



Birth Control Plans and Affecting Factors Among Women in Western Nigeria

Batı Nijerya'da Kadınlarda Doğum Kontrolü Planları ve Etkileyen Faktörler

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ÖZET

Giriş: Doğum kontrolü, çiftlerin, sahip olmayı planladıkları çocukların hangi yıllar arasında doğmasını planladıkları bir uygulamadır. Herhangi bir doğum kontrol planı uygulamayan kişilerin uygulamaya erişimlerinin yetersiz olabileceği ya da kullanmada engellerle karşı karşıya kaldıkları yaygın olarak bildirilmektedir. Dolayısıyla bu çalışma, Nijerya'daki üreme çağındaki bulunan kadınların doğum kontrol planlarını ve çocukların doğumu arasında bırakılan zamanı incelemek, doğum kontrolü uygulamalarını ve bilgilerini etkileyen değerleri ve normları belirlemek ve doğum kontrolü uygulamalarını geliştirmelerine yardımcı olabilecek gerekli önerilerin oluşturulabilmesi için yürütülmüştür. **Yöntem:** Kesitsel tipteki bu çalışma, Batı Nijerya'da pilot bir anketin kullanılmasıyla gerçekleştirildi. Hedef kitle bu bölgede üreme çağındaki bulunan kadınlardı. Yanıtları değerlendirmek için çok aşamalı örneklem yöntemi kullanıldı. İstatistiksel olarak anlamlılık ki-kare testi ile gerçekleştirildi. **Sonuçlar:** Çalışmaya 1219 katılımcı katıldı ve ortalama yaş \pm SD (32.37 ± 8.95) idi. Doğum kontrolünde seçilen yöntem için temel neden güvenilirlikti, ana bilgi kaynağı devlet hastanelerinde çalışan sağlık personeli idi, en sık kullanılan yöntem erkek kondomu (prezervatif) iken en yaygın bilinen yan etkisi ise yoğun menstrüel kanamaydı. **Tartışma:** Göstergeler; eğitim durumunun, din faktörünün ve ekonomik durumunun doğum kontrolü yöntemi seçimlerini etkilediğini göstermektedir; bu nedenle, modern doğum kontrol yöntemleri ile bunun önemi, seçenekleri ve yararları konusunda toplumu aydınlatacak daha fazla program ve en önemlisi dini liderleri de içeren kampanyalara gereksinim bulunmaktadır ki bilgi akışı hızlanıp modern doğum kontrol yöntemleri kullanımını geliştirip yaygınlaşsın.

Anahtar kelimeler: doğum kontrolü, kadınlar, Nijerya, uygulama

ABSTRACT

Background: Birth control is a practice by which couples space the number of years between children they plan to have. It is widely reported that people who do not use any birth control plan may lack access or face barriers to using it. This study is therefore carried out to determine the birth control plans and child spacing, obtain the values and norms that influence the knowledge and practice of contraception, among women of reproductive ages in Western Nigeria with a view to making necessary recommendations that would help improve contraception practices. **Methods:** This cross-sectional study was carried out in Western Nigeria using a pilot-tested questionnaire. The target population was women of reproductive age group in this district. A multi-stage sampling technique was used to select the respondent. Statistical test of significance was performed with Chi-Square test. **Results:** A total of 1219 consenting respondents participated in the study with a mean age \pm SD of 32.37 ± 8.95 years. The main reason given for choice of contraception was reliability, main source of information is through government-owned hospital health personnel, male condom is the most widely used current method while heavy menstrual period is the commonly known side effect. **Conclusion:** Indications show that educational status, religious factor and economic status influence contraception choices, there is therefore need for more campaign and public enlightenment programs on modern contraception methods, importance, choices and benefits, crucially including the religious leaders, in order to fast track, the information spread and further improve the use of modern contraceptive methods.

Keywords: Birth control, women, Nigeria, practice

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INTRODUCTION

Birth control, a method or device used to prevent pregnancy, is a practice by which a couple space the number of years between each child they want to give birth to. According to the free encyclopaedia, it is used to implement plans including sexuality education, prevention and management of sexually transmitted infections, pre-conception counselling and management of infertility.¹ People who do not use any birth control plan may lack access or face barriers to using it.² The barriers include cultural factors, lack of awareness, religious beliefs, economic reasons, partners' non-acceptance, fear of side effects or risks.³ Nigeria in particular has one of the highest fertility rates in the world, promoted mainly by low utilization of modern contraceptive methods, with high fertility translations into high population, raising various challenges for economic growth and developments in the country.⁴ A very common birth control method in Nigeria, as reported in a research on sexual practices and reproductive health, is condom with 77.9% of formal sector workers in one of the south western Nigerian states, reported to have ever used condom.⁵ The outcome of a 2011 study on contraceptive practices showed that most of the responders were in the age of 35 years and above, with 42.3% engaged in trading 50.7% having a secondary school highest education level, 48.5% defining contraception as prevention of unwanted pregnancy, 89.5% not having any idea of contraceptives side effects and 52.6% having their main source of information to be through health personnel.⁶ A research on contraception among women of reproductive ages published in 2012 reported 8.8% of respondents currently use condom as their contraceptive method, while 3.1% use injections, 3.0% use IUD, 3.0% use pill and 0.1% use female condom.⁷ A 2014 study outcome on awareness and attitude of family planning among rural women showed that 50.5% of the respondents were within age 30-39 years, 30.9% having senior secondary school certificate educational qualification, 37.0% being petty traders, 56.0% reported religious beliefs as reasons for lack of adoption of family planning while 44.0% reported lack of knowledge as reasons.⁸ The authors of a 2014 published research work on family planning services utilization reported that 49% of the respondents have their highest level of education to be secondary school certificate, 94% have heard about family planning services, 70% reported religious norms as constraints to the use of family planning practices while 60% and 65% reported fear of side effect and husband decision as constraint respectively.⁹ This study is therefore carried out to determine the birth control plans and child spacing, obtain the values and norms that influence the knowledge and practice of

contraception, among women of reproductive ages in Western Nigeria with a view to making necessary recommendations that would help improve contraception practices. The research hypothesis for this research include testing whether economic status, educational status and religion have no significant influence on the choice of contraception

MATERIALS AND METHODS

This cross-sectional study was carried out across Ikenne, Sagamu, Abeokuta North & South Local Government Areas (LGAs) in Ogun State, Olorunda, Osogbo, Ifelodun, Ede North & South LGAs in Osun State and LGAs within Ibadan metropolis in Oyo State of Nigeria. The target population was women of reproductive age group in these districts. In each of the South-Western state, the estimated population of women of reproductive age is more than ten thousand. Using Leslie Fischer's formula for population >10,000 via an online sample size calculator, a minimum sample size was obtained.^{10, 11, 12} With a 3% margin of error or degree of precision and a 95% confidence level, in a targeted population size of >10000, the minimum of 1068, but in order to have increased representativeness and make up for non-response, a total of 1219 pre-tested questionnaires were administered.

A multi-stage sampling technique was used to select the respondent from selected local government area in each of the three senatorial districts in each of the states. In stage 1 from a sampling frame of the entire number of local government areas in each senatorial districts of each state, one-third number of LGAs was selected using simple random sampling method. In stage 2, a list of areas in each of the selected LGA's was randomly made. In stage 3, houses in the areas were randomly selected. The final stage involved in the selection of consenting women of reproductive age group within the ages 15-55 years. The questionnaires were then administered on the women. Scoring of outcome variables with correct answers was done. All data were statistically analysed, using statistical package for the social sciences (SPSS) for Windows version 20 software (SPSS Inc, Chicago, IL, USA). Frequency counts were generated for all variables and statistical test of significance was performed with Chi-Square test. Significance was accepted $p < 0.05$ and highly significance is $p < 0.01$

RESULTS

A total of 1219 consenting respondents participated in the study. Most of the respondents are in the age range of 26 – 35 years, 575 (47.2%), with a mean

age \pm SD of 32.37 ± 8.95 years. Most of the respondents are married, 1046 (85.8%), Christians, 705 (57.8%) and had diploma certificate, 412 (33.8%) while trading/business is the major vocation, 313 (25.7%)

#150,001 – #200,000	22 (1.8)
#200,001 – #300,000	21 (1.7)
#Greater than 300,000	26 (2.1)
Unknown monthly income	306 (25.1)

Table 1. Socio-demographic data of respondents	
Age Group (years)	Frequency (%)
Less than 20	127 (10.3)
20 – 25	186 (15.3)
26 – 35	575 (47.2)
36 – 45	252 (20.7)
46 – 55	79 (6.5)
Marital Status	
Single	95 (7.8)
Married	1046 (85.8)
Separated	23 (1.9)
Divorced	17 (1.4)
Widowed	22 (1.8)
Status not revealed	16 (1.3)
Religion	
Christianity	705 (57.8)
Islam	497 (40.8)
Religion not revealed	17 (1.4)
Level of education	
No formal education	30 (2.5)
Primary	79 (6.5)
Secondary	177 (14.5)
Diploma	412 (33.8)
Degree	392 (32.2)
Masters	54 (4.4)
Doctoral	24 (2.0)
Education level not revealed	51 (4.2)
Occupation	
Farming	13 (1.9)
Artisan	148 (12.1)
Trading/Business	313 (25.7)
Public Servant	153 (12.6)
Private Sector Worker	146 (12.0)
Self Employed	107 (8.8)
Teaching	207 (17.0)
Unemployed	47 (3.9)
Occupation not stated	85 (7.0)
Monthly Income (Naira)	
Less than #5,000	127 (10.4)
#5,000 – #18,000	207 (17.0)
#18,001 – #30,000	177 (14.5)
#30,001 – #50,000	135 (11.1)
#50,001 – #80,000	68 (5.6)
#80,001 – #100,000	77 (6.3)
#100,001 – #150,000	53 (4.3)

Current family planning methods	Frequency (%)
Injectable	111 (9.1)
Male condom	307 (25.2)
Female condom	25 (2.1)
Intrauterine Device (IUD)	92 (7.5)
Pill	68 (5.6)
Withdrawal	56 (4.6)
Diaphragm	5 (0.4)
Not currently using family planning	555 (45.5)

among the respondents, with #5,000 – #18,000 being the most common monthly income earned.

In table 2, the main source of information was mainly through health personnel in the government-owned hospitals, 513 (42.1%). Majority of the respondents, 322 (26.4%) do not have idea of any side effect of the contraception while 75 (6.2%) reported condom burst or spillage as a common side effect of using condom. A vast majority, 646 (53.0%) of the respondents reported that both the husband and wife together on the choice of contraception. The main reason given for choice of contraception was reliability, 127 (10.4%) respondents coincidentally. Most of the respondents have three children, 274 (22.5%), with the space in between children mostly reported as two years interval for 441 (36.2%) respondents.

Table 3 shows the various contraception methods currently used by the respondents, with male condom reported as the most widely used 307 (25.2%).

Table 4 shows responses of the women regarding their knowledge and practice of contraception using a Likert scale, with strongly agree or strongly disagree being the most appropriate responses.

DISCUSSION

The outcome of this study has shown that most of the respondents are in the range of 26 to 35 years, 33.8% of them have diploma certificate with 25.7% major vocation being trading or business. These outcomes are very similar to the outcome of the 2011 study which showed that most of the respondents were in the age of 35years and above, with 42.3% engaged in trading but differ in terms of the highest educational level with 50.7% of the

Variables	Frequency (%)
Main source of information about family planning	
Private hospital health personnel	232 (19.0)
Mosque	22 (1.8)
Government-owned health personnel	513 (42.1)
Not-for-profit organization	32 (2.6)
Church	14 (1.1)
Printed media (poster, handbill)	31 (2.5)
Electronic media (radio, television)	90 (7.4)
Information not given	285 (23.5)
Main reason for choice of family planning method	
No reason	503 (41.3)
Affordability	125 (10.3)
Availability	127 (10.4)
Effectiveness	111 (9.1)
Reliability	192 (15.8)
Little or no side effect	68 (5.6)
No information given	93 (7.6)
Main reason for not using any family planning method	
Side effects	92 (7.5)
Desire for more children	60 (4.9)
Husband's disapproval	54 (4.4)
No reason	200 (16.4)
Information not given	149 (12.2)
Respondents on family planning	664 (54.5)
Duration of family planning use (years)	
1 - 3	268 (21.9)
4 - 6	132 (10.8)
7 - 10	103 (8.5)
More than 10	58 (4.8)
Information not given	103 (8.5)
Not on family planning	555 (45.5)
Family planning method decider	
Both	646 (53.0)
Wife	114 (9.4)
Husband	131 (10.7)
No information	328 (26.9)
Known side effects	
None	322 (26.4)
Weight gain	150 (12.3)
Weight loss	78 (6.4)
Heavy menstrual period	156 (12.8)
Irregular menstrual period	96 (7.9)
Condom burst or spillage	75 (6.2)
Secondary infertility	55 (4.5)
No information	287 (23.5)

respondents having a secondary school certificate.⁶ Also, it is similar to another report that showed 50.5% of the respondents were within age 30-39 years and 37.0% of them being petty traders. It however varies in terms of highest educational level where they reported 30.9% had senior secondary school certificate educational qualification and another that revealed highest level of education to be secondary school certificate.^{8,9} More than half of the respondents reported their monthly income to be less than or around fifty thousand naira, which is equivalent to about two hundred and fifty dollars. This shows that low income definitely will have an impact on the choice of contraception, with most people likely to choose the cheap and affordable methods, which has been demonstrated in this research outcome.

Some 83.1% of the respondents believe that contraception prevents unwanted pregnancy, which differs from the outcome of a 2011 study that reported 48.5% of the respondents defined contraception as prevention of unwanted pregnancy.⁶ The main source of birth control information is through health personnel in government-owned hospitals, 513 (42.1%). This is similar to another research outcome that showed that 52.6% of the respondents had their main source of information to be through health personnel.⁶ This is very impressive as it shows that the health care facilities are alive to their duties and

responsibilities in sensitizing the entire populace in this regard. A good proportion of the respondents gave husband disapproval, side effects & desire for more children as major reason for not using any contraceptive method, this is expected as decisions on matters like this are taken based on experiences following usage of particular method and dependent on the family head. Contraception awareness in the respondents is generally high among the respondents with a vast majority aware of at least a method of family planning though the most commonly known are male condom, injectable and pills. This is similar to the outcome of a previous research work including the study that reported very common birth control method among formal sector workers in south western Nigeria reported to have used condom^[5]. This is probably due to the on-going enlightenment programme in various quarters regarding contraception in our society but it still appears some methods are more popular with the citizenry than others, as only a few of the respondents have knowledge about methods such as implants and diaphragm possibly due to more expensive nature of these methods as compared to the common ones or probably because they are not readily available. The conservative attitude typical of Africans may be the reason why some of the women felt contraception methods encourage promiscuity.

Table 4. Family planning knowledge and practice

Variables	Frequency (%)					
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	No response
Family planning prevents unwanted pregnancy	478 (39.2)	535 (43.9)	76 (6.2)	54 (4.4)	9 (0.7)	67 (5.5)
Family planning is ineffective	54 (4.4)	143 (11.7)	210 (17.2)	490 (40.2)	220 (18.0)	102 (8.4)
Family planning is against my religious beliefs	56 (4.6)	100 (8.2)	86 (7.1)	534 (43.8)	368 (30.2)	75 (6.2)
Family is against my cultural beliefs	62 (5.1)	98 (8.0)	85 (7.0)	584 (47.9)	337 (27.6)	53 (4.4)
Family planning prevents sexually transmitted diseases	182 (14.9)	289 (23.7)	169 (13.9)	307 (25.2)	193 (15.8)	79 (6.5)
Family planning limits family size	454 (37.2)	494 (40.5)	105 (8.6)	63 (5.2)	36 (3.0)	67 (5.5)
Family planning helps in child spacing	479 (39.3)	458 (37.6)	108 (8.9)	47 (3.9)	16 (1.3)	111 (9.1)
Family planning methods encourage promiscuity	113 (9.3)	201 (16.5)	289 (23.7)	313 (25.7)	186 (15.3)	117 (9.6)
Family planning methods reduce sexual pleasure	57 (4.7)	189 (15.5)	258 (21.2)	239 (19.6)	378 (31.0)	98 (8.0)

It was also found that 25.2% of the respondents are currently using male condom, 2.1% use female condom, 7.5% use intrauterine device (IUD), 9.1% use injectable and 5.6% currently using pill. This is slightly in agreement with a research outcome published in 2012 that reported 8.8% of respondents currently use condom as their contraceptive method, while 3.1% use injections, 3.0% use IUD, 3.0% use pill and 0.1% use female condom.⁷ This is probably due to the fact that these methods are readily available, enjoy better advertisement and cheaper. Most of the respondents were favourably disposed towards contraception with nearly three quarters of the women having a positive attitude towards.

The rejection of the first hypothesis on economic status influence on choice of family planning, shows that the most common contraception choice is determined mainly by their affordability, availability and accessibility. The rejection of the second hypothesis on educational status influence on choice of contraception shows that educational status determines their attitudes toward the choice of contraception. For instance, ignorance or inadequate knowledge may make some persons not even aware of some available methods let alone the benefits. The rejection of the third hypothesis on religious factor influence on choice of family planning shows that family planning is crucially part of the two major religions in the country, thus, influencing couple's child spacing and contraception.

CONCLUSION

The use of modern birth control methods especially short-term hormonal and less effective physical barrier methods, were found to be more common among women of child bearing age, with indications that educational status, religious factor and economic status influence family planning and choices made, there is therefore need for more campaign and public enlightenment programs on modern birth control plans, choices and benefits, crucially including the religious leaders, in order to fast track the information spread and further improve the use of modern birth control plans.

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