

## Socio-Medical Survey on Contraceptives Usage and its Implications on Women's Reproductive Health with Door-in-the-Face-Approach

<sup>1</sup>F.B. Adebola and <sup>2</sup>O.G. Adebola

<sup>1</sup>Department of Mathematical Sciences, Federal University of Technology,  
 Akure, Ondo State, Nigeria

<sup>2</sup>Department of Educational Foundation (Sociology Unit), Federal College of Education,  
 Okene, Kogi State, Nigeria

**Abstract:** Family planning (contraception) is of major attention in the world over. Questions associated with sex and family planning constitute threat to the respondent because of the personality and sacred view attached to it. Door-in-the-face technique is employed in order to enhance improved response rate in the survey targeted towards finding out the problems encountered by women as regards the practice of contraception in Kabba Township, Kogi State. Also, women's attitudes toward contraceptive diffusion were investigated.  $X^2$  test on equiprobability was employed for this analysis.

**Key words:** Family planning (contraception), door-in-the-face, reproductive health, contraceptives diffusion

### INTRODUCTION

Among the identified threatening questions, questions on sexual related behaviour like family planning are perceived as personality threatening by respondents despite the alarming feared hazards associated with its application in Nigeria. They produce average refusal rate of 25-35%.

Family planning is defined as way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decision by individuals and couples in order to promote health and welfare of the family group and contribute effectively to the social development of the country<sup>[1]</sup>. Family planning is as old as history itself<sup>[2]</sup>.

With regard to birth control, more commonly known as contraception which is a broad term for the use of various methods that can reduce fertility<sup>[3]</sup> women health issues are not always taken seriously whenever complaints are made<sup>[4]</sup>.

Studies have shown that many women suffer in silence from a variety infection and other reproductive disorders. For example, more professionals neglect women's complaints about side effects of oral contraceptives and IUDS until Objective Scientific evidence confirmed that they pose serious hazards-including death<sup>[5]</sup>.

With so much of these feared hazards, it seems that women would want to choose their contraceptives wisely<sup>[6]</sup>. The unprecedented global populations expansion has become a major topic of concern with

important medical, social and political implications. One of the most sensitive and intimate decision made by an individual or a couple is that of fertility control. The practice of birth control (contraceptives) may be desirable for many reasons, including medical contraindications, a personal desire to have no children, no children yet or no more children and global problem of increasing population<sup>[7]</sup>.

Contraceptive prevalence is strongly related to the level of fertility. The percentage currently using contraceptives among couples with the women of reproductive age is now 60% globally, compared with 57% in 1990. In the developing countries prevalence reached 53% in 1990 and 56% in 1995.

In the developed world, it averages 72% in 1990 and 73% in 1993. Recent estimates shows that in those countries that have reported, at least 50% of the population has access to temporary methods of contraception<sup>[8]</sup>.

Many feel that a reduction of the birth rate is the easiest and quickest way to achieve economic progress and to achieve improved living standards. The recommendations of the world population conference held in Nuchorest 1974 were that family planning and fertility regulation activities should be integrated with overall general socio-economic development efforts. The desirable goal for world population growth, at which the number of births and deaths are equal. The first step to such a stable situation is to lower fertility to a replacement level<sup>[9]</sup>.

**The door-in-the-face-approach:** According to Hans J. Hippler and Gabriele Hippler<sup>[9]</sup> Door-in-the-face-approach require the requester to begins with an extreme first demand (which is very likely refused) and then asks for a more moderate second favour (the one desired from the outset). The underlying idea is that a norm of reciprocation exists in all societies, that you should make concessions to those who make concessions to you. Mowen and Ciadin<sup>[10]</sup>, it is believed that a targeted person who rejects the first extreme demand is inclined to interpret a subsequent smaller one made by the same person as a retreat from latter's initial position. That is getting another open-ended questions from closed question form.

In order to obtain optimal response and minimal refusal response rate, the researchers decided to adopt door-in-the-face technique in obtaining their responses from interview and questionnaires<sup>[11]</sup>.

## MATERIALS AND METHODS

The rationale behind this survey is to find out, statistically, the problems women encounter especially as it affects their reproductive health status, the course of contraceptives usage, objectively, the following specific aims are pursued in this research.

- To assess the attitudinal charge of women to contraceptives diffusion.
- To analyze each method of contraception, its advantages and disadvantages.
- To asses the feminist's perspective on how contraceptives affect women in particular.
- To critically look at the effectiveness of government policy on birth control.

The realization of the aforementioned objectives will proper useful hints to service providers about the feelings and access of their clients and also assist government agents to know the effectiveness of government policy in the studied area.

The data for the study was collected using structured questionnaire and structured interview with particular focus on door-in-the-face technique to obtain optimal response and minimal refusal rates.

Stratified random samples on women spread in the civil service in Kabba Town spread basically on four parastatals: School, Hospital, L.G.A Secretariat and other Health Centres.

One hundred and twenty questionnaires were administered and twenty respondents were randomly interviewed making one hundred and forty respondents.

The method of analysis used in this survey is the chi-square test of equiprobability following the assumptions of random responses and atleast normal scale of measurements.

The test statistics- $\chi^2$  is given by

$$\chi^2 = R \quad C$$
$$\sum_{i=1} \sum_{j=1} \frac{[O_{ij} - E_{ij}]^2}{E_{ij}}$$

Where  $O_{ij}$  are the observed frequencies and  $E_{ij}$  the expected frequencies.

**Hypotheses:** The following hypotheses were formulated for consideration in this survey.

### Hypothesis one

**Null Hypothesis (Ho):** There exist no relationship between women's health and their contraceptive usage.

### Against

**Alternative Hypothesis (Hi):** There exist a strong relationship between women's health and their contraceptive usage.

### Hypothesis two

**NULL Hypothesis (Ho):** There exist no association between women and the use of contraceptives than men.

### Against

**Alternate Hypothesis (H<sub>1</sub>):** There exist a strong association between women and the use of contraceptive than men.

### Hypothesis three

**Null Hypothesis (Ho):** There exist no association between the type of contraceptive used and the socio-cultural background of the user.

### Against

**Alternate Hypothesis (H<sub>1</sub>):** There exist an association between the type of contraceptive used and the socio-cultural background of the user.

### Hypothesis four

**Null Hypothesis (Ho):** There exist no association between on the women's opinion and Government policy on '4 is enough' in the expected number of children.

**Presentation of tables of analysis on respondents**

Table 1: Respondents people on health problem encountered

|                        | Headache<br>1 | Bleeding<br>dizziness | Swollen stomach<br>virginal irritation | Total |
|------------------------|---------------|-----------------------|--|-------|
| Contraceptive user     | 38            | 42                    | 12                                     | 92    |
| Non-contraceptive user | 27            | 6                     | 5                                      | 38    |
|                        | 65            | 48                    | 17                                     | 130   |

( $\chi^2 = 11.25$ ;  $p < 0.05$ ), Source: Field survey 2006

Table 2: Respondents profile on women versus men in Contraceptive usage

|       | Natural<br>method | Contraceptives<br>method | Traditional<br>method | Total |
|-------|-------------------|--------------------------|-----------------------|-------|
| Women | 34                | 45                       | 6                     | 85    |
| Men   | 27                | 10                       | 7                     | 44    |
|       | 61                | 55                       | 13                    | 129   |

( $\chi^2 = 11.26$ ;  $p < 0.05$ ) Sources: Field survey 2006

Table 3: Respondents profile on socio cultural factors in choice of contraceptive type

|                       | Teacher | Health workers | L.G.Staff | Total |
|-----------------------|---------|----------------|-----------|-------|
| Natural methods       | 22      | 13             | 15        | 50    |
| Contraceptives method | 34      | 29             | 14        | 77    |
|                       | 56      | 42             | 29        | 127   |

( $\chi^2 = 3.99$ ;  $p > 0.05$ ) Source: Field survey 2006

Table 4: Respondents profile on agreement between women's opinion and government "4 is enough" policy

|           | Children<br>1-2 | Children<br>3-4 | Children<br>5-6 | Total |
|-----------|-----------------|-----------------|-----------------|-------|
| Agreed    | 25              | 25              | 13              | 63    |
| Disagreed | 19              | 34              | 19              | 72    |
|           | 44              | 59              | 32              | 135   |

( $\chi^2 = 1.77$ ;  $p > 0.05$ ) Source: Field survey 2006

**Alternative hypothesis (h<sub>1</sub>):** There exist a strong association on the women's opinion and Government policy on 4 is enough in the expected number of children. The critical value used in all is  $\chi^2_{(r-1)(c-1), \alpha}$  and the hypothesis is rejected if  $\chi^2$  calculated  $< p$  value (0.05).

**DISCUSSION**

From the analyses of Table 1 to 4 above. The following observations can be discussed.

Table 1: A statistically significant relationship was observed in health of women and the contraceptive they use with ( $\chi^2 = 11.25$ ;  $p < 0.05$ ). It was observed that the state of health of any woman is a function of the type of contraceptive she uses. Different women complain of different forms of sickness ranging from headache, bleeding, dizziness, swollen stomach and virginal irritations.

The results in Table 2 shows a statistically significant association between the practice of contraceptions and women folk with  $\chi^2 = 11.26$ ;  $p < 0.05$ . One can rightly deduce that contraceptives usage seems to be women friendly than men. Men's involvement in the

use of contraceptives was observed on a lower side even though they are major determinant of family decisions.

The results in Table 3 shows no statistical association between the type of contraceptive used and socio-cultural background. It was observed that the diffusion of contraceptives cut across various socio-cultural backgrounds. The Results of Table 4 analysis, also shows that there exist no association between women's opinion and Government policy of 4 is enough. Women seems to determine the expected number of children in agreement with their husbands irrespective of government policy.

**CONCLUSION**

Family planning has been a part of Nigerian Federal Policy since 1987, the results is still pointing to high prevalence of the practice of natural and traditional methods of family planning because of the fear and lamentations on the ills of modern methods of family planning (contraceptives).

The use of contraceptive of various types cut across the class of every women regardless of socio-cultural background.

This survey finding also shows that Men's involvement in direct use of contraceptives is very low even though they play a dominant role in family decisions.

Conclusively, due to these feared hazards associated with the use of contraceptives, it will be advisable to sensitize the makers of various contraceptives to improve on the quality of products as to meeting the health status of the users. And also, the service providers should take time in studying the family and health history of every user in order to recommend in appropriate less hazardous contraceptives.

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