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Husbands and Wive agreement on the use of Contraceptions in Owerre Ebeiri, Orlu Imo state

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Abstract

This study examined husbands and wives agreement on the use of contraception in Owerre- Ebeiri, Orlu Imo State. The design for the study was a descriptive survey. The population of the study consisted of 2,460 couples who attended family planning clinic in various hospitals. 246 participants formed the sample. However, only fourteen couples were interviewed. Two sampling techniques used for the study were stratified and systematic. Four research questions guided the study. A validated structured questionnaire was used for data collection with Cronbach Alpha reliability coefficient of 0.86. Data collected were analyzed using mean, percentage and kappa coefficient. The results revealed major reasons for the choice of contraception and a fair agreement was found between husbands and wives on the factors influencing the choice of contraception. Also the participants had good knowledge of contraceptive methods. Thus, husbands and wives had a moderate agreement before making a choice on the contraception methods. It was recommended among others that *online* contraception advice service should be set up by ministry of health, to provide easy access to reliable and accurate information about contraception. Also, opportunistic contraception education should be offered to all couples of child-bearing age during their visits to healthcare facilities.

Keywords: husbands and wives agreement, contraception, healthcare facilities.

Introduction

With global expansion of contraception information and services, contraception technologies have continually improved and contraception prevalence has risen throughout most of the world. However, access to mainstream contraception method is more limited in Sub-Saharan Africa than elsewhere, on average contraception prevalence in Africa is approximately 27%, less than half of the average throughout the world. (Bisika *et al.*, 2017).

Nearly half of the pregnancies in the United State are unintended the highest of this instances occurs between 18-24 years of age. Four in ten of all unwanted pregnancies are terminated by abortion. The high maternal mortality and morbidity rate in Nigeria is a major concern for every stakeholder in the health

sector and unsafe abortion is one of the major causes (Oye *et al.*, 2010).

This is why the acceptance of family planning is influenced by many socio-cultural and demographic factors at levels of individual, family and society (Pasek and Rao 2014; Bhujan, 2017). Among these different factors, education is considered to exert most profound effect on family planning acceptance and fertility. The level of spousal agreement regarding fertility and family planning remains an area of scholarly contention.

This remains scholarly contention because sexually active couples are less likely to use contraception than young adult. Researchers have documented that many

reported unplanned pregnancies occur within a year due to unprotected sexual intercourse and lack of the use of contraception (Ankomah *et al.*, 2013).

Contraception is used in prevention of pregnancies this can be achieved through various means. In a study conducted in Ibadan found out that sexually active couples are less likely to use contraception than young adults. It was also reported that about 222 million women who want to avoid pregnancy in developing countries are not using a modern contraception method.

Agreement in birth control will increase economic growth because of fewer dependent children, more women participating in the work force and less consumption of scarce resources (Canning & Schuitz, 2012).

Objectives of the study

1. To identify the reason for the choice of contraception by the wives.
2. To assess the factors influencing the choice of the agreed method.
3. To assess the knowledge of the wives and husbands on the different method of contraception.
4. To identify if there was any agreement before making a choice on the contraception method between the husband and wives.

Materials and Methods

Research Design

The design for the study was a cross-sectional form of descriptive survey study design

Area of Study

The study was, carried out in Orlu Local Government area of Imo State.

Population of the Study

The population of the study consisted of an estimated two thousand four hundred and sixty (2,460) couples in Owerre-Ebiri. The accessible population for the study consisted of 2,460 couples who attended family planning clinic in various hospitals.

Sample and Sampling Techniques

The sample for the study consisted of two hundred and forty-six (246) couples who attended family planning clinic in randomly drawn hospitals in Owerre-Ebeiri. Ten percent (4 0%) of accessible population was used as sample size. In a population of few thousand, 10% was appropriate as a sample size (Nworgu, 2015). Two sampling techniques used for the study were stratified and systematic. Stratification was based on the facility, sample were selected from each facility based on population strength. Systematic sampling was used to select respondents from each facility using a general sampling ratio of 2:1 until the sample is completed. However, this could not be applied in some facilities where almost all were included.

Instrument for Data Collection

The main instrument for data collection consisted of structured questionnaire with four sections, A, B, C and D. All the questions were closed ended except for test of knowledge. The questions were patterned into modified five likert scale of strongly agree, SA (5), agree, A (4), Neutral, N (3), disagree, D (2) and strongly disagree, SI (1) (see Appendix A) and Kappa co-efficient.

Validity of the Instrument

The structured questionnaire used for the study was produced based on question used in previous similar studies and those selected by the researcher's discretion. The copies of the questionnaire were validated by two lecturers in the Department of Nursing Science of Imo state University Teaching Hospital Orlu. The validators were requested to examine the content of the instrument in line with the objectives of the study to ascertain clarity and ability to elicit appropriate responses for the study. Modification, correction and observation were made following project supervisor's and validator's comments.

Reliability of the instrument

The single-administration approach was used to ascertain the reliability of the instrument. Twenty (20) copies of the questionnaire were administered to 20 respondents who were not part of the sample. Thereafter, the scores were subjected to Cronbach Alpha coefficient. This yielded coefficient of 0.86.

Method of Data Collection

A letter of introduction (Appendix A) was presented to the head of department of the facilities to allow entry for data collection. Two trained research assistants were involved to explain to the respondents' detail of what the research is meant and the questions involved in the data collection from the respondent during family planning visit. Completed copies of the questionnaire were collected at the spot.

Method of Data Analysis

Data collected were analyzed using descriptive statistics of percentage and mean to answer the

Results

Table 1: mean responses on the reasons for the choice of contraception

S/N	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	Decision
1	Advantage of prevention of STDS	158	64	0	16	8	4.41	Agreed
2	Easy accessibility	31	198	12	3	2	4.02	Agreed
3	Scarcity of side effects	167	48	0	23	8	4.39	Agreed
4	Convenience	206	35	0	5	0	4.79	Agreed
5	Plentiful efficiency	12	38	0	164	32	2.32	Disagreed
6	Long-lasting effects	63	56	123	4	0	3.72	Agreed
7	A planned birth	162	80	1	4	1	3.92	Agreed
8	The beginning of a sexual relationship	191	39	0	15	1	4.64	Agreed
9	Family considered complete	196	46	0	4	0	4.76	Agreed
10	A contraception method	182	49	1	12	0	3.75	Agreed

The results in Table 1 show that, except item 5 with mean value above 2.32, all the other items have mean value above 3.00. Also, the grand mean has a value of 4.07 which is within the range of agreement. This

research questions. Thus, any mean score above the criterion mean of 3.00 was to be agreed and below it was disagreed.

Ethical Consideration

The researchers made sure that the respondents were duly informed about the research work and its purpose. A letter of introduction was given to the researcher by the supervisor to avoid distrust by the populations or respondents and this facilitated the collection. Finally, oral consent was gotten from the study population or respondents and filling of the questionnaires was completely voluntary.

shows that all the items in table 1, except item 5 were agreed to be the reasons for the choice of contraception by the respondents.

Table 2: Kappa coefficient of agreement on the factors influencing the choice of contraception.

n _{ij}	1	2	3	4	5	p _i
1	9	4	0	1	0	0.462
2	2	11	1	0	0	0.615
3	10	3	0	1	0	0.527
4	12	2	0	0	0	0.736
5	1	2	0	9	1	0.401
6	1	2	7	4	0	0.308
7	9	4	1	0	0	0.462
8	10	2	0	1	1	0.505
9	11	2	0	1	0	0.615
10	10	2	0	2	0	0.516
Total	75	34	9	19	2	5.147
P _j	0.536	0.243	0.064	0.136	0.014	
	0.287	0.059	0.004	0.018	0	0.328

$$k = \frac{P_o - P_e}{1 - P_e}, \text{ where } P_o = \frac{1}{10}(5.147) = 0.5147; N = 10, n = 14 \text{ and } k = 5$$

$$k = \frac{P_o - P_e}{1 - P_e} = \frac{0.5147 - 0.328}{1 - 0.328} = \frac{0.1867}{0.672} = 0.2778 \cong 0.28 \text{ (Fair agreement)}$$

The result in Table 2 shows the computation of Kappa coefficient. It revealed that the kappa coefficient is 0.28; implying a fair agreement between husbands and

wives on the factors influencing the choice of contraception.

Table 3: Knowledge of contraceptive methods

S/N	METHODS	GOOD (%)	POOR (%)
1	Oral contraceptive pills (OCP)	150(60.9)	96(39.1)
2	Implant	102 (41.4)	144 (58.6)
3	Patch	65 (26.4)	181 (73.6)
4	Copper Intrauterine Device (IUD)	120 (48.7)	126(51.3)
5	Hormonal IUD/LNG-IUS	30(12.1)	216(87.9)
6	Inject-able contraceptive	85 (34.5)	161 (65.5)
7	Condom	230(93.4)	16(6.6)
8	Tubal ligation	156(63.4)	90 (36.6)
9	Vaginal ring	158(64.2)	88 (35.8)
10	Natural family planning	241 (97.9)	5(2.1)
	Average %	54.3%	45.7%

Table 3 shows the level of knowledge of contraceptive methods among the respondents. The results revealed that 60.9% of the respondents had good knowledge of OCP, 93.4% (condom), tubal ligation (63.4%), vaginal ring (64.2%) and natural family planning (97.9%).

They had poor knowledge of implant (41.4%), patch (26.4%), IUD (48.7%), hormonal IUD/LNG-IUS (12.1%) and inject-able contraceptive (34.5%). On average, they have 54.3% knowledge of contraceptive method.

Table 4: Kappa coefficient of agreement before making a choice on the contraceptive method

		Husbands		
		Yes	No	Total
Wives	Yes	8	1	9
	No	2	3	5
	Total	10	4	14

$$k = \frac{P_o - P_e}{1 - P_e}, \text{ where } P_o = \frac{8+3}{14} = 0.785; P_{no} = \frac{5}{14} \times \frac{4}{14} = \frac{20}{196} = 0.102; P_{yes} = \frac{9}{14} \times \frac{10}{14}$$

$$k = \frac{P_o - P_e}{1 - P_e} = \frac{0.785 - 0.634}{1 - 0.634} = \frac{0.151}{0.366} = 0.412 \cong 0.41 \text{ (moderate agreement)}$$

The result in Table 4 shows the computation of Kappa coefficient. it revealed that the Kappa coefficient is 0.41; implying a moderate agreement between husbands and wives before making a choice on the contraceptive method.

Discussion

From the result shown in Table 1, the grand mean result indicates that advantage of preventive of STDS, easy accessibility, scarcity of side effects, convenience, long-lasting effects, a planned birth and a contraceptive method are the reasons for the choice of contraception by the respondents in the study area. This result is in agreement with Gosavi *et al.* (2016) who reported similar results on the rationale behind the choice of contraceptive methods by the Singaporean women.

The grand mean result in Table2 revealed that efficacy, healthcare professional’s advice, peer influence, cultural practices, socio-economic factor, partner’s opinion, non-contraceptive benefits and availability were the factors influencing the choice of contraceptive methods among the husbands and wives in the study area. These findings corroborate the finding of Kahraman *et al.* (2012) who reported similar results when analyzing the factors influencing behavior of women in choosing contraceptive methods. This is also in line with the result of Gosavi *et al.* (2016) who reported that the study participants rated these factors as important in their choice of contraception. This by implication goes to show that more emphasis should be placed on these factors when considered any policy concerning contraception. From the results shown in Table 3, the result revealed that on average, 54.3% of the participants had good knowledge of contraceptive methods. Participants scored highest in good know ledge of the condom and natural family planning, which was similar to the finding of a study conducted on European and American women (Gosavi *et al.*, 2016). This is likely

due to condoms being widely available and highly publicized in safe sex campaigns. Based on this study, participant had high or good knowledge of OCP, tubal ligation, vaginal ring, condom and natural method. Low/poor knowledge of the implant, patch, IUD, hormonal IUD and inject-able contraceptive, which were observed in this study could be due to the invasive nature of these methods, the greater one-time cost and the necessity for visits to a doctor.

The result of percentage agreement on the choice of contraceptive method shown in Table 4 revealed that 75.2% of participants (husbands and wives) had agreement before making a choice on the contraceptive methods. This is not surprising since during family planning, the consent of both husbands and wives are taking into consideration before the choice of contraceptive method. This result agree with Kahraman *et al.* (2012) and Gosavi *et al.* (2016) who reported that the choice of contraceptive was found to be heavily influenced by both partner’s opinion. This by implication goes to show that many a times an agreement is made between couples before a choice on the contraceptive method. This is very important in family planning counseling and should be considered.

Conclusion

Based on the results of this study, it was concluded that there are reasons for the choice of contraception among couples in the study area. Also, many factors influenced the choice of contraceptive methods which are efficacy, healthcare professional’s advice, peer influence, partner’s opinion as well as availability. These factors were fairly agreed by husbands and wives. More so, more than half of the participants had good knowledge of contraceptive methods and they scored highest in good knowledge of condom and natural family planning. The study also found a moderate agreement between husbands and wives before making a choice on the contraceptive method.

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