KNOWLEDGE AND UTILISATION OF MODERN CONTRACEPTIVES AMONG FEMALE PRIMARY SCHOOL TEACHERS IN OREDO LOCAL GOVERNMENT, EDO STATE

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Abstract
The main purpose of this study was to investigate knowledge and utilization of modern contraceptives among female primary school teachers, in Oredo Local Government Area, of Edo State. Specifically, the study seeks to investigate their level of knowledge on modern contraceptive, Identify the type of modern contraceptive primary school teachers use, determine if religious belief, of primary school teachers influence their use of modern contraceptive.A descriptive survey research design was adopted for the study. The population of the study comprised all female primary school teachers in Oredo LGA. The estimated population is seven hundred and sixteen (716) female primary school teacher in Oredo. The sample size was two hundred and fourteen (214), female primary school teachers. Data were analyzed using descriptive statistics like frequency counts and percentages. Independent sample chi-square was used for hypothesis testing at 0.05 level of significance. It was discovered that there was significant influence of knowledge of contraceptives and the usage of the following contraceptives such as diaphragm, contraceptive patch, sterilization implant and tubal litigation; the most common type of modern contraceptive used were female condom, diaphragm and use of combined oral contraceptive; there was significant influence of religious affiliation on the usage of the following contraceptives such as female condom, depo-provera, contraceptive patch and IUD. It was recommended that there is need to implement educational campaigns and programs aimed at increasing knowledge and awareness about less commonly used contraceptives like contraceptive patch, sterilization implant, and tubal ligation among primary school teachers. This can help promote a more informed choice of contraceptive methods.

Introduction
Contraceptive is the use of drug or device to prevent a woman from getting pregnant. One of the biggest problems facing the world today is the rapid increase in human population. This surge puts immense pressure on resources, infrastructure, healthcare systems, and the environment. In countries with high fertility rates, like Nigeria, the role of contraceptives in controlling population growth is especially crucial. Contraceptives offer individuals and couples the ability to plan and space their children, reduce unintended pregnancies, and improve maternal and child health outcomes. Promoting access to and education about contraceptive methods can significantly contribute to sustainable population management and overall development. Alo et al. (2020), the global population was 7.3 billion in 2015, projected to reach 8.5 billion by 2030. Nigeria's population was 183 million in 2015, with a high fertility rate contributing to rapid growth (NBS, 2015). Machiyama et al. (2017) noted

that 222 million women in developing countries wish to delay or stop childbearing but are not using contraception. WHO (2022) reported that contraceptive use has prevented 218 million unintended pregnancies and 118,000 maternal deaths. Several factors influence contraceptive use, including religious beliefs, socio-demographic characteristics, and education (Ahinkorah et al., 2021). Igbudu et al. (2011) explored the relationship between religious beliefs and family planning, showing that religion plays a major role in the reluctance to use contraceptives. Obasohan (2015) emphasized that religion and ethnicity significantly impact health-seeking behaviors in Nigeria. In view of this, most religions in Nigeria believe that having many children is an advantage and a blessing from God, whether the family is buoyant or not. The desire for large family size is as a result of the importance that Nigerian society places on marriage, family life, and procreation.Contraceptives offer benefits such as reducing maternal mortality, unsafe abortions, and the spread of HIV/AIDS. However, misconceptions persist, and poor knowledge about contraception leads to risky sexual behavior (Ukoji et al., 2022). Lasong (2020) found that education and media exposure increase the likelihood of contraceptive use, highlighting the importance of family planning education.

National Population Commission (NPC, 2014), documented that the total fertility rate in some Nigerian rural communities is higher than that in urban communities, a situation that has been made worse by low contraceptive usage in rural communities. It is expected that with the abundance of information on contraceptive, females within the reproductive age (15-49) years are grounded with knowledge pertaining to their sexual health to enable them make the right decisions, but this is not the case. Despite the jingles on television, radios, social media, hospitals, government and Non-governmental organizations (NGOs) efforts towards making contraceptive usage accessible and acceptable by all, many still engage in risky sexual behaviours, without considering the health implications. Poor utilization of contraceptive will lead to increase in sexually transmitted infections, unintended pregnancies, leading to abortion and high maternal mortality. It may also lead to rapid population growth, and high crime rate in the society. Children in the family can also suffer starvation, neglect or abandonment resulting in their death or impaired health when families are unable to provide for them. Previous studies exist on female education and contraceptive in Nigeria (Olayiwola, Kazeem and Fuein, 2021); Ukoji et al., 2022). There is a dearth in studies, on knowledge and utilization of modern contraceptives among female primary school teachers in Oredo LGA. This calls for intervention, hence, it is this gap in research, the researcher attempts to fill.

Methodology

A descriptive survey research design was adopted for the study. The design enable one to collect data from a representative sample without manipulation from which relevant inferences can be derived about the population from which it was gathered. This design was therefore appropriate for this study.

The population of the study comprised all female primary school teachers in Oredo LGA. The estimated population was seven hundred and sixteen (716) female primary school teachers in Oredo. (State Universal Basic Education Board (SUBEB, 2023). The sample

size was Two hundred and fourteen (214), female primary school teachers. The multistage sampling procedure was used to select the respondents. Firstly, the systematic sampling technique was used to select the first and every third schools on the list, 20 schools were selected through this method. Secondly, proportionate stratified sampling was used to select 50% from each of the selected schools.

The research instrument for this study was a self-structured questionnaire titled: Knowledge and Utilization of Modern Contraceptive (KUMC), among female primary school teachers in Oredo Local Government Area, Edo State. The questionnaire consists of two sections, Section A and B. Section A seeks to elicit responds on demographic characteristics of the respondents, while Section B highlight responses on knowledge, and Utilization of modern contraceptive respectively. Section B (1), a multiple-choice question on knowledge on contraceptives, which will be scored: correct answer = 1, wrong answer = 0. Checklist will be used for section B (2), and the Likert type scale ofStrongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) will be used for Section B (3). Which will be scored: SA=4, A= 3, D=2, SD=1.

To ascertain the validity of the instrument, the instrument was given to the researcher's supervisor and two other experts from the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin city, taking into consideration their suggestions, criticisms and the final approval from the Departmental Post Graduate Board of studies. The test re- test method of reliability was used. The instrument was administered to twenty (20) respondents drawn from the sample of the study. After two weeks, the same instrument was re-administered to the same respondent. The scores obtained from both administrations were computed using Pearson Product Moment Correlation co-efficient` (r) to determine the linear relationship. Data were analyzed using descriptive statistics to provide answers to the research questions and Chi-square was used for hypotheses testing at 0.05 level of significance.

Results

Research question one: What type of modern contraceptives do primary school teachers of reproductive age in Oredo LGA use.

Table 2: Type of modern contraceptives do primary school teachers of reproductive age in Oredo LGA use

S\N	*Modern Contraceptives Used*	*% usage*
1.	*Female condom*	52.8
2.	*Diaphragm*	55.3
3.	*Cervical cap*	40.6
4.	Combined oral contraceptives (cocs)	52.8
5.	Progestin-only pills (POPs)	34

6.	Depo-Provera (DMPA—depomedroxyprogesterone acetate)	38.2
7.	Contraceptive patch	44.3
8.	Implantable rods	44.3
9.	Emergency Contraceptive Pills(ECPs)	25.5
10.	Intrauterine Device (IUD)	34.9
11.	Sterilization implant	36.3
12.	Tubal ligation	34.9

The bar chart and table two shows the type of modern contraceptives do primary school teachers of reproductive age in Oredo LGA use. It can be seen that 52.8% use female condom, 55.3% diaphragm usage, 40.6% use cervical cap, 52.8% use combined oral contraceptive, 34% use Progestin-only pills (POPs), 38.2% use Depo-Provera (DMPA depomedroxyprogesterone acetate), 44.3% use contraceptive patch and implantable rods. Meanwhile 25.5% use Emergency Contraceptive Pills(ECPs), 34.9% indicated that they use IUD, 36.3% use Sterilization implant, 34.9% use tubal ligation. The most common type of modern contraceptive used were female condom, diaphragm and use of combined oral contraceptive

Hypothesis one: Level of knowledge will not significantly influence the use of modern contraceptive among female primary school teachers in Oredo LGA.

Table 1: Independent sample chi-square on knowledge influence Utilization of modern contraceptive among Primary school teachers in Oredo LGA

Contraceptive use	Knowledge		Chi-square value	Df	Sig.
	High	Low			
Female condom					
Use	61	51	1.51	1	0.27
Not use	46	54			
Diaphragm					
Use	66	51	3.62	1	0.03
Not use	41	54			
Cervical cap				1	0.50
Use	41	45	0.43		
Not use	66	60			
Combined oral contraceptives	55	57	0.18	1	0.67

Use	52	48			
Not use					
Progestin-only pills (POPs)					
Use	36	36	0.01	1	0.92
Not use	71	69			
Depo-Provera					
Use	36	45	1.90	1	0.17
Not use	71	60			
Contraceptive patch					
Use	40	54	4.24	1	0.04
Not use	67	51			
Implantable rods					
Use	49	45			
Not use	58	60	0.18	1	0.66
ECPs					
Use	24	30			
Not use	83	75	1.05	1	0.30
IUD					
Use	35	39	0.46	1	0.49
Not use	72	66			
Sterilization implant					
Use	29	48	7.93	1	0.00
Not use	78	57			
Tubal ligation					
Use	29	45	5.78	1	0.00
Not use	78	60			

The table one shows the independent sample chi-square on knowledge influence Utilization of modern contraceptive among Primary school teachers in Oredo LGA. There was no significant influence of knowledge on the respondents usage of female condom ((X^2 =1.51, P>0.05), cervical cap (X^2 =0.43, P>0.05), combined oral contraceptives (X^2 =0.18, P>0.05), Progestin-only pills (POPs) (X^2 =0.01, P>0.05), depo-provera ((X^2 =0.18, P>0.05), implantable rods (X^2 =0.18, P>0.05), ECPs (X^2 =1.05, P>0.05), IUDs (X^2 =0.46, P>0.05). Meanwhile, the study revealed that there was significant influence of knowledge of contraceptives and the usage of the following contraceptives such as diaphragm (X^2 =3.62, P>0.05), contraceptive patch (X^2 =4.24, P>0.05), sterilization implant (X^2 =7.93, P>0.05), tubal litigation (X^2 =5.78, P>0.05). For the diaphragm usage, it was observed that majority of the respondents with high knowledge indicated usage of it but majority of the respondents high knowledge of contraceptives do not use contraceptive patch, sterilization implant and tubal litigation. Hence there is significant influence of knowledge on the use diaphragm usage, contraceptive patch, sterilization implant and tubal litigation.

Hypothesis two: Religious affiliation of primary school teachers in Oredo LGA, will not significantly influence their use of modern contraceptive.

Table 3: Chi-square on influence religious affiliation on utilization of modern contraceptive

Contraceptive use	Religious affiliation			Chi-square	Df	Sig.
	Christian	Islam	ATR			
Female condom						
Use	69	32	11	6.93	2	0.03
Not use	78	15	7			
Diaphragm						
Use	79	28	10	0.49	2	0.78
Not use	68	19	8			
Cervical cap						
Use	57	23	6	1.95	2	0.37
Not use	90	24	12			
Combined oral contraceptives	76	28	8	1.44	2	0.48
Use	71	19	10			
Not use						
Progestin-only pills (POPs)						
Use	52	12	8	2.50	2	0.28
Not use	95	35	10			
Depo-Provera						
Use	48	27	6	9.48	2	0.00
Not use	99	20	12			
Contraceptive patch						
Use	57	30	7	9.25	2	0.00
Not use	90	17	11			
Implantable rods						
Use	70	18	6	2.22	2	0.33
Not use	77	29	12			
ECPs						
Use	37	12	5	0.06	2	0.97
Not use	110	35	13			
IUD						
Use	39	29	6	19.41	2	0.00
Not use	108	18	12			
Sterilization implant						
Use	53	19	5	0.92	2	0.63
Not use	94	28	13			
Tubal ligation						
Use	54	16	4	1.51	2	0.47
Not use	93	31	14			

The table three shows the independent sample chi-square on religious affiliation influence Utilization of modern contraceptive among Primary school teachers in Oredo LGA. There was no significant influence of religious affiliation on the respondents usage of diaphragm (X^2 =0.49, P>0.05), cervical cap (X^2 =1.95, P>0.05), combined oral contraceptives (X^2 =1.44, P>0.05), Progestin-only pills (POPs) (X^2 =2.50, P>0.05), implantable rods (X^2 =2.22, P>0.05), ECPs (X^2 =0.06, P>0.05), sterilization implant (X^2 =0.92, P>0.05), tubal litigation (X^2 = 1.51, P> 0.05). Meanwhile, the study revealed that there was significant influence of religious affiliation on the usage of the following contraceptives such as female condom (X^2=6.93, P>0.05), depo-provera (X^2=9.48, P>0.05) contraceptive patch (X^2 =9.25, P>0.05) and IUD (X^2 =19.41, P>0.05) Hence there is significant influence of religious affiliation on the use female condom usage, depo-provera, contraceptive patch, and IUD.

Discussion of findings

This study investigated knowledge and utilization of modern contraceptives among primary school teachers, in Oredo Local Government Area. It was discovered that there was significant influence of knowledge of contraceptives and the usage of the following contraceptives such as diaphragm, contraceptive patch, sterilization implant and tubal litigation. For the diaphragm usage, it was observed that majority of the respondents with high knowledge indicated usage of it but majority of the respondents high knowledge of contraceptives do not use contraceptive patch, sterilization implant and tubal litigation. Hence there is significant influence of knowledge on the use diaphragm usage, contraceptive patch, sterilization implant and tubal litigation. This is corroborated by Kayembe et al, (2003) who stated that many scholars take absolute position in the debate that lack of knowledge of contraceptives is a major cause of risky sexual behavior. In a cross-sectional survey in Kinshasa, Democratic Republic of Congo, condom was the most widely known modern contraceptive method since it was cited by 43% of women; the Pill was by only 28%, Injectables 16.2%, IUD 8%, spermicidal foam 2%, and the diaphragm by less than 2%. women and young adults (15–24 years) were less knowledgeable of modern methods (Kayembe et al, 2003). The use of condoms, diaphram, the pill, implant, foam tablet and lactational amenorrhoea were among the methods commonly identified with a 100 percent knowledge on it usage among unmarried women.

The study also showed that the most common type of modern contraceptive used were female condom, diaphragm and use of combined oral contraceptive. This is corroborated by Ochako (2015) that overall, 15 percent of currently married women in Nigeria are using a contraceptive method, an increase of only 2 percentage points since the 2003 NDHS. Most of these contraceptive users rely on a modern method (10 percent); Injectables (3 percent) and the pill (2 percent) are the most commonly used modern methods. Other modern methods are used by 1 percent of women or less. Interestingly, 3 percent of currently married women use withdrawal as a method of contraception. The use of contraceptive methods among currently married women increases with age from 2 percent among women age 15-19 to 22 percent among women age 40-44, after which it falls to 13 percent among women age 45-49. From their findings, they came to an

agreement that the use of family planning methods is higher among sexually active unmarried women than among currently married women (68 percent versus 15 percent). In addition, more sexually active unmarried women (55 percent) than currently married women (10 percent) use modern family planning methods.

In terms of the influence of religious affiliation on contraceptive usage, it was discovered that there was significant influence of religious affiliation on the usage of the following contraceptives such as female condom, depo-provera, contraceptive patch and IUD. Hence there is significant influence of religious affiliation on the use of female condom, depo-provera, contraceptive patch, and IUD. This is contrary to studies by Obasahon (2015) and (Wusu 2014) when they stated that lower contraceptive use and higher fertility among Muslims compared with Christians. Religious believers, might choose to avoid certain methods of contraceptives such as birth control pills in the effort to live their lives according to the teachings of their religions, for example the Christian religion ,Modern birth control methods were unknown in Bible times, and the Bible is, therefore, silent on the matter. It is further emphasized that religious beliefs may discourage women and their spouses/partners from using contraceptive methods (Kost, et al., 2017).

Conclusion

The study concluded that knowledge of contraceptives significantly influences the use of certain methods like the diaphragm, contraceptive patch, sterilization implant, and tubal ligation among primary school teachers in Oredo LGA. Teachers with higher knowledge were more likely to use diaphragms, but the usage of contraceptive patches, sterilization implants, and tubal ligation was lower, even among knowledgeable users. However, knowledge did not significantly influence the use of female condoms, cervical caps, combined oral contraceptives, Progestin-only pills (POPs), Depo-Provera, implantable rods, emergency contraceptive pills (ECPs), or IUDs.

Based on the conclusions drawn from the findings, here are some recommendations

1. Implement programmes to raise awareness and knowledge about less commonly used contraceptives like the contraceptive patch, sterilization implant, and tubal ligation among primary school teachers, promoting informed contraceptive choices.
2. Provide specific training sessions to enhance teachers' knowledge of modern contraceptives, particularly methods that influence usage, such as diaphragms, contraceptive patches, sterilization implants, and tubal ligation.
3. Continue promoting popular contraceptives like female condoms, diaphragms, and combined oral contraceptives, ensuring they are affordable and accessible.
4. Development of family planning programmes that respect religious beliefs, particularly for methods like female condoms, Depo-Provera, contraceptive patches, and IUDs, where religious influence was significant.
5. Encourage peer-to-peer campaigns where teachers can share their experiences with contraceptives, especially less common methods, to provide support and spread knowledge.

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