



KNOWLEDGE, PERCEPTION, AND HEALTH SEEKING BEHAVIOUR ON CONTRACEPTIVE USE AMONG ADOLESCENT FEMALE HAWKERS IN IKENNE LOCAL GOVERNMENT AREA, OGUN STATE, NIGERIA

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AUTHORS' CONTRIBUTIONS

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

This research established the knowledge, perception, associated with health seeking behaviour and the use of contraceptives among female hawkers in Ikeene Local Government Area of Ogun State.

A cross-sectional survey research design was employed in the study. Four hundred and twenty-two (422) female hawkers were sampled. A self-designed questionnaire was the main instrument used for data collection, which was pilot tested through test-re-test and yielded a rehabilitation. Knowledge was measured on 19-point rating scale, perception was measured on 42-point rating scale, environmental variables was measured on 18-point rating scale, enabling variables was measured on 12-point rating scale, health seeking behaviour was measured on a 11 point rating scale and contraceptive use was measured on 7-point rating scale. Data was analysed using descriptive and inferential statistics (correlation and regression) to give statistical response to the research questions and hypotheses at the 0.5 significant levels.

The result showed that the mean age of the respondents was 15.14±2.42 years. More than half (61.9%) of the respondents were Christians and less than half (43%) were Yoruba. More than half (60.95%) of the respondents had no formal education. Less than half (45.2%) of the respondents had a good level of knowledge on contraceptive use. Most (65.5%) of the respondents had moderate perception. More than half (56%) of the respondents had high environmental factors that reinforce contraceptive use. Few (16.2%) of the respondents reported that their friends encourage them to use contraceptive. The majority (89.3%) of the respondents had low enabling factors that discourage the use of contraceptives. More than half (62.1%) of the respondents had moderate health-seeking behaviour. More than half (61.2%) of the respondents obtained the information on contraceptive from health worker. Majority (95.7%) of the respondents had low contraceptive use. There is a significant relationship between respondents knowledge and contraceptive use ($r= 0.144$; $p=0.0003$). Also, there is a significant relationship between respondents perception and health-seeking behaviour towards contraceptive use ($r= 0.12$; $p=0.01$).

In conclusion, adolescent female hawkers had moderate level of knowledge, perception, and moderate health seeking behaviour and low contraceptive use. This study recommends that Local government area officials should establish community based youth friendly clinics to promote easy access to contraceptives.

Keywords: Contraceptives; female hawkers; health-seeking behaviour; knowledge; perception.

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1. BACKGROUND

Street hawking is an act of selling retail goods directly on busy city streets [1]. It could also be the act of displaying wares by the road side, carrying head pan or raising a sample of wares to the commuters while the vehicles are moving [2]. Street hawking therefore, is a small scale trade in which the seller moves around searching for prospective buyer from house to house, public offices, institutions and mainly motor parks and busy pedestals. Due to unfavorable socio-economic conditions, children are forced to contribute to the family income by hawking various commodities on the streets to passersby and to commuters in buses and cars. They are therefore, exposed to the harsh environmental elements, physical and sexual abuse, and sexual and reproductive health disorders in form of adolescent pregnancy.

In addition, female street hawkers are specifically susceptible to various forms of vehemence, which include sexual harassment or exploitation by both old and young men in the society [3]. In a study in Kaduna Nigeria, it was revealed that contraceptive use among adolescents' hawkers 15-19 years is relatively low, due to lack of knowledge of the foundation of family planning information, cost of contraception, social barriers and quality of services available [4]. Different elements have been found to impact the impression of female vendors towards the utilization of contraception. Local area standards with respect to the family and anti-conception medication are probably going to affect ladies' own mentalities and at last impact their contraception practices [5].

Other variables like age, region of residence, socioeconomic status and numbers of surviving children has been positively correlated with female hawkers' perception of contraceptives. Other reasons for negative perception of contraceptive is that the fear of side effects, lack of adequate information/misinformation, objections from their partners, conflicts with their religious beliefs, objections from relations and unplanned sexual activity (National Population Commission, 2011) [6]. There is observation that most number of girls that hawk on the street are within ages 15-24 [7].

Evidence shows that 23 million adolescent girls aged 15 to 19 years in developing countries have unmet needs for modern contraceptives, and this exposes them to higher risks of unintended pregnancy and unsafe abortions [8]. These risks and their consequences could be partly averted if their contraceptive needs are met [9]. Also, given increasing adolescent sexual activity and decreasing age at first sex in developing countries [10], the use of

contraceptives to prevent unwanted pregnancy and unsafe abortion is especially important. Barriers to adolescents' contraceptive use include inadequate knowledge of their contraceptive alternatives, myths and misconceptions, biasness from the providers, short of family partner, and society support, pessimistic social norms, and an nonexistence of elongated acting reversible contraceptives(LARCs) services in the areas where several adolescents and youth access contraceptives [11].

Adolescence is a time of transition. During this critical and vulnerable time of biological, physical, psychological change, adolescents face new challenges such as initiating sexual activity, entering the age of risk-taking, entering into unions and making decisions on family formation that affect future health and opportunities [12]. Evidence shows that approximately 28% of Nigerian adolescents are sexually active with age of sexual debut ranging from 10 to 15 years [11]. Adolescent pregnancy is a common occurrence in many countries. In the developing countries, about 16 million adolescent mothers aged 15–19 years and 2.5 million girls below 16 years give birth each year [13]. Results from Nigeria's Demographic and Health Survey indicate that 19% of adolescent girls aged 15–19 years have started childbearing, and 30% have had a child by the age of 19 (NDHS, 2018). These pregnancies are mostly unintended and have negative impact on adolescents' health and well-being. Adolescents are more likely to die from pregnancy-related causes when compared to older women [14]. Adolescents aged 15–19 years are twice as likely to die in childbirth and those under 15 are five times more likely to die in childbirth as women in their twenties [15]. Infant and child mortality is also higher among children born to adolescent mothers (CDC, 2015).

Hawkers that are mainly adolescents suffer a significant and disproportionate share of deaths and disability from unsafe abortion practices [13]. An estimate of 3.9 million unsafe abortions among girls aged 15–19 years occur each year, contributing to maternal mortality, morbidity and lasting health problems [8] because of legal and social restrictions on access to abortions in many parts of the world, adolescents often resort to unsafe procedures administered by unskilled providers [16]. Recent estimates suggest that 14% of all unsafe abortions in developing countries are performed on adolescents aged 15–19 years. Of these unsafe abortions in developing countries, Africa accounts for 26% while Latin America and the Caribbean account for 15% [11]. A major contributing factor to unwanted teenage pregnancy in developing countries is poor access to contraceptive services [17].

Hawking predisposes adolescents to various problems resulting in unhealthy sexual practices and behavior in our society [18]. An earlier study on street children in Nigeria found that more than 15.4% of female adolescent hawkers had procured abortion at least twice, had been pregnant without knowing who was responsible, had experienced rape and also contracted sexually transmitted infections including HIV [18]. Fawole, Ajuwon, & Osungbade [19] showed that 30% of the violence experienced by girls on the street is sexual in nature. In a study in Kaduna, it was revealed that contraceptive use among adolescents' hawkers 15-19 years is relatively low, due to lack of knowledge of the foundation of family planning information, cost of contraception, social barriers and quality of services available [4]. Despite the recognition of contraceptive needs, there are still large gaps in contraceptive use within hawkers populations. Many adolescents in sub-Saharan African (SSA) still underuse such services where they exist [20]. Many of adolescents who are aware of and intend to use contraceptives, face numerous constraints doing so [13].

Hawking thus exposes adolescent hawkers to sexual abuse and in some cases they end up being infected by HIV/AIDS [18]. Thus, there is need to investigate the knowledge, perception and health-seeking behavior on contraceptive adolescent hawkers in Ikenne. Similarly, another study (Ashimi, Amole, & Ugwa, 2015) in Northwestern Nigeria which assessed the prevalence of sexual violence presentation at a tertiary health facility found that about a third of the female children involved were street hawkers. The most troubling, perhaps, is the fact that some are sexually exploited and forced into prostitution with the risk of unintended pregnancies and contracting sexually transmitted infections, including HIV. This is why it is deemed necessary to investigate the knowledge, perception and health seeking behavior on contraceptives use among female hawkers in Ikenne Local Government Area of Ogun State using the precede-proceed model.

1.1 Research Objectives

The general objective of the study is to investigate the knowledge, perception and health seeking behavior on the use of contraceptives among female hawkers in Ikenne LGA, Ogun State, Nigeria.

The specific objective the study to:

1. assess the level of knowledge of contraceptives among female hawkers in Ikenne LGA, Ogun State, Nigeria.

2. determine the perception of contraceptives among female hawkers in Ikenne LGA, Ogun State, Nigeria.
- 3 ascertain the environmental factors [media, friends, peers, relations] reinforcing health seeking behaviour on contraceptives use among female hawkers in Ikenne LGA, Ogun State, Nigeria?

1.2 Research Hypotheses

H_{A1}: There is significant relationship between the knowledge on contraceptives and on the use of contraceptives among female hawkers in Ikenne LGA, Ogun State, Nigeria?

H_{A2}: There is significant relationship among the perception on contraceptives and behavior on use of contraceptives among female hawkers Ikenne LGA, Ogun State, Nigeria?

2. METHODS AND DESIGNS

Research Design: This study used a descriptive cross-sectional study. This design were considered appropriate as the research used the result generated from the sampled respondents to generalize on the whole population. Also it entail testing statistical hypothesis regarding the likely association between variables.

Description of the Study Area: Ikenne is a Local Government Area in Ogun State, Nigeria. Its headquarters are in the town of Ikenne at 6°52'N 3°43'E. It has an area of 144 km² and a population of 118,735 at the 2006 census. The postal code of the area is 121. This Local Government Area was created in September 1991, from the defunct Remo Local Government. It is a semi-urban settlement, comprising of 5 major towns, namely Iperu, Ilisan, Ogere, Irolu and Ikenne the headquarters. It was bounded on the west by Obafemi-Owode Local Government, on the south by Sagamu Local Government, on the east and north by Odogbolu Local Government.

Ikenne is the headquarters of this Local Government Area and the Remo people are predominant in this area. The people are predominantly farmers and traders, due to the favorable rainforest weather in this area. There is freedom of worship for everyone, however Christians and Muslims are found in the area, while some take to traditional religion.

Study Population: The population of this study are adolescent female hawkers in Ikenne Local Government Area of Ogun state. See Table 2.

Inclusion Criteria: Female adolescent hawkers.

Exclusion Criteria: Male hawkers and Female hawkers who are older than 19 years or less than 10 years of age.

Table 1. Health Facilities in Ikenne Local government

Wards	Tertiary	Secondary	Primary	Private	Public
Ikenne 1	-	1	6	6	1
Ikenne 2	-	3	2	3	2
Ilishan 1	-	2	1	1	2
Ilishan 2	-	1	1	1	1
Iperu1	-	1	5	5	1
Iperu 2	-	-	1	-	1
Iperu3	-	-	4	2	2
Ogere1	-	1	3	3	1
Ogere2	-	-	2	2	-
Irolu	-	-	1	-	1

Table 2. List of Markets Place, Motors Parks in Ikenne Local Government Area

Selected Ward	Market	Motor park	Street	Questionnaire
Ikenne	1	1	2	141
Ilishan	1	1	2	141
Iperu	1	1	2	140

Sample and Sampling Technique: Cochran's sample size determination formula were used in this study to determine the sample size for this study. The formula is:

$$n_0 = \frac{Z^2pq}{e^2}$$

Where, n0 is the sample size, z is the selected critical value of desired confidence level, p is the estimated proportion of an attribute that is present in the population, pq = -1 and e is the desired level of precision. Assuming the maximum variability, which is equal to 50% (p =0.5) and taking 95% confidence level with ±5% precision, the calculation for required sample size will be as follows—

$$p = 0.5 \text{ and hence } q = 1-0.5 = 0.5; e = 0.05; z = 1.96$$

$$n_0 = \frac{(1.96)^2 (0.5) (0.5)}{(0.05)^2}$$

$$= 384.16 = 384$$

Adding 10% for no response

$$384 + 38.4 = 422.4$$

The sample size is 422

Sample Technique/Sampling Procedure Sample of 422 hawkers were used in this study and they are elected using a multi-staged sampling technique. In the first stage, simple random sampling technique of fishbowl type was used to select 3 communities out of 5 communities in the LGA. This procedure are achieved by writing names of the community inside a sheet of paper and 3 are picked one after the other

without replacement. The following towns were picked at random Ikenne, Iperu and Ilishan In the second stage, selection of market, motor parks and streets; the major market places and motor parks in the communities are selected, Stage three: Snow ball sampling technique was used to select only female hawkers for participation in this study from the selected Ikenne, Iperu and Ilishan (The hawkers were asked to refer the researcher to other hawkers in their area).

Instrument for Data Collection: The instrument to be used in this study are semi-structured questionnaire which has been developed by the researcher from review of literature and was administered by the interviewing technique. It contained (6) sections; Section A comprises of demographic information of the respondents. Section B knowledge of female hawkers on contraceptives while section C elicit information on perception on the use of contraceptives and section D address environmental factors that reinforce contraceptive use. Section E comprise of information health-seeking behavior on contraceptive use.

Section F: comprise of level of contraceptive use.

Reliability: A pilot test was conducted to ensure internal consistency of the instrument. Content items analysis was conducted with Cronbach's Alpha correlation.

The instrument was subjected to a pilot testing among 42 hawkers in which "knowledge measures 0.75, Perception 0.81, health seeking 0.74, contraceptive use 0.70, environmental factors 0.70, overall 0.76.

Data Collection Procedure: Two research assistants were employed and trained on how to administer the instrument in approachable and pleasant manner and

allowed to go through the instrument for clarity. Copies of the prepared instrument will be administered to each of the respondents by the researcher and the research assistants required data were filled in as appropriate by the research and assistants. The respondents was approached in the markets motors parks and on the streets. The hawkers were asked to refer the researcher to other hawkers in their areas until the sample size is collected.

Method of Data Analysis: The investigator check all the questionnaire for completeness and completed questionnaire was collated. The questionnaire was manually coded and entered into the computer for analysis. Statistical Package (IBM SPSS®) version 23.0 was used for data analysis. Data were entered into the computer and to subjected to descriptive (frequency table, pie-chart means and standard deviation) and inferential (correlation) statistical analyses at $p=0.05$.

Ethical Considerations

Ethical approval was obtained from Babcock University Health Research Ethics Committee (BUHREC). Letter of introduction from the Department of Public Health to the Local Government Area was obtained. The purpose of the study will be explained alongside the criteria for participation. An informed consent form was signed by participants who willing agreed to be part of the study. The researcher assured the participants of non-disclosure of information provided and also ascertain that no third-party would have access to the information given except for research purposes. Participation in the study was voluntary and participants could withdrawal from the study at any point in time.

3. RESULTS

3.1 Socio-demographic Characteristics of Respondents

The socio demographic characteristics of the respondents are shown in Table 4. The respondent's ages ranged from 19 to 35 years with a mean of 17.59 ± 4.6 years. Half 214(50.0%) of the respondents, fell within the 23 to 29 years age range. Majority 345 (82.1%) of the respondents were single. More than half 257 (61.2%) of the respondents were Christian. Most 260 (61.9%) of the respondents were Yoruba. Less than half 183 (43.6%) of the respondents had no formal education. Most 282(67.1%) of the respondents had no child. Above a quarter 163 (38.8%) of the respondent's spouse had secondary education. Less than half 192(45.7%) of the respondent's partner were unemployed. More than

half 243(57.9%) of the respondent's received between 1000 and 20,000 as monthly income. More than half 247(58.8%) of respondent's spouses' income was between 1000 and 20000.

3.2 Knowledge of the Respondents' Regarding the Use of Contraceptives

More than half 28(54.3%) of the respondents reported that they had heard of contraceptives. Majority 304 (72.4%) of the respondents knew that contraceptives are not a method to have children. Most 296 (70.5%) of the respondents also understood that it is not a method to get to know their partner. Less than half 187(44.5%) of the respondents knew that it is contraceptive is a method of preventing unintended pregnancy. More than half 282(67.1%) of the respondents knew that all contraceptives do not protect against sexually transmitted infections except male and female condoms. More than half 234 (55.7%) of the respondents knew that contraceptives do not cause malformation of babies. More than half 287(67.6%) of the respondents did not know that female condom is a modern contraceptive. Respondents identified the following contraceptive methods as follows, 204(48.6%) of the respondents identified intra uterine as a contraceptive method, 272(64.8%) male condom, 243(57.9%) female condom, 233(55.5%), spermicides, 228(54.3%) oral contraceptive, 225(53.6%), diaphragm, 245(58.3%) withdrawal, 280(66.7%) abstinence. More than half 218(51.9%) of the respondents knew that contraceptives help prevent unwanted pregnancies, more than half 231(55.0%) of the respondents reported that contraceptives help prevent sexually transmitted infection. More than half 220 (52.4%) of the respondents knew that child spacing is one of benefits of contraceptives (See, Table 5).

Furthermore, respondents' knowledge of contraceptives measured on a 19-points knowledge scale showed the mean score of 11.51 ± 3.69 . The knowledge proportion was categorized into poor, moderate and good. Few 48(11.4%) of the respondents had low knowledge regarding the use of contraceptives, less than half 182(43.3%) of the respondents had moderate knowledge, while less than half 190(45.2%) of the respondents had good knowledge (See, Table 4).

3.3 Respondents Perception of Contraceptives

The result showed that few 117(27.9%) of the respondents strongly disagreed that using contraceptives means you are a bad girl. Above a quarter 26(30.0%) of the respondents did not agree that contraceptives encourage premarital sex and illicit behaviours among young girls. Less than half

99(23.6%) rejected the notion that using contraceptives is a sin and it is frowned up by God. A small proportion 167(39.8%) of the respondents strongly disagreed that a woman cannot get pregnant on the first day she had sex. Few 117(27.9%) of the respondents strongly disagreed that contraceptives lead to infertility. Less than half 127(30.2%) did not agree that contraceptives lead to unexplainable weight gain. Only 120(28.6%) of the respondents strongly refuted the statement that contraceptives lead to delayed child bearing. Less than half 114(27.1%) also strongly disagreed that contraceptives cause cancer. Less than half 159(37.9%) of the respondents strongly

disagreed that advertisement and information about contraceptives use is immoral. One hundred and sixty-five (39.3%) of the respondents strongly disagreed that contraceptives are only for married couples. Less than half 147(35.0%) did not agree that religion prohibits the use of contraceptives. Few 126(30.0%) of the respondents did not agree that the process of acquiring contraceptives in the health centres are embarrassing. Above a quarter 113(26.9%) of the respondents strongly disagreed that contraceptives are too expensive. Less than half 154(36.7%) did not agree that contraceptives are meant for people of high socio-economic status (See, Table 6).

Table 3. Socio-demographic characteristics of the respondents

Socio-demographic variables for consideration	Respondents in this study; N=420	
	Frequency(n)	Percentage (%)
Age (in years)		
Age (in years) \bar{x} 17.59\pm4.68		
9-15	145	34.5
16-22	214	51.0
23-29	50	11.9
30-36	11	2.6
Religion		
Christian	257	61.2
Muslim	148	35.2
Traditional	15	3.6
Education		
No formal education	183	43.6
Primary	164	39.0
Secondary	45	10.7
Tertiary	28	6.7
Marital Status		
Single	345	82.1
Married	64	15.2
separated	9	2.1
Divorce	2	.5
Occupation		
Civil servant	52	12.4
Self employed	129	30.7
unemployed	223	53.1
others	16	3.8
Monthly Income (Spouse)		
none	144	34.3
1000-20000	247	58.8
21000-50000	29	6.9
Tribe		
Yoruba	260	61.9
Igbo	104	24.8
Hausa	56	13.3
Monthly Income		
none	155	36.9
1000-20000	243	57.9
21000-50000	22	5.2
Number of Children		
none	282	67.1
1-2	81	19.3
3-4	44	10.5
5 and above	13	3.1

Table 4. Knowledge of the respondents’ regarding contraceptives use

Variable	Respondents in this study=420	
	Frequency(n)	Percent (%)
Have you ever heard of contraceptives?	228	54.3
What is contraceptive	304	72.4
It is a method to have children		
It is a method to get to know your partner	233	55.5
*It is a method for preventing unintended pregnancy	187	44.5
They all protect against sexually transmitted infections except male and female condoms?	282	67.1
They cause malformation of babies	234	55.7
Female condom is not a modern contraceptive	284	67.6
Types of Contraceptive	204	48.6
Intra-uterine device		
Male condom	272	64.8
Female condom	243	57.9
Spermicides	233	55.5
Oral contraceptive(pills)	228	54.3
Diaphragm	225	53.6
Withdrawal	245	58.3
Abstinence	280	66.7
What are the benefits of contraceptive use		
*It can help prevent unwanted pregnancies	218	51.9
*It helps to prevent sexually transmitted infection	231	55.0
*It is used for child spacing	220	52.4
*It helps in the improvement of child’s health	235	56.0

**Expected Responses*

Table 5. Measures on Knowledge of Respondents’ Regarding Contraceptives use

	Respondents in this study; N=420; \bar{x} =11.51±3.69	
	Frequency	Percentage (%)
Low (0-6.33)	48	11.4
Moderate (6.34-12.66)	182	43.3
High (12.67-19.0)	190	45.2

Furthermore, respondent’s perception measured on a 42-point scale showed a mean of 20.89±0.45. Respondents perception was categorized into three poor moderate and high. Most 275(65.5%) of the respondents had moderate perception, small proportion 60(14.3%) of the respondents had high perception while only 85(20.2%) of the respondents had low perception.

3.4 Environmental Factors that Reinforce Contraceptive use (Media, Friends and Peer)

The result of the analysis obtained showed that more than half 257(61.2%) of the respondents reported that they enjoyed listening to audio clips on contraceptives. less than half 157(37.4%) of the respondents confirmed that the media provides them with information on contraceptives this encourages

them to use it. More than half 219(52.1%) reported that the adverts of contraceptives on television gives them more confidence on its effectiveness. More than half 232(55.2%) of the respondents agreed that they like the advert of contraceptives on radio. A little less than half 205(48.8%) of the respondents confirmed that reading magazine/ books that talks about contraceptives (See, Table 8).

Furthermore, respondents’ environmental factors that reinforces contraceptives use such as media measured on a 5-point scale showed a mean of 2.54±1.52. Respondents’ environmental proportion was categorized into low and high. More than half 235(56.0%) of the respondents had high environmental factor while 185(44.0%) of the respondents had low environmental factor that reinforces contraceptives use (See, Table 9).

Table 6. Respondents perception of contraceptives use

Statements	Strongly Agree F (%)	Agree F (%)	Strongly Disagree F (%)	Disagree F (%)	Undecided F (%)
Using contraception means you are a bad girl	83(19.8)	143(34.0)	117(27.9) *	45(10.7)	32(7.6)
Contraceptives encourage pre-marital sex and illicit behaviors among young girls	118(28.1)	88(21.0)	126(30.0) *	41(9.8)	47(11.2)
Using Contraceptives is a sin and it is frowned up by God	87(20.7)	116(27.6)	99(23.6) *	65(15.5)	53(12.6)
A woman cannot get pregnant on the first day she has sex.	75(17.9)	86(20.5)	167(39.8) *	41(9.8)	51(12.1)
Contraceptives leads to infertility	92(21.9)	80(19.0)	117(27.9) *	81(19.3)	50(11.9)
Contraceptives leads to unexplainable weight gain	65(15.5)	120(28.6)	127(30.2) *	63(15.0)	45(10.7)
Contraceptives lead to delayed child bearing	78(18.6)	104(24.8)	120(28.6) *	87(20.7)	31(7.4)
Contraceptives cause cancer	77(18.3)	106(25.2)	114(27.1) *	70(16.7)	53(12.6)
Advertisement and information about contraceptive use is immoral.	55(13.1)	84(20.0)	159(37.9) *	80(19.0)	42(10.0)
Contraceptives are only for married couples.	55(13.1)	73(17.4)	165(39.3) *	75(17.9)	52(12.4)
Religion prohibits the use of contraceptives	59(14.0)	95(22.6)	147(35.0) *	61(14.5)	58(13.8)
The process of acquiring contraceptives sin the health centers are embarrassing	72(17.1)	86(20.5)	126(30.0) *	64(15.2)	72(17.1)
Contraceptives are too expensive	94(22.4)	94(22.4)	113(26.9) *	64(15.2)	55(13.1)
Contraceptives is meant for people of high socio-economic status	52(12.4)	65(15.5)	154(36.7) *	103(24.5)	46(11.0)

*Expected responses

Table 7. Category of respondents perception of contraceptives use

	Respondents in this study; N=420 \bar{x} =20.89±0.45	
	Frequency	Percentage (%)
Low (0-14)	85	20.2
Moderate (15-28)	275	65.5
High (29-42)	60	14.3

3.5 Environmental Factors that Reinforces Contraceptive Use (Friends and Relations)

Few 151(36.0%) of the respondents strongly disagreed that because their friends do not use contraceptives, they therefore do not need to use it. Small proportion 137(32.6%) of the respondents strongly disagreed that their friends encouraged them to use contraceptives. Again, less than half 163(38.8%) strongly refuted the statement that their husbands/partner encourages them to use contraceptives. Less than half 136(32.4%) of the respondents said their brothers and sisters encouraged them to use contraceptives. A few 110(26.2%) of the respondents reported that they do not want to use

contraceptives because their partner must not know, while, one hundred and forty-three (34.0%) strongly disagreed that their mother in-law encouraged them to use contraceptives (See, Table 10).

Also, respondents’ environmental factors that reinforce contraceptives use such as family and friends measured on an 18-point scale showed a mean of 9.79±4.12. Respondents’ environmental proportion such as family and friends were also grouped into low, moderate and high. More than half 189 (45%) of the respondents had moderate environmental factor, while 107(25.5%) of the respondents and 124(29.5%) of the respondents had low and high environmental factors respectively (See, Table 11).

Table 8. Environmental factors that reinforces contraceptive use (Media)

Variable	Respondents in this study=420	
	Frequency(n)	Percent (%)
I enjoy listening to audio clips on contraceptives	257	61.2
The media provides me with the information on contraceptive this encourages me to use it	157	37.4
The adverts of contraceptives on television gives me more confidence on its effective	219	52.1
I like the advert of contraceptives on radio	232	55.2
I like reading magazines/books that talks about contraceptives	205	48.8

Table 9. Category of environmental factors that reinforces contraceptive use (media)

	Respondents in this study; N= 420; \bar{x} = 9.79±4.12	
	Frequency	Percentage (%)
Low (0-2.5)	185	44.0
High (2.6-5.0)	235	56.0

Table 10. Environmental factors that reinforces contraceptive use (friends and relations)

Statements	Strongly Agree F (%)	Agree F (%)	Strongly Disagree F (%)	Disagree F (%)	Undecided F (%)
I do not need use contraceptives because my friends do not use contraceptives	37(8.8)	136(32.4)	151(36.0) *	89(21.2)	7(1.7)
My friends encourage me to use contraceptives	68(16.2)	109(26.0)	137(32.6) *	95(22.6)	11(2.6)
My husband/partner encourages me to use contraceptives	55(13.1)	83(19.8)	163(38.8) *	80(19.0)	39(9.3)
My brothers and sisters use contraceptives so they encourage me to use contraceptives	63(15.0)	71(16.9)	136(32.2)*	116(27.2)	34(8.1)
I do not want to use contraceptives because my husband/partner must not know	51(12.1)	104(24.8)	110(26.2)*	108(25.7)	47(11.2)
My mother in-law encourages me to use contraceptives	41(9.8) *	90(21.4)	143(34.0)	113(26.9)	33(7.9)

* Expected Responses

Table 11. Measures on environmental factors that reinforces contraceptive use (friends and relations)

	Respondents in this study; N=420 \bar{x} =9.79±4.12	
	Frequency	Percentage (%)
Low (0-6)	107	25.5
Moderate (7-12)	189	45.0
High (13-18)	124	29.5

Table 12. Enabling factors that will encourage/discourage respondents from using contraceptives

Statements	Strongly Agree F (%)	Agree F (%)	Strongly Disagree F (%)	Disagree F (%)	Undecided F (%)
Government policies on making modern contraceptives available	53(12.6)	167(39.8)	108(25.7)	61(14.5)	31(7.4)
Providing information on contraceptives will encourage me to use contraceptives	95(22.6)	77(18.3)	149(35.5)	68(16.2)	31(7.4)
Use of contraceptives that does not require frequent visits will	100(23.8)	100(23.4)	118(28.1)	40(9.5)	62(14.8)

Statements	Strongly Agree F (%)	Agree F (%)	Strongly Disagree F (%)	Disagree F (%)	Undecided F (%)
encourage me to use contraceptives					
Unable to obtain services from nearby chemist will discourage me from using contraceptives	87(20.7)	95(22.6)	123(29.3)	78(18.6)	37(8.8)

Table 13. Category of enabling factors that will encourage/ discourage the use of contraceptives

	Respondents in this study; N=420, \bar{x} =2.67± 2.06	
	Frequency	Percentage (%)
Low (0-6)	375	89.3
Moderate (7-12)	45	10.7

3.6 Enabling Factors that Will Encourage/ Discourage the Use of Contraceptives

The result of the analysis showed that only a few 53(12.6%) of the respondents strongly agreed that government polices on making modern contraceptive available, will encourage them to use it. Small proportion 95(22.6%) of the respondents strongly agreed that providing information on contraceptives will encourage them to use contraceptives. Less than half 100 (23.8%) of the respondents reported that use of contraceptives that does not require frequent visits will encourage them to use contraceptives. Few 87(20.7%) of the respondents, reported that inability to obtain services nearby chemist will discourage them from using contraceptives (See, Table 12).

Furthermore, respondents enabling factor measure on a 12-point rating scale showed a mean of \bar{x} 2.67± 2.06. Enabling factor was categorized into two poor and low. Majority 375(89.3%) of the respondents had low enabling factor will few 45(10.7%) had low enabling factor. (See, Table 13).

3.7 Respondents Health Seeking Behavior on Use of Contraceptive

More than half 226 (53.8%) of the respondents reported that their parent informed them about contraceptives. Also, more than half 219 (52.1%) of the respondents reported that their friends informed them about contraceptives, most 257(61.2%) of the respondents reported that health workers informed them about contraceptives. More than half 235(56.0%) of the respondents reported that they were informed about contraceptives in school. Also, half 232(55.2%) of the respondents reported that they were informed of contraceptives on radio and newspaper. Furthermore, less than half 139 (33.1%) of the respondents reported that their family members encouraged them to use contraceptives. While 170(40.5%) of the respondents reported other sources

of information through which they heard of contraceptives.

Majority 316 (75.2%) of the respondents refuted that they cannot seek for information on modern contraceptives because it is against their religion. A little less than half 189 (45.0%) reported that they were comfortable seeking information on modern contraceptives. More than half 241(57.4%) of the respondents reported that they knew where to seek for information on modern contraceptives. More than half 245 (58.3%) of the respondents reported that they cannot encourage their unmarried friends to seek for information on modern contraceptives (See, Table 14).

Furthermore, respondent’s health-seeking behavior measured on a 11-point rating scale, showed a mean of 5.71±2.30. Their measure proportion was categorized into low, moderate and high. The result showed that More than half 261(62.1%) of the respondents had moderate seeking behavior, while a small proportion 89 (21.2%) of the respondents had moderate seeking behavior with only a few 70(16.7%) of the respondents with low seeking behavior.

3.8 Respondents Contraceptive Use

The result of the analysis obtained showed that more than half 169(40.2%) of the respondents reported that they use contraceptives. Fifty-seven (33.7%) of the respondents used oral contraceptive pills, 60 (35.5%) of the respondents reported using condoms, fourteen (8.3%) reported using IUD, ten (5.9%) reported injectables as their contraceptive use, eighteen (10.7%) of the respondents reported that they use natural method of contraceptives, while only 10 (5.9%) reported other type of contraceptives. Furthermore, 50 (29.5%) of the respondents reported that they acquire their contraceptives from the pharmacy, few 36(21.3%) reported that they acquire their contraceptive from the hospital, 59 (34.9%) of the respondents acquired theirs from family planning,

while eighteen (10.6%) and 6(3.5%) of the respondents reported that they acquired theirs from their boyfriends and friends respectively.

Also, most of the respondents reported that they would prefer to get their contraceptives from the hospital. Of the respondents who reported not using contraceptives, 66 (26.2%) of the respondents reported that method failure was responsible for it, 19

(7.5%), reported that they desired to become pregnant. Also, 49 (19.5%) reported that side effects/health was their reason for not using contraceptives, fifty -four (21.5%) of the respondents reported that it was too costly. Few 48(19.1%) reported infrequent sex as their reason for not using contraceptives. While 15 (5.9%) of the respondents reported that it was not convenient for them (See, Table 16).

Table 14. Respondents health-seeking behavior on use of contraceptive

Variable	Respondents in this study=420	
	Frequency(n)	Percent (%)
Who informed you about contraceptives?		
Parents	226	53.8
Friends	219	52.1
Health worker/giver	257	61.2
School	235	56.0
Newspaper/radio	232	55.2
Family members	139	33.1
Others (please specify)	170	40.5
I cannot seek for information on modern contraceptives because it is against my religion	316	75.2
I am comfortable seeking for information on modern contraceptives	189	45.0
I do not know where to seek for information on modern contraceptives	241	57.4
I can encourage my unmarried friends to seek for information on modern contraceptives	175	41.0

Table 15 Category respondents health-seeking behavior on use of contraceptive

	Respondents in this study; N=420 \bar{x} = 5.71±2.30	
	Frequency	Percentage (%)
Low	70	16.7
moderate	261	62.1
high	89	21.2

Table 16. Respondents contraceptive use

Variable	Respondents in this study=420; *N=169; **N=251	
	Frequency(n)	Percent (%)
Do you use any contraceptives	169	40.2
*If yes tick the method of contraceptive you use		
Oral Contraceptive Pills	57	33.7
Condoms	60	35.5
IUD	14	8.3
Injectables	10	5.9
Natural method	18	10.7
Others (please specify)	10	5.9
*How did you acquire the contraceptives that you use?		
Pharmacy	50	29.5
Hospital	36	21.3
Family planning	59	34.9
Boyfriend	18	10.6
A friend	6	3.5
Bought it on the street	0.0	0.0
Picked up a used contraceptive	0.0	0.0
Other (please specify)	0.0	0.0
Where is your preferred place to get contraceptive?		
Pharmacy	137	32.6
Hospital	279	66.4
others (please specify)	4	1.0

Variable	Respondents in this study=420; *N=169; **N=251	
	Frequency(n)	Percent (%)
If No why did you not use contraceptives		
**Method failure	66	26.3
Desire to become pregnant	19	7.5
Side effects / Health concerns	49	19.5
Costly	54	21.5
Infrequent sex / Partner away	48	19.1
Inconvenient to use	15	5.9

Table 17. Category respondents contraceptive use

	Respondents in this study; N=420 $\bar{x} = 0.95 \pm 1.27$	
	Frequency	Percentage (%)
Low	402	95.7
High	18	4.3

Table 18. Relationship between knowledge, perception and contraceptive use

Variable	Contraceptive use N=420	
	r	p-value
knowledge	0.144	0.003
perception	-0.125	0.01

**significant level 0.01*

Table 19. Table association between respondents environmental factors and health-seeking behaviour

	Contraceptive Use N=420					
	R	R square	B	Beta	F	p-value
Knowledge	0.144	0.021	0.05	0.144	8.86	0.003
Perception	0.12	0.016	0.017	0.12	6.65	0.01

Furthermore, respondents contraceptive use measured on a 7-point scale showed a mean of 0.95 ± 1.27 was categorized into two low and high. Majority 402(95.7%) had low contraceptive use while few had low 18(4.3%) contraceptive use (See, Table 17).

3.9 Hypotheses Testing

Two hypotheses were tested for this study to determine the knowledge, perception and health seeking behaviour on contraceptive use. In testing these hypotheses, Pearson correlation and multiple regression was conducted at 0.05 level of significance. The decision rule applied was that if the p-value computed was less or equal to the cut-off p-value of 0.05, the null hypothesis will be rejected in favour of the alternative hypothesis and vice-versa.

Hypothesis 1: There is no significant relationship between respondents' Knowledge and contraceptive use. The result of the correlation showed that there is a significant relationship between knowledge and contraceptive use ($r=0.144$; $p=0.0003$) (See, Table 19). Furthermore, the result of the linear regression showed that knowledge contributes 2.1% to the respondent's contraceptive use ($R=0.144$; $R^2=0.021$; $p<0.003$). This implies that respondent's use of contraceptive is dependent on their knowledge.

Therefore, based on these values, the respondents' contraceptive use is dependent on their knowledge. Hence the null hypothesis is rejected (See, Table 19).

Hypothesis 2: There is no significant relationship between respondents' perception and contraceptive use. The result of the correlation showed that there is a significant relationship between perception and contraceptive use ($r=-0.125$; $p=0.01$) (See, Table 18). Furthermore, the result of the linear regression showed that knowledge contributes 1.6% to the respondent's contraceptive use ($R=0.12$; $R^2=0.016$; $p<0.01$) (See, Table 19). This implies that respondent's use of contraceptive is dependent on their perception. Therefore, based on these values, the respondents' contraceptive use is dependent on their knowledge. Hence the null hypothesis is rejected.

4. DISCUSSION OF FINDINGS

4.1 Socio-Demographic Characteristics of Respondents

This study explored the knowledge, perception and health seeking behavior on contraceptives use among female Hawkers in Ikenne local government area, Ogun state Nigeria. the result of the findings showed that majority of the respondents were between ages

16- 29 years. This is similar to the results of Attahir et al., [4]. Most of the respondents are married, the respondents cut across the major religious group in Nigeria with a good number of the respondents as Christians, the respondents are also mostly from the Yoruba tribe. This could be attributed to the fact that the study was carried out in the southwestern part of Nigeria where it is predominantly occupied by the Yoruba ethnic group. A large number of the respondents do not possess any educational qualification, hence they ventured into street hawking and most of the respondent reported having no children, this could be because the age of most the respondents.

4.2 Knowledge of Respondents Regarding Contraceptive Use

This study revealed that more than half of the respondents had heard of contraceptive. This finding was in contrast to a study conducted by Henry et al., [21] in Uganda amongst female undergraduate in Makerere university where all the respondents had heard of contraceptive. Also, Sarah et al., [22] reported similar findings. The difference in findings may be as a result of different study population as the students were more exposed compared with the hawkers of this study who majority had no formal education. Few of the respondents understood that contraceptives are a method of preventing unintended pregnancy. Less than half of the respondents identified the various contraceptives method with most of the respondents identifying condom followed by the female condom and withdrawal. This study also concurred with the findings of national DHS 2018 where most of the participants had knowledge of at least one modern contraceptive method with condom being the most commonly known method, followed by withdrawal. This study was in similar to a study by Henry et al., [21] where the most commonly known and used methods were the male condoms and oral pills. These similarities in result may probably be because condom is universally readily available and with less cost implication. More than half of the respondents understood the benefits of contraceptives. But most of them reported that it helps in the improvement of child's health. The knowledge mean score of the respondents was 11.51 ± 3.69 . Which indicates that the respondents had a little below average knowledge of contraceptive? This is similar to a study by Fatimah et al., [23]. The result of the current study showed a significant difference between knowledge and practice. These findings corroborate the findings of Okewo and Olujide [24]. This implication is that respondent's contraceptive use is greatly dependent on their knowledge about the various types. Also, the more knowledgeable a person

is the more their knowledge about contraceptive, this was confirmed by Yohannes et al. [25] and Fatimah et al., [23] a study, from Zimbabwe who finds that higher education levels are related to higher condom use.

4.3 Perception of Respondents regarding Contraceptive Use

The perception of the respondent was above average. Both positive and negative perceptions about contraceptive use were recorded during the discussions. On the negative side, most of the respondents believed that using contraceptives means one is bad, they also believed that it is a sin that God frowns at it. They also believed that contraceptives can lead to unexplained weight gain. Some also are of the opinion that contraceptives can lead to delayed child bearing. On the positive side, a good number knew that contraceptives do not cause cancer, they also knew that advertisement and information about contraceptives use is not immoral. This positive and negative perception was also found in a study done by Ghulam Mustafa et al, (2015). This was also in conformity to a study done by Fatimah et al., [23]. The study also showed that perception is significant with contraceptive use. This finding was similar to the study by Meekers et al (2006) and Hindin et al. (2014) who stated, found a correlation between perceived effectiveness and condom use.

4.4 Environmental Factors that Reinforce Contraceptive Use

Some of the respondents identified social media, television, radio, magazines as a factor that reinforces their contraceptive use. Majority emphasizes that radio was the most sought after of the environmental factors this could be because they are mostly on the street hawking therefore, they hear a lot of adverts via the radio while engaging in their daily trade. This is similar to a study by [26] where the main sources of media exposure were mobile phones, radio and television. It was also at variance with a study by Ngome et al, [27] were the most common source of information on contraception, as presented in the literature, is the media and peers.

4.5 Health Seeking Behavior on Contraceptive Use

The current study confirmed that respondent's health seeking behavior was informed by their parent, friends, health worker, school, newspaper/radio and family members. But friends and parent were the most choice of the respondents. Some of the respondents

also acknowledged that they heard of it while in school, this could be some of the respondents who recorded that they have primary and secondary education.

4.6 Contraceptives Use

Regarding current or ever use of contraceptives, only a few respondents reported ever using. This might be because of low age of the respondents and their marital status the dominant reason for not using contraceptives included the cost of contraceptives, method failure this is at variance with a study by (Pakistan DHS 2012-13) who reported that the dominant reason for not using contraceptives were the desire to have more children. Majority of the respondents preferred to get their contraceptives from the hospital this was consistent with the study carried out by [28]. The use of contraceptive among the respondents is low and this is similar to previous studies by Moreire, et al, [29]; Mardi et al. [30]. This implies that knowledge does not influence respondents to consistency use contraceptive Moreire, et al, [29].

5. CONCLUSION

Hawking predisposes adolescents to various problems resulting in unhealthy sexual practices and behavior in our society. Female hawkers health seeking behaviour on the use of contraceptive was significantly measured by physical (knowledge, attitude, and perception) environmental (media, friends, health system) and enabling (policies, cost, and availability of contraceptives).

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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