International Journal of Health Sciences and Research
www.ijhsr.org ISSN: 2249-9571

Original Research Article

Contraception Practices in a Southwestern Nigerian Urban Population

Olaiya Paul Abiodun[1], Saheed Opeyemi Usman[2], Joshua Olomide[3], Sanni Hamza[4], Afusat Adesina[5]

[1]Doctors with Africa CUAMM, Juba, South Sudan.
[2]Department of Clinical Laboratory Services, Equitable Health Access Initiative, Akure, Nigeria.
[3]Department of Strategic Knowledge Management, Equitable Health Access Initiative, Akure, Nigeria.
[4]Laboratory Manager, Mecure Healthcare Ltd, Lagos, Nigeria.
[5]Howards University (HOWARD) Continuous Education Centre, Lagos, Nigeria.

Corresponding Author: Saheed Opeyemi Usman

Received: 01/06/2016 *Revised: 22/06/2016* *Accepted: 27/06/2016*

ABSTRACT

Objectives: Contraception is a practice by which couples space the number of years between each child they want to give birth to. It is widely reported that people who do not use any birth control plan may lack access or face barriers to using it. This study is therefore carried out to determine the child spacing and contraception strategies, obtain the values and norms that influence the knowledge and practice of contraception, among community women of reproductive ages in South-Western Nigeria with a view to making necessary recommendations to improve contraception practices.
Methods: This cross sectional study was carried out in Lagos Nigeria. The target population was women of reproductive age group in these districts. A multi-stage sampling technique was used to select the respondent. Statistical test of significance was performed with Chi-Square test.
Results: A total of 1450 consenting respondents participated in the study with a mean age ± SD of 35.41 ± 8.08 years. The main reason given for choice of contraception was reliability, main source of information is through government-owned hospital health personnel, and male condom is the most widely used current method while heavy menstrual period is the commonly known side effect.
Conclusion: Indications show that educational status, religious factor and economic status influence contraception choices, there is therefore need for more campaign and public enlightenment programs on modern contraception methods, importance, choices and benefits, crucially including the religious leaders, in order to fast track the information spread and further improve the use of modern contraceptive methods.

Keywords: Women, urban, contraception Nigeria.

INTRODUCTION

Contraception, also known as birth control, is a method or device used to prevent pregnancy. It is a practice by which a couple space the number of years between each child they want to give birth to. According to the free encyclopaedia, it is used to implement plans including sexuality education, prevention and management of sexually transmitted infections, pre-conception counselling and management of infertility. [1] People who do not use any birth control plan may lack access or face barriers to using it. [2] These barriers include lack of awareness, religious beliefs, cultural factors, economic reasons, and partners' non-acceptance, fear of side effects or risks. [3] Nigeria in particular has one of the highest fertility rates in the world, promoted mainly by low utilization of modern contraceptive methods, with high fertility translations into high population, raising various challenges for economic growth and developments in the country. [4] A very

common birth control method in Nigeria, as reported in a research on sexual practices and reproductive health, is condom with 77.9% of formal sector workers in one of the south western Nigerian states, reported to have ever used condom. [5] The outcome of a 2011 study on contraceptive practices showed that most of the responder were in the age of 35years and above, with 42.3% engaged in trading 50.7% having a secondary school highest education level, 48.5% defining contraception as prevention of unwanted pregnancy, 89.5% not having any idea of contraceptives side effects and 52.6% having their main source of information to be through health personnel. [6] A research on contraception among women of reproductive ages published in 2012 reported 8.8% of respondents currently use condom as their contraceptive method, while 3.1% use injections, 3.0% use IUD, 3.0% use pill and 0.1% use female condom. [7] A 2014 study outcome on awareness and attitude of family planning among rural women showed that 50.5% of the respondents were within age 30-39years, 30.9% having senior secondary school certificate educational qualification, 37.0% being petty traders, 56.0% reported religious beliefs as reasons for lack of adoption of family planning while 44.0% reported lack of knowledge as reasons. [8] The authors of a 2014 published research work on family planning services utilization reported that 49% of the respondents have their highest level of education to be secondary school certificate, 94% have heard about family planning services, 70% reported religious norms as constraints to the use of family planning practices while 60% and 65% reported fear of side effect and husband decision as constraint respectively. [9] This study is therefore carried out to determine the child spacing and contraception strategies, obtain the values and norms that influence the knowledge and practice of contraception, among community women of reproductive ages in South-Western Nigeria with a view to making necessary recommendations that would help improve contraception practices.

Research Hypothesis

1. The economic status has no significant influence on the choice of contraception
2. Educational status has no significant influence on the choice of contraception
3. Religion has no significant effect on the choice of contraception

MATERIALS AND METHODS

This cross sectional study was carried out across the three senatorial districts of Lagos State Nigeria. The target population was women of reproductive age group in these districts. In each of the South-Western state, the estimated population of women of reproductive age is more than ten thousand. Using Leslie Fischer's formula for population >10,000 via an online sample size calculator, a minimum sample size was obtained. [10-12] With a 3% margin of error or degree of precision and a 95% confidence level, in a targeted population size of >10000, the minimum of 1068, but in order to have increased representativeness and make up for non-response, a total of 1450 pre-tested questionnaires were administered.

A multi-stage sampling technique was used to select the respondent from selected local government area in each of the three senatorial districts in each of the metropolis. In stage 1 from a sampling frame of the entire number of local government areas in each senatorial districts of each state, one-third number of LGAs was selected using simple random sampling method. In stage 2, a list of areas in each of the selected LGA's was randomly made. In stage 3, houses in the areas were randomly selected. The final stage involved in the selection of consenting women of reproductive age group within the ages 15-49 years. The questionnaires were then administered on the women. Scoring of outcome variables with correct answers was done. Correct answers were scored 1 point while wrong answers were scored 0. Following the scores, addition and calculation of the average score,

respondents who scored below the average score were categorized as having poor knowledge while those with scores above the average were classified as having good knowledge.

A score of one was allotted to all responses with strongly agree and agree, a score zero for strongly disagree, disagree and neither agree nor disagree, for all correctly answered question and vice-versa. For incorrect answered questions, on the five points Likert scale. Scores greater than or equal to the average scores were regarded as positive family planning practices and those below average were said to be negative practice. All data were statistically analysed, using statistical package for the social sciences (SPSS) for Windows version 2010 software (SPSS Inc, Chicago, IL, USA). Frequency counts were generated for all variables and statistical test of significance was performed with Chi-Square test. Significance was fixed P <0.05 and highly significance is P < 0.01.

RESULTS

Socio-Demographic Data: A total of 1450 consenting respondents participated in the study. Most of the respondents are in the age range of 36 - 45 years, 646 (44.6%) followed by 26 - 35 years, 640 (44.1%), with a mean age ± SD of 35.41 ± 8.08 years. Most of the respondents are married, 1288 (88.8%), Christians, 792 (54.6%) and had diploma certificate, 384 (26.5%) while trading/business is the major vocation, 436 (30.1%) among the respondents.

In Table 2, some of the respondents believe that contraception prevents unwanted pregnancy 1020 (70.3%) and limits family size 986 (68.0%). Their source of information was mainly through health personnel in the government-owned hospitals, 748 (51.6%). Majority of the respondents, 292 (20.1%) do not have idea of any side effect of the contraception while 72 (5.0%) reported condom burst or spillage as a common side effect of using condom. A vast majority, 528 (36.4%) of the respondents reported that both the husband and wife together on the choice of contraception. The main reason given for choice of contraception was effectiveness, 228 (15.7%) respondents coincidentally.

TABLE I: Socio-demographic data of respondents

Variables	Frequency (%)
Age Group (years)	
20 - 25	38 (2.6)
26 - 35	640 (44.1)
36 - 45	646 (44.6)
46 - 55	72 (5.0)
Marital Status	
Single	110 (7.6)
Married	1288 (88.8)
Separated	26 (1.8)
Divorced	10 (0.7)
Widowed	16 (1.1)
Religion	
Christianity	792 (54.6)
Islam	644 (44.4)
Highest level of education	
No formal education	156 (10.8)
Primary	204 (14.1)
Secondary	256 (17.7)
Diploma	384 (26.5)
Degree	366 (25.2)
Masters	64 (4.4)
Doctoral	2 (0.1)
Occupation	
Farming	10 (0.7)
Artisan	250(17.2)
Trading/Business	436 (30.1)
Public Servant	162 (11.2)
Private Sector Worker	152 (10.5)
Self Employed	128 (8.8)
Teaching	174 (12.0)
Unemployed	90 (6.2)
Monthly Income (Naira)	
Less than #5,000	54 (3.7)
#5,000 - #18,000	222 (15.3)
#18,001 - #30,000	396 (27.3)
#30,001 - #50,000	220 (15.2)
#50,001 - #80,000	72 (5.0)
#80,001 - #100,000	44 (3.0)
#100,001 - #150,000	110 (7.6)
#150,001 - #200,000	54 (3.7)
#200,001 - #300,000	44 (3.0)
#Greater than 300,000	26 (1.8)

Most of the respondents have four children, 316 (21.8%), followed by those with three children , 302 (20.8%) then those with five children, 244 (16.8%) while 156 (10.8%) have two children, with the space in between children mostly reported as two years interval for 594 (41.0%) respondents followed by three years interval for 294 (20.3%) respondents.

Table 3 shows the various contraception methods currently used by the respondents, with male condom reported as the most widely used 309 (21.3%).

Table 4 shows responses of the women regarding their knowledge and practice of contraception using a Likert scale.

TABLE 2: Family planning information, knowledge and practice

Variables	Frequency (%)
Main source of information about family planning	
Private hospital health personnel	154 (10.6)
Mosque	16 (1.1)
Government-owned health personnel	748 (51.6)
Not-for-profit organization	138 (9.5)
Church	22 (1.5)
Printed media (poster, handbill)	60 (4.1)
Electronic media (radio, television)	76 (5.2)
Main reason for choice of family planning method	
Affordability	182 (12.6)
Availability	188 (13.0)
Effectiveness	228 (15.7)
Reliability	220 (15.2)
Little or no side effect	90 (6.2)
Main reason for not using any family planning method	
Side effects	62 (4.3)
Desire for more children	66 (4.6)
Husband's disapproval	74 (5.1)
Duration of family planning use (years)	
1 - 3	301 (20.8)
4 - 6	132 (9.1)
7 - 10	118 (8.1)
More than 10	62 (4.3)
Family planning method decider	
Both	528 (36.4)
Wife	184 (12.7)
Husband	266 (18.3)
Known side effects	
None	292 (20.1)
Weight gain	156 (10.8)
Weight loss	24 (1.7)
Heavy menstrual period	286 (19.7)
Irregular menstrual period	168 (11.6)
Condom burst or spillage	72 (5.0)
Secondary infertility	68 (4.7)

TABLE 3: Current family planning methods

Variables	Frequency (%)
Current family planning methods	
Injectable	191 (13.2)
Male condom	309 (21.3)
Female condom	43 (3.0)
Intrauterine Device (IUD)	99 (6.8)
Pill	149 (10.3)
Withdrawal	81 (5.6)
Diaphragm	10 (0.7)

TABLE 4: Family planning knowledge & practice

VARIABLES	Frequency (%)				
	Strongly Agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly Disagree**
Family planning prevents unwanted pregnancy	604(41.7)	416(28.7)	318 (21.9)	50 (3.4)	26 (1.8)
Family planning is ineffective	40 (2.8)	94 (6.5)	470 (32.4)	546(37.7)	218 (15.0)
Family planning is against my religious beliefs	214(14.8)	370(25.5)	236 (16.3)	346(23.9)	234 (16.1)
Family is against my against my cultural beliefs	154(10.6)	368(25.4)	252 (17.4)	388(26.8)	210 (14.5)
Family planning prevents sexually transmitted diseases	234(16.1)	186(12.8)	482 (33.2)	352(24.3)	142 (9.8)
Family planning limits family size	634(43.7)	352(24.3)	342 (23.6)	56 (3.9)	22 (1.5)
Family planning helps in child spacing	644(44.4)	392(27.0)	298 (20.6)	34 (2.3)	10 (0.7)
Family planning methods encourage promiscuity	274(18.9)	280(19.3)	494 (34.1)	192(13.2)	110 (7.6)

TABLE 5: Family planning knowledge& practice

Variables	Frequency (%)
Knowledge	
Good knowledge	1204 (83.0)
Poor knowledge	246 (17.0)
Practice	
Good practice	1089 (75.1)
Poor practice	361 (24.9)

TABLE 6: Chi square result showing factors influencing family planning choices

	X^2	Df	Critical Value	Decision
Economic status on the choice of family planning	740.50	70	90.53	Rejected
Educational status influence on family planning choice	656.62	49	66.34	Rejected
Religious factor influence on choice of family planning	212.51	14	23.29	Rejected

DISCUSSION

The outcome of this study has shown that most of the respondents are in the range of 36 to 45 years, 26.5% of them have diploma certificate with 30.1% major vocation being trading or business. These outcomes are slightly in agreement with the outcome of the 2011 study on contraceptive practices which showed that most of the respondents were in the age of 35years and above, with 42.3% engaged in trading but differ in terms of the highest educational level with 50.7% of the respondents having a secondary school certificate. [6] Also, it is similar to the reports of the authors of a 2014 study on awareness and attitude of family planning that showed 50.5% of the respondents were within age 30-39years and 37.0% of them being petty traders. It however varies in terms of highest educational level where they reported 30.9% had senior secondary school certificate educational qualification. [8] And another 2014 study on family planning services utilization that showed highest level of education to be secondary school certificate. [9] About two-thirds of the respondents reported their monthly income to be less than or around fifty thousand naira, which is equivalent to about two hundred and fifty dollars. This shows that low income definitely will have an impact on the choice of contraception, with most people likely to choose the cheap and affordable methods, which has been demonstrated in this research outcome.

Some 70.3% of the respondents believe that contraception prevents unwanted pregnancy, which differs from the outcome of a 2011 study on contraception practices that reported 48.5% of the respondents defined contraception as prevention of unwanted pregnancy. [6] The main source of contraception information is through health personnel in the government-owned hospitals, 748 (51.6%). This is in agreement with another research outcome that showed that 52.6% of the respondents had their main source of information to be through health personnel. [6] This is very impressive as it shows that the health care facilities are alive to their duties and responsibilities in sensitizing the entire populace in this regard. A good proportion of the respondents gave husband disapproval, desire for more children & side effects as major reason for not using any contraceptive method; this is expected as decisions on matters like this are taken based on experiences following usage of particular method and dependent on the family head. Contraception awareness in the respondents is generally high among the respondents with a vast majority aware of at least a method of family planning though the most commonly known are male condom, inject able and pills. This is similar to the outcome of a previous research work including the study that reported very common birth control method among formal sector workers in south western Nigeria reported to have used condom. [5] This is probably due to the on-going enlightenment programme in various quarters regarding contraception in our society but it still appears some methods are more popular with the citizenry than others, as only a few of the respondents have knowledge about methods such as implants and diaphragm possibly due to more expensive nature of these methods as compared to the common ones or probably because they are not readily available. The conservative attitude typical of Africans may be the reason why some of the women felt contraception methods encourages promiscuity.

It was also found that 21.3% of the respondents are currently using male condom, 3.0% use female condom, 6.8% use intrauterine device (IUD), 13.2% use inject able and 10.3% currently using pill. This is slightly in agreement with a research outcome published in 2012 that reported 8.8% of respondents currently use condom as their contraceptive method, while 3.1% use injections, 3.0% use IUD, 3.0% use pill and 0.1% use female condom. [7] This is probably due to the fact that these methods are readily available, enjoy better advertisement and cheaper. Most of the

respondents were favourably disposed towards contraception with nearly three quarters of the women having a positive attitude towards.

The rejection of the first hypothesis on economic status influence on choice of family planning, shows that the most common contraception choice are determined mainly by their affordability, availability and accessibility. The rejection of the second hypothesis on educational status influence on choice of contraception shows that educational status determines their attitudes toward the choice of contraception. For instance, ignorance or inadequate knowledge may make some persons not even aware of some available methods let alone the benefits. The rejection of the third hypothesis on religious factor influence on choice of family planning shows that family planning is crucially part of the two major religions in the country, thus, influencing couple's child spacing and contraception.

CONCLUSION

The use of modern contraceptive methods especially short-term hormonal and less effective physical barrier methods, were found to be more rampant among women of child bearing age, with indications that educational status, religious factor and economic status influence family planning and choices made, there is therefore need for more campaign and public enlightenment programs on modern family planning methods, importance, choices and benefits, crucially including the religious leaders, in order to fast track the information spread and further improve the use of modern contraceptive methods.

REFERENCES

1. Free Encyclopedia. Definition of birth control: http://wikipedia.org/wiki/birth control. 2013. Date accessed. 22/02/16
2. Singh S, Darroch JE, Viasso M & Nadeau J. Adding it up: The benefits of investing in sexual and reproductive health. Guhmacher Institute. New York, NY: The Alan ICF Macro, Abuja, Nigeria. 2003.
3. Carr D & Khan M. The Unfinished Agenda: meeting the needs of family planning in less developed countries. Washington DC. 2004; 4366: 567 (34).
4. Nwachukwu I &Obasi OO. Use of modern B, control methods among rural communities in Imo State, Nigeria. Afr J ReproHealt. 2008; 12 (1): 101 - 108.
5. Usman SO, Agboola GB, Yisa UO, Umeozulu FO & Kalejaiye OO. Knowledge about HIV/AIDS, sexual practices, reproductive health and risk assessment among workers in the formal sector of Ondo state, Nigeria. Int J Innov Med Educ Res 2016; 2: 13 - 17.
6. Olugbenga-Bello AI, Abodunrin OI & Adeomu AA. Contraceptive practices among women in rural communities in southwestern Nigeria. Glob J Med Prac. 2011; 2 (1): 1 - 8
7. Adeyemo RO, Oladipupo A & Omisore AO. Knowledge and practices of contraception among women of reproductive ages in southwest, Nigeria. Intl J Eng& Sci. 2012; 1(2): 70 - 76.
8. Ndubuisi NC. Awareness and attitude of family planning among the women of Nsukka LGA: Implications for social work intervention. Mediterr J Soc Sci. 2014; 5 (27): 1
9. Ibrahim U & Mohammed M. Knowledge, attitude and practices of family planning services utilization among women age 15 - 49 in Bauchi local government area of Bauchi state, Nigeria. J Med & Appl Bio-Sci. 2014; 6 (2): 101 - 110.
10. Daniel WW & Cross CL. Biostatistics: A foundation for analysis on health sciences, 10thedn. New York, NY: Wiley, 2013.
11. Fisher RA. Statistical methods for research workers. Olive and Boyo, 1954; ISBN 0-05-002170-2.
12. Online sample calculator. http://www.surveysystem.com/sscalc.htm

How to cite this article: Abiodun OP, Usman SO, Olomide J et al. Contraception practices in a southwestern Nigerian urban population. Int J Health Sci Res. 2016; 6(7):264-269.

****