Abstract:

Introduction: Access to safe and effective contraceptive methods is one of the cornerstones of reproductive health which can help prevent unwanted pregnancies and reduce maternal morbidity and mortality. The study aims to assess the factors affecting contraceptive use among women of reproductive age in Dekina Local Government Secretariat, Kogi State, Nigeria. Methods: The study adopted a descriptive cross-sectional design. A total of 28 women of reproductive age participated in the study. Hypotheses were formulated and questionnaires were administered to the participants. Data was analysed using descriptive and inferential statistics. Results: The findings show that religion \( F (3, 24) = 3.920, P< .05 \), decision-making power \( F (2, 25) = 8.927, P< .05 \), husband’s/partner’s disapproval of contraceptive use \( F (1, 26) = 35.038, P< .05 \), and exposure to media \( F (2, 25) = 3.920, p< .05 \) significantly influences the use of contraceptive among women of reproductive age. Age \( F (3, 24) = .1.349, P> .05 \), and level of education \( F (3, 24) = .789, P> .05 \) were not significantly associated with the use of contraceptives. Additionally, the perception of women regarding the use of contraceptives is a significant factor that predicts it’s use \( t (1, 26) = -2.309, p< .05 \). Conclusion: Factors that influence contraceptive use among women of reproductive age in Dekina Local Government Secretariat, Kogi State, Nigeria includes religion, decision-making power, husband’s/partner’s disapproval, and exposure to media. There is a need to increase awareness of the importance of contraceptive use and empower women to make decisions regarding their reproductive health.

Keywords: Contraceptive, Women, Dekina, Reproductive age.

Introduction

Nigeria, the seventh most populous nation in the world, has a current estimated population of 183 million, which is projected to reach 285 million by 2050 (United Nations, 2013). There are an estimated 35 million women of reproductive age in the country, with an annual number of births of approximately 7 million and annual population growth of 3.2% per annum. The country’s rapid population growth is attributable to a high total fertility rate (TFR) of 5.5 children per woman (National Population Commission and ICF International, 2014).

Contraception stands as the morally most acceptable form of fertility control that possibly attracts less criticism when compared to that which depends on the destruction of embryos (Mason et al., 2013). Contraceptive use helps couples and individuals realize their basic right to decide freely and responsibly, when and how many children to have. The growing use of contraceptive methods has resulted in not only
improvements in health-related outcomes such as reduced maternal mortality and infant mortality but also in reduction of unwanted pregnancies, thereby contributing to increased female education, women’s empowerment, poverty reduction, and even environmental sustainability (Moreland & Talbird, 2019).

Nigeria was part of the first group of countries to commit to the FP2020 partnership when it was launched in 2012. Since then, the country has made steady progress toward increased uptake of family planning. As a result of modern contraceptive use, 2.3 million unintended pregnancies have been prevented and over 800,000 unsafe abortions and 13,000 maternal deaths have been averted. While the estimated percentage of women with an unmet need for a modern method of contraception (married/in-union) stands at 23.7% in 2019 (Family Planning, 2020).

The Government of Nigeria is working with key stakeholders to address socio-cultural norms regarding family planning such as; preference for large families, religious tenets, and women's lack of decision-making power related to sexual and reproductive health. Governments and donors around the world are recognizing the importance of family planning programs with donor government bilateral funding for family planning rising to US$1.5 billion in 2018. This is the highest level since FP2020 was launched in 2012. The number of additional users of modern contraception in the 69 FP2020 focus countries has grown by 53 million since FP2020 was launched in 2012, including 9 million additional users just since last year (Family Planning, 2020).

Access to safe and effective contraceptive methods is one of the cornerstones of reproductive health (Balkus et al., 2016). However, the degree to which women manage various aspects of their sexual and reproductive health, including the prevention of unintended pregnancies, maternal mortality, and exposure to human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), raises questions about health promotion concern (Ackermann & Klerk, 2002). The sub-Saharan African (SSA) region experiences more than 14 million abortions each year (World Health Organization, 2008). Almost half of the pregnancies are happening among women aged 15 to 24 years (Mbelle et al., 2014). More than 13% and 16% of these pregnancies end in abortions and miscarriages, respectively. As a result of maternal-related complications, one in 26 women of reproductive age dies in Africa, compared to one in 9400 in European counterparts (Stover & Ross, 2010).

An estimated 225 million people in developing countries would like to delay or stop childbearing but are not using any method of contraception. In the least developed countries, contraceptive use was much lower (40%) and was particularly low in Africa (33%) (WHO, 2016).

In Nigeria, men are given the veto power culturally to make the final decision on issues that women have no authority to alter. In this vein, many women have not been able to use contraceptives because of their husband’s refusal to use them. Some women use it without their husband’s knowledge which has led to their husbands divorcing them. As cited by Kaniki (2019), several studies from different regions of Sub-Saharan Africa have reported the factors responsible for the poor adoption of family planning among African women, including lack of or inadequate information on various forms of family planning methods and their performances, and side effects of contraceptive methods (Lindskog, 2016; Apanga & Adam, 2015; Lauria et al., 2014).

Thummalachetty (2017) cited revealed that ‘husband/partner is opposed’ is one of the primary reasons non-users report for not using contraception, and women’s lower uptake and discontinuation of contraception is strongly influenced by their male partner’s lack of proper knowledge about and the resistance to the use of family planning methods (cited in Hyttel et al., 2012).

In Nigeria, not much is known about how community characteristics affect contraceptive use among married women and about the causes of the observed variations by various characteristics across the zones of the country.
Therefore, this current study evaluated the factors that determine the use of contraceptives among women of reproductive age in Dekina Local Government of Kogi State.

Statement of the Problem

Reported cases of unwanted pregnancies and transmission of sexually transmitted diseases are on the increase in Nigeria even in the urban areas where there is more access to social media. Many people in Nigeria believe that contraceptive use is against the will of God who said we should procreate. Some religions and cultures forbid the use of contraceptives despite the evident positive influence of its use in curtailing sexually transmitted diseases, preventing unwanted pregnancies, and preventing premature parenting.

Despite publicity in the use of family planning or contraceptive use in Nigeria, there are still many people in the country who do not use it for reasons best known to them. In fact, there has not been any research conducted to examine the use of contraceptives among women of Dekina Local Government Area of Kogi state. Therefore, this current study examined the factors that determine the use of contraceptives among women of reproductive age in Dekina Local Government of Kogi State.

Literature Review

Religious Inclination, Age, Gender, Level of Education, Decision-making Power, Partner’s Disapproval, and Exposure to Media on Contraceptive Use

Over the years, a lot of research has been conducted to examine factors influencing contraceptive use among women. For instance, Kaniki (2019) in his research on factors influencing the use of modern contraceptive methods among rural women of childbearing age in the Democratic Republic of the Congo, established that religious inclination (Protestants or Catholics) with belief that family planning is a form of abortion—which is against the law of God; they rather see whoever uses contraception as a sinner who works against the will of God for procreation. The study further highlighted that cultural belief and gender inequality (husband’s disapproval) negate the use of contraceptives among women. Additionally, Kaniki’s research report indicated that the desire for more children significantly influences contraceptive use among women. Furthermore, Hlongwa et al. conducted a scoping review guided by Arksey and O’Malley’s framework on evidence of factors influencing contraceptive use and sexual behaviour among women in South Africa. The study review indicated that younger women may likely be discouraged from seeking family planning services (Hlongwa et al., 2020).

This study confirms the study of Bello et al. which affirmed that the usage of contraceptives is higher among older women when compared with women who married at the age of 18. This indicates that age is of great importance in women’s use of contraceptives. The study further revealed that women who are less educated, poor, weak to take decisions, unemployed, and being dominated over by their husbands were less likely to use contraceptives compared to women who were educated, rich, who could take decisions, employed and who did not perceive that their husbands were dominating over them (Bello et al., 2016).

Moreover, Precious and Elvis (2019) indicated that husbands’ or partners’ disapproval and women with decision-making problems contributed to low contraceptive use among women compared to women who had no decision-making problems. Another related study by Obwoya et al. reported a significant correlation between the level of education and contraceptive use. The study further revealed that Christians reported increased use of contraceptives more than other religious counterpart (Obwoya et al., 2018).

Furthermore, a similar study reported that age, education, socioeconomic status and media exposure were significantly correlated with the use of contraceptive use among women. The study reported low contraceptive use among women aged less than 20 years. There was also a considerable increase in contraceptive use from age of 25 to 44 years with a reduction of
contraceptive use among the oldest age group (45–49 years). Osmani et al. further indicated in their study that high wealth index, female literacy, and high exposure to media predict the use of contraceptives among women in India (Osmani et al., 2015).

In a bid to understand how women’s decision-making power significantly predicts contraceptive use, Dadi et al. reported that women with good decision-making power significantly influence the use of contraceptives. Further analysis showed that younger age, good participation in household decision-making, positive attitude towards family planning, and better knowledge towards family planning were factors statistically significantly associated with married women’s decision-making power on family planning use (Dadi et al., 2020).

**Perception and Contraceptive Use**

Che et al. in their study on a qualitative exploration of perceptions and experiences of contraceptive use, abortion and post-abortion family planning services (PAFP) in three provinces in China, reported that participants’ perceptions that changing social norms of pre-marital sexual activity, were linked to increased numbers of abortions. The study further showed that social norms and perceptions about suitability and safety, as well as gendered norms about decision-making on contraceptive methods contribute to greater challenges for these groups of women (Che et al., 2017). Spies et al. reported that participants perceived that stigma was a barrier to young, unmarried women’s and men’s ability to negotiate Family Planning information and services (Spies et al., 2010).

Furthermore, Hagan and Buxton (2012) in their research on contraceptive knowledge, perceptions and use among adolescents in selected senior high schools in the central region of Ghana showed that almost 21% with knowledge of contraception were users, 82% of sexually active respondents were non-users while condom is the most common contraceptive method used. Also, 60% and 30% of respondents obtained knowledge about contraception from the media (TV/Radio) and peers (friends) respectively. However, almost 32% of the study participants thought contraceptives are for only adult married persons.

Lastly, Okanlawon et al. conducted a study on perceptions, knowledge, access and attitudes toward contraceptive use among Refugee Youths in Oru Refugee Camp, Nigeria. Findings revealed that respondents experience difficulty gaining access to family planning services, which are not available in the camp. Most respondents had little correct information about contraceptives; 42.9% had misperceptions about their safety, believing that contraceptives are dangerous and that chemicals in contraceptives can damage their reproductive system. Such beliefs have resulted in the low use of contraceptives (31.6% use last sex) and many unintended pregnancies, which have caused some refugee girls to drop out of school (Okanlawon et al., 2010).

**Hypotheses**

1. Religious inclination, age, gender, level of education, decision-making power, partner’s disapproval, and exposure to media will independently influence contraceptive use among women of reproductive age in Dekina Local Government Area of Kogi State.

2. Perceptions will significantly influence contraceptive use among women of Dekina Local Government Secretariat of Kogi State, Nigeria.

**Methods**

**Research Design**

The study adopted a descriptive cross-sectional design which was used to study factors influencing contraceptive use among women of reproductive age in Dekina Local Government Secretariat (LGS), Kogi state, Nigeria.

**Study Setting**

The study was conducted at Dekina Local Government Secretariat of Kogi State, Nigeria. According to Wikipedia, Dekina is a local government area in Kogi State, Nigeria. Its
headquarters are in the town of Dekina on the A233 highway in the Middle Belt area at 7°41'14"N 7°01'20"E. Based on the 2006 population census, the total population is 260,312.

Study Participants

The total population of women of reproductive age who are members of staff in Dekina Local Government Secretariat at the time of the study was twenty-eight (28). Therefore, the entire population was used in the study. 28 questionnaires were administered to the entire population but 27 were completely filled and analysed.

Study Instruments

Data was collected by the use of questionnaires. The questionnaire contained three sections. Section A was used to collect data on the demographic characteristics of the participants. Section B contained perception scale adapted from a study conducted by Elia et al., which was used to measure the perception of participants about contraceptive use. Section C contained a well-structured questionnaire also adapted from a study conducted by Elia et al. for assessing the use of contraceptives among women of reproductive age (Elia et al., 2015).

Items on the perception scale in Section B were adapted from a study conducted by Elia et al. to assess the perception regarding the use of contraceptives (Elia et al., 2015). It includes 10 statements related to the use of contraceptives patterned after a dichotomous rating scale which is YES / NO.

Section C was made up of a structured questionnaire for assessing the use of contraceptives. The items on contraceptive use were adapted from a study conducted by Elia et al. It consists of questions on the practice of specified contraceptives. In this, respondents were expected to select the most appropriate option and the correct option will be marked as 1. The parts of the questionnaires that contained the use or non-use of contraceptives were also adapted for the study. About two items were added by the researcher which are “inaccessibility” and “husband’s disapproval”.

All instruments were pilot tested to establish reliability and validity.

Validity and Reliability of Research Instruments

Face validity was used to establish the validity of the scales. In this case, experts in psychometrics examine the scales to establish if the items measure what they intended to measure. The Statistical Package for Social Sciences (SPSS) was used to establish the reliability coefficients of the scales. Questionnaires were administered to 28 respondents. The scale on contraceptive use was found reliable. The Cronbach’s Alpha based on standardized items .815.

The reliability coefficient for the perception scale was also determined. The results indicated a Cronbach Alpha of .711. This scale was also found reliable.

Procedures

Written informed consent was sought from the participants before the commencement of data collection and participation. The researcher thereafter explained the purpose of the study to the participants and allow them to ask questions about the research before asking them to complete the questionnaire. It was also made clear to the participants that taking part in the study was voluntary, and that those who chose to participate were free to withdraw their participation at any stage if they so wished. Participants’ confidentiality was guaranteed.

Results

The result in table 1 below indicates that religion [F (3, 24) = 3.920, P < .05] significantly influence the use of contraceptive among women of reproductive age in Dekina Local Government of Kogi state. Further analysis of using the Bonferroni Post-Hoc test indicated that participants who were Catholics used contraceptives more than other religious affiliations.
Table 1. Summary of table 1 indicating the influence of Religion on contraceptive use

<table>
<thead>
<tr>
<th>Religious inclination &amp; Contraceptive use</th>
<th>$\chi^2$</th>
<th>df</th>
<th>F</th>
<th>Sig</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious inclination</td>
<td>89.481</td>
<td>3.24</td>
<td>3.920</td>
<td>.021</td>
<td>&lt;.05</td>
</tr>
</tbody>
</table>

Table 2 below indicates that age did not influence the use of contraceptives among women of reproductive age in Dekina Local Government Area of Kogi State [F (3,24) = 1.349, P > .05]. Also, level of education had F and P values of (3,24) = .789 and P > .05 respectively which indicates that it does not influence contraceptive use among the study population. The result of the analysis of the influence of decision-making power on the use of contraceptives showed that the decision-making ability or power significantly influences contraceptive use [F (2,25) = 8.927, P < .05]. Further analysis using Turkey HSD indicated that husbands have more power to either enforce or discourage the use of contraceptives. Invariably, it means that the power to use contraceptives resides with the husband and as such if encouraged, it will enhance increased use of contraceptives or otherwise among women of reproductive age in Dekina Local Government Area of Kogi State.

The table also presents the result of the hypothesis stating the influence of husbands/partners’ disapproval on the use of contraceptives. As shown in the table, the disapproval of partners or husbands influences the use of contraceptives [F (1, 26) = 35.038, P < .05]. This implies that if the husband disapproves of contraceptive use, it causes a reduction in the use of contraceptives among women of reproductive age in Dekina Local Government Area of Kogi State. As shown in the table, exposure to media significantly has an influence on the use of contraceptives [F (2, 25) = 3.920, p < .05]. Further analysis using the Least Significance Difference (LSD) of post hoc tests indicated that contraceptives are more prevalent among women who are highly exposed to the media than the other groups of women.

Table 2. The relationship between different variables and the use of contraceptives

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>16.857</td>
<td>3</td>
<td>5.619</td>
<td>1.349</td>
<td>.282</td>
</tr>
<tr>
<td>Within Groups</td>
<td>100.000</td>
<td>24</td>
<td>4.167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>116.857</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>10.491</td>
<td>3</td>
<td>3.497</td>
<td>.789</td>
<td>.512</td>
</tr>
<tr>
<td>Within Groups</td>
<td>106.366</td>
<td>24</td>
<td>4.432</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>116.857</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision-making power</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>293.017</td>
<td>2</td>
<td>146.508</td>
<td>8.927</td>
<td>.000</td>
</tr>
<tr>
<td>Within Groups</td>
<td>3528.602</td>
<td>25</td>
<td>16.412</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3821.619</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband’s disapproval</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>533.394</td>
<td>1</td>
<td>533.394</td>
<td>35.038</td>
<td>.000</td>
</tr>
<tr>
<td>Within Groups</td>
<td>3288.225</td>
<td>26</td>
<td>15.223</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3821.619</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to Media</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>701.593</td>
<td>2</td>
<td>350.796</td>
<td>3.920</td>
<td>.021</td>
</tr>
<tr>
<td>Within Groups</td>
<td>17090.783</td>
<td>25</td>
<td>89.481</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>17792.376</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The table 3 below shows the summary of prediction of perception of women on contraceptive use. The result shows that the perception of women regarding the use of contraceptives predicts the use \[ t (1, 26) = -2.309, p< .05 \]. It also indicates that the perception of women is a significant factor in predicting contraceptive use among women.

<table>
<thead>
<tr>
<th>Perception &amp; Contraceptive use</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1 (Constant)</td>
<td>12.015</td>
<td>1.080</td>
<td>11.130</td>
<td>.000</td>
</tr>
<tr>
<td>PERCEPTION OF WOMEN</td>
<td>-.081</td>
<td>.035</td>
<td>-.157</td>
<td>-.2309</td>
</tr>
</tbody>
</table>

Discussion

Unintended pregnancies have contributed to the rapid population growth that impairs desperately needed social and economic progress. If family planning programs are not strengthened and/or if current fertility were to remain unchanged, the world population would increase in size from the current 6.2 billion-13 billion in 2050, rather than to the 8.9 billion estimated by the UN. The present study assessed the influence of demographic factors and the perception of women about the use of contraceptives among women of reproductive age in Dekina Local Government Area of Kogi State, Nigeria. Following the results of the hypotheses tested, the study indicated that religious inclination, decision-making power, husband’s disapproval, and media exposure significantly influence contraceptive use among women of reproductive age in Dekina Local Government Area of Kogi State, Nigeria.

The result of the present study is in line with the findings of Kaniki (2019); Obwoya et al.,2018; Precious and Elvis., 2019; and Osmani et al.,2015; who reported in their research that religious inclination, decision-making power, husband’s disapproval, and media exposure influence the use of contraceptives among women of reproductive age. Furthermore, the present study indicated that age and level of education did not influence the use of contraceptives. The results of the present finding did not support the findings of Hlongwa et al.,2020; Bello et al.,2016 Osmani et al.,2015; and Dadi et al.,2020 whose study independently indicated that age and level of education influence the use of contraceptives among women of reproductive age in Dekina Local Government of Kogi State.

The result of hypothesis two revealed that the perception of women is a key factor in determining contraceptives used. The results of the present findings align with the result of Che, (2017); Askelson, and GelmanIt (2010); and Okanlawon et al.,2010.

Conclusion

Factors that influence contraceptive use among women of reproductive age in Dekina Local Government Secretariat, Kogi State, Nigeria includes religion, decision-making power, husband’s/partner’s disapproval, and exposure to media. Age and level of education did not significantly influence the use of contraceptives. There is a need to increase awareness of the importance of contraceptive use and empower women to make decisions regarding their reproductive health.
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