

# Contraception Methods, Usage and Satisfaction among Women of Reproductive Age in Abraka, Delta State, Nigeria

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## ABSTRACT

**Background:** Low contraceptive practice is a significant factor that has contributed to unsafe abortions, high risk pregnancies, sexually transmitted infections and expansive population growth globally and in Nigeria. This research assessed knowledge of contraception and contraceptive practices among women of child bearing age, as well as their chosen contraceptive techniques and reasons for their decisions.

**Methods:** Three hundred and seventeen respondents were included in this community-based cross-sectional survey were chosen using a multistage sampling procedure. A validated and pretested questionnaire was employed to collect the required information from the respondent and association between the use of contraceptives and other factors were evaluated with the Fischer's exact test.

**Results:** Contraceptive awareness among women of reproductive age in Abraka was quite high (98.4%) and 76% of the respondents had good contraceptive knowledge. The most preferred and used contraceptive was condom (28.36%), the reasons for selection of their preferred contraceptive method was mainly because of its safety (32.31%) and its reliability in preventing pregnancy (17.83%). Feeling of decreased pleasure was the key reason for non-use of condoms (32.92%), while fear of hormonal dysfunction (14.9%) and intolerable side effects (12.95%) were the major reasons for non-use of other contraceptives.

**Conclusion:** The respondents in this study had relatively good knowledge and awareness of contraceptives, however, contraceptive usage was low. Long term and contemporary contraceptive techniques were sparingly used with fear of hormonal dysfunction being the major reason for lack of use among the respondents. Ultimately, most of the users expressed satisfaction with their preferred chosen contraception method.

## 1. Introduction

Fertility rate in Nigeria is 5.7%, meaning that the average Nigerian woman would have six children in her lifetime<sup>1</sup>. The primary objective of the national population policy, which was established in 1998 and amended in 2004, is to lower fertility rates by encouraging couples to ensure frequent use of contraception methods<sup>2</sup>. Effective contraception benefits women, their children, their partners, and their families by minimizing undesired pregnancies and abortions and allowing family planning /

birth spacing.

Knowledge of the many methods of contraception, as well as increasing usage of contraceptives, will make a significant contribution to the reduction of unsafe abortions, sexually transmitted illnesses, high-risk pregnancies, and even population growth.

In a study in Ghana, most of the respondents stated their preference for long acting reversible contraceptive method such as implant or an Intra-Uterine Device<sup>3</sup>, a similar study in Northern Ethiopia also reported the use of injectable

contraceptive as the most commonly preferred modern contraceptive method used<sup>4</sup>. These however contrasts the findings in Nigeria where the preferred method of contraception was the use of condoms<sup>5,6</sup>.

Contraceptive service usage may be limited due to inaccessibility of family planning information. Previous research has found that societal exposure to fertility control media messages increases the likelihood of contraceptive use<sup>7</sup>. Extending access to effective, inexpensive, acceptable, and high-quality Services for family planning, notably clinical contraception, is critical to its acceptance<sup>8</sup>. The availability of family planning clinics, neighbourhood labour-market conditions, and infrastructure development are all factors that can impact significantly on the usage of contemporary contraceptive techniques<sup>9</sup>. Poverty level and home amenity index have been linked to non-use of contemporary contraceptives<sup>10</sup>. This might be due to a lack of funds to acquire the numerous contemporary contraceptives.

Beliefs and practices related to religion have been found to have some impact on contraceptive usage<sup>11</sup>. In Nigeria, studies have found that Muslims take less contraceptives and have greater fertility rates than Christians<sup>12</sup>. Lack of sex or contraceptive education frequently leads to widespread misconceptions about current contraceptive techniques<sup>13</sup>. Even if women are largely aware of current contraceptive techniques, they may have little understanding of how they work and how to use them appropriately. Apprehensions about the actual and perceived negative effects of hormonal contraceptive techniques, notably irregular menstrual flow, are a key reason limiting contraceptive use<sup>14</sup>. The attitude of one's spouse towards contraception is also important in contraceptive usage. Some partners use threats, coercion, manipulation, and violence to keep their partners from using contraception<sup>15</sup>. Because premarital sex and pregnancy are frowned upon in certain communities, some women avoid going to clinics or pharmacies to procure contraceptives because of fear of being associated with being promiscuous, which might impair their reputation or social standing<sup>16</sup>.

This research assessed women of child bearing age's knowledge of contraception and contraceptive practices, as well as their chosen contraceptive techniques and the reasons behind their decisions, as well as their satisfaction with their preferred form of contraception.

## 2. Materials and Methods

### 2.1 Study Design

This community-based descriptive cross-sectional survey was undertaken in Abraka, Delta State, to evaluate the level of contraceptive awareness, knowledge, current contraceptive usage and techniques, in addition to satisfaction with chosen contraceptive methods in women aged 15-49 years. All women of reproductive age (15-49 years), married or unmarried, from whom informed consent was obtained, were included in the study. Girls below the age of 15 and women above the age of 49 were excluded from the study. Also, women within the said age group who were not sexually active were excluded.

The research was undertaken at Abraka, Ethiope-East Local Government Area, Delta Central Senatorial District, Delta State, Nigeria. Abraka is located within latitudes 5°48"N and longitude 6°06"E. It is a university town and home to the main campus of Delta State University. It houses both Delta State University students and community residents. The Abraka region is separated into two sub-regions: the inner and outer Abraka regions.

The research population includes all women between the ages of 15 and 49 who are married or single and live in Abraka, Delta State.

### 2.2 Determination of Sample Size

The population for the survey were all women within the reproductive age group of 15-49.

The sample size was determined using the sample size calculation formula for population greater than 10,000<sup>17</sup> (Equation 1)

$$n = \frac{z^2 P(1-P)}{d^2} \dots\dots\dots \text{Equation 1}$$

Where;

n= desired sample size when population is >10,000

z= standard normal deviate set at 1.96 which corresponds to the 95% confidence interval.

P= proportion of women using any method of contraception (15%)<sup>1</sup>.

d= level of precision (0.05).

Assuming nonresponse rate of 20%, the derived sample size was increased to 232 when n=196. However, because of incomplete data we used 317 subjects for the study.

The ethical approval for this study (with reference number HM/596/T/163) was gotten from the Ministry of Health, Asaba, Delta State before the study commenced. Confidentiality of information extracted from the

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respondents was ensured.

### 2.3 Data Management and Analysis

Data analysis was accomplished using the Statistical Package for Social Sciences (SPSS version 22). The association between explanatory variables and contraceptive use was assessed using Fischer's exact test. A *p*-value of <0.05 was statistically significant.

## 3. Results

### 3.1 Socio-demographic characteristics of respondents

The respondents were between the ages of 17 to 47 years. The most prevalent age group was between 17 to 30 years 96.85% while the least age group was between 31 to 47 years 3.15%. All respondents surveyed were sexually active.

Majority of the respondents were students 71.29%, some were self-employed 15.46%, and others were civil servants 7.26%, (Table 1). Most of the respondents were single 92.11%.

More than half of the respondents were undergraduates 63.72%. Others were graduates 25.24%, while some were post-graduate students 7.57%. Interestingly, a few respondents had secondary school certificate as their highest qualification.

### 3.2 Knowledge and awareness on contraceptives

Before this study, 98.75% of the respondents knew of contraception, while 1.58% had no awareness of contraception. The total number of respondents that got between 0-5 were 24% and were rated to have poor knowledge on contraceptives and the respondents that got between 6-10 were 76% and were rated to have good knowledge of contraceptives.

### 3.3 Preferences of contraceptive method

Majority of the respondents selected Condoms (28.36%) as one of the methods of contraception that they have used or will consider using. A total of (26.21%) of the respondents selected the Withdrawal method (Coitus Interruptus) as one of their preferred technique of contraception. Some chose Emergency contraceptive pill (20.16%), Oral contraceptive pill (9.27%), the Rhythm/ Fertility awareness method (4.03%), Injectable (3.49%), Implants (3.23%), Intrauterine devices (2.42%) and female sterilization (0.94%) as one of their contraceptive technique preferences. Interestingly, (1.88%) respondents did not use any technique of contraception.

Less than half 32.92% of the respondents would not use condoms because it decreases their pleasure, 14.4% of the respondents would not use condoms because they hate it, while 17.9% would not use it because their partners did not derive sexual pleasure with the use of condoms. Some, 8.02%, respondents felt embarrassed purchasing condoms while 5.35% of respondents' felt it was meant for commercial sex workers. A small percentage of the respondents felt it was contaminated with a sexually transmitted infection 1.03%. While 20.37% of the respondents do not have any reason for not using condoms. Some respondents would not use other contraceptive techniques because it can cause hormonal dysfunction (14.9%), has intolerable side effects (12.95%), they feel it can cause health problems (12.44%), they don't feel comfortable using them (9.72%), they lack the knowledge of those methods of contraception (6.87%), they are expensive (6.74%), they believe it can lead to sterility in women (5.05%), they have infrequent sex (4.27%), they feel they are difficult to get (3.37%), they feel they are difficult to use (3.11%), they feel they can cause abortion for the next desired pregnancies (2.59%), fear of lack of confidentiality of health workers (2.33%), they feel it can cause death (2.07%) and because it is forbidden by their religion (0.78%). However, (9.33%) of the respondents had no reason for not using other contraceptives.

### 3.4 Association between socio-demographics and contraceptive usage

The association between the age of the respondents, their occupation, marital status, the educational qualification of respondents and contraceptive use was not statistically significant, (Table 2).

**Table 1: Social demographic characteristics of the respondents N=317**

<b>Socio-demographics</b>	<b>Frequency</b>	<b>%</b>
<b>Age</b>		
17-30 years	307	71.29
31-47 years	10	31.50
<b>Occupation</b>		
Student	226	71.29
Housewife	1	0.32
Civil Servant	23	7.26
Self-employed	49	15.46
Unemployed	9	2.84
Others	9	2.84
<b>Marital Status</b>		
Single	292	92.11
Married	25	7.89
<b>Qualification of Respondents</b>		
Secondary School	10	3.15
Undergraduate	202	63.72
Tertiary Institution Graduate	80	25.24
Post-graduate	24	7.57

**Table 2: Association between socio-demographics and contraceptive usage**

<b>Socio-demographics</b>	<b>Use of Contraceptives</b>		<b>P-value</b>
	<b>Frequency (%)</b>		
	<b>No</b>	<b>Yes</b>	
<b>Age</b>			
17-30 years	107(98.2)	200(96.2)	0.503
31-47 years	2(1.8)	8(3.8)	
<b>Occupation</b>			
Employed	23(21.1)	58(27.9)	0.222
Unemployed	86(78.9)	150(72.1)	
<b>Marital Status</b>			
Married	9(8.3)	16(7.7)	0.830
Single	100(91.7)	192(92.3)	
<b>Qualification</b>			
Graduate	34(31.2)	70(33.7)	0.707
Undergraduate	75(68.8)	138(66.3)	

#### 4. Discussion

In this survey, most women (98.4%) were aware of contraception. This agrees with the outcomes of the study of other Nigerian researchers who got similar results<sup>18</sup>. However, there is a difference between their degree of knowledge and understanding of current contraceptive techniques, with 76% of respondents having adequate knowledge of contemporary contraceptive methods. This agrees with the result of a study by Ambhore and Ambhore<sup>19</sup>. The increased level of knowledge contrasts with the poor adoption of contemporary contraceptive

techniques, with fear of hormonal dysfunction being a significant reason for non-usage of contraceptives and a feeling of diminished pleasure for not using condoms. This, most certainly suggests that their understanding of current contraceptive techniques is inadequate, which is a significant barrier to family planning in both developing and developed nations. A woman of childbearing age may only consent to usage of contraceptives if she is well informed about what they are, the potential negative effects, and, most importantly, the advantages she will receive from using them<sup>20</sup>.

One of the most widely used contraceptive technique was condoms, and the majority of the respondents believed they were safe, dependable, easy to use, easy to obtain, and inexpensive. Ukegbu et al reported similar findings in a study on women of childbearing age in Umuahia, Nigeria<sup>55</sup>. This was also corroborated by the findings of Renuka et al<sup>21</sup>. Condoms are an effective technique of birth control and are among the most widely used methods of contraception. They are widely available without a prescription and are obtained over the counter. It also offers additional advantages to the user, one of which being protection against sexually transmitted illnesses<sup>22</sup>.

The occurrence of the withdrawal or coitus interruptus method as the second most used contraceptive method could increase the chances of unplanned births in this locality. Long acting and permanent procedures such as tubal ligation (female sterilization) and intrauterine devices were the least used. The most plausible reason for this could be because a good number of the respondents were unmarried and may not have been attending family planning clinics and hence had inadequate information about long term approaches. This is consistent with the outcome of a comparable study undertaken in Ethiopia by Mekonnen et al in a community-based cross-sectional survey of women of childbearing age<sup>23</sup>.

Several reasons were given for non-use of condoms. These include decreased pleasure, hatred of condoms by respondents and their partners, embarrassment while purchasing it, fear of contamination with a sexually transmitted infection and the belief that it is meant for commercial sex workers. There were various reasons why other contraceptive techniques were not used such as fear of hormonal disruption, unbearable side effects, concern of health matters, and discomfort during use, cost, and inadequate information, among others. This is consistent with the findings of a related study which reported fear of side effects and lack of adequate information about contraceptive techniques as their reason for poor usage of contraceptive<sup>24</sup>.

No demographic factor had any effect on contraceptive usage. This corroborates the findings of reports of similar studies<sup>25,26</sup>. However, it contrasts with the findings of Renuka who reported that there was a significant association between level of education and use of contraceptive<sup>27</sup>.

## 5. Conclusion

The respondents in this study had relatively good knowledge and awareness of contraceptives, however,

contraceptive usage was low. The use of long term and contemporary contraceptive techniques were also low with fear of hormonal dysfunction being the major reason for poor use of these contraceptives among the respondents. Most of the users expressed satisfaction with their preferred chosen contraception method.

## References

1. National Population Commission-NPC/Nigeria and ICF Macro (2009). Nigeria Demographic and Health Survey, Abuja, Nigeria: NPC/Nigeria and ICF Macro. Available at <http://dhsprogram.com/pubs/pdf/FR222.pdf>
2. National Population Commission of Nigeria and Health Policy Project 2015. Nigeria's 2004 National Policy on Population for Sustainable Development: Implementation Assessment Report. Available at <https://www.healthpolicyproject.com/pubs/821.FIN.ALNPPReport.pdf>.
3. Sarah DR, Abubakar M, Ernest M, Emmanuel M, Vanessa KD (2018). Contraceptive Method Preferences among Women in Two Ghanaian Cities. *Global journal of Reproductive Medicine* 6(1):555677 <https://doi.org/10.19080/gjorm.2018.06.555677>
4. Weyzer T, Tsehaye, Daniel Mengistu, Emebet Birhanu, Kalayou K. Berhe (2013). "Assessment of Preferences and Its Determinant Factors to Ward Modern Contraceptive Methods among Women of Reproductive Age Group in Shire Indase; assie Town, Northern Ethiopia 2011. *International Journal of Family Medicine*, Vol. 2013, Article ID 317609, 8 pages, 2013 <https://doi.org/10.1155/2013/317609>
5. Ukegbu A.U., Onyeonoro U.U., Nwokeukwu H.I., Okafor G.O.C (2018). Contraceptive Method Preferences, Use and Satisfaction among Women of Reproductive Age (15-49 Years) in Umuahia, Abia State, Nigeria. *Journal of Reproductive Health and Contraceptive* 3(16):1-2. <https://doi.org/10.21767/2471-9749.100049>
6. Eko JE, Osonwa KO, Osuchukwu NC, Offiong DA(2013). Prevalence of Contraceptive use among women of Reproductive age in Calabar Metropolis, Southern Nigeria. *International Journal of Humanities and Social Science invention* 2:27-34
7. McNay K.P., Arokiasamy, Cassen R.H (2003). Why are Uneducated Women in India using Contraception? A Multilevel Analysis. *Population Studies* 57(1): 21-40. <https://doi.org/10.1080/0032472032000061703>
8. Clara L.E., Tukur D., Alhaji A.A (2015).

Contextual Factors Influencing Modern Contraceptive Use in Nigeria. *United States Agency for International Development. Demographic and Health Surveys, No.* 120.

9. Degraff D.S., Bilsborrow R.E., Guilkey D.K (1997). Community-level Determinants Contraceptives Use in the Philippines: A Structural Analysis. *Demography*, 34(3):385-398. <https://doi.org/10.2307/3038291>

10. Elfstrom M.K., Stephenson R (2012). The Role of Place in Shaping Contraceptive Use among Women in Africa. *PLoS one* 7(7).

<https://doi.org/10.1371/journal.pone0040670>

11. Srikanthan A., Reid R.L (2008). Religious and Cultural Influences on Contraception. *J Gynaecol (Lahore)*, 30(2):129-37. [https://doi.org/10.1016/S1701-2163\(16\)32736-0](https://doi.org/10.1016/S1701-2163(16)32736-0)

12. Obasahon P.E (2015). Religion, Ethnicity and Contraceptive Use among Women of Reproductive Age in Nigeria. *International Journal of Maternal and child health and AIDS* 3(1):63-73.

13. Richter M.S., Mlambo G.T (2005). Perceptions of Rural Teenagers on Teenage Pregnancy. *Health SA Geosondheid*, 10: 61 - 69 .

<https://doi.org/10.4102/hsag.v10i2.195>

14. Otoide V.O., Oronsaye F., Okonofua F.E (2001). Why Nigerian Adolescents seek Abortion rather than Contraception: Evidence from Focus-group Discussions. *International Family Planning Perspectives* 27:77-81.

<https://doi.org/10.2307/2573818>

15. Rasch V., Silberschmidt M., Mchumvu Y., Mmary V (2000). Adolescent Girls with Illegally Induced Abortion in Dar es Salaam: The Discrepancy between Sexual Behaviour and Lack of Access to Contraception. *Reproductive Health Matters* 8: 52-62.

[https://doi.org/10.1016/S0968-8080\(00\)90006-5](https://doi.org/10.1016/S0968-8080(00)90006-5)

16. Wood K., Jewkes R (2006). Blood Blockages and Scolding Nurses: Barriers to Adolescent Contraceptive Use in South Africa. *Reproductive Health Matters* 14: 109-118.

[https://doi.org/10.1016/S0968-8080\(06\)27231-8](https://doi.org/10.1016/S0968-8080(06)27231-8)

17. Araoye MO (2003). Subject selection and sample size determination in: Araoye MO (ed). *Research Methodology with Statistics for Health and Social Sciences*. Ilorin: Nathadex publishers 115-120

18. Asekun-Olarinmoye E.O., Adebimkpe W.O., Bamidele J.O., Odu O.O., Asekun-Olarinmoye I.O., Ojofeitimi E.O (2013). Barriers to Use of Modern Contraceptives among Women in an Inner City of Area of Osogbo Metropolis, Osun State, Nigeria. *International Journal of Women's Health* 5:647-655.

<https://doi.org/10.2147/IJWH.S47604>

19. Ambhore BG, Ambhore K (2013). Knowledge, Attitude and Practice Study of Teenage Mothers about Contraceptives. *Research J. Pharmacology and Pharmacodynamics* 5(3): 162-163

20. Addah A.O., Abasi I.J., Ikobho E.H., Ibrahim A.I (2014). To Determine the Knowledge and Attitudes on Modern Contraceptive Use amongst Antenatal Attendees at the Niger Delta University Teaching Hospital, Okolobiri, South-South Nigeria. *IQSR Journal of Dental and Medical Science* 13:1-7. <https://doi.org/10.9790/0853-13460107>

21. Renuka A, Jeyarathnam M (2016). women's Autonomy and Family Planning Practices among Married Women in Coimbatore. *Asian Journal of Nursing. Education and Research* 6(2): 214-216.

22. Cashmere L (2019). Condoms- Advantages and Disadvantages. *News Medical Life Sciences, Assessed from* <https://www.news-medical.net/2023.6>

23. Mekonnen G., Enquesselassie F., Tesfaye G., Semahegan A (2014). Prevalence and Factors Affecting the Use of Long Acting and Permanent Contraceptive Methods in Junka Town, Southern Ethiopia: A Cross Sectional Study. *Pan African Medical Journal*. 18: 98.

24. Rathore I (2016). A Study to Assess the Family Planning Practices among the Married Women in the reproductive Age Group (15-49 years) of Selected Villages in Oachghat, Solan (HP) in 2016. *Asian Journal of Pharmacy and Technology* 6(4):266-272

25. Deva Pan Pushpam I (2019). A Descriptive Study to Assess the Knowledge and Attitude regarding Temporary Contraceptive Methods among Married Women of Reproductive Age Group in Kot Bhalwat, Jammu. *International Journal of Nursing Education and Research* 7(3):351-353.

26. Kugali SN, Pateel PS (2017). A Comparative Study to Assess the Knowledge, Attitude, and Practice regarding Family Planning Methods among Married women residing in Selected Rural and urban Areas of Bagalkot District. *International Journal of Advances in Nursing Management* 5(4):311-319.

27. Renuka R (2019). women's Education and Contraceptive Practices. *Asian Journal of Nursing Education and Research* 9(4):539-541