

Personal Factors as Determinant of Unmet Contraceptives Need Among Women of Reproductive Age in Primary Health Facilities in Osun State, Nigeria

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Abstract

Unmet contraceptives need refer to women who expressed a desire to space or limit their family size but are not using any family planning method. Women with an unmet need for limiting are those who desire no additional children and who are not using any contraceptive method. Women with an unmet need for spacing are those who desire to postpone their next birth by a specified length of time and who are not using any contraceptive method. Family planning services have been integrated into primary health facilities, but unmet need for family planning continues to be on the increase. This study assessed personal factors as determinants of unmet contraceptives needs among women of reproductive age in selected Primary Health facilities in Osun State. A descriptive survey design was used for the study. Multistage sampling procedure was used to select five primary health care facilities from each of the four local government areas in Osun State. The sample population of 152 pregnant women with unmet contraceptives need were purposively selected for the study. Questionnaires were used to collect relevant data from the participants with the help of trained research assistant. The data collected were analyzed using descriptive statistics, frequencies, percentages, and hypotheses were tested with one-way ANOVA. The findings of the study revealed that 80.3% of respondents have poor knowledge of contraceptives and this accounted for (30.3%) unmet need with need for spacing 50% and need for limiting 20.4%. The result also showed that women's

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knowledge of contraceptives is significantly associated with women's unmet contraceptives need with p value of 0.000 which is significant at $p < 0.05$. It is recommended among others that nurses who are providers of family planning should educate women on contraceptives, and adopt age specific program to reduce unmet need level among age 16-25 years.

Keywords: Personal Factors, Unmet Contraceptive Need, Women, Reproductive Age,



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Introduction

Recently, drive for improved sexual and reproductive health of women through use of family planning has been one of the world's major public health programs. It has been supported by governments and non-governmental organizations, international organizations as well as donations and community based organizations. Unmet family planning need refers to Women who showed a willingness to create gap or limit their family size but are not using any contraceptive method (Weyzer, et al, 2014). Pregnant women are identified to have an unmet need for family planning if their pregnancy was unwanted or mistyped. The total number of Women with family planning needs consists of two categories of women which are those with an unmet need for limiting, and those with an unmet need for creating gap between on child and the other. Women with an unmet need for stopping childbirth are those who desire no additional children and who are not using any family planning method. Women with an unmet need for spacing are those who desire to delay their next birth by a determined period of time and who are not using any birth control method (Rabiu, 2018, Ndikom et al., 2018).

Yearly, there is an estimate of about 80 million unplanned pregnancies worldwide, this have been reported to results in 42 million induced abortions and 34 million unplanned births (Gayathry et al., 2018). Worldwide, 150 million women want to space or avoid pregnancy but are not using any birth control method. This lack of usage of family planning among married women is attributed to the deficiency of knowledge, monetary problems; fear of side effects, religious beliefs, deficient birth control services, uncooperative spouse and limited supply and expensive family planning methods, these amounts to unmet birth control needs (Ajayi et al., 2016).

The large unmet needs of birth control and the high rate of unwanted pregnancies do not only add to the risk for childbirth emergencies but also cause a great danger to both mother and foetal wellbeing particularly in developing countries, like Nigeria. Unmet needs have many ugly consequences, increases sickness and death of mothers, new born or both (Afriyie & Tarkang, 2019).

Many Researches have been carried out on the general family planning uptake and its perceived benefits (Ajayi et al., 2018, Babatunde, et al., 2019, Hossain et al., 2018). Lack of vital periodical indicator on unmet needs of birth control becomes a great problem to policy makers and implementers in building, monitoring and evaluation of family planning, thus investigating the personal factors as determinants of unmet birth control needs will help tackle this challenge and improve contraceptive services which will lead to improved health and general well-being of women (Ajayi et al., 2018, Babatunde, et al., 2019, Hossain et al., 2018).

Like thirty years back, unmet need for birth control has been a major pointer determining achievement of birth control programs worldwide and it has been discovered as one of the pointers of the Millennium Developmental Goals (MDG) (Kasa et al., 2018; World Health Organisation, 2012). Unmet need illustrated the gap between the reproductive purpose of currently in union women and their birth control behavior (World Health Organisation, 2013). It explains the degree to which family planning needs and demands of this subpopulation are satisfied. People's rights to prevent child bearing; determine spacing and number of pregnancies are better strengthened by family planning (WHO, 2013).

Education is one of the determinants of unmet birth control need which has been seen in many other studies to be associated with birth control use. Women with at least primary level of education are 8-10% more likely to be using a modern, or any means of birth control

compared to those with no education. Post-primary education increases the likelihood of using birth control in the range of 14-17%, and post-secondary education increases the likelihood to the range 16-20%. High parity is associated with birth control use. Contraceptive use was rampant among women with higher household income and highest wealth quintile. Strong relationships have been emphasized between birth control use and some socio-economic attributes of women and significant others. Researchers have revealed that, use of birth control methods was found more in women of older age group (Ogboghodo, et al., 2017, Seyiffe, et al., 2019, Kasa et al., 2018).

Contraceptive use and service utilization was related with socio-economic, demographic, cultural and health experience factors at the personal and household levels. They discovered that high parity and partner's approval and significant others like mother – in-law were associated with increased use of birth control. They also observed that the further away family planning clinics were from women, the lower the likelihood to access services (Kasa et al., 2018). Those who discussed with their spouses on birth control had increase tendency of using birth control. The assumption was that spousal communication was related to subsequent birth control exposure and knowledge, which in turn led to contraceptive use (Rabiu, 2018).

It has been discovered that even with accessibility to birth control services, many women are not utilising the services which has led to unplanned pregnancies which has grave effects on the health and well-being of women and their families, especially in low- and middle-income countries where maternal deaths is high and abortions are often unsafe.

To help control the trend of unplanned pregnancy and reduce maternal deaths, this study explored personal factors as determinants of unmet contraceptives need among women of reproductive age in selected primary health facilities in Osun State. This study specifically examined:

- i. the extent to which knowledge of contraceptives is a determinant of unmet contraceptive need among women of reproductive age attending selected primary health facilities in Osun State;
- ii. how woman's age affects unmet contraceptive need among women of reproductive age attending selected primary health facilities in Osun State;
- iii. how socio-economic factors are determinants of unmet contraceptive need among women of reproductive age attending selected primary health facilities in Osun State and
- iv. the extent to which educational level are determinants of unmet contraceptive need among women of reproductive age attending selected primary health facilities in Osun State.

Research Question

This research question was raised to guide the study:

1. How does knowledge of contraceptive affect unmet contraceptive needs among women in reproductive age attending selected primary health facilities in Osun State?
2. How does the woman's age affect unmet contraceptive needs among women in reproductive age attending selected primary health facilities in Osun State?
3. How are socioeconomic factors responsible for unmet contraceptive needs among women in reproductive age attending selected primary health facilities in Osun State?
4. How does women's educational level affect unmet contraceptive needs among women of reproductive age attending selected primary health facilities in Osun State?

Research Hypotheses

The following null hypotheses were formulated for this study:

1. There is no significant association between women's knowledge and unmet contraceptives need.
2. There is no significant association between women's age and unmet contraceptives need
3. There is no significant association between women's socioeconomic status and unmet contraceptives need.

Methodology

Community-based survey was conducted to determine the unmet need for family planning, and personal factors influencing the unmet need in selected primary health centers in Osun state. The study was conducted using pregnant women with unmet contraceptive needs attending antenatal clinics in selected health facilities in Osun State were used for the study. Five Primary health facilities were randomly selected each in five Local Government Areas in Osun State for the study. Each facility runs antenatal clinic, pregnant women with unmet contraceptive need attending this clinic were recruited for this research. The total of 152 pregnant women with unmet contraceptive needs was used for the study.

Total enumeration was used in which all pregnant women with unmet contraceptive needs in the selected primary health facilities were used. Total enumeration was used because the population of interest were scantily available. The inclusion criteria was people attending the facility with a history of unplanned pregnancy and has lived in the community for more than 5years.

The study involved the use of quantitative data only. The quantitative data was gotten through the use of self-structured and partly adapted questions. Knowledge was graded as good, average and low. People with score of 7 and above was graded with good knowledge, 4-6 as moderate knowledge while 0-3 is graded as low knowledge.

Validity of the instrument was established through face and content validity techniques. The instrument was critically reviewed by experts in the field of nursing and Public health, for appropriate structuring of the questions to ensure internal consistency and suitability toward achieving the research objectives. Fifteen copies of the instrument were administered on pregnant women attending antenatal clinic of Primary Health center, Oke Bale, Osogbo. Cronbach's alpha coefficient was calculated and the result yielded an overall reliability coefficient of 0.723.

Copies of questionnaire were coded and analysed using SPSS Version 27. Descriptive statistics such as frequency, percentages, and mean were used to answer all research questions. Inferential statistics was used to test the research hypotheses 0.05 level of significance.

Results

Research Question 1: How does knowledge of contraceptive affect unmet contraceptive needs among women in reproductive age attending selected primary health facilities in Osun State?

Table 1: Descriptive statistics showing knowledge of contraceptive as it affect unmet contraceptive needs among women

Knowledge	Unmet Needs Proportions (%)	Need for Limiting (%)	Need for Spacing (%)
Poor (0-3)	107 (80.3)	31 (20.4)	76 (50.0)
Moderate (4 - 6)	39 (13.2)	2 (1.3)	37 (24.3)
Good (7 - 10)	6 (6.6)	2 9 (1.3)	4 (2.7)
Total	152 (100)	35 (23.0%)	117 (77.0)

From Table 1, women with poor knowledge of contraceptives had higher unmet need of 80.3%.

Research Question 2: How does the woman's age affect unmet contraceptive needs among women in reproductive age attending selected primary health facilities in Osun State?

Table 2: Descriptive statistics showing women's age as it affect unmet contraceptive needs among women

Age (Years)	Unmet Needs Proportions (%)	Need for Limiting (%)	Need for Spacing (%)
16-25 years	98 (65.2)	1 (0.7)	97 (63.8)
26-35 years	44 (28.3)	10(6.6)	34 (22.4)
36-45 years	9 (5.8)	2 (1.3)	7 (4.6)
46-55 years	1 (0.7)	0 (0.0)	1 (0.7)
Total	152 (100)	13 (8.6)	139 (91.4)

From Table 2, women between the age of 16 and 25 years were observed, to have the highest percent of unmet needs (65.2% with 1.3% of unmet need for limiting and 63.8% of unmet need for spacing) and those with higher age of 46-55yrs had the least unmet need of 0.7% unmet need which was unmet need for spacing.

Research Question 3: How are socioeconomic factors responsible for unmet contraceptive needs among women in reproductive age attending selected primary health facilities in Osun State?

Table 3: Descriptive statistics showing socioeconomic factors as it affect unmet contraceptive needs among women

Socioeconomic	Unmet Needs Proportions (%)	Need for Limiting (%)	Need for Spacing (%)
Housewife	24 (15.8)	3 (2.0)	21(13.8)
Trader	68 (43.5)	10 (6.6)	58 (38.2)
Civil Servant	6 (4.0)	1 (0.7)	5(3.3)
Student	5 (3.3)	0 (0.0)	5 (3.3)
Artisan	49 (32.2)	1(0.7)	48(31.6)
Total	152 (100)	15 (9.9)	137 (90.1)

From Table 3, using occupation and average family income as marker for social economic status, traders were found to have greater percentage of unmet need 43.5% where 38.2% had unmet need for spacing and 6.6% had unmet need for limiting.

Research Question 4: How does women's educational level affect unmet contraceptive needs among women of reproductive age attending selected primary health facilities in Osun State?

Table 4: Descriptive statistics showing educational level as it affects unmet contraceptive needs among women

Socioeconomic	Unmet Needs Proportions (%)	Need for Limiting (%)	Need for Spacing (%)
No Formal Education	8 (5.3)	5 (3.3)	3 (2.0)
Primary	21 (13.8)	10 (6.6)	11 (7.2)
Secondary	107 (70.4)	15 (9.9)	92 (60.5)
Tertiary	17 (11.2)	5 (3.3)	12 (7.9)
Total	152 (100)	35 (23.0)	117 (77.0)

From Table 4, 5.3% of respondents with unmet contraceptives need did not have formal education with 3.3% of them with unmet need for limiting and 2.0% with unmet need for spacing. 13.8% of the women had primary education where 6.6% of them had unmet need for limiting and 7.2% unmet need for spacing. 70.4% had secondary education with 9.9% of them with unmet need for limiting and 60.5% unmet need for spacing. Only 11.2% of the respondents had tertiary education with 3.3% unmet need for limiting and 7.9% unmet need for spacing.

Testing of Hypotheses

Hypothesis 1: There is no significant association between women's knowledge and unmet contraceptives need.

The hypothesis was tested using one-way analysis of variance given that knowledge was measured on a categorical scale while unmet needs are assessed using the mean scores of the respondents. The result is presented in Table 5

Table 5: Analysis of Variance for association between women's knowledge and unmet contraceptives need

Groups	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	128.200	2	64.100	11.875*	.000
Within Groups	804.300	149	5.398		
Total	932.5	151			

*P < 0.05

The result presented in table 5 showed that F-cal value of 11.875 is significant because the P value (0.000) < 0.05 at 0.05 level of significance. Hence, the null hypothesis is rejected. The result showed that there was significant association of women's knowledge of contraceptives on unmet contraceptives need. Turkey's post-hoc test was carried out to assess the dimension of the difference in unmet need based on the level of knowledge. The result showed that women with good knowledge had significantly lower unmet need score compared to those who had poor or moderate levels of knowledge, implying that they are less likely to have unmet need compared to the rest.

Based on the above, the hypothesis that there is no significant association of women's knowledge on their unmet contraceptive need is rejected in favour of the alternate hypothesis that there is a significant association of women's knowledge on their unmet contraceptives need.

Hypothesis 2: There is no significant association between women's age and unmet contraceptives need

The hypothesis was tested using one-way analysis of variance given that age measured on a categorical scale. The result is presented in Table 6.

Table 6: Analysis of Variance for association between women's age and unmet contraceptives need

Groups	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	11.006	2	5.503	0.827	.503
Within Groups	992.100	149	6.658		
Total	1003.106	151			

$P > 0.05$

The result presented in table 6 showed that F-cal value of 0.827 is not significant because the P value (0.503) > 0.05 at 0.05 level of significance. Hence, the null hypothesis is not rejected. Thus, the hypothesis that there is no significant association of women's age on their unmet contraceptive needs is accepted.

Hypothesis 3: There is no significant association between women's socioeconomic status and unmet contraceptives need.

The hypothesis was tested using one-way analysis of variance given that average family monthly income was measured on a categorical scale assessed using the mean scores of the respondents. The result is presented in Table 7.

Table 7: Analysis of Variance for association between women's socioeconomic status and unmet contraceptives need

Groups	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	9.785	2	4.893	1.025	.418
Within Groups	711.520	149	4.775		
Total	1393.956	151			

$P > 0.05$

The result presented in table 7 showed that F-cal value of 1.025 is not significant because the P value (0.418) > 0.05 at 0.05 level of significance. Hence, the null hypothesis is not rejected. Thus, the hypothesis that there is no significant association of women's socio-economic status on their unmet contraceptives need is accepted.

Discussion

The findings of the study showed that knowledge of contraceptives have significant association with unmet contraceptives need. Knowledge of specific contraceptive methods remains low, although knowledge of at least one method of contraception is high in the study population. There is at least knowledge of one type of contraceptive because of publicity of different types of contraceptives method. This is in support of previous study done by Seyiffe et al. (2019) and Ndikom et al (2013) on women of reproductive age that lack of sufficient knowledge on contraceptives and reproduction may contribute to almost two thirds of unmet need for family planning. This gives a clear indication that women with good knowledge on contraceptives are less likely to have unmet need for family planning.

The findings of the study also revealed that there is no association between age and unmet contraceptives needs. This finding is contrary to a study carried out in Nepal that there

is a significant association between unmet need for family planning and the woman's age (Gayathry, et al 2018).

The study also revealed that 5.3% of the respondents had no formal education where highest educational level of women with unmet contraceptives need and their spouses was secondary education (70.4%), this is because most of the girls dropped out from secondary school as a result of unplanned pregnancy. This study is similar to the study done by Afriyie and Tarkang (2019) on women of reproductive age where educational attainment of the respondents with unmet contraceptives need and their spouses was secondary education. Ajayi et al (2016) and Ajayi et al (2018) in their studies also find out that a woman's education and partner's education is associated with unmet contraceptive needs. While it is believed that the more a woman advances in education there is a high tendency of higher levels of contraceptive prevalence rate, smaller family size, and lower levels of unmet need.

This study revealed that women's socio-economic status does not have any association with unmet contraceptives need which is contrary to the study done in southern Sudan, East Africa by Abdel and Amira in 2013 that unmet need for family planning reduces with a woman's educational achievements and employment status, as the woman become more and more empowered (Abdel et al 2013). So also a study done in 27 countries by Ogboghodo et al. (2017), which showed a decline in unmet need as the level of schooling increased in countries outside sub-Saharan Africa.

Conclusion

Nigeria at the moment is experiencing a lot of pressure on its resources due to a tremendous increase in population growth especially in urban settlements. This has brought about a significant challenge for the country as more and more slums develop in major cities in Nigeria. From this study, it is clear that the unmet need for family planning is still very high in Osun State and therefore there is urgent need for Nigeria government, non- governmental organizations and other stakeholders in reproductive health to act swiftly towards maintaining the fertility rate of its citizens in order to realize the sustainable developmental goals.

In the study it is clearly seen that the unmet contraceptives need is dominant among young respondents between age 16-25years and pregnant women with poor knowledge of contraceptives and this make knowledge of contraceptive a factor of consideration during programmatic interventions. Knowledge of contraceptives determines their uptake of contraceptives according to the finding of the study.

Recommendations

The researcher based on findings of the study recommends the following;

1. Mass media communication campaigns should be used to raise awareness of the benefits of family planning and this channel should be used to address the reasons why women with unmet contraceptive needs do not use a family planning method and they should be encouraged to change their contraceptive behaviour.
2. Evidence based messages can be used to explain the true risk of pregnancy to women. Health workers should address concern about contraceptive side effects, health risks and address religious and cultural opposition to modern contraceptives
3. Through the ministry of health, state governments should support family planning education and sex education at all levels. This can be achieved by developing activities and programmes that will assist and encourage young girls to remain in school and

pursue higher levels of education. Husband's contraceptive education has been seen as one of the main determinant of unmet need of family planning and therefore the health providers and policy makers should target mostly men who are believed to be the final decision makers on family planning during awareness campaigns.

4. This study reveals a need to address the contraceptive needs of women according to their ages. Women aged 16-25 years. Therefore, these creates a need for the health sector and stakeholders in Osun state to intensively promote family planning methods to young women according to their particular needs, with particular emphasis on long-term methods for those women who are ready to accept them.
5. Knowledge of contraceptive methods remains low among the people residing in the core of Osun State, although knowledge of at least one method of contraception is high in the population. Therefore, the state government should create awareness of all methods of family planning, their advantages and disadvantages and suitability for specific conditions. Family planning outreach activities (like immunization outreach) by the health workers should be encouraged and supported in order to enhance knowledge of the available family planning services.

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