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Evaluation of Contraceptive Use Among Women of Ikpoba-Okha Local Government Area, Edo State, Nigeria

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Family Planning is a globally accepted approach to population control. Its effects though are yet to be felt as population explosion is still an issue in Nigeria. This study was aimed at evaluating the use of modern contraceptives among women of Ikpoba-Okha Local Government Area who attend the Vinda Medical Centre. A descriptive cross-sectional study design was employed in carrying out this study in 2015. The respondents were 165 clients drawn from all areas maternal and child health clinic in Vinda Medical Centre. Information were gotten from respondent through questionnaire and interview method. A simple random sampling technique was adopted in the study.

It was found that respondents (94%) have high level of awareness of modern contraceptives, choice and acceptance largely affected by beliefs, availability and affordability. No significant association existed between the level of education of respondents and their choice of modern contraceptives. ($\chi^2 = 17.267$, $df = 15$, at $P\text{-value} = 0.05$). The level of awareness of modern contraceptives is satisfactory.

Findings show that most respondents 78(68.4%) choose Intrauterine Contraceptive device (IUCD), major reason given being the fact that it is affordable and available, and with less side effects with emphasis on weight gain. This is followed by implants 22(19.3%) and injectables 5(4.4%).

The average of children at which they begin contraception is 3.55, approximately 4 children.

Findings also showed that most of the respondents get the information about modern contraceptives from IPC (Family Planning Interpersonal Communication conductors) conductors, these are nurses and community health workers who go from houses, market areas, village meetings and organizations sensitizing women and men on the need to plan their family for happy and healthy living.

This is an implication for the nursing profession, as regards achieving the Sustainable Development Goals, a need for Professional Nursing Education in Reproductive and Family Health and promotion of evidence-based nursing practice in this regard through researches.

Title:

Evaluation of Contraceptive Use Among Women of Ikpoba-Okha Local Government Area, Edo State, Nigeria

Keywords:

Contraceptives, Evaluation and Women

References:

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Abstract Summary:

Family Planning is one of the effective measures to reduce Maternal and Child morbidity and mortality in the developing world. This work looks at level of awareness of contraceptives of women, which contraceptive they use most, at what parity they consider contraception and factors that affect uptake of contraceptive methods.

Content Outline:

CHAPTER ONE

INTRODUCTION

1.1 Background of Study

In the past before the advent of modern contraceptives, prolonged breast feeding and post-partum abstinence were used to control child birth. Crude methods were used to terminate unwanted pregnancies – otherwise unwanted pregnancies were carried to term.

The practice of contraception previously focused on the action of the women whether they want the child or not based on customs and common sense. These actions were not necessarily informed or well structured.

However, present day contraception has undergone tremendous change. The knowledge explosion and multidisciplinary approach to healthcare ensures that the contraceptive need of clients is met based on individual or family's state of health and choice. There is now a widespread availability of family planning services and supplies with the inception of modern methods with a lot of options to choose from as it suits one.

Family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision by individuals and couples in order to promote the health and welfare of the family and groups and thus contribute effectively to the social development of a country. (WHO Report, 2014).

The widespread availability of family planning services has improved the public health and allowed millions of couples to take advantage of economic opportunity that might not be available to them in the absence the ability to decide whether or not to have children (Gold & Sonfield, 2014)

In USA, contraceptive use though initiated in 1920, grew throughout the 1960's as government funded family efforts as part of anti-poverty program to check population. The awareness and acceptance is high yet certain militating factors are obvious. (Alan Guttmacher Institute, 2015)

In China, family planning is a fundamental policy, its primary purpose is controlling the size of the population, this has passed through different phases and presently is on the one-child policy that restricts family to have only one child (Yang, 2004, as cited by Fei Wang, 2012)

In Africa, approximately 30% of all women use birth control, although over half of all African women would like to use birth control if it were available. (Cleland, Ndugwa, Zulu, 2011)The main problems that prevent access to and use of birth control are unavailability, poor health care services, spousal disapproval, religious concerns, and misinformation about the effects of birth control. (Cleland et al)The most available type of birth control is condoms. (De Rose, Doodoo, Ezeh & Owuor, 2014)There is evidence that increased use of family planning methods decreases maternal and infant mortality rates, improves quality of life for mothers, and stimulates economic development.

Nigeria which has a population of 140 million and an annual growth rate of 3.2 % (NPC, 2007) is the most populous country in Africa. Nigeria, according to Khurfeld (2006), is already facing a population explosion with the resultant effect that food production cannot match the growing population. In Nigeria today, the birth rates are higher than the world averages. (Nwachukwu & Obasi, 2008) Contraceptive Prevalence Rate (CPR) is still embarrassingly low in Nigeria, according to the report released by the International women's health coalition, the CPR among married women aged 15-49 years was 8% for modern methods and 12% for all methods. Also, other studies have reported a similarly low adoption rate of Modern Birth Control Methods (MBCM). (Haub & Yangishila, 1992; Makinwa Adebusuyi, 2001; Population Reference Bureau, 2002; UNFPA, 2007).

Therefore, the study seeks to evaluate contraceptive use among women in Ikpoba-Okha Local Government area in Benin City, Benin, Edo State, Nigeria, who patronize the family planning services of Vinda Medical Centre.

1.2 STATEMENT OF PROBLEM

Contraception and Family planning is widely accepted as a good development in the care of patients, healthcare system and all round wellbeing of a nation, therefore the nurses' role is very essential, especially as regards meeting the Sustainable Development Goals (Onyinye L. C, 2015). However, it is difficult to understand to what extent it is implemented and how.

The researcher's experience in the clinical settings has raised some questions about contraceptives use, its awareness, acceptance and practices by women.

Little or no work has been done concerning this in this Local Government Area (LGA), this inspires the researcher to take up this study.

Therefore, this study seeks to investigate the practices of contraception among women in Ikpoba-Okha Local Government Area, Benin city, Edo State, who patronize Vinda Medical Centre.

1.3 OBJECTIVES OF THE STUDY

1. To determine the level of awareness of modern contraceptives among women of Ikpoba-Okha Local Government Area, who patronize Vinda Medical Centre.
2. To ascertain the source of their knowledge and the influence of their educational background.
3. To determine factors that affects use of modern contraceptives.
4. To determine the contraceptive they use more and why?
5. At what parity they begin to seek contraceptives.

1.4 SIGNIFICANCE OF THE STUDY

Family planning assist parents to understand the values of having only those children for whom they can provide adequately for, enhance family relationship, health and total wellbeing.

The study will serve as a tool for the healthcare personnel especially the nurses rendering individualized care for the client and family as well as planning community services. It will promote evidence-based practice.

The study will contribute to the existing body of knowledge on the effectiveness and essence of family planning, professional education as regards reproductive health.

It will help the government and hospital administrators to see the factors militating against the proper utilization of available family planning services.

To the researcher, this study would serve as a source of enlightenment on the views and practices of contraceptive use.

Furthermore, the study would serve as a data and information base for future educational research on the same or similar topic.

1.5 RESEARCH QUESTIONS

1. What is the level of awareness of modern contraceptives among women of Ikpoba-Okha local government area?
2. What is the major source of their knowledge about modern contraceptives?
3. Which contraceptive do they use more and why?
4. At what average number of children do they begin to seek contraceptives?
5. What are the factors that militate against the use of contraceptives?

1.6 RESEARCH HYPOTHESIS

1. There is no significant association between their level of education and choice of contraceptives.

1.7 SCOPE OF THE STUDY

This study focuses on the use of modern contraceptives among women of Ikpoba-Okha Local Government Area of Benin city, Benin, Edo State, their perceived way of thinking towards its use and factors affecting its use. For the sake of interest, short time frame and other constraints, this study is restricted to clients of Family Planning Clinic of Vinda Medical Centre located at Ikpoba-Okha LGA., which offer free family planning services that draws clients to the clinic.

1.8 LIMITATIONS OF THE STUDY

The study was done in a medical centre where most women come for antenatal clinic and healthcare. The financial commitment for embracing more respondents was considered. The questionnaire addressed certain areas of misconceptions therefore was limited in some way as some respondents were willingly to give more information, though the pilot study ascertained its reliability. The time frame for the study also influenced the extent of the study in order to meet up with the time given.

1.9 OPERATIONAL DEFINITION OF TERMS

CONTRACEPTIVES: Any means to prevent conception i.e. the meeting of the sperm and the ova.

EVALUATION: The process of checking the rate of acceptance and views of individuals towards a particular idea or process in relation to an expected outcome or standard.

USE: To apply or take advantage of something.

WOMEN: The female folks. The women in Ikpoba-Okha Local Government Area attending Antenatal and Family Planning Clinic at the Vinda Medical Centre.

CHAPTER TWO

2.1 LEVEL OF AWARENESS OF MODERN CONTRACEPTIVES

In a research work done by Ezechi O. C, Ezebi P. M, Gbajabiamilla T. A, Gab-Okafor C. V, Oladele D. A, Ujah I. A (2013), a cross-sectional study in a busy HIV treatment center a cosmopolitan city of Lagos, Nigeria, to ascertain the contraceptive behaviour, practice and associated factors among women in Nigeria living with HIV. Contraceptive knowledge and awareness (94.6%) among this women is high, however, the use rate is low at (50.6%). Condom (52.9%) and Injectable contraceptive (31.4%) were the preferred method among women. Having 3 living children, at least a secondary education, were found associated with the use of contraception. They also reported finding women's prior use of contraceptives.

A research work done by Olugbenga-Bello, Abodunrin and Adeomi determine the prevalence and determinants of choice of contraceptive methods among rural women in Osun state, Nigeria, using descriptive cross-sectional method, conducted among 612 women of reproductive age group, utilizing the multi-stage sampling technique. They found that the prevalence of modern contraceptive methods usage among the respondents was 66.3% and the level of awareness was high.

2.2 PREVALENCE OF CONTRACEPTIVES USE

Extraordinary gains have been made over the past 50 years in meeting the family planning needs of millions of people throughout the world. Currently, 56% of all married women are using a modern method of contraception (United Nations, Department of Economic and Social Affairs, Population Division 2011), up from less than 10% in 1960 (United Nations, Department of Economic and Social Affairs, Population Division 2004). This increase is driven by a growing demand for modern methods of contraception but has only been made a reality through the availability of and access to contraceptive supplies and health workers qualified to provide family planning services. Use of nearly all methods of modern contraception requires contact with a health worker—a doctor, nurse, midwife, community health worker, or pharmacist. As a result, access to trained health workers is a principal supply-side determinant of family planning service use.

Although 13% of the world's population is located in sub-Saharan Africa (Population Reference Bureau 2011), less than 3% of the world's health workers are located on the subcontinent according to the most

recent estimates (World Health Organization 2006). This lack of access to health workers is especially acute in sub-Saharan Africa where only 19% of married women use a modern method of contraception, the lowest regional contraceptive prevalence rate in the world (Population Reference Bureau 2011).

Sub-Saharan Africa's modern contraceptive prevalence rate (CPR) of 19% masks the important diversity in CPR values that exists across countries, ranging from 1% in Somalia to 60% in South Africa (Population Reference Bureau 2011). Distinct regional differences are also observed, with western and central Africa lagging far behind eastern and southern Africa.

According to a research done by Sara P., Cox C., Puckett A., Lois S, IntraHealth International & USAID in 2013 to explore the contraceptive use differentials in Sub-Saharan Africa, using five eastern and five western countries. The findings show that Nigeria is among the stagnant countries as regards to the use of modern contraceptives, the contraceptive prevalence rate (CPR) in Nigeria is 9.7% .

Figure 1: showing the prevalence of modern contraceptive use in some African countries.

According to the work done by Ekabua & Essien, Monjok, & Smesay, 2010 the current prevalence rate for contraceptive use in Nigeria is approximately 11%–13%. This rate is very low in spite of the high rate of sexual activity and widespread awareness of the various contraceptive methods among Nigerian adolescence and youths. As a result there are many unintended pregnancies and illegal abortions contributing to a high maternal mortality ratio, which seems to indicate a large unmet need for contraceptive use. There is ample research evidence identifying the various factors that contribute to the low prevalence of modern contraceptive use in Nigeria, with the most common factor being the myth about the side effects of modern contraceptives. However, what is lacking is a political will in Nigeria to provide family planning programs on a much larger scale, using community-oriented approaches and communication programs, to help change the myth about the side effects of modern contraceptives. This review highlights current methods and concepts in contraception, reasons for low contraceptive use and practice in Nigeria, and the need for Nigeria to generate a political priority and a will to make a change in maternal health indicators, with the ultimate goal of providing direction to guide changes in the Nigerian Population Policy as it affects contraceptive use and family planning. (Ekabua etal, 2010).

A research work done by Olugbenga-Bello, Abodunrin and Adeomi determine the prevalence and determinants of choice of contraceptive methods among rural women in Osun state, Nigeria, using descriptive cross-sectional method, conducted among 612 women of reproductive age group, utilizing the multi-stage sampling technique. They found that the prevalence of modern contraceptive methods usage among the respondents was 66.3% with cost and availability being the predominant reason for choice of contraceptive methods, and fear of side effect and husbands' disapproval among other reasons being the main reasons for non use.

2.3 FACTORS THAT AFFECT UTILIZATION OF MODERN CONTRACEPTIVES

A growing population, limited access to contraception, cultural and religious opposition, poor quality of available services, gender based barriers, and spousal disapproval all contribute to the high "unmet need" for contraception in Africa. (WHO, 2012). In Eastern Africa, the unmet need is attributed to socioeconomic variables, the family planning program environment and reproductive behavior models. (Gyimah, 2003). Gyimah attributes the higher fertility rates of Sub Saharan African countries compared to other developing countries to "the inter-related factors of early childbearing, high infant mortality, low education and contraceptive use, and persistence of high fertility-sustaining social customs." Some of the factors identified that prevented use of modern birth control methods in a 2008 study in Nigeria were "perceived negative health reaction, fear of unknown effects, cost, spouse's disapproval, religious belief and inadequate information." (Nwachukwu & Obasi, 2008). According to Ortayli and Malarcher in 2010 on the study of "Equity Analysis: Identifying Who Benefits from Family Planning Programs," the main factors that contribute to unavailability of family planning information and modern birth control methods are low education level, young age, and living in a rural area.

According to a research work done by Stephenson, Bascheiri, Clements, Henninik & Mandise in 2007, to examine the role of community-level factors in explaining geographic variations in modern contraceptive use in 6 African countries (Ivory Coast, Burkina Faso, and Ghana in West Africa and Kenya, Malawi, and Tanzania in East Africa), using demographic and health survey and contextual data sources with multilevel modeling techniques. They found that significant associations existed between several community-level factors and reported use of modern contraceptive methods. They also identified several pathways of influence between the community and the individual. Leading to the conclusion that aspects of a community's sociocultural and economic environment appear to influence a woman's use of modern contraceptive methods like beliefs, age, marital status, parity, level of education, income level etc. With the exception of Ghanaian women, women with a secondary education or higher were more likely to be using contraception than were women with no education. In the East African countries, women with no children were less likely to use modern contraception than were women with 3 or 4 children. The relationship between parity and modern contraceptive use was mixed in West Africa. In Burkina Faso, Malawi, Ivory Coast, and Tanzania, women who were never married had higher use of modern contraceptive methods than did married women or those in nonmarital unions. In Kenya, Malawi, and Tanzania, women aged 40 to 49 years were significantly less likely to be using contraception than women aged 30 to 39 years. Women's choice of contraception are based mostly on the one commonly used by folks in the community.

A research work done by Olugbenga-Bello, Abodunrin and Adeomi determine the prevalence and determinants of choice of contraceptive methods among rural women in Osun state, Nigeria, using descriptive cross-sectional method, conducted among 612 women of reproductive age group, utilizing the multi-stage sampling technique. They found that awareness about contraceptive methods was generally high among the respondents with about 9 in 10 respondents knowing male condoms and 8 in 10 knowing injectables as methods of contraception and almost all of them being aware of one method or the other, though some contraceptive methods were very unpopular among the respondents. The most popular contraceptive method from this study is the male condom with more than 9 in 10 respondents knowing about it, more than half of the respondents knew about contraception through health personnel, 20% from friends and relatives. The prevalence of modern contraceptive methods usage among the respondents was 66.3% with cost and availability being the predominant reason for choice of contraceptive methods, and fear of side effect and husbands' disapproval among other reasons being the main reasons for non use. No significant association existed between the use of contraception and educational status in this study.

2.4 MODERN CONTRACEPTIVES AND RATE OF USAGE

In most African countries, only a few types of birth control are offered, making couple's reproductive needs difficult, with few methods to choose from. (Ross, Karen, Elizabeth & Sherrine, 2002). Many African countries had low access scores on almost every method. (Ross et al). In the 1999 ratings for 88 countries, 73% of countries offered condoms to at least half their population, 65% of countries offered pills, 54% offered IUDs, 42% offered female sterilization, and 26% offered male sterilization. (Ross et al). Low levels of condom use is a cause for concern. (Caldwell & Caldwell, 2003). The usage rate for injectable contraceptives increased from 2% to 8%, and from 8% to 26% in Sub-Saharan Africa, while the usage rate for condoms was 5–7%. (Sieber, Jane, Tara, & Sullivan, 2007). The least used method of contraception is male sterilization, with a usage rate of less than 3%. (Sieber, et al). 6–20% of women in Sub-Saharan Africa used injectables covertly, a practice more common in areas where contraceptive prevalence was low, particularly rural dwellings. (Sinding, 2005).

A research work done by Olugbenga-Bello, Abodunrin and Adeomi to determine the prevalence and determinants of choice of contraceptive methods among rural women in Osun state, Nigeria, using descriptive cross-sectional method, conducted among 612 women of reproductive age group, utilizing the multi-stage sampling technique. The most popular contraceptive method from this study is the male condom with more than 9 in 10 respondents knowing about it. This is similarly reported by other studies. (Kalambayi, 2006; Nwachukwu & Obasi, 2008) and is probably due to the fact that it is cheap and readily

available and it is much more advertised probably also because of its dual function as a means of preventing sexually transmitted infections and also as a family planning method.

According to a research done by Sara P., Cox C., Puckett A., Lois S, IntraHealth International & USAID in 2013 to explore the contraceptive use differentials in Sub-Saharan Africa, using five eastern and five western countries. The findings show that Nigeria is among the stagnant countries as regards to the use of modern contraceptives, the contraceptive prevalence rate (CPR) is 9.7% .

Figure 2: showing the percentages of all modern contraceptive use in some African countries.

They found also found that most Nigerian married women use injectables (28%) followed by condom (24%), then IUCD (Intrauterine Contraceptive Device) (18%) and the least is the Sterilization method.

2.5 CONCEPTUAL FRAMEWORK

2.5.1 BEHAVIOUR CHANGE COMMUNICATION MODEL

Behaviour Change communication (BCC) is an interactive process of any intervention with individuals, communities and/or societies (as integrated with an overall program) to develop communication strategies to promote positive behaviours which are appropriate to their settings. This in turn provides a supportive environment which will enable people to initiate, sustain and maintain positive and desirable behaviour outcomes. BCC is a strategic use of communication to promote positive health outcomes, based on proven theories and models of behaviour change.

The stages of change of behaviour expected are as follows:

Behavior change communication strategy

Made by healthcare worker, Effect on clients government, media, institutions e.t.c (individual, family, community)

Knowledge

Client approve the new
behaviour

Influence on choice

Approval

or chooses from alternatives:

the suitable method

Adopts the new behavior to
meet personal need.

Intention

Practice

Advocacy

Promote new behaviour through their social

Network.

CHAPTER THREE

METHODOLOGY

3.1 STUDY DESIGN

A descriptive cross-sectional study design was employed in carrying out this study. This is because this study is concerned with the collection of data for the purpose of designing, interpreting existing condition, prevailing practices and ongoing process. Descriptive research method gives detailed information regarding the features of participants or the environment involved depending on the topic deduced from a certain field of study. A descriptive research study aids in the description of any connections exhibited by the variables used. (Houser, 2008)

3.2 STUDY SETTING

This research was carried out in private community hospital known as Vinda Medical Centre, Benin city, Edo State, as a medium to reach women as the hospital offers free family planning services. The hospital is located in Ikpoba-Okha Local Government Area of Edo State. The hospital has several healthcare programmes including family planning services, Integrated Management of Childhood Illnesses, (IMCI), Infant Welfare Clinic and immunization, Ante-Intra-Postpartum Care, all of which draw a lot of women to the clinic.

3.3 POPULATION

The population of people of Ikpoba-Okha local government area is about 371,000 (Census, 2006). The consumers of the health center products are about 100,000.

3.4 SAMPLE SIZE DETERMINATION

Based on the information obtained in a previous study done to identify the various factors that contribute to the low prevalence of modern contraceptive use in Nigeria revealed that the prevalence of use of modern contraceptives in Nigeria was 11%. (Ekabua, etal 2010), the sample size for this study was determined in order to have a minimum statistical power by the following;

$n = z^2pq/d^2$ Sampling distribution of proportion theory. (Anyiwe, 2012)

where n = desired minimum sample size

z^2 = Standard normal deviate (which equates to 1.96 at $\alpha = 0.05$)

$p = \text{prevalence rate (11\%)} = 0.11$

$q = 1 - p = 1 - 0.11 = 0.89$

$d = \text{precision (level of error)} = 0.05$

therefore, $n = (1.96^2 \times 0.11 \times 0.89)/0.05^2$

$= 150.4 \approx 150$

In order to provide an allowance for non-respondents (attrition) a 10% margin was given, amounting to $15.4 \approx 15$.

Therefore, $n = 150 + 15 = 165$

The minimum sample size used in the study was therefore 165 respondents.

3.5 SAMPLING TECHNIQUE

The sample size of 165 respondents was drawn from three month family planning programmes in the hospital, using a simple random sampling technique. This was adopted because every unit has a chance of being selected without bias, therefore giving equal chances to each person being included in the study.

3.6 VALIDITY AND RELIABILITY

Validity: The questionnaire was given to the supervisor for review.

Reliability: The questionnaire was pretested during three days activities to identify and correct errors made and ensure reliability of the questionnaire. The reliability of the questionnaire was 0.72.

3.7 DATA COLLECTION

An interview method and client record form were used. It has four sections: section A is on the socio-demographic data, section B is on the reproductive history. Section C probed medical history, section D medical examination and choice. A self-structured questionnaire was then used to extract the information needed for this study. They were interviewed on factors that affect use of modern contraceptives.

The researcher targeted all the clients. The target population was 165 respondents.

Data was collected within the period of three months. The answered forms and information were submitted collectively in order to ensure privacy. Instructions were give before data collection with due consent given by clients.

3.8 DATA ANALYSIS

Data management: The data collected was managed using SPSS (Statistical Package for the Social Science) version 16 software. The data was analysed and presented in the form of statements, frequency tables, bar charts and pie charts. The tests for statistical association made use of the Chi-square (χ^2) test and others where relevant.

3.9 ETHICAL CONSIDERATION

Institutional consent:

Permission to conduct research was duly obtained from the matron-in-charge.

Individual consent:

The respondents of the research were made to understand the nature and purpose of the research. They gave their free and informed consent to be used for the study. The rights and concerns of the respondents were given priority and confidentiality was maintained in the course of the research.

CHAPTER FOUR

4.1 DATA PRESENTATION AND ANALYSIS

The background information consisted of age, marital status, sex, religion, educational status. All the data on the demographic features were highlighted in the tables below after analysis via descriptive analysis.

Table 1: Demographic data

Age	Frequency	Percentage
15-20	14	8
21-25	20	12
26-30	50	31
31-35	38	23
36-40	33	20
Above 40	10	6
Religion		
Christianity	156	94
Islam	8	5
Others	1	1
Educational Status		
Primary uncompleted	7	4
Primary completed	64	39
Secondary uncompleted	8	5
Secondary completed	68	41
Tertiary completed	18	11
TOTAL	165	100

Table 1 shows the age 26-30 with highest frequency 50(31%), secondary completed 68(41%) with highest frequency, Christianity 156(94%).

RESEARCH QUESTION 1

What is the level of awareness of modern contraceptives among women of Ikpoba-Okha local government area?

Table 2: **Awareness**

Awareness	Frequency	Percentage
High	155	94
Low	10	6
None	0	0
Total	165	100

The respondents have high level of awareness of modern contraceptives.

RESEARCH QUESTION 2

What is the major source of their knowledge about modern contraceptives?

Figure 1: showing the sources of knowledge of modern contraceptives.

Pie chart shows that the most respondents 61(53.5%) got information about modern contraceptive from IPC (Family Planning Interpersonal Communication conductors) conductors, which include nurses and community health workers who go to houses, market and work places, schools to sensitize the populace on family planning needs and services.

RESEARCH QUESTION 3

Which contraceptive do they use more and why?

Figure 2 shows that most respondents 78(68.4%) choose Intrauterine Contraceptive device, major reason given being the fact that it is affordable and available, and with less side effects with emphasis on weight gain. Though some respondents end up not choosing any method mostly due fear of the outcome and side effects.

RESEARCH QUESTION 4

At what average number of children do they begin to seek contraceptives?

The average of children at which they begin contraception is 3.55, approximately 4 children.

RESEARCH QUESTION 5

What are the factors that militate against the use of contraceptives?

Factors	Frequency	Percentage
Beliefs	33	20
Availability	33	20
Affordability	33	20
Fear of side effects	24.75	15

Desire for more children	24.75	15
Inadequate information	16.5	10
Total	165	100

Table 3 shows that beliefs, availability and affordability has been higher effect on the use of contraceptives.

RESEARCH HYPOTHESIS

There is no significant relationship between their level of education and choice of contraceptives.

Table 4a: Level of education vs choice of modern contraceptives

Educational Status	None	IUCD	Implant	Injectables	Total
Primary uncompleted	8	5	0	0	13
Primary completed	8	30	8	2	48
Secondary uncompleted	0	10	10	2	22
Secondary completed	0	12	23	2	39
Tertiary completed	0	21	20	2	43
Total	16	78	61	10	165

Total 4b: **Chi-square test**

	Value	Degree of Freedom	Asymptotic significance (2-sided)
Pearson Chi-square	17.267	15	0.303

Calculated $x^2 = 17.267$, $df = 15$, tabular $x^2 = 24.996$ at $P\text{-value} = 0.05$

The Chi-square value of 17.267 was less than the critical value of 24.996 at 15 degree of freedom and P-value of 0.05. Therefore, there is no evidence to suggest that there is significant relationship between their level of education and choice of contraceptives. Hence, the Chi-square was statistically not significant and the null hypothesis is accepted.

CHAPTER FIVE

5.1 DISCUSSION

The awareness about contraceptive methods was generally high among the respondents with about 9 in 10 respondents knowing male condoms and 8 in 10 knowing injectables as methods of contraception and almost all of them being aware of one method or the other. This high level of awareness has been similarly reported by previous studies within and outside Nigeria. (Barrett & Buckley, 2007; Ndiaye, Delaunay & Adjamagbo, 2003; Nwachukwu & Obasi, 2008; Touati, Abdelaziz, Mtiraoui & Marzouki, 2001). Ezechi et al (2013) and Olugbenga et al (2011) also affirmed that there is high level of awareness of modern contraceptives. It was observed that respondents use condoms and pills on their own and only seek others help from healthcare family planning clinics when they need other methods which they cannot apply on their own.

On the major source of knowledge, as regards the research questions two, the major source of knowledge was from IPC conductors (Family Planning Interpersonal Communication conductors). This result agrees with Olugbenga et al (2011) who found that most respondents learn about modern contraceptives from health personnels. Although it disagrees with the findings of Stephenson et al (2007) who found that most respondents learn about modern contraceptives from folks in their community. This could be attributed to the fact that much emphasis are being made these days on family planning via various media especially through IPC conductors (Family Planning Interpersonal Communication conductors).

Concerning the contraceptive they use more, the findings revealed that most respondents 78(68.4%) chose IUCD (Intrauterine contraceptive device) that it is affordable and available, and with less side effects with emphasis on weight gain, some end up choosing none after the teaching session and the least chosen is injectables. This however disagrees with Olugbenga et al (2011), who found that condoms was most preferred, this however differs as the research was clinic based and opting for condoms usually does not necessitate coming to the hospital. Sieber (2007) and Sara et al (2013) found that respondents prefer injectables. This however could be attributed to the fact that choice of largely depends on the availability which differs in different areas depending on how and to what extent the government is able to invest to make as many methods as possible available to the people.

On the average number of children at which respondents begin to seek contraceptives, results show that respondents seek contraceptives at average number of 4 children. This agrees with the findings of Stephenson et al (2007) who found that women with 3 – 4 children seek contraceptives more, although the relationship between parity and modern contraceptives differs in many countries.

On factors that affect use of modern contraceptives, the results shows that beliefs, availability and affordability are the major factors that affect use of contraceptives. This agrees with the findings of Stephenson et al (2007), Olugbenga et al (2011), and Nwachukwu et al (2008). Others factors found include perceived negative health reactions, fear of unknown effects, desire for more children and inadequate information that is the least.

5.2 IMPLICATIONS FOR NURSING

This study will give the management of health institutions an overview of determinants for possible quality improvements in Family planning implementation that needs to be undertaken in clinical practice, especially as regards the attitude of clients, the need also to give room for all methods based on the individual beliefs and values since the trend in healthcare is to provide quality care.

It is evidenced by the research that certain issues that pertains to Family Planning have not been adhered to, as it should. The results of this study should be taken into account so as to enhance the lives of patients and promote individualized standardized care planning system, serve as a reference point to institutions of same level, nursing schools can benefit from this research by determining the areas that need to be given priority during study period.

It will orientate nurses to acknowledge that education of clients on family planning is a nursing role and nurses spend more time with patients more than other professionals. Therefore they should be equipped with the necessary knowledge to aid them in the provision of services to the patients, and encouraged to develop the right professional attitudes to enhance their work and avoid problems.

User satisfaction is “nursing diagnosis” as it is our concern to ensure that the clients get the best of nursing care, through ensuring Professional Nursing Education and, Practice that is evidence-based, individualized to meet the need of users. (Both spacers and limiters).

5.3 SUMMARY

This study was aimed at evaluating the use of modern contraceptives among women of Ikpoba-Okha local government area who attend the Vinda Medical Centre. Five objectives, five research questions and one hypothesis guided the study. Literatures including previous related studies, books, journals, current ideals, opinions and concepts related to the study were reviewed and summarized. A descriptive cross-sectional study design was employed in carrying out this study. The respondents were 165 clients drawn from all areas maternal and child health clinic in Vinda Medical centre. A simple random sampling technique was adopted in the study. A clients' form for history taking and interview method were used different shifts and filled after proper explanation and consent; and the validity and reliability of the instrument were ensured. Data collected were analyzed using Statistical Package for Social Sciences version 21 and represented as frequency distributions, percentages, pie and bar charts. The research found that respondents have high level of awareness of modern contraceptives, choice and acceptance largely affected by beliefs, availability and affordability.

5.4 CONCLUSIONS

The awareness of modern contraceptives was high among women of Ikpo-Okha local government area who attend Vinda Medical Centre. The major source of knowledge of modern contraception is IPC conductors (Family Planning Interpersonal Communication conductors). The contraceptive most used is IUCD (intrauterine contraceptive device) and the factors that mostly militate against modern contraceptives are beliefs, availability and affordability.

5.5 RECOMMENDATIONS

It is necessary to educate people on both natural and modern contraceptives as beliefs and fear of side effects of the modern contraceptives is high. The media should be encouraged to do more in public enlightenment on the benefits of family planning.

Professional Nursing Education and Practice should be encouraged to enhance reproductive and family health nursing practice.

5.6 SUGGESTIONS FOR FURTHER STUDIES

The researcher suggests that this study should done in a broader setting involving all levels of healthcare. The researcher suggests that studies should be done to assess the perception of Family planning by healthcare personnels, their experiences and their views about family planning and modern contraception, evaluation of level of satisfaction of users and rate of discontinuation of Contraceptives.

The study of policies guiding family planning and its implementation in different institutions should be done.

All these will enhance evidence-based practice and improve the quality of family health nursing services and outcome.

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