African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 7, Issue 3, 2024 (pp. 129-142)
www.abjournals.org

KNOWLEDGE AND ASSOCIATED FACTORS AFFECTING THE USE OF CONTRACEPTIVE AMONG WOMEN ATTENDING TWO SELECTED PRIMARY HEALTH CARE CENTRE IN OGUN STATE

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Cite this article:

Efuniyi M. A., Onasoga O. A. (2024), Knowledge and Associated Factors Affecting the Use of Contraceptive Among Women Attending Two Selected Primary Health Care Centre in Ogun State. African Journal of Health, Nursing and Midwifery 7(3), 129-142. DOI: 10.52589/AJHNM-C3UAIMB5

Manuscript History

Received: 20 Jun 2024

Accepted: 22 Aug 2024

Published: 29 Aug 2024

ABSTRACT: *Nigeria remains one of the countries in the world with high fertility rates, despite efforts to reduce high fertility rate by increasing use of contraceptives by women of childbearing age. This study assesses knowledge and factors affecting the use of contraceptives among women. A descriptive research design with convenient sampling techniques was used for the study. A self-structured questionnaire was used as an instrument for the study. A sample size of 204 women were selected as participants. Data collected was analysed using SPSS V20. Descriptive statistics (percentage) was used to analyse characteristics of respondents. Results revealed that 58% of the respondents have low knowledge of contraceptives, and that factors affecting use of contraceptives include distance to health facility (66.7%), lack of funds (62.7%), unavailability of contraceptives on appointment date (68.7%), and factors in their culture not supporting use of contraceptives (58.8%) and belief that family planning can lead to depopulation (72.6%). In conclusion, the majority of respondents have low knowledge of the use of contraceptives, and it is recommended that the Government develop targeted educational campaigns to increase awareness and promote informed decision-making regarding family planning.*

KEYWORDS: Contraceptives, Knowledge, Use, Factors, Culture, Family planning.

Article DOI: 10.52589/AJHNM-C3UAIMB5
DOI URL: https://doi.org/10.52589/AJHNM-C3UAIMB5

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INTRODUCTION

Family planning or contraception is defined as the use of contraceptive methods to prevent pregnancy by interfering with ovulation, fertilisation and or implantation. Contraceptives, particularly modern contraceptives, have remained prominent because of its immense health benefits to families, most especially women preventing unwanted pregnancy, promoting child spacing among others (Ahmed *et al.*, 2018). Despite persistent advocacy urging the use of modern contraceptive methods for family planning, the fertility rates in most sub-Saharan African countries still remain unacceptably high, mostly due to poor uptake of contraception because of cultural, economic and political barriers (Adefalu *et al.*, 2019).

However, only a little research has been conducted on prevalence and low use of contraceptives among women, mostly of bearing age, in Africa and especially in rural areas of Nigeria, where information about knowledge of contraceptives is inadequate due to various factors and misconceptions. This study seeks to address the gap by assessing the knowledge of contraception and associated factors affecting the use of contraceptives among women attending two selected primary health care centres in Ogun State.

LITERATURE REVIEW

Family planning or contraception is the use of various devices, drugs agents, sexual practices or surgical procedures to prevent conception or impregnation (pregnancy) (Henry, 2016). Contraceptives help women plan when and how many children to have. Contraception can either be through traditional means (celibacy and withdrawal) or modern birth control methods (condoms, pills and implants). Both have their advantages and disadvantages (World Health Organization, 2015).

Nigeria is the seventh most populous country in the world with a population close to 200 million people, and is projected to be the third most populated country by 2050. With the population growing at this rate, achieving the Sustainable Development Goals (SGDs) could be difficult for the nation like many developing countries in sub-Saharan Africa (Ogu *et al.*, 2016). A significant number of the population of Nigeria live in rural areas, where the use of health services is considerably lower compared to the urban areas, leading to high prevalence of disease outbreaks.

Promotion of family planning and ensuring access to preferred contraceptives methods for women and couples is to secure the well- being and autonomy of women while supporting the health and development of community (WHO, 2015). However, an estimated 222 million women in developing countries would like to delay or stop child bearing but are using no method of contraception. In Africa, 53% of women of reproductive age have an unmet need for modern contraception while in Asia and Latin America, regions with relatively high contraceptive prevalence, the levels of unmet needs are 21% and 22% respectively (WHO, 2018). This inequity is fueled by both growing population and a shortage of family planning services in Africa, particularly Sub-Saharan regions.

Article DOI: 10.52589/AJHNM-C3UAIMB5
DOI URL: https://doi.org/10.52589/AJHNM-C3UAIMB5

Understanding the various factors affecting the use of contraceptives which can be intra-personal, interpersonal, community or organisational factors, is essential for targeted strategies that will improve the control of looming overpopulation in Nigeria and Africa at large.

METHODOLOGY

Research Design

A descriptive research design was used, which looked at the factors responsible for the use of contraceptives among women attending selected primary health care centres in Ogun State.

Research Setting

The setting for this research were two selected primary health care centres in Yewa South Local Government, Ogun State. The selected areas are Leslie Health Care Centre, Ilaro and Owode Health Care Centre.

Target Population

The target population comprises women attending clinics at the two selected primary health care in Yewa South Local Government, Ogun State. Total sample population for this study was three hundred and sixty (360) women.

Sample Size

Data as regards the attendance of women attending Leslie Health Care Centre, Ilaro and Owode Health Care Centre was used for calculating the sample size for this study. Sample was from all women attending Leslie Health Care Centre, Ilaro and Owode Health Care Centre. The average number of women attending Leslie in a month is 200 while in Owode 160.

Sample size was then calculated thus:

Leslie Health Care Centre, Ilaro N=200

$n=N/1+N(e^2)$

$n=200/1+200(0.07)^2$

$n=200/1+200(0.0049)$

$n=200/1+0.98$

$n=200/1.98$

$n=101$

Owode Health Care Centre N=160

$n=N/1+N(e^2)$

$n=160/1+160(0.07)^2$

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n=160/1+160(0.0049)

n=160/1+0.78

n=160/1.78

n=89.8

Total Population=101+89 =190

Attrition Rate (10% of Population)

190+19=209

Sampling Technique

The convenient sampling techniques were used because not all the intended respondents were present at the time of administration of the research instruments.

Instrument for Data Collection

The instrument for this research was a self-developed, structured questionnaire that was administered to the respondents for the purpose of eliciting information for the study.

The questionnaire consists of the following section.

Section A: Socio–demographic characteristics of the respondent which include age, religious, occupation, educational qualification, ethic and marital status.

Section B: Knowledge of the respondent on contraceptive either yes or no

Section C: Associated factors for use of contraceptives.

Section D: Effects of cultural practice and religion on the use of contraceptives

Reliability of the Instrument

Reliability of the instrument was measured by using the test-retest method. A study was conducted in Atan Health Care Centre, Atan for the research retest. Twenty (20) constructed questionnaires were administered to the respondents who had the same characteristics. Data was analysed using the Statistical Package for Social Science (SPSS) version 23, using descriptive and inferential statistics. The internal consistency reliability was determined using alpha coefficient to be computed using the statistical packages for social sciences (SPSS).

Table 1: Internal Consistency Reliability of Questionnaire

	Constant	No of items	Cronbach Alpha Result
1	Knowledge on the use of contraceptive	10	0.78
2	Factors affecting the use of contraceptives	5	0.84
3	Cultural practice /religion on contraceptives	4	0.76

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Validity of the Instrument

The questionnaire was drawn by the researcher in accordance with the research objectives to ensure that it measures what it is supposed to measure.

Method for Data Collection

The data was collected through the use of questionnaires, which was given to women in selected primary care centres to answer. Explanation was given to the women in the language they understand.

Method of Data Analysis

The data collected by the researcher was quantitative values and was analysed using frequency count and percentage.

Ethical Consideration

The BABCOCK University Health Research Ethics committee provides ethical approval for this research work. The study was carried out in conformity with the Helsinki Declaration of the World Medical Association. Participants in the study were provided proper information about the study and the participant was assured of the confidentiality of data gathered from them.

RESULTS

Data Analysis and Presentation

The results of the analysis were presented in sections. 209 questionnaires were distributed and 204 were retrieved. Result of the analysis was used in answering questions raised in the study.

Demographic Characteristics

Table 2: Demographic Data

VARIABLES	FREQUENCY (N=204)	PERCENTAGES
Age		
15-25 Years	22	10.8
26-35 Years	40	19.6
36-45 Years	90	44.1
46 and Above	52	25.5
Total	204	100.0
Mean Age	**35.71 years**	
Educational Qualification		
Primary Education	24	11.8
Secondary Education	42	20.6

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Tertiary Education	120	58.8
None	18	8.8
Total	204	100.0
Ethnicity		
Yoruba	138	67.6
Hausa	24	11.8
Igbo	42	20.6
Total	204	100.0
Marital Status		
Single	19	9.3
Married	169	82.8
Divorced	12	5.9
Separated	4	2.0
Total	204	100.0
Occupation		
Civil Servant	24	11.8
Trading	76	34.3
Farming	104	51.0
Student	6	2.9
Total	204	100.0
Religion		
Christianity	116	56.9
Islamic	88	43.1
Total	204	100.0
Parity		
One	44	21.5
Two	108	52.9
Three	22	10.7
Four and above	32	15.6
Total	204	100.0

The Table above shows the demographic characteristics of the respondents. Mean age of respondents was determined to be 35.71 years, and the majority of respondents (44.1%) are in the age bracket 36-45 years while 25.5% are in the age bracket 46 years and above. Religion of respondents revealed that the majority (56.9%) are Christians and 43, 1% are Muslims. Occupation of respondents revealed that 51% are into farming and 34.3% are into trading. Respondent's educational qualification revealed that 58.8% had tertiary education and 20.6% had secondary education. Ethnicity of respondents showed that the majority (67.6%) are Yoruba while respondents' marital status revealed that 82.8% are married and Parity revealed that more than half (52.9%) had 2 children and 21.5% had 1 child.

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Knowledge Level of Contraceptives

Table 3: Knowledge of Contraceptive

VARIABLES	FREQUENCY N=204	PERCENTAGES
Have you heard of family planning before		
Yes	162	79.4
No	42	20.6
Total	204	100.0
If yes, where?		
Hospital	120	58.8
School	40	19.6
Friends	20	9.8
Mass Media	24	11.76
Others	0	0.0
Total	204	100.0
Which method do you Know? Tick all that applies		
Oral Pills	43	29.4
Injectables	28	19.1
IUCD(Copper T)	15	10.2
Implanon	17	11.6
Jadelle	23	15.7
Others	20	13.7
Total	146	100.0
Have you use any family planning method before		
Yes	144	70.5
No	60	29.5
Total	204	100.0
If yes, which method do you use?		
Oral Pills	84	57.5
Injectables	31	21.2
IUCD(Copper T)	10	6.8
Implanon	8	5.4
Jadelle	22	15.0
Others	0	0.0
Total	204	100.0
Do you think family planning causes obesity?		
Yes	124	60.8
No	58	28.4
I don't know	22	10.8
Total	204	100.0
Do you believe family planning could be life threatening		
Yes	68	33.3
No	126	61.7
I don't know	10	4.9

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Total	204	100.0
Do you think family planning is very expensive?		
Yes	80	39.2
No	110	53.9
I don't know	14	6.9
Total	204	100.0
Do you believe family planning can prevent unwanted/unplanned pregnancy		
Yes	174	85.3
No	20	9.8
I don't know	10	4.9
Total	204	100.0

Table 3 shows the analysed data depicting the knowledge of contraceptives among respondents. Majority of the respondents (79.4%) reported being aware of family planning and 58.8% said hospitals are the primary source of information, 19.6% said school and 11.7% said mass media. Most of the respondents are aware of oral pills (29.4%), injectable (19.1%), and Jadelle (15.7%). Majority of respondents (70.5%) have used family planning before and 60.8% said family planning causes obesity while 61.7% disagreed that family planning could be life threatening. Most of the respondents 53.9% also disagreed that family planning is expensive and 85.3% said family planning can prevent unwanted/unplanned pregnancy.

Table 4: Summary of Knowledge

Knowledge	Frequency	Percentages
High Knowledge	85	42
Low Knowledge	119	58
Total	204	100.0

The Table above revealed that 58% of the respondents have low knowledge of contraceptives and 42% have high knowledge of contraceptives.

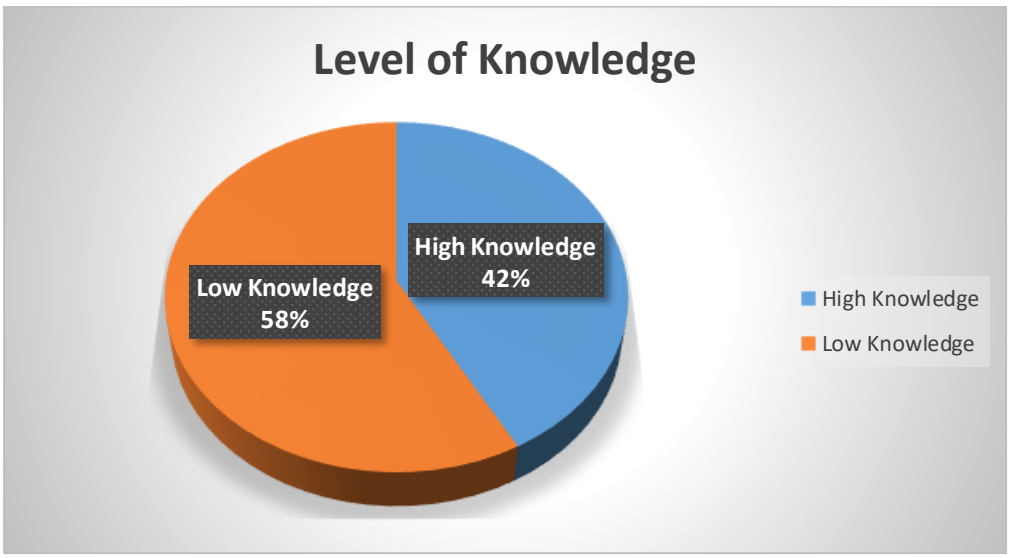

Figure 1: Pie chart showing level of knowledge of contraceptives among women.

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Factors Affecting the Use of Contraceptives

Table 5: Factors Affecting the Use of Contraceptives

QUESTIONS	YES	NO
Do you find it easy to use the health facility	79(77.5)	23(22.5)
Does the distance of the facility affects your patronage	68(66.7)	34(33.3)
Does lack of funds hinders you from getting contraceptives when due	64(62.7)	38(37.3)
Unavailability of the contraceptives on the appointment date	70(68.7)	32(31.3)

The Table 5 above revealed data about perceived factors affecting the use of contraceptives. 77.5% agreed that they find it easy to use the health facility and 66.7% agreed that distance of the facility affects their patronage while 62.7% agreed that lack of funds hinders them from getting contraceptives when due and 68.7% said unavailability of contraceptives on appointment date also affect their usage.

Table 6: Cultural Practice/Religion and Contraceptives

VARIABLES	FREQUENCY N=204	PERCENTAGES
Does your culture support the use of contraceptives		
Yes	64	31.4
No	120	58.8
I don't know	20	9.8
Total	204	100.0
Does your culture belief family planning can lead to depopulation		
Yes	148	72.6
No	52	25.5
I don't know	4	1.9
Total	204	100.0
Does your culture belief contraceptive use in marriage cause sexual immorality		
Yes	118	57.8
No	68	33.4
I don't know	18	8.8
Total	204	100.0
What are the practices used in your culture in preventing contraception		
use of contraceptive before sexual intercourse	60	29.4
use of pills after sexual intercourse (abortion)	28	13.7
use of rings, amulets, beads	42	20.6
use of herbs	74	36.3
others specify	0	0.0
Total	204	100.0

Article DOI: 10.52589/AJHNM-C3UAIMB5
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Table 6 revealed that 58.8% of the respondents said their culture did not support the use of contraceptives and 72.6% said their culture believed family planning can lead to depopulation. Also, more than half (57.8%) said their culture believed contraceptive use in marriage causes sexual immorality. The most common practice reported for preventing contraception within respondents' cultures is the use of herbs, with 36.3% mentioning the use of herbs and 29.4 mentioning use of contraceptives before sexual intercourse while 20.6% mentioned use of rings, amulets, beads.

DISCUSSION

Contraceptive use is a cost-effective public health strategy, but the uptake and use is low with marked disparity among adolescents and postpartum women. This study assessed the knowledge and associated factors affecting the use of contraceptives among women attending selected primary health care centres in Ogun state.

The problem of contraceptive use is a worldwide problem which cannot be overlooked. Pertinent literature was reviewed to know the opinion of different authors on the knowledge and factors influencing the use of contraceptives. This study used a descriptive research design and convenient sampling technique was used in selecting 204 participants for the study. The data collected were analysed and results were presented in the form of tables, frequency and percentages.

The study participants showed that the majority of respondents are middle aged women with a mean age of 35.7 years and the majority are in the age bracket, 36-45 years. Educational qualifications of respondents revealed that the majority had tertiary education. This is in tandem with the study of Adegboyega and Adewusi (2024) where most of the respondents also had tertiary education, highlighting a relationship between education and a positive perspective on the use of contraceptives. The occupation of respondents revealed that a significant proportion of the participants engaged in farming and trading. This is due to the geographical location of the study (Ilaro), which is a rural area and most of the dwellers participate in farming and trading.

The analysis of the questionnaires revealed that the majority of the respondents (79.4%) have heard of family planning with the major source of their information being hospitals. Findings from this study indicated that a majority of respondents have heard of family planning and aligns with previous studies in various demographics. For instance, a study conducted by Wani *et al*. (2019) among urban populations in developing countries found that approximately 80% of respondents were aware of family planning methods. Similarly, Hayat *et al*. (2013) reported similar results in their research on rural communities, where approximately 73% of respondents were familiar with family planning concepts.

Furthermore, the prevalence of hospitals as a major source of information on family planning corresponds to existing literature. A study by Rahman et al. (2019) highlighted that health facilities, including hospitals, are primary sources of information for individuals seeking family planning services. Similarly, research by Gupta and Bhatia (2017) emphasised the crucial role

Article DOI: 10.52589/AJHNM-C3UAIMB5
DOI URL: https://doi.org/10.52589/AJHNM-C3UAIMB5

of healthcare providers in disseminating information about family planning to communities, with hospitals being key hubs for such services.

Findings from the study revealed the level of knowledge of the women on contraceptive use. Most of the respondents are aware of oral pills (29.4%), injectable (19.1%), and Jadelle (15.7%). The findings regarding the awareness and usage of various family planning methods among respondents reflect patterns observed in prior research. Studies by Wani *et al*. (2019) have noted similar levels of awareness and usage rates for oral pills, injectable, and long-acting reversible contraceptives (LARCs) like Jadelle among diverse populations. The study revealed that majority of the respondents have low knowledge about contraceptives, and majority have misconceptions about the use of contraceptives; the misconception linking family planning to obesity resonates with studies by Sultan *et al.* (2018) and Robert *et al.* (2019), which reported similar concerns among respondents. Additionally, the notion that family planning could be life-threatening has been addressed in research by Ahmed *et al.* (2016), emphasising the importance of dispelling such misconceptions through targeted education campaigns.

Furthermore, the disagreement among respondents regarding the perceived expenses of family planning aligns with findings from studies by Mosha et al. (2013) and Moray et al. (2022), which highlighted the cost-effectiveness and accessibility of family planning services, particularly in resource-limited settings. Results from the study also revealed the various factors that influence the utilisation of contraceptives among respondents. The majority (77.5%) of the respondents agreed that they find it easy to use health facilities, aligning with research by Bongaarts and Casterline (2013), which emphasises the importance of accessible and user-friendly healthcare services in promoting contraceptive uptake. Additionally, the concern raised by 66.7% of respondents regarding the distance of health facilities impacting their patronage corroborates findings from studies by Gabrysch and Campbell (2009) and Arunda *et al.* (2023), underscoring the significance of proximity to health centres in ensuring contraceptive accessibility. Also, 62.7% of respondents that lack of funds hinders them from obtaining contraceptives echoes the findings of studies by Nalwadda *et al.* (2011) and Sedgh *et al.* (2016), highlighting the financial barriers that impede contraceptive access, particularly among low-income populations.

Furthermore, the results revealed the cultural beliefs and practices regarding family planning among respondents, with 72.6% of respondents saying that their culture believes family planning can lead to depopulation. Such beliefs may stem from cultural norms emphasising the importance of large families or concerns about demographic changes within communities, as well as cultural attitudes toward population growth and family size. Furthermore, the prevalent belief among 57.8% of respondents that contraceptive use in marriage causes sexual immorality reflects the intersection of cultural and religious values with reproductive health practices. Similar findings have been documented in studies by Dereuddre (2017) and Mbadu *et al.* (2018), which explore the influence of sociocultural factors on attitudes toward contraception and sexual behaviour.

The reported cultural practices for preventing contraception, such as the use of herbs (36.3%), contraceptives before sexual intercourse (29.4%), and rings, amulets, beads (20.6%), underscore the diversity of traditional contraceptive methods and rituals within different cultural contexts. These findings align with research by Sedgh *et al.* (2016) and Blackstone (2017), which discuss the persistence of traditional and folk contraceptive practices alongside modern contraceptive methods.

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IMPLICATION TO PRACTICE

Nurses should be aware of and sensitive to the cultural beliefs and practices surrounding family planning among diverse populations. Understanding cultural perspectives on contraception can facilitate respectful and effective communication between nurses and patients, fostering trust and enhancing patient-centred care.

Based on the study findings, nurses should address common misconceptions about contraception such as the belief that it leads to depopulation or sexual immorality, especially since nurses play a crucial role in providing accurate information and counselling on family planning methods.

The study highlights factors such as ease of access to health facilities, financial constraints, and availability of contraceptives that influence contraceptive utilisation. Nurses can advocate for policies and interventions aimed at improving access to affordable and geographically accessible reproductive health services.

CONCLUSION

In conclusion, the study reiterated that the majority of the respondents had good knowledge of family planning but poor knowledge of contraceptives, and that various factors were considered affecting the use of contraceptives such as distance to health facilities, lack of funds and unavailability of contraceptives in health centres. Most of the respondents also mentioned several cultural factors that could influence their use of family contraceptives, such as culture did not support using contraceptives and it could lead to depopulation.

It is recommended that there should be targeted educational campaigns to increase awareness about contraceptive methods, debunk myths and misconceptions, and promote informed decision-making regarding family planning, especially in the rural areas of our nation.

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