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Knowledge and Utilization of Modern Contraceptive Methods Among Antenatal Care Attendees at Federal Medical Centre, Makurdi, Benue State

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ABSTRACT

Modern contraceptive usage can impact reproductive health outcomes in women. However, utilization depends on their knowledge, attitude and access to affordable services. This study was aimed at determining knowledge, utilization and factors affecting the utilization of modern contraceptive methods among Antenatal care attendees at Federal Medical Centre, Makurdi. It was a descriptive cross-sectional study amongst 105 participants. Findings of the study indicated that out of 105 respondents, 60 (63.0%) were knowledgeable on modern methods of contraceptives. The commonest used methods were; oral pills 72 (75.6%), implants 69 (72.5%), Condoms 68 (71.5%), IUCD 40 (42.0%), and injectables 30 (31.6%). Factors affecting utilization included; Cultural hindrances 68 (71.4%), religious restrictions, 57 (59.9%), myth of promoting promiscuity 59 (62.0%), low educational status 61 (64.1%), non-affordability 62 (65.1%), distance from health facilities 54 (56.7%), inability to decide 57 (59.9%), fear of side effects 62 (65.1%) and partner's opposition 53 (55.7%). The study concluded that knowledge of modern contraceptive methods was high and utilization was also fair except for IUCD and injectables. The under-utilization of these services was largely due to socio-cultural and socio-economic factors which can be overcome by the active support of various stakeholders.

Keywords: Antenatal Care Attendees, Knowledge, Modern contraceptives, Utilization.

INTRODUCTION

Family planning which is "the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births could be achieved through the use of contraceptive methods and the treatment of involuntary infertility". Specifically, it contributes to the protection of women from unwanted pregnancies and their attendant high risks[1]. Simply put, contraception is the intentional prevention of pregnancy. Family planning which encompasses contraception is a key component of preventive health care and is of benefit to the women, men, children, family and the entire community [2]. Modern contraception is an important factor in controlling fertility through prevention of unintended and unwanted pregnancies. Contraception (birth control) prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. Contraceptive use is still very low in Nigeria (approximately 18%)[20] and Sub-Saharan Africa (SSA), where the levels of fertility and unmet needs for family planning are high[3]

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Access to contraception supports the fundamental human right to decide freely and responsibly the number and spacing of children. It also provides significant health benefits by preventing unintended pregnancies and reducing related health risks.[4] Modern contraception is an integral component of reproductive health and has positive effects on the health of women. Contraceptive use help couples and individuals to realize their basic right to decide freely and responsibly, when and how many children to have[5].

Modern contraceptive is categorized into barrier methods (condoms, cervical cap), hormonal methods (the oral pills and injectable), contraceptive implants, intrauterine devices (IUD) and sterilization. Despite these varieties, the rate of population growth and unplanned pregnancy remains high in sub-Saharan Africa (SSA) and globally[6].

Although, modern contraception improves health through adequate spacing of birth, avoiding high risk pregnancy of maternal age and parity, studies have reported attitudinal constraints by women of reproductive age towards these methods[1]. Personal experiences, knowledge and perception of how modern contraceptive methods might impact their quality of life can influence contraception decision among women of reproductive age[7].

Globally, the unmet need for contraception remains very high due to the lack of family planning services; over 350 million couples and 214 million reproductive age women have unmet needs for family planning in the World in 2020[8]. Unfortunately, high fertility persists globally, notably in developing countries[9]. Worldwide, 187 million unintended pregnancies including 60 million unplanned births and 105 million abortions are prevented by family planning each year[10].

Although contraceptive utilization has increased in many parts of the world, especially in Asia and Latin America, it continues to be low in sub-Saharan Africa. The use of modern contraception has risen from 23.6% to 28.5% in Africa[6]. The unmet need for modern contraception among women of the reproductive age accounts for 24.2% in Africa.[10] In sub-Saharan African countries, at least thirty women die from the complications of pregnancy and delivery every hour and about 270,000 deaths occur every year. Their fertility rate (5.4 births per woman) is higher than in any other part of the world. This fertility rate doubles that of Asian countries (excluding China) and triples the fertility rate of Europe[11].

In Nigeria, the 2024 National Demographic Health Survey (NDHS) demonstrates a steady increase in the use of modern contraceptive methods among currently married women over the past decade: 2013 -10%, 2018 -12%, and 2024 -15%[12]. Awareness of family planning is reported to be more among those women with higher educational background[2].

Due to different factors, many women who would like to delay their next birth or stop childbearing altogether cannot access contraceptive services[6]. Factors responsible for contraceptive choices include; social and economic factors, low level of awareness, and education,[9] cultural and religious beliefs.[8] The low contraceptive prevalence has also been attributed to poverty, ignorance, low educational level, desire for large family size, poor access to contraceptive services, community pressure, male or husband dominance, and knowledge on modern contraceptive methods[10].

Non usage of modern contraceptives by reproductive age women, who engage in sexual activity can result in unwanted/ unplanned pregnancy with its attendant problems, such as induced/unsafe abortion, post abortion sepsis and maternal death. Some of the late complications of abortion are pelvic pain, dyspareunia, ectopic pregnancy and infertility. Other problems of non -usage of modern contraceptives include rampart food scarcity, population explosion, the HIV pandemic, other reproductive health infections, and the socioeconomic development challenges seen, especially in the developing countries like Nigeria.[13] Countries with a low prevalence of contraception such as Nigeria, Chad, and South Sudan have high maternal mortality rates [11]

In Benue State, suboptimal utilization of family planning services exists.[14] Socio-cultural factors, religious beliefs, and educational attainment all play

significant roles in influencing knowledge and behavior.[15] At Mkar, a densely populated community in Benue state, the utilization of family planning was also reported to be 68.2% despite high knowledge (95.5%)[16]. Although there exists abundance of research report about contraceptive in Benue, there is paucity of current research report on knowledge and utilization of contraception at the Federal Medical Centre, Makurdi. This current study therefore seeks to fill the identified gaps in order to provide effective interventions that will address these barriers through culturally relevant education and community engagement.

METHODOLOGY

Study Design

This was a descriptive study design which allowed orderly collection of data for analysis and report on knowledge and utilization of modern contraceptives methods among Antenatal care Attendees at Federal Medical Centre (FMC), Makurdi, Benue State, Nigeria.

Study setting

This study was carried out in Antenatal Care unit of Federal Medical Centre (FMC), Makurdi.

Target population

The target population of the study comprised of 150 women of reproductive ages (15-49 years) who attend Antenatal Care at Federal Medical Centre, Makurdi.

Sample Size determination

The researcher employed the Taro Yamen's (1967) formula for sample size of 109.

The formula was given as: $n = N/1+N (e)^2$

Where: n = Sample size, N = population of study, e = error of estimate (5% = 0.05)

1 = constant.

$n = 150/ 1 + 150 (0.05)^2$ $n = 150/ 1 + 150 (0.0025)$ $n = 150/ 1 + 0.375$

$n = 150 / 1.375$ $n = 109$.

Sampling Technique

A convenience sampling technique was employed in selecting respondents in the antenatal clinic.

Instrument for Data Collection

A data collection tool (questionnaire) with 25 questions divided into four sections, A, B, C and D was used. Section A elicited demographic data, Section B focused on knowledge of women regarding modern contraceptives methods, Section C focused on practice of modern contraceptives methods and Section D focused on factors affecting the utilization of modern contraceptives methods. This tool which was designed in keeping with achieving the objectives of the study was validated in content, authenticity, clarity of statements and logical accuracy by experts.

Respondent were to provide responses using the Likert scale. The Likert scale mean score ≥ 2.50 is accepted while mean score < 2.50 is rejected. This cut off mean applies to all the calculated means in the study.

Method of Data Analysis

Data was entered into Statistical Package for the Social Sciences (SPSS) version 30.0 software for analysis. The results were presented in frequency distribution tables and expressed as percentages to facilitate interpretation. The primary statistical tools employed included frequency counts and percentage analysis. This represents a univariate level of analysis, focusing on the description and summarization of individual variables.

Ethical Considerations

Ethical clearance was obtained from the ethical committee of the university and Federal Medical Centre, Makurdi. Consent, anonymity, privacy and confidentiality of information were ensured throughout the study.

RESULTS

Major findings of this study indicated that out of the 105 respondents, majority 48 (50.4%) were between the ages of 37-47 years, 77 (80.9%) were married, 40 (42.0%) had 4-6 children, 70 (73.5%) of the respondents were Tiv by tribe, 40 (42.0%) had secondary education, 55 (57.8%) were farmers, 68 (71.4%) were Christians, while 56 (58.8%) were from low-income class.

Of the 105 respondents, 60 (63.0%) of the respondents with a mean score of (3.4) were knowledgeable on

modern methods of contraceptives. However, 48 (50.4%) were not sure (undecided) if vasectomy involves a permanent tying of the vas deferens in male, while 33 (34.6%) with a mean score of (2.9), had no knowledge of vasectomy.

Furthermore, more than half, 68 (71.5%) of the respondents with a mean score of (3.6) have used condoms while 72 (75.6%) with a mean score of (3.7) have used oral contraceptive pills; and more than half of the respondents, 69 (72.5%) with a mean score of (3.7) have used implants. However, less than half, 40 (42.0%) of the respondents used Intrauterine Contraceptive Devices (IUCD); and only about one-third, 30 (31.6%) with a mean score of (2.9) have utilized injectable contraceptives. On the other hand, 40 (42.0%) of the respondents were not sure (undecided) if they have had a tubal ligation. Meanwhile, 45 (47.3%) with a mean score of (2.6) have not utilized tubal ligation. Furthermore, 68 (71.4%) of the respondent's spouses with a mean score (2.1), did not utilize vasectomy.

Finally**,** cultural, 68 (71.4%) and religious restrictions, 57 (59.9%) in correlation with the fear that modern contraceptives promote promiscuity 59 (62.0%), affected the utilization of modern contraceptives as the culture and religion (Christianity) of majority of the respondents does not support promiscuity. In addition, low educational status of women, 61 (64.1%); poverty, 62 (65.1%); distance from health facilities, 54 (56.7%); lack of decision-making power of women, 57 (59.9%); non-availability of modern contraceptives, 60 (63.0%); fear of side effects, 62 (65.1%); and partner opposition 53 (55.7%), affected the utilization of modern contraceptives methods.

Table 1: Demographic data of respondents n=105

Age (years)	Frequency	Percentages (%)
15 -25	18	18.9
26 -36	27	28.4
37 -47	48	50.4
48 and above	12	12.6
Marital status		
Single	15	15.8
Married	77	80.9
Divorced	4	4.2
Widow	9	9.5
No. of Children		
No ne	19	19.9
1 - 3	29	30.5
4 - 6	40	42.0
7 and above	17	17.9
Tribe		
Tiv	70	11.6
Idoma	17	17.9
Igede	11	
Others	7	7.4
Educational Level		
No formal Education	19	19.9
Primary Education	31	32.6
Secondary Education	40	42.0
Tertiary Education	15	15.8
Occupation		
Student	12	12.6
Farmer	55	57.8
Trader	22	23.1
Civil Servant	16	16.8
Religion		
Christianity	68	71.4
Islam (Muslim)	29	30.5
Traditional Worshipper	8	8.4
Level of Income		
Low - income class	56	58.8
Middle - income class	23	24.2
High - income class	26	27.3
Total	**105**	**100**

Table 2: Knowledge of Women regarding Modern Contraceptives n = 105

S/N	Items	SA 5	A 4	U 3	D 2	SD 1	Mean (X)	Remarks
1.	Modern contrace ptives inc lude: male and female condoms, oral pills, injectable contraceptives, intrauterine contraceptive devices (IUCD), implants, tubal ligation and vasectomy.	24 25.2%	36 37.8	18 18.9	12 12.6	15 15.8	**3.4**	**Accepted**
2.	Condoms form a barrier that prevents the ascending of sperms.	35 36.8%	20 21.0%	12 12.6%	20 21.0%	18 18.9%	**3.3**	**Accepted**
3.	Hormonal contraceptives e.g. pills and injectable act by suppression of ovulation, thickening cervical mucus makes it less favorable for implantation.	17 17.9	30 31.5	11 11.5	23 24.2	24 25.2	**2.9**	**Accepted**
4.	Contraceptive implants include: Norplant, Jadelle, Uniplant and Implanon.	35 36.8	20 21.0%	15 15.8%	23 24.2	12 12	**3.4**	**Accepted**
5.	Side effects of consumed oral contraceptives may include: Nausea, Dizziness, Headaches, Weight gain.	25 26.3%	25 26.3%	20 21%	16 16.8%	19 19.9	**3.2**	**Accepted**
6.	Tubal ligation involves permanent tying of fallopian tubes.	18 18.9%	41 43.1%	23 24.2%	18 18.9%	5 5.3%	**3.5**	**Accepted**
7.	Vasectomy involves a permanent tying of the vas deferens in male.	16 16.8%	8 8.4%	48 50.4%	19 19.9%	14 14.7	**2.9**	**Accepted**
	GRAND MEAN						**3.2**	**Accepted**

Table 3: Utilization of modern contraceptives n=105

S/N	Items	SA 5	A 4	U 3	D 2	SD 1	Mean (X)	Remarks
	Indicate if you have used any of the under listed modern contraceptives:							
1.	Condom	41 43.1%	27 28.4%	9 9.5%	15 15.8%	13 13.7%	**3.6**	**Accepted**
2.	Oral Contraceptives Pills	34 35.7%	38 39.9%	9 9.5%	14 14.7%	10 10.5%	**3.7**	**Accepted**
3.	Injectable contraceptives	15 15.8%	15 15.8%	30 31.5%	35	10 10.5%	**2.9**	**Accepted**
4.	Intrauterine Contraceptive Device (IUCD)	18 18.9%	22 23.1%	22 23.1%	29 30.5%	14 14.7%	**3.0**	**Accepted**
5.	Implants	42 44.1%	27 28.4%	9 9.5%	12 12.6%	15 15.8%	**3.7**	**Accepted**
6.	Tubal Ligation	8 8.4%	12 12.6%	40 42.0%	19 19.9%	26 27.3%	**2.6**	**Rejected**
7.	Vasectomy	4 4.2%	8 8.4%	25 26.3%	30 31.5%	38 39.9%	**2.1**	**Rejected**
	GRAND MEAN						**3.1**	**Accepted**

Table 4: Factors affecting the utilization of modern Contraceptives n=105

S/N	Items	SA 5	A 4	U 3	D 2	SD 1	Mean (X)	Remarks
1.	Cultural restrictions affect use of modern contraception	42	26	7	13	17	**3.6**	**Accepted**
		44.1%	27.3%	7.4%	13.7%	17.9%		
2.	Religion restricts the use of modern contraceptives	34	23	10	26	12	**3.4**	**Accepted**
		35.7%	24.2%	10.5%	27.3%	12.6%		
3.	Partner opposition affect the use of modern contraceptives	25	28	15	22	15	**3.2**	**Accepted**
		26.3%	29.4%	15.8%	23.1%	15.8%		
4.	Fear of side effects affects the use of modern contraceptives	40	22	9	14	20	**3.5**	**Accepted**
		42.0%	23.1%	9.5%	14.7%	21.0%		
5.	Poverty affects the use of modern contraceptives	38	24	10	21	12	**3.5**	**Accepted**
		39.9%	25.2%	10.5%	22.1%	12.6%		
6.	Non-availability of modern contraceptives affects their usage.	40	20	18	15	12	**3.6**	**Accepted**
		42.0%	21.0%	18.9%	15.8%	12.6%		
7.	Low educational status affects the use of modern contraceptives	41	20	10	18	16	**3.5**	**Accepted**
		43.1%	21.0%	10.5%	18.9%	16.8%		
8.	Lack of decision-making power of women affects the use of modern contraceptives	37	20	13	21	14	**3.4**	**Accepted**
		38.9%	21.0%	13.7%	22.1%	14.7%		
9.	Distance from health facilities affects the use of modern contraceptives	29	25	12	17	22	**3.2**	**Accepted**
		30.5%	26.3%	12.6%	17.9%	23.1%		
10.	Desire to have many children affects the use of modern contraceptives	22	31	5 5.3%	27	20	**3.1**	**Accepted**
		23.1%	32.6%		28.4%	21.0%		
11.	Fear that modern contraceptives promote promiscuity affects the use of modern contraceptives.	28	31	7	21	18	**3.3**	**Accepted**
		29.4%	32.6%	7.4%	22.1%	18.9%		
	GRAND MEAN						**3.4**	**Accepted**

DISCUSSION

The Demographic data of this present study indicated that out of the 105 respondents, majority 48 (50.4%) were between the ages of 37-47 years, 77 (80.9%) were married, 40 (42.0%) had 4-6 children, 70 (73.5%) of the respondents were Tiv by tribe, 40 (42.0%) had secondary education, 55 (57.8%) were farmers, 68 (71.4%) were Christians, while 56 (58.8%) were from low-income class. These findings differ from that elicited from the study on Modern Contraceptive Use and Associated Barriers among Women of Child-Bearing Age Attending PHC Centre in Alimosho LGA of Lagos State where (70.7%) of respondents were aged 25–34 years [17].

The findings in this study also differ from findings derived from the study on Knowledge and Practice of Contraceptive Use Among Women Attending Family Planning Clinic at Teaching Hospital in Enugu, Nigeria which reported that majority of the women (50.4%) were within the age range (25-29) years[2].

The high proportion of married respondents (80.9%) in the present study is consistent with the findings of similar studies at Family Planning Clinic in Teaching Hospital in Enugu, Nigeria who reported that most women were married (96%)[2]. It also tallies with that at PHC Centre in Alimosho LGA of Lagos State whereby 97.7% of their respondents were married[17]. This similarity is expected because married women are more likely to access family planning and maternal health services than unmarried women.

The present study found that secondary education was the highest educational attainment among most respondents (42.0%), differently from studies at Family Planning Clinic in Teaching Hospital in Enugu, Nigeria whereby over half of their respondents had tertiary education 57.7%[2] and at PHC Centre in Alimosho LGA of Lagos State,*53.6%*[17].

Knowledge of modern contraceptive

Table 4.2 Findings indicated that, of the 105 respondents, 60 (63.0%) of the respondents with a mean score of (3.4) were knowledgeable on modern methods of contraceptives. 55 (57.8%) with a mean score of (3.3) had knowledge that condoms form a barrier that prevents the ascending of sperms; 59 (61.9%) with a mean score of (3.5) had knowledge that tubal ligation involves permanent tying of Fallopian tubes; 55 (57.8%) with a mean score of (3.4) had knowledge that contraceptive implants includes: Norplant, Jadelle, Uniplant and Implanon; while 50 (52.6%) with a mean score of (3.2) knew the side effects of consumed oral contraceptives to include: nausea, dizziness, headaches, and weight gain. On the contrary, 48 (50.4%) of the respondents of this study were not sure (undecided) if vasectomy involves a permanent tying of the vas deferens in male. In addition, 33 (34.6%) with a mean score of (2.9), had no knowledge of vasectomy.

The overall finding of good knowledge of modern contraceptive methods is lower (63.0%) compared to the study of women attending Van Norma Clinic Burundi in which study reported a high level of knowledge with 97% of respondents knowing that contraceptives prevent unwanted pregnancies, 96% recognizing their role in child spacing, 92% understanding their importance in pregnancy planning, and 70% acknowledging their contribution to improving maternal health[18].

The findings on knowledge in this study are also lower compared with the findings in a similar study among respondents at Mkar community, Gboko LGA, Benue State, Nigeria whereby 95.5% of respondents had knowledge of family planning[16].

Similarity of findings on knowledge is reported from PHC centers in Alimosho LGA of Lagos State whereby 68.8% of respondents were aware of modern contraceptive methods[17].

Utilization of family planning services

The findings of the present study showed that oral contraceptive pills (75.6%), contraceptive implants (72.5%), and condoms (71.5%) were the most commonly utilized modern contraceptive methods among the respondents. The least utilized methods were injectable contraceptives (31.6%), intrauterine contraceptive devices (IUCDs) (42.0%), tubal ligation (47.3% reported not utilizing it), and vasectomy, with 71.4% of respondents.

This finding on contraceptive use is higher than the findings at Mkar community, Gboko LGA, Benue State, Nigeria where 68.2% were currently using at least one family planning method[16]. On the other hand, the present study finding is at variance with reports from a cross-sectional population-based survey (2011–2021) study on Contraceptive use among women of reproductive age in Nigeria which the overall Contraceptive use prevalence was 17.0%[19]. Fertility awareness (lactational amenorrhea/periodic abstinence/Rhythm/withdrawal) - based Methods – 6.18%, Injectables/pills- 5.55%, Barrier Methods (condom/Diaphragm)- 4.07%, Long - acting reversible Contraception (IUCD/Implants- 2.54%, Permanent Methods (Female/Male sterilization)- (0.23 %), Spermicides (Foam/Jelly) – 0.03%, Others Methods- (0.79%) [19].

Factors affecting modern contraceptive methods utilization

The present study identified several socio-cultural, economic, and health system factors influencing the utilization of modern contraceptives among women of reproductive age. The findings revealed that cultural restrictions (mean = 3.6), non-availability of contraceptives (mean = 3.6), fear of side effects (mean = 3.5), poverty (mean = 3.5), low educational status (mean = 3.5), religion (mean = 3.4), lack of women's decision-making power (mean = 3.4), fear that contraceptive use promotes promiscuity (mean = 3.3), partner opposition (mean = 3.2), distance from health facilities (mean =

3.2), and the desire to have many children hinder utilization of modern contraceptives. These findings indicate that contraceptive use is influenced by a complex interaction of individual, interpersonal, cultural, and health system factors.

The findings are consistent with a study among ANC attendees at Vyizigiro Health Center, Bubanza, Burundi which found that cultural beliefs, religious influences, partner disapproval, fear of side effects, and limited accessibility to family planning services children (mean = 3.1) were perceived by respondents as important factors affecting modern contraceptive utilization[1]. The similarity between the two studies suggests that deeply rooted cultural norms and religious beliefs continue to shape reproductive health decisions in many African communities. In many settings, cultural expectations that women should bear many children and misconceptions surrounding contraceptive use discourage women from adopting modern family planning methods.

The present findings also agree with the study at Van Norma Clinic Burundi on the use of contraceptive methods whereby utilization was hindered by fear of side effects, partner influence, religious beliefs, and misconceptions regarding modern contraceptives[18]. In the present study, fear of side effects emerged as one of the strongest barriers (mean = 3.5), indicating that many women remain concerned about possible adverse effects such as menstrual irregularities, infertility, weight changes, or future reproductive problems. Such misconceptions may discourage women from initiating or continuing contraceptive use despite having adequate knowledge of available methods. This highlights the importance of comprehensive counselling by healthcare providers to address myths and provide accurate information on the safety and side effects of various contraceptive methods.

Furthermore, the findings corroborate with the study on Modern contraceptive utilization and its associated factors among married women at Senegal whereby low educational attainment, poverty, limited decision-making autonomy among women, partner opposition, and poor access to health facilities were identified as significant predictors of low contraceptive utilization[19].

The finding that partner opposition and lack of women's decision-making power negatively influence contraceptive utilization further underscores the importance of male involvement in reproductive health programmes. In many African societies, reproductive decisions are largely influenced by male partners, making women's autonomy an important determinant of contraceptive uptake. Similarly, the perception that contraceptive use promotes promiscuity reflects persistent social misconceptions that may discourage women from seeking family planning services due to fear of stigma or negative societal judgment.

Overall, the findings of the present study are in agreement with other scholars that modern contraceptive utilization is influenced not only by knowledge but also by socio-cultural beliefs, economic constraints, gender dynamics, and health system barriers[1,18, 19]. These findings emphasize the need for multifaceted interventions, including community-based health education, continuous availability of contraceptive commodities, empowerment of women through education and economic opportunities, improved access to family planning services, and greater involvement of men, religious leaders, and community leaders in promoting the acceptance and utilization of modern contraceptive.

CONCLUSION

The knowledge of modern contraceptive methods among respondents at FMC Makurdi is optimal, while the utilization of some of these services was lower largely due to socio-cultural and socio-economic factors which can be overcome by the active health education of women by health workers.

Limitations of the Study

This study employed a cross-sectional descriptive design, which captured respondents' views at a single point in time and therefore could not establish cause-and-effect relationships between the identified factors and the utilization of modern contraceptives. Secondly the study was conducted in only one study area among a relatively small sample of women of reproductive age;

therefore, the findings may not be generalizable to all women in Benue State or Nigeria. Despite these limitations, appropriate sampling procedures and standardized data collection instruments were used to ensure that the findings provide a reliable representation of the study population.

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Conflict of Interest

The researcher declares that there is no conflict of interest regarding the conduct of this study, the analysis and interpretation of the data, or the publication of its findings.

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