Factors Associated with Uptake of Modern Family Planning Methods among Women of Reproductive Age in Mgbuoshimini Community, Rivers State, Nigeria

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Background: *Poor uptake of Modern Family Planning Methods (MFPM) is compatible with a high incidence of unintended pregnancies and maternal deaths. Uptake is the proportion of women aged 15–49 years who are currently using (or whose partners are using) a modern method of contraception.[3] Despite the progress recorded from making MFPMs widely available in Nigeria, their uptake remains poor. This study provides information which would ultimately help community health experts understand factors which drive the poor uptake of MFPMs in Rivers State. The study also determined the factors associated with uptake of MFPMs among Women of Reproductive Age (WRA) in Mgbuoshimini community, Rivers State, Nigeria.*

Methods: *A cross-sectional community-based study using the multi-stage sampling technique among 210 WRA in Mgbuoshimini community, Rivers State*
Inclusion criteria: All WRA who had lived in Mgbuoshimini community for at least six months and WRA who were living with their partners.
Exclusion criteria: WRA who were already menopausal and those who were too ill to participate in the study. Data was collected over a period of three weeks (from July 12 –August 3, 2019 and analyzed using Statistical Package for Social Sciences (SPSS) version 21. Study questionnaire was adapted from the PMA 2020 female questionnaire.[7] Findings were summarized using frequencies and proportions. Inferential statistics done included chi-square test and fisher's exact test. The level of significance was set at p<0.05. Statistically significant variables on bivariate analysis were entered into a multivariate analysis model to control for any confounding influence. Multivariate analysis was performed using binary logistic regression. Odds ratio was used to determine the strength of association

Results: *The mean age of study respondents was 29.07±8.00 years and their mean age at marriage was 24.60±4.35 years. Majority of them were married (102, 48.5%), had secondary level of education (102, 49.5%) and were employed (138, 67.0%). Most of the women had monthly income ≤18,000 (93, 45.1%). Majority of study respondents had partners aged 25-34yrs (93, 45.1%), who had tertiary level of education (119, 57.8%), were employed (167, 81.1%) with a monthly income of between 19,000 – 50,000 (89, 43.2%). The uptake of MFPMs in this study was 23.3% (49). The barriers to uptake of MFPM identified were the fear of side effects (61, 37.9%) and desire for pregnancy (24, 14.9%).*

.Table 1: Factors associated with current use of MFPM

Variable	Current use of MFPM among respondents		Chi Square	p-value
	Yes (%)	No (%)		
Partner's Monthly Income (NGN)				
≤50,000	21 (32.8)	43 (67.2)	4.624	0.035*
>50,000	28 (19.2)	118 (80.8)		
Religion				
Christian	14 (45.2)	17 (54.8)	9.687	0.003*
Non-Christian	35 (19.6)	144 (80.4)		

Table 2: Logistic regression analysis of predictors of current use of MFPM.

Variables	Crude OR (95% CI)	Adjusted Odds ratio (AOR)	95% CI (for AOR)	p-value
Partner's Monthly Income				
≤50,000	2.1 (1.1 − 4.0)	2.17	2.00−4.31	0.027*
>50,000	1	1	1	
Religion				
Christian	3.4 (1.5 − 7.5)	1.64	1.58−8.03	
Non-Christian	1	1	1	

CI – Confidence Interval   *statistically significant

Discussion: *Despite a high level of awareness, uptake of MFPMs in this study was low. This finding was also observed by other studies.[4,1] This prevalence was however higher than the country and state average as reported by the NDHS.[5] The religion of respondents and the monthly income of their partners were factors associated with uptake of MFPMs in this study. Contrasts with findings from a study in Ebonyi state, Nigeria. Health system-related factors that affect uptake of MFPMS were not explored in this study and as with all cross sectional studies, establishment of a causal relationship is not possible. Also, a Qualitative approach was not explored for in-depth insight.*

Conclusion: *The uptake of MFPMs in this study was low. The fear of side effects and desire for pregnancy were barriers to uptake. The factors associated with uptake among study respondents were their partner's income and religion. The inclusion of family planning messages as part of religious programs may provide an avenue for health workers to continually emphasize the benefits of MFPMs and dispel misconceptions.*

Keywords*: Family planning, contraceptives, women of reproductive age, Rivers State.*

References

1. Eliason S, Awoonor-Williams JK, Eliason C, Novignon J, Nonvignon J, Aikins M. Determinants of modern family planning use among women of reproductive age in the Nkwanta district of Ghana: a case–control study. Reprod Health. 2014; 11:65

2. United Nations, Department of economic and social affairs, population division. Trends in contraceptive use worldwide 2015. New York: United Nations; Report No.: st/esa/ser.a/349

3. Tekelab T, Melka AS, Wirtu D. Predictors of modern contraceptive methods use among married women of reproductive age groups in Western Ethiopia: a community based cross-sectional study. BMC Women's Health. 2015; 15:52.

4. Mustafa G, Azmat SK, Hameed W, Ali S, Ishaque M, Hussain W, et al. Family Planning Knowledge, attitudes, and Practices among Married Men and Women in Rural Areas of Pakistan: Findings from a Qualitative Need Assessment Study. Int J Reprod Med. 2015;2015

5. National Population Commission (NPC) [Nigeria] and ICF. Nigeria Demographic and Health Survey 2018 Key Indicators Report. Abuja, Nigeria, and Rockville, Maryland, USA; 2018. 2015;2015

6. Anaba R, Ugwa EA, Agbor IE, Nwali MI, Orji B. Knowledge, Attitude, and Contraceptive Preferences Among Postpartum Women in Izzi, Ezza South, and Ikwo Local Government Areas of Ebonyi State, Nigeria. Hosp Pract Res. 2018; 3(1):11–5

7. Centre for Population and Reproductive Health (CPRH), University of Ibadan; Centre for Research, Evaluation Resources and Development (CRERD); et al Performance Monitoring for Action (PMA) Household and Female Survey Phase 1, PMA2017/Nigeria-P1-HQFQ. 2020. Nigeria and Baltimore, Maryland, USA. https://doi.org/10.34976/0r86-3778