



Modern Contraceptive Use and Associated Factors in USSA Local Government Area of Taraba State, Nigeria

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Abstract

With the high rate of unintended pregnancy in the world, encouraging the use of contraceptives has become necessary. However, some factors may influence whether a woman agrees to utilize contraceptives or not. This paper examines the impact of individual factors, sociocultural factors, and health system factors on the utilization of contraceptives in USSA Local Government Area of Taraba State, Nigeria. Through a literature-based analysis and the application of rational choice theory, the findings highlight the complex interplay of these factors in shaping contraceptive utilization patterns in USSA Local Government Area. Individual hurdles to uptake were identified as a lack of information about contraception, socioeconomic status, misconceptions, and unfavorable attitudes. Individuals' decision-making processes are influenced by sociocultural variables such as religion and cultural traditions that oppose contraception. Furthermore, a lack of contraceptive availability, a shortage of skilled healthcare practitioners, and a weaker healthcare infrastructure all restrict access to and utilization of contraceptive therapies. The paper recommended that focused interventions should address these various challenges to boost contraceptive usage in USSA LGA. Individuals, communities, and religious leaders should be targeted for education and awareness efforts to debunk misunderstandings, enhance knowledge, and encourage favorable attitudes regarding contraception. Engaging community leaders and religious organizations in family planning advocacy can assist transform sociocultural norms in favour of family planning. Improving the availability, price, and quality of contraception, as well as training healthcare practitioners, will be crucial for boosting the utilization of contraceptives.

Keywords *unintended pregnancy, contraceptives, individual factors, sociocultural factors, health system factors*

INTRODUCTION

Contraception can be defined as an intentional act of birth control through the use of devices and ideas to prevent pregnancy for as long as needed. Contraception is not a new idea all over the world and also applies to the Taraba State of Nigeria. Throughout the ages, individuals and families have tried to regulate their fertility either by using herbs, abstinence during ovulation, prolonged breastfeeding and living with parent-in-laws to avoid sex or polygamy.

Globally, there is a high cost of living and inadequate facilities; due to an increase in population demands, which are, part of the major issues that plague human society. Various people, national and international organizations such as the World Health Organization have stressed the dangers associated with overpopulation and have similarly recommended that couples cut down their

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family size. This can be done majorly through contraception. Modern contraception makes it easier to decide when to be pregnant as a woman. However, many factors can determine whether a woman will utilize modern contraceptives or not.

Research has shown that, in developed countries, modern contraception is more generally practiced, compared to what is obtainable in developing nations. In Europe, the use of modern contraceptives is widely accepted and practiced although there are differences between European countries in patterns of contraceptive usage. These differences revolve around availability and accessibility, as well as sociocultural attitudes toward birth control, sexuality, and the responsibilities of women in society (Spinelli, Talamanca, and Lauria, 2000). Modern contraceptive use is found to be more common among highly educated women, single women, and among those who already had numerous children or had experienced induced abortions in Europe (Spinelli, Talamanca, and Lauria, 2000). Similarly, there are cultural variations in the use of family planning services in United States of America, as Whites tend to use very effective methods of contraception than non-Whites (Choi and Hamilton 2016).

The highest heights of contraceptive use in Asia are found mostly in the Eastern and South-Eastern regions, though other Asian regions also include some countries with high prevalence. In ten countries, contraceptive prevalence in 2017 was 70 percent or more, with an estimated high of 83 percent in China. Overall, 36 of the 47 countries or areas in Asia had contraceptive prevalence levels of 50 percent or more in 2017 (United Nations Department of Economic and Social Affairs, 2017). These statistics show that contraceptive use is generally and relatively better in Asia compared to Africa

In Africa, 53 percent of women of reproductive age have an unmet need for modern contraception mainly due to factors such as limited access to contraception, socio-cultural and religious opposition, poor quality of obtainable services, gender-based obstacles, and spousal disapproval (Nair and Navaneetham, 2015). When narrowed down to Nigeria, only 9.7% of currently married women in Nigeria use modern methods of family planning (Ezire, Idogho, Theophilus, Ikani and Oluigbo, 2014), which, means a good percentage of married women in Nigeria are yet to use modern family planning methods. This is a major concern due to the significance of family planning to population control in the modern world.

While many studies have been conducted on the use of modern contraceptives generally in different locations globally, there seems to be no available empirical research on the same topic in USSA Local Government Area. Besides, socioeconomic factors that influence the use of modern contraceptives among women in other societies may not be the same for women in USSA Local Government Area of Taraba State. Therefore, there is a gap in the literature, since no empirical study has been conducted on this subject matter in USSA Local Government Area of Taraba State to ascertain the peculiarities of the study area as far as the use of modern contraceptives is concerned. This paper sets out to fill the gap to ascertain the determinants of modern contraceptive use in the USSA Local Government Area of Taraba State and the levels of their influence on women in deciding whether to use modern contraceptives or not. It intends to ascertain the role of individual, sociocultural and health system factors on women's use of contraceptives in USSA Local Government Area of Taraba State.

OBJECTIVES OF THE STUDY

The broad aim of the study is to ascertain the determinants of modern contraceptive use in USSA Local Government Area of Taraba State.

- i. To explore how individual factors, affect the utilization of modern contraceptives in USSA Local Government Area of Taraba State.
- ii. To establish whether socio-cultural factors influence the utilization of modern contraceptives in USSA Local Government Area of Taraba State.

iii. To assess the impact of the health system on the utilization of modern contraceptives in USSA Local Government Area of Taraba State.

LITERATURE REVIEW

A few researches have been carried out on the role of socio-economic factors such as income, level of education, age, and marital status in determining the attitude of women towards family planning services and contraceptives use (Alabi, Odimegwu, De-Wet, & Akinyemi, 2019; NDHS, 2018; Peer, London & Morojele, 2013; Udom & Tobin, 2015; Sensoy, Korkut, Akturan, Yilmaz, and Tuncel, 2018). According to Alabi, Odimegwu, De-Wet, & Akinyemi (2019), female autonomy is vital in influencing the utilization of modern contraceptives among married women, especially in conservative and extremely traditional societies like northern Nigeria. However, it is not possible to discuss female autonomy without linking it to their wealth status, income, and educational level. NDHS (2018) the demand for family planning increases with increasing household wealth, from 21% among women in the lowest wealth quintile to 52% among women in the highest quintile. Ehlers (2014) highlighted the effect of socioeconomic status on the use of contraceptives. She stated that the low socio-economic status of African women puts them in a situation where they are dependent on their husbands for financial support. They, therefore, cannot independently decide on the number of children required in their families, the use of contraceptives, the husbands' use of condoms, nor the husbands' polygamous marriages and/or extramarital affairs. Women's low socio-economic status puts them in a submissive role, where they lack self-confidence, assertiveness, and self-value. Husbands might have to permit their wives to use contraceptives. The higher the woman's socio-economic status, the more assertive she becomes, and the more she can enjoy her reproductive rights. Women who are not earning an income, or who earn smaller incomes falling below the breadline, will always depend on their husbands for support, therefore forfeiting the right to decide about reproductive issues generally, and the use of contraceptives specifically ((Sensoy, Korkut, Akturan, Yilmaz, and Tuncel, 2018). Women's low socio-economic status puts them in a submissive role, where they lack self-confidence, assertiveness, and self-value. Husbands might have to permit their wives to use contraceptives. The higher the woman's socio-economic status, the more assertive she becomes, and the more she can enjoy her reproductive rights. Women who are not earning an income, or who earn smaller incomes falling below the breadline, will always depend on their husbands for support, therefore forfeiting the right to decide about reproductive issues generally, and the use of contraceptives specifically.

The South African Department of Health in its 2014 National Contraception and Fertility Planning Policy and Service Delivery Guidelines maintained that women living in poor socioeconomic conditions and women in rural areas still tend to have less knowledge of contraception and less access to contraceptive services, and these factors are associated with lower contraceptive use (p.15). NDHS (2018) revealed that the percentage of married women using modern contraceptives increases with increasing household wealth, from 4% among those in the lowest wealth quintile to 22% among those in the highest quintile. If this statistic is anything to go by, it means wealthy women are more likely to accept and use contraceptives compared to their poor or less wealthy counterparts.

Several studies demonstrated that the lower the level of education the woman has, the less likely she is to use contraceptives. Many scholars link improving women's level of education to increased contraceptive use, maintaining that women's aspiration for a smaller family tends to increase with increasing education. According to NDHS (2018), the proportion of married women using modern contraceptive methods is higher among those with more than a secondary education (23%) than among those with no education (4%). Lack of education may serve as an impediment

to utilizing family planning services (Owoyemi, Ifatimehin, Egwuaba, & Obaka, 2020), as the incidence of unwanted pregnancies is high amongst less educated women (Juma, Mutombo & Mukiira, 2015, p. 168). The South African Department of Health (2014) disclosed that women's educational level has a strong impact on contraceptive use among them. Nsofor, Jellason, and Somorija (2022) also corroborated this standpoint. If a woman is uneducated, she is unlikely to find a worthwhile job, so her hope for survival is to find a husband who will support her. She then performs her household duties, whilst the man decides on the size of the family and whether she can use contraceptives or not. Women's participation in decision-making increases with increasing education (NDHS, 2018). This means improving women's levels of education allows them to gain greater information and knowledge on contraception. It also allows them to seek improved employment opportunities, increasing their economic independence, which can enable them to have greater control over their sexual and reproductive lives (Ganley, 2013).

Education contributes significantly to the quality of women's lives.

Many scholars have argued that improving women's access to education and encouraging continuous and constant exposure would significantly increase the use of family planning and reduce unmet need. This is because education will likely help women to access information and use the clinics properly. According to NDHS (2018), the percentage of women who did not discuss family planning with a fieldworker or at a health facility was highest among those with no education (88%) and lowest among those with more than a secondary education (78%). Other reasons for the non-use of contraceptives may lack of knowledge or access to contraception, fear of health effects, perception of spousal opposition, and fear of social disapproval (Mahboub, Abdelkader, Al-Muhanna, Al-Musallam, Al-Ghannam & Al-Munyif, 2015, p. 338), but the educational level of women is a key factor.

While education has been majorly accepted as the conduit to the empowerment of women in taking a decision that concerns their reproductive health and contraceptive use, it is also possible that highly educated women may become too busy pursuing their career and professional goals and have little or no time for contraceptives.

Several researches have established a correlation between the age of women and their use of contraceptives. According to Owoyemi, Ifatimehin, Egwuaba, & Obaka (2020), the age of women may affect their contraceptive uptake either positively or negatively. The age of women plays a significant function in the process of deciding when women will start and finish the process of giving birth and how long to wait after the birth of the next child. Also, the use of family planning method varies according to the age of the woman. As women get older, their need for contraception and the rate of contraception decreases (Sensoy, Korkut, Akturan, Yilmaz, and Tuncel, 2018). A study by Al-Balushi, Ahmed, Islam, and Khan (2015) showed that the highest percentage (35.1%) of using contraceptives for married women was observed in the age group (30-34) followed by the age group (40-44) (32.2%) and the lowest percentage (18.9%) of using contraceptive was observed in the age group (45-49). Alabi, Odimegwu, De-Wet, & Akinyemi (2019) also found out in their study that the inclination towards utilizing family planning services peaked among women aged 30-34 years.

The marital status of women has been identified by many scholars to be one of the factors that can influence the disposition of women towards family planning services. Subedi, Jahan & Baatsen (2018) agree that marital status influences women's attitudes towards sex and contraceptive use. They argued that the norm of proving fertility immediately after marriage arising from societal and familial pressure might lead to low contraceptive use among married female adolescents. It is important to add that society's disapproval of pregnancy out of wedlock may also contribute in increasing the level of utilization of contraceptives among unmarried young women.

Rational Choice Theory

Anthony Downs, Gary Becker, Mancur Olson, James Coleman, and Gary Becker are a few of the proponents of the rational choice theory. According to the sociological theoretical framework known as "rational choice theory," people decide what to do after carefully weighing the advantages and disadvantages of various options. According to this theory, people are rational beings who make decisions based on cost-benefit analyses and behave in their self-interest. This theory is of the view that people try to maximize their benefits and reduce their expenses. Costs can include time, money, effort, or social standing, whereas rewards can be monetary gain, social position, or personal happiness. People are said to be able to weigh the advantages and disadvantages of many options and base their decisions on the likely results of those options.

When applied on the determinants of contraceptive use in USSA Local Government Area of Taraba State, several factors can influence their decision-making process. Here are some of the factors that can be analyzed using the rational choice theory:

Preferences: Personal preferences are likely to have an impact on women's opinions on contraceptives. For instance, while some women may desire to have larger children, others may prefer to utilize contraception to prevent unintended pregnancies. According to the rational choice theory, women would select the alternative that best suits their tastes.

Cost of Family Planning Services: Cost may also have an impact on how women feel about family planning services. Some women in USSA Local Government Area of Taraba State may decide not to utilize contraception if the cost is too high for them. Similarly to this, some women may decide to utilize contraception if the cost of having a kid is too great. According to the rational choice theory, women would weigh the benefits and drawbacks of each option before selecting the best one.

Culture/Social norms: The attitudes of women toward contraceptives in USSA Local Government Area of Taraba State might also be influenced by social conventions and cultural beliefs. For instance, in certain cultures, having a large family is viewed as a sign of wealth and status. According to the rational choice hypothesis, women may be more inclined to follow social expectations and cultural standards, even if doing so prevents them from utilizing contraception.

Education and Information: Women's opinions can also be influenced by the quantity and quality of information provided about contraceptives. According to the rational choice theory, women will make decisions depending on the information at their disposal. They might be more inclined to utilize contraception if they are given accurate and thorough information about it and its advantages.

RESEARCH METHOD

This study is literature-based; it uses secondary data from previous and already published works, journals, newspapers, websites, government reports, statistics, and other documents on modern contraceptive use, which are not specifically collected from the field. This is important, as it provides a useful comparative tool where new view could be compared to existing perspectives to examine dissimilarities or new developments.

FINDINGS AND DISCUSSION

Using contraceptives is a crucial part of family planning since it enables people to manage their fertility and avoid unexpected births. Many variables affect the usage of contraceptives in Taraba State's USSA Local Government Area. These factors can be roughly grouped into individual/personal, sociocultural, and health system factors.

i. Individual factors: These are personal traits that may influence a person's decision to utilize contraception. Education, financial level, religious and cultural views, knowledge, awareness, and personal values are some of the human characteristics that impact contraceptive usage in the USSA

Local Government Area.

The educational level of women in USSA Local Government Area can have a considerable impact on their use of contraception. Women with greater levels of education are more likely to comprehend the benefits of contraception and to have proper information about it. They may also feel more in control of their reproductive health and be more ready to take contraception. They will change their attitudes toward contraception and increase their use.

Another individual aspect that may influence women's attitudes regarding contraception is their socioeconomic situation. Women's opinions regarding contraception can be influenced by socioeconomic factors such as income level, work position, geography, marital status, and age. Women with a higher socioeconomic class may have more access to contraceptive information, services, and a broader selection of contraceptive methods. On the other side, financial restrictions and geographic limitations in access to healthcare facilities might cause hurdles to contraceptive usage, leading to more unfavorable sentiments. The availability and accessibility of contraceptives can potentially influence their use. In rural areas like USSA Local Government Area, limited access to healthcare facilities, including family planning clinics, may pose challenges for individuals seeking contraception. Furthermore, the cost of contraceptives, transportation barriers, and stock-outs of supplies can further hinder utilization.

Personal values, beliefs, and attitudes of women in USSA Local Government Area of Taraba State about sexuality, reproduction, and family planning can have a substantial influence on their contraceptive use. Some women emphasize having big families and perceive contraception as superfluous, whilst others choose fewer families and see contraception as an empowering tool for controlling their reproductive life. Furthermore, their understanding of various contraceptive techniques, their efficacy, and potential adverse effects is critical in forming their attitudes on contraception. Misconceptions, fear, or distrust can come from a lack of information or disinformation, leading to unfavorable attitudes about contraceptive use.

Furthermore, a woman's partner's and family members' views and support might impact her perspective and acceptance of contraceptive use. Positive views and support from a woman's spouse and family members can encourage her to think about and use contraception, but negative attitudes or a lack of support might cause hurdles and reluctance. Women's prior contraceptive experiences must be taken into account. This is because previous contraceptive methods experiences, such as side effects, efficacy, and satisfaction, might alter women's views regarding future contraceptive use. Positive experiences can lead to more positive attitudes, whereas unpleasant ones might lead to hesitation or skepticism.

It is critical to realize that views regarding contraceptive usage differ within the USSA Local Government Area, and that these factors may interact and impact each other in complicated ways. Understanding these individual variables can assist healthcare professionals, governments, and organizations in developing tailored interventions and initiatives to enhance attitudes about contraceptive usage and boost community reproductive health.

ii. Socio-cultural Determinants: The utilization of contraceptives is influenced by various sociocultural factors in different regions, including the USSA Local Government Area of Taraba State, Nigeria. These factors can play a significant role in shaping individuals' beliefs, attitudes, and behaviors related to contraception.

Religion is frequently influential in forming views on contraception. The primary religion in USSA Local Government Area is Christianity, which may impact attitudes toward family planning methods. Some interpretations of biblical teachings such as 'go into the world and multiply' and 'children are God's blessings' may discourage or restrict the use of contraception, especially among more conservative individuals or groups in USSA Local Government Area. It is crucial to note, however, that religious opinions on contraception can differ amongst individuals and cultures, and some may be more tolerant of family planning approaches than others. Furthermore, cultural norms and traditions can have a significant impact on views regarding family planning. In USSA Local Government Area, cultural values and practices may prioritize large family sizes, as children

are considered a source of pride, labour, and support in later life. Such norms can create social pressure to have more children and discourage the use of contraceptives. Additionally, discussions about sexual and reproductive health are mostly considered taboo, making it difficult to openly discuss and promote contraception.

Gender roles and power dynamics are other sociocultural components in USSA Local Government Area. Gender roles and power dynamics in communities can influence contraceptive use. USSA Local Government Area is made up of traditional African civilizations where males typically have decision-making power in reproductive health problems, restricting women's autonomy in deciding to utilize contraception. Most women suffer opposition from their spouses or other family members, making it difficult for them to get and utilize contraception. Women's empowerment and gender equality can play a critical role in expanding contraceptive use.

Another sociocultural element that may discourage women from using contraception is the social stigma and criticism surrounding contraceptive usage in USSA Local Government Area. Women's usage of contraception is commonly associated with promiscuity and unfaithfulness. As a result, if their contraceptive use becomes known in their communities, women may fear censure or social repercussions. To overcome this stigma, open communication must be promoted, myths must be challenged, and supportive settings must be created in which individuals feel comfortable obtaining and using contraception without fear of condemnation.

To address these sociocultural determinants, a multidimensional approach involving coordination between government agencies, healthcare providers, community leaders, religious institutions, and civil society groups is required. To enhance contraceptive acceptability and usage, it is critical to connect with the local population, learn their attitudes, and adjust programs accordingly.

iii. Health System Factors: The utilization of contraceptives in USSA Local Government Area of Taraba State can be influenced by various health systems factors such as health Policies and regulations, health infrastructures, availability and accessibility, health workforce, affordability, and cost, the attitude of health workers, etc.

One of the factors that may impact women's use of contraception in Taraba State's USSA Local Government Area is the government's health policies and laws. Supportive health policies and legislation are critical in increasing contraceptive use. If the government implements measures that make it simpler for women to obtain contraception, their attitude about contraception will improve, and vice versa. Contraceptive availability and accessibility are critical drivers of its use. As a result, if the local health system ensures that a variety of contraceptive methods are easily available at health institutions and pharmacies across the USSA Local Government Area, women's use will improve. If all the modern contraceptives (such as pills, injectables, intrauterine devices, implants, and condoms) and traditional methods, along with trained healthcare providers who can provide counseling and guidance on contraceptives are made constantly available, it will improve the attitude of women towards contraceptives.

It is critical to have clinics or health centers with educated healthcare workers who can provide contraceptive techniques and give follow-up treatment. Adequate infrastructure, including private places for counseling and service delivery, adds to a welcoming atmosphere for people looking for contraception. Furthermore, the cost of contraceptives can be a considerable obstacle to their use. Women with poor economic and financial positions may be unable to purchase contraceptives if they are too pricey. This is likely to dissuade people from seeking contraception.

Another health system aspect that potentially influence contraceptive use in Taraba State's USSA Local Government Area is the attitude of health personnel. If health personnel are harsh and critical, women's attitudes toward family planning services may suffer. As a result, providing secrecy and anonymity in contraceptive services is critical in encouraging people to seek and use these treatments.

Addressing these health-system issues may lead to greater contraceptive use in USSA Local Government Area. To improve contraceptive awareness, accessibility, cost, and acceptance, a comprehensive approach involving collaboration among politicians, healthcare providers, community leaders, and individuals is required.

CONCLUSION

This study set out to ascertain the major determinants of contraceptive use in USSA Local Government Area of Taraba State. The paper argued that individual, socio-cultural, economic, and health system factors all play a part in the complex and diverse drivers of contraceptive usage in USSA Local Government Area of Taraba State. It maintained Individual factors (age, marital status, level of education, income, employment status), sociocultural factors (cultural/religious beliefs and practices, stigma), and health system factors (health policies, shortages of health facilities, attitude toward contraceptive providers) play a major role in determining women's use of contraceptives in USSA Local Government Area of Taraba State. Therefore, the healthcare system, the community, and other stakeholders should work together to improve access to contraceptive services, raise awareness of these determinants, and address cultural and social norms that might discourage contraceptive use to address these determinants.

RECOMMENDATIONS

Based on the findings, this study recommends the following;

- i. Women should be encouraged to pursue higher education by fostering an atmosphere that encourages their enrolment in elementary, secondary, and even tertiary institutions. Additionally, having a decent plan and policy in place as well as a clear execution strategy is essential for the effective use of contraceptives.
- ii. Religious opposition to the use of contraceptives must be overcome by educating traditional and religious leaders about the advantages of birth control for both the individual and the nation. To foster a favorable attitude toward the use of contraceptives, family planning programs should also include orientation sessions for community and religious leaders.
- iii. The healthcare system should actively encourage contraceptive usage through awareness and education programs. Community-based education initiatives, including outreach activities, can assist in dispelling myths and misunderstandings regarding contraception and providing factual information about the advantages and drawbacks of various methods. This can help to raise awareness and foster a favorable attitude about contraceptive use.
- iv. The local government should put in place policies that promote reproductive health, family planning, and contraception access. These policies may include requirements for educating healthcare practitioners, providing contraception supplies, and incorporating family planning services into primary care programs.
- v. The local health system should make a variety of contraceptive options available at health institutions and pharmacies across the USSA Local Government Area. This should include modern contraceptives (such as pills, injectables, intrauterine devices, implants, and condoms) along with trained healthcare providers who can provide counseling and guidance on contraceptive options.
- vi. The healthcare system should work to make contraception inexpensive and available to all people, especially those with low incomes. Subsidies, health insurance coverage, and other financial assistance mechanisms can help lower the cost burden and make contraception more affordable.
- vii. Healthcare institutions should have measures in place to preserve the privacy and confidentiality of those seeking contraception. This can assist to establish a comfortable and non-judgmental environment that fosters trust and encourages people to take contraception.

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