Texila International Journal of Public Health
Volume 7, Issue 4, Dec 2019

An Assessment of Socioeconomic Determinants of Contraceptive use among Women of Reproductive Age in Tarauni Local Government Area of Kano State, Nigeria

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Abstract

This study investigated the socioeconomic determinants of contraceptive use among women of reproductive age in Tarauni local government area of Kano state, Nigeria. The research used descriptive survey design to collect and analyse cross sectional data from the study population with the aid of structured questionnaire that was validated. The population of this study comprised of Women of Reproductive Age- 15-49 living in urban and rural parts of the study area. A total of one hundred and twenty (120) participants, selected through simple and systematic random sampling technique participated in the study. The study data was analysed with SPSS version 20 and presented as frequency tables and simple percentage, while chi-square statistics was used to answer the formulated research hypotheses at a 0.05 level of significance. The findings of this study indicate that religion, cultural norms and occupational status of the woman are strongly associated with the use of family planning by women of reproductive age. However, level of education was not significantly associated with the use of contraceptive in this study. The study recommends that interventions targeting Muslims should recognise the diversity among sects and be more targeted; Family planning messages should target and address cultural beliefs and norms including gender roles that hinder use of contraceptive method among women of reproductive age. Government should provide income generating opportunity for women and expand service delivery points with adequate and affordable products and services to encourage use.

Keywords: *Contraception, Contraceptives, Contraceptive use, Family planning, Women of Reproductive age.*

Introduction

Developing countries are faced with public health challenges that include rapid population growth, unplanned pregnancies and unsafe abortion attributable mainly to low contraceptive use (Abass, 2015; Oyedokun 2007). Each year, 210 million women around the world become pregnant, of which more than a third are unplanned (PRHC, 2003). In Sub-Saharan Africa, the rate of population growth is high compared to the rest of the world, therefore, the number of people in need of health and education and basic infrastructure, among other public benefits, is enormous. The use of contraceptive methods to prevent unintended pregnancies is one of the most effective strategies to reducing induced abortion rates; maternal morbidity and mortality (Agyei, 2014). Therefore, promoting family planning in countries with high birth rates like Nigeria has the potential of reducing poverty and hunger, averting 32% of all maternal deaths and nearly 10% of child mortality (Agbaje, et, al, 2016). There are several suitable contraceptive methods available for preventing unplanned pregnancy that can be used by couples although most options are for women. These include condoms, oral contraceptive pills, injectable contraceptives, implant Contraceptive and Intra Uterine Contraceptive Devices. Selecting a method is a personal decision that involves consideration of many factors, including convenience, reliability, side effects, and reversibility (Redmond, 2009).

In the view of the World Health Organization, Individuals have the right to health as a basic human right, and this include the right to a healthy reproductive life. This implies that individuals and couples have the right to decide on the number and timing of their birth and in doing so should be able to have access to family planning information and services that is safe, effective, affordable, acceptable and appropriate (Nyande, et al, 2016). Despite individual right to use contraceptives and

DOI: 10.21522/TIJPH.2013.07.04.Art029
ISSN: 2520-3134

existing public support for free family planning services, contraceptive prevalence rate in Nigeria has remained low. The contraceptive prevalence rate for modern method has only increased by 2% in five years; from 10% in 2013 to 12% in 2018. The situation in the North of the country is worse and Kano State for instance currently has contraceptive prevalence rate (CPR) of 5.6% for modern methods, which is the best it ever had (NPC, 2019). Various studies have adduced several factors that impact on contraceptive use in different climes. To understand these factors and further investigate additional factors that may be peculiar to the study population, we develop our conceptual and theoretical framework of the study based on the Bulatao's framework of method choice (Bulatao, 1989). This model has been used widely in studies involving choice of family planning (Palamuleni, 2015; Ndayara, 2016). The model as conceived by Bulatao (1989) contains four groups of factors that affect contraceptive method choice; these are contraceptive goals, contraceptive competence, contraceptive evaluation, and contraceptive access. However, this study modified the Bulatao's model to reflect the observations of studies like Mannan (2002), Palamuleni (2015) and Ndayara (2016) that the background of the individuals affects their use of contraceptives.

A woman or couple generally seek to use contraceptives either to space between births or to limit birth. The desire to achieve either of the objectives is often influenced by social norms, level of education, access to information and related factors despite the reproductive right that the woman or couple enjoys (Palamuleni 2015). The factors of education, understanding of method and spousal approval which are within the dimension of contraceptive competence have been observed by studies as predictors of contraceptive use and discussion among couples is therefore highly encouraged (Ndayara, 2016; Nwankwo and Ogueri, 2006; Mostafa Kamal 2012 and Stephenson et. Al, 2007). The decision to use contraceptives is further influenced by practical considerations like side effect, convenience, effects on sexual pleasure, marital duration and number of living children; and moral considerations from religious and cultural belief related to a method. For example, a study reported preference of pills over sterilization based on convenience while choice of condoms was based on least side effect (Mannan, 2002). Ramathuba, 2012 also observed that most women who were not using contraceptives were hindered by practical considerations like distance from service delivery point, shyness, absence of service and poor attitude of providers. Similarly, low use of contraceptive by Muslims compared to Christians in Malawi was attributed to their religious belief (Ndayara, 2016). Casterline et al. (2001) has equally noted the limiting effect of socio-cultural factors including religious disapprovals on the use of contraception among Hausa women in northern Nigeria. Even when individuals have reached the decision to use contraceptives, they are faced with factors of access in terms of availability, affordability and promotion of family planning products and services. Therefore, a woman's income level, proximity to the provider, access to information and supply may be key to her using a method (Okech, et al., 2011; Mwaikambo, et al., 2011; Iheyinwa and Muyiwa, 2016). The above review shows various studies and factors reported to affect contraceptive use in several places but given the diverse background and the socio-economic context of the study population, it is likely that there may exist other factors that are unique in the way that they affect use of family planning.

Beyond the national surveys that may occasionally involve part of the location of the current study, there had been no study evaluating the socioeconomic factors that determine the uptake of contraceptives among women of reproductive age in Tarauni LGA of Kano state. It is against this backdrop that this current study is intended to fill the gap and determine the influence of factors both social and economic on the use of contraceptives among women of childbearing age. Consequently, the study answered the research question 'what are the socio-economic determinants of contraceptive use among women of reproductive age in Tarauni LGA'.

Research hypothesis

The study investigated the following null hypothesis:

i. Religious belief does not influence uptake of contraceptives among women of reproductive age
ii. Cultural norms of the society do not determine the uptake of contraceptives among women of reproductive age

iii. Occupational status does not determine the use of contraceptives among women of reproductive age
iv. Level of education does not affect the use of family planning among women of reproductive age

Methodology

Research design

This study was conducted using the descriptive survey research design to collect cross sectional data from women of reproductive age on socio-economic factors affecting use of contraceptives in Tarauni Local Government Area of Kano State, Nigeria. The study used structured questionnaire administered by research assistants. The design enabled the researcher to establish how socio-economic variables either increased or decreased the likelihood of the respondents using contraceptive.

Sample and sampling technique

The population of the study comprised of Women of Reproductive Age, 15-49 years old living in urban and rural parts of Tarauni local government area of Kano State. The study used multiple sampling techniques to select four location and one hundred and twenty respondents for interview. The communities in the Local Government were stratified into urban and rural areas and two communities were selected at random from each stratum making a total of four communities (that is, Gyadi-gyadi Arewa, Gyadi-gyadi Kudu, Dantsinke and Darmanawa Yamma). Thirty households were assigned to each community and the households were selected using systematic random sampling – each third household was selected. In each eligible household, a woman of reproductive age who agree to participate in the study and gave verbal consent was selected as a respondent and interviewed.

Data collection instrument

This study used a self-developed questionnaire as the instrument for data collection; the questionnaire was used among the Women of Reproductive A. The selection of this tool was guided by the nature of data that were collected, the size and distribution of the population and the objectives of the study. The questionnaire was designed to capture the demographic and socio-economic characteristics as well as the independent variables of the sample respondents within the study area and both open ended and closed ended questions were asked. To establish the validity of the research instrument, the researcher sought the opinions of experts in the field of Health Economics at the Economics Department of Bayero University, Kano – Nigeria based on the study of Mugenda and Mugenda (2003). This facilitated the necessary revision and modification of the research instrument thereby enhancing its validity. To ensure reliability of the instrument, the instrument was pre-tested using twenty (20) respondents from Hotoro Community of Nassarawa LGA of Kano State, which were not part of the study area. Pearson product moment correlation coefficient (PPMCC) was used to test the reliability of the instruments. A coefficient of (r) = 0.74 was obtained, which means the instrument was good enough to be used for data collection.

Data collection

The researcher obtained a letter of introduction from the Economics Department to the Kano State Ministry of Health for the processing of ethical approval. The ethical committee issued approval which was taken to the district health of Tarauni for notification and introduction to the heads of the respective study locations. Four Data collectors were identified, trained and deployed to the selected communities for data collection using the questionnaire. The Data Collectors administered the questionnaires on the 120 respondents to obtain primary data used for the purpose of this study. The questionnaire contained questions that were constructed in English language but was administered to the respondents in Hausa language because most of the respondents speak and understand the Hausa language better.

DOI: 10.21522/TIJPH.2013.07.04.Art029
ISSN: 2520-3134

Ethical considerations

The researcher sought and obtained ethical approval from the Kano State ethical committee before undertaking the research. Respondents were informed that the information they gave was purely for research purposes and would be confidential. Each study participant was made to give verbal consent voluntarily. To achieve anonymity of the data gathered from the respondents, they were not required to give their names.

Data analysis

This study sought to establish the extent to which the independent variables influence the dependent variable. It was therefore suitable to analyze data using descriptive analysis. In this case, data quality control and cleaning commenced in the field by the researcher ensuring that all the information on the questionnaires were properly collected and recorded and checked for completeness of data and internal consistency. In analysing the raw collected data, the researcher was guided by the objectives of the study and the research questions. The study adopted the use of frequency tables, simple percentage and Chi-square statistics to analyse the data at a 0.05 alpha level of significance. The whole analysis was done using Statistical Package of Social Sciences (SPSS) version 20.0.

Results

All the one hundred and twenty (120) questionnaires administered were successfully retrieved and used in this study. The results obtained from the administered questionnaires are presented in the following tables.

Table 4.1. Characteristics of respondents

Characteristic	Number	Percentage (%)
Respondent Age		
15-19	5	4.2
20-24	12	10
25-29	26	21.7
30-34	48	40
35-39	14	11.6
40-44	11	9.1
45-49	4	3.3
Total	**120**	**100**
Respondent Occupation		
Self-employed/small business	56	46.6
Civil Service/Blue collar	10	8.4
House wife	47	39.2
Unemployed/Student	7	5.8
Total	**120**	**100**
Respondent Marital Status		
Currently married	114	95
Widowed	3	2.5
Never married	3	2.5
Total	**120**	**100**
Number of wives		
1	52	43.3
2	41	34.2
3	14	11.7
4	6	5.0
Total	**120**	**100**

Table 4.1 above gives the summary statistics of the study population. The age of respondents ranged from 15 to 45 years and grouped into 5 years each. The distribution shows steady increase in number of respondents from 15-19 up to the maximum in 30-35 after which it declined to the lowest in 45-49. The mean and median age was 31 years with the bulk of the respondents below 35 years. Equal number of respondents was selected in the urban and rural areas. Majority of the respondents were employed with most self-employed; however, a large number of respondents (39%) were full time housewives. Greater proportions of the study population (95%) are currently married while 2.5% are widowed and 2.5% are singles. Of those who are currently married majority (54%) are in a polygamous relationship while 46% are in a monogamous relationship.

Table 4.2. Distribution of respondents by knowledge of contraceptives

Description	Number	Percentage (%)
Heard or seen FP method		
Pills	106	88.3
Emergency Contraceptive	10	8.3
Male Condom	67	55.8
Female Condom	32	26.7
Injectables	113	94.2
Implant	101	84.2
IUD	95	79.2
Foaming Table	7	5.8
Diaphragm	2	1.7
Rhythm	18	15
LAM	9	7.5
Withdrawal	5	4.2
Know a place where FP method if provided	117	97.5
Ever used FP Method	99	82.5
Currently Using FP Method	91	75.8
FP Method currently using		
Pills	12	10
Condoms	2	1.7
Injectables	29	24.2
Implant	17	14.2
IUD	31	25.8
Reason for choice of FP methods		
Cheaper than others	27	30
It last long	14	15.6
Always available	12	13.3
To space my children	21	23.3
Reasons for not using FP method		
Health concern/side effect	6	20.7
Lack knowledge	4	13.8
Husband is opposed	8	27.6
Want more children	7	24.1
Pregnant	4	13.8
Menopausal	4	13.8
Infrequent Sex	7	23.3

Table 4.2 above reveals that all the FP methods were known to the respondents but some were more popular than the others. More than 80% of the study population were familiar with pills, injectables and implant. The list known methods are diaphragm, withdrawal, foaming tablet, LAM and emergency contraceptives with less than 10% of the respondents ever hearing about or seeing

DOI: 10.21522/TIJPH.2013.07.04.Art029
ISSN: 2520-3134

any. More so, the respondents (97.5) generally know where family planning services are provided and most have ever used (82.5%) or currently using (75.8%). The respondents are more likely to use IUD (25.8%), Injectables (24.2%), Implant (14.2%) and Pills (10%). The main reasons for the choice of these methods are because they are cheap, always available and last long. However, those who are not currently using do so mainly because their husbands are opposed to it (27.6%), they want more children (24.1%), infrequent sex (23.3%) or fear of side effect (20.7%)

Table 4.3. Distribution of respondents by attitude towards contraceptive use

Attitudes	Number	Percentage (%)
FP Methods are effective	95	79.2
FP encourages young women to be 'loose'	75	62.5
FP method is expensive	19	15.8
FP lead to infertility	17	14.2
FP available with 15 minutes walking distance	92	76.7
Religion is against FP Yes No	 48 64	 40 53.3
FP encourages women to be promiscuous Yes No	 62 35	 51.7 29.2
FP cause cancer or other disease	10	8.3
Do you support couples using FP Yes No	 99 3	 82.5 2.5

Table 4.3 summarizes the attitude of the study population towards use of family planning method. Majority of the respondents support the use of contraceptive (82.5%), belief that the modern family planning methods are effective (79.2%), and have minimal side effect; lead to infertility (14.2%) or cause cancer (8.3%). However, many beliefs that religion is against family planning (40%) and that family plan cause women to be promiscuous (51.7%)

Table 4.4. Demographic characteristics of women and current use of contraceptive method

Characteristic	Yes	No	Total
Place of Residence			
Urban	50	10	60
Rural	41	19	60
Age			
15-19	0	5	5
20-24	4	8	12
25-29	24	2	26
30-34	43	5	48
35-39	13	1	14
40-44	6	5	11
45-49	1	3	4
Occupation			
Self-employed/small business	51	5	56
Civil service/ blue collar	8	2	10
House wife	29	18	47
Unemployed/ Student	3	4	7

Religion			
Islam: Ahlul Sunna	66	15	81
Tarika	18	14	32
Shia	4	0	4
Christian: Catholic	2	0	2
Non-catholic	1	0	1
Ethnicity			
Fulani	25	7	32
Hausa	55	20	75
Yoruba	5	0	5
Nupe	1	1	2
Igbo	3	0	3
Others	2	1	3
Wives in marriage			
1	41	11	52
2	35	6	41
3	12	2	14
4	3	10	13

Table 4.4 is a summary of Demographic Characteristics of the respondents and current use of family planning method. Women in the urban area were more likely to use contraceptive than those in the rural area. Use of contraceptive increases with increase in age with maximum usage at age 25-29 years and then declines with further increase in age category. Women who are employed are more likely to use FP method than those that are full time housewife or unemployed. Being a Christian is more associated with use of FP (100%) than being a Muslim (75.2%).

Table 4.5. Contraceptive goal and use of contraceptive method

Goal	**Currently Using Contraceptive Method**		
	Yes	**No**	**Total**
Desire more children	12	8	20
Desire to space	56	9	65
Wait <= 3 years	9	7	16
Wait >= 4 years	45	1	46
Want no more children	22	4	26

Table 4.5 indicates that the main contraceptive goal among the respondents is the desire to space their children (62.2%) followed by limiting (24.4%) and then frequent birth (13.3%). 86.1% of the women who desired spacing and 97.8% of those who want to wait for four years or more are currently using FP method compared to 60% among those indicated desire to continue to give birth.

Table 4.6. Contraceptive competence and use of contraceptive method

Competence	**Currently Using Contraceptive Method**		
	Yes	**No**	**Total**
Level of School Attended			
Quranic	16	6	22
Primary	9	7	16
Secondary	50	15	65
Higher	14	1	15
Discussed FP with spouse in last 12 months	87	16	103
Did not discuss FP with spouse	4	9	13
Married in Monogamous family	41	11	52

DOI: 10.21522/TIJPH.2013.07.04.Art029
ISSN: 2520-3134

Married in Polygamous family	49	12	61

Table 4.6 is a summary of contraceptive competence defined by level of education, husband ability to cooperate and previous experiences. The study shows that the higher the level of formal education the higher the possibility of using contraceptive method. However, use of contraceptives among those with Quranic education (72.7%) was more than those with primary education (56.2%). There is no much difference in the use of FP method between being in a monogamous (78.8%) or polygamous (80.3%) relationship but women who are part of a family with four wives are three times less likely to use FP method.

Table 4.7. Contraceptive evaluation and use of contraceptive method

Description	**Currently Using Contraceptive Method**		
	Yes	**No**	**Total**
FP Methods are effective	82	13	95
FP can lead to infertility	9	8	17
FP cause cancer or other disease	10	0	10
Don't know the effectiveness or side effect	7	17	24
FP encourages young unmarried women to be 'loose'	68	7	75
Religion is against FP	36	12	48
FP method encourage women to be promiscuous	59	3	62
Do not know whether religion is against FP or FP encourages women to be loose or promiscuous	4	14	18
Desired number of children			
1-4	11	6	17
5-7	44	7	51
>= 8	29	3	32
Up to God	6	10	16

Table 4.7 summarizes contraceptive evaluation that appraise the impact of side effect, moral preference and number of living children on the use of FP method. The study shows a mixed outcome of attitude of the women against use of contraceptive method. While women who belief that FP method lead to infertility and that religion is against FP are less likely to use FP method (52.9% and 75% respectively), those who belief that FP cause cancer and that it encourages women to be promiscuous were not affected by such belief as FP usage was at 100% and 95% respectively. Nevertheless, the greatest impact is observed among those who 'do not know' that FP is effective, has side effect or encourages women to be promiscuous. Only about 26% of these respondents use FP method. Furthermore, the more the desired number of children the more the likelihood of using FP method; 1-4 (64.7), 5-7 (86.3%) and >=8 (90.6%) but those whose decision on the desired number of children is "up to God" are least likely to use FP method (37.5%).

Table 4.8. Contraceptive Access and use of contraceptive method

Description	**Currently Using Contraceptive Method**		
	Yes	**No**	**Total**
Know a place to obtain to obtain FP method			
Yes	91	26	117
No	0	3	3
FP available within 15 minutes walking distance	78	14	92

Yes No	13	6	19
Monthly income Below 10,000 Above 10,000	 55 36	 23 6	 78 42

Table 4.8 shows the effect of contraceptive access on the use of Family planning among the study population. It reviewed the influence of availability/accessibility, and affordability of FP method on the use. The study shows that knowledge of and nearness to service delivery point and level of income have positive impact on use of contraceptives. About 84.8% of those who are within 15 minutes walking distance from service delivery point are currently using FP method. However, none of those who do not know where service is offered currently use FP method. In addition, those with higher income are more likely to use contraceptive method.

Testing the Hypothese: This research provides answers to the following null hypothesis:

1. Religious belief does not influence uptake of contraceptives among women of reproductive age

Table 4.9. Chi-square summary on influence of religious belief on uptake of contraceptive

Religion	Are you currently using any methods of contraception, Child Spacing method		**Cal. X^2**	**Df**	**Prob.**	**Critical Value**	**Decision**
	Yes	**No**					
Islamic (Alhalil sunna)	66	15	10.337	3	0.001	7.82	S
Islamic Tarika	18	14					
Islamic Shia	4	0					
Christain	3	0					
Total	**91**	**29**					

[P<0.05; S=Significant; NS=Not Significant].

Table 4.9; above shows calculated chi-square (X^2) of 10.337 for statistical computation of the influence of Religious belief on uptake of contraceptive method at 0.05 alpha level of significance with 3 degree of freedom, the calculated chi square value of 10.337 is higher than the critical value of 7.82. Therefore, the research hypothesis is rejected indicating that there is significant association between religion and use of contraceptive method.

2. Cultural norms of the society do not determine the uptake of contraceptives among women of reproductive age

Table 4.10. Chi-square Summary of the influence of Cultural norms on use of contraceptive method

Spouse/Sex partners Approva	Are you currently using any methods of contraception, Child Spacing method		**Cal. X^2**	**DF**	**Prob.**	**Critical Value**	**Decision**
	Yes	**No**					
Yes	87	16	31.146	2	0.001	5.99	S
No	4	9					
Not applicable	0	4					
Total	**91**	**29**					

[P<0.05; S=Significant; NS=Not Significant]

Table 4.10; above shows that chi-square (X^2) Statistical computation of the influence of cultural norms on the use of contraceptive method at 0.05 alpha level of significance with a 2 degree of

DOI: 10.21522/TIJPH.2013.07.04.Art029
ISSN: 2520-3134

freedom, the calculated chi square of 31.146 for spousal/sex partner approval was higher than the critical value of 5.99. Therefore, the research hypothesis that Cultural norms of the society do not determine the uptake of contraceptives is rejected indicating that there is significant association between cultural norms of the women and use of contraceptive method.

3. Occupational status does not determine the use of contraceptives among women of reproductive age

Table 4.11. Chi-square summary of the occupational status on the use of contraceptive method

Occupation	Are you currently using any methods of contraception, Child Spacing method		**Cal. X^2**	**DF**	**Prob.**	**Critical Value**	**Decision**
	Yes	**No**					
Self employed/Own small businessSelf employed/Own small business	50	5	19.861	6	0.001	12.59	S
Blue collar skilled & semi skilled	3	2					
Civil Servant	5	0					
Farmer/Forestry/Fishing/ Mining	1	0					
Housewife	29	18					
Unemployed	0	1					
Student	3	3					
Total	**91**	**29**					

[P<0.05; S=Significant; NS=Not Significant]

Table 4.11 above shows a chi-square (X^2) Statistical computation of the occupational status on the use of contraceptive method at 0.05 alpha level of significance with 6 degree of freedom, the calculated chi square value of 19.861 for occupation is higher than the critical value of 12.59. Therefore, the research hypothesis that Occupational status does not determine the use of contraceptives is rejected indicating that there is significant association between occupational status of women of reproductive age and use of contraceptive method.

4. Level of education does not affect the use of family planning among women of reproductive age

Table 4.12. Chi-square Summary of the Influence of Level of Education on use of contraceptive method

Level of Education		Are you currently using any methods of contraception, Child Spacing method		**Cal.X^2**	**Df**	**Prob.**	**Critical Value**	**Decision**
		Yes	**No**					
Highest level of school attended	Quranic	16	6	6.270	3	0.001	7.82	NS
	Primary	9	7					
	Secondary	50	16					
	Higher	15	1					
Total		**90**	**30**					

[P<0.05; S=Significant; NS=Not Significant]

Table 4.12 above reveals chi-square (X^2) Statistical computation of the influence of level of education on the use of contraceptive method at 0.05 alpha level of significance with a degree of freedom of 3, the calculated chi square value of 6.270 is lower than the critical value of 7.82. Therefore, the research hypothesis that Level of education does not affect the use of family planning is not rejected, indicating that there is no significant association between level of education and use of contraceptive method.

Discussion

Nigeria has one of the lowest contraceptive prevalence rates in the world with a national average for modern contraceptive at 12% (NPC, 2019). This may be due to several factors that include social and economic causes. Therefore, this study was conducted to understand the socioeconomic factors that drives use of contraception in a state in the North-west of Nigeria where CPR is below 10%.

The findings of this study indicate that religion is strongly associated with the use of family planning within the population. The outcome shows that Christians and shia were more likely to use contraceptives than either Ahlul Sunna or Tarika while Ahlul Sunna had a higher probability of using contraceptives than Tarika. Several other studies have shown religion to influence use of contraception and the level of influence may be determined by whether the woman identifies with orthodox, traditional, or liberal interpretations of her religion (Okech, et al., 2011 and Srikanthan and Reid, 2008). However, as shown in this study, other studies like Ndayara (2016) have reported that Muslims were less likely to use contraception than Christians in Malawi. The less use of contraception by the Muslim sects may be attributed to their polygamous lifestyle especially marriage of four wives which is associated with low use of contraception (Ejembi, et al., 2015) or their individual interpretation of religious text regarding use of contraceptives. While some Muslims see an allowance for use, others insist that any form of contraception violates God's intentions for procreation (Nisar, 2012).

The result of the study also shows that cultural norms of the society especially spousal approval had significant influence on the use of contraceptives. The study observed that most women who were not using contraceptives did so because their husbands were opposed to it. More so, 99.2% of the respondents viewed the opinion of their spouses in the choice of contraceptive as most important; more important than the opinion of parents, religious leaders, healthcare workers and friends. This finding is like the observation made by Nwankwo and Ogueri (2006) that husband's approval was necessary for use of contraceptives in some societies. Similarly, Mostafa Kamal (2012) and Stephenson et. Al, (2007) also found that discussion about family planning among couples is shown as a predictor of higher contraceptive use. As further shown in this study, women whose health care cost were borne by their husbands were more likely to use contraception as this may signify approval to use health services including family planning as noted by Mostafa Kamal (2012).

Furthermore, findings on the relationship between occupational status of the women and use of contraception revealed that occupation was associated with the use of contraception. The data reveals that women who are self-employed or civil servant were more likely to use contraceptive than women who are full time housewives or students. Some researchers (Palamuleni, 2015 and Hogan et al 1999) have associated the woman's occupation to uptake of family planning. Occupation may confer access to finance which is necessary for paying the cost of service including transportation to service delivery point.

Finally, the findings of the study indicated that level of education of the women did not affect use of family planning in the population. This is contrary to the observation by Ejembi et. al. (2015) and Palamuleni (2015) that level of education was a predictor of family planning use. The absence of an association in this study may be due to interventions that have resulted in high knowledge of contraception and use across the educational level. Nevertheless, this study showed that women with tertiary education were more likely than others to use contraceptive method.

Conclusion

Based on the findings from the analysis of data collected from this study, it can be concluded as follows; religious belief related to denomination/sect influences use of contraceptive method exists

DOI: 10.21522/TIJPH.2013.07.04.Art029
ISSN: 2520-3134

among women of reproductive age. Cultural norms especially gender role in the society rather than the ethnic origin determine the use of family planning method among women of reproductive age. Occupational status of women affects their decision to use contraceptive method. Nevertheless, level of education of women in a society where religious and cultural values are of higher importance would have limited influence on the use of contraceptives. Consequently, Family planning providers operating in Muslim communities should realise the differences in belief and predispositions among the various sects to use of family planning services in order to design and implement specifically targeted interventions. Family planning interventions should target men who are the decision makers for behaviour change to address cultural beliefs and norms including gender roles that hinder use of contraceptive method among women of reproductive age. Housewives and students should be trained on entrepreneurship and supported to establish small businesses to ensure financial independence that facilitate access to finance for family planning services.

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