SOCIO-DEMOGRAPHIC FACTORS INFLUENCING CONTRACEPTIVE PRACTICE AMONG MARRIED WOMEN ATTENDING THE FAMILY PLANNING CLINIC OF UUTH, UYO, SOUTH-SOUTH NIGERIA.

Iyanam VE[1], Udonwa NE[2], Udoh SB[1]

[1]Department of Family Medicine, Faculty of Clinical Sciences, University of Uyo, Akwa Ibom State,
[2]Department of Family Medicine, Faculty of Medicine and Dentistry, University of Calabar, Cross River State.

ABSTRACT:

Background:

Contraception is a topical issue globally considering its enormous benefits to individual users, families, communities, nations and the world at large. Its practice, especially among married women, is influenced by several factors at different settings. This study was done to find out the socio-demographic factors influencing the practice of contraception among married women age 15-49 years attending the family planning clinic of the University of Uyo Teaching hospital, Uyo, South-South Nigeria and to identify sources of information on contraception among the married women.

Method: *This was a cross sectional descriptive study involving 165 married women aged 15-49 years who attended the family planning clinic of UUTH, Uyo, between May and September 2013, recruited through simple random sampling technique. A semi-structured interviewer administered questionnaire was used to obtain information on socio-demographic factors and sources of information on contraception among the respondents. The data obtained were analysed using statistical package for social sciences (SPSS), version 17.0.*

Results: *The mean age of the subjects were 32.22(±5.56). Results obtained showed that higher contraceptive use was found among older women, higher educational level, higher employment status, higher income level, husbands higher educational and employment status, urban residence, lower parity, Christian faith and mixed sexes of the respondents children. However, only parity (P=0.001) and Christian religious grouping (P=0.000) had statistically significant influence on contraceptive practices among the married women. Most respondents (76.9%) obtained their contraceptive information from health care wokers while IUCD was the most preferred method of contraception (38.2%).*

Conclusion: *Contraceptive use among married women in the study is mainly influenced by their high social status. There is need therefore to step up information propagation to women across all social classes if the benefits of contraceptive use are to be achieved in the society.*

Key words**: **Socio-demographic, Factors, influencing, Contraceptive Practice

INTRODUCTION

Contraception is the prevention of unwanted pregnancy.[1] According to WHO, contraception allows individuals and couples to anticipate and attain their desired spacing and timing of birth[2-3] Studies have shown that by reducing unintended pregnancies and abortions, and facilitating family planning/spacing of births, effective practice of contraception provides both health and socio-economic benefits to the mother, the child, family, the society, nation and the world at large.[4,5] According to world wide estimates, some 600,000 women die each year of pregnancy related causes and 75,000 die following unsafe abortion. At least 200,000 of these maternal deaths are attributable to failure or lack of contraception.[6] A United Nations Fund for Population Activities (UNDP) fact sheet in 2012 documented that use of modern contraceptives in developing world will avert 218 million unwanted pregnancies which will in turn avert over 55 million unplanned births, 135 million abortion (40 million of them unsafe), 25 million miscarriages and 118,000 maternal

Corresponding Author: Iyanam VE
Department of Family Medicine, Faculty of Clinical Sciences, College of Health Sciences, University of Uyo, Akwa Ibom State, Nigeria. Telephone: +2347032043924
E-mail: vickiyanam@gmail.com

deaths, 1.1 million neonatal deaths and 700,000 post neo-natal infant deaths.[7-9] In addition to several other benefits accruing from contraceptive practice, studies have identified links between contraceptive practice and success of programmes such as the millennium development goals 4 and 5 (MDG'S 4 and 5), safe motherhood initiative (SMI) and the prevention of obstetric near misses.[10-13]

Despite the benefits accruing from the use of contraception, studies have shown that while the awareness of contraception is globally high among married women, the effective utilization is poor.[14] For instance contraceptive prevalent rate has been shown to vary between 3% in Chad to 90% in China, with global average of 63%.[15-16] In Nigeria, while 68% of females know at least one method of modern contraception, only 9% of women of reproductive age (15-49 years) use modern contraceptives. This is lower than sub-Saharan Africa average of 17%.[17] Several factors have been found to influence the practice of contraception among married women at different settings. These include-socio-demographic factors such as age of the married women, place of residence, educational level, employment and income status, religious factor, parity of the women, gender of the children, husbands educational and employment-status, family and socio-cultural factors.[18-21] In a study on information on current contraceptive use among currently married women aged 15-49 years by Ghana demographic and health survey, Tawiah concluded that the approval of family planning by women, discussion of family planning with spouses and -women educational level are found to be the three most important variables influencing contraceptive choice and practice among married women.[22]

This study therefore aimed at describing the various socio-demographic factors that influence the practice of contraception as well as identifying sources of contraceptive information among married women who attended the family planning clinic of UUTH, Uyo, Akwa Ibom state.

MATERIALS AND METHOD

Study Area

The study was carried out at the family planning clinic of the University of Uyo Teaching Hospital, UUTH, Uyo between May and September 2013. The University of Uyo Teaching Hospital is -the only tertiary health institution in Akwa Ibom State. It serves a population of over four million people in the south –south and south-east geopolitical zones of Nigeria including Akwa Ibom, Cross River, Abia, Ebonyi and Rivers states. The family planning clinic is located centrally within the hospital and runs from Mondays to Fridays from 8am to 4pm, except on public holidays.

Sample Selection:

A total of 165 married women aged 15-49 years old who attended the family planning clinic of UUTH were recruited into the study, using the formala:[23]

$$n = \frac{Z^2 P(1-P)}{m^2},$$

where; Z – Confidence level at 95% (standard value of 1.96) at

M – 5% acceptable margin of error (standard value 0.05)

P – Estimated prevalence of contraceptive use among married women in Nigeria (calculated using average of some national and local studies[24-27]) = 11.1%

thereby giving minimum sample size of approximately 150.

This was rounded to 165 to compensable for non-response and incomplete responses. A simple random sampling by balloting was used to select the respondents. The inclusion criteria were married female subjects between 15-19 years who attended the family planning clinic during the period of the study who consented to participate in the study. The exclusion criteria were those below 15 years and above 49 years, non- consenting subjects and non-married women.

Data Collection

The data for the study were obtained from the respondents using semi-structured questionnaire which was administered to eligible respondents—by the author and trained assistants after the purpose, general

contents and confidentiality of the study were explained to the respondents, and—a signed consent—obtained from them. The data contained—in the questionnaire include socio-demographic and other variable that influenced contraceptive—practice as well sources of contraceptive information among the married women.

A pre-test study involving 10 subjects in a different setting was carried out before the study commenced.

Data Analysis:

The data collected from the study were analysed using statistical package for social sciences (SPSS), version 17.0. Frequency and percentages of socio-demographic and other variables were determined. Tables and charts were used to show distribution of data as appropriate. The level of statistical significant was taken as $P<0.05$.

Ethical Clearance:

Approval for the study was obtained from the research and ethical committee of the University of Uyo Teaching Hospital before the commencement of the study.

Consent

A signed consent was obtained from each respondent after careful explanation of the contents of the questionnaire and the purpose of the study. Participation in the study was voluntary and confidentiality was upheld.

Results

A total of one hundred and sixty five (165) married women were recruited for the study. The results obtained from the respondents are presented below:

Table 1: Socio-demographic characteristics of married women attending the family planning clinic of UUTH

Characteristics	Frequency (n=165)	Percentage
Age group (years):		
15-19	2	12
20-25	18	10.9
26-30	45	27.3
31-40	93	56.4
41-49	7	4.2
Residence:		
Urban	122	73.9
Rural	43	26.1
Educational level:		
No formal education	10	6.1
Primary education `	13	7.9
Secondary education	45	27.3
Post secondary education	97	58.8
Employment status		
Unemployed	44	26.7
Unskilled workers	51	30.9
Skilled workers	8	4.8
Professionals	62	37.6
Religion		
Christianity	159	96.4
Islam	4	2.4
Traditional religion	2	1.2

As shown in table 1 above, the respondents age ranged from 15-49 years, with the mean and standard deviation of 32.22± 5.56. Majority of the married women were in the age bracket 31-40 years. About three quarter (73.9%) of the women resided in the urban areas while 26.1% of them resided in the rural areas. Most (58.8%) of the respondents had post secondary education while 41.3% had lower levels of education (secondary, primary and no formal education). A substantial proportion (37.6%) of the women were professional workers while 62.4% of them were non-professional (skilled, unskilled workers and unemployed). Almost all (97.6%) of the respondents were Christians.

Table 2: Socio-Demographic Characteristics Of Married Women Attending Family Planning Clinic Of UUTH

Characteristics	Frequency	Percentage(%)
Christian grouping		
(n=159)		
Orthodox	58	36.5
Catholism	4	2.5
Pentecostal	91	57.2
Jehovah witness	6	3.8
Ethnic group (n=165):		
Hausa	4	2.4
Yoruba	9	5.5
Igbo	16	9.2
Ibibio/Annang/Oron	124	75.2
Others	12	7.3
Parity (n=165)		
1-2	47	28.5
3-4	83	56.3
=5	35	21.2
Sex of respondents		
children (n=165)		
All males	25	15.2
All females	17	10.3
Males and females	123	74.5

From the above table, majority of the Christians (56.5%) were Pentecostals. Greater percentage (75.2%) of the respondents was Ibibio/Annang/Oron ethnic groups while others were of Hausa, Yoruba, Igbo and unspecified tribes. Most of the married women (50.32) were Para 3 to 4. About three quarter (74.5%) of the respondents had children of both sexes.

Table 3: Socio-demographic Characteristics

Characteristics	Frequency (n=165)	Percentage (%)
Average Monthly Income (Naira):		
<10,000	13	7.9
11,000 – 30,00	22	13.3
31,000-50,000	42	25.5
51,000-70,000	28	17.0
71,000-90,000	14	8.5
>90,000	46	27.9
Light source:		
PPS* only	22	13.33
Generator only	5	3.03
PPS and generator	138	83.64
Electronic media use:		
Radio	4	2.4
Television	86	52.1
Radio and television	75	45.5
Frequency of Media Use:		
Often	87	52.7
Very often	44	26.7
Rarely	32	19.4
Not at all	2	1.2
Husbands educational level		
No formal education	4	2.4
Primary education	10	6.1
Secondary education	51	30.4
Post secondary education	100	60.6

PPS*-Public Power Supply

Table 3 shows that a significant proportion (27.9%) of the married women earned more than ninety thousand naira a month while 2.9% earned less than ten thousand naira a month. Majority (83.64%) of the respondents sourced their light from public power supply and generator while five respondents (3.03%) sourced their light from generator only. More than half (52.1%) of the respondents owned television while 47.9% owned either radio or television. Most (52.7%) of the married women used electronic media often while two (1.2%) did not use electronic media of all. Husbands of about two third (60.6%)of the women had higher (post secondary) education while husbands of four (2.4%) married women had no formal education.

Husbands of majority (51.5%) of the married women in the study belongd to occupation class 1 while husbands of 12.1% of the married women belonged to class 4, according to Borofftka and Olatuwaru system of occupational classification.[28]

Table 4: Husbands' occupation among married women attending the family planning clinic of UUTH.

Occupation grouping	Frequency(n=165)	Percentage(%)
Group 1	83	51.5
Group 2	46	27.9
Group 3	14	8.5
Group 5	20	12.1

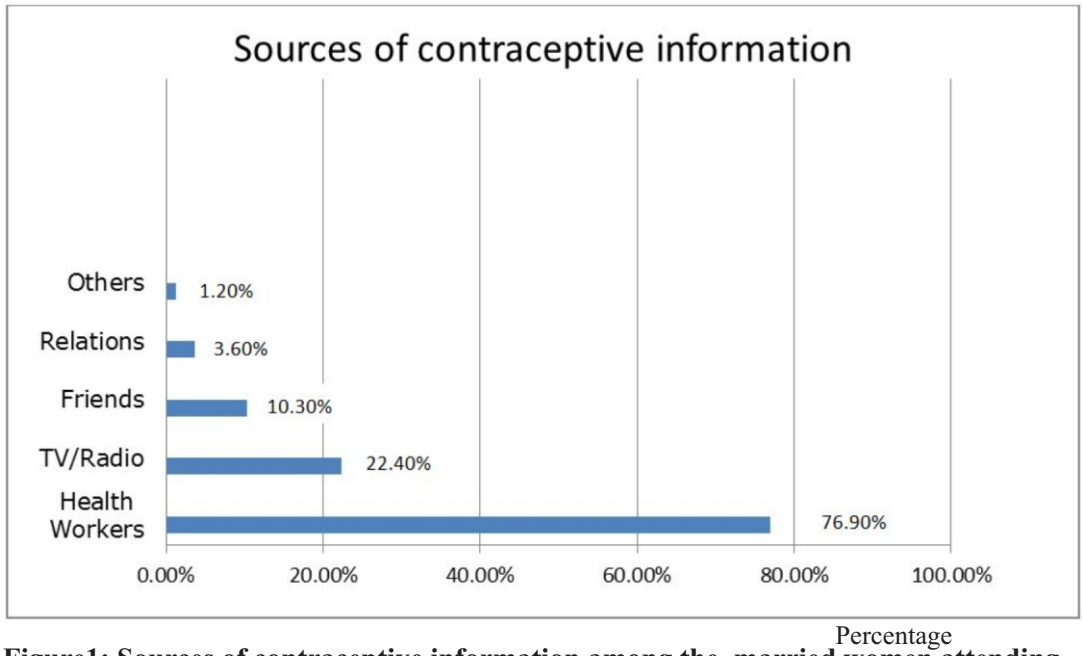

Figure1: Sources of contraceptive information among the married women attending the family planning clinic of UUTH

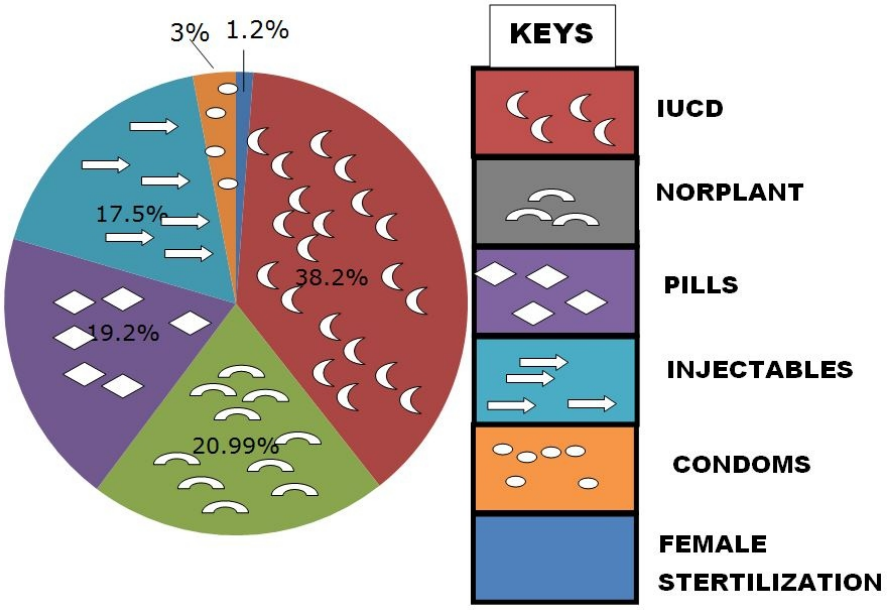

Figure1: Sources of contraceptive information among the married women attending the family planning clinic of UUTH

NB: Some married women obtained contraceptive information from more than once source.

As shown in figure 1, majority (76.90%) of the married women got their contraceptive information from health workers, 22.4% from electronic media (television /radio), 10.3% from friends, 3.6% from relations while 1.2% obtained the information from other sources.

Figure 2 Contraceptive methods used by the respondents

The various contraceptive methods used by the respondents in the study are shown in figure 2. Significant proportion (38.2%) of the respondents used IUCD, 20.9% used norplant,19.2% used pills,17.5% used injectables, 3.0% used condoms(all reversible methods) while 1.2% used female sterilization (irreversible method).

Table 5: Association between some socio demographic factors and methods of contraception use by respondents

Factors	Methods of contraception used					Statistical tests and values
	Hormoneal n(%)	IUCD n(%)	Barrier n(%)	Sterilization n(%)	Total	
Age groups						
15-19	0 (.0)	2 (100.0)	0 (0.0)	0 (0.0)	2 91.2)	X^2 = 14.27
20-25	11 (61.1)	7 (38.9)	0 (0.0)	0 (0.0	18 (10.9)	Df 12
26-30	28 (62.2)	13 (28.9)	2 (4.4)	2 (4.4)	45 (27.3)	P = 0.284
31-40	49 (52.7)	40 (43.0)	4(4.3)	0 (0.0)	93 (56.4)	
41-49	4 (57.1)	3 (52.9)	0 (0.0)	0 (0.0)	7 (4.2)	
Residence						
Urban	69 (56.6)	48(39.3)	3 (2.5)	2 (1.6)	122(73.9)	X^2 = 1.920
Rural	26 (60.5)	15 (34.9)	2 (4.7)	0 (0.0)	45 (26.1)	Df 3
						P = 0.589
Educational level						
No formal education	6 (60.0)	4 (40.0)	0 (0.0)	0 (0.0)	10 (6.1)	X^2 = 8.535
Primary education	7 953.6)	6 946.2)	0 (0.0)	0 (0.0)	13 (7.9)	Df 3
Sec. education	21 (46.7)	21 (46.7)	3 (6.7)	0 (0.0)	45 (27.3)	P = 0.589
Post sec. education	61 (62.9)	32 (33.0)	2 (2.1)	2 (2.10	97 (58.8)	
Employment status						
Unemployed	29 (65.9)	12 (27.3)	1 (2.3)	2 (4.5)	44 (26.7)	X^2 = 12.69
Unskilled	27 (52.9)	22 (43.1)	2 (3.9)	0 (0.0)	51 (30.9)	DF 9
Skilled	2 (25.0)	6 (5.0)	0 (0.0)	0 (0.0)	8 (4.9)	P = 0.177
Professional	37 (59.7)	23 (37.1)	2 (3.2)	0 (0.0)	62 (37.6)	
Average Monthly Income(Naira)						
< 10,000	7 (53.80	6 (46.2)	0 (0.0)	0 (0.0)	13 (7.9)	X^2 =
11,000 – 30,000	16 (72.2)	4 (18.2)	2 (9.1)	0 (0.0)	22 (13.3)	20.942
31,000 -50,000	27 (64.3)	11 (26.2)	2 (4.8)	2 (4.8)	42 (25.5)	Df 15
51,000-70,000	12 (42.9)	16 (57.1)	0 (0.0)	0 (0.0)	28 (17.0)	P = 0.139
71,000-90.000	8 (57.1)	6 (42.9)	0 (0.0)	0 (0.0)	14 (8.5)	
> 90,000	25 (54.3)	20 (43.5)	1 (2.2)	0 (0.0)	46 (27.9)	
Respondents' Parity						
1-2	34 (72.3)	9 (19.1)	2 (4.3)	2 (4.3)	47 (28.5)	X^2 = 22.12
3-4	48 (57.8)	32 (38.6)	3 (3.6)	0 (0.0)	83 (50.3)	Df 6
=5	13 (37.1)	22 (62.9)	0 (0.0)	0 (0.0)	35 921.2)	P = 0.001
Religion						
Christianity	91(57.2)	61 (39.1)	5 (3.1)	2 (1.2)	159(96.4)	X^2=3.021
Islam	4 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	4 (2.4)	Df 9
Traditional religion	1 (50.0)	0 (0.0)	0 (0.0)	1 (50.0)	2 (1.2)	P = 0.213
Christian Group						
Orthodox	25(41.7)	33(27.5)	0(0.0)	2 (3.3)	60(37.3)	X^2 =
Catholism	2 (50.0)	2 (50.0)	0 (0.0)	0 (0.0)	4 (2.5)	18.734
Pentecostal	61 (67.0)	25(27.0)	5 (5.5)	0 (0.0)	91 (56.5)	Df 9
Jehovah witness	3 (50.0)	3 (50.0)	0 (0.0)	0 (0.0)	6 (3.7)	P = 0.012

Table 5 shows association between some socio-demographic factors and contraceptive methods used by the respondents. Only respondents parity (P = 0.00) and Christian religious group (P = 0.012) were statistically significantly associated with the types of contraceptives used by the respondents.

DISCUSSION

This study has shown the influence of socio demographic factors on contraceptive practice among married women attending the family planning clinic of UUTH. Taking the age of the respondents, for instance, the study has shown that even though there was no statistically significant association between the age of the respondents and contraceptives use (P = 0.284), finding in this study have revealed that contraceptive use was highest among women of higher age group (31-40 years) compared with those of lower age groups. Although contraceptive practice is common among women of reproductive age—(15-49 years), there seems to be variation in utilization among the various age brackets. The findings in this study agrees with findings in other studies.[18,29-31] Olugbenga – Bello, et al showed in a study done in western Nigeria that greater percentage of women who used contraceptives were 35 years old and above while lower percentage were of lower age.[30]

The study also showed that although place of residence had no statistically significant association with methods of contraception practiced by the respondents (P = 0.589), majority of the married women (73.9%) were of urban—residence compared to the fewer percentage who resided in the rural areas. Again, this finding was in agreement with similar studies done previously.[19,32,33] Nazir, et al in a survey data from developing countries in Africa, Asia and Latin America, showed that areas of residence constitute an important factor that identify women who are most likely to use or not to use contraceptive method.[34] It has been severally pointed out that urban residence affords ready access to electricity, good roads, electronic and print media, contraceptive sales outlets which enable urban dwelling women access to information on health education and contraceptive benefits, thereby enhancing contraceptive practice among the urban dwellers.[19,22]

In this study, majority of the respondents—(58.8%) had higher (post secondary) education while lower percentage—(41.2%) had lower educational levels, even though education as a variable had no statistical significant association with methods of contraception used by the respondents (P= 0.481). Moreover , women whose husbands had higher (post secondary) education were majority (6.6%) among the respondents. This trend corresponds with studies done in other settings.[19,33,34]

Moreover, in this study, women who were employed constituted the highest proportion of contraceptive users (73.3%) compared with those who were not employed (26.7%). Also the study has shown that most of the married women who practiced—contraception were higher income earners (>30,000 naira/ month), compared to those with low income level (< 30,000 naira/month) who were in the minority. Husbands of most respondents (79.4%) belonged to professional groups (1 and 2) of occupational classification. Although employment status and income level had no statistically significant association (P = 0.177 and P = 0.139), the findings in this study were similar to previous studies.[35-36] Iman, et al had established similar association between higher contraceptive utilization among women of higher educational and employment status in Iran.[36]

Majority of the respondents (96.4%) in this study were of Christian faith. Within the Christian group, the orthodox and Pentecostal women (36.5 and 57.2%) used contraceptives more than the Catholics (2.5%) and the Jehovah Witnesses (3.7%). Although there was no statistical significant association between religion as a variable and contraceptive methods practiced by the respondents(P=0.123), there was however a significant statistical association between Christian groups and the various

contraceptive methods (P = 0.012). Further analysis showed that the Pentecostals were the highest users of hormonal methods (67%), the orthodox faithful were the only users of female sterilization (3.3%). These findings agree with findings in other studies.[31, 37-39] The high proportion of Christian married women in the study could be attributable to the fact that the study was conducted in a state with predominantly Christian religion. That the Catholics were the least users of contraceptives among the Christian groups in this study further confirms the restriction imposed by the church in the use of certain contraceptives among its adherents.

The study also showed that most respondents (78.8%) were of lower parity (para< 5) compared to those with higher parity (Para⩾ 5)/ grand multipara who were in the minority. Also most respondents (74.5%) had mixture of male and female children. Again there was a significant statistical association between parity of the married women and the contraceptive methods practiced (P = 0.001). Moreover, there seemed to be an inverse relationship between the parity of the respondents and the use of hormonal methods as Para 1-2 women had the highest use (72.3%), followed by Para 3-4 (57.8%) while the least users were para ⩾5 (37.1%). On the other hand use of IUCD was directly proportional to parity as Para 1-2 respondents had the least use (19.1%) while Para ⩾ 5 had the highest use of IUCD (62.9%) . While the highest users of barrier methods were Para 1-2, it was surprisingly found out that Para 1-2 women constituted the only users of female sterilization. This trend in contraceptive practice has been reported in previous studies.[35,40-41] Adeyemi, et al had shown in a study in western Nigeria that highest contraceptive users were among the lower parity women while the least use was among the grand multi-parus women[41] Gindher, et al had however documented in a study in Ludhlana that uses of irreversible contraceptive methods were found more among the grand multi – parous women[42] Therefore the few Para 1-2 women who used irreversible contraceptive, documented in this study, could be those with serious health challenges that prevented them from further conception.

The study revealed that most of the respondents (76.9%) got the contraceptive information from health workers while some got from other sources including radio/television, relatives and other sources. Again, this agrees with previous studies. In their separate studies done in Uyo, southern Nigeria, Abasiatai, et al and Umoh, et al showed that most of the contraceptive practitioners obtained their contraceptive information from health wokers.[18,35]

Finally, this study has shown that significant percentage of the married women (38.3%) preferred the IUCD, followed by norplant (20.9%), then the contraceptive pills (19.2%), injectables (17.5%), condoms (3.0%) and female sterilization (1.2%). This pattern of contraceptive utilization corresponds with findings documented in previous studies. For instance, studies conducted in Nigeria consistently found out that while the oral contraceptive pills were the most popular fertility control method on a national level, the IUCD was the method most frequently selected by women who obtain contraceptives from the family planning clinic.[41] Also, at the regional level, Adeyemi, et al showed that the IUCD was the most popular method in western Nigeria followed by the injectable,[41] while Chiagbu, et al identified the hormonal injectable as the most popular method in eastern Nigeria, followed by the IUCD.[42] In south-south Nigeria, Umoh, et al and Abasiattai, et al found out that while the male condom was the most popular method, the IUCD was the next preferred method.[18,35] Therefore the finding in this study is a reflection of national trend in contraceptive practice in Nigeria among married women who obtained contraceptives at family planning clinic.

CONCLUSION

This study has shown that contraceptive utilization among married women in this

centre was mainly influenced by higher socio-demographic status among the respondents. Therefore the need to step up information propagation to women across all social classes of the society so as to ensure that contraceptive benefits accrue to all women is highly recommended.

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