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KNOWLEDGE AND ATTITUDE TOWARDS THE USE OF CONTRACEPTIVES AMONG THE WOMEN OF CHILDBEARING AGE IN INTERNATIONAL MARKET, UMUNA ORLU

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ABSTRACT

This is a descriptive research work on the knowledge and attitude towards the use of contraception among the women of child bearing age in international market Umuna Orlu. The purpose of this study is to find out the level of their knowledge, their attitude and acceptance of contraceptive and to correct the misconceptions some women have about contraceptive. Data collected through questionnaire and analyzed using frequency tables and bar chart. Findings and observations were made by the researcher and nursing implementations and suggestions were made to carry out a similar study in order area of Imo State and to correct the misconception some women have about contraceptive in order to control the hazardous and economic effects of overpopulation births in Nigeria.

INTRODUCTION

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary Infertility (WHO, 2016).

Globally, approximately 45% of those who are married and able to have children use contraception. As at 2007, intrauterine devices [IUDS] were used by about 17% of women worldwide. Avoiding sex when fertile is used by about 3.6% of women of child bearing age, with usage as high as 20% in areas of South America. As of 2005, 12% of couple was using a male form of contraception [either condoms or a vasectomy with rates of up to 30% in the developed world. As of 2012, 57% of women of child bearing age wanted to avoid pregnancy (867 of 1520 million).

Nigeria, the seventh most populous nation in the world, has current estimated population of 183million, which is projected to reach 285million by 2050 (United Nations, 2013).

Target of the national population policy included increasing contraceptive prevalence to 80% and limiting the TFR to an average of four children per woman by 2000. The revised population policy calls for a reduction of maternal mortality by 75% by 2015, reduction of the fertility rate by 0.6 children per woman every five years and a 2% annual increase in the proportion of women using contraceptives. More recently, following the 2012 London summit on family planning, Nigeria developed

blue print for accelerating uptake of family planning with a target of increasing national contraceptive prevalence rate to 36% by 2018 (Federal Republic of Nigeria, 2014).

The dominant prevalence of contraceptive use among women of childbearing age in Umuna, Orlu is not fully known. It is therefore necessary to investigate the knowledge and Attitude towards the use of family planning contraceptives among the women of child bearing age in the area with the view to educate and correct misconceptions if any.

Objective of the Study

The specific objectives includes

- 1. To determine the level of knowledge of contraceptives among the women of child bearing age in International Market Umuna, Orlu.
- To ascertain the level of acceptance and usage of contraceptives among the women of child bearing age Umuna, Orlu.
- 3. To identify the mostly used method of contraceptives among the women.
- 4. To determine the factors that hinders the use of contraceptives among the women.

MATERIALS AND METHODS Research Design

The research design employed in this study is a descriptive survey design. The major concern of this research is to objectively observe and describe phenomena as they naturally occur.

Area of Study

International market Umuna Orlu is situated at Umuna community in Orlu Imo state.

Target Population

The researcher used a target population of about 200 women to get the sample size of 133 women in a part of the market for the study which involves both married and single mothers, breastfeeding and non-breasting mothers, pregnant and non-pregnant women.

Sample Size Determination

The appropriate sample size for a target population of 200 was determined using Taro Yamane formula (Chinweuba *et al.*, 2014).

The sample size calculation of Taro Yamane:

$$n = \frac{N}{1 + N(d)^2}$$

Where n = Sample size

d = The level of precision (assumed to be 0.05 at 95% confidence level).

N = Number of people in the population (200)

Substitute numbers into formula

Therefore using Taro Yamane formula a sample size of 133 was gotten.

Sampling Technique

A simple random probability sampling technique (balloting without replacement) was used .A simple random sampling technique is one which gives the individuals equal chance of being selected. Using balloting without replacement, the researcher wrote down yes and no in pieces of paper and poured inside a bucket, the target population were asked to pick without replacing back into the bucket. Those that picked "YES" were included in the study while those that picked "NO" were not.

Instrument for Data Collection

This study used questionnaire in collecting data on the knowledge and attitude towards the use of contraceptives among the women of child bearing age in international market Umuna Orlu. Questionnaires increased the chances of getting anonymity of the respondents. The questionnaire has four sections A, B, C, D and E. Section A contains the respondent's demographic data. While the section B, C, D and E contains questions in line with the objectives of the study.

Validation of Instrument

The questionnaire was examined by the researcher's supervisor for content and construct validity, some

corrections and modification were made before the final copy was drafted and distributed.

Reliability of Instrument

The reliability of the instrument was established through text retest technique. The respondents filled the 133 questionnaire that was distributed to the women. Two weeks later, same subjects were revisited and readministered with fresh copies of same questionnaire. The instrument used was consistent in measuring what it is expected to measure and its testing method was through the information obtained from the study group. The two test correlated using Cronbach's Alpha coefficient to test their significance at 0.05 level of significance.

Methods of Data Collection

The researcher came in direct contact with the subjects under study, explained the study to them, obtained the necessary consent and educated those who will be involved in the data collection on what is expected of them. In the course of this study, closed ended questionnaire were constructed by the researcher and were distributed to the selected respondent. It was written in English and interpretation of words was made where necessary especially for the illiterate ones. The subjects were given about 1 hour to fill the questionnaire. A total of 133 questionnaires were distributed and collected.

Method of Data Analysis

The questionnaires collected were checked for completeness and clarity in responses to the questions asked. Thereafter, they were analyzed using descriptive statistics and results were presented in frequency distribution tables, percentage tables and charts.

Ethical Considerations

The questionnaire had no provision for name to maintain anonymity and trustworthiness. The questionnaire was also treated confidentially and no harm was done to the respondents. An introductory letter from the Head of Nursing Department was given to the Chairman of International market to seek permission to carryout research. A letter of approval was given to the researcher by the Chairman of International market, Orlu to proceed with the distribution of questionnaires. Respondents were informed that the information they would give was purely for research purposes, each participant voluntarily signed an informed consent form.

RESULTS

This chapter presents and analyses the data collected for this study. The entire one hundred and thirty three (133) questionnaires were administered to the respondents, while the entire questionnaire were properly filled and returned which constituted the representative samples of respondents for the study. Therefore, the analyses were based on one hundred and thirty-three (133) returned questionnaires. The analyses were divided into five

major sections to include: demographic data of respondents, knowledge of contraception, acceptance of contraception, methods of contraception and factors that hinders the use of contraceptives.

Table 1: Respondent's Age Distribution.

Age Group	N	(%)
< 25	21	15.79
25 - 30	77	57.89
31 - 50	35	26.32
50 and above	0	0
Total	133	100

Source: Field Work, 2018

The result in table 1 shows that the age group between 25-30 years (57.89%) were the highest participants in the study, followed by those aged 31 – 50 years(26.32%), then the age group less than 25 years of age as the least participants accounting about 15.79% of the population studied. This indicates that the participants studied were women who are between the child bearing age in the international market studied. See figure 1 for a graphical representation of the result.

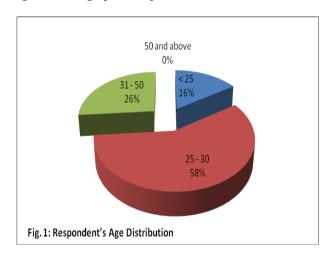


Table 2: Respondent's Educational Qualification Distribution.

Educational Qualification	N	(%)
Primary	62	46.62
Secondary	33	24.81
Tertiary	25	18.8
None	13	9.77
Total	133	100

Source: Field Work, 2018

Table 2 presents the highest educational qualification of the respondents. The result showed that the participants were mostly respondents with primary school certificate (46.62%), followed by respondents with secondary school certificates (24.81%), then about 18.8% with tertiary degree while the least participants were those with no educational qualification (9.77%). See a graphical representation of the result in figure 2 below.

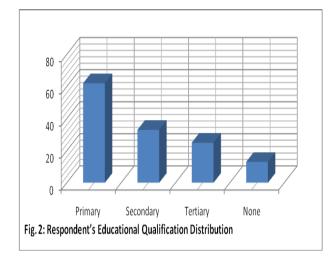


Table 3: Respondent's Religion Distribution.

Religion	N	(%)
Christianity	85	63.91
Muslim	2	1.504
Traditionalist	29	21.8
Atheist	17	12.78
Total	133	100

Source: Field Work, 2018

The result in table 3 presents the religion distribution of the respondents. The result shows that there were more Christians (63.91%) that participated in the study followed by the traditionalist accounting about 21.8% of the study then 12.78% of the respondents which are atheist. The least participants were the Muslim accounting only about 1.5% of the study. See chart in figure 3 below for a graphical representation of the result.

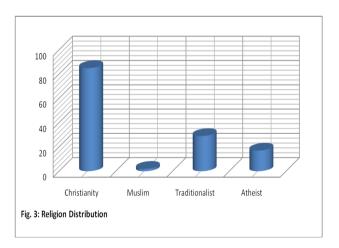


Table 4: Respondent's Marital Status Distribution.

Marital Status	N	(%)
Married	84	63.16
Single	49	36.84
	133	100

The result in table 4 presents the marital status of the respondents. The result reports that there were more married women (63.16%) that participated in the study than the single women (36.84%) within the child bearing age in international market, Orlu. See chart in figure 4 below for a graphical representation of the result.

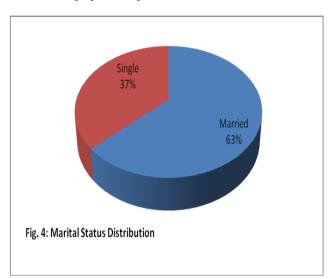


Table 5: Number of children.

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No. of child	N	(%)			
None	32	24.06			
1 - 3	48	36.09			
4 - 7	37	27.82			
8 and above	16	12.03			
	133	100			

Source: Field Work, 2018

The result in table 5 presents the number of children possessed by the respondents. The result shows that majority of the respondents that participated in the study

has within 1 - 3 children (36.09%), followed by about 27.82% that reported having 4-7 children while 24.06% reported having no child. The least participants in this group reported having 8 children and above as the result reports about 12.03% of the participants. The chart in figure 5 presents a graphical representation of the result.

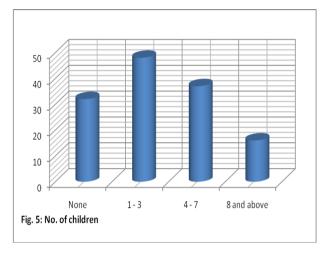


Table 6: Respondents' knowledge of contraceptive.

Knowledge of Contraceptive	N	(%)
Yes	108	81.2
No	25	18.8
Total	133	100

Source: Field Work, 2018

The result in table 6 presents the respondents knowledge of contraceptive. The result reports that 108 (81.2%) of the study are aware of contraceptives while only 25 (18.8%) of the respondent reported not being aware. Figure 6 below presents a graphical representation of the result.

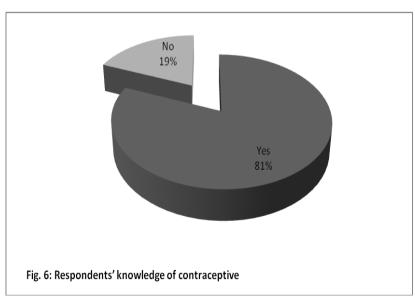


Table 7: Respondents'	view on their	r understanding	of contraceptive.

S/No.	Items	N	(%)
1	The use of any various methods intended to prevent a woman from getting	30	22.56
1	pregnant	30	22.30
2	The use of drugs only to control intervals between births		13.53
3	Means couples use to control number of births and when to have them		28.57
4	Use of condoms only	22	16.54
5	No idea	25	18.8
	Total	133	100

The result in table 7 presents the respondents' view on their understanding of the word contraceptive. The result discloses that he majority of the respondents being about 28.57% were of the view that contraceptive is a means whereby couples use to control number of births and when to have them while about 22.56% were of the view that it is the use of any various methods intended to prevent a woman from getting pregnant while the least of the participants view of contraceptive is the use of drugs only to control intervals between births. This result indicates that the respondents have different views of contraceptive with majority seeing it as a means of controlling number of births and when to have them. See figure 7 for a graphical representation of this result.

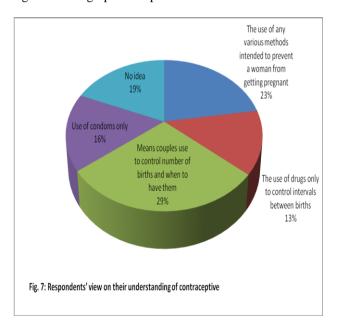


Table 8: Respondents' means of knowledge of contraceptive.

- P		
Source of Information	N	(%)
Friends/Family members	48	36.1
School/teachers	11	8.27
Mass media	13	9.77
Hospital/Health Centers	36	27.1
No idea	25	18.8
Total	133	100

Source: Field Work, 2018

The result in table 8 presents the respondents' view on means of contraceptive knowledge. The result discloses that the knowledge of contraceptive among women of child bearing age was obtained mostly friends/family members (36.1%). and then hospital/health centres (27.1%). The least channel of contraceptive knowledge among women of child bearing age is through school/teachers which accounted about 8.27% of the participants studied. See a graphical representation of this result in figure 8 below.

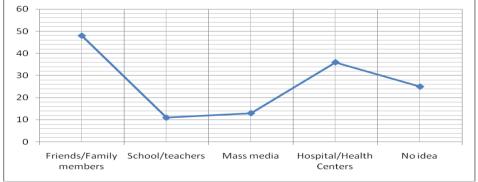


Fig. 8: Respondents' means of knowledge of contraceptive.

S/No.	Contraceptive	Yes	(%)	No	(%)	Total	Rank
1	Condom	128	96.2	5	3.7594	133	1 st
2	Foam	11	8.27	122	91.729	133	8 th
3	Pills/Drugs	108	81.2	25	18.797	133	4 th
4	Injectables	92	69.2	41	30.827	133	5 th
5	Spermicide	47	35.3	86	64.662	133	6 th
6	Tubal Ligation	14	10.5	119	89.474	133	7^{th}
7	Abstainance	121	91	12	9.0226	133	2 nd
8	Withdrawal	102	76.7	31	23.308	133	3 rd

The result in table 9 presents result indicating respondents' view on contraceptive they are conversant with. The result discloses that the majority being about 96.2% of respondents were of the view that they are more conversant with condom, followed by abstinence (91%), then withdrawal (76.7%) before pills/drugs which accounted for 81.2% of the respondents. The least type of contraceptive that is known by these women of child bearing age studied is 'foam' as only about 8.27% of the respondents were conversant with this method. See figure 9 for a graphical representation of the result.

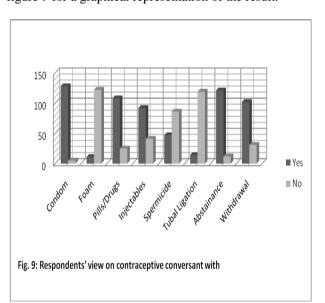


Table 10: Respondents' view on more knowledge interest of contraceptive.

Interested in the contraceptive method		(%)
Yes	82	61.7
No	51	38.3
Total	133	100

Source: Field Work, 2018

The result in table 10 presents the respondents' view on more knowledge interest of contraceptive. The result discloses that about 61.7% of the respondents still wish to acquire more knowledge about contraceptive methods while 38.3% said no. See figure 10 for a graphical illustration of the result.

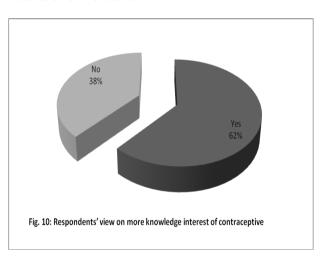


Table 11: Contraceptive Benefits.

S/No.	Contraceptive is important because	N	(%)
1	It promotes the economic wellbeing of the family	8	6.02
2	It helps to reduce infant and maternal mortality and morbidity and to promote a healthy family	47	35.3
3	It helps in adequate spacing of births	72	54.1
4	Does more harm than good to human wellbeing	6	4.51
		133	100

Source: Field Work, 2018

The result in table 11 presents that contraceptive is important because it helps in adequate spacing of births (54.1%) and helps to reduce infant and maternal mortality and morbidity and to promote a healthy family

(35.3%). Only about 4.51% being the least of the participants reported that they view contraceptive as a means of family planning which does more harm than good to human wellbeing. See figure 11 below for a graphical representation of the result.

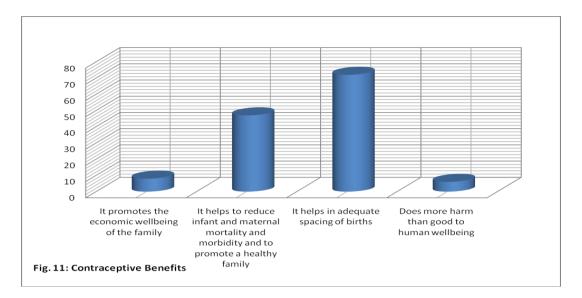


Table 12: Contraceptive usage.

-	zi comunicative manger		
	Ever used Contraceptive	N	(%)
	Yes	92	69.2
	No	41	30.8
		133	100

The result in table 12 shows that the majority of the respondents being about 69.2% had used contraceptive before while 30.8% have not used it before. See figure 12 for a graphical representation of the result.

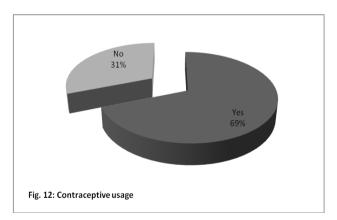


Table 13: Respondents' regular contraceptive method used with partner.

Ν	(%)
9	9.78
19	20.7
0	0
25	27.2
22	23.9
17	18.5
92	100
	9 19 0 25 22 17

Source: Field Work, 2018

The result in table 13 presents the respondents' view on the regular contraceptive method used with partner. This result shows that the most method reported by the respondents ever used or regularly used with the partner is the withdrawal method (27.2%), followed by safe period method (23.9%), then usage of pills/drugs method (20.7%) while the least method applied is the use of condoms (9.78%). None of the respondents make use of injectable while about 18.5% reported using other method which works for them. See figure 13 for a graphical representation of the result.

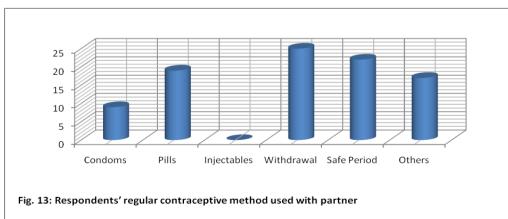


Table 14: Respondents' reasons behind the preference.

Reasons behind the preference	N	(%)
Easy to use	5	5.43
Easy to get it	23	25
Cheap to buy	12	13
Gotten free	52	56.5
	92	100

The result in table 14 presents that respondents' reasons behind the use of the contraceptive method applied with the partner was that they see it gotten free (56.5%), then about 25% see it easy to use while about 13% said it is cheap to buy and the least group being about 5.43% reported that it is easy to use. See a graphical representation of the result in figure 14 below.

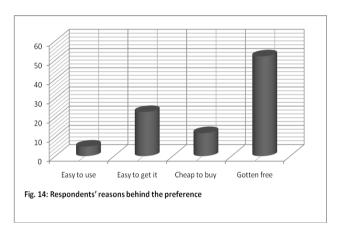


Table 15: Respondents' reasons behind the usage of contraceptive.

Reasons behind contraceptive usage	N	(%)
Prevent unwanted pregnancy	51	55.4
Prevent sexually transmitted diseases	32	34.8
For medication	0	0
Child spacing	9	9.78
Others	0	0
	92	100

Source: Field Work, 2018

The result in table 15 presents respondents' reasons behind the usage of contraceptive. The result reports that the majority of the respondents were of the view that they make use of contraceptives to prevent unwanted pregnancy (55.4%), while about 34.8% makes use of it to prevent sexually transmitted diseases and finally which the least reason were for the sake of child spacing (9.78%). See a graphical representation of the result in figure 15.

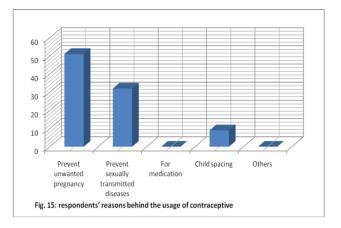


Table 16: Respondents' view to recommend contraceptive to others.

Recommend contraceptive to others	N	(%)
Yes	112	84.2
No	21	15.8
	133	100

Source: Field Work, 2018

The result in table 16 presents respondents' view to recommend contraceptive to others. About 84.2% were of the view that they will recommend the use of contraceptives to others while only about 15.8% said they won't. See a graphical representation of the result in figure 16 below.

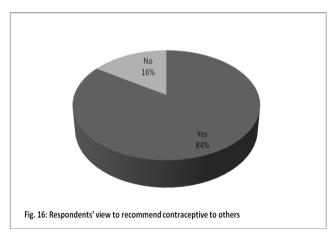


Table 17: Respondents' view on the preferred contraceptive in future.

Preferred contraceptive in future	N	(%)
Natural	40	30.1
Modern Method	32	24.1
Both	61	45.9
	133	100

Source: Field Work, 2018

Table 17 reports the respondents' view on the preferred contraceptive in future. Majority of the respondents will prefer to use both natural and modern method (45.9%) in future while about 30.1% will prefer the natural method

and 24.1% preferred the modern method in future. See a graphical illustration of the result in figure 17 below.

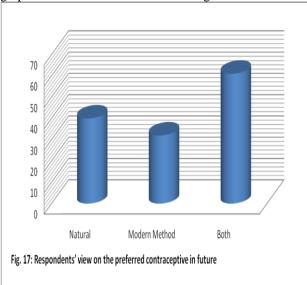


Table 18: Respondents' view on the preferred contraceptive.

Preferred Contraceptive Method	N	(%)
Condom	21	15.8
Pills	38	28.6
Injectable	43	32.3
Spermicidal	3	2.26
IUD	18	13.5
Others	10	7.52
	31	23.3

Source: Field Work, 2018

The result in table 18 presents the respondents' view on preferred contraceptive. The majority of the respondents preferred injectable (32.2%), then pills/drugs (28.6%), followed by condom (15.8%), and then IUD (13.5%). The least method preferred by women of child bearing age is spermicidal which accounted for only about 2.26% of the participants. See a graphical representation of this result in figure 18 below.

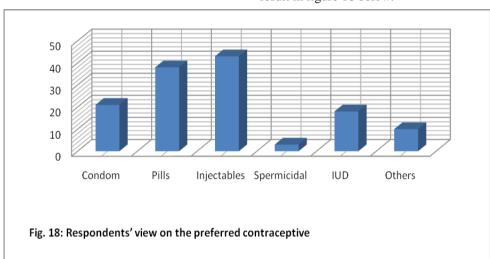


Table 19: Problems encountered using contraceptive.

ITEMS	N	(%)
Lack of knowledge on how to use properly	32	24.1
Short of money	3	2.26
Long waiting at the health institute	0	0
Disapproval by parents	0	0
Disapproval by partners	26	19.5
Lack of information where to get contraceptive	0	0
Bad health worker's attitude	0	0
Embarrassment to buy	28	21.1
Fear of side effect	44	33.1
Others	0	0
	133	100

Source: Field Work, 2018

Table 19 presents the problems associated with using contraceptive. The result shows that fear of the side effect is the major problem associated with the use of contraceptive (33.1%), followed by lack of knowledge

on how to use the product properly (24.1%), then the embarrassment associated with buying the product (21.1%), and disapproval by partners which account 19.5% of the respondents while the least problem associated with the use of contraceptive is short of money (2.26%).

DISCUSSION

The study established that the majority of the women of child bearing age in International Market, Orlu are aware of contraceptives. However, majority of the women view contraceptive as a means whereby couples use to control number of births and when to have them. The knowledge of contraceptive among women of child bearing age was obtained mostly from friends/family members. The result also showed that the women are more conversant with condom, followed by abstinence, then withdrawal method before the pills/drugs. The women are still keen to gather more knowledge of contraceptive as the majority were of the view that contraceptive is important because it helps in adequate spacing of births and helps to reduce infant and maternal mortality and morbidity and to promote a healthy family. This finding agrees with the findings of Adamu et al. (2016) whose respondents are aware and have a good knowledge of contraceptives. The majority of the women of child bearing age make use of contraceptive and the most method regularly used with their partner is the withdrawal method followed by safe period method then usage of pills/drugs. Their reason behind the preferred contraceptive method applied with partner was that they see it gotten free and easy to use. Their reason also behind the usage shows that they make use of contraceptives to prevent unwanted pregnancy and prevent sexually transmitted diseases. They agree to recommend the use of contraceptives to others which indicates their level of acceptance they have shown to the use of contraceptives.

The women of child bearing age in International Market, Orlu that were surveyed have shown interest and acceptance for the use of a combination of both natural and modern method of contraceptive method while the use of natural method is more preferred to modern method. Their preferred modern contraceptive method is injectable, then drugs/pills before the use of condom and IUD.

The major factor that hinders the use of contraceptives among women of child bearing age in International Market, Orlu is the fear of the side effect is the major problem associated with the use of contraceptive, followed by lack of knowledge on how to use the product properly, then the embarrassment associated with buying the product and disapproval by partners. Short of money is the least of problem associated with the use of contraceptive among women of child bearing age.

CONCLUSION

Firstly, the level of knowledge of contraceptives methods was quite high among the women of child bearing age in International Market, Orlu. Women have shown interest, acceptance and also use contraceptives for either to prevent unwanted pregnancy or prevent sexually transmitted diseases. The most method regularly used with their partner is the withdrawal method followed by safe period method then usage of pills/drugs. The

knowledge sources were mostly from friends and family. They are aware that the use of contraceptives helps in adequate spacing of births and helps to reduce infant and maternal mortality and morbidity and to promote a healthy family.

Secondly, the study found that majority of the women have shown interest, acceptance and also use contraceptives for either to prevent unwanted pregnancy or prevent sexually transmitted diseases. The most method regularly used with their partner is the withdrawal method followed by safe period method then usage of pills/drugs. Their reasons behind the use of the contraceptive method applied with the partner was that they see it gotten free (no payment or stress attached). The findings showed that because the respondents have fully accepted the use of contraceptives and also known the benefits associated with the use, they will recommend the practice of contraceptives to others.

Thirdly, greater number of women of child bearing age surveyed preferred a combination of both natural and modern method of contraceptive method while the use of natural method only is more preferred to modern method. Their preferred modern contraceptive method is injectable, then drugs/pills before the use of condom and IUD.

Fourthly, the study found that the major factor that hinders the use of contraceptives among women of child bearing age in International Market, Orlu is the fear of the side effect is the major problem associated with the use of contraceptive.

REFERENCES

- Adamu, U.S., Istifanus, A.J., & Zuwaira, U. Knowledge of contraception and contraceptive choices among human immunodeficiency virus positive women attending antiretroviral clinics sub-Saharan African journal of Medicine, 2016; 3(2): 84-90. doi: 10.4103/2384-5147.184355.
- 2. Women health Birth control methods. Retrieved from https://www.womenshealth.gov/a-z-topics/birth control methods, 2015.
- 3. WHO, Definition of family planning. Retrieved from www.who.int/topics/familyplanning/en/, 2016.
- 4. Womenshealth.gov. Birth control methods. Retrieved from https://www.womenshealth.gov/a-z-topics/birth-control-methods, 2017.
- 5. World Health Organization, family planning/contraception. Retrieved from http://www.who.int/mediacentre/factsheets/fs351/en/. 2017.
- 6. United Nations, 2013.
- 7. Federal Republic of Nigeria, 2014.
- 8. World Health Organisation, 2017.