

Religious challenges of sex education

Bullough (2001) defines religion as a conservative force based on a set of beliefs concerning the cause, nature and the purpose of the universe. According to him, this beliefs are based on traditions involving scriptures,

,
prophesy and revelations which are incorporated into the theology of a particular religion. (pp. 254).

Muslim constitutes 50% of the population while Christian are 40% and indigenous beliefs 10%. (Nigeria Demographics Profiles 2010)

According to Adepoju (2005, 10), religion continues to pose overwhelming challenge to the successful implementation of sex education in Nigeria. It is strongly believed that religious knowledge, be it Islam or Christianity, helps children to cultivate religious attitude towards life and orientate them towards self- purification, self- actualization and socialization.

He added that, Christianity is seen as less rigid and highly adaptable to societal change while Islam is very rigid and not receptive to any subject whose content is at variance with its ideals. (Adepoju 2005, 10)

The Islamic injunction believes that both the Islamic moral philosophy and the social system of Islam have adequately taken care of the sexual problems beyond the concept and scope of sex education. Both Christianity and Islam do not see the need for sex education in Nigeria.

Cultural challenges of sex education

Adepoju (2005, 10) further said that, effective sexual communication has remained difficult and almost unattainable in Nigeria and this has remained a great constraint against the effective implementation of sex education in Nigeria. (Adepoju 2005, 10)

Some cultural norms regard certain words and actions as dirty and wrong, for instance, genital parts of the body are not usually mention to children and sometimes adolescent are taught to hide their feelings. All these and other myths and taboos have a negative influence on the adolescent sexual behavior.

In Nigeria, cultural heterogeneity, multiculturalism, ethics, social status and other traditions perpetuate rules and norms that affect the perceptions of parents, teachers and others about sex education. (Adepoju 2005, 10)

He further stated that free, open and relaxed communication about sexual topics between adults and the youth (particularly parents and children) have been left to only specific occasions such as traditional initiation ceremonies that alert boys of their coming of age and girls of their readiness for marriage and procreation. (Adepoju 2005, 12)

Gadisa (2004) recommended that the community should be sensitized to create supportive environments as well as the contraceptive providers to build on youth friendly services at all delivery points.

Also, Adepoju (2005,17) suggested that, at the conceptualization level of sex education, appropriate stakeholders such as religious leaders, community leaders, parents, teachers, educational administrators and the media ought to be involved in the process of determining the content and orientation of sex education.

4 PURPOSE AND AIM OF THE STUDY

The purpose of this study was to find out the awareness of adolescents living in Lagos about contraceptives. The aim is to add professional understanding about contraceptive awareness among adolescents to enable them to plan and implement adequate sex education.

4.1 Research questions

- What knowledge do adolescent in Lagos have about contraceptives?
- How does adolescent in Lagos view the use of contraceptives?
- What are adolescent opinions on teaching of sex education in secondary schools?

5 IMPLEMENTATION OF THE STUDY

5.1 Research methodology

Quantitative and qualitative methods were used for the study. According to Granato (2007, 148), quantitative data are always a list of numerical values where the numbers are representing actual numerical quantity. Qualitative research uses techniques of data production and analysis that relates to textual or non-numerical data (Holloway 2005, 3). Since the purpose of the study was to find out the awareness of adolescents living in Lagos about contraceptives, quantitative and qualitative methods were suitable for the study.

5.2 Target group

The target group was secondary school students between ages 15– 18 years. Fifty students from Senior Secondary 1 (SS1) and Senior Secondary 2 (SS2) class from two different schools were selected to participate in the study by our contact persons. In order to carryout random selection for the study, the names of the entire students were drawn from the classroom register randomly. During the selection process students within the ages of 15 to 18 years of age were taken into consideration. According to Dane (2010, 110), random selection includes any technique that provides each member of a population being studied with an equal probability of being included in the sample. According to Langdrige & Gareth (2009,54) random sampling is particularly effective and unbiased methods of sampling but like all methods, it cannot completely eliminate sampling error that always occur when we take a sample from a population.

5.3 Data collection

The data was collected using 35 questionnaires that contain 14 questions. They were structured in closed and open - ended form which also includes demographic questions. There were nine closed questions and five open-ended questions. (See appendix 3). Letters of permission were sent to the two schools on the 25th of October, 2010 and questionnaires were later posted under the supervision of two contacts persons. The questionnaires were administered to 50 students, 25 questionnaires in each school and the questionnaires were filled in a classroom during school time supervised by our contact persons. The results of the questionnaires came out in December 2010.

5.4 Data analysis

Out of the 50 questionnaires, 35 were received. The questionnaires were analyzed using quantitative and qualitative methods. Quantitative analysis was used to analyse the closed ended questions. With quantitative research, we collect numerical data and analysis it using mathematically based methods. (Muijs 2011, 1)

Qualitative method was used in open-ended questions and the data was analysed by using content analyses. Content analysis entails searching through one or more communications to answer questions that the investigator brings to the search. This is guided by set of questions that the researcher hopes to answer. (Murray, R. T, 2003, 57)

6 RESULTS

N = 35

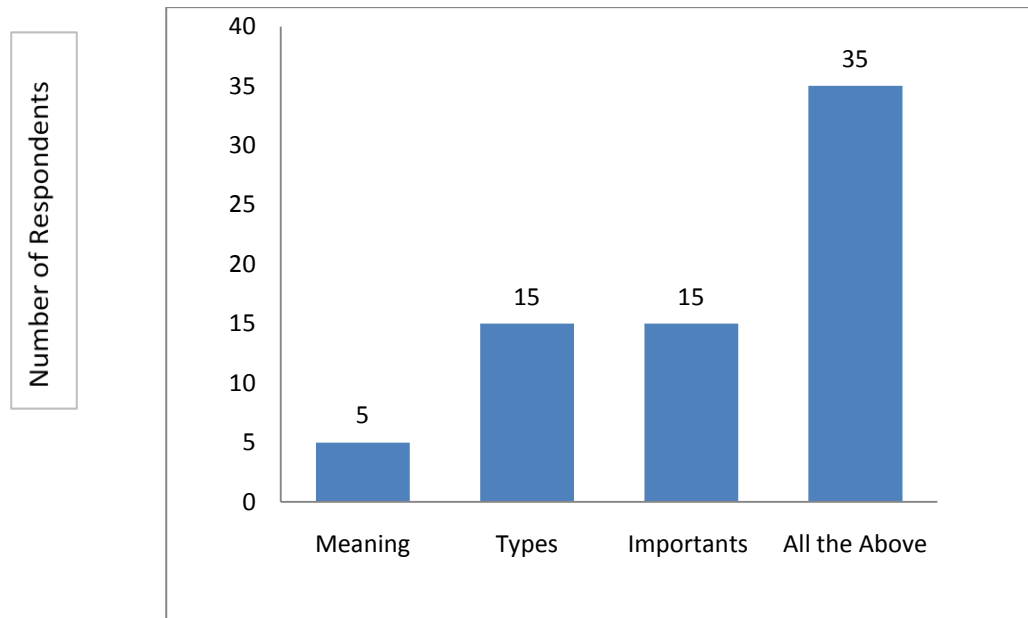
Themes were identified and induced from the respondent text and then coded into categories (appendix 4 and 5). Matsuda & Silva (2005, 159) define coding as the actual activity of breaking up and grouping data into categories that reflect major issues that have been identified in the data. According to Klenke (2008, 92) coding add information to the text through the process of interpretation that break down the text into meaningful segments.

6.1 Themes

Knowledge on contraceptive

Most of the respondents have knowledge about contraceptive, they were able to define contraceptive as devices to prevent unwanted pregnancy and to prevent STDs. They went further to list the types of contraceptives they know such as condoms, pills, traditional herbs and natural family planning. Those who had idea about the advantages said contraceptives are to help prevent unwanted pregnancy and to prevent STDs.

The researcher wishes to know if the adolescents really want to know more about contraceptives. All the respondents (N=35) accepted that they need to know more about contraceptives and they all choose the option “All of the above” as seen in figure 1 below. This implies that all the respondents need to know more about the meaning, types and the importance of contraceptives and are interested to have a detail knowledge and greater awareness about contraceptives.



Additional Knowledge on contraceptives

FIGURE1. Additional knowledge on contraceptive

Medium of contraceptive awareness

The study showed that, out of the 35 respondents, 32 respondents have heard about contraceptives while three of the respondents have never heard about contraceptives before.

The researcher wanted to know the medium which adolescents get information about contraceptives. A greater proportion of the respondents that is 25 out of the 35 respondents acquire information through the media, 8 of the respondents acquire information from hospitals, 6 from friends and 4 of the respondents obtain information from school. None of the respondents gave any other medium that they get information from. This is illustrated in figure 2 below.

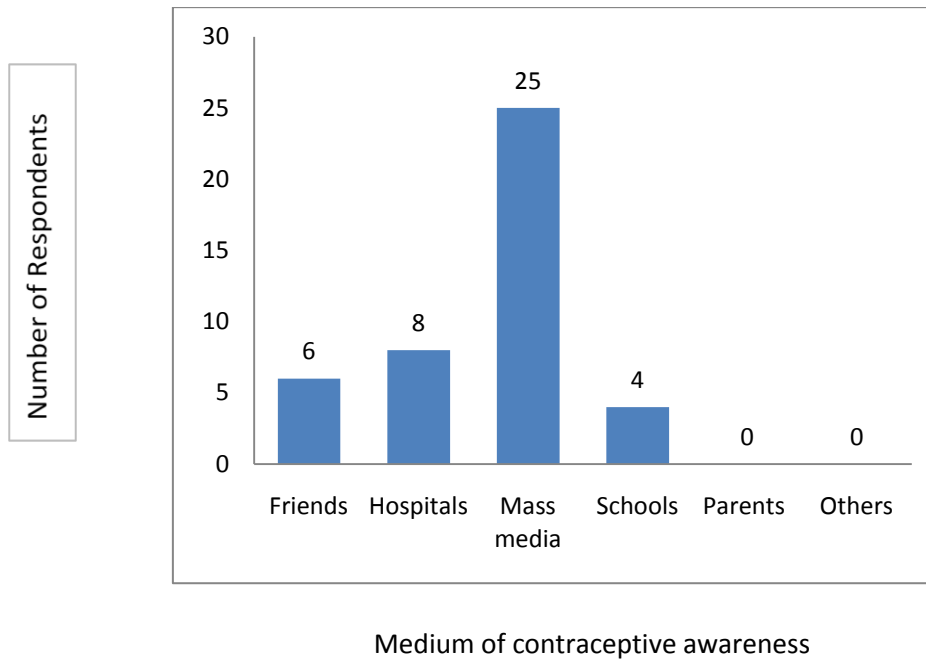


FIGURE 2. Medium of contraceptive awareness

Perceptions on the use of contraceptives

The study showed that 4 out of the 35 respondents have used contraceptives before while 31 out of the 35 respondents have not used contraceptive before. A majority of the respondents who have not used contraceptives said that it is not meant for teenagers and unmarried people. Some of them said that they lack information on how to use it, some of the respondents have never thought of contraceptive before. Some of them gave moral that they are Christian and would like to leave a moral and decent life.

The researchers wanted to know about adolescent's contraceptive usage in the future. The study also showed that 7 out of the 35 respondents intend to start using contraceptives if they are informed while 28 of the respondents do not intend to use it at all no matter the awareness.

Opinions on adolescent contraceptive usage

The researchers wanted to know the opinion of the respondents whether adolescents are qualified to use contraceptives or not. The respondents gave both positive and negative reasons. According to them, adolescents should use contraceptive in order to prevent the effects of unwanted pregnancy and sexually transmissible diseases (STDs). As concerns the negative conception they have about adolescent contraceptive usage, they said adolescents should not use contraceptive because they are still young and the use of contraceptive is not one hundred percent effective and it is also dangerous to health.

Adolescents can use contraceptives because some of them are willing to have sex practices especially when they are under the influence of peer pressure but i believe it is not advisable

Adolescents can use contraceptive but abstinence is the best option

Opinions about sex education

However, all the respondents (N=35) admit that the school do not educate them about sex education and all the respondents wish that sex education should be included in the school curriculum. According to the respondents, the content in sex education should include; abstinence before marriage, consequences involve in premarital sex and necessary solutions, advantages and disadvantages of contraceptives, and general awareness about sex education.

7 DISCUSSION

The data obtained from this study shows that majority of the respondents have heard about contraceptives. A greater proportion of the respondents got information about contraceptives through the media, while the remaining respondents got it through school, friends and hospital.

This is contrary to the previous study by Adinma et al. (1999) where peer group has been observed to be the commonest source of information on contraception and it has been assessed to be a very unreliable source often coming from similarly uninformed friends. (Adinma et.al.1999, 283)

However, none of the respondents got information about contraceptive from their parents. This was supported by Adepoju (2005, 12) that free, open and relaxed communication about sexual topics between adults and the youth (particularly parents and children) have been left to only specific occasions. (Adepoju 2005, 12)

The study also found out that, only few respondents have used contraceptives before and some of those who have not use contraceptives before gave reasons such as; contraceptives is not meant for teenagers and unmarried people, lack of information on how to use it, have never thought of it before and morality reasons.

Moreover, the respondents are familiar with condoms, pills, traditional herbs and natural family planning methods as similar to previous study on contraception in teenage Nigerian school girls where only three methods of contraception (pill, withdrawal and rhythm methods) were known by the respondents. (Adinma et.al.1999, 283)

According to the study, adolescents' opinion about contraceptives usage varies, some view contraceptive as a medium to prevent unwanted pregnancy and STDs while some think it is not 100% effective, dangerous to health and that they are still too young to use contraceptive.

The study revealed that adolescents wish to know more about contraceptive most especially the meaning of contraceptives, types of contraceptives and importance of contraceptives. This was supported by Gadisa (2004), that great majority of adolescents had positive views toward contraceptives and were interested to know more about it from appropriate sources before the age they are likely to start sexual activity. (Gadisa 2004)

Only few respondents intend to use contraceptives with awareness while majority will not use irrespective of the awareness. All the respondents said that sex education is not offered in the school and they all accepted the need for sex education in the school as stated by Lottes et.al. (2000) Jones et al. (1985) that sex education is of utmost importance in the promotion of reproductive and sexual health.

Furthermore, the respondents suggested that the content of sex education in school should include abstinence before marriage, consequences involved in premarital sex and necessary solutions, advantages and disadvantages of contraceptives and general awareness about sex education.

7.1 Ethical considerations

Ethical considerations include protecting confidentiality and anonymity of the informants on publication and in the use of the findings. It also includes the responsibility of offering informants a chance to hear about the findings of the study. (De Raeve, 1996, 53)

With this study, ethical issues were taken into consideration; for instance, letter of permission were sent to the principals of the school for approval and personal details were not required in filling the questionnaire, thus the participants cannot be identified from the study and the questionnaires were destroyed after data analysis. In addition, the author indicated that the full copy of the study would be presented to the School of Social Studies and to each school that participated in the study.

7.2 Reliability and Validity

Reliability refers to the extent to which the method and measures used in the research conveys reliable and useful data (Mateo, Karin & Kirchhoff 2009, 214). While validity asks the questions if we are really measuring what we want to measure (Muijs, 2000, 65). Reliability and validity are necessary for this research in order to come out with accurate results. Therefore, the researchers ensure that questionnaires are clear enough to understand and it does not contain acronyms, double barreled or ambiguous question. The content of the questionnaire also addresses the research problem and also provide appropriate answers to the three research questions.

For clear understanding of the study, the results were divided into categories where themes were created to organize relevant information together. (See 4 and 5). However, it should be noted that the results of the study may have been affected by the number of the respondents. 35 questionnaires were completed and returned out of the 50 questionnaires.

8 CONCLUSION

Contraceptive awareness and sex education is an integral factor in preventing pregnancy and abortion among adolescent in Lagos and Nigeria as a whole.

Sexual exposure is inevitable in this civilized age where the youths and adolescent are faced with modernization and peer pressure which has exposed them to premature sex resulting in unintended pregnancy, sexually transmitted diseases (STDs) and abortions among others.

Although, most of the respondents have heard about contraceptives through various mediums but they have little knowledge and certain misconception about the use and methods of contraceptives. Therefore, there is need for detail explanation on contraceptives usage, types of contraceptives available for adolescents as well as correction of certain misconception about contraceptives.

Moreover, the study revealed the fact that parents preferred not to discuss anything related to sexuality with the adolescents. Therefore, parents should endeavor to educate the adolescent on issue related to their reproductive and sexual health because foundation of good sexual ethics is best laid at home. This will help in reducing the rate of teenage pregnancy and illegal abortion in Nigeria.

The adolescent agreed that there is need for sex education in schools with some suggestion on what they wish to be included in the sex education curriculum. In order to achieve this, the religious leaders and the government both at local, state and federal level should encourage teaching of sex education in the school.

Further research are recommended on youth and adolescent attitude towards contraceptive usage, not only in urban city but also in rural areas as this will help in measuring the success and activities of NGOs in Nigeria.

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In conclusion, parents, government, religious organizations, schools, healthcare providers and stakeholders should all join hand together with the Nongovernmental organizations (NGOs) in other to make teaching of sex education in Nigerian schools a reality.

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APPENDICES

Appendix 1: Map of Nigeria showing Lagos.



Appendix 2: Research participant consent form

Dear Respondents,

We are final year students of Jamk University of Applied Sciences, school of health and social studies, Finland. We are carrying out a research on the topic, "Contraceptive awareness among adolescent in Lagos, Nigeria".

The aim of the research is to find out the knowledge of adolescents living in Lagos about contraceptives and to emphasize the importance of sexuality education in Nigeria secondary school.

We promise to keep any information provided confidential and the questionnaire will be destroyed at the end of the research.

Yours faithfully

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Appendix 3: Research questionnaires

SECTION A

Age:

Gender: Male Female

Religion denomination:

Ethnicity: a) Igbo b) Yoruba c) Hausa

d) Others specify -----

Class: a) SS1 b) SS2

1. Have you heard about contraceptives before?

a) Yes b) No

2. If yes, through what medium?

a) Friend b) Hospital c) Mass media

d) School e) Parent f) other-----

3. What are contraceptives? Please comment -----

4. Mention types of contraceptives you know -----

.....

 5. What are the advantages of contraceptives?-----

6. Do you think adolescents can also use contraceptives? Please
 comment -----

7. Have you used any contraceptive before?

a) Yes b) No

8. If No why a) it is expensive b) partner disapproval

c) Ashamed to buy d) Lack of information on how to use it.

e) Lack of knowledge of where to get it

f) Other reason.-----

9. Is your school offering sex education?

a) Yes b) No

10. If no, do you think there is need to include it into your school
 curriculum?

a) Yes b) No

11. What do you want your school to include in the content of sex education?-----

12. Do you think you need to know more about contraceptives?

a) Yes b) No

13. What do you need to know more about contraceptives?

a) Meaning of contraceptives b) Types of contraceptives

c) Importance of contraceptives d) All of the above

14. Do you intend to start using contraceptives if you had the necessary knowledge about it?

a) Yes b) No

Appendix 4: Themes

Knowledge on contraceptives

- Meaning of contraceptives
- Information/medium
- Types of contraceptives

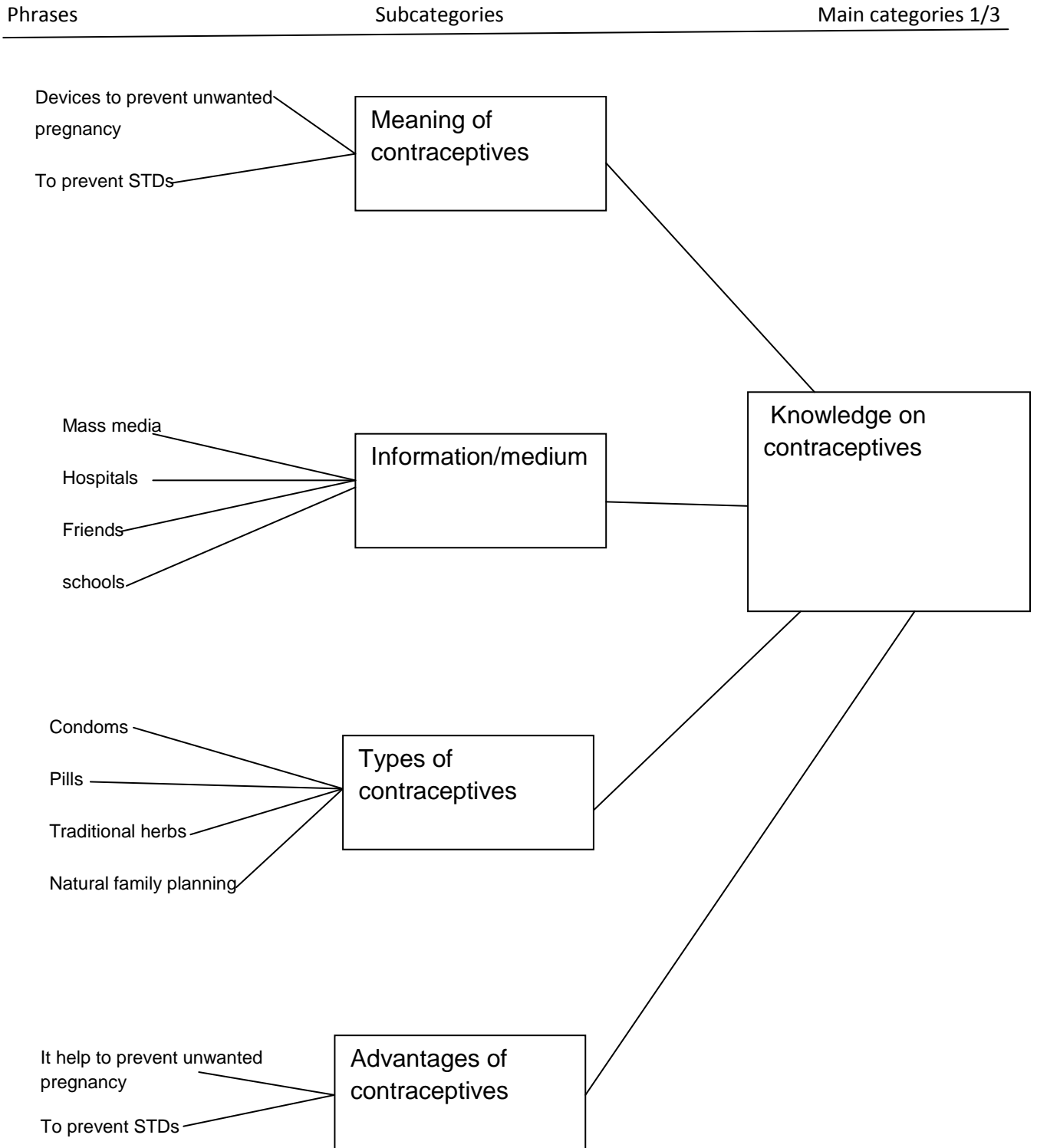
Views/perceptions on the use of contraceptives

- Opinion as to whether adolescent should also use contraceptives.
- Reasons given by those who have not used contraceptives before

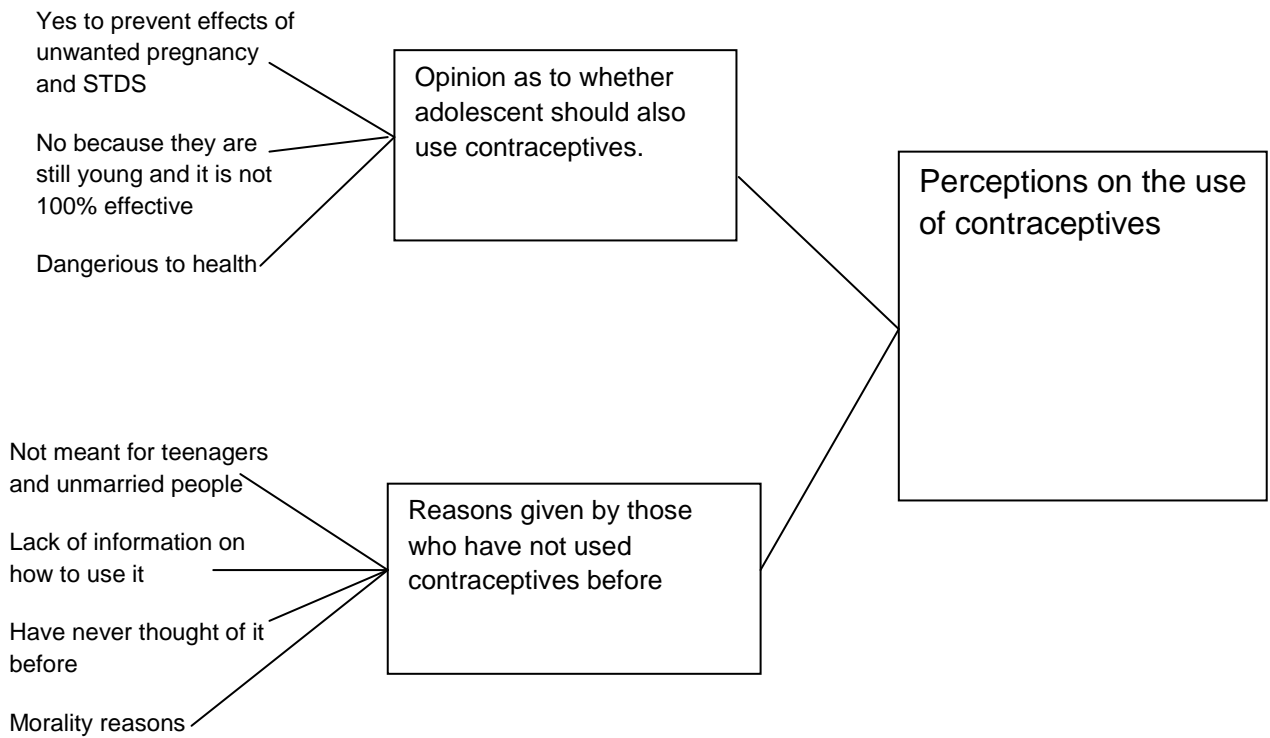
Awareness/ sex education in secondary schools

- Content in sex education
- What they need to know about contraceptives

Appendix 5: Abstract of the Material



Phrases Subcategories Main categories 2/3



Phrases Subcategories Main categories 3/3

