

**ATTITUDE TOWARDS MODERN CONTRACEPTIVES AMONG SINGLE
WOMEN IN UNIVERSITIES IN KWARA STATE, NIGERIA**

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Abstract

This study examined attitude towards modern contraceptives as well as differences in attitude of single women towards modern contraceptives based on religion and ethnicity. A descriptive research design of the survey type was used. Population comprised all female final year undergraduates in four Universities in Kwara State from which 1988 respondents were selected through a multistage technique. Structured questionnaire, validated by three experts, with a reliability of 0.76, which was determined through test re-test method was used to elicit responses from the respondents. Percentages, t-test and Analysis of Variance were used for research question and hypotheses set at 0.05 level of significance. The findings revealed that Single women had positive attitude towards modern contraceptive, however differences existed based on religion and ethnicity. Therefore, the study recommends that contraceptive misinformation should be dispelled among single women especially Christian Single women and those of Hausa and Igbo ethnicity to promote good attitude.

Keywords: Single women, Religion, Attitude, Modern Contraceptives, Age

Introduction

Single women in universities need to focus on their studies and usually do not need any form of distractions that may come in form of caring for an infant. However, they sometimes are not able to deny sexual arousals, which is a normal phenomenon. Sexually active single women in higher institutions thus often express the need to avoid getting pregnant and are more likely than other women to characterize a pregnancy as unintended. The need to display good attitude towards effective use of contraceptives among this group of women to avoid resorting to unsafe abortions cannot be undermined.

Modern contraception has been described as the practice of preventing a woman from becoming pregnant (Hornby, 2010). It makes use of one or more actions, devices, sexual practices or medications used to intentionally prevent or reduce the likelihood of pregnancy or childbirth. Single women have the option of contraception once they are sexually active. However, belief in myths and misconceptions contraceptives plague their choices. Cadmus and Owoaje (2010) reported that sexually active single women were usually more familiar with abortion and its consequence than they were about contraception. In some cases, their attitudes, resulting from fears about contraception, which might have been misconstrued, contribute to non-usage (Orji & Onwudiegwu,

2002). Given the high risk of this group of women, there is a clear need to identify ways in which to improve their attitude towards contraceptives.

The 2012 Guttmacher Fact Sheet revealed that sexually active, never-married women face much greater difficulties in obtaining contraceptives than married women, majorly because of the stigma attached to pre-marital sexual activity. In the same vein, Osakinle, Babatunde and Alade (2013) observed that in Nigeria, contraceptive usage rates remain low; one of the reasons for this being myths and misconceptions about sexuality and reproductive health, this invariably affects attitude formation. In the same vein, Ujah and Shittu (2015) stated that Nigeria's high prevalence of unintended pregnancies as well as induced abortions, may not be unrelated to lack of contraceptive access by sexually active single women. It was further explained that the country's restrictive abortion laws compels emotionally entrapped single women to seek hazardous solutions to such pregnancies, with attendant morbidities and mortalities.

Ndaruye, Broekhuis and Hooimeijer (2009) and Mathe, Kasonia and Maliro (2011) reported that positive attitudes towards an intervention such as the use of modern contraceptives by a target group, are among the key determinants for the adoption of that intervention. Hence, if single women display positive attitude towards modern contraceptive, they might be willing to pick up the practice. Related literature have identified that attitude can have significant influence on the level of adoption and usage of modern contraceptives. The low usage in Nigeria has been attributed to some factors that influence attitude such as cultural and religious factors, socio-demographic factors, perceptions, misinformation, partner opposition, and fear of contraceptive side effects among others (Abiodun & Balogun, 2009; Agbo, Ogbonna & Okechukwu, 2013; Bongaarts, 2014).

Negative attitude, shaped by myths and misconceptions have presented as barriers to access and uptake of modern contraception. Another perceived barrier to use stems from the alienation that many single women feel when they attend family planning clinics, they are often judged as promiscuous by service providers. This is because of overt social disapproval of premarital sexual activity and the general lack of privacy at these clinics, many single women feel that when they attempt to procure contraceptives, they subject themselves to gossip and to negative attitudes from health personnel (Gorgen, Biraga & Diesfeld 1993; Berglund 1997, Senderowitz 1997), simply because these clinics are only married women friendly. In a study carried out by Obi and Labiran (2015) among women of reproductive age in Benin City, it was revealed that being single and having a negative attitude toward contraception were associated with contraceptive non-use. Obasohan (2015) asserted that religion and ethnicity were the two most important factors that shape the behavioural pattern, especially health seeking behaviours of Nigerians. According to Adedini, Odimegwu, Bamiwuye, Fadeyibi and De Wet (2014), Nigeria is religiously and ethnically heterogeneous with major ethnic groups made up of Hausa/Fulani, Yoruba and Igbo/Ibo while there are also various minority groups. Religion and ethnicity significantly affect the ways of life of the people; the women in particular. Different ethnic factors such as seeking medical treatment are

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serious barrier to timely health care utilisation (Adedini, et al., 2014), use of modern contraceptives inclusive.

According to Jones, Mosher and Daniels (2014), religion describes the belief system of the people and affects a number of health-related outcomes. Edewor (2005) also opined that Christianity and Islam are the two main types of religious value systems that affect contraceptive attitude and behaviour in Nigeria. In Christianity for example, men and women are expected to hold in high esteem the religious value of sexual purity. Premarital sexual relations (referred to as fornication) and extramarital sexual relations (adultery) are generally condemned by Christianity. A girl is expected to be a virgin at the time of marriage (Edewor, 2005).

In view of this, embarrassment often prevents single women from asking the necessary questions. Only very few of them feel completely at ease talking to contraceptive service providers about sex, and they are often reluctant to reveal their single status. This leaves them hanging on to a myriad of myths, half-truths and misconceptions about sex and contraception which can put them at risk. Dispelling these myths may prove tasking as they rarely believe the facts except those dished out to them in houses of worship and communities.

More painful is the fact that these myths and misconceptions are not limited to uneducated women alone, the researcher while engaged in a verbal interaction with a student-nurse at the school of nursing in Ilorin (2015), found out that even when presented with correct and accurate information about contraceptives, personal beliefs in myths and misconception still cloud informed people's opinions. Beliefs in myths remain a strong determinant of the attitude displayed towards contraceptives. The scenario presented above is that of a health worker who holds firmly to the belief that modern contraceptives cause cancer.

The researcher observed that some single women in the State battle with unintended pregnancies which invariably increases the cases of clandestine abortions. There is the general belief that contraceptive services at health facilities are for married women only. This thought has made some single women to seek for contraceptive services in secrecy (either by paying extra charges to contraceptive service provider or as a favour from providers they are familiar with). Some even lie about their marital status in order to be able to access contraceptive services.

Personal interactions with single female students of Kwara State University, Malete in 2016 revealed that most students avoid modern contraceptives because of fear of side effects. The students mentioned untreatable and prolonged menstruation, heart palpitations, obesity and reproductive cancers among others as side effects that could ensue from the use of modern contraceptives. This behaviour towards modern contraceptives displayed by single women are usually shaped by contraceptive misconceptions and misinformation, which has made the researcher to study attitudes towards modern contraceptives among single women.

Research Question: What is the attitude of single women in universities in Kwara State towards modern contraceptives?

Research Hypotheses

1. There is no significant difference in the attitude of single women in universities in Kwara State towards modern contraceptives based on religion.
2. There is no significant difference in the attitude of single women in universities in Kwara State towards modern contraceptives based on ethnicity.

Materials and Methods

This study adopted a descriptive research design of the survey type. The population comprised all final year single female undergraduates in universities in Kwara State. Four universities in Kwara State were selected, namely; University of Ilorin (4,408 final year female students), Kwara State University (1344 final year female students), Al-Hikmah University (875 final year female students) and Landmark University (802 final year female students). The addition of numbers of final year female students sourced from their registries gave a total of 7,419 students. A sample of 1,988 single women were thus selected through a multi-stage sampling technique. A structured questionnaire was used for the study. It was validated by three jurors in the field of reproductive health education from the Department of Health Promotion and Environmental Health Education, Faculty of Education, University of Ilorin., Ilorin, Nigeria. Reliability was ascertained at College of Law, Afe Babalola University, Ado-Ekiti, Ekiti State, through the split-half method. Using the Cronbach Alpha test to analyse the responses, a correlation coefficient of 0.76 was obtained. The copies of questionnaire were administered to the respondents with the help of two research assistants. The completed copies of questionnaire were promptly retrieved on the spot. Data collected were analyzed using percentages, t-test and Analysis of Variance (ANOVA). A post-hoc comparison was presented using the Duncan Multiple Range Test (DMRT) in the area where difference existed.

Results and Discussion of Findings

Research question: What is the attitude of single women in universities in Kwara State towards modern contraceptives? The response categories were collapsed into dichotomous versions for each item. Hence, Strongly Agree (SA) and Agree (A) were merged to form agree; while Disagree (D) and Strongly Disagree (SD) formed disagree.

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Table 1: Attitude of Single Women towards Modern contraceptive use

SN	Items	Agree (%)	Disagree (%)	Total (%)
1	All modern contraceptives should be made available to Single Women to choose from and not only for married women	1208(60.7)	780 (39.3)	1988 (100)
2	Single women using modern contraceptives are not termed promiscuous	524 (26.4)	1464(73.6)	1988 (100)
3	Modern contraceptives can be used before marriage to prevent unintended pregnancies and not only after marriage to space children	1215(61.1)	773(38.9)	1988 (100)
4	Modern contraceptives have more benefits than harm	1254(44.7)	1100(55.3)	1988 (100)
5	Information about all modern contraceptives should be made available to single women	1116(56.1)	872 (43.9)	1988 (100)
6	It is better for me to use Modern Contraceptives to prevent unintended pregnancies than to do an abortion	1289(64.9)	699 (35.1)	1988 (100)
7	Modern contraceptives should not only be made available to single women after an abortion	1719(86.5)	269 (13.5)	1988 (100)
8	I believe modern contraceptives do not cause infertility	1320(66.4)	668 (33.6)	1988 (100)
9	Douching by using lime and vinegar to wash the vagina is not a good way of killing sperms to prevent pregnancy	477 (23.9)	1511(76.1)	1988 (100)
10	Fear of side effects can prevent me from using modern contraceptives	1384(69.5)	605 (30.5)	1988 (100)
11	It is better to seek solution to side effects and choose another method than to discontinue modern contraceptives all together	1520(76.5)	468 (23.5)	1988 (100)
12	My culture encourages the use of modern contraceptives by single women	264 (13.3)	1724(86.7)	1988 (100)
13	Single women should not access modern contraceptive services in secrecy	1444(72.6)	544 (27.4)	1988 (100)
14	Modern contraceptives do not cause reproductive cancers	994 (50.0)	994 (50.0)	1988 (100)
15	My religion does not prohibit the use of modern contraceptives	90 (4.5)	1898(95.5)	1988 (100)

Table 1 reveals that nine statements out of the 15 attitudinal statements analysed received positive responses of 50% and above. It can thus be deduced that single women have positive attitude towards modern contraceptives. Table 1 shows that 1,719(86.5%) of the respondents were in agreement that modern contraceptives should be made

available to single women at all times, 1,444 (72.6%) agreed that modern contraceptive services should not be sought in secret by single women, while 1,289 (64.9%) also are of the opinion that using modern contraceptives is better than procuring abortions. By agreeing to the attitudinal statements that “modern contraceptives can be used by single women to prevent unintended pregnancies and not only after marriage to space children” means that 1,215 (61.1%) of the respondents agreed that single women have rights to contraceptive services.

However, the statements that culture and religion support modern contraception received very few positive responses [Culture = 264 (13.3%); Religion = 90 (4.5%)]. Few of the respondents 524 (26.4%) agreed that single women using modern contraceptives are not promiscuous, implying that majority 1464 (73.6%) of the respondents supported that the use of modern contraceptives by single women signifies promiscuity.

Hypothesis 1: There is no significant difference in the attitudes of single women in universities in Kwara State towards modern contraceptives based on religion.

Table 2: t-test result for hypothesis comparing difference in attitude between Christian and Muslim single women.

Variable	N	$\bar{x}$	SD	df	Cal. t-test value	Critical value	Decision
Islam	1097	50.18	6.23	1,986	88.717	2.020	H_0 rejected
Christianity	897	24.35	6.74				

The findings in hypothesis 1 which stated that there is no significant difference in the attitude of single women in universities in Kwara State towards modern contraceptives based on religion was rejected based on a calculated t-value of 88.717 against a critical value of 2.020 at the degree of freedom of 1,986. This means that religion has an effect on the attitude of single women towards modern contraceptives, thus creating a significant difference in the attitudes of Christian and Muslim single women. The results showed that Muslims had more positive attitude towards modern contraceptives than Christians.

Hypothesis 2: There is no significant difference in the attitude of single women in universities in Kwara State towards modern contraceptives based on ethnicity.

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Table 3: ANOVA Results Comparing the Attitude of single women towards modern contraceptives based on ethnicity

Source	SS	df	MS	Calculated F-value	Critical F-value	Decision
Between Groups	326406.32	2	163203.16			
Within Groups	85373.87	1985	43.01	3.795	3.000	Ho rejected
Total	411780.20	1987				

The findings in hypothesis 2 which stated that there is no significant difference in the attitude of single women in universities in Kwara State towards modern contraceptives based on ethnicity, was rejected based on a calculated F-value of 3.795 against a critical F-value of 3.000 at the degree of freedom of 2 and 1,985. Therefore, there was a significant difference in the attitude of single women in universities towards modern contraceptives based on ethnicity. In order to show where the difference exist, a post-hoc Duncan Multiple Range Test (DMRT) was done. The results are as shown in Table 4.

Table 4: Duncan Multiple Range Test (DMRT) showing the area of difference in the attitudes of single women towards modern contraceptives based on ethnicity

Group	Ethnic Group	Means ($\bar{x}$)
A	Hausa	57.04
B	Yoruba	43.71
C	Igbo	20.59

The results of the Duncan multiple Range Test (DMRT) on ethnicity are presented in Table 4. The results show that the mean scores of the attitudes of the three ethnic groups of the single women are significantly different from one another. Hausa respondents had a mean attitudinal score of 57.04, Yoruba respondents had a mean attitudinal score of 43.71, while Igbo respondents had a mean attitudinal score of 20.59. This means that the attitude of single women towards modern contraceptives based on ethnicity were significantly different from one another. This showed that respondents belonging to the Hausa ethnic group had the most positive attitude towards modern contraceptives than the other two ethnic groups. Nevertheless, the Igbo ethnic group had the least positive attitude towards modern contraceptives.

Discussion of Findings

Research Question: Single women in this study displayed positive attitudes towards modern contraceptives. One thousand, seven hundred and nineteen respondents 1,719 (86.5%) were in agreement with the attitudinal statement that “modern contraceptives should not only be made available to single women only after an abortion”. The 13.5

percent of respondents (269) who disagreed with the statement is in line with the opinion of Williamson, Parke, Wight, Petticrew and Hart (2009) who observed that preserving future fertility becomes as important as preventing pregnancies, hence abortion was sometimes viewed as more appropriate. The statement that ‘information about all methods of contraception should be made available to single women’ (respondents in agreement were 1,116 (56.1%) and those in disagreement were 872 (43.9%) was corroborated by the Facts for Family Planning (n.d.) which claimed that sharing contraceptive information with single women does not increase sexual activity. It, in fact, helps them to delay start of sexual activity and increases contraceptive use by those who already are sexually active. The researcher is in support of this view since getting accurate information about modern contraceptives may probably clear misconceptions that becloud single women’s opinion about modern contraceptives. Once clear, their attitude towards modern contraceptive may improve.

Most of the respondents claimed that culture (86.7%) and religious teachings (95.5%) disapproved of contraceptive use by single women. The study by **Girma, Sultan and Legese** (2016) among reproductive aged women in Ethiopia supports the findings on religion but was in disagreement with the findings about culture. Girma et al. (2016) revealed that regarding culture, most of the respondents in their study (84.7%) said that using modern contraceptive method is allowable in their culture. However, above half 151 (51.2%) of them reported that religious father did not approve the use of modern contraceptive methods. The findings in the present study may be as a result of the preaching against contraceptive use by most Faith Based Organizations (FBOs) and teachings against modern contraceptives use by most cultures in Nigeria. Abstinence and regard for virginity are the messages usually passed on to unmarried followers in FBOs and among various ethnic groups.

Hypothesis 1 indicated that there was a significant difference in the attitude toward modern contraceptives among single women in universities in Kwara State based on religion. This is justified by Bulatao and Casterline’s (2001) study outcome which showed that adherents of the Roman Catholic faith normally have higher fertility compared to adherents of the Protestant faith which is a consequence of the teachings of the Catholic Church. Catholic churches forbid members to use artificial means of contraception and any recourse to abortion while the protestants have milder attitude towards contraceptives. Also, according to Hoodfar and Assadpour (2000), countries with large Muslim populations have been generally slower to experience fertility decline. Although recent studies showed that Islam is generally supportive of family limitation, many Islamic leaders have shown opposition to abortion and to some forms of contraceptive use. The findings of Katama and Hibstu (2016) also revealed a difference in the attitude of female students based on religion. Katama and Hibstu’s (2016) outcome revealed that Catholics had the highest percentage followed by protestants and then Muslims. This is in reversal of their findings on differences in contraceptive knowledge based on religion where Muslims had the higher knowledge of contraceptives. The

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present study revealed a higher favourable attitude towards modern contraceptives among Muslims.

Hypothesis 2 indicated that there was a significant difference in the attitude towards modern contraceptives among single women in universities in Kwara State based on ethnicity. This finding is in agreement with Anyanwu, Ezegbe and Eksay (2013) who affirmed that the Igbos do not give out the number of children they have and will always retort “you do not count children” when asked. It is un-cultural to say the number of children in the family and culturally wrong to control the number of births because of their belief in reincarnation or coming back of the spirits of their dead ancestors. The attitude of the Igbos towards having many children is promoted by the belief that having many children enhances financial wellbeing. This lends credence to the Igbo cultural belief in having as many children as possible both for security and economic reasons. The findings are in agreement with the work of [Borrero](#) et al. (2014) which revealed attitudinal differences among Black, Hispanic and white single men towards modern contraceptives. In their study (Borrero et. al., 2014), black respondents were less likely than whites to view condoms as hassle and also more likely to believe that the government attempts to limit population of minorities by promoting contraceptive use. That is why probably the blacks have poor attitude towards modern contraceptives. This believe is similar to that of Northern Nigeria where the Hausa ethnic group believed that contraceptive programmes are done by the Government in a bid to reduce their population by rendering them sterile through the use of modern contraceptives. It is not uncommon to see Hausas avoiding to use modern contraceptive as they do not want to be a minority.

Conclusions

1. There was a significant difference in the attitude of single women towards modern contraceptives based on religion, where Muslims had more positive attitude towards modern contraceptives than Christians.
2. There was a significant difference in the attitude of single women towards modern contraceptives based on ethnicity, where Hausa ethnic group had the most positive attitude towards modern contraceptives than Yoruba and Igbo ethnic groups.

Recommendations

Based on the findings of this study, it was thus recommended that:

1. Christian religious leaders should play their roles in clarifying wrong beliefs regarding modern contraceptives among their followers especially their single women so as to have more positive attitude towards modern contraceptives.
2. Positive attitude towards modern contraceptives should be promoted among Yoruba and Igbo ethnic groups by ensuring that wrong beliefs about contraceptives are dispelled among their single women.

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