

Perceptions and Barriers to Contraceptive Access among the Adolescents

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Abstract: *World-wide health care has improved to prevent the spread of sexually transmitted diseases and unwanted pregnancies amongst Adolescents by the use of contraceptive methods. Across-sectional study was conducted at parklands Secondary school in Chilanga district to identify the perception and barriers that the adolescents had with regards to access of contraceptive methods. A sample size of 136 grade 12 pupils was used. The study revealed that the majority (95.6%) of the respondents had Knowledge of at least more than one type of contraceptive methods. Access to contraceptives was relatively low among the adolescents, 62.7% of the respondents had difficulties to access contraceptives and that the distance to the youth friendly services was a barrier. The study also revealed that 81.6% of the respondents said that attitude of health workers was the main barrier followed by fear of ridicule by society, friends and guardians. The respondents had a negative perception on contraception as the majority of them (86%) thought that all the types had side effects and were bad for use hence needed to be avoided by all adolescents. It is therefore, recommended that an intervention for improving contraceptive access and utilization among adolescents be pursued and appropriate educational programmes be developed to motivate, promote and increase the access to contraception.*

Keywords: Contraceptive, Access, Perceptions, Barriers, Knowledge

1. Introduction

Sexuality and contraceptives is an increasing topic in this 21st century around the world due to the adverse effects of unsafe sexual behaviours, such as unwanted pregnancies and sexually transmitted diseases among the adolescents as well as adults. Teaching adolescents about contraceptives may not be consistent with promoting abstinence. However, most adolescents are sexually active and have high tendency to engage in early sexual activities despite having knowledge of abstinence [1]. According to the American Paediatric Association, nine in ten adolescents have had intercourse by the time they turn twenty and, more than 15 million girls between the ages of 15 and 19 give birth every year worldwide, and an additional 5 million have had abortions. In Central America, 18% of all births are to women in their teens and in Africa this figure is 23% according to [2].

Low contraceptive use and access among adolescents has received global attention with numerous reports in the recent past. Despite the risks associated with early pregnancies, various surveys by [1] indicate that sexually active 15–19-year-old adolescents rarely use contraceptives and mostly have no access, in the quest to reduce maternal and child mortality, it has been realised that adolescent reproductive health is of paramount importance. It is also estimated that 28% of young females aged 15 to 19 years have begun child bearing, 22% have had a child, while 6% are pregnant with their first child. Data collected through the Zambia Demographic and Health Survey (ZDHS) revealed that teenage pregnancies in urban populations increased from 13.3% in 1992 to 20.0% during the period 2013-2014 while in rural populations the increase was from 18.4% in 1992 to 29.6% in 2013-2014. In 2009 13,634 teenage pregnancies were recorded in Zambian basic schools and 1,863 in secondary schools [3].

According to [4] the proportion of adolescents reported having unintended pregnancy and unmet need for contraception remains high in developing Countries such as Zambia. Increasing the access and promoting the use of contraception by adolescents at risk of unintended pregnancy can reduce 2.1 million unplanned births, 3.2 million abortions, and 5600 maternal deaths could be averted each year [5]. It is for this reason that the government of Zambia has put in place various strategies to improve adolescent health which include reducing the number of unintended and unplanned pregnancies by offering free family planning services. However, contraceptive use among adolescents is low at only 20.6% meaning 79.6% are not using any method to prevent unwanted pregnancies in Zambia. There is against the glaring statistics that 73.3% of unmarried adolescent girls were sexually active in the period 2013-14 but did not want to have a child in the following two years [6]. Siasikabole and Sichilima, (2017), explain that the reasons the adolescents put forward for not using a contraceptive method include not married (61.7%), infrequent sex (37.3%), and fear of side-effects (8.6%). It is also possible that these young people do not want to be seen to be going against the Zambia tradition of abstinence among the unmarried. This study assessed the perception and barriers that the adolescents have with regards to access of contraceptives at parklands school in Chilanga district.

2. Problem Definition

According to [7], every year, an estimated 21 million girls aged 15 to 19 years, and 2 million girls aged under 15 years become pregnant in developing regions. Complications from pregnancy and childbirth are the leading cause of death in girls aged 15-19 in Low and Middle Income Countries (LMIC) where almost all of the estimated 3 million unsafe abortions occur [8]. Prenatal deaths are significantly higher in babies born to adolescent mothers than in those born to

mothers aged 20–29 years. Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year in developing regions, the report further points out that Contraceptive access and utilization has continued to be low in sub-Saharan Africa. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57.4% in 2015[9].

In Zambia, teenage child bearing is a national problem that affects all communities with a teenage child bearing rate of 146.8 per 1000 girls in 2012. Approximately 30, 497 school going children had unintended pregnancies between 2009 and 2010 [10].

Chilanga district has not been spared in cases of adolescents' pregnancies, from quarter one 2016 to quarter one 2017 (in a period of 12 months) 37 teenage pregnancies were recorded of which some were from parklands secondary school. Prevalence rates have continued to increase despite efforts by government and other stakeholders with support from millennium development goals initiative (MDGI) to reduce these pregnancies through campaigns, interventions and the establishment of youth friendly clinics. Despite all these strategies being put in place, very few adolescents' access contraception services.

3. Literature Survey

Overview of contraceptive access and use among adolescents

There is a lot of emphasis on improving Adolescent Sexual Reproductive health worldwide. Developed countries seem to be performing a lot better in this matter. A study carried out in developed countries revealed that percentage of teenage pregnancies ranged from 1.2% in the Netherlands to 10% in Russia. The low percentages were attributed to increased importance on education and increased motivation to achieve higher levels of education other than motherhood and family formation [11].

Knowledge on contraceptives

The national survey of adolescents in Ghana conducted by [12], as well as other studies, showed similar results which indicated that the low level of knowledge regarding contraceptive methods other than male condoms seems to be a general problem among adolescents in the country. The finding from this study is, however, not very surprising because, at the peak of the HIV epidemic, all programs focusing on HIV prevention revolved around consistent condom use if one could not abstain from sex or be faithful to a partner. Knowledge of at least one contraceptive method is nearly universal among both women and men in Zambia. The high level of knowledge can be attributed to the successful dissemination of family planning messages through the mass media[3].

Sources of information on contraceptives

The most common contraceptive information is the media sources which include radio and television. Thirty-one percent (31%) of women and 39% of men age 15-49 heard of a family planning message on the radio; and 21% of women and 24% of men saw a message on television. Nine percent (9%) of women and 17% of men read about family

planning in a newspaper or magazine. Overall, 63% of women and 53% of men were not exposed to family planning messages in any of the specified media sources[3]. Other similar Studies include the one by [13] indicated that the main sources of information about contraception, in descending order of frequency, include friends/siblings, radio/television/newspapers/magazines, school lectures/workshops/seminars, and health workers. The poor contribution of health workers to dissemination of information has contributed to less access of contraception. The main reason for this unfriendliness is rooted in the cultural fabric of society where many still regard family planning services as the preserve of married people. In addition, discussions on sex and contraception with young people are still considered inappropriate, even among health workers. Therefore, there is a great need to promote youth-friendly reproductive services to encourage sexually active young people to increase their contraceptive access and utilization.

Adolescent perceptions towards contraceptive

A study conducted in Ndola, Zambia by [14] revealed that adolescents had high levels of awareness on existing contraceptives despite only 12.7% showing interest in using them and 87.3% were of the idea of having unprotected sex. Of the sexually active in the study population, 40.0% were found not using contraception each time they had sex. The reasons for not using contraception were that they felt that the practice was weird and bad while only 17.7% felt the use of contraceptives was a good thing. It was also found that the reasons the adolescents put forward for not using a contraceptive method include not married (61.7%), infrequent sex (37.3%), and fear of side-effects (8.6%). It is also possible that these young people did not want to be seen to be going against the Zambia tradition of abstinence among the unmarried.

Adolescent barriers to contraceptives

A study on adolescents conduct in Ghana, revealed that 82% of the sexually active respondents did not utilise any form of contraception due to lack of knowledge [15]. A study carried out in Malawi found out that some respondents have negative attitudes towards use of contraceptives which bordered on misconceptions, beliefs and values that disapprove the use of contraceptives among adolescents [16]. Perception on use of contraceptives among youth showed very wide variation among region of sub-Saharan Africa than other regions of the world [17]. The main reasons for the poor perception on contraception included limited sex education, bad attitude and cultural factors[18]. Low access of contraceptives results in less use which in turn results in short birth intervals and a generally high total fertility level, a situation that may lead to increased dependency ratio, child and maternal fatalities.

4. Research Methodology

The study used across-sectional study design. This research was conducted at parklands secondary school in Chilanga District, Lusaka Province. A sample size of 136 grade 12 pupils was sampled using stratified sampling from five classes. Both males and females were involved in this study. Parklands secondary school was purposively sampled

because it recorded the highest number of pregnancies among the other secondary schools in the district. Data were entered in Microsoft excel later exported into SPSS for analysis. Descriptive statistics were generated with proportions (or percentages) for categorical data and presented in form of tables, pie charts and graphs.

5. Results

The study findings were based on perceptions and barriers to contraceptive access among the adolescents.

Socio-demographics

The highest numbers of respondents (69.1%) were within the age range of 18-20 years **table 1**.

Table 1: Demographic characteristics of respondents (n=136)

Demographic characteristic		Frequency (n = 136)	Percentage (%)
Age (years)	15 – 17	42	30.9
	18 – 20	94	69.1
Sex	Male	66	48.5
	Female	70	51.5
Marital status	Single	136	100
	Married	0	0.0
Religion	Christian	136	100
	Other	0	0.0
Sexually Active	Yes	63	46.3
	No	73	53.7

Knowledge of contraceptives types

The majority of respondents 131 (96%) were aware of contraceptives **figure 1**.

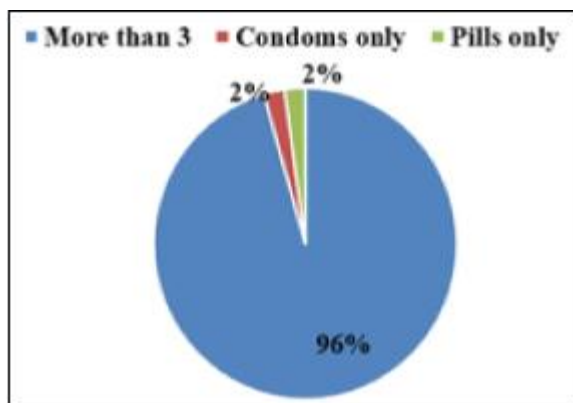


Figure 1: Shows the distribution of knowledge on contraceptive types

Source of information

The source of information about contraceptives methods for the majority (33.8%) of the respondents was from friends **table 2**.

Table 2: Shows the respondents' contraceptive

	Frequency	Percentage
Friends	46	33.80%
Guardians/ parents	3	2.20%
School	29	21.30%
Media	41	30.10%
Clinic/ Hospital	17	12.50%

Source of information (n=136)

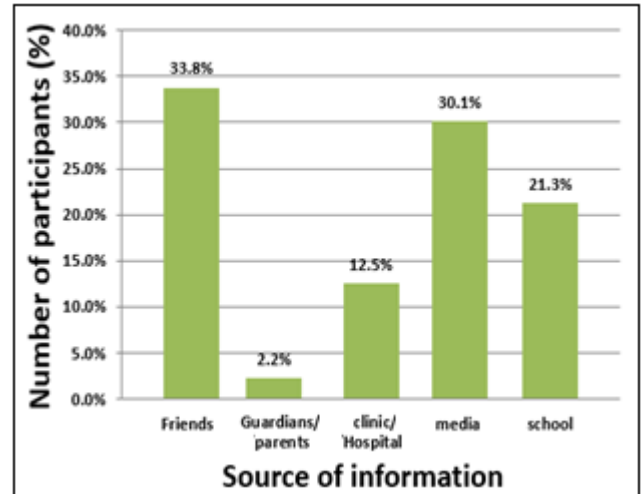


Figure 2: Shows the Source of contraceptive information where the respondents got it.

Adolescent perceptions of contraceptive access

This section looks at the adolescents' perceptions on contraceptive access. The majority 117 (86%) of the respondents perceived contraceptives to have side effects **table 3**.

Table 3: Respondents' perception about contraceptive access (n = 136)

Contraceptive Perceptions	Frequency/ Percentage	
	Yes	No
All contraceptives have side effects	117 (86%)	19 (14%)
Use of contraceptive immoral	71 (52%)	65 (48%)
Perceived bad	119 (87.5%)	17 (12.5%)
Risk becoming infertile	77 (56.6%)	59 (43.4%)

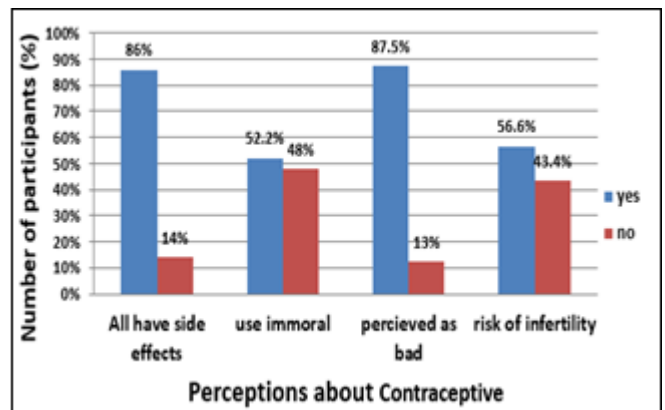


Figure 3: Showing respondent's perceptions about contraceptive access

Barriers to accessing contraceptives

Fear of health workers' attitude was the number hindered for the majority 111(81.6%) of the adolescents to access contraceptives **table 4**.

Table 4: Barriers to contraceptive access (n=136)

Barriers to access	Frequency	Percentage (%)	
Fear of health workers attitude	111	81.60%	
Fear of Guardians/ parents	24	17.60%	
No hindrance to access	1	0.70%	
Distance to youth friendly service	Yes	80	58.80%
	No	37	27.20%
	Don't know	19	14%

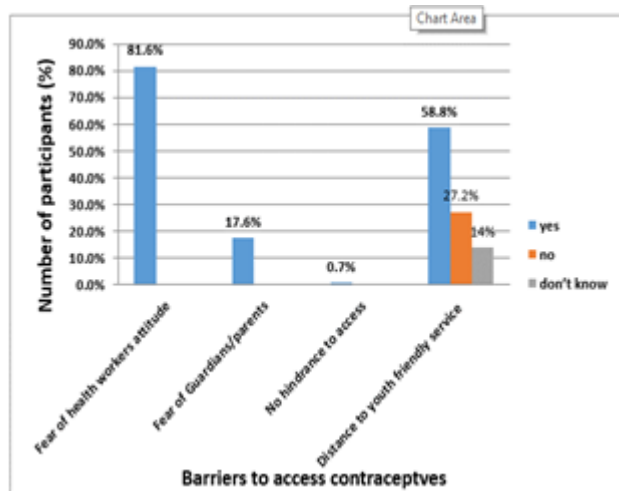


Figure 4: Barriers to accessing contraceptives

6. Discussion

The study involved the sample size of 136 respondents aged between 15 to 19 years old. The mean age was 18.4 years and male (48.5%) and female (51.5%) respondents were both involved. All the 136 respondents were Christians with 46.3% being sexually active, typically most adolescents in Zambia become mothers before the age of 20, with 60% to 70% in all age groups having given birth by that age [3]. The majority (96%) of respondents were knowledgeable of more than three types of contraception methods, 2% were only aware of condoms and another 2% were only aware of the pills. These findings are also similar to the findings of the ZDHS that knowledge of at least one contraceptive method is nearly universal among both male and female in Zambia, with the common being condoms and oral pill. The high level of knowledge can be attributed to the successful dissemination of family planning messages through the mass media. [3]. This was not the case though for another study on adolescents conducted in Ghana, which revealed that 82% of the sexually active respondents did not utilise any form of contraception due to lack of knowledge which was not the case in this study [15].

The majority 46 (33.8%) of the respondents got their information on contraceptives from friends followed by social media and other media 41 (30.1%), School 29 (21.3%), Clinic/Hospital 17 (12.5%) and then Guardians/parents 3 (2.2%). This could be attributed to the fact that adolescents had easier access to the media and that they would be less judged if they listened to a programme on contraceptives rather than going to the health centre to access the same information. Studies by [13] have indicated that the main sources of information about contraception, in descending order of frequency, include friends/siblings, radio/television/newspapers/magazines, school lectures/workshops/ seminars, and health workers. The poor contribution of health workers to dissemination of information has contributed to less access of contraception. The main reason for this unfriendliness is rooted in the cultural fabric of society where many still regard family planning services as the preserve of married people. In addition, discussions on sex and contraception with young people are still considered inappropriate, even among health workers.

Eighty-six percent (86%) of the Adolescents perceived all contraceptives to have side effects and only 14% considered them to be good. Some contraceptives may have side effects but these effects are not life threatening hence not as bad as perceived by the respondents. This perception could be attributed to adolescent misconceptions and myths about various contraceptive methods, similar to findings by a study carried out in Malawi that found out that some respondents had negative attitudes towards contraceptives which bordered on misconceptions, beliefs and values that disapprove the use of contraceptives among adolescents [16]. Further, 52.2% said adolescents who used contraceptives were viewed immoral similar to the study conducted in Ndola, Zambia by [14], revealed that adolescents had high levels of awareness on existing contraceptives despite low access and utilization due to the thoughts that the practice was weird, immoral and bad. It was also found that the reasons the adolescents put forward for not accessing a contraceptive method include not married, fear of being viewed immoral and fear of side-effects. It is also possible that these young people did not want to be seen to be going against the Zambia tradition of abstinence among the unmarried.

The study revealed that the barriers to contraceptive access in the study were not only attributed to distance to youth friendly services (58.8%), but also attitude by the health workers (81.6%). The other barriers included fear of ridicule by society, friends and guardians (17.6%) was also said to be a hindrance to their access. Other reasons were that the opening hours of the youth friendly services were not convenient. These findings are similar to findings by [12] that adolescent are most likely to be scorned, rebuked, ridiculed, labelled, or sometimes driven away by service providers at health facilities. This unwelcoming attitude by service providers could explain why only a few adolescents in this survey reported health facilities as their source of contraceptives information. Health provider attitude may limit an adolescent's opportunity to access other contraceptive options that are mostly available at health facilities and not in local chemists and other places as they may be expensive in such places. Additionally, studies by [19] suggested that service providers discriminate against adolescent on account of age and in some health facilities, providers demanded national identification cards, thus discouraging adolescents from seeking services, this was not the case in this study.

7. Future Scope

The study was conducted within a single research site in Chilanga district at parklands secondary school. As such, findings from this research may not be fully applicable to other settings outside this study area, owing to differences in cultures and varying social environments. Therefore, there is need to carry out studies at different secondary schools in different locations to validate the findings of this study.

8. Limitations of the Study

This study was very sensitive and there could have been a possibility for the respondents to bias their responses; however, a high level of confidentiality was maintained

during the interviews to ensure that the adolescents were at ease in giving their responses. The study was conducted within a single research site in Chilanga district at parklands secondary school. As such, findings from this research may not be fully applicable to other settings outside this study area, owing to differences in cultures and varying social environments.

9. Conclusion

The study sought to identify the perceptions and barriers to contraceptives access at parklands school in Chilanga district. The study revealed that the majority of adolescents had Knowledge of at least more than one type of contraceptive method. Access to contraceptives was relatively low among the adolescents in this study, only a few adolescents said it was easy to access contraceptive. Bad attitude of health workers, long distance to the youth friendly services and fear of ridicule by society, friends and guardians were the main barriers for the adolescents to access contraceptives. The adolescents had wrong perceptions on contraception's as the majority thought that all the types had side effects and were bad for use hence needed to be avoided by all adolescents and that adolescent who used contraceptives risked being infertile and considered immoral. Only a small percentage of the sexually active adolescents accessed and utilized contraceptives, it is therefore, recommended that an intervention for improving contraceptive access and utilization among adolescents be pursued and appropriate educational programmes be developed to motivate, promote and increase the access to contraception.

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