

Contraceptive Use and Its Associated Factors among Women of Reproductive Age in Opu-Nembe, Bayelsa State

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Abstract

Contraception usage continues to be an important public health intervention that is hindered in the majority of low- and middle-income nations, including Nigeria, for a variety of reasons. This research aims at determining the contraceptive usage and related factors in Nembe, Bayelsa State. A descriptive survey design was employed to determine usage of contraception and its related factors among women of child bearing age in the local government area. Result showed that out of the total number of respondents (n = 398), 152(38.2%) have used modern contraceptive methods while 246(61.8%) have not. Among the respondents, only 76(19.1%) are currently using modern contraceptives while majority of the participants 322(80.9%) are currently not using any form of contraceptive. 42(10.6%) currently use male condom, 18(4.5%) use oral pills, 8(2.0%) use implants, 7(1.8%) use injectables, 1(0.3%) use IUD while 322(80.9%) use none. 50(12.6%) always use contraceptives, 8(2.0%) occasional use, 18(4.5%) rarely use while 322(80.9%) use none; 57(14.3%) used contraceptives to prevent pregnancy, 32(8.0%) use it to prevent sexually transmitted disease and pregnancy, 14(3.5%) to prevent sexually transmitted disease, 13(3.3%) to ensure child spacing while 282(70.9%) did not state any reason for not using. Binary logistic regression shows that the lower the knowledge of contraceptives, the less likely females of childbearing age will utilize modern contraceptives in Nembe, Bayelsa State and there was a statistically significant relationship between knowledge and usage of modern contraceptives ($P = <0.001$) at 95% Confidence Interval. The poor use of contraceptives is worrisome and there is therefore urgent need to design and significantly increase social and behavioral modification interventions and strengthen systems to encourage the usage of contraceptives for an improved maternal and child health outcomes amongst other benefits.

Keywords: Contraception, Contraceptive Usage, Women of Childbearing Age.

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INTRODUCTION

In general, the world has seen high population expansion in a short period of time. The African and Asian continents attributed for the majority of this expansion. Nigeria is the world's most populated black country, with an estimated population of 140 million people and a 3.2 % yearly growth rate [1]. Rapid population expansion is a defining characteristic of poor nations, which is typically brought about by high fertility, high birth rates, and poor contraceptive prevalence rates [2]. Over a five-year period from 2003 to 2008, Nigeria experienced a 2% increase in the prevalence of modern contraception use, from 8% to 10% [3, 4]. The South-South geopolitical zone of Nigeria has a contraceptive prevalence of 15.5%, and married women there have 20% unmet contraceptive

requirements [5]. Unplanned pregnancies and sexually transmitted diseases (STIs) continue to pose serious risks to women's reproductive health on a worldwide scale [6, 7]. In addition to preventing unplanned pregnancies and thereby lowering the danger of illegal abortions and maternal mortality, the fertility control provided by modern contraceptives also contributes significantly to women's access to educational and empowering possibilities. [8]. The method or device used to prevent pregnancy is referred to as contraception, often known as family planning, anticonception, or fertility control. It is an aged long practice whose safety and effectiveness improved in 20th century to control birth among populations [9]. The process of planning, making available and using birth control is called family planning [10]. Women's, partners', and families' reproductive health services

includes contraception as a crucial component. According to studies, using contraception can help women avoid unplanned pregnancies, have the ideal amount of children with the right spacing and timing, avoid high-risk pregnancies, avoid unsafe and unnecessary abortions, prevent maternal and neonatal deaths, and prevent sexually transmitted diseases like HIV/AIDS and reproductive tract infections. [1, 11]. Failure to plan a pregnancy can have a negative impact on the mother, child, and family health. According to [12], the threat of maternal mortality and morbidity is significantly lowered when the number of pregnancies a woman has in her lifetime is reduced [12]. Many sexually active women around the world would prefer to avoid becoming pregnant or postpone their next pregnancy. Unfortunately, these women do not utilize any form of contraception, or if they do, it is ineffective. According to a United Nations report, around 120-165 million women, including 12-15 million unmarried women, seek to avoid or space their pregnancies but never utilizes contraceptive methodology.

These women are deemed to have an "unmet need" for family planning, putting them in danger of undesired and unexpected pregnancies, and potentially dangerous abortions [1, 13, 14].

Contraception has been practiced since the dawn of time, but only in the twentieth century did effective and safe methods become available. Because they perceive contraception to be ethically undesirable, several societies restrict or prohibit access to it. Contraception might be utilized as a preventive strategy or as a last resort. Oral contraceptives and intrauterine devices are examples of emergency contraceptives that can prevent pregnancy in the initial days following sex without a condom. Sterilization (by vasectomy in males and tubal ligation in females), intrauterine devices (IUDs), and implanted contraceptives are the best efficient form of elective contraception [15]. Contraception comes in a variety of forms. Barrier techniques, oral pills, IUCDS, injectables, natural approaches, and surgical treatments are among them. However, the effectiveness, safety, side effects, contraindications, and availability of various therapies differ, which may influence people's decision to utilize birth control methods and their contentment. The woman's pleasure and selection of method are highly linked to successful use and compliance with contraceptive methods [16, 6, 1]. Despite their availability, low contraceptive usage in Nigeria leads to a slew of issues, including unintended and unwanted pregnancies, which have a slew of consequences, including physical and psychosocial health issues, unsafe abortion, unfavorable child spacing, and death of females. In African nations, unintended and unplanned pregnancies are serious issues. According to [17] 80.4 % of pregnancies in Southwestern Nigeria were

prevented by patients for the undesirable outcome [17, 1].

According to studies, young individuals, particularly those at tertiary institutions, are vulnerable to unplanned and unprotected sexual activity, which predisposes them to unwanted pregnancies and, unsafe abortions [18, 19]. Because abortion is illegal in Nigeria, a raise in the amount of undesired pregnancies due to unmet family planning needs will almost certainly lead to a raise in the amount of these dangerous abortions. Consequently, the proportion of women experiencing abortion complications is anticipated to rise, putting a greater strain on the country's already overburdened health-care system. These challenges are worrisome and demand urgent need for identifying factors that militates against usage contraceptive and promoting usage of contraceptives to stop poor outcomes. This research is therefore designed to assess contraceptive utilization and its related factors between females of reproductive age in Opu Nembe, Bayelsa State.

MATERIALS AND METHODS

Study Design

This research used a descriptive cross-sectional research design. This employed using a supervised pre-tested validated questionnaire to collect data from participants across three communities in Nembe Local Government Area (Opu-Nembe (Bassambiri), Ikensis and MiniIkensis communities). All respondents answered the questions in the questionnaire which was constructed in English language that is the official language commonly used by residents including indigenes and non-indigenes across the communities where the survey was undertaken. Questions are framed in a way that is easy to understand using simple English expressions. Difficult and technical terms were avoided in the preparation of the questionnaire.

Study Setting

The study area of this research work was carried out in Opu-Nembe (Bassambiri) in Nembe local Government Area, Bayelsa State. The area is made up of seven wards which include Bassambiri I, II, III, IV, Ikensi, Mini and Oluwasiri respectively (<https://www.medianigeria.com/nembe-l-g-a-polling-units-wards/>).

Bassambiri is a populous area (class P - Populated Town) in Nigeria, and its font code is Africa/Middle East. This has an inhabitants of 71,657 and is located 405 meters above sea level (Bassambiri Map, Weather, and Photos - Nigeria: Latitude: 4.53333 Longitude: 6.41667 (getamap.net). The community has a river where the indigenes go fishing, collect water for drinking, cooking, washing and bathing. They have nursery and primary schools, and a government secondary school. The community has one general

hospital, and a health center. OpuNembe(Bassambiri) is connected to the state capital by a concrete road.

Study Population and Sample

The study populations comprise of female who are indigenes or non-indigenes that are resident in the community and are within the age bracket of female of reproductive age (15 – 45years). These exclude females below 15 years and above 49 years. The sample frame consist of a list of all wards/polling units in Opu-Nembe (Bassambiri), Ikensi and MiniIkensi communities in Nembe Local Government Area.

Eligibility Criteria

Inclusion Criteria

Women within the reproductive age (indigenes and non-indigenes) within the ages of 15-49years who are currently resident in Opu-Nembe (Bassambiri), Ikensi and MiniIkensi communities in Nembe Local Government Area.

Exclusion Criteria

- Women whose ages are less than 15 years and greater than 49 year and above.

Sample Size Determination

The sample size calculation formula for population greater than 10,000 might be utilized (Cochran formula).

$$n = \frac{z^2 pq}{d^2} \text{ or } \frac{z^2 p(1-p)}{d^2}$$

Were

n = minimum sample size (with population > 10,000)

Z = the standard normal deviate, 1.96 at 95 percent confidence level.

P = the percentage in the target group (females) assumed to have the characteristic of interest, 37.9% (20).

$q = 1 - p$

d = degree of precision desired/margin of error allowable, usually set at 5% i.e., 0.05

substituting

$$n = \frac{1.96^2 \times 0.38 \times (1-0.38)}{0.05^2}$$

$n = 362$

Sample Size: 362

Adjusting for drop out at 10%

10% of 362 = 36.2

$362 + 36.2 = 398.2$

Adjusted final sample size = 398

SAMPLING METHOD

A community-based cross-sectional study using multistage sampling method was employed to choose 398 participants. A supervised pre-tested validated questionnaire designed for the study was employed to gather data. Bassambiri, Ikensi, and MiniIkensi were chosen using systematic random sampling from Nembe Local Government. Thereafter,

simple random sampling technique was used to select 398 women of reproductive age for the study. Prior to this, 30 female of reproductive age group from Ogbolomabiri -Nembe in Nembe local Government Area were first selected and questionnaire administered for pre-testing to validate the tool used for the study. The target population of interest comprise of all women within the reproductive age of 15-49 years, who are either married or unmarried and resident in Opu-Nembe(Bassambiri), Ikensis or MiniIkensi. This selected eexcluded females below, and above the childbearing age absent, and those that have infertility problems and that were on leave or absent.

Stages for Questionnaire Administration

First Stage

Two days before administration of questionnaire, the names of the wards/ polling units and communities was written in alphabetical order and printed out separately. Each ward(s)/ polling units and community was written out in a piece of paper of same size and properly folded equally, after which four folded papers were blindly picked and the community from the various wards/polling units was selected and recorded. These three communities were employed for the purpose of this research.

Second Stage

A total count of communities, wards/polling units in a chosen direction was done and the index community, wards/polling units for implementation of the project was determined through random balloting. A sequence of the nearest community and ward(s) was chosen from this and studied until all wards/polling units in that cluster were studied.

Third Stage

At the level of women from the various selected communities were randomly chosen for the survey and the questionnaire were administered and collected after answering the questions on the questionnaire.

DATA TOOL

Components and Details of Instruments

A supervised pre-tested validated questionnaire was employed to collect primary data from respondents. The questionnaire contained mainly closed ended questions with spaces for explanations were required. It consisted of three sections.

Section “A” consists of socio- demographics

Section “B” explore the knowledge and attitude towards contraceptive use

Section “C” explore the level of contraception utilization

Study Duration

The research work was carried out between 6th January 2022 through 9th of March, 2022.

Data Processing

Data collected were analyzed using the IBM Statistical Package for Social Sciences (SPSS) software window version 22. Descriptive statistics for variables were obtained while inferential statistics was done using a binary logistic regression to find out the correlation between knowledge and uptake of contraceptive usage and other related factor (age) of the women.

ETHICAL CONSIDERATION

Ethical clearance and approval to conduct this research was obtained from the Research, Ethics and Publication Committee in university of Port Harcourt, Rivers state and Ministry of health Bayelsa State.

Subsequently, informed written consent was taken from the participants at the commencement of the research. Additionally, confidentiality was expressed at the introductory part of the questionnaire.

RESULTS

It presents and gives descriptive results on the socio-demographic data for the study, knowledge and attitude towards family planning, levels and forms of contraceptive technique used by respondents and inferential statistics on factors that influence contraceptive use among respondents in Nembe, Bayelsa State.

Table 1: Socio-demographic Distribution of Respondents (n = 398)

Statement/Variable	Frequency (F)	Percent (%)
Name of Community:		
Bassanbiri	150	37.7
Ikeni	122	30.7
MiniIkeni	126	31.7
Age:		
15-21	121	30.4
22-28	112	28.1
29-35	90	22.6
36-42	41	10.3
43-49	34	8.5
Religion:		
Christianity	324	81.4
Islam	7	1.8
Traditional	67	16.8
Occupation:		
Fishing	112	28.1
Student	119	29.9
Civil Servant	42	10.6
Currently unemployed	125	31.4
Tribe:		
Ijaw	309	77.6
Yoruba	14	3.5
Igbo	54	13.6
Others	21	5.3
Marital status:		
Single	114	28.6
Married	256	64.3
Divorced	14	3.5
Separated	14	3.5
Type of marriage:		
Monogamy	231	58.0
Polygamy	113	28.4
None	54	13.6
Educational status:		
No formal	41	10.3
Primary	86	21.6
Secondary	225	56.5
Tertiary	46	11.6

Table 1 shows the socio-demographic distribution of respondents. A total of 398 respondents

employed in the research for which all were given questionnaires to filled and subsequently returned after

providing responses to the items. Mean age of participants is 29years. 150(37.7%) of the respondents are from Bassambiri, 122(30.7%) of the participants from Ikensi while 126(31.7%) are from MiniIkensi. 324(81.4%) are Christians, 7(1.8%) are Muslims while 67 (16.8%) are Africa traditional worshippers. Occupation of the respond are: 112(28.1%) are into fishing, 119(29.9%) are students. 42(10.6%) are civil servants while 125(31.4%) are currently unemployed. 309(77.6%) of participants are Ijaw ethnic nationality,

14(3.5%) are Yoruba, 54(13,6%) are Igbos while 21(5.3%) belong to other religion; 114(28.6%) are single, 256(64.3%) are married, 14(3.5%) are divorced while 14(3.5%) are separated; 231(58.0%) are involved in monogamous relationship, 113(28.4%) are polygamous while 54(13.6%) did not respond; 41(10.3%) had no formal education, 86(21.6%) had primary level of education, 225(56.5%) had secondary level of education while 46(11.6%) had tertiary level of education.

Table 2: Knowledge on Contraceptives

Statement/Variable	Frequency (F)	Percent (%)
Heard about Modern Contraception:		
Yes	298	74.9
No	100	25.1
Modern Contraceptive methods heard about:		
Injectable	25	6.3
Implant	24	6.0
Emergency pills	41	10.3
Male condom	97	24.4
Female condom	5	1.3
Oral pills	77	19.3
Female sterilization	4	1.0
Male sterilization	6	1.5
No response	119	29.9
Source of Information:		
Health worker	143	35.9
Family and friends	88	22.1
Television/radio/print media	49	12.3
No response	118	29.6
Consider Contraceptives as important:		
Yes	284	71.4
No	50	12.6
No response	64	16.1
Reasons why Contraceptives are considered important:		
Child spacing	47	11.8
Prevention of pregnancy	170	42.7
Prevention of STI	30	7.5
Prevention of STI and Pregnancy	21	5.3
Healthy mother and child	3	0.8
No response	127	31.9

Table 2 shows participants knowledge modern contraceptives. 298(74.9%) have heard about modern contraceptives while 100(25.1%) have not; contraceptive types mentioned are 25(6.3%) injectables, 24(6.0%) implants, 41(10.3%) emergency pills, 97(24.4%) male condom, 5(1.3%) female condom, 77(19.3%) oral pills, 4(1.0) female sterilization, 6(1.5%) male sterilization, while 119(29.9%) did not stated none; 143(35.9%) got information from health

workers, 88(22.1%) family and friends, 49(12.3%) television/radio/print media, while 118(29.6%) no response; 284(71.4%) consider contraceptives as important, 50(12.6%) do not while 64(16.1%) gave no response; 47(11.8%) stated child spacing as benefit of contraceptive, 170(42.7%) prevention of pregnancy, 30(7.5%) prevention of STI, 21(5.3%) prevention of STI and pregnancy, 3(0.8%) stated healthy mother and child while 127(31.9%) did not respond to the question.

Table 3: Contraceptive Prevalent Rate among Respondents

Statement	Frequency (F)	Percent (%)
Currently using a Contraceptive:		
Yes	152	38.2
No	246	61.8

Contraceptive prevalence = (Women of reproductive age (15-49) who are married or in union and who are currently using any method of contraception / Total number of women of reproductive age (15-49) who are married or in union) sampled x 100

Table 3 shows the contraceptive prevalent rate:
Total number of reproductive age sampled = 398 respondents
Total number of women using a form of contraceptive = 152
Thus, contraceptive prevalent rate = $152/398 \times 100 = 38.2\%$ during the study period.

Table 4: Modern Contraceptive use among Respondents

Statement	Frequency (F)	Percent (%)
Currently using Modern Contraception:		
Yes	76	19.1
No	322	80.9
Type of Modern Contraceptive in Use:		
None	322	80.9
Male condom	42	10.6
Injectables	7	1.8
Oral pills	18	4.5
Implants	8	2.0
IUD	1	0.3
Frequency of Modern Contraceptives Use		
None	322	80.9
Rarely	18	4.5
Always	50	12.6
Occasional when I have unprotected sex	8	2.0
Duration of Modern Contraceptive Use:		
<10years	102	25.6
10-20years	25	6.3
21-30years	19	4.8
31years and above	6	1.5
None	246	61.8

Out of a total of 398 respondents, the contraceptive prevalent rate for this population is 38.2%; 76 (19.1%) are currently using modern contraceptives while 322 (80.9%) are not; 42(10.6%) use male condom, 7(1.8%) use oral pills, 18(4.5%) use injectables, 8(2.0%) use implant, 1(0.3%) use IUD

while 322(80.9%) use none; 102(25.6%) have used contraceptives for less than 10years, 25(6.3%) have used it for 10-20years, 19(4.8%) have used it for 21-30years, 6(1.5%) have used it for 31years and above while 246(61.8%) have not.

Table 5: Factors Associated with Modern Contraceptives Use and Non-Use

Statement	Frequency (F)	Percent (%)
Reasons for Contraceptive Use:		
Prevent Sexually Transmitted Infections	14	3.5
Prevent pregnancy	57	14.3
Ensure child spacing	13	3.3
Prevent Sexually Transmitted Infection and Pregnancy	32	8.0
None	282	70.9
Reasons for None Use of Contraceptives:		
Need for more children	53	13.3
Not available	53	13.3
Fear of side effects	41	10.3
Lack of knowledge	126	31.7
Culture	20	5.0
Husbands opposition	105	26.4

Table 5 shows associated factors towards contraceptive use and non-usage. Reasons for contraceptive use stated by participants are 14(3.5%) as

prevention of sexually transmitted infections, 57(14.3%) as prevention of pregnancy, 13(3.3%) to ensure child spacing, 32(8.0%) to prevent sexually

transmitted infections and pregnancy while 282(70.9%) did not give any reason as they do not support contraceptive use; reasons for none use of contraceptives stated include: 53(13.3%) need for more

children, 53(13.3%) none availability of contraceptives, 41(10.3%) fear of side effects, 126(31.7%) lack of knowledge while 20(5.0%) husbands opposition.

Table 6: Binary logistic regression of use of Contraceptive method as dependent variable with some independent variables

	B	S.E	Wald	df	sig	Exp(B)	95 CI FOR EXP (B)	
							lower	Upper
Age	.244	.089	7.470	1	.006	1.276	1.071	1.520
Marital status	.819	.491	.000	1	.998	.600	.000	1.482
Education	.448	.659	.798	1	.000	.567	.179	.092
Have you heard contraceptive	-1.122	.275	16.621	1	.000	.326	.190	.559
Constant	.786	.309	6.453	1	.011	2.195		

[1] B is the estimated logistic coefficient. [2] S.E. is the standard error of the coefficient. [3] Wald = [B/S.E.]². [4] "Sig" is the significance level of the coefficient

There is a statistical significant difference between age and contraceptive usage. The higher the age of women of reproductive age, the higher the contraceptive use $P = 0.006$

Also, there is a statistical significant relationship between education and usage of contraceptive. The higher the level of education, the better, the greater the use of contraception among women of childbearing age. $P = 0.000$. A very strong relationship.

There is also a statistical significant relationship between knowledge (heard about contraceptive) and use of contraceptive. The lower the knowledge the lesser the possibility of a women using a type of contraceptive. $B = -1.122$ and $P = 0.000$ which is a very strong relationship

Note that B stands for the intercept of the logistic regression.

Meanwhile there is no statistical significant relationship between marital status and contraceptive use. $P = .998$

On the overall, an integration of age, marital status, education, knowledge on contraceptive showed a significant positive relationship. $B = 0.786$ and $P = 0.011$

DISCUSSION

This research is a cross sectional study that assessed contraceptive use and its associated factors in Nembe, Bayelsa State, with a sum of three hundred and ninety eight ($n = 398$) respondents whose consent was sought and obtained and were enrolled for the research. Questionnaires were shared among all survey participants in order to evaluate the contraceptive prevalent rate and associated factors influencing the

uptake of contraceptives in Nembe, Bayelsa State. Data was obtained and analyzed using the Statistical Package for Social Sciences (SPSS) windows version 22 to obtain descriptive and inferential statistics. Resulted showed that the contraceptive prevalence rate for the research was 38.2% with 61.8% who are currently never utilizing any type of contraceptives. Among the respondents, only 76(19.1%) are currently using modern contraceptives while greater number of the participants 322(80.9%) are currently not utilizing any kind of contraceptive. 42(10.6%) currently use male condom, 18(4.5%) use oral pills, 8(2.0%) use implants, 7(1.8%) use injectables, 1(0.3%) use IUD while 322(80.9%) use none. 50(12.6%) always use contraceptives, 8(2.0%) occasional use, 18(4.5%) rarely use while 322(80.9%) use none; 57(14.3%) used contraceptives to prevent pregnancy, 32(8.0%) use it to prevent sexually transmitted disease and pregnancy, 14(3.5%) to prevent sexually transmitted disease, 13(3.3%) to ensure child spacing while 282(70.9%) did not state any reason for not using. Binary logistic regression shows that the lower the knowledge of contraceptives, the less likely women of reproductive age will use modern contraceptives in Nembe, Bayelsa State and there was a statistically significant relationship between knowledge and use of modern contraceptives ($P = 0.000$) at 95% Confidence Interval. There is therefore an urgent need to scale up contraceptive awareness and address the various limiting factors towards the usage of contraceptives among women of childbearing age group in Nembe, Bayelsa State.

The result from our findings on socio demographics reveals that greater numbers of the respondents are within the second to third decade of life who is women of reproductive age. More than three-quarter of the respondents are from the Ijaw ethnic nationality and are mainly Christians. Majority of participants are married in monogamous home with secondary level of education. They are mostly unemployed and hail from Nembe Local Government Area. This demography reflects the fact that participants in the region are women of reproductive age who are

mostly unemployed as a result of poor skills and absence of job opportunities in that region and this could translate to more engagement in procreation activities that necessitates the using of contraceptives for efficient family planning.

Greater numbers of the participants (74.9%) have heard about contraceptives methods with only less than a quarter that have not. This unlike a finding by [21]. Who noted that knowledge on contraceptives is almost universal with 96% participants indicating to have heard about contraceptive methods. The most significant source of information is from health workers, followed by family and friends and then television, radio/media. These means of relevant data were central in driving contraceptive knowledge and uptake across the globe and they must be strengthened in order to improve knowledge and behaviors towards contraceptives [22]. Among the participants, nearly a quarter consider contraceptives as important while the others do not. Those who do are more probably to utilize a form of contraceptive unlike the other quarter that may need some social and behavior change interventions to get to acceptance of the advantages of contraceptives and its uses. Majority stated that birth control is important and gave various reasons which are mainly for birth spacing, prevention of STIs and stopping of pregnancy. Therefore, gaps exist in knowledge among some women of childbearing age as regards the advantages of contraceptives and the necessity using them for various reasons earlier state. This corroborates with findings cited in earlier literatures on knowledge on contraceptives and the available methods and necessitates the need to intervene through social and behavior change intervention [23]. Furthermore, the result shows that the contraceptive prevalent rate in Nembe, Bayelsa State is (38.2%). This is worrisome as majority of women of childbearing age don't utilize contraceptive methods. This result is slightly higher to another survey carried out in Bayelsa State by [24] who noted a contraceptive prevalent rate of 36.8% in a research done in Bayelsa Central Senatorial zone. The above result is greater than the national contraceptive prevalent rate in Nigeria of 17%. Although lower than the contraceptive prevalent rate in Lagos State Nigeria with a contraceptive prevalent rate of 57.6% reported by [25]. The findings of the research work is worrisome like most states across the Federation where there is urgent need for contraceptive yet uptake continues to be a problem with associated high maternal morbidity and mortality rate. It becomes an issue of urgent concern to scale up health promotion interventions that creates awareness on the advantages of birth control methodology to encourage females of childbearing age using the various available modern contraception methodologies. Among the methods used, male condom (10.6%) was the most preferred method while IUD (0.1%) was the least used method mentioned by respondents. A finding that is similar to [24] who noted also that condom was the

preferred frequently used method of contraceptives and report from other studies across the globe where IUD was among the least methods of contraceptives preferred among women of reproductive age. The study further revealed among those that use contraceptives, 12.6% uses it always, 4.5% use it rarely while 2.0% use it occasionally after engaging in an unsafe sex. The timeframe of using contraceptive was 25.6% for less than 10years old, 6.3% for 10-20years and 4.8% for 21years and above. These findings on the frequency of use (12.6%) being always is worrisome and reveals the poor use and adherence to contraceptives among women of reproductive age in Nembe, Bayelsa State.

Contraceptive usage among respondents was influenced by various reasons. Results from the research revealed that prevention of pregnancy was the main reason stated for contraceptive use with child spacing being the least method stated that encourage them to use contraceptives. This finding is similar to a research work done in India by [25] who observed that prevention of pregnancy and sexually transmitted infection are the sole reasons for uptake of contraceptives among females of childbearing age in India. Various reasons were given for non-use of contraceptives. The main reason for contraceptive non-use was indicated as an absence of awareness concerning contraceptives, followed by the desire to have more children and the absence of modern contraceptive methods. Other reasons stated were husband opposition and fear of adverse effects and culture which do not encourage contraceptive use. These findings are similar to (24) who noted that culture and religious factors, education, and knowledge on contraceptives were associated with contraceptive usage. Age and number of children influenced the type of contraception a woman utilizes.

CONCLUSION

This study has revealed that majority of females of childbearing age (15-49 years) in Nembe Bayelsa State have good knowledge about contraceptives. Despite this, the usage of contraceptives was poor among respondents. Condoms are the most commonly used contraceptive, with the main reason for their use being to prevent pregnancy. Prevention of sexually transmitted disease, ensure child spacing and prevention of sexually transmitted infections and pregnancy were stated as reasons for contraceptive use among respondents. Lack of knowledge about birth control methodology was a major reason for none use with other reasons stated which include need for more children, unavailability of contraceptives, fear of adverse effects, husbands opposition and culture that discourage usage of contraceptives.

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