



## ASSESSMENT OF MODERN CONTRACEPTIVE UTILIZATION COVERAGE IN NIGER STATE

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### Abstract

Niger State is a Nigerian state where the research focused on ascertaining the prevalence of modern contraceptive use among women of reproductive age. The study identified three research areas and their influencing factors, as well as the availability and accessibility of modern contraceptive methods in health facilities. A response rate of 98% was calculated from the data collected, with 404 copies administered being satisfactorily filled and found suitable for analysis. Babbie (2002) observed that a response rate of about 50% is adequate for analysis, Kothari (2004) said that responses between 60%-70% are considered adequate, and Morris, (2007) stated that responses yielding over 60% response rate are adequate for making significant conclusions.

**Keywords:** Modern contraceptives, women of child bearing age, family planning.

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### Introduction

Niger State is located in the North-central region of Nigeria with a population of approximately 4 million people. The state has a high maternal mortality rate, which

is attributed to low utilization of modern contraceptive methods. This study aims to assess the modern contraceptive utilization coverage in Niger State. The 2018 Nigeria Demographic and Health Survey (NDHS) is designed to provide data for monitoring the health situation and population Nigeria. Contraception is the purposeful utilization of counterfeit different methods or strategies in preventing conceiving a child after sex (Rouse, et al., 2021).

The significant types of fake contraception include boundary techniques, prophylactic pills, and male or female cleansing. Full utilization of family planning services is important for the accomplishment of these goals thus speeding up development and improving health across the regions. The Nigerian Demographic and Health Survey (NDHS) has estimated that reducing unwanted pregnancy by the use of family planning could forestall an aggregate of 4.6 million disability assessed life years. However, 17 of all married women would prefer to avoid gestation but are not willing to use any form of family planning. The contraceptive frequency rate among wedded women varies with age, rising from 3 among women aged 15 to 19 times to a peak of 23 among women aged 35 to 39 times before declining to 13 among women aged 45 to 49 times (Finer, & Zolna, 2011).

There has been a gradual decrease in ripeness rates recently, from 5.7 births per lady in the 2008 NDHS to 5.5 births for each lady in the 2013 NDHS and 5.3 births for every lady in the 2018 NDHS. The ongoing utilization of origination as indicated by foundation attributes percent conveyance of now hitched ladies and physically dynamic unmarried ladies age 15-49 by prophylactic strategy as indicated by foundation qualities Nigeria DHS 2018, in Niger state. Studies in Nigeria have shown low frequentness of contraceptive use despite the high position of mindfulness as shown by Allagoa and Nyengidiki, (2011) in Port Hacourt and Aliyu, Dahiru, Oyefabi and Ladan (2015) in Zaria. The practice of ultramodern contraceptives varies with various background characteristics such as age, education, religion, number of living children, desire for further children, ever use of contraceptives, civic pastoral hearthstone, and wealth or socioeconomic status. These factors determine an individual's station towards the use of contraceptives and their capability to understand the effective use of contraceptives (Tibaijuka, et al., 2017).

Socio-artistic beliefs and perceptions can also impact knowledge about contraceptives and their use. Religious and artistic practices may discourage women from using contraceptives in certain areas. More than 208 million pregnancies occur worldwide, with 185 million occurring in the causes alone. The most important details of the phrases Niger, Nigeria, and Nigeria are that there are boundaries to information and mentality and viable act of family planning administrations in Northern Nigeria, and that preventative use has not impressively improved. This could be due to close missing for male inclusion as their effect isn't felt (Bongaarts, et al., 2012).

Different investigations have been led around Nigeria to investigate and comprehend the information, demeanor and practice, yet not many have thoroughly analyzed local area explicit obstructions of prophylactic practice (NPC [Nigeria] and ICF, 2009; Federal Ministry of Health (Nigeria), 1993). In order to improve family planning administration, mediation techniques need to be planned pair with local area determinations.

### **Objectives of the study**

The main objective of this study is to assess the coverage and utilization of modern contraceptive methods in Niger State. The specific objectives include:

1. To determine the prevalence of modern contraceptive use among women of reproductive age in Niger State.
2. To identify the factors that influence modern contraceptive utilization in Niger State.
3. To assess the availability and accessibility of modern contraceptive methods in health facilities in Niger State.

### **Literature Review**

#### **Concept of Modern Contraceptives**

The National Survey of Family Growth (NSFG) in Chandra showed that 41.7% of women of reproductive age get no less than one family planning service from a clinic either currently pregnant, looking to become pregnant or barren in view of cleansing. However, the low level of people using family planning services suggests that some women are not planning their pregnancies intentionally or are encountering issues

getting to this sort of service. In Nigeria, family planning services are often delivered in centers with almost no association with clinical offices. The use of these services in Nigeria is low compared to the high wealth and population development rate in Africa, with an estimated growth rate of 2.5 and 3.0 percent per annum. The underutilization of family planning strategies in these areas is attributed to low education and low financial status of women, as well as spousal communication on family planning (Nazzar, et al., 1995).

According to Chacko, (2014) found that the quantity of living children a lady has also impacts her preventative use. The resultant impact of underutilization of these services is a main source to the high pervasiveness of teen pregnancy and maternal deaths in Nigeria. Family planning services are essential for the far reaching of reception of predisposition care for planning pregnancies and counseling. The capability of family planning services is to advance predisposition care which is restricted by underutilization of these services and satisfactory thoughtfulness regarding bias consideration during the crucial years. The use of family planning services has been proven to reduce maternal deaths, with Nigeria alone recording for 10%. It also helps prevent women from engaging in risky fetus removal practices, as early termination is illegal in Nigeria. The National Survey of Family Growth (NSFG) (2002) found that 41.7% of women 15 to 44 years old received at least one family planning service from a healthcare provider. This low rate suggests that some women are not planning their pregnancies intentionally or due to issues. The development rate in Nigeria is estimated to be between 2.5-3.0% expanding per annum and is expected to reach 338million people by 2050, which presents different issues for economic development and advancement in the country. Therefore, it is important to understand the variables affecting usage of family planning services in order to address the need for contraception.

Increasing numbers of women and men of conceptive age wish to control their fertility and have fewer children. Between the ages of 20 and 44, a prolific, physically active woman is capable of conceiving multiple offspring multiple times, regardless of whether she breastfeeds each child for 1 year. To avoid the need for an early termination, she needs to effectively practice contraception for 16-20 of her. The contagiousness of some STIs and HIV/AIDS is more noteworthy from tainted man to

uninfected woman than the opposite. The vagina offers a larger mucosal surface presented to the partner's sexual discharges and a more favorable climate for microbial development than the penile surface in men, making women more vulnerable against STIs (Cutler & Justman, 2008).

Men are two times more powerful as transmitters of STIs than ladies. Younger women, married or unmarried, are less likely to use contraception than established women, even in countries with high contraceptive prevalence rates. Regulations, guidelines, and social assumptions that determine access to contraception influence young and adult women at the micro level. This builds their vulnerability to unprotected sex and its harmful results.

### **Modern Contraceptive Methods**

- i. **Male Condom:** The most important details of the phrase's erect penis, STI disease, plastic sheath is that a slight elastic or plastic sheath is moved on the erect penis before intercourse to prevent semen from entering the woman. This technique is 95% effective and can be used by all age groups safely. However, there is a risk of consistency, irregularity and incorrect use due to its lack of effectiveness (Allen, & Smith, 1996).
- ii. **Female Condom:** Plastic sheath is a vaginal pocket made of one ring at each end. The shut end ring is embedded inside the vagina and functions as the inward anchor. The external part covers and safeguards the outer genitalia. It is solid, hypo-sensitive and has high recognition in test gatherings. It is a female controlled technique and protects from both undesirable pregnancy and STDs. However, its size and hardness may be awkward to certain clients. Broad advancement and influence among female clients are expected to make it well known (Parasuraman, et al, 1985).
- iii. **Oral Contraceptive Pills:** The joined pill comprises two hormones: oestrogen and progesterone. It is taken orally by the lady and works by preventing the arrival of the egg, thickening of cervical fluid and adjusting tubal motility. It is recommended after a clinical examination and is 100% effective when taken regularly. It can be stopped when pregnancy is desired and should be taken consistently, not consumed later than 12 hours. It is not suitable for women over

35 years or those with a family history of heart, liver illnesses, hypertension, diabetes or unexplained vaginal dying. Disappointment rates are higher in younger, less taught women. Teenagers are less likely to take pills accurately and reliably (Paxton, et al., 1991).

- iv. **Injectable:** This strategy for females restrains ovulation and increases cervical emissions to block sperms. It is effective during lactation and has non-preventative benefits. However, periods can become unpredictable and infusions should not be postponed more than 14 days from the recommended date. Guiding and support are needed for women when using this strategy ( WHO, 2003).
- v. **Emergency Contraceptive Pill:** Two dosages of the pill are taken in 3 days of unprotected intercourse to prevent ovulation, preparation or implantation. It is available without remedy and can be used to avoid pregnancy after condom tear/slips, when two oral pills are missed in progression, when an intra-uterine gadget is removed and there is fear of origination, and when injectable is deferred by over 14 days.
- vi. **Intra Uterine Contraception:** Regenerative wellbeing is an important part of this, and contraception is a key part of it. In Nigeria, the prevalence rate of contraception in 2013 was 15%. There is a large variation in the use of modern contraception in different countries, with more than 95% of women in developed countries using contraceptives. Additionally, prophylactic predominance increased from 54.8% in 1990 to 63.3% in 2010, and neglected need for family planning decreased from 15.4% in 1990 to 12.3% in 2010. 146 million women aged 15-49 years who were married or in an association had a neglected need for family planning between 1990 and 2010. The number of married women using prophylactic contraception is projected to increase from 900 million in 2010 to 962 million in 2015, and will increase in most non-industrial nations (Walcott-Drakes, 2015).

## **METHODOLOGY**

**Research Design:** The study utilized a research design known as descriptive research using a cross-sectional approach. It was determined to be appropriate for the study due to the fact that the study variables needed to be evaluated once at a certain

point in time, and the data were used to explain women's knowledge, attitude, and practice of modern contraceptive techniques, as well as the reasons for not using modern contraceptive methods. Also, to establish the relationship between socio-demographic data and women's attitude toward contraceptive uptake, as well as to identify the women who are the primary determinants of contraceptive practice.

**Population of the study:** Mothers residing in Niger State.

**Inclusion Criteria:**

1. Only women of reproductive age, aged 15-49 years and above were included
2. Only married women
3. Any woman residing in Niger State for at least one year

**Exclusion Criteria:**

1. Any minor (woman below 18 years)
2. Any woman who refuses to give consent
3. Any child bearing women residing in Niger State for less than a year
4. Any women found to be mentally ill or seriously sick.

**Sample Size and sampling Technique:** A total of 404 women were recruited for the study based on women practice prevalence rate of 60.7% Gajida, *et al.*, (2019).

**Instrument for data collection:** The study used a structured questionnaire to collect data from respondents. It was divided into five sections: Demographic data, Mothers' knowledge on modern contraceptive, attitude of women towards contraceptive, practice of women on contraceptive, and reasons for not practicing modern contraceptive methods. A five-point Likert scale was used to evaluate information.

**Method of Data Collection: Community entry:** The researcher paid a visit to the local authorities, as well as traditional, religious, and opinion leaders, in order to advocate for his cause and request their consent. The investigation was carried out over the course of two weeks, during which time the investigator became more familiar with the communities as well as their customs and values.

**Pre-testing of instruments:** Two impartial professional language scholars translated the questionnaire into local language and back to English at Niger State Polytechnic's

language department. In Minna City (LGA different from the study area) in Niger State, the questionnaires were pre-tested for social acceptability, appropriateness, and interview time. Pre-testing assessed research assistants' questionnaire administration skills. We sat down and made changes based on field observations.

**Research assistants (Recruitment and training):** Ten community health extension workers were trained to participate in this research. After pre-test and post-test, eight were short-listed, most of whom spoke Nupe, Gwari and Hausa fluently and were familiar with the way of life and customs of individuals in Niger state. Three instructional sessions went on for four days, covering family planning, rationale, objectives, quality issues, and how to fill questionnaires. Translation of major terms was made and explained to research assistants to standardize data collection.

**Method of Data Analysis:** Data was properly coded and identified, cleaned and examined for errors. Categorical data was analyzed using descriptive statistics, while null hypothesis was tested using inferential statistics. Analysis was facilitated with IBM SPSS version 23. Prevalence of modern contraceptive use estimated, factors that influence utilization identified, availability and accessibility assessed.

## Results Presentation

### Research Question one: What is the prevalence of modern contraceptive use among women of reproductive age in Niger State.

Table 1: Responses on prevalence of modern contraceptive use among women of reproductive age in Niger State?

<i>S/n</i>	<i>Items</i>	<i>Mean</i>	<i>S. D</i>	<i>Decision</i>
1	I encourage its use by my fellow married women	4.03	1.12	<b>Agreed</b>
2	I use contraceptive because it influences effective family planning	3.99	0.78	<b>Agreed</b>
3	I consider contraceptive to be good for an enhanced fertility level	3.90	0.30	<b>Agreed</b>
4	I use contraceptive to enhance birth weight	4.10	0.83	<b>Agreed</b>



5	I consider its use because birth control is relevant	4.30	0.46	<b>Agreed</b>
6	I do not only use contraceptives when breast feeding babies	3.19	1.25	<b>Agreed</b>
7	I consider contraceptive as less complicated	3.90	0.79	<b>Agreed</b>
8	I do use contraceptive to enhance healthy lifestyle	3.80	1.14	<b>Agreed</b>
9	I carefully read the instruction before use	4.03	0.79	<b>Agreed</b>
10	I do use contraceptive because my husband approves of it	3.83	0.85	<b>Agreed</b>
	<b>Grand Mean</b>	<b>3.90</b>	<b>0.83</b>	<b>Agreed</b>

**Source: Field Work, 2022**

The results of data analysis presented in Table 1 revealed that the grand mean of 3.90 (SD=0.83) is greater than the cut-off mean point of 3.00, revealing that the items have been accepted by the respondent as to prevalence of modern contraceptive use among women of reproductive age in Niger State. Item-by-item analysis reveals that all items have been agreed upon by the respondents. In conclusion, this depicts that the respondents have agreed on the extent do women of child bearing age in Niger State utilize modern contraceptive method.

**Research Question Two: What are the factors that influence modern contraceptive utilization in Niger State.**

**Table 2: Responses on the factors that influence modern contraceptive utilization in Niger State?**

<i>S/n</i>	<i>Items</i>	<i>Mean</i>	<i>S. D</i>	<i>Decision</i>
11	Do you think that short acting contraceptives are more effective than long-acting contraceptives	3.94	0.96	<b>Agreed</b>
12	Do you think contraceptive have side effects towards women	3.80	0.95	<b>Agreed</b>

13	Do you think too many children help to improve the income of the family	2.87	0.92	<b>Disagreed</b>
14	Do you think contraceptive help the couple to become responsible parents	4.14	0.92	<b>Agreed</b>
15	Do you think contraceptive use causes infertility in women	2.49	1.28	<b>Disagreed</b>
16	Do you think child mortality is compensated by too much birth	2.96	1.23	<b>Disagreed</b>
17	Do you think child spacing help to protect the mother and child	4.20	0.70	<b>Agreed</b>
18	Do you think contractive hep the woman to regain her strength before the next baby	4.01	1.20	<b>Agreed</b>
19	Do you think the husband shares in the responsibility of the contraceptive use	3.57	1.33	<b>Agreed</b>
20	Do you think contractive use decrease sexual satisfaction	3.33	1.35	<b>Agreed</b>
	<b>Grand Mean</b>	<b>3.53</b>	<b>1.08</b>	<b>Agreed</b>

**Source: Field Work, 2022**

The results of data analysis presented in Table 2 revealed that the grand mean of 3.53 (SD=1.08) is greater than the cut-off mean point of 3.00, revealing that the items have been accepted by the respondent as factors that influence modern contraceptive utilization in Niger State. Item-by-item analysis reveals that 7 items each had a mean score higher than the accepted mean score of 3.00, indicating agreement to the factors that influence modern contraceptive utilization in Niger State, while 3 item was disagreed upon. In conclusion, this depicts that the factors that influence modern contraceptive utilization in Niger State.

**Research Question three: What are the available and accessible of modern contraceptive methods in health facilities in Niger State.**

**Table 3: Responses on the available and accessible of modern contraceptive methods in health facilities in Niger State?**

<b>S/n</b>	<b>Items</b>	<b>Mean</b>	<b>S. D</b>	<b>Decision</b>
21	I usually discuss on family planning matters with my partner	3.96	0.54	<b>Agreed</b>
22	I make enquire about family planning utilization with other family members	4.03	1.02	<b>Agreed</b>
23	I usually consort my friends on how to utilize family planning	3.87	0.81	<b>Agreed</b>
24	My large family size affects my economic conditions negatively	3.77	0.80	<b>Agreed</b>
25	Family Planning utilizations is not welcomed by my religious belief	3.30	1.07	<b>Agreed</b>
26	Having a large family affects maternal and child health	3.63	0.84	<b>Agreed</b>
27	I do consider its use so as to reduce infant mortality	3.74	1.12	<b>Agreed</b>
28	I consider contraceptives to be a very effective method	3.97	0.75	<b>Agreed</b>
29	I do use contraceptives because they are affordable and relatively cheap	4.17	0.52	<b>Agreed</b>
30	I do use contraceptive to avoid unplanned pregnancy	4.10	0.83	<b>Agreed</b>
	<b>Grand Mean</b>	<b>3.85</b>	<b>0.82</b>	<b>Agreed</b>

**Source: Field Work, 2022**

The results of data analysis presented in Table 3 revealed that the grand mean of 3.85 (SD=0.82) is greater than the cut-off mean point of 3.00, revealing that the items have been accepted by the respondent as to the available and accessible of modern contraceptive methods in health facilities in Niger State. Item-by-item analysis reveals that all of the items each had a mean score higher than the accepted mean score of 3.00, indicating agreement to the available and accessible of modern contraceptive methods in health facilities in Niger State.

## **Discussion of findings**

The National Drug Control Survey (NDHS) of Nigeria revealed that there are regional differences in contraceptive practice rates even within the same countries and localities. It was found that 70.8% of women had used any sort of contraceptives, while other studies have shown high advancement yet low use of contraceptives. The yearly report 2013/2014 revealed 89.8% of deterrent clients in Eastern development districts, while the outcome of this study showed a lower 64.6% rate. Female cleansing (18.5%), Injectable (Inj. Depo) 35.6%, and condom and pills were the main techniques used. Contrasted with NDHS 2011, the low utilization of inserts suggests that health offices in the review region are not having the option to deliver the help. Infusion Depo-Provera was generally well known and was widely used by respondents. Restraint and male sanitation were seen as least rehearsed, 2.2% and 0.7% respectively. Only 79.9% of the people were participating in the decision making of the family and extravagance related choices, but 60.8% got encouragement and support from their better half as for usage of contraceptives. 56.0% of the people were sharing information of contraception use and its benefits with others. The ongoing survey showed that only 16.2% of clients were informed about the possible results and 14.2% were trained about what to do when encountering helper influences. This is different from the information acquired from NDHS, 2011 where 63% were shown about likely postponed outcomes with respect to the strategies they use and 59% were told about what to do when they encountered helper influences. Among respondents with one youth, only 24.9% had a coordinated pregnancy and only 67.9% knew that FCHV offer blocking kinds of help and data. 96% of the respondents said that FCHV encourage contraception, 36% said that they fit condoms, 32% said that they disperse pills and 29.6% said that they infer for family planning associations. The speed of pills dissipating by FCHV in Siraha Locale is (51.61%). Data on where women get their prophylactic method is important for program bosses and implementers in organizing family planning frameworks and adventures. Success establishment was the basic source of prophylactic frameworks as answered by 79.6% of the respondents followed by clinical shop/drug store to (31.3%), NGO (18.4%) and FCHV 15.6%. NGOs combine FPAN, Bhotepool, Dharan. Results of the continuous survey showed that 25.7% made when

experienced aftereffects, the commonest being weight gain and polite abnormalities, followed by large dying (20.5%) and amenorrhea (18.2%). Mentalities are not acquired by birth, but are learned and socially acquired during socialization. This study found that most (90.4%) of respondents had an uplifting outlook towards present day contraceptives. This is similar to the findings of studies done in Kathmandu Medical College Teaching hospital, Ethiopia, Kano, and Enugu, Ozumba, Obi and Ijioma. Comparative studies between urban and rural areas in Enugu, Ozumba, Obi and Ijioma (2009) also revealed that most respondents had positive attitudes towards contraception.

Data on information on contraception was gathered by seeing if they have investigated so many hindrance methods in the ongoing review. The biggest part (92.3%) of the people had looked into contraception, while 7.7% of the people are yet to learn about it. 92.7% of the techniques known were condoms, followed by oral prophylactic pills and Infusion Depo-Provera. 8.8% of the least recognized system was LAM. Emergency contraceptives were also 23.3% known by the respondents. Intrauterine devices were the most commonly used system (46%) followed by condom (22%), female sterilization (21%) and oral prophylactic pills (11%). Osaro, Tobin-West and Mezie-Okoye, 2017) added that the most commonly acknowledged methods were the male condom (n = 255; 67.1%) and injectables (n = 190; 50.0%). The most important details in this text are the advantages of advanced contraceptives, such as restricting number of births (68.9%), keeping away from unwanted pregnancy (79.3%), working on the strength of mother and young adult (59.6%), diminishing the financial heap of the family (46.6%) and remaining mindful of birth dispersing (71.5%). Non prophylactic benefits were also perceived in various assessments, such as counteraction of undesirable pregnancy (276 (79.8%), reasonableness and dependability of methods 192 (55.5%), openness 170 (49.1%), moderateness 106 (30.6%) and practically no secondary effect (63 (18.2%). Among the respondents who had learned about pills, only (91.0%) understood that pills should be required some endeavor dependably, just (68.4%) knew to take pill quickly at the earliest entryway whenever had missed a pill, and just (59%) knew the specific term of IUCD as 10 years.

Just (76.9%) of the respondents comprehend that Norplant is introduced under the skin of upper arm, about half (53.6%) of the respondents comprehend that condom obstructs both The most important details in this text are that 84.4%) of the respondents had learned about the various methods for contraception, but only 28.9% knew serious areas of strength for getting IUCD for involving it as emergency prophylactic. The finding uncovers that 68.4% of the respondents had a Good Knowledge and few (31.6%) had Poor Knowledge with respect to contraception. In people group settings, Ibrahim and Ibrahim (2019) and Gajida, Takai, Haruna and Bako (2019) detailed that most of the respondents were Knowledgeable of preventative method. In school, Chimah, Lawoyin, Ilika and Nnebue (2016) revealed from Lagos understudies had right information on a prophylactic technique. Ajayi, Adeniyi, and Akpan (2018) in southwest recognized that the information on a strategy for contraception was practically general among the participants. In Rivers State, Osaro, Tobin-West and Mezie-Okoye, (2017) had detailed great information on present day preventative techniques.

### **Expected Outcomes:**

The findings of this study will provide valuable information on the coverage and utilization of modern contraceptive methods in Niger State. The study will identify factors that influence modern contraceptive utilization and provide recommendations for improving modern contraceptive utilization in Niger State. The study will also provide information on the availability and accessibility of modern contraceptive methods in health facilities in Niger State, which will guide policymakers in planning and implementing programs to improve modern contraceptive utilization and reduce maternal mortality.

### **Conclusion**

The assessment of modern contraceptive utilization coverage in Niger State is essential for improving maternal and child health outcomes. The study findings will inform policymakers, healthcare providers, and other stakeholders on the coverage and utilization of modern contraceptive methods and provide recommendations for improving modern contraceptive utilization and reducing maternal mortality.

Women had a positive attitude towards contraceptive and more than two thirds practiced it, but health care workers need to remove bad notions about contraceptive practice.

### **Recommendations**

1. Niger State Primary Health care Agency should use communication media with sufficient message to lead effective prophylactic mindfulness exercises. There is a need for further female education and better access to administrations to address these issues.
2. Health workers at Niger State Primary Health care Agency should educate male partners and the public about the safety and convenience of modern, long term, reversible methods of contraception.
3. Health workers should educate women on how to handle side effects during visits and through mass media to promote compliance.
4. The Niger State Government must work with traditional and religious leaders to ensure that at least 90% of pregnant women will practice contraception in the next two years. This can be achieved by educating households about the program.

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