## ACCESSIBILITY, USE, MISUSE AND EFFECTS OF COMBINED ORAL CONTRACEPTIVES AMONG WOMEN OF CHILD BEARING AGE

Abstract

Unwanted pregnancy followed by unsafe abortion can be avoided by using different contraceptive methods.The purpose of this study was to investigate the accessibility, use, misuse and effects of combined oral contraceptives among women of child bearing age. To effectively investigate this, the health belief model was adopted. A total of 250 respondents were used out of the 300 sampled population for the study.

The knowledge of the side effects of contraceptives use and the management of contraceptives side effects among women in Aluu local government area, Rivers State was examined using the structured close ended questionnaire. the structured close ended questionnaire was used to obtain information on statement on level of knowledge and management measure on contraceptive side effect. The questionnaire was administered was then administered to 250 respondents in In Aluu LGA, Rivers State using purposive sampling procedure. The result of the findings from the respondents was presented using frequency and percentage.

Conclusively, the pattern of response from the respondent is similry in most questions implying a uniformity of level of opinion concerning their knowledge and management of the side effect of contraceptive use.Conclusively, the pattern of response from the respondent is similry in most questions implying a uniformity of level of opinion concerning their knowledge and management of the side effect of contraceptive use.

**CHAPTER ONE**

**INTRODUCTION**

Over the world, family planning and contraception is among the pertinent issues been discussed. In the early days, human societies had creation of as many children as possible, a central value. Today however, relatively few societies can afford this perspective, resulting in increased attempts to limit and manage the birth rate of their families of which Nigeria is no exception. The negative effect of high fertility rate on women and their children, and the benefits of fertility control are well known (Dona et. al., 2008).

The situation in Africa is as low as 25 percent, the lowest among developing regions in the world (RAND, 1998; UNFPA, 2001). In West Africa, about 36 percent of women are using contraceptives and this rate varies from a low percentage of 22 percent in Mali, 26 percent in Togo, 32 percent in Burkina Faso, and 33 percent in Nigeria (Dona et. al., 2008, UNDP, 2008). In Nigeria, a country with multiple ethnic sets and religious groupings, efforts made by the Ministry of Health (MOH) and other agencies on the use of contraceptives have resulted in a general increase over the last two decades (Ann et al 2002, UNDP, 2008). There has also been a drop in fertility rate from 6.4 percent in the 1970s to 4.4 percent in 2005 (UNDP, 2008).

Currently, a national contraceptive use of 33 per cent has been estimated even though 43 percent of married women in the country desire to space their children and an additional 24 percent need to limit births. The disparity of use of family planning methods among the urban and rural, and rich and poor puts many women in most deprived settings at a disadvantage (GSS, 2003). The use of contraceptives since 1960 have helped women worldwide to prevent about 400 million pregnancies, as a result, women lives have been saved from high risk of pregnancies. Again, contraceptives methods do excellent double duty as prophylactics (disease preventer), latex rubber and polyethylene condoms provide a barrier against STIs and HIV/AIDS infection whose spread is alarming in the country (Harvey, 2000).

The major concern here is about the accessibility, use, misuse and effect of combined contraceptives among women of child bearing age. Even though contraceptives have emerged in the prevention of unwanted pregnancies and sometimes STI, it has not been fully accepted by most communities for women of child bearing age to use them.

CONCEPTS

Knowledge on contraceptives

This sub-section is intended to review information on the knowledge and awareness level of contraceptive. Knowing about contraceptives is presumed to be a first step in stimulating the desire for its use. In the year (2000) Takyi declared that knowledge assessment of contraceptives therefore does not only determine the extent of awareness and sensitization but further provides the background for which use of the service is further evaluated. Evaluation in this sense relates with the background characteristics, principally social, of users that influence these awareness and sensitization levels.

In 1998 the popular form of contraception for sexually active Canadian women surveyed was oral contraceptives (OCs) (Fisher et al, 1998). Seventy-three percent users at the time of the survey expressed a high degree of satisfaction with the pill, although misperceptions were prevalent. Few women knew it was safe for nonsmokers to take the pill after age 35, and that the pill reduces certain cancers. When asked whether taking the pill presented fewer health risks than pregnancy, just 4% strongly agreed.

Published literature on the efficacy of contraceptive counseling and education seems to reflect a significant gap between what providers think they offer and what consumers appear to receive. In 1999, Rajasekar et al., made mention that family planning audit users in Scotland has revealed a 30% discrepancy between the number of women whom clinicians thought they had appropriately counseled and the number of patients who actually understood the teaching. Oakley et al in the year 1994 estimated that up to one third of women require more individualized counseling to use oral contraceptives effectively. Getting the good news out about the many benefits of Oral Contraceptons will enable more women to take advantage of their positive health effects and may help increase compliance (Jenseen et al 2000, Shulman et al, 2000.) It was discovered that the knowledge of Canadian women on the pill regarding risks, benefits and side effects of the pill remains deficient in several key areas, but was increased by counseling.

According to the recent Nigeria Demographic Health Survey, 2003, knowledge of family planning was defined operationally as having heard of a method. The survey, which used an interviewer prompt method, showed that knowledge of contraceptive was known by 98 percent of women and 99 percent of men (GSS, 2003) considering that these proportions represented Nigerians who knew at least one method of contraception. Knowledge about modern and traditional contraceptive has changed over a decade and half ago. Whereas the latter was popular among Nigerians, the former is now popular even though users of contraceptives use the traditional methods (Clemen et al 2004, Hoque, 2007).

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%. Teenagers 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.

In an assessment of gender issues relating to contraceptive use in Ebo State, Nigeria, Osaemwenkha observed that educated and sexually active youth had wide spread knowledge of contraceptives and this background correlates with the number of methods known (Osaemwenkha, 2004). Obviously, such wide knowledge does not necessarily mean that such persons have adequate exposure to the use of contraceptives because other decision-making influences could determine its use or otherwise. Even though Osaewenkha, perceived that his respondents, 800 university female students, may have had enough knowledge, he discovered that even among the enlightened, decision making on contraceptive use has the male involvement factor essential.

Socio-economic Characteristics on decision to use Contraceptives

This subsection reveals the influence of socio-economic characteristics on decision to contraceptive usage. There is a difficult decision on the use of modern contraceptives among prospective users in the country. These difficulties arise from the strength of the interplay of influences from close family relations. In the year 2005 the author Benefo made an assertion that, the economic dependency level of the woman on her close relations affects the decision process for the uptake of contraceptives. The type of work and the amount of income earned by the woman in particular have a strong relation to use of contraceptives (Baiden, F., 2003; Sign, et al, 2003).

Many researchers have observed that, this concept is a borrowed one from the west and its adaptation in the African setting. Considering the complexity of influences on close and external relations on their lives, in addition to their socio-economic standing (White, 2002), needs extensive examination (RAND, 1998; White et al, 2002; Awusabo-Asare, 2004; Solo et, al 2005). Level of education and socio-economic status of women have been identified to affect fertility decision directly (White, 2002).

In several studies on modernity and fertility, education is found to be the prime influencing factor. Education may have a direct influence on fertility, since education affects the attitudinal and behavioral patterns of the individuals. Lactational amenorrhoea, which lasts for two to three years in some societies, gives scope for longer birth intervals, thus affecting the fertility among such women (McNeilly, 1979). The economic value ascribed to children enhances fertility among those who are economically poor. During the past few decades studies have established a close and significant relation between contraceptive use and fertility preferences. Das and Deka (1982) have considered the cultural factors in fertility as there is evidence that the fertility behavior changes with different cultural settings. Narayan Dast in the year 1983 also studied the socio-cultural determinants of fertility.

As Anand, (1968) & Chandrasekhar, (1972) put it, the family welfare programmes, their reception, impact and utility have affected fertility in every society in this era of rapid population growth. Because of the government’s policy on birth control, exhaustive efforts are made by the government to popularize the different family welfare methods. Results achieved so far in this direction can be attributed to the programme inputs. However, besides several cultural factors, non-availability and/or lack of knowledge, attitude towards desired family size, traditional beliefs and practices play an important role in family planning.

A number of KAP studies have been taken up covering different population groups. Gautama and Seth (2001) in their study among rural Rajputs and Scheduled Caste (SCs) found out that raise in education besides providing knowledge on the contraceptive methods helps in improving acceptance of family control devices. There are other studies also in similar lines taken up among tribal and rural populations (Meerambika Mahapatro et al, 1999; Sushmita and Bhasin, 1998 and Varma et al, 2002). However, the national programme should have group specific and area specific interventions with regard to family planning. In this background, an attempt was made in that paper to study ‘knowledge and practice of contraception’ among Racha Koyas, a tribal population from Andhra Pradesh.

In this connection, it is pertinent to note that in the ‘National Health Policy’, the tribal groups need special attention as they are considered ‘a special group’. These among others account for the emphasis on the concept that contraceptive is a human rights issue. This concept does not only empower women to take control of their reproductive life but also develop themselves to be independent of others, so as to ensure their total well-being and that of their children.

In addressing the distribution of financial resources in relation to AIDS and family planning methods use in Offinso, Nigeria, Duodo and others implied that the inequitable distribution of resources to the detriment of rural communities affects contraceptive use (Duodo et al, 1998). In a study on empowering women in Navrongo and its environs, Nigeria, Solo and others observed that health decision making including the use of contraceptive is influenced by traditional beliefs, men animist rights and poverty (Solo and others., 2005).

Despite these others have observed contrary relations of use of contraceptive with socio-economic variables. In his study on factors affecting contraceptive use in Nigeria, Tawiah, using a regression analysis modeling identified that, respondent’s age, type of place of residence, religion, ethnicity, desire for more children, marital duration, availability of electricity in the household, husband’s approval of contraception, husband’s education and occupation, have no significant effects on current use of contraceptives (Tawiah, 1997).

### 1.2 Statement of the problem

Oral contraceptives side effects in Nigeria in the contemporary time have become an issue that casts a gloomy shadow to the entire society especially among women. The case is not different among women in rivers state. During community posting experience in Alu health center, the researcher witness cases of high blood pressure, urinary tract infection, blood clotting, migraines, gall bladder disease, delay in pregnancy and infertility in women which were associated with contraceptives use. Today, Nigeria has one of the highest maternal mortality rates in the world and this has largely been attributed to lack of knowledge of contraceptives use to prevent the potential risks (Stover& Rose 2009). . However, only the women comprehensive knowledge onontraceptive use, risk will be able to take appropriate measures to prevent and manage side effect and associated risk. Acquiring knowledge about contraceptives is the best way to prevent potential risk and manage side effects. Women therefore need knowledge to prevent this risks and manage side effects, and make suitable contraceptive choices based on their health status. of contraceptive uses and be able to consider their health status in order to choose an appropriate and suitable Oral contraceptive (Bruce &Rymer, 2009). Deborah, Ikhena, & Julia (2012), observed that the necessity for women to be exposed to contraceptives options as early as 18.

 Majority of women in Rivers State are facing some health challenges due to some types of contraceptives or after using it especially if women lack knowledge of choosing the right method that is suitable for their body. Some contraceptives increase the risk of developing blood clots, which can result into stroke. If a woman has high blood pressure, she needs to take this into consideration before using contraceptives. Other serious potential risks that accompany contraceptives are increased risk of cervical and breast cancer, increased risk of heart attack and stroke, migraines, high blood pressure, gall bladder disease, benign liver tumors, decreased bone density, yeast overgrowth and infection, increased risk of blood clotting and infertility. The dangers for use of oral contraceptives in women above age of 35 includes Smoking, Hypertension, History of thromboembolism, or Stroke (Rebecca, Charles &Norris 2012). Inadequate knowledge and lack of relevant information and education on preventive measure is a major barrier to women of reproductive age. Women often are not fully aware of their contraceptive choices.

 According to Guttmacher (2008), women may not use contraception consistently because of problem they are facing such as lack of knowledge of their chosen method, infrequent sexual activity, and ambivalence about pregnancy, misperceptions about pregnancy risk, wrong information from friends and family members and lastly, self medication. Addressing these and other barriers to the use of effective contraception through health talks is key to helping women prevent contraceptives risks (Lee, Parisi, Akers, Borrero, & Schwarz, 2011). Currently, there are several entities that want to include health talks on knowledge and prevention of contraceptive risk, despite that contraceptives are used for child spacing, they also have their own side effects, such as increase in cardiovascular event especially in older women and smokers, increase in human papillomavirus (HPV) infection , breast cancer and an increase in cervical cancer, which is the second most common cancer worldwide (Harper, Brown, Foster-Rosales & Raine, 2010). Therefore, oral contraceptives fail the most important test of preventive medicine: they increase the risk of disease instead of decreasing it. Based on the above discoveries, the researcher is motivated to conduct a research among others to assess the awareness of contraceptive side effect and coping strategies used in its management among women in Aluu local government area, Rivers State.

**1.3 Objectives of the study**

The purposes of this study are to:- topic

1. To identify the types of Oral contraceptive methods practices among women in Aluu local government area, Rivers state.
2. To examine the knowledge on side effects of Oral contraceptives use among women in Aluu local government area, Rivers State;
3. To investigate the management strategies of Oral contraceptives side effects used by women in Aluu local government area, Rivers State;

### 1.4 Research Questions

1. What are the types of Oral contraceptives methods practices among women in Aluu local government area, Rivers state?
2. What is the knowledge on the side effect of Oral contraceptives among women in Aluu local government area, Rivers State?
3. What are the management strategies of Oral contraceptives methods practices of among women in Aluu local government area, Rivers State?

### 1.5 Significance of the Study

The finding of the study will be significant in the following ways:

1. Women in Rivers State will have knowledge on the risks of contraceptives due to regular health talks during antenatal and postnatal clinics.
2. It will help women in Rivers State to understand ways of preventing contraceptives side effects after it has been discussed by heath care providers.
3. It will benefit women of different age groups in Rivers State when

Non governmental organizations address the side effects involved in contraceptives uses.

1. It will motivate women of different age groups in Rivers State to take preventive measure while using contraceptives after attending health talks by health care providers and nongovernmental organizations.
2. It will allow women of different marital status in Rivers State to gain more knowledge on contraceptives side effects through Medias such as radio and televisions.
3. It will encourage women of different marital status in Rivers State to take preventive measure and choose the natural method of contraceptives to prevent all health hazards associated with other artificial contraceptives.

**1.6 Scope of the Study**

The study will aim at examining the knowledge of the Oral contraceptives side effect and it management strategies in reducing it side effects. The study will focus on women of reproductive age between 15-50 years that were present as at the time the survey was conducted. The study will focus on only the side effect of Oral contraceptives, women who have not used Oral contraceptives will be excluded from the study.

**1.7 Operational Definition of Terms**

**Knowledge of Oral contraceptives side effects**; This include the level of awareness or knowledge at which the study population possess on the harmful or side effect of using Oral contraceptives i.e knowing the side effect of the after use of Oral contraceptives.

**Management strategies of side effect**; It is the coping strategy adopt by women of reproductive age to reduce the side effect of Oral contraceptives.

**Women of Reproductive Age;** A woman of reproductive age is usually between the ages of 15- and 44-years old. These ages are a guideline and women can have babies earlier and later than the years indicated. A woman of reproductive age is typically considered fertile.

**CHAPTER TWO**

## REVIEW OF RELATED LITERATURE

### 2.1Conceptual Framework

### 2.1.1 Concept of Contraceptives

 Contraception is the use of various devices, drugs, agents, sexual practices, or surgical procedure used to interfere with the normal sequence of events in the process of reproduction to prevent conception or unwanted pregnancies (Adelaja, 2002).The current trend of contraceptives risks is a major national concern, it is affecting the health and safety of women (Henry, 2011).

The World Health Organization (WHO, 2013) state that contraceptives allow individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births, this is achieved through use of contraceptive methods. A woman‘s ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. Contraception of one form and another has probably been in existence for as long as human babies have been born, and maybe longer. In the beginning it was rituals and witch doctors and it has slowly developed into more reliable methods (Jamabo, Kpai, Olabanji&Titilayo, 2012).

 Caroline (2013), reported that it was the ancient Greeks who first realized that male and female union caused pregnancy and since then many methods have been used with varying degrees of success, a wide range of products have been used as barriers such as lemon juice and essence from mahogany husks, acacia tree and honey, oil of cedar and lead ointment, frankincense and olive oil, salt, cabbage or willow leaves, onion juice, peppermint oil and, soft wool. However, they are often used in conjunction with other methods, particularly the diaphragm and as such prove quite useful. Vaginal douches have been used after intercourse since the 1600s; however, they do not seem to be at all effective (Adelaja, 2002).

 In the Middle Ages Serbian women would dip their fingers in the first bath water of the infant; the number of fingers which were dipped in would equal the number of years of sterility, brides in the Baltic Island of Oland touched the cervix with as many fingers as they would like to have children. Other methods used were holding breath at ejaculation, inducing sneezing, weight gain, the use of amulets, the woman jumping backwards seven times, the woman spitting three times in the mouth of a frog, the woman eating bees and the woman remaining passive during intercourse, a wide range of pills and potions were also recommended. Indian women used a combination of seeds, leaves and roots and quotations such as "one tola of powdered palm leaf and red chalk taken with cold water on the fourth day makes a woman sterile with certainty" are found in ancient literature. The literature of the ancient Hebrews includes a mixture described as, "Alexandrian gum, liquid alum and garden crocus, each in the weight of a denar, are mixed together. Three cups of wine with this medicine are good for gonorrhea, and do not sterilized (Elizabeth, 2002).

Caroline, (2013) reported that abortion is one of the earliest forms of birth control. Obviously the methods were crude and often with fatal results for the mother. Generally though, even as long ago as the tenth century it was only accepted with good reason generally if the mother's health was at risk or the pregnancy had been the result of rape. Tammy, (2011) stated that Egyptians have the first form of female birth control. The Egyptians are given credit for the contraceptive known as the pessaries which were made of sodium carbonate, crocodile dung and honey; the pessaries were made into a ―concoction‖ and placed inside the vagina to kill the sperm. Moving ahead to the more recent history of contraceptives in 1844 the Goodyear man (yes the one who invented tires); Charles Goodyear is also given credit for the invention of reusable male condoms. The condoms were made of rubber. Once the condom was used, it was washed anointed with petroleum jelly and stored in a special wooden box until next time.

In Nigeria, the 2008 National Demographic Health Survey (NDHS) found that only 10% of married women of reproductive age use contraceptives. This is lower than the current SubSaharan Africa average of 17%. On a National scale, Contraceptive

Prevalence rate was low among teenagers and became fairly constant for the ages within the 20 – 39 range. However, further disaggregation by Zones revealed that apart from the south –south and (to some extent) the North East geopolitical zones, where the highest Contraceptive Prevalence rate was recorded in the 20  24 age group, in all the other geopolitical zones The highest Contraceptive Prevalence rate was recorded in the 30  44 age cohort (United Nations Population Fund UNFPA, 2010).

**2.1.2 Types of Oral contraceptives and their side effects**

 The introduction of the first Oral contraceptive was one of the most important events of the twentieth century for women. The availability of Oral Contraceptives (OCs) provided women with greater control over their reproductive lives. As of oral contraceptives usage steadily increased, so did concern over health risks associated with their use. In the four decades since the first of oral contraceptives, women seeking contraception have benefited from the development of non-oral Oral delivery systems, including injectables, intrauterine devices, implants, a vaginal ring, and a contraceptive patch. Women and men have long tried many methods to prevent pregnancy prior to modern method of birth control; women relied on withdrawer or periodic abstinence (Kirsten, 2013). It is hoped that this expanding menu of choices affords women opportunities to find methods better suited to their individual needs, clinicians should continually evaluate their patients' Oral contraceptive needs, and provide adequate counseling so that every woman is afforded the opportunity to achieve contraceptive success reported by (Department of Obstetrics and Gynecology, USA, 2005).

Oral contraception is a [birth control](https://en.wikipedia.org/wiki/Birth_control) methods that act on the [endocrine system.](https://en.wikipedia.org/wiki/Endocrine_system) Almost all methods are composed of [steroid hormones,](https://en.wikipedia.org/wiki/Steroid_hormones) although in [India](https://en.wikipedia.org/wiki/India)one [selective estrogen receptor modulator](https://en.wikipedia.org/wiki/Selective_estrogen_receptor_modulator)is marketed as a contraceptive. The original Oral method—the [combined oral contraceptive pill](https://en.wikipedia.org/wiki/Combined_oral_contraceptive_pill)was first marketed as a contraceptive in 1960 Susan & Terri (2009). In the ensuing decades many other delivery methods have been developed, although the oral and injectable methods are by far the most popular. Altogether, 18% of the world's contraceptive users rely on Oral methods (Jones, 2011). Oral contraception is highly effective: when taken on the prescribed schedule, users of steroid hormone methods experience pregnancy rates of less than 1% per year. Perfect-use pregnancy rates for most Oral contraceptives are usually around the 0.3% rate or less. National Prescribing Service (2009), reported that currently available methods can only be used by women; the development of a [male Oral contraceptive](https://en.wikipedia.org/wiki/Male_hormonal_contraceptive)is an active research area. There are two main types of Oral contraceptive formulations: combined methods which contain both an [estrogen](https://en.wikipedia.org/wiki/Estrogen)and a [progestin,](https://en.wikipedia.org/wiki/Progestin) and progestogen-only methods which contain only [progesterone](https://en.wikipedia.org/wiki/Progesterone)or one of its synthetic analogues (progestins). Combined methods work by suppressing [ovulation](https://en.wikipedia.org/wiki/Ovulation)and thickening [cervical mucus;](https://en.wikipedia.org/wiki/Cervical_mucus) while progestogen-only methods reduce the frequency of ovulation, most of them rely more heavily on changes in cervical mucus, the incidence of certain side effects is different for the different formulations: for example, [breakthrough bleeding](https://en.wikipedia.org/wiki/Breakthrough_bleeding)is much more common with progestogen-only methods (Terri, 2009).

 Certain serious complications occasionally caused by estrogen-containing contraceptives are not believed to be caused by progestogen-only formulations: [deep vein thrombosis](https://en.wikipedia.org/wiki/Deep_vein_thrombosis)is one example of this. (America Society of Health-System Pharmacists 2015), state that the following Oral methods of family planning and contraception are commonly available in Nigeria: Combined oral contraceptives pill (COCP) is a Progestin only and hormone releasing intrauterine systems, it is often just called the pill because it contains oestrogen and progestogen and works mainly by stopping egg production (ovulation), it is a very popular different brands that suit different people, some of the advantages is that it is very effective and taking the combined oral contraceptive pill may improve any menopausal symptoms that you may have, There is also some evidence that taking the combined oral contraceptive pill when you are aged over 40 years may increase the density of your bones, this means your bones are stronger and may be less likely to fracture when you have gone through the menopause, some disadvantages is that there is a small risk of serious problems (such as thrombosis) and it can't be used by women with certain medical conditions, the combined oral contraceptive pill can safely be taken by women over the age of 40 with no other medical problems. However, it should not be taken by a smoker and women with history of stroke or heart disease, or overweight (Tim, 2014).

**Types of Oral Contraceptives**

There are two main classes of Oral contraceptives: combined contraceptives contain both an estrogen (usually ethinylestradiol) and a progestin. Progestogen-only contraceptives contain only progesterone or a synthetic analogue (progestin). Also marketed is ormeloxifene; while not a hormone, ormeloxifene acts on the Oral system to prevent pregnancy.

1. **Combined**

The most popular form of Oral contraception, the combined oral contraceptive pill is known colloquially as the pill. It is taken once a day, most commonly for 21 days followed by a seven-day break, although other regimens are also used. For women not using ongoing Oral contraception, COCPs may be taken after intercourse as emergency contraception: this is known as the Yuzpe regimen. COCPs are available in a variety of formulations(Nelson,2011).

The contraceptive patch is applied to the skin and worn continuously. A series of three patches are worn for one week each, and then the user takes a one-week break. NuvaRing is worn inside the vagina. A ring is worn for three weeks. After removal, the user takes a one-week break before inserting a new ring. As with COCPs, other regimens may be used with the contraceptive patch or NuvaRing to provide extended cycle combined Oral contraception (Nelson,2011).

1. **Progestogen-only**

The progestogen only pill (POP) is taken once per day within the same three-hour window. Several different formulations of POP are marketed. A low-dose formulation is known as the minipill. Unlike COCPs, progestogen-only pills are taken every day with no breaks or placebos. For women not using ongoing Oral contraception, progestogen-only pills may be taken after intercourse as emergency contraception. There are a number of dedicated products sold for this purpose(Stacey,2009).

Oral intrauterine contraceptives are known as intrauterine systems (IUS) or Intrauterine Devices (IUD). An IUS/IUD must be inserted by a health professional. The copper IUD does not contain hormones. While a copper-containing IUD may be used as emergency contraception, the IUS has not been studied for this purpose.

Depo Provera is an injection that provides three months of contraceptive protection. Noristerat is another injection; it is given every two months (Stacey,2009).

Contraceptive implants are inserted under the skin of the upper arm, and contain progesterone only. Jadelle (Norplant 2) consists of two rods that release a low dose of hormones. It is effective for five years. Nexplanon has replaced the former Implanon and is also a single rod that releases etonogestrel (similar to the body's natural progesterone). The only difference between Implanon and Nexplanon is Nexplanon is radio opaque and can be detected by x-ray. This is needed for cases of implant migration. It is effective for three years and is usually done in office. It is over 99% effective. It works in 3 ways:

1. Prevents ovulation- usually an egg does not mature

2. thickens cervical mucus so to prevent sperm from reaching the egg

 3. If those 2 fail, the last is the progesterone causes the lining of the uterus to be too thin for implantation.

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Some combined injectable contraceptives can be administered as one injection per month.

**Side Effect of Combined Oral Contraceptives**

Many women have no significant problems with Oral contraception; however some will experience side effects. Fortunately, most of these side effects are minor, usually subside in a few months, and often respond to changes in pill formulation. Oral contraception will not lead to long term infertility. Although there is a slight increased risk for breast cancer, this risk is small and for most women the benefits of Oral contraception are believed to outweigh this risk. Among the benefits of Oral contraception are a decreased risk of ovarian and endometrial (uterine) cancer, and decreased incidence of menstrual disorders, benign breast disease, uterine fibroids and ovarian cysts.

**MINOR SIDE EFFECTS:**

**Spotting or breakthrough bleeding**: Spotting or bleeding between periods is common in the first 3 months of Oral contraceptive use. Although inconvenient, it is not harmful and usually resolves by 3 months. Continue to take the birth control as directed and keep track of the days and amount of spotting or bleeding. Do not stop the pills or take more pills (double-up) to try and stop the bleeding, unless so instructed. Missing a pill or two, or taking the pill a few hours late, is one of the most frequent causes of this type of bleeding.

**Management strategies;** Should spotting or bleeding begin after being on the pills for several months, or persist beyond 3 months, this may be due to some other problem and you should consult the Health Center for evaluation.

**Nausea**: This decreases with time…usually in one to three months. If nausea is a problem, it may help to take the pill at night with a glass of water, milk, or with food. Also increase your fluid intake and eat plenty of fruits and vegetables. If regular vomiting occurs, consult the Health Center, as this may interfere with proper absorption of the pill.

**Breast Tenderness**: Usually subsides in 1-2 months, but some enlargement and tenderness may persist as long as one uses the pill. A properly fitted bra is recommended. If symptoms are bothersome, consult the Health Service.

**Fluid Retention**: This sometimes occurs in the ankles, legs, fingers, or face, and goes away abruptly (via the urine) with the onset of your period. Clinical trials have not shown any increase in weight in pill users compared to non-pill users. Any increase in weight over a four to five month interval is usually due to a decrease in one’s activity level, so a healthy diet and regular exercise are recommended.

**Facial Pigmentation**: Increased pigmentation or a “mask of pregnancy” (melasma) can develop, and darker skinned women are more at risk for this problem. Protecting your face with hats and sunscreen may help prevent this problem.

**Acne, increased hair growth, darkening of body hair**: Acne is usually improved with oral contraceptives. Although, worsening of acne, oily skin, or hair growth can occur very rarely. If this happens, consult the Health Service. Either the pills can be stopped or switched to a different formulation.

**Decreased Libido**: Occurs very infrequently. If this is a problem for you, speak with your medical provider. Further evaluation can be done and a different pill formulation can be tried. Because the risk from pregnancy is reduced when taking OCP’s, many women actually note an increase in their enjoyment from sex.

**Medication Interactions**: Some medications can decrease the effectiveness of the pill, and the pill can increase or reduce circulating levels of some medications (such as some anti-seizure medications). Broad spectrum antibiotics, like amoxicillin and tetracycline do not reduce the efficacy of OCP’s. Anti-tuberculosis drugs, anti-HIV drugs and some systemic anti-fungals can decrease OCP efficacy. Discuss ALL your medications, including over the counter and herbal remedies (like St. John’s wort) with your provider if you are taking birth control pills.

**2.SERIOUS SIDE EFFECTS**: Major or serious side effects are rare, but you must watch for them and consult the Health Center, your physician, or an emergency clinic should any suggestion of them occur. **Heart Attack and Stroke**: Oral contraceptives do not significantly increase the risk of heart attack or stroke in healthy, non-smoking women. However, it is important to know that women who SMOKE and those with risk factors like high blood pressure, high cholesterol, and certain kinds of migraines, do have an increased risk of these problems.

**Blood clots**: The rates of blood clots (which can occur in different organ systems like the legs and lungs) are:

4 to 5 for every 100,000 reproductive-age women per year for those not using Oral contraception

12-20 per 100,000 reproductive-age women per year for oral contraceptive users

48 to 60 per 100,000 reproductive-age women per year for pregnant women Symptoms that might suggest blood clot formation include but are not limited to:

1) persistently painful tender spots on calf or a swollen, painful calf/ leg

 2) sudden onset of shortness of breath and /or chest pains

 3) sudden loss of vision in one eye. If any of these symptoms occur, you should seek medical attention immediately. Women who have had a history of blood clots (in legs, lungs, or brain) or are otherwise at high risk for blood clots should not use estrogen containing oral contraceptives.

**Severe Headaches, sensory changes, weakness or visual disturbances**: Seek evaluation by a health care provider as soon as possible. Also, headaches that worsen after starting the pill should be evaluated by a physician.

**Yellowing of skin or eyes**: Should be evaluated by health care provider as soon as possible.

**High blood pressure (Hypertension):** Your blood pressure should be taken at least once a year while on birth control pills, unless otherwise specified by your practitioner.

**Depression and mood swings**: May occur in some women. Either you can have your pill changed or it can be stopped. Discuss this with your practitioner.

**OTHER FORMS OF Oral CONTRACEPTIVES**:

**NuvaRing**

The NuvaRing is a thin, flexible vinyl ring that contains estrogen and progesterone, similar to the pill. The patient inserts it herself in the vagina, where it remains for 3 weeks, and then it is removed for 1 week to allow for the withdrawal bleed. Side effects are similar to the pill. If the NuvaRing is ever out of your vagina for more that 3 hours during the 21-day period, reinsert it and use a back-up method for the next 7 days. If you had unprotected intercourse you will need Emergency Contraception to reduce your chance of pregnancy. The NuvaRing should not be inserted any later than 5 days after the START of a normal period. If you have not used a Oral form of contraception the cycle before starting the ring, you should use back-up for the first 7 days (condoms).

**Ortho Evra Patch**

The patch is worn on the skin and contains both estrogen and progesterone, similar to the pill. It is applied weekly for three weeks, and then removed for 1 week to allow a withdrawal bleed. Although side effects are similar to the pill, the latest studies show an increase in blood clots in Patch users. For this reason, the patch is prescribed much less frequently than in the past. Start on the first day of your period. No back-up method needed. If you are switching from the pill, apply the first patch as soon as your withdrawal period starts, but no later than 4-5 days after the last active pill.

The [contraceptive patch](http://www.patient.co.uk/health/contraceptive-patch)is a transdermal patch applied to the skin that releases synthetic estrogen and progestin hormones to prevent pregnancy; it is a combined hormone form of contraception essentially the same type of contraception as the combined oral contraceptive pill (COCP) but it is used in a patch form (Darren, 2016). The contraceptive patch is stuck on to the skin so that the two hormones are continuously delivered to the body, it is very effective and easy to use and Periods are often lighter, less painful and more regular. Some disadvantages are, some women have skin irritation. Despite its discreet design, some women still feel that the contraceptive patch can be seen. The patch can safely be used by women over the age of 40 with no other medical problems. However, it should not be used for women over 35 years and a smoker, or for women over 40 years and with cardiovascular disease, or a history of a stroke or migraine reported by Trussell, (2007).

**Depo Provera**

contain a progestogen hormone which slowly releases into the body. 2-60 in 1,000 women using the injection for one year become pregnant, this means that it is almost as effective as sterilization. It works by preventing egg production (ovulation) and also has similar actions as the POCP, an injection is needed every 8-12 weeks, some advantages is that, it is very effective and women don‘t have to remember to take pills and some disadvantages is about periods not been regular (but often lighter or stop altogether), some women have side-effects and the injection cannot be undone, so if side-effects occur, they may persist for longer than 8-12 weeks, the injection is safe if you have had a stroke, heart attack or suffered with a clot in the past and there is no increased risk of developing breast cancer if you use the contraceptive injection (Mcnamee, Bateson& Pearson, 2016). Long-term use of progestogen-only injection can be associated with a reduction in the strength (density) of your bones. However, this returns to normal after stopping the injection and the contraceptive injection is usually stopped when you reach the age of 50 years and another method of contraception should then be used, the most widely available injectable contraceptive is depot medroxyprogesterone acetate (Depo-Provera), this injectable progestogen acts by inhibiting ovulation, and a single 150 mg dose administered intramuscularly produces pharmacological concentrations of progestogen which persist for 3–4 months (Haines &Ludicke, 2012).

**Side effects of contraceptives injection (Depo-Provera):** In 2004, the Food and Drug Administration approved a "black box" Warning regarding use of Depo-Provera and loss of bone mineral density, based on clinical data showing a significant loss of Birth, Marriage and Death among women using Depo-Provera. Ample research evidence suggests that the effects of Depo-Provera on bone health may be less concerning that originally believed, in a year of typical use, an estimated three out of hundred women using Depo-Provera will get pregnant. But the risk of pregnancy is much lower in women who return every 12 weeks for their injections. Depo-Provera was highly effective in initial studies. However, it's a newer medication, so current research may not reflect pregnancy rates in typical use. Delay in returning to fertility**.** After stopping DepoProvera, it may be ten months or more before women begin ovulating again. If they want to become pregnant in the next one year or so, depo-Provera might not be the right birth control method for them. Depo-Provera doesn't protect against sexually transmitted infections in fact, some studies suggest that Oral contraceptives such as DepoProvera may increase a woman's risk of chlamydia and HIV. It isn't known whether this association is due to the hormone or behavioral issues related to the use of reliable contraception reported by (Pharmacia & Upjohn, 2014).

**Progestin-Only Pills (Minipills)**

These contain only progesterone and no estrogen. They are slightly less effective than combined OCP’s, but are still a very good alternative to estrogen-containing pills for women who cannot take estrogen. Minipills also have less serious side effects compared to combination OCP’s. Like Depo Provera, these mini-pills can cause very light periods or an absence of menstrual bleeding.

### 2.1.3 Advantages of Oral contraceptives

Oral contraceptive use slows population growth, this is important because overpopulation puts pressure on the environment, the economy and services such as education and health, contraception can be used to plan when women and couples have children and how many children they have. This includes choosing when they want to begin having children, how far apart they want their children to be and when they want to stop having children and this is everybody‘s right under the United Nations Declaration of Human Rights. Delaying or spacing babies allows women and men to follow education and career goals that may be interrupted by having children. This empowers people and increases their ability to earn more with fewer children, families and also able to invest more in each child (Allais, 2013).

 Girls and young women are especially at risk of problems in pregnancy. Contraception allows them to put off having children until their bodies are fully able to support a pregnancy. It can also prevent pregnancy for older women who face pregnancyrelated risks, contraceptive use reduces the need for abortion by preventing unwanted pregnancies, it reduces cases of unsafe abortion which is one of the leading causes of maternal death worldwide, and by using contraception young women can prevent unwanted pregnancies that can have negative impacts on their relationships and ambitions as early pregnancy can also cause health problems for the baby, and babies born by teenage women are likely to be underweight before and at birth and are at higher risk of neonatal mortality (dying within 28 days of birth) (Charlton, 2014). Pregnancies that are too close together or poorly timed can contribute to high infant mortality rates – that is, the rate of babies that die within their first year of life but contraceptive use lets women plan their pregnancies so they can make sure the baby is getting the best care before and after birth (Schindler, 2013).

Oral contraceptives cause menstrual cycles to occur regularly and predictably. This is especially helpful for women with periods that come too often or too infrequently, it can also offer significant relief to women with painful menstrual cramps (dysmenorrhea) it also reduce the amount of blood flow during the period, as less blood loss is helpful in preventing anemia (Brusca, 2010). The risk of developing ovarian cysts is greatly reduced for birth control pills users because they help prevent ovulation. An ovarian cyst is a fluid - filled growth that can develop in the ovary during ovulation (the release of an egg from an ovary). Birth control pills provide some protection against pelvic inflammatory disease (PID). Pelvic inflammatory disease is a serious bacterial infection of the fallopian tubes and uterus that can result in severe pain and potentially, infertility. Birth control pills can improve inflammatory and non-inflammatory acne (Lopez, 2012).

For moderate to severe acne, which other medications can't cure, birth control pills may be prescribed. The hormones in the pill can help stop acne from forming.

Women who have endometriosis tend to have less pelvic pain and fewer other symptoms when they are on the Pill. Birth control pills won't cure endometriosis but it may stop the disease from progressing. The pills are the first-choice treatment for controlling endometriosis growth and pain. This is because birth control hormones are the hormone therapy that is least likely to cause bad side effects. 70 - 90% of patients see improvement in the symptoms of fibrocystic breast conditions with use of oral contraceptives and women with excessive facial or body hair may notice an improvement while taking the Pill, because androgens and testosterone are suppressed by oral contraceptives (Orio, Muscogiuri&Giallauria, 2016).

High androgen levels can cause darkening of facial and body hair, especially on the chin, chest, and abdomen. It also work primarily by suppressing ovulation, they effectively prevent ectopic pregnancy as well as normal pregnancy. This makes the pills an excellent contraceptive choice for women who are at particular risk for ectopic pregnancy, a potentially life-threatening condition. Several studies show that by regulating hormones, the pill can help prevent osteoporosis, a gradual weakening of the bones. However, the results of different studies are conflicting (Corson, 2003).

###  2.1.4 Disadvantages of Oral Contraceptives use

About 40% of women who take birth-control pills will have side effects of one kind or another during the first three months of use, the vast majority of women have only minor transient undesired effects and some side effects are uncommon but may be dangerous, studies have demonstrated that cigarette smoking considerably increases the risk of heart attack in women age 35 years or older, that's why the pills are generally not prescribed to women in this age group who smoke, moreover women who take oral contraceptive and have a history of migraines (particularly migraines with aura) have an increased risk of stroke compared to nonusers with a history of migraine (Allais, 2008). Birth control pills containing levonorgestrel and 30 mg of estrogen are the safest form of Oral contraception with regard to risk of myocardial infarction or ischemic stroke (Roach, 2015).

 Women taking birth control pills usually have a small increase in both systolic and diastolic blood pressure, although readings usually remain within the normal range, blood pressure should be closely monitored for several months after a woman starts taking oral contraceptives, and followed yearly thereafter. Women who use birth control pills are at a slightly increased risk of having a blood clot in the legs or lungs, studies consistently show that the risk of venous thromboembolism (VTE) is two to six times higher in oral contraceptive users than in nonusers but the risk of blood clots is higher in women with clotting disorders or who have previously had a deep venous thrombosis or pulmonary embolism and other risk factors include obesity (Sugiura, Kobayashi&Ojima, 2015). Older age, having several family members who've had blood clots before old age, air travel, and having to lie or sit for a prolonged period, as you might after major surgery. The highest risk of venous thromboembolism carry the pills containing newer progestogens -- desogestrel and cyproterone (Vinogradova, Coupland&Hippisley-Cos, 2015). Headaches may start in women who have not previously had headaches, or can get worse in those who do. Depression (sometimes severe), irritability and other mood changes may occur(Poromaa&Segebladh, 2012)**.** This side effect usually goes away after the first few months of use or can be prevented by taking the pill with a meal. Your breasts may become tender or may get larger.

### 2.1.5 Purpose of Oral Contraceptives

 The purpose of birth control remains the same. Contraception allows women to prevent pregnancy, the use of contraception helps women to determine how many children she may want to have as well as the timing of her pregnancies since most contraceptives are made for women (with the exception of [condoms](https://www.verywell.com/everything-you-need-to-know-about-condoms-906817)and a [vasectomy)](https://www.verywell.com/vasectomy-procedure-male-sterilization-906902), it is very common for women to use contraception based on where they are in their lives. Women who choose not to use any contraception and who are sexually active for one year have an 85% chance of becoming pregnant sometime during that year, variables such as age and frequency of sex could affect this number and the use of contraception can significantly lower women chances of becoming pregnant and some types of birth control can even lower women risk of contracting a sexually transmitted infection; People choose to use contraception for many reasons, [choosing the birth control method](https://www.verywell.com/birth-control-method-questions-906698)that is right is a personal decision and should be an informed one, this means that women should do their research and [compare theircontraceptivesoptions](https://www.verywell.com/birth-control-comparison-chart-906693)before they start to use contraception, when women choose a method that she‘s comfortable with, she'll be more likely to use it (Barnett & Stein,1998).

 San Diego (2003), reported that every month a woman's body begins the process that can potentially lead to pregnancy. An egg (ovum) matures, the [mucus](http://www.healthofchildren.com/knowledge/Mucus.html)that is [secreted](http://www.healthofchildren.com/knowledge/Secretion.html)by the cervix (a cylindrical-shaped organ at the lower end of the uterus) changes to be more inviting to sperm, and the lining of the uterus grows in preparation for receiving a fertilized egg. According to Peacock, (2000) any woman who wants to prevent pregnancy must use a reliable form of contraceptives. Birth control (contraception) is designed to interfere with the normal process and prevent the pregnancy that could result. There are different kinds of contraceptives that act at different points in the process, from ovulation through fertilization to implantation, each method has its own side effects and risks and some methods are more reliable than others (whitney, 2003).

### 2.1.7 Knowledge of Side effect of Oral contraceptives use

 According to Okon (2013), a large number of women take Oral contraceptive or birth control pills to avoid unwanted pregnancy. But only few have the knowledge of the serious potential risk of these drugs. Women should know that most birth control pills contain high levels of estrogen which causes the body to undergo some physical and emotional changes and this will continue for as long as the patient stays on the pills. The changes occur as the body responds to synthetic estrogen. Among these changes are larger breasts, weight gain or loss, acne, slight nausea, emotional sensitivity before menstruation, mood swings, while the period lasts, irregular bleeding or spotting, tender breasts and decreased libido. Alice & Park, (2015) reported that the serious health risks that accompany Oral contraceptives are, increased risk of cervical and breast cancer, increased risk of heart attack and stroke, migraines, higher blood pressure, gall bladder disease, benign liver tumors, decreased bone density, yeast overgrowth and infection, increased risk of blood clotting and infertility, Yeast infection (Candida) is another major distressing condition brought on by the consumption of Oral contraceptive pills, the pills actually destroy the good bacteria in the body making the woman more susceptible to yeast growth, lower immunity and infection.

 Becker (2013), reported that, almost half of the women were unaware that pregnancy is more dangerous than contraception; the overall risk of death for young healthy nonsmokers using oral Oral contraceptives (OC) is two hundred and forty times lower than the risk of death from pregnancy-related complications. Edwards (2000), reported that The risk of developing potentially deadly blood clots in pregnancy is five times greater than the risk of blood clots from oral Oral contraceptives, women highest risk of blood clots is during the immediate post-partum period, **i**nadequate knowledge and lack of accurate, relevant information and education on preventive measures is a major barrier to women of reproductive age. Women often are not fully aware of their Oral contraceptive choices option Spies, Askelson, Gelman &Losch (2010), found that 79% of women were aware of the intrauterine device (IUD), while two other surveys revealed that only about 50% realized the intrauterine device (IUD was a Oral contraceptive.

 According to Guttmacher (2008), women may not use contraception consistently because of lack of knowledge of their chosen method, infrequent sexual activity, and ambivalence about pregnancy, or misperceptions about pregnancy risk. Addressing these and other barriers to the use of effective contraception through health talks is the way to helping women prevent Oral contraceptives risks. Women who have knowledge of different methods and their risks are more likely to use contraception and choose a method that has been explained by their clinician (Lee, Parisi, Akers, Borrero,& Schwarz, 2011). Harper, Brown, Foster-Rosales & Raine, (2010) reported that, satisfaction with the healthcare provider and continuity of care is linked with more consistent use of oral Oral contraceptives, all women require knowledge through individualized counseling on the risks of Oral contraceptive options and of pregnancy throughout their reproductive years as their needs may change over time. A woman‘s health status may change; if so, use of some Oral contraceptive methods may change the traditional risk-benefit profile (Bonnema,,McNamara, &Spencer, 2010). Contraception provides control over pregnancy timing and avoidance of unintended pregnancy, in selecting a Oral contraceptive method; individuals weigh factors such as efficacy, prevention of sexually transmitted infections, side effects, convenience, and non-contraceptive benefits (Adelaja, 2002).

### 2.1.8 Management of side effects of Oral contraceptives use.

Adverse effects of Oral contraceptives usually diminish with continued use of the same method. Often, physicians only need to reassure patients that these symptoms will likely resolve within three to five months. Long-acting injectable depot medroxyprogesterone acetate is the only Oral contraceptive that is consistently associated with weight gain; other Oral methods are unlikely to increase weight independent of lifestyle choices. Switching combined oral contraceptives is not effective in treating headaches, nor is the use of multivitamins or diuretics. There are no significant differences among various combined oral contraceptives in terms of breast tenderness, mood changes, and nausea. Breakthrough bleeding is common in the first months of combined oral contraceptive use. If significant abnormal bleeding persists beyond three months, other methods can be considered, and the patient may need to be evaluated for other causes. Studies of adverse sexual effects in women using Oral contraceptives are inconsistent, and the pharmacologic basis for these symptoms is unclear. If acne develops or worsens with progestin-only contraceptives, the patient should be switched to a combination method if she is medically eligible. There is insufficient evidence of any effect of Oral contraceptives on breast milk quantity and quality. Patient education should be encouraged to decrease the chance of unanticipated adverse effects. Women can also be assessed for medical eligibility before and during the use of Oral contraceptives (Nancy,2010).

They can also affect the kind of information clients receive on the methods chosen. Incorrect information leads to unsatisfactory usage and unable to prevent the risks, which can ultimately result to problem as a result of contraceptive uses (Nigeria Demographic and Health Survey, 2003).

Abma, (2004) reported that a majority of women will have sex by age 18 which means they are at risk for unintended pregnancy and sexually transmitted infections (STIs), knowledge about contraception and other sexual health issues can prevent these risks and, for these reasons, it is important to understand where women acquire this type of knowledge. The Nigeria 2001-2002 National Survey of Adolescents revealed that main sources of sexual health information were school, friends and parents (Henry, 2003). Specifically, three-quarters of 15-17 year old indicated that they had learned ―a lot or some about relationships and sexual health (presumably including contraception) from sex education classes (77%), friends (76%) and from parents (75%). Other common sources of sexual health information were media (70%, including television shows, movies, magazines and the internet), romantic partners (50%) and healthcare providers (51%). One-third (34%) indicated that siblings were also a source of sexual health information. Other national survey data show that while schools remain a dominant source, formal school-based instruction about birth control declined from 81% of 15-19-year-old males and 87% of females in 1995 to 66% of males and 70% of females in 2002, (Lindberg, & Santelli, 2006).

**2.2 Theoretical Framework**

**2.2.1 Health Belief Model**

The health belief model (HBM) is a psychological health behavior change model developed to explain and predict health-related behaviors, particularly in regard to the uptake of health services. The health belief model was developed in the 1950s by social psychologists at the U.S public health service and remains one of the best known and most widely used theories in health behavior research. The health belief model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior. A stimulus, or cue to action, must also be present in order to trigger the health-promoting behavior.

##  Elements of Health Belief Model



Source: Adapted from Nutbeam and Harris, (1998)

### 2.2.2 Application of the theory to the study

The health belief model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior. From the theory, the researcher realize that for a change of behavior to take place, individual must feel the reality of been vulnerable to contraceptive risk, the motivation to prevent an unwanted pregnancy would predict contraceptive compliance just as the motivation to prevent contraceptive risks would predict interest of contraceptive knowledge and see that taking action is definitely going to prevent contraceptive risks. Researcher however, observe that women must feel confidence(self-efficacy) to seek knowledge about the possible risk associated with each and every contraceptives, such as risk of hypertension, breast and cervical cancer, risk of [ectopic pregnancy,](https://www.mariestopes.org.uk/women/female-sterilisation/female-sterilisation-explained/what-ectopic-pregnancy) increased risk of heart attack and stroke, migraines, high blood pressure, gall bladder disease, benign liver tumors, decreased bone density, yeast overgrowth and infection, increased risk of blood clotting and infertility. All this can occur as a result of improper orientation, misinformation about the right method, uncertain decision and inadequate information about the risks and prevention of various contraceptive methods and lack of healthcare provider guide. In addition, women who choose a method in collaboration with their clinician or with information given by the provider are more likely to be free from contraceptive risks. Satisfaction with the healthcare provider and continuity of care is linked with more consistent use of contraceptives; all women require knowledge to prevent contraceptives risks throughout their reproductive years (Lopez, 2009).

 Health care providers can use the HBM to understand patients' contraceptive needs, employing constructs of the model to guide patient interviewing. For instance, the health history around a contraceptive initiation visit should focus not only on fertility intentions but also on existing perceptions of method-specific risks and barriers and on psychological, social and reproductive histories that may be relevant to contraceptive method selection. Individual patient characteristics such as fear of an invasive procedure, inability to cover monthly co-pay, difficulty in remembering to take a daily medication, history of tobacco use, or recent pelvic inflammatory disease diagnosis may help rule out some options to determine the most patient-centered method. By obtaining health information from all HBM constructs to present a complete historical picture, providers can help patients initiate the most appropriate contraceptive to facilitate successful use from the outset. Following the HBM-guided health history, health care professionals can structure contraceptive education and counseling sessions by the framework to ensure comprehensiveness of approach and content. For instance, information on not only the different types of contraceptives but of contraception risks and preventions, efficacy, proper use, mechanisms of action, and resources, as operational zed by different HBM constructs, can increase patients' contraceptive knowledge and prevention of risks.

**2.3 Empirical Framework**

A study by Nancy (2014) onAssessment of Oral Contraceptive Use Among Women At Kenyatta National Hospital. A cross-sectional study was carried out between 1st May 2014 and 30th June 2014 targeting 400 women in their reproductive age. Convenient sampling was used to identify study sites while participants were selected using simple random sampling. Ethical approval was sort from the Kenyatta National Hospital and University of Nairobi Ethical and Research Committee. Data was collected using an interviewer administered questionnaire and analyzed using the statistical software, Statistical Package for the Social Sciences version 20. The use of contraceptives was at 42.8%. Contraceptive use was associated with number of children [OR 1.7 (1.3-2.1)] p. 56.1% of contraceptive users were on Oral contraceptives. Injectable contraceptives were the most preferred followed by implants and pills while the contraceptive patch, coitus interruptus and lactational amenorrhoea method were least used. The choice of contraceptive methods was associated with age [OR 2.003 (1.330-3.017)] p=0.001 and level of education [OR 1.697 (1.135-2.539)] p=0.010. Least side effects, long duration of action and effectiveness were the main criteria of choosing a Oral contraceptive method among the users. Health practitioners were the main source of contraceptive information while government facilities were the main source of the contraceptives. The prevalence of side effects among Oral contraceptive users was 75% and it depended only on the type of Oral contraceptive (p=0.037).

Another study by Rasheedat (2017) on knowledge and prevention of the risks of Oral contraceptives use among women in kwara state, Nigeria. The study found that, knowledge of contraceptive risks among women in Kwara State is significant with high mean score (X) of 3.76 which is greater than the decision mean of 3.00. Also, the preventive measures of contraceptive risks exists due to the knowledge possessed by women who uses contraceptives in Kwara State is highly significant with the mean score (X) of 4.00, which is also greater than the decision mean of 3.00. This led to the conclusion that women in Kwara State are knowledgeable about the risk of contraceptives and as well possessed the knowledge of its preventive measures. To this therefore, the researcher recommends that health talks about the prevention of contraceptives risk should be in continuum during antenatal and postnatal care in respective clinics. Women should also consider their health status and understand the risk involved in each method of contraceptive chosen to avoid further complications.

A study conducted by Isa (2011) on therelationship between knowledge of reproductive health and Oral contraceptive use among tertiary institutions students in Niger state. The results of the study revealed a significant level of reproductive health knowledge, low contraceptive use, and moderately strong positive relationship between reproductive health knowledge and contraceptive use. Also, significant difference was found to exist in contraceptive use according to sex, religion, and marital status. However, no significant difference was established in the knowledge of reproductive health according to religion, age and ethnicity.

Victoria (2000) onAttitudes of Nigerians Toward Contraception and The Federal Government's Population Policy on Birth Control In Kaduna Metropolis. The findings revealed that majority of the respondents in Kaduna metropolis showed negative attitudes toward contraception and national population policy on birth control and there were no significant differences observed between the attitudes of the different age groups, and between gender towards contraception and the National Population Policy on birth control. The study showed that marital status, ethnic background, religious beliefs and educational level had great influence on the attitudes of the respondents in Kaduna Metropolis towards contraception and the National Population on birth control. It was also found that users of contraceptives have a higher approval and acceptance of contraceptive than non-users.

**CHAPTER THREE**

**RESEARCH METHODOLOGY**

3.1 Introduction

In this chapter, we would describe how the study was carried out.

3.2 Research design

Research design is a detailed outline of how an investigation took place. It entails how data is collected, the data collection tools used and the mode of analyzing data collected (Cooper & Schindler (2006). This study used a descriptive research design. Gill and Johnson (2002) state that a descriptive design looks at particular characteristics of a specific population of subjects, at a particular point in time or at different times for comparative purposes. The choice of a survey design for this study was deemed appropriate as Mugenda and Mugenda (2003) attest that it enables the researcher to determine the nature of prevailing conditions without manipulating the subjects.

Further, the survey method was useful in describing the characteristics of a large population and no other method of observation can provide this general capability. On the other hand, since the time duration to complete the research project was limited, the survey method was a cost effective way to gather information from a large group of people within a short time. The survey design made feasible very large samples and thus making the results statistically significant even when analyzing multiple variables. It allowed for many questions to be asked about a given topic giving considerable flexibility to the analysis. Usually, high reliability is easy to obtain by presenting all subjects with a standardized stimulus; observer subjectivity is greatly eliminated. Cooper and Schindler (2006) assert that the results of a survey can be easily generalized to the entire population..

3.4 Sources of Data

The data for this study were generated from two main sources; Primary sources and secondary sources. The primary sources include questionnaire, interviews and observation. The secondary sources include journals, bulletins, textbooks and the internet.

3.5 Population of the study

A study population is a group of elements or individuals as the case may be, who share similar characteristics. These similar features can include location, gender, age, sex or specific interest. The emphasis on study population is that it constitute of individuals or elements that are homogeneous in description (Udoyen, 2019). The population of the study were all women in bearing age in Aluu local government area, Rivers State.

3.6 Sample size determination

A study sample is simply a systematic selected part of a population that infers its result on the population. In essence, it is that part of a whole that represents the whole and its members share characteristics in like similitude (Udoyen, 2019). In this study, A total of 300 respondents were purposively selected by the researcher using the simple random sampling techniques.

3.8 Instrumentation

This is a tool or method used in getting data from respondents. In this study, questionnaires and interview are research instruments used. Questionnaire is the main research instrument used for the study to gather necessary data from the sample respondents. The questionnaire is structured type and provides answers to the research questions and hypotheses therein.

This instrument is divided and limited into two sections; Section A and B. Section A deals with the personal data of the respondents while Section B contains research statement postulated in line with the research question and hypothesis in chapter one. Options or alternatives are provided for each respondent to pick or tick one of the options.

3.9 Reliability

The researcher initially used peers to check for consistence of results. The researcher also approached senior researchers in the field. The research supervisor played a pivotal role in ensuring that consistency of the results was enhanced. The instrument was also pilot tested.

3.10 Validity

Validity here refers to the degree of measurement to which an adopted research instrument or method represents in a reasonable and logical manner the reality of the study (Prince Udoyen: 2019). Questionnaire items were developed from the reviewed literature. The researcher designed a questionnaire with items that were clear and used the language that was understood by all the participants. The questionnaires were given to the supervisor to check for errors and vagueness.

3.11 Method of Data Collection

The data for this study was obtained through the use of questionnaires administered to the study participants. Observation was another method through which data was also collected as well as interview. Oral questioning and clarification was made.

3.12 Method of Data Analysis

The study employed the simple percentage model in analyzing and interpreting the responses from the study participants while the hypothesis was tested using chi-square.

3.13 Ethical consideration

The study was approved by the Project Committee of the Department. Informed consent was obtained from all study participants before they were enrolled in the study. Permission was sought from the relevant authorities to carry out the study. Date to visit the place of study for questionnaire distribution was put in place in advance.

**CHAPTER FOUR**

**RESULT**

**4.0 Introduction**

The study was conducted on accessibility, use, misuse and effects of combined oral contraceptives among women of child bearing age. A total of 250 respondents were used out of the 300 sampled population for the study. The research questions were provided with answers. The statistical package IBM version 23 was used for the analysis of the data coded from the retrieved instrument.

**4.1 Analysis of Results**

 The analysis were presented in sections, section one presents the Personal Data of Respondents in frequencies, section two provided answers to the research questions. Summary of major findings was also included in this chapter.

**Table 4.1; Personal Data of Respondents in Frequencies and Percentages**

|  |  |  |
| --- | --- | --- |
| **Age group** | **Frequency** | **Percentages** |
| 20-24 | 54 | 21.4% |
| 25-29 | 89 | 35.4% |
| 30-34 | 74 | 29.6% |
| 35-39 | 28 | 11.6% |
| 40-44 | 5 | 1.9% |
| **Total** | **250** | **100%** |

**Source; Authors Survey, 2019**

From the table above which shows the age distribution of respondents posited that 54(21.4%) fall within 20-24 years, 89(35.4%) respondents are within the age 25-29, 74(29.6%) of the respondents fall within age 30-34 years, 28(11.6%) of the respondents fall within age 35-39 while 5(1.9%) fall within 40-44 years, this shows that majority of the respondents are in their youthful age and literature has it that adolescent and youth consumes more of contraceptive.

**Table 4.2; Distribution of Respondents according to Marital Status**

|  |  |  |
| --- | --- | --- |
| **Marital Status** | **Frequency** | **Percentage** |
| Single | 47 | 18.8% |
| Married | 181 | 72.2% |
| Separated | 15 | 6.1% |
| Divorced | 7 | 2.9% |
| **Total** | **250** | **100%** |

**Source; Author’s Survey, 2019**

The table above shows that 47(18.8%) of the respondents are single, 181(72.2%) of the respondents are married, 15(6.1%) of the respondents are separated while 7(2.9%) of the respondents are divorced. The results shows that majority of the respondents are married women**.**

**Table 4.3; Distribution of respondents according to Level of Education**

|  |  |  |
| --- | --- | --- |
| **Level of Education** | **Frequency** | **Percentage** |
| Primary School | 41 | 16.4% |
| Secondary School | 24 | 9.5% |
| Tertiary Institution | 169 | 67.7% |
| No formal | 16 | 6.3% |
| **Total** | **250** | **100%** |

**Source; Authors Survey, 2018**

From the table above, the result shows that majority of the respondents had tertiary education with 169(67.7%) of the respondents indicating tertiary institutions, 41(16.4%) had just primary school education, 24(9.5%) of the respondents had secondary education and 16(6.3%) of the respondents had no formal education**.**

**Table 4.4; Distribution of respondents according to Occupation**

|  |  |  |
| --- | --- | --- |
| **Occupation** | **Frequency** | **Percentage** |
| Civil Servant | 127 | 50.8% |
| Private Worker | 83 | 33.1% |
| Business | 23 | 9.5% |
| House Wife | 17 | 6.6% |
| **Total** | **250** | **100%** |

The occupation of the respondents shows that 127 representing 50.8% are civil servants, 83 representing 33.1% are private workers, and 23 representing 9.5% are business women while 17 representing 6.6% are house wives. Therefore majority of the respondents are either civil servants or business women. This revealed that majority of the civil servants in Aluu are more knowledgeable about Oral contraceptive use and its side effect.

**4.2 Answering of Research Questions**

What is the knowledge on the side effect of Oral contraceptives among women in Aluu local government area, Rivers State?

**Section B; Knowledge on the side effect of Oral contraceptives among women in Aluu local government area, Rivers State?**

**Question 1:** One of the side effect of contraceptives use is cervical cancer

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 80 | 32 |
| Agree | 102 | 40.8 |
| Undecided | 13 | 5.2 |
| Disagree | 50 | 20 |
| Strongly Disagree | 5 | 2 |
| **Total** | 250 | 100 |

**Source; Author’s Survey, 2019.**

The table above shows that over 50% (72.8%) of the sampled respondent agreed and strongly agreed to the cervical cancer as one of the risk of contraceptives and 20% and 2% disagreed and strongly disagreed to the statement. It can therefore be concluded that Most are of the respondent aware that cervical cancer is one the risks of contraceptive use.

**Question 2:** There is an increase risk of cervical cancer in women with human papillomavirus infection if they use Oral contraceptives for longer than five years

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 79 | 31.6 |
| Agree | 107 | 42.8 |
| Undecided | 18 | 7.2 |
| Disagree | 38 | 15.2 |
| Strongly Disagree | 8 | 3.2 |
| **Total** | 250 | 100 |

**Source; Author’s Survey, 2019.**

From the table above 42.8% of the respondent agreed that an increase risk of cervical cancer in women with human papillomavirus infection if they use Oral contraceptives for longer than five years and 31.6% strongly agreed while only 15.2% and 3.2 % Disagree and strongly disagreed. The population of respondent that’s was undecided was 7.2%. this suggest that a huge percentage of sampled respondent are aware of cervical cancer as a side effect of using Oral contraceptives for long especially for women with human papillomavirus infection.

**Question 3:** High blood pressure is one of the main risk factors for arterial disease, and the combination of high blood pressure and combine pill should be avoided

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 116 | 46.4 |
| Agree | 82 | 32.8 |
| Undecided | 22 | 8.8 |
| Disagree | 28 | 11.2 |
| Strongly Disagree | 2 | 0.8 |
| **Total** | 250 | 100 |

**Source; Author’s Survey, 2019.**

In assessing the knowledge of the respondent on the high blood pressure as a risk factor as claimed by Mcknane (1997). The table showed that 46.4% and 32.8% strongly agreed and agreed respectively to high blood pressure as a risk factor for contraceptive pill and the combination of high blood pressure and combine pill should be avoided.

**Question 4:** Oral contraceptives are known to increase the risk of high blood pressure for women who smoke

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 138 | 55.2 |
| Agree | 69 | 27.6 |
| Undecided | 11 | 4.4 |
| Disagree | 30 | 12 |
| Strongly Disagree | 2 | 0.8 |
| **Total** | 250 | 100 |

**Source; Author’s Survey, 2019.**

The table above shows respondents’ opinion on whether or not Oral contraceptives increase the risk of high blood pressure for women who smoke. It was discovered that 55.2% of the respondent strongly agree to Oral contraceptives for increasing the risk of high blood pressure for women who smoke. The table also showed that 27.6% agreed to this fact and only 12.8% strongly disagreed and disagreed.

**Question 5:** Contraceptive use is a significant risk factor for acquiring urinary tract infection, with the barrier method

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 101 | 40.4 |
| Agree | 70 | 28 |
| Undecided | 32 | 12.8 |
| Disagree | 36 | 14.4 |
| Strongly Disagree | 11 | 4.4 |
| **Total** | 250 | 100 |

**Source; Author’s Survey, 2019.**

The table above shows respondents’ opinion on whether or not Contraceptive use is a significant risk factor for acquiring urinary tract infection. From the table, It was discovered that 40.4% of the respondent strongly agree to Contraceptive use as a significant risk factor for acquiring urinary tract infection. The table also showed that 28% agreed to this and only a combined percentage of 18.4 strongly disagreed and disagreed to this statement. It shows that a sufficient percentage of the respondent are aware of urinary tract infection as a side effect of Contraceptive use.

**Question 6:** Diaphragm spermicide may cause reaction or infection in users with latex allergy

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 52 | 20.8 |
| Agree | 69 | 27.6 |
| Undecided | 81 | 32.4 |
| Disagree | 33 | 13.2 |
| Strongly Disagree | 15 | 6 |
| **Total** | 250 | 100 |

**Source; Author’s Survey, 2019.**

The table above shows respondents’ opinion on whether or not Diaphragm spermicide may cause reaction or infection in users with latex allergy. From the table, It was discovered that 32.4% of the respondent are undecided on whether or not Diaphragm spermicide may cause reaction or infection in users with latex allergy this may be caused by the respondent’s unfamiliarity with this side effect. The table also showed a combined percentage of 48.4% that strongly agreed and agreed to this statement. It shows that though some a significant number of respondent are not familiar with this side effect but greater percentage of the respondent agree to this statement.

**Question 7:** Depo-Provera contraceptives is not intended for a woman who want to be pregnant any time soon

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 97 | 38.8 |
| Agree | 92 | 36.8 |
| Undecided | 13 | 5.2 |
| Disagree | 41 | 16.4 |
| Strongly Disagree | 7 | 2.8 |
| **Total** | 250 | 100 |

**Source; Author’s Survey, 2019.**

The table above shows respondents’ opinion on whether or not Depo-Provera contraceptives is not intended for a woman who want to be pregnant any time soon. From the table, it was discovered that 38.8% of the respondent strongly agree to Depo-Provera contraceptives to not being suitable for women who want to be pregnant any time soon. The table also showed that 36.8% agreed to this and only a combined percentage of 18.2% strongly disagreed and disagreed to this statement. It shows that a sufficient percentage of the respondent is aware of the side effect of Depo-Provera contraceptives for women.

**Section C; Management strategies of Oral contraceptives methods practices of among women in Aluu local government area, Rivers State.**

**Question one;** Patients Education can reduce the chances of unanticipated adverse effect of Oral contraceptive.

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 101 | 40.4 |
| Agree | 55 | 22 |
| Undecided | 21 | 8.4 |
| Disagree | 44 | 17.6 |
| Strongly Disagree | 29 | 11.6 |
| **Total** | 250 | 100 |

**Source; Author’s Survey, 2019.**

The table above shows respondents’ opinion on effect of Patients Education on reducing the adverse effect of Oral contraceptive. From the table, it was discovered that 40.4% of the respondent strongly agree to Patients Education as a way of reducing the chances of unanticipated adverse effect of Oral contraceptive. The table also showed that 22% agreed to this and only a combined percentage of 29.2% strongly disagreed and disagreed to this statement. It shows that value parental education as a means of reducing adverse effect of Oral contraceptive.

**Question 2;** Combination of oral contraceptive with another is not advisable due to excess complications like decreasing weight, headache and breast tenderness

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 92 | 36.8 |
| Agree | 85 | 34 |
| Undecided | 10 | 4 |
| Disagree | 43 | 17.2 |
| Strongly Disagree | 20 | 8 |
| **Total** | 250 | 100 |

The table above shows respondents’ opinion on management of excess complications like decreasing weight, headache and breast tenderness. From the table, it was discovered that 36.8% of the respondent strongly agree to the Combination of oral contraceptive with another is not advisable. The table also showed that 34% agreed to this and only a combined percentage of 25.2% strongly disagreed and disagreed to this statement. It shows that the respondents are not in support of Combination of oral contraceptive with another.

**Question 3;** Prescription of progestin-only contraceptive should not be made to women who are concerned about breakthrough bleeding

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 70 | 28 |
| Agree | 69 | 27.6 |
| Undecided | 52 | 20.8 |
| Disagree | 31 | 12.4 |
| Strongly Disagree | 28 | 11.2 |
| **Total** | 250 | 100 |

The table above shows respondents’ opinion on management of breakthrough bleeding. It examined whether or not Prescription of progestin-only contraceptive should not be made to women who are concerned about breakthrough bleeding. From the table, it was discovered that the distribution of respondents opinion on this statement is almost evenly distributed as only 28% strongly agreed, 27.6% agreed, 20.8% are undecided , 12.4% disagreed and 11.2% strongly disagreed. From the table we can conclude that respondent hold various opinion on management of breakthrough bleeding with progestin-only contraceptive.

**Question 4;** Breakthrough bleeding associated with continuous contraceptive method can be alleviated by a three-or four day hormone-free interval

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 88 | 35.2 |
| Agree | 79 | 31.6 |
| Undecided | 22 | 8.8 |
| Disagree | 51 | 20.4 |
| Strongly Disagree | 10 | 4 |
| **Total** | 250 | 100 |

The table above shows respondents’ opinion on management of Breakthrough bleeding with hormone-free interval. It examined whether or not Breakthrough bleeding associated with continuous contraceptive method can be alleviated by a three-or four day hormone-free interval. From the table, it was discovered that 35.2% of the respondent strongly agree to the management of Breakthrough bleeding with hormone-free interval. The table also showed that 31.6% agreed to this and only a combined percentage of 24.2% strongly disagreed and disagreed to this statement. It shows that the respondents are in support of management of Breakthrough bleeding with three-or four day hormone-free interval.

**Question 5;** Nonsteroidal anti-inflammatory drugs or ethinyl estradiol can also be used for heavy or prolonged bleeding until another contraceptive method is chosen.

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 121 | 48.4 |
| Agree | 91 | 36.4 |
| Undecided | 2 | 0.8 |
| Disagree | 36 | 14.4 |
| Strongly Disagree | 0  | 0 |
| **Total** | 250 | 100 |

The table above shows respondents’ opinion on whether or not Nonsteroidal anti-inflammatory drugs or ethinyl estradiol can also be used for heavy or prolonged bleeding. From the table, it was discovered that 48.4% of the respondent strongly agree to Nonsteroidal anti-inflammatory drugs or ethinyl estradiol can to be used for heavy or prolonged bleeding. The table also showed that 36.4% agreed to this and only a combined percentage of 14.4% strongly disagreed and disagreed to this statement. It shows that a Nonsteroidal anti-inflammatory drugs or ethinyl estradiol can to be used for heavy or prolonged bleeding.

**Question 6;** Combination of mifeprex and ethinyl estradiol reduces the duration of a single bleeding episode in women who use implanon

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 71 | 28.4 |
| Agree | 108 | 43.2 |
| Undecided | 23 | 9.2 |
| Disagree | 37 | 14.8 |
| Strongly Disagree | 11 | 4.4 |
| **Total** | 250 | 100 |

The table above shows respondents’ opinion on management of duration of a single bleeding episode in women. It examined whether or not Combination of mifeprex and ethinyl estradiol reduces the duration of a single bleeding episode in women who use implanon. From the table, it was discovered that 43.2% agreed to Combination of mifeprex and ethinyl estradiol for reducing the duration of a single bleeding episode in women and 28.4% of the respondent strongly agree to the statement. The table also showed a combined percentage of 28.8% strongly disagreed and disagreed to this statement. It shows that the respondents are in support of Combination of mifeprex and ethinyl estradiol for reducing the duration of a single bleeding episode in women.

**Question 7;** consulting a physician for change in Oral contraceptive pattern reduces side effect

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 122 | 48.8 |
| Agree | 101 | 40.4 |
| Undecided | 3 | 1.2 |
| Disagree | 21 | 8.4 |
| Strongly Disagree | 3 | 1.2 |
| **Total** | 250 | 100 |

The table above shows respondents’ opinion on whether or not consulting a physician for change in Oral contraceptive pattern reduces side effect. From the table, it was discovered that 48.4% of the respondent strongly agree to consulting a physician for change in Oral contraceptive pattern reduces side effect. The table also showed that 40.4% agreed to this and only a combined percentage of 9.6% strongly disagreed and disagreed to this statement. Therefore most of the respondents are of the opinion that consulting a physician for change in Oral contraceptive pattern reduces side effect.

**Question 8;** Pretreatment with Metoclopramide (Reglan) or Meclizine (Antivert) can reduce Nausea in women using combine oral contraceptive

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 116 | 46.4 |
| Agree | 73 | 29.2 |
| Undecided | 17 | 6.8 |
| Disagree | 39 | 15.6 |
| Strongly Disagree | 5 | 2 |
| **Total** | 250 | 100 |

The table above shows respondents’ opinion on management of Nausea in women using combine oral contraceptive. It examined whether or not Pretreatment with Metoclopramide (Reglan) or Meclizine (Antivert) can reduce Nausea in women using combine oral contraceptive. From the table, it was discovered that 46.4% strongly agreed to pretreatment with metoclopramide (Reglan) or Meclizine (Antivert) for reducing Nausea in women using combine oral contraceptive and 29.2% of the respondent agree to the statement. The table also showed a combined percentage of 17.6% of respondent strongly disagreed and disagreed to this statement. It shows that most of the respondents are in support of to pretreatment with metoclopramide (Reglan) or Meclizine (Antivert) for reducing Nausea in women using combine oral contraceptive.

**Question 9;** In case of reduce breast milk, combined oral contraceptive should not be used for the first six weeks postpartum because of increased risk of hypercoagulability

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage** |
| Strongly Agree | 98 | 39.2 |
| Agree | 91 | 36.4 |
| Undecided | 7 | 2.8 |
| Disagree | 51 | 20.4 |
| Strongly Disagree | 3 | 1.2 |
| **Total** | 250 | 100 |

The table above shows respondents’ opinion on management of risk of hypercoagulability in cases of reduce breast milk . It examined whether or not combined oral contraceptive should be used for the first six weeks postpartum because of increased risk of hypercoagulability. From the table, it was discovered that 39.2% strongly agreed that combined oral contraceptive should not be used for the first six weeks postpartum because of increased risk of hypercoagulability and 36.4% of the respondent agree to the statement. The table also showed a combined percentage of 21.6% of respondent strongly disagreed and disagreed to this statement. It shows that most of the respondents are not in support of the use of combined oral contraceptive for the first six weeks postpartum.

# CHAPTER FIVE

**SUMMARY, CONCLUSION AND RECOMMENDATIONS**

# Introduction

This chapter presents summary, conclusion, recommendations and suggestion for further studies

# Summary

The purpose of this study was to investigate the accessibility, use, misuse and effects of combined oral contraceptives among women of child bearing age. To effectively investigate this, the health belief model was adopted. This model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior. From the theory, the researcher realize that for a change of behavior to take place, individual must feel the reality of been vulnerable to contraceptive risk, the motivation to prevent an unwanted pregnancy would predict contraceptive compliance just as the motivation to prevent contraceptive side effect would predict interest of contraceptive knowledge and see that taking action is definitely going to prevent contraceptive side effect.

The knowledge of the side effects of contraceptives use and the management of contraceptives side effects among women in Aluu local government area, Rivers State was examined using the structured close ended questionnaire. the structured close ended questionnaire was used to obtain information on statement on level of knowledge and management measure on contraceptive side effect. The questionnaire was administered was then administered to 250 respondents in In Aluu LGA, Rivers State using purposive sampling procedure. The result of the findings from the respondents was presented using frequency and percentage.

The types of contraceptives mostly used as highlighted in the study are the oral contraceptive, the combined oral contraceptive pill is also known as colloquially and progestogen only pill (POP). The side effect of these pills ranges from the possibility having cervical cancer, arterial disease, high blood pressure, urinary tract infection to decreased risk of ovarian and endometrial (uterine) cancer, and decreased incidence of menstrual disorders, benign breast disease, uterine fibroids and ovarian cysts.

From the analysis of response from respondents on the knowledge on the side effect of Oral contraceptives among women in Aluu local government area, Rivers State, it was also discovered that Most are of the respondent aware that cervical cancer is one the risks of contraceptive use of using Oral contraceptives for long especially for women with human papillomavirus infection Also a sufficient percentage of the respondent are aware of urinary tract infection as a side effect of Contraceptive use. There are also those who believe that spermicide may cause reaction or infection in users with latex allergy.

In addressing the management strategies of Management strategies of Oral contraceptives methods practices of among women in Aluu local government area, Rivers State, it was discovered that value parental education and consulting a physician as common means of reducing adverse effect of Oral contraceptive in the area. respondent are also in support of management of Breakthrough bleeding with three-or four day hormone-free interval, Combination of mifeprex and ethinyl estradiol for reducing the duration of a single bleeding episode in women and combined oral contraceptive for the first six weeks postpartum. The result also showed that Combination of oral contraceptive with another is not a risk management strategy comfortable with the respondents.

Conclusively, the pattern of response from the respondent is similry in most questions implying a uniformity of level of opinion concerning their knowledge and management of the side effect of contraceptive use.

#  Conclusions

Based on the results of the findings in this study, the following conclusions were made:

1. Women are knowledgeable about the side effect of contraceptives
2. There is existence of preventive measure of contraceptives side effect on the knowledge possessed by women on contraceptives use in Aluu LGA, Rivers State.
3. The kind of information clients receive on the methods chosen. Incorrect information leads to unsatisfactory usage and unable to prevent the risks, which can ultimately result to problem as a result of contraceptive uses

#

# Recommendations

As a result of this analysis of the data in this study, the under mentioned are the recommendations

1. Regular health talks about knowledge of contraceptives side effect should be discussed by health care providers with women attending antenatal and post natal clinics and be freely discussed within couples in Aluu LGA, Rivers State.
2. Regular health talks about preventive measure on contraceptives side effect should also be discussed by health care providers with women attending antenatal and post natal clinics in Aluu LGA, Rivers State to avoid further complications.
3. The awareness level on knowledge of contraceptives among women of different age group is very low; it is therefore recommended that nongovernmental organizations be used to address these issues.
4. Preventive measures of contraceptives use among women of different age group are very low; it is therefore recommended that health care providers and nongovernmental organizations be used to address these issues.
5. The media especially the electronic media such as radio and television should carry more news on knowledge of contraceptives side effect among women of different marital status.
6. There should be legislation on the use of contraceptives to prevent the potential side effect among women of different marital status so that the use is not shrouded in secrecy and the natural method of avoidance on contraceptive is still very popular among women and should be encouraged as this has the singular effort at preventing all the health hazards associated with other artificial contraceptives.

# Limitation of the study

The main limitation of this study was fear of letting out information that are considered to be personal by the respondents, but the researcher assured them that their information are safe and gave them courage to cooperate with the researcher in filling the questionnaire accordingly.

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**Questionnaire**

**Age distribution**

|  |  |
| --- | --- |
| **Age group** | **Please tick** |
| 20-24 |  |
| 25-29 |  |
| 30-34 |  |
| 35-39 |  |
| 40-44 |  |

 **Marital Status**

|  |  |
| --- | --- |
| **Marital Status** | **Please tick** |
| Single |  |
| Married |  |
| Separated |  |
| Divorced |  |

**Level of Education**

|  |  |
| --- | --- |
| **Level of Education** | **Please tick** |
| Primary School |  |
| Secondary School |  |
| Tertiary Institution |  |
| No formal |  |

**Occupation**

|  |  |
| --- | --- |
| **Occupation** | **Please tick** |
| Civil Servant |  |
| Private Worker |  |
| Business |  |
| House Wife |  |

**Section B; Knowledge on the side effect of Oral contraceptives among women in Aluu local government area, Rivers State?**

**Question 1:** One of the side effect of contraceptives use is cervical cancer

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 2:** There is an increase risk of cervical cancer in women with human papillomavirus infection if they use Oral contraceptives for longer than five years

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 3:** High blood pressure is one of the main risk factors for arterial disease, and the combination of high blood pressure and combine pill should be avoided

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 4:** Oral contraceptives are known to increase the risk of high blood pressure for women who smoke

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 5:** Contraceptive use is a significant risk factor for acquiring urinary tract infection, with the barrier method

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 6:** Diaphragm spermicide may cause reaction or infection in users with latex allergy

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 7:** Depo-Provera contraceptives is not intended for a woman who want to be pregnant any time soon

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Section C; Management strategies of Oral contraceptives methods practices of among women in Aluu local government area, Rivers State.**

**Question one;** Patients Education can reduce the chances of unanticipated adverse effect of Oral contraceptive.

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 2;** Combination of oral contraceptive with another is not advisable due to excess complications like decreasing weight, headache and breast tenderness

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 3;** Prescription of progestin-only contraceptive should not be made to women who are concerned about breakthrough bleeding

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 4;** Breakthrough bleeding associated with continuous contraceptive method can be alleviated by a three-or four day hormone-free interval

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 5;** Nonsteroidal anti-inflammatory drugs or ethinyl estradiol can also be used for heavy or prolonged bleeding until another contraceptive method is chosen.

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 6;** Combination of mifeprex and ethinyl estradiol reduces the duration of a single bleeding episode in women who use implanon

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 7;** consulting a physician for change in Oral contraceptive pattern reduces side effect

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 8;** Pretreatment with Metoclopramide (Reglan) or Meclizine (Antivert) can reduce Nausea in women using combine oral contraceptive

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |

**Question 9;** In case of reduce breast milk, combined oral contraceptive should not be used for the first six weeks postpartum because of increased risk of hypercoagulability

|  |  |
| --- | --- |
| **Response** | **Please tick** |
| Strongly Agree |  |
| Agree |  |
| Undecided |  |
| Disagree |  |
| Strongly Disagree |  |