

**CONTRACEPTIVE AWARENESS AND PRACTICE AMONG NURSING MOTHERS  
ATTENDING A CHILD WELFARE CLINIC IN A TERTIARY HEALTH FACILITY**

Deji Samson Ayo\*, Emmanuel Ebenezer Eyitayo and Bamidele James Olusegun

Dept. of Community Medicine, Ekiti State University Teaching Hospital, Ado Ekiti.



\*Corresponding Author: Dr. Deji Samson Ayo

Dept. of Community Medicine, Ekiti State University Teaching Hospital, Ado Ekiti.

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**ABSTRACT**

Contraceptive awareness with practice remain a major method of birth control which improves family health. This study assessed contraceptive awareness and practice among nursing mothers attending a child welfare clinic. The study design was a cross-sectional survey conducted in Ekiti State University Teaching Hospital, Ado Ekiti, Nigeria. One hundred nursing mothers who came to the clinic for immunization of their children were recruited for the study. Interviewer administered questionnaire were administered for data collection on the awareness and practice of contraception among respondents. Data was analyzed using IBM Statistical Package of Social Sciences (SPSS) version 20. Summary statistics were presented using frequencies, table. Most respondents 74 (74.0%) were between the age range of 25 -34 years. Majority, 93 (93.0%) were married living with their families, 88, had tertiary education background, 47, had 2 children to nurse. Most of the respondents, 78, got their information about contraceptives from health facilities. Majority, 97, reported awareness of the use of various contraceptives, while only 17 among the respondents actually practiced one form of contraception or the other. The proportion of awareness about various contraceptives varied among respondents, 69 were aware of condom usage, injectables, 55, Pills, 50, IUCD and implants, 32, vasectomy, 20. Conclusively, While majority of the respondents were aware of the use of contraceptives as a means of birth control, only very few actually practiced it in their families. Much work need to be done to persuade women to adopt contraceptive usage which stand to improve the overall health of their family members.

**KEYWORDS:** Contraceptives, Awareness, Practice, Mothers.**INTRODUCTION**

The increase in maternal morbidity and mortality in Sub-Saharan African countries is alarming. Unplanned pregnancies and abortion related cases among others have been identified to be the causes of these predicaments in the sub region.<sup>[1]</sup> These can be directly or indirectly linked with failure or non use of contraception due to poor awareness and practice. Unsafe abortion accounts for about 11% of maternal mortality worldwide, and up to 40% in Nigeria<sup>[1,2]</sup>, where contraceptive prevalence has been reported to be very low. Contraceptive prevalence in Nigeria among women of reproductive age group (15-49) was reported at 20.4% in 2016.<sup>[3]</sup>

The practice of contraception among families in the society has contributed immensely to maternal health.<sup>[3,4]</sup> This has been adopted by various stakeholders as a strategy to improve maternal health and reduce maternal mortality. Effective family planning which is achieved through contraception is a strong pillar of Safe Motherhood Initiative (SMI) introduced in 1987 to step down maternal mortality and morbidity.<sup>[4]</sup> Contraceptive

prevalent rate is one of the keys to assessing the achievement of universal access to reproductive health in the Millennium Development goals.<sup>[4]</sup>

Most of the awareness and actual practice of contraception among women in Nigeria as reported from studies varies from one area to the other.<sup>[3]</sup> Majority of the people know more about common contraceptives like condoms, oral contraception and the intrauterine contraceptive devices with little or no knowledge about several other available options of contraception such as Norplant, injectables etc. A study conducted by Aldimma et al among female tertiary students revealed about 59.3%, (36.8% for non medical students and 22.5% for medical students) used safe period as their method of contraception.<sup>[5]</sup> This was the practice among these elites which may be very different from what could be reported among the illiterates. The common sources of information about contraceptives that have been reported among women from previous studies were from radio, relatives, friends etc.<sup>[6]</sup> Adequate information about the practice of contraceptive is available in Health facilities which is unknown to several people in the public.<sup>[5,6]</sup>

Despite relative awareness of the use of contraceptives and the associated benefits as reported by several studies among women, there is still the problem of low percentage of the actual practice of contraception among women in Nigeria. The latest reported record of the prevalence of modern contraceptive in Nigeria is 13.9% while the federal Government of Nigeria in collaboration with partners and private sector stakeholders pledged to achieve a modern contraceptive prevalent rate of 27 percent among all women by 2020 which was not actualized.<sup>[7]</sup>

The current prevalent rate of contraception in Nigeria is rather too low for a country with high fertility rate of 5.5%.<sup>[7]</sup> The total population of children in developing countries is on the increase. It is estimated that there are about 1.9 billion children globally.<sup>[8]</sup> In Africa, more than half of the population is below the age of 15.<sup>[8]</sup> In Nigeria the population of children under 15 as reported at 2010 was about 44% of the total population.<sup>[9]</sup> Poverty is still a major problem in developing countries including Nigeria. The increasing number of children coupled with the scorch of poverty calls for well planned family size that can be adequately managed.<sup>[3]</sup> The study was carried out among nursing mothers attending a regular child welfare clinic for routine immunizations in a tertiary health facility at Ado Ekiti, Nigeria. The objective of the study was to determine the level of awareness and practice of contraception among nursing mothers who brought their infants for immunizations against childhood diseases.

## MATERIALS AND METHODS

The study was a cross sectional design carried out in the child welfare clinic of the Department of Community Medicine, Ekiti State University Teaching Hospital Ado-Ekiti. Ekiti state is located in southwestern part of Nigeria. Ado Ekiti is the state capital of Ekiti State where the State university is located. There are three tertiary hospitals in the state. Two are located in the capital city of the state. One of the tertiary hospitals located in the state capital is owned by the state government, Ekiti State University Teaching Hospital, while the other is a private institution named, Afe Babalola multisystem hospital. The third tertiary health facility is owned by the federal government, Federal Teaching hospital located at Ido in Ekiti State. There are several other private and government owned hospitals in the state. The state is predominantly dominated by the people of Ekiti, a sub-ethnic group of the Yorubas. However, there are other minority tribes in Nigeria such as the Ibos, Hausas, Edos, coexisting with the natives of the land. The tertiary institutions serve the entire state. Ekiti State University Teaching Hospital has several departments with specialist trained doctors in various fields of medicine. The population of Ekiti State as of 2006 census is 2,384,212.<sup>[10]</sup>

## Sample Size Determination

The sample size was calculated using the formula for population less than 10,000. This was calculated based on previous prevalence of usage of contraceptive (15%) reported from another institution in Nigeria.<sup>[5]</sup>

The minimum sample size (nf) was determined using the formula  $nf = n \div (1+n/N)$

Where  $n = Z^2 \cdot p(1-p) \div d^2$

Z is the standard normal value corresponding to 5% level of significance = 1.96

P is the prevalence of family planning usage in health facility = 6%<sup>[11]</sup>

d = degree of accuracy set at 0.05.

$n = 1.96^2 \cdot x \cdot 0.06 (1-0.06) \div 0.05^2$

n = 86.7 rounded up to 87.

Since study population is < than 10,000

$Nf = n \div (1+n/N)$

Where N = Estimated study population = 5000. N = minimum sample size and nf = adjusted minimum sample size.

$Nf = 87 \div (1+87/5000)$

Nf = 85.54; rounded up to 86.

To allow for non response rate, missing or incomplete data, 10% of 86 was added to nf which resulted in 94.6 but rounded up to the nearest tenth of 100.

## Sampling Technique

One hundred subjects who attended the child welfare clinic for immunization of their children were recruited for the study by simple random sampling method through balloting on different clinic days at the health facility centre until the sample size was attained.

**Inclusion Criteria.** Nursing mothers within the reproductive age group met the criteria for selection.

**Exclusion Criteria.** Care givers who were not within the reproductive age group but brought children to the clinics were excluded from the study.

**Data Collection:** Quantitative data collection method was used to elicit information from recruited subjects. Semi structured interviewer administered questionnaires were used in the process of data collection from the subjects at different periods of the child welfare clinics in the department of Community Medicine at the teaching hospital.

Data analysis was done using Statistical Package for Social Sciences software programme (SPSS) version 20. Summary statistics were presented using frequencies, tables and charts.

Univariate analysis was done to describe proportions such as the background characteristics of subjects.

An acceptable level of significance was set at 0.05.

The questionnaire covered the socio-demographic characteristics of respondents, awareness of various contraceptive methods and the practice of contraception.

### Ethical Consideration

Ethical approval was sought from the Ethical Committee of Ekiti State University Teaching Hospital, Ado Ekiti. Participation in the study was entirely voluntary after obtaining verbal consent from the respondents and were duly assured of confidentiality. Subjects were free to withdraw at any stage of the study.

### RESULTS

**Table 1: Socio-demographic characteristics of respondents.**

	Frequency n =100	Percentage (100%)
<b>Age (years)</b>		
15-24	7	7.0
25-34	74	74.0
35- 44	18	18.0
45-54	1	1.0
<b>Religion</b>		
Christianity	94	94.0
Islam	6	6.0
<b>Occupation</b>		
Civil Servants	40	40.0
Trading	39	39.0
Self employed	13	13.0
Fulltime house wife	8	8.0
<b>Educational level</b>		
Primary	1	1.0
Secondary	11	11.0
Tertiary	88	88.0
<b>Marital status</b>		
Single(including divorced/widowed)	7	7.0
Married	93	93.0
<b>Ethnicity</b>		
Yoruba	80	80.0
Hausa	1	1.0
Igbo	12	12.0
Others	7	7.0
<b>Number of Children per respondents</b>		
1	30	30.0
2	47	47.0
3	18	18.0
4	5	5.0

Table 1 showed most respondents 74 (74.0%) were between the age range of 25 -34 years. Most respondents 93 (93.0%) were married living with their families. About 5 respondents reported having only 4 children being nursed. A greater portion of respondents had tertiary education, 88 (88.0%) A sizeable number of respondents 47 (47.0%) had 2 children while 5 reported having 4 children in their homes.

**Table 2: Awareness and Practice of Contraceptive Usage among respondents.**

Variables	Frequency N =100	Percentage (100%)
<b>Awareness status.</b>		
Yes	97	97.0
No	3	3.0
<b>Time of Awareness</b>		
Before Marriage	63	63.0
After marriage/when sexually active.	37	37.0

A greater proportion of respondents 97 (97.0%), in table 2, reported awareness of contraceptive usage, 63 (63.0%) were actually aware before marriage.

**Table 3: Sources of information on family planning as reported by respondents.**

Source of information	Frequency N =100	Percentage (100%)
1. Health facility	78	78.0
2. Media	12	12.0
3. Friends	4	4.0
4. Others	3	3.0
1&2	1	1.0
1,2&3	1	1.0
2&3	1	1.0

\*Multiple responses allowed.

In table 3, majority of respondents, 78 (78.0%) got their information about contraception as a means of family planning from health facility centres. Very few, 4, got the information about family planning options from friends.

**Table 4: Proportion of respondents' awareness of each method of contraception.**

Variables	Frequency (N)	Percent %
Yes	51	51.0
Total Abstinence No	49	49.0
Yes	51	51.0
Calendar Method No	49	49.0
Basal Body Temperature Yes	20	20.0
Temperature No	80	80.0
Yes	23	23.0
Billing's Method No	77	77.0
Yes	51	51.0
Withdrawal No	49	49.0
Yes	69	69.0
Condom No	31	31.0
Yes	24	24.0
Cervical Cap No	76	76.0
Yes	16	16.0
Spermicide No	84	84.0
Yes	32	32.0
Iucd No	68	68.0
Yes	50	50.0
Pills No	50	50.0

Yes		55	55.0
Injectables	No	45	45.0
Yes		32	32.0
Implants	No	68	68.0
Yes		16	16.0
Tubal Ligation	No	84	84.0
Vasectomy	Yes	20	20.0
No		80	80.0

\*Multiple responses allowed.

In table 4, while the proportion of awareness about various contraceptives varied among respondents, 69 were aware of condom usage, followed by 55 for injectables, with only 16 as the least figure of those aware of spermicides and tubal ligation.

**Table 5: Reasons for Choice of Family Planning and Current Practices among Respondents.**

Variables	Frequency N =100	Percentage 100%
<b>Reasons for using Family planning</b>		
Plan size of family	27	27.0
Reduce maternal death	4	4.0
Economic reasons	18	18.0
Prevent unwanted pregnancy	37	37.0
Prevent over population	6	6.0
Education of children	8	8.0
<b>Current Family Methods Used</b>		
Total abstinence	1	1.0
Pills	1	1.0
Calender method	1	1.0
Withdrawal method	9	9.0
Condom use by male Partners	5	5.0
None usage of any form of contraceptives	83	83.0

From table 5, respondents 37 (37.0%), reported prevention of unwanted pregnancies as reason for their choice of family planning, while only 4, reported maternal death reduction as a reason for their choice of family planning. The table showed 17, reported to have used family planning, and 9 reported having used withdrawal method which was the highest form of family planning method practiced among respondents.

## DISCUSSION

The study set to assess contraceptive awareness and practice among nursing mothers attending child welfare clinic in a Nigerian tertiary institution. Contraceptive awareness and practice varies in different parts of the world and among different people. In this study about three-quatre of respondents were in the age bracket of 25-34 years. This is in consonance with a similar study conducted in Urban areas of Punjab where most of their respondents were in their thirties.<sup>[11]</sup> This age bracket serves a period when most women are sexually active, and would want to have as many children they wanted.

Most respondents 93 (93.0%) were married living with their families. This is similar to a previous study conducted in another city in southwestern, Nigeria.<sup>[12]</sup> About half of the respondents had only 2 children with them leaving only 5.0% with 4 children they nursed at the time of the study. The inference could be that those with fewer number of children would have either used some form of contraceptives. The use of contraceptive is expected to space the birth of children for couples.

Above four -fifth of the respondents had tertiary education which is similar to a study in Ethiopia.<sup>[13]</sup> The study was carried out in a city where most educated people reside in the state, being a state capital with several tertiary institutions.

Almost all the respondents were aware of contraceptive usage from the study. The high rate of awareness is in conformity with various similar studies conducted across Nigeria.<sup>[6]</sup> The campaign for contraceptive usage appears to be high in the country especially in the health facilities. The constant routine health talks on the importance of birth spacing with the use of contraceptives especially for young women who bring their children for immunizations to the child welfare clinic enhances awareness. However, only 63.0% of respondents were reported to be aware of contraceptive usage before marriage. This could perhaps be alluded to the fact that some of them were not very sexually active before marriage. Most sexually active young women would have used one form of contraception before marriage.

Majority, about four-fifth of the respondents, 78.0% got the information about contraception from health workers in health facility centres. This is in conformity with a similar study conducted elsewhere in Nigeria.<sup>[6]</sup>

The proportion of awareness about various contraceptives varied among respondents. Above two-third reported to be aware of condom, while barely above half were aware of injectables and very few, less than an

a fifth were aware of the spermicidal and tubal ligation methods of family planning. This is similar to previous studies conducted in the north western part of Nigeria with majority of respondents who claimed they were aware more of condom as contraceptives than spermicidal and injectables.<sup>[14]</sup>

The attributable reason for this could be that the spermicidal and tubal ligation methods were not commonly practiced by the respondents or were not frequently mentioned from their sources of information as contraceptives.

The most commonly reported reason among respondents why the option of the use of contraception was preferred by them was prevention of unwanted pregnancies. About two-fifth would opt for family planning to prevent pregnancy. This is in agreement to previous studies conducted among women of reproductive age groups in Punjab.<sup>[11]</sup> The emphasis, most often when there are dissemination of information about the use of contraceptive is prevention of unwanted pregnancies. But there are other very important reasons why contraceptive usage is vital such as prevention of sexually transmitted diseases, prevention of overpopulation, maternal mortality that could arise from frequent child birth among others.

While there is a high rate of awareness of contraception among respondents in this study, only about a fifth actually reported to have practiced child spacing with the use of various contraceptives, withdrawal method taking the lead. About four-fifth in the study area were not using any form of contraceptive despite adequate awareness of the various options for child spacing. This is in agreement with previous studies which reported high rate of awareness, but low rate of the actual practice of contraception.<sup>[14]</sup> The knowledge is actually not translated to practice. It was expected that most of the respondents who were educated should practice one form of family planning. This leaves room for further research work to be conducted to explore the reasons why the educated most times do not adopt family planning.

Family planning still remain a good option of improving the health status of the members in a family which is the unit of the society.

## CONCLUSION

The study concluded that majority of the respondents were aware of the use of contraceptives as means of family planning, but very few actually practiced contraception. There is need for more counselling periods among women, especially by health workers at health facilities to help them adopt the practice of contraceptives as means of child spacing which will ultimately improve the health of family members and that of the society at large.

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