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Use of Reproductive Health Information on Contraception among Female Undergraduates of University of Ibadan

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Introduction

It is said that health is life. Health is an essential aspect of development. The health of a people has tremendous impact on the health of a nation. This makes it necessary for all nations to invest in the healthcare of its people. The World Bank (1994) says that,

Health is an essential objective of development. The capacity to develop is itself dependent on health. Health's crucial contribution to economic activities cannot be overemphasized. It improves the human condition through all processes of development. According to Aina (2004), we survive as human beings, because we accurately record the sound, sight, smells, tastes and texture of our environment which are information. As health is important to development, information is a requisite for health development. Therefore, suitable developmental information is necessary for addressing various issues in a nation.

Part of the health of a nation is the reproductive health. Reproductive healthcare preserves and protects lives. The World Health Organization (WHO) defines health as a state of complete physical, mental and social well being and not merely the absence of infirmity. Reproductive health as a state of complete reproductive and sexual wellbeing involves services in the areas of sex, contraception, abortion, delivery, safe motherhood, and child survival. Some of the services include:

- Persuasive communication for fertility regulation and reproductive health
- Family planning advocacy
- Counseling for fertility regulation and reproductive health
- Reproductive health screening
- Pregnancy test
- Pap smear
- Breast self-examination
- STD screening
- Management of contraception and side effects
- Training and clinical service delivery
- Mother and child health
- Safe motherhood

Contraception is an important aspect of reproductive health. According to Dada (1996), contraception is simple prevention of conception, including any chemical, drug, herb, or device used for this purpose. Premarital sex is common in many parts of the world today. It can obviously result in pregnancy, which might cause problems, including unsafe abortion, delay in reaching goals, the

difficulties of early or single motherhood, and disapproval from family, loved ones, and even society. Married undergraduates who get pregnant will also not find it easy to cope and may have their education interrupted or even drop out of school.

The use of contraceptives can help avoid these problems. Reproductive health organizations promote the use of contraceptives. Do the messages influence female undergraduates? Are they even aware of such information? If they are, what use is the information to them? These and other questions prompted the researcher to investigate the use of reproductive health information on contraception among University of Ibadan female undergraduates. This study will provide answers to the following research questions.

- To what extent do female undergraduates receive reproductive health information on contraception?
- How do female undergraduates perceive messages on contraception?
- To what extent have these messages influenced the attitude of female undergraduates towards contraception?
- To what extent have the messages influenced the adoption of contraceptive measures among female undergraduates?

Objectives of the Study

This study attempts to determine the use of reproductive health messages on the use of contraception among University of Ibadan female undergraduates, to ascertain the extent to which they have a knowledge of this issue and how it has influenced their attitudes. This study will also examine the extent to which the messages have influenced the adoption of contraception among the female undergraduates of the university. Finally, the study will seek to investigate students' preference for the different reproductive health messages.

Methodology

This is a case study that was investigated using survey research. The instruments used for this study were a questionnaire, interview, and the *FGD Guide*. Stratified sampling was used to choose 140 respondents. Respondents were stratified according to halls of residence. The 140 respondents include both married and unmarried female undergraduates of the University of Ibadan, chosen from the female halls of residence, including Agbowo as a stratum for off-campus students. The hall of residence are Queen Elizabeth, Queen Idia, and Chief Obafemi Awolowo halls. Thirty-five respondents were selected from each of the halls, including Agbowo. Purposive sampling was used to select subjects for interviews. Five interview subjects who are representatives of the Association for Reproductive and Family Health Planning Clinics were selected for that portion of the study. Finally, there was a focus group discussion [FGD] with ten female undergraduates, five married, the other five unmarried. Convenience sampling was used for selection. Data were analyzed using frequency and percentages.

Contraception and Family Planning

Contraception helps individuals decide when to become pregnant. No single method is best for everyone. According to Vincent (1996:45), nearly all contraceptive devices have some side effects. A person's medical history, cultural beliefs, frequency of sexual activity, and other factors will determine which method to adopt. Delano (1988) submits that family planning is not only synonymous with population control but has the primary aim of improving family health and welfare, female liberation, and human rights.

Methods of Contraception

Delano (1990) traces the history of contraception and birth control, which is as old as humankind. Our ancestors recognized the need for spacing births through traditional methods that they developed. These methods had been handed down from as far back as the Stone Age. Delano (1987) observes that birth control is nothing new, in developing as well as developed countries.

These methods were based on social and cultural attitudes and beliefs. Social change experienced in many African countries makes it difficult to determine the extent to which traditional methods of fertility regulation are still in use.

Furthermore, Delano (1990:23) categorized the primitive methods used in the stone-age, to include:

- Women avoiding the sun or moon
- Women wearing charms like dead spider, child's tooth, and rings on fingers.
- Women drinking tea made from roots, weeds, trees, leaves; infusion of gun-powder; froth from camel's mouth, water used in washing dead bodies, and deadly poisons such as arsenic.
- Women eating castor oil plants or dead bees
- Women performing various exercises to either dislodge sperm or prevent its entry through the cervix.
- Violent movement of the body during intercourse to prevent entry of the sperm through the cervix.
- Woman being requested to hold her breath during the man's orgasm, hoping that a muscular spasm would prevent sperm entry.
- Sneezing and blowing one's nose very hard immediately after intercourse to dislodge the sperm.
- Soaking cotton wool in pepper and inserting it into the vagina as mechanical and chemical barrier method.
- Mopping out the sperm from the vagina to kill and remove sperm.
- Douching with various chemicals to wash out sperm.
- Crushing the testicles with a stone.
- Using animal membrane as condom to cover the vagina.

Modern Contraceptive Techniques

Modern methods of contraception emerged as a result of research. In the past, the use of contraception was regarded with secrecy and confined to industrialized societies. Family planning has now abandoned its cloak of secrecy and is spreading to all parts of Nigeria and other developing countries. Modern methods of contraception are available with minimal side effects and are acceptable to religion and culture. Contraceptive methods are broadly divided into two categories: natural and artificial (Dada 1996:116)

Natural Methods

Natural methods include abstinence, calendar "rhythm" method, female temperature changes, changes in vaginal mucus, withdrawal, and breastfeeding. "Natural" does not imply that sexual abstinence or taking one's temperature is natural. It refers to the monitoring of natural physiological signs to determine fertility.

Artificial Methods

Artificial methods of contraception are those that involve the intentional prevention of fertilization of a human ovum through devices, drugs, and techniques. These include chemicals such as synthetic

hormones, oral contraceptives (pills), condoms, diaphragm and cervical cap, implant, intra-uterine contraceptive device, spermicides, and sterilization.

Side Effects

Most contraceptives have side effects. The oral contraceptive pill may cause nausea, weight gain, scant period, tenderness and enlargement of breasts, or headaches (CYWH 2009). These are often temporary, but there are other side effects which Delano (1990) calls “danger signs,” including chest pain, palpitation, visual disturbance, raised blood pressure, and blood clots in legs, lungs, brain, or other parts of the body. According to Barcelona, et al. (1981), the most critical, but very rare, complication is blood clots or high blood pressure.

The diaphragm is a thin rubber cap that is used as a barrier. Its side effects include irritation or allergy. This is also the case with spermicidal contraceptives.

The intra-uterine device (IUD) is very effective but has some side effects. It is a small, usually plastic device that is inserted into the uterus to prevent pregnancy. The side effects include cramps, backaches, bleeding, and heavy menstruation.

Injectable contraceptives, a long-acting hormonal medication, also have side effects that are similar to contraceptive pills.

Table 1: How often subjects get information on contraception from various sources (Percentage in parentheses)

Source	Regularly	Sometimes	Rarely	Never	No response	Total
Parents	29(23.0)	36(28.6)	25(19.8)	32(25.4)	4(3.2)	126(100)
Friends	45(35.7)	55(45.7)	19(15.0)	4(3.2)	3(2.4)	126(100)
Radio	53(42.1)	49(38.9)	15(11.9)	6(4.8)	3(2.4)	126(100)
Television	55(43.7)	50(39.7)	15(11.9)	3(2.4)	3(2.4)	126(100)
Magazine	41(32.5)	56(44.4)	18(14.3)	5(4.0)	6(4.8)	126(100)
Newspaper	37(29.4)	53(42.1)	17(13.5)	9(7.1)	10(7.8)	126(100)
Nongovernmental organization	28(22.2)	44 (34.9)	6(20.6)	5(11.9)	13(10.3)	126(100)
Family planning clinic	27(21.4)	32(25.4)	17(13.5)	39(31.0)	11(31.0)	126(100)
Library	23(18.2)	21(16.7)	12(9.5)	53(42.0)	17(13.4)	126(100)
Plays/Films	37(29.4)	60(47.6)	9(7.1)	7(5.6)	13(10.3)	126(100)

Table 1 shows that the most regular source of messages on contraception are television and the radio. Friends are also a source of information, with a large majority receiving information this way. The findings confirm interview and focus group data on strategies for reaching students. The major strategy is to use friends to disseminate information, including a peer promotion program where selected students are educated to educate their peers.

Table 2: Respondents' understanding of contraception

Level of understanding	Number	Percentage
Full understanding	51	40.5
Partial	56	44.4
No idea	11	8.7
No response	8	6.4
Total	126	100

About 85 percent of respondents have full or partial understanding of contraception. In fact, nearly 90 percent have some understanding of what is meant by contraception.

Table 3: Type(s) of contraceptives respondents have heard about

Types of contraception	Have heard of	Have not heard of	No Response	Total
Condom	115(91.2)	11(8.8)		126(100)
Douche	46(36.5)	78(61.9)	2(1.6)	126(100)
Spermicide	60(47.6)	66(52.4)		126(100)
Vaginal Diaphragm	58(46.0)	68(54.0)		126(100)
Hormonal contraceptive	54(42.9)	72(57.1)		126(100)
IUD	48(38.1)	77(61.1)	1(0.8)	126(100)
Tubal ligation	42(33.30)	83(65.9)	1(0.8)	126(100)
Calendar method	54(42.9)	71(56.3)	1(0.8)	126(100)
Temperature	50(39.7)	75(59.5)	1(0.8)	126(100)
Mucus	42(33.3)	82(65.1)	2(1.6)	126(100)
Withdrawal	71(56.3)	53(42.1)		126(100)
Breastfeeding	46(36.5)	75(59.5)	4(3.2)	126(100)

More respondents have heard of condoms than any other type of contraception, followed by withdrawal. A large number have not heard of various other methods. This confirms the data collected from interviews and focus groups, that single students are taught to abstain from sex, but if they are sexually active, they are encouraged to use condoms.

Table 4: Methods respondents have used

Types/Methods	Number	Percentages
Condom	32	25.4
Calendar	14	11.1
Withdrawal	27	21.4
Temperature	6	4.8
Spermicide	16	12.7
No response	31	24.6
Total	126	100

A majority of respondents who have used contraceptives have used condoms. On the whole, it can be said that female undergraduates at the University of Ibadan often receive information on contraception. Results have shown that, to some extent, they understand and have knowledge of contraception.

Tables 5: Female undergraduates' perception of messages on contraception

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Cannot say	No response	Total
Indiscriminate use of contraceptives causes infertility and has other disadvantages	43(34.1)	45(35.7)	15(11.9)	6(4.8)	14(11.1)	3(2.4)	126(100)
Information on the use of contraceptives makes female undergraduates promiscuous	16(2.7)	44(34.9)	29(23.0)	18(14.2)	15(11.9)	4(3.2)	126(100)
Single female undergraduate should be exposed to information on the use of contraceptives	52(41.3)	47(37.3)	14(11.1)	4(3.2)	6(4.8)	3(2.4)	126(100)
My religion does not encourage the use of contraceptives	27(21.4)	19(15.1)	37(39.4)	22(17.5)	15(11.9)	6(4.8)	126(100)
The attitude of society affect my use of contraceptives	19(15.1)	17(13.5)	53(26.2)	30(23.8)	18(14.3)	9(7.1)	126(100)
Only undergraduates who do not have a knowledge of contraception get pregnant before marriage	28(22.2)	23(18.3)	27(21.4)	31(24.6)	12(9.5)	5(4.0)	126(100)
Premarital sex is wrong and should not be encouraged	58(46.0)	38(30.2)	11(8.7)	10(7.9)	7(7.6)	2(1.6)	126(100)
Issues about reproductive health should be discussed openly	52(41.3)	43(34.1)	5(4.0)	18(14.3)	2(16)	6(4.8)	126(100)
Information on contraception is quite necessary	55(43.7)	39(31.0)	10(7.9)	11(8.7)	4(3.2)	7(5.5)	126(100)

Table 5 shows some conflicting responses. While nearly 70 percent believe that contraception causes infertility and has other disadvantages, respondents were split over whether information on contraception can make female undergraduates promiscuous. More than three-quarters indicated that female undergraduates should be exposed to information on the use of contraceptives. Nearly half disagreed with the idea that their religion discourages the use of contraceptives. More than half also disagreed that the attitude of society affects their use of contraceptives. Respondents were split over whether undergraduates who do not have knowledge of contraception would get pregnant before marriage.

Despite the fact some respondents use contraceptives, a large percentage see premarital sex as wrong. This confirms the response of the focus groups. Nonetheless, a majority believe that issues about reproductive health should be discussed openly. In addition, nearly 75 percent indicated that information on contraception is necessary.

Table 6: The extent to which information on contraception influenced respondents' attitude

Extent	Number	Percentage
Great	53	42.1
Little	30	23.8
Very little	4	3.2
None	30	23.8
No Response	9	7.1
Total	126	100

More than 40 percent of respondents indicated that the information has influenced them to a great extent, while less than one-quarter say they have not been influenced. This confirms the focus group response that messages on contraception have changed attitudes from negative to positive.

Table 7: The extent to which information has influenced respondents' adoption of contraception

Extent of adoption	Number	Percentage
Great	49	38.8
Little	38	30.1
Very little	8	6.3
None	30	23.8
No Response	1	0.8
Total	126	100

Slightly more than three-quarters of respondents have been influenced in their adoption of contraception to some extent.

Conclusion

The study reveals that female undergraduates receive information on contraception regularly through the broadcast media and friends; however, they have only partial knowledge, because of twelve method of contraception, they are generally familiar with only three, particularly condoms.

A majority of female undergraduates have a positive perception of contraception and feel that they should be exposed to information on the adoption of contraception and that it should be discussed openly since such information is quite necessary, although they also believe that it can lead to promiscuity. Despite the support for contraception, a majority of respondents are not in favor of pre-marital sex, knowing that it is possible to become pregnant despite having knowledge of contraception.

Information on contraception has influenced attitudes towards contraception to some extent. The focus group response showed that they have been greatly influenced.

Information on contraception has influenced respondents' adoption of it. A majority indicated that they have stopped or improved on some unwholesome reproductive sexual health practice(s) as a result of their exposure to messages on contraception and that they counsel friends on the issue.

Recommendations

This study has shown that some sources of information on contraception are not effective. It is recommended that sponsors of reproductive health messages encourage the effectiveness of those sources by improving their education efforts.

Parents should make more effort to talk with and educate their children on reproductive health, due to the private and personal nature of the issue. Table 1 showed that parents do not take it as a point of duty to educate their children on the issue of reproductive health.

Educators of reproductive health information should go beyond educating students about condoms alone. The Director of the Family Planning Unit of the University College Hospital should see that the peer promoters program is strengthened and extended, since it is a very effective channel for reaching female undergraduates.

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