

EXPLORING UNMARRIED FEMALE ADOLESCENTS' CONCERNS ABOUT ACCESSING AND USING MODERN CONTRACEPTIVE METHODS IN BENUE STATE

Peter Msuega Azende & Terungwa Mpem

Benue State University, Makurdi -Nigeria

azendengoyem@gmail.com

08077626321

termpemd@gmail.com

08101664390

Abstract

It is an undeniable fact that in most developing countries, unmarried female adolescents face many challenges obtaining the basic sexual and reproductive health services they need. One of the issues that have profound impact on adolescents' and young people's sexual and reproductive health is contraception. This article explores the issue of unmarried female adolescents' concerns about barriers to accessing and using modern contraceptive methods in Benue State, Nigeria. With the need to understand the issue at a deeper level, Focus Group Discussion (FGD) approach was used to elicit data. Eight (8) FGD sessions were conducted with sixty-six (66) female adolescents. The paper identifies three basic concerns of participants relating to sexual and reproductive services especially contraception: slut shaming, attitudes of health care providers (lack of trust) and side effects. This study sheds light on how these concerns are related to participants' sexual health and agency. Finding indicates that engaging in other sexual activities while abstaining from penetrative sex is one of the ways some female adolescents in the study area navigate the sexual terrain. Finally, the study recommends that adolescents should be given adequate access to information and services pertaining to sexuality and contraceptive use in order to enhance their sexual health and reduce risk.

Keywords : Contraception, Female Adolescents, Sexual Concerns, Social Expectations

Introduction

Several studies (Salam, R.A et al 2016; Guse, K et al & Enwuladu, E.A et al 2022) have documented sexual and reproductive health practices among adolescents, but sparse attention has been paid to their concerns in relation to access and use of contraception. It is argued that adolescence is a crucial time for growth, learning, and transformation, one that is rife with vulnerabilities and risks as well as chances and potentials that could change a person's life (WHO, 2014). Teenage experiences have a beneficial or detrimental impact on young people's life, families, and the society in which they live.

Adolescence can be a time of increased vulnerability for many young people in terms of the emergence of sexual behaviour. Girls, in particular, are more prone than males to drop out of school early, contract STIs like HIV/AIDS, and experience the negative effects of early marriage, unexpected pregnancy, sexual exploitation, and coercion during their youth. Although to a lesser level, male adolescents also suffer some of these dangers. The availability of sexual and reproductive health (SRH) services, such as modern contraception and information on how to prevent unintended pregnancy and other risks associated with sexual activity, is also more difficult for adolescent girls than for older females (Engelbert et al., 2021). Research indicates that prevention of unintended pregnancies and abortions are some of the major benefits of using contraceptive among sexually active unmarried female adolescents (Azende et al., 2020).

Family planning utilization rates among female adolescents in Africa is generally low as they have little or no access to SRH services, and their sexual behaviour is strictly regulated (Biddlecom et al., 2009; Jonas, 2017). However, they are more responsible for the region's high rates of new HIV infections, mortality among mothers, and unmet demands for services and information related to reproductive health, all of which are related to social, cultural, economic, and gender-related issues (Rashid, 2011; Tilahun, 2012).

An individual's sexuality is a key aspect of his or her identity, and it is considered agentic to express sexuality and sexual orientation freely. The majority of western cultures view sexuality as something that each individual possesses. However, in north central Nigeria, like in many other African countries, there is negative stigma surrounding female adolescent sexuality as sex is associated with ideas of fear and worry, and sexual behaviour is generally controlled with rigidity (at least among women). Female adolescents' sexuality is seen as a commodity that can bring about status, respect, and income. Women are only thought to "own" sexuality in the sense that they are the protectors of innocence and purity. Parents often warn their daughters against the dangers of sexuality.

Teenage girls are supposed to delay sexual behaviour until marriage, which may seem impractical, and there is little open conversation about sexual issues. Premarital sex among female teenagers appears to be a widespread occurrence despite the social restraint, according to research on adolescents' sexual habits in Nigeria (Ogunjuyigbe & Adepaju, 2014). The rising youth culture appears to promote sexual exploration while family and social norms emphasize sexual restriction (Izugbara, 2008). Teenagers' actual sexual behaviours and cultural norms and restrictions on their sexual expression are at odds. The serious repercussion of this situation is that young girls lack access to precise and sufficient information that would ensure a sound sexual foundation (Azende, 2018). Parents and educators have remained unreliable sources of sexual instruction in North central Nigeria (Opara et al, 2012).

The current study was interested in giving a voice to female adolescents and understanding their challenges in accessing and using modern contraceptives. In order to ensure that services and assistance are effectively targeted, it is of particular significance to improve our understanding of the sexuality of female adolescents.

Objectives of the Study

This study has the following objectives:

- (a) To explore the issue of female adolescents' concerns about sexual activity and expectations.
- (b) To identify and examine the types of concerns female adolescents have about accessing and using modern contraceptive.
- (c) To shed light on how these concerns are related to female adolescents' sense of dignity and agency.

Theoretical Framework

A sex-positive approach for exploring the sexuality of adolescent females.

The majority of Sub-Saharan African research on adolescent sexuality is risk-based and portrays adolescent sexuality as a potentially dangerous activity. In the 'risk' framework, adolescent sexuality is presented in terms of danger (disease & rape), fear, and is often seen as a symptom of moral decay with the expectation that young people will be intimidated into abstaining from sexual activity. In the wake of the HIV/AIDS epidemic, this medicalized and moralizing perspective—which "equates adolescent sexuality with a sickness best prevented"—has been reinforced and transfers accountability from the social structure to specific female adolescents (Schalet, 2011:209 in Harden, 2014:456). It is particularly difficult to apply the "sex-as-risk" viewpoint to explain adolescent sexuality since it rarely takes autonomy, wants, and enjoyment into account.

The sex-positive concept views consensual sex between young people as a natural aspect of their development and possibly healthy, in contrast to the 'sex-as-risk' perspective, which implies an inevitable relationship between teenagers' sexuality and jeopardy. Sex positivity does not presuppose that young people are always free to engage in sex or that gender disparity, which distorts the idea of choice, do not occur. The development of a healthy sexuality involves more than just avoiding negative outcomes, and "sexual abstinence is seen as one potential sexual choice that may (or may not) be the healthiest choice for an individual at a particular time" (Harden, 2014, p. 457). This sex-positive strategy was developed in response to the too restrictive and directive approach used in sex research in Nigeria. With this theoretical outset, the current study emphasizes meaningful and open sexual communication; use of contraceptive; sexual and reproductive rights, agency and freedom. When analyzing the results that resulted from this investigation, those issues are taken into account.

Methodology

Participants and recruitment

Participants for this study included 66 unmarried female adolescents ranged in age from 16 and 20 years. The sample included participants from different ethnic groups in Nigeria. All participants endorsed heterosexuality as their sexual identity. The inclusion criteria for this study were: (1) must be female between 16 and 20 years; and, (2), must identify as unmarried. Participants were recruited through personal and Facebook contacts. Recruitment fliers were

given out to female adolescents and also posted on Facebook. The purpose of the study, inclusion criteria, as well as the contact details of the lead researcher were all contained on the recruitment flier. Data for this study were collected during the month of July 2022. The study was not restricted to participants from any particular geographical location. Those who accepted to take part in the study were invited for the next stage. Participation was voluntary and they were assured of confidentiality regarding information obtained from them. To ensure anonymity, all participants were assigned pseudonyms.

Data Collection and Analysis

This study used Focus Group Discussion (FGD) to elicit data. Data were derived from six Focus Group Discussions conducted with 66 unmarried female adolescents. Adikpo, Gboko, Katsina – Ala, Makurdi and Otukpo were the locations used for the FGDs of this study. The rationale for using FGD was to allow participants the freedom to discuss their lived experiences in detail. All FGD sessions were conducted by the researchers in English language and lasted between one and half and two hours. This unstructured approach permitted a participant-led discussion which made it possible for the researchers to get as much data as possible without persuading the participants into a predetermined response pattern (Fusilier & Durlabhji, 2001). The Focus Group Discussions provided insights into the private and personal experiences of participants.

The FGD sessions were audio taped and transcribed verbatim by the lead researcher. The transcripts were coded line by line and thematic analysis was used to analyze participants' experiences. Themes were generated from the discussions. Direct quotes from the participants were chosen to reflect the themes and illustrate the results.

Results and Discussion

Negative judgments

This first theme encompasses concerns related to (slut shaming) being judged negatively and loss of dignity on the basis of choosing to be sexually active and use of contraceptives. These concerns cut across focus groups and do not appear to be specific to age. However, it was primarily related to adolescents less than 17 years. Participants stressed that boys see girls who suggest the use condoms as a form of contraceptive as being wayward and promiscuous. Across FGDs, adolescents talked about the risk of being seen and called 'Ashawo' (a slut) and not a wife material in the community. This has the capacity to affect their sense of dignity and agency.

When girls here started having sex and people get to know about it they make you feel bad by calling you bad names. I wonder, girls who have asked their boyfriends to use condom or go to buy contraceptive are seen as bad girls. Yeah, I think most times you are just afraid of people calling you a slut. But we need to be smart and protect ourselves (Kate: 20 years).

One serious issue is that people expect us (girls) to stay away from sex. This is not possible because the boys are asking for it (sex). I think a girl should not be called a slut just because she has a boyfriend. When I try to explain some things about sex and contraceptive to my boyfriend, he feels I'm sleeping around that's why I have the knowledge (Doove: 19 years).

Social expectations about girls' engagement in sexual activity actually made people to judge female adolescents who are known to be sexually active negatively. Kate, like several other respondents in this study agreed that it was smart to use contraceptive to prevent unintended pregnancies. This negative judgment of female adolescents echoes the issue of

sexual double standard where boys are thought to get positive attributions from members of the community for non-marital sexual contacts, whereas female adolescents are stigmatized for comparative behaviours (Kreager & Staff, 2009). Participants in this study find sexual double standard to be very unfair and a thing of serious concern.

Providers' attitudes

The second type of concern has to do with the unfavourable attitudes of most healthcare providers towards the provision of contraceptive services to adolescents who are not married. Such attitudes are informed by the general moral expectation that adolescents should not engage in premarital sex (Ahanonu, 2014). This concern is closely related to the negative judgments and is based on how the attitudes of healthcare providers make female adolescents feel about their sexual rights and agency as illustrated in the following quotes from the data.

The whole thing creates fear. You know? I know that there is a place that I can get such an important knowledge but no, I won't go because those nurses are not friendly. I think it is my right to know about contraceptive and decide to use whichever method I want. No nurse or doctor should tell me to abstain from sex. I feel I am old enough to take that decision (other participants nodding) (Jessica, 20 years)

What I hear from other girls is that the people at the hospital (healthcare providers) are willing to give us the information we need about preventing pregnancy. This is a serious issue because our parents too are not ready. So where do we go? I think this is why some girls just do it (have unprotected sex). (Shina, 17 years).

I don't go to get such services (contraceptive) because the providers don't talk nicely. They can be so annoying and harsh to girls (...) (Jen, 18 years).

The three quotations above illustrate how participants in this study are concerned about being treated by healthcare providers. While the actions of the health practitioners may be understood when viewed through the lens of Nigerian culture and prevailing sexual morality, they may be rejected based on how they affect their sexual needs and agency. What this means is that participants are not merely rejecting the attitudes of healthcare workers but also pushing for their sexual rights (Ilsa, 2013; Sofia, 2019). This lends support to the call for comprehensive sexuality education (CSE) which is aimed at providing young people with accurate and unambiguous information about their sexuality and reproductive health and enables them to make responsible choices regarding sexuality and relationship.

Side effects

The third type of concern identified in this study is related to the fears of side effects of using modern contraception. Previous studies have found that worries about side effects often constitute a barrier to the use of modern contraceptive methods (Ali & Clel 1995 & Tolley et al 2005). Fears of side effects were reported as a concern by participants as illustrated in the following four extracts.

It is a bit scary to use the methods of preventing pregnancy. It might just fail you know? There is danger there too (Seva, 19 years).

Interviewer: *But have you ever used any?*

Seva: *Yes (laughing) but not always.*

I have tried using some (contraceptive methods) but I am just always afraid of the side effects. Sometimes you just start getting fat and may find it difficult to get pregnant after long use. The change in weight will make people in the community to start suspecting you (Fasen, 20 years).

My friends told me that the condoms can stick in my thing (vagina) (participants laughing). That is why I don't want to try using it (Vera, 18 years).

I am not comfortable with the use of contraceptive because it can cause prolonged menstruation and even infections. Some pill cause fibroids in women's body (...) (Lushan, 19 years)

The four direct quotations above from the data illustrate the perceptions and worries of female adolescents about using modern methods of contraception. This study found that many of the concerns relating to side effects are as a result of wrong information regarding modern contraception. This finding is similar to the result of a study conducted among sero-discordant couples in Rwanda and Zambia (Kristina, 2009). This means that female adolescents are not getting information regarding modern contraception from the right sources. This also has much to do with the attitude of those who are supposed to provide accurate information regarding contraceptive to ensure good sexual and reproductive health. All of the identified concerns constitute social and physical barriers that impinge upon female adolescents' ability to have the needed control over their sexuality.

Some coping strategies

A general question was asked in each FGD to understand how female adolescents are coping with their sexual needs or planning to cope as some of the girls in this study had just started having sexual intercourse. Participants talked about various strategies to manage their social reputation while expressing themselves as free sexual agents. One of the ways some female adolescents in this study navigate the sexual terrain is to engage in other sexual activities but abstain from penetrative sex.

I don't have much knowledge concerning how to prevent pregnancy and all that. So, I do some other sexual stuff to satisfy myself. I avoid getting into trouble. It will be a big shame if I become pregnant at this stage (Nnena, 20 years).

Detailed discussion with the participants reviewed that some female adolescents engage in masturbation as a risk reduction strategy to prevent sexually transmitted infections and pregnancy. Nnena reported that she usually masturbates and feels good and safe. Masturbation is believed to be a common sexual behaviour among young people and is thought to have emotional and sexual health benefits (Robbin et al 2011).

Research participants also reported engaging with the internet as a major source of information on contraception to avoid shame and escape judgment. Judgment creates an atmosphere of shame. This suggests that shame and fear of judgment are some of the huddles to unmarried people accessing sexual health information.

My best way of getting information about the methods (contraceptive methods) and what to do is usually online. There is a whole lot of good information there. No fear or shame on the internet (Grace, 19 years).

Much of what I know about preventing pregnancy is online. I read stuffs like that. My parents don't want to even imagine that I am no longer a virgin [participants laughing]. So, I also try to look as innocent as possible (...) (Jesta, 18 years).

The two excerpts illustrate how Grace and Jesta access reproductive health information from the internet without experiencing judgment. We argue therefore, that female adolescents prefer sources of sexual and reproductive information that ensure confidentiality and privacy. Previous research also suggests that young people generally prefer privacy, anonymity and confidentiality while accessing sexual health information and services (Waling et al 2023). Young people consider the internet to be easily accessible, more appealing and highly confidential.

Conclusion and Recommendations

For young people, experimenting with sex is one of the important parts of adolescence and one of the essential elements of their sexual and reproductive health is contraception. In this study, based on a sex-positive perspective, we explored what concerns female adolescents have in relation to accessing sexual health information and how this affects their sexual agency. The study findings suggest that young girls' concerns about their sexual life are shaped by fear, sexual morality discourse and attitudes discouraging the use of contraception. Sexual abstinence is no doubt the safest method for preventing undesired pregnancies and sexually transmitted infections among unmarried young people but not all of them may be willing or able to practice it. This group therefore needs to have access to accurate information and resources in order to help prevent unintended pregnancies and STIs.

There is need to tailor the delivery of contraception information to meet the concerns of female adolescents especially as it relates to the myths that surround the use of modern methods of contraception. The sexual and reproductive health of adolescents should be given the much-desired priority in health intervention programmes. This calls for targeted efforts to change the negative attitudes of health care workers towards providing reproductive health services to unmarried adolescents in the study area. The study also suggests the creation of centres that are friendly to young people where they can conveniently seek counselling regarding sexuality and contraceptive services.

References

- Ahanonu E. L. (2014). Attitudes of Healthcare Providers towards Providing Contraceptives for Unmarried Adolescents in Ibadan, Nigeria. *Journal of family & reproductive health*, 8(1), 33–40.
- Ali, M., & Cleland, J. (1995). Contraceptive Discontinuation in Six Developing Countries: A Cause-Specific Analysis. *International Family Planning Perspectives*, 21(3), 92–97. <https://doi.org/10.2307/2133181>
- Azende, P.M (2018) *Sexuality and sexual agency among female adolescents in north central Nigeria: A grounded theory approach* [doctoral thesis, University of Huddersfield <https://core.ac.uk>
- Azende, P.M. Mpem, T. Aho, T.J. & Nyajoh, E.M. (2020) Attitudes and Perspectives of Unmarried Young Women on modern Contraceptive Use in Makurdi LGA, Benue State. *Yar'Adua University Journal of Sociology (YUJOSO)* 3(2) 2636-5847
- Biddlecom, A., Awusabo-Asare, K., & Bankole, A. (2009). Role of Parents in Adolescent Sexual Activity and Contraceptive Use in Four African Countries. *International Perspectives on Sexual and Reproductive Health*, 35(2), 72-81.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597.

- Braun, V., & Clarke, V. (2019). Answers to frequently asked questions about thematic analysis. The University of Auckland. <https://cdn.auckland.ac.nz/assets/psych/about/our-research/documents/Answers%20to%20frequently%20asked%20questions%20about%20thematic%20analysis%20April%202019.pdf>
- Braun, V., Clarke, V., & Terry, G. (2014). Thematic analysis. In P. Rohleder & A. Lyons (Eds.), *Qualitative research in clinical and health psychology*. Palgrave MacMillan.
- Engelbert Bain, L., Amu, H., & Enowbeyang Tarkang, E. (2021). Barriers and motivators of contraceptive use among young people in Sub-Saharan Africa: A systematic review of qualitative studies. *PloS one*, 16(6), e0252745. <https://doi.org/10.1371/journal.pone.0252745>
- Envuladu, E. A., Massar, K., & de Wit, J. (2022). Adolescents' Sexual and Reproductive Healthcare-seeking behaviour and service utilisation in Plateau State, Nigeria. *Healthcare (Basel, Switzerland)*, 10(2), 301. <https://doi.org/10.3390/healthcare10020301>
- Flick, U. (2014). Mapping the field. In U. Flick (Ed.), *The SAGE handbook of qualitative data analysis* (pp. 1-18). London: SAGE Pub.
- Fusilier, M., & Durlabhji, S. (2001). Cultural Values of Indian Managers: An Exploration through Unstructured Interviews. *International Journal of Value-Based Management*, 14(3), 223-236. doi:10.1023/A:1017525822608
- Grabbe, K., Stephenson, R., Vwalika, B., Ahmed, Y., Vwalika, C., Chomba, E., Karita, E., Kayitenkore, K., Tichacek, A., & Allen, S. (2009). Knowledge, use, and concerns about contraceptive methods among sero-discordant couples in Rwanda and Zambia. *Journal of women's health* (2002), 18(9), 1449–1456. <https://doi.org/10.1089/jwh.2008.1160>
- Guse, K., Levine, D., Martins, S., Lira, A., Gaarde, J., Westmorland, W., & Gilliam, M. (2012). Interventions using new digital media to improve adolescent sexual health: a systematic review. *The Journal of adolescent health* 51(6), 535–543. <https://doi.org/10.1016/j.jadohealth.2012.03.014>
- Harden, K. P. (2014). A Sex-Positive Framework for Research on Adolescent Sexuality. *Perspectives on Psychological Science*, 9(5), 455-469. doi:10.1177/1745691614535934
- Ilsa L. L. (2013) Sexual Rights: Meanings, Controversies, and Sexual Health Promotion, *The Journal of Sex Research*, 50:3-4, 367-391, DOI: 10.1080/00224499.2013.764380
- Izugbara, C. O. (2008). Home-Based Sexuality Education: Nigerian Parents Discussing Sex With Their Children. *Youth & Society*, 39(4), 575-600. doi:10.1177/0044118x07302061
- Jonas, K., Crutzen, R., van den Borne, B., & Reddy, P. (2017). Healthcare workers' behaviors and personal determinants associated with providing adequate sexual and reproductive healthcare services in sub-Saharan Africa: a systematic review. *BMC Pregnancy and Childbirth*, 17(1), 86. doi:10.1186/s12884-017-1268-x
- Kreager, D. A., & Staff, J. (2009). The sexual double standard and adolescent peer acceptance. *Social psychology quarterly*, 72(2), 143–164. <https://doi.org/10.1177/019027250907200205>
- Ogunjuyigbe, P. O., & Adepoju, A. (2014). Perspectives on socio-cultural context of adolescent reproductive health behaviour in Nigeria. *African population studies*, 27(2), 343-351.
- Opara, P. I., Eke, G. K., & Tabansi, P. N. (2012). Perception of Sexuality Education amongst Secondary School Students in Port Harcourt, Nigeria. *West African Journal of Medicine* 2012, 31(2)109-113

- Rashid, S. F. (2011). Human rights and reproductive health: political realities and pragmatic choices for married adolescent women living in urban slums, Bangladesh. *BMC Int Health Hum Rights*, 11 Suppl 3, S3. doi:10.1186/1472-698X-11-S3-S3.
- Robbins, C.L, Schick V, Reece M, et al. (2011). Prevalence, Frequency, and Associations of Masturbation With Partnered Sexual Behaviors Among US Adolescents. *Arch Pediatr Adolesc Med*. 165(12):1087–1093. doi:10.1001/archpediatrics.2011.142
- Salam, R. A., Faqqah, A., Sajjad, N., Lassi, Z. S., Das, J. K., Kaufman, M., & Bhutta, Z. A. (2016). Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions. *The Journal of adolescent health*59(4S), S11–S28. <https://doi.org/10.1016/j.jadohealth.2016.05.022>
- Schalet, A. T. (2011). Beyond Abstinence and Risk: A New Paradigm for Adolescent Sexual Health. *Women's Health Issues*, 21(3), S5-S7. doi:10.1016/j.whi.2011.01.007
- Sofia, G, Vithika, Y, Antón, C, Gvantsa, K & Eszter, K (2019) Sexual health, sexual rights and sexual pleasure: meaningfully engaging the perfect triangle, *Sexual and Reproductive Health Matters*, 27:1, 29-40, DOI: 10.1080/26410397.2019.1593787
- Tilahun, M., Mengistie, B., Egata, G., & Reda, A.A (2012). Health workers' attitudes towards sexual and reproductive health services for unmarried adolescents in Ethiopia. *Reproductive Health*, 9(19). doi:doi:10.1186/1742-4755-9-19
- Tolley, E., Loza, S., Kafafi, L., & Cummings, S. (2005). The impact of menstrual side effects on contraceptive discontinuation: findings from a longitudinal study in Cairo, Egypt. *International family planning perspectives*, 31(1), 15–23. <https://doi.org/10.1363/3101505>.
- Waling, A., Farrugia, A. & Fraser, S. Embarrassment, Shame, and Reassurance (2023) Emotion and Young People's Access to Online Sexual Health Information. *Sex Res Soc Policy* 20, 45–57. <https://doi.org/10.1007/s13178-021-00668-6>.
- WHO Regional Office for Europe, U. (2014). Adolescence: building solid foundation for lifelong flourishing. *The European Magazine for sexual and Reproductive Health*.