

Awareness, use and barriers to modern contraceptives among inner city mothers attending child welfare clinic at selected health facilities in Abeokuta, Nigeria.

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Abstract

Contraceptive use among women is associated with reduced maternal morbidity and mortality worldwide. Study assessed women awareness of modern contraceptives, its use and barriers among inner-city mothers attending child welfare clinic in selected hospitals in Abeokuta. This is a descriptive cross-sectional study using convenient sampling to recruit 150 women attending Child Welfare Clinic in three selected health facilities in Abeokuta. Questionnaires with open-ended questions were used to obtain information from respondents after obtaining ethical approval and written consent. Data obtained was analysed using SPSS version 21. Findings from the study revealed that awareness of modern contraceptive among the respondents is high (94%), however its use is low (41.3%). The desire to have more children (47.7%) was the major reason for non-use of modern contraceptives. Lack of communication between couples with regards to sex (24%) and fear of side effects (27.3%) were the main barriers to using contraceptive. Women should be encouraged to communicate effectively with their husbands. Furthermore, healthcare providers should properly evaluate clients seeking contraception and educate them on side effects to improve adherence to contraceptive use.

Key words: Awareness, use, barriers, modern contraceptive, Inner-city mothers

I. INTRODUCTION

Unplanned and unexpected pregnancy continues to pose major reproductive health challenge in women of child bearing age especially in sub-Saharan Africa with resultant cases of abortions, infections and untimely death in worst situations.¹⁻² Unwanted pregnancy accounts for 30% of all births in sub-Saharan Africa.^{1, 3} Since this pregnancy is unplanned, women may tend towards its termination. In Nigeria, abortion is illegal under most health conditions; hence an increase in the rate of unexpected pregnancies would lead to rise in the incidence of unsafe abortion thereby increasing the number of deaths resulting unsafe abortion.² Reported death resulting from abortion-related mortality and morbidity accounted for 15% of all maternal death,⁴ therefore use of contraceptive was prioritized as a key intervention.⁵⁻⁶

Modern contraceptives has since been introduced and integrated into many national population and developmental programs.⁷ Modern contraceptives includes devices, drugs or agents such as condoms, injectables, oral pills, intra-uterine device, implants and surgical procedures like sterilization which act by preventing conception thereby enabling the woman to plan and space the birth of her children.⁸ This in turn reduces abortions rate, maternal mortality and also improves maternal and child health.⁹

Despite the efforts of governmental and non-governmental agencies in creating awareness on the benefits of modern contraceptive, its use is still low in many parts of sub-Saharan Africa.² In Nigeria, prevalence of contraceptive use is as low as 15% and even lower in some rural areas of the country.¹⁰ Factors within women's socio-cultural context could act as barriers towards the use of modern contraceptives. Hence this study was aimed to examine the awareness, use and barriers to modern contraceptives among inner-city mothers in Abeokuta, Nigeria, and also to determine whether a statistical difference between awareness of modern contraceptive (ever heard of) and current use of modern contraceptive. Findings obtained from this study would add to existing body of knowledge and also provide insight to other measures which could be adopted in order to promote the use of modern contraceptive.

II. METHODS

This is a descriptive, cross-sectional study aimed to determine mothers' awareness, use and barriers to modern contraceptive. 150 mothers who were registered with and also attended child welfare at any of the three selected health facilities were conveniently recruited for the purpose of this study. Ethical approval was obtained from Babcock University Health Research and Ethical Committee (BUHREC). Participants were duly informed and verbal consent was obtained. Questionnaire with closed-ended questions which assessed awareness, use and barriers to modern contraceptive was administered to the participants. Content and face validity was ensured through extensive review of literature and clarification of sentences by experts in the field of study. Participants were guided on completion of the questionnaire. Completed questionnaires were retrieved, coded and analysed using descriptive statistics of tables with tables and percentages. Study hypothesis was tested using inferential statistics of chi-square and level of significance set at 0.05. Statistical Package for Social Sciences (SPSS version 21.0) was used.

III. RESULTS

Table 1: Socio-demographic characteristics of the respondents (n= 150)

Variables	Frequency (F)	Percentages (%)
Age: 18-27	43	28.7
28-37	93	62
38-47	14	9.3
Level of Education: No formal education	3	2
Primary education	13	8.7
Secondary education	42	28
Diploma	28	18.7
Graduate	53	35.3
Postgraduate	11	7.3
Religion: Christianity	106	70.7
Islam	42	28
Traditional	2	1.3
Number of children had: 1-3	133	88.7
4-6	17	11.3
7-9	0	0
≥10	0	0
Desired number of children: 1-3	90	60
4-6	60	40
7-9	0	0
≥10	0	0
Ethnicity: Yoruba	118	79.7
Igbo	23	15.3
Hausa	7	4.7
Others	2	1.3

Table 1 above shows that most of the women sampled (62%) were between 28 and 37 years old. 53 participants (35.3%) are university graduates. 70.6% respondents are Christians. Majority of the participants 133 (88.7%) have previously had 1-3 number of children while 17 respondents (11.3%) have had 4-6 number of children. However 60 respondents (40%) desire to have at least four number of children and above. Majority of the respondents (79.7%) are from Yoruba ethnic group. Study setting is of Yoruba origin.

Table 2: Awareness of Modern contraceptives among the respondents (n=150)

Questions	Frequency (F)	Percentages (%)
Have you ever heard about modern contraceptives?		
Yes	141	94
No	9	6
Modern contraceptive deals with:		
Child spacing	62	41.3
Prevention of pregnancy	83	55.3
I don't know	5	3.3
What is your source information?		
School	12	8.0
Health facilities like hospital	116	77.3
Friends	10	6.7
Electronic media	9	6.0
Others	3	2.0
Which of these methods of modern contraceptives do you know?		
Condom	95	65.3

Injectable	84	56.0
Oral pills	71	47.3
IUCD	44	29.3
Surgical	21	14
Others	6	4
Where to assess modern contraceptives?		
Home	4	2.7
Health facility	136	90.6
Patent medicine store	10	6.7

Table 2 above reveals the participants awareness of modern contraceptive. Majority of the participants 141 (94%) have heard about modern contraceptives. 83 respondents (55.3%) are of the opinion that modern contraceptive deals with pregnancy prevention while 62 respondents (41.3%) said that it deals with spacing of their children. 116 respondents (77.3%) got their information from various health facilities. Most of the respondents 95 (65.3%), 84(56%) and 71(47.3%) respectively affirmed that they know condoms, injectable and oral pills as the methods of modern contraceptives. Also 136 respondents affirmed that modern contraceptives are assessable at the health facilities.

Table 3: Use of Modern Contraceptives methods among the participants (n=150)

Questions	Frequency	Percentage
Have you ever used any method of modern contraceptive? Yes	77	52
No	73	48
Are you currently using any contraceptive? Yes	62	41.3
No	88	58.7
If No, why? Desire for more children	42	47.7
None Availability	5	5.8
Spouse Refusal	15	17.0
Religion	3	3.4
Others	23	26.1
If you are currently using any contraceptive, which one?		
Condom	26	41.9
Injectable	14	22.6
Tablets	9	14.5
Intra-Uterine Contraceptive Device (IUCD)	10	16.1
Surgical	1	1.6
Implant	2	3.2
Why do you prefer the chosen method of contraceptive?		
It is effective	31	50.0
It is safe	8	12.9
It is easy to use	20	32.3
It has little or no side effects	3	4.8
Is your spouse aware? Yes	53	85.5
No	9	14.5
If your spouse knows, did he support it? Yes	50	94.3
No	3	5.7

Table 3 above shows participant responses on the use of modern contraceptive. 77 respondents (52%) affirmed that they have previously used a method of modern contraceptive. However, only 62 respondents (41.3%) said that they are currently using it while 88 respondents (58.7%) said they are not currently using any method of modern contraceptive because they desire for children (47.7%). Method of modern contraceptive utilized by participants included condoms (41.9%), injectable (22.6%), IUCD (16.1%), tablets (14.5%), implants (3.2%) and Surgery (1.6%). Many of the respondents prefer their chosen method of contraceptive because it is effective (50%) and easy to use (32.3%). Majority of the respondents currently on modern contraceptives said that their husband is aware they are using contraceptive (85.5%) and also supports it (94.3%).

Table 4: Participant's responses on barriers to use of Modern Contraceptives (n=150)

Barriers to the use of contraceptives	SA (%)	A (%)	U (%)	D (%)	SD (%)
Lack of communication between couples about sex	36(24)	36(24)	17(11.3)	29(19.3)	32(21.3)
My religion does not accept family planning	7(4.7)	17(11.3)	4(2.7)	56(37.3)	66(44)
Negative attitudes of contraceptives provider	11(7.3)	14(9.4)	18(12)	59(39.3)	48(32)
My culture does not accept family planning	7(4.7)	19(12.7)	8(5.3)	50(33)	66(44)
Women who use contraceptives are promiscuous	9(6)	18(12)	18(12)	40(26.7)	65(43.3)
It is prestigious to have a large family	9(6)	25(16.7)	17(11.3)	57(38)	42(28)
Fear of side effects of contraceptives	35(23.3)	41(27.3)	12(8)	37(24.7)	25(16.7)
Contraceptives is not easily accessible in my locality	12(8)	14(8.3)	9(6)	59(39.3)	56(37.3)
My husband does not want me to use family planning	27(18)	29(19.3)	5(3.3)	35(23.3)	54(36)

Table 4 above reveals barrier to use of modern contraceptive among the participants. 36 respondents (24%) strongly agreed that lack of communication between couples about sex is a barrier to use of modern contraceptive use. 44% respondents strongly disagreed that their religion imposed any barrier to the use of contraceptive. 59 (39.3%) respondents disagreed on negative attitudes of contraceptive providers as a barrier to its use. Also, 44% of the respondents strongly disagreed on the statement that their culture does not accept family planning. 65 respondents (43.3%) also strongly disagreed that using a contraceptive makes a woman promiscuous. 57 respondents (38%) disagreed on having a large family as a barrier to contraceptive use. 41 respondents (27.3%) agreed that fear of side effect of contraceptive is a barrier to its use. 59 respondents (39.3%) disagreed on accessibility of contraceptive within their locality as a barrier. Additionally, 54 respondents (36%) strongly disagreed on the statement that their husband does not want them to use family planning methods as a barrier to the use of modern contraceptive.

Table 5: Chi-square analysis between awareness of modern contraceptive (ever heard of) and current use of modern contraceptive

Awareness of Modern contraceptive	Current use of Contraceptive		Total	Chi-square (χ^2)	p value
	Yes	No			
Yes	62	79	141	6.746 Df= 1	0.0094
No	0	9	9		
Total	62	88	150		

Table 5 above revealed the result of a chi-square test measuring women's awareness of modern contraceptive (ever heard of) and the current use of modern contraceptive. Since the calculated p-value is less than the table value at degree of freedom of 1 ($p < 0.05$), therefore, a statistically significant difference exist between awareness of modern contraceptive and its current use. This implies that women's use of modern contraceptive is influenced by their level of awareness.

IV. DISCUSSION

150 mothers who were registered with and also attended child welfare clinic in the three selected health facilities participated in this study. Results obtained from this study suggest that the awareness of modern contraceptive among participants is high. Perhaps this could be due to provision of information on family planning and contraceptive usually made available to participants by their care providers during the child welfare clinic as majority of the participants (77.3%) got the information regarding modern contraceptive at various health facilities utilized. Participants viewed modern contraceptive as useful in child spacing (41.3%) and prevention of pregnancy (55.3%). Male condoms, injectable and oral pills among others were major methods identified. This finding is similar to the observation made by another study.²

However, participant's use of modern contraceptive is low. Although more than half of the respondents (52%) affirmed using a method of contraceptive in the past, only 41.3% respondents agreed that they are currently using it. The desire for more children was a major reason for their non-use of contraceptive. Male condom (41.9%) was identified as the method mostly utilized by the participants because it is effective to them as well as easy to use. Male condoms are always available, accessible and cheap in most retail shops within inner-cities and its cultural acceptability towards HIV prevention which reportedly increased over the years could account for its awareness and use.² In addition, most of the respondents currently using a method of modern contraceptive claimed their husbands are aware that they are on contraceptives (85.5%) and also gave his support (94.3%). Perceived support from husbands on choice of contraceptive is associated with high usage of modern contraceptives.¹¹⁻¹²

Some of the barriers to contraceptive use as identified from this study included lack of communication between couples about sex and fear of side effect of modern contraceptives with the latter also reported by other studies^{2, 10} as a major hindrance to the use of modern contraceptives. There is need to educate women on these common side effects in order to improve adherence and use. However, it is interesting to note that many participants sampled in this study strongly disagreed on factors such as religion, cultural background and believe that contraceptive use makes a woman to be promiscuous as well as having a large family as prestigious, lack of husbands support, accessibility of contraceptives within their locality and negative attitudes of contraceptive providers as barriers to use of modern contraceptive. This could be related to participants' level of education as many of them have been schooled up to diploma, graduate and post-graduate levels. In addition, inner-city women are observed to lay little or no emphasis on traditional and cultural values due to westernization.²

There are implications of these findings to nursing practice. This study has revealed that participants are aware of modern contraceptives. However its use is still low due to lack of communication among couples as regards to their sexual life and fear of side effects of modern contraceptives. Hence it is necessary for nurses to emphasize on the importance of open and effective communication among couples especially as it relates to sex and contraceptive use. This will elicit more husband support and also increase contraceptive use among women. Furthermore, nurses should endeavor to explicitly discuss the indications for use and side effects of these contraceptives with the women during the education and counselling sessions of the child welfare clinic and offer guidance on every woman's choice of contraceptives.

V. CONCLUSION

This study assessed the awareness of modern contraceptives, its use and barriers among women. Study findings shows that many of the participants are aware of modern contraceptive; however its usage is poor. Some factors which were identified as barriers to contraceptive use among the participants are lack of communication among couples about sex and fear of side effects of modern contraceptives. Women should be encouraged to communicate effectively with their husbands. This will enhance support given by husbands and also enable them to successfully plan and control the birth of their children. Furthermore, women should be properly guided on their choice of contraceptive method in consideration to indications for use and side effects of chosen method of contraceptive. This will minimize adverse effect and thereby improve adherence to the use of chosen methods.

VI. RECOMMENDATIONS

Study has revealed that although the awareness of modern contraceptives among participants is high, however it did not translate into high usage. Based on these findings, it is therefore recommended that Healthcare providers should utilize every opportunity encountered with mothers during child welfare clinic to communicate the benefit of modern contraceptive to them. The use of mass media services especially electronic and print should still be employed in increasing awareness on the benefits of modern contraceptive. Additionally, there is need for community outreach in order to educate men on contraceptives and its benefits. Also making contraceptive services more available in the locality where people lives may also improve its access. Education of the girl child and continued empowerment of the women should be intensified in order to improve their acceptance and usage of contraceptive methods. Furthermore, religious organizations and traditional institutions should be encouraged to promote the use of contraceptive method in the community. Government should formulate policies that limit the number of children each family should have in order to improve the use of contraceptives. In the future, there is need for qualitative studies to be carried out on the experiences of women using modern contraceptives. Such studies may help to reduce women's fear of side effects of modern contraceptive. Also further studies should examine the role which husband's support could play on women's utilization of modern contraceptive as this may increase its use.

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