



Prevalence of Contraceptive Methods among Women of Reproductive Age Attending Family Planning Clinic in Adeoyo Maternity Teaching Hospital, Ibadan, Oyo State

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Аннотация : The 2008 Nigeria demographic and health survey showed that maternal mortality in Nigeria is currently estimated at 545 per 100,000 live births. This burden of maternal health can be alleviated through effective modern family planning measures (Singh, 2008). The contraceptive prevalence in Nigeria is still very low, about 15% (NDHS, 2008). This study aimed at examine the prevalence of contraceptive methods among women of reproductive age attending family planning clinic in Adeoyo, Ibadan, Oyo State. A descriptive cross sectional study design was used for this study. The study was carried out in Adeoyo Maternity Hospital, Yemetu located at Ibadan, Oyo State. Oyo State is one of the 36 states of Nigeria and is located in the South Western region of the country. Purposive sampling was used for the distribution of the questionnaires to the women attending Infant Welfare Clinic at General Hospital Adeoyo Maternity, Yemetu, Ibadan Oyo State. Participants were interviewed as they came into the hospital. The process continued until the required number of sample size (100) was obtained. Data was collected using an interviewer administered questionnaire which consists of the following. Section A consist of Socio demographic characteristics. Section B consist of data on Perceived reasons for choice of contraceptive method, perception about contraceptive choice. Section C consist of data on Perceived satisfaction with chosen contraceptive method and explore factors that influence satisfaction. Section D consist of data on Compliance with contraceptive methods and factor that influence compliance. Data was entered, edited, and analyze with SPSS statistical software (version 15). This included the analysis of participants socio-demographics data such as age, marital status, occupation, educational level, ethnicity.

Frequency table diagrams and graph for these data was computed. Chi-square test was used for bivariate analyses to test the significance of the association between selected independents and dependents variables. findings from this study show that (96%) women of reproductive age that participated in this study have heard of contraceptive and understand its importance also (58%) were satisfied with the contraceptive method they choose because of the level of convenience, also (82%) of the respondents also used the contraceptive method of their choice regularly also (60%) of the respondents said they have confidence in the use of the method they went for. 80.5% of the respondent their source of information on their current method on the type of contraceptive to used was through the health worker. Only (19%) of the respondents experienced side effect from their choice of contraceptive method they choose. Among the selected socio-demographic variable tested, it was discovered in this study that religion is the only factor that influence the use of contraceptive method among and this show statistically significant with P-value of 0.004. It is recommended that Increase effort in modern contraceptive method promotion and education is needed to be intensify to improve knowledge among women so that they can make a proper and informed choice. It is also recommended that health care providers should effectively play their role by making sure that their clients have sufficient knowledge on contraceptives which can help them make a correct choice.

Ключевие слова : Contraceptives, Perceived satisfaction, Compliances with Contraceptive Methods

Introduction

Family planning is the conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods (National Demographic and Health Survey, 2008).

Despite the contraceptive known benefits and strategic role in reducing maternal and infant mortalities, its acceptance and utilization is low especially in developing countries (Igwegbe and Udigwe, 2009). More than 200 million women in developing countries would like to delay their next pregnancy or even stop bearing children altogether (Singh, 2008) but many of them still rely on traditional and less effective methods of contraception or use no method at all (Okpani, 2009).

Contraceptive methods can be divided into two categories: traditional and modern. Modern contraceptives are easily classifiable and include oral contraceptives, intrauterine devices (IUDs), female and male sterilisation, injections, condoms and diaphragm (REF) Other practices which have a direct impact on fertility that have been used include prolonged breast feeding and postpartum sexual

abstinence, which are probably used by mothers more for recuperating between births, child survival and child spacing rather than for limiting family size (REF) Thus, these methods have not been considered as contraceptive methods although their fertility inhibiting characteristics are well recognised (Woodson, 2008). In the absence of an ideal method of contraception which would suit every individual, there is a variety of contraceptive methods with advantages in some aspects and disadvantages in others from which people should be able to choose according to their particular characteristics and needs (Huezo, 2008).

International Conference on Population and Development (ICPD) held in Cairo in 1994 recommended that family planning programmes should recognize that appropriate methods for couples and individuals vary according to their age, parity, family-size preference and other factors, and ensure that women and men have information and access to the widest possible range of safe and effective family-planning methods in order to enable them to exercise free and informed choice. All individuals have the right to access, choice and the benefits of scientific progress in the selection of family planning methods (WHO, 2006). Choice of methods has been described as one of six elements regarded as critical to quality of care in family programmes which will lead to improved initial acceptance and sustained use (Moreno and Goldman, 2007).

However, in the contraceptive setting, other factors beyond efficacy and safety of the method (that is simplicity and ease of use, women's acceptability, satisfaction, and additional benefits) can influence women's choice, adherence and persistence of use (Gelberg and Leake, 2002). In general, nearly 50% of contraception users are not completely satisfied with their current method due to actual or expected side effects, difficulty of use, worry about effectiveness and reduced sexual pleasure (Adegbola and Ogedengbe, 2008) Women, who are not completely satisfied are more likely than satisfied users to make mistakes. For instance, gap in use, incorrect or inconsistent use, discontinuity of the method and high risk of unintended pregnancy (Aisien, 2007).

Contraceptive success and long-term adherence is strongly related to the subject's satisfaction (Orij, 2002). Successful prevention of unplanned pregnancies rely not only on access to available methods, but also on the method of acceptability, couples' willingness and ability to use them effectively (REF) Women are mostly motivated to avoid unwanted pregnancies, difficulties in using methods consistently because of side effects and a wide range of failure rates which create obstacles to contraceptive use (Ayinde A.O et al,2021). It is therefore important to examine women's choice, satisfaction and compliance with contraceptive methods.

Often time women make certain choice of contraceptive methods in public health facilities, which seem not to favour modern contraceptive use despite appropriate counselling on the importance of consistent contraceptive use either as the only method or in combination with other methods (Okpani, 2009) Abstinence appeared to be favoured as a means of contraception by numerous women but some of them report back in the hospital with pregnancy few months after (Okpani, 2009) Despite the fact that choice affects contraceptive use and hence reproductive health, no literature study has been done in Nigeria to look at the prevalence of contraceptive method among women of reproductive age and till date, very few studies have examined contraceptive service provision which continue to be the major goals for the policy makers.

Contraception has been identified as one of the cornerstones of prevention of unwanted pregnancy. Healthy choices of contraceptive methods are very important in overall management of the client.

This study will provide useful information on the factors that influence the prevalence of methods of contraceptive. Though much work has been done on contraceptive choice and compliance with limited emphasis on satisfaction as major factor that can influence compliance.

Identification of these factors will help the health professionals to have insight into a more approach to management of women and their family planning needs. The study has a potential to reveal certain underlying factors that are due to circumstances surrounding each woman but which may be recurrent in many other cases.

Also, future researchers will hopefully use this study as a reference and guide for future studies on prevalence of contraceptive methods.

Aims and objectives

General objectives

The aim of this study is to examine the prevalence of contraceptive methods among women of reproductive age attending family planning clinic in Adeoyo, Ibadan.

Specific objectives are

1. To assess contraceptive method of choices among women attending family planning clinic,
2. To examine satisfaction with chosen contraceptive methods among women attending family planning clinic,
3. To determine the level of compliance with chosen contraceptive method and
4. To investigate the factors influencing contraceptive methods compliance among women attending family planning clinic.

Research Questions

1. What are contraceptive methods among women attending family planning clinic in Adeoyo Ibadan?
2. What are the types of contraceptive information given to women attending family planning clinic in Adeoyo, Ibadan?
3. What are the factors that encourage contraceptive satisfaction among women attending
4. family planning clinic in Adeoyo, Ibadan?
5. What are the factors that influence compliance and non-compliance of contraceptive methods among women attending family planning clinic in Adeoyo, Ibadan?

Research Hypothesis

H0: There is no significant relationship between the selected socio-demographic variable and compliance with method

METHODOLOGY

A descriptive cross sectional study design was used for this study. The study was carried out in Adeoyo maternity hospital, Yemetu located at Ibadan, Oyo State. Oyo State is one of the 36 states of Nigeria and is located in the South Western region of the country. The State was created in 1976 out of the old Western region. The population of this study include women attending Welfare Clinic at General Hospital Ade-Oyo, in Ibadan, Oyo State which is approximately 100. Purposive sampling was used for the distribution of the questionnaires to the women attending Infant Welfare Clinic at General Hospital Adeoyo maternity, Yemetu, Ibadan Oyo State. Participants were interviewed as they came into the hospital. The process continued until the required number of sample size (100) was obtained

Data was collected using an interviewer administered questionnaire which consists of the following. Section A consist of Socio demographic characteristics. Section B consist of data on Perceived reasons for choice of contraceptive method, perception about contraceptive choice. Section C consist of data on Perceived satisfaction with chosen contraceptive method and explore factors that influence

satisfaction. Section D consist of data on Compliance with contraceptive methods and factor that influence compliance. Data was entered, edited, and analyze with SPSS statistical software (version 15). This included the analysis of participants socio-demographics data such as age, marital status, occupation, educational level, ethnicity. Frequency table diagrams and graph for these data was computed. Chi-square test was used for bivariate analyses to test the significance of the association between selected independents and dependents variables

Ethical Consideration

Ethical clearance was obtained from the Adeoyo Ethical Committee The research was at no cost to the participants as the researcher shall bear the cost. Informed written consent was obtained from the mothers and permission was taken from the hospital. Before responding to the research items, the purpose was explained to the respondents. Their confidentiality and anonymity was also assured.

RESULT

Section A: SOCIO-DEMOGRAPHIC INFORMATION

VARIABLE		FREQUENCY	PERCENT
Age	25-35	34	34.0
	36-46	53	53.0
	47-57	13	13.0
	Total	100	100.0
	Mean	1.7900	
	Standard deviation	0.65590	
Marital status	Single	8	8.0
	Married	85	85.0
	Divorced	2	2.0
	Separated	5	5.0
	Total	100	100.0
Level of education	No formal education	3	3.0
	Secondary	13	13.0
	Post-secondary but not university	22	22.0
	Post-secondary (university)	36	36.0
	Post-graduate	26	26.0
	Total	100	100.0
Partner's level of education	No formal education	1	1.0
	Secondary	13	13.0
	Post-secondary but not university	40	40.0
	Post-secondary (university)	18	18.0
	Post-graduate	28	28.0
	Total	100	100.0
Religion	Islam	13	13.0
	Catholic	12	12.0
	Protestants	8	8.0
	Pentecostal	63	63.0
	African religion	4	4.0
	Total	100	100.0
Number of pregnancies	0-2	32	32.0
	3 and above	68	68.0
	Total	100	100.0

Number of deliveries	0-2	39	39.0
	3 and above	61	61.0
	Total	100	100.0
Number of living children	0-2	36	36.0
	3 and above	64	64.0
	Total	100	100.0
Birth spacing	1 year	4	4.0
	2 years	50	50.0
	3 years	34	34.0
	4 years and above	12	12.0
	Total	100	100.0

The above table shows that among the total respondents of 100, 53 (53.0%) of the respondents are within age group 36-46, 34 (34.0%) of the respondents are within age group of 25-35 and 13 (13.0%) of the respondents are within age group of 47-57. Out of the respondents, 85 (85.0%) are married, 8 (8.0%) are single, 5 (5.0%) are separated and 2 (2.0%) are divorced. The table shows that 36 (36.0%) of the participants attend university, 26 (26.0%) of the participants are post-graduate, 22 (22.0%) of the participants attend post-secondary not university, 13 (13.0%) of the participants attend secondary school and 3 (3.0%) of the participants have no formal education. 40 (40.0%) of the respondents choose post-secondary but not university as their partner's level of education, 28 (28.0%) of the respondents choose post-graduate, 18 (18.0%) of the respondents choose university, 13 (13.0%) of the respondents choose secondary and 1 (1.0%) of the respondents choose no formal education to partner's level of education.

Out of the total participants, 63 (63.0%) of the participants attend Pentecostal, 13(13.0%) of the participants practice Islam, 12 (12.0%) of the participants attend catholic, 8 (8.0%) of the participants are protestants and 4 (4.0%) of the participant practice African religion. Out of the participants, majority of the participants 68 (68.0%) choose 3 and above, 32 (32.0%) of the participants choose 0-2 to number of pregnancies. 61 (61.0%) of the respondents choose 3 and above, 39 (39.0%) of the respondents choose 0-2 to number of deliveries. Also 64 (64.0%) of the participants choose 3 and above, and 36 (36.0%) of the participants choose 0-2 to number of living children. Average number of participants 50 (50.0%) choose 2 years, 34 (34.0%) of the participants choose 3 years, 12 (12.0%) of the participants choose 4 years and above while 4 (4.0%) of the participants choose 1 year as birth spacing between their children.

CHOICE OF CONTRACEPTIVE METHOD

VARIABLE		FREQUENCY	PERCENT
Have you heard about it before now	Yes	96	96.0
	No	4	4.0
	Total	100	100.0
If your answer to the above is yes, please indicate where:	Health Center/hospital	82	82.0
	Radio	3	3.0
	Television	9	9.0
	Newspaper	4	4.0
	Internet	4	4.0
	Someone told me	2	2.0
	Total	100	100.00
Have you ever used any contraceptive method	Yes	75	75.0
	No	25	25.0
	Total	100	100.0

If your answer is No, Please indicate reason	Fear of side effect	31	31.0
	Not necessary	32	32.0
	Cannot get pregnant	11	11.0
	Against religious belief	7	7.0
	Partner will not allow	15	15.0
	High cost	4	4.0
	Total	100	100.0
If your answer is Yes, please indicate method	Oral contraceptive	10	10.0
	Vagina ring	18	18.0
	Intrauterine method	24	24.0
	Withdrawal method	16	16.0
	Natural family planning method	32	32.0
	Total	100	100.0
Do you discuss contraceptive method with your partner	Never	15	15.0
	Once	17	17.0
	Twice	6	6.0
	More often	62	62.0
	Total	100	100.0
Who initiated the use of contraceptive method	Husband alone	7	7.0
	Wife alone	21	21.0
	Both	72	72.0
	Total	100	100.0
Did your partner approve contraceptive method	Yes	68	68.0
	No	32	32.0
	Total	100	100.0
Have you had any reason to change your contraceptive choice	Yes	41	41.0
	No	59	59.0
	Total	100	100.0
I experienced side effect/health problem	Yes	19	19.0
	No	81	81.0
	Total	100	100.0
The method is difficult to use correctly	Yes	5	5.0
	No	95	95.0
	Total	100	100.0
I receive new information about the other method	Yes	12	12.0
	No	88	88.0
	Total	100	100.0
Health professional advised against used method	Yes	5	5.0
	No	95	95.0
	Total	100	100.0
Partner didn't like the method	Yes	9	9.0
	No	91	91.0
	Total	100	100.0
Relative/friends advised against use of the method	Yes	3	3.0
	No	97	97.0
	Total	100	100.0

Source of current choice	Friend	9	9.0
	Media	8	8.0
	Internet	3	3.0
	Health worker	80	80.0
	Total	100	100.0
Most commonly adverse effects that occurred during current contraceptive method	Headache	10	10.0
	Spotting between menses	34	34.0
		9	9.0
	Itching	1	1.0
	Breast pain	16	16.0
	Breast tenderness	30	30.0
	Total	100	100.0

The table above shows that among the total respondents of 100, majority of the respondents 96 (96.0%) said yes, while the minority 4 (4.0%) of the respondents said no to have you heard about contraceptive before. Also majority of the respondents 82 (82.0%) choose health center/hospital as the main source of information, while 9 (9.0%) of the respondents choose television, 4 (4.0%) of the participants choose internet, 3 (3.0%) of the respondents choose radio and 2 (2.0%) of the participants said someone told them about contraceptive. 75 (75.0%) of the participant said they have use contraceptive method by saying yes while 25 (25.0%) of the participants said no. Among the participants, 32 (32.0%) of the participants said it not necessary, 31 (31.0%) of the participants choose fear of side effect, 15 (15.0%) of the participants said partner will not allow it, 11 (11.0%) of the participant said they cannot get pregnant, 7 (7.0%) of the participants said against religious beliefs and 4 (4.0%) of the participants said high cost it the reason for not using contraceptive.

Among the participants, 32 (32.0%) of the participants said the use natural family planning method, 24 (24.0%) of the participant said they use intrauterine method, 18 (18.0%) of the participants said they use vaginal ring, 16 (16.0%) of the participant choose withdrawal method and 10 (10.0%) of the participants choose oral contraceptive as the method they use. 62 (62.0%) of the respondent choose more often, 17 (17.0%) of the participants choose once, 15 (15.0%) of the respondent choose never while 6 (6.0%) of the participants choose twice to do you discuss contraceptive method with your partner. A considerable number of participants 72 (72.0%) choose both, 21 (21.0%) of the participants choose wife alone while 7 (7.0%) of the participants choose husband alone to who initiated the use of contraceptive method. 68 (68.0%) of the participants said their partner approve contraceptive and 32 (32.0%) of the participant said their partner did not approve contraceptive.

From the table, 59 (59.0%) of the respondents said no, 41 (41.0%) of the participants said yes to have you had any reason to change your contraceptive choice. The respondents give the following reason for change contraceptive use of their choice, 19 (19.0%) of the participants choose I experienced side effect/health problem while 81 (81.0%) participants said no to it. 5 (5.0%) of the participants said yes to the method is difficult to use correctly and 95 (95.0%) of the respondents said no to it. 12 (12.0%) of the respondents said yes to I received new information about the order method and 88 (88.0%) of the respondents said no to it. 5 (5.0%) of the participants said health professional advised against used method and 95 (95.0%) of the participants said no to it. 9 (9.0%) of the respondents said their partner didn't like it, while 3 (3.0%) respondents said relative/friends advised against use of the method. Majority of the participant 80 (80.0%) choose health worker, 9 (9.0%) of the participants choose friend, 8 (8.0%) of the participants choose media, and 3 (3.0%) of the participants choose internet as the source of current choice. 34 (34.0%) of the respondent said spotting between menses, 16 (16.0%) of the participants said breast tenderness, 10 (10.0%) of the respondents said headache, 9 (9.0%) of the

participants said itching while 1 (1.0%) of the participants said breast pain is the most commonly adverse effects that occurred during current contraceptive method.

SATISFACTION WITH THE CONTRACEPTIVE METHOD

VARIABLE		FREQUENCY	PERCENT
Level of convenience	Very satisfied	13	13.0
	Satisfied	58	58.0
	Fairly Satisfied	19	19.0
	Not satisfied	10	10.0
	Total	100	100.0
Fewer side effect	Very satisfied	6	6.0
	Satisfied	62	62.0
	Fairly Satisfied	14	14.0
	Not satisfied	16	16.0
	Total	100	100.0
Easy to incorporate method into life style	Very satisfied	24	24.0
	Satisfied	50	50.0
	Fairly Satisfied	19	19.0
	Not satisfied	7	7.0
	Total	100	100.0
Method use	Very satisfied	20	20.0
	Satisfied	51	51.0
	Fairly Satisfied	19	19.0
	Not satisfied	10	10.0
	Total	100	100.0
Partner tolerance with method	Very satisfied	32	32.0
	Satisfied	38	38.0
	Fairly Satisfied	20	20.0
	Not satisfied	10	10.0
	Total	100	100.0
Preventing unplanned pregnancy	Very satisfied	46	46.0
	Satisfied	39	39.0
	Fairly Satisfied	10	10.0
	Not satisfied	5	5.0
	Total	100	100.0
Regulation messes	Very satisfied	14	14.0
	Satisfied	51	51.0
	Fairly Satisfied	18	18.0
	Not satisfied	17	17.0
	Total	100	100.0
Accessibility to contraceptive service	Very satisfied	11	11.0
	Satisfied	73	73.0
	Fairly Satisfied	10	10.0
	Not satisfied	43	43.0
	Total	100	100.0
Availability to contraceptive service	Very satisfied	18	18.0
	Satisfied	67	67.0
	Fairly Satisfied	11	11.0
	Not satisfied	4	4.0
	Total	100	100.0

	Total	100	100.0
Provider attitude	Very satisfied	16	16.0
	Satisfied	60	60.0
	Fairly Satisfied	18	18.0
	Not satisfied	6	6.0
	Total	100	100.0
Motivation from provider	Very satisfied	20	20.0
	Satisfied	57	57.0
	Fairly Satisfied	19	19.0
	Not satisfied	4	4.0
	Total	100	100.0
Level of confidence in the use of method	Very satisfied	10	10.0
	Satisfied	60	60.0
	Fairly Satisfied	24	24.0
	Not satisfied	6	6.0
	Total	100	100.0

The table above shows that, out of the total participants of 100, 58 (58.0%) of the participants rate the level of convenience with the contraceptive method as satisfied, 19 (19.0%) of the participants rate it as fairly satisfied, 13 (13.0%) of the participants are very satisfied with level of convenience while 10 (10.0%) of the participants are not satisfied with the level of convenience of the method. 62 (62.0%) of the respondents choose satisfied to fewer side effect, 16 (16.0%) of the respondents choose not satisfied to fewer side effect, 14 (14.0%) of the respondents choose fairly satisfied to it while 6 (6.0%) respondents are very satisfied with fewer side effect. Average of the participants 50 (50.0%) choose satisfied to easy to incorporate the method into life style, 24 (24.0%) of the participants choose very satisfied to it, while 19 (19.0%) respondents choose fairly satisfied and 7 (7.0%) of the respondents choose not satisfied to easy to incorporate method into life style. 51 (51.0%) of the participants are satisfied with the method use, 20 (20.0%) of the participants are very satisfied with method, 19 (19.0%) of the participants are fairly satisfied while 10 (10.0%) of the participants are not satisfied with the method use.

From the table, 38 (38.0%) of the respondents are satisfied with the partner's tolerance with method, 32 (32.0%) respondents are very satisfied with it, 20 (20.0%) respondents are fairly satisfied, while 10 (10.0%) of the respondents are not satisfied with partner's tolerance with method. 46 (46.0%) of the participant choose very satisfied to preventing unplanned pregnancy, 39 (39.0%) of the participants choose satisfied to it, 10 (10.0%) of the participants rate it as fairly satisfied while 5 (5.0%) of the participants said not satisfied to preventing unplanned pregnancy. Slightly above the average number of respondents 51 (51.0%) said satisfied, 18 (18.0%) of the participants said fairly satisfied, 17 (17.0%) of the participants choose not satisfied and 14 (14.0%) of the participants said very satisfied to regulation of menses. Majority of the participants, 73 (73.0%) rate accessibility to contraceptive service as satisfied, 43 (43.0%) of the participants said not satisfied, 11 (11.0%) of the participants are very satisfied, while 10 (10.0%) of the participants are fairly satisfied with accessibility to contraceptive service.

Majority of the participants 67 (67.0%) of the participants are satisfied with availability to contraceptive service, 18 (18.0%) of the participants are very satisfied with it, 11 (11.0%) of the participants are fairly satisfied while 4 (4.0%) of the participants are not satisfied with availability to contraceptive service. 60 (60.0%) of the participants are satisfied with the provider attitude, 18 (18.0%) of the participants are fairly satisfied, 16 (16.0%) of the participants are very satisfied while 6 (6.0%) of the participants are not satisfied with provider attitude. Among the respondents 57 (57.0%)

of the participants rate motivation from provider as satisfied, 20 (20.0%) of the participants rate it as very satisfied, 19 (19.0%) of the participants rate it as fairly satisfied while minority of the participants 4 (4.0%) rate motivation from provider as not satisfied. Majority of the participants 60 (60.0%) are satisfied with the level of confidence in the use of method, 24 (24.0%) of the participants are fairly satisfied with it, 10 (10.0%) of the participants are very satisfied with it while minority of the participants 6 (6.0%) are not satisfied with the level of confidence in the use of method.

COMPLIANCES WITH METHOD

VARIABLE		FREQUENCY	PERCENT
Do you use contraceptive method of your choice regularly	Yes	82	82.0
	No	18	18.0
	Total	100	100.0
If your answer to the above question above is No, please state why	No response	84	84.0
	Side effect	6	6.0
	New information about other method	1	1.0
	Not married	3	3.0
	Partner don't like it	6	6.0
	Total	100	100.0
Have you had reason to interrupt the contraceptive method you choose	Yes	28	28.0
	No	72	72.0
	Total	100	100.0
If your answer to question above is Yes, please state your reason	No response	71	71.0
	B/C remove	4	4.0
	Side effect	8	8.0
	Advised against it	8	8.0
	Partner don't like it	9	9.0
	Total	100	100.0
Do you keep regular appointment	Yes	81	81.0
	No	19	19.0
	Total	100	100.0
If your answer to question above is No, please state your reason	No response	87	87.0
	No partner	3	3.0
	Busy	2	2.0
	Not necessary	1	1.0
	I don't use contraceptive	7	7.0
	Total	100	100.0
I intend to continue with current contraceptive method	Strongly agree	14	14.0
	Agree	47	47.0
	Disagree	14	14.0
	Strongly disagree	25	25.0
	Total	100	100.0
Use of method as prescribed will enhance effectiveness	Strongly agree	16	16.0
	Agree	63	63.0
	Disagree	9	9.0
	Strongly disagree	12	12.0
	Total	100	100.0
Pregnancy will be prevented with	Strongly agree	31	31.0

adherence to the current method	Agree	53	53.0
	Disagree	3	3.0
	Strongly disagree	13	13.0
	Total	100	100.0
Satisfaction with current method will enhance continual use	Strongly agree	17	17.0
	Agree	65	65.0
	Disagree	8	8.0
	Total	100	100.0
Partner's approval will enhance continual use	Strongly agree	25	25.0
	Agree	48	48.0
	Disagree	10	10.0
	Total	100	100.0
Religious commitment will not allow me to continue with the method	Strongly agree	3	3.0
	Agree	13	13.0
	Disagree	44	44.0
	Total	100	100.0
Alternative choice will not allow me to continue with the method	Strongly agree	8	8.0
	Agree	39	39.0
	Disagree	29	29.0
	Total	100	100.0
Cultural belief will discourage continual use	Strongly agree	4	4.0
	Agree	13	13.0
	Disagree	51	51.0
	Total	100	100.0
Fear of side effects	Strongly agree	8	8.0
	Agree	54	54.0
	Disagree	18	18.0
	Total	100	100.0

The table above table shows that out of 100 participants, 82 (82.0%) of the participants use contraceptive method of their choice by saying yes and 18 (18.0%) of the participant said no, to do you use contraceptive method of your choice regularly. Among the respondents 84 (84.0%) of the respondents state no reason for not been using contraceptive regularly, 6 (6.0%) of the participants said their partner didn't like it, 6 (6.0%) also said that because of side effect, 3 (3.0%) respondents said they are not married and only 1(1.0%) respondents have new information as the reason for not using contraceptive regularly. large number of respondents 72 (72.0%) said no while 28 (28.0%) of the respondents said yes to have you had reason to interrupt the contraceptive method you choose. Participants give the following reason as why the interrupt contraceptive method of their choice, 71 (71.0%) of the participants give no response, 9 (9.0%) said partner didn't like it, 8 (8.0%) said they were advice against it, 8 (8.0%) said because of side effect and 4 (4.0%) said B/C remove. Higher number of the participants 81 (81.0%) said yes and 19 (19.0%) of the participants said no to do you keep regular appointment and 87 (87.0%) of the participants give no reason for not keep regular

appointment while the following reason were recorded, 7 (7.0%) of the participants said I don't use contraceptive, 3 (3.0%) said no partner, 2 (2.0%) said they are busy and only 1 (1.0%) said it is not necessary.

Among the participants, 47 (47.0%) of the participants choose agree continue with the currents contraceptive method, 25 (25.0%) of the participants strongly disagree to continue with the currents contraceptive method, 14 (14.0%) participants strongly agree to continue with current method while 14 (14.0%) of the participants disagree to continue with current contraceptive method. Majority of the participants 63 (63.0%) agree that use of method as prescribed will enhance effectiveness, 16 (16.0%) of the participants strongly agree to this, 12 (12.0%) of the participants choose strongly disagree to use of method as prescribed will enhance effectiveness and 9 (9.0%) of the participants choose disagree to it. Slight above the average of the total number of the respondents 53 (53.0%) agree that pregnancy will be prevented with adherence to the current method, 31 (31.0%) respondents strongly agree to this, 13 (13.0%) of the participants choose strongly disagree to it and 3 (3.0%) participants choose disagree to pregnancy will be prevented with adherence to the current method. 65 (65.0%) of the participants choose agree to satisfaction with current method will enhance continual use, 17 (17.0%) of the participants strongly agree to it while 10 (10.0%) of the participants choose strongly disagree and 8 (8.0%) of the participants choose disagree to it.

Out of the total respondents, 48 (48.0%) of the participants agree that partner's approval will enhance continual use, 25 (25.0%) of the respondents strongly agree to this while 17 (17.0%) of the participants strongly disagree to partner's approval will enhance continual use and 10 (10.0%) respondents choose disagree to It. 44 (44.0%) of the respondents choose disagree to religious commitment will not allow me to continue with the method, 40 (40.0%) of the respondents choose strongly disagree to this, while 13 (13.0%) respondents choose agree to religious commitments will not allow me to continue with the method and minority, 3 (3.0%) of the respondents choose strongly agree to this. Among the participants, 39 (39.0%) participants agree that alternative choice will not allow me to continue with the method, 29 (29.0%) of the participants choose disagree, 24 (24.0%) of the respondents choose strongly disagree to alternative method will not allow me to continue with the method while minority of 8 (8.0%) participants strongly agree that alternative choice will not allow me to continue with the method. 51 (51.0%) of the participants choose disagree, 32 (32.0%) of the participants choose strongly disagree, 13 (13.0%) of the participants choose agree, 4 (4.0%) participants choose strongly agree to cultural belief will discourage continual use. 54 (54.0%) of the participants choose agree, 20 (20.0%) participants choose strongly disagree, 18 (18.0%) of the participants choose disagree and 8 (8.0%) of the participants choose strongly agree to fear of side effect

BIVARIATE RELATIONSHIP BETWEEN SELECTED SOCIO-DEMOGRAPHIC VARIABLE AND COMPLIANCE WITH METHOD

HYPOTHESIS 1

Age against Do you use contraceptive method of your choice regularly

Age	Do you use contraceptive method of your choice regularly					
	Yes n (%)	No n (%)	Total n (%)	df	Chi-square	P-value
25-35	29 (85.3)	5 (14.5)	34 (100.0)	2	4.241	0.120
36-46	45 (84.9)	8 (15.1)	53 (100.0)			
47-57	8 (61.5)	5 (38.5)	13 (100.0)			

The table above shows that, out of total participants of 100, 45 (84.9%) of the participant are within age group 36-46 and said that they use contraceptive regularly by choosing yes, 8 (15.1%) of the participants are also within the same age and said no to do you use contraceptive. 29 (85.3%) of the

participants are within age of 25-35 and said yes, while 5 (14.5%) of the participants are also within the same age and said no to do you use contraceptive regularly. Out of the participants, 8 (61.5%) of the participants are within age of 47-57 and said yes, while 5 (38.5%) of the participants within the same age said no to do you use contraceptive method of your choice regularly. This show statistically no significant with P-value of 0.120 which indicate that age does not influence compliance with the method.

Level of education against Do you use contraceptive method of your choice regularly

Level of education	Do you use contraceptive method of your choice regularly					
	Yes n (%)	No n (%)	Total n (%)	df	Chi-square	P-value
No formal education	3 (100.0)	0 (0.0)	3 (100.0)	4	5.633	0.228
Secondary	13 (100.0)	0 (0.0)	13 (100.0)			
Post-secondary but not university	19 (86.4)	3 (13.6)	22 (100.0)			
University	28 (77.8)	8 (22.2)	36 (100.0)			
Post-graduate	19 (73.1)	7 (26.9)	26 (100.0)			

The table above shows that, among the total respondent of 100, 28 (77.8%) of the respondent have university education and they said yes that they use contraceptive regularly while 8 (22.2%) of the respondent with the same educational level said no to do you use contraceptive method of your choice regularly. 19 (73.1%) of the respondents are Post-graduate and they said yes while 7 (26.9%) of the respondents with same educational level said no to do you use contraceptive method of your choice regularly. Also, 19 (86.4%) of the respondents attend Post-secondary but no university and they said yes while 3 (13.6%) of the respondent with the same educational level said no to do you use contraceptive regularly. This table also shows that 13 (100.0%) of the respondent have secondary education and they said yes, while 3 (100.0%) of the respondents have no formal education and they said yes to do you use contraceptive method of your choice regularly. This show no statistically significant with P-value of 0.228.

Religion against Do you use contraceptive method of your choice regularly

Religion	Do you use contraceptive method of your choice regularly					
	Yes n (%)	No n (%)	Total n (%)	df	Chi-square	P-value
Islam	13 (100.0)	0 (0.0)	13 (100.0)	4	15.218	0.004
Catholic	12 (100.0)	0 (0.0)	12 (100.0)			
Protestants	7 (87.5)	1 (12.5)	8 (100.0)			
Pentecostal	49 (77.8)	14 (22.2)	63 (100.0)			
African Religion	1 (25.0)	3 (75.0)	4 (100.0)			

The table above shows that, out of the total participants of 100, 49 (77.8%) of the participants are Pentecostal and the said yes while 14 (22.2%) of the participants that practice the same religion said no to do you use contraceptive of regularly. 13 (100.0%) of the participants practice Islam and they said yes, while 12 (100.0%) of the participants are catholic and they said yes to do you use contraceptive method of your choice regularly. In this table it is shown that, 7 (87.5%) of the participants are Protestant and the said yes while 1 (12.5%) participant said no with same religion. 3 (75.0%) of the participants practice African religion and they said no, while 1 (25.0%) of the participants said yes to do you use contraceptive method of your choice regularly. this shows statistically significant that religion influence compliance and usage of contraceptive and it is indicate with P-value of 0.004.

Discussion and Findings

This study on prevalence of contraceptive methods among women of reproductive age attending family planning clinic in Adeoyo, Ibadan. The review of relevant issues in light of diverse methodological and theoretical contexts in line with the objectives of research. The literature covered the area such as prevalence of contraceptive method, factors affecting consistence use of contraceptive method. . This study include 100 women attending Welfare Clinic at General Hospital Ade-Oyo, in Ibadan.

Findings, on socio demographic data, the age of the respondents are grouped into three; 25-35, 36-46, 47-57 and following number of respondents fall within each age group 34 (34.0%), 53(53.0%) and 13 (13.0%) respectively. Majority of the participants are married with frequency of 85 (85.0%), 8 (8.0%) of them are single, 5 (5.0%) of the participants are separated and 2 (2.0%) are divorced. The maximum level of education of the respondents is post-graduate with frequency of 26 (26.0%) participants and minimum of secondary education with frequency of 13 (13.0%) participants while 3 (3.0%) participants have no formal education. Also, majority of the participants 63 (63.0%) attend Pentecostal churches and minority practice African religion with frequency of 4 (4.0%) participants. Participant is dominated by those having more than 2 children i.e 3 and above with total number of 64 (64.0%) participants and those having between 0-2 children of 36 (36.0%) participants.

This study also discovered that majority, 96 (96.0%) participants have heard about contraceptive before the study while 4 (4.0%) participant have not and this is similar to the study of Abiodun (2009), knowledge on family planning has remained consistently high in Nigeria over the past 5 years with 97% of all women between 15-49 years, having heard at least one method of contraception.. The most common source of information is Health centre/hospital with frequency of 82 (82.0%) participants, television with 9 (9.0%) participants, internet with 4 (4.0%) participants, radio with 3 (3.0%) participants and 2 (2.0%) participant got the information from people in the community. A considerable number, 75 (75.0%) of the participants use contraceptive method while and one-quarter of the participants 25 (25.0%) are not using it. It is also recorded that partners of 68 (68.0%) participants approve the use of contraceptive and only 32 (32.0%) did not. Spotting between menses, breast tenderness, headache itching and breast pain are the most common adverse effect that is recorded by this study in usage of contraceptive.

Major factors which influenced the choice of contraceptives for users were convenience and effectiveness, so where users are offered a range of commodities that effective and convenient usage will likely increase, 88.5% were found to be satisfied with current contraceptive methods (Oye-Adeniran, 2006) and in this study only 10 (10.0%) participants are not satisfied while majority are satisfied and some are fairly satisfied with frequency of 71 (71.0%) and 19 (19.0%) respectively. According to Bruce (2000), satisfaction with services includes six elements of qualities (choice of methods, information given to clients, technical competence, interpersonal relations, and mechanisms to encourage continuity and appropriate constellation of services) and in this study it is discovered that majority of the participants are satisfied with method use, motivation from the provider, Providers attitude, level of confidence in the method which shows that majority of the respondents are satisfied with the contraceptive method.

In this study, majority of the respondents 82 (82.0%) are using contraceptive, this show a slight decrease from the prevalence in Norway 88% according to the most recent data available from the United Nations report on World Contraception 2009. Among the selected socio-demographic variable tested, it is discovered in this study that religion is the only of the factor that influence the use of contraceptive method among the respondents and this show statistically significant with P-value of 0.004.

CONCLUSION:

findings from this study show that (96%) women of reproductive age that participated in this study have heard of contraceptive and understand its importance also (58%) were satisfied with the contraceptive method they choose because of the level of convenience, also (82%) of the respondents also used the contraceptive method of their choice regularly also (60%) of the respondents said they have confidence in the use of the method they went for .805) of the respondent their source of information on their current method on the type of contraceptive to used was through the health worker. Only (19%) of the respondents experienced side effect from their choice of contraceptive method they choose

RECOMMENDATION:

Increase effort in modern contraceptive method promotion and education is needed to be intensified to also improve knowledge among women so that they can make a proper and informed choice. Health care providers should effectively play their role by making sure that their clients have sufficient knowledge on contraceptives which can help them make a correct choice of contraception. Sufficient knowledge will also provide awareness on side effects which will help in avoiding misconceptions on side effects which sometimes are not real and prohibiting women from using certain types of contraception. For all persons to enjoy a choice among contraceptive options, a range of methods must be readily available. It is therefore upon responsible authorities to ensure the availability of full range of contraceptive methods as the ability to choose satisfactory contraceptive protection depends on readily access to multiple methods. It is mandatory hence to have programmes with the intention to provide full range of methods and the most preferred methods should always be available.

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