

The application of a family planning device on a teenager without consent causing primary infertility

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Abstract

The desire of every parent is to see their teenage daughters mature gradually and intact without any bodily damages into adulthood and subsequently get married and start their own families. This progression is the wish of every African couple and all these parents work fervently towards achieving this goal. So, in this modern jet-age globally assisted by the internet services that are now readily available even on hand-hold telecommunication devices, all sorts of trending information's are available at no cost to these vulnerable group of persons. The internet is known to Portray very vivid, and revealing sexual activities to which any unsupervised teenager may fall victim and may want to experiment with the newly acquired information and with newly made friends that are readily available online. All these exposes the teenager to practice sexual acts when they are not ready nor are matured enough for it. The resultant effects are teenage pregnancies, acquisition of sexually transmitted disease or infections, and the consequential attempts at termination of pregnancy which if not properly done may result into severe complications. Usually, it is the girl that suffers and bears the brunt of their illicit and illegal activities while the male partners simply walk away, probably to another innocent victim. So, what can be done to protect this class of unprepared teenagers from engaging in pre-marital and premature sexual activities and from its possible complication that may come out of it. The commonest and most dreaded fear of any Africa father is for his daughter to be pregnant and have a child out of wedlock. This tells on his authority and brings shame and ridicule to that family. So, most fathers will do just about anything, other than the usual advice and threats and punishment, to prevent this calamity from happening. It is in this regard that one parent took a step that only became known to the concerned partner years later. She got legally married, tried unsuccessfully to get pregnant, got investigated for primary infertility and an intra-uterine contraceptive device was found lodged in place in her uterus. How can this be, she asked and the truth eventually came out.

Keywords: Teenager; IUCD; Consent; Parental Concern

1. Introduction

Teenager sexual activities had been a concern to almost all families over the ages and had created all kinds of problems for parents in the past. In the Igbo tradition, it is a taboo if a girl marries and is discovered not to be a virgin, untouched and intact on the night following her marriage. The white bed-spread must be stained with the blood that follows the rupture of the hymen during her first sexual contact. Nothing else is acceptable.

But paradoxically, if an unmarried son comes home with a pregnant woman, he is hailed and welcomed as a "real man". There is no regard for the pregnant girl who of-course is the child of another parent; she may be treated disrespectfully especially if the "real man" in questions does not want to marry her. The female teenager suffers but the shame usually rubs on her entire family members. In other climes, she stands the chance of being slaughtered by male members of the

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family and nobody, no law enforcement agents dare to come to her aid. This is extreme in our culture in African but we need not test our ego. It is this preserve and fatherly concern to protect a loved daughter who in the father's knowledge was actively sexually exposed that led the father to act in the way that he did.

Female contraception methods is a very delicate topic for teenager. This class must be handled with care and expertly and everything must be handled with care so as to protect and preserve their fertility for the appropriate time in the future.

At this point, the father connived with a health-care provider who is a family friends and under pretense of some health issues and under anesthesia, inserted and retained an intra-uterine contraceptive device into the girl without her knowledge nor consent.

He meant well but was he right to have done what he did. No consent was asked for nor given, the girl not educated nor informed of the procedure and its implication and possible hygiene implication after insertion. Did he have parental right to give a general anesthesia agent to the girl for a procedure that is usually done without any form of anesthesia; and in pretence that something also was to be done? What if the girl had reacted to the anesthetic agent and went into shock or even died? We say God forbid, but these are possible effects of anesthesia, especially when the patient was not prepared. All went well, and the IUCD was inserted without any side effects reported. Of note was the fact that the teenager's hymen was not intact during the procedure which confirms her father's concern that she was sexually active and may get pregnant. How many partners does she have, any termination of pregnancy in the past, any history of post-pill ingestions and how frequently: he did not know, but now only wanted that his daughter should not get pregnant while not yet married and was still in his house and under his care. It did not matter to him that the inserted IUCD will not stop the girl from engaging in sexual activities whenever she was able to get away from home. And she will be totally free whenever she gets into the university and be away most parts of the year. The concerned father had at the least ensured that his daughter was not getting pregnant regardless of whatever number of sexes that she had. What more could he do? He felt very helpless but was satisfied with what he had been able to achieve.

2. The patient's history

Mrs. AB was a young vibrant housewife who had been married into a monogamous home just under two years ago. She reportedly was a vibrant teenager at her time and was actively involved in most social events of her time. She agreed by self-confession that she had her fair share of alcohol consumption, experimented with cigarette smoking, denied the use of hard/illicit drugs but agreed that she was sexually active from an early age. She had several boyfriends and had unprotected sex with each one of them, but she kept one boyfriend at a time. She said that all her friends and peers did it and that one must do it to show a form of maturity or one will not be accepted into their circle of friends. She denied over getting pregnant during all these wild times despite the numerous unprotected sexes with different partners.

Meanwhile, some of her friends were getting pregnant and terminating them, which to them was a proof that they were "complete women". She was mocked and laughed at because she was not getting pregnant and was therefore not yet a fully matured woman. She felt shamed at this deridment and felt that the only way out was to engage in more frequent sex activities with as many male partners as possible. This, to her may ensure that she get involved with a virile potent one that will get her pregnant just to prove a point to her friends.

It was about this period of heightened sexual activities that her actions came to her father's attention and he decided to act fast to ensure that his family's reputation was kept intact and also that his daughter does not get pregnant and probably attempt to terminate it with the occasional frightful consequences that he had heard and read about. As previously reported, an IUCD was inserted into her unknown to her. Father had ensured his name is kept clean, the girl never got pregnant despite engaging in sex since she desperately wanted to get pregnant to prove to her friends that she too could get pregnant and terminate it just to show that she is a complete woman.

She eventually got married, tried to get pregnant as is usually the desire of all newly wedded couple. A gynecological workup for primary infertility was recommended and, in the event, a pelvic ultrasound was requested for that revealed the IUCD in her uterus.

After series of questioning, her father confessed that he was the one that asked for it to be inserted into her to prevent her from getting pregnant while still in school. There was lots of anger but eventually the IUCD was removed and the young wife eventually got pregnant three months after dislodging the IUCD, for the first time in her life.

3. Discussion

Teenage contraception is essentially aimed at ensuring that our young teenagers do not become parents too soon. It is also to ensure that they are protected from contracting sexually transmitted infections that can affect their reproductive organ and latter their infertility. The most common age that must girls can start taking birth pill is mostly from 13years – 16years, which is when they start having sex (1).

It is reported that many teens are eagerly waiting and wanting to start having sex. And then when they do start, they often report that they do use some different kinds of contraceptive agents.

The surest way of not getting pregnant at all or getting infected with sexually transmitted infections is by not having sex at all, or having any intimate genital contact, including anal or oral sex. But if one cannot abstain, one is advised to use protective means (1,2).

There are two major types of techniques that offer the best contraception for teenagers. But the American Academy of Pediatrics strongly advises that parents worldwide need to educate their adolescent children about sex, how not to get sexually active and this is still the best way to preventing getting pregnant, HIV diseases and all sexually transmitted infections (3)

In their own effort, most Pediatricians under whose care are these children, generally starts talking to them about sexual behaviour, about birth control and about multiple ways known to prevent sexually transmitted infections when most of them are aged eleven-year-old (3).

The two effective ways are the long-acting reversible contraceptive or LARCs. This is of two types, namely the intra-uterine contraceptive devices (IUCD) and the sub dermal implant (1,3). These are given because they work well in preventing pregnancy. Users do not have to worry for months to years of getting pregnant after sex (1,3). The Copper T (IUCD) protects for as long as 10years - 12years if placed into the uterus (3).

The implant is a small sized device containing hormones that is placed in the skin of the upper arm after a minor surgery. It too provides a safe and long-term protection against pregnancy and can be left in place for upwards of five years before replacement. The LARCs ensure a 99.5% protection against pregnancy, but they do not protect against STI, so sex partners should use a barrier agent to protect against STI (3).

Others in this class are the short-acting contraceptive agents: progestin injection, oral contraceptive pills, transdermal patch. All these must be used alongside a barrier agent to protect against STI. The progestin injection gives a 94% protection against pregnancy and is effective for about three months (3).

The second recommended effective class of contraceptive device is the barrier method which protect against HIV, STI, and pregnancy all at once. These include, the male condom, female condom (Internal condom used inside the vagina or the mouth). They offer up to 79-82% pregnancy prevention, easy to use, cheap and are readily available. They can be used in combination with other methods to achieve an improved protection against pregnancy and disease (3,4).

The American College of Obstetrics and Gynecology says that a two-type combination of condom with the more effective contraceptive is the ideal contraception methods for adolescents (4).

A recent survey showed that 42% of teens aged between 15years to 19years have had sexual intercourse (5)

Many women are sexually active but do not want to get pregnant, and so these agents serves that purpose. Choosing to have sex is entirely a personal decision, but we are encouraged to use any of the available techniques known to prevent pregnancy and STI.

But some of these techniques many require that you get consent from your parents or guardian if you are under aged (6).

No state or federal laws known presently requires minors to get parental consent in order to get contraception.

That means that these group of children do not need to inform their parents or guardians before they can get birth control. It is unethical and illegal for any health care provider to leak information of a teen wanting to get contraception to his/her parents or guardians. It is strictly confidential (7,8,9).

The major reason for this prohibition is that the teens life may be endangered if she wants to get birth pills from a hospital and is turned away and told to get permission from her parents first.

She may not want to inform her parents and may then be involved in unprotected sexual activities. The chances then exists that she may get pregnant and will want to terminate it by any means available. The chances are that she might go to unqualified health care providers to procure an abortion and face the risks of complication.

These adverse effects are not likely to occur if the teen is allowed to walk in and get proper control techniques that are available and are good for her without any resort to parents' consent. Most parents will be shocked if their teenage daughter comes to seek their permission to be able get birth control pill.

Ah!! My little child is sexually active.

4. Conclusion

In conclusion, parents desire the best outcome for their children but should thoroughly educate and guide them regarding life choices including family planning methods¹⁰. This case scenario was such that she was dealing with Primary infertility as a result of decisions taken without her consent and knowledge. It is therefore advocated that information regarding family planning devices and contraceptives should be made available to teenagers and Parents should carry them along in decision making regarding their sexuality.

Disclosure of conflict of interest

There is no conflict of interest.

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