

Original Research Article

Contraceptive Practices Among Married Women of Reproductive Age Group in Ogbomosho Metropolis, Nigeria

ABSTRACT

Background: Unplanned pregnancy and the resultant illegal abortion are on the increase in Nigeria and there have been proven evidences that contraceptive use can drastically reduce the incidence of unplanned/unwanted pregnancies. The reduction of these would bring to the barest minimum the upsurge of maternal mortality and infant mortality rates, which are critical indicators in accessing the health of a nation.

Objective: To assess the knowledge, attitude and practice of family planning among women in the reproductive age group (i.e., 15–49 years) within Ogbomosho Metropolis.

Materials and Methods: A community-based cross-sectional study was conducted in Ogbomosho Metropolis using multi-staged sampling. The study subjects consisted of all married women in the age group of 15–49 years. Women who were divorced, widows and those who refused to participate were excluded from the study.

Results: It was observed that out of 400 respondents, 373 (93.2%) were aware of contraceptive method and source of information was mainly from health workers (93.8%). Three hundred and fifty (87.5%) approved the use of contraceptives by couples, 35 (8.8%) do not approve it and 15 (3.8%) were indifferent. Less than half 169(42.2%) were currently using contraceptives out of which most of them are using injectables (41.5%) followed by IUCD (28.0%). Test of dependency using Chi Square revealed that there is significant relationship between contraceptive practices and religion, likewise occupation.

Conclusion: Awareness of contraceptives in Ogbomosho Metropolis was very high and the source of information was mainly from the health workers. Attitude towards the use of contraceptives was on the average. However, the practice of family planning was not too encouraging as only about one third were currently on a family planning method. The major reason why non users refused to use contraceptives was the fear of side effect. It is therefore recommended that family planning commodity researchers should work more in reducing the side effects associated with family planning usage.

Key Words: Family planning, contraception, married

1.Introduction

Family Planning (FP) is a principal strategy in controlling population growth and promoting maternal and child health through an adequate spacing of births and avoiding unwanted pregnancy.(1) Family planning not only gives couples the freedom to space and plan the number of children they wish, but also contributes to the health and overall quality of life of the population. The current prevalence rate for contraceptive use in Nigeria is approximately 11%–13% (2)

FP enables couples or family/women to plan when to have children and use birth control to delay (spacing) or number of children FP prevents unwanted pregnancies and reduce the course to abortion.(3) Short inter-pregnancy interval is associated with adverse pregnancy outcomes such as preterm birth, low birth weight, small for gestational age and perinatal death.(4) To prevent these adverse pregnancy outcomes, birth spacing has been considered as an effective intervention.

Therefore this study was to access the knowledge, attitude and practice of family planning methods among married women of age group [18-49] years living in Ogbomoso Metropolis.

2.Methodology

This study was a cross sectional descriptive study conducted among married women in reproductive age group (15-49 years) in Ogbomoso Metropolis. Ogbomoso is the second largest town in Oyo state, the latter being one of the thirty six states in Nigeria. Ogbomoso has five Local Governmet Areas, but only two are located in the Metropolis namely: Ogbomos South and Ogbomoso North. These two LGAs has ten wards respectively. Sample Size was determined using Leslie Fischers formular and a sample size of 333 was calculated. After adding the anticipated non-response rate of 10%, the sample size was increased to 400.

A multistage sampling technique was used for this study. Two wards were selected from the two LGAs by simple random sampling making a total of four wards. Two settlements were selected from the four wards bt balloting method making a total of eight settlements. A pen was spinned at the imaginary center of the settlements, sampling started in the direction of the pen. Two houses were omitted in between the houses and sampling continued until the desired number for the settlemet was reached.

Ethical clearance was received from the Ethical Review Committee of University of Ilorin Teaching Hospital. Informed consent was obtained from each participant after explaining the purpose of the study to them. Administered questionnaires were checked for errors and omissions at the end of each day. Data were entered and analyzed using Statistical Package for Social Sciences (SPSS) version 22. Summary statistics were presented using frequency tables, charts, means and rates. Chi Square was used to test for association between contraceptives practice of respondents and the socio-demographic characteristics (Age, marital setting, educational status and occupation). Level of statistical significance was set at 5%.

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75 **3.Limitations of the Study**

76 The issue of family planning could be very sensitive and confidential, and due to socio-cultural
 77 factors some of the respondents were initially inappropriately predisposed to participate in the
 78 study. Participants were however assured of confidentiality and thus encouraged to answer
 79 questions to the best of their understanding.

80 **4.Results**

81 Table 1 shows the socio-demographic characteristics of the Respondents in which 23.5% of the
 82 respondents are within 30 and 34 years of age while the mean age was 32 years. Most of the
 83 respondents had secondary school level of education (244, 61.0%) and semi skilled (256
 84 ,64.0%). Table 2 shows the respondents knowledge about contraception. 373 (93.2%)
 85 respondents had heard about contraception before and IUCD(64.6) is the most known form of
 86 contraceptives, 247 (66.2%) pills 241 (6.6%) while the least known contraceptive method was
 87 the use of spermicides, 23 (6.2%). Table 3 shows that three hundred and fourteen (78.5%)
 88 desired to know more about contraceptives if they have the opportunity , 65 (16.2%) are not
 89 willing to know more while 21 (5.2%)were indifferent. Three hundred and fifty (87.5%)
 90 approved the use of contraceptives by couples, 35 (8.8%) do not approve it and 15 (3.8%) were
 91 indifferent. One hundred and ninety three (48.2%) have discussed contraceptives with their
 92 spouses in the past one year before the study. Also, husbands of 198 (49.5%) respondents were
 93 aware that their wives are using one form of contraceptives or the other, 106 (26.5%) did not
 94 inform their husband's while 96 (24.0%) were not sure if their husbands are aware about their
 95 use of contraception or not.

96 Table 4 shows that IUCD is the commonest used form of contraceptives among current users
 97 71(42.0%) followed by injectables 46(27.2%), then pills, 29(17.2%). The decision about the use
 98 of contraceptive was jointly made in 69, 40.8% respondents, husband's only 48 (28.4%), wife
 99 only 47 (27.8%) while 5 (3%) gave no response. Out of those who had had contraceptives at one
 100 point in time before but are not currently on any method, 34 (41.5%) used injectables, 23 (28.0%)
 101 IUCD, 13 (15.9%) used pills, 6 (7.3%) used implants, 4 (4.9%) used condom and 2 (2.4%) natural
 102 methods. Fear of side effect , 46 (56.1%) was the topmost reason why ever used respondents
 103 discontinued the use of contraceptives, followed by the desire to have more children and little
 104 perceived risk of getting pregnant 13, (15.9%) each as in table 5. For respondents who had never
 105 used any form of contraceptives, fear of side effect, 60 (40.3%) was the main reasons why they
 106 had never used any method, followed by the desire to have more children, 24 (16.1%), partner's

refusal 20 (13.4%). Others were little perceived risk of pregnancy, 9 (6.0%), know no method, 9 (6.0%), Health concern 5 (3.4%) and opposition from relative1, (0.7%). In testing for association between use of contraceptives and the socio-demographic variables, it was revealed that religion and occupation of respondents were statistically significant while level of education, marriage settings and ethnicity are insignificant at 0.05 level as shown in table 7.

Table1: Socio-demographic Characteristics of respondents.

Variables n=400	Frequency n=400	Percentages (%)
Age		
15-19	8	2.0
20-24	40	10.0
25-29	87	21.8
30-34	94	23.5
35-39	77	19.2
40-44	62	15.5
45-49	32	8.0
Mean age	400	32+ 7.5
Marital setting		
Monogamous	328	82.0
Polygamous	72	18.0
Educational status		
Illiterate	21	5.2
Primary	57	14.2
Secondary	244	61.0
Tertiary	78	19.5
Occupation		
Housewife	22	5.5
Unemployed	20	5.0
Unskilled	74	18.5
Semiskilled	256	64.0
Skilled	28	7.0

118 **Table2: Respondents' knowledge about contraception**

Variables	Frequency	Percentage (%)
Ever heard about contraception(n=400)		
Yes	373	93.2
No	27	6.8
Which contraceptives do you know**(n=373)		
Pills	241	64.6
IUCD	260	69.7
Injetables	247	66.2
Implants	165	44.2
Condom'	179	48.0
Female sterilization	71	19.0
Male sterilization	51	13.7
Spermicidal	23	6.2
Natural methods	34	9.1

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120 **Table 3: Respondents' Attitude towards the use of Contraceptives**

Variables	Frequency (N=400)	Percentage
Desire to know more about contraceptives n=400		
Yes	314	78.5
No	65	16.2
Indifferent	21	5.2
View about couple using it		
Approve	350	87.5
Disapprove	35	8.8
Indifferent	15	3.8
If disapprove, why?**(n=35)		
Respondents refusal	21	60.0
Husband refusal	8	22.9
Family disapproval	3	8.6
Religion prohibition	1	2.9
Cultural prohibition	2	5.7
Fear of side effect	9	25.7
Discussion with spouse about contraceptives		
Yes	193	48.2
No	180	51.8

Frequency of discussion		
Once	22	11.1
Twice	29	14.6
Three	42	21.2
Greater than three times	63	31.8
Can't remember	42	21.2
Husband's attitude towards contraception		
Approve	257	64.2
Disapprove	75	18.8
Indifferent	68	17.0

121 **** Multiple responses allowed**

122 **Table 4: Contraceptive Usage by current users**

Variables	Frequency (n=169)	Percentage %
Type of contraceptives used currently		
Pills	29	17.2
IUCD	71	42.0
Injectables	46	27.2
implants	17	10.1
Condom	3	1.8
Female sterilization	2	1.2
Natural method	1	0.5
How long you've been on contraceptives in years		
0-4	107	63.3
5-9	46	27.2
10-14	13	7.7
15-19	3	1.8

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125 **Table 5: Practise of Contraception by ever used respondents**

Variables	Frequency (n=82)	Percentage (%)
Contraceptives used before		
Pill	13	15.9
IUCD	23	28.0
Injectables	34	41.5
Implant	6	7.3
Condom	4	4.9
Natural methods	2	2.4
Reason for discontinuing contraceptives		
Fear of side effect	46	56.1
Fear of infertility	12	14.6
Medical problem	6	7.3
Preferred method not available	5	6.1
Desire to have more children	13	15.9
Little perceived risk of pregnancy	13	15.9
Unacceptable to my culture	1	1.2
Religion prohibition	1	1.2
Financial reasons	4	4.9

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127 **Table 6: Contraceptive Practice for Non-users**

Variables	Frequency (n=149)	Percentage
Intention of delaying pregnancy		
Yes	75	50.3
No	68	45.6
Undecided	6	5.0
Why are you not on contraceptives		
Partner refusal	20	13.4
Relative opposed	1	0.7
Know no method	9	6.0
Know no source	7	4.7
Health concern	5	3.4
Fear of side effect	60	40.3
Lack of access/too far	3	2.0
Little perceived risk	9	6.0
Too much cost	4	2.7
Inconvenient to use	2	1.3

To have more children	24	16.1
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Table 7: Association between practice of contraceptives and socio-demographic characteristics

Sociodemographic Characteristics	Using Contraceptives	Not Using contraceptives	Statistics
Religion			
Catholic	44 (72.1)	17 (27.9)	$\chi^2= 28.053$ df= 3 p-value<0.001
Protestant	89 (39.2)	138 (60.8)	
Islam	34 (32.7)	70 (67.3)	
Traditionalist	2 (25.0)	6 (75.0)	
Ethnicity			
Yoruba	165 (42.4)	224 (57.6)	$\chi^2=3.762$ df=3 p-value=0.350
Igbo	2 (50.0)	2 (50.0)	
Hausa/Fulani	2 (66.7)	1 (33.3)	
Others	0 (0.4)	4 (100.0)	
Respondents' level of education			
No education	8 (38.1)	13 (61.9)	$\chi^2=0.544$ df=3 Pvalue=0.909
Primary	26 (45.6)	31 (54.4)	
Secondary	101 (41.4)	143 (58.6)	
Tertiary	34 (43.6)	44 (56.4)	
Respondents occupation			
House wife	6(27.3)	16 (72.7)	$\chi^2=37.510$ df=4 p-value<0.001
Unemployed	10 (50.0)	10 (50.0)	
Unskilled	54 (73.0)	20 (27.0)	
Semi skilled	89 (34.8)	167 (65.2)	
Skilled	10 (35.7)	18 (63.3)	

5. DISCUSSION

Findings showed that the awareness about family planning methods was very high among the respondents as 93.2% of the total respondents agreed to have heard about family planning, and majority of them claimed to know where to obtain. This finding is similar to other study relating to the reproductive health issues in Pakistan.(6) The highest source of information about family planning as found in this study was through the health workers, followed by radio, television and friends. This shows the ability to pass across vital health information during antenatal or immunization services. If enhanced, attitudinal change could be effected. This is in congruent with similar other studies (7,8) where health personnel happened to be the greatest source of information. However, this is slightly different from that gotten from South- Eastern Nigeria where mass media happened to be the commonest source of information.(9) Majority of the respondents knew Government hospitals as a place where contraceptives could be obtained, followed by health centers, then the private clinics. This could be due to vast number of government hospitals as well as health centers present in the study area. This finding is in consistence with another study done in Uganda where government hospitals are the widely known place to obtain family planning.(10) Most of the respondents had the understanding that family planning could help prevent an unwanted pregnancy. Similar finding was also obtained in a study done in India (7) where a sizeable number of respondents have adequate knowledge about what the advantages of contraceptives were. Most of the participants had knowledge of at least one modern contraceptive method of contraceptives among married women similarly found in some other studies.(11–13) Surprisingly, in this study, most of the respondents (45.8%) do not know how pills are used. This is similar to the finding in a similar study in Saudi Arabia where the understanding of how to use oral contraceptive pills was very low. This could be a pointer to the fact that people no longer get interested in the services provided them. Could it be that many clients may not be using family planning commodities effectively which could be responsible for the increase failure rate which invariably can lead to further non usage of such commodities.

In this study, there was a difference in the knowledge of contraceptives among the respondents as regards various religious bodies. This is similar to another study done in Ghana where Catholics had the poorest knowledge of contraceptives.(14) However, this is different from a study carried out among married women in Ethiopia, where religion was not associated with the use of contraceptives.(15) The finding in Ghana may not be surprising as the Catholics do not support the use of modern contraceptives by her members. Only natural method is advocated and permitted. If a reorientation of this particular religious caste is not done, contraceptives use by them will perpetually be null and this will undoubtedly lead to increase birth rate and mortality rates in the country.

It was observed that the educational status of respondents also significantly determine their knowledge about contraceptives. This is similar to various other studies where education if respondents is significantly associated with their level of knowledge about contraceptives.(14,15) A plausible reason for this is that illiterates or those with low educational status may not have the avenue to get educated or adequately informed about the availability of contraceptives compared

with the more educated ones. Even if they have the avenue to be taught, they may not be able to comprehend what they are being taught as a result of their level of intelligence.

In this study, majority of respondents wanted to know more about family planning and more than two third approved of its use by the couples. This is similar to another study done in Jinma where almost all the participants wished they had the opportunity to be more enlightened about contraceptives. It is however different from another study done in Malawi(16) where participants were not willing to hear about contraceptives at all. This might be due to the unpalatable experiences they or someone close to them have witnessed with contraceptives. Spouse (husband) involvement is seen to play a pivotal role in deciding on the use of a birth control method and it is also equally vital with regards to the number of children a couple desire to have.

Also, more than half of the respondents have never discussed contraceptive use with their husbands. This is in consonance with another study where very minute number of participants have ever discussed family planning or its use with their husbands. This could be that they actually see no reason why they should discuss it with them or they are afraid their husbands might not support its use. When asked about the stand of their husbands, about two third of the respondents claimed that their husbands approve of its use. This finding is also comparable with another study done in Nigeria(17,18) where most of the husbands support the use of contraceptives. In this study in which just about half of the participants' spouses knew whether their wives were using or not using any form of contraceptive. This is also similar to a study done in Kenya.(21) This actually revealed the poor communication between couples with regard to contraceptive use.

In this study, about one third of respondents were presently on a form of contraceptives. This is relatively lower than that in Kenya where more than two third of respondents were on contraceptives as at the time the study was been carried out.(20) For the current users, the main purpose for the use of contraceptive was to space in between pregnancies. Injectables happened to be the most used contraceptives among respondents currently on contraceptives which different from that gotten in Asia where female sterilization is the widely used form of contraception.(21) and in Osogbo where IUD was the widely used form of contraceptives.(22) The difference gotten from the Asia could actually be because of the socio-cultural and political view towards fertility. Asian countries are known for low fertility which is presently legalised and so the permanent form of contraceptives will be more advocated. In this study, it was observed that two third of Islamic respondents were not on any form of contraceptive, which was statistically significant. This is comparable with another study done in another study were there was no significant difference in the practice of different religious groups to family planning. (25) The outcome of this study may be due to the fact that some muslims believed that family planning is unislamic(26)

6. Conclusion

The awareness and knowledge of family planning in Ogbomoso is good and majority had a good disposition toward its use. However, the practice of family planning was poor as less than half of respondents were currently using a form of contraception or the other.

It is therefore recommended that the benefits of family planning should continually be reiterated to women of reproductive age groups through all available means vis a vis during immunization sections, antenatal visits as well as through mass media.

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