International Journal of Science and Healthcare Research
Vol.4; Issue: 4; Oct.-Dec. 2019
Website: www.ijshr.com
Original Research Article *ISSN: 2455-7587*

Knowledge, Attitude and Practice of Adolescents towards Contraception in Selected Secondary Schools in Offa Local Government Area, Nigeria

Oyewumi Zaccheus Opeyemi[1], Atekoja Oluwabusolami Esther[2], Oladotun Nike Oloruntosin[3], Taiwo Diekolola Olajuwon[4], Adedoyin Adeoye Adeyemi[5]

[1]LAUTECH Open and Distance Learning Centre, Oyo State, Nigeria, [2]Department of Nursing, Olabisi Onabanjo University, Ago Iwoye, Ogun State, Nigeria, [3]LAUTECH Open and Distance Learning Centre, Oyo State, Nigeria, [4]LAUTECH Open and Distance Learning Centre, Oyo State, Nigeria,, [5]LAUTECH Open and Distance Learning Centre, Oyo State, Nigeria.

ABSTRACT

The population of an egalitarian society consists principally of the adult adolescents and children and the adolescents or youths constitute the highest population (over 65%) of a particular community. By natural endowment, hormonal activities are at their best in the adolescent as they undergo a major transition from youth to adult. Thus, understanding of knowledge, attitudes and practices of contraception is critical for countries like Nigeria with a population policy aimed at reducing unwanted pregnancy and spread of sexually transmitted diseases. Therefore, this study was undertaken to assess the knowledge, attitudes and practices of adolescents towards contraception in selected secondary schools in Offa Local Government Area, Nigeria. The study setting was four selected secondary schools in Offa Local Government Area, Nigeria (three of which are government owned and one private owned secondary schools) with the study population of 319 adolescents (22 did not returned the questionnaire) therefore the sample size was 297. A cross-sectional descriptive study was adopted. A multi-stage sampling technique was used to determine the sample size of respondents. Quantitative data were collected with the use of a structured, pre-tested and self-administered questionnaire. A p-value of less than or equal to 0.05 was taken to be statistically significant. All the respondents (297) have heard about contraception, out of which 27.6% have practiced it. Most of them (32.3%) heard through mass media, followed by teachers (21.9%) and friends (16.5%) respectively. About 6.1% of the respondents had good Knowledge of contraception, 59.6% had fair knowledge, while 34.3% had poor knowledge of contraception. 55.6% of the respondents had negative attitude while 44.4% had positive attitude. 73.7% of the respondents had low level of utilization while 26.3% had high level of utilization. The p value = 0.025 from the calculation is less than 0.05. Hence the null hypothesis is rejected meaning there is a significant association between the respondents' knowledge of the contraception and their attitude. There is no significance difference in the attitude of male and female adolescent towards the use of contraception when the P value is 0.120.This study revealed that the majority of secondary school students have good to average knowledge on contraception. The proportion of secondary school students practicing contraception was still very low (27.6%). Early age basic knowledge and access to contraceptive services need to be enhanced. Also, it was found that a good number of adolescent shows negative attitude towards the practices of contraception.

Keywords: Adolescence, Adolescent, Knowledge, Attitude, Practice, Contraception

INTRODUCTION

The population of an egalitarian society consists principally of the adult adolescents and children and the adolescents or youths constitute the highest population (over 65%) of a particular community. By natural endowment, hormonal activities are at their best in the adolescent as they undergo a major transition from youth to adult. With numerous physiological changes and rapid physical growth, this development ultimately leads to many psychological

adjustments which modify their behavior, attitude and approach towards handling or achieving desired goal and objectives.

Adolescents exhibit impulsive behavior, a sense of being vulnerable to accidents (a feeling that it can never happen to me), testing limits and rebelling against adult's advice. As a result, they engage in unhealthy behavior such as smoking, drugs and unprotected sexual activity and the later contribute to increase in population and population explosion. In order to curb the population increase, efforts have been made by both the federal government of Nigeria and international organizations such as World Health Organization (WHO), United Nations International Children Emergency Fund (UNICEF), Planned Parenthood Federation Association (PPFA) to increase Knowledge, attitude and Practice of contraceptives among all reproductive age groups including adolescents. This increase in knowledge is yet effective among the adolescents in rural areas of most developing countries where majority of the population live.

It is now a fundamental human right throughout the world for individuals to manage their fertility. Information and medical services related to sexuality, reproduction, contraception and fertility control should be made available to all regardless of their individual income, marital status, race, ethnicity, sexual orientation, age, nationality or residence. Personal bias must never be introduced while giving such information.

Many problems in adolescents that are related to sexual behaviour abound such as Acquired Immunodeficiency Syndrome (AIDS), Sexually Transmitted Diseases (STDs) and unplanned pregnancy. These hazards were found to occur due to the exploratory attitude of adolescents towards sexuality coupled with a lack of knowledge and awareness among these adolescents was reported to result in their risk factors like abortion, child abuse, street children syndrome and pregnant teens. Hence, adolescent needs adequate information to be made available to them, not only on the awareness and the knowledge of contraceptives, but enhance their knowledge about physiological changes and innate drives which will enable them to control this sexually active stage successfully. Once the adolescents are properly enlightened on contraceptives usage, they can make informed decisions concerning their reproduction, and become good citizens that can contribute meaningfully to their communities and national development. The adolescents are stronger and aggressive in the pursuit of political, religious, social and health issues or projects that are associated with them.

Studies have shown that sexual maturation and sexual activity initiation are occurring much younger, and this has far-reaching implications for adolescent reproductive health. Due to early maturity, teenagers face many problems, such as inadequate knowledge of reproductive biology, early sexual relationships, limited knowledge of and access to contraceptive methods and therefore a low contraceptive use rate. A high teenage pregnancy rate implies a major problem with the sexual and reproductive health of the country's youth, and this includes the spread of sexually transmitted diseases. The socio-economic implications of teenage motherhood are many. An increased economic burden is placed on the families, because most teenage mothers are still at school and do not receive financial support from the father. Many of the negative outcomes of teenage pregnancy, however, precede rather than stem from early parenthood.

Thus, understanding of knowledge, attitudes and practices of contraception is critical for countries like Nigeria with a population policy aimed at reducing unwanted pregnancy. Unfortunately, little research has been conducted in this area in the country. The present study which is designed to examine the knowledge, attitudes and practices of contraception among adolescents in selected secondary

school students in Offa Local Government Area, Nigeria will show the scope of the problem in the study area and information gathered will provide baseline data for further study and for policy makers in developing appropriate evidence-based strategies to promote the use of contraception in Nigeria.

Research Objective

The general objective of this study was to investigate the Knowledge, Attitudes and Practices of Adolescents towards contraception in selected secondary schools in Offa Local Government Area. Nigeria.

Research Questions

The research answered the following questions

1. What is the level of knowledge of adolescents towards contraception?
2. What is the attitude of adolescents towards contraception?
3. What is the level of utilization of contraceptives among adolescents in selected secondary schools?
4. Is there any significant relationship between adolescents' attitude and their knowledge of contraceptives?
5. Is there any significant difference between the attitude of male and female adolescents towards the use of contraceptives?

Hypotheses

The following null hypotheses were tested:

1. There is no significant relationship between adolescents' attitude and their knowledge of contraceptives

2. There is no significant difference between the attitude of male and female adolescents towards the use of contraceptives.

MATERIALS & METHODS

Design:- The study was a cross-sectional descriptive study to assess the knowledge, attitudes and practices of adolescents towards contraception in the selected secondary schools in Offa LGA of Kwara State.

Study Setting

The study was conducted on adolescents in selected secondary schools in Offa LGA of Kwara State. Offa is a town situated in the South West of Kwara State in the central Nigeria with a population of about 90,000 inhabitants. It is the local government headquarters of Offa LGA and is located 56 kilometres from Ilorin, the State Capital. Offa has Eight (8) Government owned Secondary Schools and Three (3) Private owned Secondary Schools.

Sample Size Determination

The minimum sample size was determined using Andrew A Fisher's formula for studying proportions with poportions with population less than 10,000.

- Where: $n = \frac{Z^2 Pq}{d^2}$
- n = the desired sample size when population is less than 10,000
- N = the estimated or the population size
- nf = the desired sample size when population is <10,000
- d = degree of accuracy desired at 0.05
- Z = standard normal deviation set at 95%
- Confidence interval = 1.96
- P = prevalence (38% Based on Previous study).
- q = 1- P = 1-0.38 =0.62

Where population is greater than 10,000

- $n = \frac{(1.96)^2 x\ (38) x (0.62)}{0.0025}$
- $n = \frac{0.905}{0.0025}$
- n = 362
- $nf = \frac{362}{1+362/1480}$
- $nf = \frac{362}{1.24459459}$
- nf = 289.62290
- nf = 290
- Non response rate at 10%
- NRR = 10/100 X 290 = 29

Therefore,

- The desire sample size was 319.

Sample Technique

A Multistage sampling technique was used in this study. The following steps were taken to arrive at the samples for respective schools.

Stage 1

Simple random sampling technique by balloting was used to select four secondary schools (three government schools and one private owned school) out of the 11 secondary schools in the Local Government Area. The secondary schools selected are: Iyeru Grammar School, Offa, Anglican College of Commerce, Offa, Ansarudeen Grammar School Offa and Buks international college, Offa.

Stage 2

The selected schools were stratified into SSS 1, SSS II and SSS III and Proportionate allocation of questionnaire to each of the respondent was used in each of the sampled school using the formula.

$$\frac{\text{Number of Students in SSS 1 – SSS 3}}{\text{Total number of students in the selected school}} \times \text{Calculated sample size}$$

Iyeru Grammar School, Offa: Total Number of Students from SSS 1-SSS 3 = 199, Sample size = 319, total number of SSS in the four Schools = 785.

The proportion of the sample to be allocated to Iyeru-okin Grammar school was calculated as

$$\frac{199 \times 319}{785} = 80$$

Proportion to size of sample was used in the three levels (SSS 1-3) to determine sample size in each class of each of the selected schools.

Number of Students in SSS 1 = $\frac{74 \times 80}{199} = 30$

SSS 2 (69) was allocated 28

SSS 3 (56) was allocated 22

Therefore, the total number of SSS in Iyeru Grammar School, Offa = 199, allocated questionnaire = 81

The same was done for the remaining 3 schools.

Anglican College of Commerce

Total number of SSS = 284, allocated questionnaire = 81

SSS 1 (110) = 31, SSS 2 (99) = 29, SSS 3 (75) = 21

Ansarudeen Grammar School

Total number of SSS = 164, allocated Questionnaire = 81

SSS 1 (65) = 32, SSS 2 (59) = 29, SSS 3 (40) = 20

Buks international college

Total number of SSS = 138, allocated Questionnaire = 77

SSS 1 (51) = 30, SSS 2 (40) = 22, SSS 3 (43) = 25

A table showing schools and proportionate allocation of sample size

	Classes			
Schools	SSS 1	SSS 2	SSS 3	**Total**
Iyeru Gram. Sch.	30	28	22	80
Ang. Col. of Com.	31	29	21	81
AUD Gram. Sch.	32	29	20	81
Buks Int Sch.	30	22	25	77
Total	**123**	**108**	**88**	**319**

Stage 3

On getting to each school, random sampling of one arm of each level was done by balloting to choose respondents.

Stage 4

The class registers of the selected arms were used as the sampling frame to select the required number of respondents by systematic sampling technique and where the respondent refused to be enlisted the next person on the sampling frame was enlisted until the desired size for the arm was achieved. The index student was selected by balloting.

Data Analysis

The data that were generated from the study were numbered, sorted, collated, and analyzed using statistical package for social sciences (SPSS) Version 20.0. The results were illustrated in tables, charts, chi-square and degree of freedom was established were necessary. A p-value of equal to or less than 0.05 was regarded as statistically significant.

Validity

The face, concurrence and construct validity of the research instrument was ensured. This was achieved through the use of appropriate diction and ensuring that instrument was broad enough in scope to cover all the specific objectives.

Study Population

The study population included male and female adolescent students in the four secondary schools selected by simple random sampling method from the 11 secondary schools in the LGA, with an estimated population of 1480 students. The students of senior secondary schools (SSS 1-3) were used for the study.

Inclusion Criteria

All SSS 1-3 students of selected secondary school both males and females that agreed to participate in the study.

Exclusion Criteria

All JSS 1-3 students of selected secondary schools and any SSS 1- SSS 3 student not present in the school during the study were excluded.

RESULT

Out of the three hundred and nineteen (319) questionnaires distributed in the four secondary schools in Offa Local Government Area of Kwara State two hundred and ninety seven (297) were returned giving a response rate of 94% and a non-response rate of 6%.

Table 1: Socio Demographic Characteristics of the Respondents

In table one (1) two hundred and ninety seven respondents were recruited for the study. Most of the respondents were less than 19 year (86.2%), 46.5% were males and 53.5% were females. Majority of the subjects were Yoruba (66.7%) and 55.2% were Muslims. Majority of them 63% lives with their father and mother.

Table 2: Respondents familiarity with contraception

Table 2 showed the respondents familiarity with contraception. All the respondents have heard about contraception, out of which 27.6% of them have used it. Majority of them (32.3%) heard through mass media, followed by school (21.9%) and friends (16.5%) respectively.

Table 3: respondents' level of knowledge of contraception

Table 3 depicted the respondents' knowledge of contraception. Only few (6.1%) had good knowledge of contraception, 59.6% had fair knowledge, while the remaining 34.3% had poor knowledge of contraception.

Table 4: Frequency of use of contraception

Table 4 shows the frequency of use of contraception with 10.8% of the respondents always use condom, 7.7% always use safe period while 72.4% claimed they always abstain from sex.

Table 5: level of utilization of contraception

Table 5 showed the respondents' level of utilization of contraception with the majority of the respondents (73.7%) had low level of utilization while 26.3% had high level of utilization.

Table 6: Respondents' attitude towards contraception

Table 6 showed respondents' attitude towards contraception with 38.4% strongly agreed that contraception might cause cancer, 36% strongly agreed that it is not convenient to use while 22.2% strongly agreed that contraception lead to reduction of sexual pleasure. In summary, figure 5 shows that 55.6% had negative attitude while 44.4% had positive attitude.

Table 7: Respondents' knowledge of contraceptive and their attitude towards contraception

Table 7 showed respondents knowledge of contraception and their attitude towards the use of contraception. As shown in table 7: $x2=4.999$, $df=1$, $P=0.025$. The p value from the calculation is less than 0.05. Hence the null hypothesis is rejected meaning there is a significant association between the

respondents' knowledge of the contraception and their attitude.

Table 8 T test analysis result for difference between the attitude of male and female adolescent towards the use of contraception

Table 8 showed there is no significance difference in the attitude of male and female adolescent towards the use of contraception since p value is 0.120 which is greater than 0.05.

Figure 1 showed the various types of contraception known by the respondents Figure 1 showed the various types of contraception known by the respondents. Majority of the respondents (74.4%) have heard of condom, followed by use of safe period (48.5%) and abstinence (36%).

Table 1: Socio Demographic Characteristics of the Respondents

Variable	Frequency N=297	Percentage %
Age group (years)		
10-14	124	41.8
15-19	132	44.4
20-24	41	13.8
Sex		
Male	138	46.5
Female	159	53.5
Religion		
Christianity	127	42.8
Islam	164	55.2
Traditional	4	1.3
Others	2	0.7
Ethnicity		
Igbo	27	9.1
Yoruba	198	66.7
Hausa	68	22.9
Others	4	1.3
Class in School		
SS1	99	33.3
SS2	108	36.4
SS3	90	30.3
Who do you currently live with		
Father and mother	202	68
Only mother	55	18.5
Only father	23	7.7
Uncle	6	2.0
Aunt	8	2.8
Other relatives	3	1.0
Total	**297**	**100%**

Table 2: Respondents familiarity with contraception

Variables	Frequency N=297	Percentage%
Heard of contraception		
Yes	297	100
No	0	0
Source of information		
Friend	49	16.5
Hospital	46	15.5
Mass media	96	32.3
School	65	21.9
Parent	21	7.1
Siblings	9	3.0
Others	11	3.7
Ever use of contraception		
Yes	82	27.6
No	215	72.4

Table 3: respondents' level of knowledge of contraception

Variables	Scores range	Frequency N=297	Percentage %
Good	7-10	18	6.1
Fair	4-6	177	59.6
Poor	0-3	102	34.3

Table 4: Frequency of use of contraception

Types of contraception	Always %	Often %	Sometimes %	Never %
Condom	32 (10.8%)	8(27)	39(13.1)	218(73.4)
Pills	2(0.7%)	7(2.4)	5(1.6)	283(95.3)
Withdrawal method	7(2.4%)	1(0.3)	9(3.0)	280(94.3)
IUD	3(1.0)	0(0)	0(0)	294(99)
Injectable	2(0.7)	11(3.7)	3(1.0)	281(94.6)
Safe period	23(7.7)	5(1.7)	12(4.1)	257(86.5)
Diaphragm	0(0)	0(0)	0(0)	297(100)
Spermicide	0(0)	0(0)	2(0.7)	295(99.3)
Surgical	0(0)	0(0)	0(0)	297(100)
Abstinence	215(72.4%)	42(14.1)	31(10.4)	9(3)

Table 5: level of utilization of contraception

Variable	Score range	frequency	Percentage
High level of utilization	26-40	78	26.3
Low level of utilization	10-25	219	73.7

Table 6: Respondents' attitude towards contraception

Contraception	S/A (%)	A(%)	S/D(%)	D(%)	N(%)
Might cause cancer	114(38.4)	34(11.4)	42(14.1)	67(22.6)	40(13.5)
Can cause infertility	121(40.7)	22(7.4)	37(12.5)	31(10.4)	86(29)
Is inconvenient to use	107(36)	55(18.5)	26(8.8)	72(24.2)	37(12.5)
Can be used several times in a month	98(33)	41(13.8)	82(27.6)	65(21.9)	11(3.7)
Protect against STD/HIV	101(34)	9(3.0)	43(14.5)	37(12.5)	107(36.6)
Contraceptive information should be for only married couple	77(25.9)	62(20.9)	67(22.6)	36(12.1)	55(18.5)
Traditional values are barriers for sexual education	85(28.6)	47(15.8)	29(9.8)	57(19.2)	79(26.6)
Sexual education encourage premarital sex	38(12.8)	53(17.8)	37(12.5)	66(22.2)	103(34.7)
Does not promote physical and psychologiacl healthy life	95(32)	68(22.9)	72(24.2)	25(8.4)	37(12.5)
Lead to reduction of sexual pleasures	66(22.2)	81(27.3)	23(7.7)	67(2.3)	60(20.2)
Traditional contraception methods are the best methods	71(23.9)	68(22.9)	55(18.5)	33(11.1)	70(23.6)

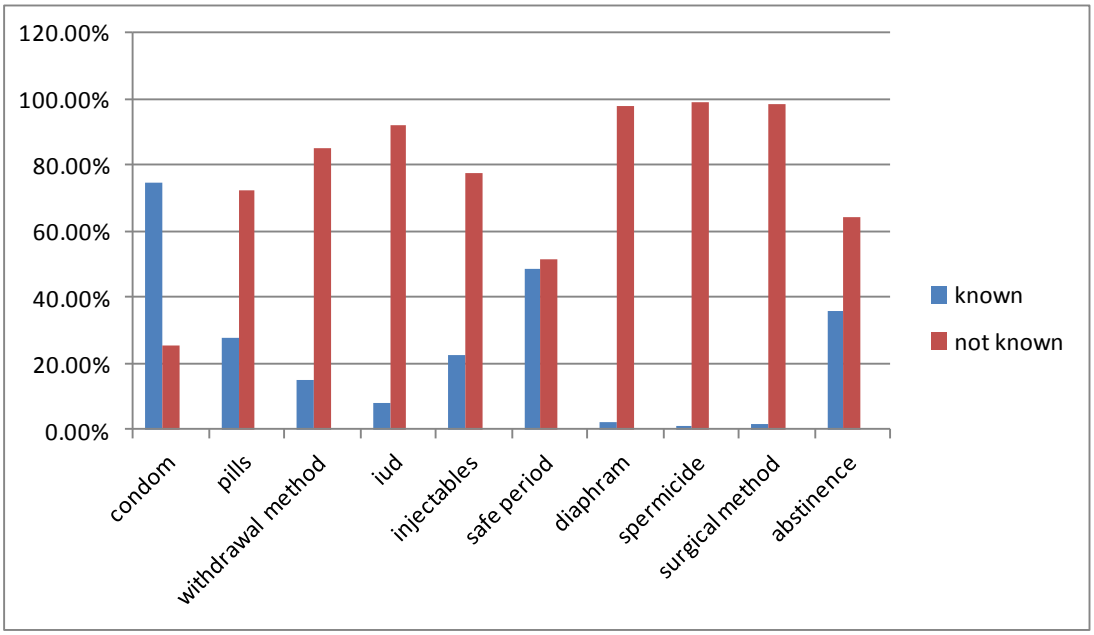
Table 7: Respondents' knowledge of contraceptive and their attitude towards contraception

Variable	Good knowledge	Fair knowledge	Poor knowledge	X2	df	p-value
Positive attitude	11	88	33	4.999	1	0'025
Negative attitude	7	89	69			

Table 8 T test analysis result for difference between the attitude of male and female adolescent towards the use of contraception

Gender	N	Mean	S/D	Standard error	T-test	P-value
Male	138	16.23	4.025	0.231	15.701	0.120
Female	159	18.16	6.324	0.179		

Figure 1 shows the various types of contraception known by the respondents



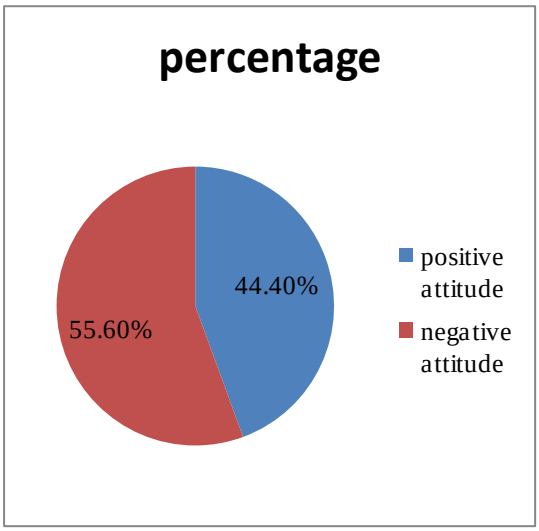


Figure 2: Pie chart showing respondents' attitudes towards contraception

DISCUSSION

The research findings shows that most of the respondents were less than 19 year (86.2%), 46.5% were males and 53.5% were females. Majority of the subjects were Yoruba (66.7%) and 55.2% were Muslims. Majority of them 63% lives with their father and mother. All the respondents were single and they fell within the age of 19, this is not surprising because there is a high school attendance rate in the local government with a very low marriage rate.

All the respondents have heard about contraception, out of which 27.6% of them have used it. Most of them (32.3%) heard through mass media, followed by school (21.9%) and friends (16.5%) respectively. This is in consonant with a report on the *"Awareness and access to reproductive health care among adolescents* "which revealed that the main sources of knowledge of adolescents towards contraception are the media and peer group and its also in line with a study carried out in Nigeria in 2007, a study about sexual behaviour and contraceptive usage to determine the prevalence and contraceptive practices amongst some secondary schools adolescents. According to the results of the study, only 10% of the respondents get information about sexual education from parents and teachers while the remaining students get information about sexual education from school Mates or friends of which they do not get proper information. However, Oladokun et al. recommended that, governments, parents and other stakeholders should introduce sex education right from primary school level.

Only few (6.1%) had good knowledge of contraception, 59.6% had fair knowledge, while the remaining 34.3% had poor knowledge of contraception. This is in agreement with a study conducted in Rural South Western, Nigeria by Ajuwon et al which observed that contraceptive knowledge and usage among the Nigerian young population is low. Despite the wide array of studies and reports on adolescent reproductive health and in spite of all the publicity and awareness creation that pervaded the social media in the late 90s, coupled with the free distribution of condoms, findings have shown that a huge proportion of Nigerian youths still lack adequate knowledge about contraceptives. This is also supported by Ryan et al in his study on adolescents' discussions about contraception or STI with partners before first sex, it reported that contraceptives usage among adolescents is low at 30% and considerably lower than the rates reported for developed countries.

According to the responses of the respondents on the various types of contraception known by them, majority of the respondents (74.4%) have heard of condom, followed by use of safe period (48.5%) and abstinence (36%). This is because the failure rate at the end of first-year use for the male latex condom is 3% with perfect use and as much as 14% with typical use. Latex condoms significantly reduce the transmission of some STIs and, therefore, should be used by all sexually active adolescents regardless of whether an additional method of contraception is used.

There were an overwhelming number of respondents (72.4%) who claimed that they are aware of Contraception but practices abstinence. This is in consonance with a survey carried out among single youth ages 18 to 24, where

97.7 percent of males and 98.4 percent of females knew of at least one method of contraception. Meanwhile, respondents' level of utilization of contraception shows that the majority of the respondents (73.7%) had low level of utilization while 26.3% had high level of utilization. This is also supported by a claim by Planned Parenthood Federation Association (PPFA) (2000) report that among sexually experienced youth ages 18 to 24, 72 percent of males and 81 percent of females had never practiced contraception. Males were most likely (43 percent) to have practiced condoms and females (31 percent), the rhythm method.

In studying the attitude of the respondents towards contraception, this study revealed that 38.4% of the respondents strongly agreed that contraception might cause cancer, 36% strongly agreed that it is not convenient to use while 22.2% strongly agreed that contraception lead to reduction of sexual pleasure. In summary, it shows that 55.6% had negative attitude while 44.4% had positive attitude. This is in line with a study results that showed that some adolescents developed negative attitudes due to misconceptions and myths on condom use in particular and that some adolescents explained that contraceptive use among adolescents had more disadvantages than advantages.

More so, this is also supported by Ugoji (2008), which says that there is a significant relationship between students' attitudes towards contraceptive use and their knowledge of contraception. Similarly, Orubuloye et al (1991) reported that attitude of young adults and adolescent affect their knowledge of reproduction and Eggieston et al. (1999) who investigated sexual attitude and behavior among adolescents revealed that sexual attitude and behaviour among adolescents have been significantly shaped by socio-psychological factors and consequently affect their knowledge of contraception. Thus young adult need better sex education and greater access to family planning services. Both male and female respondents demonstrated similar knowledge and attitude towards the use of contraception. This implies that gender has no influence on the knowledge and attitude of adolescents towards contraception since calculated P-value =0.025 is less than 0.05. Hence, the null hypothesis is rejected since calculated P-value =0.025 is less than 0.05 meaning there is a significant association between the respondents' knowledge of the contraception and their attitude. This is in agreement with Eggieston et al. which found out in a study on the attitude and knowledge of adolescents on contraception that there is no significant difference between the attitude of male and female students towards the contraceptives use.

The attitude of male and female adolescent towards the use of contraception shows no significance difference (p value is 0.120) which is greater than 0.05. According to this study, this implies that both male and female adolescents have similar negative attitude towards the use of contraceptives. The negative attitudes were developed from the disadvantages, challenges and negative beliefs on contraceptive use. The study results also show that some adolescents developed negative attitudes due to misconceptions and myths on condom use in particular. Some adolescents explained that contraceptive use among adolescents had more disadvantages than advantages. The disadvantages include; promotion of premarital sex, reduction of sexual pleasure due to condom uses and bad side effects.

CONCLUSION

The study on the Knowledge, Attitudes and Practices of Adolescents towards Contraception in selected secondary schools in Offa Local Government Area of Kwara State revealed that the majority of secondary school students in this study were found to have good to average knowledge on contraception, but this did not translate into an increased level of practices. The proportion of secondary school students practicing contraceptives was still very low making them vulnerable to unwanted

pregnancies and STIs. Early age basic knowledge and access to contraceptive services needs to be enhanced.

Also, it was found that a good number of adolescent shows negative attitude towards the practices of contraceptives. This is due to misconceptions and myths on contraceptive practices among adolescents that it had more disadvantages than advantages. Those disadvantages include; promotion of premarital sex, reduction of sexual pleasure due to condom uses and bad side effects.

Meanwhile, respondents' level of utilization of contraception was only 26.3% had high level of utilization. This is a reflection of the negative attitudes and poor knowledge of the adolescents towards contraception. Therefore, there is a need for adequate awareness on the efficacy of contraceptive for the sexually active adolescents in the prevention of unwanted pregnancy and the spread of sexually transmitted diseases.

Recommendations

Based on the findings of the study, the following recommendations have been made:

1. Adolescents in this study had both positive and negative attitudes towards contraceptive use. Efforts should aim at enhancing the factors that lead to the development of positive attitudes towards contraceptive use. Sexually active adolescents should be taught about the benefits of contraception which would assist them to realize their goals in life and focus on their future.
2. There is need for adolescents to be given adequate information about contraceptives in terms of the advantages, disadvantages and side effects and how to manage the side effects. This would help mitigate negative attitudes that the adolescents have on contraceptives due to misinformation and misconceptions.
3. The high level of sexual activity and low contraceptive practices put these adolescents at risk of pregnancy and STD infection. Family life education should be reinforced in schools.
4. Emphasis should be put on the need to delay sexual activity, but the correct information on contraception must also be given to adolescents.
5. Adolescents should be encouraged to ask about contraception and sexual health at clinics, and all health workers, including nurses and doctors, who are consulted must see every encounter as an opportunity for counseling in reproductive health.
6. Parents and teachers have a role to play in educating the adolescents on family planning issues. This is evidenced by the fact that they are rated second and third among the groups adolescents believe should advise them on family life education.
7. Apart from reproductive health information dispensation, more emphasis should be laid on the promotion of the use of family planning services among the sexually active adolescents.
8. Contraception should be made available and accessible for all regardless of age or ability to pay.

Recommendation for Further Research

Based on the findings of this study, the researcher would recommend the following to those who wish to carry out further research on this most interesting area of adolescents' knowledge, attitudes and practices of contraception;

1. More research in this area is necessary. While this study has created a platform for dialogue and interest towards the Knowledge, Attitudes and Practices of adolescents regarding contraception, a larger scale research would have a much better impact in effecting change.

2. There is need for a country wide survey on adolescents' Knowledge , Attitude and Practices of contraception in this era of HIV/AIDS to ascertain its impact among the adolescents and for regional comparison, because this study only focused on the adolescents within selected secondary schools in offa LGA.
3. Further research should also be carried out on out-of-school adolescents for comparison with those arising from this research. This will assist policy makers in making comprehensive policies on adolescents and contraceptives.

ACKNOWLEDGEMENT

The researcher acknowledged the permission granted by the authority of the selected secondary schools in Offa Local Government Area, Nigeria for the success of the research. Equally, the respondents that willingly took part in the research are acknowledged.

REFERENCES

1. Population Reference Bureau (PRB (2004). Tansitions in world population Bulletin. 59(1). 1-40.
2. Planned Parenthood Federation Association (PPFA) (2000). The Bulletin.
3. DeLaune, S. C. and Ladner, P. (2002). Fundamentals of nursing: Standards and practice, (2nd ed). USA: Delmar Publishers.
4. Araoye MO, Fakeye OO. Sexuality and contraception among Nigerian adolescents and youth. *African J Reprod Health* 1998; 2(2):142-150.
5. Adekunle AO; Arowojolu AO; Adedimeji AA; Roberts OA: Adolescent contraception: Survey of attitudes and practice of health professionals. Afr J Med Med Sci. 2000; 29(3-4):247-52
6. UNESCO. (2009). The International Technical Guidance on Sexuality Education (Vol. 1, pp. 55). Available from http://unesdoc.unesco.org/images/0018/001832/183281e.pdf
7. Ajuwon, A. J., and W. R. Brieger. 2007. "Evaluation of a School-Based Reproductive Health Education Program in Rural South Western, Nigeria." African Journal of Reproductive Health 11 (2): 47–59.
8. *The Essentials of Contraceptive Technology: A Handbook for Clinic Staff*. Third Printing. Population Information Program, Center for Communication Programs, Baltimore, Maryland, 2001 – abbreviated throughout this section to "ECT".
9. Orji, E. O., & Esimai, O. A. (2003). Introduction of sex education into Nigerian schools: the parents', teachers' and students' perspectives *J Obstet Gynaecol* (Vol. 23, pp. 185-188). England.
10. Popoola, B. I. (2011). Sex Stereotypes and School Adolescents' Sexual Behaviour in Osun State, Nigeria. *Sex Education: Sexuality, Society and Learning 11*(2).
11. Ryan S, Franzetta K, Manlove J, Holcombe E (2007). Adolescents' discussions about contraception or STI with partners before first sex. Perspectives on Sexual and Reproductive Health, 39(3):149–157.
12. *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*. Second Edition. WHO/RHR/00.02, World Health Organization, Geneva, 2000 – abbreviated throughout to "IAQCFP".
13. Eggleston, E, Jackson, J & Hardee, K. (1999). Sexual attitudes and behaviour among young adolescents in Jamaica. *International Family Planning Perspectives* 25(2):78-91.
14. Orubuloye, I. O., Caldwell, J. C. & Caldwell, P. (1993). African women's control over their sexuality in an era of AIDS: A study of the Yoruba of Nigeria. *Social Science and Medicine*, 37(7): 859-872.
15. Ugoji F.N. (2008). Attitudes of Undergraduates toward Contraceptive use. *Pakistan journal of social sciences*, 5(1): 111-115.

How to cite this article: Oyewumi Zaccheus Opeyemi, Atekoja Oluwabusolami Esther, Oladotun Nike Oloruntosin et al. Knowledge, attitude and practice of adolescents towards contraception in selected secondary schools in offa local government area, Nigeria. International Journal of Science & Healthcare Research. 2019; 4(4): 38-48.

******