

# Sexual and Reproductive Health Challenges of Adolescent Males and Females in some Communities of Plateau State Nigeria

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**Abstract Background:** Unsafe sex is a common practice among adolescents in Nigeria resulting in unintended pregnancy, which eventually ends in unsafe abortion and STI. **Methodology:** An exploratory qualitative study was conducted among adolescents between the ages of 18 to 19 years in Plateau state, Nigeria from June to July 2016. Eight Focus group discussions with adolescents who were in groups of males and females, 4 in-depth interviews with parents and 4 in-depth interviews with health care providers were conducted. **Results:** Three major sexual and reproductive health problems were specifically mentioned during the discussion as challenging to adolescents namely; unintended pregnancy, unsafe abortion and STI/HIV. All the respondents mentioned that abortion is a common practice among female adolescent who are confronted with unintended pregnancy. Majority of those who abort their pregnancies do so either using local concoctions or visit quacks and unprofessional like the local medicine vendors. Both health care providers and parents reported a high rate of unintended pregnancy and abortion among adolescents. **Conclusion:** This study found that unprotected sex is a common practice among adolescents in Plateau State resulting in unintended pregnancy, which leads to unsafe abortion. Both male and female adolescents are faced with the challenge of STIs as a result of unsafe sexual practice.

**Keywords** Adolescents, Sexual, Reproductive, Pregnancy and abortion, Nigeria

## 1. Introduction

It has been projected that the population of young people in Nigeria will exceed 57 million by the year 2025, a large proportion of which are adolescents. [1] Adolescents constitute an important proportion of the population of Nigeria, they have delicate stages that presents with challenges especially that of sexual and reproductive health due to the developmental changes. [2, 3] It is important that they experience safe and pleasurable sexual life, the absence of which may expose them to reproductive health challenges. [4, 5] Presently, about one quarter of Nigerian adolescents are sexually active with age of sexual debut ranging from 10 to 15 years. [6-9]

Unsafe sex is a common practice among adolescents including inconsistent and incorrect condom use resulting in unintended pregnancy that ends in unsafe abortion and its complications. [10, 11] This practice also exposes them to STI and HIV with a prevalence of 17% among adolescents in the southeastern part and 14% in the northern part of the

country. [12-14]

Adolescent pregnancy is a daunting problem in Nigeria. Studies have shown the prevalence of unintended pregnancy among adolescents to be 23% in the west, 36% in the southwest and 26% in the North central part of the country. [15-20]

The inability of adolescents to access contraception when needed has also been found to be responsible for the unintended pregnancy among adolescents, this in most instances end in unsafe abortion. [21, 22] In southwestern Nigeria for example, 27.4% unintended pregnancy among adolescents in a secondary school all ended in abortion while other studies recorded about 60%. [23-25], Nigeria reports a yearly abortion rate of 25 abortions/1000 women more than a quarter of which are from adolescents resulting from unintended pregnancy. [26, 27] In the southern part of Nigeria, about 32% of the cases of unsafe abortion was among adolescents who had unintended pregnancy. This poses danger to the lives of adolescents contributing to the overall maternal mortality in Nigeria. [28-30]

Getting pregnant may not even be the most disturbing problem for some adolescents in Nigeria but the fact that in most cases it interferes with their education. Evidence from studies has shown that those who are pregnant as students either dropout of school or are dismissed from school,

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Published online at <http://journal.sapub.org/ijpbs>

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majority of whom may never get back to school again while others are forced by their parents into child marriage as a result of the pregnancy. [31-33] Of recent, Nigeria has been identified as a hot spot zone where child marriage is at its highest, especially in northern Nigeria. [34, 35] Child marriage is a major problem for the whole of Nigeria; The National Demographic and health Survey (NDHS) 2013 shows that 28.8% of females between ages 15 and 19 are currently married. The rate is as high as 76% in the North and 10% in the South Eastern part of the country and adolescent fertility rate is 122 per 1000 women; amidst the low contraceptive rate among adolescents. [6, 36-38]

The rate of unintended pregnancy and STI among adolescents is increasing becoming a major problem in Nigeria, however the sexual and reproductive health challenges of adolescents have been greatly neglected in Nigeria and not very well understood despite the magnitude. [39-44] This study aimed to explore some of the reproductive health challenges that adolescents face in order to inform positive interventions to address the challenges including advocacy to the relevant stakeholders.

## 2. Methodology

The study was an exploratory qualitative study that was conducted from June to July 2016 in two local government areas of Plateau state, Nigeria. Six Focus group discussions with adolescents between the ages of 18 to 19 years who were in groups of males and females and 3 in-depth interviews with parents and 3 with health care providers were conducted. Adolescents were recruited through the youth leaders comprising of a male and a female in the communities who purposively identified the adolescents that gave their consent to be part of the study.

The health care providers were recruited on the basis of those who had worked with adolescents or provide services relevant to adolescents such as family planning, HIV and STI services. Permission was taken from the Community health officer/ Nurse in charge of the clinics and the list of the health care providers were obtained to identify those who work in the family planning unit and the STI or HIV unit. Those who gave consent were then interviewed at their free time.

Both the FGD and the IDI were conducted in a private area most convenient for the participants and identified by the participants to ensure privacy. Two adolescents who were trained prior to the study facilitated the FGD. They were divided into groups of males and females and in a group of twelve participants in each group. With the permission of the participants, notes were taken and an audio tape recorder was used to record the discussion.

The data processing began right from the time of data collection by ensuring all relevant questions have been asked and information gotten. The information from the FGD and the IDI were categorized according to the themes and codes were assigned to the responses. The information was

summarized based on similar responses in a matrix form and triangulated. The information was transcribed and analyzed using excel and the results was presented in text form.

Ethical approval was obtained from the Royal Tropical Institute (KIT) Ethical Review board in Amsterdam, the Netherlands and the Jos University Teaching Hospital Ethical committee in Nigeria. Permission was obtained from the ward heads of the two communities and an informed consent was obtained from the participants before commencement of the study.

## 3. Results

Three major problems were specifically mentioned during the discussion as challenging to adolescents namely; unintended pregnancy, unsafe abortion and STI/HIV. The health care providers also concurred with the fact that unintended pregnancy was very common among adolescents but complained that most end up in the hands of quacks for unsafe abortion and only report late to the health facilities with complications. The parents also expressed worry about the rate of unintended pregnancy among adolescent girls and reported child marriage as a result of the pregnancy.

### Pregnancy

On a whole, all the adolescents in the FGD repeatedly mentioned that pregnancy is a major problem faced by adolescent females in all the communities, the males in school and out of school estimated that pregnancy rate is about 6 to 7 out of 10 females while the females estimated that about 7 females out of 10 will be pregnant. Parents and HCPs also confirmed this.

*“Pregnancy is a common thing here, out of 10 females you can see 6 or 7 females pregnant, in fact every month a girl can be pregnant here”* (Male in school).

*“Hey, it is very common for females to get pregnant, 7 out of 10 females can be pregnant”* (female out of school).

*“Pregnancy is very common here but most of them is when they have complications from abortion that you see them in the health facilities”* (Male Health care provider).

### Art and methods of abortion

All the respondents mentioned that abortion is a common practice among female adolescent with unintended pregnancy either for the fear of being condemned by people, being sent out of school or forced to get married. Most of the females out of school mentioned using local methods and females in school frequently mentioned going to chemist or quacks for abortion.

*“When they are pregnant (unintended pregnancy), ahhh is abortion straight, 3 to 4 out of 5 females will terminate the pregnancy”* (Male in school).

### Local method of abortion

The local methods were common practice mentioned by both groups.

They are practices based on advice of peers and friends

who reported it has worked for them. In most cases the girls are left to sort out themselves and pay for the expenses

*“Add plenty Tomtom (sweet) into lacasera (a drink), allow it to dissolve and drink it and the pregnancy will be aborted or you cannot get pregnant”* (Female in school).

*“I have seen a lady in my house who drank bitter leaf water to abort her pregnancy, she started bleeding and was in pain and the baby came out”* (Female out of school).

The other methods mentioned mostly by females in school are the preference for quacks against going to the hospital since it is illegal to carry out voluntary abortion in the health facilities.

*“Females go to chemist (medicine vendors) for drugs to abort pregnancy or arrange with some health workers that will do dilatation and curettage (D/C) in some places”* (Female in school).

*“There is a man in a chemist here that will remove the pregnancy even at 5 months, my friend’s pregnancy was 5 months and it was removed because she was afraid of her step mother”* (Female out of school).

#### **STI/HIV**

STI was also a problem reported by most of the adolescents, commonly mentioned was gonorrhoea and the symptoms described were vaginal and penile discharge, genital itching, pain while passing urine and blood in urine. HIV was also mentioned mostly among the out of school adolescents. They were unsure of other STIs since they could not make diagnosis but accepted there were other symptoms. The health care providers also mentioned gonorrhoea as the commonest STI seen in the health facilities.

*“Gonorrhoea is common among young males here, even females, they will be crying when passing urine and have vaginal discharge”* (Male in school).

*“The common adolescent problem seen here is gonorrhoea, HIV and most of those that are pregnant only come after abortion with quacks and there is complication.”* (Male health care provider).

#### **Child marriage**

Child marriage was mostly mentioned among out of school female and child marriage for both sexes is mostly as a result of unintended pregnancy leading to school dropout particularly for the female adolescents.

*“Both females and males are getting married early here, if you get a girl pregnant they can force you to marry her if the boy accept”* (Male out of school).

*“Some females are forced to get married because they are pregnant but some can get married even if not pregnant like my friend”* (Female out of school).

*“It is very common here, females get married at the age of 15 years, some is because they are pregnant then you will be forced to get married”* (Female out of school).

*“Females drop out of school because there is no money and they are forced by parents to get married to rich men”* (female out of school).

*“When a girl is pregnant she has to follow the man and marry him”* (Female parents).

#### **Prevention of pregnancy**

Various methods of preventing pregnancy were mentioned in the different FGDs, the use of modern contraceptives and the local methods.

##### **Local methods of preventing pregnancy**

What most adolescents frequently mentioned was the local methods of using concentrated salt, local bitter leaf and douching. This is practiced mostly after sex believing it will cleanse the sperm and prevent pregnancy

*“If you don’t want your girl to get pregnant, immediately after sex let her take hot water with concentrated salt inside or Andrew liver salt”* (Male out of school).

*“Some females will tie cotton wool with thread and insert into the vagina immediately after sex and pull it forcefully to clean up the sperm and prevent pregnancy”* (Female out of school).

##### **Modern methods of preventing pregnancy**

Very few females in school use modern contraceptives and emergency contraceptives to prevent pregnancy, which they get from the medicine vendors (chemist). It was not mentioned among out of school adolescents

*“To prevent pregnancy you have to use family planning, different types you can get from the chemist or hospital”* (Female in School).

*“You can take postinor 2 (emergency contraceptive) within 72 hour of having sex if you don’t want to get pregnant”* (Female in school).

##### **Abstinence**

Very few adolescents in school said they would choose to abstain for the fear of getting pregnant and because of religious values

*“Some females will say no they don’t want to have sex so that they can continue with their education or because of fear of death and some do not have sex so that they can keep themselves as virgins for their husbands”* (Female in school).

*“When females get pregnant they are forced to leave school most times but the males can continue with their education so is better to abstain from sex”* (Female in school).

## **4. Discussion**

Unintended pregnancy is obviously a huge problem among female adolescents requiring urgent attention. This is because of the subsequent outcome of the unintended pregnancy such as unsafe abortion that has become a common practice among the female adolescents and for those out of school, the teenage marriage with its consequences as a result of the unintended pregnancy. The high rate of abortion recounted by both adolescents and health care providers is not surprising considering the high

rate of unsafe sex and unintended pregnancy. [16, 19, 20]

Adolescent girls are also coerced into unwanted sex, which puts them at risk of unintended pregnancies that ends most often in unsafe abortions. Abortion rates among adolescents are high, [45, 46] the fear is the complications arising from the practice since majority resort to crude way of terminating the pregnancy at the risk of their lives. Despite these, adolescents are faced with barriers to sexual and reproductive health information and are unable to access the services needed to protect their health.

It is imperative to say that not all pregnancies at this age end in abortion but the concern is the overwarming negative effect associated with adolescent pregnancy. Among the pregnant women attended to in a tertiary teaching hospital in Nigeria, teenage pregnant women had the worse complications. Some of which are; anemia, obstructed labor and its sequel; genital fistulae, low birth weight and perinatal mortality. [47-49]

In the North, a girl is given out in marriage as a teenager on the grounds of culture or religion, which is not a common practice in the southern and eastern part of the country. The main reason for child marriage as reported by most adolescents and parents in this study, is pregnancy. This was however not a common finding from studies [50-52] but should child marriage be condoned for any reason? Considering both the short term and long term consequences of child marriage?

Other sexual and reproductive health challenges faced by adolescents are the increasing HIV and STI prevalence rate among adolescents within the ages of 15 to 19 years. [53, 54] The common STI recounted was gonorrhoea, which was also confirmed by the health care providers. This affects both males and females and with the unsafe sex practice among them; one is worried about the risk of spreading the infection in the communities.

## 5. Conclusions

This study found that adolescent in Nigeria practice unprotected sex and the barrier to access sexual and reproductive health information and services are exposing them to major sexual and reproductive health challenges such as unintended pregnancy resulting in unsafe abortion and child marriage for the females. Both sexes are however faced with sexually transmitted diseases mainly gonorrhoea and HIV as a result of their unsafe sexual practices. Although adolescents in school and those out of school face slightly different challenges, there is a need for an urgent intervention that will better inform and empower adolescents to have a healthy sexual and reproductive life and prevent morbidity and mortality among adolescents in Nigeria.

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