Knowledge Of Rural Women About Modern Contraceptive Use In Ijero District Of Ekiti State, Nigeria

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Abstract: This study assessment of knowledge of rural women about modern contraceptive use among rural women in Ijero Local Government Area of Ekiti State, Nigeria. The design used for the study was survey research design. The population of the study comprised of 250 from Ijero Local Government Area Of Ekiti State. The researcher used a self developed questionnaire on modified likert scale. The instrument was standardized and reliability of 0.89 was determined. Descriptive statistics of frequency count and percentages were used to organize the demographic information of the respondents and chi-square was used to test the hypothesis at 0.05 level of significance. The findings of the study indicated that there is significant knowledge of rural women about modern contraceptive method. The study therefore, recommended that the Government should make usage of modern contraceptives a national health priority.

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Introduction

In industrialized countries, virtually all married women resort to contraception at some time in their reproductive period. In contrast, the proportion reporting such use in developing countries is extremely low. Nigeria which has a population number 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 (Cleland & Ali, 2006). Contraceptive Prevalence Rate (CPR) is still embarrassingly low in Nigeria, according to the report released by the International women's health coalition, the Contraceptive Prevalence Rate 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] (UNFPA, 2007).

Available data indicates that Nigeria currently has one of the highest rates of maternal mortality in the world. It is also in evidence that 40% of these maternal deaths are due to complications of unsafe abortions, and abortion is a response to an unwanted pregnancy that could have been prevented by effective contraceptive programming. Yet Nigeria's contraceptive prevalence rate is less than 13%. The situation is further compounded by the persisting challenge of high fertility rate of about 5.8% and an annual growth rate of 2.8% in face of a large population size of about 140 million persons. Despite intense programmatic efforts by the Nigerian government and various non-governmental agencies to reverse the trend, there has been little evidence to suggest a systematic improvement in these indicators. Primary prevention, based on reducing the numbers of at-risk pregnancies through effective contraception, is therefore considered an important approach to resolving the problem Oye-Adeniran, Adewole, Odeyemi, Ekanem, Umoh, 2005).

However, to date contraception has not been well consolidated in Nigeria, with evidence from recent DHS data indicating that only about 13 percent of sexually active Nigerian women currently practice effective contraception. (Umueri, 2009). Part of the reasons for the poor use of contraception in Nigeria; include the persisting pronatalist culture of the people, religious preachments which discourage the use of contraception, poor availability and distribution of contraceptives and women's fear of contraceptive side effects (Umueri and Otayohwo, 2009). In particular, the perception that contraception could lead to infertility in later life is one reason that Nigerian women have always proffered for not accepting effective contraception (Ibnouf AH, Van den Borne HW, Maarse, 2007). The specific objectives of the study are to:

1. assess the level of knowledge of rural women about modern contraceptive method;
2. identify barriers associated with contraceptive use.

Research questions

1. What is the level of knowledge of rural women about modern contraceptive method?
2. What are the barriers associated with contraceptive use.

Hypothesis

1. There is no significant knowledge of rural women about modern contraceptive method.

Research Methodology

The study adopted descriptive of survey design. The design is found suitable for this study since the study intend to collect data on an existing situation.Njodi and Bwala (2004) observed that survey designed focuses on people and their believes, opinions, perceptions, and behaviours. Nwana (2005) Further confirm that survey designed is a kind of study which try to find out the feelings of people or individual about something. He maintained that survey designed is a systematic description of an event in a very factual and accurate manner.

Study Location

Ijero local government area is one of the local government area in Ekiti State of Nigeria in West Africa. Ijero Ekiti is the headquarters of Ijero Local Government since 1976. The population of Ijero Local Government was about 222,000 as it was shown with the 2007 population census. The majority of inhabitants are traders, artisans, and civil servants. Ijero local government has a state specialist hospital and numerous Primary Health Centers (PHCs) both comprehensive and basic sited at the headquarter i,e Ijero-Ekiti and the its suburbs. It has tertiary institution such as College of Health Sciences and technology, Ekiti State Cooperative College and Government Technical College located in Ijero Ekiti and many primary and secondary schools sited in the local government area.

Population of the study

The population of these study is made up of all 18 to 49 years reproductive women living living in Ijero local government area of Ekiti state.

Sample and Sampling techniques

The sample of 250 women between reproductive age 18-49years were selected. A multistage random sampling method will be adopted in sample selection.

In stage 1, This consist a sampling frame with the list of all the towns and villages that make up Ijero local government. Fifty percent (seven out of the fourteen towns and villages in Ijero local government areas) were selected by simple random sampling, employing simple balloting.

In stage 2, a sampling frame of all the political wards in each town/village was drawn. The political wards were allocated by the Independent National Electoral Commission (INEC) for the 1999 general election in Nigeria. One political ward was selected per town/village using simple random sampling (simple balloting) for the town or village with more than one ward.

In stage 3, a sample frame or list of all streets in each political ward was prepared, and two streets were chosen per political ward by simple random sampling employing simple balloting.

In stage 4, On a street, the existing primary health care household numbering was utilized to select houses. Every house with the last number being an even number was selected, and the consenting women of child-bearing age there were employed to participate in the completion of the research instrument with informed consent until allocated questionnaires for that town or village were exhausted.

Data collection instrument

The instrument for data collection of this study was a self developed questionnaire on modified likert scale. The questionnaire is divided into three sections to address:

i) Socio-demographic characteristics
ii) Level knowledge about modern contraceptives
iii) Opinion on socio-demographic barriers

The first part of the questionnaire is aimed at gathering details of participant's social and demographic characteristics including level of education, income, their occupation and that of their husbands. The second and third part of the questionnaire asked questions on the level of awareness, knowledge, opinion on perceived benefits and socio-demographic barriers to the usage of contraceptives by the participants in line with the Health Belief Model (HBM) which looks at the women's perceived susceptibility to exposure to contraceptives, perceived severity to the usage of contraceptives, perceived benefits and perceived socio-demographic barriers to contraceptives. It also looks at anxiety levels associated with exposure to contraceptives among women of reproductive age.

Validation of the instrument.

The instrument was validated by experts in the fields of public health and community medicine to test for face and content validity of the instrument. After which corrections were made and final approval was given by the supervisor before the administration of the instrument.

Reliability of the instrument

The instrument was subject to a pilot study using one of the villages which is not part of the main study. The selected village were not included in the proper

study; forty respondents from two village were used for the pilot study. A test re –test reliability method was used to estimate the reliability of the study. The result of the two test were subjected into analysis using pearson moment correlation statistics. A reliability of 0.89 was obtained which make the instrument reliable for the study.

Results

Table 1 presents the distribution of respondents according to their background characteristics.

Table 1: Percentage distribution of respondents' background characteristics

Characteristics	Frequency	Percentage
Age group		
Less than 20 years	22	8.6
20 – 29 years	99	39.6
30 – 39 years	86	34.4
40 – 49 years	41	16.4
50 years +	2	0.8
Marital status		
Single	60	24.1
Divorced/Separated	18	7.2
Married	167	67.1
Widow	5	1.6
Religion		
Christianity	192	76.8
Islam	48	19.2
Traditional	10	2.0
Educational level		
Informal education	11	4.5
Primary	29	11.9
Secondary	107	43.9
Tertiary	103	39.8
Ethnicity		
Yoruba	208	84.9
Igbo	27	11
Hausa	6	2.4
Others (Edo)	9	1.6
Currently working		
Yes	192	76.8
No	58	21.2
Total	250	100
Farming	7	2.8
Artisan	36	14.4
Petty trading	69	27.6
Full housewife	8	3.2
Business	22	8.8
Civil services	46	18.4
Professional	10	4.0
Students	52	20.8
Income status		
Less than 20000	102	40.8
20000+	148	36.4
Total	250	100

In the study of this nature, socio-demographic characteristics of the respondents are very pertinent. Therefore, some selected characteristics such as age, marital status, educational level, work status and type of occupation were summarized in the table 4.1. Age distribution showed that they were young adult and largely in their reproductive age. About three quarter of the respondents were between age bracket 20 and 39 years. This segment of the sample is matured enough to take decision on modern contraceptive use. As regards their marital status, more than two third of them were married women and about one quarter were still single as at the time of survey. In addition, Christianity were more than other religions.

More than three-quarters were Christian, just 19% constitute Muslim population in the sample and the remaining were traditional worshippers. A large number of the respondents were educated. In other words, nine out of every ten women were educated at least up to primary school level. More than two fifth have secondary school education, 39.8% have tertiary education and paltry 4.5% have never being to school. The distribution shows that women were largely educated in the study area. Furthermore, 84.9% of the respondents were Yoruba ethnic group. Also, 76.8% of the samples were working class. This shows that they can afford any of the modern conceptive if choose to. Occupation of the respondents was varied. More than one quarter of the respondents were petty traders. This of course constitutes the bulk of the sample. Students in the sample were 20.8% and civil servant constitutes 18.4%. An awesome 36.4% of the respondents earn more than N20, 000 as monthly incomes. This shows that respondents are financially capable as regards modern conceptive issues.

The table 2, it is evident that respondents have knowledge of contraceptive use. Nine out of every ten women have heard about contraceptive use. Respondents have used one type of conceptive method or the other. Injections method was the most popular conceptive method among the women in the study area. Next to this is male condoms and pill while male sterilization is the least type of conceptive method. However, the distribution shows that rural women used modern conceptive. In addition, source of information on contraceptive shows that they mostly heard it from radio and clinic. More than 30.4% of the respondents have heard it through television. Only 2.8% of the respondents heard it from their husband.

Table 2: Percentage distribution of respondents by knowledge about contraceptive use

Knowledge	Frequency	Percentage
Ever heard		
Yes	229	91.6
No	21	8.4
Total	250	100
Type of contraceptive		
Pill	111	44
Coil	40	16
Injections	158	63.2
Jelly/Spermicides	9	3.6
Condoms	150	60
Female sterilization	7	2.8
Male sterilization	4	1.6
Norplant	6	2.4
Female condoms	47	18.8
Intra uterine device	27	10.8
Implants	23	9.2
Source		
Television	76	30.4
Radio	126	50.4
Hospital/clinic	121	48.4
Printed materials	24	9.6
Husband	7	2.8
School/friend	11	4.4

Table 3: Percentage distribution of reasons for non-use of modern contraceptives

Items	True	False	Don't know	Total
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)
Negative attitude	102 (40.8)	56 (22.4)	92 (36.8)	250 (100)
Fear of side effect/complication	101 (40.4)	63 (25.2)	80 (34.4)	250 (100)
Desire for more children	95 (38)	70 (28)	85 (34)	250 (100)
Perceived low risk of getting p	90 (36)	56 (22.4)	104 (41.6)	250 (100)
Religious unaccepted	68 (27.2)	97 (38.8)	85 (34)	250 (100)
Partner non approval	63 (25.2)	94 (37.6)	93 (37.2)	250 (100)
Illiteracy	40 (16)	125 (50)	85 (34)	250 (100)
Traditionally unaccepted	37 (14.8)	113 (45.2)	100 (40)	250 (100)
Culturally not accepted	34 (13.6)	112 (44.8)	104 (51.6)	250 (100)
Low level of income	30 (12)	133 (53.2)	87 (34.8)	250 (100)
Poor accessibility to health care	22 (8.8)	145 (58)	83 (33.2)	250 (100)

Reasons for non-use of modern contraceptives among rural women

The table above indicates different reasons were given for the non-use of modern contraceptive by the women. Meanwhile, the most popular reason for non-use of modern contraceptive is negative attitude people have against it (40.8%). In addition, the next reasons are fear of side effect (40.4%), desire for more children (38%) and perceived low risk of getting pregnant (36%). It could therefore be deduced that poor accessibility to health care facilities was the least reason for non-use of modern contraceptive among the women.

X^2 summary on benefit from the deals with NFF

There is significant knowledge of rural women about modern contraceptive method. Responses from the questionnaire on hypothesis (H_1) were tested on chi-square (x^2) statistical test and the result was 218.854, which was greater than the significant value of 0.05 level. This also indicates that since ($P < 0.05$) the null hypothesis was rejected, which means that There is significant knowledge of rural women about modern contraceptive method.

	Observed	Expected	Chi-square	Df	Prob
Agree	239	125	218.854	1	0.000
Disagree	11	125			
Total	250				

X^2 =218.854; df = 1; $P < 0.05$

Discussion

The study revealed that women in rural of Ijero Local Government Area Of Ekiti State, Nigeria have knowledge of modern contraceptive method. Accordingly, women's contraceptive knowledge increased to about 64.4% at the national level and 70% in Kwara State (Nigeria Demographic and Health Survey, 1999). However, its use is just about 15% and 18% at the national level and in Kwara State, respectively. Men's contraceptive knowledge is also moderate (78%); however, only 14% of men used the modern method. The low percentage of those using contraceptives calls for concern and re-examination of population issues, especially because, according to the Nigeria Demographic and Health Survey (1999) report, sexual activity is high (48.8%) in the country. In addition, only 3% o of women front the northeast and the northwest reported using a modern method, compared with 23% in the southwest. These data correlate well with the high fertility rate in the northern part of the country. According to the 2003 Nigeria Demographic and Health Survey, the country's overall fertility rate was 7.0 children per woman in the northeast and 6.7 children per woman in the northwest, compared with only 4.1 in the southwest. This survey has shown that there is still a large unmet need for contraceptive use in Nigeria.

Conclusion

Based on the findings of this study, it is concluded that there is significant knowledge of rural women about modern contraceptive method.

Recommendations

Based on the findings of this study, the following recommendations were made:

1. Government should make usage of modern contraceptives a national health priority.
2. Efforts should be made to improve and sustain awareness of modern contraceptives with the focus on proper orientation of the rural women.

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