

USE OF MODERN CONTRACEPTIVES FOR FAMILY PLANNING AMONG MARRIED CLIENTS AT A TEACHING HOSPITAL IN SOUTH-EAST NIGERIA

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Abstract

The study was carried out to determine the knowledge and use of modern contraceptives for family planning among antenatal attendees at the Nnamdi Azikiwe Teaching Hospital Nnewi, Anambra State, Nigeria. This was a cross-sectional study which made use of structured questionnaires for data collection. A total number of 120 pregnant women were enrolled for the study. Ninety-five percent (95%) of the respondents were aware of modern contraceptives. Forty percent (40%) were aware of modern contraceptives by means of the radio/Tv. Only twenty-two (18.3%) of the respondents have ever used any form of modern contraceptive for family planning. The awareness and knowledge of modern contraceptives were high but did not translate to its usage for family planning. This was because of the major barriers – fear of side effect and number of living children.

Keywords: modern contraceptives, use, family planning, antenatal, teaching hospital.

Introduction:

Contraceptive usage is an effective strategy for promoting good reproductive health (Cleand et. al., 2006; Adebowale, Bamgboye & Fagbamigbe, 2011; Adebowale, Fagbamigbe & Olaniyan, 2011). This explains why governments and international agencies are making desperate efforts to ensure that people of childbearing age have unimpeded access to modern contraceptives (Adebowale, Fagbamigbe & Morhason-Bello, 2014). The predominantly high fertility rates in developing countries (World Health Organisation [WHO], 2003), especially in sub-saharan Africa, are connected to low contraceptive use (Bankole, Hussain & Singh, 2006; Nigerian Demographic and Health Survey [NDHS], 2013).

The effect of high fertility on women and families are enormous. And estimated one in five pregnancies is unplanned in Nigeria (Bankole, Sedgh & Singh, 2013; Hussain, 2006). These unintended pregnancies could be prevented if women use contraception. The contraceptive prevalence rate (CPR) among married women in Nigeria is only 15% and only one in ten married women use a modern method of family planning in Nigeria (NDHS, 2013). An estimated annual 448 million treatable sexually transmitted diseases worldwide could also be prevented if women choose to use contraception (WHO, 2013).

Only about 15% of women in their childbearing age embrace family planning in Nigeria by using modern contraceptives (NDHS, 2013). This situation might be attributed to the various barriers to the use of modern contraceptives for family planning.

Concept and types of modern contraceptive methods:

According to Hubacher and Trussell (2015), the concept of modern contraceptive is rarely defined; instead organizations and individuals who use the term simply name the contraceptives that fit into their perception. Hubacher and Trussell (2015) however defined modern contraceptives as products or medical procedures that artificially interferes with reproduction from act of sexual intercourse.

Contraceptives are generally classified into two forms: traditional and modern. Modern contraception are in different forms – combined oral contraceptives (estrogen and progestogen) and prevents the release of eggs from the ovaries (ovulation); progestogen only pills (pops) or “the minipill”, contains only progestogen hormone and thickens cervical mucous to block sperm and egg from meeting and prevents ovulation; implants; consists of small flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only and thickens cervical mucous to block sperm and egg from meeting and prevents ovulation; progestogen only injectables; injected into the muscle or under the skin every 2 or 3 months, depending on product and it works by thickening cervical mucous to block sperm and egg from meeting and prevents ovulation; monthly injectables or combined injectable contraceptives (CIC) is injected monthly into the muscle, contains estrogen and progestogen; it works by preventing the release of eggs from the ovaries; combined contraceptive patch and combined contraceptive vaginal ring (CVR), continuously releases progestin and estrogen directly through the skin (patch) or from the ring and prevents the release of eggs from the ovaries; intrauterine device (IUD) (copper containing), are small flexible plastic device containing copper sleeves or wire that is inserted into the uterus and works by damaging the sperm and preventing it from meeting the egg; intrauterine device (IUD) (levonorgestrel) is a T-shaped plastic device inserted into the uterus that steadily releases small amounts of levonorgestrel each day and suppresses the growth of the lining of uterus (endometrium); male condoms, are sheaths or coverings that fit over a man’s erect penis; it’s a barrier method that prevents sperm and egg from meeting; female condoms, are sheaths or linings that fit loosely inside a woman’s vagina; made of thin transparent soft plastic films and a barrier method that prevents sperm and egg from meeting; male sterilization (vasectomy); is a permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles and keeps sperm out of ejaculated semen; female sterilization (tubal ligation) is a permanent contraception to block or cut the fallopian tubes; thereby preventing eggs from meeting sperm; and emergency contraception pills (ulipristal acetate 30 mg or levonorgestrel 1.5mg) are pills taken to prevent pregnancy up to 5 days after unprotected sex and delays ovulation (WHO, 2017).

Knowledge of Family Planning:

Knowledge of family planning and family planning services is an essential pre-condition for the utilization of contraception. It is then pertinent to know that evidence from various studies in Nigeria shows that there is a high knowledge and awareness of contraceptive methods, yet, the rate of use has remained low (Monjok, Andrea, Ekabua & Essien, 2010;

Olugbenga, Bello, Abodunrin & Adeoni, 2011). This implies that there might be constraints or obstacles to contraceptive use by married women in Nigeria.

Owing to the above, Morgan and Heather (2010) posits that women may not use any modern contraceptive method to regulate fertility not because they lack knowledge of modern contraceptives but because they experience various barriers posed by some socio-cultural and institutional obstacles to adoption of fertility control mechanisms. Such barriers may include religious and cultural factors, lack of access, opposition to use by spouses, side effects of modern contraceptives etc (Carr & Khan, 2004). Additionally, in patrilineal and patrilocal societies, rules of sexual conduct seem to place a heavier burden on women than on men. Pronatalism and believe that children are gifts from God and are also social and economic investments are central to fertility behaviour (Ezeh, 2014). The implication of this is that women often cannot make certain reproductive health decisions on modern contraceptive use (Caldwell & Caldwell, 2000).

Barriers to the Use of Modern Contraceptives:

Religion:

In a study in Oromia, Ethiopia on “barriers to contraceptive use among child bearing women” in Ambo town, West Shewa zone; conducted from February – March, 2015 among 348 women; Nigatu and Segni found that religious influence 37(18.1%) was the second major barrier aside fear of side effect, to the use of modern contraceptives.

Dessalegn, Behailu, Wagnew and Yigzaw in their research on the “status of modern contraceptive use” among married women in Debre Birhan District Ethiopia; conducted in 2014; found that out of 851 women, 403 (47.4%) have never used contraceptives; and religion probation 56(14%) were one of the frequently mentioned reasons for non-use.

A study carried out by Avong in 2012 among 347 married women aged 15-49 years at Atypap community of Kaduna state Nigeria, found that although the relationship between religious denomination and contraception was statistically insignificant; the probability of Catholic women ever having used modern contraception was 27 percent compared to 33 percent of Protestants.

Level of Education:

Asimwe, Ndugga, Mushomi and Ntozi in their study on “factors associated with modern contraceptive use among young and older women in Uganda” among 2,814 women age 15-34 years using data from the 2011 Uganda Demographic and Health Survey (UDHS), found that the likelihood of using contraception is associated with women’s educational attainment. The more schooling a woman has, the more likely she is to report use of a modern contraceptive method. In each age group (15-24 years and 25-34 years), over one-third of women with secondary or higher education; but far fewer women with no education reported MCU.

Omedi and Nyauchi using 2010 Malawi Demographic and Health Survey Couples’ data; accessed he “influence of women factors on modern contraceptive usage among currently married women in Malawi” in 2015. The findings indicated that MCU increases with increase with women’s educational attainment. More than half (61.9%) of married women with some secondary school educational qualifications practice modern contraception; whereas only 38.1 percent of those women with no educational qualification use modern contraceptives. Another study was conducted by Addah, Abasi,

Ikobho and Ibrahim about the “knowledge and attitudes on modern contraceptive use amongst antenatal attendees” at the Niger Delta University Teaching Hospital, Okolobiri, South-South Nigeria among 111 pregnant women; between January and March, 2013. They found out that level of education positively affect the use of modern contraceptives as majority of the respondents (50%) with tertiary qualification used some form of modern contraceptive before pregnancy. This was followed by 38.3% usage of those with secondary school qualification. 10% and 1.7% respectively for primary qualification and those with no formal education.

Sex/Number of Living Children:

Girma, Sultan and Legese in their 2016 study of the “prevalence and factors influencing utilization of modern contraceptive methods” among married women of reproductive age group (15-49years) in Holeta town, Oromia Ethiopia; observed that majority 97 (32.9%) of the respondents said that the reason why the women did not use modern contraceptive methods was due to sex preference. The desire for male children was an important factor in modern contraceptive use.

Tilahun et. al. in their 2010 study of “family planning knowledge, attitude and practice” among 854 married couples in Jimma Zone Ethiopia, observed that a majority of the respondents wanted to have more children 494 (72%) among the men, 439 (64%) among the women. Of the 233 women who had reached or exceeded their desired number of children, 90 (39%) still reported a need for more children; on the other hand, among the men having reached or exceeded that number, 131 out of 252 (52%) wanted more children. Overall, 413 (44%) respondents of the 933 desiring more children expressed a sex preference for the next child. Among men, 172 (35%) wanted a boy versus 47 (10%) a girl; among women, these numbers were respectively 120 (27%) and 74 (17%).

Fear of Side Effects:

In a study conducted by Nigatu and Segni; between February – March, 2015; among 348 women of child bearing ages (15-49years) in Ambo town, West Shewa Zone Oromia Regional State, Ethiopia on the “barriers to contraceptive use”; it was found that a majority 88 (43.1%) of the respondents did not use contraceptive because of the fear of side effects.

In another study conducted by Asekun-Olarinmoye et.al. in Osogbo, Osun State in the Southwestern part of Nigeria among 380 women of reproductive ages (15-49years) on the “barriers to use of modern contraceptives”; found that a majority of the respondents (44.0%) accounted for low use of modern contraceptives due to fear of perceived side effects.

Objective of the Study:

This study was carried out in order to examine the knowledge and use of modern contraceptives for family planning among married antenatal attendees. The study was carried out at the Nnamdi Azikiwe Teaching Hospital, Nnewi, Anambra State, South-East, Nigeria. There is scarce research on Hospital-based study done on married antenatal attendees on the use of modern contraceptives for family planning purposes in the South-eastern Nigeria. This study was designed to determine the knowledge of the respondents about modern contraceptives; the extent of use; and the barriers to the use of modern

contraceptives for family planning. The findings of the study is considered to be useful for married couples, researchers, and advocates who are interested in issues concerning women. It will also be useful to policy makers as they would know the areas with loopholes and lay emphasis on them especially in terms of resource allocation.

Theoretical Orientation:

The empowerment theory formed the theoretical orientation for this study. Mark Nogales is regarded as the proponent of this theory (Miley, O'Melia & Dubois, 2001). In the context of family planning, the concept of women's empowerment is generally associated with a variety of elements that range from delayed marriage, smaller families, access to accurate information, the ability to discuss freely about their family planning needs with spouses and other members of the household, and the community. Being able to make independent decisions on fertility regulation including going out of living boundaries to seek contraceptive supplies is also among these elements (Sylvia, 2004). Empowering women basically through consciousness raising; by giving them proper information on adverse results of frequent pregnancy/childbirth; and the essence of using modern contraceptives for family planning are very crucial to addressing the barriers married women encounter in making reproductive decisions.

Methodology:

The study was a cross-sectional study conducted at the Nnamdi Azikiwe Teaching Hospital Nnewi, Anambra State, South-east, Nigeria; between 10th August and 3rd October, 2016. It made use of structured questionnaires for data collection and the questionnaires were both self and other administered because two mid-wives helped in the distribution of questionnaires to the respondents. The consent of the respondents were sought and obtained before administering the questionnaires. Their hospital numbers were written at the top right hand side of the questionnaires to avoid administering a questionnaire twice to the same patient/client. Pregnant women who were not married (singles) were excluded from the study. This exclusion is because family planning discourse centres on married couples. Single mothers may wish to use contraception but are not necessarily planning a family. Family planning is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy (also known as spacing children).

The questionnaires were administered to a total of 120 respondents. The data was analyzed using the Satisfistical Package for the Social Sciences (SPSS) software version 17.0.

Results:**Socio-demographic Characteristics of Respondents:**

Out of the 120 respondents, 62 (52%) had secondary education as their highest educational qualification and non of the respondents indicated not been formally educated. A majority of the respondents 44 (37%) were Catholics; followed by 30 (25%) Anglicans; and none of the respondents was a member of the African Traditional Religion (ATR). A majority 40 (33%) of the respondents have had four or more pregnancies; followed by those that have experienced three pregnancies 26 (21.7%); and the least percentage (13.3%) were those respondents who had experienced only one pregnancy (**See Table 1**).

Knowledge of Modern Contraceptives:

A majority 114 (95%) of the respondents were knowledgeable about modern contraceptives; having heard about it; and only 6 (5%) of the respondents have never heard about modern contraceptives. A majority of the respondents 48 (40%) were aware of the male condom as a modern contraceptive method; followed by the pill (21.7%); and the least known methods were tubal ligation, female condom, and implants; with (1.7%) respectively (See Table 2).

Sources of Information about Modern Contraceptives:

Information was sought on the sources of respondents knowledge about modern contraceptives and a majority 50 (41%) of the respondents were enlightened by Radio/Tv.; 48 (40%) of the respondent by friends; only 4(3%) of the respondents were informed by the social media (See Table 3).

Use and Type of Modern Contraceptive:

Respondents were asked if they have ever used any type of modern contraceptive before pregnancy. A majority 94 (78%) of the respondents reported non-use of any type of modern contraceptives; and only 22 (18%) reported usage of any type of a modern contraceptive method before their pregnancy. A majority 16 (73%) of the respondents used male condom; followed by the pill (18%); and the least number and percentage 2 (9%) of the respondents used the injectables (See Table 5).

Reasons for Non-use of Modern contraceptives:

Two major reasons were given by respondents for non-use of modern contraceptives – fear of side effects (68%) and religion (contraceptives been against their faith) (38%). Lack of awareness was the most insignificant reason given for non-use of modern contraceptive; with the least percentage (1.7%).

Discussion:

The study population had high literacy level; as 52% of the respondents had secondary and tertiary education respectively. This may be the reason for the high level (95%) of awareness of modern contraceptive methods; as literacy expose individuals to issues. Surprisingly, high literacy level and awareness of modern contraceptive methods did not translate to high use of modern contraceptives for family planning as only 22 (18.3%) of the respondents indicated using any form of modern contraceptive method. Low usage of modern contraceptives in this study may be attributed to the respondents religious affiliation. A majority of the respondents (37%) were Catholics; whom are often discouraged by their religious leaders on the use of modern contraceptives by married couples for family planning (Avong, 2012). Parity (number of pregnancies experienced) did not positively affect the use of modern contraceptives for the purpose of family planning. Logically, the number of pregnancies experienced by a woman and number of living children should increase usage of modern contraceptives for the purpose of family planning; but this study found that parity did not achieve it. This might be because of the factor of sex preference. The desire for a particular sex especially males in a family might

lead a married woman to continue conceiving; even if she has reached or exceeded her desired number of children (Girma, et. al., 2016; Tilahun et. al., 2010).

The study found two major barriers to the use of modern contraceptives for family planning – fear of side effects and religion. A majority 82 (68%) of the respondents indicated not using any modern contraceptive method for family planning as they were of the view that modern contraceptives possess some harmful effects on the reproductive organs of a woman and may deter future reproduction. This finding corresponds to various researches on barriers to contraceptive usage (Nigatu & Segni, 2015; Asekun-Olarinmoye et. al., 2013).

Conclusion and Recommendations:

In this study, it was found that knowledge of modern contraceptives were high; however, this knowledge did not translate to frequent usage of modern contraceptives by married women for family planning. This shows that an in-depth knowledge of the benefits of modern contraceptives for family planning needs to be imparted on the study group and ofcourse all women of reproductive ages (especially married women). This study also recorded major reason for non-use of modern contraceptives for family planning by the study group as – fear of side effects. Therefore, efforts should be made to enlighten women on the benefits of modern contraceptives; and make them know that side effects when it occurs can be properly managed; knowing that the dangers associated with unplanned pregnancies and unsafe abortions are enormous. Women should be made to realize the effective, accessible, and affordable nature of modern contraceptives; and encouraged to use them for family planning. Further studies should be conducted in order to involve men and also know their views about the use of modern contraceptives for family planning because their views are important as the women's spouses.

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Tables:

Table 1: Socio-demographic characteristics of respondents

Educational Qualification	Frequency	Percentage
Primary Education	18	15%
Secondary Education	62	52%
Tertiary	40	33%
Total	120	100%
Religion		
Catholic	44	37%
Anglican	30	25%
Pentecostal	36	30%
Islam	4	3%
Others	6	5%
Total	120	100%
Parity		
Primigravida	16	13.3%
Para One	18	15%
Para Two	20	16.7%
Para Three	26	21.7%
Para Four and Above	40	33.3%
Total	120	100%

Source: Fieldwork (2016)

Table 2: Knowledge of modern contraceptives

Ever heard of modern contraceptives	Frequency	Percentage
Yes	114	95%
No	6	5%
Total	120	100%
Modern contraceptive methods known		

Tubal ligation	2	1.7%
Vasectomy	6	5%
Pill	26	21.7%
IUD	8	6.7%
Injectables	22	18.3%
Male condoms	48	40%
Female condoms	2	1.7%
Diaphragm	4	3%
Implants	2	1.7%
Total	120	100%

Source: Fieldwork (2016)

Table 3: Sources of information about modern contraceptives

Response	Frequency	Percentage
Medical Personnel (Doctors, Nurses, Health workers)	8	6%
Parents/Relatives	10	8%
Friends	48	40%
Radio/Tv	50	41%
Social media (WhatsApp, Facebook etc).	4	3%
Others	2	2%
Total	120	100%

Source: Fieldwork (2016)

Table 4: Ever use of modern contraceptive for family planning

Response	Frequency	Percentage
Yes	22	18%
No	94	78%
No Response	4	4%
Total	120	100%

Source: Fieldwork (2016)

Table 5: Type of modern contraceptive used before current pregnancy

Response	Frequency	Percentage
Injectables	2	9%
Male condom	16	73%
Pill	4	18%
Total	22	100%

Source: Fieldwork (2016)

Table 6: Reasons for non-use of modern contraceptives for family planning

Response	Frequency	Percentage
Against your faith?		
Yes	45	38%
No	75	62%
Total	120	100%
Side effects?		
Yes	82	68%
No	38	32%
Total	120	100%
To continue childbearing?		
Yes	36	30%
No	84	70%
Total	120	100%
Cost?		
Yes	16	13%
No	104	87%
Total	120	100%
Spousal refusal?		
Yes	42	35%
No	78	65%
Total	120	100%
Unavailability?		
Yes	6	5%
No	144	95%
Total	120	100%
Lack of awareness?		
Yes	2	1.7%
No	188	98.3%
Total	120	100%
Number of living children?		
Yes	58	48.3%
No	62	51.7%
Total	120	100%

Source: Fieldwork (2016)