

Peeping into the Pot of Contraceptives Utilization among Adolescents within a Conservative Culture Zambia

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Abstract In a Christian value-loaded country like Zambia, sexuality education of adolescents is suppressed especially among girls and boys in schools. Given the globalization influence pervading every sector today, this study explored the status of contraceptives utilization among the Adolescents in secondary schools in Chongwe, Zambia. The study rids on a case study to generate evidence on the contraceptives utilization among Adolescents within secondary schools in Chongwe district. The objectives of this study were to explore the use of contraceptives by the school going adolescents in secondary schools, to describe the types of contraceptives used by the school going adolescents in secondary schools, to describe negative and positive effect of contraceptives use by adolescents in secondary schools. Data was generated from a total sample of 60 participants. The main findings of this research were that most of the girls had knowledge about contraceptives and were actually using them mostly to prevent unwanted pregnancies and not having monthly periods. Nearly all the girls were in favour of injectable contraceptives as compared to other ones. Furthermore, girls indicated that contraceptives had both positive and negative side effects such as good flow of monthly periods, delayed pregnancies on positive part as well as abnormal weight gain, blood clots, reduced libido and headaches as negative effects. Therefore, this study concludes that contraceptives have contributed to girls finishing their Secondary education and there is drastic reduction in pregnancies among school girls. Thus, among others, it is recommended that Schools mentor girls on how to concentrate on education to realise their full potential and expose a lot of role models so that school going girls do not put sexual relations as priority.

Keywords: *contraceptives, adolescent girls, secondary schools, Chongwe District, Zambia*

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1. Introduction

This article is an excerpt from the principal researcher's Master Education Management dissertation. The Masters programme was offered by the University of Zambia (UNZA) in collaboration with the Zimbabwe Open University (ZOU) and had been running since 2014 [1,2,3,4].

World Health Organization defines the age group of 10-19 of age as adolescents. There are 1.2 billion adolescents aged 10-19 in the world currently and almost 90% live in lower and middle- income countries. Half are very young adolescents ages 10-14, are growing in number, and virtually, this growth is in developing countries [5]. Some countries, especially in sub-Saharan Africa and Latin America and the Caribbean, continue to experience high levels of adolescent fertility (births to mothers aged 15-19 years [6].

Adolescence is a transitional period from childhood to adulthood characterized by significant physiological, psychological and social changes. At Adolescence, girls indulge themselves into different illicit activities including sexual activities [7]. The prevalence of such activities in Africa is mostly poverty related. Poverty is associated with high-risk behaviour, such as rape and unsafe sex in exchange for monetary incentives. These behaviour put young women at risk of unintended pregnancy and sexually transmitted infections such as HIV, which in turn affect their reproductive health [7].

According to Family Health International (FHI), cited in [8] the failure rate of contraceptive methods can vary from as high as 30 pregnancies per 100 women in a year to as low as one or even fewer. Studies have shown that human factors also influence the efficacy of contraception ranging from the knowledge of the individual about the proper use of contraceptive methods to the capacity of the individual to adhere to instructions of use. Contraceptive

use is supposed to depend on the knowledge people have of contraceptives and the degree to which contraceptive use is socially accepted in the region where they live. An increase in contraceptive use is expected to lead to better spacing or a reduction in the number of births, which may translate into an increase in educational enrolment of older children in the households [9]. As such, people using contraceptive methods need to understand the risks and benefits of available contraceptive methods to be able to make an informed choice and this is also true of school going adolescence girls.

1.1. Statement of a Problem

For the married women, the use of contraceptives is rampant. These studies reveal that youths are generally aware of the existence of contraceptive methods and the benefits accruing from using contraceptives. However, this awareness is not reflected in the actual utilization of these methods, thereby leading to increase in the incidence of STIs and unsafe abortions resulting from unwanted pregnancies, hence the need to conduct a research on the utilization of contraceptives by adolescents in secondary schools.

1.2. Purpose of the Study

The purpose of this study was to explore the utilisation of contraceptives by adolescent girls in secondary schools of Chongwe district.

Specific objectives

1. To describe the types of contraceptives used by the school going adolescents in secondary schools.
2. To explore the use of contraceptives by the school going adolescents in secondary schools.
3. To explore negative and positive effect of contraceptives use by adolescents in secondary schools.

1.3. Theoretical Framework

This study was guided by the Social Ecological Theory [10]. The social ecological theory is a helpful framing tool for talking about primary prevention. It is commonly used in the field of public health as a way to look at a comprehensive prevention approach for many different health issues. The Social ecological theory looks like four nested eggs. Each egg represents an area in which we can create change. The smallest one represents individuals, the second smallest one represents relationships, the next one represents communities, and the largest one represents society. These are all different spheres in which we interact with each other, and where we can influence each other. Effective prevention efforts focus on multiple levels of the social ecology. The 9 principles of effective prevention programs were created using a review-of-reviews approach across four areas (substance abuse, risky sexual behaviour, school failure, and juvenile delinquency and violence). The authors identified nine characteristics that were consistently associated with effective prevention programs, and this framework is widely utilized in the field of sexual violence prevention to create and evaluate prevention programming.

2. Literature Review

2.1. Types of Contraceptives Used by Adolescents

The types of contraceptives indicated in the conducted by [11] in Kenya, include oral contraceptives and that currently available 24 kinds and contraindications, condoms, barrier contraceptives such as the diaphragm and sponges, spermicides, IUDs, periodic abstinence, morning after pills, and other methods. Because of the high rates of sexually transmitted diseases (STDs), the method recommended is the condom. There are reservations, however, because some teenagers may lack the maturity to use the condom reliably. When used in conjunction with a sponge or vaginal spermicide, protection against unwanted pregnancy is improved. Females may prefer oral contraceptives, which have the disadvantage of not protecting against STDs [12].

Thus, the choices are many, however, and can be tailored to the needs of the client. The role of the nurse practitioner or nurses providing contraceptive advice is important because the information provided by many parents and school-based sex education courses is too little too late. Clients tend to be female and are placed in the position of needing to be more responsible for sexual behaviour because males do not take responsibility. The stigma attached to planned sex is a deterrent to using contraceptive protection [13].

Further explanation is that providing information to adolescents about contraception does not result in increased rates of sexual activity, earlier age of first intercourse, or a greater number of partners. In fact, if adolescents perceive obstacles to obtaining contraception and condoms, they are more likely to experience negative outcomes related to sexual activity. Two school-based studies that demonstrated a delay of onset of sexual intercourse used a comprehensive approach to sexuality education that included a discussion of contraception [14].

[14] wrote that race, ethnicity, age, marital status, education, income, requirements for confidential care, and fertility intentions have all been demonstrated to affect contraceptive choice. Trends in methods of contraception used by adolescents over the past 2 decades show an increase in oral contraceptive pill (OCP) use and an increase in male condom use. In recent years, the number of adolescents reporting OCP use has remained stable at approximately 18% to 20%. Use of injectable contraception by adolescents 15 to 19 years of age has increased from in recent years. A 9% decrease in contraceptive-failure related pregnancies is attributed to the shift to longer-acting birth control methods [15].

In addition, factors that contribute to lack of contraceptive use or inconsistent use include issues related to adolescent development, such as reluctance to acknowledge one's sexual activity, belief that one is immune from the problems or consequences surrounding sexual intercourse or pregnancy, and denial of the possibility of pregnancy. Other important factors are lack of education and misconceptions regarding use or appropriateness of contraception. However, an adolescent's level of knowledge about how to use

contraception effectively does not necessarily correlate with consistent use. Adolescents may not use or may delay use of contraception for several reasons including lack of parental monitoring, fear that their parents will find out, ambivalence, and the perception that birth control is dangerous or causes unwanted adverse effects such as weight gain [16].

In other words, one would also argue that probably, the aspect of Civic Education in terms of relevant knowledge, skills, values and dispositions required for them to participate effectively in such matters of community concern could also be another contributing factor. Civic Education is a key component in opening up the minds of the young people so that the decisions they make are sound and informed. Such arguments are consistently stressed in the works done by [17,18,19,20,21] among others.

2.2. Negative and Positive Effect of Contraceptive Use

Although the theoretical mechanisms that may explain these protective effects are quite different for the two types of cancer, the magnitude and characteristics of the protective effects are similar. The most detailed characterization of these protective effects comes from the *Cash Study*, a large case-control study conducted in the United States by the Centres for Disease Control, with support from the National Institute of Child Health and Human Development [22]. OC use was associated with a 40 percent reduction in the risk of endometrial cancer as well as a 40 percent reduction in the risk of ovarian cancer, regardless of the specific formulation of combination OC used. The effect appeared to persist long after OC use had been discontinued; furthermore, protection increased with increasing cumulative duration of OC use [23].

[24] in a case-control and cohort studies in the United Kingdom (UK), evidence suggests that OCs decrease the risk of fibrocystic disease and fibro adenoma diagnosed by biopsy as well as the risk of breast lumps observed clinically but not biopsied. Results from a large cohort study conducted in the United Kingdom by the Oxford Family Planning Association have provided especially useful information about the relationship between OC use and BBD [25]. The decreased risk of BBD seen among women who use OCs occurs primarily among current or recent users who have used them for 2 years or longer. The relative risk among women who have used OCs for more than 2 years compared with nonusers is about 0.6 for fibrocystic disease and about 0.5 for unbiopsied breast lumps. The relative risk of fibro-adenoma among women who have used OCs for less than 2 years is about 0.4, which is essentially the same as the relative risk of 0.3 among women who have used OCs for 2 or more years. [25] suggest that the decreased risk of BBD does not persist among past OC users who have not used OCs for more than 1 year.

[24] reveals that many epidemiologic studies have found that a history of BBD increases a woman's risk of breast cancer. Even though OCs decrease the risk of BBD, epidemiologic studies have not found that OCs decrease the risk of breast cancer, as might be suggested by the OCs-BBD relationship. The most likely explanation for this paradox is that OCs probably decrease the risk of the

large proportion of BBD that is not closely linked to breast cancer risk but do not decrease the risk of the types of BBD that increase a woman's risk of breast cancer.

Most epidemiologic evidence suggests that OC use increases the risk of cardiovascular disease, in particular the risk of venous thromboembolism, myocardial infarction (MI), and stroke [24]. However, the risk of serious illness or death from cardiovascular disease that can be attributed to OC use is apparently concentrated among certain groups of women, primarily older women and women who smoke cigarettes.

However, results from these studies have shown that current OC use increases the risk of venous thromboembolism, although the increased risk does not appear to persist among past users. Furthermore, the risk among current users remains constant with increasing duration of OC use. The risk of both superficial and deep vein thrombosis among current OC users is directly related to the oestrogen content of OCs, the higher the oestrogen content of the OC, the greater the risk of venous thromboembolism [24]. The pathogenesis of venous thromboembolism among OC users probably involves an increase in the size of intravascular clots formed in response to thrombotic stimuli, most likely a result of oestrogen-induced decreases in antithrombin III and plasminogen activators. Unlike the associations between OC use and MI and stroke, available studies have not found any interrelationship between OCs, venous thromboembolism, and cigarette smoking. The increased risk of venous thromboembolism is an important source of illness attributable to OC use but is a very infrequent cause of mortality.

According to [25], the use of modern contraception to prevent pregnancies is a unique health intervention because, in many ways, it is not a health intervention at all. In general, couples in sexual relationships use contraception because, at the time the decision is made, one or both members do not wish to conceive a child, rather than because they wish to become healthier or to prevent a risk to health. Governments also may have an interest in promoting particular patterns of childbearing to meet social and economic objectives.

Further, [26], observes that contraception is rarely used to improve health, it does have health consequences. On the negative side, consequences may include the potential health risks of hormonal contraception or surgery. On the positive side, health may benefit from fewer pregnancies, lower exposure to sexually transmitted infections (STIs), and protection against ovarian cancer through the use of some types of contraception. Some of the consequences affect the users, some affect their sexual partners, and some affect their children. Contraceptives affect a user's sexuality by changing menstrual patterns and, therefore, particularly in some cultures, sexual activity. Also, by eliminating fear of unwanted pregnancy, contraceptives may enhance the quality of sexual experience. Finally, condoms may decrease sexual pleasure for men; true or not, this explanation is one of the most commonly cited to account for why some men (or couples) do not use condoms.

2.3. Use of Contraceptives by Adolescents

Paediatricians play a key role in adolescent sexual health and contraception. Sexual health is an important

part of adolescent anticipatory guidance and screening, and paediatricians' long-term relationships with adolescents and families allow them to help promote healthy sexual decision-making, including abstinence and contraceptive use [27]. Additionally, medical indications for contraception, such as acne, dysmenorrhea, and heavy menstrual bleeding, are frequently uncovered during adolescent visits. A working knowledge of contraception will assist the paediatrician in both sexual health promotion as well as treatment of common adolescent gynaecologic problems. This technical report provides the paediatrician with updated information on adolescent sexual behaviour, guidelines for counselling adolescents, and an update on available methods of contraception [28]. Equally, [29] emphasizes the value of counselling as critical in sexuality education of adolescents.

3. Methodology

3.1. Research Design

This was a qualitative research with a Case Study design targeted at three purposively selected secondary schools in Chongwe District so as to have a deeper understanding on the topic. [30] indicates that "to take a qualitative approach is one in which the inquirer often makes knowledge claims based primarily on constructivist perspectives i.e., the multiple meanings of individual experiences, meanings socially and historically constructed, with an intent of developing a theory or pattern. As a result, a case study was significant for such a study.

3.2. Study Sample

This study used 60 female pupils from three secondary schools. This involved listing all the adolescent girls of the selected secondary schools in Chongwe District.

3.3. Study Site

The study was conducted from selected secondary schools in Chongwe district, Lusaka Province Zambia. Three secondary schools were selected on purpose for this study because they contain similar characteristic such as the presence of adolescent girls, being secondary schools of choice within the district and willingness to participate in the study.

3.4. Sampling Design and Procedures

A purposive sampling procedure was applied because the target group chosen was based on their position and level of information they had on the subject matter. A total of 60 adolescent females secondary school pupils aged between 16 to 19 years participated in this study.

3.5. Data Generation Procedures

The study used primary data. The primary data was generated from selected secondary schools of Chongwe District. Primary data was collected by means of interview

guides from all the respondents so as to collect in-depth information and give an opportunity for the respondents to explain their reasons and support qualitative analysis.

3.6. Research Instruments

This study mainly used structured interviews and Focus Group Discussions to gather data from pupils and health workers.

3.7. Data Analysis

The study applied qualitative techniques to analyse data. Inductive analysis with emergent themes linked to codes were utilised. Equally, Word Art was applied when it came to generating issues of common interest to the participants both through targeted interviews as well as Focused Group Discussions.

3.8. Ethical Considerations

Participants were reached for participation in the study mostly by face to face whereby they were informed of the purpose of the study. They were also assured about confidentiality before, during and after the research. Secondly, the participants chose the time and date of their convenience. Thirdly, a written permission to conduct the research at the schools was sought. Fourth, in order to guarantee confidentiality, anonymity, non-identifiable and non-traceability of the participants, the researcher used codes instead of names.

4. Research Findings

4.1. Types of Contraceptives Commonly Used by Adolescents

More than half of girls interviewed from the three schools in Chongwe indicated that they had their own choice of contraceptives they used. They did indicate that certain contraceptives did not favour them hence the choice of their favourite. Actually pupil 'A' from 'W' secondary school said:

I don't just use any contraceptive I come across for various reasons. For me my favourite contraceptive is injectable hormonal contraceptive because it does not make me feel guilty in case my parents found out. Once you are injected at the clinic, that's the end. You just tell the nurse the period you want. For me this is the best method more especially for School girls because if I go for five years for example, am assured of completing my secondary school without falling pregnant whilst at school (pupil 'A' from 'W' secondary).

More girls were for the above method as it also assured them of confidentiality. However there were also girls who thought that they preferred oral pills citing some reasons though they were not as many as those who liked injectable ones. From 'X' secondary school, pupil 'B' lamented that;

In my case, I just used injectable contraceptive once but I heard rumours that one may become infertile in future, so I decided to start using oral ones. And with oral ones,

especially safe plan, I may decide not to take the last white ones so that I don't go for my 'pees'. Oral contraceptives also make me shape-up and don't lose weight the way I see my friends who use other methods. So am comfortable with oral pills (pupil 'B' from 'X' secondary).

A few girls however showed concern about STIs and advocated for the use of latex condoms. Still at 'W' secondary school, pupil 'C' explained;

Madam, most of these girls are careless, they just fear pregnancies and not STIs, that is why me I use condoms. They pretend as if they don't do sex just because they hide in pills and injections. I am scared of AIDS so even if I have a boyfriend I always tell him to use condoms if we want to have sex. I can't hide, I normally do sex with my college boyfriend but we use condoms (pupil 'C' from 'W' secondary).

A lot of girls from all the schools unanimously rejected the use of other contraceptives citing reasons that they were too complicated. From School 'Y' pupil 'D' said:

I see some married women use implants. I think these are ok for married women, now for a school girl, the teacher and your friends may see them and they will start teasing you around. Even at home, one day parents may discover that you are taking contraceptives and they may shout at you (pupil 'D' from 'Y' secondary).

From school 'W' pupil 'E' said;

We know all these types of contraceptives. There is also vaginal spermicides which is a cream or gel and should be put inside the vagina before sex. But it is cumbersome and expensive. And I don't believe it can prevent both STIs and pregnancy (pupil 'E' from 'W' secondary).

Clearly, pupils were not only knowledgeable but also attested having used the various forms of contraceptives such as injectable hormonal, oral, condoms, implants and vaginal spermicides. These were cited as the various types pupils were using to curb pregnancies and control STIs.

4.2. Effect of Contraceptives

Most of the participants classified the effects of use of contraceptive into two categories being positive effect and negative effect.

4.3. Positive Effect

On the positive effect associated with the use of contraceptives, most of the pupils interviewed presented the following as the most outstanding as demonstrated using WordArt creator smooth periods, prevention of risks associated with sexual activities, prevents STIs and prevents pregnancies.



Figure 1. Positive Effect of contraceptives Use (Source; Own Research, Field work, 2019)

5. Discussion of the Findings

Emerging from this study are various forms of contraception, birth control pills and patches and intrauterine devices to condoms and diaphragms. Among these, the commonest cited was injectable hormonal contraceptive, control pills and condoms. They were reported to be effective almost all of the time, and the best part was that they were completely reversible; you can simply stop using them when you feel you are ready to get pregnant. Adolescents preferred injectable and oral contraceptives, which have the disadvantage of not protecting against STDs [13].

Out of these many forms of birth control, this study attempted to further find out the advantages and disadvantages of the most popularly used contraceptives. Findings of this study indicate that one of the commonly used contraceptives is Oral Contraceptives (OCPs). OCPs are a reliable, effective method for the prevention of pregnancy, are available not only by prescription in Chongwe District, but also over the counter, and are one of the most popular method of prescribed contraceptive among adolescents. This study found out that in both males and females who had sexual intercourse before the survey, the percentage who used birth control pills to prevent pregnancy during last sexual intercourse was as indicated above although girls complained that it needs seriousness so that one does not forget which was common.

According to the Health personnel from Chongwe District Health Office, Three forms of OCPs are currently available: the fixed-dose, monophasic combination (each tablet contains the same dose of estrogen and progestin); the phasic dose (the triphasic and biphasic packs that contain varying doses of estrogen and progestin); and the mini pill (which contains progestin only). Many of the newer forms of birth control pills have a low dose of estrogen (20-35 µg) and contain new forms of progestin. These low-dose pills are typically the "first-line" therapy for OCP initiation. There is theoretic potential for lowered efficacy of low-dose OCPs in patients who are taking some medications.

However, studies of contraceptive use and contraceptive methods choice among young women in sub-Saharan Africa are few, probably because of the generally low contraceptive prevalence in the region. Researchers like [27], have primarily focused on contraceptive use and method choice among married women, leaving the vulnerable unmarried young women unattended. Improving contraceptive access and usage is vital to overcome the challenge of unintended pregnancies among unmarried young women and this will reduce the rates of deaths and morbidity as a result of abortion [27].

Access to contraceptive services increases the chances of having healthy children and saves mothers' time for engaging in economic activities. Increased female involvement in these activities may enhance their output and income which improves economic growth. Additional income is often invested in business activities or spent for household consumption. This leads to increase per capita consumption and reduced poverty [31]. Having fewer children might therefore mean more resources for each child, increased educational participation and reduction in child labour

[32]. However, while access to contraceptives appears to have positive impact on married mothers, the same may not be said on adolescents generally. What was noted in this study was that the presence of contraceptives appeared to have served as a catalyst for adolescents indulgence in promiscuity at the expense of their educational engagement. To transformation their mind-sets, adolescents needed to be engaged using a reflective approach that challenges them to think beyond instant gratification and embrace abstinence values [33]. Reflective approach as a mind-set transformation strategy could be enhanced with the use of drawings to illustrate the dangers involved in illicit sexual among adolescents [34]. Further, no form of contraceptive method, other than abstinence, has been proven to provide 100% protection in terms of pregnancy prevention or protection from STIs. Extensive research and clinical trials have led to improvement in existing methods of contraception and the development of new, more effective and acceptable methods with fewer side effects [35].

Findings of the study revealed that condoms are also used by adolescents as a contraceptive, whether male or female Condoms. The male condom is a mechanical barrier method of contraception. [36] envisages that the failure rate at the end of first-year use for the male latex condom is 3% with perfect use and as much as 14% with typical use. Latex condoms significantly reduce the transmission of some STIs and, therefore, should be used by all sexually active adolescents regardless of whether an additional method of contraception is used. Male condoms have several other advantages for adolescents, including involving males in the responsibility of contraception, easy accessibility and availability to minors, use without a prescription, and low cost. Polyurethane condoms can be used by adolescents with a documented latex allergy; however, latex condoms are preferred, because they have a higher efficacy rate with typical use than polyurethane condoms.

The female condom, another barrier method of contraception, provides contraceptive efficacy in the same range as other barrier methods, such as the diaphragm and cervical cap (with typical use). One trial of the most widely available female condom on the market yielded a failure rate of 0.8% with perfect use and between 12% and 15% with typical use. The female condom also helps protect against STIs. [37] Adolescents' concerns about using a female condom include difficulty of insertion, higher cost than male condoms, and appearance and noisiness of the device. Female adolescents have reported that the female condom could be useful if their male partners did not want to use a condom. Further education on using the female condom is needed for both genders. For adolescents who already use male condoms, it is important to market the female condom as an alternative contraceptive choice, because male and female condoms should not be used simultaneously. Male condoms are preferred over female condoms because of higher efficacy rates of preventing pregnancy and STIs and lower cost.

The major disadvantage of this contraceptive method for adolescents are menstrual cycle irregularities the need for intramuscular administration every 11 to 13 weeks, and potential adverse effects including acne, weight gain, headaches, and bloating. According to [38], a new

formulation, which is administered subcutaneously, contains 104 mg of medroxyprogesterone acetate (Depo-Subq Provera 104 [Pfizer]), and is given on the same dosing schedule as the intramuscular formulation, is now available. The subcutaneous route makes home administration of Depot-Provera possible, although there have been no studies of home use in the adolescent population.

Another type of contraceptive is the Vaginal Spermicides. Findings of this study revealed that none of the girls preferred this method due to access, lack of knowledge about it and fear of being caught by parents as culturally parents need not to know the sexuality of the child. Vaginal spermicides are a chemical barrier method of contraception applied intravaginally through a variety of forms: gel, foam, suppository, or film. [39] laments that spermicides consist of 2 components: a formulation (the gel, foam, suppository, or film) and the chemical ingredient that kills the sperm such as nonoxynol-9. As with any barrier method, the effectiveness of spermicides depends on consistent and correct use. The combination of vaginal spermicide and condoms is a very effective means of contraception for adolescents, because it provides effective prevention of pregnancy, reduces the risk of contracting an STI, is available without a prescription, and is inexpensive [40].

Progestin Implants is another available contraceptive method in use. Findings of this study revealed that no girl preferred this method for confidentiality sake at home, school teachers and friends as it may easily be spotted. Studies by [41] reported that Levonorgestrel implants, also known by the brand name Norplant are highly effective long-acting progestin-only contraceptives that provided pregnancy prevention for up to 5 years. These implants required insertion of subcutaneous polymeric silicone capsules into the upper arm by a trained health care professional. Levonorgestrel implants are ideal for adolescents who desire an extended length of protection, feel unable to remember to take OCPs, or have already had 1 pregnancy, although it is not liked by girls in Chongwe district. It is also an excellent contraceptive option for females who may have difficulty remembering to use a contraceptive on a daily basis or at the time of intercourse. The major disadvantages for use in the adolescent population include high initial cost and potential adverse effects such as breakthrough bleeding and headaches. The difficulty of removal of the implant, in combination with these other disadvantages, made Norplant an unpopular form of contraception for adolescents, and although Implanon is easier to remove, it shares many of Norplant's adverse effects.

Findings of this study indicated that birth control pills are a mood-saver for many women, but a mood-killer for others. Pill users are twice as likely to be depressed as nonusers, according to research by [41]. It's really pretty unusual, but any emotional side effects can generally be alleviated by using a different pill formulation. Headaches, breast tenderness, water retention, mood swings, nausea. While none of these are signs of health gone awry, they can all make you pretty miserable. Women who experience these side effects usually notice that they go away after they've taken birth control pills for a few months.

According to the findings of this study, some girls reported weight gain as one of the side effects of birth control pills. Sometimes, BCPs can lead to fluid retention, increased release of estrogen, or increased appetite. Weight gain can be related to any one or more of these three cases. Their breasts might also grow larger and become painful during the first months of their course. Additionally birth control pills are a kind of hormone therapy, and they work by suppressing the release of the hormones that lead to pregnancy. Since hormones are eminently responsible for our sex drive, some women might experience bouts of low libido. In most cases, this is present only at the beginning of the course with sexual activity returning to normal after that, but for some women, this might be more prolonged than usual.

Given the rise in STDs among the youth, it becomes imperative that a Monitoring system is put in place in schools on the contraceptives utilization [42,43,44].

6. Conclusion

In conclusion, most of the girls had knowledge about contraceptives and were actually using them mostly to prevent unwanted pregnancies and not having monthly periods. Nearly all the girls were in favour of injectable contraceptives as compared to other ones. Furthermore, girls indicated that contraceptives had both positive and negative side effects such as good flow of monthly periods, delayed pregnancies on positive part as well as abnormal weight gain, blood clots, reduced libido and headaches as negative effects. Therefore, this study concludes that contraceptives had contributed to reduction in pregnancies consequently enabling girls finish their Secondary education. From this study it can be concluded that the presence of contraceptives appear to act as a catalyst to girls engaging into sexual activities as none interviewed talked about abstinence from sexual activities. This calls for increased education on the value of abstinence among adolescents if the young girls' morals are to reflect the dominant Christian cultural values in Zambia.

7. Recommendations

Based on the findings of this study, the following are the recommendations:

1. Sexuality education should be included in the school curricula in schools with emphasis on abstinence among adolescents.
2. Schools should encourage girls to concentrate on education and help them realise their full potential and expose a lot of role models so that these school going girls do not put sexual relations as priority.
3. Health workers need to sensitise adolescents more on the use of contraceptives because they may need to utilize contraceptives in future for various reasons including; protection from sexually transmitted infections, plan the family and prevent unplanned
4. The health system should offer confidential, accessible and acceptable services to adolescents.

This way, they will not shy away from seeking services such as contraception.

5. Men in the community should be involved in shouldering the burden of adolescent contraception and pregnancy through Ministry of health.

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