KNOWLEDGE OF PREVENTIVE MEASURESOF CONTRACEPTIVES USE AMONG WOMEN IN NIGERIA

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Abstract

This paper assessed the knowledge of preventive measures of contraceptives use among women in Kwara State, Nigeria. A Proportional sampling procedure was used for 378 respondents between the ages of 20-44 in the selected Local Government Areas in Kwara State. Questionnaire was used to collect the data in this study and the demographic variables were analyzed using frequency and percentage distribution, statistics of mean and standard deviation.The hypotheses one were tested with chi-squarestatistics. Hypotheses twoand three sought for differences among the age groups and marital status in their knowledge ofpreventive measuresof contraceptives risks respectively; hence analysis of variance was used to know whether significant differences existed between knowledge and prevention. The result of the findings revealed that knowledge ofpreventive measuresof contraceptives among women in kwara state are high. On the basis of the findings, it was therefore recommended that health talks about preventive measures of contraceptives risks should be discussed during antenatal and post natal clinics, women shouldalso consider their health status and understand the risk involve in each method to take preventive measures.

Keywords: Women, Contraceptives, sex, knowledge, health, family planning

Introduction

Planned Parenthood Federation of America, (2012) reported that not all contraceptive methods are appropriate for all situations, and the most appropriate method of birth control depends on a woman's overall health, age, frequency of sexual activity, number of sexual partners, desire to have children in the future, and family history of certain diseases. Individuals should consult their health care providers to determine which method of birth control is best for them.

Contraceptives risks in Nigeria in the contemporary time have become an issue that casts a gloomy shadow to the entire society especially among women in Kwara State. The researcher witness cases of high blood pressure, urinary tract infection, blood clotting, migrains, gall bladder disease, delay in pregnancy and infertility in women, especially among friends and

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relativesand all were as a result of contraceptives uses. Today, Nigeria has one of the highest maternal mortality rates in the world and this has largely been attributed to lack of knowledge of contraceptives use to prevent the potential risks (Stover& Rose 2009). Gbolahan, (2008) however, reported that married women in Ilorin, Nigeria, who are in their prime childbearing ages, have contraceptive knowledge and more than 95 percent of all the women believe that too frequent birth could endanger the health of the mother and her children. However, only the women with risks of contraceptive knowledge will be able to take preventive measures. Acquiring knowledge about contraceptives is the best way to prevent potential risk since women are not fully protected from an unplanned pregnancy and which makes contraceptives necessary until they have reached menopause. Women therefore need knowledge to prevent the risks of contraceptive uses and be able to consider their health status in order to choose appropriate and suitable contraceptives (Bruce &Rymer, 2009). While Deborah, Ikhena, & Julia (2012), observed that the necessity for contraceptives options for women start as early as 18.Regrettably, the prevalence of potential risk of some contraceptives is related to lack of knowledge to prevent potential risks of contraceptives.

Research Question

1. Will women have knowledge of preventive measures of the risks of contraceptives use in Kwara State?

Hypotheses

Based on the research question, the following hypotheses were formulated for the purpose of this study.

1. Women will not significantly take preventive measure of contraceptives risks in Kwara State.
2. Women of different age groupwill not significantly take preventive measure on the risks of contraceptive use in Kwara State.
3. Women of different marital status will not significantly take preventive measure on the risks of contraceptive use in Kwara State.

METHODOLOGY

In this study, the researcher adopted Expost-Facto Research design, the information required to assess the knowledge and prevention of contraceptive use among women in Kwara State was already available with the respondents, and there will be no manipulation of

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information by the respondents.According to Kerlinger (2000), the Expost-Facto Research design does not in any way control an independent variables.

The population of women inKwara State consists of onemillion, one hundred and seventy one thousand, fivehundred and seventy (1,171,570). (National Population Commission, 2006).The sampling technique used was proportional sampling techniques. The 16 Local Governments Area in Kwara State has been stratified into three senatorial districts namely, Kwara South, Kwara North and Kwara Central. In this technique, 2 local governments from each of the senatorial zones in Kwara State was selected and used for this study. In all a total of six hospitals were selected from the Local Governments used for the study. To select hospitals from each stratum, a proportional sampling technique was adopted to select University Of Ilorin Teaching hospital, Ola-olu hospital ilorin, General hospital Lafiagi, General hospital Patigi,General hospital Share and General hospital Offa. This selection was done on the basis of population of women in each local government. The six selected local government in Kwara State have population of 180,926Women who were between the ages of 20-44according to (NPC), (2006). Richard (2005) reported that the larger the population size, the smaller the percentage of the population required to get a representative sample and generally,when population is beyond 5000 the population size is almost irrelevant and a sample size of 120 may be adequate. Therefore, 378 samples were used for this study. (78 in Ilorin east), (86 in ilorin south), (74 respondents was sampled in edu), (35 in pategi), (73 in Ifelodun), and (32 in offa). This gives a total of three hundred and seventy eight samples. Reason for disparity was based on 10% of the population of women between ages of 20-44 years from the selected LGA.

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Table 1 Distribution of LGA in each Senatorial Zone based on the population of women from each Local Government as well as the number of questionnaire that was distributed.

S/N	Senatorial Zones	Local Government Area in Kwara State.	Selected LGA in Kwara State	Women between ages of 20-44	Sampled Questionnaire
1	Kwara Central	Asa,Ilorin east,	Ilorin east	37,392	78
		Ilorin,south, Ilorin west,	Ilorin south	40,985	86
2	Kwara North	Baruten, Edu, Kaiyaman, Moro, Patigi	Edu	35,388	74
			Patigi	16,730	35
3	Kwara South	Ekiti, Ifelodun, Irepodun, Isin, Offa, Oke-ero, Oyun,	Ifelodun	34,913	73
			Offa	15,518	32
	Total			180,926	378

Instrument for the Data Collection

The purpose of the study was to investigate the knowledge and prevention of the risk of contraceptive use among women in Kwara State; A questionnaire titled "knowledge and prevention of the risk of contraceptive use among women in Kwara State" was used for this study. The questionnaire was structured in to three sections; section A contained four statements on demographic information of the respondents. Section B contains eight statements on knowledge of the risk of contraceptives, while section C contained eight statements on prevention of the risk of contraceptives use among women in Kwara State. The questionnaire response model was structured into five point likert rating scale:Strongly Agree SA- (5 points); Agree A- (4 points); Undecided UN- (3 points); Disagree D- (2 points) and Strongly Disagree - SD- (1point)

To guarantee the face content validity of the instrument, jurors from the Department of Physical and Health Education and Nursing sciences vetted the questionnaire. Their corrections and contributions were incorporated into the final copy of the questionnaire.

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The following statistical analyses were used to achieve the purpose of the study. The demographic variables were analyzed using frequency and percentage distribution statistics of means and standard deviation. Research Hypotheses were tested using analysis of variance statistics for differences among the grouping variable in each case. Hypotheses one were tested with the chi square while hypotheses two and three were tested with the One way analysis of variance for differences among age groups and marital status respectively. All hypotheses tested at 0.05 alpha.

Results

Table 2: Personal Data of Respondents in frequencies and percentages

Age group	Frequency	Percentage
20-24	81	21.4
25-29	134	35.4
30-34	112	29.6
35-39	44	11.6
40-44	07	1.9
Total	378	100.0

Marital status	Frequency	Percentage
Single	71	18.8
Married	273	72.2
Separated	23	6.1
Divorced	11	2.9
Total	378	100.0

Level of Education	Frequency	Percentage
Primary school	62	16.4
Secondary school	36	9.5
Tertiary institution	256	67.7
no formal education	24	6.3
Total	378	100.0

Occupation	Frequency	Percentage
civil servant	192	50.8
Private worker	125	33.1
Business	36	9.5
house wife	25	6.6
Total	378	100.0

The table 2 shows the distribution of respondents on their different age groups. Age groups of 20-24 years, 25-29 years, 30-34 years, 35-39 years and 40-44 years had 81 or 21.4%, 134 or 35.4%, 112 or 29.6%, 44 or 11.6% and 7 or 1.9% respectively. This shows that women between age 25-29, 30-34 representing 35.4% and 29.6% in Kwara State had knowledge of contraceptives use and its risk prevention. Majority of the respondents representing 72.2% are

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married, 18.8 % are single, and 6.1% are separated while 2.9% are divorced. The table above further shows that married women in Kwarastate had the highest representation with 273 frequency representing 72%. This revealed that married women in Kwara State are more aware and had knowledge of contraceptives use and its risk prevention compare to single, separated and divorced.

On respondents' level of education, 62 representing 16.4% possess primary education, 36 representing 9.5% possess secondary education,256 representing 67.7% possess tertiary education while 24 representing 6.3% possess no formal education. This revealed that women in Kwara State who had Tertiary Education are more knowledgeable about contraceptive use and its risk prevention.

The occupation of the respondents shows that 192 representing 50.8% are civil servants, 125 representing 33.1% are private workers,36 representing 9.5% are business women while 25 representing 6.6% are house wives. Therefore majority of the respondents are either civil servants or business women. This revealed that majority of the civil servants in Kwara State are more knowledgeable about contraceptive use and its risk prevention.

Research Question:

Will women have preventive measure of the risks of contraceptive use in Kwara State?

Table 3: Mean scores of respondents on the preventive measure of the risks of contraceptives

S/No	Items	Response Categories					Mean	STD.DEV
		SA	A	UD	D	SD		
1	Awareness of various risks of contraceptives is the backbone of preventing risks of cervical cancer.	76	185	24	74	19	3.60	1.15
2	Getting tested for human papillomavirus infection before using oral contraceptives is a way of preventing risks of cervical cancer.	130	211	31	6	0	4.23	0.66

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3	Combination of high blood pressure and combine pill should be avoided to prevent risks of high blood pressure	142	125	38	55	18	3.84	1.21
4	Women older than 35 years who smokes should rather choose natural contraceptive and avoid oral contraceptive pills for prevention of risks	110	206	19	31	12	3.98	0.97
5	Health talks about risks of barrier method of contraceptives will prevent women from risk of acquiring urinary tract infection.	185	143	30	7	13	4.27	0.93
6	Contributions of the media on risks of diaphragm spermicide will guide women with latex allergy from getting infections or reactions.	192	143	31	6	6	4.35	0.82
7	To prevent risk of infertility, I understand that Depo-Provera contraceptives is not intended for a woman who want to be pregnant any time soon	79	181	58	48	12	3.71	1.03
8	Women should avoid intrauterine devices which caused pelvic inflammatory disease (PID), in other to prevent risks of infertility	151	148	43	30	6	4.08	0.98
	Cumulative mean						*4.00*	

Decision mean = 3.000

The prevention of the risks of contraceptive use among women in Kwara State as stated in the table 3 shows that Contributions of the media can help women towards preventing contraceptives risks has the highest mean of 4.35 as details showed that 192 were

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in strong agreement, 143 were in agreement, 31 were undecided, 6 disagreed while 6 were in strong disagreement.

In the same vein they believe that health talks given during antenatal helped them to acquire information on how to prevent risks of urinary tract infections as 185 were in strong agreement, 143 were in agreement, 30 were undecided, 7 disagreed while 13 were in strong disagreement.

In summary, on prevention of the risks of contraceptives use among women in Kwara State, their main sources of information includes Contributions by the media (including television, movies, magazines) and the internet can help women towards preventing contraceptives risks and Health talks given during antenatal helped them to acquire information on how to prevent risks of contraceptives

Hypotheses Testing

Hypothesis one: Women will not significantly take Preventive measure of contraceptives risks in Kwara State.

Table 4 Chi square statistics on prevention of contraceptives risks on the knowledge possessed by women on contraceptives use in kwara state.

Variable	Total SA	Total A	Total UD	Total D	Total SD	X^2 calculated	X^2 critical	Df	P
prevention of contraceptives risks on the knowledge possessed by women	133	168	34	32	11	341.155	41.337	28	0.00

X^2 calculated > X^2 critical, p calculated < 0.05, at df 28

Results of the chi square statistics above revealed the existence of significant preventive measures of contraceptive risks on the knowledge possessed by women on contraceptives use in kwara state, this was because the calculated chi square value of 341.155 was found to be higher than the 41.337 chi square critical value at df 28, just as the calculated p value of 0.000 was found to be lower than the 0.05 alpha level of significance. The table also showed that the computed total sum of strongly agree, Agree, Undecided, Disagree and strongly disagree on knowledge of the use of contraceptives were 133, 168, 34, 32 and 11 respectively. Consequently the null hypothesis which statedthat women will not significantly take Preventive measure of contraceptives risks in Kwara Statewas hereby rejectedbecause

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the calculated chi square value of 341.155 was found to be higher than the 41.337 chi square critical value at df 28.

Hypothesis two: This null hypothesis state that women of different age group will not significantly take preventive measures on the risks of contraceptives use in Kwara State.

Table 5: Analysis of variance statistics on difference between women of different age group in their preventive measures of the risks of contraceptive use among women in kwara state

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	569.665	4	142.416	11.103	.000
Within Groups	4784.380	373	12.827		
Total	5354.045	377			

Result of the Analysis of variance (ANOVA) showed that significant differences exist between women of different age group in the preventive measures of the risks of contraceptive use among women in kwara state

Reason being that the ANOVA calculated p value of 0.000 is lower than the 0.05 alpha levels and the computed F ratio value of 11.103 is above the F critical value of 2.60. The null hypothesis was hereby rejected.

Table 5: Descriptive statistics on difference between women of different age group in the preventive measures of the risks of contraceptive use among women in kwara state

Women of different Age group	N	Mean	Std. Deviation	Std. Error
20-24	81	31.0123	4.11854	.45762
25-29	134	31.4627	4.00123	.34565
30-34	112	32.9732	2.72942	.25791
35-39	44	32.2955	3.31016	.49903
40-44	7	39.0000	.00000	.00000
Total	378	32.0503	3.76852	.19383

The descriptive statistics showed that the computed mean preventive measures of contraceptives among the women from different age groups are31.0123, 31.4627, 32.9732, 32.2955 and 39.000 by age groups of 20-24 years, 25-29 years, 30-34 years, 35-39 years and 40-41 years respectively. Therefore ages 40-44 years had the highest knowledge followed by ages 30-34 years.

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Table 6: Schffe post hoc multiple comparison test on difference between women of different age group in their preventive measures of the risks of contraceptive use among women in kwara state

Age	N	Subset for alpha = 0.05	
		1	**2**
20-24	81	31.0123	
25-29	134	31.4627	
35-39	44	32.2955	
30-34	112	32.9732	
40-44	7		39.0000
Sig.		.427	1.000

The Post Hoc comparison using the scheffe homogenous subset showed the preventive, measures highest preventive measure placed in the higher subset 2 while the rest ages mean preventive measures were placed in lower subset 1

Hypothesis Six: This null hypothesis state that women of different marital status will not significantly take preventive measures on the risks of contraceptives use in Kwara State.

Table 7: Analysis of variance (ANOVA) statistics on difference between women of different marital status in their knowledge of the risks of contraceptive use among women in kwara state

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	95.233	3	31.744	2.258	.081
Within Groups	5258.812	374	14.061		
Total	5354.045	377			

The result above showed that there is no significant difference between women of different marital status in their knowledge of the risks of contraceptive use among women in kwara state. This is because the calculated p value of 0.081 is above the 0.05 alpha level of significance as the computed F ratio value of 2.258 is below the 2.60 F critical value. Hence the null hypothesis is thus accepted and retained,

Table 8: Descriptive statistics on: Analysis of variance (ANOVA) statistics on difference between women of different marital status in their prevention of the risks of contraceptive use among women in kwara state

Women of different Marital Status	n	Mean	Std. Deviation	Std. Error
Single	71	33.0704	3.31802	.39378
Married	273	31.7729	3.83095	.23186
Separated	23	32.1304	4.01479	.83714
Divorced	11	32.1818	3.76346	1.13473
Total	378	32.0503	3.76852	.19383

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The descriptive statistics above showed the between women of different marital status in their Preventive measures of the risks of contraceptive use among women in kwara state. Their mean preventive measures on the basis of marital status are 33.0704, 31.7729, 32.1304 and 32.1818 by single, married, separated and divorced women respectively. Their means are very close irrespective of their marital status as far as their preventive measures of contraceptive use among women in kwara state

Table 6: Schffe post hoc means comparison test on: Analysis of variance (ANOVA) statistics on difference between women of different marital status in their preventive measures of contraceptive use among women in kwara state.

Discussion

The outcome of hypothesis two reveal that preventive measures of contraceptives risks on the knowledge possessed by women on contraceptives use is significant. The respondents believe that awareness of risks of cervical cancer, high blood pressure, infections and infertility is the backbone of getting rid of any contraceptive risks. However, contribution of the media such as television, movies, magazines and the internet can help women towards preventing contraceptive risks. This finding agree with Gina (2012), that women need complete informed consent on all of the possible risks of contraceptives; complete personal and family histories need to be ascertained by health care providers to ensure that adverse events do not occur. Women should not be misled or confused into believing that what they are taking is good for themand has similar beneficial effects to other evidence-based preventive measures Findings from the 2003, Nigeria Demographic and Health Survey stated that understanding the sources of contraceptive commodities is an important aspect of preventing contraceptives risks.There was no significant difference between women of different marital status in their knowledge preventive measure of the risk of contraceptives which implies a uniformity of level of opinion concerning their knowledge and preventive measure of the risks of contraceptive uses.(Daniels, Mosher &Jones, 2013) agree that Four of every five sexually experienced women have used contraceptives, while (National Health Statistics, 2012) reported that some 62% of all women of reproductive age, married or not are currently using a contraceptive method.

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Conclusions

Based on the results of the findings in this study, the following conclusions were made:

1. There is existence of preventive measure of contraceptives risks on the knowledge possessed by women on contraceptives use in Kwara State.

2. There is general uniformity in the mean regarding the preventive measures of the risks of contraceptive use among women of different age groups in Kwara State.

3. There is uniformity of level in theopinion concerning the preventive measure on the risks of contraceptive use among women of different marital status in Kwara State,

Recommendations

1. Regular health talks about preventive measureon contraceptives risks should also be discussed by health care providers with women attending antenatal and post natal clinics in Kwara State.

2. Preventive measures of contraceptives use among women of different age group are very low;it is therefore recommended that health care providers and nongovernmental organizations be used to address these issues.

3. There should be legislation on the use of contraceptives to prevent the potential risks among women of different marital statusso that the use is not shrouded in secrecy and the natural method of avoidance on contraceptive is still very popular among women and should be encouraged as this has the singular effort at preventing all the health hazards associated with other artificial contraceptives.

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