



ASSESSMENT OF CONTRACEPTIVE KNOWLEDGE OF SECONDARY SCHOOL STUDENTS IN ETCHE LOCAL GOVERNMENT AREA OF RIVERS STATE

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ABSTRACT Reproductive health knowledge of secondary school student in Etche remains poor amidst several health awareness programmes. This paper assessed the contraceptive knowledge of secondary school students in Etche LGA of Rivers State. It adopted the descriptive survey design. The population of the study consisted of 9135 secondary school students of which 300 were selected via multi-stage sampling procedure. The questionnaire made of section A. socio-demographic characteristics and B. response options of yes and No validated by 3 experts in reproductive health was used to collect data. The reliability of the instrument was determined by using test-retest and the Pearson product moment correlation coefficient of 0.76%. The mean was used to analyse data. Results of the study indicated that (59.2% female, 40.8% male) knowledge of contraception. Student Aged (15+ and 60%, less, 15 40%) knowledge and that Muslims had less knowledge compared to Christians (31, 69%). Recommendations such as; intensifying health awareness campaigns in schools, and the provision of youth friendly centres that should emphasise contraception among secondary school students.

KEYWORDS : Knowledge, contraception, secondary school students, Etche-Rivers State.

INTRODUCTION

Secondary school students who are young adults in developing, underdeveloped and poor countries subscribe to different religious and political opinion which in no small wise contributes either positively or negatively to issues of use of contraceptives, the amount of information they possess about contraception. Some religions approve of the dissemination of knowledge and the use of contraceptives where as other vehemently disapprove of it. Hanson and Burke (2010) reported that the sources of information on contraceptive were basically from friends, siblings, radio-television, newspapers and Magazines, school lecturers, workshops/seminars and sometimes health workers (of which non was gotten from the religious bodies). Research reports indicates that issues of knowledge concerning contraceptives are basically targeted at the female folk neglecting the male hence the seemingly higher knowledge of the female adolescent concerning contraceptive compared to their male counterparts. The issue of higher information and consequent higher knowledge of the female adolescent could be due to the nature of the female who biologically look older and more mature than their male counterparts. Being a female has more consequences of not having enough or adequate information of action and responses of challenge, incentives and rewards together called stimuli (business dictionary, 2016).

The Marriam Webster dictionaries (2015) explains the word attitude as derived from an Italian word "Attitude" literally, aptitude and also from Latin aptitude. It defines attitude as a feeling or way of thinking that affect a person's behaviour or a feeling or emotion towards a fact or state. It can also be defined as a complex way mental state involving beliefs and feelings and values and disposition to act in certain ways (Vocabulary.com 2016).

Concepts of contraception/ contraceptive

Contraception is a sexual and reproductive health strategy to help individuals plan effectively for the birth of babies and spacing of children. The United Nations directing and co-coordinating arm for health, the world health organization (WHO) says that family planning or contraception allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their birth. This is achieved through the use of contraceptive method. Contraception according to Gadisa (2004) is the use of various procedure directed at impeding conception temporarily and in a revisable way. While Achalu (2007), defines contraception as the prevention of conception and contraceptives as an agent or device to prevent conception or impregnation. The Nigeria Demographic and Health

Adolescent Knowledge Contraceptive

Knowledge of contraceptive method is the first step towards accepting a method (khan and Mishra, 2008) in all regions, knowledge of any modern method of conception is nearly universal among both young women men. The levels of knowledge of contraceptive among adolescence are tolerable, however, there is substantial room for improvement, misconceptions about the side effects and mechanisms

of action of contraception are pervasive among this population. Adolescents who have low levels of knowledge regarding contraception tend to discontinue usage or use inconsistently. Also, attitude towards contraception are greatly influence by levels of knowledge. As a result, adolescents tend to develop more positive attitudes as misperception are abated. Moreover, clear disparities persist among adolescents with minority and adolescents being at increased risk of pregnancy, poor contraceptive use, and insufficient knowledge about conception, understanding the level of knowledge of any attitude towards contraceptive among adolescents is essential to the development of effective pregnancy prevention program (Cunningham, 2009).

Knowledge and use of contraceptives among regions of sub-Saharan Africa is higher than other regions of the world (Gadisa, 2004). In confirmation with this study among adolescents aged 15-19 in Ghana revealed that 85% know at least one, also that 75.6% male, 27.3% female had good knowledge of contraceptive and often used it.

The Nigeria demographic Survey (2008) revealed that 6% of female adolescents and 16% of male adolescents aged 15-24 and initiated sexual activity before age 15 with low contraceptive usage also lack knowledge. Another study carried out by Lahinnah, Lowoyiri, Lika, and Nnebbue (2006) revealed that more male 28(34.6%) and female 20(27.4%) know about contraceptive, 97.8% of those within aged 10-14 knew more about contraceptive than those between 15-19(2.2%) and also that Christians who knew about contraceptive were 249 (62.3%) and the Muslims 151(37.7%) another study in Kenya indicates that 90% of Kenyan high school students knew at least one method of contraception. 49% of male and 43% of female students are used to contraceptive (Bekele, 2005). The same study also revealed an increase in contraceptive use from 25% versus 28% during the last intercourse among male and female students respectively.

However, a considerable proportion of youth in sub-Saharan Africa do not know of a modern from method; Chad is the most notable examples – only 49% of this country's young women and 72% of its young men know of modern method of contraception. Khan and Mishra (2008) further observed that other countries with low levels of knowledge of any contraceptive method include Madagascar, Mali and Nigeria. Over all, knowledge of any method is somewhat higher among young women than knowledge of any method is somewhat among young men. That young women knowledge level is generally higher in countries outside sub-Sahara Africa. This is in agreement with the study carried out in Nigeria, by Arowojolu and Adekunle (2002) on perception and practise of emergency contraception in Nigeria.

The result shows that being aware of conception significantly increase the likely hood that youth will use emergency contraception. Their findings further shows that being young and Pentecostal also increased the likelihood of using contraceptives. Meanwhile, Makinwa (1992) in his research on sexual behaviour among young urban Nigeria shows that ethnic origin education and place of residence were all significant

determinant in contraceptives in Nigeria. Similarly, Addai (1999) in his own study of ethnicity in contraceptive use in sub-Sahara Africa which explored ethics, having no living no difference in contraception use among 6 groups. The result shows that ethnicity, having no education, no occupation, no occupation husband with no education and living children were all negatively associated with using contraceptive. The result also shows that living in urban area was positively related to using to contraceptive use in Nigeria.

Kiragu and Zabin (1995) carried out a study on contraceptive use among high school students. Their findings shows that for females, high economic state, high academic achievement and a favourable attitude towards contraception were the most important factors predicting uses of contraception at first and last sex. The study further indicates that male who said their partners approved of contraception were twice as likely to have used a method at last sexual intercourse. Storey (1999) states that if sexual and relationship education started at an early age prior to sexual debut, such knowledge could help both male and female to delay their first sexual encounters. Female students need knowledge about contraceptive before sexual activities commence in order to prevent unplanned pregnancies. Thus, sex education needs should be considered, there might also be genders like differences in knowledge and attitude and behaviour among adolescents that towards contraceptive. Both females and male students may need interventions that could improve their sexual knowledge and skills, clarify attitudes and beliefs and enhances discussion and negotiation skills (Watt 2001). Mkhaza (2014) said that there is a relationship between religion and sex education. Women who are not affiliated to a religion are more likely to experience an unplanned pregnancy. This may be due to the type of education received. Pregnant women and mothers with Christian affiliation were more likely to teach their daughter about abstinence and to talk about the importance of abstinence. Other factors that could be of influence could be the socio-economic status of parent, educational level of parents and the place of residence.

In this study the researchers assessed the attitude of secondary school students in Rivers State towards contraceptives with respect to gender, Age and religion of Adolescents in secondary school in Etche Local Government area.

Problem of the study

Adolescents in secondary schools in Etche Local Government Area in River State are supposed to have adequate knowledge of contraception; they are supposed to be equipped with the available contraceptive materials and services from professionals. Clinics for the attention of the adolescents about contraceptive and other health needs are supposed to be put in place at strategic places accessible to adolescents in secondary schools. Sex education need to be put in place, both in schools, religious bodies, and other social settings, which should culminate into a rightful positive attitude about contraception. The state of adolescents in Etche Local Government Area in River state is that of little or of no knowledge concerning contraception, very poor attitude towards contraception. Hence the high prevalence in adolescents pregnancies, increase in trend of sexually transmitted diseases including the deadly of HIV/AIDS. Which has contributed negatively to the development of the Etche students due to huge amount of money spent on medical consultations and drugs, loss of man hour, lowered life expectancy and poor productivity?

Furthermore, the effect on the females includes adolescent pregnancy which most of the time ends with serious complications and death. Elechi (2016), Lamina (2015) reveals that 210 million pregnancies occur each year and 80 million are unplanned. However, if such a number constitute unplanned number of unwanted pregnancies, it implies that there will likely be the possibility of increase in sexually transmitted disease alongside the consequences of adolescent pregnancy, since impliedly they are going to be more in the group of unplanned pregnancy. In view of the associated problems, the researchers are studying the knowledge and attitude of secondary school students towards contraceptives in Etche Local Government Area of Rivers state Nigeria.

Purpose of the Study

The purpose of this study was to determine knowledge of secondary school students concerning contraception in Etche Local Government Area of River State with respect to age and gender.

Significance of the Study

This study is of immense importance to the following group of persons; secondary school students, the education ministry, the government, schools administration, parents and guidance among others.

Research Question

The following research questions guided the study:

1. What knowledge have secondary school students in Etche Local Government Area concerning contraception with respect to Age?
2. What knowledge have secondary school students in Etche Local Government Area concerning contraception with respect to Gender?
3. What knowledge have secondary school students in Etche Local Government Area concerning contraception with respect to Religious Affiliation?

Area of the Study

This study was carried out in Etche Local Government Area of Rivers State. Etche local government area was created in the year 1987 from Ikwere Etche Local Government Area of Rivers State.

Etche Local Government Area is in Rivers East Senatorial District and has a population of 338,600 in population (National Population Council, March 2015). It is bounded in the North by Imo State, in the North East by Abia State, in the West by Ikwere Local Government Area and in the East by Oyiibo Local Government Area. People of Etche mostly engage in Agriculture. Hence, bulk of the food crops consumed in Rivers State come from Etche.

Research Design

The study adopted the descriptive survey design which collects data and describes certain characteristics without manipulating any variable in the study (Elendu, 2011). In this study the researcher collected data on the knowledge of secondary school students concerning contraceptives and analysed data without manipulating any variable in the study.

Population of the Study

The population for the study consisted of secondary school students, both male and female in Etche Local Government Area of Rivers State, Nigeria. It is estimated that there were 9,135 secondary school students (post primary schools board 2016).

Sampling

The sample size for this study consisted of 300 secondary school students in Etche Local Government Area of Rivers State.

Multistage sample was adopted in this study. First, the researchers used simple random sampling to select five (5) schools out of seventeen (17) Government Secondary Schools in Etche Local Government Area using balloting with replacement. All the schools were numbered and put in a bag. The researcher then pick a number, any number picked was enlisted for the study until the numbers picked were five (5). A school picked a second time was put back and the balloting repeated.

Instrument for Data Collection

The instrument for data collection was the questionnaire designed by the researcher. The instrument was made of A, B and C. Section A emphasized personal data of the respondents, Section B dealt with questions designed to test adolescent knowledge of contraception. The response format of the questionnaire was "Yes" or "No".

Validity of the Study

The validity of the instrument was carried out thus; a draft of the questionnaire was given to three experts for face and content validation. Suggestions from the three experts were incorporated in writing the final copy of the questionnaire.

Reliability of Instrument

The reliability of the instrument was determined with test-retest and was analysed using Pearson's Product Moment Correlation (r) to establish the reliability of the instrument. A value of 0.76 was obtained indicating that the instrument was reliable and was used for the study.

Administration of the Instrument The instrument was administered to the respondents in the selected schools using accidental sampling. Any student seen was given instrument to fill until the sample set for

the school was gotten.

Method for Data Analysis

The method for data analysis adopted by the researcher was the use of percentage and mean in analysing data to answer research questions.

Results

Results are presented in table 1 to 3.

Table 1: Frequency analysis showing the influence of gender on students' knowledge of contraceptives.

ITEMS	MALE F(%)	FEMALE F(%)	TOTAL F(%)
Have you heard of contraceptive before?	110(43.5)	143(56.5)	253(100)
If yes, you got the information from your peers, mass media, school, church etc.	58(39.5)	89(60.5)	147(100)
Do you know any method of contraception?	137(58.8)	96(41.2)	233(100)
If yes, IUD, injectable, implants condom, oral contraceptives pills, and total abstinence are examples of contraceptives	37(35.2)	68(64.7)	105(100)
Contraception is the use of family planning method to prevent pregnancy and sexually transmitted infection.	110(43.6)	142(56.3)	252(100)
Do your parents discuss about contraception with you?	56(41.5)	79(58.5)	135(100)
If yes, do they discuss it every time?	36(45.6)	43(54.4)	79(100)
Contraceptives reduce the rate of adolescent pregnancy.	59(42.5)	80(57.5)	139(100)
It enables families to plan for the child before birth.	48(37.8)	79(62.2)	127(100)
It is not safe to use contraception.	60(38)	98(62)	158(100)
Total Mean (%)	67(40.8%)	98(59.2%)	

The table above showed that 67 males representing 40.8% know about contraceptives while 98 females representing 59.2% know about contraceptives.

Table 2: Frequency analysis showing the influence of age on students' knowledge of contraceptives.

ITEMS	MALE F(%)	FEMALE F(%)	TOTAL F(%)
Have you heard of contraceptive before?	59(33)	120(67)	179(100)
If yes, you got the information from your peers, mass media, school, church etc.	55(33.1)	111(66.9)	166(100)
Do you know any method of contraception?	70(40.5)	103(59.5)	173(100)
If yes, IUD, injectable, implants condom, oral contraceptives pills, and total abstinence are examples of contraceptives	49(45)	60(55)	109(100)
Contraception is the use of family planning method to prevent pregnancy and sexually transmitted infection.	71(40.3)	105(59.7)	176(100)
Do your parents discuss about contraception with you?	65(44.2)	82(55.8)	147(100)
If yes, do they discuss it every time?	39(30.5)	89(69.5)	128(100)
Contraceptives reduce the rate of adolescent pregnancy.	54(31)	120(69)	174(100)

It enables families to plan for the child before birth.	40(22.5)	138(77.5)	178(100)
It is not safe to use contraception.	29(34.9)	54(65.1)	83(100)
Total Mean (%)	53(40%)	98(60%)	

The table above shows that 53 students within the age of 10 – 14 representing 40% have knowledge about contraceptives and 98 adolescents aged 15 and above representing 60% know about contraceptives.

Table 3: Frequency analysis showing the influence of religion on students' knowledge of contraceptives.

ITEMS	MALE F (%)	FEMALE F(%)	TOTAL F(%)
Have you heard of contraceptive before?	21(12.1)	152(87.9)	173(100)
If yes, you got the information from your peers, mass media, school, church etc.	35(20)	140(80)	175(100)
Do you know any method of contraception?	81(38)	132(62)	213(100)
If yes, IUD, injectable, implants condom, oral contraceptives pills, and total abstinence are examples of contraceptives	95(38.8)	150(61.2)	245(100)
Contraception is the use of family planning method to prevent pregnancy and sexually transmitted infection.	109(42.6)	147(57.4)	256(100)
Do your parents discuss about contraception with you?	48(27)	130(73)	178(100)
If yes, do they discuss it every time?	60(29.5)	143(70.5)	203(100)
Contraceptives reduce the rate of adolescent pregnancy.	80(42.5)	108(57.5)	188(100)
It enables families to plan for the child before birth.	50(27.3)	133(72.7)	183(100)
It is not safe to use contraception.	64(36.4)	112(63.6)	176(100)
Total Mean (%)	64(31%)	134(69%)	

The above table revealed that 64 respondents who are Muslims representing 31% know about contraceptives while 134/69% Christians know about contraception.

Discussion

Research Question 1: What is the influence of gender on secondary school students' knowledge of contraceptives?

Result in this study in table 1 shows that there exists a significant influence of gender on secondary school students' knowledge of contraceptive use revealing that both male 67 (40.8%) and female 98 (59.2%) students know of contraceptives with the female having more knowledge above their male counterparts. This finding is dissimilar to the results of Bekele (2005) who discovered that 49% of male adolescents know about contraceptive more than female 43%, Khan and Mishra (2008) said that 49% of female and 72% of male adolescents knew of a modern method. Akani et al (2008) said that there is limited information about contraceptive knowledge among female, also Chinnah et al (2016) said that more male 28(34.6%) than female 20(27.4%) knew about contraceptive and finally, Bomba et al (2014) found out that 75.6% males knew about contraceptives than 27.3% females. A similar study by Ugwu (2012) showed that female adolescents (40.0%) know more about contraception and practice it more than the male (27.8%) who show negative attitude towards contraceptive use. Also, Eggeston et al (1999) said that male students are more favourably disposed in their attitude towards knowledge of reproduction with 77.7% as against 52.2% of their female counterparts. And Pediatric (2011) said that 77% of the girls and 66% of boys know about contraceptives.

The reason for the similarity is that female adolescents seek to know about contraceptive use so it can help them prevent unwanted and unintended pregnancy, abortion which could lead to death while the

contrary studies stated that their reasons were that they (males) did not want to get their girlfriends pregnant so they do not start taking responsibilities. Both female and male adolescents need interventions that could improve their sexual knowledge attitudes and beliefs and enhance discussions and negotiation skills (Watt, 2001).

Research Question 2: What is the influence of age on secondary school students' knowledge of contraceptives?

The study findings in table 2 showed that those adolescents aged 15 and above 98(60%) know more about contraceptive use than those aged between 10 – 14 53(40%). In confirmation with this study, a study carried out by Addai (1999) among students' aged 15 – 19 in Ghana revealed that 85% know at least one method of contraception.

Also, Fantahun, et al (1995) discovered in his study that 75% of students' aged 15 – 17 know about contraceptives with Joseph, et al (2006), Byamugisha, et al (2006), Abiodun, et al (2001) and Nworah, et al (2010) revealing their source of information to be friends and early health institution and family planning clinics.

In aberrance to these studies, Chinnah, et al (2010) and Bomba (2014) revealed in their own study that students aged 10 – 14 years 97.8% know more about contraceptives than those aged 15 and (2.2%). Also, the Nigeria National Demographic Health Survey (2008) showed that 22% of adolescents aged 15 – 24 did not know about contraceptives.

Reasons for similarity could be that adolescents aged 15 – 19 may be liable to have better access to sources of contraceptive knowledge like the Internet, Magazines, their class teachers because of their class level, their parents will fail to pass sexuality information to them because they are not mature for it. Not everybody or source of sexuality information know, convey and give out age appropriate information that's why the younger ones especially in this part of the world are denied sex education. The people feel they are too young for such information. While the reason for the difference I think is because of the difference in the population of study.

Other studies have stated that the higher the adolescents grow the higher knowledge they have about contraceptive. Story (1999) is of view that sexual and relationship education should start at an early age prior to sexually debut such knowledge could help both male and female adolescent to delay their sexual encounters. Therefore, it is proper that those adolescent aged 10 – 15 even from 8 years be informed about contraception.

Research Question 3: What is the influence of religion on secondary school students' knowledge of contraceptives?

The study revealed in table 3 that religion though a factor but is not a very strong factor on secondary school students' knowledge of contraceptives. The study revealed that Christians 134(69%) knew more about contraceptives than the Muslims 64(31%) and this is in line with the findings of the study conducted by Chinnah, et al (2016) which showed that Christians (62.35) knew more about contraceptives more than the Muslims (37.7%) of which Makhaza (2014) in his study gave a reason that parents with Christian affiliation were more likely to teach their daughters about abstinence and to talk about the importance of abstinence. But the study carried out by Ugwu (2012) is in aberrance to the finding of the study above, he observed that the Muslim (68%) knew more about contraceptive than the Christians (32%).

The reason for similarities I think is that every religious body would want to protect their image and practice what they preach by setting examples through the life of their young ones. The bible says flee sexual immorality and this can be practiced by imbibing total abstinence into the life style if the growing children.

The reason for the dissimilarities in the result is that the study carried out by Ugwu (2012) was conducted in the northern part of Nigeria where there are more Muslim than Christians while that of Chinnah et al was conducted in the Eastern Nigeria where there are more Christians. Thus, despite religious affiliation, proper age, sex information and education should not be hidden from adolescents especially in the church, because they tend at this stage to believe and practice what they were taught in the church or mosque more than elsewhere.

Conclusion

Contraceptive knowledge of secondary school students' in Etche is

low. However, lower among males on the grounds of Age, contraceptive knowledge is somewhat higher among older secondary school students. Religious affiliation remains a strong factor such that Muslims were less knowledgeable compared to other religions with regards to contraception.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Health awareness campaigns on contraception should be intensified by health educators with concentration on religious gatherings, social clubs and other gatherings.
2. Health Education, physical and Health Education, sex education and other similar or related subject teachers should emphasize contraceptive related topics in their teaching to help improve knowledge students have on contraception.
3. The ministry of health, through the school health department or section should intensify their school health visits and emphasize contraception as a cardinal area of their programme in the secondary schools.
4. Youth friendly centres should be provided by the Government in secondary schools who should among other functions emphasize contraception, communicable disease prevention and proper nutrition.

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