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Knowledge, Attitude and Practice of Contraception Amongst Women and Female Youths in Mararaba, Nasarawa State, Nigeria

M. Idu^{1,2*}, O. Ovuakporie-Uvo² and O.C. Saliu¹

¹Department of Biological Sciences, University of Abuja, PMB 117, FCT, Abuja, Nigeria

²Department of Plant Biology and Biotechnology, University of Benin, Benin City, Edo State, Nigeria

Corresponding Author E-mail: mcdonald@uniben.edu

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ABSTRACT: This study aims at documenting the awareness, approach and use of contraception amongst women and female youths in Mararaba, Nasarawa State, Nigeria. 100 respondents; 60 female youths and 40 women aged within 18-45 years were cross-examined using a structured questionnaire and informal dialogues. Data gathered were analyzed using appropriate statistical tools. Results show that respondents between ages 23 and 27 (female youths and young married women) attending higher institutions were most represented in this study. The majority (85 %) had knowledge of contraception methods, 66% were sexually active but 80 % depended on safe periods as a method of contraception. Amongst the illiterate older married women, 87 % depend on friends for information on contraception methods to use; which in most cases are inappropriate as they frequently suffer an irregular bleeding side effect from contraception use. In conclusion, the knowledge, attitude and use of contraception are fair amongst female youths and women in Mararaba, Nasarawa State. There is a dire need for an accessible center for female youths and illiterate women to get a proper guide on contraception devices to reduce unnecessary side-effects suffered because of unhealthy counsel from unprofessional friends. Abstinence for unmarried female youths and reduced use of contraception by sexually active female youths is recommended.

Keywords: Contraception, Women, Female Youths, Mararaba, Nasarawa State, Nigeria.

Introduction

Birth control dates back hundreds of years in the Nigerian community. Birth control is a fertility regulation process mutually agreed and embarked upon by a man and his wife to build a healthier home (Wada, 2012). Over 3 decades ago, birth control was seen as foreign and taboo in Nigeria with many other African countries objecting to it indicating that children are gifts from God and any attempt at birth control was considered sinful (Chika and Ugwuegbulam, 2014).

Nigeria generally has the highest mortality rate in Africa, and low contraceptive uptake around the continent of Africa (National Population Commission Nigeria, 2009). Low level of awareness and misinformation about the side effect of birth control contribute to the low use of birth control (Monjok *et al.*, 2010; Ekabua *et al.*, 2009; Olugbenga *et al.*, 2010).

According to Ekong (2003), many developing nations; the majority of Nigeria's population (about 70 %) live in rural communities. These rural communities have very high fertility rates and the birth control rate is considerably low. Several research works have shown that rural women who were reluctant to consent to use birth control methods were concerned about child survival as they regard children to be a source of support in old age (Gauret *et al.*, 2005). According to Adekeye *et al.* (2013), birth control methods are the deliberate limiting, usually by contraceptive means, of the number of children born into various families.

The contraceptive is devices, drugs, or methods for preventing pregnancy, either by preventing the fertilization of the female egg by the male sperm or by preventing implantation of the fertilized eggs (WHO, 2004). The increasing numbers of unwanted pregnancies, abortion, and sexually transmitted disease (HIV/AIDS) among youth and women in Nigeria indicates that successive efforts towards preventing the scourge remain inadequate (Alereet *et al.*, 2010). Many young people are sexually active with low level of birth control use.

Inadequate birth control awareness is a contributing factor to the increasing spread of unwanted pregnancies, sexually transmitted infections and HIV/AIDS among the youths. Evidence from different studies continues to confirm the existence of increasing sexual activities among youths globally, with those in developing countries perceived to be at greater risk because of their level of access to medical facilities (Nwafor and Madu, 2002; Ghuman, 2005; Atere *et al.*, 2010).

In the Federal Capital Territory (FCT) Abuja, teenage pregnancy, maternal mortality ratio and pre-marital childbirth is a leading health and social problem on the increase (Aderibigbe *et al.*, 2011). This study is aimed at documenting the knowledge, attitude and practice of contraception amongst women and female youths in Mararaba, Nasarawa State, Nigeria.

Materials and Methods

Research Design: This survey study was carried out in August (2016) using a cross-sectional survey method, appropriate in obtaining the behavioral pattern of the respondent on the basis of their knowledge, opinions, attitudes and perceptions of birth control devices.

Study Area: Mararaba; a district of Karu Local Government Area was the study site of this research. Mararaba is a town in Nasarawa State located at the outskirts of Abuja, Nigeria. Mararaba is believed to be one the most densely populated suburbs with a growing rate of 40 percent recorded annually. Mararaba has an area of 40,000 hectares (400 km²) and a population of almost 2 million people (Tamuno-Abaku, 2006).

Table 1: Distribution of respondents by sex

Sex	Frequency	Percentage
Female Youth	60	60
Women	40	40
Total	100	100

Age Distribution

The age of the respondents in this study ranged between 18 to 45 years. Table 2 shows that the highest proportion of respondents was between 23-27 years. Since the highest respondents are aged between 23-27 years, birth control information should be made available to this age bracket as it appears that most female youths engage in sex at this age bracket whether or not birth control devices are available.

Table 2: Age Distribution of Respondents

Age	Frequency	Percentage
18-22	23	23%
23-27	47	47%
28+	30	30%
Total	100	100%

Level of Education

Table 3 represents how the level of education attained by the respondents in this study influences their knowledge and use of birth control. The table shows that many of the respondents were attending higher institutions at the time of administering questionnaires for this study (60.0 %).

Table 3: Distribution of Respondents by Educational Qualifications

Education qualification	Frequency	Percentage
Secondary school	20	20.0%
Higher institution	60	60.0%
Illiterate	20	20.0%
Total	100	100.0%

With the increasing rate of sex related diseases like HIV/Aids, STDs and STIs in our society today, respondents in the study area were cross-examined on their knowledge of birth control. Table 4 shows that majority of the female youths and women in Mararaba have knowledge of birth control methods.

Table 4: Distribution of Respondents by Knowledge of Birth Control

Knowledge of birth control	Frequency	Percentage
Yes	85	85.0%
No	15	15.0%
Total	100	100.0%

Following the information in Table 4, the majority of the respondents indicated that they have knowledge of birth control. The need to know what birth control methods the respondent knew about became vital. Table 5 mentions what birth control methods are known to female youths and women in the

study area. Three birth control methods; barrier methods (80 %), safe periods (72 %) and emergency birth control methods (75 %) were the most frequently named by the respondents.

Table 5: Distribution of respondents by the birth control methods they know

Birth Control Methods	Yes	No	Total
Barrier methods	72(72%)	28(28%)	100(100%)
Hormonal method	40(40%)	60(60%)	100(100%)
Safe periods	80(80%)	20(20%)	100(100%)
Implant	42(42%)	58(58%)	100(100%)
Emergency birth control method	75(75%)	25(25%)	100(100%)
Permanent methods	10(10%)	90(90%)	100(100%)
Family planning	35(35%)	65(65%)	100(100%)
Abstinence	5(5%)	95(95%)	100(100%)

Since the respondents had ideas on birth control methods, they were asked what side-effects were known to them. Table 6 shows from the responses got that, all methods except the withdrawal, safe period and abstinence methods have no side effects.

Table 6: Distribution of respondents on the birth control method they have used and the side effects they encounter

What Birth Control Method Did You Use?	Side Effect	Frequency	Percentage
No responds	-	05	05%
Barrier method	Irregular bleeding	30	30%
Hormonal method	Nausea and headache	11	11%
Withdrawal method	None	20	20%
Safe period	None	15	15%
Implantable device method	Spotting, headache, and nausea	07	07%
Emergency birth control method	Periodic menstrual cycle and nausea	07	07%
Abstinence	None	05	05%
Total		100	100%

Table 7 shows that sixty-six (66) respondents reported they have used birth control methods while twenty-two (22) reported that they have used none birth control methods, others did not indicate whether they have used or not.

Table 7: Frequency and percentage of respondents that used birth control methods

Have you ever used any birth control method?	Frequency	Percentage
No respond	12	12.0%
Yes	66	66.0%
No	22	22.0%
Total	100	100.0%

Table 8 shows that books and magazines, school teachers, friends, internet/TV/radio/other social media platforms were the most reported source of information about birth control methods (68 %, 71 %, 79 % and 87 %) while only (40 %) of the total respondents knew about contraceptives through health workers.

Table 8: Respondents Source of Information

Means of Birth Control Knowledge	Yes	No	Total
School Teachers	68(68%)	32(32%)	100(100%)
Friends	87(87%)	13(13%)	100(100%)
Health Professionals	40(40%)	60(60%)	100(100%)
Books and Magazine	71(71%)	29(29%)	100(100%)
Others/Internet/TV/radio	79(79%)	21(21%)	100(100%)

Discussion and Conclusion

The survey method helps to gather data from a large number of participants on a particular subject matter. It may be as a self-report questionnaire or a highly-structured interview (McQueen and Knussen, 2006). In this study conducted in Mararaba, Nasarawa State among female youths and women, the survey method was adopted because of its flexibility and effectiveness in information gathering.

A total of 100 respondents; sixty percent female youth (60 %) and forty percent (40 %) married women between the ages of 18 and 45 were cross-examined in this study (Tables 1 and 2). The questionnaires were administered and duly completed. The study covers female youths in higher institutions, secondary schools, working class women, and other uneducated women (Table 3).

Many women, in their reproductive period, are aware of family control methods as Oral Contraceptive Pills (OCP), intrauterine devices (IUDs), safe periods or other methods (Shiffman *et al.*, 2004; Rana Al-Mansouret *al.*, 2012). This saying corroborates with findings in this study. A great percentage of the educated respondents claimed to know about contraception use and some of their side effects (Table 4).

According to WHO (2011), the effectiveness of family planning methods is ensured by the use of the following contraception methods: implant, intrauterine device, vasectomy, female sterilization, injectable, pill, patch, ring, diaphragm, male condom, withdrawal, sponge, fertility-awareness-based methods, and spermicide. However, in this study, we see that a few of the WHO recognized methods such as barrier method, hormonal method, safe period, implant, emergency birth control method, permanent method and abstinence were mentioned to be familiar with the respondents in this study. With above 85 % of total population of those who have knowledge of birth control from this study, it shows that knowledge of birth control among youth and women in Mararaba is quite high (Table 5, 7).

The study showed that ample percentage of female youths especially those between ages 20-24, prefer to visit local chemist/pharmacy shops for birth control counsel to avoid embarrassments by health workers at government/private hospitals, who will request for registration before they can be attended, and perhaps humiliate them when identified to be sexually active. The study established that most of the respondents find it difficult to make a decision on what birth control method is suitable for them, as they feel very shy to walk into a clinic to get professional advice.

The majority (87 %) resolve to ask friends for advice which amounts to gross side-effects such as irregular bleeding, nausea, headache, spotting and periodic menstrual cycles because most times the control methods employed are inappropriate for the respondents (Tables 6, 7, 8). However, this attestation by respondents in the present study is in contrast with citations of Onwuzurike and Uzochukwu (2001), who claimed that the media (TV) was the major source of information for respondents in their study carried out in a high-density low-income urban of Enugu, Nigeria. This may suggest that women and female youth respondents sampled in Mararaba, Nigeria may not be as privileged and exposed to much of modern facilities or literate as those surveyed by Onwuzurike and Uzochukwu (2001); but as is the case in a study carried out among non-literate married women in Ile-Ife, Osun State, Nigeria (Oluwatosin and Abimbola, 2015). In conclusion, since Mararaba is a fast growing area, it is recommended that an accessible center for illiterate (unable to read or write) people to go and learn more about birth control

without embarrassment by the health providers be made available in Mararaba. Abstinence and reduced use of birth control barriers by sexually active female youths should be encouraged.

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