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LEVEL OF EDUCATIONAL DIFFERENTIALS IN AWARENESS OF CONTRACEPTIVES AMONG ANTENATAL ATTENDEES IN MORO LOCAL GOVERNMENT AREA, KWARA STATE

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Abstract

Generally, inadequate awareness of contraceptives had been responsible for the increase in population, high crime rate, insecurity in the country due to high birth rate and cases of unwanted pregnancies. This makes women susceptible to infection for which contraceptives played an important role in their prevention and control of infections thereby helping to maintain the economic growth of the society. This study, therefore, examines the level of educational differentials in awareness of contraceptives among antenatal attendees in Moro Local Government Area, Kwara State. A descriptive research design of survey type was adopted for the study. The population for the study comprised all women attending antenatal clinics in Moro, Kwara State. A multistage sampling technique was used to select 230 respondents for this study. The instrument used for the study was a researcher structured questionnaire which was used for data collection from the respondents, the instrument was validated by three experts. The reliability of the study was established through a split-half method in which the reliability coefficient of 0.76 was obtained. The data generated were analyzed using Anova statistical tool. The findings for the study revealed that: Married women attending antenatal clinics were aware of contraceptives based on their educational level in Moro L.G.A., Kwara State. This is because there was a statistically significant difference at the $p < .000$ level in the awareness of contraceptives for the four educational level groups $F (3, 226) = 5.96$, $p < .000$. The study concluded that married women attending antenatal clinics were aware of contraceptives based on their educational level in Moro Local Government Area, Kwara State. Based on the findings, it was recommended among others that religious leaders and followers should be educated by health educators on the importance of being aware of different types of contraceptives, there should be enlightenment for women to prevent them from superstitious belief against having knowledge about contraceptives.

Keywords: Awareness, Contraceptives, Educational Level, Determinants, Antenatal Attendees

Introduction

In most parts of Africa, human reproduction is seen as a natural process that no human being can influence except for what the creator has bequeathed on us. This belief has been reinforced by a lack of appropriate information and education. The fact that family planning services are almost exclusively targeted towards women excluding men who are in most cases responsible for making reproductive health decisions. There is the absence of adequate information and many unfounded rumours made African men not generally be in favour of contraceptives (Fredrick, 2007). In developing countries, birth control has reduced the number of deaths during pregnancy by 40% (about 270,000 deaths prevented in 2008) and could reduce it by 70% if the full demand for birth control is met. Birth

control can enhance women's delivery results and their children's survival by extending the period between pregnancies, (Cleland, Conde-Agudelo, Peterson, Ross, Ahmed, Liu & Tsui, 2012).

In developing nations like Nigeria, children are seen as valuable assets that contributed meaningfully to the development of their communities where agriculture is the major source of income. Besides, aged parents and extended family relations depend on their children for maintenance at old age. Hence, they are reluctant to limit birth. The rapid population growth made Nigerian former President Babangida make policy that each family should have only four children. Consequently, the mass media started awareness campaigns on the consequences of having many children (World Health Organisation (WHO), 2013). Women's incomes, assets, weight, their children's schooling and health status increase with more access to birth control. Birth control boosts economic growth and development because of fewer dependent children, more women engaging in the workforce, and less usage of scarce resources (Cunning, Schultz, Van Braeckel, Temmerman, Roelens & Degomme, 2012). Contraceptive methods are considered the first line of defence against unwanted pregnancy.

Inadequate provision of birth control services is due to the death of trained personnel or transfer of active staff from certain posts and resulting in the poor commitment of some of them in the planning and implementation of the programme. Furthermore, there is a lack of knowledge, ranging from a lack of display of educational and communication materials to limited disclosure of methods and counselling about contraceptive methods, particularly for women, the long term and permanent ones. Also documented are the negative attitudes of service providers, poor accessibility to services, and inadequate modern family planning supplies at the health facilities (Orach, Otim, Aporomon, Amone, Okello, Odongkara, & Komakech, 2015). Women should be appropriately aware of contraceptives and the risk attached to inadequate knowledge about contraceptives to prevent pregnancy, make menstrual periods more regular and lighter, decrease menstrual cramps and acne. It can also make one less likely to get ovarian and uterine cancer, pelvic inflammatory disease, ovarian cyst and anaemia and it does not interrupt lovemaking, its related to maternal and child morbidity and mortality, it decreases mother to child transmission of HIV, its save money, its saves lives and improve health, its bring about wanted pregnancy, regulate the interval between one pregnancy and another as well as to determine the number of children in the family (World Health Organization, 2014).

Childbearing and contraceptive use are among the most important reproductive health decision that many have to make (Gartner, 2009). Birth control, also known as contraception and fertility control, is a method or device used to prevent pregnancy. Birth control has been used since ancient times, but effective and safe methods of birth control only became available in the 20th century. Birth control methods include barrier methods, hormonal birth control, intrauterine devices (IUDs) sterilization, and behavioural methods. Safe sex practices, such as the use of male or female condoms not only prevent pregnancy but can also prevent sexually transmitted infections (Taliaferro, Sieving, Brady & Bearinger, 2011). Other methods of birth control do not protect against sexually transmitted diseases. The emergency of birth control pills can prevent pregnancy if taken within 72 to 120 hours after unprotected sex. Some argue that not having sex is the best form of birth control, but only sex education may increase teenage pregnancies if offered without birth control education because it is going to lead to non-compliance (Duffy, Lynch & Santinelli, 2008).

Birth control use in developing countries has decreased the number of deaths during or around the time of pregnancy by 40% (about 270,000 deaths prevented in 2008) and could prevent 70% if the full demand for birth control were met. Birth control can improve adult women's delivery outcomes and their children's survival by extending the time between pregnancies (Cleland et al., 2012). The health benefits of contraception are associated with child spacing and the use of specific methods can play a major role in protecting the lives of infants, children, women and the family as a whole on the Africa continent.

Education has been identified as an important factor in contraceptive use in several studies. Education delays the onset of fertility by giving women more influence in their relationships when it comes to contraceptive use. A girl child's ability to gather information improves as a result of education, and their awareness of contraception rises as a result, (Canning, & Schultz, 2012). According to a study conducted in Uganda, it was found that women with higher education were more likely to use any method of contraception, compared to those with no education (Lynch, Sundaram, Maisog, Sweeney, & Buck-Louis, 2014).

This study goes on to state that the importance of female education in fertility choice cannot be underestimated, and the benefit increases with the level of education. A study conducted by Olatekan and Olufunmi (2012), found that educated women in Nigeria were more likely to use contraceptives hence decrease in their fertility, while another study, conducted by Nketiah, Arthur and Abuosi (2012) found out that women living in urban areas with a higher level of education married later and were more likely to use contraceptives, thus reducing their childbearing years and their total number of children. According to a survey of Malawian women, those with lesser levels of education are less likely to utilize contraception than those who are wealthy and educated (Palamuleni & Adebowale, 2014). Furthermore, in Kenya, women with higher education and who belonged to the wealthier quintiles used more contraceptives than women who were poorer and less educated (Hounton, Barros, Amouzou, Shiferaw, Maïga, Akinyemi & Koroma, 2015).

Ideally, women should be aware of different types of contraceptives. Nigerian women have on average nearly six children over the course of their lifetime and this is expected to be double in the next 25 years (Osakue, 2010). Many developing societies are characterized by rapid population growth due to high fertility but declining mortality. This can partly be blamed on the government's inability to provide access to information on contraception. There had been different studies on the correlation between religion, culture, poverty and awareness of contraceptives. The researchers observed that due to child preferences, some couples want to have a male child; and in cases when the child born to them is female, the family is unhappy and the couple may wish to have another child in order to have a male child. They take this decision without taking cognizance of any side effects on raising them. The situation is so serious that the birth rate continues to increase among some families that are neither well cared for nor educated. These unspaced children make it difficult for the children to have three square daily meals by their parents. It is on this premise that the researchers investigated 'Level of educational differentials in awareness of contraceptives among antenatal attendees in Moro Local Government Area, Kwara State'.

Research Question

Will there be a significant difference in the awareness of contraceptives among married women attending antenatal clinics based on the educational level in Moro L.G.A., Kwara State?

Research Hypothesis

There is no significant difference in the awareness of contraceptives among married women attending antenatal clinics based on the educational level in Moro L.G.A., Kwara State

Material and Methods

A descriptive research design of survey type was used for this study. The population for the study comprised of all married women attending antenatal clinics in Moro L.G.A., Kwara State. The population for the study was made up of 38 health centres and 384 women attending antenatal clinics. A multistage sampling technique that comprised simple random sampling technique, proportionate sampling technique and convenience sampling technique were used for the study. A simple random sampling technique was used to select eight (8) health centres out of 38 health centres in Moro local government area of Kwara State. A proportionate sampling technique was used to select 60% of the women attending antenatal clinics in each of the health centres which made a total of two hundred and

thirty (230) respondents. The convenience sampling technique was used in the administration of the questionnaire to the respondents from each of the health centres.

Table 1: List of selected health centres and numbers of respondents for the study

Name of Selected Health Centers (20%)	Number of Attendees	Percentage (60%)
1. Basic Health Centre, Arobadi	25	15
2. Basic Health Centre,Bode saadu	120	72
3. Basic Health Centre, Elemere	19	11
4. Basic Health Centre, Lanwa	18	11
5. Basic Health Centre, Malete	17	10
6. Basic Health Centre, Megida	21	13
7. Basic Health Centre, Oloru	100	60
8. Basic Health Centre, Shao	64	38
TOTAL	**384**	**230**

Fig. 1: Field work

The instrument for data collection was the researcher's structured questionnaire entitled 'Use of contraceptives among married women'. The questionnaire was divided into two sections, A and B. Section A deals with demographic data of respondents while section B elicited information from the respondents on contraceptives among married women. The response mode of the questionnaire was based on a 4-point Likert scale format of Strongly Agree (SD), Agree (A), Disagree (D), and Strongly Disagree (SD). To ensure the validity of the research instrument, it was validated by three experts in the Department of Health Promotion and Environmental Health Education, Faculty of Education, University of Ilorin for both face and content validity of the instrument. Their comments and suggestions were used to improve the quality of the research instrument. The reliability of the instrument was carried out using the split-half method of reliability with Cronbach alpha with a correlation coefficient of 0.76 which was reliable enough for the study. The completed copies of the questionnaire were collected, collated, coded, entered and analyzed. Descriptive statistics of frequency count and the percentage was used to analyze the demographic characteristics of respondents while ANOVA was used to test the hypotheses formulated for the study.

Results and Discussion

Hypothesis: There is no significant difference in the awareness of contraceptives among married women attending antenatal clinics based on the educational level in Moro L.G.A., Kwara State.

Table 2: ANOVA statistics on awareness of contraceptives among married women attending antenatal clinics based on their educational level.

	N	Mean	Std. Deviation	Std. Error	95% confidence interval for mean		Minimum	Maximum
					Lower Bound	Upper Bound		
O' level and below	69	41.5507	7.08050	.85239	39.8498	43.2516	27.00	54.00
NCE/ Diploma	47	45.3404	5.95737	.86897	43.5913	47.0896	34.00	54.00
Degrees	83	44.2169	5.41914	.59483	43.0336	45.4002	32.00	54.00
Others	31	33.0645	7.22466	1.29759	30.4145	35.7145	27.00	49.00
Total	230	42.1435	7.36813	.48584	41.1862	43.1008	27.00	54.00

ANOVA

	Sum of Square	Df	Mean Square	F	Sig.
Between Groups	3416.672	3	1138.891	28.549	.000
Within Groups	9015.593	226	39.892		
Total	12432.265	229			

The mean difference is significant at the 0.05 level

The table above shows the result of the tested hypothesis which stated that there is no significant difference in the awareness of contraceptives among married women attending antenatal clinics based on the educational level in Moro L.G.A., Kwara State. A one-way between-groups analysis of variance was conducted to explore the differences in educational level on awareness of contraceptives. Participants were divided into four groups according to their educational level (O' level and below, NCE/ Diploma, Degrees and Others). There was a statistically significant difference at the $p < .000$ level in the awareness of contraceptives for the four educational level groups $F (3, 226) = 5.96$, $p < .000$. There was not much statistically significant difference in mean scores between O' level and below, and Degree on the awareness of contraceptive methods except other levels of education which is much different.

In the research question, the majority of the respondents were of the opinion that married women attending the antenatal clinic were aware of contraceptives based on educational level. Similarly, the hypothesis was rejected; implying that there is a difference in the awareness of contraceptives among married women attending antenatal clinics based on the educational level in Moro L.G.A., Kwara State. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for NCE/ Diploma (Mean = 45.34, Standard Deviation = 5.96) was significantly different from Below O' level (M = 41.55, SD = 7.08), Degrees (Mean = 44.22, Standard Deviation = 5.42) and Others (Mean = 33.07, Standard Deviation = 7.23).

Tukey Post-Hoc Tests for Differences of Mean of Educational Level on Awareness of Contraceptive among Married Women

Educational Level	Mean Difference	Std. Error	Adjusted P-value
NCE/Diploma - O' level and below	3.789	.3442	.060
Degrees - O' level and below	2.666*	.6612	.020
Others - O' level and below	8.486*	1.2498	.001
Degrees - NCE/Diploma	-1.124	.1233	.231
Others - NCE/Diploma	-12.276	.3123	.457
Others – Degrees	-11.152	2.3819	1.234

Post-hoc comparisons using the Tukey HSD test indicated that the difference between degrees holder and O' level and below is statistically significant with an adjusted P-value of 0.02 lesser than the 0.05 family error rate and a mean difference of 2.666. It was also discovered that others and O' level and below are statistically significant with an adjusted P-value of 0.02 lesser than the 0.05 family error rate and a mean difference of 8.486.

This finding is similar to the findings of Mills, Rindfuss, McDonald and Te Velde (2011), who reported that women's education is in line with lower fertility which constitutes the management of reproductive resources. Maternal education has once been linked with the reduction of child mortality among rural dwellers. Usually, educated women have more awareness and opportunities to know the importance of contraceptives in respect to birth control. The educated women are more likely to marry late, to the first pregnancy to leave more time between births and have few children in total. There is a noticeable positive relationship between education and contraceptive use (Smock, & Greenland, 2010). It was also reported in a study conducted on factors influencing the choice of family planning among couples in South West, Nigeria, that education is a determinant of awareness on the use of contraceptive methods by women of childbearing age in Nigeria (Olaitan, 2011).

Conclusions

Based on the findings of this study, it was concluded that:

i. There is a difference in the awareness of contraceptives among married women antenatal attendees based on educational levels in Moro L.G.A., Kwara State.

Recommendations

Based on the conclusion drawn from this study, the following recommendations were made:

Community leaders and followers should be educated by health educators on the importance of being aware of different types of contraceptives. There should also be enlightenment for women to prevent them from superstitious beliefs against having knowledge about contraceptives.

There should be an inclusion of subjects that teaches about contraceptives in the school curriculum at all levels of education.

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