

ATTITUDE OF MARRIED AND UNMARRIED ADULTS TOWARD USE OF CONTRACEPTIVES

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Abstract

This study investigated attitude of married and unmarried adults toward use of contraceptives in Ogba/ Ndoni / Egbema Local Government Area of Rivers State. Four research questions and four corresponding hypotheses guided the study. Descriptive survey design was adopted for the study. The population comprised all married and unmarried adults in the research area. A sample size of 912 respondents was drawn from the population using stratified random sampling technique. One instrument named "Contraceptive Use of Inventory" (CUI) and was used for data collection. Mean and standard deviation were used to answer the research questions while independent t-test was used to test the hypotheses at .05 level of significance. Married adults have more positive attitude towards the use of contraceptives than unmarried adults; highly educated (N.C.E and above) married and unmarried adults have more positive attitude towards the use of contraceptives than the lowly educated ones; young married and unmarried adults (20-40 years) have more positive attitude towards the use of contraceptives than the old ones; married and unmarried female adults have more positive attitude towards the use of contraceptives than married and unmarried male adults. Medical practitioners in various hospital and clinics in ONELGA should help educate their patients on the advantages of contraception. Guidance counselors should be employed into secondary schools in Nigeria as stipulated in National Policy on Education; curriculum planners should make sex education part of secondary and tertiary education curricular.

Key Words: Attitude, contraceptive use, married and unmarried adults, educational level, age, gender

Introduction

The history of contraceptives began with the discovery of the connection between coitus and pregnancy. The first time of using chemical substances as a contraceptive was found among the Egyptian men who used pessary (a contraceptive chemical), which may have been sometime effective at killing the semen. Women have also drunk solutions containing mercury, arsenic or other toxic substances for contraceptive purpose. For example, the ingestion of certain poisons by the female can disrupt the productive system. Sorarnus, the Greek gynecologist, in the 21st century suggested that women drink water that blacksmiths had used to cool metal. These abortive agents also work as poisoning the woman; they would also induce miscarriage and could also damage the liver, kidney, and other organs, making them very dangerous. The world's population is reckoned to increase by 80 million each year and thus annual growth rate is likely to reach 100 million by the end of the century. Contraception is an essential part of economic and social development (Population Reports, 1999).

The scope of fertility and family planning research has expended to include broader reproductive issues on which data from both men and women are needed. However increasing attention is being paid to the inclusion of men; the reasons for the new interest in men are

obvious. Surveys conducted over the past decade suggest that men and women do not necessarily have similar attitudes and goals. Although, most modern contraceptives are female methods, childbearing has an impact on men as well. This can be felt financially, if men accept the responsibility of supporting their wives and children especially as regards their health or wellbeing. Men, most times, have more influence on reproductive decisions because they are the breadwinners. When the females decide alone on which methods to use, the consequence is that some men view the use of contraceptives with suspicion, regarding it as being aimed at undermining their authority in the family. For example, Nigerian men typically believe that contraception makes it easy for their wives to engage in extramarital sexual relationships. Men's attitudes towards contraceptives could be positive when they are in control of when a couple uses contraceptives (Bankole, 1998).

What one perceives as being a problem as far as side effects are concerned, may be perceived as an advantage by another. Contraceptive use and level of satisfaction are often related to the real or perceived effect of a method on their sexual practice and enjoyment. Contraceptive use and fertility rates vary in developing countries and its use is not equally distributed throughout the world. In few countries of Asia and Latin American, about 75% of married women use contraceptives. But, in some sub-Saharan African countries, fewer than 10% of married women use contraceptives. Most Western Europe, the United States of America, parts of Latin America and Oceania demonstrate high levels of contraceptive use, while countries in Asia and sub-Sahara Africa demonstrate low contraceptive use and high fertility. In places like China, a strict population control policy is still in place (Hatcher, Rinehart, Blackburn, Geller & Baltimore, 1997).

Family planning allows a new mother to delay pregnancy, so it is more likely that she will continue to breastfeed. Breastfeeding provides good nutrition in a readily absorbable form; it improves health and saves the lives of an estimated 6 million infants every year, the longer a woman breastfeeds, the better her child's health, other things being equal. According to Haaga (1995), most times, a woman weans her child before she needs to become pregnant again. Breastfeeding should last at least six months to help guard the child against infection, reducing illnesses and deaths from diarrhea and respiratory infections. When the child is weaned so early, bottle-feeding and food supplementation may be introduced too early, which increases the risks of illness for the infant. Other food does not contain the same antibodies that breast milk contains, and contaminated water may be used to prepare food supplements.

The Concept of Contraceptives

Adelaja (2002) defined contraception as the procedure intentionally used to interfere with the normal sequence of events in the process of reproduction to prevent unwanted pregnancies. Contraception prevents pregnancy by interfering with the normal process of ovulation, fertilization and implantation. It is a process or technique for the prevention of pregnancy by means of a mediation, device or method that alters one or more of the process of reproduction in such a way that sexual union can occur without impregnation. Contraception is synonymous with family planning or birth control device or medication followed in order to deliberately prevent or reduce the likelihood of pregnancy or childbirth. It may also refer specifically to mechanisms which are intended to reduce the likelihood of the fertilization of an

ovum by a spermatozoon. Donovan & Green (1995) view the attitude of men towards contraceptives as a choice, not by chance, to prevent unwanted pregnancies.

Contraceptive use helps women avoid giving birth more times than is good for their health. The risk of maternal complications rises after a woman's third or fourth birth. Women who have had at least four births often develop complications during delivery. Such women are prone to hemorrhage during delivery or have a rupture of the uterus, uterine prolapsed (dropping of the uterus), or kidney disease (Maine, 1991). Contraception also gives women more choices to education, employment etc. women can now go to school and have better jobs these days without being distracted with pregnancy. Improved educational opportunities and the rise in women's status are likely to influence the need for contraception. The higher a woman's educational level, the more she tends to delay having her first child, space births widely and have fewer children (Kim, Kols & Muccheke, 1998). To ensure that couples are able to exercise their right to plan pregnancies and the important role of contraceptive use in promoting both reproductive health and economic growth, the issue of contraception should not be overlooked. When a couple is ready to stop using contraceptives to give way for pregnancy, most times, the woman has to wait several months to become pregnant after stopping (United Nations Population Fund, 2005).

Types of Contraceptives

Various contraceptives have been used throughout human history, some of them were most effective, and also had major side effects. A method is completely effective when no couples become pregnant.

Contraceptive use could be divided into several groups:

Traditional Method

- Abstinence, withdrawal, lactational amenorrhea method (LAM)

Modern Methods

By mouth (oral):	Pills
* Injected:	Depo Provera
* Implanted:	Norplant
* Intra-Uterine:	IUD
* Vaginal:	Spermicides, barrier method
* Surgical:	Vasectomy, hysterectomy

The Concept of Attitude

Attitudes are lasting patterns of beliefs and opinions which predispose reactions to objects, events and people. Attitudes may also serve as brief composites of one's beliefs. For example, through generalization, those who fear their father may initially experience fear upon meeting any older man. Attitudes may be quantified by using self-report measures or attitude scales such as the popular likert scale (named after Robert Likert) in which subjects are asked how strongly they agree or disagree on each topic. A total attitudes score is derived by summing the measures. Another measurement approach employs covert measures, observations of behaviours such as facial expressions, voice tone, and body language.

Assessment strategies also include measures of psychological arousal, for example, by means for a facial electromyography (EMG) or an electroencephalograph (EEG). Such measures,

which can detect responses a person may be trying to conceal, are obtained as a subject hears verbal material designed to produce arousal and with which they might agree or disagree (Joe-Kinane, 2011). An attitude can also be defined as a positive or negative evaluation of people, objects, events, activities, ideas or just about anything in your environment. Eagly and Chaiken (1998) defined an attitude as "a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour".

Theories of Attitude

Balance Theory

This theory was proposed by Fritz Heider, and is based on the premise that people try to maintain consistency in their attitudes. If an attitude inconsistency occurs, such as believing all old people to be senile but meeting an older person who is intelligent and mentally active, the person who holds the attitudes tries to establish consistency either by changing the attitude or changing the perception of the older person as intelligent.

Reactance Theory

Proponents of reactance theory contend that attitudes are influenced by restrictions on behaviour, to which people react. The extent of reaction is related to a person's perception of the relative importance of the behaviour. If behaviour, although restricted, is not considered important, there is little reaction. If however, the activity is considered important and the restriction unjust, then the restriction itself makes the activity even more attractive. For example, if a teenager wants to date a person her parents disapprove of and forbid her to see, she might find that person even more desirable as a result and date on the sly.

Cognitive Dissonance Theory

This theory developed by Leon Festinger states that an unpleasant physiological state often exists when two cognitions are incompatible with one another. The incompatibility creates tensions, which a person tries to relieve. For example, a student who advocates honesty but who does cheat on an examination must either alter her or his self-concept or rationalize the cheating behaviour or reduce tension.

Empirical Review of Related Literature

Educational Qualification and Attitude towards the Use of Contraceptives

Education can influence women's reproduction by increasing knowledge of fertility, increasing socio-economic status, and changing attitudes about fertility control (Castro & Juarez, 1994). Particularly, better-educated women can communicate more easily with their husbands. When a woman shares decision-making power, she is better to bring up and discuss family planning and sexual relations with her partner. More educated women are; better informed, better able to gather information from the mass media about reproductive issues, especially on the use of contraceptives.

Nwala (2006) found that education plays an important role in the use of contraceptives. According to her, highly educated couples have positive attitude towards the use of contraceptives than those who have low educational qualification. Nwankpa (2001) found no disparity in the attitude of educated and uneducated couples towards the use of contraceptives. To him, the use of contraceptives by couples and singles depends on choice rather than level of education. Ngam (2008) observed that both lowly and highly educated

support the use of contraceptives, but noted that a higher mean score was recorded for the highly educated than the lowly educated. According to her highly educated people are in better position to understand the campaign in mass media towards realizing reduced and responsible family size, hence the media makes use of English Language than vernacular. Joe-Kinane (2011) in her study on attitude of couples and singles towards contraceptive use in Obio/Akpor and Port Harcourt City Local Government Areas found that highly educated couples and singles have more positive attitude towards contraceptive use,

Gender and Attitude towards Contraceptive Use

Gender has powerful influence on reproductive health issues, especially as regards the use of contraceptives. In many developing countries, men are the primary decision-makers about sexual activity, fertility and contraceptive use. UNFPA report has it that "every minute of every day, 190 women get pregnant without intending to. Amadi (2007) in a study on the use of contraceptives among adults in Imo State, found that females especially the educated ones have more positive attitude towards the use of contraceptives than their male counterparts.

Many women, because of their gender roles, have trouble talking about sex or mentioning reproductive health concerns. They may not be able to ask their partners to use condoms or refuse sex, even when they know they risk getting pregnant or being infected with STIs. Women submit to their husbands because they are afraid of being beaten or divorced, and because their gender roles place them to subordinate positions in society (Barnett & Stein, 1998). Joe-Kinane (2011) found that both males and females have the same attitude towards the use of contraceptives. According to her poverty, illiteracy, cultural influence may be very responsible.

Marital Status and Attitude towards Contraceptives Use

Unmarried couples are advised not to have intercourse. But, Christian doctors justify providing a contraceptive service to unmarried people by saying that it is better to have extramarital intercourse with contraception than to have an unwanted pregnancy followed by an abortion. Like older married couples, young unmarried men and women need information about, and access to contraception, and other reproductive health issues (Population Report, 1999).

According to Population Reports (1999), in developing countries, the percentage of married women who want to continue to have children is about equal the percentage who wants to stop having children. In sub-Saharan Africa, Cape Verde, Kenya, Mauritius, and South Africa, majority of women do not want more children. In Latin America and the Caribbean, 3 out every 5 women want to end childbearing. In the North East and North Africa, about half want to have children. In East Europe and Central Asia, the level is 63%.

Nwala (2006) posited that marital status significantly influenced attitude of couples and singles towards the use of contraceptives. She further stated that married couples have more positive attitude towards the use of contraceptives than those who are unmarried. Conversely, Amadi (2007) stated that unmarried adults have more positive attitude towards the use of contraceptives than married couples. Lending credence to the above, Nwankpa (2001) explained that marital status significantly influenced attitude of married and unmarried adults towards the use of contraceptives. According to him, unmarried adults have more positive

attitude towards contraceptive use than married couples. The reason for this disparity is because of the fear of having babies out of wedlock by unmarried couples.

Age and Attitude towards Contraceptive Use

Age is a variable that several authorities assert that influences couples' attitude towards contraceptive use. Holden (2005), for instance, classifies older married men as between the age of 40 and above, while younger married men are between the ages of 22 and 39 years old. In his research on men in Australia, he found that the majority of married men were sexually active in the last 12 months; 37% of married men aged 70 were still continuing sexual activity. About 12.2% of men had never fathered children; 7.7% have chosen not to have children.

Pregnancy should be limited to the healthiest ages. When a woman is too young or underage (between ages 15 to 19), they are twice likely to die from childbearing as women in their 20s (Starrs, 1997). Adolescent childbearing is most common in sub-Saharan Africa, at 26% of women ages 15 to 19. In Central Africa, Chad, Guinea, Madagascar, Mali and Niger, over one-third of adolescent women are pregnant or have had a child. In Latin America and the Caribbean, 19% of all adolescent women have begun to childbearing.

Young women who become pregnant are often at risk of obstructed labour if they have not yet grown to their full height or pelvic size. Obstructed labour causes death when adequate emergency obstetric care is unavailable. They are more likely to suffer from eclampsia, which can be life-threatening to mother and baby. When a woman is above age 39, the health risks of pregnancy increase. Among women ages 40 to 44, the risk of death is five times higher than among women in their 20s. Older women have accumulated health problems during their lives, such as diabetes and hypertension (Population Report, 1999). These older women with many previous births are more likely to have stillbirths or have children with congenital abnormalities and who may not survive childhood. As women tend to marry at older ages, they may want to have children sooner rather than later; the older her age, the lower her potential lifetime fertility. For example, in Ghana, women who marry later tend to have their children in rapid succession. Whitworth & Stephenson (2002) in Population Reports (1999) agree that it is more likely for women to speed up childbearing as they get older to have as many children as possible before menopause. However, Joe-Kinane (2011) found that there is no significant difference between the attitude of old and young couples and singles towards contraceptive use in Obio/Akpor and Port Harcourt City Local Government Areas of Rivers State.

Statement of the Problem

The high rate of unemployed youths in Rivers State has given birth to increase in the number of criminal activities such as kidnapping, armed robbery, drug addiction, rape among other social vices. Like the old adage; "the idle mind is the devil's workshop." This situation calls for married couples and singles to limit them to having only the number of children they can comfortably cater for. The researcher observed that one of the major causes of the above stated social vices is poverty. Hence, it is commonly perpetuated by children of the poor or the economically disadvantaged. The world's population is reckoned to increase by 80 million each year and annual growth rate is likely to reach 100 million by the end of the century. Married and unmarried couples should be made to understand that Contraception is an essential part of economic and social development.

Purpose of the Study

This study investigated the attitude of married and unmarried adults towards use of contraceptives. Specifically, the study investigated:

- the attitude of married and unmarried adults towards the use of contraceptives
- the attitude of highly educated and lowly educated married and unmarried adults towards the use of contraceptives
- the attitude of old and young married and unmarried adults towards the use of contraceptives
- the attitude of male and female married and unmarried adults towards the use of contraceptives

Research Questions

The following research questions guided the conduct of this study;

1. What is the attitude of married and unmarried adults towards the use of contraceptives?
2. What is the attitude of highly educated and lowly educated married and unmarried adults towards the use of contraceptives?
3. What is the attitude of old and young married and unmarried adults towards the use of contraceptives?
4. What is the attitude of male and female married and unmarried adults towards the use of contraceptives?
5. What is the level of awareness among married and unmarried adults concerning the use of contraceptives?

Hypotheses

The following hypotheses were formulated to aid decision-making in this study:

1. There is no significance difference in the attitude of married and unmarried adults towards the use of contraceptives.
2. There is no significance difference in the attitude of highly educated and lowly educated married and unmarried adults towards the use of contraceptives.
3. There is no significance difference in attitude of old adults and that of young adults towards the use of contraceptives.
4. There is no significance difference in attitude male adults and female adults towards the use of contraceptives.

Methodology

Descriptive survey design was adopted in this study. The study was carried out in Ogba/Ndoni/Egbema LGA. The population of the study comprised all residents of Ogba/Ndoni/Egbema LGA, married and unmarried adults (972000), (NPC, 2005). Sample size of 912 respondents was selected for the study using stratified random sampling technique. The instrument used for the study was a questionnaire titled "Contraceptive Use Inventory" (CUI) with respondents requested to indicate their level of agreement or disagreement on a four point likert scale of Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2, Strongly Disagree (D) = 1. Mean below 47.5 is regarded as negative while mean 47.5 above is positive. The questionnaire was face validated by three experts. The correlation coefficient of the instrument

was .88. The instrument was administered by the researcher and two research assistants. Data was analyzed using mean and standard deviation to answer the research questions, while independent t – test was used to test the hypotheses at 0.05 level of significance.

Results

Research Questions

Research Question 1: What is the attitude of married and unmarried adults towards the use of contraceptives?

Table 1: Mean () and Standard Deviation (SD) analysis of Data on Attitude of Married and Unmarried Adults toward Use of Contraceptives

Marital Status	Number	Mean ()	Standard Deviation (SD)
Married	436	82	7.14
Unmarried	476	37	3.62

Table 1 indicates that married couples obtained mean () score of 82 and standard deviation (S.D) score of 7.14 on attitude towards the use of contraceptives, while their unmarried counterparts had mean () score and standard deviation (SD) scores of 37 and 3.62 respectively. By this result, positive attitude towards the use of contraceptives was more among married adults than unmarried adults.

Research Question 2: What is the attitude of highly educated and lowly educated married and unmarried adults towards the use of contraceptives?

Table 2: Mean () and Standard Deviation (SD) analysis of Data on Attitude of highly Educated and Lowly Educated Married and Unmarried Adults toward Use of Contraceptives

Marital Status	Number	Mean ()	Standard Deviation (SD)
Highly Educated	296	62	5.34
Lowly Educated	616	47	4.17

Table 2 shows that highly educated married and unmarried adults and mean () score of 62 and standard deviation (SD) score of 5.34 on attitude towards the use of contraceptive, while their lowly and educated counterparts obtained mean () standard deviation (SD) scores of 47 and 4.17 respectively. By this result, positive attitude towards the use of contraceptives was more among highly educated married and unmarried adults than lowly educated adults.

Research Question 3: What is the attitude of old and young married and unmarried adults towards the use of contraceptives.

Table 3: Mean () and Standard Deviation (SD) Analysis of Data on Attitude of Old and Young Married and Unmarried Adults toward Use of Contraceptives

Marital Status	Number	Mean ()	Standard Deviation (SD)
Old	369	22	1.93
Young	543	73	6.86

Table 3 indicates that married and unmarried adults within 20-40 years (young) obtained mean () score of 75 standard deviation (SD) score of 6.86 on attitude towards the use

of contraceptives, while those within 41 years and above (old) had mean () standard deviation scores of 22 and 1.93 respectively. By this result, positive attitude towards the use of contraceptives was more amount the young than the old married and unmarried adults.

Research Question 4: What is the attitude of male and female married and unmarried adults towards the use of contraceptives?

Table 4: Mean () and Standard Deviation (SD) Analysis of Data on Attitude of Male and Female Married and Unmarried Adults toward Use of Contraceptives

Marital Status	Number	Mean ()	Standard Deviation (SD)
Male	325	54	4.62
Females	587	73	6.54

Table 4 shows that female adults obtained mean () score of 73 and standard deviation (SD) score of 6.54 on attitude towards the use of contraceptives, while their male counterparts had mean () and standard deviation (SD) scores of 54 and 4.62 respectively. By this result, positive attitude towards the use of contraceptives was more among female adults than male adults.

Hypotheses

1. There is no significant difference in the attitude of married and unmarried adults towards the use of contraceptives.

Table 5: Independent t-Test Analysis of Data on Attitude of Married and Unmarried Adults towards Use of Contraceptives

Marital Status	N	(X)	S.D	Df	t(cal)	t(cri)	Alpha level	Remark	Decision
Married	436	82	7.14	910	118.4	1.96	.05	Significant	Rejected
Un married	476	37	3.62						

t-cal = 118.4; t-cri = 1.96; at .05 level of significance

2. There is no significant difference in the attitude of highly educated and lowly educated married and unmarried adults towards the use of contraceptives

Table 6: Independent t-Test Analysis of Data on Attitude of Highly Educated and Lowly Educated Married and Unmarried Adults towards Use of Contraceptives

Level of Education	N	(X)	S.D	Df	t(cal)	t(cri)	Alpha level	Remark	Decision
Highly Educated	296	62	5.34	910	42.5	1.96	.05	Significant	Rejected
Lowly Educated	616	47	4.17						

t-eal = 42.5; t-cri = 1.96; at .05 level of significance

3. There is no significance difference in attitude of old adults and that of young adults towards the use of contraceptives.

Table 7: Independent t-Test Analysis of Data on Attitude of Young and Old Married and Unmarried Adults towards Use of Contraceptives

Age	N	(X)	S.D	Df	t(cal)	t(cri)	Alpha level	Remark	Decision
Old	369	22	1.93	910	170.42	1.96	.05	Significant	Rejected
Young	543	75	6.86						

t-cal = 170.42; t-cri = 1.96; at .05 level of significance

4. There is no significance difference in attitude male adults and female adults towards the use of contraceptives.

Table 8: Independent t-Test Analysis of Data on Attitude of Male and Female Married and Unmarried Adults towards Use of Contraceptives

Gender	N	(D)	S.D	Df	t(cal)	t(cri)	Alpha level	Remark	Decision
Males	325	54	4.62	910	51	1.96	.05	Significant	Rejected
Females	587	73	6.54						

t-cal = 51; t-cri = 1.96; at .05 level of significance

Discussion of Findings

The result of hypothesis one, table 5 indicates that the t-calculated value (118.4), at .05 level of significance, and 910 degree of freedom is greater than the t-critical value (1.96). Hence, hypothesis one is rejected. This implies that married and unmarried adults differ in attitude towards the use of contraceptives. It further indicates that positive attitude towards the use of contraceptives is more among married adults ($X = 82$) than unmarried adults ($X = 37$). This finding lends credence to Alabor (2001) and Ajobor (2001) who earlier observed that in all nations, women are beginning to realize that they need no longer to be condemned to a life of constant childbearing and child rearing, but are increasingly able to choose how many children they want to have. However, the present finding disagrees with Amadi (2007) who in a study on the use of contraceptives among adults in Imo State, found that unmarried adults have more positive attitude towards the use of contraceptives than their married counterparts.

The result in hypothesis two, Table 6 showed that the t-calculated value (42.5), at .05 level of significance, and 910 degree of freedom is greater than the t-critical value (1.96). Hence, hypothesis two is rejected. This implies that there is a significant difference in the attitude of highly educated and lowly educated married and unmarried adults towards the use of contraceptives. It further indicates that positive attitude towards the use of contraceptives is more among highly educated ($X = 62$) Married and unmarried adults than lowly educated adults ($X = 47$). This finding corroborates Joe-Kinane (2011) who in her study on attitude of couples and singles towards contraceptive use in Obio/Akpor and Port Harcourt City Local Government

Areas found that highly educated couples and singles have more positive attitude towards contraceptive use. This finding also lend support to Ngam (2008) who found that highly educated ($X= 55$) married and unmarried have more positive attitude towards the use of contraceptive than the lowly educated ($X= 54$).

The result in hypothesis three, table 7 revealed that the t-calculated value (170.42), at .05 level of significance, and 910 degree of freedom is greater than the t-critical value (1.96). Hence, hypothesis three is rejected. This implies that there is a significant difference in the attitude of old and young married and unmarried adults towards the use of contraceptives. It further shows that young married and unmarried adults ($X = 75$) have more positive attitude towards the use of contraceptives than their old counterparts ($X = 22$). This finding is in disagreement with Joe-Kinanee (2011) who found that there is no significant difference between the attitude of old and young couples and singles towards contraceptive use in Obio/Akpor and Port Harcourt City Local Government Areas of Rivers State.

The result in hypothesis four, table 8 indicates that the t-calculated value (51), at .05 level of significance, and 910 degree of freedom is greater than the t-critical value (1.96). Hence, hypothesis four is rejected. This implies that there is a significant difference in the attitude of male and female married and unmarried adults towards the use of contraceptives. It further shows that married and unmarried female adults ($X = 73$) have more positive attitude towards the use of contraceptives than their male counterparts ($X = 54$). This present finding lends support to Amadi (2007) who found that females, especially educated ones have more positive attitude towards the use of contraceptives than their male counterparts. However the present finding is in disagreement with Joe-Kinanee (2011) who found that both males and females have the same attitude towards the use of contraceptives. According to her poverty, illiteracy, cultural influence may be very responsible.

Recommendation

From the results of the study, it was recommended that Medical practitioners in various hospital and clinics in Ogba/Ndoni/EgbemaLGA should help educate their patients on the advantages of contraception.

Guidance counselors should be employed into secondary schools in Nigeria as stipulated in the National Policy of Education. Guidance counselors will help educate students (would be parents) on the dangers associated with unprotected sex.

Curriculum planners should make sex education part of secondary and tertiary education curriculum. Teaching of sex education in our schools will help in the orientation of students on the use of contraceptives.

Conclusion

From the findings of this study, it was concluded that; there is a significant difference in the attitude of married and unmarried adults towards the use of contraceptives; marital status, educational level, age, and gender significantly influenced attitude of married and unmarried adults towards the use of contraceptives.

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Appendix 1

Contraceptive Use Inventory (CUI)

INSTRUCTION: Below are items for assessing attitude of married and unmarried adults toward the use of contraceptives. Indicate your level of agreement or disagreement with each of the items by ticking () against any of the response options below. SA = Strongly Agree, Agree, Disagree, Strongly Disagree

S/N	ITEMS	SA	A	D	SD
1.	It is important to get married before having sexual intercourse				
2.	It is the woman's responsibility to make sure she does not get pregnant.				
3.	It is important for both parents to live together and share equally in the care of their children.				
4.	It is good to control family size				
5.	Children are gifts from God.				
6.	The use of contraceptives is meaningful				
7.	The use of contraceptives is good.				
8.	The use of contraceptives is not biblical				
9.	It is good to try different types of contraceptives before choosing one				
10.	Married people should use contraceptives.				
11.	Contraceptives are for all.				
12.	Contraceptives are very useful.				
13.	It is not wrong for people to have as many children as they want.				
14.	Contraceptives have side effects.				
15.	It is good to use contraceptives regularly.				
16.	The pill is the most effective form of birth control.				
17.	Both men and women should be part of contraceptives decision				

	making.				
18.	Sex is not enjoyed when contraceptives is used				
19.	Every adult should adopt the use of contraceptives.				
20.	Contraceptive is only good for a certain age group.				

21.	Family planning is not important.				
22.	It is God that spaces children.				
23.	It is safe to use condom.				
24.	Some contraceptives are better than some others.				
25.	Contraceptives should be used once in a while.				
26.	Women should not do anything to stop pregnancy from coming.				
27.	People should be discouraged from the use of contraceptives.				
28.	The use of contraceptives is advantageous.				
29.	It is wrong for anyone to do anything to prevent pregnancy.				
30.	All contraceptives have good side effect.				