

# Knowledge, Attitude and Practice of Contraception among Abortion Seekers in Benin City

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## ABSTRACT

**Background.** In Nigeria, 12% of pregnancies end in induced abortion amounting to over 610,000 induced abortions annually, with a ratio of 25 per 1000 women of reproductive age. Majority of these abortions are unsafe. Effective contraception would no doubt prevent most unwanted pregnancies and the consequences of unsafe abortions.

**Aim.** To assess the knowledge, attitude and practice of contraception among abortion seekers in Benin City and to propose ways of improving knowledge and utilisation of contraception, in order to prevent unwanted pregnancies.

**Methodology:** Cross sectional questionnaire based survey of abortion seekers in selected clinics in Benin City from January 1<sup>st</sup> -June 30<sup>th</sup> 2006.

**Results** A total of 423 women who sought abortion were interviewed. Majority (52.2%) were within the 21 – 25 age range. Majority of the women were single (82.3%), Christians (95.3%) and had secondary education (48.9%). Most of the women sought abortion on the ground that they were schooling (35.2%) or single (32.2%) while 16.8% believed abortion was a method of contraception. A significant proportion (65.7%) of the women were aware of a modern method of contraception and 50.1% had ever used a modern method of contraception but only 35.9% were currently using a modern method of contraception. Post-abortion counselling did not seem to improve uptake of contraception.

## Conclusion and Recommendation.

This study showed that the majority of abortion seekers in Benin City are youths and they do so because they are not ready for motherhood and although they have fair knowledge of contraception, the majority were not practicing contraception at the time of the study. There is an urgent need to step up contraceptive counseling skill for health workers for effective dissemination of information on contraception. There is need to overhaul the family health education system, including the integration of Planned Parenthood into health care delivery system at the primary health care level.

**Keywords:** Induced abortion, knowledge, contraception, attitude, practice

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## Introduction

Induced abortion has long been, and is still being practised in all continents and by all people as a method of fertility control.<sup>1</sup> Annually, about 26-53 million induced

abortions are performed worldwide and of these, 20 million are unsafe.<sup>1</sup> In Nigeria, as in other parts of the world, women experience unplanned pregnancies.<sup>2</sup> About 9% of

pregnancies in Nigeria result in unplanned births and 12% end in induced abortion.<sup>3</sup> Some of these women seek termination of their pregnancies by safe medical methods if possible, but often by whatever available means.<sup>3</sup>

Induced abortion is illegal in many countries while in other countries it is either liberal or restricted.<sup>1</sup> In Nigeria, it is a crime to perform or to obtain an abortion except to save a woman's life. There are penalties for any woman who seeks abortion or who attempts to cause her own miscarriage.<sup>2</sup> Consequently, most women (60%) who seek abortion patronize unqualified practitioners who offer quick and cheap, but unsafe abortions.<sup>3,4</sup> Available Statistics show a high prevalence of induced abortion (over 610000 annually) in this country.<sup>1,5</sup>

Haemorrhage and sepsis from unsafe abortion is a major cause of maternal mortality in developing countries. Available statistics show that about 70,000 women die from complications of abortion annually and of these, 23,000 occur in Africa alone with young and poor women (15-24 years old) being most affected.<sup>6,7</sup> Abortion complications account for 40% of maternal deaths in Nigeria.<sup>1</sup> Other complications of abortion like chronic pelvic inflammation/chronic pelvic pain; infertility, Asherman's syndrome, ectopic pregnancy, placenta praevia and cervical incompetence are sources of long-term reproductive morbidity in women.<sup>1</sup> Contraception is the voluntary prevention of pregnancy and it entails the interruption of the chain of events that lead to conception.<sup>8</sup> There are several modern methods of contraception that are available including emergency contraceptives which gives the woman a second chance of preventing an unwanted pregnancy.<sup>8,10</sup> In spite of the numerous modern means of

contraception available, the prevalence of induced abortion is still high in Nigeria. The setting of conventional Family Planning Clinics may discourage certain group from utilising the facilities.<sup>7</sup> Review of literature showed that contraceptive use among adolescents is low,<sup>11,12</sup> and that adolescents tend to seek abortion rather than contraception.<sup>13</sup> In southern and western Nigeria, only about 30% of sexually active adolescents use contraceptives, which is lower than reported rates in developed countries.<sup>14,15</sup> Further education has been reported to be an independent predictor of contraceptive knowledge,<sup>16</sup> yet recent data showed that even Nigerian undergraduates have limited or incorrect information about emergency contraception.<sup>17</sup> Only 39% ever used contraception (mostly condoms) and 34% had had an abortion. In all, about 58% knew about emergency contraception but of these, only 18% knew the correct time frame in which emergency contraception must be taken to be effective.<sup>17</sup>

This study therefore, aims to assess the contraceptive knowledge, attitude and practice among abortion seekers in Benin City. A secondary objective is to determine reasons why women seek abortion, and to propose ways of enhancing contraceptive uptake in order to prevent the occurrence of unwanted pregnancies

### **Materials and Methods**

This is a cross – sectional study among abortion seekers in Benin City. The study covered a period of 6 months from January 1<sup>st</sup> to June 30<sup>th</sup> 2006.

The sample size was estimated with the formula  $n = z^2 pq / d^2$  assuming the population of abortion seekers in Benin City was greater than 10,000, where, n=the desired sample size, z=confidence limit of the survey results which

is set at 1.96 (corresponding to 95% confidence level),  $p$  = prevalence of abortion in Benin city,  $q = 1.0 - p$  (or proportion of the population not seeking abortion) and  $d$  = degree of accuracy (set at 0.05). this amounted to a required sample size of 384. Pretested questionnaires were distributed to patients presenting with abortion-related complications at the University of Benin Teaching Hospital. At the same time, a list of the private clinics known to be offering abortion services in Benin City were compiled through direct discussions with these patients. The list comprises 15 private clinics and hospitals. Five of them were then selected from sample frame by a blind and sample random dip procedure. Subsequently, the estimated sample size was equally shared to the 5 selected private clinics and hospitals. An interviewer to all the clients seeking abortion services at the study centers as they came administered the pre-tested questionnaires. Relevant data on age, marital status, parity, educational level, reasons for termination of pregnancy, post abortion counseling, and awareness of contraceptive methods were extracted. The term women in the study refers to any female person of reproductive age, irrespective of social status. Findings were

analyzed where appropriate using the chi-square statistic of the SPSS statistical software. The level of significance was set at  $P$  value  $< 0.05$ .

## Results

A total of 423 abortion seekers in Benin City were interviewed. Of these, 16.8% believed abortion was a means of contraception, 59.6% had a previous induced abortion and the mean number of previous induced abortions was 1.02. thirty-eight percent respondents had previously been counseled post-abortion, 71.4% were aware of abortion related complications and 7.3% had ever had abortion related complication.

Table 1 shows their socio-demographic characteristics. The age range of the respondents was from 16 to 49 years with a mean of 23.65 years with a median and a modal age of 23 and 22 respectively. The majority (52.2%) were in the 21-25 years age bracket. Only 0.5% of the abortion seekers had no formal education. The majority (48.9%) had secondary education while 44.7% had post-secondary education. Most of the respondents were students, 12.5% were civil servants while 2.8% were unemployed housewives. The

Table 1: Socio-demographic characteristics of those seeking induced abortion

Characteristic	Percent
Age(years)	16 – 20
	24.1
	21 – 25
	52.2
Education	26 – 30
	15.4
	31 – 49
	8.3
Marital Status	No formal education
	0.5
	Primary
	5.9
Occupation	Secondary
	48.9
	Post-secondary
	44.7
Religion	Single
	82.3
	Married
	16.5
	Divorced
	1.2
	Civil Servant
	12.5
	Housewife
	2.8
	Student
	52.5
	Others
	32.2
	Christianity
	95.3
	Islam
	1.7
	Others
	3.1

Table 2: Reasons for seeking abortion

Factor	Frequency	Percent
Schooling/ apprenticeship	149	35.2
Single	136	32.2
Nursing a child	32	7.6
Abuse/ denial by partner	30	7.1
Financial constraint	22	5.2
Completed family size	15	3.5
Underage/ teenager	14	3.3
Health reason	12	2.8
Means of contraception	10	2.4
Rape	3	.7
<b>Total</b>	<b>423</b>	<b>100.0</b>

respondents were mostly Christians (95.3%)

The reasons for seeking abortion by the clients are represented in table 2. The majority (35.2%) of the respondents sought abortion because they were still schooling, 32.2% said they were still single, 3.5% said they have completed their family size while 2.8% claimed health reasons. Rape was the least reason, accounting for only 0.7%.

Contraceptive knowledge and use by the abortion seekers is shown on table 3. The majority (65.7%) were aware of modern contraception, including emergency contraception (63.8%). However only half

(50.1%) of the respondents had ever used any modern method of contraception while 35.9% were using a modern method of contraception at the time of the study and 42.3% had ever used emergency contraception. Amongst those who had received post-abortion counseling, Seventy eight percent of the respondents resolved to use a modern method of contraception.

Table 4 shows the determinants of contraceptive knowledge among the respondents. There was a highly significant difference ( $P=0.000$ ) in the contraceptive knowledge among the age groups.

Table3 : Contraceptive knowledge and use

Response	Percent (%)
Aware of any modern method of contraception	n(65.7)
Aware of emergency contraception	n(63.8)
Ever used any modern method of contraception	n(50.1)
Currently using a modern method of contraception	n(35.9%)
Ever used emergency contraception	n(42.3)
Resolve to use any modern method of contraception post- abortion	n(78.0)

Contraceptive knowledge was more prevalent among those aged 31-35 years (85.7%) and least among those aged 16 – 20 years (47.1%). Means of information also had a highly significant contribution to contraceptive knowledge ( $P= 0.001$ ). Health facility (77.1) was the single highest contributor to

contraceptive knowledge among the abortion seekers. This was closely followed by information from friends and relatives (76.4%). There was a highly significant association between marital status and contraceptive knowledge ( $P= 0.002$ ). Contraceptive knowledge was highest among the married

Table 4: Determinants of contraceptive knowledge

Factor		Percent (%)	P-value
Age	16 - 20	47.1	0.000
	21 - 25	68.3	
	26 – 30	75.4	
	31 - 49	85.7	
Education	No formal education	50.0	0.012
	Primary	56.0	
	Secondary	59.4	
	Post- secondary	74.1	
Marital status	Single	62.1	0.002
	Married	82.9	
	Divorced	80.0	
Occupation	Student/ Apprentice	63.1	0.253
	Housewife	83.3	
	Civil servant	73.6	
	Others	65.4	
Number of children	4 and below	64.4	0.006
	Above 4	94.7	
Age at first termination of pregnancy	15 - 20	69.2	0.187
	21 - 25	66.0	
	26 – 30	77.8	
	31 - 35	100.0	
Medium of information	Books and news media	57.1	0.001
	Church	45.5	
	Friends and Relatives	76.4	
	Health facility	77.1	
	Others	82.6	
Had a previous pregnancy termination	Yes	69.0	0.080
	No	60.8	
Previous number of pregnancy terminations	Nil	60.6	0.186
	1	69.7	
	2 or more	68.5	
Previous abortion related complication	Yes	80.6	0.069
	No	64.5	
Counselled after Previous termination of pregnancy	Yes	75.4	0.073
	No	65.6	
Counselled by	Health worker	70.6	0.094
	Friends/ relatives	82.6	
	Others	53.8	
Religion	Christianity	66.3	0.327
	Islam	71.4	
	Others	46.2	

women (82.9%) and least among the single women (62.1%). Similarly, the number of children had a highly significant influence on contraceptive knowledge ( $P=0.006$ ). Those who had more than 4 children had a higher contraceptive knowledge (94.7%) than those

with 4 or less children (64.4%). Education had a significant ( $P=0.012$ ) relationship with contraceptive knowledge. Contraceptive knowledge was highest among those with post-secondary education (74.1%) and least among those with no formal education (50%). History

Table 5: Determinants of current contraceptive use

Factor		Percent	P-value
Age	16 – 20	30.8	0.689
	21 – 25	36.8	
	26 – 30	43.1	
	31 – 49	37.5	
Education	Nil	0	0.258
	Primary	28.0	
	Secondary	33.8	
	Post- secondary	39.7	
Marital status	Single	37.1	0.514
	Married	30.0	
	Divorced	40.0	
Occupation	Student/ Apprentice	36.9	0.281
	Housewife	25.0	
	Civil servant	45.3	
	Others	31.6	
Number of children	4 and below	35.6	0.566
	Above 4	42.1	
Access to contraceptive supply	Yes	39.7	0.128
	No	32.6	
Age at first termination of pregnancy	15 – 20	32.3	0.405
	21 – 25	43.3	
	26 – 30	38.9	
	31 – 35	40	
Medium of information	Books and news media	33.9	0.246
	Church	45.5	
	Friends and Relatives	39.7	
	Health facility	27.1	
	Others	43.5	
Source of contraceptive supply	Health facility	38.8	0.860
	Drug store	38.5	
	Others	28.6	
Previous number of pregnancy terminations	Nil	34.7	0.770
	1	35.2	
	2 or more	38.7	
Previous abortion related complication	Yes	51.6	0.059
	No	34.7	
Counselled after Previous termination of pregnancy	Yes	42.1	0.181
	No	34.4	
Counselled by	Health worker	39.7	0.453
	Friends/ relatives	41.3	
	Others	53.8	
Religion	Christianity	35.7	0.098
	Islam	71.4	
	Others	23.1	

of previous abortion, previous abortion-related complication and previous post-abortion counseling did not have a significant effect on contraceptive knowledge. This also applied to religion, occupation and age at first termination of pregnancy.

Table 5 shows the determinants of current contraceptive use. The determinants of contraceptive use in order of decreasing relevance were previous abortion-related complication (51.6%,  $P=0.059$ ), religion (highest in Islam with 71.4%,  $P=0.098$ ), access to contraceptive supply (39.7%,  $P=0.128$ ) and counsel after previous termination of pregnancy (42.1%,  $P=0.181$ ). These associations were, however, not statistically

significant. Also, current contraceptive use was not determined by level of education, occupation, marital status and age. Source of contraceptive supply was the least determinant of contraceptive use ( $P=0.860$ ).

Figure 1 shows the contraceptive methods ever used. The majority used condom (29.3%). Daily Pills (23.9%) was the second most commonly used method. The LAM (lactation amenorrhoea method) (0.5%) was the least used method. Multiple modern methods were used by 0.5% of the abortion seekers who had ever used contraception. Traditional methods (concoctions) were used by 10.1% of the respondents.

Figure 2 shows the reasons for non-use of

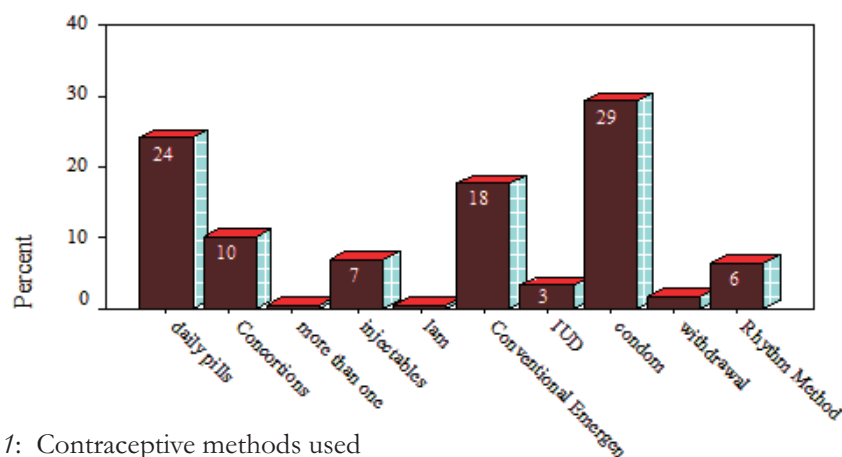


Figure 1: Contraceptive methods used

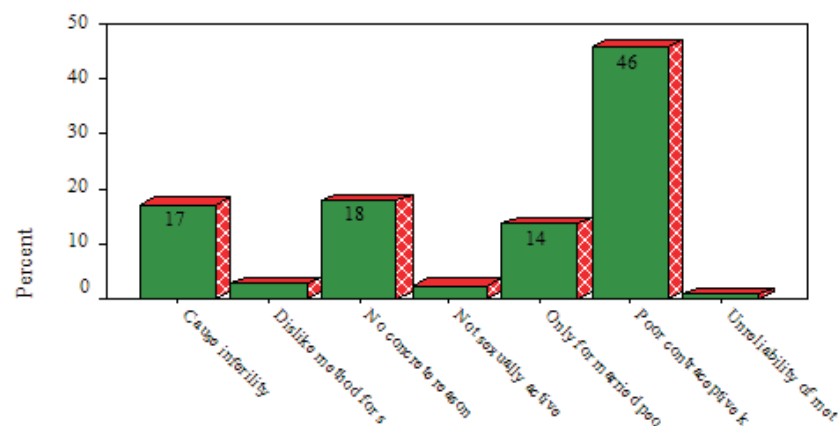


Figure 2: Reasons for non-utilisation of contraceptives



contraceptives. The most common reason for non-use of contraceptives was lack of knowledge about any method (45.7%). Unreliability of method (0.8%) was the least reason for non-use of contraceptives. Among the clients, 17.8% had no concrete reason for not using contraceptives.

Table 6 shows reasons for discontinuing contraceptive use. Dislike/tired of swallowing tablets (16.5%) was the most frequent reason for discontinuing contraceptive use, while 12.8% claimed method ineffectiveness. The least reason was menstrual disorder (2.8).

Table 6: Reasons for discontinuing contraceptive use

Reasons for discontinuing contraceptive use	Percent
Tired of swallowing tablets	16.5
No concrete reason	16.5
Method Ineffectiveness	12.8
Discomfort/ sick	11.9
Weight alteration	8.3
Disliked by partner	7.3
Infertility	6.4
Desire to get pregnant	5.5
Infrequent sexual activity	4.6
Forgetfulness	3.7
Bleeding	3.7
Menstrual disorder	2.8
<b>Total</b>	<b>100.0</b>

## DISCUSSION

It has been documented in previous studies that young persons within the 15–24 years age range have greater incidence of unwanted pregnancy.<sup>6,7</sup> This assertion has been confirmed by this study in which majority (76.3) of the abortion seekers were within the 16–25 age range. The fact that the majority of the women in this study were single shows that the pregnancies were unplanned as previously reported by Henshaw et al<sup>2</sup> and also exposes the huge unmet contraceptive needs among our unmarried population. The observation also that many of the women had secondary education is of great concern considering the possible untoward consequences of unwanted pregnancy on educational advancement and economic empowerment.

The respondents in this study demonstrated a fair knowledge of contraception. However, this did not translate into use as only about 35% of the respondents were using any method of contraception at the time of our study. Similar observations have been reported in the literature.<sup>14,15,17,18</sup> Induced abortion has been reported in the past as means of fertility by all people.<sup>1</sup> This concept is still being upheld as shown in this study where as much as 16.8% of the respondents admitted they employed induced abortion as their own means of contraception. This maybe due to fear of long-term adverse effect of contraception on fertility.<sup>13</sup> This is a dangerous trend considering the morbidities and mortalities associated with this choice,<sup>6</sup> which could be prevented by



increased contraceptive uptake by the population.

This study showed a direct relationship between age and contraceptive knowledge as the older respondents showed superior knowledge of contraception. One reason for this is that a young age may pose a barrier to participation in open discussions on matters of sex and contraception, which is a reflection of societal disapproval of sex among the young age group. This can also account for the higher prevalence of induced abortion in this younger age group.

Health facility was significantly the highest contributor to contraceptive knowledge as 77.1% of those who had health facility as their source of information had better knowledge of contraception. The availability of trained workers with better counselling skills in health facilities is an advantage. Health facilities are therefore veritable outlets for dissemination of contraceptive information. In contrast to the previous report by Oye-Adeniran et al,<sup>18</sup> the single women in this study had poorer contraceptive knowledge (62.1%) than married women (82.9%). The setting of the conventional family planning clinics in our setting could discourage single women from availing themselves of contraceptive information that is available in those facilities. Education was however associated with improved knowledge of contraception among the respondents in this study thus corroborating previous reports in literature.<sup>16</sup> Educated women are more likely to come in contact with various sources of information on contraception such as family planning clinics, books, internet and the news media.

The study also showed a direct relationship between parity and contraceptive knowledge as women with more than 4 children showed

significantly better contraceptive knowledge (94.7%) than those with fewer children (64.4%). The increase in age, maturity and desire to limit family size may explain this observation. Post-abortion counselling did not appear to significantly influence contraceptive knowledge in this study. This may be due to improper counselling techniques or knowledge by those offering such service.

Current contraceptive use appeared to be influenced by education, religion and source of current contraceptive supply. Contraceptive use was higher among Muslims than Christians. Unlike Muslims, some Christians may shun contraception because their doctrines so dictate. Higher contraceptive use was also enhanced by post- secondary education and contraceptive supply from health facility. These corroborate the findings in other studies.<sup>16,19</sup> However, these associations were not statistically significant in this study. A sample size larger than the 423 used in this study may increase the significance of these associations.

Condom (29.3%), daily pills (23.9%) and conventional emergency pills (17.6%) were the common contraceptive methods used by the respondents. This is contrary to the low level of condom use by young women reported in The Alan Guttmacher Institute News Release.<sup>8</sup> This variation maybe because of increased educational campaigns and better marketing strategies for condom in response to the HIV scourge. The result of the work by Aziken et al supports this.<sup>17</sup>

This study has shown that apart from poor contraceptive knowledge being a reason for non-use of contraception by 45.7% of the respondents, a significant proportion (17.8%) had no concrete reason, while many either believed it was harmful (17.1%) or was meant only for married people (13.6%). Others disliked contraception for religious reason

(2.7%) or believed they were not sexually active enough (2.3%). Only few felt the methods were unreliable (0.8%). The significance of these findings is that the poor contraceptive uptake in young women is based on ignorance. Even more worrisome was that many of the respondents who used modern contraceptive methods discontinued the use for no concrete reason (16.5%) or were simply tired of swallowing pills (16.5%). This findings buttress the urgent need for organised counseling program targeted at all sexually active women to emphasize the relative safety of modern contraceptive methods and the consequences of non-use or discontinuation of contraception when they are not planning for pregnancy.

## CONCLUSION AND RECOMMENDATION

This study has shown that a significant proportion of the abortion seekers in Benin City were aware of a modern method of contraception but only few were currently using a modern method of contraception. Post-abortion counseling did not seem to improve uptake of contraception, perhaps as a result of poor counseling technique or skill. A lot of unwanted pregnancies could have been prevented if this trend was reversed. In the light of this, improved contraceptive counseling skill for health workers is crucial for effective dissemination of information on contraception. There is need to overhaul the family health education system, including the integration of Planned Parenthood into health care delivery system at the primary health care level.

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