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Use of Contraceptives among the Youth in Isiala Ngwa North Local Government Area of Abia State

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Abstract
Nigeria has witnessed very rapid population growth, due to unplanned pregnancies. Many factors have contributed to unplanned pregnancies. One very important factor is low level use and non use of contraceptives. Therefore, this study ascertained use of contraceptives among the youth in Nigeria using Isiala Ngwa North Local Government Area of Abia State as a study area. The population of the study consisted of the youth aged 15-39 years. The study adopted cross-sectional survey design. The sample consists of 533 respondents from Isiala Ngwa North Local Government Area and was selected through multi-stage sampling technique. The major instrument for data collection was the questionnaire. Two research questions and two hypotheses were formulated for the study. The data collected from the respondents were analyzed using chi-square(X^2) statistics. The findings of the study have clearly shown that youth who perceive the use of contraceptive as harmful to people's reproductive ability were less likely to be users of contraceptives than those who did not. The findings also showed that there is relationship between educational qualification and contraceptive use among the youth. The study made useful suggestions that could improve the use of contraceptives among the youth in Isiala Ngwa North Local Government Area of Abia.
Keywords: Contraceptive, Contraceptive Use, Unplanned Pregnancies and Youth

Introduction

The global population has increased nearly fourfold in the past 100 years and is currently estimated at 7 billion in March 2012 (United Nations Population Fund 2012). It was projected to increase from 6.7 billion in 2006 to 9.2 billion by 2050, (UN Report, 2007). The largest population increase was projected to occur in Asia, particularly in India and Southeast Asia, accounting for about 60% of the world population by 2050 (UN, 2007). Developing countries accounted for 97% of population growth because of high birth rates and youthful populations. Conversely, in the developed countries, birth rate barely exceeded death rate because of low birth rates and much older populations (Coast 2002; Haub, 2012).

In Africa, population is growing more rapidly than in other continents of the world increasing vulnerability to climate change impacts and undermining sustainable development efforts on the continent. According to UN (2011), sub-Saharan Africa population is estimated at 900 million and projected to 1.2 billion by 2025, and 2 billion by 2050. Sub-Saharan population is growing at the rate of 2.5% per year, compared to 1.2% in Latin America (UN, 2011). Malnourishment, lack of clean water, AIDS and other diseases, overcrowding, and inadequate shelter are real problems for millions of people in Africa. Rapid population growth has inhibited efforts to alleviate poverty, ensure food security, preserve the environment, and improve Africans' well-being. In the sub-Saharan Africa region, low use of contraceptives, as well as cultural and traditional practices that emphasize the role of women as child-bearers, make large families the norm (Lindsay, 2009; Caldwell & Caldwell 1987). According to the United Nations, (2007), Africa will experience the most rapid population growth, over 70% faster than in Asia.

However, in order to arrest the dangers inherent in high population growth rates countries such as Mali, Burkina Faso, and Senegal have successfully applied family planning as a panacea (Cohen, 2000). In these countries a number of efforts have been made to assist the youth in accessing family planning services. In Burkina Faso, for example, a National Adolescent Reproductive Health Program was launched in 1995. Other efforts have included youth centers that provide family planning education, counseling, and peer education (Bankole, Oye-Adenira Singh, Adewole, Wulf and Sedgh 2006). Another program has trained teachers on sex education and population issues. Similar efforts in Mali have focused on reaching the youth. Effort to train peer educators and youth in sexual and reproductive health have contributed to use of contraceptives among the youth in program areas (Robinson 2009). According to Diop and Diagne (2009), programs in Senegal have worked at both the policy level and in direct services to youth. Successful efforts by advocates have led to incorporating adolescent reproductive health within the Ministry of Health and the Ministries of Education, Sports, and Youth. Programs have included curricula for peer educators, training for teachers, and the development of norms and guidelines in reproductive health for the youth.

Nigeria has formulated a national policy on population. The national policy on population released in 1988 noted that the incidences of unwanted pregnancies, abortion, abandoned babies and child abuse had greatly increased and constituted a national social problem. It noted that voluntary fertility regulation and organised family planning had proved to be effective, preventive and low cost measures to control such social problems

(Federal Ministry of Information, 1994; Okezie, Ogbe, & Okezie 2010; Odimegwu, Ojo, & Siyagande, 1997). In February 2005, a new Policy for National Population and Sustainable Development was released by the Nigerian Government. This policy includes among other things the promotion of knowledge and use of contraceptives (Ozumba, Obi & Ijioma 2005). The Population Reference Bureau, (PRB, 2002) revealed that in spite of the efforts made by the Government in this direction, the use of contraceptives among the youth in Nigeria remains largely insignificant. Understanding contraceptive use among the youth can help improve policies addressing reproductive health and behavior among youth in Nigeria. Increased use of contraceptive can empower the youth to have more control over their reproductive health and access to family planning resources where needs are not being met. Prata, (2007) stressed that no community can rise out of destitution to dignity in the absence of family planning and sound resource management.

Statement of the Problem

Nigeria has witnessed very rapid population growth from 30.3 million in 1953 to 142 million in 2006 and projected 440.4 million by 2050, due to unplanned pregnancies (Nigerian Population Commission, 2006; Population Reference Bureau, 2013). Many factors contribute to unplanned pregnancies in Nigeria. One very important factor is low level use and non use of contraceptives. Nigeria has a low contraceptive prevalence of 14.6% and 9.7% for use of modern method of contraception (African Population Data Sheet, 2008). These poor reproductive health indices contribute to high rates of population growth, unintended pregnancies and induced abortions that occur annually. Department for International Development (DFID, 2010) report on unmet need in Nigeria correlate this high level of unmet need for contraceptive use and the attendant high rate of unintended pregnancy. In Ile-Ife, Adeyemi, Ijadunola, Orji, Kuti, Alabi. (2005) reported an incidence of 59.4% unmet need for contraceptives among women in their first postnatal year, while Etuk & Ekanem (2003) found an incidence of 30% unintended pregnancies in Calabar. Mairiga, Kullima, Bako, Kolo (2010) also found 84% unintended pregnancies due to unmet need for contraceptives among the Kanuri in northeast Nigeria. According to Adinma, Eke, Iwuoha, Akiode, Oji (2011), only 38.0% expressed desire to use contraceptives after termination of unintended pregnancy, in the south eastern Nigeria.

Since abortion is illegal in Nigeria, unless medically recommended to save a mother's life, many abortions are carried out in unsafe environment and the consequences of these clandestine abortions are grave and life threatening (Otoide, Oronsanya & Okonofua, 2001). Complications arising from abortions, whether spontaneous or induced, account for a large proportion of maternal deaths in Nigeria. As high as 36,000 maternal deaths are reported to occur annually from unsafe abortions, representing 60% of Nigeria's overall maternal deaths (Adinma, et al 2011). These abortions are usually responses to unwanted pregnancies that would have been effectively prevented by good contraceptive programming.

If the contraceptive usage does not increase, unplanned pregnancies among the youth in the country will remain high and will keep increasing. Consequently there is tremendous need for improvement on contraceptive use among the youth especially in rural communities. This is particularly true in Isiala Ngwa North local Government Area where it has been observed that there is a high incidence of unwanted pregnancies among young girls (Izugbara 2000 and Ihejiamaizu 2006). According to Okonta (2007), most of these girls who are victims of this situation usually drop out of school or married out at a very young age. There are also increases in the cases of abandoned babies, due to unwanted pregnancies. Newswatch (2011) reported that, some of the babies are helplessly left either in gutters or market squares. According to Okonta (2007) these abandoned children sometimes are taken to where abandoned children or those, whose parents died, are reared. According to Newswatch (2011) there has been the discovery of some illegal baby making clinics in Isiala Ngwa where young girls who have unintended pregnancies are secretly kept until they give birth in exchange for token or sold out for huge sums of money by the proprietor. Despite the existence of these unhealthy situations little or no scientific study has been conducted in Isiala Ngwa North to establish the factors responsible for the apparent low level of contraceptive use among the youth of the area. Effective use of contraceptives has the potential to avert unplanned births, early marriage, high population growth, maternal morbidity and mortality, increase welfare, reduce dependency burden and protect future generations. Based on these issues raised, this study attempted to answer the following questions:

1. What is the level of use contraceptives among the youth in Isiala Ngwa North, L.G.A.?
2. What factor that influence the use of contraceptives among the youth in Isiala-Ngwa North, L.G.A.?
3. How do the youth perceive the use of contraceptive in Isiala-Ngwa North, L.G.A.?

Theoretical Base

Contraceptive Decision-Making theory

Contraceptive decision-making theory was developed by Luker (1975). Luker developed a decision making model based on contraceptive behavior in a study of 500 women aged 14-44 years who were candidates for

abortion (Saulpaugh, 1993). According to Saulpaugh (1993), the model was derived from data collection during indepth interviews of 50 women from the sample of 500 candidates for abortion. The underlying assumption of the study was that high fertility was a consequence of contraceptive risk-taking behavior and a result of conscious decision-making (Saulpaugh, 1993; Philliber & Namerow, 1990). The determinants of contraceptive behavior are the assignment of advantages and disadvantages to contraceptive use and pregnancy. Ultimately, decision-making plays an important role in contraceptive use among the youth. The ability to make good decisions becomes of particular importance during the youthful age, as this is the period when becoming independent is of priority (Brockman & Russell, 2007).

Demographic Transition Theory

The demographic transition theory was developed by Notestein, (1953**).** Demographic transition can be defined as a process where "societies experience modernization and progress from a pre-modern regime of high fertility and high mortality to a postmodern one in which both are low," (Kirk, 1996). The demographic transition can be classified into 3 stages. In the first phase, both fertility and mortality rates are high. Here, the economy is in a Malthusian trap where any population growth will be kept in control through 'preventive' and 'positive' checks. Preventative checks are those that affect the birth rate and include marrying at a later age (moral restraint), abstaining from procreation, use of contraceptives, and homosexuality. Positive checks are those that increase the death rate. These include disease, war, disaster, and finally, when other checks don't reduce population, famine, (Galor, Oded & David 2000). The second phase kicks off with a fall in mortality. Once mortality decline is underway, fertility decline follows next. In conditions of high mortality more children are produced. However, in the face of declining mortality, societies witness an increase in the number of surviving children and adjust fertility rates accordingly (Lee, 2003).

Demographic transition holds that in the first stage, the median population age is very young and population growth very low. In the second stage, when mortality falls, there is a population explosion and child dependency ratios rise rapidly. Many developing countries like Nigeria fall in this stage. Contraceptive use is considered as an important proximate determinant that helps reduce population growth to a greater extent in developing countries (Bongaarts, 1978). However, once fertility levels also fall through effective application of contraceptive use, the population growth is kept in check.

Methodology

The study was located in Isiala Ngwa North Local Government Area (L.G.A.) in Abia State. The choice of Isiala Ngwa North L.G.A., a typical rural area, for this study is because of high incidence of unplanned pregnancies and low contraceptive use. For instance, contraceptive prevalence rate (CPR) in Abia State was estimated at 18% in the urban areas compared with 8% in the rural areas (Federal Ministry of Health, 2006). The study population was 540 respondents which consist of youth aged 15-39 years.

A breakdown of this population is presented in table 1

Clusters	No. of Communities Sampled	No of villages Sampled	No of housing Units Chosen	No. of Respondents
A. Amasaa Nsulu Isiala Nsulu Mbawsi/Umuomainta Umunna Nsulu.	2 (Umunna Nsulu and Mbawsi/Umuomainta)	5 (5x2) 10	270 (10x27)	270
B. Amasaa Ntigha Amapu Ntigha Ihie Ngwa Ukwu 1 Ngwa Ukwu 2 Umuoha.	2 (Amasaa Ntigha and Ngwa Ukwu 2)	5 (5x2) 10	270 (10x27)	270
TOTAL 10	4	20	540	540

Source: *Field work 2015*

The study made use of a sample of five hundred and thirty three respondents. This represents ninety eight percent (98%) of the study population. The data are presented and analysed below, using simple percentages and chi square (X^2) to test the two hypotheses formulated for this study at 0.05 level of significance.

(a) Age

Table 4.1: Distribution of respondents by age

Age	Frequency	Percentage
20 and below	189	35.5
21-24	162	30.4
25-29	132	24.8
30-34	38	7.1
35-39	12	2.3
Total	533	100.0

Source: *Field work 2015*

Table 1 above shows that majority of the respondents (35.5%) were below 20 years. Next to them were those aged 20 – 24 years (30.4%) and those aged between 25 – 29 years (24.8%). Others were those aged between 30 – 34 years (7.1%) and the least age bracket was those aged between 35 – 39 years (2.3%).

(b) Marital Status

Under this section is marital status of the respondents. Here we want to know the marital status of the youth

Table 4.2: Distribution of respondents by marital status

Marital status	Frequency	Percentage
Married	118	22.1
Single	404	75.8
Separated	11	2.1
Total	533	100.0

Source: *Field work 2015*

Table 2 shows that majority of the respondents were single (75.8%). Twenty two percent of them were married while only 2.1% of the respondents were separated.

(c) Level of education

Under this section is level of education of the respondents. The concern here is the educational qualification of the respondents.

Table 4.3: Distribution of respondents by educational qualification

Educational qualification	Frequency	Percentage
No formal education	15	2.8
First School Leaving Certificate (FSLC)	17	3.2
Senior Secondary Certificate Examination(SSCE)	357	67.0
Bachelor of Science (B.Sc)	144	27.0
Total	533	100.0

Source: *Field work 2015*

The above Table 3 shows that respondents who had no formal education were the least (2.8%). They were followed by those with First School Leaving Certificate (3.2%). Majority of the respondents had Senior Secondary Certificate Examination (67.0%) while 27.0% of the respondents had Bachelor of Science.

(d) Occupation

Under this section is occupation of the respondents. The focus here is on the main income generating activities of the respondents.

Table 4.4: Distribution of respondents by occupation

Occupation	Frequency	Percentage
Unemployed	68	16.3
Farming	6	1.1
Trading	104	19.5
Student	313	58.7
Artisan	17	3.2
Civil service	6	1.1
Total	533	100.0

Source: *Field work 2015*

Table 4 shows that most of the respondents were students (58.7%), followed by traders 19.5%. Slightly above sixteen percent of the respondents were unemployed while 3.2% were artisans. Respondents who are farmers and civil servants were 1.1%.

(e) Religious Affiliation

Under this section are the religious affiliations of the respondents. The religious affiliation is divided into catholic, Anglican and Pentecostal

Table 4.5: Distribution of respondents by religious affiliation

Religious affiliation	Frequency	Percentage
Catholic	198	37.1
Anglican	219	41.1
Pentecostal	116	21.8
Total	533	100.0

Source: *Field work 2015*

Table 5 shows that 37.1% of the respondents were Roman Catholics, 41.1% were Anglicans while 21.8% were Pentecostals.

Respondents 'level of education and their view on whether you have used a contraceptive before (N=533)

Variables	**Ever-used contraceptives**		**Total**
	Yes	**No**	
Level of education			
Lower	152(55.5%)	232(89.5%)	389(73.0%)
Higher	122(44.5%)	27(10.4%)	144(27.0%)
Total	274(100.0%)	259(100.0%)	533(100.0%)

X^2= (N=533), 87.852; df=2, p<. .000; Critical $\chi 2$ value = 5.99147

Source: *Field work 2015*

From table 37 also, out of all the respondents that stated that they have used contraceptive before, 55.5% had lower education, while 44.5% had higher education. Again, of all those that indicated that they had not used contraceptive before, 89.5% had lower education while 10.4% had higher education. The result shows that more respondents with lower education indicated that they had used contraceptive before and at the same time, the same greater percentage of the respondents with lower education who indicated that they had not used a contraceptive before. The reason for this may be attributed to the high numerical strength of respondents with lower education used in the study However, the chi-square value: X^2= 87.852 which is greater than the Critical $\chi 2$ value = 5.99147; df= 2, p⌿.000 shows that there is a statistically significant relationship between respondents' level of education and their views on whether they have used contraceptive before.

Test of Hypotheses

Hypothesis 1: The youth who perceive unprotected sex as risky are more likely to use contraceptives than those who do not perceive it as such.

Perception of unprotected sex and contraceptive usage

	Perception of unprotected			**Total**
	Risky	**Not risky**	**Cant say**	
Contraceptives Usage				
Yes	152(47.9%)	53(53.5%)	69(59.0%)	274(51.4%)
No	165(52.1%)	46(46.5%)	48 (41.0%)	259(48.6%)
Total	**317(100.0%)**	**99(100.0%)**	**117(100.0%)**	**533(100.0%)**

$\chi 2$ =4.379; df = 2; P < .112, Critical $\chi 2$ value = 5.99147

Results contained in Table 48 above indicate that among the respondents that perceived unprotected sex to be risky, 47.9% used contraceptives while 52.1% had not used them. Again, among all those that did not perceive unprotected sex to be risky, 53.5% used contraceptives while 46.5% did not use them. On the other hand, out of all those that stated that they could not say whether unprotected sex was risky or not, 59% used contraceptives while 41% did not use. From the table it can be said that majority of the respondents that indicated that they could not say whether unprotected sex was risky or not (59%) used contraceptives. The implication here is that though the respondents that stated that they could not say whether unprotected sex was risky or not (which is the majority) used contraceptives, they might not have adequate knowledge of issues about unprotected sex. However, the Chi-square calculated value of $\chi 2$ =4.379 which was less that the tabulated or critical value Chi-square of 5.99147, at the df of 2, P value of 0.112, which was higher than the maximum standard significance value (0.112), shows that there is no statistically significant relationship between perception of unprotected sex and contraceptive usage among the studied youth. As a result of this, the hypothesis which states that: 'youth who perceive unprotected sex as risky is more likely to use contraceptives than those who do not perceive it as such' is hereby rejected.

Hypothesis 2: Youth who consider contraceptive use as harmful to people's reproductive ability are less likely to be users of contraceptives than those who do not

Perception of effects of contraceptive use on reproductive health and usage

Perception of effects on reproductive health	Contraceptive usage		Total
	Yes	No	
It is harmful	0 (0.0%)	146 (100.0%)	146 (100.0%)
It not harmful	274 (70.8%)	113 (29.2%)	387 (100.0%)
Total	**274 (51.4%)**	**259 (48.6%)**	**533 (100.0%)**

$\chi 2$ =212.726; df = 1; P < .000, Critical $\chi 2$value = 3.84146

In testing hypothesis three, perception of contraceptive use on people's reproductive health was cross-tabulated with contraceptive usage. Respondents were, therefore, grouped into two categories – those that indicated that they did not use contraceptives because of fear of side effects and for health reasons were re-coded as "it is harmful", while all those that indicated that contraceptive usage was against their beliefs were re-coded as "it is not harmful". The result in table 50 shows that among the respondents that stated that contraceptive use was harmful none indicated that they used it. But among those who perceived contraceptives as not being harmful, 70.8% said that they used it while 29.2% indicated that they did not use it.

However, given the computed $\chi 2 = 212.726$ and critical $\chi 2 = 3.841$; df = 1, the test shows a significant relationship (P<0.000) between perception of and actual usage of contraceptives among the youth. As a result of this, the hypothesis which states that: 'youth who perceive contraceptive use as harmful are less likely to be users of contraceptives than those who do not' is hereby upheld.

Summary and Conclusion

The instruments used for collecting data were the questionnaire and focus group discussions. However, the study had a total of 540 respondents comprising of 533 questionnaires were correctly completed. From the analysis of the data, the study reveals that greater proportion of the respondents were below 20 years (35.5%). Furthermore, the study showed that majority of the respondents (67.0%) had Senior Secondary Certificate Examination. In terms of occupation, the study shows that majority of the respondents (58.7%) were students. Also, the study revealed that majority of the respondents (41.1%) was Anglicans. Again, the study showed that more than half of the respondents (59.1%) were males while (40.9%) were females.

Furthermore, a total of two hypotheses were tested and findings were as follows: there was a strong statistically significant relationship between respondents' educational qualification and contraceptive use as indicated by the chi square values. Also, it was found that youth who perceive the use of contraceptive as harmful to people's reproductive ability were less likely to be users of contraceptives than those who did not.

In conclusion, the findings revealed that the youth utilized contraceptives, but the use among respondents with lower education (no formal education and FSLC) was poor. Thus, until government, health institutions, organizations, and the general public assumed their responsibilities of providing proper and adequate information about the uses and benefit of contraceptives, the problems of non-utilization of contraceptives and its attendant problems will continue to be with us. Government should join efforts with policy makers to make and implement policies that will focus on educating the target groups (youth) on the need to use contraceptives.

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