



Assessing The Relationship Between Attitude and The Use of Contraception, Factors Associated with The Use of Contraceptives and Factors Associated with Attitudes Towards Contraceptive Use Among Women in Nigeria: A Cross-Sectional Online Study

*LASISI, Gbenga Ezekiel¹, IKHUMETSE Agatha Abamhekelu², AMINUWA Hyelamada Abuh³

¹Department of Psychology, Sociology, and Politics Collegiate, Sheffield Hallam University, United Kingdom.

²Department of Microbiology, Federal University of Technology Minna, Niger State, Nigeria.

³Department of Zoology, Ahmadu Bello University, Zaria, Kaduna State, Nigeria.

DOI: [10.5281/zenodo.12723582](https://doi.org/10.5281/zenodo.12723582)

Submission Date: 29 May 2024 | Published Date: 11 July 2024

*Corresponding author: [LASISI, Gbenga Ezekiel](#)

Department of Psychology, Sociology, and Politics Collegiate, Sheffield Hallam University, United Kingdom.

Abstract

Background

Global reproductive health outcomes are significantly impacted by the availability and use of contraception. Despite attempts to increase the availability of contraceptives in Nigeria, the rates of their use remain below the desired level. This situation has led to a significant number of maternal deaths and unwanted births. Attitudes toward contraception have a significant impact on how individuals behave and make decisions about its use. Gaining a comprehensive understanding of the intricate relationship between attitudes and contraceptive practices among Nigerian women is crucial in order to develop impactful treatments and policies that can improve reproductive health outcomes.

Objectives

To examine factors associated with the use of contraceptives among Nigerian women, to examine factors associated with attitudes towards contraceptive use among women in Nigeria and examine the relationship between attitudes towards contraceptives and the use of contraceptives among women in Nigeria.

Material and method

This is a descriptive cross-sectional online survey that was done with 144 respondents using the convenience sampling technique. The data was obtained using the Qualtrics platform and analysed using the SPSS software.

Result

The statistical analysis reveal that accessibility to healthcare, $B = -1.93$, $SE = 1.93$, $Wald = 4.99$, $df = 1$, $p \leq 0.05$, $OR = 0.15$, $95\% CI = 0.03, 0.79$, health insurance $B = -2.08$, $SE = 1.07$, $Wald = 3.78$, $df = 1$, $p \leq 0.05$, $OR = 0.13$, $95\% CI = 0.02, 1.01$, partner support $B = 2.01$, $SE = 0.83$, $Wald = 5.88$, $df = 1$, $p \leq 0.05$, $OR = 7.52$, $95\% CI = 1.47, 38.42$, and family size $B = 0.88$, $SE = 0.43$, $Wald = 4.14$, $df = 1$, $p \leq 0.05$, $OR = 2.40$, $95\% CI = 1.03, 5.59$ were the factors found to have significance associated with attitude towards contraception among Nigerian women. The findings indicated that partner support ($B = 1.82$, $SE = 0.50$, $Wald = 12.94$, $df = 1$, $p \leq 0.05$, $OR = 6.172$, $95\% CI = 2.29, 16.64$) and health insurance ($B = 1.32$, $SE = 0.52$, $Wald = 6.49$, $df = 1$, $p \leq 0.05$, $OR = 3.72$, $95\% CI = 1.36, 10.24$) were the only significant factors associated with the use of contraception among Nigerian women. Lastly, the findings show that there is no relationship between attitude and the use of contraception among Nigerian women. There was no significant difference between their mean scores (94.08 ± 6.41 and 91.70 ± 9.48 ; $t(142) = 1.79$, $p \leq 0.05$, two-tailed). The magnitude differences in the means (mean difference = 2.37, $95\% CI (-0.25, 4.10)$) were very small ($\eta^2 = 0.02$).

Conclusion

Positive or negative attitudes towards contraception alone cannot determine its usage. The government of Nigeria should consider establishing a healthcare system focused on educating and encouraging the use of contraceptives. Additionally, implementing a healthcare insurance program would enable a greater number of women to access and utilize contraceptive methods. These measures are crucial for improving reproductive health outcomes in the country.

Keywords: Contraceptive attitude scale, Sociocultural factors, Demographic factors, Cross-sectional study, Nigerian women, Sexual health.

INTRODUCTION

Nigeria is currently listed as the sixth most populated nation globally, with a population of approximately 183 million people. The United Nations' 2013 forecasts predict that this number will increase to 285 million by 2050. Nigeria's population had a substantial increase from 1999 to 2013, as indicated by the findings of the 2014 National Population Commission and International Classification of Functioning Health Survey (NPC, (2014)). The population estimate rose from 88.5 million in 1999 to 167 million in 2013. During this period, Nigeria had a fertility rate that varied between around 5.5 and 7, while the maximum prevalence of contraceptive use was between 13% and 23%. Nigeria projected the prevalence of unintended pregnancies among women aged 15–49 to be 59 per 1,000 in 2012. The study also estimated that the same year recorded around 1.25 million induced abortions (Bankole et al., 2015). Abortion is illegal in Nigeria, except in situations where the mother's life is at risk or if the foetus has serious medical conditions or abnormalities that prevent it from surviving outside the womb (Bankole et al., 2015).

Unplanned births in Nigeria are associated with serious public health hazards, mostly due to the covert nature of induced abortions driven by stringent regulations (Bankole et al., 2015). These factors contribute to an estimated 760,000 induced abortions each year, accounting for 20% to 40% of maternal deaths (Abiodun & Balogun, 2009).

Research suggests that the proper utilisation of contraception could assist countries such as Nigeria in mitigating population growth before it reaches unmanageable levels (Asekun-Olarinmoye et al., 2013). Researchers have linked contraception use to a decrease in maternal morbidity and mortality by preventing pregnancies and deliveries at inappropriate times. According to Sensoy et al., (2018) there are over 20 million unsafe abortions occurring annually worldwide, leading to over 47,000 maternal fatalities.

In Nigeria, most women, particularly those in rural communities, face several barriers to acquiring and using contemporary contraception (Osinowo et al., 2020). For example, even if women are eager to use modern contraceptives, some socio-cultural beliefs may prevent them from doing so (Osinowo et al., 2020; Krenn et al., 2014). Previous research has identified age, residence, region, educational level, partner's educational level, household wealth, employment status, number of living children, and religion as factors influencing the use of modern contraceptives among women of reproductive age (Babalola et al., 2017; Tegegne et al., 2020; Obasohan et al., 2015).

To the best of my knowledge, no research has used a validated scale to assess the relationship between attitude and the use of contraception, factors associated with the use of contraceptives and factors associated with attitudes towards contraceptive use among women in Nigeria, a cross-sectional online study. Addressing negative attitudes and misconceptions regarding contraception is critical because they are one of the major barriers to its usage (Dehlendorf et al., 2014). Positive contraception attitudes lead to more use, recommendation, and advocacy, while negative attitudes lead to less use. Individuals' knowledge, attitudes, and views of sexual and reproductive health influence their use of contraception, implying that interventions aimed at improving these characteristics may reduce the prevalence of unintended births (Heisler & Van Eron, 2012). As a result, using a validated scale to investigate the relationship between attitudes and the use of contraceptives among Nigerian women is critical for establishing successful contraceptive use promotion programmes and improving reproductive health outcomes.

Research aim, specific Objectives, and research questions

The study was conducted to fill the research gap mentioned above, with the aim of investigating the relationship between attitude and the use of contraception among Nigerian women using contraceptive attitude scale. This aim was tied to three research objectives, as follows:

1. To examine factors associated with the use of contraceptives among Nigerian women.
2. To examine factors associated with attitudes towards contraceptive use among women in Nigeria.
3. To examine the relationship between attitudes towards contraceptives and the use of contraceptives among women in Nigeria.

The study was tied into three research questions based on the aim and objectives:

1. What factors are associated with the use of contraceptives among Nigerian women?
2. What factors are associated with attitudes towards contraceptive use among women in Nigeria?
3. What is the relationship between attitudes towards contraceptives and the use of contraceptives among women in Nigeria?

METHODOLOGY

Research Approach

This study employs quantitative research approaches, which involve the collecting and analysis of numerical or quantifiable data.

Research design

This study employed a cross-sectional online survey methodology, which entails gathering data at a particular moment in time.

Sample and sampling procedure

The study utilised the convenience sampling technique to enlist individuals for this study. This is a sampling approach called non-probability sampling, which involves selecting individuals for the sample depending on their availability and accessibility.

Data type and study settings

The researcher used an online questionnaire to gather information from Nigerian women for this experiment. As a result, this is primary data.

Data collection instrument and procedure

An online survey was used to collect data, which included basic descriptive demographic questions such as age, gender, marital status, education, religion, state, residential location, number of children, and Black's (2013) Contraceptive Attitude Scale. This is a descriptive cross-sectional online survey with 144 respondents utilising convenience sampling. The data was obtained using Qualtrics and analysed using SPSS.

The Contraceptive Attitude Scale (CAS) assesses attitudes regarding the use of contraception in general and consists of 32 items/questions, 17 positively phrased and 15 negatively worded. Participants will rate CAS items on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). Negatively phrased items will be reverse scored before adding the scores to calculate the total. The total score will vary between 32 and 160, with higher levels reflecting more favourable attitudes towards contraception. According to Black (2013), the contraceptive attitude measure has high internal consistency, with a Cronbach alpha coefficient of 0.88. In this investigation, the Cronbach alpha coefficient was 0.90. The online questionnaire was built on the Qualtrics platform, which is an online survey tool. The survey link was distributed to women in Nigeria aged 18 and up via social media. To assure the high standard and efficacy of the research project, a preliminary inquiry, also known as a pilot study, was conducted prior to the online survey being published and made available to the entire sample of 5 participants. The primary goals of this pilot study were to assess the suitability of the research instruments, determine the feasibility of conducting a comprehensive study, refine and evaluate the protocols intended for the larger-scale study, establish and validate sampling and recruitment strategies, collect preliminary data, and obtain critical information about effect sizes (Malmqvist et al., 2019).

After completing the survey, participants were asked to rate the ease of completion, clarity, and relevance of the survey items. Participants were also asked to make comments on how to improve the survey before beginning the real data collection process. The submitted feedback was then used to improve the survey, including steps such as clarifying unclear instructions and confusing terminology. The input improved the survey, resulting in a design that allows for the collection of accurate, credible, and reliable data.

Data analysis

The data obtained from the Qualtrics Survey was imported into SPSS for analysis.

Ethical Considerations

The Sheffield Hallam University (SHU) Research Ethics Committee of the College of Social Sciences and Art approved this study.

RESULT

Factors associated with attitude towards contraception.

Table 1: Binary logistic regression to determine the factors associated with attitudes towards contraceptives among Nigerian Women.

Variable	B	SE	Wald	df	P- value	Odds Ratio	95% CI for Odds Ratio	
							Lower	Upper
Age range	-.27	.50	.30	1	.58	.76	.29	2.02
Marital status	.30	.48	.40	1	.53	1.356	.53	3.49
Level of education	-.10	.41	.06	1	.82	.90	.40	2.03
Employment Status	-.53	.48	1.22	1	.27	.59	.23	1.50
Religion Affiliation	-.04	.37	.01	1	.92	96	.47	1.10
Number of children	.27	.63	.18	1	.67	1.30	.38	4.50
Geopolitical zone	-.05	.20	.07	1	.79	.95	.64	1.41
Area resides	-.17	.80	.05	1	.83	.84	.17	4.05
Accessibility to Healthcare	-1.93	.87	4.99	1	.03	.15	.03	.79
Health insurance	-2.08	1.07	3.78	1	.05	.13	.02	1.01
Partner support	2.01	.83	5.88	1	.02	7.52	1.47	38.42
Accessibility to contraception	-.03	.20	.02	1	.88	.97	65	1.46
Family size	.88	.43	4.14	1	.04	2.40	1.03	5.59

Binary logistic regression was performed on a set of predictor variables to identify factors associated with Nigerian women's attitudes towards contraception. The model contained thirteen independent variables (age range, marital status, level of education, employment status, religion affiliation, number of children, geopolitical zone, area resides, access to healthcare, health insurance, partner support, access to contraception, and family size). The full model containing all predictors was statistically significant, $\chi^2(13, N = 144) = 20.20, P \leq 0.05$, indicating that the model was able to capture a significant amount of variation in attitudes towards contraception, suggesting that at least one predictor variable in the model is associated with the outcome. Only four of the independent variables made a unique statistically significant contribution to the model (accessibility to healthcare $B = -1.93, SE = .87, Wald = 4.99, df = 1, p \leq 0.05, Odd Ratio = .15, 95\% CI = .03, .79$, health insurance $B = -2.08, SE = 1.07, Wald = 3.78, df = 1, p \leq 0.05, Odd Ratio = .13, 95\% CI = .02, 1.01$, partner support $B = 2.01, SE = .83, Wald = 5.88, df = 1, p \leq 0.05, Odd Ratio = 7.52, 95\% CI = 1.47, 38.42$ and family size $B = .88, SE = .43, Wald = 4.14, df = 1, p \leq 0.05, Odd Ratio = 2.40, 95\% CI = 1.03, 5.59$). The strongest predictor of the factors associated with attitude towards contraception was partner support, recording an odds ratio of 7.52. This indicates that the odds of having a positive attitude towards contraception are 7.52 times greater when there is partner support compared to when there is no partner support. Controlling for other factors in the model as shown in the table 1 above.

Factors associated with the use of contraceptives among Nigerian women.

Table 2: Binary logistic regression to determine the factors associated with the use of contraceptives among Nigerian women.

Variable	B	SE	Wald	df	P- value	Odds Ratio	95% CI for Odds Ratio	
							Lower	Upper
Age range	-.25	.29	.75	1	.39	.78	.44	1.37

Marital Status	-.15	.28	.30	1	.58	.86	.50	1.48
Level of education	-.20	.26	.52	1	.47	.83	.50	1.38
Employment status	.24	.27	.80	1	.37	1.269	.76	2.13
Religion Affiliation	-.03	.24	.012	1	.91	1.02	.64	1.64
Number of children	-.73	.44	2.72	1	.10	.49	.20	1.15
Access to healthcare	.73	.49	2.26	1	.13	2.07	.80	5.37
Health insurance	1.32	.52	6.49	1	.01	3.72	1.36	10.24
Partner Support	1.82	.50	12.94	1	.00	6.172	2.29	16.64
family size	.36	.28	1.67	1	.20	1.43	.83	2.46

Binary logistic regression was performed on a set of predictor variables to identify the factors associated with the use of contraceptives among Nigerian women. The model contained ten independent variables: age range, marital status, level of education, employment status, religion affiliation, number of children, access to healthcare, health insurance, partner support, and family size. The full model containing all predictors was statistically significant: $\chi^2(10, N = 144) = 53.17, P < 0.01$, indicating that the model was able to capture a significant amount of variation in contraception use among Nigerian women, suggesting that at least one predictor variable in the model is associated with the outcome. Only two of the independent variables made a unique statistically significant contribution to the model (partner support $B=1.82, SE=.50, Wald=12.94, df=1, p \leq 0.05, \text{Odds Ratio}=6.172, 95\% \text{ CI}=2.29, 16.64$ and health insurance $B=1.32, SE=.52, Wald=6.49, df=1, p \leq 0.05, \text{Odds Ratio}=3.72, 95\% \text{ CI}=1.36, 10.24$). The strongest predictor of the factors associated with contraception use among Nigerian women was partner support, recording an odds ratio of 6.17. This indicates that women who have partner support are 6.17 times more likely to use contraception compared to women who do not have partner support as shown in the table 2 above.

Relationship between attitudes and the use of contraceptives.

Table 3: Independent sample t-test to know the relationship between attitudes and the use of contraceptives.

Variable	N	M	SD	Mean Different	95% CI	Df	T	P value	Partial eta Squared
Are you currently using any form of contraception?	91.70			2.37	-.25,4.10	142	1.79	.08	.02
Yes	90	94.08	6.41						
No	54	91.70	9.48						

An independent sample t-test was conducted between the CAS total score and whether you are currently using any form of contraception to determine the relationship between attitudes and the use of contraceptives. The CAS score was my dependent variable, while whether you are currently using any form of contraception was my independent variable. There was no significant difference in the score of women that pick yes that they are currently using contraception ($M = 94.08, SD = 6.41$) and the score of women that pick no that they are not currently using contraception ($M = 91.70, SD = 9.48; t(142) = 1.79, p = .08, \text{two-tailed}$). The magnitude differences in the means (mean difference = 2.37, 95% CI (-.25, 4.10)) were very small (eta squared = .02). This indicates that there is no relationship between the attitude of Nigerian women and contraception uses; in other words, their attitude does not determine the uses as shown in the table 3 above.

DISCUSSION

Factors associated with attitude towards contraception among Nigerian women.

In this study, the significant predictors of factors linked with attitudes towards contraception among Nigerian women were accessibility to healthcare, health insurance, partner support, and family size. Other studies have found that education, lack of provider counselling, age, religion, residence, education, ethnicity, and media exposure to contraception (Adebowale et al., 2013), the number of living children, and the number of modern contraceptives known (Gebre-Egziabher et al., 2017) are significant predictors of factors associated with attitudes towards contraception. This result contradicts the result of my study; the difference between my studies and theirs could be because of my sample size and the location of my study. Health insurance and family size have been shown to strongly link with attitudes towards contraception. According to Kavanaugh et al., (2022), women with health insurance had greater rates of contraceptive use, and access to contraception would have an effect on contraception uptake (Chandra-Mouli & Akwara,

2020). Low-income women, especially those without reliable health insurance, may face financial difficulties when undergoing the removal of IUDs or implants. Hospitals charge individually for the removal of IUDs or implants, despite the provision in the ACA (Ajayi et al., 2021). A recent study conducted by Hernandez et al., (2022), at a military camp in Kinshasa asserts that the likelihood of women using contraception is highest (41.3%) when their partner approves it and lowest (19.4%) when the woman correctly perceives her partner's disapproval ($p = 0.1201$). However Religious affiliation and practices have been found to be essential in determining the attitudes of Nigerian couples towards contraception, as couples are frequently required to act in accordance with the belief systems of the religion to which they belong (Obasohan, 2015). Couples who were religiously dedicated had more negative attitudes towards reproductive health issues such as contraception than those who were just linked with the church (Odimegwu, 2005). According to reports, Muslims use less contraception than Christians because of the practice of early marriage and the belief that it is beyond the power of humanity to choose how many children to have (Alomair et al., 2023). According to Izugbara & Ezeh, (2010), many women think that high fertility honours Allah. One approach to "serving God with fertility" is to have several children who will adore Him and safeguard Islam's future. Obasohan, (2015), discusses the traditional concept that God places children in the womb and that "until they are given birth to, you do not stop.

Factors associated with the use of contraceptives among Nigerian women

This study discovered a significant relationship between partner support ($p \leq 0.05$), level of education and Health insurance ($p \leq 0.05$). This contradicts earlier research that found inadequate knowledge, misconceptions, and beliefs about the use of contraceptives (Mafuyai et al., 2014), as well as the myth that contraceptives cause disease and weight gain (Hindin et al., 2013). A study conducted in Ghana discovered that level of education was a major determinant of contraceptive use among women of reproductive age (Nketiah-Amponsah et al., 2022). Similarly. Adedini et al., (2018), research, found that religious beliefs influence contraception use in Nigeria. Some religions encourage many children, and women who use contraception may face resistance from religious leaders or family members. This belief, together with prior experience, influences contraceptive use. Additionally, Sserwanja et al., (2021). did research on the prevalence and factors associated with modern contraceptives utilization among female adolescents in Uganda and found out that marital status, age at first birth, region and wealth index significant influence the use of contraception. The significance of partner support in my study is in support of the research by (Appiah et al., 2019; Esber et al., 2014), which asserts that the low prevalence of contraceptive use in Sub-Saharan Africa may be due to lack of partner support. Men support for contraception may influence women's contraceptive use, as well as the types of contraceptive methods and current contraceptive methods employed. Evidence suggests that partner support influences women's usage of contraception (Prata et al., 2017; Mboane & Bhatta, 2015). However, research on the effect of partner support on the type of contraceptive method a partner uses is inconsistent (Agyekum et al., 2022). Researchers have found that partner support influences the use of modern contraceptive methods (Beson et al., 2018). Others have found that men prefer traditional methods due to a lack of knowledge about modern contraceptive methods, as well as the cost, accessibility, and side effects of modern contraceptive methods (Thummalachetty et al., 2017; Koffi et al., 2018; Ajayi et al., 2018). In addition, to minimise relationship problems, some women conceal contraceptive use despite their spouses' objections [Balogun et al., 2016; Kibira et al., 2020]. When partners approve of contraceptive use for women, according to Balogun et al., (2016), there is an increase in modern contraceptive use.

Lack of health insurance in other hand is not significant in my study this is in support of the study conducted by Uzochukwu et al., (2015), which note that the lack of universal health coverage (UHC), which forces the majority of Nigerians to pay for medical expenses out of pocket, worsens the nation's low prevalence of modern contraceptive use. Despite the high poverty rate in the country.

However, religion has been claimed to be the most important factors that influence the use of contraception among Nigerian women. According to Akanike et al., (2020) religious beliefs are important in Nigerian culture and some women may have religious objections to using contraception. However, many religious leaders and organisations are now advocating contraception as a means of improving maternal and child health (Otchere, et al., 2023). According to the findings, there is no significant association between age range and the use of contraception. However, previous research has found that younger women are less likely to use contraception than older women, possibly due to a lack of knowledge or social and cultural barriers (Durowade et al., 2017). For example, Dambo et al., (2017), found that women aged 18 to 30 were underrepresented in the use of contraception. The variations in results achieved from this study and previous studies may be attributed to differences in sample sizes targeted, as well as the fact that the majority of my participants are between the ages of 31 and 40. Furthermore, the current study collected data from women across Nigeria, whereas most earlier studies focused on specific locations; additionally, most previous studies utilised self-administered questions, but my study employed a validated scale.

Relationship between attitude and the use of contraceptives

The last objective of this study is to know the relationship between attitudes and the use of the last objective of this study is to know the relationship between attitudes and the use of contraception among Nigerian women, the result of this study shows that there is no relationship between attitude and the use of contraception. This result contradicts the result of Ehsanpour et al., (2010), which demonstrate that attitude has a crucial role in the selection of methods for contraception and significantly influences behaviours associated with their use. According to Ehsanpou et al., (2010), the proclivity to use a contraceptive method, as well as any other desire, is determined by the individual's general attitude towards contraception. It is critical to understand people's attitudes. If people's attitudes are known, their behaviour may be expected and managed, and as we all know, predicting and managing behaviour is critical for many people, including community health practitioners. (Ehsanpou et al., 2010). The difference in my result and result could be because of the sample size, the sample size in my study is 144 while the sample size of Ehsanpou et al., (2010), is 378.

Contribution to existing knowledge

This study addresses a significant gap in the literature. Previous research has frequently focused on wider demographic characteristics, but this study uses a validated scale to delve deeper into the subtle relationship between attitudes and the use of contraception among Nigerian women. The findings confirm and expand on the influence of sociodemographic characteristics such as marital status, education level, occupation, health insurance, partner support, and religion affiliation on contraception attitudes. This validation adds to previous knowledge by correlating the influence of these factors on Nigerians.

Strengths and Limitation

The research has several strengths as well as limitations. The use of a cross-sectional study design was a significant advantage, primarily because of its capacity to collect data from a large number of participants in a short amount of time by means of an efficient and effective method (Wang et al., 2020). Consequently, it was possible to bring the investigation to a successful conclusion in a timely manner. One additional advantage was the reliance on primary data, which is a type of data that is associated with a number of advantages (Rahman, 2020). By way of illustration, the acquisition of data directly from Nigerian women enables the collection of up-to-date information that could not be obtainable from data that has been published in the past (secondary data). In addition to this benefit, the utilisation of Contraceptive attitude scale in another strength. The utilisation of convenience sampling is a strategy that has its advantages, but it also has the potential to introduce selection bias (Andrade, 2021). In the future, researchers should adopt probability-based sampling procedures, such as sample random or stratified random sampling, to limit the impact of this issue in their investigations. It is possible that the sample size of only 144 women does not provide a realistic depiction of the general factors associated with attitude towards the use of contraception among Nigerian women across the entirety of the country of Nigeria. In subsequent research, larger sample sizes should be utilised to enhance the applicability of the findings. The investigation was restricted since it was conducted using a cross-sectional study design, which made it difficult to keep track of the participants over the course of a certain period. When it comes to demonstrating a cause-and-effect relationship between the use of contraceptives and a variety of circumstances, collecting data at a single moment in time presents several obstacles.

Recommendations for policy and practice

Following the findings and conclusions of the study, a number of suggestions have been put forward as recommendations. According to the findings of the study, the factors found to be associated with attitude towards contraception were accessibility to healthcare, health insurance, partner support, and family size while partner support and health insurance were factors associated with the use of contraception. As a consequence of this, it has been proposed that the government extend the coverage of healthcare insurance to include services related to contraception. It will be easier for Nigerian women to overcome financial obstacles and have access to a wider variety of contraceptive alternatives if comprehensive contraception coverage is included in healthcare plans. To improve access to contraception services across Nigeria's many different areas, the government ought to give priority to projects that aim to expand their availability. Increasing the number of contraceptive choices that are available in healthcare settings. These policies would facilitate the training of providers in contraceptive counselling to individual and family regarding the different types of family planning available to help in birth control and receiving necessary information regarding contraceptives. Again, it is imperative to have government-enforced insurance coverage for all types of contraceptives to eliminate economic obstacles encountered by women. It is advisable to provide counselling to couples regarding the management of adverse effects caused by contraceptives. This can help alleviate concerns about severe side effects and dispel misconceptions related to the use of modern contraceptives. Enhancing healthcare accessibility in impoverished urban populations and augmenting contraception education and information are imperative for promoting the use of contraceptives.

Recommendations for future research

The study exclusively assessing the relationship between attitude and the use of contraception, factors associated with the use of contraceptives and factors associated with attitudes towards contraceptive use among women in Nigeria: a cross-sectional online study. Including men in the investigation can increase the depth of future studies. Additionally, the restrictions related to the utilisation of a quantitative methodology can be overcome in subsequent studies by adopting a mixed-methods strategy. The qualitative nature of this approach allows for the gathering of comprehensive information on the topics under investigation.

CONCLUSION

It has been established in this research that accessibility to healthcare, health insurance, partner support, and family size were factors that were linked with attitudes towards contraception; however, partner support and health insurance was the only factor that related to the usage of contraception among Nigerian women. As was mentioned earlier; in order to shed more light on attitude, future research should take into consideration examining both men and women. In conclusion, the government of Nigeria ought to take into consideration the establishment of a healthcare system that is geared towards educating and encouraging the use of contraceptives, in addition to a programme that offers healthcare insurance, in order to enable a greater number of women to make use of contraceptives.

REFERENCES

1. Abiodun, O. M., & Balogun, O. R. (2009). Sexual activity and contraceptive use among young female students of tertiary educational institutions in Ilorin, Nigeria. *Contraception*, 79(2), 146-149.
2. Adebowale, S. A., Adeoye, I. A., & Palamuleni, M. E. (2013). Contraceptive use among Nigerian women with no fertility intention: interaction amid potential causative factors. *African Population Studies*, 27(2), 127-139.
3. Adedini, S. A., Babalola, S., Ibeawuchi, C., Omotoso, O., Akiode, A., & Odeku, M. (2018). Role of religious leaders in promoting contraceptive use in Nigeria: evidence from the Nigerian urban reproductive health initiative. *Global Health: Science and Practice*, 6(3), 500-514.
4. Agyekum, A. K., Adde, K. S., Aboagye, R. G., Salihu, T., Seidu, A. A., & Ahinkorah, B. O. (2022). Unmet need for contraception and its associated factors among women in Papua New Guinea: analysis from the demographic and health survey. *Reproductive Health*, 19(1), 113.
5. Appiah, S. C. Y., Osei, F. A., Mensah, N. K., Adonoo, P. L., Tanko, A. G., & Sarpong, P. O. (2019). Males as partners in family planning service uptake in Ghana: a descriptive cross-sectional survey. *Health*, 11(08), 1043.
6. Andrade C. (2021). The Inconvenient Truth About Convenience and Purposive Samples. *Indian journal of psychological medicine*, 43(1), 86–88. <https://doi.org/10.1177/0253717620977000>
7. Ajayi, K. V., Panjwani, S., Wilson, K., & Garney, W. R. (2021). Using the social-ecological model to understand the current perspective of contraceptive use in the United States: a narrative literature review. *Women*, 1(4), 212-222.
8. Ajayi, A. I., Adeniyi, O. V., & Akpan, W. (2018). Use of traditional and modern contraceptives among childbearing women: findings from a mixed methods study in two southwestern Nigerian states. *BMC public health*, 18, 1-9.
9. Akamike, I. C., Okedo-Alex, I. N., Eze, I. I., Ezeanosike, O. B., & Uneke, C. J. (2020). Why does uptake of family planning services remain sub-optimal among Nigerian women? A systematic review of challenges and implications for policy. *Contraception and reproductive medicine*, 5, 1-11.
10. Alomair, N., Alageel, S., Davies, N., & Bailey, J. V. (2023). Muslim women's views and experiences of family planning in Saudi Arabia: a qualitative study. *BMC Women's Health*, 23(1), 625.
11. Asekun-Olarinmoye, E. O., Adebimpe, W. O., Adeomi, A. A., & Olugbenga-Bello, A. I. (2013). Emergency contraception: an untapped resource among sexually active college students in Osogbo metropolis, Nigeria. *Open Access Journal of Contraception*, 13-20.
12. Babalola, S., Loehr, C., Oyenubi, O., Akiode, A., & Mobley, A. (2019). Efficacy of a digital health tool on contraceptive ideation and use in Nigeria: results of a cluster-randomized control trial. *Global Health: Science and Practice*, 7(2), 273-288.
13. Bankole, A., Adewole, I. F., Hussain, R., Awolude, O., Singh, S., & Akinyemi, J. O. (2015). The incidence of abortion in Nigeria. *International perspectives on sexual and reproductive health*, 41(4), 170.
14. Balogun, O., Adeniran, A., Fawole, A., Adesina, K., Aboyeji, A., & Adeniran, P. (2016). Effect of male partner's support on spousal modern contraception in a low resource setting. *Ethiopian journal of health sciences*, 26(5), 439-448.
15. Beson, P., Appiah, R., & Adomah-Afari, A. (2018). Modern contraceptive use among reproductive-aged women in Ghana: prevalence, predictors, and policy implications. *BMC women's health*, 18, 1-8.
16. Black, K. J. (2013). Contraceptive attitude scale. In *Handbook of Sexuality-Related Measures* (pp. 201-210). Routledge.
17. Chandra-Mouli, V., & Akwara, E. (2020). Improving access to and use of contraception by adolescents: what progress has been made, what lessons have been learnt, and what are the implications for action?. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 66, 107-118.

18. Dambo, N. D., Jeremiah, I., & Wallymahmed, A. (2017). Determinants of contraceptive use by women in the central senatorial zone of Bayelsa State, Nigeria: A cross-sectional survey. *Nigerian Medical Journal*, 58(1), 26-31.
19. Dehlendorf, C., Krajewski, C., & Borrero, S. (2014). Contraceptive counseling: best practices to ensure quality communication and enable effective contraceptive use. *Clinical obstetrics and gynecology*, 57(4), 659.
20. Durowade, K. A., Omokanye, L. O., Elegbede, O. E., Adetokunbo, S., Olomofe, C. O., Ajiboye, A. D., ... & Sanni, T. A. (2017). Barriers to contraceptive uptake among women of reproductive age in a semi-urban community of Ekiti State, Southwest Nigeria. *Ethiopian journal of health sciences*, 27(2), 121-128.
21. Ehsanpour, S., Mohammadifard, M., Shahidi, S., & Nekouyi, N. S. (2010). A comparative study on attitude of contraceptive methods users towards common contraceptive methods. *Iranian journal of nursing and midwifery research*, 15(Suppl1), 363.
22. Esber, A., Foraker, R. E., Hemed, M., & Norris, A. (2014). Partner approval and intention to use contraception among Zanzibari women presenting for post-abortion care. *Contraception*, 90(1), 23-28.
23. Ezeanolue, E. E., Iwelunmor, J., Asaolu, I., Obiefune, M. C., Ezeanolue, C. O., Osuji, A., ... & Ehiri, J. E. (2015). Impact of male partner's awareness and support for contraceptives on female intent to use contraceptives in southeast Nigeria. *BMC public health*, 15, 1-6.
24. Gebre-Egziabher, D., Medhanyie, A. A., Alemayehu, M., & Tesfay, F. H. (2017). Prevalence and predictors of implanton utilization among women of reproductive age group in Tigray Region, Northern Ethiopia. *Reproductive health*, 14(1), 1-9.
25. Heisler, K., & Van Eron, D. M. (2012). A descriptive study of undergraduate contraceptive attitudes among students at the University of New Hampshire. Honors Theses and Capstones.
26. Hernandez, J. H., Babazadeh, S., Angiewicz, P. A., & Akilimali, P. Z. (2022). As long as (I think) my husband agrees...: role of perceived partner approval in contraceptive use among couples living in military camps in Kinshasa, DRC. *Reproductive Health*, 19(1), 1-11.
27. Hindin, M. J., McGough, L. J., & Adanu, R. M. (2013). Misperceptions, misinformation and myths about modern contraceptive use in Ghana. *Journal of Family Planning and Reproductive Health Care*.
28. Izugbara, C. O., & Ezech, A. C. (2010). Women and high fertility in Islamic northern Nigeria. *Studies in family planning*, 41(3), 193-204.
29. Kavanaugh ML, Zolna M, Pliskin E, MacFarlane K. A Prospective Cohort Study of Changes in Access to Contraceptive Care and Use Two Years after Iowa Medicaid Coverage Restrictions at Abortion-Providing Facilities Went into Effect. *Popul Res Policy Rev*. 2022;41(6):2555-2583. doi: 10.1007/s11113-022-09740-4. Epub 2022 Sep 3. PMID: 36092460; PMCID: PMC9440451.
30. Kibira, S. P., Karp, C., Wood, S. N., Desta, S., Galadanci, H., Makumbi, F. E., ... & Moreau, C. (2020). Covert use of contraception in three sub-Saharan African countries: a qualitative exploration of motivations and challenges. *BMC public health*, 20, 1-10.
31. Koffi, T. B., Weidert, K., Bitasse, E. O., Mensah, M. A. E., Emina, J., Mensah, S., ... & Prata, N. (2018). Engaging men in family planning: Perspectives from married men in Lomé, Togo. *Global Health: Science and Practice*, 6(2), 317-329.
32. Krenn, S., Cobb, L., Babalola, S., Odeku, M., & Kusemiju, B. (2014). Using behavior change communication to lead a comprehensive family planning program: the Nigerian Urban Reproductive Health Initiative. *Global Health: Science and Practice*, 2(4), 427-443.
33. Mafuyai, M. J., Emmanuel, A., Gimba, S. M., Barry, A. B., & Obadiah, A. (2014). Perception and practice of family planning among rural women in North Central Nigeria.
34. Malmqvist, J., Hellberg, K., Möllås, G., Rose, R., & Shevlin, M. (2019). Conducting the pilot study: A neglected part of the research process? Methodological findings supporting the importance of piloting in qualitative research studies. *International journal of qualitative methods*, 18, 1609406919878341.
35. Mboane, R., & Bhatta, M. P. (2015). Influence of a husband's healthcare decision making role on a woman's intention to use contraceptives among Mozambican women. *Reproductive health*, 12, 1-8.
36. National Population Commission (NPC) (2014) Nigeria Demographic and Health Survey 2013. Abuja, Nigeria: National Population Commission and ICF Macro.
37. Nketiah-Amponsah, E., Ampaw, S., & Twumasi Baffour, P. (2022). Socioeconomic determinants of use and choice of modern contraceptive methods in Ghana. *Tropical Medicine and Health*, 50(1), 33.
38. Obasohan, P. E. (2015). Religion, ethnicity and contraceptive use among reproductive age women in Nigeria. *International Journal of MCH and AIDS*, 3(1), 63.
39. Odimegwu, C. (2005). Influence of religion on adolescent sexual attitudes and behaviour among Nigerian university students: affiliation or commitment?. *African journal of reproductive health*, 125-140.
40. Osinowo, K., Ekholuenetale, M., Ojomo, O., Hassan, A., & Ladipo, O. A. (2020). Patterns of triggers, ideation and motivational factors of contraceptive utilization among women and gate-keepers in Nigeria: a scoping study on the resilient and accelerated scale up of DMPA-SC in Nigeria (RASUDIN). *Contraception and Reproductive Medicine*, 5(1), 38

41. Otchere, S. A., Omunoyidde, S., Rosales, A., Ochieng, J. A., Chebon, L., Agordoh, S. W., & Allison, A. (2023). Faith leaders improve healthy timing and spacing of pregnancy: results of operations research on the Channels of Hope methodology in Kenya and Ghana. *Annals of Global Health*, 89(1).
42. Prata, N., Bell, S., Fraser, A., Carvalho, A., & Neves, I. (2017). Partner support for family planning and modern contraceptive use in Luanda, Angola. *African journal of reproductive health*, 21(1), 35-48.
43. Rahman, M. S. (2020). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language “testing and assessment” research: A literature review.
44. Sensoy, N., Korkut, Y., Akturan, S., Yilmaz, M., Tuz, C., & Tuncel, B. (2018). Factors affecting the attitudes of women toward family planning. *Family planning*, 13, 33.
45. Sserwanja, Q., Musaba, M. W., Mutisya, L. M., & Mukunya, D. (2022). Rural-urban correlates of modern contraceptives utilization among adolescents in Zambia: a national cross-sectional survey. *BMC Women's Health*, 22(1), 1-10.
46. Tegegne, T. K., Chojenta, C., Forder, P. M., Getachew, T., Smith, R., & Loxton, D. (2020). Spatial variations and associated factors of modern contraceptive use in Ethiopia: a spatial and multilevel analysis. *BMJ open*, 10(10), e037532.
47. Thummalachetty, N., Mathur, S., Mullinax, M., DeCosta, K., Nakyanjo, N., Lutalo, T., ... & Santelli, J. S. (2017). Contraceptive knowledge, perceptions, and concerns among men in Uganda. *BMC public health*, 17, 1-9.
48. Wang, X., & Cheng, Z. (2020). Cross-Sectional Studies: Strengths, Weaknesses, and Recommendations. *Chest*, 158(1S), S65–S71. <https://doi.org/10.1016/j.chest.2020.03.012>

CITATION

LASISI, G.E, IKHUMETSE A. A, & AMINUWA H. A. (2024). Assessing The Relationship Between Attitude and The Use of Contraception, Factors Associated with The Use of Contraceptives and Factors Associated with Attitudes Towards Contraceptive Use Among Women in Nigeria: A Cross-Sectional Online Study. In *Global Journal of Research in Humanities & Cultural Studies* (Vol. 4, Number 4, pp. 1–10). <https://doi.org/10.5281/zenodo.12723582>