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**PROMOTING THE USE OF CONTRACEPTIVES AMONG TEENAGERS IN DEVELOPING
COUNTRIES**

LITERATURE REVIEW

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Thesis abstract

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Globally, unintentional pregnancy and sexual transmittable diseases are noticeably posing a risk to the reproductive health of women. Information and services of contraception are fundamental to health, and it is the right of everyone, no matter the age. Having good information on contraceptives reduces the rate of unintended pregnancies and transmittable diseases.

The purpose of this thesis is to identify the key problems associated with teens avoidance of contraceptive, wrong use, and effects. Our aim is to promote the use of contraceptives in developing countries by means of a literature review. Furthermore, the target is to find out possible barriers, methods, and benefits that have contributed to contraception avoidance and look for possible ways to achieve our purpose. We also hope that our thesis can be of great use to adolescents in developing countries.

Data was collected using a literature review method. Online databases and articles were used to find contemporary data. The collected data was analyzed by the guidelines of content analysis. The found data was read thoroughly and the findings were categorized to determine results.

The results indicate that easy access to contraception and youth friendly services, creating awareness, improving knowledge, and understanding contraceptive use, overpowering restrictive laws and policy, and skilled workers are most relevant aspects. They can help in promoting contraceptive use among adolescents in developing countries.

Keywords: contraception, adolescents, sexual health, education, health care

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TERMS AND ABBREVIATION

AIDS	Acquired immunodeficiency syndrome
CDC	Centre for Disease Control
CSE	Comprehensive sexuality education
G.O	Government organization
HCP	Health Care Providers
HIV	Human immunodeficiency virus
IUD	Intrauterine device
NGO	Non-governmental organization
PS	Private sector
STI	Sexually transmitted infection
TP	Training practice
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WHO	World health organization

1 INTRODUCTION

Annually, an estimated value of 16million adolescents aged between 15-19 years give birth. Girls of this age mostly have complications which may arise from pregnancies and childbearing, leading to death in low and middle-income countries. A lot of adolescents have insight into gloomy health repercussion of early pregnancy, unprotected sexual activity, unsafe abortions, pregnancy related mortality and morbidity, sexually transmitted diseases, HIV, and its socioeconomic cost. Perinatal deaths and low birth weights are high in babies born to adolescent mothers. However, the use of contraceptives is imperative in preventing unwanted pregnancies. (WHO 2020)

In the world today, adolescents are currently witnessing the largest cohort of adolescent history globally. There is a fast-growing population of teenagers between the ages of 15 and 19 among which there are 260million girls and 280million boys in developing countries. An overall population of 70% of these youngsters spread out to Latin America, Caribbean, Sub-Saharan Africa, Southeast and South-Central Asia. Teenage girls in Latin America, Caribbean, Sub-Saharan Africa, Southeast Asia, and South-Central region who fall between the age of 15 and 19 amount to one fifth of fertile women. The continuous change in the method of contraception and marriage in this region is high, leading to low income, and high level of poverty (Guttmacher Institute, 2012). Among the estimated population of teenagers living in developing countries, over 39% are married. This is as result of high level of both financial and academic level of poverty. The more economic in-disposable a nation and a region are, the higher the prevalence of teenage unintended pregnancy, and high rate of teenage marriage. (Guttmacher Institute, 2012)

Due to many factors in developing countries, an estimated value of about 6 million unplanned or unexpected pregnancies occur among women of this adolescent age group living in these developing nations. These unplanned pregnancies occur among married women, and those practicing natural contraceptive method, as well as those using no contraceptive at all. This has led them into unhealthy and unsafe abortion, which is estimated to be about 19 million every year in developing nations. (Guttmacher Institute, 2012) Unplanned pregnancy has many negative effects, which include but are not limited to job opportunities, inherent poverty, and limited academic privilege. These are mirrored in

economic and social stigma. Beside economic, social and health implications of unintended or unplanned pregnancy, global public health acknowledges access to reproductive health services as a basic right to all irrespective of age, marital status, or personal way of life. This right is pillared and rooted in the United Nation Sustainable Development Goal. (Cohen, et al. 2020) Globally, unintentional pregnancy and sexual transmitted diseases are noticeably posing a risk to the reproductive health of women (Durowade et al 2017). The target of this thesis is to identify the key problems associated with teens' avoidance of contraceptive, wrong use, and effects. Our aim is to promote the use of contraceptives in developing countries with the help of a literature review, and to find out possible barriers, methods, and benefits that have contributed to its avoidance and look for possible ways to achieve our target. We also hope that our thesis can be of great use to adolescents in developing countries.

2 THEORETICAL BACKGROUND

2.1 SEXUAL HEALTH EDUCATION IN DEVELOPING COUNTRIES

The untimely engagement of adolescents in sexual intercourse has several implications, thereby ushering in the need for the provision of sexual health education. The tendency of the attitudinal change of teens towards sexual engagement is the reason for the introduction of reproductive health education, counselling, and access to services that will improve their knowledge on sex and create a healthy reproductive lifestyle. Aside the above-mentioned view, which deals with the risks and dangers teens are exposed to, it will be a strong tool that will put them on the right path of making good decisions and engaging in safe and healthy sexual intercourse. (Susheela et al. 2017)

Sexuality education has several advantages when it is comprehensively implemented. It has a lot of benefits, including the provision of information on human reproductive system, control of the spread of sexual transmitted diseases (STDs), reduction in the hazard associated with child delivery, and development of social skills. (Abiodun, 2010)

2.2 CHALLENGES OF SEXUAL HEALTH EDUCATION

Culture has a great impact on the matters of belief, practices, and behaviour of its followers. It affects how adolescents are raised, how they need to behave, and how open they can be in discussing matters of sexuality. Conservative societies forbid the discussion on adolescent problems and exhibit more gender inequality. Sexual taboos have their root in cultural beliefs and have important implications in the sexual health and morbidity. Many societies still hold misconceptions about menstruation and masturbation. Elderly people never educate on the basic concepts of bodily changes that occur during adolescence, keeping them in the dark. There has always been an issue of discomfort regarding sharing of knowledge on sexuality with offspring in which Nigeria is not an exception, and this is quite different when compared to developed countries like the U.S.A, and Canada (Shukla,2016)

In an African context, sex related matters are not permitted openly for discussion, an average African fear publicly discussing sex related matters, and as such the young ones are sent out of the vicinity when matters like this arise (Abiodun 2010).

Attitudinal disposition towards sexuality education determines an individual participation in the programme whereby positive attitude is therefore required for maximum involvement. Parents are expected to make significant contribution in the education of the children. They are supposed to be the first tutor of the children when it comes to sexual matters. Sexuality education is therefore a collaborative effort of both parents, teachers, and the community (Abiodun, 2010). One of the biggest challenges of sexuality education in most developing countries is the non-inclusion of full package of sexuality education in the education curriculum unlike in developed countries. For instance, in Finland, children are taught of this at grade 7 at school following the educational system. On the contrary, in Nigeria for example, to some people's belief, sexuality education has not been included in the Nigerian school curriculum. Presently, the national policy on education has no specific plan for the teaching of sex education under some subjects like health science and biology. (Abiodun, 2010)

2.3 ADOLESCENCE

It is considered that adolescence is the stage between the age of 10 and 19 years old. At this stage, adolescents sail through different numerous physical, cognitive, and emotional changes, as they begin to get independent. Adolescents begin to experience different things like alcohol or drugs, smoking, as well as sexual activities, which in the long run may be associated with sexual reproductive health risk, unwanted pregnancy, as well as sexually transmitted infections (STIs). (Abma & Martinez 2017)

According to WHO (2020), in many societies around the world, there are many factors that contribute to adolescent pregnancies and births. In some societies, girls are pressurized to give birth and bear children early. In few developing countries, at least 39% of girls get married before the age of 18, 12% before the age of 15, and sometimes girls choose to become pregnant because they have low educational and employment prospects and most times marriage, motherhood, or childbearing are considered some of the best limited options

available. Adolescents who may want to avoid getting pregnant might not be able to do so because of misconception and knowledge gap on the different methods of contraception and its uses. They face different barriers of accessing contraception, including restrictive laws and policies, provision of contraception based on marital status, health workers being biased, or lack of willingness to acknowledge adolescents' sexual health needs and their own inability to access contraceptives. Each year among adolescent girls pregnancy occurs between the ages of 15 and 19, and most can be as a result of sexual violence, which is widespread, with more than 1/3 reporting as their first sexual experience in some countries.

2.4 CONTRACEPTION

Contraception is defined as the deliberate avoidance of conception using various mechanisms, sexual practices, chemicals, drugs, or surgical procedures. Effective contraception allows couples to enjoy physical relationship without fear of unwanted pregnancy and preparedness to have children when ready (Rakhi and Sumathi 2011). The use of contraceptives has increased in many parts of the world, most especially in Asia and Latin America, but its uses has continued to be low in sub-Saharan Africa. Worldwide, modern contraceptive use increased from 48% in 1990 to 57% in 2012. In Africa, it rose from 24% to 27%, and in Asia and Latin America from 61% to 67% respectively. It was also said that adolescent reproductive health is increasingly recognized as one of the major determinants of human development. (Tchokossa & Adeyemi 2018)

In many countries around the world, contraceptive use has increased drastically, most especially in Asia and Latin America, but the use has continued to reduce in sub-Sahara Africa. Panoramically, contraceptive use rose from 48% in 1990 to 57 % in 2012. The regional proportion of women between the ages of 15 and 19 years of age reportedly using contraceptive has risen between 2008 and 2012. In Africa, it increased from 24% to 27%, while Asia, Latin America and the Caribbean still had between 61% and 67% respectively. (WHO 2014)

2.5 METHODS OF CONTRACEPTION

2.5.1 Traditional method

There are 3 traditional methods of contraception. The Coitus Interruptus or withdrawal method, which involves the withdrawal of the penis from the vagina at the time of ejaculation, thereby preventing the semen into the womb. This can be said to be one of the oldest methods of contraception of the male counterpart.

The lactational amenorrhea method can happen during breastfeeding, where hormones secreted can prevent conception for about 6 months, because at this stage there will be no menses and full breastfeeding is maintained day and night. Nevertheless, in the case of sore or cracked inverted nipple or abscess breast, women conceive during this period before the return of the menses.

The rhythm method explains the monitoring of changes in the cervical mucus, a woman's menstrual pattern and body temperature, knowing the period when the woman is most fertile. At this time, the intercourse is avoided requiring proper calculation and proper record keeping. (Rakhi & Sumathi, 2011)

2.5.2 Modern methods

The use of condoms as a method of contraception continues to be the most used and most common method used by adolescents (Vayngortin et al 2020). This is a thin rubber or latex sheath rolled onto the penis before intercourse, which prevents the sperm from penetrating. It is used by all age groups, it is safe, it does not require any form of medical examination before use. It can be bought without prescription and can prevent unwanted pregnancies, as well as STI diseases. This method is considered 95% effective if used the right way. (Rakhi & Sumathi 2011)

The oral contraceptive pills work by preventing the release of eggs, thickening of cervical mucus, and altering tubal mobility. It is considered 100% effective if taken every day. Pills are prescribed after a medical checkup is done. This method is easy and comfortable and does not interfere with sex. The injectables method obstructs ovulation and increases the viscosity of the cervical secretion to form an obstruction to sperm. It is 99% effective, easy

to administer, and suitable during lactation. People who use this kind of method should be counselled and supported. The emergency contraceptive pill is used when two doses of pills are taken within 3 days and at 12-hour-intervals after unprotected sex. It can be available without prescription. The hormonal contraceptive methods include oral pills or implants, patches or vaginal rings, which release small amounts of one or more hormones to prevent ovulation. (Rakhi & Sumathi 2011)

2.5.3 Surgical methods

There are three surgical methods listed here. The intrauterine devices (IUDs), which is a procedure done after menses, abortion pregnancy, or 4-6 weeks after delivery. A small, flexible, plastic device, usually with copper, is inserted into the woman's womb by a qualified practitioner. The copper ions have spermicidal substance, which prevents fertilized eggs from settling in the womb. It is 95-98% effective, it does not interfere with intercourse, and can be removed if conception is needed.

Another surgical method is the female sterilization (tubectomy), which is reliable, permanent, and preferably done after the last childbirth. Although this method is permanent, it can be reversed but might not be successful.

Lastly, the male sterilization (vasectomy) is a permanent method where the vasa deferentia that carries the sperm from the testes to the penis is blocked, thus preventing the sperm from entering the semen at the time of ejaculation. This method does not require hospitalization, does not interfere with intercourse, and does not affect health or sexual vigor. (Rakhi & Sumathi 2011)

2.6 BARRIERS OF ADOLESCENT CONTRACEPTIVE USE

In African countries, 53% of women in their productive stage have reasons why they do not use contraceptives. The median age for first sexual intercourse in most western countries is 17 years. At 18 years of age, studies show that 60% of females already had intercourse and at 20 years of age about 80% already had intercourse, with many having more than one partner. About 222 million women worldwide in developing countries would like to space or delay childbearing or prevent diseases as much as they can, but have different reasons why contraception is not in use. Barriers like limited access to contraception, limited choice when

it comes to the methods of contraception, the fear or experience of side effects, cultural or religious oppositions, poor quality of availability of services, and gender-based barriers, as well as financial constraints and lack of access to services. (WHO 2014)

Many women are misinformed, they get most of their information from friends and relations, they lack the right information of use. Many adolescents fear that using contraceptives can cause infertility or some other unwanted health issue. (Huber and Norris 2020) Others fear that using contraceptives can make them infertile, can cause amenorrhea (which is the absence of menstruation), weight gain, premature babies, or stop their bodies from producing milk when a baby is born. It may also be that they fear they might lose the support of their spouse. It is typical for a woman in sub-Saharan Africa to rely on her husband for key decision making even in health care. Most women in Africa express the need to have large families, they desire to have a certain number of children from a particular gender. (Durowade et al 2017)

Lack of knowledge about contraception, bad services rendered, negative social barriers, fear of side effects can be barriers to contraceptive use. Women believe that the use of contraceptives can cause social stigmatization and partners' disapproval (Huber and Norris 2020). Religious belief is another barrier that adolescents face, as well as cultural beliefs and norms, the cost of contraceptives being expensive, people thinking it is only for married women (Julius & Oluwadamilola, 2020).

2.7 BENEFITS OF THE USE OF CONTRACEPTIVES

The outcomes of contraceptive use include poverty reduction and decrease of maternal and child mortality. Women are empowered by reducing the burden of excess childbearing, and enhancement of environmental sustainability by stabilizing the population of the planet. It creates enablement for informed choices of sexuality and reproductive health, giving opportunities for enhanced education and participation in society, getting paid employment, allowing parents to be able to invest better when they have fewer children than when they have plenty children. It protects against unwanted pregnancy and STIs, giving women the ability to control their sexuality and fertility using proper contraceptives. It is the backbone of ensuring other aspects of women's rights and human rights. (Alano and Hanson 2018)

Furthermore, the use of contraception reduces maternal and infant mortality, offering remarkable contributions towards the empowerment of women in multiple ways. This including the avoidance of unplanned and unwanted pregnancies, increasing the amount of time between successive pregnancies, and enabling engagement in educational and economically productive activities. (Alano & Hanson 2018)

3 SEARCH FOR INFORMATION

Information was searched using primary databases like EBSCO (CINAHL), PubMed and other renowned websites, such as www.researchgate.com and www.who.int.com, as well as Google Scholar. Initial searches about the research topic were done on 2nd of September 2020. The information was extracted using different keywords like sexuality, education, teenage pregnancy, cultural background, family planning, decision making, contraceptives, health care, developing country, contraception, adolescents, and abortion. Some articles and journals require payment to purchase, and some require confidential login, using personal or institutional information to access the material. Articles were searched using key words, materials related to the topic, relevant materials selected, not older than 10 years. Also, full text in English and mostly in PDF-document format were selected.

4 PURPOSE AND AIM OF THE STUDY

The purpose of this thesis is to identify the key problems associated with teens avoidance of contraceptive, wrong use, the effects. Our aim is promoting the use of contraceptives in developing countries using literature review. Finding out possible barriers, methods, and benefits that has contributed to its avoidance and finding out possible ways how we can achieve our purpose We also hope that our thesis can be of great use to adolescents in developing countries. Our research question is:

How to promote the use of contraceptives among teenagers in developing countries?

5 THESIS METHODOLOGY

We sourced for materials in relation to our topic using reliable search engines, books, articles, and professional journals. We decided to use literature review, which allows us to draw from existing knowledge and ideas from other scholars, which supports the idea and picture we intend to implement for clarity and for educational purpose, as well as promoting the use of contraceptives in developing countries.

5.1 Method

The method used in this thesis was the literature review. McCombes (2019) states that literature review is a survey of scholarly sources on a specific topic that provides an overview of current knowledge, allowing one to identify relevant theories, methods, and gaps in the existing research. On the other hand, literature review can mean a simplified summary of information published on a specific topic or subject within a particular period.

To have a good literature review, it requires well written valid information and few own words incorporated. Literature review is a four to five-step process, which in any step of the process, one must first identify the subject of the literature review or select a topic for review. The next step is the information searching, followed by collection of scholarly written work in relation to the topic such as books, journals, publications, as well as reliable search engines and electronic database with related key words, alternatively words with similar meanings that can prompt more information to throw light on the selected topic. (McCombes, 2019)

5.2 Analysis

This thesis was analysed using the research question which stood as a guide to give our thesis a clear focus and purpose. According to McCombes (2019), a good research should be focused, researchable, feasible, specific, complex, and relevant to the field of study. We began our search using the SeAMK Library, CINAHL complete with a comprehensive search capturing the target population of adolescents within our age range. For research articles, we expanded our search by limiting to the year of publication, which is between 2010 to

2020, English language, full text. Furthermore, materials were analysed using developing regions like the developing countries in sub-Saharan, Latin America, the Caribbean, and Asia. This was done by searching for materials using SeAMK library, research articles, journals, Ebsco, google scholars, and research gate. Critically reading through the material and then deciding on the books, articles, and journals worthy of further reading and critical analysis for a review. Adolescents between the ages of 10 and 19 were considered, the need for sex education, methods of contraception, usefulness of the use of contraceptives, barriers, promotion of contraceptives, and nursing role in promoting contraceptive use. All findings were clearly presented, chronological, and in sequential order considering the research question in each of the step taken. We used 32 references all together. Finally, all the references used in the research were put together and marked, creating comprehensive information provided about the current knowledge of the research topic reviewed. (McCombes, 2019)

5.3 Ethical consideration

As clearly quoted by the American Judge Potter Stewart, "Ethics is knowing what you have the right to do and what is right to do". In writing a thesis, ethical consideration is very important. There are some basic principles for research in ethical consideration (Ethical consideration on writing quality dissertations, 2020), which are as follows:

- Risk harming in the course of research should be minimized
- Must acquire informed consent
- Protection of anonymity and confidentiality
- Others' ideas should be acknowledged and respected
- Avoidance of exaggerated or deceptive wrtings
- Provision of the right to withdraw

As we commit to the standard process of literature review, we followed the guidelines and rules of the writers' ethical consideration, we ensure that our materials were fetched from trustworthy, up-to-date and reliable sources. Only data from scientific articles or publications by original authors were used. Furthermore, we ensured that the data gathering process was in accordance with the scientific guidelines as well as SeAMK guidelines.

In using the material, we were careful to consider ethical points in the research. We were honest about the information obtained, not exaggerating or misinterpreting any of it. All the source material gotten were referenced, referenced correctly, all abbreviations were clearly defined, in order to avoid plagiarism, in accordance with good research practice and regulations. In writing our thesis, we acquainted ourselves with the topic of the thesis and the guidelines of research ethics. We are aware that our thesis will be examined in a plagiarism identification and understand that our thesis is a public document. (Ethical recommendation for thesis writing at the University of Applied Sciences, 2017) In order to make our thesis competent and worthy, our topic was clearly defined, names of authors were correctly spelled, ensuring there is enough research material for us to use in order to have enough information for our thesis, thus creating a clear structure flow and attention of the reader.

6 FINDINGS

6.1 Easy access to contraceptives and youth friendly services

Generally, there should not be any financial barrier between the health care system and adolescents regarding the use of contraceptives and healthcare. The socio-economic wellbeing of the community should be improved through measures that empower economically for more people to have proper access to contraceptive use. There should be STI screening and potential treatment for adolescents. There should be medication to manage side effects also. (Potasse and Yaya 2021) Making contraceptive methods available and easily accessible in a variety of outlets, venues where they socialize and supporting adolescents with the right method. Through counselling interventions, this can help them increase knowledge of contraceptive methods. It will enable individuals to make informed decisions and use contraception more effectively. (Venkatraman et al. 2014) Youth-friendly services can provide a full range of contraception, including long-acting reversible contraceptives, and ensure that services are accessible, acceptable, equitable, appropriate, and effective, as well as providing postpartum and post-abortion contraception and counselling (Gottschalka and Ortayli 2014). It is important to build a modern health care centre that can attract adolescents, where healthcare workers should be friendly and build good attitudes. (Venkatraman et al. 2014)

Building confidentiality will increase the willingness of adolescents to unveil imperative health information and seek for medical care advice. It can influence positively on the use of contraception. Healthcare centres should welcome adolescents with a flexible appointment time, considering their age bracket, schedule follow up visits to ensure acceptability and ongoing contraceptive instructions. (Todd and Black 2020)

There should be sufficient availability of goods and services in the public health centres in accordance with WHO model list of essential medicines, which stands as a guide to the procurement and supply of medicines. In many developing countries, contraceptives like condoms (male and female), oral contraceptives, intrauterine devices (IUDs), hormonal injectable contraceptives, implants, and emergency contraception, are lacking or not available, because of inappropriate laws and policies, inefficient systems of supply and

logistics management. Low or absent funding has not been able to meet most governmental aims and targets on preventing unintended pregnancies among all women of child-bearing age. Health care providers should ensure that they have the necessary skills and knowledge to provide unbiased, non-judgemental, evidenced-based, adolescent-friendly sexual health and reproductive health care to be able to dispel common myths and misperceptions about contraceptive use. (Gottschalka & Ortayli 2014)

There are also some other aspects that should be considered, such as disability, marital and family status, sexual orientation and gender identity, health status, place of residence, or place of birth, economic and social situation. Nurses should make clients more comfortable to an adequate extent, giving client satisfaction, direct referrals, adequate standard of medical care, and choice of method. A necessary amount of information should be provided to the client. There should be good quality of interpersonal relations, good follow up and continuity scheme, and appropriate array of services. (French, 2017)

6.2 Creating awareness

Going by the trend and speedy acceptability of digitalization by all, both in developed and developing countries, supplementing the act of promoting the acceptability and use of contraceptives through various forms of media, through several programs, to increase the knowledge, awareness and promote use of contraception. For instance, creating a 6-month multimedia campaign on promoting the use of contraceptives as the main tools for aids, awareness, and intervention, which may include a range of media seen commonly throughout in posters, leaflets, newsletters and a radio or television program. (Gottschalka and Ortayli 2014) Mobile phones and social media are currently being used in most developing countries and they are potential tools in communicating information. The proper use of the radio and television programmes, peer education, and interpersonal information education, use of Facebook, different forms of social media devices can provide and advocate for effective delivery of sexual education. Using materials like posters and fliers can be successfully used to create a radical change. (Venkatraman et al. 2014)

However, school nurses have the responsibility of standing for guidelines that can enhance sexuality and health among adolescents. They should be at the front roll of creating

awareness among teachers, administrators, and other staff about the usefulness of Comprehensive Sex Education (CSE), and possible outcomes of sexuality. Health care professionals can create presentations at school, parents and teacher's meetings, faculty, through school boards, and community meetings, thereby creating attention and gaining more support. School nurses can also seek political support by making proposals, rallies, and giving room for people to share testimonies regarding the efficacy of CSE programmes. (Rabbitte & Enriquez 2019)

6.3 Improving knowledge and understanding

Educating through curriculum based comprehensive sexuality education programmes can provide useful information. It can help in the development of life skills and provide support in dealing with the thoughts, feelings, and acquaintances that come with sexual maturity, provision of contraceptives and services, ensuring that sexuality education is widely and effectively implemented by the health education providers. (Venkatraman et al. 2014)

Comprehensive sexual education (CSE) provides information about abstaining, uses of contraceptives, methods, and talks about psychological, emotional, physical, and mental aspects of sexuality. It lectures about the medical accuracy and age-appropriate information. It helps in lowering risky sexuality characteristics. They are not just about the distributions of condoms only, but they can also teach students about body anatomy, physiology, healthy relationships, proper hygiene, good self-esteem, proper ways of handling challenging and uncomfortable situations. (Rabbitte and Enriquez 2019) Comprehensive sexuality education (CSE) should not only be taught to young people, but also adult men and women. Teachers of CSE should be well trained and gender sensitive. A proper curriculum and teaching girls' interest in school can be influenced by female teachers. This helps in the promotion of women leaders and to the contribution of having CSE in the schools' curricula. (Marques & Ressa 2016)

6.4 Overpowering restrictive laws and policies

It is important to ensure a strong legal-political environment that removes barriers to youth access to contraception and supports effective interventions, which can be seen through a channel or program which includes trained health care providers and other clinic staff. This will help to increase interest, trust, comfort and to reduce discomfort associated with serving teenagers. It will help to build better communication skill for working with people with this age bracket and make service more attractive to adolescent and as well support and create more program to address economic barrier that teens face in accessing contraception. Thereby, providing contraceptive counselling methods, and services for free or at low cost to encourage interest. (Gottschalka and Ortayli 2014) There should be no restrictions on the ability of adolescents to receive complete and confidential contraceptive services. (Todd & Black, 2020)

Engaging the community to be able to breakthrough at the community level, socio-cultural barriers that adolescents face in accessing and getting contraception information and services. Through this process, there will be no need to project early marriage to adolescents and this will help give adolescents the chance to enjoy more life opportunities as well as a healthy childbearing. (Gottschalk, and Nuriye 2014) Community leaders and communities need to improve their understanding of influencing adolescent needs for information of contraception (Venkatraman et al 2014). Men need to be sensitized on modern contraception. Sensitization programmes should be organised to reform and educate men, as men are seen as the head of homes, the ones that work, the bread winners, and are considered financial controllers in most developing countries. Men should be sensitized about their role. Men's stigmatization and gender inequalities against contraception should not exist. (Potasse & Yaya 2021)

6.5 Counselling

Counselling by trained personnel and provision of quality evidence-based services through sexuality education both inside and outside of school premises are important aspects to enable young people to deal with their sexuality in a positive way. Adolescents need to be respected as they also have rights to privacy and confidentiality. They have the right to be

counselled with advice and respect to health matters. Nurses should be more friendly, trusted, and honest. Nurses should be always available, even in times of crisis or emergency. (Potasse & Yaya 2021)

Counselling on the side effects and misinformation about contraception during the outreach programs may also prevent women from discouraging each other in the community when they experience side effects. The clinics can also support women struggling with side effects, as it would give clients easier access to medication and counselling to the clinics' services. Additionally, expanding the community's knowledge about other methods may allow women to explore the risks and benefits of each contraception type, thus providing them with more flexible options, so they may choose the method that would suit them the best. (Potasse and Yaya 2021) Contraceptive education, counselling, and provision of contraceptive materials should be added into the health service education which may include management of diseases like STIs, HIV counselling, abortion care, and postpartum care. These interventions can help increase knowledge of available contraceptive methods, enabling individuals to make informed decisions and use contraception more effectively. (Venkatraman et al. 2014)

Health care providers (HCPs) should involve share decision-making procedures with teens. Centres for Disease Control and Protection (CDC) suggest a 5P approach to contraceptive counselling, which stands for partners, practice, protection from sexual transmitted infections (STIs), and pregnancy prevention. This helps the HCPs and the teens in collaborative work towards contraceptive planning that is aimed at anticipatory guidance, disease preventive measures and education. Further approach to contraception counselling is termed GATHER approach, where the health care provider asks questions, builds rapport, listens, provides relevant feedback to help women make an informed choice and make the right decision, explains to the adolescent in detail the potential side effects, usability, encourages them to ask further questions and feel free to check back for any advice or clarification on the process. (Todd & Black 2020)

6.6 Skilled workers

Nurses play a very important role in health care, as they are frequent providers of care and information to the public, often educate people and arrange health-oriented activities for communities. In addition, they head the provision of medications in several primary health care centers. Therefore, providing evidence-based information on contraception and explaining legal prerequisite for accessing and obtaining required care, and to student nurses as well, it is very important to have the informative knowledge that will facilitate access to medication and evidence-based practice in the future. Furthermore, it is vital to note that students seem satisfied with the acquired information and gained knowledge. Good and quality service rendered by trained and competent health care providers are great access to improving adolescents and women's health by decreasing maternal mortality rate and ensuring people's access to quality and appropriate health care at the right time. (Provenzano-Castro, 2017)

7 CONCLUSION

Adolescence is the period between 10 and 19 years of age. At this stage, young people begin to experience different biological, psychological, and social changes. Adolescents are faced with self-doubt and insecurity. They begin to discover about their own self and sexuality. These changes can be set to be due to physical growth, sexual maturity, and reproductive enablement and the beginning of sexual pursuit. (de Andrade et al. 2018) Not having knowledge relating to contraceptive is enough challenge to push every parastatal. Starting from parent to non-governmental organisation and government to collectively join hands for creating more safe and secure channels of educating and disseminating information to all levels to ensure that these teens express their peak of sexual feelings safely and minimize the vulnerabilities that they can be exposed to during this stage. (Andrade Silva Ramos et al. 2018)

Most adolescents get information about contraception through media channels like radio, television, and other related media platforms, but because of the unclear and limited knowledge received through the media and the uncertainty of what and how it works, their attitude towards the use of contraceptives remains too shallow. Therefore, to paint a clear picture in instilling the right knowledge and information, they need to develop a positive attitude toward contraceptive use. All hands must collectively be on deck starting from parents, to NGOs, to governmental organisations, to private sectors, institutions of learning and trained personnel. However, laying bay all the helpful information and detailed explanation on the contraceptive use, types of contraceptives available, best ways of usage, and counsel to correct the existing wrong notion and idea they have about contraception, and the counselling process needs to be done based on individual needs. (Kochhar, 2014)

There should be a constant flow in the promotion of health actions generating an exchange of information regarding sexual and health reproductive health. This will further help to empower adolescents in practicing good contraception. There should be good, implemented measures and good health actions by nurses that can help adolescents lower the susceptibility to STIs and early pregnancy. In other words, adolescents should be counselled correctly to experience their sexuality in a healthy

way. (de Andrade et al. 2018) Finally, the Government, parents, religious organisations, NGOs, cultural and social organisations, health care providers, community leaders, schools, teachers, and stakeholders at various levels need to work together to make this dream of promoting the use of contraceptives, adolescent sexuality, and reproductive sexual education both in urban and rural area of developing nations.

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APPENDICES

Appendix 1: Articles, references, and collections for finding