Knowledge And use of Birth Control and Contraception Methods for Family Planning in Enugu State, Nigeria: The Counsellor's Role

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Abstract

This study was designed to explore the knowledge level and use of birth control and contraceptive methods by family planning by married people in Enugu State, Nigeria. Data were collected from 1,200 married people (five hundred males and seven hundred females) from the accessible population of 18,879 married people using a multi-stage sampling procedure with each stage resting on simple random sampling technique. A questionnaire titled 'Birth Control Knowledge Measure' (BCKM) generated the required data. The data were analysed using mean and t-test statistics. Findings identified five birth control methods to be regularly in use while nine of the methods were simply known but not in use. This has implication for counsellors who can use these findings in individual and group counselling.

Introduction

The terms "birth control" and "contraception" are sometimes used interchangeably. This is not to say that they are exactly the same. Birth control is any means of preventing a birth from taking place. Thus methods that prevent a fertilized egg from implanting in the uterine wall such as the intrauterine device (IUD), emergency contraceptive pills and methods that remove the conceptus-the fertilized egg, embryo or fetus from the uterus like the surgical abortions are forms of birth control (Bryan; Christine., Barbara and William, 2005). Contraception is strictly the prevention of conception from taking place altogether. This is another category of birth control in which the sperm and egg are prevented from uniting through a variety of ways. It includes barrier methods such as condoms and diaphragms, spermicides which kill the sperm before they can get to the egg and hormonal methods such as the pills which inhibit the release of the egg (oocyte) from the ovary.

It is pertinent to know the available methods of birth control, the need to understand personal needs, values, habits and capabilities and consider them in taking decisions on family planning regardless of traditional or religious views. Most people know they are taking chances when they don't use contraception. The consequence of an unintended pregnancy (such as economic hardships or abortion) may be over-whelming. So, why do people take chances in the first place? Part of the reason could be faulty knowledge. Many people often underestimate how easy it is to get pregnant. Some may not know how to use a contraceptive method correctly. Other reasons for non-use of contraception may be difficulty in obtaining it or perhaps the assumed after effects. If sexual abstinence is to be chosen, by far it remains the most reliable birth control

methods of all. Individuals who choose not to have intercourse may express affection and intimacy in other ways like talking, holding hands, touching, hugging, massaging, kissing or petting.

A family in the context of this study refers to a group of individuals living under one roof and under one head, specifically comprising of husband, wife/wives and children. Family planning is the actions taken by married people to plan the number, timing and spacing of the children by using birth control. Ezugwu & Omeje (2010) view family planning as having as many children as one can afford to bring up well. According to them, family planning is birth limitation by choice either for purpose of limiting family size or for spacing pregnancies. Meriam (2008) describes family planning as planning intended to determine the number and spacing of one's children by using birth control. These views put together, see family planning to mean baby by choice not by chance. Health and social complications related to unplanned pregnancy, such as abortion and school drop-out can place a substantial burden on individual welfare and scarce government resources. It therefore makes social and economic sense to ensure sexual and reproductive health comfort of people.

The significance of this study lies in the benefits married couples, government and counsellors will derive from the result of the study. Inadequate or absence of birth control in Enugu State/Nigeria may mean continued rapid population growth which in turn means greater pressure on employment opportunities, land, food, housing, clean water and other resources which will become increasingly scarce as the population expands. Social and community services such as health and education are already over burdened by the demands placed on them (Women Aid Collective, 2000). WACOL pointed out that many of the problems of unplanned birth are related to inadequate information and the prevalence of much misinformation among married people and those to whom they turn to for help instead of counsellors.

Marital and family counsellors are involved in virtually all problems facing the complex human institution of marriage and the family. These include family planning, parent-child relationship, couples growth, sexual problems and changes occurring across the years of marriage. Marriage counsellors like Garba, (1995), Nwobi, (1997) and Agbe, (1998), have expressed the fear that family problems in Nigeria would escalate to unbelievable dimensions in the nearest future in Nigeria if measures were not taken very seriously to curb the problems of family planning

The problem of this study put in a question form is: How much do married people in Enugu state know of birth control and contraception methods for family planning and what roles would counsellors play to enhance these?

Scope of the Study

This study was delimited to the responses of literate married people in Enugu state of Nigeria. Literate married people in this study implies married men and women who can read and write, irrespective of the level. The content was limited only on knowledge and use of common birth control and contraceptive methods for family planning.

Research Questions

1. How much do married people in Enugu state know of common birth control and contraception methods?

2. What birth control and contraception methods do married people in Enugu State use?
3. What can counsellors do to improve birth control and family planning in Enugu state?

Hypotheses

Ho₃: Gender will not be a significant factor in the mean responses of married people in Enugu State on knowledge of common Birth control and contraception methods.

Ho₂: Gender will not be a significant factor in the mean responses of married people in Enugu State on the use of common Birth control and contraception methods.

Ho₃: There will be no significant difference in the mean responses of male and female married people on what can be done to improve birth control and family planning in Enugu state.

Methodology

The design was descriptive survey. The area of study was Enugu State of Nigeria. The focus was Enugu municipality and Nsukka local government area of Enugu state. The choice of the area is based on the consideration that representativeness is very important in a survey study. These areas have good concentration of literate married people and are within the two major zones of the state. The population of this study comprised all married people in Enugu municipality and Nsukka local government area. The number is 8441 married men and 10,438 married women (National population Commission, 2011 projection).

The sample was 1,200 married people (500 males and 700 females) purposely drawn using a multi-stage sampling procedure with each stage resting on simple random sampling technique. Within the focus areas of Nsukka and Enugu municipality, one thousand, two hundred (1,200) research subjects were purposively drawn for the study. Only married men and women who can read and write were included in the sample.

Instrument

The instrument used for data collection was a questionnaire titled "Birth control Knowledge Measure (BCKM) developed by the researcher. It is in a four point rating responses of : know very well (kvw)4; know well (kw) 3; know very little (kvl)2; Does not know (DNK)1 for Cluster one and very often (VO)4; Often (O) 3; sometimes (S)2; Never (N)1 for cluster two and Strongly Agree (SA)4; Agree (A)3; Disagree (D)2; Strongly Disagree (SD)1 for Cluster three. The face validity of the questionnaire was determined by 3 experts, in the fields of Medicine, Measurement and Evaluation and Guidance & Counselling from the University of Nigeria. The reliability of the instrument was established through a test of internal consistency using the crombach Alpha. The result was 0.72, 0.75 and 0.84 for the three clusters respectively. Copies of the instrument were directly distributed to the respondents by the researchers with the help of 10 research assistants and collected on the spot. These assistants were trained to interpret the questionnaire to the respondents who may find it difficult to do so by themselves.

Method of Data Analysis

The research questions were analyzed using mean and standard deviation. The acceptance point for the items was 2.50 and above. t-test statistics tested the hypotheses at 0.05 level of significance.

Results

Table 1: *Mean responses and t-test analysis on knowledge of birth control and contraception methods*

S/No	Methods of Birth Control	$\overline{X}_1$	$\overline{X}_2$	$\overline{X}_g$	SD	t-cal	Rmks	Ho
1	The pill-oral contraceptive which contains synthetic hormones (progestin and estrogen) that suppress ovulation.	3.84	3.96	3.90	1.10	1.00	K	NS
2	Injectable contraceptive (DMPA) provides protection from pregnancy for 3 months.	2.94	3.00	2.97	0.88	1.58	K	NS
3	Vaginal ring – inserted into the vagina and left in place for 3 weeks	2.21	2.30	2.25	0.92	1.43	DK	NS
4	Condom (Male) – fits over the erect penis to prevent semen from being transmitted.	3.97	3.91	3.94	0.19	0.28	K	NS
5	Female condom – designed to line the inner walls of the vagina to protect female against sperms.	2.36	2.40	2.38	0.89	1.70	DK	NS
6	Diaphragm – put into the vagina, blocking the cervix to prevent sperm passage.	2.38	2.36	2.37	1.12	1.55	DK	NS
7	Spermicide – kill the sperm before they can get to the egg.	2.30	2.41	2.35	1.23	0.42	DK	NS
8	Intrauterine Device (IUD) a device that is inserted into the uterus to prevent conception for 1 – 12 yrs.	2.84	2.65	2.74	0.91	0.73	K	NS
9	Fertility awareness methods – relys on a woman's knowledge of her body's reproductive cycle.	3.56	3.21	3.38	2.12	1.23	K	NS
10	Strerilization – involves surgical intervention that makes the reproductive organs incapable of producing sperms or delivering eggs.	3.62	3.78	3.71	1.04	0.56	K	NS
11	Coitus interruptus (withdrawal) removing the penis from the vagina before ejaculation.	3.65	3.56	3.60	0.73	1.36	K	NS
12	Abortion - expulsion of the conceptus from the uterus	3.96	3.98	3.97	0.87	0.33	K	NS
13	Abstinence – refraining from sexual intercourse.	4.00	4.00	4.00	0.11	1.09	K	NS

Key:

N	=	1,200 (500 males and 700 females) P < 0.05			
$\overline{X}_1$	=	Married Males	t-table	=	1.96
$\overline{X}_2$	=	Married Females	K	=	Know
$\overline{X}_g$	=	Grand mean	DK	=	Don't know
df	=	1198			
NS	=	Not significant			
S	=	Significant			

Table 1 shows that the mean responses of male and female married people on knowledge of birth control and contraception ranged from 2.25 – 4.00. Nine out of the 13 items have mean above the cut off point of 2.50 showing that the respondents know 9 out of the 13 methods. The SD of each item from the mean ranged from 0.11 – 1.23 indicating that the respondents were not too far from the mean and from one another in their responses. This adds further validity to the mean.

The t-cal is less than the t-table value of 1.96 for the 13 items (P < 0.05) indicating that there is no significant difference in the mean rating of male and female married people. Therefore the hypotheses of no significant difference is accepted for all the 13 items.

Table 2: *Mean responses and t-test analysis on use of birth control and contraception methods*

S/No	Use of birth control methods	$\overline{X}_1$	$\overline{X}_2$	$\overline{X}_g$	SD	t-cal	Rmks
14	Birth control pills (Females only)	-	2.65	2.65	1.23	0.81	U
15	Injectable contraceptive (Females only)	-	2.36	2.36	1.46	1.39	NU
16	Vaginal ring (Females only)	-	2.29	2.29	0.99	0.44	NU
17	Male condom (Males only)	3.20	-	3.20	0.96	1.04	U
18	Female condom (Females only)	-	2.46	2.46	1.10	0.14	NU
19	Diaphragm (Females only)	-	2.36	2.36	1.45	0.08	NU
20	Spermicide (Females only)	-	2.46	2.46	1.22	1.05	NU
21	Intrauterine Device (IUD) (Females only)	-	2.36	2.36	1.54	0.89	NU
22	Fertility awareness methods (Females only)	-	3.65	3.65	1.33	0.21	U
23	Strerilization	2.25	2.30	2.27	0.99	0.66	NU
24	Coitus interruptus (withdrawal) (Males only)	3.46	-	3.46	1.22	1.04	U
25	Abortion (Females only)	-	2.78	2.78	1.35	1.52	U
26	Abstinence	2.29	2.41	2.35	1.23	0.96	NU

Key:

N	=	1,200 (500 males and 700 females) P < 0.05			
$\overline{X}_1$	=	Married males	t-table	=	1.96

$\overline{X}_2$	=	Married Females	U	=	Used
$\overline{X}g$	=	Grand mean	NU	=	Not Used
df	=	1198			
NS	=	Not significant			
S	=	Significant			

Table 2 shows that of the 13 birth control and conception methods, 8 has mean scores below 2.50 indicating that the respondents agreed that they don't use those methods, while 5 has mean scores above 2.50 indicating that the respondents agreed that they use the methods. The standard deviation of each item from the mean ranged from 0.96 – 1.54 indicating that the respondents were not too far from the mean and from one another in their responses. This also gives stronger credence to the validity of the mean.

The t-cal is less than the t-table for all the 13 items ($p < 0.05$) showing that there is no significant difference in the mean responses of male and female married people. The hypothesis of no significant difference is therefore accepted for all the 13 items.

Table 3: *Mean responses and t-test analysis on what can be done to improve family planning in Enugu State.*

S/No	What can be done	$\overline{X}_1$	$\overline{X}_2$	$\overline{X}g$	SD	t-cal	Rmks	Ho
27	Massive enlightenment programmes to combat cultural influences	3.65	3.84	3.74	0.93	0.22	A	NS
28	Easy accessibility to contraception	3.20	3.55	3.37	0.98	0.19	A	NS
29	Lower cost of contraception	2.85	3.20	3.02	1.01	0.05	A	NS
30	Extending family planning clinics to local areas.	3.00	3.25	3.12	0.96	0.45	A	NS
31	Reduction of health risks involved through continuous research	3.56	3.60	3.58	1.06	1.06	A	NS
32	Playing down on religious factors to birth control	3.50	3.32	3.41	0.91	0.35	A	NS
33	Intensifying compulsory and free basic education for all Nigerian children	3.84	3.96	3.90	0.83	0.89	A	NS
34	Higher remuneration for guidance counselors.	3.55	3.68	3.61	1.02	0.56	A	NS
35	Posting guidance counselors to local areas.	2.85	3.05	2.95	1.33	1.09	A	NS

Key:

N	=	1,200 (500 males and 700 females)	$P < 0.05$		
$\overline{X}_1$	=	Married males	t-table	=	1.96
$\overline{X}_2$	=	Married Females	A	=	Accepted
$\overline{X}g$	=	Grand mean	NA	=	Not Accepted

df   =   1,198
NS   =   Not significant
S   =   Significant

Table 3 shows that the mean responses of married men and women on what can be done to improve family planning in Enugu State ranged from 2.95 – 3.74, indicating that all the respondents agreed that all the items are ways of improving family planning in Enugu State. The standard deviation of each item from the mean ranged from 0.83 – 1.33, also indicating that the respondents were not too far from the mean and from one another in their responses. This adds further validity to the mean.

The t-cal is less than the t-table value of 1.96 for the nine items ($p < 0.05$), showing that there is no significant difference in the mean responses of male and female respondent,. Therefore the hypothesis of no significant difference is accepted for all the nine items.

Discussion

The methods we use to prevent pregnancy or to stop it from progressing vary widely. The choice may depend on personal and religious beliefs, tradition, tastes, health and accessibility to contraception. There are several methods and techniques to choose from, if you know them. The first research question was designed to find the level of knowledge of these methods by married people in Enugu state. The result shows that the level of knowledge of birth control methods is not much (9 out of 13). The findings indicate that they have knowledge of the pills, Depo-Provera (injectable contraceptive), condom, fertility awareness methods and abortion. Married people in Enugu state are also aware of the fact that pregnancy cannot take place if one refrains completely from sexual intercourse. They are however ignorant of methods like the vaginal ring, female condom, diaphragm, spermicide and these are effective methods of birth control. This finding is consistent with WACOL (2000) who observed that many of the problems of unplanned births were related to inadequate information, this means that with improved education, unplanned births and its associated problems will reduce.

The second research question went further to investigate how many of these methods married people in Enugu state use. The finding was low application of contraception methods. Only pills, male condom, fertility awareness methods and withdrawal are used. The most commonly ones used are fertility awareness methods and withdrawal. More often than not, they are not very reliable and so many unplanned births would be the result. The reasons for not using many of the other methods could be ignorance, traditional and religious prohibitions. The findings are in consonance with Brayan *et al* (2005) who observed that many men and women who do not use many of the contraception methods may not be aware of other options available to them. This finding again is consistent with WACOL (2000) which observed that people are reluctant to go to clinics because of cultural and social barriers. Because of cultural and religious factors, discussion of family planning is seen as a taboo according to WACOL.

The finding in research question three show that all the respondents agree that all the listed items if adopted were capable of improving birth control situation in Enugu state. These include compulsory and free basic education, accessibility to counseling centers and contraception and playing down religious and cultural prohibitions.

All the 3 hypotheses tested in the study found no significant difference in the mean responses of male and female married people on the knowledge, use and methods of improving family planning. The present economic down turn in Nigeria and the accompanying hardship should make married people take family planning more seriously. This is so because more children may mean more economic problems, for instance more children to feed, more children to pay their school fees, to clothe and to take care of their medical needs.

Implication for Counselling

Marriage and family counsellors should internalize the results of this study and use them meaningfully for counselling married people and others in guarding against unplanned pregnancy. Specifically, counselors should attempt to provide enough information and liberate couples from cultural and religious biases to enable them make informed decision from all available methods of contraception and family planning.

Conclusion

This paper looked into the meaning of birth control and contraception. Contraception is an integral part of birth control which is any means of preventing a birth from taking place. Similarly the concept of family was defined as a group of individuals living under one roof and under one head. Family planning is baby by choice not by chance. The researchers investigated knowledge and use of birth control and contraception methods for family planning. The finding showed much ignorance of some of the methods and use among married people in Enugu State. Attempts were made to explore what can be done to improve the situation. To be fully responsible in using birth control, individuals must know what options they have, how reliable these methods are and what merits and demerits each has. Counsellors should internalize the results of this study and use them meaningfully for counselling married people.

Recommendations:

Based on the findings, the following recommendations were made:
1. More media related awareness on family planning should be focused on the use of different contraception methods.
2. Efforts towards the nine year basic education for all Nigerian children should be intensified. Education remains the magic key that opens the door of all knowledge. With massive education, the problems of family planning will hopefully reduce.
3. Cultural and religious factors affecting family planning can be addressed by marriage and family counsellors through individual or group counselling.

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