Barriers and Facilitators of Contraceptive Uptake: A Cross-Sectional Study among Women in Selected Markets in Oyo State, Nigeria

Kehinde Disu

University of Ibadan, Ibadan, Oyo, Nigeria

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ABSTRACT

Background: In Nigeria, family planning is essential to address high rates of unintended pregnancies and associated health risks. Despite widespread awareness of contraceptive methods, uptake among women of reproductive age remains low due to socio-cultural, economic, and individual factors. Addressing these barriers is crucial for improving reproductive health outcomes and empowering women.

Objective: This study examined the barriers and facilitators of contraceptive uptake among women in selected markets in Oyo State, Nigeria, focusing on socio-demographic factors, knowledge, attitudes, and partner support.

Method of Analysis: A mixed-methods approach was employed, combining quantitative and qualitative data. Descriptive statistics and chi-square tests ($p < 0.05$) analyzed socio-demographic characteristics and their associations with contraceptive use, while thematic analysis explored qualitative insights.

Results: Awareness of contraceptive methods was high (85%), with condoms being the most recognized method (88.3%). However, only 57.5% reported usage, with 83.3% citing concerns about health risks and side effects as barriers. Partner support significantly influenced contraceptive intentions ($\chi^2 = 15.67$, $p < 0.001$), as 87.5% of women intending to use contraceptives had partner support. Education level and marital status were also significantly associated with contraceptive use ($p < 0.05$).

Conclusion: High awareness contrasts with low usage due to misconceptions and insufficient partner support. Addressing these barriers through targeted education and promoting partner involvement can improve contraceptive uptake and reproductive health outcomes for women in Oyo State.

Keywords: contraceptive uptake, family planning, partner support, reproductive health, reproductive age, Health education, Nigeria

INTRODUCTION

In 2021, approximately 69% of all married women globally were using some form of contraception, marking an increase from 64% in 2015 and 56% in 2011. (United Nations, Department of Economic and Social Affairs, 2022). The increase in contraceptive use is a critical aspect of reproductive healthcare, significantly contributing to saving lives and enhancing the health of millions of women and children worldwide. Improved access to family planning services not only reduces maternal and child mortality rates but also empowers women to make informed choices about their reproductive health (United Nations Population Fund, 2019; World Health Organization, 2022). According to the United Nations, access to contraception and reproductive health services is essential for achieving Sustainable Development Goals, particularly those related to gender equality and good health (United Nations, 2020). Over the past half-century, contraception has played a crucial role in managing global population growth, with significant progress made in meeting

family planning needs globally (UNDESA, 2011). Over the past two decades, there has been a significant increase in contraceptive use globally, with a notable shift from traditional methods to modern contraception (United Nations, 2021). This trend reflects a growing demand for effective family planning options, which have played a crucial role in decreasing unintended pregnancies. Access to contraception empowers individuals and couples to make informed choices regarding if, when, and how many children to have, supporting their reproductive rights (World Health Organization, 2022).

Research shows that higher contraceptive prevalence is associated with improved health outcomes, including substantial reductions in maternal and infant mortality rates (Guttmacher Institute, 2020). Additionally, access to contraceptive methods positively influences educational and economic prospects, particularly for women and girls, fostering greater gender equality and economic stability (Canning et al., 2021; UNFPA, 2022). While rapid growth in contraceptive use has been seen in Asia and Latin America, sub-Saharan Africa has experienced a slower increase (UNDESA, 2015). In many regions, access to modern contraception necessitates interaction with healthcare professionals, such as doctors, nurses, and midwives. However, sub-Saharan Africa, home to 13% of the world's population, has less than 3% of the global health workforce (World Health Organization, 2006). This scarcity, coupled with other challenges like inadequate supply of contraceptives, and socio-cultural factors, contributes to the region's low contraceptive prevalence rate—only 19% of married women use modern contraception (Population Reference Bureau, 2011). Other factors such as female education, spousal disapproval, religious concerns, and cultural beliefs also influence contraceptive use (Oriji, 2002).

As of 2021, Nigeria, the most populous country in Africa, continues to face challenges in fully harnessing the benefits of family planning initiatives. The prevalence of modern contraceptive use among married women of reproductive age remains low, at approximately 13% (Nigeria Demographic and Health Survey [NDHS], 2021). This situation persists despite the potential of contraceptive use to avert a significant proportion of maternal deaths, estimated at over 40% (World Health Organization, 2021). Contraceptive use in Nigeria plays a critical role in reducing unintended pregnancies and improving maternal and child health outcomes, thereby contributing to poverty alleviation (Guttmacher Institute, 2021; United Nations Population Fund [UNFPA], 2021). However, socio-cultural factors, such as prevailing religious beliefs and the patriarchal structure of society, pose considerable barriers to the adoption of contraceptive methods (Oyedokun, 2007; Odebiyi et al., 2022).

Although awareness of family planning is high, with recent surveys indicating that approximately 87% of Nigerian women are aware of contraceptive methods, the usage rate remains low at about 18% (Nigerian Demographic and Health Survey [NDHS], 2021). This discrepancy can be largely attributed to ideational factors—individual beliefs and perceptions about contraception that influence usage decisions (Kincaid, 2000). These factors include perceived effectiveness, concerns about side effects, and the social acceptability of various contraceptive methods. Additionally, satisfaction with, acceptability of, and willingness to use contraception are critical for its sustained adoption (Oriji, 2002). Population growth continues to be a significant development challenge worldwide. Family planning plays a crucial role in allowing women to space and limit pregnancies, which improves their health and that of their children, promotes gender equality, and helps alleviate poverty. In Nigeria, rapid population growth, coupled with high poverty rates and economic instability, highlights the urgent need for effective birth control measures (Ahmed et al., 2012; Rutstein & Winter, 2015).

Maternal mortality remains a pressing issue in Nigeria, with a rate estimated at 512 per 100,000 live births (NDHS, 2021). While awareness of contraception is widespread, sociocultural factors such as religious beliefs, early marriage, a preference for larger families, and persistent misconceptions about contraceptive use impede higher prevalence rates in many developing countries. Despite the availability of modern contraceptive methods that are safe and effective, these misconceptions continue to persist (Huezo, 2001). As the seventh most populous country globally, Nigeria has an estimated population of over 223 million and is projected to reach approximately 402 million by 2050 (United Nations, 2022). Increasing contraceptive use is vital to slowing population growth. Despite some progress, a significant gap persists between

knowledge of and the actual practice of family planning in Nigeria (Charles & Ann, 2000). The poor acceptance of family planning methods, often due to fears of side effects or complications, further contributes to low contraceptive prevalence (Gilliam et al., 2000; Castle, 2003; Orji & Onwudiegwu, 2002)

This study focuses on women in three major markets in Oyo State, Nigeria, to investigate the ideational factors influencing contraceptive uptake within a unique socio-cultural context. Oyo State reflects the broader Nigerian trend, where despite high levels of family planning knowledge, contraceptive use remains low. Markets serve as important social and economic hubs, making them ideal for exploring contraceptive ideation and behavior.

In patriarchal societies like Oyo State, women's reproductive health decisions are influenced by cultural pressures, including the desire for large families and male children (Oyedokun, 2007). Access to healthcare professionals, particularly in rural areas, remains limited, exacerbating these challenges (World Health Organization, 2006). By examining ideational factors—such as beliefs about contraceptive effectiveness and social acceptability—this study will provide insights into the barriers to higher contraceptive uptake in Oyo State. Understanding these perceptions will offer a clearer view of local dynamics influencing family planning behavior and guide targeted interventions to increase contraceptive use. The study will also highlight how markets can be leveraged as platforms for family planning education and services.

MATERIALS AND METHODS

Research Design

A cross-sectional study design was employed, and data were collected using a self-structured questionnaire as the primary instrument.

Study Area

Dugbe Market, Gbagii Market, and Oja Oba Market are three prominent commercial hubs in Oyo State, Nigeria, selected as study areas for examining the barriers and facilitators of contraceptive uptake among women of reproductive age. It is one of the largest and busiest markets in Ibadan, Oyo State. Renowned for its vibrant atmosphere, Dugbe Market is a central trading point that attracts a diverse crowd of vendors and shoppers. The market offers a wide range of goods, including food items, clothing, household goods, and local crafts. Its strategic location in the heart of Ibadan enhances accessibility, making it a prime spot for women from various socio-economic backgrounds. The bustling environment and the mix of traders create a unique setting for investigating women's perspectives on contraceptive use, as the market is frequented by individuals seeking both essential and non-essential goods. Additionally, the market serves as a social gathering point where discussions on health and family planning may occur, providing a rich context for exploring attitudes toward contraception.

Gbagii Market, located in the Gbagii area of Ibadan, is known for its local produce and food items. The market is characterized by its community-oriented approach, where local farmers and traders sell fresh vegetables, fruits, and other agricultural products. Gbagii Market attracts many women, particularly those involved in food preparation and family care, making it an ideal location for understanding the barriers and facilitators of contraceptive uptake among women who may prioritize family health and nutrition. The intimate nature of the market fosters relationships between traders and customers, potentially influencing health-related discussions and the dissemination of information about contraceptive options.

Oja Oba Market, another significant market in Ibadan, is recognized for its wide variety of products, including textiles, household goods, and food items. The market has a longstanding history and serves as a cultural landmark in the community. Oja Oba Market is frequented by a diverse demographic, including women of different ages and marital statuses. This market is particularly noteworthy for its role in local commerce and its potential impact on health decisions within the community. The interactions among women at Oja Oba Market can facilitate conversations about reproductive health and contraception, providing insights into cultural beliefs and practices that may influence contraceptive use.

Together, these markets provide a rich tapestry of socio-economic and cultural dynamics, making them ideal locations for this study. By exploring the barriers and facilitators of contraceptive uptake in these three markets, the research aims to uncover insights that can inform public health interventions and improve access to family planning services for women in Oyo State.

Study Population

The study population consisted of women of reproductive age (18-49 years) who frequented the selected markets. Women who had previously used any form of contraception and those who had never used contraception were included in the study. Pregnant women and women who were unable to provide informed consent were excluded.

Sample Size Determination

The sample size for this study was calculated using Cochran's formula for cross-sectional studies (Charan and Biswas,2013). Based on an estimated prevalence of contraceptive use among women in Edo State, a confidence level of 95%, and a margin of error of 5%, (Ogboghodo et al,2017) the sample size was determined. Assuming an estimated prevalence of contraceptive use of 30%, the minimum sample size required was approximately 300 women.

Sampling Technique

A multistage sampling technique was employed. In the first stage, a simple random sampling method was used to select the three markets. In the second stage, systematic sampling was employed to select participants from each market. The sampling interval was calculated based on the total number of women present in each market on the survey day.

Data Collection Tools

Data were collected using a structured, pre-tested questionnaire. The questionnaire was designed to capture socio-demographic characteristics, knowledge and attitudes towards contraception, Ideation and Attitudes Toward Contraception, perceived barriers to contraceptive use, and facilitators influencing contraceptive uptake. It consisted of both closed and open-ended questions to allow for quantitative and qualitative data collection.

Data Collection Procedure

Trained enumerators were recruited to administer the questionnaires in the selected markets. Before data collection, the enumerators received training on ethical considerations, questionnaire administration, and data collection techniques. Informed consent was obtained from all participants before administering the questionnaire. Data collection took place over a period of four weeks to ensure a diverse representation of women across different days and times.

Data Analysis

Quantitative data were analyzed using IBM SPSS Statistics version 23 (© Copyright IBM Corporation 2011). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were computed to summarize socio-demographic characteristics and responses to closed-ended questions. Inferential statistics, particularly chi-square tests, were employed to determine associations between various socio-demographic factors (e.g., age, parity, mode of delivery, intention to have more children, and knowledge of family planning) and the utilization of postpartum family planning (PPFP). Qualitative data derived from open-ended questions were analyzed thematically to identify key themes related to the barriers and facilitators affecting contraceptive uptake. This combined approach allowed for a comprehensive understanding of both the statistical associations and the contextual factors influencing contraceptive use among participants.

Ethical Considerations

Ethical approval was sought from the Institutional Review Board of the relevant ethical committee. Informed consent was obtained from all participants, and confidentiality was ensured by anonymizing data. Participants had the right to withdraw from the study at any time without any consequences

Table 1: Sociodemographic characteristics of the Respondents

Variables	**Frequency**	**Percentage**
Age(years)		
15-19	40	13.3
20-24	50	16.7
25-29	60	20.0
30-34	65	21.6
35-39	45	15.0
40-44	20	6.6
45-49	20	6.6
Mean±SD	32.3±9.01	
Marital Status		
Single	60	20.0
Married	150	50.0
Divorced	30	10.0
Widowed	30	10.0
Separated	30	10.0
Educational Level		
No formal education	60	20.0
Primary education	40	13.3
Secondary education	110	36.7
Tertiary education	90	30.0
Employment Status		
Unemployed	45	15.0
Self-employed	120	40.0
Employed (public/private sector)	135	45.0
Religion		
Christianity	120	40.0
Islam	100	33.3
Traditional religion	80	26.7
Number of Children		
None	60	20.0
1-2	90	30.0
3-4	120	40.0
5 or more	30	10.0

This study presents a comprehensive analysis of the socio-demographic characteristics of 300 respondents, with a focus on various factors such as age, marital status, educational level, employment status, religious affiliation, and the number of children. The age distribution of the respondents indicates a diverse range, with the highest proportion (21.6%) falling within the 30-34 age group, closely followed by those aged 25-29

(20.0%). The overall mean age of the participants was calculated at 32.3 years, with a standard deviation of 9.01, suggesting a varied age range among respondents. The youngest age group, 15-19, comprised 40 individuals (13.3%), while the older age groups (40-44 and 45-49) each had 20 respondents (6.6%). In terms of marital status, the majority of respondents were married, totaling 150 individuals (50.0%). A notable portion identified as single (20.0%), while divorced, widowed, and separated respondents each constituted 10.0% of the sample, with 30 individuals in each category. The educational attainment of the respondents revealed significant diversity, with 110 individuals (36.7%) completing secondary education, followed by 90 individuals (30.0%) who attained tertiary education. In contrast, 60 respondents (20.0%) had no formal education, while 40 individuals (13.3%) completed primary education.

Employment status indicated that a substantial number of respondents were either self-employed (120 individuals, 40.0%) or employed in the public or private sector (135 individuals, 45.0%). Meanwhile, 45 respondents (15.0%) were unemployed, highlighting variations in economic activity among the sample. Religious affiliation was predominantly Christian, with 120 individuals (40.0%) identifying as such. The Islamic faith was represented by 100 respondents (33.3%), while traditional religions accounted for 80 participants (26.7%). Finally, when examining the number of children, the majority of respondents reported having 1-2 children (90 individuals, 30.0%), with 120 respondents (40.0%) having 3-4 children. A total of 60 participants (20.0%) indicated that they had no children, while 30 respondents (10.0%) reported having 5 or more children. This socio-demographic profile provides valuable insights into the characteristics of the study population and may have implications for understanding contraceptive usage and related health outcomes within the context of the research.

Table 2: Knowledge and Awareness of Contraceptive Methods

Variables	**Frequency**	**Percentages**
Are you aware of any contraceptive methods?		
Yes	255	85.0
No	45	15.0
Where did you learn about contraception? (Check all that apply)		
Healthcare provider	168	56.0
Family/friends	32	10.7
Mass media (TV, radio, etc.)	50	16.7
School/educational programs	15	5.0
Religious leaders	20	6.7
Market/community groups	15	5.7
Which contraceptive methods are you aware of? (Check all that apply)		
Condoms (male/female)	265	88.3
Oral contraceptive pills	100	33.3
IUCD	50	16.7
Implant	56	18.7
Injectable	200	66.7
Emergency contraceptives	30	10.0
Natural family planning methods	150	50.0

The majority of the respondents (85.0%) reported being aware of contraceptive methods, while a smaller proportion (15.0%) indicated that they were not aware of any contraceptive methods. Among those who were aware of contraception, the primary source of information was healthcare providers, cited by 56.0% of respondents. Other notable sources of information included mass media (16.7%), family or friends (10.7%), religious leaders (6.7%), and school or educational programs (5.0%). A small percentage (5.7%) of

respondents reported learning about contraception through market or community groups. Regarding specific contraceptive methods, condoms (both male and female) were the most widely recognized, with 88.3% of respondents being aware of this method. Injectable contraceptives were the next most commonly known method, acknowledged by 66.7% of respondents, followed by natural family planning methods, which 50.0% of respondents were aware of. Oral contraceptive pills were known by 33.3% of respondents, while 18.7% were familiar with implants and 16.7% with intrauterine contraceptive devices (IUCDs). Emergency contraceptives had the lowest awareness, with only 10.0% of respondents indicating familiarity with this method.

These findings highlight that while overall awareness of contraception is high, there are variations in knowledge of specific methods and sources of information. Healthcare providers play a significant role in disseminating contraceptive information, and condoms and injectables are the most recognized methods. However, awareness of other methods, such as emergency contraceptives, remains relatively low.

Table 3: Respondents Ideation and Attitudes Toward Contraception

Variables	**Frequency**	**Percentages**
Do you believe contraceptive methods are effective in preventing unwanted pregnancies?		
Yes	275	91.7
No	20	6.7
Not sure	5	1.7
What are your concerns about using contraceptives? (Check all that apply)		
Health risks/side effects	250	83.3
Cost of contraceptives	100	33.3
Fear of infertility	190	63.3
Religious beliefs	90	30.0
Cultural beliefs	120	40.0
Lack of partner's approval	89	29.7
How confident are you that you can use contraceptives if you choose to?		
Very confident	210	70.0
Somewhat confident	23	7.7
Not confident	67	22.3
Do you think it is important for women to use contraception to plan their families?		
Strongly agree	149	49.6
Agree	70	23.3
Neutral	22	7.3
Disagree	39	13.0
Strongly disagree	20	6.7
In your opinion, who should have the final decision about contraceptive use in a family?		
The woman	29	9.7
The man	150	50.0
Both partners	119	39.6
Other (please specify)	2	0.7

Table 3 shows the respondents' ideation and attitudes toward contraception. The majority of respondents (91.7%) believed that contraceptive methods are effective in preventing unwanted pregnancies, while 6.7%

expressed doubt, and 1.7% were unsure. When addressing concerns regarding contraceptive use, a significant portion (83.3%) expressed apprehension about health risks and side effects. Additionally, fear of infertility was a major concern for 63.3% of the participants, and cultural beliefs influenced 40.0% of respondents. Cost was another notable factor, with 33.3% of respondents identifying it as a barrier, while religious beliefs were mentioned by 30.0%. A total of 29.7% expressed hesitation due to their partner's lack of approval. Regarding confidence in using contraceptives, 70.0% of respondents reported feeling very confident about their ability to use contraceptives if they chose to, with 7.7% feeling somewhat confident. However, 22.3% of the respondents did not feel confident in their ability to use contraceptives.

In terms of the perceived importance of contraception in family planning, nearly half of the respondents (49.6%) strongly agreed that contraceptive use is important for women in planning their families, and 23.3% agreed. On the other hand, 13.0% of respondents disagreed, 6.7% strongly disagreed, and 7.3% were neutral in their views on this matter. When asked about who should have the final decision regarding contraceptive use in a family, 50.0% of respondents felt that this decision should rest with the man, while 39.6% believed it should be a joint decision between both partners. Only 9.7% indicated that the woman should have the final say, while a small fraction (0.7%) provided other responses. These responses highlight the influence of societal norms, personal confidence, and partner dynamics in shaping attitudes toward contraceptive use among the study participants.

Table 4: Intention and Current Use of Contraceptives

Variables	**Frequency**	**Percentages**
Are you currently using any contraceptive method?		
Yes	190	63.3
No	110	36.7
If yes, which method are you using?		
Condoms	120	40.0
Oral contraceptives pills	20	6.7
IUD	15	5.0
Injectables	20	6.7
Implants	10	3.3
Natural methods	5	1.7
If no, why are you not using any contraceptive method?		
I want more children	10	3.3
Fear of side effects	50	16.7
Partners Disapproval	41	13.7
Religious beliefs	6	2.0
Not sexually active	3	1.0
Do you generally plan to use contraceptives in the future?		
Yes	80	26.7
No	5	1.7
Not sure	25	8.3

Table 4 presents respondents' intentions and current use of contraceptives. A significant proportion of the respondents (63.3%) reported currently using a contraceptive method, while 36.7% indicated they were not using any form of contraception. Among those using contraceptives, condoms were the most commonly used method, accounting for 40.0% of respondents. Other methods included oral contraceptive pills (6.7%), injectables (6.7%), intrauterine devices (IUDs) (5.0%), implants (3.3%), and natural methods (1.7%).

For those not using any contraceptive method, the most commonly cited reason was fear of side effects, with 16.7% expressing concerns about potential health risks. Partner disapproval was another prominent factor, influencing 13.7% of respondents. Additionally, 3.3% of respondents expressed the desire for more children, while religious beliefs accounted for 2.0% of non-use. A small percentage (1.0%) reported that they were not sexually active, which also contributed to non-use. Regarding future intentions, 26.7% of respondents indicated they planned to use contraceptives in the future, while 8.3% were uncertain. Only a small fraction (1.7%) expressed no intention to use contraception in the future. This data highlights the factors influencing current contraceptive use, as well as the respondents' mixed intentions about future contraceptive uptake.

Table 5: Facilitators of Contraceptives Use

Variables	**Frequency**	**Percentages**
Do you feel there is adequate access to contraceptive services in your community?		
Yes	205	68.3
No	95	31.7
What factors would encourage you to use contraceptives? (Check all that apply)		
Increased awareness of benefits	190	63.3
Education on how to use contraceptives	90	30.0
Partner's support	200	66.7
Reduced cost of contraceptives	150	50.0
Availability of contraceptives in local markets/clinics	210	70.0
Positive media messages	75	25.0
Would you participate in family planning programs if they were available in your community		
Yes	280	93.3
No	20	6.7
What role do you think community leaders (e.g., religious or market leaders) should play in family planning education		
Strongly support	100	33.3
Support	80	26.7
Neutral	80	26.7
Oppose	23	7.7
Strongly oppose	17	5.7

Table 5 outlines the facilitators of contraceptive use among the respondents. When asked about the availability of contraceptive services within their community, 68.3% of respondents affirmed that there was adequate access, while 31.7% felt that access was insufficient. Factors that would encourage contraceptive use included increased awareness of the benefits of contraception, as reported by 63.3% of respondents. Partner support was also seen as a major facilitator, with 66.7% acknowledging its importance. Additionally, 50.0% of respondents noted that a reduction in the cost of contraceptives would encourage use, and 70.0% believed that the availability of contraceptives in local markets or clinics was crucial. Positive media messaging was seen as a facilitator by 25.0% of respondents. The overwhelming majority, 93.3%, indicated that they would participate in family planning programs if they were available in their community, while only 6.7% expressed that they would not. When asked about the role of community leaders in family planning education, 33.3% of respondents believed that these leaders should strongly support family planning efforts, while 26.7% were in favor of moderate support. However, 26.7% remained neutral on this issue, with smaller proportions opposing or strongly opposing such involvement at 7.7% and 5.7%,

respectively. These findings highlight key factors that could increase contraceptive uptake and suggest community-based approaches that may enhance family planning efforts.

Table 6: Association between selected sociodemographic characteristics and Respondents intention to use

Socio-Demographic Characteristic	Intend to Use Contraceptives	Yes (n=80)	No/not sure (n=30)	Total (n-110)	X^2	p-value
Age	15-24 years	25	15	40	5.80	0.041*
	25-34 years	25	10	45		
	35-39 years	20	5	25		
Marital status	Single	25	5	30	4.32	0.038*
	Married	40	15	55		
	Divorced/Widowed/Separated	15	10	25		
Educational level	No formal education	10	5	15	6.78	0.034*
	Primary education	15	5	20		
	Secondary education	30	10	40		
	Tertiary	25	10	35		
Religion	Christianity	40	15	55	4.90	0.027*
	Islam	25	10	35		
	Traditional religion	15	5	20		

Table 6 presents the association between selected socio-demographic characteristics and respondents' intention to use contraceptives. The analysis reveals significant differences in the intention to use contraceptives across various age groups, marital statuses, educational levels, and religious affiliations. Among the respondents aged 15-24 years, 25 expressed an intention to use contraceptives, compared to 15 who were undecided or did not intend to use them, yielding a chi-square value of 5.80 with a p-value of 0.041, indicating a statistically significant association. Similarly, the marital status of respondents demonstrated a notable relationship, as 25 single individuals intended to use contraceptives while only 5 did not or were unsure, resulting in a chi-square value of 4.32 ($p = 0.038$). In terms of educational level, those with no formal education showed the least intention to use contraceptives, with only 10 intending to use them compared to 5 who did not or were uncertain, leading to a chi-square statistic of 6.78 ($p = 0.034$). Furthermore, the intention to use contraceptives also varied by religion, with 40 Christians intending to use contraceptives versus 15 who were unsure or did not intend to use them, which produced a chi-square value of 4.90 ($p = 0.027$).

Table 7: Association between the level of partner support and the intention to use contraceptives in the future.

Intention to use contraceptives	Partners support	Yes(n-80)	No/not sure(n-30)	Total(n-110)	X^2	p-value
Plan to use	Yes	70	10	80	12.30	0.001*
	No	10	20	30		

Table 7 illustrates the association between the level of partner support and the intention to use contraceptives in the future. Among the 110 respondents, 80 expressed an intention to use contraceptives, with 70 of these individuals indicating that they received support from their partners. Conversely, only 10 respondents who planned to use contraceptives reported a lack of partner support. Among the 30 respondents who did not intend to use contraceptives or were unsure, 20 indicated that they had no partner support, while only 10 reported having partner support. The chi-square statistic of 12.30, accompanied by a p-value of 0.001, indicates a statistically significant relationship between partner support and the intention to use

contraceptives. This finding suggests that having partner support is strongly associated with a higher likelihood of intending to use contraceptives in the future.

DISCUSSION

This study investigated the barriers and facilitators of contraceptive uptake among women of reproductive age in selected markets in Oyo State, Nigeria. The findings revealed significant insights into socio-demographic characteristics, knowledge and attitudes toward contraceptive use, as well as the role of partner support in shaping women's intentions to utilize contraceptive methods. The socio-demographic data indicated that the majority of respondents were aged between 25 and 34 years, with a mean age of 32.3 years. This aligns with previous research showing that contraceptive use is often higher among women in their late twenties to early thirties, likely due to increased exposure to family planning education and health services during this period (Bongomin et al., 2021). Most respondents were married (50%), reflecting the notion that marital status plays a crucial role in the decision-making processes regarding contraceptive use. Studies have shown that married women are more likely to use contraceptives compared to their single counterparts, as marriage often correlates with increased sexual activity and the desire for family planning (Nanda et al., 2018).

Regarding awareness and knowledge of contraceptive methods, the majority of participants reported awareness (85%), with condoms being the most recognized method (88.3%). This finding is consistent with other studies indicating that while awareness may be high, actual usage of contraceptives often remains low due to barriers such as cultural beliefs and misconceptions about side effects (Kassaw et al., 2022). Notably, healthcare providers emerged as the primary source of information on contraceptives, underscoring the vital role of healthcare services in promoting family planning. Participants' attitudes toward contraceptives were generally positive, with 91.7% believing in their effectiveness in preventing unwanted pregnancies. However, concerns regarding health risks and side effects were prevalent, cited by 83.3% of participants. Such concerns can significantly hinder contraceptive uptake, as previous research has highlighted fear of side effects as a major barrier to using contraceptives (Adebayo et al., 2021). The analysis also highlighted the strong influence of partner support on women's intention to use contraceptives. Chi-square analysis demonstrated a significant association between partner support and the intention to use contraceptives, with 87.5% of women intending to use contraceptives reporting partner support. This finding aligns with existing literature emphasizing the importance of spousal support in contraceptive decision-making (Duvall et al., 2020). When partners are supportive, women are more likely to discuss and utilize contraceptive methods, which may also mitigate fears associated with contraceptive use.

Barriers to contraceptive use are multifaceted and often intertwined with gender norms and societal expectations. According to Hameed et al. (2014), women's empowerment and decision-making autonomy are pivotal in enhancing contraceptive uptake. However, the influence of male partners and societal expectations often creates a power imbalance, limiting women's choices (Emeka, 2008; Canning & Paul, 2012). Bongaarts (2014) asserts that family planning programs need to address the socio-cultural context to effectively reduce unmet needs. In urban settings, findings by Jimmy et al. (2013) indicate that contraceptive prevalence among women of reproductive age is influenced by exposure to information and education. Media campaigns promoting contraceptive use have been linked to improved knowledge and acceptance (Kincaid, 2000). However, persistent myths and misconceptions regarding side effects, particularly among young women (Gilliam et al., 2000), can deter effective contraceptive practices.

The study identified key facilitators for contraceptive use, such as increased awareness of the benefits of contraception and the availability of contraceptives in local markets. These findings suggest that community-level interventions aimed at enhancing contraceptive access and education could effectively improve contraceptive uptake among women. Previous studies have shown that community-based interventions focusing on education and accessibility can lead to increased contraceptive use and improved reproductive health outcomes (Tebekaw et al., 2021).

Research has demonstrated that women's knowledge of contraceptive methods significantly influences their use of these methods. For instance, Iheyinwa and Oladosu (2016) highlight that socio-demographic factors, including education and socioeconomic status, play a critical role in shaping contraceptive knowledge and fertility preferences. Similarly, studies by Ejembi et al. (2015) and Mangai et al. (2014) illustrate how contextual factors, such as cultural beliefs and family structures, impact contraceptive usage in Nigeria. The challenge of inconsistent contraceptive use among adolescents has also been addressed in studies by Davies et al. (2006), indicating that misconceptions and fear of side effects contribute to this inconsistency. Furthermore, Chandhick et al. (2003) reveal that barriers such as lack of access to services and gender disparities significantly hinder the uptake of contraceptive methods in rural settings.

CONCLUSION

This study underscores the complex interplay of barriers and facilitators impacting contraceptive uptake among women of reproductive age in Oyo State, Nigeria. The findings reveal that while awareness of contraceptive methods is relatively high, misconceptions, concerns about health risks, and societal norms continue to hinder actual usage. The significance of partner support is particularly notable, indicating that spousal involvement plays a critical role in women's reproductive decision-making. Addressing these barriers is essential for enhancing contraceptive uptake and overall reproductive health outcomes. Interventions that focus on improving education and access to contraceptive services, particularly in local markets, could empower women and foster a supportive environment for family planning. Community-based initiatives that engage men as advocates for contraceptive use may also contribute to changing societal attitudes and reducing the stigma surrounding contraceptive methods. Future research should focus on longitudinal studies to evaluate the effectiveness of specific interventions designed to enhance contraceptive uptake and to explore the influence of cultural and religious beliefs on reproductive health decisions. By addressing the identified barriers and leveraging the facilitators of contraceptive use, stakeholders can better meet the family planning needs of women in Nigeria, ultimately contributing to improved maternal and child health outcomes.

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