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Contents

Editorial

Since the middle of the 20th century, it has been possible for women to control their fertility. Several obstacles in various guises have been encountered. Access to these effective methods has not been easy or equal in several parts of the world and the reasons for this are varied. Two articles from Nigeria by Fabanwo et al and Okunlola et al detail some of the issues. There is room for improvement.

The paper by Reem on female genital mutilation brings to our attention a practice that should be condemned and be stopped now. There is no place for it in the 21st century. In their paper on sexual assault and rape, Opaneye and Kiberu identified some gaps in service provision for the victims when they attend genitourinary medicine departments. According to Ochogwu, there is more to the diagnosis of acute balanoposthitis than meets the eye.

The searchlight section contains snippets from other areas of interest in sexual health matters. This second issue covers the period April to September. Enjoy your reading.

Abayomi Opaneye
Editor - in - Chief.

Contraceptive practice and commodity sources among female undergraduates in Ibadan, southwest Nigeria

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Abstract:

Objective: To determine the pattern of contraceptive use, and its sources among female undergraduates of the University of Ibadan.

Methodology: A cross-sectional study design using self administered questionnaire. The study was conducted from November 2005 till March 2006.

Results: The result of one thousand six hundred and thirty respondents were analysed out of 1800 interviewed. The commonest age group was 21-25years and about half were in their second and third undergraduate training year. They were mostly single, Christians and of the Yoruba ethnic group. Among those interviewed, 84% admitted to previous sexual activity. However, only a third had ever used any form of modern contraception. The commonest method of contraception ever used was male condom (82.0%) and the least was implantable contraception (1.4%). Other methods used included spermicides, oral contraceptive pills, and injectables. Of those that used contraception, 59.0% procured the service/commodity from pharmacy shops and patent medicine outlet. Other sources mentioned included; non-governmental organization private hospitals, and friends/relatives. Some did not indicate the source of procurement.

Conclusion: The study revealed that students in Nigeria engage in risky sexual practices which may be detrimental to the future reproductive activities. Even those that claim to use contraceptives may not have been properly counseled prior to use. We recommend that safer sexual practices should be encouraged and some emphasis on abstinence. Advocacy on appropriate sources of contraceptives commodities should be pursued.

Keyword(s): Female, youths, undergraduate, contraceptive sources, Ibadan, Nigeria.

Introduction:

The youth constitutes 20 to 30 percent of the world's population with a significant proportion from Sub-Saharan Africa[1]. This group is characterized with risky sexual behaviour that is often due to peer pressure and subsequent experimentation[2,3]. Studies have shown that many young people do not have proper orientation on sexuality/family life education issues before their sexual debut[2,4,5] and hence, they are not often empowered for safer sexual practices[6,7]. **Females are more vulnerable to the associated complications of the unsafe sexual practice[8].** They are therefore at risk of sexually transmitted infections (STIs) including HIV/AIDS and other chronic viral infections with long term morbidities[9]. In addition, these youths are at risk of unwanted pregnancies and dire consequences' of unsafe abortion[10,11]. Modern contraception is one of the key intervention strategies that had been widely advocated to prevent unplanned/unwanted pregnancy irrespective of the environment[12]. Despite this, efforts have been mostly concentrated at ensuring universal accessibility without identifying the peculiarities of the youths as a subset[12]. Optimal uptake of contraception is hinged on identifying available and acceptable sources with the intention to promote standardization

information sharing, counseling and service[13]. The high contraceptive awareness and low usage in Nigeria is a reflection of disconnect between knowledge and eventual uptake[14-16]. Other identifiable barriers include; cost, socio-cultural factors and religion among others[17]. Many developed and few developing countries have introduced and promoted contraceptive designated outlets apart from the usual family planning centres with the sole aim of ensuring unhindered access to all including youths that may shy away[18]. The outlets that had been used include; Youths friendly centres, Youths organizations and Social associations[19,20]. Governments and other stakeholders do regularly monitor and evaluate the services that these outlets render to their communities. On the contrary, the few available youth friendly centres in Nigeria are rarely employed as contraceptive designated sources for the youths because of the perceived fear **of sexual promiscuity and associated socio-cultural negative effect[21].** In addition, pharmaceutical shops and other patent medicinal shops that stock these contraceptives are not monitored for the service they provide. **In addition there is the possibility that other accompanying supportive services such counselling and follow-up may not be optimally provided to the end users. Despite this challenge,** reports abound that Nigerian youths still patronize many of these outlets. It is therefore necessary to identify the pattern of use and sources of the contraceptives used among this female undergraduate population as a proxy for this assessment.

Materials and methods:

This was a descriptive cross sectional survey that was conducted among the female undergraduates of the University of Ibadan – the oldest tertiary institution in Nigeria, located in the southwestern region. Then, the total population of the undergraduate students was 14,500 and the female population alone was 5,250. Within the university campus, 2 halls of residence were exclusive for the females and another 2 halls are shared with the male counterparts. A multistage systematic random sampling technique was used to recruit consenting students for the survey. Four hundred and fifty participants were randomly selected from each hall making a total of 1,800 but data was complete for analysis in 1,630 students **(90.6%)**. A self administered questionnaire was used as tool for the survey – it contained information on socio-demographic profile, level of education, sexual behaviour, previous use and sources of those contraceptive commodities. The study was conducted from November 2005 till March 2006. The data obtained was entered into SPSS 11.0 software for analysis.

Results:

Of the 1,800 female students recruited, one thousand seven hundred and twenty five participated in the study; however, the data belonging to 1,630 (94.5%) respondents was complete for statistical analysis. Most of the respondents were within the 21 – 25 year age group with a mean age 23.6years. The respondents were fairly represented in each level of university education with marginal increase in both the first (26.2%) and the fourth year and above (26.9%) levels. Two thirds of the respondents were Christians and about 39.1% were Muslim. A few (0.9%) chose other option as religion but did not indicate the details. Most of the respondents were still single (81.1%) while others were married (18.9%). The Yorubas formed the major tribal group among the study population (64.5%). (Table 1). Eighty four percent of respondents were sexually experienced while only 34.0% had previously used one form of modern contraceptive method. The commonest method of contraception ever used was **male condom** (82.0%) and the least being implantable contraception (1.4%). Other methods used were spermicides (65.6%), oral pills (61.7%), Diaphragm (20.5%), femidom (16.1%), IUCD (16.2%), injectables (7.4%) and cervical caps (7.1%) as shown in Table 2. Of those that had ever used contraceptives, (59.0%) procured the service from pharmacy/patent medicine shops. Other sources mentioned were; non-governmental organizations (18.7%), private hospitals (10.7%), friends/relations (4.1%) and public hospitals (2.6%). A few respondents did not indicate the source of the procurement (4.8%). (Figure 1).

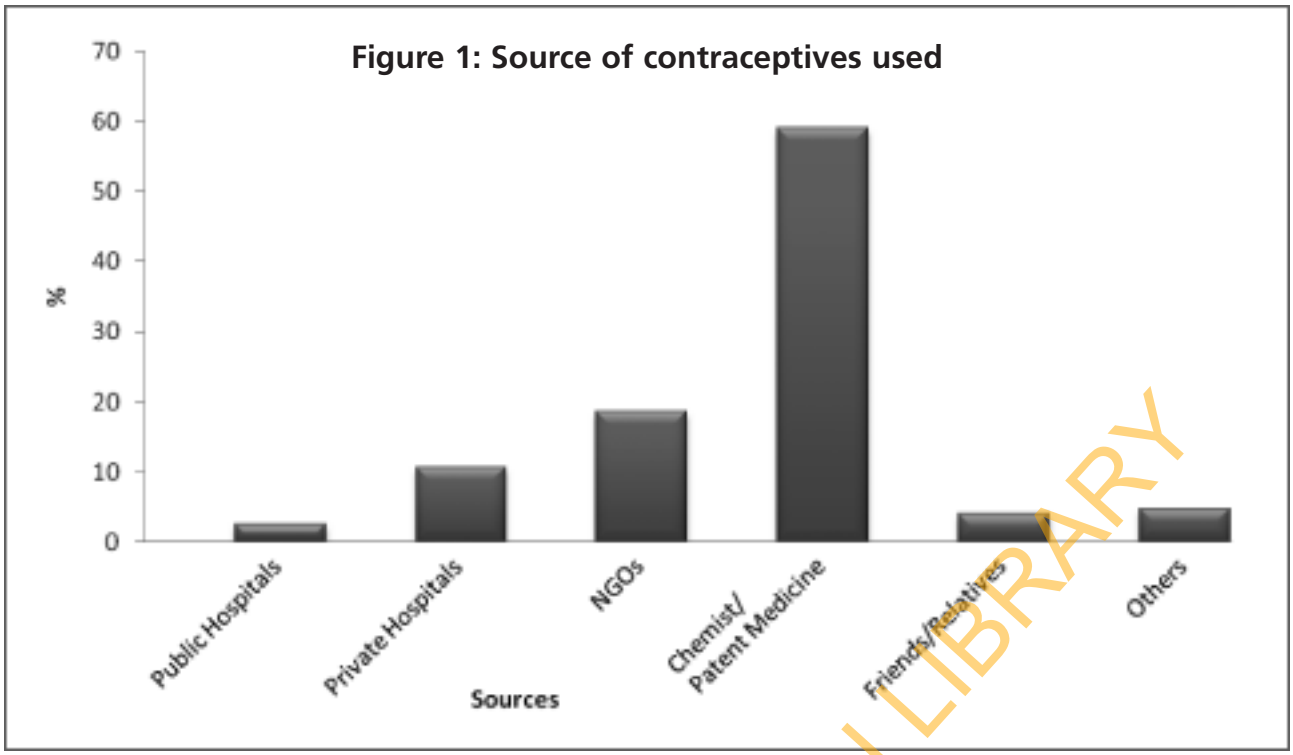

Table 1: Baseline variables of the respondents (n=1630)

Variables	Frequency	Percentage
Age groups		
15 – 20	570	35.0
21 – 25	710	43.6
26 – 30	244	15.0
31 – 35	69	4.2
36 – 40	37	2.3
University education level		
100 Level (first year)	428	26.2
200 Level (second year)	388	23.8
300 Level (third year)	375	23.0
>/=400 (fourth or more)	439	26.9
Religion		
Christianity	978	60.0
Islam	637	39.1
Others	15	0.9
Marital status		
Single	1322	81.1
Married	308	18.9
Ethnic group		
Yoruba	1052	64.5
Hausa/Fulani	69	4.2
Igbo	316	19.4
Others	192	11.8
Sexual activity		
Sexually experienced	1369	84.0
Not sexually experienced	261	16.0
Previous contraceptive use		
No	1076	66.0
Yes	554	34.0

Table 2: Types of contraceptive methods that were used by respondents

Methods	Freq	%
Male condom	1337	82.0
Spermicides	1069	65.6
Pills	1006	61.7
Withdrawal	761	46.7
Safe Period	719	44.1
Diaphragm	334	20.5
Femidom	262	16.1
IUCD	264	16.2
Injectables	121	7.4
Cervical caps	116	7.1
Implants	23	1.4

- - Respondents used more than a method.

Discussion:

Contraceptive use amongst youths in Nigeria has not received the desired attention because of the perceived social conflict in many Nigerian communities[22,23]. It is the widely held view in the southern part of Nigeria that youths are not expected to engage in pre-marital sexual activity. On the contrary, early age of marriage is the norm in the Northern parts of the country. Both positions exhibit a disconnect and suggest that there is no proper orientation on the role of advocating and ensuring easy accessibility of Nigerian youths to modern contraception[24]. The sociodemographic profiles of the study participants revealed they are mostly **unmarried youths that are sexually experienced**. This observation further confirms the earlier reports from many Nigerian communities that her youths, irrespective of gender and other characteristics (location, educational status and social class) are sexually active[25].

However, the more worrisome aspect is the consistent reporting of low usage of modern forms of contraception by these youths by many researchers[21,25,26] and this was also evidenced from the result of our analysis. The practice of unprotected sexual intercourse amongst Nigerian youths is a major risk for HIV/AIDS infection and other associated morbidities. Furthermore, the increasing incidence of unwanted pregnancy from unprotected sexual intercourse in a country with restrictive abortion law might fuel the level of unsafe abortion complications such as uterine perforation, severe haemorrhage, post-abortal tetanus and, on some occasions result in needless mortality[27]. Though, the contraceptive usage is low in this study but, the proportion of those that had ever used the barrier methods is higher compared with other subsets. The commonest method used in this study is male condom. This may suggest that there is a better knowledge of choice amongst those few that used contraceptive methods because of the associated dual protective benefits. **In addition, the affordability and easy access may have further conferred an advantage.** It is therefore advisable that this practice should be promoted amongst other young females so as to reduce the associated dangers of unprotected sexual intercourse.

The high use of hormonal contraceptive raises concern because of both the associated side effects and the probable sporadic use following unprotected sex as an emergency contraception. Although, its use might prevent pregnancy but, the risk of sexually transmitted infections including HIV/AIDS is still there, more so, that studies have shown that the majority of these youths do not have a stable sexual partner[28]. The practice of natural methods – (withdrawal and safe methods) is fraught with problems of high failure rate and risk of STIs[29]. Therefore, such contraceptive techniques should be discouraged amongst unmarried youths.

In Nigeria, the sources of modern contraception used by the adolescent is yet to be fully explored and this has not provided the necessary direction for the experts in this fields in terms of formulating appropriate policies and intervention at ensuring unhindered access[30]. In this study, the majority of the participants sourced their contraceptives from chemist/pharmacists and private establishments (Non-governmental organizations and private hospitals) with only a small proportion patronizing government health facilities. **The preference for chemist shops derives mainly from the perceived ease of purchase and secrecy that may be associated with the practice. The probable explanation for this is that Nigerian youths still believe that they have to secretly purchase modern contraceptives for their needs[21]. This may be due to the societal aversion to contraceptive use by these unmarried individuals[21]. Furthermore, there is no assurance that the data of those offered contraceptive service by these outlets are kept for purposes of monitoring and evaluation.** This practice may enhance the patronage and further reassure youths of their "secret"[20]. Furthermore, contraceptive failure may constitute a challenge as the proficiency of usage would not be ascertained[31]. However, this assertion will need to be explored in future research. The capacity of the operators of these outlets to offer service is questionable because there is no convincing evidence that they are skilled in family planning and adolescent health issues. The poor patronage of established government outlets may either be due to the few numbers of respondents that were using contraceptive methods that is provider dependents (IUD, Implants, Cervical caps and diaphragm) or due to lack of youth designated family planning services that will respect the privacy of its clients. Although, there are few youth friendly centers within the Nigerian tertiary institutions, there is the urgent need to incorporate family planning and other reproductive health care services into these facilities. The benefit of this approach is to provide the requisite knowledge for these young individuals especially the females – who are the future mothers.

In conclusion, this study shows that despite the high sexual activity of female undergraduates, only few use contraception. Although, **the quality of the product and effective use was not assessed in this study, it will be desirable to compare this between different sources in Nigeria to assist policy makers in future decision.** It is therefore recommended that experts in this field and the government should device a way of standardizing the practice at these private outlets through capacity building on the necessary skills and monitoring of their services. In addition, tertiary educational institutions should have designated centres to provide contraceptives for those in need of the commodity among this vulnerable group of young adults.

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