

Evaluation of Some Factors Influencing the Use of Contraceptive Among Students: A Case Study of Students of Niger Delta University, Amassoma Bayelsa State, Nigeria

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Abstract:

Background: Several young adults are sexually active with low level of contraceptive use. This contributes to the increasing spread of sexually transmitted infections and HIV/AIDS among the youth. Evidence from previous studies show the existence of increasing sexual activities among the youth globally, with those in developing countries perceived to be at greater risk because of their low level of access to medical facilities. This study conducted to determine some of the factors that influence students in the College of Health of Health Science, Niger Delta University, Amassoma from not using contraceptives.

Method: A descriptive cross-sectional study design was conducted among two hundred (200) students of the College of Health of Health Science, Niger Delta University aged 16-30 years. Data collection was carried out using both self-administered questionnaire

Results: Data revealed that majority (33.5%) of the respondents identified embarrassment to buy contraceptives as a major problem while the lowest percentage (1.5%) of the respondent associated disapproval by parents as their problem to contraceptive use. Among the respondents (23.0%) associated lack of proper knowledge of contraceptives as the problems they encounter to use contraceptives. This was followed by respondent (18.0%) who identified side effect of contraceptives as a barrier to contraceptive used. Other problems identified by the respondents (9.5%) and (11.5%) were bad health worker's attitude and inadequate resources respectively as problems they encounter to use contraceptives.

Conclusion: Several factors such as the embarrassment to buy, lack of proper knowledge of use of contraceptives, fear of side effects, inadequate funds to buy the contraceptives and bad health workers attitude affected the use of contraceptives among students.

Key words - Factors, Contraceptive, Use, Students, Bayelsa State.

INTRODUCTION

Many young people are sexually active with low level of contraceptive use. This is a factor

contributing to the increasing spread of sexually transmitted infections and HIV/AIDS among the youth. Evidence from different studies continue to confirm the existence of increasing sexual activities

among the youth globally, with those in developing countries perceived to be at greater risk because of their low level of access to medical facilities (Ghuman, 2015). Ryan, *et al.*, (2015), reported that youths remain inconsistent contraceptive users and are thus at high risk of unintended pregnancy and childbearing in United State of America. Estimates of contraceptive consistency within teens' first sexual relationships show that 21% of teens use no method and 16% are inconsistent contraceptive users, using a method only occasionally. Moreover, they also stated that youths who do not use contraception or who use contraception inconsistently in their first sexual relationships are less likely to be consistent contraceptive users in later relationship. Studies in Nigeria indicate high rate of sexual activities as well as limited knowledge and use of contraceptives among secondary school students/undergraduates (Ogbuji, 2014). The resultant effect of this result is an increased rate of unwanted pregnancy, STI including HIV/AIDS, gonorrhoea. The increasing number of pregnancies, abortions, and sexually transmitted infections including HIV/AIDS among the youth in Sub-Saharan Africa indicates that successive efforts towards preventing the scourge remain inadequate in the continent (Atere *et al.*, 2010).

Several factors such as social and cultural norms, gender roles, social networks, religion, and local beliefs has been reported to influence use of contraceptives Oladeji (2014), Holland (2011) in his study on the social construction of sexuality indicates that men and women's unequal power relations manifest themselves in young people's sexual lives, thereby making it difficult for young women to insist on condom use should they wish to do so. Vickers (2010) supported this study from their research on sexual relations among youth in Sub-Saharan Africa, their results shows that the larger the differences in reproduction intentions within a community, the more likely that community norms supports youth contraceptive choices. Barnett (2011) from his studies on factors of contraceptive use in Kenya indicated that most

women use contraceptives because having smaller families is the norm. Jejbhoy (2014) in his study also shows that young people often decide not to use contraception because they do not want their parents or other adults to know that they are sexually active. In Kenya, studies also show that when new client were asking to give a single reason for their choice of specific family planning method, most cited that the attributes of their spouse or their peers, or their religion or value. Jacobson (2010) in his own study shows that as women gain more autonomy, they are better able to claim their rights as individuals, including the rights to act to protect it, their own reproductive health. Rutenberg and Watkins (2010) in their study in Nigeria and other West African countries, indicate that some women reported that, it was difficult for them to use contraception because their relatives or friends were not using it. Godley (2011) in his study in urban Nigeria, found that the more widely used a contraceptive method, the more attractive it become to others in the cities and villages. Therefore, this study was conducted to determine some factors that influence the use of contraceptives among students, using College of Health Sciences Students Niger Delta University as a case study.

METHODOLOGY

Study Area

The study was conducted in Niger Delta University Wilberforce Island, Bayelsa state. The University is situated in Amassoma, Southern Ijaw Local Government Area, Bayelsa State. Amassoma community consists of 22 compounds. Inhabitants are mainly Isons, other major ethnic groups' resident in the area includes Igbos, Hausas, Yoruba, Urhobos, Ibibios. Majority are Christians and few others in other faiths. Petty traders form the greatest bulk of the population with civil servants, farmers, fishermen/women as well as students cohabiting in the community respectively. College of Health Science is a tertiary institution; it is made up of various Faculties and Departments. The College is accessible by land and sea. It is composed of four major departments namely; Nursing, Medicine and

Surgery, Medical Laboratory Science and Biochemistry.

Sampling Technique

The sampling technique used in this study is the simple random sampling technique. This was used to select two hundred (200) respondents out of the target population.

Study Population

The target population of the study were students of College of Health Science, Niger Delta University.

Instrument for Data Collection

A self-structured Questionnaire based on the use of contraceptive was randomly distributed among the target population of students of College of Health Science, Niger Delta University.

Validity of Instrument

In order to determine the validity of the instrument, the questionnaire was prepared by the researcher and submitted to the supervisors for necessary correction and scrutiny before administered to respondent.

Reliability of Instrument

In order to warrant the reliability of the instrument a test-retest method was used to test the reliability of the instrument. Their responses will be appraised to ascertain the internal consistency of data gotten from the instrument. Question was reframed for clarity and relevance to the stated research objectives.

Study Duration

The duration of this study was over a period of 4 weeks, entailing time expended on procurement of approval, data collection, collation, analysis and report writing.

Ethical Consideration

Ethical approval for the conduct of the study was obtained from the Research and Ethics Committee of College of Health Science, Niger Delta University, before commencement. An informed consent was acquired from the prospective respondent asserting the purpose of the study and assurance of confidentiality. The respondent were made to comprehend that the study was for academic purpose and involvement was voluntary

and information provided was treated with utmost privacy.

RESULTS

Two hundred (200) well-structured questionnaires were administered to the target population. The questionnaires were distributed, collected and analysed. Tables were used to represent the results from the data analysis.

Table 1 displayed the Socio-demographics Profile of the respondents. Majority of the respondents were female students (57.5%); the male respondents were (42.5%). The highest proportion of respondents were aged between 16 and 20 years (44.5%); followed by those aged 21-25 (35.5%) and then those aged 26-30years (20%). The table also revealed that most of the respondents were single (71.0%) and married people were 29%. The distribution of respondents by religious affiliation showed that Christianity (90%) was the principal religion in the study location. This was followed by those who practiced Islamic Religion (10%). No person found to practice African Traditional Religion.

Table 1: Socio-demographic Characteristics of the Respondents

Variable	Frequency	Percentage
Sex		
Female	115	57.5
Male	85	42.5
Total	200	100
Age		
16-20	71	44.5
21-25	89	35.5
26-30	40	20
Total	200	100
Marital Status		
Single	142	71
Married	58	29
Divorce	0	0
Total	200	100
Religious Affiliation		
Christian	180	90
Muslim	20	10
Traditionalist	0	0

Total	200	100
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Figure 1 demonstrated that condom (47.4%) was most frequently used method. Withdrawal (28.9%) was second most frequently used methods, followed by pills (13.9%) safe periods (9.8%), respectively at the period of administration of the questionnaires.

Figure 1: Distribution of Respondents on the types of Contraceptive method(s) they have used.

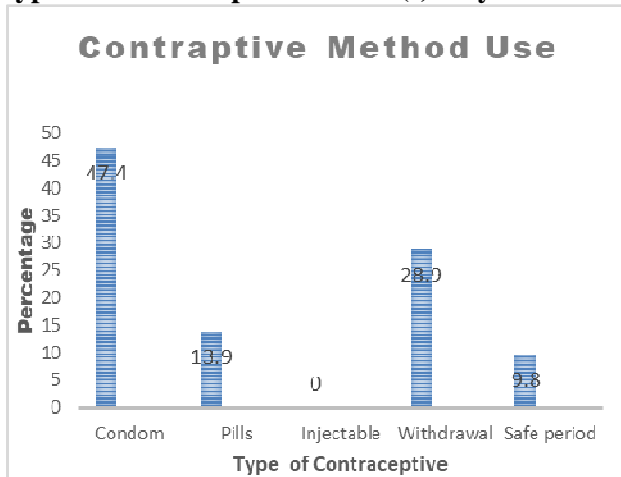


Table 2 showed that majority (33.5%) of the respondents identified embarrassment to buy contraceptives as a major problem while the lowest percentage (1.5%) of the respondent associated disapproval by parents as their problem to contraceptive use. From this statistic shows that parents don't encourage their children to use contraceptives whenever they want to engage in sex. Among the respondents (23.0%) associated lack of proper knowledge of contraceptives as the problems they encounter to use contraceptives. This shows that media houses and other broadcasting organization/agencies need to create more awareness on proper use of contraceptives. This was followed by respondent (18.0%) who identified side effect of contraceptives as a barrier to contraceptive used. This shows that this group prefers having sex with natural body than using any contraceptives. Other problems identified by the respondents (9.5%) and (11.5%) were bad health

worker's attitude and inadequate resources respectively as problems they encounter to use contraceptives.

Table 2: Distribution of Respondents by Problems they encounter to use contraceptives

Variables	Frequency N=200	Percentage 100%
Lack of knowledge on how to use properly	46	23
Inadequate funds	23	11.5
Disapproval by parents	3	1.5
Lack of information where to get contraceptive	6	3
Bad health workers attitude	19	9.5
Fear of side effect	36	18
Embrace to buy	67	33.5

Table 3 indicated the reasons why respondents did not use any contraceptives included embarrassment to buy (18.5%), religious oppositions (6%), Fear of bad health worker (8%), lack of knowledge on how to use it properly (14%), afraid to be seen parents (1.5%). From the same table, a little higher proportion of the respondents identified fear of side effect (12%), disapproved by partner (7.5%) and parents don't approve use of contraceptives by youths (4.5%), do not know where to get contraceptives (3%), I can't afford to buy (10%), preferred method not available (7%), preferred source is far (8%).

Table 3: Distribution of Respondents by the Reasons why they did not use any contraceptives

Reasons why you did not use modern or traditional methods of contraceptives	Frequency N=200	Percentage 100%
Lack of knowledge	28	14
Religious opposition	12	6
Fear of side effects	24	12
Afraid of being seen by parents	3	1.5

Partner’s disapproval	15	7.5	time you had sexual intercourse?		
Do not know where to get contraceptives	6	3	Prevent unwanted pregnancy	111	55.5
I can’t afford to buy	20	10	Prevent sexually transmitted disease	42	21
Embrace to buy	37	18.5	Child spacing	9	4.5
Parents Don’t approve use of contraceptives by youths	9	4.5	Medication	11	5.5
Fear of bad health workers	16	8	No response	27	13.5
Preferred method not available	14	7			
Preferred source is far	16	8			

Table 4 shows that easy for secret use 34% was the most frequent reason why they used a particular method during their last sexual intercourse. Easy to get (29.5%), cheap to buy 7% and have better knowledge about it 12% were the most frequent reasons why they used a particular method during their last sexual intercourse. This was followed by cheap to buy 7% and gotten for free 4% respectively. However, 13.5% declined to respond.

Table 4: Distribution of Respondents on why they used a particular Method of contraceptive during their last sexual intercourse

Why did you use a particular contraceptive method	Frequency N=200	Percentage 100%
Easy for secret use	68	34
Easy to get it	59	29.5
Cheap to buy	14	7
I get it free	8	4
Have better knowledge about it	24	12
No response	27	13.5

Table 5 showed that the majority of the respondents 55.5% stated that the purpose why they used a particular method was to prevent unwanted pregnancy, followed by 21.0% of those who said they used a particular method to prevent sexual transmitted diseases. Similarly, child spacing 4.5% and for medication 5.5% were other reasons. 13.5% did not respond.

Table 5: Distribution of Respondents for what purpose did they use a particular method

For what purpose did you use contraceptive methods the last	Frequency N=200	Percentage 100%
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DISCUSSION

Knowledge of contraceptive method is the first step toward accepting a method (Khan and Mishra, 2014). Subsequently knowledge is an important prerequisite in gaining access to contraceptives, it implies that knowledge of contraceptives level could be promising for better future use. The desire of any student to use contraceptives depends on the knowledge and understanding of contraceptive methods.

The main purpose of using contraceptive by the respondents at their last sexual intercourse was to prevent unwanted pregnancy, followed by prevention of sexually transmitted diseases (STDs). However, for the fact that the rate of use of contraceptive by the respondents at their last sexual intercourse was to prevent unwanted pregnancy, followed by prevention of sexually transmitted diseases (STDs), it shows that youth were more exposed to the risk of unprotected sex. This could also be an indication to give information about unprotected sex before they start to engage in sexual activity is lacking among them. The present study agreed with the work of (Yidana *et al* 2015) who and have stated related reasons as to why adolescents will want to use contraceptives. In his studies of 400 adolescent men and women of reproductive age in Northern Ghana, the findings showed that, most adolescent desired to use contraceptives to prevent pregnancies or to continue their education.

The study found that majority of the respondents who have ever used contraceptives and inconsistent users might reflect the presence of problems that youth face when trying to use contraceptives. Data from this study showed that most of the respondents identified reasons why they

did not use any contraceptives included embarrassment to buy (18.5%), religious oppositions (6%), Fear of bad health worker (8%), lack of knowledge on how to use it properly (14%), afraid to be seen parents (1.5%). From the same table, a little higher proportion of the respondents identified fear of side effect (12%), disapproved by partner (7.5%) and parents don't approve use of contraceptives by youths (4.5%), do not know where to get contraceptives (3%), I can't afford to buy (10%), preferred method not available (7%), preferred source is far (8%). This is in agreement with qualitative finding that indicted that youth face various barriers both at the level of accessing and using contraceptives considering the reasons for non-use especially embarrassment to buy, lack of knowledge, fear of side effect and religious opposition could imply that even youth who have the knowledge and want to use contraceptives, factors like fear of sharing sensitive personal matters and fear of facing side effect could also be a challenge to youth decision to use contraceptives. This was found to have been related to the study of (Kinaro *et al*, 2015) conducted in Kenya on the perceptions and barriers to contraceptive use which showed that health service providers were bias in administering contraceptives on the basis of age and also identified knowledge of where to obtained contraceptives as the major barrier to contraceptive use among adolescents.

Condoms were used by 47.4% of all the respondents at their last intercourse. This corresponds with the findings of (Boamah *et al.*, 2014) who cited condoms as the most common contraceptive used; which is also true for a study conducted in Kintampo. The main purpose of using contraceptive by the respondents at their last sexual intercourse was to prevent unwanted pregnancy, followed by prevention of sexually transmitted diseases (STDs). However, for the fact that the rate of use of contraceptive by the respondents at their last sexual intercourse was to prevent unwanted pregnancy, followed by prevention of sexually transmitted diseases (STDs), it shows that youth were more exposed to the risk of unprotected sex.

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CONCLUSION AND RECOMMENDATION

Many factors affected the use of contraceptives by students, the six (6) most common reasons for not using contraceptives were the embarrassment to buy, lack of proper knowledge of use, fear of side effects, inadequate funds to buy the contraceptives, partners' disapproval and bad health workers attitude. Disapproval by parents also affected usage but was not significant. Hence, it is expedient to empower youth in order to expose them to the opportunity for improved access to information on contraceptive use as well as give them basic information to address their fear of side effects of contraceptives.

Limitation of the Study

This study was only conducted in one part of the university in College of Health Science, Niger Delta University, the results are therefore not necessarily generalizable to other parts of the school. Furthermore, only participants who were studying at College of Health Science were included, which means that those who were not in College of Health Science were excluded. Also, certain risk factors for contraceptive non-use such as healthcare worker communication about using contraception were not included, and should be included in future studies. Furthermore, cooperation from some of the respondents were a bit difficult as some of them were reluctant in cooperating with the researcher because they felt that the researcher was interrupting with their schedule.

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