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KNOWLEDGE OF CONTRACEPTION AMONG MARRIED WOMEN IN KWARA STATE

Lateef Omotosho Adegboyega*, Susan Abolarin & Adeyemi Ibukunoluwa Idowu

ABSTRACT

This study investigated the knowledge of contraception among married women in Kwara State. Descriptive survey was employed for the study. 393 married women were drawn using multi stage sampling technique. Three research questions were raised to guide the conduct of the study, while two null hypotheses were formulated and tested at 0.05 alpha level. The instrument used for data collection for this study was a researcher-designed and structured questionnaire entitled "Knowledge of Contraception Questionnaire (KCQ)". The findings revealed that married women in Kwara State have high level of contraception knowledge. The result of the hypotheses tested revealed that there were significant differences in the knowledge of contraception among married women in Kwara State based on age and educational attainment. It was therefore recommended, among others, that counsellors should organize interactive sessions with the community married women on contraception and reproductive health related matters in order to sustain respondents' high level of contraception knowledge and to enhance their practices of contraceptive options, married women of different educational backgrounds, especially those with lower qualifications should be regularly enlightened and encouraged on contraception practices, government and non-governmental organizations should not relent in their efforts in helping married women to sustain their high knowledge of contraception and encourage them towards the use of modern contraceptive options.

Keywords: *Knowledge, Contraceptive, Married Women*

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Department of Counsellor Education, University of Ilorin, Ilorin, Nigeria

Corresponding Author:
adegboyega.lo@unilorin.edu.ng

INTRODUCTION

From time immemorial, African people have been known to love bearing many children because they believe that having many children is a pride, a way of boosting one's ego and the continuity of one's lineage. This invariably has contributed to the high birth rate of most childbearing women in Africa, including Nigeria. The National Population Commission and ICF Macro (2009) identified Nigeria as a high fertility country. The Population Reference Bureau (2010) reported that 75% of the world's population living in developing countries including Nigeria is characterized by high fertility rates, high maternal and infant mortality and low life expectancy.

Population growth in Nigeria, according to Rosenthal (2012), represents 3.2% or 5.6 million people per annum. The Federal Ministry of Women Affairs (2004) projected that there may be as many as 174 million heads in Nigeria in later years. National Population Commission and ICF Macro (2009) forecast 338 million persons. Such rapid population growth (if not appropriately managed) may spell doom for economic growth and development of the nation. For instance, the political insecurity, leadership instability and economic crisis could lead to high rates of unemployment and poverty which in turn can contribute tremendously to increase birth rate.

Nigeria's high population is not in tune with the level of social and economic development of the country. Khurfeld (2006) opined that Nigeria is facing a population explosion with the resultant effect that food production cannot match the growing population. This is based on the fact that high population growth rate is associated with increased level of poverty (Adiri, Ibrahim, Ajayi, Sulayman, Yafeh & Ejembi, 2011). According to United Nations Fund for Population Activities (UNFPA 2010), more than 70% of Nigerians live below the international poverty line. Rosenthal (2012) posited that as graduates turn out of high schools and universities, Nigeria's unemployment rate is highly increasing most especially in the urban areas.

In order to prevent child and maternal mortality and sustain higher standard of living, the population size of a country has to be stabilized. This can be achieved by reduction in the fertility rate in line with the attainment of economic and social goals (Bankole, Oye-Adeniran & Sigh, 2006). According to Rahman and Kabir (2005), contraceptive use is one of the curtailing factors mediating between sexual activities and pregnancy rates among child bearing women. Contraceptive is defined by Stedman's Medical Dictionary (2012) as an agent to prevent conception; relating to any measure or agent designed to prevent conception; a medical device designed to prevent spermatozoa from penetrating the cervical, usually used in combination with a spermicidal agent.

Contraceptive use is an important factor for reproductive health policy makers and programme managers. An increase in its prevalence has accounted for the largest proportion of fertility declines worldwide including the Sub-Saharan region (Glassier, 2002). According to Ahmed, Li, Liu and Tsui (2012), the Safe Motherhood Initiative in 1987 identified contraceptive use, otherwise referred to as family planning, as one of the four strategies to reduce maternal mortality in developing countries, where 99% of all maternal deaths occur. Contraceptive usage has helped reduce maternal mortality and population growth in developed countries. The contraceptive prevalence rate in Nigeria, however, is low compared to those of Ghana, South Africa and the United Kingdom (Mandara, 2012). It has been reported by the Nigerian Population Commission (NPC) and ICF Macro (2009) that knowledge of contraception is lowest among women with low education and greatest among women with more than secondary education. Contraceptive use among married women in Nigeria is currently at 15%, with use of modern methods of contraception at 10% (NPC and ICF Macro 2014).

The difference between knowledge and use of contraception is more visible in the northern regions than in the southern regions of the country, and varies accordingly to both educational levels and wealth (NPC & ICF Macro 2014). However, the gap between knowledge and contraceptive use, the unmet need for family planning has improved slightly from a figure of 20% in 2008 to just 16% in 2013 (NPC & ICF Macro, 2014). This invariably shows that there is improvement in contraceptive knowledge though it may not usually translate to the same level of utilization. This utilization gap has been highlighted in some studies among adolescents and out of school women (Abiodun & Balogun, 2009; Idonigie, Oluba & Otamere, 2011).

Contraceptive use can prevent pregnancy; make menstrual periods more regular and lighter, decrease menstrual cramps and acne. It can also make one less likely to get ovarian and uterine cancer, pelvic inflammatory disease ovarian cysts and anaemia and it does not interrupt love making (Center for Young Women Health, 2009). Thus, a high level of knowledge and parallel utilization or practices of contraception is necessary among adult women.

African families have been noted for their tendency to have large number of children, in contemporary Nigerian communities, uncontrolled birth rate has triggered off social, political and economic problems that have aggravated problems of scarce resources, youth unemployment and now threatening the peace and stability of the nation. It has been revealed that Nigeria is one of the countries with high fertility rates in Sub-Saharan African and this is encouraged by high demand for children hence, low level of contraceptive use. In the study of Robey, Zlidar, Morris, Gardner, Rustein and Goldberg (2003), of seven countries of Chad, Eritrea, Guinea, Mali, Mozambique, Niger and Nigeria, 6% or lower contraceptive prevalence was found which invariably has contributed to the higher birth rate compared with other neighbouring nations. The result of the population explosion in Nigeria has reflected through the high rate of unemployment, poverty, lack of adequate health care and low standard of living among people. This has contributed to the illness and death of many childbearing women as well as their children.

Studies such as Ibrahim and Sadiq (1999); Uzoigwe and John (2004) have shown that perinatal, neonatal and child as well as maternal mortality rates remains high in most developing countries including Nigeria. In view of this, the health of mothers and children must be a subject of concern. Strategies have been employed by various governments in improving these indices, amongst which are the use of contraceptives (National Population Commission, 2009; John & Ross, 2010). Despite Government establishing family planning clinic in government hospitals, unplanned pregnancy and unsafe abortion is still a major problem in the society even among the married women.

Maternal mortality and morbidity are prevalent in sub-Saharan Africa and other resource-poor and underdeveloped nations of the world, unplanned pregnancy and unsafe abortion are the major contributors to these depressing health conditions and are themselves direct consequences of failure or non-use of contraception (WHO 2004; WHO, UNICEF, UNFPA and the World Bank, 2005). High fertility rates reflect the status of women's reproductive health and are associated with a higher risk of dying due to child birth and poor access to family planning (Bongaarts, 2015).

Shah (2001) identified three major obstacles against the utilization of modern contraception among women; they include the fear of side effects, poor quality of services and opposition from family members or influential members of the community. Aboyeji, Fawole and Ijaiya (2001) added that socio-cultural, economic, political, religious, demographic, continued strong cultural preference for large families, large rural populations relying on subsistence farming and low levels of economic

development as contributory factors. Also, personal preferences, social norms, gender preferences, women's education, rural or urban residence and perceived acceptability of family planning-use affect contraceptive choices (United Nations Population Division, 2014).

This implies that there is gap observed from the existing researches that need to be bridged by other studies. This gap is what the present study fills. Hence, this study investigated the knowledge of contraception among married women in Kwara State.

Research Questions

In order to achieve the objectives of this study, the following research questions were raised:

1. What is the level of knowledge of contraception among married women in Kwara State?
2. Is there any difference in the knowledge of contraception among married women in Kwara State based on age?
3. Is there any difference in the knowledge of contraception among married women in Kwara State based on educational attainment?

Hypotheses

The following null hypotheses were formulated and tested in the study:

1. There is no significant difference in the knowledge of contraception among married women in Kwara State based on age.
2. There is no significant difference in the knowledge of contraception among married women in Kwara State based on educational attainment.

METHODOLOGY

Research Design

The research design that was adopted for this study was descriptive survey method. The descriptive survey method is a research design that enables a researcher to obtain the opinions of representative sample of a target population in order to draw inference from the entire population. It is an operational tool of research in social and behavioural enquiries. Adewunmi (1998) stated that descriptive survey method is based on the information gathering through questionnaire, interview (oral or written, structured or unstructured), inventories, observations and so on. In this vein, descriptive survey is considered appropriate as the researcher is interested in gathering information from the representative sample of married women in Kwara State on their knowledge and practices of contraception.

Participants

All married women in Kwara State constituted the population for this study. The National Bureau of Statistics (NBS, 2010) estimated the population of married women in Kwara State to be 418,578 as at year 2006. As for 2017 figures, NBS projects the population of married women in Kwara State to be 543,151 about 30% increases in the population within a ten year period (2007-2017). With this population figure, a sample size of 393 is suggested by the Research Advisor (2006) at a confidence level of 95% with a margin error of 5%; however, the researcher increased the sample size by 10% in order to cover for attrition and a more representative sample.

Multi-stage sampling technique which consisted of proportional, purposive and stratified sampling was used to select the sample for this study. At stage 1, proportional sampling technique was used to select Local Government Areas from the three senatorial districts of Kwara State, that is, Kwara South, North and Central in ratio 3:2:2 respectively. This means that the study covered 7 LGA's out of the 16 LGA's in Kwara State. That is, 3 LGA's were selected from the 7 LGA's in Kwara South, 2 out of the 5 LGA's in Kwara North and 2 out of the 4 LGA's in Kwara Central.

At stage 2, purposive sampling technique was used to select sixty (60) respondents from each of the seven LGA's in places such as religious gathering, ministries, tertiary institutions and secondary schools. Hence, 393 married women participated in the study, that is, 60 participants from each of the seven LGA's selected for this study. Thus, for Kwara South 60 participants were selected from each of the 3 LGA's making 180 participants, 60 participants were selected from each of the 2 LGA's which sum up to 120 participants for Kwara Central and 60 participants from each of the 2 LGA's making 120 participants for Kwara North. Purposive sampling is a sampling method which deliberately chooses a sample population because of significant characteristics it possesses for the purpose of the study.

At stage 3, stratified sampling method was used to categorize the respondents into the strata of age, religion, educational attainment and number of children. Razak and Ajayi (2001) opined that stratified sampling is a process in research whereby variables are classified into groups according to desired characteristics of the variables such as age and educational attainment.

Data Collection Tools

Instrumentation is the process of designing and using a tool or a scale to collect information based on the research problem at hand. The instrument used for data collection for this study was a researchers-designed and structured questionnaire entitled "Knowledge of Contraception Questionnaire (KCQ)".

The questionnaire consisted of three (2) sections. Section "A" elicits information on the demographic data of the respondents such as age and educational attainment. Section "B" is designed to find out the knowledge of contraception and it contains 20 items. In section B, Yes or No alternate response type was used.

Data Analysis

The data collected for this study were analysed using descriptive and inferential statistical analysis. Percentage was used to analyse respondents' personal information in section A. Chi-square (χ^2) statistical methods were used to test the null hypotheses at 0.05 level of significance.

Results/Findings

Demographic Data

This section presents the demographic characteristics of the respondents using percentages.

Table 1
Demographic Distribution of the Respondents

N	Variable		Frequency	Percentage %
1	Age	18-30 years	139	35.4
		31-43 years	202	51.4
		44 years & above	52	13.2
		Total	**393**	**100.0**
2	Educational Attainment	Non-formal Education	15	3.8
		Primary	24	6.1
		Secondary	85	21.6
		ND/NCE or equivalent	161	41.0
		1st Degree	86	21.9
		Postgraduate	22	5.6
		Total	**393**	**100.0**

Table 1 shows that 393 respondents eventually participated in the study; out of the 420 questionnaire forms administered, 393 were filled correctly while 27 were invalid because they were not filled correctly some were not returned to the researcher. The table indicated that out of these 393 married women, 139 (35.4%) were between 18-30 years of age, 202 (51.4%) were between 31-43 years old, while 52 (13.2%) were 44 years old and above. This implies that more than averages of the respondents were between 31-43 years of age.

Educational attainment of the respondents showed that 15 (3.8%) have non-formal education, 24 (6.1%) have primary education, 85 (21.6%) possessed secondary school certificate, 161 (41.0%) were ND/NCE holders or equivalent, 86 (21.9%) possessed first degree, while 22 (5.6%) have postgraduate education. This suggests that majority of the respondents were averagely educated.

Research Question 1: *What is the level of knowledge of contraception among married women in Kwara State?*

Table 2
Percentage Distribution of Knowledge of Contraception among Married Women

Score Range	Frequency	Percentage %	Remark
1-20	0	0.0	Low
21-30	43	11.0	Moderate
31-40	350	89.0	High
Total	**393**	**100**	

Table 2 shows that none of the respondents scored between 1 and 20 on contraception knowledge scale, 43 (11.0%) scored between 21 and 30, while 350 (89.0%) scored between 31 and 40. This implies that majority of the respondents have 89% level of knowledge of contraception. It can be concluded therefore that married women in Kwara State have high level of contraceptive knowledge.

Hypotheses Testing

In this study, two null hypotheses were formulated. The hypotheses were tested at 0.05 level of significance, using Chi-square (χ^2) statistics. This section thus presents the results of the hypotheses tested.

Hypothesis One:

There is no significant difference in the knowledge of contraception among married women in Kwara State based on age.

Table 3

Chi-square (χ^2) Analysis showing Difference in Respondents' Knowledge of Contraception based on Age

Age		Knowledge		Total	df	Cal. X^2-value	Cal.Sig.(2-sided)	Decision
		High	Moderate					
18 – 30 years	Observed	136	3	139				
	Expected	126.3	12.7	139.0				
31 – 43 years	Observed	176	26	202	2	12.69	0.00	H_{01} **Rejected**
	Expected	183.5	18.5	202.0				
44 years & above	Observed	45	7	52				
	Expected	47.2	4.8	52.0				
Total	Observed	357	36	393				
	Expected	357.0	36.0	393.0				

$\rho<0.05$

Table 3 shows that the calculated χ^2-value of 12.69 is greater than the critical χ^2-value of 5.99, with a corresponding p-value of 0.00, which is less than the significant value of 0.05. This indicated that a significant difference exists in the respondents' knowledge of contraception based on age; hence, the hypothesis was rejected. Therefore, age group difference influences the knowledge of contraception among married women in Kwara State. The difference based on age might have resulted from the fact that the younger married women are more exposed to in gathering information about contraception due to their high level of involvement in mass and social media usage.

Hypothesis Two:

There is no significant difference in the knowledge of contraception among married women in Kwara State based on educational attainment.

Table 4
Chi-square (χ^2) Analysis showing Difference in Respondents' Knowledge of Contraception based on Educational Attainment

Level of Education	Knowledge	High	Moderate	Total	df	Cal. X^2-value	Cal. Sig.(2-sided)	Decision
Illiterate	Observed	10	5	15				
	Expected	13.6	1.4	15.0				
								H_{02}
Primary	Observed	18	6	24	5	24.36	0.00	
	Expected	21.8	2.2	24.0				**Rejected**
Secondary	Observed	74	11	85				
	Expected	77.2	7.8	85.0				
ND/NCE or Equivalent	Observed	152	36	161				
	Expected	357.0	36.0	161.0				
1st Degree	Observed	82	4	86				
	Expected	78.1	7.9	86.0				
Postgraduate	Observed	21	1	22				
	Expected	20.0	2.0	22.0				
Total	Observed	357	36	393				
	Expected	357.0	36.0	393.0				

$\rho<0.05$

Table 4 shows that the calculated χ^2-value of 11.88 is greater than the critical χ^2-value of 11.07, with a corresponding p-value of 0.03, which is less than the significant value of 0.05. This indicated that a significant difference exists in the respondents' knowledge of contraception based on educational attainment; hence, the hypothesis was rejected. Therefore, difference in educational attainment influences the knowledge of contraception among married women in Kwara State. Knowledge of respondents with higher level of qualifications might have been responsible because education is significant in obtaining relevant, useful and usable information on critical life issues, most especially, reproductive life issue or contraception.

DISCUSSION

The major finding of the study revealed that married women in Kwara State have high level (89.0%) of contraception knowledge. Having adequate knowledge of contraception will enhance reproductive health of married women in Kwara State by being able to choose appropriately, the best contraceptive method suitable to their lifestyle, thereby, avoiding all sorts of negative effects of contraception but rather benefit maximally from its practices. The high level of technological advancement which has exposed people to various means of acquiring knowledge, such as the internet, television shows, films, phone gadgets among others, might have facilitated the outcome of this study. This is because there is no barrier to communication flow regardless of gender, age, place

and type of information; hence, information can easily be sent and received from any quarter at the convenience of the duo-communicator.

It also appears that the message of family planning being spread by nurses in medical setting and campaign (from both government and non-government organisations) against poverty prevention through fertility control, increasing dramatically on the media, access to Information and Communication Technology, education, interaction, school and work place have aided high contraception knowledge among married women in Kwara State. However, the finding of this study corresponds with that of Osifo, Akpamu and Shelu (2015), who found that married women have knowledge of family planning and contraceptives with 96.4% level of knowledge.

The first hypothesis revealed a significant difference in the knowledge of contraception among married women in Kwara State based on age. This means that age group difference has influence on the respondents' knowledge of contraception. This finding is in line with that of Afolabi, Ezedinachi, Arikpo, Ogunwale, Ganiyu, Abu and Ajibade (2015) which revealed that younger married women were approximately thrice more likely to know of contraceptives than older married women.

Another finding revealed a significant difference in the knowledge of contraception among married women in Kwara State based on educational attainment. This finding explained that difference in the educational attainment of married women has influence on their knowledge of contraception. Previous finding by the study of Rahman and Kabir (2005) revealed that education significantly influenced married women's knowledge of contraception.

CONCLUSION

The findings of the study revealed that married women in Kwara State have high level of contraception knowledge. The result of the hypotheses tested revealed that there were significant differences in the knowledge of contraception among married women in Kwara State based on age and educational attainment.

RECOMMENDATIONS

Based on the findings of the study, it was recommended that:
Counsellors should organize interactive sessions with the community married women on contraception and reproductive health related matters in order to sustain respondents' high level of contraception knowledge and to enhance their practices of contraceptive options.

Married women of different educational backgrounds, especially those with lower qualifications should be regularly enlightened and encouraged on contraception practices so that their knowledge of contraception can be sustained and its practice can easily be adopted.

Government and non-governmental organizations should not relent in their efforts in helping married women to sustain their high knowledge of contraception and encourage them towards the use of modern contraceptive options, thereby, achieving a sustainable development through reduction in fertility and poverty rates.

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