



## Factors that Influence the Utilization of Contraceptives among Women of Reproductive Age in Itigidi Community

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### ABSTRACT

*Contraceptive is the use of drugs, devices or surgery to prevent pregnancy. Despite its proven efficacy in preventing pregnancy and pregnancy-related problems, majority of women of reproductive age still have unmet needs, resulting in increased unintended pregnancy, maternal morbidity and mortality. This study examined factors influencing the utilization of contraceptives among women of reproductive age in Itigidi community, Abi Local Government Area of Cross River State, Nigeria. A cross-sectional survey design adopted for the study with one hundred and fifty (150) participants selected through convenient sampling technique. The instrument for data collection was a structured questionnaire. Data were analysed using percentage, frequency and presented using tables. Results: Findings from the study showed 100% of the respondents had heard of contraceptives. Majority (83.33%) respondents had positive attitude towards contraceptive utilization. Further findings revealed (92%) level of contraceptive use, while (71.33%) indicated that their religion significantly influence contraceptive use. Recommendations were made in line with the results of the study.*

**Keywords:** Factors, Contraceptive, contraception, utilization, women of reproductive age

### INTRODUCTION

The utilization of modern contraception among women of reproductive age is an important component of reproductive health with regards to its potential benefits improving maternal and child health outcomes, reducing poverty and promoting gender equality (Li and Rimon 2018). Nigeria accounts for an estimated population of two hundred and thirty-two million, six hundred thousand (232.6 million) as at mid- year 2024. Currently, Nigeria ranks number 6 in the list of countries with the highest population (United Nations 2024). Globally, the prevalence rate of contraceptive use among women of reproductive age (15-49 years) in 2022 was estimated at 874million among 1.9million women who use a modern method of contraceptive (The United Nations 2022).

The prevalence of contraceptive use among women of reproductive age (15-49 years) Varies between developed and developing nations. Countries with highest prevalence rates includes Finland 79%, Switzerland and Canada 73%, United Kingdom 72%, and China 71%, Latin America and the Caribbean 59%, Asia and the Pacific 54%, the United States Prevalence stood at 61%, Western and Central Africa 20% (Statista 2024). In Sub-Saharan Africa, the prevalence of contraceptive use among women of reproductive age remains 29% compared to 70% in Eastern Asia (United Nations 2021). According to National Bureau of Statistics (2024), the prevalence of contraceptive use among women of reproductive age in Nigeria was measured at 18%. Sub-Saharan Africa countries recorded the highest number of maternal death annually with a maternal mortality rate (MMR) of 553 deaths per

100,000 live births which is over 50 times higher than the MMR for high income countries with 11 deaths per 100,000 (UNICEF 2022).

UNICE (2024) data indicated that Nigeria contributes 10% of global deaths for pregnant mothers having a MMR of 576 per 100,000 live births and the 4th highest in the world, with approximately 262,000 babies dying each year, National Bureau of Statistics, National Bureau of Statistics (2024). Contraceptive use is one of the major ways to harmonize population growth with socioeconomic development as well as ensuring women's human economic and political rights and their full participation in development process. Contraceptive utilization makes it possible for a couple to have children when they want to have and to have the desired number and to space their children and pregnancies (United Nations 2022, Alfven, Erkkola, and Ghys 2017). Contraceptives can also be used as a strategy to prevent HIV transmission between sexual partners and to prevent HIV transmission from mother to child by preventing unintended pregnancy (Reynold, Jenowitz, Homan et al in Amsula, Worku, Ayalew and Alamneh 2023). Contraceptives are devices or methods that is used to prevent pregnancy and they act by either preventing the fertilization of the female egg by the sperm or preventing implantation Of the fertilized egg (Idoko , Omotosho, Anyaka ,Udo ,Ezenwosu et al (2018)).

Contraceptive methods are often classified as either modern or traditional, modern methods of contraception includes , male and female condoms, male and female sterilisation ,intra uterine devices (IUD) implants , patches, injectable, oral contraceptive pills, emergency Contraceptives, Vaginal barrier methods (including the diaphragm, cervical cap, spermicidal foam , Jelly cream and Sponge), the Lactation amenorrhea method (LAM) and others .While the traditional methods of contraception includes rhythm (Fertility awareness-based method also known as periodic abstinence), withdrawal method and others (United Nations 2022). The use of contraceptives has increased in many parts of the world specifically in Asia and Latin America, but continues to be low in Sub-Saharan Africa (Amsula et al 2023) this statement is in agreement with WHO (2022) records, which indicated that the uptake of contraceptives by women of reproductive age in Nigeria was low, indicating that in every Ten (10) women only four women used contraception. This high maternal and infant mortality rate in Sub-Saharan Africa and particularly in Nigeria could be reduced if women of reproductive age are educated and advised on the importance of contraceptive utilization..

Several studies to investigate the factors influencing contraceptive utilization among women of reproductive age have been conducted. Among the major factors identified include, Individual level factors such as fertility preference, male child preference, educational level and exposure to media, Also household or family level factors such as Spousal communication on family planning and autonomy for uptake of contraceptives, Religious and cultural norms at the community level have been found to have significant influence on contraceptive use, At the system level, factors such as access to health facility, availability of methods and cost of contraceptive influence the uptake of family planning (West off, Ahmed Li, Liu Tsui, 2021) and (Fadeyibi, Alade, Adebayo, Erin folami, 2015).

### **Statement of the Problem**

Despite the significance and benefits of modern contraception and the efforts of both the States, Federal Government and the International Organisations including NGOs towards the provision of contraceptive devices, the utilization of contraceptives still remains Very low in Nigeria among women of reproductive age 15-49years. Currently, Nigeria has a Prevalence of contraceptive rate of 18% (Statista 2024), and a maternal mortality rate (MMR) of 576 per 100,000 live births which represents 10% of global death of pregnant mothers (UNICEF, 2024).

Cross River states is one of the states with low contraceptive prevalent rates in Nigeria with 18.9% among women of reproductive age and a high fertility rate of 3.7. The unmet needs of family planning put the State as one of the highest unmet needs in the country (Undelikwo, Ikpi & Bassey, 2024). Based on the figures above, coupled with the high rates of pregnancy related problems in Itigidi community, the researcher was prompted to investigate the factors influencing the uptake of

contraceptive methods among women of reproductive age 15 to 49 years in Itigidi, Abi Local Government Area.

### **Objectives of the Study**

The main objective of the study is to examine the factors that influence the utilization of contraceptives among women of reproductive age in Itigidi community. The specific objectives are:

1. To assess the level of knowledge of contraceptive method among women of reproductive age in Itigidi community.
2. To examine the attitude of women of reproductive age in Itigidi community towards contraceptive utilization.
3. To determine the level of utilization of contraceptives among women of reproductive age in Itigidi community.

### **Research Questions**

1. What is the level of knowledge of women of reproductive age in Itigidi community on contraceptive methods?
2. What is the attitude of women of reproductive age in Itigidi community towards the utilization of contraceptives?
3. What is the level of utilization of contraceptives among women of reproductive age in Itigidi community?

### **Significance of the Study**

1. Findings of this study will help in mitigating the ugly trend of social and health implications of non-utilization of contraceptive by women of child-bearing age.
2. This study will enable policymakers to take adequate measures to address issues such as unintended pregnancies and unsafe abortions and to advocate for sexual and reproductive health rights education to be enshrined in the school curriculum and health facilities
3. Findings from this study will enlighten parents and significant members of the society on the significance of discussing issues regarding sexuality and sex education, and to create awareness on contraceptives to their ward This will expose the females who has gotten to the age of childbearing to avoiding unprotected sex and to choose the contraceptive of choice and prevent consequences associated with sexual intercourse.

## **METHODOLOGY**

This study adopted a descriptive survey design due to its suitability for gathering data and opinions regarding the attitudes and behaviors of individuals, with the aim of establishing relationships between the variables under investigation. The research was conducted in Itigidi community, located in Abi Local Government Area of Cross River State. Itigidi lies in the tropical zone on the western bank of the Cross River basin. It shares boundaries with Ediba community to the south, Adadama community to the east, and Afikpo community in Ebonyi State to the west. The community spans an area of approximately six square kilometers and serves as the administrative headquarters of Abi Local Government Area. It experiences two major seasons—wet and dry. According to the 2006 population census by the National Population Commission, Itigidi had an estimated population of about 35,000 people. The inhabitants are predominantly of the Ekoi ethnic group and speak the Legbo language. The major occupations practiced in the community include subsistence farming and fishing. Facilities available in Itigidi include a secondary health facility (Eja Memorial Hospital), a comprehensive health center, a police station, a Federal Road Safety Corps office, a number of public and private primary and secondary schools, and the College of Nursing Sciences. The people of Itigidi are mainly Christians, with a few Muslims and traditional worshippers.

The target population for the study comprised all women of child-bearing age (15–49 years) residing in Itigidi community. A total of 100 respondents were selected using the convenient sampling

method, which allowed the researcher to engage any available participant within the target group during the data collection period. Data were collected using a self-administered structured questionnaire developed by the researcher under the supervision of the research supervisor. The instrument was titled *Factors Influencing the Utilization of Contraceptives Among Women of Child-Bearing Age in Itigidi Community (FIUCAWCBAIC)* and comprised three sections: Section A captured the socio-demographic characteristics of respondents; Section B assessed their knowledge of contraceptives; and Section C measured the level of contraceptive utilization among the target population.

To ensure the validity of the research instrument, it was reviewed by experts in the field to assess its content and face validity. Upon evaluation and approval, the instrument was certified for use by the research supervisor. Reliability was tested using the test-retest method. Twenty copies of the questionnaire were administered to women aged 15–49 in Ediba community, also located within Abi Local Government Area. The correlation between the initial and subsequent responses confirmed the reliability of the instrument. Data collection was conducted with the assistance of two trained research assistants. The respondents were given a clear explanation of the study's objectives and were guided on how to complete the questionnaire. They were asked to respond to all items, and the completed questionnaires were collected immediately after completion. Data obtained from the study were analyzed using simple percentages and frequencies. The results were presented in tables for clarity.

Ethical clearance to conduct the study was obtained from the Chairman of the Research Committee of Cross River State College of Nursing Sciences, Itigidi. Permission was also granted by the Primary Health Care Coordinator of Itigidi community to allow access to clients. Informed consent was obtained from all participants, and they were assured of confidentiality and anonymity, with no personal identifiers required on the questionnaire. Participants were also informed of their right to withdraw from the study at any point without penalty.

## RESULTS AND DISCUSSION

This section presents and analyzed data obtained from the respondents as contained in the questionnaire. Data are presented using tables, frequency and simple percentage.

### Demographic variables of respondents

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

VARIABLES	FREQUENCY	PERCENTAGE
<b>AGE GROUP (YEARS)</b>		
15-20	20	13.33 %
21-30	43	28.67%
31-40	60	40.00%
41-49	27	18.00%
<b>TOTAL</b>	<b>150</b>	<b>100%</b>
<b>RELIGION</b>		

Christianity		93.00%
Muslim	10	6.67%
Traditional Religion		
<b>TOTAL</b>	<b>150</b>	<b>100%</b>
<b>MARITAL STATUS</b>		
Single	40	26.70%
Married	75	50.00%
Divorced	20	13.33%
Widow	15	10.00%
<b>TOTAL</b>	<b>150</b>	<b>100%</b>
<b>EDUCATIONAL LEVEL</b>		
Primary	25	16.66%
Secondary	55	36.67%
Tertiary	70	46.67%
<b>TOTAL</b>	<b>150</b>	<b>100%</b>

Table 1 above shows the demographic variables of respondents between 15-20 years is made up of 13.33%) while those of age between 21-30 years is represented by (28.67%) age between 31-40 years is represented with (40.00%) and age group between 41-49 is represented with (18%). On religion, Christianity representing 140(93.33%) respondents and Muslim representing 10(6.67%) respondents. Marital status showed single representing 40(26.67%) respondents, married representing 75(50.00%) respondents, divorced representing 20(13.33%) and Widow, representing 15(10.00%) respondents. Educational level of participants showed respondents with primary level of education 25(16.66%), Secondary education 55(36.67%) and Tertiary education representing 70(46.67%) respondents.

**Table 2:** Showing respondents knowledge of contraceptives

Have you ever heard of contraceptives?		
Yes	150	100%

No		
If yes, Source of Knowledge?		
ANC	55	36.67%
Healthcare personnel	40	26.67%
Friends	38	25.33%
Family members	18	120%
TV/ Radio	30	20%
What is the use Of contraceptive?		
TO prevent unwanted pregnancy	75	50.0%
To prevent sexually transmitted diseases	38	25.33%
To space childbirth	150	100%
To have planned pregnancy	67	44.67%
TO reduce family size	48	32%
<b>Respondents Knowledge of types of contraceptives</b>		
Oral contraceptive pills	75	50.0%
Injections	60	40.0%

Male condoms	85	56.67%
Implants	65	43.33%
Intra-uterine devices	40	26.67%

Natural family planning	38	25.33%
<b>Side effects Of contraceptives</b>		
Excessive bleeding	60	40.0%
Irregular bleeding	39	26.0%
Overweight	50	33.33%
Delayed pregnancy	75	50.0%
Nausea and vomiting	40	26.67%
<b>Places to get Contraceptive</b>		
Government hospital/Clinics	80	53.33%
Pharmacy shops	40	26.67%
Chemists	30	20.0%
<b>Is Contraceptive only for married women ?</b>		
Yes	40	26.67%
No	110	73.33%

Table 2 above shows respondents' knowledge of contraceptives. All the respondents have heard of contraceptives. On Source of knowledge, majority of the respondents heard at the ANC, respondents heard of contraceptive from health care personnel, 38(25.33%) respondents indicated friends, respondents heard of contraceptives from Radio/TV On the types of contraceptives methods, 75(50%) respondents indicated Oral contraceptive pills, 60(40%) respondents knew about injectables, 85(56.67%) respondents knew Of male condoms, 55(43.33%) respondents knew. Of Implants, 40(26.67%) Of respondents knew of Intra-uterine devices, While 28(35.23%) respondents indicated natural family planning, With regards to knowledge of side effects of contraceptives 60(40%) respondents indicated excessive bleeding, 39(26%) respondents indicated irregular bleeding, 50(33.33%) respondents indicated Overweight, 75(50%) respondents indicated delayed pregnancy, while 40(26.67%) indicated nausea and vomiting . 53.33% respondents mentioned government

hospitals/Clinics as places where one can get contraceptives, 40(26.67%) respondents said pharmacy shops, while 30(20%) respondents indicated chemist. 40(26.67%) respondents said contraceptives are meant for only married women while 110(73.33%) respondents indicated that contraceptive is not meant for only married women.

**Table 3: Attitude towards utilization of contraceptives**

SD=Strongly Disagree, D=Disagree, SA= strongly Agree, A= Agree

STATEMENT	SD	D	SA	A
I feel embarrassed to request for contraceptive	30 20%	26 17.33%	18	27 18.90%
Contraceptive makes sex unpleasable	24 16%	16 10.67%	43 28.66%	48 32%
Lack of awareness on contraceptive	13 8.66%	33 22%	49 32.66%	38 36.68%
Parental disapproval Of contraceptive use	40 36.67%	28 18.66%	12 8%	27 36.67%
Healthcare providers attitude discourage	20 13.33%	10 6.67%	39 26%	40 26.67%
I will be perceived as promiscuous	17 11.33%	37 24.66%	28 18.67%	35 23.33%
Societal shaming of girls using contraceptive	29 19	55 36.67%	32 21	40 26.67%

Table 3 above shows respondents' attitude towards contraceptive utilization. The table showed that 30 respondents representing 20% strongly disagreed that they feel embarrassed to request for contraceptive. 26(17.33%) respondents disagreed while and 27(18.00%) respondents agreed and strongly agreed respectively. 43 respondents representing (28.66%) agreed that contraceptives makes sex unpleasable with 48(32%) respondents who strongly agreed and 16 (10.67%) respondents strongly disagreed and disagreed respectively. 6.66% respondents agreed that lack Of awareness on contraceptive influenced their attitude towards contraceptive use, while 38(25.33%) strongly agreed. and 33(22%) respondents strongly disagreed and disagreed respectively. 40 respondents representing (26.67%) strongly disagreed that parents disapproved contraceptive use, 18.66% disagreed, while and 27(18%) agreed and strongly disagreed respectively. 40 (26.67%) respondents strongly agreed that health care provider's attitude discouraged them from using



contraceptive, and 39(26%) agreed While 20(13.33%) and 10(6.67%) respondents strongly disagreed and disagreed respectively. 17(11.33%) respondents strongly agreed that people who use contraceptive are perceived as promiscuous by members of the society, while 37(24.67%) disagreed 28(18.67%) and 36(26.33%) respondents agreed and strongly agreed. 40(26.67%) respondents strongly agreed that societal shaming of girls who used contraceptive influenced their attitude, while 32(21.33%) agreed 36.67% respondents disagreed while 29(19.33%) strongly disagreed.

### Discussion of Findings

The result of this study revealed that 13.33% of the respondents are between the age range of 15-20years, 28.67% respondents are in the age range of 21-30years Majority, 40% of the respondents are within the range of 31-40years, while 18% are in the age of 41-49years. Majority, 93.33% respondents are Christians while only 6.67% are Muslim. Marital status revealed single (26.67%), Married 50%, divorced (13.33%) and widow (10%). The educational levels of respondents showed, primary level (16.66%), secondary education (36.67%) and majority (46.67%) respondents had tertiary education Findings on responded knowledge of contraceptives showed 50(100%) respondents had heard of contraceptive. The findings are in agreement with the result of the study by Bekele et al (2020) who found (100%) of the study respondents that heard of contraceptive. This result is higher than the findings of Maitanmi et al (2021) which revealed (82.8%). This findings revealed 75(50%) respondents that new oral contraceptive pills, injections, 85(66.57%) condoms, implants 65(43.33%), IUD 40(26.67%) and natural family planning. 38(25.35%). This study results is also higher compared to that of Maitanmi et al 2021 where knowledge of pills was 38.3%, implants (36.1%). This finding is in line with the result of Anate et al 2021 who revealed that 100% respondents had heard of contraceptive methods.

Findings of this study on the attitude of respondents towards the utilization of contraceptives showed that majority (83.33%) respondents had good attitude towards the utilization of contraceptives, and admitted to continue the use in future. This finding is in agreement with that of Okafor et al (2022) and even higher, in their study, they found majority (64.8%) respondents with good attitude towards contraceptive. Despite the good attitude revealed in this study, majority of the respondents 26.67% and 26% agreed that the attitude of health care providers discourage the use, also 49(32.66%) and 38(25.33%) indicated that lack of awareness of contraceptives influence the use. This finding on awareness is in line with findings of Maitanmi et al (2021) which showed that lack of awareness on contraceptive influence its utilization. Also the result of this study is higher when compared with the result of Bekele et al (2020) who found (52.3%) respondents who had favourable attitude towards the use of family planning method. Findings on the level of utilization of contraceptives in this study showed 138(92%) respondents who had used contraceptives and only 22(8%) who did not use. Findings also revealed 138(100%) respondents who were currently using contraceptives This finding is not in collaboration with findings by Okoguale et al (2022) who had 17.8% of current contraceptive use, Anate et al (2021) 38.5% of respondents who are currently using contraceptives, Okafor et al (2022) had a prevalence of (35.6%) and Tadele et al (2023) whose study found (29.75%) respondents utilization of contraceptives.

### Summary

This study investigated factors influencing the utilization of contraceptives among women of reproductive age (15-49) in Itigidi Community, Abi Local Government of Cross River State. This study reviewed related literature from previous research studies both nationally and internationally to obtain deeper understanding of the topic. The different contraceptive methods and their advantages and disadvantages were highlighted. A self-administered questionnaire developed by the researcher was the instrument used to collect data from one hundred and fifty (150) study participants, selected through purposive sampling techniques. The obtained data was analyzed and it revealed women of reproductive age 15-49years in Itigidi had good knowledge of contraceptives with (92%) level of contraceptive utilization. Findings also showed that level of knowledge, attitude and religious belief

significantly influence the uptake of modern contraceptive among women of reproductive age in Itigidi community, Abi local Government Area.

### CONCLUSION

This study has demonstrated that women of reproductive age 15-49 years in Itigidi community, Abi Local Government Area of Cross River State have good knowledge and practice of contraceptives use. This study findings has established the role of knowledge, educational level on the utilization of modern contraception.

### RECOMMENDATIONS

Based on findings obtained from the study, the researcher makes the following recommendations.

That sexual and reproductive health education should be intensified and incorporated into the Curricular at all levels of education.

Health education on contraceptive methods should be adequately delivered to all women of reproductive age in the Antenatal Clinics and in maternal and child health service in public health centres.

Workshops, seminars and further studies be encouraged among health personnel to gain upto-date knowledge on contraception.

Women of reproductive age should be enlightened on the burden of unintended pregnancies following unprotected sexual intercourse, and be encouraged of the use of contraception.

That Contraceptive services be made relatively affordable and readily available and accessible by women of reproductive age.

Religious and other factors that influence the uptake of contraceptive be harmoniously addressed to reduce the personal, social, health and economic implications associated with low or non-use of contraceptive.

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