

## AWARENESS OF ADULTS TOWARDS USE OF CONTRACEPTIVES

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### ABSTRACT

*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. Unwanted pregnancy among couples has posed a serious problem to society because of the negative attitudes to such children. The use of contraceptives as an effective process of family planning for the spacing of children ensures that couples limit themselves to having the number of children they can conveniently cater for; which often referred to as safe motherhood. This study investigated awareness of married and unmarried adults toward use of contraceptives. Four research questions guided the study. Descriptive survey design was adopted for the study. The population for the study comprises all married and unmarried adults in Ogba/Ndoni/Egbema L.G.A, Rivers State. 912 respondents was selected using stratified random sampling technique. One instrument named "Contraceptive Methods Scale" (CMS) was used for data collection. Simple Percentage was used to answer the research questions. The result of the study revealed that 49% of married and unmarried adults are unaware, while 51% are aware; 51% of highly educated married and unmarried adults are unaware, while 49% are aware; 39% old married and unmarried adults are unaware, while 61% are aware; 43% married and unmarried adults are unaware, while 57% are aware of the different types of contraceptives. Awareness campaigns on the use of modern contraceptives should be intensified by health agencies and National Population Commission; 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.*

### INTRODUCTION

Beginning with pre-Biblical times, people have used abstinence, breastfeeding, withdrawal, magical potions, charms, and herbal mixtures to prevent pregnancy. During the time of ancient Hebrews, one method used was a spongy substance placed inside the vagina to block sperm. Greek and Roman literature tells of many methods of birth control, such as the use of vaginal suppositories made from honey and peppermint juice. During the Middle Ages, both European and Islamic cultures used a number of recipes, many magical, to avoid pregnancy. Other supposed methods of birth control include eating beans on an empty

stomach; rubbing tar on the penis prior to intercourse; douching with solutions made of lemon juice; placing algae, seaweed, or the husks of mahogany nuts inside the vagina before intercourse; carrying a child's tooth; and drinking thyme and lavender tea. Since fertility was usually not understood, it was often considered mystical. Slowly, as a truer understanding of physiology and reproduction emerged, science and technology began to take the place of magical interpretations (Barbara & Hal, 2003).

Unwanted pregnancy among couples has posed a serious problem to society because of the negative attitudes to such children.

The use of contraceptives as an effective process of family planning for the spacing of children ensures that couples limit themselves to having the number of children they can conveniently cater for; which often referred to as safe motherhood. The process that can potentially lead to pregnancy begins every month in woman's body. An ovum (egg) matures, the mucus secreted changes to be more inviting to the sperm, and the lining of the uterus grows in preparation for receiving a fertilized egg, leading to pregnancy. Any woman who wants to prevent pregnancy must use a reliable form of birth control (contraception), which interferes with the normal process and prevents pregnancy that could result. Family planning is thus necessary when one is sexually active or plans to be. The World Health Organization (WHO) says there is still a significant unmet need for birth control, despite a steady increase in contraceptive use worldwide currently. Most women worldwide (about 123 million) would like to limit the number of children that they might have, but yet, they are not using contraception, despite the risks of pregnancy; thus, they then have more children than they want (WHO, 2005).

Today, various contraceptives are in use, with only some having minimal side effects. Contraception plays an important role in improving women's health, as well as the social and financial situation of women and their families. The use of contraceptives could also reduce child mortality rate because child mortality increases when pregnancies occur in rapid succession. The child is likely to receive full share of love and care including nutrition. Infections and diseases are also reduced when children are spaced through the use of contraceptives.

The scope of fertility and family planning research has expanded 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, 2001).

There are different kinds of birth control (contraceptives) that act at different points in the process, from ovulation through fertilization to implantation. The frequency of sex will be a factor in choosing a method. Contraceptives could be traditional or modern. Traditional methods are abstinence, lactational method (amenorrhea), withdrawal. The modern methods include oral pills, IUD, implants, hormonal injections, male and female condoms, spermicides, vaginal rings, diaphragms, cervical caps etc. Permanent

methods are male and female sterilization. Each method has its own side effects; some are more reliable than others. The common side effects of contraceptives include, but are not limited to the following:

- \* Weight gain: Pill, injectables
  - \* Spotting: Pill, injectables, implants, IUD, sterilization
  - \* Amenorrhea: Injectables, implants
  - \* Nausea: Pill
  - \* Cramping: IUD
  - \* Heavier Menses: IUD, injectables, implants
  - \* Headaches: Pill, injectables, implants
  - \* Depression: Pill, injectables, implants
  - \* Pelvic infection: IUD, sterilization
  - \* Allergies: Spermicides
- (Hatcher, Rinehart, Blackburn, Geller & Baltimore, 2002).

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, 2002).

It has been discovered that in many developing countries, some do not know about contraception. Many would use contraception if they were informed and the materials made available. Where they exist, the poorer, the less educated may be aware that they exist, though unaffordable (Donovan & Green, 2003). The use of contraceptives could be affected by awareness and availability. The mass media, especially the television and radio are good sources of information about contraception. They help couple to know about contraceptives and where to obtain them (Upadhyay, 2001). Kirk & Fillet (1998) say that the more educated couples are, the lower the fertility. Education affects fertility through a number of interrelated factors, including women socio-economic status, age of marriage, family size desires, access to family planning information and the use of contraception. Despite the increased awareness (through the media, health institutions, workshops), there is still the perceived apathy towards the use of contraceptives as effective process of combating unwanted pregnancy among couples (whether married or unmarried); access to safe and effective methods of contraception is seen by many to be a basic human right.

### **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.

Abernathy, Aquino, Aquino & Chapararro (1994) said that it is better to prevent pregnancy than to terminate it. They further explained that induced abortion is still the most usual way by which women limit the size of their family, although the use of modern and efficient methods is replacing it. The reasons women give for stopping a method may not always be the real reasons. Some may want to stop for a particular reason, but afraid that the health professional will not accept it if they give medical reasons instead. Others may have been troubled by a number of side effects but tell these professionals only about the one that made the most difference (Population Reports, 1999).

The most important function of contraceptives is in birth control. Contraceptive is available to help individuals and couples choose when they will have a child (family planning) or to choose the number of children they will have (family limitation). Such choices actually depend on several social, cultural, religious and psychological influences. Ajabor (2001) has 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 or how few children they want to have.

#### **AWARENESS TOWARDS CONTRACEPTIVE USE**

People have to be aware of any issue before they could be part of it. Information, education and communication activities bring people and family planning programmes together. Communication activities give people the information they need to make informed choices about using and continuing to use contraception. Contradictory messages that compete with messages of family planning campaigns are being received about sexual behaviour and contraceptives. Awareness comes through the mass media: television, radio, newspaper, etc. The television offers a variety of programmes. In television, pictures tell the story; television news relies so much on events with lots of actions featuring on-location reporting. In conveying family planning issues, the story lends itself to the use of pictures, whether positive or negative, in reporting stories on television, one is required to think visually. The message must be clear, straight to the point, and easy to understand. Unfortunately, many news media specialists make the mistake of sending only printed news releases to television stations. Photographs, slides, videotapes, charts and graphs should be sent along with the printed news release to pass good information across to the audience. The use of good graphics or photographs is often very useful to tell a story via a television. Television talk shows in some countries may offer opportunities to promote the awareness of contraceptives. Most times such talk shows often try to provoke controversy in order to attract audiences. However, care should be taken

that a particular show is an appropriate forum in which one can air his message clearly and objectively (Futures Group International, 1995) as in Ngam, 2008).

The radio programmes always need articulate, knowledgeable people to interview, such as the executive director, medical staff, and certain clients and community members. Most radio stations have a variety of programme formats appropriate for family planning coverage. They include news, features, talk shows and interviews, editorials and special events. Contraceptive issues could come in any of these programmes. Radio news is a short, memorable summary statement that captures attention (American Public Health Association, 1995). Features offer a longer look at an issue or profile of an interesting person; it could report the personal experiences of a client, articulate supporters of family planning etc. Editorials on contraception could be broadcast, supporting your case with the facts and beliefs to the audience. On-the-spot live broadcast of events that have news value like the opening of a clinic, conference, etc. Currently, the increase in the use of television, radio, the rise of independent press, and increasing literacy rate in many countries offer new opportunities for family planning and other health care organizations to inform the public. The BBC Report (1995) has it that the number of radio sets is estimated at over one billion in 1994 in developing countries; more than 9 households in every 10 have radios. It further reports that television sets are not as widespread as radios but has risen dramatically. The number of televisions doubled in 1980s and has nearly doubled since 1990 to about 686 million in 1994. Where the radio or television is available, an

enormous audience is reached. Examples include Egypt and Bangladesh; 82% of Egyptian women watch television every day, while 75% Bangladesh city dwellers watch television at least once a week (Mitra, Ahmed, Aman, Islam & Sharif, 1995) cited in (Joe-Kinane, 2011).

In reporting "hard" breaking news, newspapers and magazines are print media that contain many different departments that serve readers' interests. Editors of these departments are always looking for timely materials that will appeal to the readers. That is why family planning organizations encourage newspaper coverage by providing a variety of materials for departments that readers enjoy. They include feature articles, editorials, letters to the editor, advice columns. Rural and community newspapers and special-interest publications are often good outlets for information about family planning programmes. Magazines and newspapers regularly publish feature articles about contraception and other health-care topics, could include questions many people ask like, "who is choosing vasectomy?", "how do contraceptive methods work?", "what is it like visiting a family planning clinic?", etc. Editorials, which can be written by an editor or publisher, can go a long way to generate opinions about contraceptive use; though sometimes, guest editorials are also invited. Letters to the editor provide a forum for people to express opinions, give reactions. It should be written politely, clearly, briefly and concluded with a positive point of view. Advice columns are popular and are often one of the best-read sections of newspapers and magazines. Here, readers ask questions on issues relating to reproduction, sex, contraceptive methods, and other personal issues. Most times, questions are posed anonymously.

Newspapers attract millions of readers daily in some developing countries, though fewer people than radio and television are reached. For example, about 22 million in India, 3.7 million in Indonesia, 3 million in Turkey read newspapers. More than 70% of women in the Philippines read a newspaper at least once a week; 90% of men and 71% of women in Dares Salaam, Tanzania, read a newspaper at least once a week (Weinstein, Ngallaba, Cross & Mburu, 1994) cited in (Ngam, 2008). The International Planned Parenthood Federation (IPPF), in 1972 urged family planning programmes to pay regular attention to providing information to journalists in addition to films, radio spots, advertisements, and other communication (IPPF, 1992). The education and enlightenment of couples towards the use of contraceptives could improve overall mental health. The Planned Parenthood Federal of Nigerian Planning Council Organization is the foremost exponent of family planning in Nigeria. This organization is involved in passing injections to and using means of Nigerian couples to limit family size, laying emphasis on the issues of education, creating and strengthening social health service. They enlighten people, especially those in the reproductive age group on the use of contraceptives. Governments and family planning programmes can guide and eliminate unnecessary medical barriers.

Information through the mass media can give couples informed choices available on the use of contraceptives. These methods should also be made available so that suitable methods could be chosen (Population Reports, 1999). With the exposure to new information, ideas, values in issues like contraception, people are becoming increasingly aware and interested in contraceptive use. The news media can

contribute to knowledge, persuasion, decision, action and confirmation stages to their users. News and feature stories can make people aware of the benefits of contraceptive use, the existence of contraceptive methods and services. When such news coverage is frequent, it becomes a household issue where people can discuss about freely. This would go a long way to help people make informed decisions about using contraception based on expert opinions and others' experiences, actions are taken such as how to be aware of contraceptive methods, where and when to go for services. News coverage can reinforce individual decisions to adopt contraceptive use and can serve as a forum for members of the public to endorse it and offer testimonials from personal experiences.

Many family planning issues and events make the news when they have a big impact on people live. The first task of health educators that would want to make use of the mass media is to recognize a good story and how to market it. They could transform a non-story into an interesting story. To be newsworthy, an event must be new. News stories should be current and affect the audience directly. Media events- events that are news worthy are covered by many health organizations. They can help provide crucial news element of immediacy and a good reason for reporters to cover family planning issues, like that of the United Nations Population Fund (UNFPA). Events such as the opening of a new clinic or health service, the launch of a new campaign or the release of a new study can generate news coverage. An example is a music project in Nigeria to promote family planning was featured in more than 80 newspapers and magazine articles as the result of launch ceremonies and a press conference that featured stars

like Onyeka Onwenu and King Sunny Ade in the late 1980s (Population Reports, 1999).

The use of contraceptives is fairly encouraging, in Imo State, about 59.4% of the males and 63.4% of the females are aware of government policy on population control, most of the males adopts the use of condom, rhythm, abstinence, withdrawal and traditional methods, of all the use of condom was very prominent probably not only to avoid unwanted pregnancies, but for the scourge of HIV/AIDS. For the females a major factor for their educational attainment is the use of contraceptives. Studies have shown that women who had no formal education still rely on the traditional methods as concoctions and charms. Those that are highly educated use modern methods more. The rate of adoption of contraceptives use is based purely on educational background; location of married and unmarried adults also determines their attitude towards the use of contraceptives, (Omeje, Alimba, Egba & Mgbada2006).When couples become aware of family planning issues, it would then be necessary to visit family planning clinics to be able to ascertain what had been heard via the mass media.

### **STATEMENT OF THE PROBLEM**

Unwanted pregnancy has led to several women giving birth more times than required. The use of contraceptives helps prevent pregnancy within and outside of marriage. Over population is a national concern since it affects millions of people both men and women across the country. The concern is global and becoming increasingly an urgent policy issue in the face of over population, and competition over basic resources. More so, the use of contraceptives is very necessary in dealing with the problem of teenage pregnancy

which has led several secondary school girls dropping out of school.

### **PURPOSE OF THE STUDY**

The purpose of the study is to investigate the level of awareness among married and unmarried adults concerning the use of contraceptives in Ogba/Ndoni/Egbeme LGA, Rivers State. Specifically, the study investigated:

1. The level of awareness among married and unmarried adults concerning the use of contraceptives
2. The level of awareness among highly educated and lowly educated and unmarried adults concerning the use of contraceptives
3. The level of awareness among old and young married and unmarried adults concerning the use of contraceptives
4. The level of awareness among male and female married and unmarried adults concerning the use of contraceptives.

### **RESEARCH QUESTIONS**

The following research questions guided the conduct of this study:

1. What is the level of awareness among married and unmarried adults concerning the use of contraceptives in Ogba/Ndoni/Egbema L.G.A of Rivers State?
2. What is the level of awareness among highly educated and lowly educated married and unmarried adults concerning the use of contraceptives in Ogba/Ndoni/Egbema L.G.A of Rivers State?
3. What is the level of awareness among old and young married and unmarried adults concerning the use of contraceptives in Ogba/Ndoni/Egbema L.G.A of Rivers State?

4. What is the level of awareness among male and female married and unmarried adults concerning the use of contraceptives in Ogba/Ndoni/Egbema L.G.A of Rivers State?

#### METHODOLOGY

The design adopted for this study was descriptive survey. The population for the study comprised of all married and unmarried adults (197000) in Ogba/Ndoni/Egbema LGA of Rivers State. A sample size of 912 respondents was

randomly selected for the study. Instrument titled "Contraceptive Methods Scale" (CMS) was used for data collection. The data collected from the respondents was analyzed using simple percentage.

#### RESULTS

**Research Question 1:** What is the level of awareness among married and unmarried adults concerning the use of contraceptives in Ogba/Ndoni/Egbema L.G.A of Rivers State?

**Table 1: Proportion of Awareness of Contraceptives use among Married and Unmarried Adults in Ogba/Ndoni/Egbema L.G.A. of Rivers State**

S/N	Methods of Contraceptives	Married Status	Unaware	Aware
1	Abstinence	Married Unmarried	126(29) 119(25)	310(71) 357(75)
2	Lactational Amenorrhea Method	Married Unmarried	220(50) 292(61)	216(50) 184(39)
3	Withdrawal	Married Unmarried	328 (75) 122(26)	108(25) 354(74)
4	Mini Pills/Combined Pills	Married Unmarried	136(31) 281(59)	300(69) 195(41)
5	Hormonal Injections (Depo-Proven)	Married Unmarried	173(49) 281(59)	263(60) 196(41)
6	Contraceptive Implants	Married Unmarried	112(26) 301(63)	324(74) 175(37)
7	Intra-Uterine Device (IUD)	Married Unmarried	288(61) 315(72)	293(67) 188(39)
8	Barrier Methods (Condoms)	Married Unmarried	315(72) 179(38)	121(28) 297(62)
9	Spermicides	Married Unmarried	263(60) 289(61)	173(40) 187(39)
10	Diaphragm/Cervical Cap	Married Unmarried	152(35) 272(57)	284(65) 204(43)
11	Sterilization	Married Unmarried	229(53) 251(53)	207(47) 225(47)
12	Fertility Awareness	Married Unmarried	284 (65) 226(47)	252(35) 250(53)
	<b>Total</b>		<b>477(49)</b>	<b>465(51)</b>

**N.B:** Figures in parenthesis are in percentages.

Table 1 above indicates the methods of contraceptives and the level of awareness

for each type. Thus, the different methods of contraceptives are abstinence, withdrawal;



mini pills/combined pills, lactational amenorrhea, hormonal injections, contraceptive implants, intra-uterine device, barrier methods (condoms), spermicides, diaphragm/cervical cap, sterilization and fertility awareness.

It further shows that 71% of married adults are aware of abstinence method, while 75% of unmarried adults are aware of abstinence method; 50% of married adults are aware of lactational amenorrhea method, while 39% of unmarried adults are aware of lactational amenorrhea method; 25% of married adults are aware of withdrawal method, while 74% of unmarried adults are aware of withdrawal method; 69% of married adults are aware of mini pills/combined pills, while 41% of unmarried adults are aware of mini pills/combined pills; 60% of married adults are aware of hormonal injections, while 41% of unmarried adults are aware of hormonal injections; 74% of married adults are aware of contraceptive implants, while 37% of unmarried adults are aware of contraceptive implants; 67% of married adults are aware of intra-uterine device (IUS), while 39% of unmarried adults are aware of ,intra-uterine

device (IUD); 28% of married adults are aware of barrier methods (condoms), -while 62% of unmarried adults are aware of barrier methods (condoms); 40% of married adults are aware of spermicides, while 39% of unmarried adults are aware of spermicides; 65% of married adult are aware of diaphragm/cervical cap, while 43% of unmarried adults are aware of diaphragm/cervical cap; 47% of married adults are aware of sterilization, while 47% of unmarried adults are aware of diaphragm/cervical cap; 35% of married adults are aware of fertility awareness, while 53% of unmarried adults are aware of fertility awareness. A closer observation of the table shows that 447 respondents (representing 49%) were unaware of the various methods of contraceptives; while 465 respondents (representing 51%) were aware of the various methods of contraceptives.

**Research Question 2:** What is the level of awareness among highly educated and lowly educated married and unmarried adults concerning the use of contraceptives in Ogba/Ndoni/Egbema L.G.A of Rivers State?

**Table 2: Proportion of Awareness of Contraceptives among Highly Educated and Lowly Educated Married and Unmarried Adults in Ogba/ Ndoni / Egbema L.G.A. of Rivers State**

S/N	Methods of Contraceptives	Level of Education	Unaware	Aware
1	Abstinence	Highly Educated	34(11)	262 (89)
		Lowly Educated	442 (72)	174(28)
2	Lactational Amenorrhea Method	Highly Educated	123 (42)	173 (58)
		Lowly Educated	348 (56)	268 (44)
3	Withdrawal	Highly Educated	18(6)	278 (94)
		Lowly Educated	421 (68)	195(32)
4	Mini Pills/Combined Pills	Highly Educated	83(28)	213(72)
		Lowly Educated	552 (90)	64(10)
5	Hormonal Injections (Depo-	Highly Educated	15(5)	281 (95)
		Lowly Educated	381(62)	235 (38)
6	Contraceptive Implants	Highly Educated	129(44)	167(56)
		Lowly Educated	417(68)	199(32)

7	Intra- Uterine Device (IUD)	Highly Educated	202 (68)	94 (32)
		Lowly Educated	273 (44)	343 (56)
8	Barrier Methods (Condoms)	Highly Educated	87 (29)	209(71)
		Lowly Educated	226 (37)	390 (63)
9	Spermicides	Highly Educated	206 (70)	90 (30)
		Lowly Educated	507 (82)	109(18)
10	Diaphragm/Cervical Cap	Highly Educated	84 (28)	212 (72)
		Lowly Educated	405 (66)	211 (34)
11	Sterilization	Highly Educated	201 (68)	95 (32)
		Lowly Educated	502(81)	114(19)
12	Fertility Awareness	Highly Educated	69 (23)	227 (77)
		Lowly Educated	487 (79)	129(21)
	Total		465 (51)	447 (49)

**N/B:** Figures in parenthesis are in percentages.

Table 2 above indicates the methods of contraceptives and the level of awareness for each type. Thus, the different methods of contraceptives are abstinence, withdrawal; mini pills/combined pills, lactational amenorrhea, hormonal injections, contraceptive implants, intra-uterine device, barrier methods (condoms), Spermicides, diaphragm/cervical cap, sterilization and fertility awareness.

It further shows that 89% of highly educated married and unmarried adults are aware of abstinence, while 28% of lowly educated married and unmarried adults are aware of abstinence; 58% of highly educated married and unmarried adults adopts are aware of lactational amenorrhea method, while 44% of lowly educated married and unmarried adults are aware of lactational amenorrhea method; 94% of highly educated married and unmarried adults are aware of withdrawal method, while 32% of lowly educated married and unmarried adults are aware of withdrawal method; 72% of highly educated married and unmarried adults are aware of mini pills/combined pills, while 10% of lowly educated married and unmarried adults are aware of mini pills/combined pills; 95% of highly educated married and

unmarried adults are aware of hormonal injections, while 38% of lowly educated married and unmarried adults are aware of hormonal injections; 56% of highly educated married and unmarried adults are aware of contraceptive implants, while 32% of lowly educated married and unmarried adults are aware of contraceptive implants; 32% of highly educated married and unmarried adults are aware of intra-uterine device (IUD), while 56% of lowly educated married and unmarried adults are aware of intra-uterine device (IUD); 71% of highly educated married and unmarried adults are aware of barrier methods (condoms), while 63% of lowly educated married and unmarried adults are aware of barrier methods (condoms); 30% of highly educated married and unmarried adults are aware of spermicides, while 18% of lowly educated married and unmarried adults are aware of spermicides; 72% of highly educated married and unmarried adults are aware of diaphragm/cervical cap, while 34% of lowly educated married and unmarried are aware of diaphragm/cervical cap; 32% of highly educated married and unmarried adults are aware of sterilization, while 19% of lowly educated married and unmarried adults are

aware of sterilization; 77% of highly educated married and unmarried adults are aware of fertility awareness, while 21% of lowly educated married and unmarried adults are aware of fertility awareness. A closer observation of the table shows that 46:5 respondents (representing 51%) were unaware of the various methods of contraceptives; while 447 respondents

(representing 49%) were aware of the various methods of contraceptives.

**Research Question 3:** What is the level of awareness among old and young married and unmarried adults concerning the use of contraceptives in Ogba/Ndoni/Egbema L.G.A of Rivers State?

**Table 3: Proportion of Awareness of Contraceptives among Young and Unmarried Adults in Ogba/ Ndoni / Egbema L.G.A. of Rivers State**

S/N	Methods of Contraceptives	Age	Unaware	Aware
1	Abstinence	Young	107(20)	436(8)
		Old	273(74)	96(26)
2	Lactational Amenorrhea Method	Young	122(22)	421(78)
		Old	197(53)	172(47)
3	Withdrawal	Young	158(29)	385(71)
		Old	298(81)	71(29)
4	Mini Pills/Combined Pills	Young	118(22)	425(78)
		Old	153(41)	216(59)
5	Hormonal Injections (Depo-Proven)	Young	83(15)	460(85)
		Old	174(47)	195(53)
6	Contraceptive Implants	Young	81(15)	462(85)
		Old	211(57)	158(43)
7	Intra-Uterine Device (IUD)	Young	56(10)	487(90)
		Old	301(82)	58(18)
8	Barrier Methods (Condoms)	Young	29(5)	514(93)
		Old	198(54)	171(46)
9	Spermicides	Young	80(15)	463(85)
		Old	223(60)	146(40)
10	Diaphragm/Cervical Cap	Young	111(20)	432(80)
		Old	269(73)	100(27)
11	Sterilization	Young	47(9)	496(91)
		Old	168(46)	201(54)
12	Fertility Awareness	Young	26(5)	517(95)
		Old	261(71)	108(29)
	Total		356(39)	556(61)

**N.B:** Figures in parenthesis are in percentages.

Table 3 above shows the methods of contraceptives and level of awareness for each type. Thus, the different methods of contraceptives are abstinence, withdrawal; mini pills/combined pills, lactational

amenorrhea, hormonal injections, contraceptive implants, intra-uterine device, barrier methods (condoms), spermicides, diaphragm/cervical cap, sterilization, and fertility awareness.

It further shows that 80% of young married and unmarried adults (20-45) are aware of abstinence method, while 26% of old married and unmarried adults (46 & above) are aware of abstinence method; 78% of young married and unmarried adults are aware of lactational amenorrhea method, while 47% of old married and unmarried adults are aware of lactational amenorrhea method; 71% of young married and unmarried adults are aware of withdrawal method, while 29% of old married and unmarried adults are aware of withdrawal method; 78% of young married and unmarried adults are aware of mini pills/combined pills, while 59% of old married and unmarried adults are aware of mini pills/combined pills; 85% of young married and unmarried adults are aware of hormonal injections (Depo-Proven), while 53% of old married and unmarried adults are aware of hormonal injections (Depo-Proven); 85% of young married and unmarried adults are aware of contraceptive implants, while 43% of old married and unmarried adults are aware of contraceptive implants; 90% of young married and unmarried adults are aware of intra-uterine device (IUD), while 18% of old married and unmarried adults are aware of intra-uterine device; 93% of young married and unmarried adults are aware of

barrier methods (condoms), while 46% of old married and unmarried adults are aware of barrier methods (condoms); 85% of young married and unmarried adults are aware of spermicides method, while 40% of old married and unmarried adults are aware of spermicides method; 80% of young married and unmarried adults are aware of diaphragm/cervical cap method, while 27% of old married and unmarried adults are aware of diaphragm/cervical cap method; 91% of young married and unmarried adults are aware of sterilization methods while 54% of old married and unmarried adults are aware of sterilization method; 95% of young married and unmarried adults are aware of fertility awareness, while 29% of old married and unmarried adults are aware of fertility awareness. A closer observation of the Table shows that 356 respondents (representing 39%) were unaware of the various methods of contraceptives while 556 respondents (representing 61%) were aware of the various methods of contraceptives.

**Research Question 4:** What is the level of awareness among male and female married and unmarried adults concerning the use of contraceptives in Ogba/Ndoni/Egbema L.G.A of Rivers State?

**Table 4: Proportion of Awareness of Contraceptives among Male and Female Married and Unmarried Adults in Ogba/ Ndoni / Egbema L.G.A. of Rivers State**

S/N	Methods of Contraceptives	Gender	Unaware	Aware
1	Abstinence	Male	224(69)	101(31)
		Female	118(20)	469(80)
2	Lactational Amenorrhea Method	Male	197(61)	128(39)
		Female	38(6)	549(94)
3	Withdrawal	Male	209(64)	116(36)
		Female	102(17)	485(83)
4	Mini Pills/Combined Pills	Male	281(86)	44(14)
		Female	48(8)	539(92)
5	Hormonal Injections (Depo-Proven)	Male	229(70)	96(30)

		Female	56(10)	531(90)
6	Contraceptive Implants	Male	304(94)	21(6)
		Female	61(10)	526(90)
7	Intra-Uterine Device (IUD)	1Vtale~~	268(82)	57(18)
		Female	114(19)	473(81)
8	Barrier Methods (Condoms)	Male	279(86)	46(14)
		Female	127(22)	460(78)
9	Spermicides	Male	201(62)	124(38)
		Female	83(14)	504(86)
10	Diaphragm/Cervical Cap	Male	186(57)	139(43)
		Female	77(13)	510(87)
11	Sterilization	Male	238(73)	87(27)
		Female	109(18)	478(82)
12	Fertility Awareness	Male	201(62)	124(38)
		Female	88(15)	499(85)
	<b>Total</b>		<b>392(43)</b>	<b>520(57)</b>

**N.B:** Figures in parenthesis are in percentages.

Table 4 above shows the methods of contraceptives and the level of awareness for each type. Thus, the different methods of contraceptives are abstinence, withdrawal; mini pills/combined pills, lactational amenorrhea, hormonal injections, contraceptive implants, intra-uterine device, barrier methods (condoms), Spermicides, diaphragm/cervical cap, sterilization, and fertility awareness.

It further shows that 31% of male married and unmarried adults (20-45) are aware of abstinence method, while 80% of female married and unmarried adults are aware of abstinence method; 39% of male married and unmarried adults are aware of lactational amenorrhea method, while 94% of female married and unmarried adults are aware of lactational amenorrhea method; 36% of male married and unmarried adults are aware of withdrawal method, while 83% of female married and unmarried adults are aware of withdrawal method; 14% of male married and unmarried adults are aware of mini pills/combined pills, while 92% of female married and unmarried adults are

aware of mini pills/combined pills; 30% of male married and unmarried adults are aware of hormonal injections (Depo-Proven), while 90% of female married and unmarried adults are aware of hormonal injections 6% of male married and unmarried adults are aware of contraceptive implants, while 90% of female married and unmarried adults are aware of contraceptive implants; 18% of male married and unmarried adults are aware of intra-uterine device (IUD), while 81% of old married and unmarried adults are aware of intra-uterine device; 14% of male married and unmarried adults are aware of barrier methods (condoms), while 78% of female married and unmarried adults are aware of barrier methods (condoms); 38% of male married and unmarried adults are aware of spermicides method, while 86% of old married and unmarried adults are aware of spermicides method; 43% of male married and unmarried adults are aware of diaphragm/cervical cap method, while 87% of female married and unmarried adults are aware of diaphragm/cervical cap method; 27% of male married and unmarried adults

are aware of sterilization methods while 82% of female married and unmarried adults are aware of sterilization method; 38% of male married and unmarried adults are aware of fertility awareness, while 85% of female married and unmarried adults are aware of fertility awareness.

A closer observation of the Table shows that 392 respondents (representing 43%) were unaware of the various methods of contraceptives while 520 respondents (representing 57%) were aware of the various methods of contraceptives. However, the high level of awareness of contraceptives use among married and unmarried adults in Ogba/ Ndoni / Egbema Local Government Area of Rivers State, could be attributed to constant seminars/workshops on reproductive health organized by multinationals (Agip, Total, etc) in the communities where they operate. Another reason for this finding is the relatively regular power supply enjoyed by the ONELGA people, which afford them the opportunity to get information on reproductive health issues through their radios and televisions.

The above finding corroborates Futures Group International (1995) which earlier explained that awareness comes through the mass media; television, radio, newspaper, etc. According to them the television offers a variety of programmes. In television, pictures tell the story; television news relies so much on events with lots of actions featuring on-location reporting. In conveying family planning issues, the story lends itself to the use of pictures, whether positive or negative. In reporting stories on television, one is required to think visually. The message must be clear, straight to the point, and easy to understand.

## RECOMMENDATIONS

The following relevant recommendations are made based on the major findings of this study:

- \* Awareness campaigns of modern methods of contraception should be taken very seriously by health agencies and National Population Commission for people to gain broader knowledge about contraceptives.
- \* Most of the lowly educated couples and singles reside in the rural areas. Efforts should be intensified by government at all levels to enlighten them on the need for contraceptive use.
- \* Medical practitioners in various hospital and clinics in Nigeria should also help educate their patients on the advantages of contraception.

## CONCLUSION

From the findings of this study, it was concluded that 49% of married and unmarried adults are unaware, while 51% are aware; 51% of highly educated and lowly educated married and unmarried adults are unaware, while 49% are aware; 39% of old married and unmarried adults are unaware, while 61% are aware; 43% male and female married and unmarried adults are unaware, while 57% are aware of the different types of contraceptives.

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