# DETERMINANTS AND CONSEQUENCES OF CONTRACEPTIVE USE AMONG ADOLESCENTS IN ILUPEJU-EKITI, EKITI STATE, NIGERIA.

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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF DEMOGRAPHY AND SOCIAL STATISTICS, FACULTY OF SOCIAL SCIENCES, FEDERAL UNIVERSITY, OYE-EKITI, NIGERIA

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## CERTIFICATION

This is to certify that **PELUMI AYOBAMI OLUGBOGI** of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a Research on the Topic **"Determinants and Consequences of Contraceptive Use among Adolescents In Ilupeju--Ekiti, Ekiti State, Nigeria"** in partial fulfillment of the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti, Nigeria under my Supervision

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**EXTERNAL EXAMINER**

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**DATE**

## DEDICATION

The project is dedicated to ALMIGHTY GOD who helped me tremendously and also for His infinite mercy granted unto me and to my family members.

## ACKNOWLEDGEMENT

I glorify the name of the Lord and I appreciate his unending love that he has always shown to me, I thank God for standing by me from the beginning of this project work till the very end. A very big thanks to my wonderful supervisor who was a pillar of support to me all through the period of this work. I will not be here if not for the help of my loving lecturers such as: Dr. Odusina, Prof. Ogunjuyigbe, Dr. Ntoimo, Dr. Adeyemi, Miss Alex Christiana, and every one of them whom I did not mention. To my parents also, I say a very big thank you for your support morally and financially. So also my little sister for your kind words. I will not forget to mention my son Joshua who is my source of inspiration and motivation. God bless you all.

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**Abstract**

This study sought to access the determinants and consequences of contraceptive use among adolescents in Ilupeju Ekiti, Ekiti State. Data for this study was collected using systematic random sampling technique; the respondents were sexually active adolescents aged 12-21 that resides in Ilupeju Ekiti were targeted in this research. Frequency percentage, Chi-square and binary Logistic regression were used as statistical tools. Stata statistical package was used for data analysis. The study found that, 55.79% was sexually active, 69.61% had planned pregnancy. Forty-two per cent of the respondents were used contraception while majority of them have formal education of at least primary school education and majority were Christian. It was also found that level of education, mother's level of education, religion, and sexually active, ethnic group and live with their parent affect their contraceptive use. From the findings, contraceptive use promote promiscuity, encourage premarital sex, causes delivery death, influences the widespread of STDs, loses moral values and religious values were the consequences of contraceptive use. Based on the finding, creation of adolescent-friendly centers where adolescents can confidently and conveniently go to seek contraceptive services, counseling regarding sex, sexuality, and pregnancy, and family planning availability was recommended.

**Keywords**: Fertility, contraceptive use, sexuality, family planning, pregnancy.

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background of the study

Unplanned or unexpected pregnancy poses a major public health challenge in women of reproductive age, especially in developing countries. The increasing rate of premarital sexual activity in countries undergoing development has drawn attention of experts regarding adolescents, decisions about various aspects of reproductive health behavior. In respect to this, concerns have been raised about the adverse effects of early child bearing, especially for unmarried adolescents and the high chances/risks of contracting sexually transmitted diseases. This has increased the interest in sexual behavior of adolescents. Adolescents as used in this study refer to persons aged 15-24 years. Adolescents are noted to have special sexual and reproductive health needs. As a result, many are often exposed to inaccurate or incomplete information. It has been brought to notice that many adolescents in recent times engage in unsafe sex leading to high rate of unplanned pregnancies. Circumstances of this nature call for contraceptive use in adolescents to be given special attention. Also, adolescents between 14-19 have been noted to be sexually active, yet they hardly use contraceptives due to negative social attitude. As a repercussion, the numbers of adolescent girls who get pregnant often drop out of school. Most of them have no social of economic means to raise their children. The use and availability of contraceptives is linked to the increased spread of sexually transmitted diseases. Sex encouraged by widely available contraceptives has resulted in millions of people being infected with one or more sexually transmitted diseases, many of them are incurable and emotionally devastating. If young people continue to experiment with sex and yet fail to use

contraceptives, the likelihood of many of them becoming pregnant is very high and such pregnancies may end up with back street abortions or teening child bearing. Other negative consequences associated with unintended teenage pregnancies include malnutrition, maternal death, and undesirable medical conditions like obstetric fistula, dropping out of school, poor academic grades, low self esteem, and symptoms of depression, increased dependency, and burden on the teenage provider. While the child is affected in the following ways; malnutrition, and low birth weight, abandonment of new born child, adoption and so on. So also, sexually transmitted infections are a major global cause of serious illnesses, infertility, long term disability and death with serious medical and psychological consequences of millions of men, women and infants.

Adolescents are unmarried and not sexually active, or unmarried and sexually active, or married and wanting to postpone, space or limit pregnancy, or adolescents wanting to prevent STI's only are all at different stages of their reproductive lives and have different contraceptive needs. The extent to which these needs are effectively addressed influences the uptake of contraceptives by the adolescents. In the view of the above vices, governments, government officials and public figures have cited the need to minimize and if possible bring to end adolescent pregnancies and STD's infection rates. Contraception promotes safe motherhood as a woman can decide when they want to begin having children, how far apart they want their children to be and when they want to stop having children. Further contraceptives like condoms are known to prevent the transmission of Sexually Transmitted Infections like HIV. These advantages empower adolescents to live a healthy, safe and fulfilling life socially, economically, emotionally and psychologically. Contraceptive choices are not just reproductive choices and rights, but also fundamental human rights that all governments are legally obligated to protect, respect, and

fulfill. They include, but are not limited to: the right to birth control, freedom from coerced sterilization, abortion and contraception; the right to access good-quality reproductive healthcare, the right to receive education about sexually transmitted infections (STI's) and other aspects of sexuality. These rights are not only accorded to adults but to adolescents as well. Pregnancies at an early age and STI's threaten the survival and the development of children not only due to the psychological and emotional burden but also due to the stigma associated with these scenarios. The levels of education, marital status and wealth identified as influencers to use contraceptives in that women who are more educates, married and were likely to use contraceptives than their counterparts. This was attributed to the fact that such women are more aware, they feel the need and have the economic capacity to access and use contraceptives.

The WHO noted that availability accessibility of contraceptive services and the perceived level of control in acquisition and use of contraceptives influenced the use of contraceptives amongst adolescents (WHO, 2013). The organization noted that adolescents that reported that contraceptives were available and were easily accessible tended to use contraceptives more regularly than those who reported otherwise. The contraception practice can therefore help avoid the undesired consequences of unprotected sex. This research seeks to study the determinants and consequences of contraceptive use among adolescents in Ilupeju Ekiti Ekiti state in Nigeria.

### 1.2 Statement of Problem

As a result of minimal use of contraceptive and contraceptive use continuously exposes adolescents to primary negative sex outcomes like pregnancies and STD's like HIV. Adolescents aged 15-24 accounted for 13% of all the new HIV infections globally (United Nations Children's Fund 2013). Research shows that people living rural areas are at greater risk for early

childbearing and other adverse reproductive and sexual health outcomes and their urban dwellers. There is a wide range of promiscuousity, STD's and unintended pregnancies due to wrong information about contraceptives. This study assesses the determinant and consequences of contraceptive use among adolescents that are sexually in Ilupeju Ekiti, Ekiti state, Nigeria.

### 1.3 Significance of the Study

Adolescents as a group for unmet need for family planning have been identified by World Health Organization (WHO, 2014). People living in rural areas are at greater risk of early childbearing than those at the urban areas. The outcomes of unsafe sex are more adverse for girls below 20 and the risks associated with early pregnancies as a result of unmet need of contraceptives and wide spread sexually transmitted diseases as a result of abuse of contraception and insufficient information, raise urgent need for appropriate interventions and programs to address adolescents' sexual choices and behavior. The findings of this study are hoped to be useful in reducing adolescent pregnancies and STI infection rates. The findings will be useful in designing programs, interventions and policies that promotes and safeguard the reproductive health of the adolescents. The findings might be used in designing appropriate messages with regards to adolescents' reproductive health, contraceptives and contraceptive use. In addition, the study findings will function to inform parents and guardians to teenagers that they will counsel them accordingly and from an informed point of view. In addition, governments and nongovernmental organizations can use the knowledge generated from this study to come up with viable future public awareness, trainings and campaigns.

## 1.4 Purpose of the Study

This study sought to access the determinants and consequences of contraceptive use among adolescents in Ilupeju Ekiti, Ekiti State.

## 1.5 Objectives of the Study

### 1.51 Main Objectives

To investigate the determinants of contraceptive use among adolescents in Ilupeju Ekiti, Ekiti State Nigeria.

### 1.52 Research Objectives

1. To profile the socio demographic characteristics of adolescents in Ilupeju Ekiti, Ekiti State.

2. To investigate the determinants of contraceptive use among adolescents in Ilupeju Ekiti, Ekiti State.

3. To review the consequences of contraceptive use among adolescents in Ilupeju Ekiti, Ekiti State.

To determine the level of contraceptive use among adolescents in Ilupeju Ekiti, Ekiti state

## 1.6 Research Question

1. What are the determinants of contraceptive use among adolescents in Ilupeju Ekiti, Ekiti State?

2. How does access to contraceptives influence the use of contraceptives among adolescents in Ilupeju Ekiti, Ekiti State?

3. How does sexual behavior influence the use of contraceptives among adolescents in Ilupeju Ekiti, Ekiti State?

4. How does the level of knowledge about contraceptives influence the use of contraceptives among adolescents in Ilupeju Ekiti, Ekiti State?

5. What are the consequences of contraceptive use among adolescents in Ilupeju Ekiti, Ekiti State?

### 1.7 Limitations of the Study

Every research study are faced with various challenges, one of such limitations is the strain of time. The researcher maximized on the time available by minimizing the data collection breaks, and anticipated that the respondents might deliberately provide false data or even withhold information given the private nature of the information being sought for. The researcher assured the respondents the information they were providing will be treated with confidentiality. The researcher explained to the respondents that the questionnaires that were issued to them were unmarked and that the respondents were not required to provide any information that could easily be used to identify them like phone numbers, names or email address. Also, the researcher informed that the questionnaires would be completely destroyed after the information provided by the respondents was obtained and ensured that the language used in the questionnaire was kind and comfortable for the reader. Where personal and sensitive information, like the number of sexual partner or how often they had sexual intercourse, the researcher provided multiple choice responses from which the respondent would choose. It made it easier for the respondents to give truthful responses.

## 1.8 Organization of the study

The study is organized into five chapters. Chapter one is the introduction and it provides the overview of the study and provides the following information: the background of the study, statement of problem, significance of the study, purpose of the study, main objectives, research objectives, research questions, limitations of the study and how the study is organized. Chapter two is the literature review and it discusses the variables under study. It discusses the theoretical framework, shows the conceptual framework, explains the relationship of the variables in the conceptual framework explains the relationships of variables in the conceptual framework and provides a summary of the chapter. Chapter three is the methodology and it contains information about the research design, target population, sample size, sampling procedures, data collection instruments, validity and reliability of the instruments, reliability of the study, data collection procedures, data analysis techniques and ethical considerations of the variables. Chapter four is the data analysis, presentation and interpretation and chapter five is the summary of the findings, discussions, conclusions and recommendations.

# CHAPTER TWO

## 2.1 Introduction

This chapter provides introspection to previous studies and documentation to the topic under study. It talks about the determinants of contraceptive use and its consequences amongst adolescents in Ilupeju-Ekiti, Ekiti State. In which the variables to be studied are; access to contraceptives, sexual behavior of adolescents, and knowledge about contraception by adolescents. It also provides the theoretical framework and the conceptual framework. It provides the gaps in the literature reviewed, hypothesis and a summary of the literature review.

## 2.2 Overview of the study

Contraceptive refers to devices, drugs and agents to prevent conception or impregnation. It is also known as a deliberate attempt to help a woman plan if and when they want to have a baby. There are different types of contraceptives available for adolescents. Hormonal methods like oral contraceptives, depo provera injections and Norplant which use medication to prevent ovulation. Barrier methods which works by preventing the sperm from getting to and fertilizing the egg like male and female condom, diaphragm, cervical caps, spermicidal which kills sperms on contact, Intra Uterine Device (IUD)which are inserted into the uterus to prevent the fertilize egg from implanting in the lining of the uterus. Factors like ability to get a contraception method, fear of stigma from fellow adolescents and the general society are some of the factors that discourage sexually active adolescence from using contraceptive. On the other hand, fear of side effect discussion and approval from sexual partners are some of the known factors that prohibit married partners from using contraceptives (Center for Reproductive Right UNFPA 2010).

Further, the emphasis on abstinence by parents, guardians, teachers, and religious leaders' et.c has function to demonize sex among adolescence. The impression that sex before marriage is wrong, has discourage sexually active adolescence from seeking contraceptive product and services in spite of the fact that such adolescents needs them(W.H.O 2014)the reproductive choices made by adolescents boys and girls have an enormous impact on their health, schooling and employment prospect as well as their overall transition to adulthood. In particular, school and work opportunities significantly influence young women and men's marriage, timing, quality of parenthood and ability to contribute to their families and society's. Young women's choices are especially important as early child bearing can impact their health and limit their prospect for productive participation in the society. The use of contraceptives have been generally receiving cultural and information setbacks as most African cultures value having many children which leads to over population. Furthermore, people are not knowledgeable on the contraceptives, how they work, how they are used, their merits and demerits (W.H.O, 2014). The use of contraceptives has been challenged by misconception about contraceptives. For instance, contraceptives are seen as product that should be used not just by adults but married adults. Thus adolescent are seen as a possible target for their use, ignoring the still large number of adolescents who not only conceive but also contract STI'S.

**2.3 Access to contraceptives and use of contraceptives**

Lack of accessibilities of contraceptive services has created a situation where at least one in four women seek to avoid pregnancy is not using any form of contraceptive method (UNFPA; Center for Reproductive Right 2010).Lack of access to modern contraceptive services means that adolescents are often unable to protect themselves from HIV and other sexually transmitted infections (STI'S) and to control their fertility and reproduction. Factors like cost and availability

of contraceptives, contraceptive services, previous experiences with health workers and distance from the health care centre are known to influence the uptake of contraceptives by adolescents. They bear the burden of poor sexual reproductive health (SRH) due to socio-cultural, economic and structural barrier that function to discourage adolescents' access to appropriate contraceptive services. The general perception of teenage contraception, especially if the teenager is not married, discourages adolescents from seeking contraceptive services as well as using contraceptive options that are available. This is attributed to the fact that adolescents are fearful of how they wants to be perceived by the society. Although some contraceptive providers decline to offer contraceptive services to unmarried adolescents as they believe that it encourages premarital sexual activity. However, research has shown that denial of contraceptive services to adolescents does not influence sexual behavior (Kirby 2007).

Adolescents in need of contraception may not be economically independent due to their educational status, employment skills, age or gender role. Some young women may be economically dependent on their partner or parents for money .If problems in the relationship occur or if the partner is economically insecure, this may limit her access to a service. Economic dependence and financial insecurity has impact on an adolescent's contraceptive use in different ways. It may for example be impossible for adolescent to meet the financial cost of transport to health care service. In one study, it was found that contraceptive use reduced as travel time to service increased (WHO and International Youth Foundation, 1993). Similarly, clinic fees and the cost of contraceptives themselves may not be affordable by adolescents or they may have to take time off work or school to attend services.

## 2.4 Sexual behaviors of adolescents and contraceptive use

The researcher was interested in finding out how the sexual behavior of an adolescent influences their use of contraceptives. Different scholars have operationalised adolescent sexual behavior different. Distinctions that have been used to define sexual behavior for adolescents include; their marital status, the nature of sexual activity (sporadic, planned or forced), frequency of the sexual activity, the number of sexual partners, the nature and duration of relationship. This relationship used the number of sexual activity in the last six months, the number of the sexual partners, and the nature of sexual encounter as the measures for the sexual behavior of the respondents. Although, minimal research has been conducted to correlate adolescents' sexual behavior with contraceptive use, there is substantial literature on contraceptives and contraceptive use. Studies have shown that sporadic sex leads to an inconsistent use of contraceptives while marriage is associated with consistent use of contraceptives. Adolescents who frequently engage in sexual activities are likely to use contraceptives, this is attributed to the fact that these adolescents perceive the risk associated with unprotected sex and thus feels the obligation to protect themselves. On the other hand, adolescents that are less sexually active are less aware of the risks involved as they perceive themselves as relatively safe or safe altogether. Adolescents in long term relationships are also likely to use contraceptives although; use of contraceptives like condoms tends to diminish with the length of the relationship as condoms are seen as a sign of distrust between partners. The more adolescents stay in a relationship the safer they feel and thus tend to avoid the use of contraceptive as they perceive it as a sign of distrust or non commitment to the relationship.

It is also seen that young age at first intercourse is associated with non use of contraceptives; hence younger adolescents are less likely to use contraceptives than older adolescents. This is

mostly associated with limited education, skills, finances and information... Similarly, whether the sexual behavior is consensual or coerced, along with the specifics of behaviors (oral, anal or virginal sex; frequency, and number of partners) also influence the use of contraceptives. Older adolescents are more sexually experienced and are more likely to use contraceptives as opposed to the younger ones (Bledsoe & Cohen, 1993).

The influence of sexual behaviors on the use of contraceptives amongst the adolescents in Ilupeju Ekiti, Ekiti state.

**2.5 Knowledge on contraceptives and contraceptive use**

The key and most important determinant of the use of contraceptives among adolescents is the level, the amount and quality of information available to them because 'knowledge they say, is power'. Most of the time, adolescents lack essential information on the characteristics of contraceptive methods and the information they do have is often incorrect. Inaccessibility to information on contraceptives, predispose girls to teenage pregnancies (were, 2007). Most of the time, health care providers opposed to adolescent contraception provide limited, false information or no information to adolescents who seek contraceptive services or information in order to promote adolescent abstinence. Limiting teenagers' access to contraceptive services and information has failed to reduce the risk of unintended pregnancies and sexually transmitted diseases. There is a general lack of parental guidance on issues of sexuality and sex education which have been reinforced by cultural taboos that inhibit such discussion (Were, 2007). Therefore, the general moralistic nature and the cultural profile of African societies deny adolescents the opportunity to access the necessary information regarding sex, sexuality and contraception even though evidence shows that adolescents are sexually active. Certain myths

around reproductive issues can have a large bearing on whether and how adolescents seek reproductive-health care. The false information that contraception is a cause to infertility motivated the seeking of abortion services rather than contraceptive services. Most adolescents take their teachers as their biggest source of information about safe and responsible sex and although some adolescents seek information from health providers who provide false information about the side effects of teenage contraception in order to discourage premarital sex and adolescent contraception so as to make them abstain.

## 2.6 Theoretical framework

Theoretical framework is the foundation of any research; it is the structure that guides research by relying on a theory constructed by using an established phenomena and relationships. These are specific theories about aspects of human existence and provide particular perspective through which to examine a topic. Firstly, a theoretical framework helps guide and focus a study as it determines what guide and focus a study as it determines what things will be measured. Such guidelines rid cushion the research process from any personal biases that the researcher might have thus enhancing the credibility of the research. It also determines what statistical relationships the researcher should look for hence directing the analysis of a topic. Thus a theoretical framework is considered to be the central piece of the research plan.

This research is guided by two theories: the reason action approach by Martin Fishbein and Icek Ajzen Martin; and the diffusion of innovations theory by Evertt Rogers. The reason action approach was documented by Martin Fishbein and Icek Ajzen Martin in their book: predicting and changing behavior. The reason action approach argues that behavior is determined by the intention and moderated by actual control. The intention is influenced by the attitude, perceived

norm and perceived biological control which are in turn influenced by behavioral beliefs, normative beliefs and control beliefs respectively. Intention (the likelihood to perform a behavior) is determined by attitude towards the behavior, perceived behavioral performance. Attitude, perceived norm and perceived behavioral control which is the degree of one's capability to perform the behavior as well as barriers to and facilitators of the behavioral performance. Attitude, perceived norm, and perceived behavioral control are all based on beliefs: behavioral beliefs, normative beliefs and control beliefs respectively. Attitude is the result of the strength of behavioral beliefs reflecting positive and negative outcomes of the behavior. Perceived norm is the result of the strength of injunctive beliefs reflecting the expectation of influencers in the environment, each multiplied by the motivation to comply with these expectations, and of descriptive beliefs reflecting the behaviors of various relevant others, each multiplied by the degree of identification with these influencers. Perceived behavioral control is the result of the strength of control beliefs reflecting perceived skills, barriers and facilitators, each multiplied by the degree of power of control over these factors. The degree to which adolescents use contraceptive is thus determined by their intention to do so and is moderated by their having relevant skills and abilities to use contraceptives as well as (socio-economic and cultural) barriers to and facilitators of behavioral performance. Their intention to use contraceptives is in-turn influenced by attitudes towards adolescent contraception, what the society expects from them and the degree to which they believe in their ability and autonomy to make and execute such decisions. These three influences of intention are in turn influenced by beliefs. The attitude to exercise contraception is influenced by behavioral beliefs. The degree to which one believes that a behavior can generate positive or negative outcomes determines the strength and nature of the attitude we develop towards a behavior. The perceived norms refers to

what the society expects from us and are also result of sanctions and expectations placed /demanded of us by the society. The degree to which perceived norm is influential is determined by the strength of such sanctions and the behaviors of the influencers in the society multiplied by the degree to which these influencers actually influences us. This therefore means that the contraceptive use among adolescents is depended on the degree to which they feel permitted to or prohibited from use. Their uptake of contraceptives is also dependent on the degree to which they identify with those who permit or prohibit their use of contraceptives. If adolescents don't strongly identify with influencers who oppose the use of contraceptives, then they are likely to accept contraceptive use.

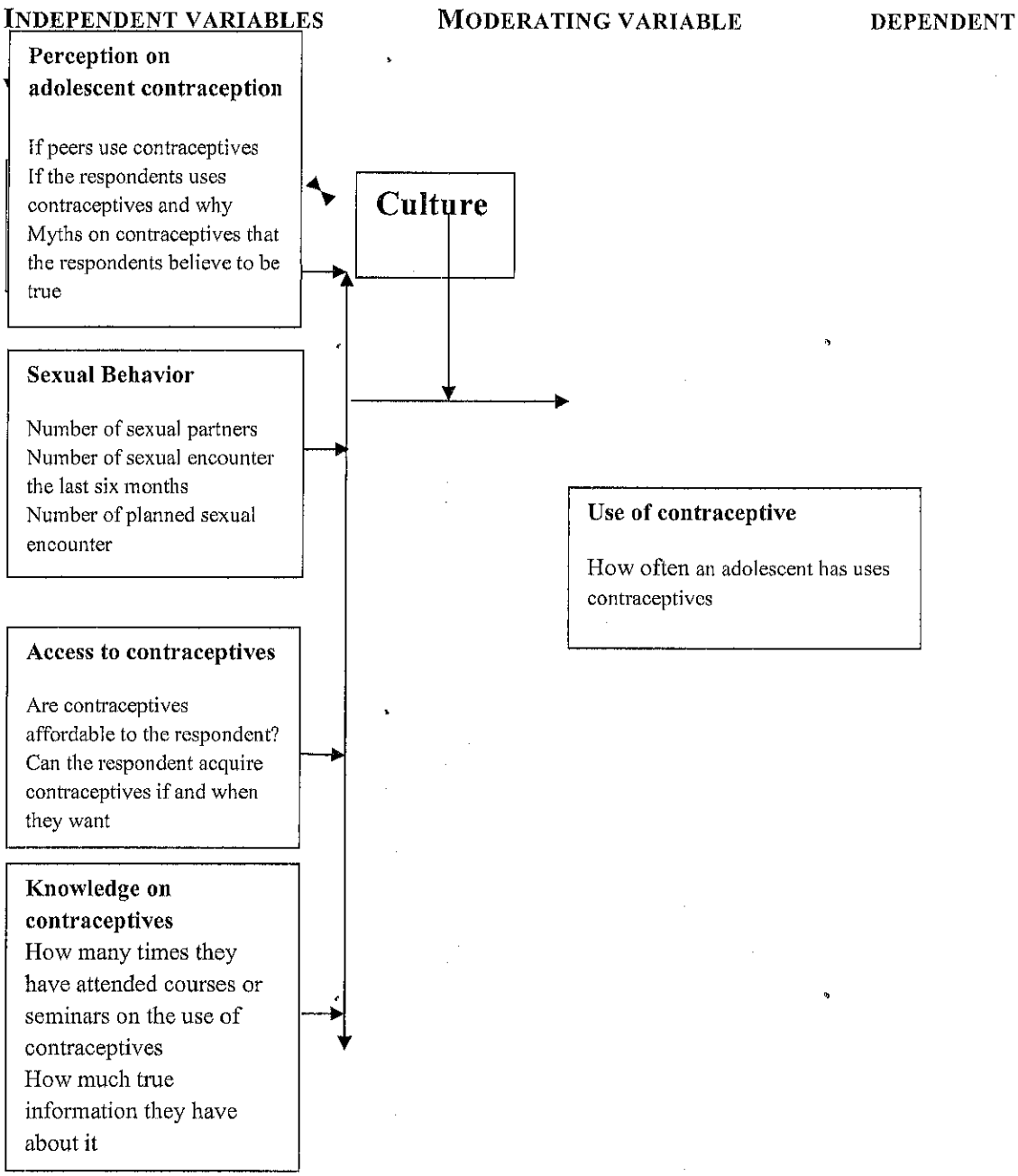
The second theory on which this research is founded is 'the theory of diffusion of innovations' by Evertt Rogers. In his book 'Diffusion of Innovations', Rogers noted that the innovation itself, individual adopters, communication channels, time and social system are the five elements that influence the spread and adoption of new idea in a process that highly relies on human capital. On innovation itself, Rogers noted that there are characteristics that influence the degree to which innovation will be adopted. Such characteristics are: the relative advantage which is the degree to which an innovation is better than the existing similar or competing innovations; complexity which the degree to which an innovation is difficult to learn and to use; compatibility which is the degree to which an innovation is easy to integrate or assimilate in one's life; trial ability which is the degree to which an individual can be able to easily experiment on an innovation; and observability which is the degree to which the advantages of the innovation can be observed. Rogers noted that innovations that: are better than the existing technology, simple, compatible, easy to experiment and observable are more susceptible to adoption. The second influencer on the adoption of technology is the individual adopters. Rogers noted that there are

characteristics of the individual adopters that influence the rate at which an innovation will be adopted. Ability and motivation were known to a large impact on a potential adopters' likelihood to adopt an innovation. Potential adopters who are motivated to adopt an innovation are likely to make the adjustment needed to adopt it. Innovations have symbolic value that encourage and discourage adoption. Motivation impacted by the connotation that an innovation holds since innovations that have a positive connotation/significance are more likely to be adopted than those who carry negative connotation. Further, Rogers noted that potential adopters who have power over their choices are more likely to adopt an innovation than a person who has less power over their choices. The communication channel is the third influence of adoption of technology. For Rogers, communication is the process in which participants create and share information with one another in order to reach a common understanding while a channel is by means though which a message goes from the source to the receiver. Mass media (like radio, newspapers, television and television) and interpersonal communication are the two channels of communication. Interpersonal channels consist of a two way communication between two or more individuals. Diffusion is a very social process that involves interpersonal communication relationships. Thus, interpersonal channels are more powerful to create or change strong attitudes held by people. Time is the fourth influencer of adoption of innovation; he noted that innovations are instantaneously adopted. Some innovations will require time for them to be adopted yet some innovations will take longer time periods to be adopted than others.

A social system is the last influencing element. Rogers defined a social system as a set of interrelated units engaged in a joint problem solving to accomplish a common goal. He noted that non conservative social units tend to adopt faster conservative social systems.

## 2.7Conceptual framework

A conceptual framework is a diagrammatic expression of the relationships between the variables identified for study.



## 2.8 Explanations of relationships in the conceptual framework

Figure 1 shows the factors that influence the use of contraceptives by adolescents. These factors are: adolescent's perceptions on contraceptives; the adolescent's sexual behavior; the adolescent's access to contraceptives and their level of knowledge about contraceptives. These factors are moderated by culture. Adolescents who have a positive perception on contraceptives are more inclined to using contraceptives than those with a negative perception. The sexual behavior of adolescents influences adolescent's use of contraceptives. Sexually active adolescents are more likely to use contraceptives than adolescents that are not sexually active. However when a partner is consistent and the contraceptive used is a condom, the adolescents are apt to stop using the contraceptive as it seen as an indication of distrust. Planned sex is associated with the use of contraceptive while unplanned sex is associated with non use. Further, adolescents that are not sexually active and have inconsistent partners are less likely to use contraceptives. Access to contraceptives was by the cost of contraceptives, availability of contraceptives, fear of acquisition of contraceptives and the friendliness of the service provider.

The use of contraceptives is tends to increase when the cost is affordable and contraceptives are readily available in stock. In addition, adolescents who don't shy away from acquiring contraceptives are more likely to use contraceptives. Further, the use of contraceptives is predisposed to increase where the service providers are friendly to the adolescents. The forth factor that influence the use of contraceptive is the adolescents knowledge about contraceptive use. Adolescents that are knowledgeable about contraception are likely to use contraceptive than those who are not knowledgeable.

## 2.9 Gaps in the Literature Reviewed

Efforts and resources to promote adolescents' (Sexual and Reproductive Health) SRH including the prevention of adolescent pregnancy have typically focused on girls of ages 15 to 21. Yet, the adolescents with greatest vulnerabilities, of STD infections and who face the greatest risk of complications and death from pregnancy and child birth are below 16 years. Previous research has shown that perceptions determines contraceptive uptake by adolescents. Majority of the research has dwelt on the perception that contraceptive use causes infertility and promiscuity on users. This research seeks to bring out other existing perceptions about adolescent contraception and assess the extent to which those perceptions influence the uptake of contraceptives amongst adolescents. Although substantial research has been carried out on the subject of adolescent contraception as well as adolescent sexual behavior, there has been minimum effort to correlate adolescents' sexual behavior with contraceptive use. Majority of this research focuses on the frequency of sexual activity and the frequency of contraceptive use. Substantial research has documented on adolescent knowledge on contraception. Much research has operationalised "adolescent knowledge on contraception "as: what methods of contraception are known by adolescents.

## 2.10 Summary of Literature Review

This chapter has presented the discussion selected literature that had documented the determinant and consequences of contraceptive use among the adolescents which include: perception of contraception sexual behavior of the adolescents, accessibility to contraception and the knowledge of contraception by the adolescents. It also showed the discussion on theoretical framework that underpins the research and the conceptual framework that guides the study. It has

explained the relationships of variables in the conceptual framework and gave a summary of the literature review.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

In this chapter, we will be looking at the discussion on the methodology that was applied in the research process. It covers the research technology and shows the techniques and procedures that were used to obtain the data. The followings are presented under the chapter: research design, target population, sample size and sampling procedures, validity and reliability of the data collection instrument, data collection procedures, data analysis techniques, and ethical considerations of the study.

## 3.2 Research Design

This is a descriptive survey design which applies the mixed mode approach to data collection. A descriptive survey not only help the researcher to describe the characteristics of a population, but also helps them to understand, describe and explore the social life of the sample through questioning, either through interviews or use of questionnaires. These characteristics made the said design to be the most appropriate for this study as it was help acquire information about the naturally occurring behavior, attitudes and other characteristics of the group under study.

## 3.3 Target population

Target population is the entire groups of individuals or objects that the researcher is interested in generalizing conclusions. The target population is "the total aggregate of respondents that meet the designated set of criteria". Sexually active adolescents aged 12-21 that resides in Ilupeju Ekiti are targeted in this research. Adolescents participated in this study whether they were

schooling or not or whether they were married or not. Also, the research is interested in respondents who have resided in the area for more than five years as it is believed that immigrants would have taken up the characteristics of the residence within five years. Although there is no agreed time for a new member to become acculturated, but they might have considerably adapted to the characteristics of the new population in five years where there are no conflicts between the new member and the population.

### 3.4 Sample size and sampling procedure

The entire population was not studied since a survey is being carried out, just a proportion of the population was studied and that proportion is referred to as a 'SAMPLE' which is usually obtained through a sampling procedure. The sample has to be ensured to be a representative of the population for reliable and valid research findings.

#### 3.41 Sample size

The finite part of a statistical population whose properties are studied to gain information about the whole is called the sample size. It should be the adequate population so that the findings can be generalized to the population. The law of large numbers, which states that the larger the sample size, the better the estimates and hence the more they are representative and reliable.

#### 3.42 Sampling procedure

It is important that the sample be representative of the population so that the findings can be generalized on the population. Sampling is the process of selecting a group of subjects for a study in such a way that the individuals represent the larger group from which they were selected. It saves time, money and labor.

### 3.5 Data collection instrument

Questionnaires were used to collect data with the researcher providing guidance where necessary. A questionnaire is a research instrument that consists of a series of questions that a researcher uses to collect data about a given topic from specific identified respondent for statistical analysis. Questionnaires are less expensive in terms of money and consume less time than conducting interviews. Also, questionnaires were the preferred data collection instrument since they provide a sense of anonymity and can provide privacy hence the respondents are more likely to provide honest answers. In order to ensure that the respondents provided suitable and valid answers, the researcher observed some principles of questionnaire construction. Firstly, the researcher took note of the personal nature of the study and thus ensured that multiple choice answers were provided for the questions that could make the respondents shy away from answering. Secondly, the researcher ensured that the questions were precise, brief and simple to understand. The researcher also ensured that the questions were free from grammar, spelling and punctuation errors and that the questions were not biased or leading the respondents to particular answers.

The researcher used open and closed ended questions focusing on the three objectives under study. Close ended questions were useful in helping the respondents provide information that they would have difficulties in providing like how often they have sexual intercourse. They were also useful in helping the respondents provide specific answer as opposed to writing essays that could not either generate meaningful responses or provide an answer that is not very different from multiple choices. Close ended questions generally made the work of filling in the questionnaire easier for the respondents. On the other hand, open ended questions gave the researcher space to obtain information that would not provide better responses if choices were

provided like the question on the contraceptives known to the respondents. The questionnaires were administered by paper and pencil/pen mode of administration where the questions were presented on paper and the respondent is required to use a pencil or a pen to fill it in. The filled in questionnaire was collected immediately after the respondent filled it in (where the researcher waited for the respondent to finish filling in) or was collected at a later date (where the respondent preferred to fill in the questionnaire later).

### 3.5.1 Validity of the instrument

Questionnaires as an instrument of data collection should collect enough relevant information that shall help the researcher to answer their research questions. When properly constructed, questionnaires are fundamental instruments by which statements can be made about specific groups. Validity testing is the measure that helps a researcher to collect adequate, unbiased, sound, suitable, meaning and relevant content that shall help them to answer the research questions and hence achieve their research objectives. Validity refers to whether an instrument actually measures what it is supposed to measure, given the context in which it is applied. When invalid instruments are used to collect data, the inferences that the researcher comes up with will be less meaningful, useful and appropriate. Validity gives strength to prepositions, conclusions and inferences that the researcher will finally come up with. To ensure this end, the researcher issued supervisor, lectures and colleagues who helped assess if the questions were clear, appropriate to the topic, appropriate to the respondents, properly ordered and if the questionnaire was comprehensive enough to collect all the information required addressing the objectives and the purpose of the study.

### 3.5.2 Reliability of the study

Reliability refers to the degree to which the instrument can be depended upon to yield consistent results. It is the degree to which an instrument measures the same way each time it is used under the same condition with same subjects. A measure is considered reliable if a person scores the same, if the same test is administered more than once. It is important to note that reliability is only estimated not measured. Reliability indicates the accuracy or the precision of the measuring instrument. For the reliability of the questionnaire, individuals with knowledge on research were asked to review and verify the interpretations of the questions in the questionnaire. The researcher rephrased the questions accordingly to reflect clarity

### 3.6 Data collection procedures

Before carrying out the research, the researcher developed a research proposal that functioned as a blueprint though which data was collected. The proposal was evaluated by supervisor and other lecturers to ensure that it provided proper guidelines for data collection and analysis. The researcher carried out the research alone and data was collected at household level where the researcher moved from house to house to collect the required data by use of questionnaires. The respondents were free to either fill in the questionnaire as the researcher waited or they could fill it at a later time and the researcher would come to collect the filled in questionnaire at an agreed date and time. This was a strategy not only to increase the questionnaire return rate but also to facilitate the respondents to give truthful and well thought answers.

### 3.7 Data Analysis Techniques

Data analysis is the science of examining raw data with the aim of drawing conclusions about that information. It involves examining data in a way to discover and reveal the relationships,

patterns, trends that can be found in it. Data analysis is not only about subjecting it to statistical operations that can tell you of what kinds of relationship seems to exist among variables but also what level you can trust the answers you are getting. It helps the researcher to discover useful information contained in that data and it is an essential component in ensuring data integrity. Improper statistical analyses not only mislead the readers but might also negatively influence the perception of research by the public. The researcher anticipated that the data collected shall be both qualitative and quantitative. Being different, these kinds of data were analyzed differently. Qualitative data is data collected in form of descriptions and opinions, such data is expressed in words. Questions like if the respondents think that their peers should use contraceptives are considered to be qualitative in nature as the responses are worded and not of numerical nature. Qualitative data obtained was coded to enable qualitative analysis. On the other hand, quantitative data refer to the information that is collected as numbers and can be displayed and analyzed mathematically. The raw data was organized by use of manual tallying and tables. The frequencies were obtained and percentages calculated. The organized data revealed the mode of the responses obtained.

### 3.7 Ethical Consideration

Ethics are defined as norms for conduct that distinguish between acceptable and unacceptable behavior, ethical considerations are important in research. Firstly, they help to promote the aims of research, for instance prohibitions against misrepresenting, falsification, and fabrication of research data, promote truthfulness and avoidance of error. Research is a collaborative activity that involves many people like the researcher, the respondents, institutions and communities. Ethical practices like honesty, respect help to promote collaboration amongst these people in research. Ethical considerations therefore function to ensure quality research is carried out and

that the findings are valid and reliable for informing and decision making. In addition to the mentioned ethical considerations, the researcher took into account the following ethical issues concerning the study. The researcher obtained an informed consent from the respondent. This was done by explaining to the respondents the purpose of the study, the data collection method and participation needed from the respondents. The questionnaire explicitly informed the respondents that participation in the study is voluntary and that they had the right to withdraw from the study, at any time, without penalty. They were also informed that they would not receive any remuneration for participating in the study. The confidentiality of the participants was also ensured so; no participant was linked to any particular answered or completed questionnaire. The respondents were also assured that the information they provided would be used only for this research and would be made available to them if they requested it.

# CHAPTER FOUR

# DATA PRESENTATION, ANALYSIS, INTERPRETATION

## 4.0 Data Presentation and Analysis of Results

This chapter focuses on the presentation of the results of data analysis of the research work on determinants and consequences of contraceptive use among adolescents in Ilupeju Ekiti, Ekiti state Nigeria. The respondents' sexual behavior and contraceptive use and personal characteristics such as age, level, religion, ethnic group, father's and mother's occupation, marital status, fathers' level of education, mothers' level of education, etc. are presented. The relationship between determinants and contraceptive use among adolescents in Ilupeju Ekiti, Ekiti state Nigeria was also presented.

## 4.1 Univariate Analysis

The Table shows the percentage distribution of the study population by sexual behavior and contraceptive use.

**Table 4.1.1 Distribution of the Study Population by Sexual Behavior and Contraceptive Use.**

| VARIABLE | FREQUENCY(N) | PERCENTAGE (%) |
|---|---|---|
| **Contraceptive use** | | |
| Yes | 159 | 41.84 |
| No | 221 | 58.16 |
| **Sexual active** | | |

| | | |
|---|---|---|
| Yes | 212 | 55.79 |
| No | 168 | 44.21 |
| **Types of sexual intercourse** | | |
| Planned | 142 | 69.61 |
| Random | 60 | 29.41 |
| Forced | 1 | 0.49 |
| Other | 1 | 0.49 |
| **Live with parents** | | |
| Yes | 290 | 76.32 |
| No | 90 | 23.68 |
| **Peer should use contraceptive?** | | |
| Yes | 227 | 59.74 |
| No | 153 | 40.26 |
| **Occurrence of sex** | | |
| All the time | 27 | 13.17 |
| Most of the time | 60 | 29.27 |
| Occasionally | 99 | 48.29 |
| When I feel like | 19 | 9.27 |

**SOURCE: FIELD WORK**

### 4.1.1 Distribution of the Study Population by Sexual Behavior and Contraceptive Use.

From the table 4.1.1, the frequency count revealed that 41.81% among the adolescents in Ilupeju Ekiti were using contraceptive while 58.16% were not using any methods of contraceptive.

Most of the adolescent in Ilupeju Ekiti were sexually active (55.79%) on the other hand 44.21% were not sexually active. Also, most of the sexual intercourse among the adolescents was planned sexual intercourse (69.61%), random sexual intercourse reported by 29.41% while forced and other have the least and the same percentage 0.49%. According to the respondent who they live with, most of them were living with their parents (76.32%) while 23.68% were not living with their parents, they either live with their sexual partner, friends or relatives. Most of the respondents said peer should use contraceptive reported by 59.74% while 40.26% said they should not use it. Furthermore, most of them have sex occasionally (48.29%), 13.17% have sex all the time, and 29.27% have sex most of the time while 9.27% have sex when they feel like.

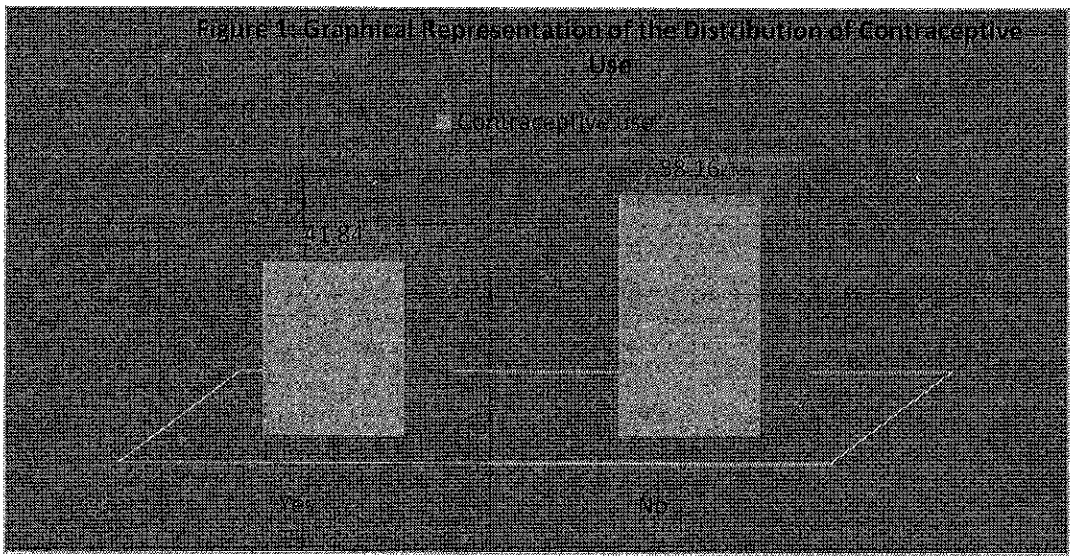



**Figure 1** is the graphical representation that depicts the distribution of contraceptive use among the adolescent in Ilupeju Ekiti, Ekiti state. From this representation, it can be noted that more adolescent were not using contraceptive 58.16% and 41.84% were using contraceptive methods.

**Table 4.1.2 Distribution of the Study Population by Respondents Personal Characteristics**

| VARIABLE | FREQUENCY(N) | PERCENTAGE (%) |
|---|---|---|
| **Age** | | |
| 15-18 | 203 | 53.42 |
| 19-22 | 167 | 43.95 |
| 23 | 10 | 2.63 |
| **Religion** | | |
| Christian | 263 | 69.21 |
| Islam | 111 | 29.21 |
| Traditional | 6 | 1.58 |
| **Gender** | | |
| Male | 158 | 41.58 |
| Female | 222 | 58.42 |
| **Ethnic group** | | |
| Yoruba | 302 | 79.47 |
| Igbo | 48 | 12.63 |
| Hausa/Fulani | 30 | 7.89 |
| **Level of education** | | |
| No formal education | 29 | 7.63 |
| Primary | 16 | 4.21 |

| | | |
|---|---|---|
| Secondary | 235 | 62.11 |
| Post secondary | 99 | 26.05 |
| **Respondent employment status** | | |
| Working | 78 | 20.53 |
| Not working | 302 | 79.47 |
| **Father's level of education** | | |
| No formal education | 120 | 31.58 |
| Primary | 51 | 13.42 |
| Secondary | 125 | 32.89 |
| Post secondary | 84 | 22.11 |
| **Father's occupation** | | |
| Farming | 99 | 26.05 |
| Civil servant | 92 | 24.21 |
| Personnel manager | 133 | 35 |
| Other occupation | 56 | 24.74 |
| **Mother's level of education** | | |
| No formal education | 137 | 36.05 |
| Primary | 65 | 17.11 |
| Secondary | 108 | 28.42 |
| Post secondary | 70 | 18.42 |
| **Mother's occupation** | | |
| Farming | 71 | 18.68 |
| Civil servant | 83 | 21.84 |

| | | |
|---|---|---|
| Personnel manager | 191 | 50.26 |
| Other occupation | 35 | 9.21 |

*Source: field survey*

### 4.1.2 Distribution of the Study Population by Respondents Personal Characteristics

According to the respondents age group, 53.42% were in age group 15-18, 43.95% were in age group 19-22 while ages were in 2.63%. Also, most of the respondents were Christian (69.21%), Muslim reported by 29.21% and traditional by 1.58%. Male respondents were 41.58% while female were 58.42%. Majority of the adolescents in Iluprju Ekiti were Yoruba (79.47%), Igbo were 12.63% and Hausa/Fulani 7.89%. Most of the respondents were in secondary school 62.11%, post secondary reported by 26.05%, primary school by 4.21% while no formal education by 7.63%. In term of employment status, most of them were working 79.47% while 20.53% were not working. For their father's level of education, those that their fathers have post secondary education reported by 22.11%, secondary by 32.89%, primary by 13.42% while no formal education by 31.58%. Most of the respondents were their father is personnel manager (35%), farming reported by26.05%, civil servant by 24.21% and other occupation by24.74%. in addition, those that their mother level of education was post secondary were18.42%, secondary reported by 28.42%, primary by 17.11% while no formal education by 36.05%. Finally, for those that their mother was farming were 18.68, civil servant reported by 21.84%, other occupation by 9.21% while personnel manager by 50.26%.

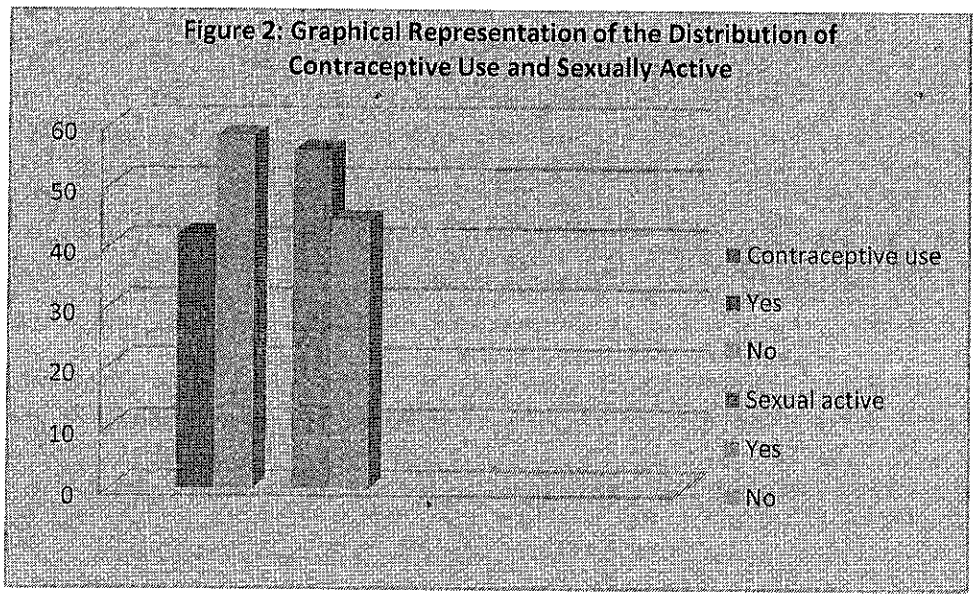



**Table 4.1.3 Distribution of the Study Population by Consequences of Contraceptive Use**

| VARIABLE | FREQUENCY(N) | PERCENTAGE (%) |
|---|---|---|
| **Promotes promiscuity** | | |
| Strongly agree | 147 | 38.68 |
| Agree | 137 | 36.05 |
| Undecided | 30 | 7.89 |
| Disagree | 62 | 16.32 |
| Strongly disagree | 4 | 1.05 |
| **Encourage premarital sex** | | |
| Strongly agree | 129 | 33.95 |
| Agree | 173 | 45.53 |
| Undecided | 34 | 8.95 |
| Disagree | 38 | 10 |

| | | |
|---|---|---|
| Strongly disagree | 6 | 1.58 |
| **Cause delivery death** | | |
| Strongly agree | 102 | 26.84 |
| Agree | 138 | 36.32 |
| Undecided | 68 | 17.89 |
| Disagree | 67 | 17.63 |
| Strongly disagree | 5 | 1.32 |
| **Influences the widespread STDs** | | |
| Strongly agree | 118 | 31.05 |
| Agree | 159 | 41.84 |
| Undecided | 46 | 12.11 |
| Disagree | 52 | 13.68 |
| Strongly disagree | 5 | 1.32 |
| **Loses of moral values** | | |
| Strongly agree | 112 | 29.47 |
| Agree | 179 | 47.11 |
| Undecided | 35 | 9.21 |
| Disagree | 49 | 12.89 |
| Strongly disagree | 5 | 1.32 |
| **Loses of religious values** | | |
| Strongly agree | 109 | 28.68 |
| Agree | 160 | 42.11 |
| Undecided | 68 | 17.89 |

| | | |
|---|---|---|
| Disagree | 41 | 10.79 |
| Strongly disagree | 2 | 0.53 |

***Source: field survey***

### 4.1.3 Distribution of the Study Population by Consequences of Contraceptive Use

From table 4.1.3 above, most of the respondents strongly agreed that contraceptive use promotes promiscuity among the adolescents (38.68%), agree reported by 36.05% and undecided by 7.89%, those that disagree that contraceptive use promotes promiscuity were 16.32% and strongly disagree were 1.05%. Also, 1.58% said it encourage premarital sex among the adolescents while 45.53% agree that it encouraged premarital sex, 33.95% reported strongly agree that it encouraged premarital sex and 10% neither agree nor disagree that it encouraged premarital sex. Most of the respondents agree that uses of contraceptives among the adolescent caused delivery death reported by 36.32%, 26.84% strongly agree, 17.89% neither agree nor disagree that contraceptive use causes delivery death, 17.63% disagree while 1.32% strongly disagree that contraceptive use caused delivery death. In addition, in the aspect of influencing sexually transmitted diseases (STDs), most of the respondents agree that it influenced the widespread of STDs (41.84%), strongly agree reported by 31.05% while people that neither agree nor disagree that contraceptives use influences the widespread of STDs reported by 12.11% on the other hand 13.68% disagree that it influences the widespread STDs and 1.32% strongly agree. Furthermore, 29.47% agree that contraceptive use made adolescents to lost moral value, 47.11% agree and 9.21% neither agree nor disagree that it makes adolescents to lost moral value; contrary to agree perspectives, 12.89% disagree that contraceptive use made adolescent lost moral value and 1.32% strongly disagree. Finally, 42.11% agree that contraceptive use made adolescent to lost religious values, 28.68% strongly agree, 17.89% neither agree nor disagree,

10.79% disagree and o.53% strongly disagree that contraceptive use made adolescents to lost religious values.

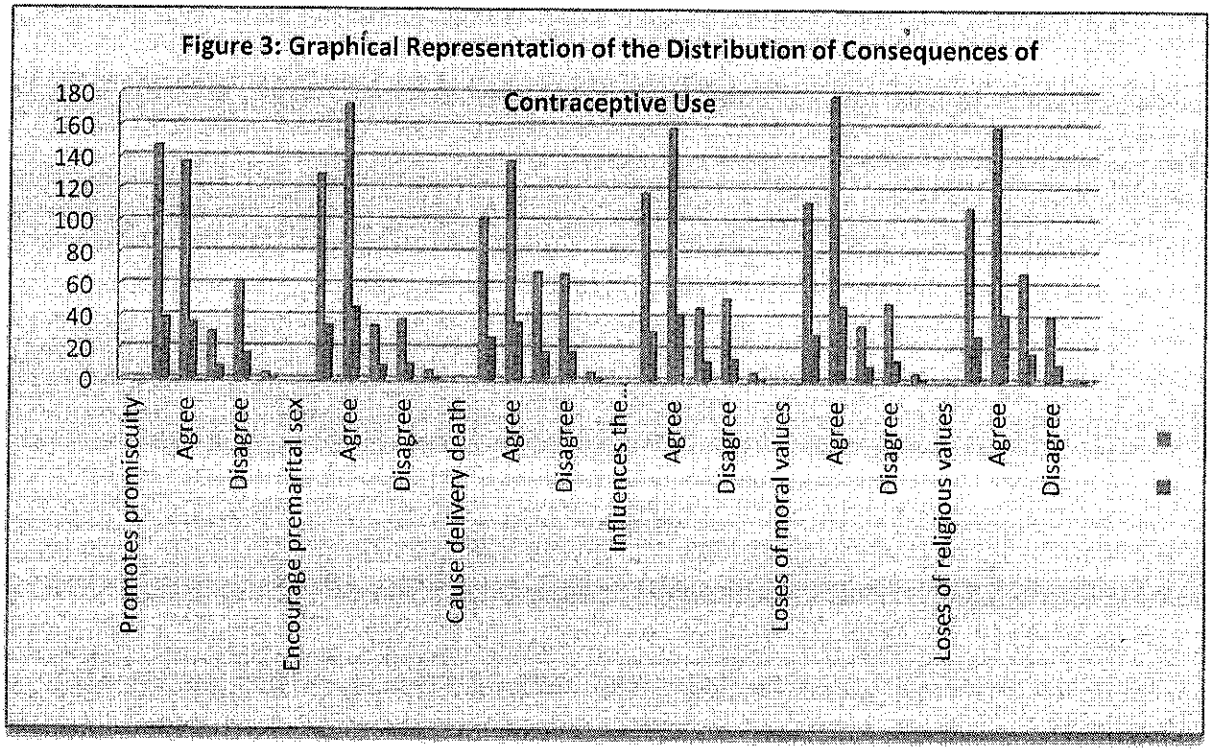



**Figure 3** is the graphical representation that depicts the percentage distribution consequences of contraceptive use among the adolescent in Ilupeju Ekiti, Ekiti state. From this representation, it can be noted that majority of the respondents agree and strongly agree that contraceptive use promotes promiscuity, encourage premarital sex, cause delay in delivery, influences the widespread disease, loses of moral values and loses of religious values.

## 4.2 Bivariate Analysis

This section presents the bivariate analysis of the relationship between determinants and contraceptives use among adolescents in Ilupeju Ekiti, Ekiti state Nigeriaa with the results of chi-square test of association.

**Table 4.2.1 Distribution of Contraceptives Use by Determinants and Selected Background Characteristics**

| INDEPENDENT VARIABLES | DEPENDENT VARIABLES (N) % | | Chi-square and P-value |
|---|---|---|---|
| | Ever use contraceptive | Never use contraceptive | |
| **Sexually active** | | | |
| Yes | 157(74.06) | 55(25.94) | $x^2$=204.4988 |
| No | 2(1.19) | 166(98.81) | p =0.000 |
| **Types sexual encounter** | | | |
| Planned | 112(78.87) | 30(21.13) | $x^2$=1.3292 |
| Random | 44(73.33) | 16(26.67) | p =0.722 |
| Forced | 1(100) | 0 | |
| Other | 1(100) | 0 | |
| **Lives with parents** | | | |
| Yes | 104(35.86) | 186(64.14) | $x^2$=17.9939 |
| No | 55(61.11) | 35(38.89) | p =0.000 |
| **age** | | | |
| 15-18 | 47(23.15) | 156(76.85) | $x^2$=63.7749 |

| | | | |
|---|---|---|---|
| 19-22 | 104(62.28) | 63(37.72) | p =0.000 |
| 23-24 | 8(80) | 2(20) | |
| **Religion** | | | |
| Christianity | 119(45.25) | 144(54.75) | $x^2$=7.1075 |
| Islam | 40(36.04) | 71(63.96) | p =0.029 |
| Traditional | 0 | 6(100) | |
| **Gender** | | | |
| Male | 65(41.14) | 93(58.86) | $x^2$=0.0549 |
| Female | 94(42.34) | 128(57.66) | p =0.815 |
| **Ethnic group** | | | |
| Yoruba | 132(43.71) | 170(56.29) | $x^2$=6.3857 |
| Igbo | 21(43.73) | 27(56.25) | p =0.041 |
| Hausa/Fulani | 6(20) | 24(80) | |
| **Level of education** | | | |
| No formal education | 12(41.38) | 17(58.62) | $x^2$=44.0974 |
| Primary | 4(25) | 12(75) | p =0.000 |
| Secondary | 74(31.36) | 162(68.64) | |
| Post secondary | 69(69.70) | 30(30.30) | |
| **Employment status** | | | |
| Working | 40(51.28) | 38(48.72) | $x^2$=3.5941 |
| Not working | 119(39.40) | 183(60.60) | p =0.058 |
| **Father's level of education** | | | |
| No formal education | 39(32.50) | 81(67.50) | $x^2$=7.8127 |

| | | | |
|---|---|---|---|
| Primary | 20(39.22) | 31(60.78) | p =0.050 |
| Secondary | 58(46.40) | 67(53.60) | |
| Post secondary | 42(50) | 42(50) | |
| **Father's occupation** | | | |
| Farming | 32(32.32) | 67(67.68) | $x^2$=8.3662 |
| Civil servant | 47(51.09) | 45(48.91) | p =0.039 |
| Personnel manager | 60(45.11) | 60(54.89) | |
| Other occupation | 20(35.71) | 36(64.29) | |
| **Mother's level of education** | | | |
| No formal education | 52(37.96) | 85(62.04) | $x^2$=9.8732 |
| Primary | 19(29.23) | 46(70.77) | p =0.020 |
| Secondary | 51(47.22) | 57(52.78) | |
| Post secondary | 37(52.86) | 33(47.14) | |
| **Mother's occupation** | | | |
| Farming | 23(32.39) | 48(67.61) | $x^2$=5.5646 |
| Civil servant | 42(50.60) | 41(49.40) | p =0.135 |
| Personnel manager | 81(42.41) | 81(57.59) | |
| Other occupation | 13(37.14) | 221(58.16) | |

***Source: field survey***

### 4.2.1 Distribution of Contraceptives Use by Determinants and Selected Background Characteristics

The chi square analysis revealed that majority of the adolescents in Ilupeju Ekiti, Ekiti state were active sexually and use contraceptive (74.06%), while those that was not sexually active and use contraceptive were 1.19%. For those that were active sexually and never use contraceptives were 25.94% while not sexually active and never use contraceptive reported by 98.81%. The chi square test of association shows that there is strong relationship between sexually active and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=204.4988, p =0.000). More so, on the aspect of the types of sex the adolescents in Ilupeju Ekiti encountered, those that were planned and use contraceptive reported by 78.87%, random and use contraceptive by 73.33% while other and forced by 100%. On the other hand, 21.13% respondents encountered planned sex without contraceptive were reported by21.13%, random without contraceptive use by 26.67% while forced and other without contraceptive were 0%. The chi square test of association shows that there is no relationship between types of sexual intercourse and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=1.3292, p =0.722). In addition, for the adolescents that live with parents and use contraceptive reported by 35.86% and not live with parents and use contraceptive by 61.11%, also for those that live with their parents and not use contraceptive were 64.14% and not lives with their parents and not use contraceptive were 38.89%. The chi square test of association shows that there is strong relationship between live with parent and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=17.9939, p =0.000). 62.28

According to the adolescent's age in Ilupeju Ekiti, Ekiti state, those that were in age group 15-18 and use contraceptive reported by 23.15%, age group 19-22 and use contraceptive by 62.28%

and age group 23-24% and use contraceptive by 80%. For those that were in age group 15-18 and not use contraceptive reported by 76.85%, age group 19-22 and not use contraceptive by 37.72% and age group 23-24 and not use contraceptive by 20%. The chi square test of association shows that there is strong relationship between age and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=63.7749, p =0.000). According to the adolescents' religion by contraceptive use, those that were Christian and use contraceptive recorded by 45.25%, Muslim and use contraceptive by 36.04%. On the other hand, those that were Christian and not use contraceptive recorded by 54.75%, Muslim that were not use contraceptive were 63.96% and traditional that was not use contraceptive were 100%. The chi square test of association shows that there is relationship between religion and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=7.1075, p =0.029).

Furthermore, male adolescent that are use contraceptive reported by 41.14% while female that use contraceptive by 42.34%. For male that did not use contraceptive were 58.86% and female were 57.66%. The chi square test of association shows that there is relationship between live with parent and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=0.0549, p =0.815). For the ethnic group, those that were Yoruba abd use contraceptive reported by 43.71%, Igbo that use contraceptive by 43.73% and Hausa/Fulani that use contraceptive by 20%. For those that are Yoruba that not use contraceptive reported by 56.29%, Igbo that not use contraceptive by 56.25% and Hausa/Fulani that not use contraceptive by 80%. The chi square test of association shows that there is relationship between ethnic group and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=6.3857, p =0.041).

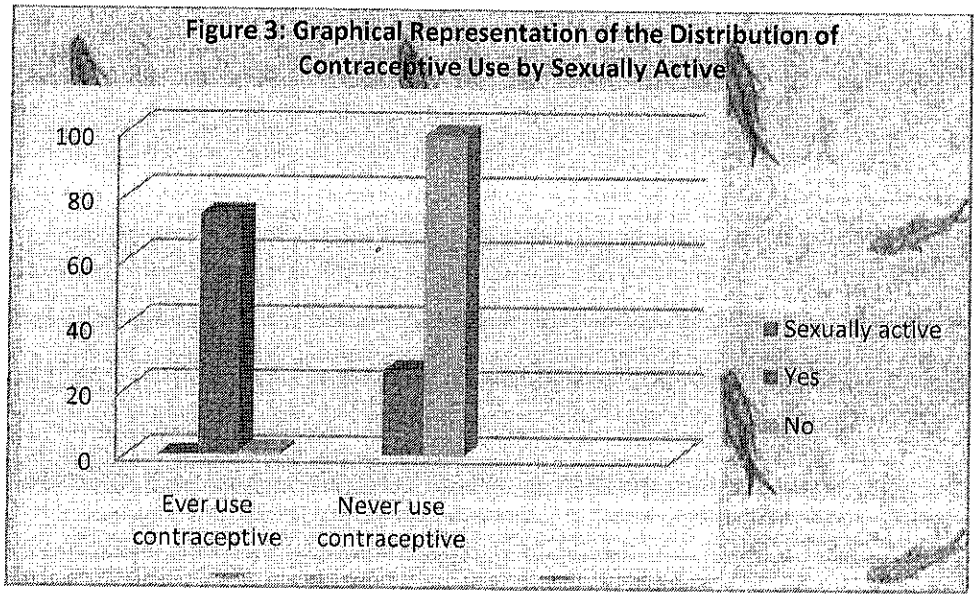
Most of the adolescents that had post secondary education and use contraceptive reported by 69.70%, secondary that use contraceptive by 31.36%, primary respondents that use contraceptive

by 25% while no formal education that use contraceptive by 41.38%. On the other hand, most of the respondents with primary education were not use contraceptive reported by 75%, secondary that are not use contraceptive by 68.64%, no formal education that not use contraceptive were 58.62% and post secondary that not use contraceptive were 30.30%. The chi square test of association shows that there strong is relationship between level of education and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=44.0974, p =0.000). For those that were working and use contraceptive reported by 51.26% while not-working and use contraceptive reported by 39.40%. Most of the adolescents were not working and not use contraceptive (60.60%) while 48.72% were working and not use contraceptive. The chi square test of association shows that there is no relationship between employment status and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=3.5941, p =0.058).

However, on the aspect of respondents father's level of education, those that their father have post secondary education and use contraceptive has the highest percentage (50%), secondary 46.40%, primary education 39.22% while those that their father has no formal education and use contraceptive were 32.50%. Contrary to use contraceptive, those that their father had no formal education and not use contraceptive reported by 67.50%, primary 60.78% by and secondary by 53.60% while those that their father had post secondary education and not use contraceptive were 50%. The chi square test of association shows that there is relationship between father's level of education and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=7.8127, p =0.05). Apparently, on the aspect of respondents mother's level of education, those that their mother have post secondary education and use contraceptive had the highest percentage (52.86%), secondary reported by 47.22%, primary education by 29.23% while those that their father have no formal education and use contraceptive were 32.32%. Contrary to use

contraceptive, those that their mother had no formal education and not use contraceptive reported by 62.04%, primary by 60.78% and secondary by 52.78% while those that their mother has post secondary education and not use contraceptive were 47.14%. The chi square test of association shows that there is relationship between mother's level of education and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=9.8732, p =0.020). More so, in term of respondents father's occupation, for those that their father were farmer and use contraceptive were 32.32%, civil servant were 52.09%, personnel manager were 45.11% and other occupation were 35.71%. On the other hand, those that their father were farmer and not use contraceptive reported by 67.68%, civil servant by 48.91%, personnel manager by 54.89% and other occupation by 64.29%. The chi square test of association shows that there is relationship between father's occupation and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=8.3662, p =0.039).

Finally, in term of respondents' father's occupation, those respondents that their mother were farmer and use contraceptive reported by 32.39%, civil servant by 50.60%, personnel manager by 42.41% and other occupation by 37.14%. On the other hand, those that their mother were farmer and not use contraceptive were 67.61%, civil servant 49.40%, personnel manager 57.59% and other occupation 58.16%. The chi square test of association shows that there is relationship between mother's occupation and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state ($x^2$=5.5646, p =0.135).




### 4.3 Multivariate analysis

The multivariate analysis using logistic regression was done to show the strength and the effect of the relationship between determinants and contraceptive use among the adolescents in Ilupeju Ekiti, Ekiti state Nigeria. The results are presented in odds ratios, associated p-values and confidence interval.

**Table 4.3.1: Logistics Regression of Adolescents' Contraceptive Use by Determinants and Selected Background Characteristics**

| **Variable** | **Model 1** | **Model 2** |
|---|---|---|
| **Contraceptive Use** | **Odds Ratio (Confidence interval)** | **Odds Ratio (Confidence interval)** |
| **Sexually active** | | |
| Yes | 1(RC) | 1(RC) |
| No | 9.98**(1.84-54.27) | 10.25*(1.53-68.41) |

| | | |
|---|---|---|
| **Sexual encounter** | | |
| Planned | 1(RC) | 1(RC) |
| Random | 1.41(0.69-2.91) | 1.25(0.53-2.91) |
| Forced | 1 (omitted) | 1 (omitted) |
| Other | 1 (omitted) | 1 (omitted) |
| **Lives with parents** | | |
| Yes | 1(RC) | 1(RC) |
| No | 1.21(0.59-2.48) | 1.04(0.42-2.62) |
| **Age** | | |
| 15-18 | | 1(RC) |
| 19-22 | | 0.62(0.26-1.49) |
| 23-24 | | 0.54(0.39-7.44) |
| **Religion** | | |
| Christian | | 1(RC) |
| Islam | | 1.75(0.74-4.10) |
| Traditional | | 1(omitted) |
| **Ethnic group** | | |
| Yoruba | | 1(RC) |
| Igbo | | 1.40(0.42-4.66) |
| Hausa/Fulani | | 7.07**(1.70-29.37) |
| **Level of education** | | |
| No formal education | | 1(RC) |
| Primary | | 1.91(0.14-25.55) |

| | | |
|---|---|---|
| Secondary | | 1.28(0.25-6.49) |
| Post secondary | | 0.82(0.15-4.68) |
| **Father's level of education** | | |
| No formal education | | 1(RC) |
| Primary | | 0.75(0.16-3.49) |
| Secondary | | 0.42(0.06-2.76) |
| Post secondary | | 0.51(0.39-6.72) |
| **Father's occupation** | | |
| Farming | | 1(RC) |
| Civil servant | | 0.98(0.21-4.59) |
| Personnel manager | | 0.77(0.25-2.41) |
| Other occupation | | 1.72(0.38-7.86) |
| **Mother's level of education** | | |
| No formal education | | 1(RC) |
| Primary | | 2.50(0.55-11.30) |
| Secondary | | 1.81(0.35-9.50) |
| Post secondary | | 0.98(0.08-11.43) |

***Source: field survey***

*** Significant at 0.05 level ** Significant at 0.01 level *** Significant at 0.001 level**

**RC= Reference category**

### 4.3.1: Logistics Regression of Adolescents' Contraceptive Use by Determinants and Selected Background Characteristics

From model 1 on the table above, without controlling for other confounding variables; sexually active was seen to contribute to the likelihood of contraceptive use among adolescents in Ilupeju Ekiti. Taking those that were sexually active as the reference category (1.00), adolescents that was not sexually active were significantly ten times more likely than the reference category to never use contraceptive (OR=9.98, $p<0.01$). Also, on the aspect of the types of sex they encounter, taking planned sexual encounter as the reverence category (1.00), those who had random sexual encounter reported 41% more likely to not use contraceptive (OR=1.41, $p>0.05$). Finally, those who was never live with their parents reported 21% more likely to not use contraceptive compare with those that live with their parents (OR=1.21, $p>0.05$).

From model 2, after controlling for other confounding variables; sexually active was also seen to contribute to the likelihood of contraceptive use. Taking those that were sexually active as the reference category (1.00), adolescents that was not sexually active were significantly ten and two times more likely than the reference category to not use contraceptive (OR=13.17, $p<0.01$). Also, on the aspect of the types of sex they encounter, taking planned sexual encounter as the reverence category (1.00), those who had random sexual encounter were 25% more likely to not use contraceptive (OR=1.25, $p>0.05$). Finally, those who was not live with their parents were 4% more likely to not use contraceptive compare than those that live with their parents (OR=1.04, $p>0.05$).

The binary logistics revealed that age group 19-22 were insignificantly 62% less likely to not use contraceptive than age group 15-18 and age group 23-24 were reported 54% less likely to not use

contraceptive than age group 15-18 (OR=0.62,p>0.05, OR=0.54,p>0.05 respectively). Furthermore, taking Christian as the reference category (1.00) for the respondent's religion, those who were Muslim reported 75% more likely not to use contraceptive (OR=1.75, p>0.05). However, the ethnic groups of the respondents, Igbo were insignificantly 40% more likely to not use than Yoruba, also Hausa/Fulani were significantly seven times more likely not to use contraceptive than Yoruba (OR=1.40,p>0.05, OR=7.07,p<0.01 respectively). For the level of education, primary education were 91% more likely not to use contraceptive than no formal education (OR=1.91, p>0.05). Secondary education were 28% more likely and post secondary reported 82% less likely not to use contraceptive than no formal education (OR=1.28, p>0.05, OR=0.82, p>0.05 respectively). On the parents information, the father's level of education, those that their father have primary education reported 75% less likely, secondary were 42% less likely and post secondary were 51% less likely not to use contraceptive than no formal education (OR=0.75, p>0.05, OR=0.42, p<0.05 and OR=0.51, p>0.05 respectively). For the father's occupation, those that their fathers was civil servant reported insignificantly 98% less likely, personnel manager were 77% less likely and other occupation were 72% more likely not to use contraceptive than farming (OR=0.98, p>0.05, OR=0.77, p<0.05 and OR=1.72, p>0.05 respectively). Finally, the mother's level of education, those that their mother have primary education reported two and half times more likely, secondary were 81% more likely and post secondary were 98% less likely not to use contraceptive than no formal education (OR=2.50, p>0.05, OR=1.81, p<0.05 and OR=0.98, p>0.05 respectively).

# CHAPTER FIVE

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Summary of Findings

The study analyzed data obtained from adolescents (15-23 years) recruited from people in Ilupeju Ekiti. The sample size was 380 respondents.

Univariate analysis in this study was carried out using tables of frequency and percentage distribution to describe the contraceptive use, sexual behavior and background characteristics of the respondents as well as consequences of contraceptive use and the determinants. Bivariate analysis was performed using the chi-square and cross tabulation to analyze the relationship between the determinants and the dependent variable (contraceptive use of respondents).

Furthermore, logistic regression model was used for the multivariate analysis to analyze the effect of each determinant on the dependent variable.

This study identified that more of the adolescents in Ilupeju-Ekiti, Nigeria were sexually active (55.79%) and less of them were using contraceptives (41.84%). According to a research that was carried out in Majengo Nairobi country, it was shown that (32%) of them used contraceptives in the last six months due to facts that the area of study was a rural environment that lacked proper and adequate information on contraceptives . This study showed that (41.84%) were using contraceptives as a result of the fact that the adolescents in the area of study had little or better knowledge on knowledge on contraceptives than those in Majengo Nairobi. The determinants of contraceptive use in this study are; types of sexual intercourse, age, who they live with, access to contraceptives, and knowledge about contraceptives. This agrees with the research carried out in Majengo Nairobi that takes the determinants of contraceptives to be sexual behavior, knowledge on contraceptives and access to contraceptives (Lucy 2015). Most of the respondents in this

research were Christian (69.21%), Muslim reported by 29.21% and traditional by 1.58%. Male respondents were 41.58% while female were 58.42%. Majority of the adolescents in Ilupeju Ekiti were Yoruba (79.47%), Igbo were 12.63% and Hausa/Fulani 7.89%. Most of the respondents were in secondary school 62.11%, post secondary reported by 26.05%, primary school by 4.21% while no formal education by 7.63%. In term of employment status, most of them were working 79.47% while 20.53% were not working. For their father's level of education, those that their fathers have post secondary education reported by 22.11%, secondary by 32.89%, primary by 13.42% while no formal education by 31.58%. Most of the respondents were their father is personnel manager (35%), farming reported by26.05%, civil servant by 24.21% and other occupation by24.74%. in addition, those that their mother level of education was post secondary were18.42%, secondary reported by 28.42%, primary by 17.11% while no formal education by 36.05%. Finally, for those that their mother was farming were 18.68, civil servant reported by 21.84%, other occupation by 9.21% while personnel manager by 50.26%.

More of the respondents strongly agreed that contraceptive use promotes promiscuity among the adolescents (38.68%), agree reported by 36.05% and undecided by 7.89%, those that disagree that contraceptive use promotes promiscuity were 16.32% and strongly disagree were 1.05%. Also, 1.58% said it encourage premarital sex among the adolescents while 45.53% agree that it encouraged premarital sex, 33.95% reported strongly agree that it encouraged premarital sex and 10% neither agree nor disagree that it encouraged premarital sex. Most of the respondents agree that uses of contraceptives among the adolescent caused delivery death reported by 36.32%, 26.84% strongly agree, 17.89% neither agree nor disagree that contraceptive use causes delivery death, 17.63% disagree while 1.32% strongly disagree that contraceptive use caused delivery death. In addition, in the aspect of influencing sexually transmitted diseases (STDs), most of the

respondents agree that it influenced the widespread of STDs (41.84%), strongly agree reported by 31.05% while people that neither agree nor disagree that contraceptives use influences the widespread of STDs reported by 12.11% on the other hand 13.68% disagree that it influences the widespread STDs and 1.32% strongly agree. Furthermore, 29.47% agree that contraceptive use made adolescents to lost moral value, 47.11% agree and 9.21% neither agree nor disagree that it makes adolescents to lost moral value; contrary to agree perspectives, 12.89% disagree that contraceptive use made adolescent lost moral value and 1.32% strongly disagree. Finally, 42.11% agree that contraceptive use made adolescent to lost religious values, 28.68% strongly agree, 17.89% neither agree nor disagree, 10.79% disagree and o.53% strongly disagree that contraceptive use made adolescents to lost religious values.

The bivariate analysis revealed that sexually active, resides with parent, age of the respondents, religion, ethnic group, level of education of respondents, father's level of education, father's occupation and mother's level of education were significantly associated to contraceptive use. Further analysis (multivariate analysis) also supports the previous findings on determinants and contraceptive use.

The binary logistic regression analyses revealed from model 1shows that without controlling for other confounding variables; sexually active was seen to contribute to the likelihood of contraceptive use among adolescents in Ilupeju Ekiti. Adolescents that were not sexually active were significantly ten times more likely than sexually active to not use contraceptive. Also, on the aspect of the types of sex they encounter, those who had random sexual encounter reported 41% more likely to not use contraceptive than random sexual intercourse. Finally, those who was never live with their parents reported 21% more likely to not use contraceptive than those that live with their parents.

From model 2, after controlling for other confounding variables; sexually active was also seen to contribute to the likelihood of contraceptive use. Taking those that were sexually active as the reference category (1.00), adolescents that was not sexually active were significantly ten and two times more likely than the reference category to not use contraceptive. Also, on the aspect of the types of sex they encounter, taking planned sexual encounter as the reverence category (1.00), those who had random sexual encounter were 25% more likely to not use contraceptive. Finally, those who was not live with their parents were 4% more likely to not use contraceptive compare than those that live with their parents.

The binary logistics revealed that age group 19-22 were insignificantly 62% less likely to not use contraceptive than age group 15-18 and age group 23-24 were reported 54% less likely to not use contraceptive than age group 15-18. Furthermore, taking Christian as the reference category (1.00) for the respondent's religion, those who were Muslim reported 75% more likely not to use contraceptive. However, the ethnic groups of the respondents, Igbo were insignificantly 40% more likely to not use than Yoruba, also Hausa/Fulani were significantly seven times more likely not to use contraceptive than Yoruba. For the level of education, primary educations were 91% more likely not to use contraceptive than no formal education. Secondary education were 28% more likely and post secondary reported 82% less likely not to use contraceptive than no formal education. On the parent's information, the father's level of education, those that their fathers have primary education reported 75% less likely, secondary were 42% less likely and post secondary were 51% less likely not to use contraceptive than no formal education. For the father's occupation, those that their fathers was civil servant reported insignificantly 98% less likely, personnel manager were 77% less likely and other occupation were 72% more likely not to use contraceptive than farming. Finally, the mother's level of education, those that their

mother have primary education reported two and half times more likely, secondary were 81% more likely and post secondary were 98% less likely not to use contraceptive than no formal education.

### 5.2 Conclusion

This survey has examined that adolescents have appreciable knowledge of at least one contraceptive method, and this knowledge is mostly related with condoms. However, this contraceptive use were determined by person's whose adolescents live with, age of the respondents, religion, ethnic group, level of education of respondents, father's level of education, father's occupation and mother's level of education .

Finally, these findings agree with previous research in suggesting that contraceptive use promotes promiscuity , encourage premarital sex, caused delivery death , influencing sexually transmitted diseases (STDs), made adolescents to lost moral value, made adolescent to lost religious values.

### 5.3 Recommendations

Despites the negative consequences of contraceptives use, the advantages of it cannot be over emphasized in reducing abortion and unwanted pregnancy, preventing sexually transmitted diseases, reducing woman stigma, increasing couple relationship and family cohesiveness, providing opportunities, reducing infant and maternal mortality etc. Below are recommendations for theoretical and practical purposes based on the findings of this study:

1. The creation of adolescent-friendly centers where adolescents can confidently and conveniently go to seek contraceptive services, counseling regarding sex, sexuality, and pregnancy.

2. The Government should establish a sensitization programs intended to change the beliefs of religious leaders who will in turn make their congregation know the importance of contraceptive use especially Catholics and some Pentecostals that abhor effective contraceptive devices it.
3. We recommend that there should be strong support by the government and improvement on awareness, information, counseling and service creation about family planning; seminars are to be conducted in strategic areas, e.g., churches, hospitals, town halls, schools, etc., through the voluntary activities of NGOs or health workers. Awareness could also be created through the media (radio, television, newspaper). Again, family planning services should be made available in every primary health post in the communities and at affordable rate.
4. Thorough and basic education regarding contraception should be provided to adolescents as part of regular health information. This service should not only be limited to adolescents who attend antenatal clinics, as is usually the case. This will help adolescents who are not pregnant, as well as the males who do not go to antenatal clinics, to be well informed about the choices they can make regarding contraception.
5. There is an urgent need to undertake programs that would empower adolescents, especially females, to become assertive in negotiating condom use every time they want to have sex and do not want to use other contraceptive methods. The district health management teams could include this in their school health programs and occasional health talks to identified youth groups. Continuous advocacy should be available to adolescents who are not abstaining from sex, so they can continuously use contraceptives

as a way of protecting themselves from unwanted pregnancies and sexually transmitted diseases.

If these recommendations observe, will go a long way to improve and sustain contraceptive use among adolescents in the Ilupeju area.

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# APPENDIX
# QUESTIONNAIRE
# FEDERAL UNIVERSITY OYE-EKITI
# DEPARTMENT OF DEMOGRAPHY AND SOCIAL STATISTICS
# DETERMINANTS AND CONSEQUENCES OF CONTRACEPTIVE USE AMONG ADOLESCENTS IN ILUPEJU-EKITI, EKITI STATE, NIGERIA.

My name is OLUGBOGI AYOBAMI PELUMI, a final year student of the department of Demography and Social Statistics. My research topic is 'Determinants and Consequences of Contraceptive Use among Adolescents in Ilupeju-Ekiti, Ekiti State'. Your response will be treated with utmost confidentiality. If you have agreed to fill in the questionnaire correctly, please tick/sign here

_____

**THANK YOU**

**SECTION A;**

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

(1) Age at last birthday _____

(2) Religion of respondent (a) Christianity_____ (b) Islamic_____ (c) Traditional_____ (d)Others specify_____

(3) Sex of respondent (a) Male_____ (b) Female_____

(4) Ethnic group of respondent (a)Yoruba_____ (b)Igbo_____ (c)Hausa/Fulani (d)Others specify

(5) Level of education (a) no formal education _____ (b) primary_____ (c) secondary_____ (d) post secondary_____

(6) Are you working? (a)Yes_____ (b) No_____

(7) If yes, specify_____

(8) Father's level of education (a)no formal education_____ (b)primary education_____ (c)secondary education_____ (d)post-secondary education

(9) Father's occupation_____

(10) Mother's level of education (a) No formal education_____ (b) primary_____ (c) secondary_____ (d) post-secondary_____

(11) Mother's occupation _____

**SECTION B**

SEXUAL AND CONTRACEPTIVE BEHAVIOUR OF RESPONDENTS

(1) Are you sexually active? (a)Yes_____ (b) No_____

(2) If yes, do you use any form of contraceptive (a) Yes_____ (b) No_____

(3) If yes, how often do you use contraceptive (a) All the time (b) most of the time_____ (c) occasionally_____ (d) whenever I feel like_____ (e) others specify_____

(4)What method of contraceptive do you use (a)pills_____ (b)condoms_____ (c)Intra Uterine Device(IUD)_____ (d)Implants_____ (e)Injections_____

(5) How many sexual partners do you have? (a) One_____ (b) two_____ (c) three_____ (d) Four_____ (e) others specify_____

(6) How many times have you had sex in the last six months? (a) 1-3 times_____ (b) 4-7 times_____ (c) 8-11 times_____ (d) others specify_____

(7) What type of sexual encounter do you have? (a) Planned_____ (b) Random_____ (c) Forced_____ (d) Others specify_____

(8) Do you think that your peers should also use contraceptives (a) yes_____ (b) no_____ (c) others specify_____

(9) Do you live with your parents? (a)Yes_____ (b) No_____

(10)If no, who do you live with? (a)Sexual partner_____ (b) friends_____ (c) relatives_____ (d) others specify_____

(11)Why do you use contraceptives (a)To prevent pregnancy_____ (b)To prevent sexually transmitted diseases_____ (c)To be able to freely have sex_____ (d)Others specify_____

(12)How often do you have sex (a) All the time_____ (b) most of the time_____ (c) occasionally_____ (d) just when I feel like_____

**SECTION C**

CONSEQUENCES OF RESPONDENTS CONTRACEPTIVE USE

Please kindly tick your answers in the box

| CONSEQUENCES OF CONTRACEPTIVE USE TO RESPONDENTS | STRONGLY AGREE | AGREE | UNDECIDED | DISAGREE | STRONGLY DISAGREE |
|---|---|---|---|---|---|
| (1) Contraceptive use promotes promiscuity among adolescents | | | | | |
| (2) Contraceptive use has encouraged premarital sex | | | | | |
| (3)Due to contraceptive use, there has been a great increase in the death of adolescents during delivery | | | | | |
| (4) Availability of contraceptives has influenced the widespread of sexually transmitted diseases | | | | | |
| (5) As a result of contraceptives, adolescents have lost their moral values | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| (6) Adolescents have lost their religious values as a result of contraceptives | | | | | |