



## Assessment of the Knowledge, Attitude, And Utilization of Modern Contraceptive in Ikosi Lcda, Lagos State, Nigeria

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DOI: [10.5281/zenodo.10552849](https://doi.org/10.5281/zenodo.10552849)

Submission Date: 18 Dec. 2023 | Published Date: 23 Jan. 2024

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### Abstract

**BACKGROUND:** Modern contraceptives (MCs) and family planning information are some of the most cost-effective public health measures for improving reproductive health, and gender equity among women in developing countries.

**OBJECTIVE:** To assess the knowledge, attitude, and utilization of modern contraceptives in Ikosi LCDA, Lagos state.

**METHODS:** A descriptive research of survey type was employed to assess the Knowledge, Attitude and Utilization of Modern Contraceptives in Ikosi LCDA, Lagos State

A multistage sampling technique was used in selecting 153 respondents as the sample size. Data were collated and analyzed using Statistical Package for Social Science. Chi-square was used with the level of significance for the statistical tests set at 0.05.

**RESULTS:** Majority 74(48.4%) of the respondents were between (25-34) age bracket, majority of the respondents 66 (43.1%) had a Primary school level of education, majority of the respondents 98 (64.1%) were married, more than half 89 (58.2%) of the respondents had monogamy marriage type and majority of the respondents 94 (61.4%) practice Christianity. 72 (47.1%) of the respondents accepted that their reason for using contraceptives is that it is affordable. Majority 72 (64.1%) of the respondents have been using contraceptives for a year, while majority 146 (57.5%) of the respondents are willing to continue using contraceptives despite side effects.

### CONCLUSION

This study concluded that there is a significant relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptives in the study area. And husband's refusal is one of the major factors preventing people from using contraceptives in the study area.

**Keywords:** Hazard, Awareness, Knowledge, Cholera.

## INTRODUCTION

Modern contraceptives (MCs) and family planning information are some of the most cost-effective public health measures for improving reproductive health, and gender equity among women in developing countries (Megabiaw, 2019). Its use improves maternal health by lowering cases of unwanted pregnancies and induced abortions, as well as reducing the proportion of high-risk births. It is estimated that 140,000–150,000 women are saved annually from pregnancy-related deaths in sub-Saharan Africa (Prateek & Saurabh, 2019). In Nigeria, women often have one or more children than the number they desired, and women in rural areas with higher total fertility rates are therefore more at the risk of avoidable pregnancies and pregnancy-related deaths (NPC, 2019). It is estimated that more than 60% of women with unintended pregnancies were not using any form of contraception (National Population Commission, 2016). This is a common practice, especially in the rural areas, where reproductive health decisions are largely shaped by the norms and beliefs of the communities in which they live. Nevertheless, about 12.4% of these women rely on ineffective traditional methods for contraception (NPC, 2019). In Nigeria, only 5.7% of rural women are currently using any method of modern

contraception despite the adverse maternal mortality ratio of 576 deaths per 100,000 live births. This prevalence varies and ranges between 7% and 29% depending on the area of the country (National Population Commission, 2016). Concerted efforts have, however, been made by various State governments in the country and other stakeholders such as nongovernmental organizations to increase contraceptive awareness through the mass media and ensuring its access by making available of family planning products and services (Elfstrom, 2016).

Contraception, according to Kolawole et al. (2018) is the act of preventing pregnancy by interrupting the chains of events that lead to conception. It is very paramount in reducing the risk of unintended pregnancies and their attendant complications especially because of the strict abortion laws in Nigeria. It has been estimated that of the 210 million pregnancies that occur annually worldwide, about 80 million (38%) are unplanned, and 46 million (22%) ends in abortion (Megabiaw, 2019). Unintended unprotected intercourse is the primary cause of unwanted pregnancies, and many women with unwanted pregnancies decide to end them by abortion, which is most unsafe. Wider uptake of long-acting reversible contraceptive (LARC) methods is predicted to scale back the high rate of unintended pregnancy (Dude et al., 2018). LARCs are defined within the UK National Institute for Health and Care Excellence guideline as contraceptive methods that need administration but once per cycle or month. Included within the category of LARCs are: progestin-only contraceptive implants and other methods (Feyisetan, Bamiwuye, 2018). Contraceptive implants are progesterone-only contraception that is inserted sub-dermally but they are readily reversible with a return to fertility within days of removal (Feyisetan, Bamiwuye 2018).

Moreover, these contraceptive devices are often safely placed within the immediate postpartum period, ensuring good contraceptive coverage. Irregular bleeding is their common side effect. World Health Organization [WHO] (2020) reported that the proportion of women of reproductive age who have their need for family planning satisfied with modern methods between 2010-2019 in Nigeria was 35.6%. The adolescent birth rate (per 1000 women aged 15-19 years) in Nigeria between 2010-2019 was 106%. This report is in tandem with the Nigeria Demographic and Health Survey (NDHS) (2019) which presented that teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and the child. Childbearing during adolescence is understood to possess adverse social consequences, particularly regarding educational attainment, as women who become mothers in their teens are more likely to drop out of school (Jejebhoy, 2018). In Nigeria, 19% of girls age 15-19 have begun childbearing; 14% have given birth, and 4% are pregnant with their first child (Akinyemi et al., 2015).

NDHS (2019) recorded that the unmet need for family planning was higher among sexually active unmarried women (48%) than among currently married women (19%). The total demand for family planning among currently married women was 36% (Dhingra, et al., 2020). The survey indicated that the contraceptive prevalence in Nigeria was 16.6% as against 27% national target and implants accounts for 3.4%. It was also indicated by NDHS, (2019) that Ondo State prevalence of implants among women of reproductive age was 7.8%. and Lagos state prevalence of implants among women of reproductive age was 4.3%. Based on the report from Akungba-Akoko Comprehensive Health Centre for 2019, the prevalence of implants was 2.6% (OlaOlorun & Hindin, 2018)

Contraceptive use particularly modern contraceptive use remains prominent in demographic and health literature because of its numerous health benefits to women and families such as preventing unintended pregnancies, promoting healthy birth spacing, reducing lifetime risk of maternal deaths and enhancing attainment of development goals (Stover & Ross, 2018). In addition, contraceptive use remains a dominant population and health issue because of its important role in the demographic transitions in different countries with varying degrees of demographic situations (Lesthaeghe, 2018). Large numbers of studies across the world have examined individual, institutional and community determinants of contraceptive use among different groups of women (Colleran & Mace, 2015). However, there is a paucity of studies focusing on the dynamics of contraceptive use and non-use among women in advanced reproductive age. Women in advanced reproductive age refer to women aged 35–49 years. Pregnancy occurrences among women in this group have been described as ‘advanced maternal age’ (Mills & Lavender, 2018), but irrespective of pregnancy occurrence or non-occurrence, studies have inadequately investigated factors affecting contraceptive use and non-use among women of advanced reproductive age Sulthana et al., (2015).

Effective contraceptive use could help prevent pregnancies that are not intended among all categories of women including women in advanced reproductive age. Secondly, not all of them have attained completed fertility UN (2017). Some may still be without any child, and some may have just started childbearing (Ramachandran, Sethuraman, Nachimuthu & Natrajan, 2015). In addition, some may have deliberately delayed childbearing in pursuits of post-materialist values as predicted by the post-materialist value theory as well as the Second Demographic Transition Theory (Olusanya & Solanke, 2019), giving rise to steady increase in the median age at first marriage and median age at first birth as already being observed in Nigeria. For instance, median age at first marriage in Nigeria increased from 17.1 years in 1990 to 18.3 years in 2019, while median age at first birth increased from 19.7 years to 20.2 over the same period (NPC, 2019). Hence, many of them are still sexually active. Thirdly, with high unmet need for family planning in

several developing countries including Nigeria, there may be likelihood of unintended pregnancies among women of advanced reproductive age (Akinyemi, Adedini, Hounton, Akinlo, Adedeji & Adonri, 2015).

With only 9% of women aged 30–49 years being menopausal in Nigeria, the susceptibility to pregnancy remains high among women of child bearing age in advanced reproductive age (Lesthaeghe, 2018). Many of these women do not accept female sterilisation as a fertility regulation method, and in the event of unintended pregnancies, may result to induced abortion which remain largely illegal in Nigeria, and which may further endanger their reproductive health. Fourthly, there are no specific family planning interventions for women of advanced reproductive age in many developing countries. Assisted reproductive technology used to ease complications of pregnancy in advanced reproductive age in developed countries are not widely available to women of advanced reproductive age in developing countries (Hourvitz, Machtinger, Maman, Baum, Dor, Levron, 2018).

## Materials and Methods

### Study Area

Ikosi is a major town in Kosofe Local Government Area of Lagos State. Ikosi, the administrative headquarters of the seven villages that make up Kosofe, it was founded in the 15th century, by Aina Ejo, the seventh son of Akanbiogun, an Ile-Ife prince and warrior who previously domiciled in Iwaye Quarters in Ota (Ogun State). He later left Ota to settle for a virgin land.

Indigenes of Ikosi are of the Awori stock of the Yoruba race and are remarkably hospitable and peaceful people. Traditional folklore has it that the name 'Ikosi' is a short form of the saying 'Kosi Kosi' which refers to the saying of the early settlers to visitors that they never heard their things from visitors. They were traditionally farmers.

Aina Ejo founder of Ikosi kingdom begat Taiwo and Kehinde in 1795, Kehinde begat Bakare Onikosi, Rufai Oloyede and others Taiwo-Olowo begat Yesufu Oke Taiwo, Joseph Ogunlana Taiwo, Funmilayo Taiwo and the last born who became the first statutory King of modern Ikosi - Oba Adegboyega Taiwo (Akeja Oniyanru I) who was born in 1901 and ruled between 1996 and 2006. He was the statutory Chairman and Oba Bashua of Somolu was the vice-chairman of the Chieftaincy Committee of Somolu local Government till 1996. Upon the creation of Kosofe Local Government, he retained the chairmanship before the coronation and installation of Oba Bashiru Olountoyin Saliu, the Oba of Oworonshoki who deputised for him in 1998. Oba Adegboyega Taiwo (Akeja Oniyanru I) was succeeded by Oba Samuel Alamu Kehinde Onikosi (Edun-Arobadi 1) on Tuesday July 24, 2007.

The population and economic value of Ikosi were prime considerations when Ikosi/Isheri LCDA was created. Ikosi is the secretariat of Ikosi-Isheri Development Council and home to the largest fruit and vegetable market in Lagos, which was created in 1979. Ikosi is bordered by two major highways in Lagos State. The Lagos-Ibadan Expressway serves as an artery linking Lagos to other parts of the country. The Lagos-Ikorodu Road also travels from Jibowu through Ikosi to Ikorodu. The Post Code for Ikosi is 100246.

All Saints' Anglican Parish Church, the headquarter of Ikosi Archdeaconry of the Diocese of Lagos West of the Church of Nigeria (Anglican Communion) stands right along the Lagos-Ibadan Expressway. Ikosi is the site of TV Continental (formerly GOTEL UHF 65), a television station and Radio Continental 103.3FM (formerly LINK FM), a radio station. A campus of Lagos State Polytechnic was formerly located at Ikosi. The Centre for Management Development (CMD) is also located in Ikosi.

Prominent indigenes of Ikosi over the years include Prince Olaolu Taiwo (Councilor in the Second Republic), Prince Atanda Jimoh (also a councilor then), Prince Alamu Taiwo who was instrumental to the placement of All Saints' Parish Anglican Church, Major Kayode Taiwo (Rtd), Arc (Prince) Ademola Taiwo, a former permanent secretary (PPUD) in the Lagos State Government.

### Advocacy/Community Entry:

A visit to the Ikosi LCDA secretariat, Lagos State to discuss the researcher's intentions and seek approval to carry out this study.

### Study Population

The study population for this study comprised all women of child bearing age in Ikosi LCDA, Lagos State.

### Study Design

A descriptive research design was used for this study. It was a quantitative study that involves collection of primary data among women of child bearing age in Ikosi LCDA, Lagos State.

**Inclusion Criteria**

The study included all women of child bearing age in Ikosi LCDA, Lagos State.

**Exclusion Criteria**

The study excluded all those who are not women of child bearing age in Ikosi LCDA, Lagos State.

**Sample size Determination**

The minimum sample size was used to determine using the formula for descriptive study. The formula is given as:

$$n = \frac{N}{1 + N(e^2)} \text{ (Yamane Taro, 1967)}$$

Where,

n = desire sample size for the study

N = Population size for the study

e = A value representing how error to allow from estimate in the study.

95% = 0.08, 98% = 0.02, 99% = 0.01 etc.

Ikosi LCDA has total population of 107,283 according to NPC (2006)

Women of child bearing age is 35% of the total population

Therefore, by using this formula,  $n = \frac{N}{1 + N(e^2)}$  (N=100, E=0.05)

$$n = \frac{37,534}{1 + 37,534(0.08^2)}$$

$$n = \frac{37,534}{1 + 37,534 \times 0.0065}$$

$$n = \frac{37,534}{1 + 243.971}$$

$$n = \frac{240}{244.971}$$

$$n = 153$$

**Sampling Techniques**

A multistage sampling technique was be used in selecting respondents in this study. The selection was in 3 stages as follows:

**Stage 1:** simple random technique by balloting with no replacement was used to select 30 compounds. Proportional allocation was used to distribute the sample size across the selected compounds to give at least 8 respondents in each compound.

**Stage 2:** Systematic sampling technique was used to select the required number of households in each compound using a list of houses in each selected compound as sample frame. The total number of houses was divided by the allocated proportion of the total sample size to obtain the sampling interval (K) The first household was selected randomly after which the K interval was used, using the list of households until the desired sample size was recruited for each compound.

**Stage 3:** Eligible women of child bearing age selected from each household were recruited for this study. Where a respondent from selected household declined consent or has any of the exclusion criteria, the next household on the sampling frame was randomly selected until the desired sample size was reached.

**Research Instrument**

The research instrument for this study was a self-structured questionnaire developed by the researcher. The questionnaire comprised of section A and B, section A focused on the demographic data of the instrument while section B focused on the knowledge, attitude and practice of contraceptive in Ikosi LCDA, Lagos state.

**Method of Data Collection**

The researcher obtained permission from Ikosi LCDA secretariat, Lagos State. After which the researcher with the help of two trained research assistants administered the questionnaire to the respondents. With the help of training, it enabled the research assistants to have proper understanding of the questionnaire.

**Method of Data Analysis**

The data were collected, coded and analysed using both descriptive and inferential statistics of frequency count and percentage and chi-square at 0.05 alpha level.

### Ethical Considerations

Approval was obtained from the Head of Department of Community Health. At an individual level, informed consent was received from each participant before data collection. The principles of privacy and confidentiality upheld.

### Validity of the Instrument

A self-structured questionnaire drafted by the researcher were given to four experts in the department of Public Health (Community Health unit) including the researcher's supervisor. Their suggestions and modifications were effected before the final draft copy of the instrument is produced.

### Reliability of the Instrument

A pre-test of the questionnaire was conducted among women of child bearing age in Ikosi LCDA, Lagos State. 10% of the sample size questionnaire were used for pre-test. The aim of the pre-test exercise was to determine the accuracy, suitability and efficiency of the instrument, and to ascertain any difficulty the researcher may encounter while carrying out the main study. The reliability of the instrument was ascertained through split-half method using Spearman Brown method.

### Limitations of the study

The major constraint suffered in the course of the study include:

- i The reluctance of some community members to respond to many of the questions asked; and
- ii Cultural belief of not saying vulgar (raw) words as regards anything to do with the female reproductive organs. However, these limitations did not affect the validity and reliability of this study.

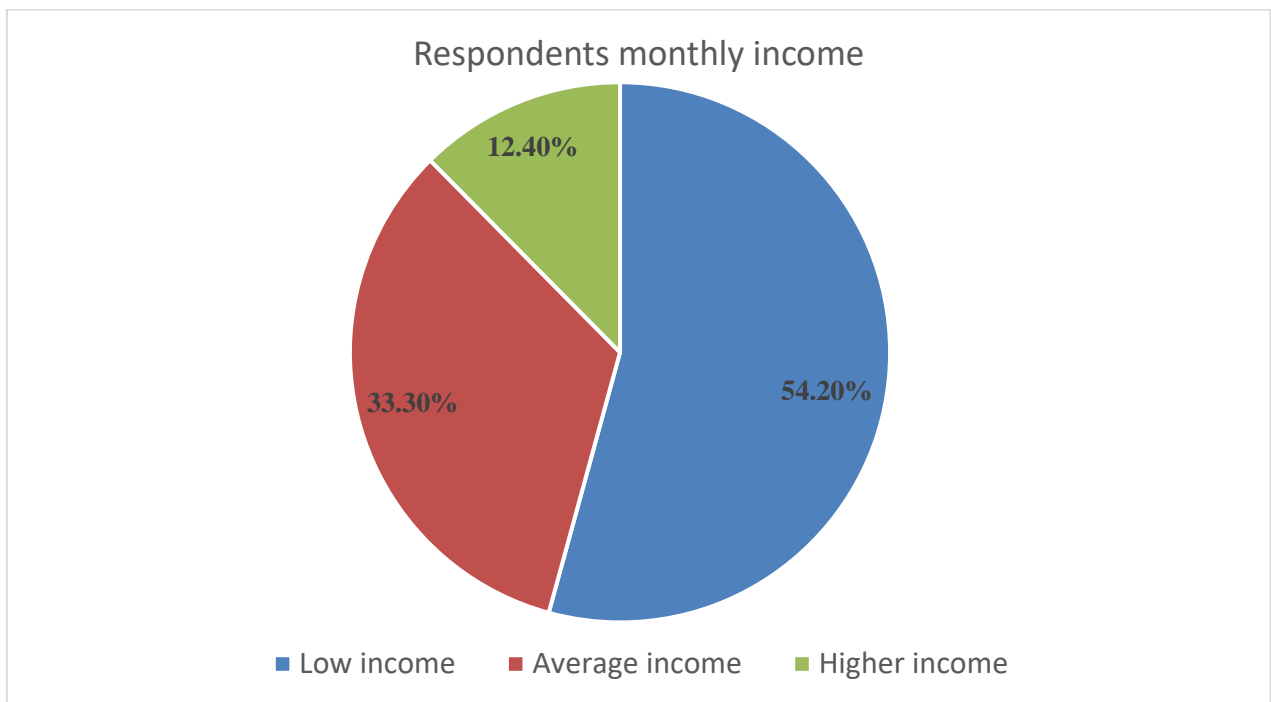
## RESULTS

**Table 1: Respondents' Socio Demographic Characteristics (n = 153)**

AGE	FREQUENCY	PERCENT (%)
15-24 years	33	21.6%
25-34 years	74	48.4%
35-44 years	39	25.5%
45 years and above	7	4.6%
<b>Educational Qualification</b>		
No education	16	10.5%
Primary school holder	66	43.1%
O'level/NCE/OND	21	13.7%
First degree/HND	16	10.5%
formal education	32	20.9%
Non-formal education	2	1.3%
<b>Marital Status</b>		
Single	33	21.6%
Married	98	64.1%
Divorced	9	5.9%
Widow	8	5.2%
Separated	5	3.3%
<b>Marriage type</b>		
Monogamy	89	58.2%
Polygamy	64	41.8%
<b>Religion</b>		
Islam	56	36.6%
Christianity	94	61.4%

Traditional	3	2.0%
<b>Month income/salary</b>		
Low income	83	54.2%
Average income	51	33.3%
Higher income	19	12.4%
<b>Total</b>	153	100.0%

Table 1 analysis revealed that majority 74(48.4%) of the respondents were aged between (25 -34) age bracket, majority of the respondents 66 (43.1%) had Primary school level of education, majority of the respondents 98 (64.1%) were married, more than half 89 (58.2%) of the respondents had monogamy marriage type and majority of the respondents 94 (61.4%) practice Christianity.



**Figure 1: Respondents monthly income**

More than half 83 (54.2%) of the respondents were low income earners, 51 (33.3%) of the respondents were average income earners while only 19 (12.4%) of the respondents had high income.

#### Answering Research Questions

**Question 1:** What is the level of knowledge regarding contraceptive use in Ikosi LCDA, Lagos state?

**Table 2:** level of knowledge regarding contraceptive use in Ikosi LCDA, Lagos state

Variables	Frequency (n=153)	Percentage
<b>Heard you about contraceptive before?</b>		
Yes	151	98.7%
Yes	2	1.3%
<b>What are your sources of information (choose as much as applicable)</b>		
Health facility	80	42.6%
Friends	75	39.9%
Internet	15	8.0%
Radio / Television	12	6.4%
Newspaper / Magazine	6	3.2%
<b>Do you know Contraceptive have a lot of benefits?</b>		
Yes	91	59.5%



No	62	40.5%
<b>Are you aware of the of the minimal side effects of contraceptive?</b>		
Yes	145	94.8%
No	8	5.2%
<b>Are you aware about the safety of contraceptive?</b>		
Yes	94	61.4%
No	59	38.6%
<b>Are you aware about the effects of contraceptive?</b>		
Yes	153	100.0%
No	0	0.0%
<b>Do you know that fertility do return after the removal or stop of contraceptive?</b>		
Yes	145	94.8%
No	8	5.2%
<b>Are you on contraceptive implants now?</b>		
Yes	94	61.4%
No	59	38.6%

Table 2 above shows the level of knowledge regarding contraceptive use in Ikosi LCDA, Lagos state. Majority 151 (98.7%) of the respondents indicated to have heard about contraceptive before. Most of the respondents 80 (42.6%) chose health facility as their source of information on contraceptive use. More than average 91 (59.5%) of the respondents indicated they know that contraceptive have a lot of benefits while only 62 (40.5%) of the respondents indicated they do not know that contraceptive have a lot of benefits.

**Question 2:** What is the attitude towards contraceptive use in Ikosi LCDA, Lagos state?

**Table 3:** attitude towards contraceptive use in Ikosi LCDA, Lagos state

Variables	Frequency (n=153)	Percentage
<b>Contraceptives are cost-effective method for family planning?</b>		
Yes	143	93.5%
No	10	6.5%
<b>Does the use of contraceptive bring harmony between couples?</b>		
Yes	54	35.3%
No	99	64.7%
<b>Do you have any type of contraceptive in mind that seam beneficial to you</b>		
Yes	151	98.7%
No	2	1.3%
<b>What are your reasons that makes you loose interest in contraceptive</b>		
It diminishes sexual pleasure	8	5.2%
It encourages promiscuity	12	7.8%
Fear of side effects	33	21.6%
Contraceptive failure	14	9.2%
Lack of interest	8	5.2%
Lack of regular sex	4	2.6%
Husband's refusal	52	34.0%
Expectant of becoming pregnant	9	5.9%
Lack of information	13	8.5%
<b>Does your religion forbid the use of contraceptive?</b>		
Yes	96	62.7%
No	57	37.3%
<b>Is there any form of stigmatism against those using contraceptive in your society?</b>		

Yes	142	92.8%
No	11	7.2%
<b>Have you heard of any dispute that might have occurred among couples as a result of contraceptive use before?</b>		
Yes	84	54.9%
No	69	45.1%
<b>Is your husband or parents in support of contraceptive use?</b>		
Yes	57	37.3%
No	96	62.7%
<b>Is your culture against the use of contraceptive?</b>		
Yes	14	9.2%
No	139	90.8%

Table 3 above shows the attitude towards contraceptive use in Ikosi LCDA, Lagos state. Vast majority 143 (93.5%) of the respondents agreed that contraceptives are cost-effective method for family planning. Only few 54 (35.3%) of the respondents agreed that the use of contraceptive bring harmony between couples while majority 99 (64.7%) of the respondents disagreed. Majority 151 (98.7%) of the respondents have specific type of contraceptive in mind that seem beneficial to them. Many 52 (34.0%) of the respondents agreed that husband refusal is their reason for losing interest in contraceptive followed by 33 (21.6%) which chose that fear of side effects is the reasons that makes them loose interest in contraceptive. Majority of the respondents agreed that their religion forbid them from using contraception while vast majority 139 (90.8%) of the respondents agreed that their culture is not against the use of contraceptive.

**Question 3:** What are the current practices of contraceptives in Ikosi LCDA, Lagos state?

**Table 4:** Current practices of contraceptives in Ikosi LCDA, Lagos state

Variables	Frequency (n=153)	Percentage
<b>what are your reasons for accepting contraceptive</b>		
It is convenient	8	5.2%
It is safe	15	9.8%
It is highly effective	58	37.9%
it is affordable	72	47.1%
<b>How long have you been using contraceptive</b>		
1 year	98	64.1%
Between 1 – 3 years	36	23.5%
> 3 years	19	12.4%
<b>Have you experienced any side effect from contraceptive since you started using it?</b>		
Yes	146	95.4%
No	7	4.6%
<b>Are you Willing to continue using contraceptive despite side effects</b>		
Yes	88	57.5%
No	65	42.5%
<b>Do you have any interest in using contraceptive in the future?</b>		
Yes	89	58.2%
No	64	41.8%
<b>Can you recommend any form of contraceptive for people?</b>		
Yes	94	61.4%
No	59	38.6%

Table 4 above shows the current practices of contraceptives in Ikosi LCDA, Lagos state. Majority 72 (47.1%) of the respondents accepted that their reason for using contraceptive is that it is affordable. Majority 72 (64.1%) of the respondents have been using contraceptive for a year, majority 146 (57.5%) of the respondents are willing to continue using contraceptive despite side effects. 58.2% (89) of the respondents have interest in using contraceptive in the future while majority 94 (61.4%) of the respondents agreed that they can recommend any form of contraceptive for people.



**Question 4:** What are the reasons for not using contraceptives in Ikosi LCDA, Lagos state?

**Table 5:** Reasons for not using contraceptives in Ikosi LCDA, Lagos state.

Variables	Frequency (n=153)	Percentage
<b>What are your reasons that makes you lose interest in contraceptive</b>		
It diminishes sexual pleasure	8	5.2%
It encourages promiscuity	12	7.8%
Fear of side effects	33	21.6%
Contraceptive failure	14	9.2%
Lack of interest	8	5.2%
Lack of regular sex	4	2.6%
Husband's refusal	52	34.0%
Expectant of becoming pregnant	9	5.9%
Lack of information	13	8.5%

Table 5 above shows the reasons for not using contraceptives in Ikosi LCDA, Lagos state. Majority 52 (34.0%) of the respondents chose husband's refusal as their reason for not using contraceptive, followed by 21.6% (33) of the respondents that chose fear of side effects as their reason for not using contraceptive while certain number 14 (9.2%) of the respondents chose contraceptive failure as their reason for not using contraceptive.

### Testing Hypothesis

**Hypothesis 1:** There is no relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptive in Ikosi LCDA, Lagos state.

**Table 6:** Statistical correction of the relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptive in Ikosi LCDA, Lagos state.

#### Correlations

		Sociodemographic Characteristics	Knowledge on the utilization of contraceptive
Spearman's rho	Sociodemographic Characteristics	Correlation Coefficient	1.000
		Sig. (2-tailed)	.900*
		N	153
	knowledge on the utilization of contraceptive	Correlation Coefficient	.900*
		Sig. (2-tailed)	1.000
		N	153

\*. Correlation is significant at the 0.05 level (2-tailed).

Table 6 above shows the relationship or correlation between the sociodemographic characteristics and knowledge on the utilization of contraceptive in Ikosi LCDA, Lagos state. The table shows that correlation is significant at the level of 0.05 level (2-tailed). With correlation coefficient between sociodemographic characteristics and knowledge on the utilization of contraceptive been 1.0 and 0.90 respectively.

**Table 7:** Chi-Square analysis on relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptive in Ikosi LCDA, Lagos state.

#### Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	20.000 <sup>a</sup>	16	.220
Likelihood Ratio	16.094	16	.446
Linear-by-Linear Association	2.440	1	.118
N of Valid Cases	153		

a. 25 cells (100.0%) have expected count less than 5. The minimum expected count is .20.

In support of table 6, table 7 above is a Chi-Square analysis on the relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptive in Ikosi LCDA, Lagos state. The table shows Asymptotic Significance (2-sided) value of 0.220, 0.448 and 0.118 respectively. Meanwhile, according to Altay & Gönener, (2019), the association between two variables is statistically significant if asymptomatic significance (2 sided) is greater than 0.05. Thus, the null hypothesis that states that there is no relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptive in Ikosi LCDA, Lagos state is thereby rejected. The table above shows that there is significant relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptive in the study area since the asymptomatic significance (2 sided) is 0.220, 0.448 and 0.118 respectively.

## DISCUSSION

The findings from the tested hypothesis one in table 6 and 7 revealed that there is relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptive in Ikosi LCDA, Lagos state. The table 6 shows that correlation is significant at the level of 0.05 level (2-tailed). With correlation coefficient between sociodemographic characteristics and knowledge on the utilization of contraceptive been 1.0 and 0.90 respectively. In support of table 6, table 7 above is a Chi-Square analysis on relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptive in Ikosi LCDA, Lagos state. The table shows Asymptotic Significance (2-sided) value of 0.220, 0.448 and 0.118 respectively. Meanwhile, according to Altay & Gönener, (2019), the association between two variables is statistically significant if asymptomatic significance (2 sided) is greater that 0.05. *In compares*, this agree with the findings of Olaitan & OlukunmiLanre (2018), the similarities in findings is traceable to geographical, methodological and research design.

Table 1 analysis revealed that majority 74 (48.4%) of the respondents were aged between (25 -34) age bracket, majority of the respondents 66 (43.1%) had Primary school level of education, majority of the respondents 98 (64.1%) were married, more than half 89 (58.2%) of the respondents had monogamy marriage type and majority of the respondents 94 (61.4%) practice Christianity. Table 2 above good level of knowledge regarding contraceptive use in Ikosi LCDA, Lagos state with majority 151 (98.7%) of the respondents indicating to have heard about contraceptive before. Most of the respondents 80 (42.6%) chose health facility as their source of information on contraceptive use. More than average 91 (59.5%) of the respondents indicated they know that contraceptive have a lot of benefits. This is in contrast with the findings of Lesthaeghe (2018) which shows that women of reproductive age do not have adequate or good knowledge regarding the use of contraceptive.

Also, table 3 revealed that more than half (62.7%) of the respondents agreed that their religion forbid them from using contraceptive. This is in agreement with WHO (2015) that some northern part of Nigeria, especially the Islamic religion, believe that bearing more children will indicate how wealthy they are, in which they tend to withdraw themselves from the use of family planning.

## Summary

The findings of this study revealed that despite the fact that the respondents have good knowledge about contraceptive use, certain factors like: fear of side effects. Believe that it encourages promiscuity, lack of information, stigmatization against those using contraceptive in the society and most prominently, husband's refusal and religion prevents majority of the rspndents from using contraceptive or from using it for appropriate period of time. . Majority 72 (47.1%) of the respondents accepted that their reason for using contraceptive is that it is affordable. Majority 72 (64.1%) of the respondents have been using contraceptive for a year, majority 146 (57.5%) of the respondents are willing to continue using contraceptive despite side effects. 58.2% (89) of the respondents have interest in using contraceptive in the future while majority 94 (61.4%) of the respondents agreed that they can recommend any form of contraceptive for people.

## CONCLUSION

Based on the findings of this study, the following conclusion were made:

- i There is significant relationship between the sociodemographic characteristics and knowledge on the utilization of contraceptive in the study area.
- ii Religious belief significantly influences utilization of contraceptive among women of child bearing age in the study area
- iii Stigmatization against those using contraceptive in the society is one of the major factors preventing people from using contraceptive in the study area.
- iv Husband's refusal is one of the major factors preventing people from using contraceptive in the study area.

## Recommendations

- Religious leaders should encourage their followers on the needs for family planning choice as related to their holy book.
- Community leaders should discourage the habit of not having modern family planning choice in their cultural norms.
- Family planning service providers should educate the couples on the effectiveness of modern family planning methods.
- Women of childbearing age should be encouraged by the community to visit the family planning service providers so as to be enlightened on various family planning choices that will meet their economic status.
- Every couple should agree and be involved when making decisions on the choice of family planning.

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#### CITATION

S. E. Busayo. (2024). Assessment of the Knowledge, Attitude, And Utilization of Modern Contraceptive in Ikosi Lcda, Lagos State, Nigeria. In Global Journal of Research in Medical Sciences (Vol. 4, Number 1, pp. 42–52). <https://doi.org/10.5281/zenodo.10552849>



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