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## **Original Research Article**

# Factors affecting the use of modern contraception among women of reproductive age in Odigbo local government area, Ondo state, Nigeria

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#### **ABSTRACT**

**Background:** Modern contraception, one of the components of reproductive health, and an essential one for that matter, affects the health of women positively. It consists of modern contraceptive methods which are of different products or medical procedure that inhibits pregnancy following sexual intercourse. The study assessed the factors affecting the use of modern contraception among women of reproductive age in Odigbo local government area (LGA), Ondo State, Nigeria.

**Methods:** A cross sectional descriptive research design was adopted for the study and the study population were women of child-bearing age between the ages of 19-45 years. A formula was used to calculate the sample size, with 420 derived, and a simple random sampling was used to select the respondents. A semi-structured instrument with its reliability tested by test re-test was used for collection of data from the respondents. The data collected was analyzed using frequency and percentage presented in tables.

**Results:** The study revealed a mean age of  $27\pm1.1$ . Also, it revealed good knowledge (90%) and practices (65.7%) as well as positive attitude (75%) towards the use of modern contraceptives among the respondents, but these were hindered by lack of support from spouses (27.4%), belief that it promotes promiscuity (29.5%), causes infertility (22.4%) and infection (46.2%).

**Conclusions:** Based on these findings, there is need for male involvement in family planning matters and health education on modern contraceptives.

Keywords: Attitude, Factors, Family planning, Knowledge, Practices, Modern contraception

#### INTRODUCTION

Despite technological advancements in modern contraceptive methods, unintended pregnancy affects women, their families and the society as a whole and pose as a worldwide problem. The rate of population growth and unplanned pregnancies is still high in the sub-Saharan Africa and globally despite the varieties of modern contraceptive methods. This has led to high burden on the resources of many developing countries with

compromising state of economic development and political stability.

Modern contraceptive method is a product or medical procedure that interferes with reproduction from acts of sexual intercourse.<sup>3</sup> The all forms of modern contraceptive methods are the oral contraceptive pills, female and male sterilization, intra uterine device, injectables, implants, male and female condoms, patches, spermicidal agents, sponge, vaginal rings, diaphragm, and emergency

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contraceptives. A woman's choice of any of these methods depends on her general health, lifestyle and relationships. Fertilization occurs naturally during unprotected coitus with conception taking place during the fertile period. There is need for use of modern contraceptive methods to avoid unintended pregnancy. Family planning which includes the use of modern contraception is defined as "The ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births through the use of medical devices or procedures."

The integral component of reproductive health is modern contraception which has positive effects on the health of women.<sup>5</sup> The first American birth control clinic was founded by Margaret Sanger in 1916, and this propelled the research that led to the creation of the pill which is one of the most popular modern contraceptives.<sup>6</sup> The success of oral contraceptives eventually led to the development of other modern hormonal birth control methods. which can significantly improve women reproductive health.<sup>7</sup> Significant reduction in the rate of sexually transmitted disease, unwanted pregnancies and maternal morbidity and mortality can be achieved following the use of modern forms of contraception.

The uptake of long-acting reversible contraceptives (LARCs) (implants, intrauterine devices and injectable contraceptives) is 56% in the United Kingdom leading to an increase of 10% from 46% in 2020/21.8 In the United States, between 2017-2020, 64.9% of the 72.2 million women aged 15-49 was currently using contraception. Currently, female sterilization (18.6%), oral contraceptive pill (12.6%), LARCs (10.3%), and male condom (8.7%) were the most common contraceptive methods used. There was increased use of LARCs among women aged 20-29 (13.1%) compared with women aged 15-19 (8.2%) and 40-49 (6.7%). The use of LARCs was also higher among women aged 30-39 (11.7%) compared with those aged 40-49. Among the Hispanic women, the current condom use did not differ between them and the non-Hispanic white as well as the non-Hispanic black (about 7%-10%). There was a decline in use of female sterilization method and the use of pill increased with higher education while the use of LARCs did not differ across education-about 10% to 12%.9

Out of the current (2024) world population of 8,089,226,367, Nigeria's population is 226,990,032, making it the most populous country in Africa. <sup>10</sup> This population is equivalent to 2.78% of the total world population. The contraceptive prevalence rate (CPR) is still embarrassingly low according to the report released by the international women's health coalition, bearing in mind the current growth rate in Nigeria of 2.55%, which adds 3.7 million people to the world's population. Annually, in Nigeria, unwanted pregnancy occurs in women of all ages, with adolescents mostly affected and an estimated 610,000 abortions are reported. <sup>5,11,12</sup> It has been reported that by the age of 45 years, most women

would have had at least one abortion.<sup>13</sup> Despite the availability of modern contraceptives, the increase in maternal mortality, unwanted pregnancy and abortion is a matter of health concern.

There has been an increase of 2% in the prevalence rate of modern contraceptives usage in Nigeria from 8% to 10% over a 5-year period from 2013 to 2018.5 Among the married women aged 15-45 years, the CPR was 8% for modern methods and 12% for all methods. 11 Also, in Nigeria, there is 15.5% contraceptive prevalence rate for the South-South geopolitical zone and 20% rate for the unmet needs for contraception among married women. 14 It is envisioned that by the end of 2030, Nigeria will be a country where everyone including adolescents, young people, populations affected by crisis and other vulnerable populations are able to make informed choices, have equitable and affordable access to quality family planning and participate as equals in society's development." The major factors influencing the use of modern contraception among women of reproductive age include lack of basic information on the consequences of sexual intercourse and knowledge about affordable confidential reproductive health services. 16 This study therefore determined the knowledge, attitude and factors influencing the use of modern contraception among women of reproductive age in Odigbo LGA, Ondo State, Nigeria.

#### **METHODS**

This study was cross sectional descriptive to determine the factors influencing the use of modern contraception among 420 women of reproductive age. The study place was Orita Odigbo primary health care in Odigbo LGA, Ondo State. The study period was from February 2024 to March 2024. The percentage level of practice of the use of modern contraception among women of reproductive age in North central Nigeria was used to calculate the sample size.<sup>17</sup>

A simple random sampling technique was used to select Odigbo LGA out of the 18 LGA s in Ondo State. Then, Orita Odigbo primary health care clinic was selected using simple random sampling technique. Also, a simple random sampling technique was used to select 420 women who were within the reproductive age of 19-45 and attendees of the clinic. The instrument used for collection of data was validated and the reliability was done using the test re-test method. The researcher with four research assistants collected data within five weeks. Institutional approval was obtained for the study before the collection of data. The data obtained was analyzed using descriptive statistics such as frequency table, percentages and charts.

#### **RESULTS**

The mean age of the respondents was  $27\pm1.1$  with most of the respondents married (94.0%) and of Yoruba ethnic region (95.5%). Out of the respondents, 94.8% are Christians, 52.4% have tertiary education and 59.3% are civil servants (Table 1).

Table 2 on knowledge of respondents revealed that 73.8% have heard about modern contraceptives, with their sources of information from government hospitals (51.9%), media, (20.5%), families and friends (19.0%) and 8.6% from private hospitals. Furthermore, 90% of the respondents knew that modern contraceptives are good and safe while 87.6% agreed that it provides protection against unwanted pregnancy and sexually transmitted.

Attitudinal disposition (Table 3) of respondents towards use of modern contraceptives was positive as data revealed

that they derive satisfaction from its use (81.4%) and they agreed that fear of getting pregnant is allayed (52.0%). Also, respondents strongly agreed that they enjoy more sexual satisfaction with their spouse (75.5%).

Among the factors hindering use of modern contraceptives are lack of support from spouse (58.8%) and the fact that it promotes promiscuity (52.1%). Moreover, the respondents agreed that use of modern contraception could cause infertility (75%) and users could be predisposed to infections (49.3%) (Table 4).

Table 1: Socio-demographic characteristics of respondents.

Variables	Frequency	Percentage (%)
Age (In years)		
18-25	78	18.6
26-33	145	34.5
34-41	139	33.1
41 and above	58	13.8
Marital status		
Single	19	4.5
Married	395	94.0
Divorced	4	1.0
Widowed	2	0.5
Ethnicity		
Igbo	3	0.7
Yoruba	401	95.5
Hausa	12	2.9
Others	4	1.0
Religion		
Christianity	398	94.8
Islam	20	4.8
Traditional	2	0.5
Educational level		
Junior secondary school	12	2.9
Senior secondary school	84	20.0
Post-secondary school	104	24.8
University education	220	52.4
Occupation		
Trader	88	21.0
Self-employed	34	8.1
Civil servant	249	59.3
Unemployed	49	11.7

Table 2: Knowledge on modern contraceptives.

Variables	Frequency	Percentage (%)		
Have you heard about modern contraceptives before?				
Yes	310	73.8		
No	110	26.2		
Where is your source of information?	Where is your source of information?			
Government hospital	218	51.9		
Private hospitals	36	8.6		
Media	86	20.5		
Families and friends	80	19.0		
Do you think modern contraceptives are good and safe?				
Yes	378	90.0		
No	42	10.0		

Continued.

Variables	Frequency	Percentage (%)	
Do you think modern contraceptives fail?			
Yes	27	6.4	
No	393	93.6	
Modern contraceptives provide protection against unwanted pregnancy and sexually transmitted diseases			
Yes	368	87.6	
No	52	12.4	

Table 3: Attitude on modern contraceptives.

Variables	Agreed	Strongly agreed	Disagreed	Strongly disagreed
I feel satisfied with the use of modern contraceptives	20 (4.8%)	342 (81.4%)	35 (8.3%)	23 (5.5%)
I do not have any fear of the unwanted pregnancy	218 (52.0%)	84 (20.0%)	65 (15.5%)	53 (12.6%)
I have more sexual satisfaction with my spouse	317 (75.5%)	79 (18.8%)	6 (1.4%)	18 (4.3%)
Getting pregnant is of less concern to me	23 (5.5%)	20 (4.8%)	74 (17.6%)	303 (72.1%)
I engage in sexual intercourse with whomever I like	15 (3.6%)	66 (15.7%)	207 (49.3%)	132 (31.4%)

Table 4: Factors influencing use of modern contraceptives.

Variables	Agreed	Strongly agreed	Disagreed	Strongly disagreed
My religion supports the use of any form of modern contraception.	346 (82.4%)	48 (11.4%)	14 (3.3%)	12 (2.9%)
I do not have the support of my spouse on use of modern contraceptives.	82 (19.5%)	247 (58.8%)	64 (15.2%)	27 (6.4%)
Use of modern contraceptives promotes promiscuity.	219 (52.1%)	56 (13.3%)	77 (18.3%)	68 (16.2%)
Use of modern contraceptives could cause infertility.	315 (75.0%)	10 (2.4%)	76 (18.1%)	19 (4.5%)
Modern contraceptives when used predisposes to infections.	207 (49.3%)	64 (15.2%)	89 (21.2%)	60 (14.3%
My culture does not support the use of modern contraceptives.	82 (19.5%)	21 (5.0%)	96 (22.9%)	221 (52.6%)
Modern contraceptives are not easily availability and accessible.	50 (11.9%)	58 (13.8%)	98 (23.3%)	214 (51.0)
Modern contraceptives are too expensive.	30 (7.1%)	44 (10.5%)	72 (17.1%)	274 (65.2%)

#### **DISCUSSION**

The study revealed that despite good knowledge on modern contraceptives, positive attitude towards its use and actual use of it by the respondents, certain factors have hindered its effective use. These factors include lack of support on the part of the spouses of the respondents, the fact that it may promote promiscuity, cause infertility and users may be predisposed to infections. The findings on good knowledge among the respondents supports the study on barriers to contraceptive uptake among women of reproductive age in Ekiti State which revealed a near total awareness (98.6%) of family planning and contraception. <sup>18</sup> Also, in the same study in Ekiti State, there was lack of spousal support (25.5%) which supports this study with the use of modern contraceptives being hindered by lack of support from spouses (27.4%). In similar study in Kenya,

there were fear of side effects of contraceptive use (52%).<sup>19</sup> This is in support of the data collected on this study which revealed that the respondents expressed fear of the modern contraceptives causing infertility. Moreover, in another study, it revealed that 68.9% of the respondents had good knowledge on modern contraceptives and 53% demonstrated favourable attitude towards its use.<sup>20</sup> Despite this, the study further revealed fear of perceived effects (45.2%) on the use of modern contraceptives and low spousal refusal (12.5%).

#### Limitations

The limitations that were encountered in conducting this study included limited time to conduct the study, inability to cover the whole of the Southwest Area of Nigeria and only the consenting participants were used for the study.

#### **CONCLUSION**

There was good knowledge on modern contraceptives by the respondents and willingness to prevent pregnancy but certain factors which can be addressed through health education, are hindering its uptake.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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