

# **I**NFLUENCING FACTORS AFFECTING THE USE OF MODERN CONTRACEPTIVES AMONG WOMEN OF REPRODUCTIVE AGE: EVIDENCE FROM THE NIGERIA DEMOGRAPHIC HEALTH SURVEY

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## **ABSTRACT**

**C**ontraceptives has been shown to promote maternal health and well-being, as well as child survival. The goal of this study is to look into the socioeconomic and sociodemographic factors that influence women of reproductive age in Nigeria's use of modern contraceptives. The study used data from the 2018 Nigeria Demographic Health Survey and multivariate regression analysis to examine it. Results from the study shows that religion, residence and exposure to need for contraceptive have a negative but significant influence on the use of modern contraceptives. While education, wealth, marital status and desire for more children positively influence the use of contraceptives. The study therefore concludes that these factors play a key role in

## **Introduction:**

Modern contraceptive is an integral aspect of reproductive health, and it has a favorable impact on women's health. Conception can happen at any time throughout a woman's reproductive period, and fertilization happens naturally if there is no impediment (unprotected coitus) and the spermatozoon is mature and capable. Occasionally, protection against an unwanted or unplanned pregnancy, which can have negative consequences, is required (Fini & Nabag, 2013). High

the usage of contraceptive by women of reproductive age in Nigeria.

**Keywords:** modern contraceptives, contraceptive use, reproductive age women, socioeconomic and sociodemographic factors

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Fertility rates are linked to poor maternal and child health, as well as a higher risk of maternal mortality. Contraceptives aids in the improvement of maternal and child health as well as country development through direct and indirect ways, as well as population reduction (Ahmed, Li, Liu & Tsui, 2012). This is particularly critical for Nigeria, which is categorized as a low-income country with 62.6 percent of the population living in poverty (World Bank, 2013).

Despite technological advancements in modern contraceptive methods, unintended pregnancy remains a problem that women, their families, and society as a whole face (Obwoya, wulifan & Kalolo, 2018). One of the Sustainable Development Goals (SDGs) is to promote universal access to Sexual and Reproductive Health (SRH) services, with one of the key priorities being the use of modern contraceptive (UN, 2015 and Lim et al; 2016). Modern contraceptive methods, according to Handady et, al; (2015), promote mother health by optimal child spacing, avoidance of pregnancy due to high-risk maternal age, and high parity. Barrier methods (condoms or cervical caps), hormonal methods (the pill), intrauterine devices (IUDs), and sterilization are the four types of modern contraception. The approach chosen is determined by the woman's overall health, lifestyle, and interpersonal ties (Fini & Nabag, 2013).

Despite greater awareness of modern contraceptive (MC) and a desire to delay or space childbirths, most women in Sub-Saharan Africa (SSA) still have a low uptake of MC and a high incidence of unmet need (Blackson, Nwaozuru & Iwelumor, 2017). Bridging this gap has become a global concern, as evidenced by the Family Planning 2020 (FP2020) project and the United Nations' Sustainable Development Goals 3 and 5, which focus on universal health and welfare and gender equality, respectively (United Nations, 2015). Increased population as a result of the lack of use of modern contraceptive is a drain on many developing countries' resources, threatening economic development and political stability (Gore & Katkuri, 2016).

According to the NDHS, Nigeria has a high fertility rate of 5.7 percent, and roughly 18 percent of married women do not want to have more children, while one-third

of married women must wait at least two years before having another child. However, not all married women have free access to modern contraceptives for family planning, accounting for 16 percent of unmet contraceptive needs among married women. Unmet contraceptive needs are a major contributor to the high rate of unintended pregnancy in Sub-Saharan African countries. According to UN (2014) reports, if this unmet need is met, the rate of unwanted pregnancy will decrease by 83 percent, from 18 million to 3 million per year, and the rate of unsafe abortion will decrease by 84 percent, from 5.7 million to 0.9 million.

The use of modern contraceptive methods is effective in preventing unintended pregnancy and its problems. Abortion services by experienced people and in quality hospitals are not available for women in countries like Nigeria, which has a restrict abortion law, leaving them in the hands of quacks who profit from the gap in service delivery, which leads in complications and death in some cases (Adinma, 2011). The soaring number of unintended pregnancies and limited access to contraceptives all point to a bleak future for maternal health and healthy parenthood. The low access to contraceptives scores of 16 percent and 10% among women who have had children and women of reproductive age, respectively, are concerning (Konkor, Sano, Antabe, Kansanga, and Luginaah, 2019). According to Asaolu, Nuno, Ernst, Taren, and Ehiri (2019) in Nigeria, Ghana, and Kenya, 22.7 percent, 33.2 percent, and 68.9 percent of women of reproductive age (15-49 years) used new contraceptives methods, respectively. In a country with a high prevalence of maternal, newborn, and neonatal death, low birth weight, and rapid population growth, this discrepancy in family planning adoption is a cause for concern. Nigeria's failure to manage its rapidly rising population is a key issue that has a severe impact on the country's economic and political well-being. As a developing economy, an unchecked geometric increase in population is partly to blame for rising poverty rates, rising unemployment, insufficient and overburdened infrastructure, hunger, and other developmental issues (Asa, Nkan, and Okoro, 2018). Given Nigeria's high fertility rate and poor contraceptive usage over the years, it's critical to look for possible explanations for the observed pattern. As a result, the goal of this study was to look into the socioeconomic and socio demographic factors that influence contraceptive use among Nigerian women of reproductive age.

## Literature

A few decades ago, the world came together to ratify the Cairo Agenda (The United Nations, 2020), which granted women and girls empowerment and self-determination on issues such as fertility and pregnancy. The United Nations' (2020) report, titled "Family Planning 2020," is a call to action for the implementation and mainstreaming of that agenda, which is thought to be critical to improving health, reducing poverty, empowering women and girls, and contributing more to societal development. Within twelve years, the FP2020 and its partners were able to increase the use of modern contraceptives by women and girls while also ensuring that the momentum gained in the previous seven years is maintained. Despite these efforts, there are still barriers to increased use of modern contraceptives, particularly in poor nations like Nigeria.

Despite the high degree of understanding of modern contraceptives among the respondents, Ezugwu, Ezugwu, Mbah, and Ukwé (2021) found significant impediments to contraceptive usage among women in low resource settings in Enugu state, south east Nigeria, only about 35% of them had ever used modern contraceptive in the past. While 36.3% were aware of modern contraceptives but don't intend to use any of them. They also claimed that religious objections (53.9%), fear of adverse effects (24%), husband's disapproval (17.8%), and cost (3.2 percent) are all impediments to contraception use. In a research on the predictors of contraceptive usage by women conducted in Bayelsa (Dambo, Jeremiah, & Wallymahmend, 2017), Contraceptive use among women of reproductive age was significantly predicted by education, religious views, and knowledge of fertile days. The sort of contraceptive a woman used was also influenced by her age and the number of children she had. In addition, Johnson (2017) discovered that education and income index were the strongest predictors of contraceptive use among Nigerian reproductive women in his study. Afriyie and Tarkang (2019) conducted a similar study in Ghana on factors impacting contraceptive usage among married women and discovered that occupation and decision-making authority in relation to contraceptive use also influenced contraceptive use. In their study on factors influencing the use of modern contraceptives in Nigeria, Alo et al. (2020) discovered that educational level, marital status, parity, socio-economic status, fertility intention, and awareness of family planning methods all had a significant impact on the use of

modern contraceptives. In addition, women who sensed community support for family planning were more likely to use contemporary contraceptives than those who did not. Those who believed that practically all of their acquaintances and family utilized contraceptive techniques were more likely to use modern contraception than those who believed otherwise.

## **Theoretical Framework**

### **Social Marketing and Individual Differences Theories**

Persuasion is crucial in marketing, especially when competitors are vying for clients and employ commercial marketing methods to increase sales. These ideas are used in social marketing theory to plan, implement, and control campaign programs aimed at influencing voluntary behaviors of target audiences to adopt social behaviors that are not detrimental. Although target audiences in social marketing (particularly health habits) have no problems with awareness and understanding, there are hurdles to implementing advised behavior, (Baran and Davies 2003). The theory suggests various techniques to overcome these obstacles, which are referred to as the seven elements of social marketing theory. These are techniques for increasing audience awareness of campaign issues, directing messages to specific audiences, reinforcing messages within targeted segments, and motivating target audiences to influence others through face-to-face communication.

The features, according to Baran and Davies (2003), include methods of cultivating people's images and impressions, stimulating interest and inducing information-seeking by audiences, inducing desired decision-making or positioning, and methods of activating audience segments, particularly those targeted by the campaign (Baran and Davies, 2003: 303-305). Robinson (1998) condensed these strategies into the seven doors of social marketing, which include desire, skills, optimism, facilitation, stimulation, reinforcement, and knowledge. Because social marketing strategies are used to raise awareness, enhance knowledge, and persuade couples and individuals to embrace family planning methods, this theory is applicable to the subject.

Individual differences theory identifies individual differences in psychological makeup. Because people have various views, understandings, knowledge, attitudes, and wants, media influence on them will be different as well. Media

communications aimed at changing behavior or forming positive attitudes could include cognitive aspects tailored to the viewers' various personality traits. The notion states that no two people are alike, even if they live together, and that no one is the same all of the time. People change as their environment has an impact on their psyche, which might affect how they respond to media messages (Blais, Thompson and Baranski, 2005; Curseu, 2006).

The two theories are essential to this study because, while social marketing concepts and persuasive strategies are used to create messages for target audiences to adopt family planning methods, people's responses are determined by their individual variances. Gender, socio-cultural milieu, state of mind, and other personal factors could all play a role in preventing people from using family planning methods. This is especially true in Nigerian indigenous communities, where gender disparity is created by social, cultural, and religious structures, which may influence family planning adoption.

### Methodology

The study used data from the 2018 Nigeria Demographic Health Survey, which was analyzed using the Stata 15 software program. Multivariate regression analysis was used to estimate the objectives of the study. Multiple regression with one dependent variable and multiple independent variables is known as multivariate regression. Because there were so many independent variables in the model, multivariate regression analysis was used. The following is the model for the research:

$$MC_i = \beta_0 + \beta_1. Age_i + \beta_2. Re_i + \beta_3. R_i + \beta_4. Edu_i + \beta_5. Eth_i + \beta_6. W_i + \beta_7. MS_i + \beta_8. DC_i + \beta_9. ENC_i + \beta_{10}. ESI + \beta_{11}. VHF_i + \epsilon_i$$

MC = Modern use of Contraceptive

Re = Religion

R = Residence

Edu = Education

Eth = Ethnicity

W = Wealth

MS = Marital status

DC = Desire for more children

ENC = Exposure to need for contraceptive

ES = Employment status

VHF = Visited health facility in the last 12 months

$\varepsilon$  = Error term

**Table 1: Socioeconomic and Socio-demographic Factors Affecting the Use of Modern Contraceptive among Women of Reproductive Age in Nigeria**

Variables	Coefficient	Standard error	T- statistics	P - value
Constant	.3051033	.3078014	0.99	0.322
Age	-.0086587	.0052348	-1.65	0.098
Religion	-.0183956	.0057928	-3.18	0.002
Residence	-.4068527	.0860191	-4.73	0.000
Education	.4151653	.0454783	9.13	0.000
Ethnicity	.0012783	.0008864	1.44	1.49
Wealth	.178493	.0360672	4.95	0.000
Marital status	.5753225	.1828344	2.82	0.005
Desire for more children	.3167931	.0241628	13.11	0.000
Exposure to need for contraceptive	-.4438185	.0320697	-13.84	0.000
Employment status	.044386	.0802899	0.55	0.580
Visited health facility in the last 12 months	.1573319	.0706683	2.23	0.026
R - square	0.1129			
F - statistics	93.11344			
P [ F- stat]	0.000			

Source: Authors' Compilation 2022.

**Table 1: Socioeconomic and Socio-demographic Factors Affecting the Use of Modern Contraceptive among Women of Reproductive Age in Nigeria**

Religion has a negative but significant influence on the use of contraceptive. This implies that religion of the woman determines whether or not she uses any form of contraceptive. A similar result was found in the work of Ezugwu *et al.*(2021),

according to their findings, most Christians especially the Roman Catholics, indicated that the use of modern contraceptive was against the doctrine of their church. Similarly, Duru et al. (2018) discovered that religious denomination has a significant impact on contraceptive use among women in Imo state. Religious beliefs and values shape an individual's attitude toward any subject, and some of them are opposed to family planning in general or to specific contraceptive techniques. The use of contraceptive is negatively influenced by where you live. In comparison to rural areas, metropolitan areas have a higher rate of contraceptive use. Women who live in urban areas are more likely to use contraceptives than those who live in rural areas, according to research conducted in Ethiopia and Sokoto, Nigeria, respectively (Bogale et al; (2011) and Tunau et, al; (2016). Also, Johnson (2017) found that contraceptive use is more common in urban regions than in rural areas. The poor usage of contraceptives in rural areas can be attributed to the fact that rural communities are steeped in cultural beliefs and taboos, leading to a distorted perspective of family planning. Education was also discovered to be a significant factor influencing the use of modern contraceptive methods.

Education raises awareness, broadens knowledge, and changes people's attitudes. It raises health literacy, allowing people to make more educated decisions about how they use health care. This is supported by the findings of Duru et, al; (2018), who discovered that women who knew more about contraceptives were more likely to use them than those who didn't. This study, on the other hand, contradicts the findings of Uzoma-Nwosi, Ojule, and Moore (2021), who concluded that the respondents' educational level and income status, as well as the male partners', have no influence on the use of modern contraceptive techniques. The economic status of the woman or her spouse has an impact on the use of modern contraceptives. This suggests that financial restrictions may play a role in disadvantaged women reduced contraceptive use. Also, increasing women's affluence can improve their ability to get and use contemporary contraception. This result agrees with Johnson (2017) but differs from Uzoma-Nwosi, Ojule, and Moore (2021).

When comparing married women or those who live with partners to those who are single or widowed, married women or those who live with partners have a higher chance of utilizing contraceptives. This data supports the prevalent belief



that married and cohabiting women have more and more frequent intimate relationships than single women. This result agrees with the work of Uzoma-Nwosi, Ojule and Moore (2021). Also, desire for more children influences the decision to use any form of modern contraceptive. Generally, women stop using any kind of contraceptive if they are trying to get pregnant. This result is consistent with the findings of Uzoma-Nwosi, Ojule, and Moore (2021), who found that women with two or more children are more likely to use modern contraception than women with one or no kid. The presence of a contraceptive necessity has a negative but significant impact on contraceptive use. As awareness of the necessity for contraception grows, so does the number of women who use contemporary contraception.

### Conclusion

Despite the government's and other health-related authorities' attempts to improve the use of modern contraceptives, there are still variables that influence their use in Nigeria. The key to assuring greater contraceptive use among women of reproductive age is to improve female child education, particularly in the northern areas of the country, affluence, and exposure to the necessity for contraception. To boost the acceptance rate and usage of family planning, more public education is required. Rural residents should have access to basic family planning services, which should be given for free if possible.

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### Appendix

. mvreg v312 = v012 v130 v025 v106 v131 v190 v501 v605 v625a v714 v394

Equation	Obs	Parms	RMSE	"R-sq"	F	P
v312	8,061	12	3.109842	0.1129	93.11344	0.0000

v312	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
v012	-.0086587	.0052348	-1.65	0.098	-.0189203 .0016029
v130	-.0183956	.0057928	-3.18	0.002	-.0297511 -.0070402
v025	-.4068527	.0860191	-4.73	0.000	-.5754724 -.2382331
v106	.4151653	.0454783	9.13	0.000	.3260161 .5043145
v131	.0012783	.0008864	1.44	0.149	-.0004594 .0030159
v190	.178493	.0360672	4.95	0.000	.1077919 .249194
v501	.5153225	.1828344	2.82	0.005	.1569198 .8737252
v605	.3167931	.0241628	13.11	0.000	.2694277 .3641585
v625a	-.4438185	.0320697	-13.84	0.000	-.5066833 -.3809536
v714	.044386	.0802899	0.55	0.580	-.1130031 .201775

v394	.1573319	.0706683	2.23	0.026	.0188037	.2958601
_cons	.3051033	.3078014	0.99	0.322	-.2982671	.9084738