Contraceptive Methods Awareness and Use among Women of Reproductive Age in an Urban District of Lagos, Nigeria.

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ABSTRACT

BACKGROUND:

Contraceptive use can reduce maternal morbidity and mortality and improves the socio-economic status of families, communities and the nation. The objectives of this study are to assess contraceptive awareness, attitude and pattern of use among women aged 15-49 years in a Local Council Development Area (LCDA) of Lagos, Nigeria.

METHODOLOGY:

This is a descriptive cross-sectional study design. A community survey was done using multi-staged sampling technique to select 220 women of reproductive age from the LCDA. Information on the awareness of contraceptive methods and use was obtained using an interviewer administered semi-structured questionnaire. Data analysis was done using Epi InfoTM statistical software.

RESULT:

Most respondents were educated up to secondary school (85.5%), married (57.3%), and less than half had no children (42.7%) and still in school (36.4%). Majority of respondents are aware of contracepetive methods (86.0%), Condoms and injectables are the most known. Few respondents are currently using any form of contraceptive method (31.8%), and had ever used them before (36.4%). The commonest contraceptive method used are condoms ([24.3% for currently using]; [47.5% for ever used]); oral pills ([28.6% for currently using]; [41.3% for ever used]) and injectables ([18.6% for currently using]; [26.35% for ever used]). The commonest side effect reported is irregular menstruation (31.4%). There was no positive association between contraceptive use and marital status, education and occupation of respondents ($p > 0.05$ in all).

CONCLUSION:

The study concludes that despite the high level of awareness of contraceptive methods, the level of use is low among women studied.

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INTRODUCTION

Contraception is essentially preventing pregnancy and is defined as the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs or surgical procedures including some behavior that is focused on preventing a woman from becoming pregnant.[1] Effective use of contraceptives can prevent unwanted pregnancies, space pregnancies, limit the number of children a woman has and on the long run improve the reproductive health of women. Globally, reproductive health problems have been reported to be the leading cause of morbidity and mortality among women of child bearing age.[2-5]

Reports have shown that over 120 million couples do not use contraceptives despite wanting to space or limit their childbearing[2] and an estimated 222 million

women in developing countries would like to delay or stop childbearing but are not using any method of contraception.[6] In Africa, the use of contraceptives is still low (20%) compared to other developed continents of the world which is greater than 50%.[7] The mean fertility rate in Africa is 5.1 children per woman which is also far higher than other continent such as Asia (3.2 children per woman) and Latin America (2.7 children per woman).[8]

The Nigerian government developed a population policy in 2004 with the inclusion of family planning as an integral component of maternal and child health programme. This might have been done due to the increasing awareness that the use of contraception is very important in socio-economic development as well as addressing important health problems.[9] The government encouraged the promotion of the use of modern and natural planning methods by couples.[10]

This has not fully translated to acceptable level of contraceptives use among Nigerians as the prevalence of modern contraceptive methods use is about 10 percent and traditional methods is about 5 percent.[11] A report has estimated fertility rate in Nigeria to be 5.7 births per woman [12] and with an annual population growth of 2.5%. Underlying factors identified to be associated with the unmet needs of family planning include services that are difficult to access or of poor quality; lack of technical competence by the providers or skills to interact optimally with clients; limited choice of methods available which may be inappropriate and clients may be wary of potential or actual side effects. Others are illiteracy; power imbalance among couples; socio-cultural, religion and gender related issues.[13]

The use of contraceptives reduces maternal mortality and improves the woman's health by preventing unwanted and high risk pregnancies and therefore the need for unsafe abortion. Some of these contraceptives also reduce the likelihood of disease transmission and protection against certain cancers and health problems.[14,15] Family planning plays a pivotal role in population growth, poverty reduction and human development.[16] Evidence from the United Nations and other government and non government organizations support this conclusion and failure to sustain family planning programmes both domestically and abroad will lead to an increased population growth, poorer health worldwide especially among the poor.[17]

This study therefore aim to identify pattern of contraceptive use among women of reproductive age group in an urban district of Lagos by assessing their level of awareness, attitude and determined the prevalence of contraceptive use. This study target women aged 15 – 49 years and examined factors influencing them to use contraceptives. This study also seek to identifying potential areas where effective intervention can be applied to improve use of contraceptives in Lagos; as well as potential areas to engage political and community leaders and best strategy for advocacy. The information obtained from this study can also be used to plan health promotion programmes.

Methodology

Background of Study Area

Lagos state is situated in the Southwestern part of Nigeria and is the commercial centre of the nation. Lagos state has an estimated

population of over 17 million and approximately the size of several African countries. The state is divided into fifty-seven (57) Local Council Development Areas (LCDAs) [Districts] for political administration and Eti-Osa East LCDA which geographically covers both upland and riverine areas; and has an estimated population of 87,179.[18] The district which consists of a mixture of indigenous dwellers, Aworis, Tapas, Ijebus as well as settlers from all parts of Nigeria and neighbouring countries such as Ghana, Benin, Mali and Togo. The estimated population of women of reproductive age group is 19,179 which was estimated as 22 percent of the total population.

The LCDA is divided into five political wards; namely Ajah, Sangtedo, Addo-Okeira, Badore and Okun-Mopolokun. There are six government funded Primary Health Care (PHC) centres in the LCDA located at: Addo, Badore, Sangotedo, Ajah, Ogombo and Okunmopo PHC and several private hospitals which provide barrier, injectables, oral contraceptives and intrauterine devices method of contraception. Majority of the people are either Muslims or Christian, while some also practice traditional religion. There are mix of population in term of occupation, majority of the indigenous people are predominantly fishermen and traders. The settlers are mix of different socio-economic groups, with majority been artisans, white and blue-colour job workers in factories and companies, small and big business owners as well as civil servants that work in government offices.

Study Design

This is descriptive cross sectional study.

Study Population

The target population is women of reproductive age (15 – 49 years) in the LCDA.

Sample Size Estimation

Sample size was determined using a formula for calculating sample size in prevalence study.

n $\quad = \dfrac{Z^2pq}{d^2}$ (For population >10,000)

p was determined by using prevalence rate of contraceptive use in southwest Nigeria which is estimated to be 15% [11] giving a value of 196. Adjustment for non-response rate of 10% gives an adjusted sample size of approximately 216.

Sampling Method

Multi-staged sampling technique was used. Eti-Osa East LCDA has 5 wards, a total of 618 streets and each ward has an average of 120 streets. There are ninety six (96) streets in Ajah, one hundred and twenty nine (129) streets in Sangotedo, one hundred and fourteen (114) streets in Addo-Okeira, one hundred and ninety (190) streets in Badore and eighty nine (89) streets in Okun-Mopolokun. Two wards were randomly selected at the first and these were Addo-Okeira and Badore. Ten streets were randomly selected from each of the two selected wards and a total of twenty streets were used in this study. The third stage involves selection of houses and respondents.

With an average of 30 houses on each street, a systematic random sampling was used with a total of about 600 houses would be available for sampling. Using the sample size of 216 respondents, the sampling ratio was calculated to be 0.36 that is 1 in 2.78

houses and approximated to 1 in 3 houses. The first house was selected by simple random sampling and subsequently every third house was selected. One respondent within 15-49 years was selected from each house and any house where there was more than one woman of reproductive age, balloting was done to select one woman.

Data Collection

The instrument for data collection is a 38 item interviewer administered semi-structured questionnaire purposely designed for this study. The questionnaire has sections to collect information on knowledge and attitude towards contraceptive use as well as the actual practices of contraceptive use among respondents. A pretest was conducted on 20 respondents from Ikoyi-Obalende LCDA, resulting in the detection and corrections of ambiguous questions. Data collection was done with the assistance of three trained interviewers. Data were collected from 30th of July to 6th of August, 2010.

Data Analysis

Analysis and presentation of result were done with Epi InfoTM statistical software. Summary measures were calculated for each outcome of interest.

Ethical Consideration:

Approval was sort from the authority of Eti-Osa LCDA before commencement of study. Respondents were interviewed in privacy and assured of confidentiality of information provided. Questions that arose from the interview were explained and some respondents were referred to the nearest PHC centre.

RESULTS

A total of 220 women were interviewed for this study. The respondents had a mean age of 27.5+/- 8.5 years. Most of the respondents (57.3%) are married with at least secondary education (85.5%) and were students (36.4%) or either skilled workers or professionals (32.9%). More than half of the respondents (57.3%) had children of which majority had two, three or four children (Table I).

Table II shows that majority (86.0%) of the respondents are aware of contraceptives, that they are used for preventing unwanted pregnancies (64.2%), help to prevent sexually transmitted infections (STI) (52.1%), limit the number of children one can have (29.5%) and that it helps to space ones children (28.9%). Respondents are aware of injectables (87.9%), condoms (92.6%), safe period (71.1%), intrauterine contraceptive devices [IUCD] (42.6%) and bilateral tubal ligation [BTL] (42.1%) among others. Side effects of use of contraceptives reported by respondents include irregular menstruation (45.8%), dizziness (28.3%), cessation of menstruation (16.8%), weight gain (10.5%), headache (8.9%) among others. Most respondents were aware of where to go for contraceptive services (84.1%), they would go to Government hospital/health centre (70.8%), or patent chemist shop (24.3%). Respondents reported that the ideal spacing period is three to four years (55.5%), and one to two years (30.5%).

Table III shows that most respondents think unmarried women should use contraceptives (70.5%), while fewer respondents think married women should use contraceptives (27.8%). Delay fertility is the commonest reasons for not recommending contraceptives to friend or relatives (61.9%) and closely followed by report that it is not healthy (57.1%).

Table I: Socio-demographic characteristics of women of reproductive age in Eti-Osa East LCDA, Lagos

n = 220

Variables	Frequency	Percentage (%)
Age group (years)		
15-24	92	41.8
25-34	82	37.3
35-44	40	18.2
>45	6	2.7
Marital Status		
Single	87	39.5
Married	126	57.3
Widowed	1	0.5
Separated	5	2.3
Divorced	1	0.5
Level of Education		
No formal education	17	7.7
Primary	15	6.8
Secondary	119	54.1
Post secondary	69	31.4
Occupation		
Professionals	18	8.2
Skilled	53	24.1
Unskilled	37	16.8
Housewives	32	14.5
Students	80	36.4
No. of Children alive		
None	94	42.7
1	17	7.7
2	38	17.3
3	32	14.5
4	24	10.9
5 and above	15	6.8
Religion		
Islam	55	25.0
Christianity	147	66.8
Traditionalist	14	6.4
Others	4	1.8
Tribe		
Yoruba	76	34.5
Hausa	36	16.4
Ibo	66	30.0
Others	42	19.1

Table II: Knowledge about contraceptives among women of reproductive age in Eti-Osa East LCDA, Lagos   n=220

Variables	Frequency	Percentage (%)
Awareness about contraceptive		
Yes	189	86
No	31	14
Knowledge of usefulness of contraceptives[1]		
Device used to prevent pregnancy	122	64.2
Helps to prevent STIs	99	52.1
Device used for spacing birth	55	28.9
Device used for limiting number of children	56	29.5
Others	78	41.1
Source of information about contraceptives		
Husband	15	6.0
Friends	35	15
Neighbors	10	4.0
Relations	8	3.0
Mass media (TV, Radio, etc)	22	10
Doctors/Nurses	76	34
Others	25	11
No response	29	13
Types of contraceptives aware of [2]		
Injectables	167	87.9
IUCD/Coil	81	42.6
Condoms	176	92.6
Diaphragm	68	35.8
Cervical cap	47	24.7
Withdrawal method	126	66.3
Safe period	135	71.1
Bilateral tubal ligation	80	42.1
Traditional methods	51	26.8
Vasectomy	39	20.5
Others	18	9.5
Knowledge of Side Effects of Contraceptives[3]		
Headaches	17	8.9
Vomiting	31	16.3
Dizziness	50	26.3
Cessation of menstruation	32	16.8
Irregular menstruation	87	45.8
Heavy menstruation	20	10.5
Increased vaginal discharge	13	6.8
Vaginal infection	7	3.7
Weight gain	20	10.5
Know where to get contraceptives		
Yes	185	84.1
No	6	2.7
Non response	29	13.2
Knows Ideal spacing period (year)		
< 1	7	3.2
1-2	67	30.5
3-4	121	55.0
5 and above	6	2.7
Don't know	19	8.6
Fertile Period		
During menstruation	38	17.3
Immediately after menstruation	59	26.8
In the middle of the cycle	28	12.7
Just before menstruation	26	11.8
Anytime	46	20.9
Don't Know	23	10.5
Knows Where to get contraceptives	**(n=185)**	
Government hospital	131	70.8
Private hospital	5	2.7
Churches/mosques	2	1.1
Chemist	45	24.3
Others	2	1.1

[1] Multiple responses allowed for respondents
[2] Multiple responses allowed for respondents
[3] Multiple responses allowed for respondents

Table III: Attitude towards contraceptives use among women in Eti-Osa East LCDA, Lagos

Variables	Frequency (n=193)	Percent (%)
Think unmarried people should use contraceptives		
Yes	136	70.5
No	57	29.5
Reasons why unmarried should not use contraceptives*	**(n=57)**	
Religion forbids it	18	31.6
Culture forbids	7	12.3
Unhealthy	25	43.9
Delay fertility	34	59.6
Expensive	1	1.8
Think married people should use contraceptives	**(n=194)**	
Yes	54	27.8
No	140	72.2
Reasons why married should not use contraceptives*	**(n=140)**	
Religion forbids it	21	15
Culture forbids it	14	10
unhealthy	67	47.9
Delay fertility	67	47.9
Expensive	1	0.71
Causes overweight	21	15
Causes infection	35	25
Causes heavy menstruation	24	17.1
Causes cancer	28	20
It always fail	27	19.3
Respondents' report on husband's attitude towards contraceptives use	Frequency (n=133)	Percent (%)
Insist on it	23	17.2
Disapproves it	15	11.2
Indifferent about it	44	32.8
Rejects it violently	4	3.0
Don't know	47	35.1
Respondents' reasons for not recommending contraceptives*	Frequency (n=63)	Percent (%)
Religion forbids it	14	22.2
Culture forbids it	5	7.9
unhealthy	36	57.1
Delay fertility	39	61.9
Expensive	1	1.6

*multiple responses allowed

Table IV shows that about one-third (36.4%) and (31.8%) of the respondents reported had ever used and currently using any type of contraceptives respectively, of which the commonest being condoms ([47.5% for ever used]; [24.3% for currently using]); oral pills ([41.3% for ever used]; [28.6% for currently using]); and injectables ([26.35% for ever used]; [18.6% for currently using]). About 48 percent of respondents reported having had problems with contraceptives used before, of which the commonest being with oral contraceptives (26.8%) and injectables (24.4%). The reason for not using contraceptives reported by respondents are undecided (21.4%), unhealthy (16.4%), religion forbid it (12.1%),

Table V show that there is no statistically significant association between marital status, age, religion, tribe, level of education, tribe of the respondents and the attitude towards whether unmarried or married women should use contraceptives (p >0.05 in all). husband might misjudge (12.1%).

Fishers exact

Table VI shows that there is no statistically significant association between marital status, religion, level of education, tribe, occupation or husband educational level and the reported current use of contraceptives among respondents (p>0.05 in all).

Table IV: Use of contraceptives among women in Eti-Osa East LCDA, Lagos

Ever Used contraceptives	Frequency (n=220)	Percent (%)
Yes	80	36.4
No	140	63.6
Types ever used*		
Oral pills	33	41.3
Injectables	21	26.3
Diaphragm	5	6.25
Rhythm	19	2.4
Withdrawal	19	2.4
IUCD/Coil	7	8.8
Foaming tablets	17	21.3
Condom	38	47.5
Lactational amenorrhoea (Breast Feeding)	2	2.5
Traditional	7	8.75
Others	4	5
Currently Using contraceptives	**(n=220)**	**Percent (%)**
Yes	70	31.8
No	150	68.2
Types currently using*		
Oral pills	20	28.6
Injectables	13	18.6
Diaphragm	2	2.9
Female sterilization	2	2.9
Rhythm	6	8.6
Withdrawal	6	8.6
IUCD/Coil	3	4.3
Foaming tablets	10	13.3
Condom	17	24.3
Lactational amenorrhoea (Breast Feeding)	1	1.4
Traditional	1	1.4
Ever Had Problems with Contraceptives	**Frequency (n=82)**	**Percent (%)**
Yes	39	47.6
No	43	52.4
Types of contraceptives that caused problems*		
Oral pills	11	26.8
Injectables	10	24.4
Diaphragm	2	4.9
Rhythm	3	7.3
IUCD/Coil	4	9.8
Condom	5	12.2
Others	6	14.6
Problems encountered with contraceptives*		
Headache	28	65.1
Vomiting	9	20.9
Dizziness	10	23.3
Cessation of menstruation	6	14
Irregular menstruation	8	18.6
Heavy menstruation	2	4.7
Increased vaginal discharge	8	18.6
Weight gain	5	11.6
Still got pregnant	13	30.2
Used another form of contraceptives	**Frequency (n=43)**	**Percent (%)**
Yes	27	62.8
No	16	37.2
Type Used*		
Oral pills	6	22.2
Injectables	4	14.8
Diaphragm	1	3.7
Safe period	5	18.5
Withdrawal	2	7.4
IUD/Coil	1	3.7
Condom	7	26
Others	1	3.7
Respondents currently combining methods	**Frequency (n=68)**	**Percent (%)**
Yes	5	7.5
No	63	92.5
Reasons for not using contraceptives*		
Don't know much about it	10	7.1
Religion forbids it	17	12.1
Husband/Partner opposes it	8	5.7
Unhealthy for me	23	16.4
It is murder	12	8.6
Husband might misjudge me	17	12.1
Yet to complete family	16	11.4
Undecided	30	21.4
Others	7	5

*multiple responses allowed

Table V: Association between socio -demographic characteristics and attitude towards women using contraceptives in Eti-Osa east LCDA, Lagos.

Marital Status	unmarried women should use contraceptives n = 154		Total			
	Yes (%)	No (%)	Percent (%)			
Singles	61(70)	26(30)	87(100)	X^2 = 1.274	df = 3	p-value =
Married	87(69.6)	38(30.4)	125(100)			0.821**
Others	6(85.7)	1(14.3)	7 (100)			
Age						
15-24	62(67.4)	30(32.6)	92(100)			
25-34	57(69.6)	24(29.6)	81(100)	X^2 = 3.361	df = 3	p-value =
35-44	32(80)	8(20)	40(100)			0.323**
̄	3(50)	3(50)	6(100)			
Religion						
Islam	39(70.9)	16(20.1)	55(100)	X^2 = 0.790	df = 2	p-value =
Christianity	104(71.2)	42(28.8)	146(100)			0.675
Others	11(61.1)	7(38.9)	18(100)			
Level of education						
None	11 (64.7)	6 (35.3)	17(100)	X^2 = 1.490	df = 3	p-value =
Primary	11 (64.7)	6(35.3)	17(100)			0.685**
Secondary	87 (96.7)	3(3.3)	90(100)			
Tertiary	45 (67.2)	22(32.8)	67(100)			
Tribe						
Yoruba	55 (73.3)	20(26.7)	75(100)	X^2 = 3.255	df = 3	p-value =
Hausa	23 (63.9)	13(36.1)	36 (100)			0.354
Ibo	43 (65.2)	23(34.8)	66 (100)			
Others	33(78.6)	9 (21.4)	42(100)			
Knowledge Level						
Poor (0-33%)	46 (68.7)	21(31.3)	67(100)	X^2 = 0.403	df = 2	p-value =
Fair (33.1-66%)	79(69.9)	34(30.1)	113(100)			0.818
Good (66.1-100%)	29(74.4)	10(25.6)	39(100)			

Marital Status	Married women should use contraceptives n = 60					
	Yes (%)	No (%)				
Singles	19(21.8)	68(78.2)	87(100)	X^2 = 3.440	df = 4	p-value =
Married	40(31.7)	86(68.3)	126(100)			0.239**
Others	1(14.3)	6(85.7)	7(100)			
Age						
15-24	22(23.9)	70(76.1)	92(100)			
25-34	27(32.9)	55(67.1)	82(100)	X^2 = 2.416	df = 3	p-value =
35-44	9(22.5)	31(77.5)	40(100)			0.481**
≥45	2(33.3)	4(66.7)	6(100)			
Religion						
Islam	15(27.3)	40(72.7)	55(100)	X^2 = 2.981	df = 2	p-value =
Christianity	43(29.3)	104(70.7)	147(100)			0.430**
Others	2(11.1)	16(89.9)	18(100)			
Level of education						
None	8(47.1)	9(52.9)	17(100)	X^2 = 6.182	df = 3	p-value =
Primary	3(17.6)	14(82.4)	17(100)			0.111**
Secondary	27(22.9)	91(77.1)	118(100)			
Tertiary	22(32.4)	46(67.6)	68(100)			
Tribe						
Yoruba	24(31.6)	52(68.4)	76(100)	X^2 = 1.275	df = 3	p-value =
Hausa	8(22.2)	28(77.8)	36(100)			0.735
Ibo	17(25.8)	49(74.2)	66(100)			
Others	11(26.2)	31(73.8)	42(100)			

** Fishers exact

Table V: Association between socio-demographic characteristics and current use of contraceptives among women in Eti-Osa east LCDA, Lagos. -

Variables	Currently using contraceptives n = 220		Total	X^2	Df	p-value
Marital Status	Yes (%)	No (%)				
Singles	40 (44.4)	50(55.6)	90(100)	$X^2 = 1.6988$	df = 4	p-value = 0.791**
Married	48 (39)	75(61)	123(100)			
Others	2(28.6)	5(71.4)	7(100)			
Religion						
Islam	25(45.5)	30(54.5)	55(100)	$X^2 = 3.3361$	df = 3	p-value = 0.343
Christianity	55(37.7)	91(62.3)	146(100)			
Others	10(52.6)	9(47.4)	19(100)			
Level of education						
None	7(41.2)	10(58.8)	17(100)	$X^2 = 3.7424$	df = 3	p-value = 0.291
Primary	5(27.8)	13(72.2)	18(100)			
Secondary	44(38.3)	71(61.7)	115(100)			
Tertiary	34(48.6)	36(51.4)	70(100)			
Tribe						
Yoruba	33(43.4)	43(56.6)	76(100)	$X^2 = 2.5812$	df = 3	p-value = 0.461
Hausa	15(37.5)	25(62.5)	40(100)			
Ibo	27(42.9)	34(57.1)	61(100)			
Others	15(29.3)	28(70.7)	43(100)			
Occupation						
Professional	10(55.6)	8(44.4)	18(100)	$X^2 = 5.7389$	df = 4	p-value = 0.220
Skilled	23(44.2)	29(55.8)	52(100)			
Unskilled	9(25)	27(75)	36(100)			
Housewife/student	48(42.5)	65(57.5)	113(100)			
Husband level of education	n = 133					
None	1 (50)	1 (50)	2 (100)	$X^2 = 1.977$	df = 3	p-value = 0.478**
Primary	3 (60.0)	2 (40.0)	5 (100)			
Secondary	18 (32.1)	38 67.9)	56(100)			
Tertiary	27(39.1)	43(60.9)	70(100)			

** Fishers exact
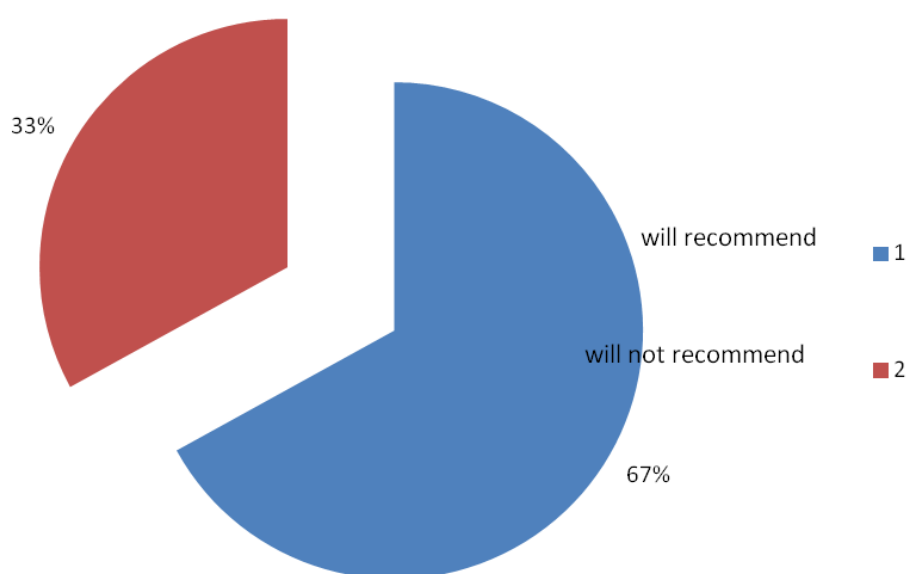
Figure 1: Percentage distribution of respondents that will recommend contraceptives to their friends and relatives.

DISCUSSION

This study set out to assess the level of awareness, attitude towards and use of contraceptive methods among women of reproductive age in Eti-Osa East LCDA. Two hundred and twenty respondents aged 15-49 years were interviewed. In this study, 86 percent of respondents reported that they are aware of contraceptives methods. This is similar to findings from several studies done in Nigeria, for example in Osun State (82.4%),[19] other part of South West Nigeria (91.3),[20] South East (80%)[21] the rural Southern region of Nigeria (92.3%),[22] and Kaduna in Northern Nigeria (64.6%)[23] indicating a very high level of awareness of contraceptive methods in Nigeria. Other studies outside Nigeria also corroborate findings from this study, in Ethiopia (89%),[24] Kenya (99.2%),[25] India (86%),[26] Brazil (95.5%)[27] and Nepal (93%)[28] where result of these studies on awareness of contraceptive methods are similar. This may indicate that national, regional and global effort at creating awareness of contraceptive method has yielded results.

Majority of respondents in this study (64.2%) reported that contraceptives are used for preventing unwanted pregnancies, 52.1% said it helps to prevent STI among other uses reported allowing for multiple response. This finding is comparable to results obtained from a study done in Sikkim, India, where 35 percent of the student respondents reported that contraceptives were used to prevent unwanted pregnancies and 30 percent responded that contraceptives are used for birth spacing.[26] It is also similar to findings in another study conducted in Enugu, Nigeria where majority of the respondents reported

that the benefits of contraceptive use includes limiting family size, child spacing, prevention of unwanted pregnancies and prevention of sexually transmitted infections.[29] This give a picture of common reason why women will use contraceptives, particularly to prevent unwanted pregnancy and limited family size which may be important in population control globally; and in prevent ting STI, which has the potential of reducing the burden of HIV/AIDS and burden from complications of other STI infections.

Results of this study also shows that condom is the most known contraceptive methods (92.6%) which is corroborated by other studies of awareness of contraceptive methods by women. For example, in a study conducted in Osun state, Nigeria, most respondents in that study reported that they are aware of condom as a contraceptive method (64.2%).[19] In the same light a study in Lome township, Togo and North India also reported condom as the most known contraceptive method, where 93.4 percent[30] and 52.7 percent[31] of the interviewees respectively knew about condoms. This could be partly explained by the intense national and global campaign for the use of condom as a preventive method for STI as well as been promoted also as a form of contraceptive methods. This campaign synergistically can help promoted use of this contraceptive method.

The principal source of knowledge of contraceptives in this study was the health professionals (doctors/nurses) (39.8%), followed by friends (18.3%), other sources were also reported such as school (13.1%) and the mass media (11.5%). This is another

potential area of intensifying health education to improve uptake of contraceptive methods. Other studies corroborated the findings from this study.[25,32]

In this study, 84 percent of the respondents were aware of where to go and 71 percent of those aware of where to go to for contraceptive services reported that they will go to the government hospital/health centre. This result is similar to the result observed in a study conducted in Kenya, where majority of respondents interviewed responded that they would go to the hospital/dispensary for contraceptive services.[25] This shows that building and strengthening the capacity of health institutions to deliver family planning services has a great potential to improve the use of contraceptive methods by women. About a one-third of respondents interviewed reported that their husbands were indifferent about contraceptive use. This finding is in contrast to the study conducted in Karachi where 41% of the respondents reported that their husband's had positive attitude towards contraception.[33]

Among those interviewed in this study, only 36.4 percent had ever used and the most common contraceptive used is condoms, next is the oral pills and the least used is the rhythm and withdrawal method. This result is similar to reports from North India (31.7%)[31], Oyo state of Nigeria(30%)[34], Osun state of Nigeria (30.1%)[19] and a broader south western, Nigeria (36.6%)[20] where respondents in these studies reported that they have used contraceptive methods. This is however, in contrast to the findings in a study conducted among undergraduates in South western, Nigeria, where 77 percent of the respondents had used contraceptives[35]

and Sao Paulo, Brazil where only 34.9% had never used contraceptives.[36] This may be partly explained by the population selected in these two studies that gave these contrasting reports.

About 32 percent of the respondents interviewed in this study reported that they were using contraceptives at the time of the study, this finding is in contrast to the finding observed in Sikkim, India where only 7 percent of the respondents were currently users at the time of that study [26] and among undergraduate in south west, Nigeria where 75 percent were current users.[37]

About a third of the respondents (30.1%) interviewed were undecided on contraceptive use, 26% of the respondents reported that it is unhealthy, 19.1% responded that their religion forbids it and their husbands may misjudge them for using contraceptives and so have never used any. This is in contrast to the results from the study conducted in a community-based study among women of reproductive age in Nigeria; the most frequently reported reason for non-use of contraceptives was that many of them did not think of it, their religion is against it and the fear of side effects.[38] The findings of this study is similar to findings observed in two south-west cities in Nigeria; Ibadan[39] and Ile-Ife[40], were fear of side effects, no need for contraceptives, not been married, religion and need for more children, literacy level, attitudes of family planning providers and distance to the family planning services were mentioned as reasons for non use of contraceptives.

CONCLUSION

This study found a high level of awareness of

contraceptives and a positive attitude towards contraceptive use, but a low contraceptive use among the respondents. The low contraceptive use was attributed to indecision, fear of side-effect and religious reasons. Enlightenment programmes on importance of contraceptive use and correcting the misconception held by the populace should be promoted as well access to family planning services should be provided at community level.

REFERENCES

1. Dawn Stacey. Contraception. About.com Guide. [Internet] Updated February 23, 2013 [Cited on the 24th of October, 2013]. Available from: U R L : http://contraception.about.com/od/contraceptionoverview/g/glossary.htm

2. United Nations Population Fund (UNFPA). State of the world population 2004 the Cairo consensus at ten: population, reproductive health and the global effort to end poverty. New York: UNFPA; 2004.

3. Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. Lancet. 2006; 368:1810–1827.

4. World Health Organization (WHO). Health benefits of family planning. Family planning and population, division of family Health. World Health Organization, Geneva 1995, vol.4, pp. 3.

5. World Health Organization (WHO). Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2000. -- 4th ed. World Health Organization, Geneva 1994. World Health Organization.

6. World Health Organization (WHO). Family planning Fact sheet N°351. Updated May 2013. World Health Organization. Geneva. [cited October 24, 2013]. Available from: U R L : http://www.who.int/mediacentre/factsheets/fs351/en/

7. United Nations population Division. The World at Six Billion United Nations. Introduction. United Nations Publication [Internet] [1999] [cited October 6, 2010]. Available from: U R L : http://www.un.org/esa/population/publications/sixbillion/sixbilpart1.pdf

8. Vimard P. Demographic policy, family planning and fertility transition in Africa. Chron CEPED, 2000 ;(36) 1-4.

9. Oladapo, O. A. Contraception and sterilization. In: Textbook of Obstetrics and Gynaecology, f o r Medical students. Heinemann Educational books (Nigeria) PLC, Ibadan; 1995.

10. Wilson, G. Nigeria's National Population Policy and its Implications for Sustainable Development. LWATI: A Journal of Contemporary Research, 8(4), 255-271, 2011

11. National population commission (NPC) and ORC Macro, 2008. Preliminary report of Nigeria Demographic and Health Survey, 2008.Calverton, Maryland: National p o p u l a t i o n Commission and ORC Macro National Demographic and Health Survey, 2008.

12. National population commission (NPC) and ORC Macro, 2004. Preliminary report of Nigeria Demographic and Health Survey, 2004.Calverton, Maryland: National p o p u l a t i o n Commission and ORC Macro National Demographic and Health Survey, 2004.

13. World Health Organization (WHO). Sexual and reproductive health-research and action in support of MDGs. Biennial reports, 2006-2007. W o r l d H e a l t h O r g a n i z a t i o n , Geneva 2008.

14. Marston C, Cleland J. The effect of contraception on Obstetrics outcome. Geneva: World H e a l t h Organization (WHO) 2004. [Cited October 7, 2013]. Available from: U R L : http://whqlibdoc.who.int/publicatio ns/2004/9241592257.pdf

15. Hatcher, R.A., Rinehart, W., Blackburn, R., Geller, J.S., and Shelton, J.D. The Essentials o f C o n t r a c e p t i v e Technology. Baltimore, Johns Hopkins B l o o m b e r g S c h o o l o f P u b l i c Health, Population Information Program, 1997. 1-2

16. Singh S, Darroch JE, Vlassoff, M, Nadeau, J. ADDING IT UP: The Benefits of Investing in Sexual and Reproductive Health Care. The Alan Guttmacher Institute and U n i t e d N a t i o n s P o p u l a t i o n F u n d s (U N F P A) , Washington D.C and New York; 2003. [Cited September 12, 2013]. Available f r o m : U R L : http://www.unfpa.org/webdav/site /global/shared/documents/publicat ions/2004/addingitup.pdf

17. Allen, Rebecca H. The Role of family planning in poverty reduction. Obstet Gynecol. 2007 Nov;110(5):999-1002.

18. National Population Commission (NPC). National Census Report 2006. National Population Commission Abuja, Nigeria. Federal Republic of Nigeria Official gazette No. 2 Abuja 2nd February 2009; 96

19. Oyedokun Amos O. Determinants of Contraceptive Usage: Lessons from Women in Osun State, Nigeria. Journal of humanities and social sciences. 2007; 1(2):7-8.

20. Oye-Adeniran BA, Adewole IF, Umoh AV. Community based survey of unwanted pregnancy in South W e s t e r n , N i g e r i a . A f r i c a n J Reproductive Health.2004; 8(3):103-1537.

21. Ikechebelu JI, Joe Ikechebelu NN, Obiajulu FN. Knowledge, attitude and practice of family p l a n n i n g among Igbo women of South Eastern Nigeria. Journal of Obstetrics & Gynaecol, 2005; 25(8):792-5

22. Omo-Aghoja L.O, Omo-Aghoja V.M,

Aghoja CO, Okonofua FE, Aghedo O, Umueri C. Factors associated with the knowledge, practice and perception of contraception in rural southern, Nigeria. Ghana Medical Journal. 2009, 43(3)

23. Avidime S, Aku-Akai L, Mohammed A Z, Adaji S, Shittu O, Ejembi C. Fertility Intentions, Contraceptive Awareness and Contraceptive Use among Women in Three Communities in Northern Nigeria. African Journal of Reproductive Health Sept. 2010 (Special Issue); 14(3): 65-70

24. Weidegerima B, Denekwe A. Women's knowledge, preferences and practices of modern contraceptive methods in Woreta, Ethopia. Res Social Adm Pharm, 2008; 4(3):302-7.

25. Missie L, Oindo. Contraception and sexuality among the youth in Kisumu, Kenya. Afr Health Sci, 2002; 2(1):33-39.

26. Renjhen P, Kumar A, Pattanshetty S, Sagir A, Samarasinghe CM. A study on knowledge, attitude and practice of contraception among college students in Sikkim, India. J Turkish-German Gynecol Assoc 2010; 11: 78-81.

27. Correia DS, Pontes AC, Cavalcante JC, Egito ES, Maia EN. Adolescent: Contraceptive knowledge and use, a Brazilian study. Scientific World Journal, 2009; 18(9):37-45.

28. Tuladar H, Marahatta R. Awareness and practice of family planning methods in women attending OPD at Nepal Medical college Teaching Hospital. Nepal Med Coll J, 2008; 10(3):184-191.

29. Onwuzurike B.K and Uzochukwu B.S.C. Knowledge, Attitude and practice of family planning amongst women in high density low income urban area of Enugu, Nigeria. African Journal of Reproductive Health/La Revue Africane de le santé reproductive 2001; vol 5.No 2 pp.83-89.

30. Agbere AR, Tchagafou M, Houedji K. Contraceptive methods used by young women in the township of Lome, Togo. Sante, 2003; 13(4):243-51

31. Chopra S, Dhaliwat. Knowledge, attitude and practice of contraception in urban population of North India. Arch Gynaecol & Obstetrics, 2010; 281(2):273-7

32. Aninyei LR, Onyesom I, Ukuhor HO, Uzuegbu UE, Ofili MI, Anyanwu EB. Knowledge, attitude to modern family planning methods in Abraka communities, Delta State. East African Journal of Public Health, 2008; 5(1):10-2.

33. Mustafa R, Afreen U, Hashimi HA. Contraceptive knowledge, attitude and practice among rural women. J coll Physcians Surg Pak, 2008; 18(9):542-5.

34. Olaseha IO, Ajuwon AJ, Onyejekwe OC. Reproductive health knowledge and use of contraceptives among adolescent mother in sub-urban community in Oyo State. Afr J med Sci, 2004; 33(2):139-43.

35. Adeyinka DA, Oladimeji O, Adeyinka EF, Adekanbi IT, Falope Y, Aimakhu C. Contraceptive knowledge and practice: a survey of undergraduate in Ibadan, Nigeria. International Journal adolescent Medicine Health, 2009; 21(3):405-11.

36. Schor N, Ferreira AF, Machado VL, et al. Women and contraception: knowledge and use of contraceptive methods. Cad Saude Publica. 2000 Apr-Jun;16(2):377-84

37. Orji EO, Adegbenoro CA, Olalekan H. Prevalence of sexual activity and family planning use among undergraduates in south west, Nigeria. Eur J Contracept Reprod Health care, 2005; 10(4):255-60.

38. Oye-Adeniran BA, Adewole IF, Umoh AV, et al. Community-based study of contraceptive behaviour in Nigeria. Afr J Reprod Health. 2006 Aug;10(2):90-104.

39. Omokhodion FO, Onadeko MO, Balogun OO. Contraceptive use among hairdressers in southwest, Nigeria. Journal Obstetrics & Gynaecol, 2007; 27(6):12-4.

40. Ijadunola KT, Orji EO, Ajibade FO. Contraceptive awareness and use among sexually active breastfeeding mothers in Ile-Ife, Nigeria. East African Medical Journal, 2005; 82(5):250-5.