

Contraceptive Knowledge and Practice Among Female Teachers of Reproductive Age, in Nnewi, Anambra State

*Duru CB¹, Ifeadike CO¹, Nnebue CC¹, Ubajaka C¹, Onyeonoro U², Ajaegbu O¹

ABSTRACT:

Background: Contraceptive prevalence in Nigeria has been consistently low despite all efforts by government and non governmental organization to boost utilization. Yet sexual activity in the country is on the increase especially among young persons (10-24 years).

Objective: The aim of this study is to assess the level of contraceptive knowledge and practice among female teachers of reproductive age group (15-49 years) in Nnewi, Anambra State, Nigeria.

Methods: A cross sectional descriptive study of the contraceptive knowledge and practice of 384 teachers of reproductive age (15-49 years), teaching in both primary and secondary schools within Nnewi Town, Anambra State between April and June 2010.

Results: Majority of the respondents, 372 (97.0%), had knowledge of at least one form of contraceptive method. The best known method of contraception was the natural method, 180 (46.9%). The highest knowledge for the modern method was that of condom, 178 (46.4%), while the least known was sterilization methods, 35 (9.1%). The commonest source of information was the mass media. Ever use of contraception was found in 219 (57.0%) respondents while current use was found in 154 (40.0%). Husbands' approval, 90 (58.4%) was the commonest reason for choice of a particular method while the least reason was cost, 8 (5.1%).

Conclusion: A disparity exists between knowledge and contraceptive practice among female teachers of reproductive age in Nnewi. This gap can be bridged by properly designed training and re-training of teachers on reproductive health issues including family planning.

Keys Words: Contraceptive knowledge, Teachers, Nnewi

INTRODUCTION

Contraception is temporary prevention of fertility while sterilization is permanent prevention of fertility, however contraceptive methods are said to be methods that help women avoid unwanted pregnancies. They include all temporary and permanent measure to prevent pregnancy resulting from coitus.^{1,2}

Nigerian population as at 2006 census stood at 140 million people, and it's the 9th largest country in the world and also the most populous black nation in the world with 1 in every 5 blacks being a Nigerian, with natural growth rate of 2.4%. High fertility rates are strongly associated with poor utilization of family planning services leading to inadequate spacing between births which is in turn associated with high infant mortality and maternal mortality as is the case with Nigeria. In Nigeria with young women comprising about 40% of the population of women of child bearing age, the need to address the challenges confronting young women is great⁴. Prevalence rate is as low as 12.6% for all methods and 8.0% for modern methods respectively in 2006. Several studies across the country have consistently revealed low prevalence rate among women of reproductive age despite high awareness⁵⁻¹⁰. Teachers by their level of training are supposed to be vanguards of contraceptive use because they are in contact with a majority of adolescents which constitute a major bulk of the population that practises high risk sexual behaviour. Also, it is worthy to note that adolescents constitute a significant proportion of abortion seekers in the country and over 60% of females have had sexual intercourse by age 18 whereas over 80% do not use any form of contraceptive. More than 610,000 induced abortion occur annually in Nigeria and over 60% are attributed to young persons^{12,13}. These problem could be prevented if teachers or educators who have the requisite knowledge acquired either by training or personal experiences, transfer it adequately to the young people during their formative years. Therefore the aim of this study is to assess the knowledge and practice of contraceptive by female teachers in Nnewi, North Local government area. Findings from this study would also help in planning population-specific health care programs.

¹Department of Community Medicine, Nnamdi Azikiwe University and Teaching Hospital, P.M.B. 5025, Nnewi, Anambra State, Nigeria.

²Department of Community Medicine, Federal Medical Centre, Umuahia, Abia State, Nigeria.

*E-mail: chiomanwigwe@yahoo.com

METHODS

The study was conducted in Nnewi North L.G.A. among female teachers of reproductive age (15-49) in both primary and secondary school. The Land mass has an area dimension of 72km². It has an average population density of 2.18% people per square kilometer. Nnewi is the second biggest commercial town in Anambra State. It is a town famed for industrialization with raw materials mainly imported from outside the country.

This was primarily a descriptive study. The aim was to estimate any given population parameter with a specified level of precision and confidence. The level of confidence was specified as 95% and the tolerable error margin was 5%. The largest sample size, which satisfied all objectives, was used. The expression for cross-sectional descriptive studies $n = \frac{Z^2(100-p)p}{d^2}$

was used and a sample of 350 respondents were needed. The sample size were adjusted further to compensate for non-response rate of 10%, thus the final minimum sample size of 384 was used. The selection of respondents for this study was done two stages. The first stage involved the selection of schools whose teachers were to be enrolled and school out of 66 schools in Nnewi were selected (44 primary and 22 secondary). Using proportionate stratified random sampling in the ratio of 2:1, 18 schools from the primary and 10 schools from secondary were used respectively, thus 14 respondents in each school were studied. The second stage involved the selection of respondents by simple random sampling using balloting until the required number of respondents for each school was completed. Semi structured questionnaires which were pretested with questions on socio-demographic characteristics, awareness, knowledge and practice of contraception were self administered by the researchers. The data was entered and analyzed using Statistical Package for Social Sciences (SPSS) Version 16.0.

Participation in the study was voluntary and informed verbal consent was obtained from each respondent prior to the administration of the questionnaire. Ethical approval was obtained from the department of community medicine, Nnamdi Azikiwe University before proceeding for this study. The study period was from April to June, 2010.

RESULTS

A total of 384 respondents between the ages of 20 and 49 years were interviewed. The mean age of respondents in this survey was 33.2 ± 0.5 years. The respondents were variably distributed in various age groups. The predominant age group was 20 - 29 years, 159 (43.0%). Majority, 303 (79.0%), were married and most of them, 194 (50.5%), had at least 1 - 4 living children. The average family size was 3.5 per household and most respondents were Catholics, 180 (46.9%). All respondents had one form of higher education. Socio-demographic characteristics are shown on Table 1.

All the respondents surveyed had heard about contraceptives, but only 372 (97%) were able to mention at least one form of contraceptive method. The main methods they mentioned were natural methods, 180 (46.9%), condoms, 178 (46.4%). The knowledge of benefits of contraception by the respondents included prevention of unwanted pregnancy, 227 (59.1%), child spacing, 214 (55.7%). A good proportion of respondents knew that contraceptives act by preventing fertilization, 210 (54.7%). The main sources of information about contraceptive were mass media, 200 (52.2), friends and relatives, 129 (33.6%), health workers, 67 (22.1%), (Table 2). Only 219 (57.0%) respondents have ever used any contraceptive method while 154 (40.0%) were still using a contraceptive method. Of those who use contraceptives, the methods currently used were natural methods, 97 (63.0%), condom, 86 (55.8%), (Table 3). Among the 154 respondents who currently use contraceptive their most important considerations in choosing a method were approval by husband, 90 (58.4%), side effects/safety, 89 (57.7%). Cost was the lowest, 8 (5.1%). Majority of the respondents sourced their commodities from hospitals, 132 (60.3%), (Table 3).

Most, 115 (74.7%) of the respondents were satisfied with the contraceptive methods they were currently using. Among those currently using contraceptives, 146 (94.8%) reported that their husbands were aware of their usage. Out of these, only 95 (65.0%) agreed that their husbands were in full support of the method.

Table 1: Socio-demographic Characteristics

Age	Frequency	%
20-29	159	43.0
30-39	118	30.0
40-49	107	27.0
Total	384	100.0
Marital Status		
Married	303	79.0
Widowed	15	2.0
Single	58	15.0
Separated	8	4.0
Total	384	100.0
Religion		
Catholic	180	46.9
Anglican	105	27.3
Pentecostal	75	19.5
Others	24	6.3
Total	384	100.0
No of living children		
0	96	25.0
1-4	194	50.5
>4	94	24.5
Total	384	100.00

Table II Contraceptive Knowledge and Source of Information

Variable	Frequency n= 384	%
Contraceptive methods known		
Methods mentioned		
Natural method/Billing calendar	180	46.9
Condoms	178	46.4
Pills	107	27.9
Injectibles	97	25.3
IUCD	65	16.9
Coitus interruptus	46	12.0
Sterilization	35	9.1
Breast feeding	34	8.9
Other	10	3.8
Benefits of Contraception Responses		
Prevent unwanted pregnancy	227	59.1
Help in child spacing	214	55.7
Treat menstrual problem	9	2.3
No advantage	6	1.5
I don't know	12	3.1
Knowledge on how contraceptives work Responses		
Prevents fertilization	210	54.7
Prevents ovulation	40	10.4
Abort the baby	16	4.2
I don't know	69	18.0
Sources of Information about Contraception		
Mass media	200	52.0
Friends /relatives	129	33.6
Health workers	85	22.1
Seminars/meeting/school	75	19.5

Table III: Contraceptive use, ever use, methods used and reasons for choice of a particular contraceptive method.

Variable	Frequency	%
Ever used any form of contraceptive		
Yes	219	57.0
No	165	43.0
Total	384	100.0
Currently using any form of contraceptive		
Yes	154	40.0
No	230	60.0
Total	384	100.0
Contraceptive methods currently used (n=154)		
Natural methods	97	63.0
Condom	86	55.8
IUCD	26	16.9
Pills	25	16.2
Injections	2	1.3
Sources of major contraceptive ever use (n= 219)		
Hospitals (Public/private)	132	60.3
Chemist/Pharmacy shops	61	27.9
Others	26	11.8
Total	219	100.00
Reasons for choice of particular method currently used (n=154)		
Husbands approval	90	58.4
Less side effects	89	57.7
Recommended by Health professional	70	45.5
Recommended by friends/relatives	69	44.8
Belief/religion	29	18.8
Easy to use/convenience	29	13.0
Cost	8	5.1
Availability	9	5.8
Reversibility	31	20.1
Does not reduce sexual satisfaction	46	29.9
Its effective	85	35.7

DISCUSSION

Issues concerning contraceptive use especially in third world countries like Nigeria has been on the front burner when health matters are discussed. This is because contraceptive prevalence has remained consistently low over the decades, with attendant health and socioeconomic problems despite great efforts put in by concerned authorities to improve awareness and practice of contraception. The mean age of respondents in this survey was 33.2 ± 0.5 while the average family size was 3.5, this was slightly lower than that of the national figure which stood at 5.7 in 2008. The contraceptive awareness of 100.0% was high. Also, the level of knowledge of the respondents of the methods of contraception in this survey was high, as 372 (97.0%) mentioned at least one method. This is higher than the findings in some studies conducted within the country.⁵⁻¹⁴ This is not surprising because all the respondents were teachers and were expected to have learnt about family planning in one way or the other during their training, thus increasing their knowledge above that of the general population.

The most mentioned contraceptive methods were; Natural Method/Billings, condom, and pills. This was the pattern in most studies reviewed^{8,14,17}. The mass media and friends/relatives were recorded as the commonest sources of information about contraception. This is in line with what previous researchers had observed in Nigeria and other developing countries of the world^{8,14,16}. The high level of awareness is not surprising because of the intense public health education on family planning that is given through the mass media, especially the radio. In addition to that, the radio is readily affordable and accessible to most people. Despite the high awareness and knowledge observed in this survey, only 219 (57.0%) of the respondents have ever used any form of contraception. This figure was lower than finding amongst women in high density low income urban of Enugu, (75.0%)¹⁴ and among abortion seekers in Nigeria (81.2%)¹² but it was higher than the national figure which stood at 29.0% in 2008¹⁰ and other studies reviewed^{5,6,9,17}. Contraceptive prevalence in this study was 40.0%. This is higher than the national range of range of 5-15%^{10,19} and other reported studies - Enugu 20%, among undergraduates in Southwestern Nigeria, 34.2%²⁰, abortion seekers in Nigeria 29.0%¹², Young women in Nigeria, 11.1%⁵, and in a community based study in Nigeria, 14.8%⁶, but was found to be lower than the findings of a hospital based study among women attending child welfare clinics in Enugu, 89.5%⁸. This relatively high prevalence when compared with the national figure might be due to the educational status of the respondents which had been

found in several studies to strongly influence contraceptive use²²⁻²³.

The commonest methods currently used by respondents were natural family planning method, 97 (63.0%), closely followed by condom, 86 (55.8%) and then IUCD, 26 (16.9%). This was the pattern with other studies in the Southeastern part of Nigeria^{8,14,17}. The high use of natural methods (safe period/Billings) was not unconnected with religion, where a majority of respondents were Catholics, where the use of natural methods is highly advocated among the faithful. As a result of their educational background, many of the respondents could understand how to use these methods correctly without mistakes. The high use of condom as found in this survey may be due to the educational campaigns and social marketing of condoms in response to the HIV epidemic. It appears the messages promoting condom use are beginning to be heeded. Adopting similar marketing skills in promoting other methods could be useful in increasing their use. No respondent used any form of sterilization methods, supporting reports of low usage in reviewed studies¹⁰.

Most of the respondents sourced their commodities from the hospital. This is quite different from finding in the NDHS 2008 where most of the respondents sourced their commodities from the patent medicine stores. This could likely be due to the fact that most of the respondents are well informed and could decide where they want to get their commodity from. The respondents had good knowledge of the benefits of family planning and how it works as regards preventing unwanted pregnancy, child spacing and that it prevents fertilization. However no mention was made of the use of family planning for limiting of family size. This is similar to the observation made by Onwasigwe in Enugu,⁸ and Onwuzurike and his co-researcher¹⁴. This study showed that the commonest reason for choice of a particular type of contraceptive was the husbands approval, 90 (58.4%), followed closely by presence of side effects, 89 (57.7%), while the least was cost of the contraceptive, 8 (5.1%). Efforts should be made by the government and non-governmental organizations to involve men in family planning activities in Nigeria. This finding has been consistent with that of other studies within the country^{8,9,14,18}.

In conclusion, the basic contraceptive awareness and knowledge among teachers in the study was high, but the usage was low. Also a sizable proportion of teachers could not know how contraceptives work. This might spell doom for us in that one cannot transfer knowledge one does not have. Therefore, there is need for

teachers, especially those in the post primary schools to acquire special training on reproductive health issues, if they are to play vital roles in preventing unwanted pregnancies and sexually transmitted diseases among sexually active young girls.

Finally, reproductive health should be inculcated in the training of teachers and also be built into the curriculum of the post-primary schools. This might go a long way in reducing problems of unwanted pregnancy and sexually transmitted diseases in the country.

REFERENCES

1. Jones HW. Contraception. In: Novaks Textbook of Gynaecology, 11th Edition. Williams and Wilkins Baltimore USA 1988:8
2. Park K. Demography and family planning. In: Parks Textbook of preventive and social medicine 16th Edition. India M/s, Banarsidas Bhanot and Co. 2002; 325-328.
3. Population reference. World Population Data Sheet of the population Reference Bureau Washington D.C; USA, 2006; UNDP.
4. National Population Commission (Nigeria). Nigeria Demographic and Health Survey 1999, Calveeton, Maryland: National Population Commission and ORC/Macro: 2000: 45-47.
5. Oye-Adeniran BA, Adewole IF, Odeyemi KA, Ekanem EE, Umoh AV. Contraceptive prevalence among young women in Nigeria Journal of Obstetrics and Gynaecology. February 2005; 25(2): 182-185.
6. Oye-Adeniran BA, Adewole IF, Umoh AU, Abidoye G; Ekanem E.E, etal, Community Based study of Contraceptive Behaviour in Nigeria. African Journal of Reproductive Health, 2006; 10(2); 90-140.
7. Sunmola AM, Dipeolu M, Adebayo OD. Reproductive Knowledge , Sexual Behaviour and Contraceptive use among Adolescent in Niger State of Nigeria. African J Reprod Health. 2003; 7(1). 37-48.
8. Onwasigwe CN. Contraceptive Knowledge and Practice Among Married women in Enugu metropolis. Orient Journal of Medicine. July-Dec 2001; Vol. 13: No.3and 4:63-65.
9. Orji EO, Onwudiegwu U. Prevalence and Determinants of contraceptive use in a defined Nigerian population. J. Obstet and Gynaecol. 2003; Sept. 22(5):540-3.
10. National Population Commission (Nigeria). Demographic and Health Survey. Macro International Inc, FMOH, Abuja, 2008.
11. Adinma JIB, Okeke AO. Contraception Awareness and Practice amongst Nigerian Tertiary School Girls. West African Journal Medicine. Vol. 14(1): Jan-March 1995; 34-38.
12. Adewole IF, Oye-Adeniran BA, Iwere N, Oladokum A; Gbadegesin A, Babarinsa IA. Contraceptive use Among Abortion Seekers in Nigeria. West African Medical Journal. 2002, 21(2): 112-114.
13. Henshaw SK, Singhs, Oye-Adeniran BA, Adewole IF, Iwere N, Cuca YF. The incidence of induced abortion in Nigeria. International Family Planning Perspectives. 1998;24(4): 156-163.
14. Onwuzurike BK, Uzochukwu BSC. Knowledge Attitude, and Practice of family planning among women in high density, low income urban of Enugu, Nigeria. Afri J Repro Health 2001; 5(2) 83-89.
15. Brieger W. Mass Media Health Communication in rural Nigeria. Health Policy and Planning 1990; 6:77-81.
16. Adamehak DJ and Mbizvo MT. Family planning information sources and media exposure among Zimbabwean men study farm. Plan. 1991, 22:326-331.
17. Nwachukwu I, Obasi OO. Use of modern Birth Control methods Among Rural Communities in Imo State, Nigeria. Afr. Reprod Health 2008, 12(1):101-108.
18. Olaseha OI, Ajuwon AJ, and Onyejekwe OC. Reproductive Health Knowledge and use of Contraception Among Adolescent Mother in a Sub-Urban Community in Oyo State, Nigeria. African J.Med. Sci. 2000 33: 139-143.
19. Obisesan KA, Adeyemo AA, Fakokunde BO. Awareness and use of family planning methods among married women in Nigeria. East Africa Med. J. 1998; 75(3): 135-8
20. Arowojulu AO, Ilesanmi AO, Roberts OA, Okunola MA. Sexuality, Contraceptive Choice and AIDS Awareness among Nigeria Undergraduates. Afri J. Repro Health; 2002: 6(2): 60-70.
21. Theresa CM, Fatima J. The impact of women's education on fertility in Latin America, Searching for explanations. International Family Planning Perspectives 1995: 21:51-57.
22. Austreberta N, Benitos DM, Zapata-Martelo E, Harperin D. Education and non use of contraceptive among poor women in Chiapas, Mexico. International Family Planning Perspectives. 1999, 27(4) 171-177.
23. Zlidar VM, Gardner R, Rustein SO, Morries I, Goldberg H, Johson K. New Survey findings. The reproductive revolution continues. Population reports volume xxxi (1):8-31.