



Socio-demography and knowledge of contraceptive among Undergraduate Students of Usmanu Danfodiyo University Sokoto, Nigeria

Maryam Ahmad Muhammad^{1*}, Auwalu Muhammed¹

¹Department of Nursing Sciences, College of Health Sciences, Usmanu Danfodiyo University, Sokoto.

Corresponding Author: Maryam Ahmad Muhammad, Department of Nursing Sciences, College of Health Sciences, Usmanu Danfodiyo University, Sokoto.

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Abstract

Contraceptives offer protection against unwanted pregnancy. The knowledge of contraception remains a significant problem in Nigeria, as many unplanned pregnancies have been reported annually. This study was to compare the sociodemography of undergraduate students and their knowledge of contraceptives. The study used a quantitative, descriptive correlational design in which a self-administered questionnaires were distributed to a sample of 78 undergraduate students. With the aid of SPSS version 20, data were analysed using a descriptive statistics and Chi-square test of independence. Most participants were at the age of 21 years, single, and were Muslims. Findings suggest that there was a significant association between the knowledge of contraceptives and marital status of the students ($P = 0.01$). However, knowledge of contraceptive does not depend on students' age ($p = 0.39$) and religious status ($p = 0.18$). Thus, a student who is married or in a relationship would have more knowledge of contraceptives than the unmarried students. Health care providers should be encouraged

on friendliness to married students that are seeking for contraceptive method.

Keywords: Knowledge, contraceptives, students, sociodemographic

1.Introduction

Contraceptives offers sexually active people protection from unplanned pregnancies irrespective of either it is reversible or non-reversible, and also provide them with healthy sex.¹ Currently, the population of the world could be doable in 40 years' time, but in the developing countries and underdeveloped countries, it may double faster in less than 20 years.² Hence, the fertility level in Africa was noticeably higher than that in other regions.³ Nigeria is still struggling to contain the baby boom. The goal of the National Population Commission is to avert 54 million unintended pregnancies. Despite the establishment of National Policy on Population (NPP) in Nigeria to improve the quality of reproductive health in Nigeria, there is a low rate of contraceptives uptakes (11%) in Nigeria.⁴ Additionally, a lot of resources and efforts have been put in Nigeria to ensure that the National Family Welfare Programme

is successful, but the outcomes are not commensurate with the inputs, possibly due to inadequate knowledge of contraception.⁵ The knowledge of contraception remains a significant problem in the society as many unplanned pregnancies have been reported every year.⁶ Liberal sexual lifestyle in higher institution of educations in some African countries and Nigeria has been highlighted and documented as high level of risky sexual behaviours such as unprotected casual sex, multiple sexual partners, and transactional sex.⁷ This reproductive health behaviour is likely to predispose these individuals to consequences such as; unwanted pregnancies, unsafe abortions, secondary infertility, and disruption of education.⁸ Thus the use of contraceptives to prevent unwanted pregnancy and unsafe abortion is important, given the growing level of sexual activities among young people and declining age at first sex in developing countries.^{9,10} Studies have examined many factors affecting the knowledge of contraceptives among women in Nigeria. For instance, the mission of the NPP fails due to: religious, cultural, financial, and other sociodemographic factors in play.¹¹ Furthermore, a correlation between some factors was also examined. For instance, a study in Northern Nigeria concluded that knowledge of contraception among adolescents and youth is lower compared to women older in age.¹² Similarly, Owonikoko et al.¹³ found that among high school students in Ogbomoso, the knowledge was highly correlated with the age of the respondents and the occupation of their father and gender was found in some studies not to have any impact on the level of knowledge. However, knowledge of contraceptive may depend on the geopolitical region of Nigeria with the Northern regions having consistently lower rates of knowledge of contraceptives.¹⁴ Other factors cross

examined includes knowledge versus the level of education¹⁴, type of education (higher among medical/health students), access to the health care provider,¹⁵ and marital status of the respondents.^{14,16} However, such comparison was not examined among undergraduate students in northern Nigeria. Thus, the present study will compare demographic characteristics and knowledge of contraceptives among students in Sokoto, Northern Nigeria.

2. Material and Methods

2.1 Study design

This study used a quantitative, descriptive correlational design to examine the relationship between sociodemography and knowledge of contraceptives among undergraduate students of Usmanu Danfodiyo University Sokoto, Nigeria.

2.2 Population and sampling

The undergraduate students of Usmanu Danfodiyo constituted the population of this study. Based on the records there were 2,200 students in College of health sciences. However, there was a discrepancy between the actual number of students on study and the number obtained from the register. Also, many students were on break during the study. A sample of 78 students was selected using stratified sampling. The students were stratified into departments, then into level of study. A proportional allocation was used to recruit the required number of each class. However, the two departments have only one and two levels' students.

2.3 Instrument for data collection

We used a self-administered questionnaire to collect the required data from the respondents. The questionnaire contains two sections. The first section of the questionnaire assessed the socio-demography of respondents. The second section ascertains the students' knowledge of contraceptives.

The questionnaire was pretested among other students not part of these students to improve understandability and clarity of the questionnaire. In addition, two experts in family medicine and community medicine read and commented on the scale assessing knowledge. Their comments were used to improve on the questionnaire.

2.4 Data collection

Permission was sought from the Provost, College of Health Sciences, and Heads of Departments prior to data collection. Each participant was informed about the purpose of the study. The selected participants that consented were giving questionnaires to complete. At the end of data collection, the questionnaires were retrieved for data analysis. Data collection took two weeks to complete. The completed 78 questionnaires were retrieved. However, only 55 questionnaires were completed by the respondents.

2.5 Data analysis

The descriptive statistic (frequency, percent and bar chart) illustrates the actual score on the knowledge of contraceptives for each demographic variable. The chi square test was used to test the independence of each of the measures. The test examined the relationship between respondent's marital status and knowledge of contraception, age and level of knowledge of contraception and religion in relation to levels of knowledge of contraception. Levels of statistical significance were at $p < .05$ in order to decrease the possibility that the observed difference between the variables under study is due to chance.

3. Results

3.1 Sociodemographic

A total of 55/78 students completed the questionnaires satisfactorily. Results in Table 1 revealed a mean age of 19.87 ± 1.08 (age range was 18 to 21 years) with the majority of the respondent ages 21 years (36.4%) and

an equal number of 18 years and 19 years respondents which represented 16.4% each. The majority of the respondents were single 51 (92.7%), followed by married respondents 3 (5.5%) and respondents that were in a committed relationship 1(1.8%). Most of the respondents 46 (83.6%) were Muslim which represents more than two third of the study participants, and 9 (16.4%) were Christians.

Table 1: Sociodemographic characteristics of respondents (N =55)

Variables	Frequency	Percentage (%)
Age		
18 years	9	16.4
19 years	9	16.4
20 years	17	30.8
21 years	20	36.4
Total = 55		
Mean = 19.8727 ± 1.08		
Marital status		
Single	51	92.7
Married	3	5.5
In a committed relationship	1	1.8
Total= 55		
Religion		
Christianity	9	16.4
Islam	46	83.6
Others	0	0.0
Total= 55		

3.2 Age and knowledge of contraceptive among respondents

Age has also shown no influence with regards to the knowledge of contraception. The result of the findings in Fig. 1 shows that 19 years (66.7%) respondents have demonstrated a good level of knowledge of contraception, which is the highest score of 100, followed by 20 years (47.1%) scored 100, then 18 years

(44.4%) scored 75, and 21 years (35.0%) scored 50. From this study finding, Table 2 further shows that there is no significant relationship between age and knowledge of contraception since $\chi^2 (12, N = 55) = 12.77, p = 0.39$.

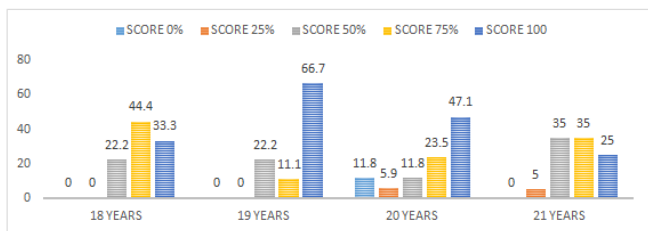


Fig. 1: Showing the actual score on knowledge of contraceptives by age

Table 2: Age and knowledge of contraceptives (N =55)

Age(ye ars)	Knowledge score in frequency and percentage (%)					Total	χ^2	*p
	00	25	50	75	100			
18.00	0	0	2	4	3	9	12.77	0.39
	(0.0 %)	(0.0 %)	(22.2 %)	(44.4 %)	(33.3 %)	(100.0 %)		
19.00	0	0	2	1	6	9		
	(0.0 %)	(0.0 %)	(22.2 %)	(11.1 %)	(66.7 %)	(100.0 %)		
20.00	2	1	2	4	8	17		
	(11.8 %)	(5.9 %)	(11.8 %)	(23.5 %)	(47.1 %)	(100.0 %)		
21.00	0	1	7	7	5	20		
	(0.0 %)	(5.0 %)	(35.0 %)	(35.0 %)	(25.0 %)	(100.0 %)		

* Significant at 0.05 level of significance

3.3 Marital status and knowledge of contraceptive

The relationship between marital status and knowledge of contraceptive shows (in Fig. 2) that the only respondent 1(100.0%) that is in a committed relationship scored 80 which demonstrated the highest level of knowledge, followed by the respondents who are married (33.3%) scored 60, and single (5.9%) respondents scores 60 also. Further, the result of the findings in Table 3, shows that there is a strong

significant relationship between marital status and knowledge of contraceptive $\chi^2 (8, N = 55) = 21.31, p = 0.01$ (since $p < 0.05$).

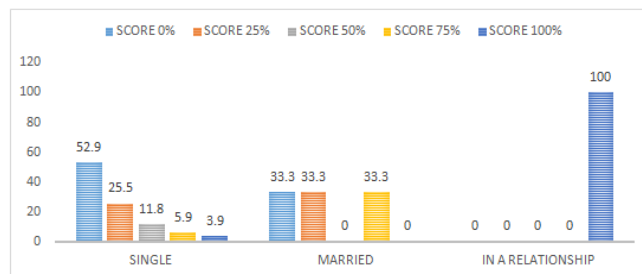


Fig.2: Showing the actual score on knowledge by marital status

Table 3: Marital status and knowledge of contraceptives (N =55).

Marital status	Knowledge score in frequency and percentage (%)					Total	χ^2	*p
	00	25.0	50.0	75.0	100.			
	0	0	0	0	00			
Single	27	13	6	3	2	51		
	(52.9 %)	(25.5 %)	(11.8 %)	(5.9 %)	(3.9 %)	(100.0 %)	21.31	0.01
Married	1	1	0	1	0	3		
	(33.3 %)	(33.3 %)	(0.0 %)	(33.3 %)	(0.0 %)	(100.0 %)		
In a committed relationship	0	0	0	0	1	1		
	(0.0 %)	(0.0 %)	(0.0 %)	(0.0 %)	(100 %)	(100.0 %)		

* Significant at 0.05 level of significance

3.4 Religion and knowledge of contraception

The relationship between the respondents' religion and general knowledge of contraception (in Fig. 3) shows that the respondents within the Christian faith 66.7% demonstrated the highest level of knowledge of general contraception scoring 100, while the Islamic faith 34.8 scored 75 and 100 respectively. The Chi square test of independent in Table 4 shows that there is no significant relationship between religion and knowledge of contraceptive [$\chi^2 (4, N = 55) = 6.25, p = 0.18$].

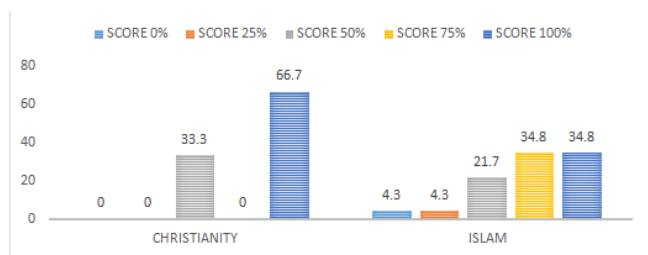


Fig. 3: Showing the actual score on the knowledge of contraceptives by religious belief

Table 4: Religious status and knowledge of contraceptives

Religion	Knowledge core in frequency and percentage (%)					Total	χ^2	*p
	00	25	50	75	100			
Christianity	0	0	3	0	6	9	6.25	0.18
	(0.0%)	(0.0%)	(33.3%)	(0.0%)	(66.7%)			
Islam	2	2	10	16	16	46		
	(4.3%)	(4.3%)	(21.7%)	(34.8%)	(34.8%)			

*Significant at 0.05 level of significance

4. Discussion

This study examined the association between the sociodemographic characteristics and knowledge of contraceptives among undergraduate students of College of Health Sciences, Usmanu Danfodiyo University, Sokoto.

Findings revealed that the majority of the students were within the ages of 21, single (not married) and mostly Muslims. This implies that the students were at their youthful age and most of them were from the Muslim dominated northern states.

Within the scope of this study, age of respondent is independent of their knowledge of contraceptives. In contrast, Owonikoko et al.¹³ found that among high school students in Ogbomoso, the factors affecting the knowledge were the age of the respondents. Similarly, a study reveals that young women in developing countries have insufficient knowledge of contraceptives and are not well educated on complications associated with pregnancy.¹⁷ The difference between the present study and that of Owonikoko et al. could be due to

differences in the regions. Unfortunately, we did not compare the students by their regions.

The present study also found a significant association between marital status and the knowledge of contraceptive. Marital status, among other factors, was found to relate to the knowledge of contraception.¹⁸⁻¹⁹

Similarly, NPC and ICF, Macro⁶ documented a moderate rise in knowledge and use of contraceptive method (6 to 15%), among married women. The only difference between the present study, and the above previous reports is that, we found a higher knowledge of contraceptives among women in a committed relationship than the other groups (married and singled women).

Although, the respondents with Christian faith scored higher than the Muslim on the knowledge of contraceptives, we found no significant association between respondents' religious beliefs and the knowledge of contraceptives. The finding contradicts that of Wong,²⁰ who reported a close relation between knowledge contraceptive methods and individual's religious status. The possible reason could be due to small sample of the Christian participants compared to their Muslims in this study. In addition, because most students are Muslims in this institution, it would be difficult to conclude (based on this study) concerning religion and the knowledge of contraceptive among the students. Further, the small sample size in this study may limit the generalization of findings. It will also be interesting to compare University students and non-University students.

5. Conclusion

The present study found a significant relationship between marital status and the knowledge of contraceptive among undergraduate students. However, knowledge scores did not depend on age and religious

status of the students. We recommend that health care providers should be encouraged on friendliness to married students that are seeking for contraceptive method and provide them with sound information on uses, side effect and how it works in terms of prevention against unwanted pregnancies and STIs.

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