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# Socio-cultural and Gender Impacts on Resilience Access to and Utilization of Contraceptives Service during Covid-19 Pandemic by Women of Reproductive Age in Oyo State, Nigeria

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***Abstract***

*Cultural and gender factors are a major obstacles to informed discussions about sexual and reproductive health issues, particularly regarding contraception. This paper presents the findings of a cross-sectional quantitative study exploring socio-cultural and gender impacts on resilience access to and utilization of contraceptives service during the Covid-19 Pandemic by women of reproductive age in Oyo state, Nigeria. A purposive sampling technique was used to select 471 users of Maternal Newborne and Child Health (MNCH) services such as postnatal and family planning that responded to 43 structured questionnaires that included socio-demographical characteristics, access, and utilization, socio-cultural and gender factors amidst Covid-19 pandemics. Of the 471 respondents, the mean age of respondents was 29.63± 3.29years, with (34.2%) within the 26-30 years age group. The findings show that of the total respondents, 59.4% required permission/consent to use contraceptive services, of which 96.1% mentioned spouses must give consent/approval for them to visit health facilities for contraceptive use. On the way that their spouses do influence, 43.5% mentioned cost, choice of methods 41.6%, and timing by 14.4%. On the respondents' concerns/issues as a result of poor access to contraceptive information/services; 10.8% expressed unplanned pregnancy, fighting with spouses (11.3%), and poor mutual sexual relationships by 12.3% and experienced side effects by just 1.1%, while the rest 64.5% expressed no concerns/issues. Other societal influences mentioned included friends/relations, in-laws, clergy, and social class/group. The socio-cultural and gender effect included strict caution/disapproval by spouses (7.0%), carefree attitudes in society (4.0%), and fear of Covid-19 infection by 19.7%. Chi-square analysis for gender and socio-cultural revealed p=0.008 and p=0.002 on access and utilization of contraceptive services. The study therefore provides insight to the socio-cultural and gender impacts on women's s health decision-making. This is important for public health programme designs, even in the face of any pandemic like Covid-19, towards resilience access and service utilization of contraceptive services.*

***Keywords:*** *Access and utilization, Contraceptives, Covid-19, Gender, Socio-cultural.*

## Introduction

Nigeria is geographically, culturally, religiously, and ethnically heterogeneous, and these are important factors associated with the current use of contraception among women of reproductive age 15-49 years in Nigeria [1]. Therefore, in the Nigeria context, battling with Covid-19 and providing essential services along the continuum of care could be challenging, and the impact on utilization of maternal, newborn, and child health (MNCH) services in Nigeria is

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quite enormous, and exploring the barriers; such as socio-cultural and genders, being experienced by women and their families in getting access to MNCH services, as well as other contextual factors that may help shape the utilization of MNCH services during the Covid-19 pandemic [2]. For instance, a woman's s beliefs about family planning practices are shaped by the culture in which she is raised. The cultural norms related to sexual health issues form a barrier to open discussions about issues related to sexual health and, consequently, contraception. In rural areas, there is silent disapproval of contraceptive use; therefore, potential users often use contraceptives without the knowledge of their partners [3].

For many Nigerian women, there are difficulties in the search for contraception and family planning services. These are compounded by the local conservative and religious resistance to contraception and abortion, and now, with the crippling Covid-19 health crisis that has further limited access to services [4]. This coupled with the generally acceptable practice of restricting women' s and girls' ability to leave their homes. The Covid-19 situation with the lockdown restrictions exacerbated this as it further disempowered girls and women access and decision-making about their own contraceptive choice. Furthermore, on the cultural or gender background, the decision of the Nigerian women or wives on where to seek healthcare during lockdown is dependent on the willingness of the husbands to grant permission to the wife, especially in a non-emergency situation [5], as reports come to light of clinic closures, the reduced mobile outreach services, and declines in the number of clients attending even open clinics, because of the Covid-19 pandemic measures. The Covid-19 pandemic has different effects on reproductive health issues, according to [6], which claimed an increase in the frequency of sexual intercourse due to the increased presence of the spouse at home during the Covid-19 pandemic. Also, regarding women's mental health, an increase was observed in domestic violence as well as stress, anxiety, and depression in women of reproductive age. Evidence has shown a slow increase in modern contraceptive prevalence among Married women of reproductive age (MWRA) who have their need for family planning satisfied by modern contraceptive methods (SDG indicator 3.7.1) has increased gradually in recent decades, rising from 73.6% in 2000 to 76.8% in 2020. Although the reasons for this slow increase can be attributed to limited access to services, particularly among young, poorer, and unmarried people, with fear or experience of side effects, there are cultural or religious opposition and gender-based barriers to accessing services [7].

## Materials and Methods

The study adopted a cross-sectional survey design which involved quantitative data collection methods. This study design considered the areas with more cases identified as reported by [8]to be in the major urban Local Government Areas (LGAs) that is in the heart of Ibadan, Oyo State capital**.** Ibadan city is the capital of Oyo State and Nigeria's largest city by geographical area. It has a population of over 3 million, with 11 Local government Areas in its metropolis [9]. Therefore, the participation involved data collection from Five (5) major urban LGAs (Ibadan- North, Northwest, Northeast, Southeast, and Southwest) of Oyo state as the representation of the high-burden areas of the state.

The participants were selected by purposive sampling and screened for eligibility until the required sample size for the selected enumerated areas; which included 471 eligible respondents that were users of Maternal New-borne and Child Health (MNCH) and contraceptive services since before Covid-19, those who initiated use during the pandemic and are currently using during the survey period and with easy in Covid-19 pandemic restrictions, that were interviewed using a structured questionnaire; that contains socio-

demographical questions and others that focused on contraceptive products/service availability, contraceptive supplies, socio-cultural and gender factors amidst Covid-19 pandemic in relation to women of reproductive age (WRA) access to and utilization of contraceptives. The data collection considered the Covid-19 precautionary measures; use of facemasks, hand sanitizer and washing, and the social distancing regulations in Nigeria.

## Results

### Respondents' Access to and utilization of contraceptives by Socio-cultural and gender factors in the face of the Pandemic

The study explored the relationship between respondents' access to and utilization of contraceptives and some socio-cultural and gender factors in how respondents seek permission and decision-making to access/use contraceptive services. The findings are shown in Table 1. More than half (59.4%) of the respondents claimed that they require permission/consent, of which quite a lot, 96.1% mentioned that their spouses are the ones giving permission/consent to access/use contraceptive services, and 21.4% expressed concerns to get approval/consent to access/use services (see Table 1). Of the total respondents, on how spouses influence demand for contraceptives, the respondents mentioned type of method (44.0%), cost (41.6%), and timing (14.4%), as in Table 1. On contraceptive decisions, the respondents still require other people's s support; on the suitable type of methods 19.1%, timing 16.6%, and how methods work 14.0%, but 50.3% do not consult any other persons before these decisions are made Table 2. The factors in society that influence decision-making, in addition to spouses that carries the bulk (92.8%), there are in-law/relations, friends, clergy, and social that influence access/use, as in Table 2. The respondents still identified socio-cultural factors that influenced access/use during Covid-19, such as strict cultural caution/disapproval by the spouse (7.0%), limited movement in the society due to Covid-18 restriction (59.0%), fear of Covid-19/clinic not opened (19.8%), carefree attitude in the society (4.0%) and others (see Table 1). Although about half (49.9%) of the respondents claimed that the Covid-19 pandemic's lockdown did not affect their relationship with their spouses, while (31.4%) claimed they had more time and fun together, 17.0% and 1.7% respectively reported misunderstanding/Poor finance and unhealthy sex life with their spouse's Table 3. On the respondents' concerns/issues because of poor access to contraceptive information/services; although 64.5% did not express concerns, unplanned pregnancy 10.8%, fight with spouses (11.3%), and poor mutual sexual relationship by 12.3% and experienced side effects by just 1.1% were expressed as in Table 3.

The Chi-square analysis showed a significant association ($P<0.05$) as in see Table 4a& 4b for both seeking permission/consent (gender) and socio-cultural factors and access to and utilization of contraceptive services.

**Table 1.** Respondents' Access to and Utilization of Contraceptives by Gender and Socio-cultural Factors in the Face of Pandemic

| **Access to and utilization of contraceptives by Gender and Socio-cultural factors in the face of Pandemic** | **Frequency (N)** | **Percent (%)** |
|---|---|---|
| **Do you require consent/permission to visit health facilities for contraceptive services (N-471)** | | |
| Yes | 280 | 59.4 |
| No | 191 | 40.6 |
| **Total** | **471** | **100.0** |
| **If yes, who must give the consent (n-280)** | | |

| | | |
|---|---|---|
| Self | 9 | 3.2 |
| Spouse | 269 | 96.1 |
| Others (in-law, relative/family) | 2 | 0.7 |
| **Total** | **280** | **100.0** |
| **If yes, do you have concerns (s) about getting approval/consent for you to access contraceptive services during the lockdown? if yes what concern(s) (n-280)** | | |
| Yes | 60 | 21.4 |
| No | 220 | 78.6 |
| **Total** | **280** | **100.0** |
| **If you have decided to visit the clinic for contraceptive services, what factor (s) in the society affected access to contraceptive services and information during the Covid-19 pandemic? (N-471)** | | |
| Strict cultural caution/disapproval by the spouse | 33 | 7.0 |
| Low/poor interaction with caregivers | 48 | 10.2 |
| Limited movement due to Covid -19 restriction | 278 | 59.0 |
| Carefree attitude in the society | 19 | 4.0 |
| Others (fear of Covid -19, clinic not open) | 93 | 19.8 |
| **Total** | **471** | **100.0** |
| **How did your spouse influence demand for and access to contraceptive choices during the Covid-19 pandemic/lockdown? (N-471).** | | |
| Timing | 68 | 14.4 |
| Cost | 196 | 41.6 |
| Others (type of method) | 207 | 44.0 |
| **Total** | **471** | **100.0** |

**Table 2.** Respondents' Access to and Utilization of Contraceptives by Gender and Socio-cultural Factors in the Face of Pandemic

| **Access to and utilization of contraceptives by Gender and Socio-cultural factors in the face of the Pandemic** | **Frequency (N)** | **Percent (%)** |
|---|---|---|
| **Who has said in the making decision/advises you for contraception during the pandemic/lock (N-471)** | | |
| Spouse | 437 | 92.8 |
| Friend | 14 | 3.0 |
| In-laws | 5 | 1.1 |
| Relative/Relation | 3 | .6 |
| Clergy | 3 | .6 |
| Social Class/Group | 9 | 1.9 |
| **Total** | **471** | **100.0** |
| **What contraceptive decision (s) do you require other people's support (N-471)** | | |
| Suitable/Type of method | 90 | 19.1 |
| Timing | 78 | 16.6 |
| How it works | 66 | 14.0 |
| None | 237 | 50.3 |
| **Total** | **471** | **100.0** |

**Table 3.** Respondents' Access to and Utilization of Contraceptives by Socio-cultural and Gender Factors in the Face of Pandemic

| **Respondents' Expressed Concerns and Effects of poor Access to services on Relationships with spouses in the face of the Pandemic's lockdown** | **Frequency (N)** | **Percentage (%)** |
|---|---|---|
| **How did the lockdown affect your relationship with your spouse? Please specify (N-471)** | | |
| It did not affect | 235 | 49.9 |
| More time and fun together | 148 | 31.4 |
| Unhealthy sex life | 8 | 1.7 |
| Caused Misunderstanding/poor finances | 80 | 17.0 |
| **Total** | **471** | **100.0** |
| **Did you have any issues/concerns (s) as a result of poor access to contraceptive information/methods during the lockdown. Please specify (N-471)** | | |
| Disagreement/fight with the spouse | 53 | 11.3 |
| Poor mutual sexual relationship | 58 | 12.3 |
| Unplanned pregnancy | 51 | 10.8 |
| Experienced side effects | 5 | 1.1 |
| Other (No issue/concern) | 304 | 64.5 |
| **Total** | **471** | **100.0** |

**Table 4a.** Respondents' Access to and Utilization of Contraceptives by Gender Factors in the Face of Pandemic

| | | **Were you able to access your contraceptive method of choice during Covid 19 pandemic** | | **Total** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
| Do you require consent/permission to visit health facilities for contraceptive services | Yes | 152 | 128 | 280 |
| | | 54.3% | 45.7% | 100.0% |
| | No | 80 | 111 | 191 |
| | | 41.9% | 58.1% | 100.0% |
| Total | | 232 | 239 | 471 |
| | | 49.3% | 50.7% | 100.0% |

The value for the relationship between respondents' access to and utilization of contraceptive services and consent/permission by gender factor is p-0.008, df-1, $X^2$-6.986

**Table 4b.** Respondents' Access to and Utilization of Contraceptives by Socio-cultural Factor in the Face of Pandemic

| | | **Access to contraceptive methods of choice during Covid 19 pandemic** | | **Total** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
| The societal factors on access to contraceptive services and information during | Strict cultural caution/disapproval by the spouse | 21 | 12 | 33 |
| | | 63.6% | 36.4% | 100.0% |
| | Low/poor interaction with caregivers | 22 | 26 | 48 |
| | | 45.8% | 54.2% | 100.0% |

| | | | | |
|---|---|---|---|---|
| the Covid-19 pandemic? | Limited movement due to Covid-19 restriction | 151 | 127 | 278 |
| | | 54.3% | 45.7% | 100.0% |
| | Carefree attitude in the society | 8 | 11 | 19 |
| | | 42.1% | 57.9% | 100.0% |
| | Others (fear of Covid-19, clinic not opened) | 30 | 63 | 93 |
| | | 32.3% | 67.7% | 100.0% |
| Total | | 232 | 239 | 471 |
| | | 49.3% | 50.7% | 100.0% |

The value for the relationship between respondents' access to and utilization of contraceptive services and socio-cultural factors is p=0.002, df-4, $X^2$-16.943.

## Discussion

Given the context of high fertility, the study sought to explore the socio-demographic factors associated with contraceptive use among married women [10], young and old, within their reproductive age. Before the pandemic, Nigeria already contributed to about 13% of the estimated global maternal deaths annually and had an estimated maternal mortality ratio (MMR) of 556/per 100,000 live births. Thus, achieving the target MMR of less than 70/100,000 live births as part of the ending preventable maternal mortality strategy over the next 10 years appears unrealistic [11], however, considering the cultural diversity of the nation and how it impacts health seeking behaviors, the findings from this study show the socio-cultural and gender influence on the contraceptives access and use, majority of the total respondents (92.8%) claimed that their spouses make decisions about contraceptive, and other people in the society like friends, relations, in-laws, clergy and social class/group also have say in decision making to access contraceptive services during the pandemic (see Table 2), whereby 44.0% of all the respondents mentioned type of methods as a way that their spouses do influence, cost by 41.6%, while 14.4% mentioned timing (Table 1), Other societal and gender factors was gathered to include carefree attitudes in the society (4.0%), strict cultural caution/disapproval by spouses (7.0%), low/poor interaction with caregiver (10.2%), clinic not opened due to fear of Covid-19 (19.8%) and limited movement due to Covid-19 (59.0%) as in Table 1. These influences coupled with the evidence as reported by to [6] that there was a decrease in the quality of sexual intercourse. While some engaged in unprotected sexual acts due to the disapproval on contraceptive use from spouses and the stress caused by the Covid-19 pandemic. Husbands or household members have full control over their decision on where and when to seek healthcare, and if the husband or family member do not agree with her decision, she risks the tendency of being punished [5]; this and other risk factors that grow each day in Nigeria have a tremendous impact on access to services during the pandemic. In any social context, effective contraception allows a couple to enjoy a physical relationship without fear of unwanted pregnancy and ensures enough freedom to have children when desired [12]. Given the lockdown experienced in many communities and the increased risk of gender-based violence for women accessing services, therefore, having these supplies on hand can help women exercise control over their lives [13]. A similar study by [14] has reported the fact that violence exists at homes during the pandemic; such that 20.5% of the participants suffered from increased domestic abuse during the Covid-19 pandemic. However, this study revealed that disagreement/fight with spouse, poor sexual/mutual relationships, and even unplanned pregnancies by 10.8%,11.3%, and 12.3%,

respectively (see Table 3) were issues of concerns to them during the Covid-19 pandemic's lockdown. Since the risk of increasing unplanned pregnancies is anticipated during the pandemic with gender-based violence, it is advantageous to encourage women, healthcare providers, policymakers, and all society to discuss Sexual and Reproductive Health (SRH) services as a priority service, emphasizing contraception and protecting women against violence [15]. These are however concerns as regards women's s mental health in domestic violence as well as stress, anxiety, and depression in women of reproductive age. However, when the spouses knew wives are on husbands provide help financially and that they reminded them of the next appointment to take their FP dose; for the sexual benefit and avoid unwanted pregnancy, this can be linked as reported in this study that 41.5% of the respondents claimed that cost is one of the influences from spouses (Table 1), this is significant among this gender that has been observed as reported by [16] that 36% Lower-income compares to 31% higher-income women experienced delays. About one-quarter (28%) of women said they worry more because of the Covid-19 pandemic about their ability to afford or obtain a contraceptive method specifically.

It is evidence that circumstances such as social, cultural, and religious conventions issues and other unforeseen happenings such as outbreaks like Covid-19 that came with new normal realities that disrupted health and human activities may interfere with women's ability to use contraceptives moreso than the pandemic created more opportunity and fun for a couple to remain at home together as claimed by 3.4% (Table 3), since they are under lockdown and, a major disruption to healthcare services is anticipated during the peak of the pandemic and with continue lower-level disruption for a number of months after [17], the impact on access to and utilization of services, and the failure of compliances may become inevitable often forcing women into clandestine use of contraceptives or abortion [18], particularly with the contraceptive uptake for methods that are service provider's dependence for administration. Additionally, the spousal intimacy and cohabitation during the lockdown restriction in Nigeria might have raised the frequency of sexual activity and increased the risk of unwanted pregnancy and domestic violence. However, women may stop using hormonal contraception; short-acting reversible contraception (SARC), such as oral, transdermal, or vaginal ring contraceptives, may be discontinued; long-acting reversible contraception (LARC), such as subdermal implants or intrauterine contraceptive devices, require removal and possibly with reinsertion by a health care professional [19]. This, coupled with the overall high reliance on short-term methods in Nigeria, means that more women are potentially susceptible to Covid-19 disruptions of those methods. For example, disruptions in access to these methods could have a large impact on contraceptive use in the country [20]. Additionally, young women face many barriers to the use of family planning services, which include fear, embarrassment, cost, and lack of knowledge [21] associated with the socio-cultural impacts on women accessing methods during the lockdown. The Chi-square test revealed a significant relationship between contraceptive access and consent/permission ($p=0.008$), contraceptive access, and societal influences ($p =0.002$), as in Table 4a & 4b, respectively.

## Conclusion

The study, therefore, concluded that socio-cultural and gender-sensitive strategies, as well as male involvement, are important approaches as part of preparedness measures for resilience access to and utilization of contraceptives in the face of the Covid-19 pandemics restrictions.

### Limitations of the Study

1. Part of the data collection was during the festive period (December '21 - January 22)

which interrupted the process. This delay affected the period of data analysis.

2. The Covid-19 protocols slowed down the data collection process, and it involved so many guideline considerations.
3. Getting the attention of the stakeholder for qualitative data collection required repeated visits.

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## Conflict of Interest

There is no conflict of Interest.

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