



**IMPACT OF CONTRACEPTIVE USE AMONG MARRIED WOMEN ATTENDING
ADEOYO MATERNITY TEACHING HOSPITAL, IBADAN, OYO STATE**

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Abstract: A situation of having too many pregnancies or too closely spaced pregnancy most especially at a very young age or at a very old age can take a toll on the woman's health and that of her child thereby increasing the rate of maternal and infant mortality. This study was undertaken in Adeoyo Maternity Hospital, Yemetu Ibadan, to access the impact of contraceptive use among married women. Specific objectives of the study were to ascertain knowledge and attitude towards contraceptive use, to determine the extent of use and impact of contraceptive. Also to find out the most prevalent type of contraceptive use. A cross sectional survey that involved a total of One hundred and fifty two (152) married women systematically selected and issued questionnaires in the department of Obstetrics and Gynaecology and Child immunization Clinics in the hospital. An informed consent was given. Also an in-depth interview was conducted; they were questioned about various methods of contraception. Their knowledge about emergency contraception was also noted. Statistical Package for Social Sciences (SPSS) program version 20 was used to analyse the data collected. In the study it was observed that 99.3% of the women had heard about contraception and various methods of contraception. Majority of the women knew about pills and condoms. Most of them came to know about contraception and various methods from the hospitals and watching the television advertisements and from family/friends. Most of the women opted for pills barrier method (male condom) and then injection Depo Provera. About 61% of the women knew about emergency contraceptive pill. About 74% have ever used a method and a few (35%) are currently using. Among users of contraceptive, about 55% of the women experience side effects which most of them complained about irregular bleeding and weight gain. The study highlights good knowledge and positive attitude of women regarding contraception. However this does not translate to the use of contraceptives. Responses also show that the use of contraceptive majorly has positive impact on the health of women and society at large. Based on the research findings, it was recommended that women should be provided with detailed and comprehensive information about the various methods available and they should be given a choice to

choose the method of contraception best suited to their needs, which will help improve the general health of the women and their children.

BACKGROUND

Maternal death, infant mortality and unsafe abortion are often the end results of unwanted/unintended pregnancy and this is as a result of failure to adopt any form of family planning methods through the use of contraceptives. The high Maternal Mortality Rate (MMR) in Nigeria is attributed to poor contraceptive usage and high rates of unwanted pregnancies, which invariably give rise to illegal abortions (Macro 2009).

Studies have estimated that 30% to 40% of maternal deaths (Ahmed et al. 2012; Cleland, Ndugwa, and Zulu 2011; Collumbien, Gerressu, and Cleland 2004; Singh et al. 2009) and 90% of induced abortion related maternal deaths (Cleland et al. 2006) could be averted if all women who desired to use contraceptives had access to them. In addition to this, it was reported in a study that 70% of maternal deaths is due to lack of knowledge and awareness of contraception and family planning (Roszila AM, Majdah M 2010)

Numerous studies have also documented the social, economic and health problems associated with early and unplanned pregnancies (Okonofua 1994; and Ladipo 1989). Contraception is one of the major determinants of fertility rates. A pregnancy not planned can have an impact on many areas of a woman's life including her academics, finances, future plans, mental and physical wellbeing. It can also have an effect on her partner's life too (Gray and Kinnear, 2012).

Furthermore, it is estimated that in developing countries as many as 1.8 million child deaths could be averted if all pregnancies were spaced by at least three years (Rutstein 2008). Improved outcome of infants are noted to be better if the mothers waited for 18 to 23 months, after a full term birth before conceiving again (Ibrahim MT et al, 1999).

The decline in the contraceptive prevalence rate has also had an effect on the growth and economic development of the society. Contraceptive practices entail contraceptive use or non-use, discontinuation of contraception and/or failure to use any of the contraceptive methods according to a specified set of guidelines (NCPG 2002).

The use of contraceptives aids family planning, whereby couples can both control and decide on the number of children they want to have and what time they would like to have each child. Contraception helps the woman to avoid unwanted or unintended pregnancy, illegal abortions or child bearing that will hinder the growth of personal health of the mother and that of the child/children. Ringheim and Gribble (2009), also noted that contraception helps individuals to choose when to have children, prevents unintended pregnancies, averts maternal and child deaths and prevent abortion. These abortions are most times done in an unclean atmosphere and by an inexperienced person. However, as stated above, averting these indices can only be achieved through the judicious use of different types of contraceptives.

Data from Nigeria Demographic Health Survey (NDHS 1999) reveals that on overall use of family planning methods, among all women, 27% have ever used a method and 17% have ever used a modern method. The percentage of married women who ever used a contraceptive method is highest among 30-34 age groups (36%) and especially lowest among the 15-19 age groups (7%). This finding is expected since younger women are more likely than older women to want another child soon (NPC 2000).

Recent researches also indicated other benefits of family planning such as survival increase improve the health of millions of people and helps achieve national goals. In "Return of the Population Growth Factor" (2009), it is believed that family planning through the use of contraceptive can contribute to nearly all the goals outlined in the United Nation's Millennium Development Goals (MDGs) including reducing poverty and hunger, promoting gender equity and empowering women, reducing child

mortality, improving maternal health, combating HIV/AIDS, and ensuring environmental sustainability. In particular, goals four and five for improved child and maternal health outcomes.

The cost of averting unwanted births is miniature compared with the costs of unwanted births at both the family and country level. Few public health interventions are as effective as family planning programs services and contraceptive methods at reducing the mortality and morbidity of mothers and infants and have such a breadth of positive impacts. However, Nigeria is yet to derive significant benefits of family planning, as her use of contraceptives has remained persistently low, prevalence of modern contraceptive use stagnating at 10% among currently married women (National Population Commission and ICF International 2014).

OBJECTIVES OF THE STUDY

The main objective of this study was to assess the impact of contraceptive use among married women attending Adeoyo Maternity Teaching Hospital Ibadan, Oyo State

The specific objectives are:

1. To assess the knowledge of married women attending Adeoyo Maternity Teaching hospital Ibadan Oyo State on contraceptives.
2. To determine the attitude towards the use of contraceptive among married women attending the Adeoyo Maternity Teaching Hospital Ibadan, Oyo State.
3. To determine the level of contraceptive usage among married women attending Adeoyo Maternity Teaching Hospital, Ibadan Oyo State.
4. To determine the kind of impact the use of contraceptive has made on married woman attending Adeoyo Maternity Teaching Hospital Ibadan Oyo State.
5. To find out the most prevalent type of contraceptive in use among married women attending Adeoyo Maternity Teaching Hospital, Ibadan Oyo State.

RESEARCH QUESTIONS

1. What level of knowledge do married women attending Adeoyo Maternity Teaching Hospital Ibadan, Oyo State have concerning contraceptive use?
2. What kind of attitude do married women attending Adeoyo Maternity Teaching Hospital Ibadan, Oyo State have toward the use of contraceptives?
3. What is the level contraceptive practice among married women attending Adeoyo Maternity Teaching Hospital Ibadan, Oyo State.?
4. What kind of impact has the use of contraceptives made on married women attending Adeoyo Maternity Teaching Hospital Ibadan, Oyo State.?
5. What is the most common type of contraceptive in use among married women attending Adeoyo Maternity Teaching Hospital, Ibadan, Oyo State?

RESEARCH HYPOTHESIS

The following hypotheses were tested:

1 H_0 : Age has no significant influence on the knowledge of emergency contraception among married women.

H_1 : Age has a significant influence on the knowledge of emergency contraception among married women.

2. H_0 : Parity significantly influences the impact of contraceptive use among married women

H_1 : Parity does not significantly influence the impact of contraceptive use among married women.

3. H_0 : There is no statistically significant relationship between educational level of married women and their practice of contraception.

H_1 : There is a statistically significant relationship between educational level of married women and their practice of contraception.

4. H_0 : Spousal communication on contraceptives does not significantly influence the practice of contraception among married women.

H_1 : Spousal communication on contraceptives has no influence on the practice of contraception among married women.

MATERIAL AND METHOD

This study was carried out in Adeoyo Maternity Hospital, Yemetu located at Ibadan, Oyo State. Oyo State is one of the 36 states of Nigeria and is located in the South Western Region of the country. The State was created in 1976 out of the old Western Region and has a projected population of about 4 million (National population commission 2000). Cross sectional research design was used to determine the impact of contraceptive use among married women attending Adeoyo Maternity Teaching Hospital Ibadan, Oyo State. The study population consists of women of reproductive age attending Adeoyo maternity teaching hospital Yemetu Ibadan, Oyo state. The sample size of 152 was determined using the Cochran formula. The contraceptive prevalence rate of modern contraceptive methods in Nigeria from a previous study as reported by the Demographic and Health survey data for the year 2013 was used and this was 10% (NDHS 2013) A multistage sampling approach consisting of two (stratified and systematic sampling) steps was adopted

A self-administered questionnaire was used for the research to ensure that the objectives and the statement of problem stated in chapter one were explored and examined. The data collected was collated, entered, verified, coded and analyzed using the Statistical Package for Social Sciences (SPSS) version 21. This statistical analysis help for easy understanding and clarity of the raw data collected. The results were presented in frequencies, percentages, tables and charts.

RESULT

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

DISTRIBUTION OF RESPONDENTS BY SOCIAL DEMOGRAPHIC VARIABLES

Table 1: Distribution of respondents by age

	Frequency	Percentage
18-24	8	5.7
25-31	64	45.4
32-38	42	29.8
39-45	27	19.1
Total	141	100.0

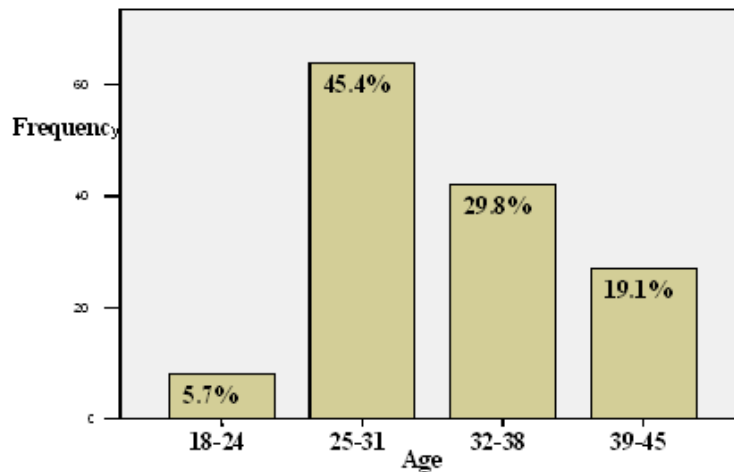


Table 1 and Figure 3 indicate the age group of the respondents with mean 2.62 ± 0.85 . It is glaring that the highest proportion of respondents was aged between 25-31 years (44.7%) then those aged 32-38 (30.5%), followed by those aged 39-45 (19.1) and those aged 18-24 (5.7%).

Table 2: Distribution of respondents by religious affiliation

	Frequency	Percentage
Christianity	111	78.7
Islam	30	21.3
Total	141	100.0

The distribution of respondents by religion showed that Christianity 111 (78.7%) was the dominant religion in the study area. This was followed by those who practiced Islamic Religion 30 (21.3%). In view of the above, it is evident that Christians are predominant in the area of study and more available at the time of the administration of the questionnaires.

Table 3: Distribution of Respondents by Ethnicity

	Frequency	Percentage
Yoruba	83	58.9
Igbo	31	22.0
Hausa	9	6.4
Others	18	12.8
Total	141	100.0

Table 3 shows a larger proportion of the respondents were Yoruba (58.9) present at the study area at the time of data collection, 22.0% were Igbo and 6.4% were Hausa.

Table 4: Distribution of respondents by their level of education

	Frequency	Percentage
Primary	2	1.4
Secondary	30	21.3
Tertiary	109	77.3
Total	141	100.0

The concern here was to show how level of education attained influences the knowledge and use of contraceptives among married women.

The table above shows that majority of the respondents had attained a tertiary certificate (77.3%) while 21.3% of the respondents finished from secondary school and 1.4% of the respondents stopped schooling at primary level.

Table 5: Occupational status of the respondents

	Frequency	Percentage
Housewife	17	12.1
Employee	61	43.3
Entrepreneur	47	33.3
Student	16	11.3
Total	141	100.0

Table 5 shows data on occupational status of the respondents revealing that majority of the respondents are employees 43.3%, 33.3% own their businesses, 12.1% are housewives and 11.3% of them are still schooling.

Table 6: Level of education of respondents' husbands

	Frequency	Percentage
Primary	1	0.7
Secondary	16	11.3
Tertiary	124	87.9
Total	141	100.0

Data on respondents' husband's educational level shows a larger proportion (87.9%) attained tertiary school level while 11.3% attained secondary school level with just about 0.7% attained primary school education.

Table 7: Distribution of respondents according to the type of marriage they are in

	Frequency	Percentage
Monogamy	134	95.0
Polygamy	7	5.0
Total	141	100.0

Results in table indicate type of marriage by 95% of total respondents was monogamy while 5% of the respondents were in polygamy type of marriage.

DISTRIBUTION OF RESPONDENTS BASED ON THEIR KNOWLEDGE ON CONTRACEPTION

Table 8: Distribution of respondents based on their knowledge of contraception

	Frequency	Percentage
Yes	140	99.3
No	1	0.7
Total	141	100.0

Table 8 shows an overwhelming response to having an idea about what contraception is (99.3%)

Table 9: Distribution of respondents by their definitions of contraception

	Frequency	Percentage
Contraception is deliberate prevention of conception by any various drugs or techniques	70	50
Contraception is a thing done to prevent a woman from becoming pregnant	69	49.3
Contraception is the act of preventing transmissions of STIs	1	0.7
Total	140	100

Table 9 indicates the definitions of contraception given by the respondents under study.

Table 10: Distribution of respondents' knowledge of emergency contraceptive

	Frequency	Percentage
Yes	54	38.6
No	86	61.4
Total	140	100

Table 10 shows that 38.6% of the respondents know about an emergency contraceptive while 61.4% of the respondents never heard of it.

Table 11: Distribution of respondents' knowledge on contraceptives

	Frequency	Percentage
Yes	140	100

Each respondent gave a reply of having knowledge of contraceptives except one of the respondents who knew nothing about contraception.

Table 12: Distribution of respondents by types of contraceptives known to them

	Frequency	Percentage
Pill	101	27.7
Condom	90	24.7
Injections	62	17.0
IUD	42	11.5
Implant	41	11.2
Spermicides	22	6.0
Others	7	1.9

Total	365	100
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*multiple responses were allowed

Majority of the respondents knew more than just a method. The pill and condom were best known by the respondents having percentages of 27.7% and 24.7% respectively, followed by Injections (17%), IUCD (11.5%) and Implant (11.2%). The least method known to the respondent was the spermicidal cream having a percentage of 6%.

Table 13: Distribution of respondents by their means of information about contraceptives

	Frequency	Percentage
Television	46	21.7
Radio	23	10.8
Hospital	74	34.9
Printed materials	25	11.8
Family/Friends	35	16.5
Others	7	4.2
Total	212	100

*Multiple responses were allowed

It was necessary to know where the respondents got their information about the contraceptive they know. Most of the respondents indicated that Hospital was their source of information (34.9%). The table also shows that 21.7% and 16.5% of the respondents had knowledge about contraceptives from watching the television and family/friends respectively. Other sources were radio (10.8%), books/magazines (11.8%) and school (4.2%).

DISTRIBUTION OF RESPONDENTS' ATTITUDES TOWARDS CONTRACEPTION

Table 14: Distribution of respondents' responses to why contraceptive is needed

	Frequency	Percentage
To space birth	36	25.7
To avoid unwanted pregnancy	66	47.1
All of the above	38	27.1
Total	140	100

The table shows that majority of the respondents gave reason that contraceptives is needed in order for the woman to avoid unwanted pregnancy (47.1%) while some gave the reason of having to space births (25.7%). Others gave the reasons of having to space births, avoiding unwanted pregnancy and the transmission of Sexually Transmitted Infections (27.1%) showing a good knowledge about contraceptives.

Table 15: Distribution of respondents' responses to the desire to know more about contraceptives

	Frequency	Percentage
Yes	116	83.5
No	23	16.5
Total	139	100

Table shows that majority of the respondents want to know more about contraceptives (83.5%) while 16.5% of the respondents said no because they have no reason to.

Table 16: Distribution of respondents' responses to willingness to use contraceptives

	Frequency	Percentage
Yes	89	64.0
No	50	34.0
Total	139	100

The respondents were asked if they were willing to use of at least a type of contraceptives, 89 respondents out of 139 that replied (64%) said yes showing a positive attitude. Fifty out of the respondents said no because they dislike it.

Table 17: Distribution of respondents' responses to the recommendation of contraceptive to a family/friend

	Frequency	Percentage
Yes	111	79.3
No	29	20.7
Total	140	100

Table indicates that out of one hundred and forty respondents, 79.3% were willing to advise a family or a friend to use a contraceptive and to go for family planning showing a positive attitude while 20.7% said no they cannot.

Table 18: Distribution of respondents' responses to the discussion of family planning/contraception with husband

	Frequency	Percentage
Yes	72	51.8
No	67	48.2
Total	139	100

Table shows that seventy two out of the respondents said that they frequently discuss family planning with their husbands when asked while sixty seven out of the respondents said no.

Table 19: Distribution of respondents' responses to the support of contraceptive use by every married woman

	Frequency	Percentage
Yes	108	71.1
No	32	22.9
Total	140	100

Table indicates that majority of the respondents 71.1% gave their support that every married woman should make use of a contraceptive in order to plan her family while 22.9% replied no that that it is not necessary for every married woman to make use of a contraceptive.

Table 20: Distribution of respondents' responses to whether the benefits of contraceptive outweigh its negative effects or not

	Frequency	Percentage
Yes	99	70.7
No	41	29.3
Total	140	100

Table shows that 70.7%, more than half of the respondents believed that the benefits derived from the usage of contraceptives is much more than the negative effects while 29.3% of the respondents do not.

PRACTICE OF CONTRACEPTION AMONG THE RESPONDENTS

Table 21: Distribution of respondents who have and never used contraceptive

	Frequency	Percentage
Yes	103	73.6
No	37	26.4
Total	140	100

Majority of the respondents (73.6%) reported that they have ever used at least one type of modern contraceptives while 26.4% if the respondents replied that they have never used a modern contraceptive before.

Table 22: Distribution of respondents who are and not currently using a contraceptive

	Frequency	Percentage
Yes	49	35
No	91	65
Total	140	100

Respondents were also asked if they were currently using a contraceptive, a larger proportion (65%) said they were not while 35% said they were currently using a contraceptive.

Table 23: Distribution of respondents reasons for non-use of contraceptive

	Frequency	Percent
Side effects	34	37.8
Husband's opposition	11	12.2
Being pregnant	20	22.2
Religious beliefs	6	6.7
Lack of availability and accessibility	1	1.1
Others	18	20.0
Total	90	100

Table 23 indicates the reasons given by total of ninety one respondents who claimed not to currently using a contraceptive. The major reason given by the respondents was due to side effects (37.7%), 12.2% said that it was due to the fact that their husbands oppose of it and 22.2% were currently pregnant. Other reasons were based on religious beliefs (6.7%), some of the respondents gave reason of wanting to conceive and one of the respondent made it known that she was not using a contraceptive because it was not accessible and available.

Figure 5: Distribution of respondents based on the type of contraceptive use

It is glaring from the result above that majority of the respondent uses pill with percentage of 42.2%, followed by those who use barrier method (male condom) (27.5%) and then injection (16.7). About 7% use IUCD and 4% use implant. Only one of the respondents have ever used an emergency contraceptive pill (1%)

Table 24: Distribution of respondents' criteria for their choice of contraceptive

	Frequency	Percentage
Effectiveness	20	19.8
Husband's approval	25	24.8

Convenience	26	25.7
Advised by health personnel	19	18.8
Safety	6	5.9
Availability	5	5.0
Total	101	100

The respondents were further asked for reason why they chose to go for the method they use, 19.8% said because it was effective, 24.8% and 25.7% of the respondents said their husbands approve of it and because it was convenience to use (mostly condom users). Others said they were advised by health personnel to go for it while 5.9% chose to use their chosen contraceptive because it was safe and 5% said because it was available.

Table 25: Distribution of respondents' responses to whether or not they have ever experienced contraceptive failure

	Frequency	Percentage
Yes	15	15
No	85	85
Total	100	100

Table indicates that most of the respondents (85%) have never experienced a contraceptive failure while 15% of the respondents said that they had experienced a contraceptive failure leading to an unwanted pregnancy. They give instances of a condom tearing during sexual intercourse and pill not working as it should.

IMPACT OF CONTRACEPTIVES USAGE AMONG RESPONDENTS

Table 26: Distribution of respondents' responses as to whether or not the use of contraceptives has been of in planning their family

	Frequency	Percentage
Yes	89	84.0
No	17	16.0
Total	106	100

The respondents who had used and currently using a method were asked if the use of the contraceptives had been of helping in planning their family. Majority replied yes, more than half (84%) while 16% of the respondents replied no.

Table 27: Distribution of respondents' responses as to whether the use of contraceptives can help to produce more working class mothers

	Frequency	Percentage
Yes	100	72.5
No	23	16.7
I don't know	15	10.8
Total	138	100

Table 27 indicates that majority of the respondents (72.5%) believed that with the use of contraceptives by married women the society will have more of working class mothers because the use of contraceptives reduces the level of parity. On the other hand, 16.7% believed that the use of contraceptives has nothing to do with that while 10.8% said they have no idea it can or cannot.

Table 28: Distribution of respondents' responses as to whether or not can help in producing a healthy baby

	Frequency	Percentage
Yes	114	82.6
No	18	13.1
I don't know	6	4.3
Total	138	100

Another question was asked in order to determine the impact of contraceptive use among the respondents. Table 28 shows also that majority of the respondents (82.6%) made it known that truly the use of contraceptive can help in producing a healthy through birth spacing. Just a few of the respondents (13.1%) replied that the use of contraceptive does not determine whether a baby is going to be born healthy or not and about 4.3% had no idea. Some respondents believed that use of contraceptive causes deformity in children.

Table 29: Distribution of respondents' responses to whether or not the use of contraceptives can help in averting maternal mortality

	Frequency	Percentage
Yes	98	72.1
No	28	20.6
I don't know	10	7.4
Total	136	100

They were further asked if the use of contraceptive will go a long way in reducing the level at which mothers die during and after child birth and infant mortality. 72.1% gave a positive response with most of them giving reason for their answer such as the fact that too early and too late pregnancy can be avoided with the use of contraceptive thereby reducing complications. About 20.6% gave negative responses while 7.4% had no idea.

Table 30: Distribution of respondents' responses to noticing negative changes in their body due to the use of contraceptive

	Frequency	Percentage
Yes	55	52.9
No	49	47.1
Total	104	100

Table 30 indicates respondents responses to questions asked about if they noticed anything negative changes while using contraceptives. 47.1% replied no, mostly condom users while 52.9% replied yes.

Table 31: Distribution of respondents' responses to whether or not the use of contraceptives leads to infertility

	Frequency	Percentage
Yes	33	24.1
No	98	71.5
I don't know	6	4.4
Total	137	100

Table 31 shows that most of the respondents 71.5% made it known that the use of contraceptive does not lead to infertility while 24.1% believed that it leads to fertility and 4.4% had no idea.

Table 32: Distribution of respondents' responses to experiencing side effects or not

	Frequency	Percentage
Yes	57	54.8
No	47	45.2
Total	104	100

Table 32 indicates the responses of the respondents when asked if they experience any side effect due to use of contraceptives, 54.8% replied yes while 45.2% replied no

Figure 6: Kind of side effects experienced by the respondents

Each respondent gave a reply of the kind of side effect they have when and after they make use of a contraceptive. It is glaring that majority of the respondents (29.8%) complained of having abnormal bleeding and irregular menstrual period, 26.3% complained of gaining weight while about 14% of them complained abdominal pain and fatigue. Few complained of having constant headache (8.8%). Others gave reason such as developing cyst, fibroid and not being able to conceive for a long while (7%).

RELATIONSHIP BETWEEN SELECTED SOCIO-DEMOGRAPHIC VARIABLE AND KNOWLEDGE OF EMERGENCY CONTRACEPTIVE

Age	Have you ever heard about emergency contraceptive?				
	Yes n (%)	No n (%)	Total n (%)	Degree of freedom	(p-value)
18-24 years	6(75.0)	2 (25.0)	8 (100)	3	0.030
25-31 years	27 (42.2)	37 (57.8)	64 (100)		
32-38 years	16 (38.1)	26 (61.9)	42 (100)		
39-45 years	5 (19.2)	21 (80.8)	26 (100)		

From the responses in the table above, it was discovered that out of the respondents 27 (42.2%) were between the ages 25-31 years and gave positive response that they have heard about emergency contraceptive, 16 (38.1%) of the respondents who fall within the age group of 32-38 years also said yes, another group with about a total of 11 who were between the ages of 18-24 and 39-45 years with frequency of 6 (75.0%) and 5 (19.2%) respectively also said yes. Majority of the respondents 37 (57.8%) with age group 25-31 years said they have never heard of emergency contraceptive, a number of respondents who were between the ages 32-38, 39-45, 18-24, with frequency of 26 (61.9%), 21 (80.8%), 2 (25.0%) respectively said they have also never heard about emergency contraceptive. From the above findings, age has a p-value of 0.030 with which we can statistically conclude that it influences the knowledge of emergency contraceptive.

RELATIONSHIP BETWEEN SELECTED SOCIO-DEMOGRAPHIC VARIABLE AND IMPACT OF CONTRACEPTIVE USAGE

Number of children alive (Parity)	Has the use of contraceptives help in planning your family?				
	Yes n (%)	No n (%)	Total n (%)	Degree of freedom	(p-value)
1-2	21 (91.3)	2 (8.7)	23 (100)	3	0.000
3-4	60 (90.9)	6 (9.1)	66 (100)		
5&above	2 (66.7)	1 (33.4)	3 (100)		
None	6 (42.9)	8 (57.1)	14 (100)		

From the responses given in the table above, it was revealed that majority of the respondents 60 (90.9%) who have 3-4 children gave a positive response that the use of contraceptive has been of help in planning their family. Meanwhile about 21 (91.3%) of the respondents who have 1-2 children also said yes. Also respondents with no children and more than four children with frequencies 6 (42.9%)

and 2 (66.7%) respectively said yes too. Meanwhile, only few of the respondents said no having a total of 17. The parity of the respondents has a p-value of 0.000 which shows a very high level of significance on the positive impact of contraceptive usage.

RELATIONSHIP BETWEEN SELECTED SOCIO-DEMOGRAPHIC VARIABLE AND PRACTICE OF CONTRACEPTION

Educational level	Are you currently using a contraceptive?				
	Yes n (%)	No n (%)	Total n (%)	Degree of freedom	(p-value)
Primary	0 (0)	2 (100)	2 (100)	2	0.203
Secondary	14 (46.7)	16 (53.3)	30 (100)		
Tertiary	35 (32.4)	73 (67.6)	108 (100)		

From the responses in the table above, it was discovered that majority of the respondents who had attained a tertiary school certificates are mostly not currently using a modern contraceptive. This is highly seen among respondents who have attained a tertiary school certificate with a percentage of 73 (67.6%), respondents who finished from secondary school 16 (46.9%) and primary school leavers 2 (100%). Only few are currently using with percentages 0%, 46.7% and 32.4% for primary, secondary and tertiary level of education. From the above findings, educational level having a p-value of 0.203 can be statistically concluded that it has no significant on the respondents practice of contraception/family planning.

RELATIONSHIP BETWEEN ATTITUDE AND PRACTICES OF CONTRACEPTION

Discussion with husband about contraceptives	Are you currently using any contraceptives?				
	Yes n (%)	No n (%)	Total n (%)	Degree of freedom	(p-value)
Yes	36 (50.0)	36 (50.0)	72 (100)	1	0.000
No	13 (19.4)	54 (80.6)	67 (100)		

From the table above it is glaring that among the total of 49 of the respondents who claimed to be currently using a contraceptive, majority of them 36 (50%) discuss family planning/contraceptives with their husbands while few of them do not 13 (19.4%), therefore it is denoted that discussion with husband about family planning shows a significance on the practice of contraception/family planning having a p-value of 0.000

DISCUSSION OF FINDINGS

This study focus on the assessment of knowledge, attitude, practice and impact of contraceptive use among married women. The study area was Adeoyo maternity teaching hospital Yemetu, Ibadan, Oyo State.

RESPONDENTS' SOCIAL DEMOGRAPHIC VARIABLES AND KNOWLEDGE ON CONTRACEPTION

Majority of the study participants falls within the age group 25-31 and a large proportion of them have 3-4 children. A larger proportion of the respondents were Yoruba and practiced Christianity proving that the Yoruba tribe was mostly present during data collection at the study area. When asked about their level of education, most of the respondents ascertained to having a tertiary level certificate, about (21%) finished from secondary school and few from primary (1.4%) showing a correspondence increase in the level of the knowledge about contraception/contraceptives.

Their main source of information was the hospital, followed by those who heard from watching the television and those that heard from family/friends. It was also revealed that majority of the respondents know nothing about emergency contraceptive and one out of the respondents uses an

emergency contraceptive pill. Relationship between selected socio-demographic variable and knowledge of emergency contraceptive shows that age has a significant impact on the knowledge of emergency contraceptive with a p-value of $0.030 > 0.05$.

Only one out of the respondents know nothing about contraceptive showing high level of knowledge however this does not translate to the use of contraceptive among the respondents. This is related to a study conducted in Ghana which revealed that most of the women have high knowledge about contraceptive but low contraceptive usage (Akyeah 2007). It is in contrast with a study conducted in the same country by Biney (2011) who observed that lack of knowledge about contraceptives among Ghanaian women led to failure of contraceptive use

In terms of the measurement of statistical association, results obtained from the Pearson chi-square test revealed that level of education of respondents was not significantly associated with the current use of contraceptives with p-value of 0.203.

RESPONDENTS' ATTITUDE TOWARDS CONTRACEPTIVE USE

Respondents who were aware of modern contraceptives were asked to indicate their views for the purpose of ascertaining their attitudes toward contraceptive usage. They were asked whether if the benefits of modern contraceptives outweigh negative effects; if they desired to know more on modern contraceptives; if would recommend use of modern contraceptive to a friend/family or support the use of contraceptives by every married woman; also if they frequently discuss with their husbands about modern contraceptives/family planning. Results from Tables 14-20 revealed that a good number of the respondents have positive attitude towards modern contraceptives considering the high response rate of 'yes'.

Results obtained from Pearson chi square revealed that discussion with husbands on contraceptives/family planning (Spousal communication) was significantly associated with the practice of contraception with p-value of 0.000. In a study conducted by Kweligeria (2005), it was also revealed that women who discussed family planning issues with their spouses/partner were six times more likely to use a contraceptive methods as compared to those who did not discussed with their spouses/partners on family planning.

PRACTICE OF CONTRACEPTION AMONG THE RESPONDENTS

This study also aimed to know the status of contraceptive use in the study population. Findings from Table 21 revealed that a good number of the respondents (73.6%) indicated to have ever used modern contraceptives with most ever used method being pills (72%) followed by male condom (60%) and then injections. Table 22 indicate that only few were currently using a modern contraceptive with majority giving reason for fear of side effects (37.8%), being pregnant (22.2%), husband's opposition (12.2%) and the least religious beliefs. Also a study conducted by Sedgh (2000) revealed that the most frequently mentioned reason for not using contraceptives by women were fear of side effects and health concerns.

When respondents that have ever used and currently using a modern contraceptive were asked for the criteria for their choice of the method, those who used pills majorly gave reasons for effectiveness and based on the advice given by a health personnel, studies have also shown that oral contraceptives have been effective when taken correctly and consistently (DOH 1999; Hatcher et al 1997; Theron&Grobler 1998), majority of condom users chose male condom because it was convenient to use and their husbands approved of it. Those who used injection and implant said it was convenient to use because they do not have to worry about missing a pill and it last longer.

Studies indicated women prefer injection method as it is long term acting and it is not easy to be detected by a husband in case he does not approve the use of contraceptives (Marchant et al 2004). Table 25 reveals that majority of the respondents (85%) that have used and currently using a modern contraceptive have never experienced a failure showing high effectiveness of modern contraceptives.

On other hand, 15% of the respondents said they had which led to unwanted pregnancy and some of them had no choice but to have an abortion.

IMPACT OF CONTRACEPTIVE USE AMONG THE RESPONDENTS

The study also went further to assessing the impact the use of contraceptive has made, whether positive or negative. They were asked about the benefits of contraceptives, tables 26-32 reveal high positive response rate thereby revealing a positive impact. A good number of them believed that use of contraceptives can help avert maternal death, infant mortality through birth spacing and help produce more working class mothers. In addition, about 71% said that the use of contraceptive does not lead to infertility. Meanwhile, Table 33 and table 34 indicate the number of respondents who had claimed to have side effect due to contraceptive usage and the kind of side effects they have respectively.

It is shown that 57 out 104 and respondents who had used and are currently using a contraceptive said they experienced one side effect or another. Majority of the respondents who used pill complained mostly of weight gain, fatigue and occasionally severe headache. Health providers that have been interviewed in a study done in Ghana gave the aforementioned as side effects of contraceptives pill and sometimes it also includes prolonged bleeding and vomiting. Those who used condoms had no side effects and those who used injection, implant and IUCD complained of irregular bleeding and abdominal pain. One of the women replied not being able to conceive for such a long time after an IUCD was removed. Studies elsewhere have indicated women experience of side effects of modern contraceptives such as irregular bleeding (Marchant et al., 2004; Khan et al. 2008).FDA (2001) made mention the most prominent side effect of injection to be menstrual irregularities during the first to sixth months of use.

Findings from Pearson chi square revealed that parity (number of children) of the respondents was significantly associated with the positive impact of contraceptive use having a p-value 0.000.

SUMMARY, CONCLUSION AND RECOMMENDATION

SUMMARY

The main objective of the study was to assess contraceptive impact among married women attending Adeoyo maternity teaching hospital Ibadan Oyo State with a majority (45.4%) of the respondents being in the age group 25-31 years and 77.3% of the respondents attained a tertiary school certificate, this correspond to high knowledge of contraception.

The chi-square statistic revealed that spousal communication about family planning influences the use of contraceptives among married women. The data analysis on parity focused on number of surviving children, the chi-square statistic revealed a strong association between the parity level of the respondents and impact of contraceptive.

However Chi-square statistic shows a weak correlation between educational level and contraceptive use among married women. This implies that how high or how low the education derived does not influences the use of contraceptives among the respondents. Data reveals that most of the respondents who are not current user of contraceptives were due majorly to the fear of side effects (37.8%).

CONCLUSION

In conclusion, the study reveals good knowledge and favourable attitude of married women attending Adeoyo maternity teaching hospital Ibadan Oyo State towards contraception However, despite that the use of contraceptive is low. Practice of contraception was not influenced by level of education of the women but discussion with their husbands on family planning/contraceptives. Responses of the respondents also show that the use of contraceptives has made a positive impact.

RECOMMENDATION

Based on research findings, the following recommendations are made:

1. Women should be provided with detailed and comprehensive information about the various methods available, their importance and they should be given a choice to choose the method of contraception best suited to their needs, which will help improve the general health of the women and their children.
2. Counseling of couples which play an important role in achieving positive attitude of husbands for effective use of contraceptives and adoption of family planning methods should be encouraged. This can help reduce the fear of side effects among the women.
3. Health personnel, Government and other stakeholders should continue to play a positive role to contraceptive uptake in order to overcome the knowledge/practice gap. This can be achieved by making contraceptives readily available and at cheaper rates

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