



## Factors Influencing Choice of Contraceptives among Women of Reproductive Age Attending Lagos State University Teaching Hospital, Nigeria

Julius Olatade Maitanmi <sup>\*1</sup>, Mary Fiyinfolowa Tanimowo <sup>1</sup>, Bukola Titilope Maitanmi <sup>1</sup>, Ogechukwu Emmanuel Okondu <sup>2</sup>, Simeon Kayode Olubiya <sup>3</sup>, Yetunde Oluwafunmilayo Tola <sup>4,5</sup>, Rafiat Tolulope Akinokun <sup>5,6</sup>, Oluwadamilare Akingbade <sup>4,5</sup>

1. School of Nursing, Babcock University, Ilishan-Remo, Ogun State, Nigeria

2. Department of Human Kinetics and Health Education, Nnamdi Azikiwe University, Awka Anambra State, Nigeria

3. Department of Nursing Sciences, Faculty of Clinical Sciences, College of Health Sciences, University of Ilorin, Ilorin

4. The Nethersole School of Nursing, Faculty of Medicine, the Chinese University of Hong Kong

5. Institute of Nursing Research, Osogbo, Osun State, Nigeria

6. Faculty of Nursing Science, Ladoké Akintola University of Technology, Ogbomoso

Correspondence: School of Nursing, Babcock University, Ilishan-Remo, Ogun State, Nigeria. Tel: +2347038469533, E-mail: maitanmij@babcock.edu.ng

### ARTICLE HISTORY

Received: Jun 15 2021

Received in revised form:

Aug 2 2021

Accepted: Aug 7 2021

Published online: Dec 21 2021

DOI: [10.29252/jgbfnm.18.2.8](https://doi.org/10.29252/jgbfnm.18.2.8)

### Keywords:

Contraceptive Agents

Contraceptive Use

Choice Behavior

Factors

Article Type: Original Article



### Abstract

**Background:** Choosing the contraception method remains one of the most critical decisions made by women of reproductive age. Not only does this have a direct impact on women's reproductive health, it also affects their social and economic well-being. This study was carried out to determine the factors affecting choice of contraceptives among women of reproductive age in Lagos State, Nigeria.

**Methods:** This descriptive cross-sectional study was conducted on 200 women aged 15-45 years who visited the family planning clinic at the Lagos State University Teaching Hospital in Nigeria in 2019. The subjects were enrolled through a convenience sampling method. Data were collected using a demographic information form and a self-structured questionnaire on knowledge about family planning methods (n=9), the choice of contraceptives (n=8) and factors influencing the choice of family planning (n=15). Data were analyzed using descriptive statistics (frequency and percentage) and the Pearson correlation coefficient at significance level of 0.05.

**Results:** We found that 82.8% of the respondents had good knowledge about the contraceptives. The most commonly used methods of contraception were birth control pills (38.3%) and implants (36.1%), while the least commonly used methods were tubal ligation (29.4%) and withdrawal (29.4%). The choice of contraceptives was significantly correlated with level of knowledge ( $r=-0.564$ ,  $P=0.001$ ) and religion ( $r=-0.173$ ,  $P=0.020$ ) of the subjects.

**Conclusion:** The majority of women in the study area have good knowledge about contraceptives, and factors such as parity and fear of injury from contraceptives affect their choice of contraceptives. This study recommends implementation of extensive health education and counseling sessions to assist women in contraceptive decision making.

### Highlights:

#### What is current knowledge?

Knowledge about contraceptive use is often high but the practice is often impeded by different factors

**What is new here?** Healthcare interventions that promote translation of knowledge into healthy sexual and reproductive health practices should be adopted on matters relating to family planning. Religious backgrounds play active role in choosing contraceptive method.

### Introduction

Family planning allows individuals and couples to achieve their desired number of children and determine the spacing of pregnancies through the use of contraceptives and infertility treatment (1). Increased access to contraceptives is key in improving maternal health outcomes. Therefore, contraception is an excellent method for reducing maternal mortality and morbidity (2).

Despite the benefits of contraception, women of reproductive age in Nigeria still have a limited range of methods to choose from and this has forestalled the ability to meet the reproductive health rights of women (3). Nigeria remains as one of the most populous countries in the Sub-Saharan Africa with a high total fertility rate of 5.5-5.7 for women of reproductive age (15-49 years). Meanwhile, 16% of the women in the country reported of unmet need for family planning service (4). A low rate of contraceptive use (17%) has also been recorded among married women (aged 15 to 49 years) in Nigeria. In addition, only 12% of women were reported to use modern contraceptive methods (5).

As in other parts of the world, the modern methods of contraception used in Nigeria include male and female condoms, oral pills, injectable contraceptives, intrauterine contraceptive device (IUCD), implants and male and female sterilization methods (3,6,7). However, the preferred method of contraception may vary depending on the level of the healthcare facility, education level,

geopolitical zone and place of residence (8,9). Healthcare facilities in Nigeria are still not able to offer all types of contraceptives, which implies that clients have a limited range to choose from. This in turn decreases the likelihood for individuals to choose the method they truly desire (10).

Previous studies reported that choosing the method of contraception relies on availability, affordability and accessibility of the methods as well as couples' education level, traditions, religion, culture, health status, number of children and socio-economic status (11-15). In Nigeria, women's choice of contraceptives is hindered by traditional and cultural beliefs (16). A study conducted in the Niger Republic also stated that cultural norms directly impact contraceptive choice among women (17).

Given the significant effect of method of contraception on fertility and national health (9,18) this study aimed to identify factors affecting contraceptive decision-making among Nigerian women. The results of this study could help determine appropriate interventions for helping women in contraceptive decision-making, which in turn would contribute to reaching the target 3.7 of the sustainable development goals, which is to ensure universal access to sexual and reproductive health-care services (19).

### Methods

This descriptive cross-sectional study was carried out among women of reproductive age (15-45 years) who visited the family planning clinic at the Lagos State University Teaching Hospital between December, 2019 and March, 2021. Inclusion criteria included age of 15-45 years and willingness to participate in the study. Overall, 200 eligible women were recruited through convenience sampling. The sample size was calculated using the Taro Yamane formula (20) where n, N and e represent sample size, population size and sampling error, respectively.

Data were collected using a demographic information form and a self-structured questionnaire consisting of 32 closed-ended questions related to knowledge about family planning methods (n=9), the choice of contraceptives (n=8) and factors influencing the choice of family planning (n=15). A score of  $\geq 16$ , 8-15 and  $\leq 7$

indicated good, moderate and limited level of knowledge. Content and face validity of the instrument were verified by the researchers and experts in the field. Reliability of the instrument (internal consistency) was tested on 20 (10% of the sample size) women of reproductive age at the Babcock University Teaching Hospital (BUTH). The instrument was considered reliable with a Cronbach alpha values of 0.76, 0.82 and 0.77 for each section of the questionnaire.

Data were analyzed using descriptive and inferential statistics. Correlation between study variables was evaluated using the Pearson correlation coefficient. All statistical analyses were carried out in SPSS (version 23) and at statistical significance level of 0.05.

## Results

The majority of subjects belonged to the Yoruba tribe (51.7%), had tertiary education (46.1%) and were married (44.4%) (Table 1).

Table 1. Sociodemographic characteristics of the subjects

	Category	Number	Percent
<b>Age (years)</b>	≤ 25	25	13.9
	26-35	59	32.8
	36-45	40	22.2
	>45	56	31.1
<b>Tribe</b>	Yoruba	93	51.7
	Hausa	25	13.9
	Igbo	37	20.6
	Others	25	13.9
<b>Religion</b>	Christianity	93	51.7
	Islam	42	23.3
	Traditional	21	11.7
	Others	24	13.3
<b>Type of family</b>	Monogamy	100	55.6
	Polygamy	56	31.1
	Others	24	13.3
<b>Educational status</b>	Informal	27	15.0
	primary education	43	23.9
	Secondary education	27	15.0
	Tertiary	83	46.1
<b>Marital status</b>	Married	80	44.4
	Single	47	26.1
	Separated	30	16.7
	Divorced	8	4.4
	Widowed	15	8.3

As shown in table 2, most women (82.8%) had good knowledge about contraceptives.

Table 2. The level of knowledge about methods of contraception (n=180)

Level of knowledge	Category	Number	Percent
Good	≥16	149	82.8
Moderate	8-15	27	15.0
Limited	≤7	6	2.2

The most commonly used methods of contraception were birth control pills (38.3%) and implants (36.1%), while the least commonly used methods were tubal ligation (29.4%) and withdrawal (29.4%) (Table 3).

Table 3. The frequency of contraceptives used by the subjects

Method of contraception	N (%)		
	Agree	Disagree	Mean ± SD
Oral contraceptives	69(38.3)	111(61.7)	0.38±0.48
Implants	65(36.1)	115(63.9)	0.36±0.48
Condom	59(32.8)	121(67.2)	0.32±0.47
Injectable	57(31.7)	123(68.3)	0.32±0.47
Emergency contraception	56(31.1)	124(68.9)	0.31±0.46
IUCD	54(30)	126(70)	0.30±0.46
Tubal ligation	53(29.4)	127(70.6)	0.29±0.46
Withdrawal	53(29.4)	127(70.6)	0.29±0.45
None	36(20)	144(80)	0.93±0.40

Most respondents believed that cultural factors, level of education and religion affected the type of contraceptives used for family planning. Moreover, 84.4% of the subjects indicated that fear of injury incurred from contraceptive usage would influence their choice of contraceptives (Table 4).

The choice of contraceptives was significantly correlated with level of knowledge ( $r=-0.564$ ,  $P=0.001$ ) and religion ( $r=-0.173$ ,  $P=0.020$ ) of the subjects.

## Discussion

In our study, the majority (32.8%) of the respondents were 26-35 years old. In line with this finding, a previous study reported that most women seeking contraception were in the 24-34 years age group (21). Most of the participants in our study had good knowledge about contraceptives, which could be related to the high level of education among subjects. Similarly, a previous study revealed that 89.2% of women had good knowledge of contraceptives (22). However, only 12.5% women of reproductive age in the Abia State, Nigeria had good knowledge about contraceptives, which was found to also affect the use of contraceptives (23).

Based on the findings, oral contraceptives and implants were the most commonly used method of contraception among women in the Lagos State. The

Table 4. Factors influencing the choice of contraceptives among study subjects

Items	Agree	Disagree
	N (%)	N (%)
The tribe I belong to does not support the choices of a small family size	17 (9.5)	163 (90.3)
Level of education limits my awareness of family planning methods	54 (30)	126 (70)
The numbers of children I have, made me consider the use of family planning methods	152 (84.4)	28 (15.6)
My religion forbids the use of any family planning method	38 (21.1)	142 (78.9)
The family planning clinic is far from where I live	50 (27.8)	130 (72.3)
Family planning methods are expensive	60 (33.3)	120 (66.7)
I cannot choose any family planning method because it is not free	54 (35.6)	116 (64.4)
I am afraid of the side effects of birth control pills such as headaches and dizziness	90 (50)	90 (50.1)
I fear the contraception method might interrupt sexual intercourse	120 (66.6)	60 (33.3)
I fear that contraceptives use might cause injury to the reproductive organ	125 (69.5)	55 (30.5)

least commonly used methods were tubal ligation and withdrawal. Inconsistent with our findings, previous studies in Nigeria reported condoms, IUCD3 and injectables (24) as the most commonly used methods of contraception.

According to our subjects, parity, cultural or tribal beliefs, cost of the method, the distance of the clinic from place of residence and side effects of the methods were factors associated with contraceptive choice, which is in line with the results of a previous study (25). In some studies, cultural beliefs, social traditions, costs, accessibility and support from the husband were reported as the factors influencing contraceptive choice (11,26).

We found that choice of contraceptives was significantly correlated with the subjects' religion and level of knowledge, which is in line with results of previous studies (3,8). Adeyemi et al. also found a significant association between women's education level and the likelihood of choosing IUCD as the preferred method of contraception (3). A previous study also showed that cultural/religious beliefs may affect the contraceptive use and choice (25). It has been also shown that Catholics and Muslims are more likely to buy contraception methods from patent medicine shops and less likely to use modern contraceptives (27).

## Limitations

This study was conducted in the urban area of Lagos State in Nigeria and may not completely reflect the opinions of the general population. Moreover, the truthfulness of the respondents' opinions could not be fully ascertained. However, efforts were made by the researchers to present the topic and questionnaire as understandable as possible.

## Conclusion

Based on the results, factors such as religion, level of education and level of knowledge about of contraceptives and their side effects may affect the choice of contraceptives among women of reproductive age in Lagos State, Nigeria. Therefore, it is recommended to take necessary measures in order to educate women on the importance of family planning and mechanism of action of each method of contraception. Furthermore, counseling sessions should be offered at healthcare facilities to assist women in contraceptive decision making. Healthcare interventions that promote translation of knowledge into healthy sexual and reproductive health practices should be adopted. Finally, it is suggested to consider religious backgrounds when providing prenatal care.

## Acknowledgements

We will like to extend our gratitude to all participants for their cooperation in this research.

## Funding source

There are no conflicts of interest to declare

## Ethical statement

Ethical approval was obtained from the Babcock University Health Research Ethics Committee (BUHREC) with approval/certificate number: BUHREC794/19. The respondents were informed, and their consent was obtained before the copies of the questionnaire were administered. Written ethical permission was sought from each respondent, the same was granted before filling the questionnaire. The confidentiality of the respondents were maintained throughout and after the study.

## Conflict of interest

The authors declare that there is no conflict of interest.

## Author contributions

All authors have contributed significantly to this study and the preparation of this manuscript and we agreed with its contents. The specific contributions include: Julius Maitanmi, Ogechukwu Okondu, and Simeon Olubiyi were involved in writing the background, literature review and the discussion of

findings while Mary Tanimowo, Bukola Maitanmi, Yetunde Tola, Rafiat Akinokun, and Oluwadamilare Akingbade did the data collection and analysis. All the Authors contributed meaningfully to the writing and editing of the manuscript.

## References

- World Health Organization. Family planning/contraception methods. Accessed March 15, 2021. [[View at publisher](#)]
- Austin A. Unmet contraceptive need among married Nigerian women: an examination of trends and drivers. *Contraception*. 2015; 91 (1) 31-38. [[View at publisher](#)][[Google Scholar](#)][[DOI](#)][[PMID](#)]
- Adeyemi AS, Adekanle DA. Factors influencing the choice of contraceptives among the married women in Osogbo, Western Nigeria. *Niger Med Practitioner*. 2009; 55(4): 56-60. [[View at publisher](#)] [[Google Scholar](#)][[DOI](#)]
- National Population Commission. Nigerian Demographic and Health Survey Reports 2013; Accessed 15 April, 2021. [[View at publisher](#)]
- National Population Commission. Nigeria Demographic and Health Survey 2018; Accessed 14 April, 2021.
- Ijarotimi AO, Bakare B, Badejoko OO, Akintunde OF, Loto OM, Orji EO, et al. Contraceptive uptake among women attending family planning clinic in a Nigerian tertiary health facility: a 6 year review. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2015; 4(3): 721-724. [[View at publisher](#)][[Google Scholar](#)] [[DOI](#)]
- Amu EO, Odu OO, Solomon OO. Family Planning Utilization Pattern in Ekiti State University Teaching Hospital, Ado-Ekiti, Nigeria: a Six-Year Review. *SSRG International Journal of Medical Science* 2017; 4(5): 4-9. [[View at publisher](#)][[Google Scholar](#)] [[DOI](#)]
- Asekun-Olarinmoye EO, Adebimpe WO, Bamidele JO, Odu OO, Asekun-Olarinmoye IO, Ojofeitimi EO. Barriers to use of modern contraceptives among women in an inner city area of Osogbo metropolis, Osun state, Nigeria. *Int J Womens Health* 2013; (5): 647-655. [[View at publisher](#)][[Google Scholar](#)][[DOI](#)][[PMID](#)]
- Babalola S, Kusemiju B, Calhoun L, Corroon M, Ajao B. Factors associated with contraceptive ideation among urban men in Nigeria. *Int J Gynecol Obstet*. 2015; 130(S3): E42-E46. [[View at publisher](#)][[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
- Ross J, Hardee K, Mumford E, Eids S. Contraceptive method choice in developing countries. *Int Fam Plann Persp* 2001; 28(1)28: 32-40. [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)]
- Lamina MA, Ikhile M. Contraceptive practice of clients attending the family planning clinic of the Olabisi Onabanjo University Teaching Hospital, Sagamu, Nigeria. *Br J Med Med Res*. 2015; 10(12): 1-7. [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)]
- Ibisomi L. Is age difference between partners associated with contraceptive use among married couples in Nigeria? *Int Perspect Sex Reprod Health*. 2014; 40(1): 39-45. [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
- Adebowale SA, Adedini SA, Ibisomi LD, Palamuleni ME. Differential effect of wealth quintile on modern contraceptive use and fertility: Evidence from Malawian women. *BMC Womens Health*. 2014; 14(1): 40. [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
- Okigbo C, Speizer I, Domino M, Curtis S. A multilevel logit estimation of factors associated with modern contraception in urban Nigeria. *World Med Health Policy*. 2017; 9(1): 65-88. [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
- Lakew Y, Reda AA, Tamene H, Benedict S, Deribe K. Geographical variation and factors influencing modern contraceptive use among married women in Ethiopia: evidence from a national population-based survey. *Reprod Health*. 2013; 10(52). [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
- Adefalu AA, Ladipo OA, Akinyemi OO, Popoola OA, Latunji OO, Iyanda OF. Awareness and opinions regarding contraception by women of reproductive age in North-West Nigeria. *Pan African Medical Journal*. 2018; 30(65). [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
- Mayaki F, Kouabe D. Social norms in promoting family planning: a study in Niger. *South African Journal of Psychology*. 2015; 45(2): 249-259. [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)]
- Okigbo CC, Speizer IS, Corroon M, Gueye A. Exposure to family planning messages and modern contraceptive use among men in urban Kenya, Nigeria and Senegal: a cross-sectional study. *Reprod Health*. 2015; 12(1): 63. [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
- United Nations, Department of Economic and Social Affairs. Population Division Family Planning and the 2030 Agenda for Sustainable Development 2019; Accessed on 16 March, 2021.
- Yamene T. Statistics, An Introductory Analysis. 2<sup>nd</sup> ed. New York. Harper and Row; 1967. P 919.
- Sahasrabudhe A, Kori S, Arora VK, Bute J. A study to assess unmet need for family planning and contraceptive choices among married women of reproductive age in rural Madhya Pradesh. *International Journal of Community Medicine and Public Health* 2018; 5(11): 4725. [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)]
- Gosavi A, Ma Y, Wong H, Singh K. Knowledge and factors determining choice of contraception among Singaporean women. *Singapore Med J*. 2016; 57(11): 610-615. [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)] [[PMID](#)]
- Ukegbu AU, Onyeonoro UU, Nwokeukwu HI, Okafor GO. Contraceptive Method, Preferences, Use and Satisfaction among Women of Reproductive Age (15-49 Years) in Umuahia, Abia State, Nigeria. *Journal of Reproductive health and Contraception*. 2018; 3(3):16. [[View at publisher](#)] [[Google Scholar](#)]
- Ojule JD, Macpepple DA. Family planning practice in a tertiary health institution in Southern Nigeria. *West Afr J Med*. 2011; 30(3):178-81. [[View at publisher](#)] [[Google Scholar](#)]
- Shehu C, Burodo A. Contraceptive's choices among women attending fertility research unit of Usman Danfodiyo University Teaching Hospital, Sokoto. *Sahel Medical Journal*. 2013; 16(3). [[View at publisher](#)] [[Google Scholar](#)] [[DOI](#)]
- Abdulahi M. Factors Influencing Contraceptives Uptake among Reproductive Women in Tamale metropolis. [Thesis] University of Ghana Digital Collections. 2015. [[View at publisher](#)]
- Oyedokun AO. Determinants of contraceptive usage: lessons from women in Osun State, Nigeria. *J Human Soc Sci*. 2007; 1(2):1-4. [[Google Scholar](#)]

## How to Cite:

Julius Olatade Maitanmi, Mary Fiyinfoluwa Tanimowo, Bukola Titilope Maitanmi, Ogechukwu Emmanuel Okondu, Simeon Kayode Olubiyi, Yetunde Oluwafunmilayo Tola, Rafiat Tolulope Akinokun, & Oluwadamilare Akingbade. Factors Influencing Choice of Contraceptives among Women of Reproductive Age Attending Lagos State University Teaching Hospital, Nigeria. *Journal of Research Development in Nursing & Midwifery*, 2021; 18 (2): 8-10

