

Contraceptive Uptake among Women of Reproductive Age in a Semi Urban Area in Jos South Local Government Area of Plateau State, North Central Nigeria

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ABSTRACT

BACKGROUND

Family planning reduces the number of unintended and unwanted pregnancies and thereby saving women from high risk pregnancies and unsafe abortions. Despite the persistent advocacy urging the use of modern contraceptive methods for family planning, the fertility rates in most sub-Saharan African countries still remain unacceptably high mostly due to poor uptake of contraception because of cultural, economic and political barriers. Evidence from the recent Nigeria Demographic and Health Survey indicates that only about 15 percent of sexually active women currently practice effective contraception. The objective of the study was to assess the knowledge of contraceptive and its uptake among women of reproductive age in Giring community in Jos South Local Government Area of Plateau State.

METHODS

A cross sectional study designed was used to assess knowledge and uptake of contraceptive among 400 respondents selected by multi stage sampling technique in Giring community using a semi structured interviewer administered questionnaire. Information about their knowledge, uptake, methods and factors that determine uptake of contraceptives was obtained. Data was analysed using Epi Info statistical software and results were presented as tables. Chi square was used to test association between qualitative variables.

RESULTS

Majority, 362 (90.5%) of the respondents were aware of contraceptives, 200 (55.2%) had used one form of contraceptive or the other. Two common methods of contraceptive used were pills, 184 (34.2%) and injectable (176 (32.8%). Determinants of uptake included; prevention of unintended pregnancies in 136 (53.1%) and to space timing of child birth in 78 (30.5%). Factors found to be associated with contraceptive uptake among women included age, ($p=0.000$), education ($p=0.000$) and marital status ($p=0.000$).

CONCLUSION

This study showed that despite high awareness about contraceptives, the uptake is relatively low compared to the rates in developed countries. Factors like age, marital and educational status have statistically significant relationship with contraceptive uptake. There is a strong need to encourage continuing female education to enhance awareness on contraceptives and their benefits in reproductive health.

Keywords: Knowledge, Contraceptives, Uptake; Semi-Urban Women.

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INTRODUCTION

Family planning reduces the number of unintended and unwanted pregnancies and thereby saving women from high risk pregnancies and unsafe abortions [1, 2]. Other benefits accruing from family planning methods include prevention of cancers,

sexually transmitted infections (STIs) and infection with the Human Immunodeficiency Virus (HIV) [1, 3]. Investing in family planning as a component of good reproductive health thus has benefits beyond the prevention of pregnancy and reduction of disease burden due to its contribution to the social and economic benefits for global development goals [1,4].

However, despite the persistent advocacy urging the use of modern contraceptive methods for family planning, the fertility rates in most sub-Saharan African countries still remain unacceptably high [1,5,6,7], mostly due to poor uptake of contraception because of cultural, economic and political barriers[6,8]. Evidence from the recent Nigeria Demographic and Health Survey indicates that only about 15 percent of sexually active women currently practice effective contraception [6,9], though the figure varies from region to region being higher in the southern part of the country with the prevalence of modern contraceptive use of 12.5% among married women compared to prevalence rate of 5.3% among married women in the northern part of the country. The same pattern follows for fertility rate where the northern part of the country has a higher fertility rate of 6.6% compared to 4.5% in the south and an urban: rural ratio of 4.7: 6.3, with a higher maternal mortality rate of 1,287 per 100,000 live birth in the north compared to 225 per 100,000 live birth in the south[6,10].

Contraceptive uptake is therefore seen as pivotal in protecting women's health and rights, as it has an impact on fertility and population growth which are factors known to promote economic development particularly in sub-Saharan Africa[6,11]. When accepted and used rightly by majority of women in any given community, contraceptives has been shown to reduce unwanted pregnancy, high parity and consequently maternal mortality [6,12,13]. The objective of the study was to assess the contraceptive uptake among women of reproductive age in a rural community in Jos South LGA.

This becomes pertinent as these women form a vital part of the population in developing countries typified by Nigeria with its antecedent high fertility rate, unwanted pregnancies, unsafe abortion, large family size, hence poor standards of living, increasing maternal morbidity and mortality. Their awareness and use of contraceptives ensures reduction in health risk of women and give them more control over their reproductive lives. The study will also add to the limited literature on contraceptive uptake in semi urban areas in Nigeria.

METHODOLOGY

Plateau State is located in the North Central region of Nigeria. It has an area of approximately 26, 899 square kilometres and share boundaries with Benue, Nasarawa, Kaduna, Taraba and Bauchi States.

Jos South Local Government Area (L.G.A.) is one of the 17 L.G.As in Plateau State with its headquarters in Bukuru. It is a cosmopolitan settlement with a population of 306, 716 people according to the 2006 census [14]. It is made up of four (4) districts namely Du, Gyel, Vwang and Kuru. The major ethnic group is Berom. Others include Hausa, Igbo, Yoruba, Miango, Igala, Idoma and Tiv. It is the industrial centre of Plateau State due to the presence of many manufacturing companies. It also houses some institutions like the National Television Authority, National Institute of Policy and Strategic Studies and National Veterinary Research Institute among others.

The study was carried out in Giring, one of the twenty (20) wards in Jos South L.G.A with an estimated population of 20,712 people, and women of reproductive age of 10, 000 in approximately 7, 000 households[8]. There are three health facilities in the ward, one Primary Health Centre, a privately owned ophthalmic clinic and a military hospital.

This was a cross sectional descriptive study of women of reproductive age residing in Giring. The sample size was obtained using the

formula for minimum sample size,

$$N = \frac{z^2 pq}{d^2}$$

Where N = minimum sample size, z = confidence interval at 95% = 1.96, p = prevalence of uptake of contraceptive in Nigeria = 39%, q = complimentary probability and d = absolute precision at 95% confidence limit = 5% or 0.05

Therefore, $N = \frac{1.96^2 \times 0.39 \times 0.61}{0.05^2}$

= 365.6 which was rounded up to 400

A multi staged sampling technique was used in the study.

In stage 1, Giring ward was selected from a list of twenty (20) wards in Jos South LGA using a simple random sampling technique by balloting.

In stage 2, five settlements namely Dakan A, LohGyang, Giring central, Angwan catholic and Angwandistrict head were selected from the list of twenty settlements in Giring ward, using simple random sampling technique, through non replacement balloting.

A preliminary survey showed that about 2500 women of child bearing age were present in the five settlements for selection with an average of 500 women per settlement. Therefore, equal proportions of respondents (80 each) were selected per settlement.

In stage 3, a systematic sampling technique was used to select women of reproductive age from each settlement. A sampling fraction, 1/k or 1/6 was obtained for each settlement by dividing the number of women of reproductive age to be sampled in a settlement (80) divided by the approximate number of women of child bearing age in the settlement (500). The first woman (n) in each settlement was selected from the first six candidates using a simple random sampling technique by balloting. The subsequent n+kth woman was selected until the sample size was obtained.

Data was collected using a structured interviewer administered questionnaire. The questionnaire was pre- tested in Lamingo, a semi urban area of Jos North LGA. The information obtained was analyzed using Epi

Info statistical software version 3.2.1 developed by centre for disease prevention and control (CDC) in Atlanta, Georgia (USA). Variables were presented as tables and figures. Quantitative variables were also presented as means and standard deviation while relationships between qualitative variables were obtained using the chi square test.

The district head of Giring gave approval for this study. Written informed consent was also obtained from each participant. Ethical clearance was obtained from Jos University Teaching Hospital.

RESULT

Four hundred questionnaires properly filled were retrieved and analyzed.

Table I shows that the age group 25- 34 had the highest frequency of 202 (50.5%), almost half the respondents, 196 (49.0%) had secondary school education, 272 (68.0%) were married and 362 (90.5%) were aware of contraception.

Two hundred 200 (55.2%) had used contraceptive in the past. Of those that have used contraceptives, the pill 184 (34.2%) and injectable 176 (32.8%) were the most commonly used form of contraception, while implants 4 (1.0%) was the least used. The most common reason for the use of contraceptives was to prevent pregnancy in 136 (53.1%) of the respondents, while the most common reason for the discontinuation of its use in 58 (58.0%) was the desire to have children (tables II and III).

Factors found to be associated with contraceptive uptake among women included age, those aged 35- 44 years were found to be using contraceptives more than others (p=0.00000001), education (p= 0.000002791), those with secondary school education were found to be using contraceptives more than others and marital status, contraceptive usage was more among married women than singles (p= 0.0000289), (table IV).

Table I: Socio- demographic variables, n= 400

Variables	Frequency	Percentage
AGE		
15-24	138	34.5
25-34	202	50.5
35-44	54	13.5
>44	6	1.5
EDUCATIONAL STATUS		
None	20	5
Primary 60	15	
Secondary	196	49
Tertiary	124	31
MARITAL STATUS		
Single	128	32
Married	272	68
AWARENESS OF CONTRACEPTIVES		
Yes	362	90.5
No	38	9.5

Table II: Uptake of modern contraceptives, n= 362

EVER USED	Frequency	Percentage
Yes	200	55.2
No	162	44.8
TYPE USED		
Pills	184	34.2
Injectables	176	32.8
Condom	132	24.6
IUD	8	1.5
Implant	4	1.0
Other methods	32	5.9

*Multiple response allowed

Table III: Reasons why respondents use/ discontinuation the use of contraceptives, n = 256

FOR USE	Frequency	Percentage
To prevent unintended pregnancy	136	53.1
To prevent STIs	26	10.2
To space timing of childbirth	78	30.5
For economic reason	16	6.2
FOR DISCONTINUATION		
Side effects	34	34
Desire to have children	58	58
Partners disapproval	4	4
Failure to have children	4	4

Table IV: Factors associated with contraceptive uptake among respondents, n= 362

Variables	Contraceptive Uptake	P-value
Yes (%)	No (%)	
AGE		
15-24	40 (32.3)	84 (67.7)
25-34	131 (69.0)	59 (31.0)0.00000001
35-44	33 (76.7)	10 (33.3)
>44	3 (60.0)2 (40.0)	
EDUCATIONAL STATUS		
None	5 (27.8)13 (72.2)	
Primary	30 (54.6)25 (45.4)	0.00002791
Secondary	103 (58.2)84 (41.8)	
Tertiary	62 (55.4)50 (44.6)	
MARITAL STATUS		
Single	40 (35.1)88 (64.9)0.0000289	
Married	160 (64.5)112 (35.5)	

DISCUSSION

The findings in this study showed that 90.5% of the respondents were aware of contraception. This is in agreement with a study done in Ibadan where over 90% of respondents were aware of contraception. This could be because of the semi urban nature of the study area with over 80.0% of the respondents having at least secondary school education.

The uptake of contraceptive was found to be 55.2%. This was similar to 58.0% obtained in a study in Kenya [16], against 98.0% obtained in a study in the United States [17].

The most common method of contraceptive used was oral contraceptive pill (34.2%) and injectables (34.2%) while the least was the implants (1.0%). This is similar to findings of a study carried out in Kenya which found pills and injectable as the commonest contraceptive methods used by women of child bearing age [18]. However, the results of this study differed from that of a study carried out in rural eastern Nigeria where the most common method was the injectable (71.8%), IUCDs (14.4%), implants (6.9%), female sterilization (3.2%) while oral contraceptives and condoms were the least used[19]. The result of this study also differ slightly from that carried out in the United States where the most common method used was the pills (54%) followed by female sterilization (30%). The most likely reasons could be the effectiveness, availability, affordability and ease of the pill in relation to other methods of contraception. The study found out that 48% of women who previously used contraceptive methods have stopped, the major reason being their desire to have children (58%) and side effects (34%). This was similar to findings in a study in Kenya in which uptake was limited mainly by side effects, then other factors like religion, menopause and infecundity.

CONCLUSION

The study demonstrated that most women of reproductive age have heard about contraceptives, but only about half make use of

available methods. Uptake was relatively low compared to developed countries and has a statistically significant relationship with age, marital and educational status. Respondents' choices of contraceptive methods were based on perceived effectiveness, convenience and awareness with the most frequently used method being the oral contraceptive pill.

RECOMMENDATION

There is a strong need to encourage and enforce continuing female education since the study demonstrated a statistically significant relationship between educational level and use of contraceptives. Introduction of contraceptive education in secondary schools and other youth forums would also be necessary to enhance awareness of their benefits in reproductive health and prevention of maternal morbidity and mortality.

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