

PREVALENCE OF KNOWLEDGE AND USE OF CONTRACEPTIVE METHODS AMONG URBAN AND RURAL WOMEN IN ABIA STATE, NIGERIA

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Abstract

The study examines the prevalence of knowledge and use of contraceptive methods among urban and rural women in Umuahia, Abia State. Quantitative and qualitative methods of data collection were adopted in the study. Data for the study were collected through a service questionnaire and 6 in-depth interviews. A total of 500 women were selected from each of the two areas adopting a multi-stage sampling method. Data were analyzed using Statistical Package for Social Scientist (SPSS) at univariate and bivariate levels. The analysis strongly suggests that level of education, place of residence have a powerful effect on knowledge and use of modern contraceptive methods. The use of modern contraceptive methods is predominant among women aged 35-44 years. The reason is attributed to fear of conception amongst them. The main sources of knowledge of family planning are radio/TV and schools. The study recommends that subjects/courses on modern contraceptive methods and family planning should be introduced in our schools curriculum from secondary level.

Key words: socioeconomic, modern contraceptives, family planning.

Introduction

Unexpected or unplanned pregnancy poses a major public health challenge in women of reproductive age, especially in developing countries. More than 200 million women in developing countries would like to delay their next pregnancy or even stop bearing children altogether (Singh et al., 2003), but many of them still rely on traditional and less effective methods of contraception or use no method at all. Those who do not use any contraceptive method may lack access or face barriers to using contraception.

These barriers include lack of awareness, lack of access, cultural factors, religion, opposition to use by partners or family members, and fear of health risks and side effects of contraceptives (Abiodun and Balogun, 2009).

In Nigeria, unintended intercourse is the primary cause of unwanted pregnancies, and many women with unwanted pregnancies decide to end them by abortion (Otoide, 2001). Since abortion is illegal in Nigeria (unless medically recommended to save a mother's life) many abortions are carried out in an

unsafe environment. The consequences of these clandestine abortions are grave and can be life-threatening, often leading to maternal death. Abortions account for 20%–40% of maternal deaths in Nigeria (Orij, 2009).

Many factors contribute to unwanted pregnancy in Nigeria, and a very important factor is the low level of contraceptive use (Oye-Adeniran et al., 2005; Okpani and Okpani, 2000). In addition, a desire to limit family size to enable the family to provide a better education for the children, the increased participation of women in the labor force, and urbanization are other factors leading to the desire of Nigerian women to have a predetermined number of children (Bankole et al., 2009). The use of modern contraceptive methods translates into the prevention of unwanted pregnancy and subsequent abortions. If contraceptive use in the population increases among Nigerian men and women who are sexually active, there will be a significant reduction in unwanted pregnancies and abortions leading to reduced maternal mortality. Research in Nigeria indicates that more than 60% of women with an unplanned pregnancy are not using any form of contraception (NDHS, 2003).

The results of NDHS (2008) show that knowledge of any contraceptive method is widespread in Nigeria, with 72 percent of all women and 90 percent of all men knowing at least one method of contraception. Modern methods are more widely known than traditional methods; 71 percent of all women know of a modern method while only 36 percent know a traditional method. Among modern methods for women, the male condom is the most commonly known method (58 percent). Foam/jelly and the diaphragm are the least known modern methods, 6 percent for both. Sexually active

unmarried women are more likely to know of a contraceptive method than currently married women (95 percent compared with 68 percent, respectively).

Umuahia, in Abia State, is made up of rural and urban communities. The prevailing incidence of disparity on the knowledge and use of contraception among urban and rural women in the areas, though not well documented in the literature, makes the area suitable for this study. Also, there have been a number of publications on knowledge and use of contraception in Nigeria, but little or no such studies have been undertaken in Umuahia. It is, therefore, pertinent to investigate the issues surrounding knowledge and use of contraceptive methods among urban and rural Umuahia women with a view to suggesting adequate strategies that will help to reduce their fertility behaviour.

Brief Literature Review and Theoretical framework

Several studies in Nigeria indicate that contraceptive knowledge and awareness, especially among female students aged 15 to 24 years, is very high. In one study done in Ilorin, (Abiodun and Balogun, 2009) observed that the methods mostly known by respondents were the condom (69.0%), the oral contraceptive pill (OCP, 38.8%), IUCD (29%), and periodic abstinence (32.9%), with most respondents being able to name at least one method of contraception.

On the sources of contraceptive, various studies in Nigeria also have indicated that the main sources of information about contraception, in descending order of frequency, include friends/ siblings, radio/ television/newspapers/magazines, school lectures/ workshops/ seminars, and health workers (Oye-Adeniran et al., 2005; Okpani and Okpani, 2000; NDHS, 2008). Recent

observations in some centers and communities indicate staff in health centers are becoming an important source of information, especially in southern Nigeria (Abasiattai, 2008). This is probably because of the increased level of education among women and mothers in southern parts of Nigeria. The use of mass media to promote family planning has been found to be effective in changing contraceptive behaviour in Nigeria (Bankole, 1992). Also, the effects of material and non-material costs of regulation on use of contraceptive have been ascertained. Though, Bulatao and Lee (1983) do not appear to be significant barrier to contraceptive use; rather, access to information about contraception and psychological cost associated with access are more important.

Religion and Christian denomination have also been shown to have an influence on contraceptive usage. Oye-Adeniran et al., (2005) has shown that while the Roman Catholics get their contraceptives mostly from patent medicine shops, the majority of Christians get theirs from general hospitals. This corroborates the finding of Isiugo-Abanihe (2003) who found a significant relationship between religious affiliations and family size as a result of different doctrines and teachings regarding contraceptive practices and the value of children. In the same survey, the age of the respondent was as important in the source of contraceptive commodity. Most adolescents used patent medicine shops, but from the age of 25 years there is a greater tendency to obtain contraceptives from the private/general hospitals.

Many studies have revealed the relationship between husband's decision and family planning. Isiugo-Abanihe (1991) demonstrates that the husband's influence with respect to decisions concerning family planning and fertility is profound among the

major ethnic groups, and that it is accentuated in the northern part of the country by a policy that forbids women from obtaining family planning services without their husband's consent. A study of married female students in Nigeria found that one of every five who were not using a modern contraceptive method gave her husband's objections as her reason (Ojeifo and Singh, 1984).

Cohen (2000) reported from a study in Malawi that female education appears to be an important determinant of current contraceptive use, perhaps because more educated women are more likely to appreciate the advantages of having fewer, better educated children. To him, small amounts of education have been found to sometimes rise rather than lower fertility because it breaks down traditional birth spacing practices such as prolonged breastfeeding or postpartum abstinence without lowering fertility desires or increasing age at marriage. Furthermore, more educated women are less likely to be fatalistic toward the use of family planning and more likely to be knowledgeable about alternative methods of family planning and their potential side-effects.

There is one theoretical explanation for fertility differentials between women in urban and rural areas. That is "Davis and Blake" framework which presumed that socio-economic and cultural variables have to operate through a set of proximate determinants that have direct influence on fertility to have their effect on fertility. To them, the social variables affecting fertility operate according to the stage of the reproductive process the variables influence by either interfering with, or facilitating its completion. These are grouped under three main heading; (a) factors affecting exposure to intercourse ("Intercourse variables"), (b)

factors affecting exposure to conception ("Conception variables"), and (c) factors affecting exposure to gestation and parturition ("Gestation variables"). The second group of factors affecting the exposure to conception variables include involuntary fecundity or infecundity, use or non-use of contraception (by mechanical, chemical and other means), and fecundity or infecundity as affected by voluntary practices such as sterilization and medical treatment. Maternal socio-economic backgrounds like level of education could expose a mother to the preferred method to use at a time or period. It is through these variables which affect fertility that other factors like social and cultural factors affect fertility. However, the work of John Bongaarts (1978) in which he termed these variables "Proximate Determinants of Fertility" has been guided by the work of Davis and Blake.

Methods

Data were collected using structured and in-depth interviews form that was developed by the researcher after a review of related literature and after receiving expert opinion. A sample of 484 resident women of reproductive age (15-49 years) was interviewed. For the in-depth interview, there were three (3) interviews each from the two areas totalling six (6) interviews. The sample was selected in proportion to the population of the different categories. The sampling technique used was multi-stage sampling method so as to give each respondent a fair chance of being selected. Here, the probability sampling technique that was employed is the systematic random sampling, which ensured the random selection of sample on a systematic basis. The first procedure was the selection of Umuahia North Local Government Area and Umuahia South Local Government Area

from the three major Local Government Areas (Umuahia North, Umuahia South and Ikwuano) that make up the old Umuahia. Umuahia North was selected for urban respondents, while Umuahia South was selected for rural respondents.

Out of the 128 streets that make up Umuahia North urban, 10 streets were randomly selected which include Ohafia, Bende Road, Item, Kaduna, Warri, Lagos, Okwulehie, School Road, Azikiwe Road and Abiriba. Also, a random selection of Olokoro from the five communities that make up Umuahia South was carried out. In the urban area, a systematic selection of 25 houses from each street visited was selected and a random selection of five villages out of the 14 villages that make up Olokoro community was also carried out. The final stage of the procedures was the purposive selection of the respondents that were interviewed in both urban and rural Umuahia. From each of the streets one respondent was purposively selected from each of the selected buildings. In each of the 5 villages, 50 respondents were purposively selected.

The structured interview consisted of three sections: The first section included questions about the respondents' background characteristics, such as age, education level, and income. In the second section, there were questions about the fertility behaviours of the respondents and some proximate determinants of fertility. The third and final section featured questions about the knowledge and the use of contraceptives of the respondents with the aim of capturing and explaining the objectives of the study.

The primary data were analyzed at univariate and bivariate levels. The univariate analysis involved the use simple statistics like frequency distribution table and percentages to

examine the respondents' background characteristics. Bivariate analysis involved cross-tabulation of the independent and dependent variables to examine the association. Qualitative analysis involved the categorization of responses into objective of the study, where they fit in. The responses were carefully gathered. In the final analysis, content analysis was employed by sorting and transcribing the responses based on their relations to the study objectives; hence, the responses from the respondents were reported verbatim.

Results and Discussions

The presentation of the major findings of the study was divided into six sections. The first section contained information about the background characteristics of the respondents and the comparison of the background characteristics of urban and rural respondents. The second section covered knowledge of family planning in the last three months before the study and respondents' approve or disapprove of couples using contraceptive methods. Section three examined the respondents' use of female contraceptive and reasons for using or not using the female contraceptives. The fourth section covered types of contraceptive methods used by the respondents. While the final section contained information about the respondents' socioeconomic background and use of modern contraceptive methods.

Background characteristics of the respondents

The background characteristics of the sampled respondents presented in table 1 show that out of the 484 returned questionnaire, the mean age of the respondents was 30.4 years. Close to one-third of the respondents are within ages 25-

29 years which is the modal age group. This was followed by those less than 25 years with 23.8%. This obviously shows that majority of the respondents have come of age and therefore might have had good experiences on childbearing.

As regards the marital status of the respondents, the table shows that the majority of the respondents with 65.1% reported to be currently married and living together, 30.8% were single, while only 3.3% were widowed. The small number of respondents that were divorced could be an indication that married women in the area do everything possible to live with their husbands considering the social stigma attached to separated and divorced women. The large number of respondents that reported to be married and living together was a plus to this study putting into consideration the topic of the study.

Table 1 show that 45.2% of the respondents had tertiary qualification from NCE, Polytechnics, Colleges of education and Universities. Also, 44.0% reported that they had secondary school certificates, while 10.7% had primary and less level of education. This is an indication that the quest for academic qualifications is high in Umuahia among women of childbearing age. The occupation of the respondents was mainly paid jobs. As shown in table 1, the majority of the respondents 56.8% were in paid jobs like civil service workers, bank workers, company workers and clerk jobs. Only 7.0% of the respondents were farmers. This could be as a result of high level of education of the respondents.

The result reveals that 36.2% of the respondents earn less than #10,000 in a month. This was followed by 28.1% earning between #10,000-#20,000, while only 5.6% earn between #30,000 - #40,000. This could

be as a result of lack of industries in the area that compels the respondents to accept jobs that are not commensurate with their educational qualifications. Also the respondents were predominantly Igbos (96.3%) which is as a result of the study area which is an Igbo speaking region.

Background Characteristics of respondents by place of residence

Table 2 shows the background characteristics of respondents of urban and rural respondents. The urban area had a relatively higher number of women who were single compared to rural area. This could be due to the high quest for educational pursuits of the urban respondents. About 70.7% of the rural respondents were married/living together compared with 59.1% of urban respondents. Only 6.6% widowed, separated and divorced were in the rural area, while 1.7% in the urban area.

The results reveal that 61% of urban respondents had tertiary education relative to 29% of their rural counterparts. Conversely, rural area had a relatively large population in secondary and primary education category. The higher urban education is expected because of the proximity to location of educational institution. The occupational level of the respondents indicated that over two-third of urban respondents with 77.7% were mostly in paid jobs compared to rural respondents. Only 29% of rural respondents were in petty trading. This could be as a result of the concentration of formal jobs in the urban area than rural area.

The table also shows that the percentage of respondents that earn less than #10,000 was higher in the rural than urban area with 43.8% compared to 28.5%. The percentage of respondents that earn #10,000-#20,000 was higher in the urban area with 31.2% compared to 25.0% rural respondents. Also, the percentage of the

respondents that earn above #30,000 was also higher in the urban area than rural area. This could probably be attributed to the fact that some higher income earners preferred residing in the urban than rural area since most establishments are located in the urban Umuahia.

As regards the place of work of the respondents for two areas, the majority of the respondents with 82.2% from urban area work away from home compared to 41.7% of rural dwellers. Whereas only 14.4% of urban residents work at home, 45.5% of rural residents do so. This is consistent with the nature of work in the urban areas.

Distribution of the respondents by the Knowledge of family planning and approve or disapprove of couples using contraceptive methods

On the respondents' knowledge of family planning in the last three months before the study, more than two-third of the respondents with 73.6% reported to have heard about family planning. Also, the results on the sources of knowledge of family planning indicated that the majority of the respondents 63.8% reported to have heard of family planning through radio and television, 45.9% reported Newspapers/Magazines, while 38.2% reported friends and colleagues. The results showed that the swap of ideas on family planning among friends and colleagues was poor.

Table 3 shows that the majority of the respondents (62.7%) approved of couples using contraceptives. Also, 19.9% admitted that they disapproved couples using contraceptive methods to delay or stop pregnancy. The respondents' reasons for disapproving the use of modern contraceptive methods as reported by them were mainly attributed to their

religious beliefs and fear of side effects of using them.

Distribution of respondents by use of female contraceptive and reasons for using or not using the female contraceptives

The result shows that the majority of the respondents (51.4%) admitted to have used any of the female contraceptive methods, while 48.6% reported not to have used any of the contraceptive methods. The respondents that had used contraceptive methods submitted that they did that for child spacing and prevention of pregnancies. Also, respondents that reported not have used any of the contraceptive methods attributed their reasons to religious beliefs, husbands' refusal and financial problems. It is evident that the use of contraceptive was predominant amongst women that were still having children.

On the respondents' responses concerning the use of modern contraceptives to delay or control pregnancies in future, 45.1% out of the 235 respondents that reported not to have used contraceptive methods submitted that they would not use any of the contraceptive methods to prevent pregnancy in future, while 34.0% reported not be sure if they would use any of the contraceptive methods in future. Also, the majority of the respondents with 57.2% that reported not to have used any of the modern contraceptive methods gave their reasons to be fear of side effects of using the contraceptives in future. Only 15.0% attributed their reasons to be religious belief.

Distribution of urban and rural respondents by use and place to get any of the contraceptive methods

With respect to the use of any of the contraceptive methods in urban and rural areas, table 5 shows that 60.3% of respondents in urban area had used any of the methods, compared to 42.6% of rural residents. Also, the majority of the urban respondents with 69.0% compared with 43.8% of rural respondents admitted knowing the place one can get any of the female contraceptive methods. The disparity that exist between the two areas could be attributed to the fact that some government and private hospitals and pharmacies like Federal Medical Centre (FMC) Umuahia, family chemist, Ekesco and blessed pharmacies are all situated in urban Umuahia. This corroborates the submission made by a rural respondent in an interview:

The place of one's residence tells on the knowledge of places one can acquire the female contraceptives. We are deprived of such opportunity enjoyed by our urban counterparts because they have access to some hospitals as they all are situated in the urban area. Most of us in this rural setting do not know where and how one can get them around unless one travels out of this community (39 years rural respondent).

Another respondent from urban area aged 36 years submitted as stated below:

One can easily get any of the methods around for use. I personally visit the Federal Medical Centre (FMC), and some other private hospitals around whenever the need arises. Not only the hospitals, there are still some other pharmacies in this area where one can easily get any of the methods.

Distribution of respondents by the used types of contraceptive methods

On the types of contraceptive methods used by the respondents, table 6 indicates that despite the knowledge of the contraceptive methods by the respondents in the area, 28.3% of the respondents reported to have used pills, 27.1% have used condom, while 16.7% of the respondents reported to have used injectables. The above result revealed that the common modern contraceptive methods used among women of childbearing ages were pills, injectables and male condom. The rate at which the respondents used female condom was low compared to male condom.

Percentage distribution of some respondents' socioeconomic background and use of modern contraceptive methods

This section investigated the effects of respondents' age, marital status, educational attainment, occupation, place of residence and income level on the use of contraceptives. Table 7 below indicates that out of 32 respondents that reported that they were 45 years and above, the majority of them with 62.5% had not used any of the modern contraceptive methods, while 37.5% reported to have used any of the methods. Also, out of 115 respondents that were aged less than 25 years, 50.4% of them had not used any of the methods as against 49.6% that had used any of them. The majority of the respondents aged 35-39, 30-34 and 40-44 years had used any of the modern contraceptive methods. The results are clear indication that there was fear of conception amongst some married and unmarried respondents as reported by some of them. However, those respondents that submitted not to have used any of the modern contraceptive methods attributed their reasons to marital status, religious

beliefs and fear of side effects of using the contraceptives. This is consistent with the submission made by an urban woman during an in-depth interview:

I believe that those who use these medicines and other methods in order to delay or stop pregnancy will regret in future when the repercussion will boomerang on them. I hate it and will not use it for my life time. More so, it is not meant for me because I am not married (a respondent aged 28 years).

Distribution of respondents by marital status and use of modern contraceptive methods

The result in table 8 shows that out of 20 respondents that were widowed, separated and divorced, close to two-third of them reported to have used any of the contraceptive methods, while 35.0% had not used any of them. Also, the majority of the respondents with 51.7% out of 149 respondents that were single had used any of the contraceptive methods, while 48.3% reported not to have used any of the methods.

The high percentage of the respondents who had used any of the modern contraceptive methods that were married, widowed, separated and divorced could probably be mainly to prevent pregnancy and space their children since some of them were no more with their partners. The refusal of some married respondents to the use of any of the methods was attributed to their husbands' persistence, religious beliefs, and fear of side effects of using the methods as reported by some of them.

Distribution of respondents by educational level and use of modern contraceptive methods

It has been observed that women's education serves as an eye opener towards the knowledge that allows them to make informed information like the use of contraceptives. Table 9 indicates that out of the 52 respondents with primary and less educational level, over two-third of them with 71.2% reported not to have used any of the contraceptive methods, while 28.8% had used any of the methods. Also, the majority of respondents 54.3% out of the 219 respondents that had tertiary educational level reported to have used any of the methods, while 45.7% reported not to have used any of the methods. The majority of respondents who had secondary and above educational levels that had used any of the contraceptive methods shows that the more educated women are more likely to use any of the modern contraceptive methods than the less educated ones. The result also depicted the statement made by a rural woman (farmer), with less than primary education during an in-depth interview:

I have not seen any of the contraceptive methods that they advertise on radio and television at times. However, I have not been taught on how to even use them if I find them on my way. Those who are more educated should know more about contraceptive methods than some of us that are less educated. She concluded by saying "you know that I am just a farmer".

Distribution of respondents by occupational status and use of modern contraceptive methods

Table 10 shows that over two-third of the respondents with 70.6% who were farmers in the study area had not used any of the

modern contraceptive methods, while 39.4% of the respondents had used any of them. Out of 275 respondents that were in paid jobs, the majority of them with 58.9% had used any of the contraceptive methods as against 41.1% of them that had not used any of them.

The results indicate that the majority of respondents who were in paid jobs use modern contraceptives than respondents in other occupational status probably because they earn higher income monthly. Also, the idea on contraceptive use might be shared amongst the respondents in paid jobs in their various offices.

Distribution of respondents by place of residence and use of modern contraceptive methods

Table 11 indicates that urban respondents use modern contraceptive methods than their rural counterparts. Out of 242 respondents, the majority of them with 60.3% reported to have used any of the modern contraceptive methods, while 39.7% had not used any of them. Also, the majority of the rural respondents with 57.4% reported not to have used any of the methods as against 42.6% that had used them. This result was expected because of the concentration of some government and private hospitals and pharmacies like FMC, Family chemist, Ekesco and Blessed pharmacies in urban Umuahia as stated earlier on. The disparity on the use and non-use of modern contraceptive methods is attributed to the level of accessibility of the contraceptive methods in the two areas. This depicts the findings of the NDHS 2003 which indicate that the urban women use any of the modern contraceptive methods more than their rural counterparts.

Conclusion and Recommendations

It is therefore, conceded that the reason why Nigeria's fertility has remained high and contraceptive use so low is complex and diverse. The study recommended available information on the appropriate places to get the contraceptive methods and ways of using them should be relayed to the women especially those in the rural areas through the sources of information (radio/TV and Newspapers/magazines) that are mostly used by them. This information through the media should be aired in local language of the area to drive home the points on the use and safety of the contraceptive methods to the less educated people.

If accessibility, availability, and, ultimately, the acceptance of modern contraceptives is to be increased significantly in the vast communities that make up the Nigerian federation, a significant investment in the education and training of more family planning providers and volunteers as well as retraining retired midwives and nurses, would have to be made. Government should expedite action

in educating family planning and contraceptive methods clients about the side effects of the each method used, the possible actions to be taken in cases of side effects, and inform them about other methods that could be used.

Paramount among the measures to encourage the use of contraceptive methods is the formulation of a new national policy on population, the primary objective of which should be to stem the continuing burden of high fertility and population growth rates in the health of families by legalizing the use contraceptives.

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References

- Abasiattai, A. M., E. A. Bassey and E. J. Udoma. (2008). Profile of Intrauterine Contraceptive Device Acceptors at the University of Uyo Teaching Hospital, Uyo, Nigeria. *Ann Afr Med.*; 1:1 5.
- Abiodun, O. M. and O.R. Balogun. (2009). Sexual activity and contraceptive use among young female students of tertiary educational institution in Ilorin, Nigeria. *Contraception*; 79:146–149.
- Bankole, S. A. (1992). Marital partner's reproductive attitude and fertility among the Yoruba of Nigeria. PhD Dissertation Population Studies Centre, University of Pennsylvania.
- Bankole, S. A, Sedgh G, Okonofua F, Imarhiagbe C, Hussain R. and Wulf D. (2009). Barriers to Safe Motherhood in Nigeria. New York, NY: The Alan Guttmacher Institute.
- Bulatao, R. A. and R. Lee. (1983). Overview of determinants of fertility in developing countries. In determinants of fertility in developing countries. Vol. 11, New York, London: Academic Press.
- Carr D. and M. Khan. (2004). The Unfinished Agenda: Meeting the needs for family planning in less developed countries. Washington, DC: Population Reference Bureau.
- Cohen B. (2000). Family Planning Programs, Socio-economic Characteristics, and contraceptive use in Malawi. *World Dev.* 28(5): 843-860.
- Isiugo-Abanihe, U. C. (1991). Prospects of Voluntary Surgical Contraception in Nigeria. Knowledge, attitudes and potential for VSC in five Nigerian Cities. Summary report of Focus Group Studies, submitted to the Association of Voluntary Surgical Contraception, Lagos.
- Isiugo-Abanihe, U. C. (2003). *Male Role and Responsibility in Fertility and Reproductive Health in Nigeria*. Ibadan: The Centre for Population Activities and Education.
- National Population Commission (NPC) [Nigeria] and ORC Macro. (2004). *Nigeria Demographic and Health Survey 2003*. Calverton, Maryland: National Population Commission and ORC Macro.
- National Population Commission (NPC) [Nigeria] and ICF Macro. (2009). *Nigeria Demographic and Health Survey 2008*. Abuja, Nigeria: National Population Commission and ICF Macro.
- Ojeifo, J. O. and B. Singh. (1984). Parental health and services. A missing link in family health services. Paper presented at the Eleventh Annual National Council for International Health Conference, Arlington, VA, 10-13 June.
- Orij, V. K., I. Jeremiah and T. Kasso. (2009). Induced abortion amongst undergraduate students of university of Port Harcourt. *Nig J Med.*;18(2): 199–202.
- Otoide, V. O., F. Oronsaye and F. E. Okonofua. (2001). Why Nigerian adolescents seek abortion rather than contraception: Evidence from focus-group discussions. *Int Fam Plan Perspect.* 27(2):77–81.
- Oye-Adeniran, B. A., I. F. Adewole, K. A. Odeyemi, E. E. Ekanem and A. V. Umoh. (2005). Contraceptive prevalence among young women in Nigeria. *J Obstet Gynaecol.* ;25:182–185.
- Okpani, A. O. U. and J. U. Okpani. (2000). Sexual activity and contraceptive use among female adolescents: A report from Port Harcourt. *Afr J Reprod Health* ;4:40–47.
- Singh S., J. E. Darroch and M. Vlassoff. (2003). Nadeau J. *Adding it up: The benefits of investing in sexual and reproductive health*. New York, NY: The Alan Guttmacher Institute.

List of Tables

Table 1: Background Characteristics of respondents

Value Label	Category	No.	%
Age	< 25	115	23.8
	25 – 29	145	30.0
	30 – 34	106	21.9
	35 – 39	43	8.9
	40 – 44	43	8.9
	45+	32	6.6
	Total	484	100
Marital status	Single	149	30.8
	Married/Living together	315	65.1
	Widowed	16	3.3
	Separated/Divorced	4	0.8
	Total	484	100
Educational level	Primary and less	52	10.7
	Secondary	213	44.0
	Tertiary	219	45.2
	Total	484	100
Occupational status	Farming	34	7.0
	Paid job	275	56.8
	Petty trader	78	16.1
	Labourer	13	2.7
	Others	74	15.3
	No response	10	2.1
	Total	484	100
Income level	Less than #10,000	175	36.2
	#10,000-#20,000	136	28.1
	#20,000-#30,000	58	12.0
	#30,000-#40,000	27	5.6
	Above #40,000	34	7.0
	No response	54	11.2
	Total	484	100

Source: Field Survey, 2009

Table 2: Background Characteristics of respondents by place of residence

Value label	Category	Urban		Rural	
		Frequency	%	Frequency	%
Marital status	Single	95	39.3	55	22.7
	Married/Living together	143	59.1	171	70.7
	Widowed/Separated/Divorce	4	1.7	13	6.6
	Total	242	100	242	100
Educational level	Primary and less	5	2.1	47	19.4
	Secondary	89	36.8	124	51.2
	Tertiary	148	61.2	71	29.3

	Total	242	100	242	100
Occupational status	Farming	5	2.1	29	12.0
	Paid job	188	77.7	87	36.0
	Petty trader	8	3.3	70	28.9
	Labourer	2	0.8	11	4.5
	Other	36	14.9	38	15.7
	No responses	3	1.2	7	2.9
	Total	242	100	242	100
Income level	Less than #10,000	69	28.5	106	43.8
	#10,000-#20,000	76	31.4	60	24.8
	#20,000-#30,000	36	14.9	22	9.1
	#30,000-#40,000	16	6.6	11	4.5
	Above #40,000	26	10.7	8	3.3
	No response	19	7.9	35	14.5
	Total	242	100	242	100
Place of work	At home	35	14.5	110	45.5
	Away from home	199	82.2	101	41.7
	No response	8	3.3	31	12.8
	Total	242	100	242	100

Source: Field Survey, 2009.

Table 3: Knowledge of family planning and approve or disapprove of couples using contraceptive methods by the respondents

Value label	Category	Frequency	%
Have you heard/read about family planning in last three months?	Yes	356	73.6
	No	128	26.4
	Total	484	100
If yes, what is your source Radio/TV?	Yes	309	63.8
	No	175	36.2
	Total	484	100
Newspaper and Magazines	Yes	222	45.9
	No	262	54.1
	Total	484	100
Town Criers	Yes	22	4.5
	No	462	95.5
	Total	484	100
Friends and Colleagues	Yes	185	38.2
	No	299	61.8
	Total	484	100
Schools	Yes	101	20.9
	No	383	79.1
	Total	484	100
Others	Yes	29	6.0
	No	453	93.6
	No response	2	0.4
	Total	484	100
Do you approve or disapprove of couples using contraceptive	Yes	304	62.8
	No	96	19.9

methods?	Not sure	83	17.1
	No response	1	0.2
	Total	484	100

Source: Field Survey, 2009.

Table 4: Distribution of respondents by use of female contraceptive and reasons for using or not using the female contraceptives

Value label	Category	Frequency	%
Have you used any of the contraceptive methods?	Yes	249	51.4
	No	235	48.6
	Total	484	100
If "No" above, why?	Financial problems	24	10.2
	Religious belief	65	28.0
	Cultural belief	8	3.4
	Not available	7	3.0
	Husbands refusal	48	20.4
	Others	83	35.3
	Total	235	100
Do you think you will use any of the female contraceptive methods in future to prevent pregnancy?	Yes	49	21.0
	No	106	45.0
	Don't know	80	34.0
	Total	235	100
What is your main reason that you think you will not use female contraceptive in future?	Want as many children	14	6.0
	Religious belief	35	15.0
	Costs too much	8	3.2
	Lack of knowledge	11	5.0
	Fear of side effect	135	57.2
	Other	30	13.0
	No response	2	1.0
	Total	235	100
What is your main reason for using female contraceptive methods?	Prevent HIV	5	2.0
	Child spacing	109	44.0
	To stop having children	18	7.2
	Prevent pregnancy	107	43.0
	Partner insisted	5	2.0
	Others	3	1.2
	No response	2	1.0
	Total	249	100

Source: Field Survey, 2009.

Table 5: Distribution of urban and rural respondents by use and place to get any of the contraceptive methods

Value label	Category	Urban		Rural	
		Frequency	%	Frequency	%
Have you ever used any of the modern contraceptive methods?	Yes	146	60.3	103	42.6
	No	96	39.7	139	57.4
	Total	242	100	242	100
Do you know of a place one can get female contraceptive?	Yes	167	69.0	106	43.8
	No	74	30.6	136	56.2
	No response	1	0.4	-	-
	Total	242	100	242	100

Source: Field Survey, 2009.

Table 6: Distribution of respondents by the used types of contraceptive methods

Value label	Frequency	%
Pills	137	28.3
Injectables	81	16.7
Implants	13	2.7
Condom	131	27.1
Female condom	25	5.2
Traditional methods	22	4.5
IUDs	22	4.5
Others	5	1.0

Source: Field Survey, 2009.

Table 7: Percentage distribution of respondents' ages and use of modern contraceptive methods

Use of contraceptive methods	Respondents' ages						Total
	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45+	
Yes	57 49.6%	68 46.9%	60 56.6%	29 67.4%	23 53.5%	12 37.5%	249 51.4%
No	58 50.4%	77 53.1%	46 43.4%	14 32.6%	20 46.5%	20 46.5%	235 48.6%
Total	115 100%	145 100%	106 100%	43 100%	43 100%	32 100%	484 100%

Source: Field Survey, 2009.

Table 8: Distribution of respondents by marital status and use of modern contraceptive methods

Use of contraceptive methods	Marital status			
	Single	Married/ Living together	Widowed/Separated/ Divorced	Total
Yes	72 48.3%	164 52.1%	13 65.0%	249 100%
No	77 51.7%	151 47.9%	7 35.0%	235 100%
Total	149 100%	315 100%	20 100%	484 100%

Source: Field Survey, 2009.

Table 9: Distribution of respondents by educational level and use of modern contraceptive methods

Use of contraceptive methods	Educational level			
	Primary and less	Secondary	Tertiary	Total
Yes	15 28.8%	115 54.0%	119 54.3%	249 51.4%
No	37 71.2%	98 46.0%	100 45.7%	235 48.6%
Total	52 100%	213 100%	219 100%	484 100%

Source: Field Survey, 2009.

Table 10: Distribution of respondents by occupational status and use of modern contraceptive methods

Use of contraceptive methods	Occupational status					
	Farming	Paid job	Petty trading	Labourer	Other	Total
Yes	10 29.4%	162 58.9%	35 44.9%	6 46.2%	32 43.2%	245 51.7%
No	24 70.6%	113 41.1%	43 55.1%	7 53.8%	42 56.8%	229 48.3%
Total	34 100%	275 100%	78 100%	13 100%	74 100%	474 100%

Source: Field Survey, 2009.

Table 11: Distribution of respondents by place of residence and use of modern contraceptive methods

Use of modern contraceptive	Place of residence		
	Urban	Rural	Total
Yes	146 60.3%	103 42.6%	249 51.4%
No	96 39.7%	139 57.4%	235 48.6%
Total	242 100%	242 100%	484 100%

Source: Field Survey, 2009.