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To Determine The Knowledge And Attitudes On Modern Contraceptive Use Amongst Antenatal Attendees At The Niger Delta University Teaching Hospital, Okolobiri, South-South, Nigeria.

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Abstract: *Objective: To determine the knowledge, attitude on modern contraceptive use amongst antenatal attendees at the Niger Delta University Teaching Hospital, Okolobiri, Bayelsa state, Nigeria.*
Materials and methods
This was a descriptive cross sectional study conducted at the Niger Delta University Teaching Hospital, Okolobiri, Bayelsa state, South-South Nigeria, between January and March, 2013. It consisted of a set of structured, pretested questionnaires that were administered to consecutive antenatal attendees.
Results:
A total number 0f 111 pregnant women were enrolled for the study. The mean age of respondents was 28.46 years ± 4.88 with a range of 18-45 years. Eighty-two percent (82%) of respondents in the study were aware of modern contraceptives. Seventy-nine respondents (71.3%): N= 107 of respondents were able to identify the definition of contraception as a means of preventing pregnancy amongst other wrong definitions. Sixty respondents (54.1%) have used one form of contraception before.
Conclusion
While awareness and knowledge of contraception was high on the surface, respondents have a poorunderstanding of what modern contraceptives are and stand for.
Key words:*Attitude, Contraception, In-dept Knowledge, Knowledge, Contraceptive usage.*

I. Introduction

Contraceptive usage improves women's health. Unintended pregnancies account for 40% of the 210 million annual pregnancies worldwide [1].An estimated one in five pregnancies is unplanned in Nigeria [2].These unintended pregnancies could be prevented if women use contraception. An estimated annual 448 million treatable sexually transmitted diseases[3] and over 80% of HIV [4] infections worldwide could also be prevented if women choose to use contraception. Socioeconomic conditions of families are also improved as contraceptive usage means fewer mouths to feed, clothe and less spending on children's education.

Nigeria has one of the lowest contraceptive prevalence in the world. Only about 15% of women [5] in their child bearing years embrace family planning in Nigeria. Nigeria contributes 10% [5] of world annual 20 million [6] abortion cases. An estimated 760,000 abortions occur each year in Nigeria resulting from unintended pregnancies dueto lack of contraceptive patronage [2]. Young women in their child bearing years bear the brunt of this carnage resulting from unsafe abortion [2]. The need for women to embrace contraception therefore cannot be over emphasised.

One issue peculiar to Nigeria as in many less developed countries is lack of spousal communications in matters relating to reproductive health with the result that such decisions are taken by the men folk and their families [7] Contraceptive usage is one of such issues. Due to the fact that there was no negotiation between the couples, men who have desires for a larger family will override their wives on such critical decisions that pertain to contraception. A number of studies conducted in different parts of Nigeria have confirmed that spousal influence on a contraceptive choice is a major issue [7,8,9,10].In this study, we looked at these issues among others as contributory factors to none use of contraception.

While it is universally acclaimed that access to contraception is the key to reproductive and sexual health, studies have also shown that there are other barriers to contraceptive patronage in sub-Saharan Africa [11, 12, 13]. These barriers include women's knowledge and perception of contraception and the negative influence of culture on contraceptive patronage [11, 12, and 13]. While awareness to contraception is high amongst women in studies conducted in sub-Saharan Africa [14, 15], the depth of knowledge remain shallow and the benefits of contraception not easily realisable. Coupled with this fact are the erroneous beliefs amongst

women that contraceptives are toxic chemicals that are injurious to the body [14]. Most women who do not use contraception do so because of perceived side effects. The cultural belief that children are God given and a woman must exhaust all the 'eggs' in her also creates a negative impact towards contraceptive patronage [16]. Religion also plays a role in non-contraceptive use. Some religious sects would advice their members against contraceptive usage because they believe it goes contrary to God's laid down rules for procreation [16].

We believe, to improve contraceptive prevalence in Nigeria, apart from high awareness that already existed, women need to have an in-depth knowledge of contraption and the benefits accruable to the individual from such patronage. While there is willingness to contraceptive patronage, this has not been matched by usage as demonstrated in many studies [11, 17]

This study looks at the knowledge and attitude towards the use of modern day contraceptives amongst antenatal attendees and their degree of future willingness to use and the actual usage of contraception. This study was carried out at The Niger Delta University Teaching Hospital Okolobiri, Bayelsa, State, South-South, Nigeria. Pregnant women form a cohort of subjects where the uptake of contraception can be easily assessed as the antenatal period offers an opportunity to care givers where they can meet a sizeable population of women in their reproductive age to discuss issues pertaining to contraception.

This subject even though studied in some parts of South-South Nigeria, has not been conducted in Bayelsa state where the institution is sited.

The aim of this research is to compare our results with those of other researchers in this region and also with National figures. The results so obtained would allow us to advice policy makers on areas where to lay emphasis especially resource allocation. To alert care givers, doctors and nurses on which aspects of contraceptive usage they need to lay emphasis to improve contraceptive patronage with regards to advocacy, counselling and teaching on this subject.

II. Methods

This was a descriptive cross sectional study conducted at the Niger Delta University Teaching Hospital, Okolobiri, BayelsaState, South-South Nigeria, between August and November, 2013. It consisted of a set of structured questionnaires that were administered to consecutive antenatal attendees. The questionnaires were pretested on 20 antenatal mothers and corrections were made before they were formally administered to the target population of pregnant women. The questionnaires were administered by three interns working in the hospital. Mother's consent was sought and obtained before the questionnaires were administered to them. The top of their maternity records were marked so that the questionnaires cannot be administered twice to the same patient. There were no exclusion criteria. The questionnaires were administered to a total of 111 respondents.

The information sought included the biodata of respondents, if they were aware of contraception and if they do their source of information. The knowledge they have on contraception were tested by asking them to choose from a set of simplified objective questions on the definition of contraception and also choosing correct contraceptives from a list of substances.

III. Results

A total number 0f 111 pregnant women were enrolled for the study. There wereno exclusion criteria. The mean age of respondents was 28.46±4.88 witha range of 18-45 years. The median age of the respondents was 28 yearsand the range was 18-45 years. The mean of the number of children/woman in the study was 2.45. Only 9 women (8.1%) and 7(6.3%) of women had 4 and ≥ 5 children respectively. Thedemographic characteristics of respondents are shown Table 1 below.

Ninety-one (82%) of respondents in the study were aware of modern contraceptives. Seventy-nine (72.5%) of respondents heard about contraception from care providers (Doctors and Nurses), 18 (16.5%) from friends, 5 (4.5%) from the media.Table 2 shows source of information on contraception.

Fifty-two (46.8 %) have lectures and 43 (38.7%) have been counselled on family planning in the course of this pregnancy.

The knowledge of respondents on modern contraceptives was tested by a series of objective structured questions. Forty respondents (36.4%) erroneously identified the anti-malaria drug 'Quinine' as a contraceptive agent while another Forty-eight (41.7%) of respondents said the alcoholic social drink popularly known as 'stout' is a means of emergency contraception. Thirty-two (29.6%) respondents could not identify the daily pill.

Seventy-nine respondents (71.3%)- N= 107 of respondents were able to identify the definition of contraception as a means of preventing pregnancy amongst other wrong definitions. Ninety-nine respondents (89.2%) were able to identify the male condom as a means of contraception.

Table 3shows respondents knowledge on contraception.

Attitude of respondents to modern contraceptives: Ninety seven (84.3) respondents intend to limit the size of their families while 59 (55.1%) said they will opt for a contraceptive method at the end of the pregnancy. Seventy one (66.4%) of respondents discuss contraception with spouses and partners. Sixteen (21.1%) has

husband's refusal as a means of not using a modern contraceptive method. Only 11 (9.9%) of respondents have ever visited a health facility to ask for contraception.

See Table 4 for respondents attitude towards contraceptive use.

Sixty respondents (54.1%) have used one form of contraception before. A total of 57 (51.4%) respondents were able to give the type of contraception used previously while 53 (46.1%) did not give any response –N110.

The most popularly used modern contraceptive method was the male condom- a total of 33 respondents (57.9%), used this contraceptive method. N = 57.

See Table 5 below for pattern of contraception used by respondents.

Table 6shows a cross tabulation of educational status versus contraceptive usage before the current pregnancy.. This was not statistically significant: $X^2 = 0.188$ ($P< 0.05$).

The reasons for not embracing contraception are shown in table 7 below.

4.**Tables**

Table 1: Demographic Characteristics of Respondents

Educational status	Frequency	Valid Percent	Cumulative Percent
No formal education	3	2.7	2.7
primary education	12	10.8	13.5
secondary education	51	45.9	59.5
tertiary education	45	40.5	100.0
Total	111	100.0	
Religion			
Catholic	21	18.3	22.6
Pentecostal	78	67.8	90.4
Protestant	4	3.5	93.9
Islam	2	1.7	95.7
Jehovah witness	5	4.3	100.0
Total	115	100.0	
Parity			
Primigavida	37	33.6	33.6
Paraone	28	25.5	59.1
Para two	15	13.6	72.7
Para three	14	12.7	85.5
Para four	9	8.2	93.6
Para five and above	7	6.4	100.0
Total	110	100.0	
Marital status			
Single	13	11.7	11.7
Married	95	85.6	97.3
Divorced/separated	2	1.8	99.1
Widow	1	.9	100.0
Total	111	100.0	

Table 2: **Source of information on contraceptive awareness**

Doctors	33	30.3	30.3
Nurses	46	42.2	72.5
Parents	2	1.8	74.3
Friends	18	16.5	90.8
News papers	2	1.8	92.7
Radio/TV	3	2.8	95.4
Others	5	4.6	100.0
Total	109	100.0	

Table 3:**Knowledge of contraceptives among respondents.**

Contraception is a means of terminating a pregnancy			
Yes	15	14.2	14.2
No	91	85.8	100.0
Total	106	100.0	
Is a means of making a woman more fertile			
Yes	12	11.2	11.2
No	94	87.9	99.1
3.00	1	.9	100.0
Total	107	100.0	

Is a means of preventing a woman from being pregnant			
Yes	79	73.8	73.8
No	27	25.2	99.1
21.00	1	.9	100.0
Total	107	100.0	
Dilatation and Curettage or abortion is a means of family planning			
Yes	14	13.1	13.1
No	93	86.9	100.0
Total	107	100.0	
is a means of safe delivery			
Yes	22	20.8	20.8
No	84	79.2	100.0
Total	106	100.0	
Quinine is a contraceptive agent?			
Yes	40	36.4	36.4
No	70	63.6	100.0
Total	110	100.0	
Condom is a contraceptive agent?			
Yes	99	90.0	90.0
No	11	10.0	100.0
Total	110	100.0	
Stout drink after sex is a means of preventing pregnancy?			
Yes	48	43.6	43.6
No	62	56.4	100
		.	
Total	110	100.0	
Daily pill is a contraceptive agent?			
Yes	76	70.4	70.4
No	32	29.6	100.0
Total	108	100.0	

Table 4.**Respondents attitude towards contraceptive usage**

Have you visited a health facility to ask for family planning before?			
Yes	11	9.9	9.9
No	100	90.1	100.0
Total	111	100.0	
Do you intend to limit the size of your family?			
Yes	97	87.4	87.4
No	14	12.6	100.0
Total	111	100.0	
Do you discuss contraception/ family planning with your partner/husband?			
Yes	71	66.4	66.4
No	36	33.6	100.0
		.	
Total	107	100.0	
Why did you stop contraception, was it side effect?			
Yes	13	16.5	16.5
No	66	83.5	100.0
Total	79	100.0	
At the end of the pregnancy will you opt for a contraceptive method			
Yes	59	55.1	55.1
No	42	39.3	94.4
Not known	6	5.6	100.0
Total	107	100.0	

Table 5: **Pattern of contraceptive usage by respondents before the current pregnancy**

Male Condom	33	57.9	57.9
Daily pill	8	14.0	71.9
Injection	10	17.5	89.5
Postinor	6	10.5	100.0
Total	57	100.0	

Table 6: **Education status versus contraceptive usage before pregnancy**

		Contraceptive usage?		Total
		Yes	No	
education status	No formal education	1	2	3
	primary education	6	6	12
	secondary education	23	27	50
	tertiary education	30	15	45
Total		60	50	110

X^2=0.188 (P <0.05)

Table 7: Reasons for not using contraception

	Frequency	Percent	Cumulative Frequency
To resume child bearing?			
Yes	39	52.7	52.7
No	34	45.9	98.6
22	1	1.4	100.0
Total	74	100.0	
No response	37		
Side effect?			
Yes	13	16.5	16.5
No	66	83.5	100.0
Total	79	100.0	
No response	32		
The Cost?			
Yes	5	6.6	6.6
No	71	93.4	100.0
Total	76	100.0	
No response	35		
Unavailability?			
Yes	38	33.5	33.5
No	73	63.5	100.0
Total	115	100.0	
Background medical illness?			
Yes	7	9.7	9.7
No	65	90.3	100.0
Total	72	100.0	
Husband / partner refusal?			
Yes	16	21.1	21.1
No	60	78.9	100.0
Total	76	100.0	
No response	35		

IV. Discussion

Studies from developing countries have shown that socio-demographic characteristics are some of the predictors of an individual's contraceptive choice [18]. The mean age for the study population was 28-3 ± 4.97 and a median of 28 years. This means that half (50%) of the study population will in the next 21 years still be in the reproductive age group (15-49 years), and would require one form of contraception or the other to control their fertility. The mean parity of the 64%respondents who have delivered previously was 2.5. This means that on the average, these respondents have 2-3 children per individual and therefore will require a contraceptive method to delay, postpone or terminate child bearing. It is therefore necessary to ascertain the knowledge and the attitude of this study population towards contraceptive uptake.

The study population had good literacy level as 45.9% and 40% of respondents have secondary and tertiary education respectively. The benefit of this is that they are more likely to posses the ability to understand health promotions in general and on contraception at the antenatal clinics, media, contraceptive awareness programmes, from posters and brochures.The predominantly Christian dominated South-South geopolitical zone in Nigeria reflectedin the study group as 98.2% were Christians. Seventy- eight70.3%) and 18.9% respondents were of the Pentecostal and Catholic faiths respectively. These variations in religious affiliations and ideology in the study population could also shape their beliefs, attitude and practice of contraceptive usage[16.]

The awareness in the study group was very high, as 82% of respondents have heard about contraceptives.The awareness on modern contraceptive methods in Nigeria has grown over time. This is because this result is in contrastto the Nigerian Demographic and Health Survey (2003) where more than half (56%) of Nigerian women aged between 15-49 years had never heard a message on family planning methods [19]. The source of information for respondents was mostly hospital based-71% respondents heard of family planning from doctors and nurses. This high awareness is due to the high literacy rate among the study group and the health education and counselling from doctors and nurses during antenatal visits. Knowledge regarding the concept of family planning reflects the effectiveness of the educational sessions offered by health care providers in the area in general and in the study group in particular.[20].

One of the greatest obstacles to family planning in developing countries is knowledge. An individual can only accept to take contraceptives if she has an in-depth knowledge of what contraception are the side effects and above all the benefits accruing to the individual for using it. Health risks associated with contraception are low compared with risks associated with unintended and pregnancy complications in general, unsafe abortion in particular. On the surface of it, the study population of antenatal patients have good knowledge about contraception as 71% were able to identify correctly the definition of contraception among other structured objective questions. They were able to identify at least one or two contraceptive methods (Condom 89.2% and daily pill 68.9%). These results were similar to works done in Tanzania where 80% of respondents knew at least three modern contraceptive methods [21]. However, the in-depth knowledge ofmodern contraceptive methods among respondents in thestudy remain shallow because when challenged further on this subject, 36.9% said the anti, - malaria drug, Quinine can be used for contraception. A further 43.3% said the social alcoholic beverage 'stout drink' can be used as an emergency contraceptive agent. Advocacy by care providers, Social workers, Non-Governmental Organisations (NGOs), various Governments in Nigeria need to be intensified to improve the knowledge and acceptance of modern contraceptive methods.Only 46.8% of the antenatal mothers in this study population had health education talks from care providers on family planning in the course of the pregnancy. Only 37.7% have been counselled on various contraceptive methods in the course of the pregnancy. Even though this study is not enough to generalize, care providers in Nigeria need to do more to improve the uptake of contraception in the country.

The attitude of the study group was favourably disposed to contraceptive patronage. This is because 84.3% of respondents intend to limit their family size; another 55.1% said they will opt for a contraceptive method at the end of the current pregnancy. Spousal communications in matters related to contraceptive choice which has featured prominently in studies in Nigeria did not feature in this study group as 64.4% of respondents discuss contraception with spouses and partners. However, this high degree of enthusiasmtowards contraceptive patronage did not transform to usage as only 9.9% of respondents have voluntarily walked up to a health facility to ask for contraception.

The contraceptive usage by the study population before the advent of the current pregnancy was 54 %.These results are well above the current National average where only 15% of married women are using modern contraceptive methods [5]. This disparity may be due to the fact that the antenatal clinics are pools of pregnant women who are consistently receiving heath education talks on various subjects, family planning inclusive from care providers. The most widely used family planning method was the male condom (33%), followed by the injectables (95%).

V. Conclusion

The current prevalence of modern contraceptive use in Nigeria is low because while the awareness and knowledge are high, the in-depth knowledge of contraception is very shallow as shown in this study. Would be acceptors can only be convinced to use modern contraceptive methods if they have adequate knowledge and the benefits of using these substances. They must be clear in their minds that the side effects of modern day contraceptives are low compared to the risks associated with carrying an unintended pregnancy and unsafe abortion with all its complications As it stands today in Nigeria, there is an unmet needs of contraceptive use amongmarried women between the ages of 15-49 years who want to use contraception, but the will to do is not there.

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