

Knowledge, Attitude and Pattern of Contraceptive use among Female Students of Osun State College of Education, Ilesa, South-Western, Nigeria

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ABSTRACT

Background: It has been observed that young females in developing countries have a low rate of contraceptive use Aim

Aim: To determine the knowledge, attitude and pattern of contraceptive use among female students of Osun State College of Education, Ilesa, Osun State, Nigeria.

Methods: The study was descriptive cross sectional in design. A pre-tested, semi-structured, self-administered questionnaire was used in eliciting information from 400 female students who were recruited using multistage sampling technique. The data was analysed using the SPSS Version 20.

Results: The mean age of the respondents was 20.7±3.2 years; and 281(75.9%) were aware of contraceptives. Overall, only 106(37.8%) of the respondents had good knowledge of contraceptives while 120(42.7%) had positive attitude to contraceptives. Two hundred and thirty three (63%) of the respondents were sexually experienced; 156(67%) of these had ever used contraceptives, the commonest contraceptive used were condom, withdrawal and safe period 156(42.2%); 103(44.2%) used contraceptives at first sex while 104(44.6%) used condom at last sex.

Conclusion: Majority of female students in Osun State College of Education, Ilesa had poor knowledge of and negative attitude to contraceptives. The Health Service Department of the institution should intensify educational programmes about contraceptives and other reproductive health issues among the students. They should also make such services available and accessible to them.

Keywords: Young adults, contraceptive, students, developing countries, tertiary Institutions.

INTRODUCTION

Contraceptive methods were introduced so that couples could act on natural impulses and desires with reduced risk of pregnancy. These methods can be divided into modern and non modern methods. Modern contraceptive methods are products or medical procedures that interfere with reproduction from acts of sexual intercourse. The methods that do not fit under the definition of modern can alternatively be labeled as non-modern methods or traditional methods¹.

In developing countries, maternal mortality is high, one quarter of the estimated twenty million unsafe abortions and seventy thousand abortion related deaths each year occur among women aged 15-19 years and this age group is twice likely to die in childbirth. It is estimated that 90% of abortion related and 20% of pregnancy related morbidity and mortality along with 32% of maternal deaths can be prevented by the use of effective contraception^{2,3}.

The use of contraceptives among Nigerian women is generally low: 15.0 and 17.0% in the year 2013 and 2018 respectively. It is even much lower among young people^{4,5}. The use of contraceptives among these young people faces major barriers which include lack of adequate and accurate information about the methods of contraception available, their proper use and where to obtain the services without being stigmatized. These lead to the development of misconceptions about contraception which influence their use or disuse of the various methods available. In addition, studies show that a good number of women, even the educated ones (students) do not know their safe period and thus abstain from coitus in the wrong phases of their

menstrual cycle⁶. They also have misconceptions about contraception which can lead to negative attitudes and poor use.⁷ Costs and availability also constitute barriers to widespread use of contraceptive among them⁸.

Young people contribute a significant proportion of Nigeria's population therefore their health is of paramount importance to overall and the future development of the country⁹. Lack of awareness, non-use of or failure of contraception among young people has contributed significantly to the risk of sexually transmitted infections, unplanned pregnancies and unsafe abortions among them. Unsafe abortion is one of top five causes of pregnancy related deaths in developing counties including Nigeria¹⁰. Young people also contribute significantly to the incidence of sexually transmitted infections including HIV/AIDS globally and in the country¹¹.

It is imperative to act quickly in order to arrest these negative outcomes which result from the high risk of sexual exposure among our young people and poor contraceptive use^{12,13}. Even though adolescent reproductive health policy is in existence in Nigeria which focuses on making contraceptives accessible and available to young people^{14,15}, it is yet to be optimally implemented. For proper implementation of this policy by relevant agencies, it will be necessary that adequate information is collected about contraceptive use among young people and the factors affecting their use. This study was therefore conducted to assess the knowledge, attitude and pattern of contraceptive use among female students of Osun State College of Education, Ilesa, South-Western Nigeria.

METHODOLOGY

Osun State College of Education Ilesha is one of the tertiary institutions of learning in Osun State. The College has five different Faculties referred to as Schools. These include School of Education, School of Art and Social Sciences, School of Languages, School of Sciences and School of Vocation and Technical Education. The College had a population of 8,356 students out of which 5,345 were females.

The study was descriptive cross sectional in design and the study population consisted of female students aged 15-29 years. Those who did not give their consent were excluded from the study. Assuming a 95% level of confidence, proportion of students with good knowledge of contraception of 67.8%¹⁶ and a level of significance 5%, the formula for calculating single proportions among a population less than 10,000 by Fisher was used to obtain a minimum sample size of 335. However, the number was increased to 400 in order to make up for incompletely filled questionnaire.

Multistage sampling technique was utilized in recruiting respondents into the study. Two of the five faculties in the institution were first chosen by simple random sampling. Then simple random sampling was used to select one out of the six departments in each of the faculties. The students in each department chosen were stratified according to their levels and proportionate sampling method was used to determine the number of students interviewed from each level. Systematic random sampling method was then used to select individual respondents until the required number from each level was obtained. Where the chosen respondent was not willing, the next respondent who consented was interviewed.

A pre-tested, semi-structured and self-administered questionnaire which elicited information about the students' socio-demographic characteristics, knowledge and attitude to contraceptives and pattern of contraceptive use among them was used.

Data was analyzed using the Statistical Package for Social Sciences (SPSS) version 20. Univariate and bivariate analysis of sorted data was done. Associations between variables were assessed using Chi-square test. Level of statistical significance was set at p values below 0.05. In determining the knowledge of contraceptives, a 4-point question was used. Each correct response was scored one while a wrong or non-response was scored zero. Respondents who scored 3-4 were categorized as having good knowledge while those that scored 0-2 were categorized as having poor knowledge. In determining attitude to contraceptives, a 10-point question. Each correct response was scored one while a wrong or non-response was scored zero. Respondents who scored 5-10 were categorized as having positive attitude while those that scored 0-4 were categorized as having negative attitude.

Ethical clearance was obtained from LAUTECH Ethics and Research Committee. Permission to conduct the survey was obtained from the College authorities and lecturers from the concerned Faculties. Written informed consent was obtained from the respondents, the questionnaires were filled anonymously and confidentiality of information collected was ensured by the researchers.

RESULTS

The response rate was 92.5%. Table 1 shows the socio-demographic characteristics of the respondents: 335 (90.5%) of the respondents were aged 15-24 years with a mean age of 20.7±3.2 years; 341 (92.2%) of the respondents were single; 163 (44.1%) were in the first year of study; 315 (85.1%) were Christians while 349 (94.3%) were of Yoruba ethnicity.

Only 281 (75.9%) of respondents were aware of contraceptives and the major sources of information were radio 255 (90.7%), television 250 (89%) and friends 230 (81.9%). The most commonly known ones were male condom 230 (81.8%), female condom 167 (59.4%) and injectables 159 (56.6%).

Table 2 shows respondents' knowledge about contraceptives: 249 (88.6%) had the misconception that contraceptives can transmit diseases; 232 (82.6%) knew contraceptives as means of preventing sexually transmitted diseases; 135 (48.0%) knew contraceptives as means of preventing unwanted pregnancy while only 3 (1.1%) knew them as means of family planning. Overall, 106 (37.8%) of respondents had good knowledge of contraceptives while 175 (62.2%) had poor knowledge.

Table 3 shows respondents' attitude to contraceptive use: 155 (55.2%) felt that contraceptives are ineffective; 149 (53.4%) felt they encourage promiscuity; 146 (52.0%) felt they affect sexual excitement while 141 (50.2%) felt that they can cause barrenness. Overall, 120 (42.7%) of respondents had a positive attitude to contraception while 161 (57.3%) had a negative attitude.

Table 4 shows the pattern of contraceptive use by respondents. Among the 233 (63.0%) of the respondents that were sexually experienced, 156 (67.0%) had ever used contraceptives. The commonest methods ever used were the male condom 156 (100.0%), withdrawal 106 (67.9%) and safe period (60.3%); 103 (44.2%) and 104 (44.6%) used contraceptives during their first and last sexual exposures respectively.

Table 1: Socio-demographic characteristics of respondents

Socio-demographic characteristics	Frequency (n=370)	(%)
Age (years)		
15-19	170	45.9
20-24	165	44.6
25-29	35	9.5
Level		
100	163	44.1
200	99	26.8
300	73	19.7
400	35	9.4
Marital Status		
Single	341	92.2
Married	29	7.8
Religion		
Christian	315	85.1
Islam	55	14.9
Ethnicity		
Yoruba	349	94.3
Others	21	5.7

Table 2: Knowledge of contraceptives among respondents who were aware of contraceptives (n=281)

Knowledge Statements	Frequency%
Contraceptives can transmit diseases	249 (88.6)
Contraceptives are means of preventing sexually transmitted diseases	232 (82.6)
Contraceptives are means of preventing unwanted pregnancy	135(48.0)
Contraceptives are means of family planning	3 (1.1)

*There were multiple responses

Table 3: Respondents' attitude to contraceptives (n=281)

Attitudinal Statements	Agree (%)	Undecided (%)	Disagree (%)
Contraceptives are useful	243(86.5)	14(5.0)	24(8.5)
Female should decide	210(74.7)	22 (7.8)	49 (17.5)
Government should supply	195(69.4)	22 (7.8)	64 (22.8)
Should be used by both sexes	188(66.9)	27 (9.6)	66 (23.5)
Contraceptives are ineffective	155(55.2)	45 (16.0)	81(28.8)
They encourage promiscuity	149(53.4)	48 (17.1)	83 (29.5)
They affect sexual excitement	146(52)	50 (17.8)	85 (30.2)
They cause barrenness	141(50.2)	45(16.0)	95 (33.8)
My religion is not in support	116(41.3)	45 (16.0)	120 (42.7)
Same as abortion	63(22.4)	24 (8.5)	194 (69.1)

*Multiple responses

Table 4: Pattern of contraceptive use by respondents who were sexually experienced

Variable	Frequency (%)
Ever had sex (n=370)	233 (63.0)
Ever used contraceptives (n = 233)	156 (67.0)
Used contraceptives during first sexual exposure (n=233)	103 (44.2)
Used contraceptives during last sexual exposure (n=233)	104 (44.6)
Contraceptive Methods Ever Used (n = 156)	
Male condom	156 (100.0)
Withdrawal method	106 (67.9)
Safe period	94 (60.3)
Emergency contraceptive e.g (Postinor)	76 (48.7)
Female condom	67 (42.9)
Injectables	55 (35.3)
Traditional (local methods)	51 (32.7)
Foams and Tablets/Spermicides	48 (30.8)
Diaphragm	43 (27.6)
Intrauterine contraceptive device	42 (26.9)
Oral contraceptive pill	42 (26.9)
Cervical cap	42 (26.9)
Implants	36 (23.1)
Sympto-thermal method	35 (22.4)

DISCUSSION

Three-quarters of the respondents were aware of contraceptives. Previous studies done within and outside Nigeria gave different reports. In Lagos, South-western Nigeria, a similar level of awareness was recorded among secondary school students¹⁶ while in North-western Nigeria¹⁷, Tanzania¹⁸, and Malaysia¹⁹ the awareness was

higher than that found in this study with nearly all the respondents being aware of contraceptives.

Overall, less than half of the respondents had good knowledge of contraceptives; the rest had poor knowledge. Previous studies carried out both within and outside Nigeria reported varying levels of knowledge. While some reported good knowledge, others reported fair knowledge^{21,22} and yet others poor knowledge^{19,20}. However the questions asked from each study to determine the level of respondents' knowledge of contraception also varied. While some studies used awareness of contraception as knowledge^{18, 20}, others used a single question to determine knowledge^{16,18,20} and yet others used a set of questions to determine knowledge.

Negative attitudes about contraceptives as noted in this study will definitely affect their use. Feelings of their being ineffective can justify people's action to go ahead and have unprotected sex, since the contraception might not really work anyway. A fixed mindset that contraceptives affect sexual excitement or pleasure can equally affect its use. Where people feel that use of contraceptives cause promiscuity, they will not only be discouraged from using them. They will also discourage others who might desire to use them and label or stigmatize others who use them. Issues about fertility are held in high regard in Africa²³, and married couples with fertility problems face a lot of pressure from the society. Most of the problems are usually blamed on the women. A young woman with the wrong notion that contraceptives can cause barrenness would not want to use it. All these attitudes do not augur well for the uptake of contraceptives which has been persistently low among women of reproductive age in Nigeria and young people in general.⁴ Overall, less than half of the respondents had positive attitude to contraceptives.

In this study, about two-thirds of the respondents were sexually experienced and only about two-thirds among these had ever used contraceptives. The most commonly used contraceptives were the male condom, withdrawal method and safe period. The male condom being the most popular contraceptive method used is also corroborated by the reports of other studies within and outside Nigeria.^{16, 18, 22} The male condom is the only contraceptive method that performs the dual role of preventing unwanted pregnancies and sexually transmitted diseases if properly used. It is also cheap, easily available and void of any side-effects. Since the benefits of the male condom out-weigh the complaints that it decreases sexual enjoyment, its importance should be further projected through public enlightenment programmes especially among young people in our tertiary institutions.

A little less than half of the sexually experienced respondents used contraceptives during their first sexual exposure. This result is higher than that reported from the study conducted among secondary school adolescents in South Western Nigeria¹⁶, Denmark, Norway and Sweden.²⁴ This might be because this study was conducted in a higher institution and the respondents here were older compared to the secondary school students. It has been documented that older adolescents are more likely to use contraceptive during their first sexual exposure. On the other hand, it is lower than the findings of the study conducted among adolescents in Ghana²⁵ where over half

of the respondents used contraceptives during their first sexual intercourse. It was not an accidental event. Most adolescent don't use contraceptive if sex is not planned or initiated very early because they lack the skill to negotiate for safe sex and some lack adequate information on the available method and how to access it.

In this study less than half of the respondents used contraceptives during their last sexual exposure. This is higher than the findings among adolescent refugee girls in Ghana where less than a tenth of the respondents used contraceptives during their last sexual exposure²⁶ among secondary school adolescents in South Western Nigeria¹⁶ where just above a tenth used contraceptives during their last sexual exposure and among unmarried female undergraduates in China²² where just above a quarter used contraceptives during their last sexual exposure. The respondents in this study were students of a higher institution therefore they could have appreciated the importance of contraceptives better and could negotiate the use of contraceptives better than their adolescent counterparts in the other studies.

CONCLUSION

The poor knowledge of and negative attitude to contraceptives; the low proportion of respondents who ever used contraceptives, who used contraceptives at first and last sexual exposures and the commonest methods of contraceptives used in this study underscores the need for increased public enlightenment programs about reproductive health issues and contraception in particular targeted at the students.

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