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TABLE OF CONTENTS

| | |
|---|------|
| GENERAL INFORMATION | 1C |
| INFORMATION FOR AUTHORS | 1F |
| EDITORIAL NOTES – The Stroke Epidemic and Associated Co-morbidities by Prof. Gregory E. Erhabor | 1111 |
| ORIGINAL ARTICLES | |
| 10-Year Risk of Developing Type 2 Diabetes Mellitus – A Survey of Rural Communities in Southern Nigeria | 1113 |
| A. O. Idowu, O. A. Adesegun, A. Akintunde, B. A. Alalade, B. T. Osibowale, O. I. Odelola, J. O. Ogunkoya, A. A. Idowu, A. O. Ayoade, O. A. Omokore, O. T. Imishue | |
| Challenges of Case Management of COVID-19 in University of Uyo Teaching Hospital: A One-Year Experience | 1119 |
| I. P. Oloyede, A. Onukak, O. O. Motilewa, A. Ekuma, S. Udoette, C. Eyo, E. K. Abudu, V. A. Umoh, E. Bassey, E. Peters | |
| Fungal Nail Infections amongst Cassava Farmers and Processors in Southwest Nigeria | 1127 |
| O. O. Ayanlowo, R. O. Oladele | |
| Immunohistochemical Study and Clinicopathologic Correlation of Cox-2 and Her-2 Expression in Colorectal Carcinoma: A 5-Year Retrospective Study | 1134 |
| L. A. Odukoya, K. B. Badmos, G. Khramtsova, L. A. Adebayo, O. I. Olopade, F. B. Abdulkareem | |
| The Impact of Co-Morbidities on the Pattern of Blood Pressure Control in Elderly Hypertensives in Nigeria | 1141 |
| C. N. Ugwu, C. I. Okafor, E. C. Ejim, N. I. Ugwu, N. M. Chika-Igwenyi, N. Obeka, R. C. Ikeagwulonu, T. C. Iyidobi, U. U. Nnadozie, F. O. Afolabi, A. U. Kalu, G. C. Isiguzo | |
| Phenotypic Characterisation of <i>Staphylococcus aureus</i> Isolated from Patients in Healthcare Institutions in Zaria Metropolis, Kaduna State, Nigeria | 1148 |
| I. A. Joshua, F. J. Giwa, J. K. P. Kwaga, J. Kabir, O. A. Owolodun, G. A. Umaru, A. G. Habib | |
| The Relationship between Adolescents’ Family Background, Perceived Self-Concept and Health Seeking Behaviour in an Urban City of South-Western Nigeria | 1156 |
| T. A. Agbesanwa, A. O. Ibrahim, O. E. Adegbilero-Iwari, A. A. Oniyide, W. O. Ismail, Y. O. Akinola | |
| Awareness and Adherence to COVID-19 Preventive Measures among Oral Health Care Workers in Nigeria | 1165 |
| L. L. Enone, A. Oyapero, J. O. Makanjuola, R. O. Ojikutu | |
| Short Term Visual and Refractive Outcome following Surgical Intervention for Posterior Capsule Opacification (PCO) in Children in a Tertiary Eye Hospital | 1174 |
| Q. I. Sazzad, M. Hossain, H. Alimi, M. Khatun, M. R. Chowdhury, S. Toufique, S. M. Naznin | |
| Preferences, Utilization and Factors affecting Use of Contraceptives among Women attending Primary Health Care Facilities in Delta State, Southern Nigeria | 1180 |
| D. T. Obong, N. S. Awunor, P. G. Oyibo | |
| Prevalence of Hyponatremia in Acute Stroke Patients in a Federal Teaching Hospital, Abakaliki, Nigeria | 1188 |
| C. O. Eze, O. F. Afolabi, A. U. Kalu | |
| An Evaluation of Renal Care received by Human Immunodeficiency Virus (HIV) Patients admitted in a Tertiary Hospital in Sierra Leone | 1193 |
| J. Coker, A. Niang, I. Turay, S. Lakoh, V. Conteh, J. B.W. Russell | |
| Assessment of <i>MTR</i> Rs1805087 SNP as Possible Modifier of Sickle Cell Disease Severity in a Nigerian Population | 1198 |
| V. O. Osunkalu, A. A. Ogbenna, N. O. Davies, F. O. Olowoselu, O. E. Aiyelokun, O. J. Akinsola, I. A. Taiwo | |
| Quest to Improve Management of Prostate Cancer in West Africa: Development of a Clinical Audit Tool | 1205 |
| S. O. Osaghae | |
| CLINICAL PERSPECTIVE | |
| Roll Back Stroke: The Way Forward for Physicians and Patients | 1209 |
| Y. Ogun, A. Morawo | |
| INDEX TO VOLUME 39, NO. 11, 2022 | |
| Author Index | 1215 |
| Subject Index | 1216 |
| E-PUBLISHED | |
| Identification of the new progress on Pyrazole Derivatives Molecules as Antimicrobial and Antifungal Agents | 1217 |
| F. E. Bennani, L. Doudach, Y. El rhayam, K. Karrouchi, Y. Cherrah, A. Tarib, M. Ansar, M. E. A. Fauzi | |



Preferences, Utilization and Factors affecting Use of Contraceptives among Women attending Primary Health Care Facilities in Delta State, Southern Nigeria

Préférences, Utilisation et Facteurs Affectant l'Utilisation des Contraceptifs chez les Femmes Fréquentant les Établissements de soins de Santé Primaires de l'État du Delta, dans le Sud du Nigeria

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ABSTRACT

BACKGROUND: Contraceptive use has numerous benefits for the family and the nation that can be maximized with its consistent use. However, many women have preferences for certain contraceptives with implications for continued use.

OBJECTIVE: To determine the contraceptive preferences of women, their utilization pattern and factors affecting utilization of the preferred contraceptive choices.

METHODS: This cross-sectional study was conducted among 426 women of reproductive age selected from 32 primary health facilities using multistage sampling technique. Data was collected using a semi-structured interviewer-administered questionnaire. Descriptive and inferential analysis of data collected was carried out using IBM SPSS version 22 software. P-value was set at 0.05.

RESULTS: Close to half of the respondents 211 (49.5%) preferred injectable contraceptives, 79 (18.6%) selected implants and 27 (6.3%) chose condoms. The majority 212 (49.8%) of respondents used injectable contraceptives, followed by implants 66 (15.5%), condoms 33 (7.7%), IUCD 54 (12.7%) and OCP 61 (14.3%). Age ($p<0.001$), number of children ($p<0.001$), clients' employment status ($p<0.001$), husband support ($p<0.021$) and desire for more children ($p<0.001$) were all statistically associated with the utilization of preferred contraceptives.

CONCLUSION: Even though respondents preferred the injectable contraceptives, implants and IUCD in that order, their utilization pattern followed the order of Injectable, implants and OCP. Several factors were identified to be statistically associated with the utilization of preferred contraceptives. Health education on contraceptive use among women, spousal support and health workers training to highlight those factors influencing women's contraceptive preferences and utilization are recommended. **WAJM 2022; 39(11): 1180–1187.**

Keywords: Contraceptives, Family planning, Preference, Utilization.

RÉSUMÉ

CONTEXTE: L'utilisation de la contraception présente de nombreux avantages pour la famille et la nation qui peuvent être maximisés par son utilisation régulière. Cependant, de nombreuses femmes ont des préférences pour certains contraceptifs, ce qui a des conséquences sur leur utilisation continue.

OBJECTIF: Déterminer les préférences des femmes en matière de contraception, leurs habitudes d'utilisation et les facteurs qui influent sur l'utilisation des choix contraceptifs préférés.

MÉTHODES: Cette étude transversale a été menée auprès de 426 femmes en âge de procréer, sélectionnées dans 32 établissements de santé primaire en utilisant une technique d'échantillonnage à plusieurs degrés. Les données ont été recueillies à l'aide d'un questionnaire semi-structuré administré par un enquêteur. L'analyse descriptive et inférentielle des données recueillies a été réalisée à l'aide du logiciel IBM SPSS version 22. La valeur P a été fixée à 0,05.

RÉSULTATS: Près de la moitié des répondants 211 (49,5%) ont préféré les contraceptifs injectables, 79 (18,6%) ont choisi les implants et 27 (6,3%) les préservatifs. La majorité 212 (49,8%) des répondants ont utilisé des contraceptifs injectables, suivis par les implants 66 (15,5%), les préservatifs 33 (7,7%), les UICD 54 (12,7%) et les COC 61 (14,3%). L'âge ($p<0,001$), le nombre d'enfants ($p<0,001$), la situation professionnelle des clientes ($p<0,001$), les croyances religieuses ($p<0,053$), le soutien du mari ($p<0,021$) et le désir d'avoir plus d'enfants ($p<0,001$) étaient tous statistiquement associés à l'utilisation des contraceptifs préférés.

CONCLUSION: Bien que les répondants aient préféré les contraceptifs injectables, les implants et les DIU dans cet ordre, leur utilisation a suivi l'ordre suivant : injectables, implants et COC. Plusieurs facteurs ont été identifiés comme étant statistiquement associés à l'utilisation des contraceptifs préférés. Il est recommandé de mettre en place une éducation sanitaire sur l'utilisation des contraceptifs par les femmes, de soutenir les conjoints et de former les agents de santé afin de mettre en évidence les facteurs qui influencent les préférences et l'utilisation des contraceptifs par les femmes. **WAJM 2022; 39(11): 1180–1187.**

Mots clés: Contraceptifs, Planning familial, Préférence, Utilisation.

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INTRODUCTION

Contraceptive use has been shown to have numerous benefits to the family and nation at large: it assists individuals and couples to achieve their reproductive goals and the right to have children by choice,¹ results in reductions in health related outcomes such as unintended and high-risk pregnancies, sexually transmitted infections, maternal and infant mortalities as well as improvements in schooling and economic outcomes, especially for girls and women.² At the population level, contraceptive use results in a reduction in fertility which enhances economic growth by reducing the number of dependent children and youth relative to the population of the working-age group and an increased number of women participating in paid labor.³ Additionally, continuous rapid population growth presents a challenge to achieving the 2030 agenda for sustainable development, particularly in Sub-Saharan Africa where countries must provide health-care services, education and employment opportunities for growing numbers of children and young people.¹

Globally, the number of women in the reproductive age group (15–49 years) who were using some form of contraception has been on the increase. In 1990, 42 percent of women were reported to be using contraceptives. In the year 2000, 663 million women were using contraception with a contraceptive prevalence rate (CPR) of 47.7 percent, this increased to 851 million in 2020 with a CPR of 49.0 percent.^{1,3} In sub Saharan Africa, the use of contraception among women of reproductive age increased from 13 per cent in 1990 to 29 per cent in 2019. Despite the low contraception rate in sub-Saharan Africa a number of countries within this region have seen a significant rise in use of modern contraceptives in recent years.^{1,4} Nigeria is regarded as one of the most populous countries in Africa with a total fertility rate of 5.3 live births per woman and a CPR of 17 percent in 2021.^{5,6} However, a high fertility rate in a country leads to a large population and this may subsequently lead to stiff competition for scarce resources that could instead be used for further productivity and income

generation.⁷ Thus, to achieve fertility decline in Nigeria, more women need to have access to contraceptive choices that meets their need.

Many women have preferences for certain contraceptive methods and several factors influence their choice and continued use of such contraceptives. It is important that family planning providers respect these preferences as this will encourage new adopters as well as existing users. Thus, identifying factors which will help achieve sustainability of contraceptive use amongst women is important. Therefore, this study was conducted to determine the contraceptive preferences of women attending the family planning clinic in primary healthcare centres, their utilization pattern and factors affecting utilization of their preferred contraceptive choices. This was with the view to providing evidence to inform policy decision making by the relevant authorities concerned with family planning services in Nigeria.

SUBJECTS, MATERIALS AND METHODS

The study was carried out from November 2017 to January 2018 in 32 randomly selected primary health care facilities in Delta State, The State is one of the 36 States in Nigeria and it is situated in South-South Nigeria. The State has a population of 4,098,291 (males: 2,674,306; females: 2,024,085) as at 2006.⁸ Women of reproductive age (15–49 years) were 901,646 as at 2011.⁹ There are 25 Local Government Areas categorized into three senatorial districts – Delta North, Delta Central and Delta South. The State has a number of health facilities; two tertiary health care facilities, sixty (64) secondary health facilities, four hundred and fifty seven 457 primary health care facilities, 253 private health facilities which includes facilities owned by oil companies in the state.⁹ Most of these facilities offer family planning services. A facility-based cross-sectional descriptive design was employed for this study. The study population consisted of women of reproductive age 15 to 49 years who attended the family planning clinic and gave informed consent. With the prevalence of contraceptive use of

26.4%,¹⁰ an absolute error margin of 5 % and standard normal variate at 95% confidence level, the minimum sample size of 299 was arrived at using the formula $n = Z^2 p(1-p)/d^2$.¹¹ The determined sample size was 299; however, anticipating a response rate of 90%, an adjustment of the sample size estimate to cover for non-response rate was made by dividing the sample size calculated with a factor, f i.e. n/f , where f is the estimated response rate. Thus, the calculated sample size was $= 299/0.90 = 332$, however, 426 women of childbearing age participated in the study. A multi-stage sampling technique was applied in this study. First stage was selection of LGAs. Two Local government areas (LGAs) was selected from each senatorial district using simple random sampling technique with the list of the LGAs as a sampling frame. to give a total of six LGAs. The second stage was selection of health facilities. Fifty percent of functional health facilities offering family planning services was selected from each LGA using simple random sampling technique with the list of the health facilities as sampling frame. The third stage was selection of clients. Using the average monthly attendance at family planning clinics, clients were proportionately allocated to the health facilities. The fourth stage was recruitment of clients using systematic random sampling at the point of exit from the health facilities. Data was collected using a pre-tested semi-structured interviewer administered questionnaire. Pretesting was carried out in Udu, a different LGA from those under study. Information obtained comprised of socio-demographic characteristics, contraceptive preferences and utilization as well as factors affecting utilization of preferred contraceptives among women attending the family planning clinic. Data was collected as an exit interview after being attended to at the family planning clinic. Data generated was analysed using the IBM SPSS version 22 software. Descriptive and inferential analysis of data collected was carried out. Continuous variables were summarized as means (\pm standard deviation) while categorical variables were summarized as frequencies and percentages. Data were

presented in tables and figures. Bivariate and multivariate analysis using Pearson's chi-square was carried out and statistical significance set at $p < 0.05$.

Ethical approval was obtained from the Health Research and Ethics committee of the Delta State University Teaching Hospital, Oghara (HREC/PAN/2017/008/0234). Permission was sought from the State Ministry of Health and the Local Government Service Commission. Written informed consent was obtained from all prospective participants prior to the administration of the study questionnaire and they were assured of confidentiality. Participation was voluntary and the right of individuals to refuse participation in the study was duly respected.

RESULTS

Three hundred and sixty-five 365 (85.7%) of the 426 respondents in this study were given their preferred family planning methods at first visit.

Majority 201(47.2%) of the respondents were in the modal age group 30–39 years with a mean age of 32.4 ± 6.6 years. Most 412 (88.0%) of the respondents were married between the ages of 20-24 years 191 (45.2 %); while more than a tenth 66 (15.6%) married at less than 19 years of age. The mean age at marriage was 23.2 ± 4.2 years. More than half 222 (52.1 %) of the respondents had between 1 and 3 children with a mean of 3.5 ± 1.7 . Slightly below one-third 140 (32.9 %) had attained secondary level of education, while less than half of their husbands 191 (45.2 %) had secondary level of education. Majority 356 (83.6%) of the respondents were employed while less than a tenth 10 (2.4%) of their husbands were unemployed (Table 1).

Close to half of the respondents 211 (49.5%) preferred injectable contraceptives, 79 (18.6%) preferred implants while less than a tenth 27 (6.3%) preferred condoms. However, 212 (49.8%) of respondents actually used the injectable contraceptives. More than a tenth 66 (15.5%) of the respondents used implants, while 33 (7.7 %) used condoms. The least used contraceptives were IUCDs 54(12.7 %) and OCPs 61 (14.3 %) (Figure 1).

Majority of respondents using OCP 30 (69.8%) and IUCD 32 (48.5%) preferred

Table 1: Socio-demographic Characteristics of Clients who attended the Family Planning Clinic

| Variables | Frequency (N = 426) | Percentage (%) |
|--------------------------------------|---------------------|----------------|
| Age group (years) | | |
| ≤19 | 5 | 1.2 |
| 20–29 | 147 | 34.5 |
| 30–39 | 201 | 47.2 |
| 40–49 | 73 | 17.1 |
| Mean ± SD= 32.4 ± 6.6 | | |
| Marital Status | | |
| Single | 3 | 0.7 |
| Married | 412 | 88.0 |
| Divorced/separated | 9 | 10.8 |
| Widowed | 2 | 0.5 |
| Age at Marriage (years) N=423 | | |
| ≤19 | 66 | 15.6 |
| 20–24 | 191 | 45.2 |
| 25–29 | 132 | 31.2 |
| 30–34 | 31 | 7.3 |
| >35 | 3 | 0.7 |
| Mean ± SD=23.2 ± 4.2 | | |
| Number of Children | | |
| None | 3 | 0.7 |
| 1–3 | 222 | 52.1 |
| 4–6 | 179 | 42.0 |
| 7–9 | 22 | 5.1 |
| Mean ± SD=3.5 ± 1.7 | | |
| Level of Education (LOE) | | |
| None | 43 | 10.1 |
| Primary | 120 | 28.2 |
| Secondary | 140 | 32.9 |
| Tertiary | 123 | 28.9 |
| Employment status | | |
| Employed | 356 | 83.6 |
| Unemployed | 70 | 16.4 |
| Husband's LOE | | |
| None | 16 | 3.8 |
| Primary | 55 | 13.0 |
| Secondary | 191 | 45.2 |
| Tertiary | 161 | 38.1 |
| Husband's employment status | | |
| Employed | 413 | 97.6 |
| Unemployed | 10 | 2.4 |

LOE, Level of Education.

them because of fewer side effects. Close to half 101 (47.9%) of those using the injectable contraceptives and majority 60 (75.9) of those using implants preferred them because it was easy to use. However, less than a tenth 18 (8.5%) of the injectable contraceptive users preferred it because they do not want their husbands to know of their contraceptive use. For the condom users, all (100.0 %) respondents

cited prevention of sexually transmitted infections as reason for their preference (Table 2).

More than half 67 (51.5%) of the respondents who were between ages 20–29 years had preference for the injectable contraceptives. Similarly, 95 (56.6%) of the respondents who were 30–39 years and those above 40 years 26 (41.9 %) preferred and utilized injectable

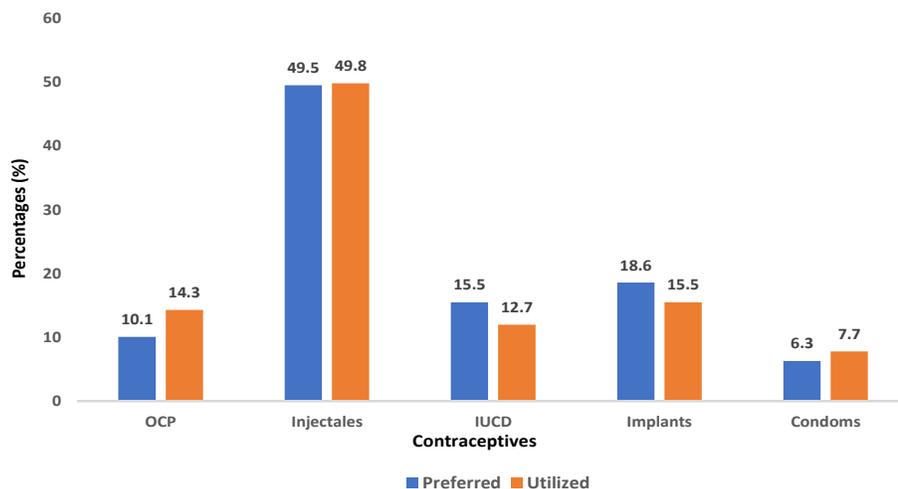


Fig. 1: Preferred and Utilized Contraceptives among Women attending the Family Planning Clinic in Primary Health Care Facilities in Delta State, Nigeria, November 2017- January 2018.

Table 2: Clients Preferred Family Planning Methods and Reasons for Preference

| Preferred Family Planning Method (N = 426) | Reasons for Preference | | | |
|--|------------------------|-------------|--|---------------------|
| | Fewer Side Effects | Ease of Use | Prevents Sexually Transmitted Infections | Spousal Disapproval |
| OCP (n=43) | 30 (69.8) | 13 (30.2) | 0 (0.0) | 0 (0.0) |
| Injectables (n=211) | 92 (43.6) | 101 (47.9) | 0 (0.0) | 18 (8.5) |
| IUCD (n=66) | 32 (48.5) | 32 (48.5) | 0 (0.0) | 2 (3.0) |
| Implant (n=79) | 19 (24.1) | 60 (75.9) | 0 (0.0) | 0 (0.0) |
| Condoms (n=27) | 0 (0.0) | 0 (0.0) | 27 (100.0) | 0 (0.0) |

contraceptives. More than half 96 (51.3%) of the respondents who had between 1 and 3 children preferred the injectable contraceptives. The relationship between the age of respondents (p=0.001), number of children (p=0.001), clients' employment status (p=0.0010 and their choice of contraceptive method was statistically significant (Table 3a).

Close to two-thirds 24 (64.9%) of respondents with no formal education preferred to use injectable contraceptives. More than a fifth 24 (23.8%) of the respondents with tertiary education used IUCD. The relationship between the clients' level of education (p = 0.142), husband's level of education (p = 0.173), husband's employment status (p = 0.283) and their choice of contraceptive method was not statistically significant (Table 3b).

Close to half 104 (54.7 %) of those with no husband support preferred to use the injectable contraceptives. About half, 97 (51.3 %), of the respondents who wanted more children preferred using injectable contraceptives followed by OCP 30 (15.9 %). The relationship between desire for more children (p = 0.001) and their choice of contraceptive method was statistically significant (Table 4).

Table 3a: Socio-demographic Factors associated with the Utilization of Preferred Family Planning Methods among Clients

| Variables | Preferred Methods Used by Clients | | | | | Total N=365 N (%) | Chi-squared Statistic |
|-----------------------------------|-----------------------------------|---------------------|---------------|-------------------|------------------|----------------------|------------------------------------|
| | OCP n (%) | Injectable n (%) | IUCD n (%) | Implants n (%) | Condoms n (%) | | |
| Age Group (years) | | | | | | | |
| <19 | 2 (40.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 3 (60.0) | 5 (100.0) | $\chi^2=73.63$; df=12; p<0.001 |
| 20–29 | 22 (17.0) | 67 (51.5) | 10 (7.7) | 18 (13.9) | 13 (10.0) | 130 (100.0) | |
| 30–39 | 8 (4.8) | 95 (56.6) | 22 (13.1) | 35 (20.8) | 8 (4.80) | 168 (100.0) | |
| ≥ 40 | 6 (9.7) | 26 (41.9) | 21 (33.9) | 8 (12.9) | 1 (1.6) | 62 (100.0) | |
| Age at Marriage (years) | | | | | | | |
| ≤19 | 9 (15.5) | 27 (46.6) | 6 (10.3) | 11 (19.0) | 5 (8.6) | 58 (100.0) | $\chi^2= 13.03$; df=8; p=0.45 |
| 20–29 | 25 (8.9) | 152 (54.5) | 42 (15.1) | 44 (15.8) | 16 (5.7) | 279 (100.0) | |
| ≥30 | 4 (17.4) | 9 (39.1) | 5 (21.7) | 6 (26.1) | 1 (4.4) | 25 (100.0) | |
| Number of Children | | | | | | | |
| None | 0 (0.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 3 (100.0) | 3 (100.0) | $\chi^2=13.86$; df=12; p<0.001 |
| 1–3 | 35 (18.7) | 96 (51.3) | 18 (9.6) | 20 (10.7) | 18 (9.6) | 187 (100.0) | |
| 4–6 | 3 (1.9) | 81 (52.3) | 31 (20.0) | 36 (23.2) | 4 (2.5) | 155 (100.0) | |
| 7–9 | 0 (0.0) | 11 (55.0) | 4 (20.0) | 5 (25.0) | 0 (0.0) | 20 (100.0) | |
| Clients' Employment Status | | | | | | | |
| Employed | 26 (8.6) | 161 (53.5) | 51 (16.9) | 47 (15.6) | 16 (5.3) | 301 (100.0) | $\chi^2=32.99$; df=12; p<0.001 |
| Unemployed | 12 (1.9) | 27 (42.1) | 2 (3.1) | 14 (21.9) | 9 (14.1) | 64 (100.0) | |

Table 3b: Socio-demographic Factors associated with the Utilization of Preferred Family Planning Methods among Clients

| Variables | Preferred Methods used by Clients | | | | | Total N=365 N (%) | Chi-squared Statistic |
|--|-----------------------------------|----------------------|---------------|-------------------|-----------------|----------------------|------------------------------------|
| | OCP n (%) | Injectables n (%) | IUCD n (%) | Implants n (%) | Condom n (%) | | |
| Clients' LOE | | | | | | | |
| None | 2 (5.4) | 24 (64.9) | 4 (10.8) | 7 (18.9) | 0 (0.0) | 37 (100.0) | $\chi^2=17.21$; df=12; p=0.142 |
| Primary | 11 (10.5) | 55 (52.4) | 11 (10.5) | 18 (17.1) | 10 (9.5) | 105 (100.0) | |
| Secondary | 17 (13.9) | 63 (51.6) | 14 (11.5) | 19 (15.6) | 9 (7.4) | 122 (100.0) | |
| Tertiary | 8 (7.9) | 46 (45.5) | 24 (23.8) | 17 (16.8) | 6 (5.9) | 101 (100.0) | |
| Husband's Employment Status (n=362) | | | | | | | |
| Employed | 36 (10.2) | 182 (51.7) | 51 (14.5) | 61 (17.3) | 22 (6.3) | 183 (100.0) | $\chi^2=14.28$; df=12; p=0.283 |
| Unemployed | 2 (20.0) | 6 (60.0) | 2 (20.0) | 0 (0.0) | 0 (0.0) | 10 (100.0) | |
| Husband' LOE | | | | | | | |
| None | 1 (7.7) | 6 (46.2) | 2 (15.4) | 4 (30.8) | 0 (0.0) | 13 (100.0) | $\chi^2=16.42$; df=12; p=0.173 |
| Primary | 2 (4.6) | 29 (65.9) | 7 (15.9) | 5 (11.4) | 1 (2.3) | 44 (100.0) | |
| Secondary | 24 (14.3) | 83 (49.4) | 19 (11.3) | 27 (16.0) | 15 (8.9) | 168 (100.0) | |
| Tertiary | 11 (8.0) | 70 (51.1) | 25 (18.2) | 25 (18.2) | 6 (4.4) | 137 (100.0) | |

LOE, Level of Education.

Table 4: Socio-Cultural Factors associated with the Utilization of Preferred Family Planning Methods among Clients

| Variables | Preferred Methods used by Clients | | | | | Total N=365 N (%) | Chi-squared Statistic |
|--|-----------------------------------|----------------------|---------------|-------------------|-----------------|----------------------|-------------------------------------|
| | OCP n (%) | Injectables n (%) | IUCD n (%) | Implants n (%) | Condom n (%) | | |
| Husband Support (n=362) | | | | | | | |
| Yes | 12 (7.0) | 83 (48.3) | 27 (15.7) | 39 (22.7) | 11 (6.3) | 172 (100.0) | $\chi^2= 11.44$; df= 4; p=0.021 |
| No | 26 (13.7) | 104 (54.7) | 26 (13.7) | 22 (11.6) | 12 (6.3) | 190 (100.0) | |
| Cultural Beliefs | | | | | | | |
| Yes | 1 (3.7) | 16 (59.3) | 3 (11.1) | 6 (22.2) | 1 (3.7) | 27 (100.0) | $\chi^2= 2.78$; df= 4; p=0.594 |
| No | 37 (11.0) | 172 (50.9) | 50 (14.8) | 55 (16.3) | 24 (7.1) | 338 (100.0) | |
| Religious Beliefs as Barrier | | | | | | | |
| Yes | 1 (2.1) | 26 (51.2) | 8 (16.7) | 6 (12.5) | 7 (14.6) | 48 (100.0) | $\chi^2= 9.35$; df= 4; p=0.053 |
| No | 37 (11.7) | 162 (51.1) | 45 (14.2) | 55 (17.4) | 18 (5.7) | 317 (100.0) | |
| Perceived Risks to Self | | | | | | | |
| Yes | 18 (9.4) | 98 (51.0) | 33 (17.2) | 35 (18.2) | 8 (4.2) | 192 (100.0) | $\chi^2=7.23$; df= 4; p=0.124 |
| No | 20 (11.6) | 90 (52.0) | 20 (11.6) | 26 (15.0) | 17 (9.8) | 173 (100.0) | |
| Desire for more Children(n=362) | | | | | | | |
| Yes | 30 (15.9) | 97 (51.3) | 17 (9.0) | 26 (13.8) | 19 (10.0) | 189 (100.0) | $\chi^2= 30.27$; df= 4; p=0.001 |
| No | 8 (4.6) | 90 (52.1) | 36 (20.8) | 35 (20.2) | 4 (2.3) | 173 (100.0) | |

DISCUSSION

This study was conducted to determine the preference, utilization and factors affecting utilization of preferred contraceptives among women attending the family planning clinic. In this study, majority of the clients were below 40 years of age (Table 1). This observation is in keeping with findings from previous studies.^{12,13} This is important because as

an individual gets older, sexual exposure reduces, thus with reduced sexual exposure and reduced fecundity, the risk of getting pregnant is lower making contraceptive use unnecessary.¹⁴ The mean age at marriage observed in this study was 23.2 years. This is in contrast with findings from 2018 Nigerian demographic health survey (NDHS) and a similar study in Uganda where the

reported mean age at marriage was 18.1 and 17.9 years respectively.^{5,15} This difference in the mean age at marriage may not be unconnected with the settings and cultural factors in which the studies were conducted. However, age at marriage is important because in most societies, marriage marks the point in a woman's life when childbearing first become socially acceptable.¹⁶ Therefore, women

who marry early will have greater tendency of exposure to pregnancy and a greater number of lifetime births thus necessitating the need for contraceptives to reduce their family size.⁵

This study revealed that the most preferred family planning methods were the injectable contraceptives, implant and IUCD in that order and was similar to what the clients actually utilized (injectables, implants and OCP). This observation was similar to what was obtained from studies carried out in Jos, Delta State in Nigeria and Ethiopia.¹⁷⁻¹⁹ However, it differed from studies conducted in Edo State, Southern Nigeria and Turkey, where OCP and IUCD were the most preferred options respectively.^{20,21} The similarity observed in this study between the contraceptives preferred and those actually utilized could be due to the ease and convenience of administering these contraceptives (injectable contraceptives and implants). OCP use is easy, convenient and does not require a health worker for its administration, thus can be a great choice for women. It is of note that in this study more than a tenth of respondents did not receive their preferred contraceptives at first visit due to non-availability of contraceptive commodities. This could be discouraging especially if a woman had made great sacrifice to be there. Thus, making contraceptive services continually available will further boost a woman's confidence in her determination to achieve her goal of contraception. In this study, none of the respondents preferred the sterilization method of family planning. This is not surprising considering the fact that female sterilization is a permanent method involving a surgical procedure and the administration of local anesthesia, hence most women would not want to use it because of fear of losing their ability to bear children in the future. Similarly, socio-cultural dispositions towards sterilization and its permanence contrasted with a future desire to have more children in the face of the reality of high child mortality in Africa might inform such reluctance in the community. Technically also, the human and material resources needed to carry out this procedure are not readily available at the

PHC level therefore making it difficult for such services to be offered to clients.²²

Several factors influence the use of preferred contraceptives among women, these include: age, educational status, number of children, religion, marital status, knowledge about contraceptives, side effects, method approval by self and partners as well as perceived cultural acceptance amongst others.^{4,23-29} Nonetheless, in this study, socio-demographic and socio cultural factors influencing contraceptive preferences were assessed. It was found that age ($p < 0.001$), number of children ($p < 0.001$), clients' employment status ($p < 0.001$), husband support ($p < 0.021$) and desire for more children ($p < 0.001$) were all significantly associated with the utilization of preferred contraceptives. Women older than 30 years of age opted more for the injectable contraceptive (short-acting) than the implants and IUCD (long-acting). At this age, most women in our society are yet to complete their ideal family size bearing in mind the rising age at marriage.^{16,30} Thus, majority in that age group would prefer methods that are short acting to allow for effective spacing of births instead of the long acting implants. This also explains why there was a gradual shift from condoms and OCP to injectable contraceptives, implants and IUCD with increasing age of the respondents and number of children. A study conducted in Turkey showed that there was a higher utilization of preferred contraceptives among women who were employed. Use of contraceptives helps them control the timing of birth to avoid interference with their jobs and the women are more likely to choose a modern method of contraception over a traditional one.³¹

Several studies have showed that spousal support can influence a woman contraceptive preference.^{32,33} This is because traditionally, men are the heads of their households and decision makers in all matters in their respective households including family planning and the number of children the family should have.³² From this study, most of the women with little or no spousal support preferred to use the injectable contraceptive. In most instances, this choice is prompted by the desire to be

discreet due to spousal disapproval and has been shown to be a major reason why women prefer using injectable contraceptives and implants.^{19,34,35} Such behavior may result in serious marital disharmony if the husband learns of it and may lead to premature termination of contraceptive use resulting in unwanted pregnancy and its attendant consequences.¹⁹ Thus, this findings under-scores the need for male involvement in family planning activities to forestall possible discontinuation of contraceptives by women.

The findings of this study though plausible were not without limitations. The preferred contraceptives, utilization of preferred contraceptives by respondents and factors affecting their utilization were measured by self-reporting on the part of the study participants. This may have led to inaccuracies in the responses from the clients. A common threat to the validity of the self-report that can lead to information bias is social desirability and recall bias. Despite these limitations, the aims of this study were achieved.

In conclusion, this study showed that while respondents preferred the injectable contraceptives, implants and IUCD in that order, their utilization followed a similar pattern except that OCP replaced IUCD. Several factors such as client's employment status, number of children, husband support and desire for more children have been shown to be statistically associated with the utilization of preferred contraceptives. It is important to ensure continuous reproductive health education to increase awareness about contraceptive use among women with the support of their spouses. Health workers should bear in mind that several factors influence utilization of contraceptives, thus the need for continuous training and retraining towards identification of such factors for better contraceptive commodity management on a case by case basis. This will ultimately contribute to increasing uptake of family planning services in the community and country at large.

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Authors' Contribution

DTO and PGO conceptualized the research, DTO coordinated the data collection and analyzed the data. NSA and DTO developed the manuscript. All authors read and approved the final manuscript.

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