

Knowledge, Attitude And Practice Of Contraception Amongst Antenatal Patients At The University Of Port Harcourt Teaching Hospital, Port Harcourt.

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ABSTRACT

Background: Failure to plan a pregnancy can adversely affect the health of the family as a whole. Consequently good knowledge, attitude and practice of family planning among women are important. This study aimed to determine the knowledge, attitude and practice of contraception among antenatal clinic attendees in the University of Port Harcourt Teaching Hospital.

Method:

A standardized self-administered questionnaire was administered to three hundred antenatal clinic attendees at the University of Port Harcourt Teaching Hospital, Port Harcourt over an eight weeks period. Information on socio-demographic variable, awareness, knowledge of various contraceptive options, source of information; utilization and reasons for use/none use were obtained. Data collected was analyzed using EPI info 2000 software. The results were presented as percentages, means, tables and charts.

Results:

A total of 300 questionnaires were administered and 253 were retrieved. Majority of the respondents 234(92.5%) were aware of contraceptive usage. 38.7% of respondents had knowledge of the use of Lactation amenorrhoea method as a form of contraception. Amongst 26.5% of attendees who had used a contraceptive option previously the condom was the commonest contraceptive used. The antenatal Clinic was the source of contraceptive knowledge in 79% of the respondents. The commonest reason for use of contraceptive method was for child spacing while the fear of complication was the commonest cause of none use.

Conclusion:

The contraceptive awareness amongst women attending antenatal clinic was high without corresponding increase in usage of available methods. Re-education on the complications of contraceptives may improve the contraceptive uptake.

Key words: KAP; Family planning; Antenatal Clinic.

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INTRODUCTION

The health of mothers and children remain a subject of global concern^{1, 2}. Studies have shown that perinatal, neonatal and under five as well as maternal mortality rates remain high in most developing countries³⁻⁸. Strategies have been employed by various governments in improving these indices amongst which is the use of family planning⁹. Despite employing this strategy, the contraceptive prevalence is relatively low in most developing countries with values ranging from 6-14.6%¹⁰⁻¹².

Three major obstacles have been identified against the utilization of modern contraception which is particularly grounded in the fear of side effects, poor quality of services and opposition from family members or influential members of the community¹⁰.

The likelihood of infants dying before their first birth day has been demonstrated to be far greater if the infant was born less than one year after the end of their mothers' last pregnancy than those born after a longer interval^{13,14}. Improved outcome of infants are noted to be better, if the mothers waited for 18 to 23 months, after a full term birth before conceiving again⁷. This emphasizes the need for contraceptive use immediately after the postpartum period as this period marks the beginning of return of fertility in most women.

The Antenatal clinic was chosen as the study site because it offers the best environment within the hospital for meeting women in the reproductive age group in addition to providing a forum for dissemination of family planning information, correction of wrong perceptions as well as the opportunities for exchange of ideas between mothers.

METHODOLOGY:

Three hundred antenatal clinic attendees at the UPTH, Port Harcourt were interviewed using structured anonymous self administered questionnaire designed to obtain information about the socio-demographic characteristics, reproductive health data of the respondents, awareness of time of commencement of contraceptive options, knowledge of various types of contraceptive methods, source of information, willingness, reasons for use and none use of contraceptive methods. The questionnaires were earlier pretested and necessary corrections made. Consent of the patients was obtained after educating the attendees of the study and ethical approval was obtained from the ethic committee before the commencement of the study. The sample size was determined using the Kish's formula ($N = Z^2PQ/D^2$) bearing in mind the current contraceptive prevalence of

14.6%¹², with a desired precision rate of 5%.

All interviews were carried out during an eight-week period 1st May - 26th June 2007, at the antenatal clinic of the University of Port Harcourt Teaching Hospital. The University of Port Harcourt Teaching Hospital is located in the South-South of Nigeria in Rivers State and provides services covering the same geopolitical zone. The antenatal department runs an open registration policy where pregnant women that want to register for antenatal care are registered. The clinics run Monday through Friday between 8am to 2pm. It has an average attendance of about 150 women per antenatal clinic.

A systematic random sampling technique was used to determine attendees to be interviewed: for every ten attendees a questionnaire was issued and assistance given to any attendee with literal difficulty in filling the forms. Three hundred questionnaires were administered by the authors in the antenatal clinic.

The data obtained was collated in a purpose designed worksheet prepared for this study. Data collected was analysed with EPI info 2000 computer software. The results were presented percentages, means, tables and charts.

RESULTS

Of the 300 questionnaires distributed 253 questionnaires were returned completely filled giving a retrieval rate of 84.33%.

The socio-demographic characteristics of respondents are shown in Table one.

The mean age \pm SD was 30 \pm 3.2 years with age range 16 - 44 years. Amongst attendees interviewed 121(47.8%) were in the age group 25-29 years while 14(5.5%) were in the age group 40-44 years. The women who had had between 1-4 children were the commonest population at the antenatal clinic accounting for 67.5% (171) and this was followed by primigravidas 31.2% (79). The parity range was 0-7 with a mean parity of 4.

239 (94.4%) antenatal attendees had some form of education with 63.2% (160) having tertiary education while 3.2% (8) had no formal education. Christians constituted 97.2% (246) of respondents, 0.8% (2) were Moslems while 5(2%) did not specify their religion.

Knowledge of types of contraceptive methods

An awareness rate of 92.5 (234) among respondents was observed, 4.4% (11) were not aware of contraception while 8(3.2%) did not respond to the question.

Amongst attendees 38.7% (98) had knowledge of the use of lactation amenorrhoea method as a form of contraception, barrier methods 38.3% (97), intrauterine contraceptive device 18.6% (47), others are as shown in Table 2.

Attitude to contraception

There were 51.2% (130) of respondents who gave six weeks as the right timing for commencement of family planning while 21.3% (54) were not aware of any timing. (Figure 1)

Family planning information was obtained from the antenatal clinic by 79% (185) of respondents while 21% (49) got their information from relatives, newspapers and other health workers.

Practice of contraception.

A total of 65(25.7%) of the respondents had used one form or

the other, while 184(72.7%) had not used any method. Four (1.6%) attendees did not respond to the question.

Amongst attendees, the condom was the commonest methods used in 38.5%(25), lactation amenorrhoea method 24.6%(16), combined oral contraceptive pills 18.5%(12), Billings' method 9.2%(16) while coitus interruptus and abstinence accounted for 4.6%(3) and 3.1%(2) respectively. Progestogen only pill accounted for 1.5% (1).

One hundred and sixty eight (66.4%) of the respondents were willing to use available family planning methods while 26.1% (66) were unwilling to use any form. Nineteen antenatal attendees did not respond to the question.

Reasons for use/none use of contraception

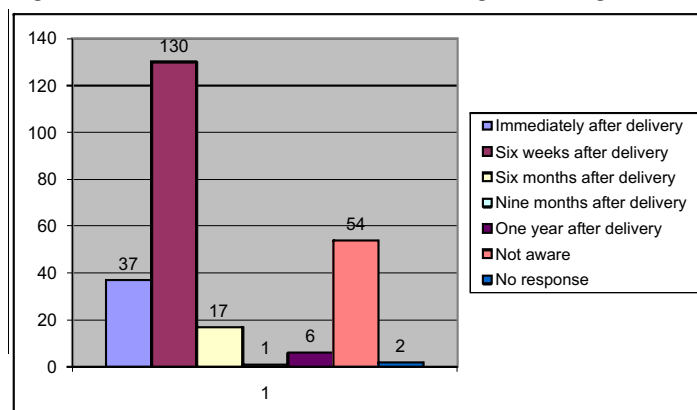
Contraception for child spacing was the determining factor for use in 50.6% (85) of respondents, husband opinion shaped the use in 31.5% (53). Fear of side effects was the reason for none use in 59.1% (39), completed family size accounted for 22.7% (15). Others are as stated in Table 3

Table 1: Social-demographic characteristics of respondents

Characteristics	frequency	Percentage
Age		
15-19	3	1.2
20-24	41	16.2
25-29	121	47.8
30-34	56	22.1
35-39	18	7.1
40-44	14	5.5
Parity		
0	79	31.2
1-4	171	67.5
=5	3	1.2
Religion		
Christian	246	97.2
Muslims	2	0.8
Unspecified	5	2.0
Educational status		
No formal education	8	3.2
Primary	13	5.1
Secondary	66	26.1
Tertiary	160	63.2
Unspecified	6	2.4

Table 2: Knowledge of types of contraceptive methods

Types	Yes (%)	No (%)	No response%
Barrier	97 (38.3)	154 (60.9)	2 (0.8)
Combined oral contraceptive pills	34 (13.4)	216 (85.4)	3 (1.2)
Progestogen only pills	25 (9.9)	226 (89.3)	2 (0.8)
IUCD	47 (18.6)	204 (80.6)	2 (0.8)
Injectables	39 (15.4)	212 (83.8)	2 (0.8)
Breastfeeding	98 (38.7)	152 (60.1)	2 (0.8)
Norplant	10 (3.9)	241 (95.3)	2 (0.8)
Bilateral tubal ligation	24 (9.5)	225 (88.9)	2 (0.8)

Figure 1: When to start family planning following delivery**Table 3: Attitude towards family planning.**

Attitude	Number	Percentage
Willingness to use contraception		
Yes	168	66.4
No	66	26.1
No response	19	7.5
Reasons for willingness to use		
Child spacing	85	50.6
Husband	53	31.5
Health reasons	26	15.5
Financial difficulty	2	1.2
Doctors advice	2	1.2
Reasons for unwillingness to use contraception		
Side effects		
Completed family	39	59.1
	15	22.7
Religion	6	9.1
Fear of Failure	3	4.6
Sex of babies	2	3.0
Death of child	1	1.5

RESULT

DISCUSSION

The value of the effective use of contraceptive methods in preventing unwanted pregnancy and enhancing child spacing as a means of reducing the complication following unplanned pregnancy and its adverse effect on the mother had been highlighted in previous studies.^{15,16}

This study showed a high level of awareness of family planning methods against the low level of knowledge of specific contraceptive methods among the respondents. This finding has been collaborated in various other studies^{17,18}, but differs from findings in a similar study in Sokoto, Nigeria where there was both a high level of awareness as well as contraceptive usage.⁷ There is therefore need to emphasize specific contraceptive options with a view to improving utilization.

Family planning was not a common practice among the respondents as about 25.7% of respondents had actually used one form of contraceptive. The reasons adduced for the poor usage was fear of complications etc., despite high awareness as

noted in this study.

The commonest methods for contraception were condom followed by lactation amenorrhoea method. Findings in other study also noted high condom usage amongst young people which had been attributed to educational campaigns and social marketing of condom in response to the human immunodeficiency virus epidemic. It appears that the message promoting condom usage has debunked fears and it is yielding its desired dividends.¹⁸

In the same vain the effectiveness of breastfeeding campaigns may have rubbed off in the use of this method in preventing pregnancy since exclusive breastfeeding for six months proffers a 98% contraceptive protection.

Education has been shown to be a prime mover in reducing maternal morbidity, better use of existing medical facilities and improving the general socio-economic status of the populace^{19,20,24,25}. In this study most of the respondents who used our health facility were indeed educated with high awareness on contraceptive options. This trend was also demonstrated in a study in Nigeria (Ilorin) where people of high educational status and high socio-economic status residing in government residential area were interviewed; it showed that contraceptive knowledge was high and universal amongst the respondents, with condom and oral contraceptives being most commonly known, yet only half of them had tried any form of contraception. It therefore means that education alone may not be sufficient to improve on the contraceptive prevalence rate that is very in our environment^{12,21}.

There is need to educate women on knowledge of the various contraceptive methods, myths and realities about contraception in order to change the trend.

The peak age group of respondents in this study was 25-29 years which presents the peak reproductive age of female Nigerians as identified by the 2008 National demographic health survey^{22,23}.

Husband's opinion as a determinant of contraceptive uptake by respondents was noted which is in line with other studies that identified the involvement of husbands in the contraceptive decisions of their spouse to improve acceptance and usage.^{30,31} Hence a programme approach of male sensitization will go a long way in improving usage in this study population since a significant proportion of the women cited their husband's opinion important in determining usage.

Majority of the respondents were Christians which is not surprising because of the Christian background of the population in Port Harcourt metropolis as was also illustrated in another study.²⁷ However the impact of denominational influence on the usage of contraception was not explored in this study.

The antenatal clinic was the main source of information on contraceptives amongst the respondents, while other forms of information like mass media, did not play significant roles. This is in keeping with findings of Onwuzurike and Uzochukwu²⁸ as against that of Adinma and Nwosu²⁹, where mass media contributed significantly to the source of information. There is therefore need to increase and sustain the

performance of all avenues of information dissemination on a continuous basis.

CONCLUSION

The high contraceptive awareness, willingness of use and educational level did not reflect on the contraceptive usage level in this study. This may be due largely to misconceptions that are yet unresolved in the minds of the people and education on the various methods of contraception may be what is missing to unravel the myths and to state the realities or facts behind the various contraceptive methods. Hence there is need for an aggressive target oriented information dissemination using all the available means especially the mass media, opinion leaders in the community, religious leader, husbands, mothers, relatives, doctors, nurses and all those involved in contraceptive promotion practices. This should be aimed at disabusing the minds of the women and in so doing improve on the practice level. Ultimately, this will bring about the gains of contraception and reduce the complication arising from multiple child births both in the mother and baby.

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