

## Gynecology &amp; Reproductive Health

## Prevalence and Barriers to Contraceptive Uptake among Reproductive Age Women in Achi, Enugu State, Southeast, Nigeria

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**ABSTRACT**

**Background:** Contraceptives are methods used to prevent pregnancies because of coitus. It is a major determinant of pregnancy and birth rates worldwide. Nigeria, like many other developing countries has a low prevalence rate of contraception, hence, the need to improve awareness and availability of modern contraceptives to reduce the unmet need and avail our women the opportunity to enjoy the numerous benefits derivable from it.

**Aim:** To determine the prevalence, awareness and barriers to contraceptive uptake among the rural women.

**Materials & Method:** It was a cross-sectional study of women of reproductive age in Achi. A multi-stage sampling technique was used to recruit respondents from the communities in the town. A questionnaire administered by the interviewer was used to collect relevant data, which was subsequently analyzed using SPSS version 20.0 computer software for Windows. The result was presented using tables, means and percentages.

**Result:** Four hundred and twenty two (422) women were recruited into the study. Majority of them were 25-29 years (34.6%) whereas the least were 15-19 years (4.33%) of this number, 68.2% had secondary education and majority of them farmers (27.5%). About 40% were orthodox Christians and the rest Catholics and Pentecostals. Also, 316 (74.9%) of the women did not use any contraceptive method giving us a contraceptive prevalence of 25.1%. Two hundred and eight (49.3%) had 3 to 4 surviving children while only 43 (0.2%) had no child. Most the women on contraceptives used injectables, (11.1%), 4.7% used implants and only 0.2% used oral pills. Of the possible reasons for non-acceptance considered majority had fear of carcinogenesis 133(31.5%), followed by husbands' opposition 110(26.1%) while 19(4.5%) considered contraceptives unhealthy.

**Conclusion:** There is still a low prevalence of contraception in Achi suggesting a high burden of unmet contraceptive needs. Efforts should be channelled towards unravelling the remote and immediate causes of the low prevalence so as to proffer a lasting solution to the problem.

**Keywords**

Contraception, Pregnancies, Chemicals, Drugs, Surgical procedures.

**Introduction**

Contraception is defined as the intentional prevention of conception through the use various devices, sexual practices, chemicals, drugs,

or surgical procedures [1]. Contraceptives are methods of family planning which are devices used to prevent unwanted pregnancies and allow people to attain their desired family size and determine the spacing of their pregnancies [2]. They include all temporary and permanent measures to prevent pregnancies resulting from coitus [2]. It has been found that of all the eight reasons for having sex, having babies was the least frequent motivator for most people,

hence the need for contraception [3]. A look at history will reveal an evolution of many methods to achieve contraception ranging from abstinence, withdrawal, fertility awareness, hormonal methods, barrier devices, intrauterine devices to more permanent/surgical methods like tubal ligation and vasectomy [4-6]. The WHO estimated that about 222 to 270 million women in developing countries would like to delay or stop child bearing but are not using any form of contraceptive, the so-called unmet need [7]. Even though the unmet need for contraception has decreased from 15% to 12% worldwide, it had remained above 25% in 42 countries, most of them in Africa [8]. Helping women prevent unwanted pregnancies can reduce unwanted births and unsafe abortions, and improve maternal and child health [9,10]. The objective of family planning services is to encourage couples to take responsible decisions about pregnancy and to enable them achieve their wishes with regards to: preventing unwanted pregnancy, securing desired pregnancy, spacing pregnancies, limiting the size of their family and ultimately promoting responsible parenthood, controlling the population and improving the quality of life of the people [11]. Worthy of note also is that some contraceptive methods prevent sexually transmitted infections.

The level of awareness of contraception varies among people of different socio-cultural, educational, religious or occupational affiliations; [12-14] and between urban and rural areas [15-17]. In a hospital study done in Enugu, the prevalence was 22.9% [18] and among bankers aged 21-45 years it was found that 100% of them were aware of at least one method of contraception, while only 61.1% practice contraception [19]. In Ekiti State, southwest, Nigeria the prevalence was 50.5% and 14.6% had fear of side-effects. In the same study, among those not using contraceptives, some identifiable barriers include: desire for more children, partner disapproval and fear of side-effects [20]. In southeast, Nigeria, knowledge about contraceptives was found to be 80% and approval, 87%; [11] in a rural population of Northeast Nigeria, the awareness of natural contraceptives ranged from 36.1% to 50.7% and even much lower for modern contraceptives [21]. Across nations the prevalence also varies: in Nigeria (15%), Sierra Leone (8%), Mozambique (16%), Ghana (24%); whereas it was Netherlands (69%), USA & Paraguay (79%) and united Kingdom (82%) [22].

There is also the fear of cancers arising from the use of some modern contraceptives especially the combined 30pills, which is more of a myth than fact as modern pills are very low in oestrogen. However, some studies suggest that the risks of cervical and breast cancer increase with prolonged use of oral contraceptives, whereas the risks of endometrial, ovarian and colorectal cancers decreases [23-25].

This study became important so as to assess the level of awareness and the barriers militating against uptake of contraceptives in the rural communities, find ways of meeting the unmet need, help program managers re-focus family planning education to increase acceptance and ensuring that the benefits of family planning are

enjoyed by the rural women.

## Aims

The aim was to determine the prevalence, awareness and barriers to contraceptive uptake among the rural women of Achi

## Objectives

To determine the

- Prevalence of contraceptive
- Pattern of contraceptive uptake
- Barriers to contraceptive uptake

## Study area

Achi is a popular and the largest town in Oji-River Local Government Area of Enugu State, south-East, Nigeria. It is a sub-urban community consisting of mainly peasant farmers, petty traders and civil servants, mainly teachers. According to projections from the 2006 census the population of Achi is estimated to be about 95,590, constituting 55% of the entire population of the Local Government Area. Of this number females constitute 52.1% [26]. Achi has 12 autonomous communities grouped into 2, Achi-Uno and Achi-Agu, each consisting of 6 communities

## Materials & Methods

This was a descriptive, cross-sectional study of consenting women in the area. The minimum sample size of 422 was determined using Fisher's formula where the population is greater than 10,000 [19,27].

## Sampling Method

A multi-stage sampling technique was used to select 3 communities each from Achi-Agu and Achi-Uno.

**Stage 1:** Simple random sampling by balloting was used to select four communities each from the 2 groups in Achi.

**Stage 2:** Simple random sampling by balloting was also used to select 4 villages from each selected community in stage 1. At the end a total of 32 villages were selected.

**Stage 3:** The villages were delineated into enumeration areas comprising 24 households. Cluster sampling technique was used to select respondent in the enumeration areas visited which was regarded as a cluster. All women between the ages of 15 years to 44 years that are in a sexual relationship and who gave their consent were recruited into the study. Only women who decline consent were excluded from the study. As a result of the use of clusters, a correction factor of 1.2 was used to multiply the computed sample size to give a total of 422. An interviewer administered questionnaire was used to obtain relevant data from the participants. The questionnaire was test-run within a village in Inyi, a neighbouring town to Achi to detect deficiencies in the document and make appropriate corrections before the study proper. Six research assistants were trained and they participated in the study. They were senior community health extension workers

(SCHEW) from the health centres in each community selected. Data collection and editing were done manually to detect omission and ensure uniform coding.

### Data Analysis

Data collected from the study was analyzed using SPSS version 20.0 computer software for Windows. The result was presented using tables, means and percentages.

### Results

Four hundred and twenty-two (422) women were recruited into the study. Majority were 25-29 years (34.6%) while the least was women 15-19 years (4.3%). Of the total, 68.2% had secondary education while majority of them were farmers (27.5%). About 40% were orthodox Christians and the rest were Catholics and Pentecostals as shown in table 1 below. Also from the study 316 (74.9%) of the women did not use any method of contraception, giving us a contraception prevalence of 25.1% as derived from table 1.

**Table 1:** Socio-demographic characteristics of the women.

Age (years)	Frequency	Percentage
15-19	18	4.3
20-24	56	13.3
25-29	146	34.6
30-34	127	30.0
35-39	48	11.4
40-44	27	6.4
<b>Educational qualification</b>		
None	4	1.0
Primary	32	7.6
Secondary	288	68.2
Tertiary	98	23.2
<b>Occupation</b>		
Student	63	14.9
House-wife	65	15.4
Trader	76	18.0
Farmer	116	27.5
Civil servant	102	24.2
<b>Religion</b>		
Catholic	148	35.1
Orthodox (Anglican, Methodist etc)	169	40.0
Pentecostal	78	18.5
Others	27	6.4

Based on the number of surviving children, 208 (49.3%) had 3 to 4 surviving children while only 43 (10.2%) had none as shown in table 2.

**Table 2:** Distribution Based On the Number of Surviving Children.

Number of surviving children	Frequency	Percentage
None	43	10.2
1-2	66	15.6
3-4	208	49.3
>4	105	24.9
<b>Total</b>	<b>422</b>	<b>100</b>

Majority of the respondents 316 (74.9%) were not using any form of contraception, 47 (11.1%) were on injectable hormonal contraceptives, 20 (4.7%) used implants. The least subscribed method was oral pills, which was used by only one person (0.2%) as shown in table 3 below.

**Table 3:** Distribution based on the method of contraception used by respondents.

Method	Frequency	Percentage
None	316	74.9
Abstinence	9	2.1
Natural family planning	12	2.8
Withdrawal	7	1.7
Condom	6	1.5
Intrauterine device (IUCD/IUS)	4	1.0
Pills	1	0.2
Implants	20	4.7
Injectables	47	11.1
<b>Total</b>	<b>422</b>	<b>100</b>
<b>Prevalence rate = 25.1%</b>		

Out of the five possible reasons for non-acceptance considered, the most frequent reason was fear of carcinogenesis 133 (31.5%), followed by husbands' opposition 110 (26.1%) while the least was a perception of contraceptives as unhealthy 19 (4.5%) as shown table 4.

**Table 4:** Reason for Non-Acceptance of Contraception.

Reason	Frequency	Percentage
Husband's opposition	110	26.1
Religious persuasions	86	20.4
Fear of carcinogenesis	133	31.5
Fear of sterility	74	17.5
Unhealthy	19	4.5
<b>Total</b>	<b>422</b>	<b>100</b>

### Discussion

The aim of this study was to determine the prevalence, awareness and barriers to contraceptive uptake among the rural women of Achi. The result from the study revealed a contraceptive prevalence of 25.1%. This was however, higher than the contraceptive prevalence in Nigeria [28] as at 2018 that was estimated to be 17%. This huge difference could be explained by the fact the figure quoted above was a national figure as against our result from a local study. However, it shows that the uptake of contraception is better in the study area when compared with the national figures but had not yet attained the projected national figure of 36% from the 15% reported in 2013 [29]. This result, however, is similar to a result of a hospital-based study in Enugu [18] where the prevalence was found to be 22.9%. It was found to be lower than the result from a similar study in Ogbomosho, Oyo State, 49.7%. However, this was another community-based study but differences could be due to the differences in the study population and the number of respondents in each study.

From our study, majority 47 (11.1%) of the participants were on injectable hormonal contraceptive. This is in contrast to the

findings from two other studies where the majority of the women, 357 (40.6%) [18] and 991 (57.05%) [30,31] were on implants. While the studies were a retrospective, hospital-based study in an urban area, our study was a cross-sectional study in a rural community.

Thirdly, the results from this study showed that the major barriers to contraceptive uptake were fear of carcinogenesis, 133 (31.5%), husband's disapproval, 110 (26.1%) and religious persuasions, 86 (20.4%). In a study done by Kabir D et al. the major barriers to contraceptive uptake were desire for more children, 62 (39.550, partner disapproval, 40 (25.5%) and fear of side-effects, 23 (14.6%). In our study we did not include the desire for more children as an option but considering the high proportion of respondents in the study with 3 to 4 surviving children, 208 (49.3%) it could be inferred that the number of surviving children could be an important factor.

The high number of respondents who are not on any form of contraceptive suggests a high prevalence of unmet need. Identifying the reasons for not accepting contraception would go a long way to solving the problem of unmet needs and reduce the high rate of pregnancies in our society and its associated complications.

## Conclusion

There is still a low prevalence of contraception in Achi suggesting a high burden of unmet contraceptive needs.

## Recommendation

Further studies should be carried out to unravel the reasons for the high proportion of our women who do not access contraceptives and proffer suitable solutions to them thereby, reducing its complications.

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