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Psycho-Cognitive Factors that Influence Contraceptive Use among Married Men and Women in Akure South Local Government Area, Nigeria

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Abstract

Background: Contraception is an important aspect of Public Health Worldwide however its prevalence in Nigeria is low (17%). Awareness of contraceptives is high in Nigeria, yet most women in their childbearing age do not use any form of contraceptives. This study investigated the psycho-cognitive factors that influence contraceptive use among married men and women in Akure South Local Government area (LGA), Nigeria.

Methodology: This study used a cross sectional design to select 231 respondents through multi-stage sampling technique in five selected basic health centres in Akure South LGA. The study population was married men and women in Akure South LGA. Two hundred and

thirty-seven questionnaires were administered however 231 questionnaires were properly filled giving a response rate of 97.46%.

Results: Most of the males (60.8%) and females (73.2%) respondents had a good knowledge of contraceptives. Majority of the males (68.9%) and females (78.3%) respondents had a negative attitude towards the use of contraceptives. Majority of the males (70.3%) and females (81.5%) respondents had a high perception towards the use of contraceptive. There was no significant relationship (p >0.05) between psycho-cognitive factors and contraceptive use among the males (r = -.175, p = .137) and females (r =.085, p =.292) respondents.

Conclusion: The use of contraceptives can be predicted by their attitudes. This study recommends, reproductive health intervention programs aimed at educating on the use of contraceptives should be done regularly to improve their attitude towards contraception.

Keywords: Contraceptive, Psycho-Cognitive, Men, Women, Attitude

Introduction

Contraception is considered a very crucial Public Health intervention Worldwide and its acceptance is growing. However, in many African countries this is not the case (Ogboghodo, 2017). Contraceptive prevalence rate (CPR) among married women aged 15 - 49 in Nigeria is 17%" (NDHS, 2018). This is one of the lowest rates in Africa, although Nigeria has committed to increasing the prevalence from 15% of the reported cases in 2013 to 36% by 2018 (Federal Ministry of Health, 2014).

"The total fertility rate (TFR) in Nigeria is 5.3 children per woman" (NPC, 2019). Nigeria's fertility rate is an essential demographic statistic to take into account due to the country's enormous population if the objective of curbing global population expansion is to be attained and perceptions of health consequences (Sulat et al., 2018). Nigeria the seventh-highest population in the world, and by 2050, it is expected to overtake China as the fourth-most populated nation" (UN, 2017). This can have a negative effect on the country's socio-economic progress (World Bank, 2017) and in this case Nigeria could miss some of the Sustainable Development Goals (SDGs).

Despite efforts and benefits from health authorities and the government to improve the Situation, contraceptive use has been low in Nigeria. According to the Nigeria Demographic and Health Survey (NDHS)," the use of modern methods has only increased by 4-12% over the past 28 years (1990-2018)". Research has identified factors that influence contraceptive use at the individual, family and societal level. (Ahinkora et al., 2020). Previous research has shown the factors to be, Level of education, social class, Age, cultural beliefs, number of children, fertility needs, perceptions of family planning methods, fear of side effects, opposition from partners, influence of misunderstandings and myths about the use of modern contraceptive methods. (Ibisomi, 2014).
According to the Nigerian demography and health census, 2018, contemporary contraception usage among presently married women in Ondo state ranged between 14-18%. "Currently, the unmet need for family planning among married women in Ondo State is 26-30%. Effective contraceptive use is low and levels of unmet need remain high despite increased need in small families" (Bawah et al., 2019, Guure et al., 2019).

The United Nations reported a global prevalence of modern contraception of 44% among women in reproductive age in 2020. (UN, 2019). The prevalence of using any contraceptive technique was 29% in Africa and 23% in Nigeria (UN, 2019). According to the 2018 NDHS, just 17% of all Nigerian women of reproductive age (15-49 years) used any contraceptive technique, with only 12% using a contemporary method (NPC, 2019) Also, 19% of married women in Nigeria between the age of 15-49 years have an unsatisfied need for family planning (NPC, 2019) This means that these women want to space their births or stop having children but are not utilizing contraception (NPC, 2019). A study found that contraceptive prevalence amidst young ladies aged 15 to 24 was 11% (Sidibé et al., 2020).

Past studies have revealed that the most common reasons Nigerian women are unable to access or use birth control pills are unwillingness of women or their partners to use birth control pills, health problems and aftereffect, contraceptive sources and differences. "The low level of unsatisfied demand in Nigeria can be attributed to a number of reasons, including the demand and availability of contraceptives and barriers to purchasing these items" (Austin, 2015).

The Precede framework was used in this study as it shows a clear understanding of the behavioural implications on the use of contraceptives. The Psycho-Cognitive factors which include knowledge, attitude, and perception can be linked to trust issues among partners, fear of side effects, cost of contraceptives and religion. This study seeks to investigate the Psycho-Cognitive factors that influence the use of contraceptives among married men and women in Akure South Local Government Area, using the Precede model.

Methodology

The study was a descriptive cross-sectional design. The study population was married men and women in Akure South LGA. A sample size of 237 was determined using the Cochran formula with a prevalence of 17% (NPC, 2019). Participants were selected using a multi-stage sampling technique. In the first stage, a purposive sampling was used to select five Basic Health Centres. In the second stage, the sample size was distributed into proportions on the basis of the population of each health centres and the total sample size using a stratified sampling technique to calculate the sample size for each health centre. In the last stage, a systematic sampling technique was used to select married men and married women in each health centre by randomly picking the required number of respondents that meets the requirement at each basic health centre using K= N/n = interval size.

Where N = population in the health centre, n= sample size required.

A 16 -item questionnaire with a Cronbach's alpha coefficient of 0.854 was used to collect data on the psycho-cognitive factors that influence contraceptive use among married men and women in Akure South LGA.

The study measured the Psycho-Cognitive factors which are knowledge, attitude and perception of the respondents to predict the Psycho-Cognitive factors that influence the use of contraceptives. The respondent's level of knowledge about contraceptives was measured on a 4-point rating scale. Scores less than or equal to 2(≤ 2) were considered as a poor knowledge of contraceptives while scores between 3 and 4 were considered as a good knowledge about contraceptives. The respondent's attitudes towards contraceptives were measured on a 10-point rating scale. Respondents with less than or equal to 5(≤ 5) were classified as those with a negative attitude while those that scored between 6 and 10 were classified under the positive category. Lastly, the respondent's perception towards contraceptives was measured on a 14-point rating scale. Respondents with less than or equal to 7 (≤ 7) were classified as those with high perception, respondents that scored between 8 and 14 were considered to have low perception on contraceptive use.

Data analysis

Data analysis was conducted using statistical package for social sciences (SPSS) version 23.0. Descriptive statistics such as frequency distributions, means and standard deviation were used to analyse the socio-demographic characteristics, knowledge, attitude and perception variables while Pearson correlation and linear regression were used to test the relationship among the variables at 0.05 level of significance.

Ethical consideration

Ethical approval was gotten from Babcock University Health Research Ethics Committee (BUHREC) with certification number; BUHREC 188/23. Informed consent was gotten from each participant in which it was made known that they have the right to stop participating in the study at any time without any penalty. Information gotten from the respondents was made

confidential, as the survey instrument did not require the participants to write names, addresses or any other important information.

Results

Socio-Demographic Characteristics

The mean age of respondents was 31.44 ± 6.65 years. Slightly more than half (51.5%) of the respondents were within the age bracket of 26 – 33 years. More than half (68%) of the respondents were females. Majority of the respondents (88.7%) were Yoruba and Christians (93.9%). The educational level of majority (60.2%) of the respondents was up to the secondary level. Less than half of the respondents were self-employed (43.3%). (See Table 1)

Table 1: *Socio-Demographic Characteristics of Respondents*

Socio-demographic variables for consideration	**Frequency (n)**	**Percentage (%)**
Age (in years) 31.44 ± 6.65		
18-25	35	15.2
26-33	119	51.5
34-41	55	23.8
42-49	22	9.5
Gender		
Male	74	32.0
Female	157	68.0
Ethnic group		
Yoruba	205	88.7
Igbo	25	10.8
Hausa/Fulani	1	.4
Religion		
Christianity	217	93.9
Islam	10	4.3
Others	4	1.7
Educational level		
Primary	28	12.1
Secondary	139	60.2
Tertiary	59	25.5
Others	5	2.2
Occupational status		
Civil servant	66	28.6
Self employed	100	43.3
Full housewife	12	5.2
Others	53	22.9
Total	231	100.0

Table 2: *Proportion of respondent's level of knowledge about contraceptive*

	Male (n = 74)		**Female (n = 157)**	
	Frequency (n)	**Percentage (%)**	**Frequency (n)**	**Percentage (%)**
Poor (≤ 2)	29	39.2	42	26.8
Good (3-4)	45	60.8	115	73.2
Total	74	100	157	100
Mean ±SD	2.54 ± 1.023		2.78 ± .821	

The respondent's level of knowledge about contraceptives measured on a 4-point rating scale showed a mean score of 2.54 ± 1.023 among the male respondents and 2.78 ± .821 among the female respondents. The level of knowledge of contraceptives was divided into two categories. Those who scored less than or equal to 2(≤ 2) were considered to have a poor knowledge of contraceptives while those who scored between 3 and 4 were considered to have a good level of knowledge about contraceptives. Majority of the males (60.8%) and females (73.2%) respondents had a good knowledge of contraceptives (See Table 2)

Table 3: *Attitudes of married men and women on contraceptives*

Attitude statement	Male (n = 74)				Female (n = 157)			
	SA (%)	A (%)	D (%)	SD (%)	SA (%)	A (%)	D (%)	SD (%)
I feel timid whenever I want to get any form of contraceptives	15(20.3)	8(10.8)	24(32.4)	27(36.5)	18(11.5)	20(12.7)	59(37.6)	60(38.2)
It is stressful to remember to take pills	38(51.4)	9(12.2)	10(13.5)	17(23.0)	61(38.9)	33(21.0)	36(22.9)	27(17.2)
I will not advise anyone to take contraceptives because of its side effects	22(29.7)	17(23.0)	16(21.6)	19(25.7)	47(29.9)	39(24.8)	40(25.5)	31(19.7)
Abortion is better than considering any form of contraceptive	2(2.7)	3(4.1)	23(31.1)	46(62.2)	4(2.5)	1(.6)	74(47.1)	78(49.7)
I have trust issues allowing my partner to use contraceptives as this might give room for fornication	28(37.8)	25(33.8)	11(14.9)	10(13.5)	64(40.8)	58(36.9)	16(10.2)	19(12.1)

Less than half of the males (36.5%) and females (38.2%) respondents, strongly disagreed on being timid whenever they need to get any form of contraceptive done. Slightly more than half (51.4%) of the male respondents and less than half (38.9%) of the female respondents strongly agreed that taking contraceptive pills can be stressful to remember. Less than quarter of the males (29.7%) and females (29.9%) respondents, strongly agreed that they will not advise anyone to take any form of contraceptive because of its side effects. Majority (62.2%) of the male respondents and less than half (49.7%) of the female respondents strongly disagreed to the statement that 'Abortion is better than considering any form of contraceptive'. Less than half of the males (37.8%) and females (40.8%) respondents strongly agreed that they do not trust their partners to using contraceptives as it might give room for fornication. (See Table 3)

Table 4: *Proportion of respondents on attitudes towards contraceptives*

	Male (n = 74)		Female (n = 157)	
	F	**(%)**	**F**	**(%)**
Negative (≤5)	51	68.9	123	78.3
Positive (6-10)	23	31.1	34	21.7
Total	74	100	157	100
Mean ±SD	4.35 ± 1.989		4.17 ± 1.802	

The respondent's attitudes towards contraceptives were measured on a 10-point rating scale which showed a mean score of 4.35± 1.989 among the male respondents and 4.17 ± 1.802 among the female respondents. Their attitudes towards contraceptives were divided into two categories which were negative and positive. Respondents with less than or equal to 5(≤5) were classified as those with a negative attitude while those that scored between 6 and10 were classified under the positive category. Majority of the males (68.9%) and females (78.3%) respondents had a negative attitude towards the use of contraceptives. (See Table 4).

Table 5: *Proportion of respondents' perception towards contraceptives*

	Male (n = 74)		Female (n = 157)	
	F	**(%)**	**F**	**(%)**
Low (≤7)	22	29.7	29	18.5
High (8-14)	52	70.3	128	81.5
Total	74	100	157	100
Mean ±SD	8.8 ± 3.931		9.89 ± 3.145	

The respondent's perception towards contraceptives were measured on a 14-point rating scale, which showed a mean score of 8.8 ± 3.931 among the male respondents and a mean score of 9.89 ± 3.145 among the female respondents. The perception of the respondents was categorized into two. Respondents with less than or equal to 7 (≤ 7) were classified as those with high perception, respondents that scored between 8 and 14 were considered to have low perception on contraceptive use. Majority of the males (70.3%) and females (81.5%) respondents had a positive perception towards contraceptive use (See Table 5).

Test of Hypothesis

Three hypotheses were tested in this study to determine the relationship between psycho-cognitive factors and contraceptive use. In testing these hypotheses, Pearson correlation analysis and linear regression was conducted at 0.05 level of significance. The decision rule applied was that if the *p*-value computed was less or equal to the cut off *p*-value of 0.05, the null hypotheses will be rejected in favour of the alternative hypothesis and vice versa.

H_A1: There will be a significant relationship between knowledge and contraceptive use.

H_A2: There will be a significant relationship between attitudes and contraceptive use.

H_A3: There will be a significant relationship between perception and contraceptive use.

Relationship between Psycho-cognitive factors and contraceptive use

Pearson correlation between knowledge and contraceptive use among the male and female respondents, shows that there is no correlation with its *p*-value greater than 0.05 (r = .063, *p* = .591) for the males and (r = -.049, *p* = .546) for the females, which implies that there is no significant relationship. Correlation between attitudes and contraceptive use among the males and females shows that there is a significant relationship as its *p* value was less than 0.05 (males, r = -.248, *p* = .033) and (females, r = -.248, *p* = .002). There was no significant relationship between perception and contraceptive use among the male respondents (r = -.103, *p* = .381) but there was a significant relationship between perception and contraceptive use among the female respondents (r = .247, *p* = .002).

Furthermore, Regression analysis showed the effects on contraceptive use. Knowledge has 0.4% on contraceptive use among the males and 0.2% among the females. Attitude has 6.1% on contraceptives among the males and 5.8% among the female respondents. Lastly, among the males, perception has 1.1% effect on contraceptive use and 6.1% effect on contraceptives among the females.

Table 6: *Correlation between Psycho-cognitive factors and contraceptive use*

Variable	Male (n = 74)		Female (n = 157)	
	r value	***p*-value**	**r value**	***p*-value**
Knowledge/ Contraceptive use	.063	.591	-.049	.546
Attitude/Contraceptive use	-.248	.033	-.241	.002
Perception/Contraceptive use	-.103	.381	.247	.002

Discussion of findings

Majority of the male and female respondents had a good knowledge about contraceptive use which is consistent with the finding of Ahmed et al, (2017) in Kano state and at variance with the finding of Mosuse and Gadeyne (2022) in the republic of Congo. This study reviewed that, less than half of the male and female respondents believed that contraceptives damage the womb and more than half of the male and female respondents believed that contraceptives are 100% effective.

The attitudes of both the male and female respondents towards contraceptive use were reported to be low as those who had positive attitude towards contraceptive use were below average. The findings from Okafor et al, (2022) is at variance, as it was reported that attitude towards the use of contraceptives was good as most (80.5%) of the respondents' desire to go for one form of contraceptive or the other. Majority of the male and female respondents in this study reported to have trust issues allowing their partners to use contraceptives as it might lead to fornication and more than half of the male and female respondents stated that they will not advise anyone to use contraceptives because of its side effects. The finding is at variance with the finding of Durowade et al, (2017) in Ekiti where it was reported that less than 15% of the respondents worried about the side effects of contraceptives.

The most prevalent reasons for non-use of contraceptives were 'difficulty to remember to take contraceptive pills' and 'trust issues allowing their partners to use contraceptives as this might give room for fornication'. This finding is at variance with the findings of Moreira et al, (2019) which was carried out using the latest Demographic and Health Survey data from 47 countries in which 'health concerns' and 'infrequent sex' was identified as the most prevalent reasons for non-use of contraceptives.

Majority of the respondents were reported to have a high perception towards the use of contraceptives which is in line with the finding of Okafor et al, (2022) in Jos North LGA, Plateau State, which was reported that majority of the respondents had high perception regarding contraception.

Factors like trust issues, the believe that contraceptives damage the womb, difficulty in remembering to take contraceptive pills, cost, being timid to get contraceptives and its side effects were identified as Psycho-cognitive factors that influence married men and women in using contraceptives. Similar factors have been reported in previous studies (Kabagengi, (2014), Ochako et al, (2015), Makola et al, (2019)). This study revealed that there is no significant relationship between knowledge and contraceptive use among the male and female respondents. However, there was a significant relationship between attitude and contraceptive use among the male and female respondents. The finding is at variance with the

finding of Adegboyega in Kwara State Nigeria, (2019) as it was reported that “there was no significant relationship in the attitude of married women towards contraceptive use based on age and educational attainment” this might be due to the focus on age and educational attainment. There was no significant relationship between perception and contraceptive use among the male respondents but there was a significant relationship among the females.

Conclusion

The attitude of the married men and women towards the use of contraceptive was negative and majority of them had trust issues allowing their partner to use any form of contraceptives. Reproductive health intervention programs aimed at educating married men and women on the use of contraceptives without any sentiment about their partners should be done regularly at each health centre. This will aid in improving their attitude towards the use of contraception and they will be able to support their partners without any reservation.

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