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Adolescents' perspective regarding adolescent pregnancy, sexuality and contraception

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ABSTRACT

Objective: To investigate the attitudes and perceptions of youths regarding adolescent pregnancy, in order to appraise their understanding of sexuality, contraception and why adolescents failed to use contraceptives. **Methods:** This is a descriptive survey of a group of 163 students in their junior clinical postings in the Department of Obstetrics and Gynaecology, University of Benin. The participants completed an anonymous self-administered questionnaire which elicited information on perceptions, attitude, beliefs and their knowledge about adolescent pregnancy, prevention and utilization of contraception. **Results:** Overall, majority of the participants held a negative attitude about adolescent pregnancy with over 85% regarding it as wrong and considered it to be associated with medical, socio-economic and educational problems. Peer pressure to have sex (71.8%) had the highest rating on participants perceptions pertaining to the causes of adolescent pregnancy, other items rated were ignorance on basics of sexuality and pregnancy (60.1%) and being forced or coerced/refusal by boys/men to use condoms (52.1%). Condom was reported as the most common method youths/adolescents used in attempting to prevent pregnancy (38.1%), albeit, majority (69.3%) reported poor uptake of contraception by adolescents. Common reasons cited why adolescent/youths do not use contraceptives were: feeling embarrassed or ashamed to use or purchase condom/contraceptives (68.7%) and male partner dislikes for condoms (50.3%). An overwhelming majority (87.1%) of respondents thought that private access to condoms would increase uptake. **Conclusions:** Although youths have a negative attitude towards adolescent pregnancy, their perception and understanding of sexuality and contraception is poor. Useful strategies for empowering youth and changing perception/behavior should include peer education and access to simple non-judgmental information on family life. Adoption of strategies tailored to our socio-cultural background to make condoms accessible privately may improve uptake and consequently reduce the menace of adolescent pregnancy.

1. Introduction

Adolescent pregnancy is a complex issue with many reasons for concern; it is an important public health problem as well as socioeconomic challenge to society. Pregnancy in a girl aged between 10 and 19 years is adolescent or teenage pregnancy [1]. About 16 million adolescent girls aged 15-19 give birth each year, ranging from 0.29% in South Korea to 14.3% in some sub-Saharan African countries, in Nigeria, the incidence of teenage pregnancy reported ranges from 1.7% to 11.8% [1-6]. The high rate of teenage pregnancy in developing countries, has been attributed to factors such

as: lack of knowledge of sexuality, peer group influence, lack of knowledge and/or ineffective use of contraceptives, low socioeconomic status, family instability, early age of marriage and cultural permissiveness [1-6].

The negative health and socioeconomic consequences associated with adolescent pregnancy is worrisome. Several studies have reported an increase in pregnancy complications associated with adolescent pregnancy, such as: anemia, hypertension, eclampsia, prolonged or premature labour, dysfunctional labour, pregnancy-related infections, postpartum hemorrhage, premature rupture of membrane and higher rates of premature and/or low birth weight babies. In addition, teen mothers are at risk psychologically because they experience higher levels of stress, despair, depression, feelings of helplessness, low self esteem, a sense of personal failure, and suicide attempts than their older counterparts [1-6]. Besides medical risks, the economic implications for the adolescent mother and

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her child are of great consequence. As with the general population, the adolescent mother's level of academic achievement is closely linked to her economic outcomes, including earning potential and opportunity for employment and occupation. Studies have shown that on average, teen mothers complete fewer years of school, and are less likely to earn a high-school diploma or to go on for post-secondary education than women who delay childbearing[10,11].

Several interventions have been proposed to help reduce the incidence and thus the ill-effects of teenage pregnancy[2,4,11-15]. Some notable recurring ones in literature include: provision and utilization of contraceptive services, education on sexuality/family life and effective and accessible family planning methods for the adolescent population. In Benin city Oronsanye *et al*[12] advocated sex education, systematic dissemination of information for planned and conscientious parenthood as well as free availability of alternative methods of contraception in order to deal with this problem that has been pervasive throughout Nigeria. However some two decades after, the problem persists, perhaps due to some key trends that have strongly influenced adolescent sexual behavior in the 21st century, such as declining age at menarche, increased schooling, delay of marriage, inadequate contraception and poverty. Central to these trends is the continually declining age of initiation of sexual intercourse among youths and the particular tendency among younger adolescents to delay using contraceptives. Alexander and co-workers[13] reported that 18% of US adolescents have sexual intercourse before reaching age 15 and 66% do so by age 19, yet only 33% of those who are sexually active use contraceptives. Furthermore they observed that despite similar levels of sexual activity across countries, the US has higher rates of adolescent pregnancy, births, and elective abortions than Canada, France, the Netherlands, Great Britain, and Sweden, suggesting that US efforts to prevent unwanted pregnancies among youths are therefore comparatively weak. Several reviews also conclude that most interventions proposed from research worldwide have not been subject to systematic evaluation and that pregnant teenagers do not represent a homogenous group and therefore it is necessary to tailor preventative interventions according to the differences among them, such as their cultural, educational or socio-economic background.

The aim of this study was to understand the attitudes and perceptions of youths regarding adolescent pregnancy and to explore their understanding of sexuality and contraception. This study intended to contribute to a better understanding of the issue, by exploring adolescents/youths own perceptions on the matter, in order to identify factors that, in their view, may influence the risk of pregnancy and suggest possible interventions that are tailored to their peculiarities. No previous studies from this area have been identified.

2. Materials and methods

This was a cross-sectional, exploratory-descriptive study that surveyed adolescents/youths to examine their attitude toward adolescent pregnancy, their perceptions pertaining to the causes of adolescent pregnancy, their beliefs pertaining to the consequences of adolescent pregnancy and the interrelationships among these perceptions, attitude, beliefs and their knowledge about adolescent pregnancy prevention

and utilization of contraception.

The study used a survey method to collect data on variables measuring attitude, perception, knowledge and beliefs about adolescent pregnancy, prevention approaches and contraception. One hundred and sixty-three students in posting at the Department of Obstetrics and Gynaecology of the University of Benin (a leading public university in southern Nigeria) were recruited for this study using a convenient sample[17]. Data were collected through an anonymous self-administered questionnaire. Participation in this study was completely voluntary, and there were no risks or benefits to the participants. There was no identifying information collected on the survey. Approval for the study was obtained from the Human Research Ethics Committee of the University.

All participants were asked to voluntarily complete and return an anonymous self-administered questionnaire divided into three sections. The first section sought socio-demographic data about the participants, also participants were asked if they had a personal experience of adolescent pregnancy and the outcome viz; induced abortion, spontaneous miscarriage or live birth. The second section measured attitude, knowledge, perceptions and beliefs of the participants with regard to adolescent pregnancy and contraception. Participants were asked to indicate their response as ok, wrong or indifferent to items, measuring their personal attitude and their cultural group's attitude toward teenage pregnancy. There were nine items that were used to measure the perceptions regarding the causes of adolescent pregnancy. Also included were items to measure participants' beliefs about consequences of adolescent pregnancy. The third section of the instrument contained items measuring participants' knowledge and beliefs about adolescent pregnancy prevention and contraception, and the ability or barriers to effective use of contraceptives. It consisted of knowledge-based questions on when in the menstrual cycle a woman is most fertile, which method is most used by adolescents/youths to prevent pregnancy, if youths used contraceptives adequately, reasons why they think adolescents/youths do not use conventional contraceptive methods. Also participants were asked as to which modality they believed was most effective for preventing adolescent pregnancy using items as; comprehensive sex and contraceptive education or abstinence-only sex education. Finally participants were specifically asked if they thought that private access to condoms in the secrecy of rest rooms/conveniences of public places such as eatery's, parks, stadia etc would improve utilization. Response options for items on the questionnaire were in a yes-neutral-no format in order to measure the affirmative or negative responses of the participants.

The authors distributed the research instrument at the beginning of the class on "adolescent sexuality" in order to ensure that all of the students had an opportunity to participate. Students who chose to participate were asked to leave the completed questionnaire in a designated drop box at the departmental lounge before the commencement of the lecture. Analysis was performed by the authors. Responses were aggregated and interpreted using simple frequencies and percentages scale. The instat statistical package was used as appropriate.

3. Results

The total participants consisted 163 youths, 89(54.6%) females and 74(45.4%) males. Age ranged from 18 to 28 years (Mean age = 22.5), of these 156(95.7%) were single while 7(4.3%) were already married. The results of the study showed that overall, majority of the participants held a negative attitude toward adolescent pregnancy with 141(86.5%) regarding it as wrong, 19 (11.7%) felt indifferent while 3(1.8%) felt it was ok to be pregnant as an adolescent. About 14% (23) of respondents agreed to have had a previous personal experience of adolescent pregnancy, all of them were single and they all terminated pregnancy by induced abortion.

As regards problems associated with adolescent pregnancy, 87.7%(143) considered adolescent pregnancy associated with medical, socio-economic and educational problems though a small proportion, 6.8% and 5.5% associated it with only social and medical problems respectively.

Table 1 shows the frequencies and percentages of response options reported by study participants on perceptions pertaining to the causes of adolescent pregnancy, the items that had the highest rating were peer pressure to have sex (71.8%), ignorance on basics of sexuality and pregnancy: having sex without considering consequences such as pregnancy (60.1%), having sex without contraception (60.1%) and being forced or coerced/refusal by boys/men to use condoms (52.1%) as well as want offinancial support from men (45.4%). Other items also rated as contributing to adolescent pregnancy were older male partner (21.5%), single parent (26.4%), girls choosing to get married (10.4%) and adolescent girls seeking to prove or test their ability that they could bear a child (9.2%). Majority (81.6%) thought that adolescent pregnancy could be prevented by instituting comprehensive sex and contraceptive education, with social economic empowerment, only a minor 18.4% thought that abstinence-only sex education would suffice.

Table 1
Perceptions pertaining to causes of adolescent pregnancy.

Item	Frequency # (n=163)	Percentage (%)
I want to get married	17	10.4
Ignorance	98	60.1
I want to test my ability to get pregnant	15	9.2
Forced or coerced by male friend	85	52.1
Older male partner	35	21.5
Want of financial support from male partner	74	45.4
Single parent	43	26.4
Peer pressure to have sex	117	71.8
Not using contraception	98	60.1

there were multiple responses

As for methods they believed youths/adolescent used most frequently in attempting to prevent pregnancy 62(38.1%) reported condom use, 40(24.5%) use of postinor (an emergency contraception), 18(11%) abstinence during fertile period, 12(7.4%) thought they used mostly unconventional methods such as concoction of antibiotics, drinking spirits or lime shortly after sex. Others 31(19%) felt use of induced abortion to terminate pregnancy was quite common as means of prevention (Table 2). Overall, 55.8% (91) had correct knowledge of their menstrual cycle viz fertile period while 44.2% (72) had wrong knowledge. Majority 113(69.3%) reported poor uptake of contraception by adolescents,

32(19.6%) believed uptake of contraception was adequate while 18(11.1%) were neutral.

Table 2
Methods most frequently used to prevent pregnancy.

Item	Frequency (n=163)	Percentage (%)
Condom	62	38.1
Postinor (emergency pills)	40	24.5
Abstinence during ovulation period	18	11.0
Abortion	31	19.0
Other non medical methods	12	7.4

Table 3 shows the response options suggested why adolescent/youths do not use contraceptives; a great majority (68.7%) feels embarrassed or ashamed to use or purchase condom/contraceptives, 50.3% noted it was because male partner dislikes condoms. Other reasons rated were: feels it's cool to have unprotected sex (29.4%), belief that occasional sex cannot lead to pregnancy (28.2%), don't want or like condoms (22.7%), I can always abort the pregnancy (21.5%), my religion forbids it (20.2%), unavailability of contraception (13.5%), fear of parental reaction (13.5%), I don't care (12.9%), fear of side effects (9.8%), do not trust the efficacy of contraception (3.7%), and wanting to prove my ability to get pregnant (3.1%).

Lastly, an overwhelming majority (87.1%,142) thought that private access/availability of condoms [e.g. at rest rooms of some public places] would increase uptake, while 9.2% (15) disagreed, 3.6% (6) participants remained neutral.

Table 3
Reasons why adolescents do not use contraceptives

Item	Frequency # (n=163)	Percentage (%)
Don't want/like condoms	37	22.7
Don't care	21	12.9
Feel it's cool to have unprotected sex	48	29.4
Do not trust the efficacy of contraception	6	3.7
Feels embarrassed or ashamed to use or purchase condom/contraception	112	68.7
Fear of side effects	16	9.8
Fear of parental reaction	22	13.5
My religion forbids it	33	20.2
Male partner dislike condom	82	50.3
Unavailability of contraception	22	13.5
Belief that occasional sex cannot lead to pregnancy	46	28.2
I want to prove my ability to get pregnant	5	3.1
I can always abort the pregnancy	35	21.5

there were multiple responses

4. Discussion

The results of this study have shown that young adults are not desirous of pregnancy as adolescents but they are not utilizing contraceptives. This negative attitude towards adolescent pregnancy was shared by both male and female participants, this may be reflective of the socio-cultural and religious practices in southern Nigeria where aversion to early marriage or childbearing have been described[4,5,7,18].

The respondents viewed adolescent pregnancy as disruptive and laden with medical, socio-economic and educational problems, this is consistent with other studies that have reported teenage pregnancy as been associated with medical and social consequences including disruption of educational pursuits[19,20], However like in some previous studies[21,22] some participants in our study felt it was ok to have teenage pregnancy.

Varying determinants of adolescent pregnancy abound in literature, with ignorance on sexuality, peer pressure and non-use of contraception being major implicated determinants[6-8,10,12], In line with these were the perceptions of majority of the participants in this study as they thought that peer pressure to have sex, ignorance on issues of sexuality and not using contraception especially being forced or coerced by men to have sex without condoms were major predisposition to adolescent pregnancy. Previous studies have similarly reported that peers can aid in promoting or preventing teen pregnancy, via their attitudes and behaviors; Adolescents' perceptions of their peers attitudes and behaviors are often more influential than their actual attitudes and behaviors[10,23], Hayes[10] in his work found that if an adolescent believes his or her peers are sexually active even though they are not, this belief will increase the adolescent's likelihood of having intercourse. This was consistent with our finding where adolescent pregnancy was attributed to 'peer pressure to have sex' by over 70% of participants. Similarly having a boyfriend, especially if adolescent females are dating an older male peer has been related to an increased risk of adolescent pregnancy[23], Sadly a considerable proportion of our study participants thought that want for financial assistance by young girls also contributes to adolescent pregnancy, this being a reflection of the poverty level in society. Previous research have documented the contribution of low socioeconomic status to teenage pregnancy[11,24], It was observed that financial support from older men, because of poor socioeconomic conditions, can be a key factor in the development of trans-generational sexual relationships. The power and gender imbalance in these relationships and resultant unsafe sex leads to increased risk of STIs and pregnancy in teenage girls[22,24],

Researchers have increasingly suggested uptake of contraceptive services, socioeconomic empowerment and education of adolescent on sexuality/family life as means of curbing the menace of adolescent pregnancy. Studies from southern Africa found that generally, youths believe that teenage pregnancy is wrong and they report a need for more information about sexuality[19,20], Despite all these it seems implementation is still a problem as our respondents although junior students of medical science still displayed sizeable poor knowledge of the menstrual cycle viz fertile period. Moreso though they believed condom was a major way to prevent teenage pregnancy majority were not using it. Interestingly the major reason suggested for poor contraceptive uptake was adolescents feeling ashamed to purchase or to be seen using condoms/contraceptives and male partner dislike for condoms. Conversely, Stevens-simon *et al*[25] reviewing why pregnant adolescents say they did not use contraceptives prior to conception found that the most frequently cited reasons for not using contraceptives prior to conception were: "I didn't mind getting pregnant" (20%) and

"I wanted to get pregnant" (17.5%), They concluded that the absence of negative attitudes toward having babies rather than negative attitudes toward contraceptives is the most commonly cited reason for nonuse of contraceptives among childbearing adolescents. In contrast, another perspective to adolescent non use of contraception reported in Benin-city revealed that focus-group participants generally agreed that adolescents often try to prevent pregnancy but they mostly relied on induced abortion rather than contraception because of fear of future infertility. Majority of the focus-group participants perceived the adverse effects of modern contraceptives on fertility to be continuous and prolonged, while they saw abortion as an immediate solution to an unplanned pregnancy and therefore, one that would have a limited negative impact on future fertility; They concluded that this appears to be the major reason why adolescents prefer to seek induced abortion rather than practice effective contraception[18], This was consistent with our finding and may explain our own observation, where about 19% believed that induced abortion was the most common method youths employ to prevent pregnancy. Further buttressing this point is the observation that all 23(14%) respondents that volunteered a personal experience of adolescent pregnancy had induced abortion.

Similarly in Republic of Benin researchers found that more than 70% of the teen pregnancies in schoolgirls end in abortion and the main reasons cited for pregnancy is lack of knowledge or access to contraceptive[26,27], In this study however, we found that aside from lack of knowledge some wanted to prove their fertility by electively getting pregnant, little wonder our respondents still thought use of abortion as means of preventing pregnancy. This reflects a socio-cultural anomaly in addition to lack of knowledge or access to contraception. This corroborates the observation of buga and co workers[28] who posited that though traditionally it was not acceptable to be pregnant before marriage, it seems cultural norms have shifted and having a teenage pregnancy now is not seen as so immoral. Hence the perception that one needs to prove one's fertility by having a teenage or pre-marital pregnancy and young girl who was previously ostracized because of her teenage pregnancy may today be proud of being a mother and receive social support and acceptance from the family[28].

The findings of this study suggests that although most young persons have a negative attitude towards teenage pregnancy and are aware of the need to use contraception especially condoms to prevent pregnancy and sexually transmitted infections as recommended by various researchers. The uptake is still dismal owing largely to our socio-cultural/religious background that tends to associate contraceptive/condom use with promiscuity hence the feeling of shame to purchase a condom. This was further buttressed as we found that an overwhelming majority of respondents would acquire condoms without hesitation if made available in a clandestine manner. Corroborating this are reports that health workers have been accused of turning away adolescents from family planning clinics, and accusing them of being too young for sex or the young teenagers are offered little choice of contraceptive method and given poor explanations of the side effects and mechanism of action, which contributes to a low uptake of contraception, despite it being free[29,30], We however, note that the validity of

our findings is limited by the small sample size as a cross section of medical students may not sufficiently represent the general perception of youths.

We conclude that knowledge among youths regarding contraception and its utilization is poor. Useful strategies for empowering youth and changing perception/behavior should include peer education and access to simple, accurate and non-judgmental information. This can form the basis of an informed and responsible choice, albeit providing information alone is often insufficient to inspire behavior change. We advocate that far from the rhetoric of improving education on sexuality/family life and effective/accessible contraceptive methods for the adolescent population; we should adopt strategies that fit into our peculiar socio-cultural background and make condoms available in private places such as restrooms of public eatery's or parks where youths can access it privately.

Conflict of interest statement

We declare that there is no conflict of interest.

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