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AN INQUIRY ON THE USAGE OF CONTRACEPTIVES AMONG COUPLES IN NORTHERN TARABA STATE, NIGERIA

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Abstract

This study was set out to find out the usage of contraceptives among couples in Northern Taraba State, Nigeria. The study was triggered by the fact that despite various interventions and awareness on the need to use contraceptives, the usage is still very low in Nigeria, most especially the Northern Nigeria which Northern Taraba State is inclusive. The specific objectives were: to find out the level of contraceptives use in Northern Taraba State, identify the types of contraceptives used by couples in Northern Nigeria and factors that determine contraceptives use among couples in Northern Nigeria. Taro Yamane formula was used to determine the sample size where 1116 respondents were selected for the study. The data were collected mainly through questionnaires, while official documentation and observations were employed as supplementary tools. The data were analyzed via the Statistical Package for Social Sciences (SPSS). The study finds out that the level of contraceptive use in Norhern Taraba State is low with implants being the type of contraceptives mostly used by the married women. Furthermore, the study also discovered religion, culture, demand for children, partners' decision are factors that determine contraceptive use among couples. The study however recommended that Public enlightenment on contraception should start from antenatal clinics, religious leaders should be involved as change agents for shaping norms and influencing Behaviours related to family planning and contraceptives. Furthermore, there should be strategies that combine individual education, improvement of services and community outreach/mobilization to inform communities about available services, need for child spacing and to increase acceptability and use of contraceptives

Keywords: contraceptives, women, cultural factors, religion, Northern Nigeria.

Introduction

Modern contraceptive use has been generally recognized as one of the most cost-effective approaches to improve reproductive health and promote socio-economic development worldwide. In addition to preventing unintended pregnancies and thus reducing the risk of illegal abortions and maternal mortality, the control of fertility permitted by modern contraceptives also makes a major contribution to women's access to opportunities for education and empowerment(Wang & Cao, 2019).Contraceptive use has many health benefits, such as avoiding unplanned pregnancy, ensuring optimal birth spacing, reducing maternal and infant mortality, and improving the lives of women and children in general.

The sustainable development goals (SDGs) that replaced the Millennium development goals (MDGs) at the end of 2015 seek to facilitate equal and universal access to sexual and reproductive health (SRH) services (UN, Department of Economic and Social Affairs, Population Division, 2015.) One of the main targets to reach the SDGs (3.7 and 5.6) is to promote family planning. Also, the timely achievement of family planning targets is expected to hasten achievement across 5 SDG themes of People, Planet, Prosperity, Peace, and Partnership. Implementation of family planning interventions, however, is context-dependent and the countries with stable socio-political infrastructure may be better suited to successfully implement the interventions and achieve the goals than their counterparts in conflict-afflicted settings. (Obwoya et al., 2018)

Recent reports on the global contraceptive prevalence rates indicate overall gains across countries United Nations, (2018). Despite the overall gains, indicators of slow progress in contraceptive uptake, and reduction in the inability of people who are in need and ready for contraceptive use but cannot access it are evident in some sub-Saharan African countries. In sub-Saharan African countries contraceptive usage and unmet contraceptive needs pose an illustration of the humanitarian actors' serious overlook. The evidence available from the National Demographic and Health Survey in these settings suggests low prevalence rates of contraceptive use ranging from 13 percent in 2013 to 17 percent in 2018. (Temmerman, 2018) Within the background of restrictive abortion laws, sub-optimal access to maternal health services and a high burden of maternal mortality in many sub-Saharan African countries including Nigeria, low contraceptive prevalence represents a major public health challenge in the region that requires urgent and effective solutions. Nigeria is the most populated country in Africa with an estimated population of **206,139,589** million people and a 2.58% annual growth rate according to Worldometer in 2020, which makes the country facing population exploitation. The current total fertility rate is estimated to be 5.4 per woman (National Population Commission (NPC) [Nigeria] and ICF (2019., 2018). Low utilization of modern contraceptives is one of the key determinants of high fertility in Nigeria as addressed by the World Health Organization report (WHO, 2020). Modern contraceptives which include hormonal and non-hormonal methods are preferred above the traditional methods like periodic abstinence and coitus interrupts because they are more efficacious and are associated with lower failure rates. The correlates of low contraceptive use include high rates of unwanted pregnancies, abortions, maternal morbidity, and mortality. The utilization of modern contraceptives is an important component of maternal, new-born, and child health services (WHO, 2020).

Statement of the Problem

Contraceptive use has been widely acknowledged to be one of the most cost-effective strategies for promoting reproductive health and fostering socio-economic development globally. Beyond preventing unintended pregnancies and thereby reducing the risk of unsafe abortions and maternal mortality, fertility regulation enabled by modern contraceptive use also contributes significantly to increasing women's access to education and empowerment opportunities. To promote reproductive rights and gender equality, the need to improve the uptake of modern contraceptive methods has been consistently reiterated in the last few decades.

In Nigeria, the high annual population growth rate has been a major cause of concern for population experts and policymakers. The Multiple Indicator Cluster Survey conducted in 2016 revealed that the contraceptive prevalence rate is 13.4 % Also, the NDHS 2018 revealed that overall, only 12% of married women use a modern method of family planning and an additional 5% use a traditional method while only about 37% of sexually active, unmarried women are using contraceptive with 28% using a modern method, most commonly the male condom and 9% using traditional methods. Implementation of family planning interventions and contraceptive use varies among countries, however, countries with stable socio-political infrastructure may be better suited to successfully implement the interventions and achieve the goals than their counterparts. Contraceptive use remained under-utilized in developing countries including Nigeria even where the services are made available. The low uptake of contraceptives is likely to expose women to unplanned pregnancies, inadequate child spacing, and increased risks associated with closed spaced pregnancies and childbirth. The low uptake of contraceptives is likely to expose women to unplanned pregnancies, inadequate child spacing, and increased risks associated with closed spaced pregnancies and childbirth. Studies have revealed that children in poorly spaced births are more prone to malnutrition, diseases, and higher chances of death compared to those that are well spaced (Monjok, 2010; Sánchez-Páez & Ortega, 2018). This problem is likely to continue if the underlying causes are not identified and addressed. Understanding the factors that influence access to contraceptive use is central to reducing the disparities that exist in family planning uptake and levels of unmet needs for family planning across settings, including Taraba State.

The drivers of contraceptive use are a set of multiple factors that may be complex and difficult to address. These factors range from individual and social factors which do influence people use of modern contraceptive such as illiteracy and poverty among others to cultural factors which are as a result of the individual customs, norms, and values such as religious and traditional belief, fertility desire, availability, and access factors to factors related to the attributes of the contraceptive methods such as fear of side effects because women see it as a risky medical process which could lead to bareness or infertility, increase in weight gain and sometimes cancers. Even though there are studies of such magnitude in the North-Eastern part of the country (Babalola et al., 2008; Sinai et al., 2019) and even Taraba State. (National Population Commission (NPC) [Nigeria] and ICF. 2019., 2018; Statistics, 1977; Suntai & Oberiri, 2016) where the use of contraceptive use ranges from 8% to 13% according to the Nigerian Health and Demographic Survey(2018) with a resultant fertility rate of 5.1 to 5.7 according to the same report.

The people of Northern Taraba State are low-income earners with little or no education, have a poor standard of living, and are generally constrained by a lot of socio-cultural factors which despite the emphasis on the needs for contraceptive use the usage is still low. However there is a dearth of knowledge on factors influencing contraceptive use in the Rural Communities of Northern Taraba State, Nigeria hence the study is conceived to fill this gap and contribute to frontiers of knowledge.

Objective(s) of the Study

1. To examine the level of contraceptive use among couples in Northern Taraba State
2. To identify the types of contraceptives use by couples in Northern Taraba State
3. To examine the factors that determines contraceptive use among couples in Northern Taraba State.

Research Methodology

Study Location

The study was conducted in Northern part of Taraba State which is located in North-Eastern Nigeria. It consist of six local government areas namely; Ardo Kola, Jalingo, Karim Lamido, Lau, Yorro and Zing local government areas ,with the projected population of 981900 (NPC, 2016). The major occupation of the people in the study area is agriculture. Crops produced in the area include, groundnuts, maize, rice beside crops the inhabitants also keep livestock such as cattle, sheep and goats in large numbers. Similarly, the people undertake other livestock production activities like poultry and pig farming

Study Population

The population for the study was made up of couples and those that ever married within childbearing age (Women aged 15-49 years). This population and the age bracket was chosen because 15-49 years is demographically considered as the childbearing age that is age group that women can conceive and perhaps give birth.

Sample size estimation

Taraba North has a total population projection of 981900 according to National Population Commission (NPC, 2016). Taro Yamane formulas was used in determining the sampling size of the study as shown below:

$$n = \frac{N}{I + N\,(e)^2}$$

Where n = is sample size

N = Total Population

1 = Statistical Constant

e = the assume error of margin or level of significance which is taken as 0.03 i.e. 93% confidence level.

In calculating the sample size, the result is as follows:

$$n = \frac{981900}{1 + 981900 \times (0.03)^2}$$

$$n = \frac{981900}{981901 \times 0.0009}$$

$$n = \frac{98190}{883.7}$$

$$n = 1{,}111$$

This was rounded up to 1116 to allow for more statistical analysis and equal number of respondents across the 6 local government areas.

Sampling Technique

A multi-stage and simple random sampling technique was applied to select 1,116 respondents for the study. Taraba North is made up of six (6) Local Government areas which include, Jalingo, Lau, Karim Lamido, Ardo-kola, Yoro and Zing Local Government Area respectively. The first stage included the selection of all the six (6) LGAs of Taraba North senatorial district. The second stage was the selection of six (6) wards from each of the local government area using simple random sampling by balloting where thirty one (31) respondents will be selected.

Finally, the selection of households was carried out by a systematic random sampling technique after conducting a household census that provided a sampling frame. The final selection of study participants was done at the household level. In each selected household, an eligible respondent that give informed consent was selected. In households with more than one eligible respondent, only one participant was selected.

Instruments of Data Collection

The major instrument for collecting data for this study was the questionnaire. The questionnaire which is a structured schedule and which is essentially a quantitative instrument was the most suitable for obtaining data from a representative sample of people which could be used to describe or analyze a larger population.

Data Analysis

The data from the questionnaire was processed with the help of the Statistical Package for the Social Sciences (SPSS). Frequency distribution tables and descriptive statistics like percentages, graphs, and charts were used to describe the characteristics in the study

Data Presentation and Analysis

The presentation, analysis as well as discussion of the data were based on the data gathered from the field. One thousand one hundred and sixteen (1116) questionnaires were distributed to the respondent out of which nine hundred and ninety three (993) were retrieved. However, only nine hundred and eighty five (985) were valid which represents 88.3% returned rate which forms the basis on which the analysis was done.

Table 1: Socio-Demographic Data of Respondents

Variables	Frequency	Percentages (100%)
Age(Years)		
15-19	172	17.5
20-24	201	20.4
25-29	207	21
30-34	197	20
35-39	109	11.1
40-45	81	8.2
45-49	18	1.9
Total	985	100.0

Marital Status		
Married	661	67.1
Single	131	13.3
Divorced	69	7
Separated	92	9.3
Widowed	32	3.2
Total	985	100.0
Educational Qualification		
No formal Education	129	13.1
Primary Education	201	20.4
Secondary Education	349	35.4
OND/NCE	211	21.4
B.sc/HND	84	8.5
M.sc	9	1
Ph.D.	2	0.2
Total	985	100.0
Occupational Status		
Student	99	10.1
Apprentice	81	8.2
Farming	318	32.3
Civil servant	199	20.2
Business/Trading	178	18.1
Artisan	110	11.7
Total	985	100.0
Income		
Below 10,000	214	21.8
10,100-20,000	390	39.6
20,100-30,000	198	20.1
30,100-40,000	102	10.4
50,100 and above	81	8.2
Total	985	100.0

Source: Field Work 2022

Table 1 above indicates the socio-demographic data of the respondents. The study reveals that 17.5 percent of respondents were in the 15-19 age group, and 20.4 percent were in the 20-24 age range. 21% were between the ages of 25-29%, 20% were also within the age range of 30-34 while 11.1% were within 35-39 years. Furthermore 8.2% are between 40-45 years while 1.9% are within 45-49 years 46 years. This suggests that the bulk of respondents were in the 25-29 age range

The respondents' marital status showed that 13.3 percent were single, 67.1 percent were married, and 7 percent were divorced, while 9.3 percent were separated while 3.2 were widows. This suggests that the bulk of the respondents are married. 13.1 percent of respondents have no formal education in terms of educational qualifications, 20.4 percent have primary education, and 35.4 percent have secondary education, while 21.4 percent have OND/NCE. 8.5 percent have HND/B.sc with 0.2 percent with Ph.D as their educational qualification. This means that majority of the respondents have secondary education. The

respondents' occupational status indicates that 32.3% are farmers, 20.2% are civil servants, 18.1% are business men and traders, and 11.7% are artisans, while 8.2% are apprentice. This means that farmers were the bulk of the respondents.

The income level of the respondents indicated that 21.8% of the respondents have below 10,000 as their average monthly income, 39.6% have between 10,100 -20,000 as their income, 20.1% earns 20,100-30,000 as their income. Also 10.4% of the respondents earns 30,100- 40,000 as their income while 8.2% earns 50,000 and above as their income. This implies that majority of the respondents earns 10,100 to 20,000 as their monthly income.

Objective 1: To examine the level of contraceptive use among couples in Northern Taraba State

Table 2: The level of contraceptive use among couples in Northern Taraba State

Respondents ever used contraceptive

Responses	Frequency	Percentage
Yes	597	60.6
No	388	39.4
Total	**985**	**100.0**

Source: Field Work 2022

Table: 2shows the distribution of respondents on whether they ever used contraceptives. According to the table, an overwhelming majority which constitutes 60.6 % of the respondents responded yes to having ever used contraceptives while 39.4% said no. This implies that the majority of the respondents have ever used contraceptives.

Table 3: Distribution of respondents on whether they are presently using a contraceptive

Response	Frequency	Percentage
Yes	312	31.7
No	673	68.3
Total	**985**	**100**

Source: Field Work 2022

Table 3 above shows the Distribution of Respondents on whether they are presently using contraceptives or not, according to the table 31.7% of the respondents are presently using contraceptives while 68.3% are no more using contraceptives. This implies that the majority of respondents are not presently using a contraceptives.

Table 4: Respondents reasons why they stop using contraceptive

Response	Frequency	Percentage
Side effects	137	20.4
Not effective (It failed)	11	1.7
Wants to get pregnant	101	15
Spouse objection	233	34.6
Discourage by loved ones	191	28.3
Total	**673**	**100**

Source: Field Work 2022

Table 4 above shows the distribution of Respondents on reasons why they stopped using contraceptives. According to the table 20.4% of the respondents stopped using contraceptives due to side effects,1.7% stopped it because it is not effective, 15% stopped it due to the fact they wants to get pregnant, 34.6% stopped as a result of spousal objection while 28.3 where discourage by others. This implies that the majority of the respondents stopped using contraceptives as a result of spousal objection

Objective 2: To identify the types of contraceptives use by couples in Northern Taraba State

Table 5: Respondents awareness of the type of contraceptives

Types of contraceptive	Frequency	Percentage
Pills	259	26.3
Injectables	166	16.9
Implants	411	41.7
Male Condom	98	9.9
Traditional methods	51	5.8
Total	**985**	**100.0**

Source: Field Work 2022

Table 5 above shows the distribution of respondents' awareness of the type of contraceptives. According to the table, 26.3% of the respondents are aware of pills, 16.9% are aware of injectables, 41.7% are aware of implants, 9.9 % are aware of the male condom while 5.8 % are aware of traditional contraceptives, this implies that the majority of the respondents know of implants as the type of contraceptive.

Table 6: Types of contraceptives being used by Respondents

Types of contraceptive	Frequency	Percentage
Injectables	48	15.4
Condom	16	5.1
Pills	97	31.1
Implants	129	41.3
Others	22	7.1
Total	**312**	**100**

Source: Field Work 2022

Table 6 above shows the distribution of respondents' types of contraceptives used or still being used. According to the table, 15.4% of the respondents used or still use injectables, 5.1% use condoms, 31.1% use pills and 41.3% use implants. The implication is that majority of the respondents used or is still use implants.

Table 7: Respondents reasons for the choice of contraceptive

Reasons	Frequency	Percentage
Cheapness	28	9
Easy to use	77	24.7
Self- managed	69	22.1
Pain-free	63	20.2
No visit to hospitals	44	14.1
Others	31	9.9
Total	**312**	**100**

Source: Field Work 2022

Table 7 above shows the distribution of respondents' reasons for the choice of contraceptive. According to table, 9% of the respondents choice of contraceptives is informed by cheapness, 24.7% due to easy to use, 22.1% choose their contraceptives because it is self-managed, 20.2% because it is pain-free while 14.1% choice of contraceptives is informed by no visit to hospitals and 9.9% have other reasons This implies that the majority of the respondents' choice of contraceptive is as a result of its easiness to use.

Objective 3: To examine the factors that determine contraceptive use among couples in Northern Taraba State.

Table 8: Opinion of respondents on factors that determine contraceptive use

Factors	Yes	No	Total
It can cause infertility	504(51.7)	481(48.3)	**985 (100%)**
Demand for children	511(51.9)	474(48.1)	**985 (100%)**
Against my culture	631(64.1)	354(35.9)	**985 (100%)**
Partner's decision	666(67.6)	319(32.4)	**985 (100%)**
It limits population	581(59)	404(41)	**985 (100%)**
Against my Religion	691(70.2)	294(29.8)	**985 (100%)**
It is for prostitutes and promiscuous women	481(48.8)	504(51.2)	**985 (100%)**

Source: Field Work 2022

Table 8 above shows the distribution of respondents' opinion on factors that influence contraceptives. According to the table, 51.7% of the respondents agreed that cause of infertility is a factor that influences contraceptive use while 48.3% disagreed. 51.9% also agreed that demand for children is a factor influencing contraceptives while 48.1% disagreed, this implies that demand for children is a cultural factor influencing contraceptives. 64.1% of the respondents also agreed that contraceptives are against their culture while 35.9 % disagreed, this implies that contraceptives are against the culture and do influence contraceptives. Furthermore, 67.6 % of the respondents agreed that partners decision is a factor influencing contraceptives while 32.4% disagreed, this also implies that partners' decision is a factor influencing contraceptives. Similarly, 59 % of the respondents also agree that contraceptives limit population while 41 % disagreed, this also implies that limiting population is a factor influencing contraceptives. Also, 70.2% agreed that contraceptive is against their religion and is a factor influencing it use while 29.8 % disagreed. Equally 48.8% of the respondents agreed that contraceptives are for prostitutes and promiscuous women while 51.2% disagreed on it. This implies that contraceptive is not for prostitutes and promiscuous women and is not also a factor affecting contraceptive use

Table 9: Respondents opinion on other factors that may influence the use of contraceptive

Conditions	Yes	No	Total
Loss of menstruation	392(39.8)	593(60.2)	985**(100%)**
Excessive bleeding	556(56.4)	429(43.6)	985**(100%)**
Side effects	602(61.1)	383(38.9)	985**(100%)**
Delay in Conception	581(59)	404(41)	985**(100%)**
Miscarriage and abortion	577(58.6)	408(41.4)	985**(100%)**

Source: Field Work 2022

Table 9 above shows the distribution of respondents on other factors that may influence the use of Contraceptives. According to the table, 39.8% of the respondents said yes to loss of menstruation as a factor that influences the use of contraceptives while 60.2 % said no. This means that loss of menstruation is not a factor that influences contraceptive use. 56.4% also accepted excessive bleeding as a factor that influences the use of contraceptives while 43.6% said no. This implies that excessive bleeding is a factor that influences contraceptive use. 61.1% of the respondents said yes to side effects as a factor that influences the use of contraceptives while 38.9% rejected. This means that side effects are a factor affecting contraceptive use. 59% of the respondents also said yes to delay in conception as a factor that influences contraceptive while 41% said no. This means that delay in conception is a factor that influences contraceptive use. 58.6% believe also agreed that miscarriage and abortion is a factor that influences contraceptive use while 41.4 disagreed. This implies that miscarriage and abortion is also a factor influencing contraceptive use.

Discussion of findings

The study aimed to unravel the usage of contraceptives use among couples in Northern Nigeria Taraba state. The first objective of the study was to find out the level of contraceptive use in Northern Taraba State. The study however discovered that the level of contraceptive use in Zing Local Government Area of Taraba State is low. The study discovered that only few of the respondents (31.7%) are presently using contraceptives. According to the 2013 NDHS, while knowledge of contraceptives is generally high, uptake is low; only 15% of married women of reproductive age are using any contraceptive method and, as mentioned, only 10% are using a modern family planning method, while unmet need for contraception is 16% (National Population Commission and ICF 2014).

In a related development, according to same Nigeria, Demographic and Health Survey 2018, the contraceptive prevalence rate (CPR) is 17% among currently married women aged 15-49. The northern part of Nigeria has one of the lowest rates of contraceptives in the world. Across the states of the country, contraceptive prevalence ranges from 26% in Lagos State in Southwestern Nigeria to less than 1% in Jigawa and Kano States, North-western Nigeria. The 2013 NDHS data aggregated by zones showed wide variations in fertility intentions and contraceptives. While the national total fertility rate is 5.5 children per woman, it ranges from 4.3 children per woman in the South Zone to 6.7 children per woman in the North West Zone. The use of modern contraceptives ranges from 3% in the North East Zone to 25% in the South West Zone. Also, the modern contraceptive among currently married women ranges from 2% in Yobe and Sokoto to 29% in Lagos with Taraba state having between 8 to 13% (National Population Commission (NPC) [Nigeria] and ICF 2019., 2018).

The second objective of the study was to identify the types of contraceptives used by respondents in Zing Local Government Area of Taraba State. The study discovered that implants are the modern contraceptives mostly used by the respondents. The reason according to the study is its easiness to use. Implants are easily gotten and inserted by health workers in the primary health care centers and other facilities. The findings is in line with NPC (2018) which revealed that the most commonly used modern methods of contraception among currently married women are injectables and implants (3% each), while the most common modern method used by sexually active unmarried women is the male condom (19%) Methods such as rhythm (periodic abstinence) and withdrawal are grouped as

traditional methods, along with herbal and other interventions.(National Population Commission (NPC) [Nigeria] and ICF 2019., 2018).

The study also finds out that, contraceptive use is influenced by certain factors such as Demand for children, culture, religion, partner's decision, and limiting population. According to the study, religion is one of the factors that influence contraceptives because religious teaching goes against contraceptive use thereby disapproving its usage. The study is in agreement with Muhammed & Bhola (2019) which find out that religion and culture have been identified as primary factors that affect women's reproductive agency within the household. These factors operate by influencing the demand for children, particularly with regards to the preference for male children, and controlling women's identity by ascribing status and rewards for high fertility. Furthermore it is also in consonance with Wolf & Abubakar, (2015) who opined that religion is one very influential factor that controls the actions and inaction of several individuals.

Conclusion

The study focused on inquiry on contraceptives use among couples in Northern Taraba State. The study therefore concludes that couple and women of child-bearing age in Northern Taraba State have low level of contraceptive usage and its methods with cultural, economic and religious factors playing vital roles.

Recommendations

Based on the findings of the study, the following recommendations are made with the hope that if they are implemented, it will help to increase contraceptive use among couples.

1. Public enlightenment on contraception should start from antenatal clinics. This can be extended to other outpatient clinics which men are part of, so that the information on contraception will spread to as many people as possible.

2. Given the high level of influence held by religious leaders in Nigeria's sociopolitical landscape, interventions that engage clerics of different faiths as change agents for shaping norms and influencing Behaviours related to family planning and contraceptive use will be very important for increasing contraceptive uptake in the country

3. Government should provide more Family Planning clinic to make access to health facilities easier specifically in the rural areas.

4. It is also important to adopt strategies that combine individual education, improvement of services and community outreach/mobilization to inform communities about available services, need for child spacing and to increase acceptability and use of contraceptives.

Declarations

Ethical Considerations

Taraba State University Jalingo Research Ethical Committee approved the study protocol. Also, the study protocol was reviewed and approved by the Taraba State Health Research Ethics Committee. The study abides by the principles governing human subject research.

Competing interests:
The authors declare that they have no competing interests.

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