

Assessment of Factors Influencing Utilization of Contraceptives among Women of Child Bearing Age in Ilorin, Kwara State, Nigeria.

Arise Victor Oluwaseyifunmi¹, Ibrahim Rukayat Motunrayo², Adegboye Marvelous Funke³, Sodunke Taiwo Ganiyat⁴, Adesiyan Sukurat Bolanle⁵.

¹Department of Public Health, Iseyin College of Science and Health Technology, Nigeria.

²Department of Public Health, College of Basic Medical Sciences, Kwara State University, Nigeria.

³Department of Economics, Bowen University, Nigeria.

⁴Department of Public Health, Iseyin College of Science and Health Technology, Nigeria.

⁵Department of Public Health, College of Basic Medical Sciences, Kwara State University, Nigeria.

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ABSTRACT

The desire to control fertility has existed since ancient times, with contraceptives being used in various forms for thousands of years. In the 20th century, modern family planning became widely accessible to all segments of the population. This study aimed to assess factors influencing contraceptive use among women of childbearing age in Ilorin, Kwara State, Nigeria. A descriptive cross-sectional study was conducted using multi-stage sampling technique to select five communities within the Ilorin metropolis. Data were collected through a pretested, validated questionnaire, and subjected to analysis employing fundamental statistical methods, including frequencies, percentages and chi-square analysis. A significance level of $p < 0.05$ was selected. Contraceptive usage was widespread, with almost 65% having practiced contraceptive use, and 48.3% favoring temporary methods. The usage of contraceptive use by respondents predominantly occurred between the ages of 15-49, and majority over 60% were current users. Media served as the primary source of information on modern contraceptives, while 87% of respondents demonstrated correct knowledge of the term. Factors affecting utilization of contraceptives among respondents includes lack of sufficient knowledge (31.9%), while 28.6% find health providers unfriendly. Additionally, 23.8% reported spousal disapproval as barrier and 21.2% have faced difficulties with birth control. Furthermore, 19.4% lack access to family planning services, 16.8% fear side effects, 12.8% face financial barriers, 11.4% are restricted by cultural beliefs and 8.8% have religious objections. The study also revealed significant socio-demographic influences on contraceptive use. Age ($p = 0.0206$), religion ($p = 0.0065$), tribe ($p = 0.0007$), marital status ($p = 0.0001$), education ($p = 0.0004$), and occupation ($p = 0.0317$) were all significantly associated with contraceptive use.

The study recommended that relevant stakeholders work towards making contraceptive use more acceptable and accessible to enhance both child spacing and limiting family size.

Keywords: Contraceptive, Child bearing, Family planning, Ilorin.

BACKGROUND

The desire to control fertility dates back to ancient times, with contraceptives being utilized in various forms for thousands of years (Okpere, 2017). The 20th century marked the beginning of modern family planning,

expanding access to contraception across all segments of the population (Okpere, 2017). Contraception is defined as the prevention of conception through methods other than abstinence from coitus (Emuveyan, 2017). The use of contraceptives allows individuals and couples to exercise their right to decide freely and responsibly when and how many children to have (Darroch *et al.*, 2021).

While no method of contraception is perfect, various options exist, each with its own set of advantages and disadvantages. These methods are generally classified into hormonal and non-hormonal categories. Hormonal methods, available in oral and parenteral formulations, include combined oral pills, sequential pills, and progesterone-only pills. Non-hormonal methods, such as intrauterine devices (IUDs), condoms, withdrawal, and fertility awareness-based methods, provide alternative options for family planning (Darroch *et al.*, 2021).

Contraceptives play a vital role in reducing maternal and infant mortality rates, preventing the spread of communicable diseases like HIV/AIDS, and aiding national development by curbing rapid population growth (Igbodekwe *et al.*, 2017). In Nigeria, with a high total fertility rate and significant disparities in maternal mortality across regions, the widespread use of contraceptives could contribute significantly to national health and development efforts (Oye-Adeniran *et al.*, 2019).

This study focuses on the factors that influence the utilization of contraceptives among women of childbearing age in Ilorin, Kwara State, Nigeria. Understanding these factors is crucial for developing effective interventions that improve access to family planning services and promote the use of contraceptives. By examining the knowledge, attitudes, and practices of women regarding contraception, this research aims to identify the key barriers and facilitators of contraceptive use in the community. The findings from this study provides valuable insights that can inform policies and programs designed to enhance reproductive health and family planning services in Ilorin and similar contexts across Nigeria.

METHODS

Study Area

The study was conducted in Ilorin of Kwara State, situated in Nigeria's north-central region, Ilorin, the capital city of Kwara State, Nigeria, is located in the North-Central region of the country. It lies at the strategic confluence of the northern and southern parts of Nigeria, making it a significant cultural and economic hub. The city is predominantly inhabited by the Yoruba ethnic group, but it also has a mix of other ethnicities, including Hausa and Fulani, due to its historical role as a center of trade and Islamic learning. Ilorin is characterized by a tropical savanna climate, with wet and dry seasons, and it serves as a vital administrative, educational, and commercial center. The city is home to several educational institutions, including the University of Ilorin, and has a mix of urban and semi-urban communities, making it an ideal setting for health and social studies. The population comprises a blend of traditional and modern lifestyles, influencing family planning and health practices in the area.

Community Entry and Advocacy for Penetration

An introductory letter was obtained from the Head of the Department of Public Health at Kwara State University, Malete. This advocacy letter was presented to the community leaders to inform them about the study's aims, objectives, benefits, and significance, while also seeking their support and cooperation to ensure the smooth execution of the research.

Study Population

The study targeted individuals who are permanent residents of Ilorin in Kwara State, Nigeria. This included women of child bearing age (15-49 years) who have lived in the area for an extended period and are considered long-term inhabitants of the community. By focusing on permanent residents, the research aimed

to gain insights from individuals who are well-acquainted with the local customs, practices, and health services, ensuring that the findings reflect the experiences and perspectives of those deeply rooted in the community.

Study Design

This study employed a descriptive cross-sectional design to evaluate the factors affecting contraceptive use among women of reproductive age in Ilorin, Kwara State. A quantitative approach was used for data collection, with data gathered from selected locations within the community through the administration of semi-structured, interviewer-administered questionnaires.

Inclusion Criteria

The study included all women of child bearing and reproductive age(15-49 years) who are permanent residents of Ilorin and were both willing to participate and available on the day of the survey.

Exclusion Criteria

All non-residents of Ilorin, Kwara State.

Sample Size Determination

The minimum sample size for this study was calculated using Fischer's formula for descriptive studies. The formula is $n = z^2pq/d^2$, where n is the desired sample size when the population exceeds 10,000, Z is the standard normal deviate (set at 1.96 for a 95% confidence interval), P is the prevalence of family planning in Nigeria (20.0%, or $p = 0.20$ according to Adebowale *et al.*, 2019), Q is the complementary probability of P ($1 - p = 0.8$), and d is the degree of accuracy (set at 5%, or 0.05). Substituting these values, $n = 1.96^2 \times (0.20)(1 - 0.20) / 0.05^2$, yielding a minimum sample size of 246. To account for a non-response rate, with an anticipated response rate of 90%, the sample size was adjusted using the formula $nf = n/e$, where nf is the desired sample size, n is the minimum required sample size, and e is the expected response rate (0.9). This adjustment resulted in $nf = 273$. To further increase precision and accuracy, the sample size was increased to 300.

Sampling Techniques

Stage 1: Selection of Communities

A simple random sampling technique, using a balloting method without replacement, was applied to select five (5) communities from the total number of communities in Ilorin. Proportional allocation was then used to distribute the sample size across these selected communities, ensuring that at least sixty-two (62) respondents were chosen from each community.

Stage 2: Selection of Houses

A systematic sampling technique was utilized to select the required number of houses in each chosen community. A list of all houses in each selected community served as the sampling frame. The total number of houses in each community was divided by the allocated proportion of the total sample size to determine the sampling interval (K). The first household was chosen randomly, and subsequently, every K th household was selected using the household list until the desired number of participants was reached in each community.

Stage 3: Selection of Eligible Women

A systematic random sampling technique was used to select eligible women from each chosen households. Women of childbearing age who were willing to participate and were present on the day of the survey were

included. If a woman declined consent or met any exclusion criteria, the next household on the sampling frame was randomly selected until the desired sample size was achieved

Research Instrument: Validity, Pretesting, Pilot Study

A semi-structured, interviewer-administered questionnaire was used as the research instrument for this study. The questionnaire was developed based on information gathered from relevant literature and previous studies. To ensure better understanding by the local population, it was translated into Yoruba and then translated back into English after being administered to the selected participants.

To validate the instrument, research methodology experts and the study supervisor were consulted for their expert advice on the face and content validity of the data collection tool. All suggested corrections were made before finalizing the instrument.

A pretest of the questionnaire was conducted among residents in a different Local Government Area within Kwara State. The pretest involved administering the instrument to 10% of the calculated sample size, i.e., 30 residents. This pretest aimed to assess the suitability of the questionnaire, ensure adherence to community confidentiality, and identify any potential difficulties that might arise during the main study.

A pilot study was also conducted, involving a small sample and covering the entire research process. This preliminary study helped refine the research methodology and allowed for necessary adjustments before the main study commenced

Methods of Data Collection

An interviewer-administered questionnaire was utilized to gather data for the study. Originally written in English, the questionnaire was translated into Yoruba, the native language spoken by the majority in the communities. It was designed to collect detailed information as outlined in each section. The anonymity and confidentiality of the respondents' information were strictly maintained. After the data collection, the questionnaire was translated back into English for analysis. The collected questionnaires were organized, reviewed, and checked for completeness, with any incomplete questionnaires excluded from the final analysis.

Measurement of Variables and Data Processing

The instrument was carefully reviewed for completeness before proceeding with data analysis. The analysis followed a structured approach to meet the study's initial objectives. Descriptive statistics were employed to summarize the data on respondent characteristics, using tables, graphs, and charts for better visualization. Associations were tested between the outcome variables (factors influencing utilization of contraceptives among women of child bearing age) and the socio-demographic factors of women of child bearing age (15-49 years).

Method of Data Management and Analysis

The collected data was carefully reviewed, coded, and entered into Microsoft Excel for initial organization before being imported into the Statistical Package for Social Sciences (SPSS) for detailed analysis. SPSS was employed to conduct a thorough statistical evaluation of the data, focusing on identifying the factors influencing contraceptive utilization among women of childbearing age in Ilorin, Kwara State, Nigeria. This software allowed for efficient management and analysis of the data, helping to uncover trends, relationships, and key factors that affect contraceptive use within the target population. Data was further analyzed using the chi-square test, with the level of significance set at p-value of <0.05 .

Consent /Methods of Protection of Human Subjects

The data provided by respondents did not include any personal identifiers, such as names. To maintain confidentiality, identifiable information was encrypted and stored in a separate file. Access to this file will be

restricted to authorized personnel for logistical and management purposes. The collected data was securely stored to ensure privacy and protection throughout the study.

Ethical Consideration

Approval for ethical consideration was secured from the Kwara State Ministry of Health through the Department of Research, Planning, and Statistics. Additionally, permission to carry out the study was also obtained from the relevant Local Government Authorities (LGA) and community leaders.

Limitations of the Study

There are limited current journals, research materials and publications on factors influencing utilization of contraceptives among women of child bearing age in Ilorin, Kwara State.

Result 1

Socio-Demographic Data

Table 4.1: Frequency distribution of respondents' socio-demographic data

Socio-Demographic Data	Frequency	Percentage
Age		
15-24years	83	30.4
25-34years	124	45.4
35-44years	42	15.4
45years and above	24	8.8
Total	273	100.0
Religion		
Christianity	82	30.0
Islam	191	70.0
Total	273	100.0
Tribe		
Yoruba	207	75.8
Hausa	37	13.6
Igbo	22	8.1
Others	7	2.6
Total	273	100.0
Marital Status		
Single	98	35.9
Married	153	56.0
Divorced	8	2.9
Widowed	14	5.1
Total	273	100.0
Level of education		
None	23	8.4
Primary	32	11.7
Secondary	116	42.5
Tertiary	88	32.2

Islamic	14	5.1
Total	273	100.0
Occupation		
Unemployed	38	13.9
House wife	13	4.8
Farmer	12	4.4
Trader	71	26.0
Civil servant	54	19.8
Student	65	23.8
Others	20	7.3
Total	273	100.0

On Table 4.1, the average age of the respondents is 25-34 years of age, which is 124(45.4%), 191(70%) of the respondents are Muslims, 207(75.8%) are Yoruba tribe, 153(56%) of the respondents are married, 116(42.5%) of the respondent’s level of education is secondary school and 71(26%) of the respondents are traders.

Result 2

Table 4.2: Practice of any form of contraception before

Practice	Frequency	Percentage
Ever practice any form of contraception before		
Yes	176	64.5
No	97	35.5
Total	273	100.0
Method of contraceptive ever used		
Natural method	54	30.7
Temporal method	85	48.3
Permanent method	37	21.0
Total	176	100.0
How old are you when you start practicing the use of contraceptive		
Less than 10 years old	8	4.5
10-15 years old	32	18.2
15-49 years old	114	64.8
Above 50 years old	22	12.5
Total	176	100.0
Are you currently using contraceptive		
Yes	113	64.2
No	63	35.8
Total	176	100.0
Do you find any of the contraceptive methods so difficult to use		
Yes	53	19
No	123	45
I don’t know	97	36
Total	273	100

On Table 4.2, One hundred and seventy-six (64.5%) of the respondents have practiced the use of contraceptives before and 85(48.3%) of the respondents uses temporal method which is the major method of contraceptives used by the respondents. More than half of the respondents 114(64.8%) started practicing the use of contraceptives between 15-49 years of age. Majority of the respondents 113(64.2%) are currently using contraceptive and 123(45%) of the respondents do not find the use of contraceptives difficult.

Figure 1: Bar chart showing the method of contraceptive respondents think that is suitable for them

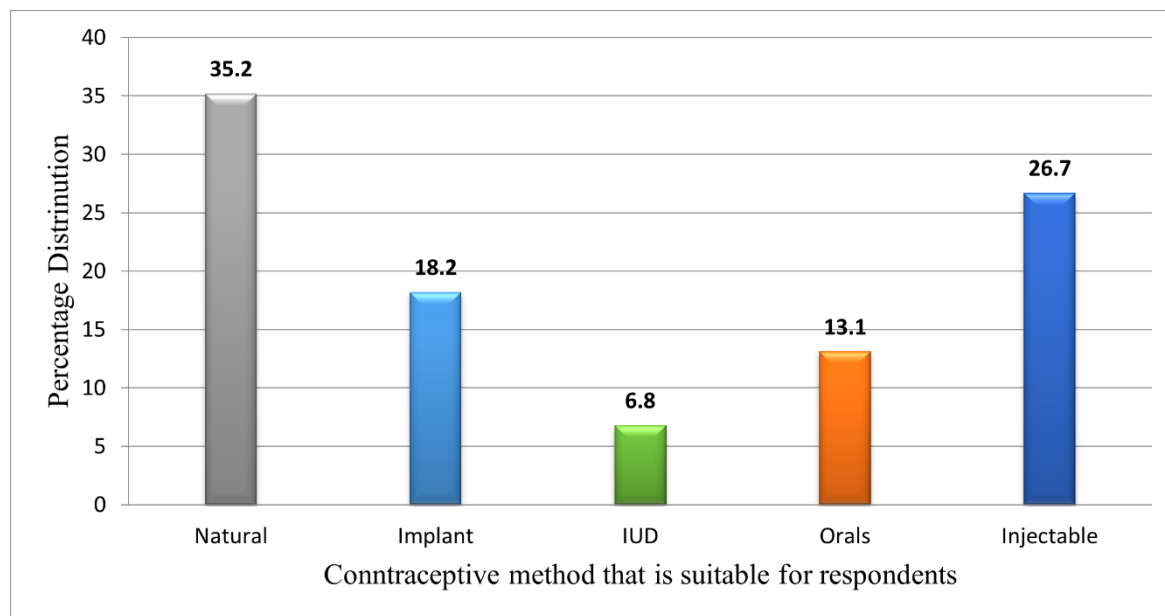


Figure 1 shows that sixty-two (35.2%) of the respondents chooses natural method as the method of contraceptive suitable for them, while 12(6.8%) of the respondents chooses IUD.

Figure 2: Bar chart showing respondents knowledge of means of natural method

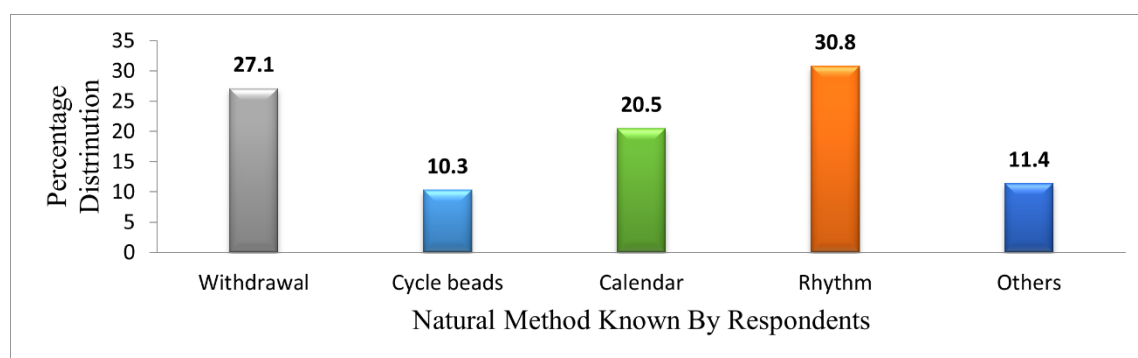


Figure 2 shows that Eighty-four (30.8%) of the respondents chooses rhythm method as the means of natural contraceptive method while 28(10.3%) chooses cycle beads.

Result 3

Table 4.3: Knowledge of respondents on modern contraceptive and their source of information

Knowledge	Frequency	Percentage
Have you heard of modern contraceptive		
Yes	216	79.1
No	57	20.9
Total	273	100.0

Source of information		
Health care personnel	86	39.8
Media	128	59.3
Interment	23	10.6
Family and friends	13	6.0
School	25	11.6
Religion bodies	22	10.2
Market	17	7.9
Others	14	6.5

On Table 3, two hundred and sixteen (79.1%) of the respondent have knowledge on modern contraceptive, and the major source where the respondents 128(59.3%) heard the information is through the media.

Result 4

Table 4.4: respondents understanding by modern contraceptive

Knowledge	Frequency	Percentage
What do you understand by modern contraceptive		
Correct	188	87.0
Wrong	28	13.0
Total	216	100.0
What modern contraceptive method do you know		
Oral		
Injectable	148	68.5
Condoms	134	62.0
Implants	188	87.0
IUD	96	44.4
Sterilization	24	11.1
All	76	35.2

On Table 4.4, One hundred and eighty-eight (87%) of the respondents have correct knowledge and understanding of the meaning what modern contraceptive and implant is the major method of contraceptive known by the respondents 188(87%).

Result 5

Table 4.5: Knowledge of respondents on whether condoms help to prevent STIs

Do you know condoms help preventing STIs	Frequency	Percentage
Yes	167	61
No	63	23
I don't know	43	16
Total	273	100
Health education is important for women who want to use contraception		
Yes	247	90
No	26	10
Total	273	100

On Table 4.5, One hundred and sixty-seven (61%) of the respondents have the opinion that condom helps in the prevention of STIs, and two hundred and forty-seven agrees that health education is important for women who want to use contraception.

Result 6

Table 4.6: Respondents' attitude towards contraceptive

Attitude	Strongly Agree		Agree		Disagree		Strongly disagree	
	Freq.		Freq.		Freq.		Freq.	
Contraceptive methods can protect the health of family and community	110	40.3	125	45.8	24	8.8	14	5.1
Contraceptives provide a sense of safety to its users	132	48.4	84	30.8	36	13.2	21	7.7
Spacing will allow a child to be healthier	141	51.6	94	34.4	22	8.1	16	5.9
The method of contraception I am using adequate	118	43.2	75	27.5	42	15.4	38	13.9
Discussion about contraception with spouse is embarrassing	60	22.0	66	24.2	54	19.8	93	34.1
Male attitudes on contraceptives may improve contraceptive use	102	37.4	114	41.8	27	9.9	30	11.0
Do you think it is necessary to have a good knowledge of contraceptive	163	59.7	80	29.3	14	5.1	16	5.9
Do you think contraceptive methods can completely act as contraception	95	34.8	107	39.2	46	16.8	25	9.2

In Table 4.6, 45.8% of respondents agree that contraceptive methods can protect family and community health. Additionally, 48.4% strongly agree that contraceptives provide a sense of safety, 51.6% strongly believe spacing children leads to healthier outcomes, and 43.2% feel their current contraceptive method is adequate. While 34.1% strongly disagree that discussing contraception with a spouse is embarrassing, 37.4% strongly agree that male support can improve contraceptive use. Furthermore, 59.7% emphasize the importance of having good knowledge of contraception, and 39.2% agree that contraceptive methods can fully prevent pregnancy.

Result 7

Table 4.7: Factors affecting the utilization of contraceptives

Factors (N=273)	Yes		No	
	Frequency		Frequency	
I don't know much about modern contraceptive	87	31.9	186	68.1
The health providers are not friendly	78	28.6	195	71.4
My husband does not approve my use of contraceptives	65	23.8	208	76.2
I don't like modern contraceptive	61	22.3	212	77.7
I previously experienced some difficulty using birth control	58	21.2	215	78.8
I don't have access to the health care facility where family planning services are available	53	19.4	220	80.6
I have fear of side effect using modern contraceptives	46	16.8	227	83.2
My financial status affects my ability to use birth control	35	12.8	238	87.2
My cultural beliefs prevent me from using contraceptives	31	11.4	242	88.6

My religion does not support the use of modern contraceptive	24	8.8	249	91.2
I am not married yet	8	2.9	265	97.1

In Table 4.7, 31.9% of respondents lack sufficient knowledge about modern contraceptives, while 28.6% find health providers unfriendly. Additionally, 23.8% are not permitted to use contraceptives by their husbands, 22.3% dislike modern contraceptives, and 21.2% have faced difficulties with birth control. Furthermore, 19.4% lack access to family planning services, 16.8% fear side effects, 12.8% face financial barriers, 11.4% are restricted by cultural beliefs, 8.8% have religious objections, and 2.9% are unmarried.

Result 8

Table 4.8: Relationship between socio-demographic characteristics and utilization of contraceptives among women of child bearing age

Socio-Demographic Characteristics	Usage of any form of contraceptives					Significant level
	Ever use		Never use		Total	
	Freq.	%	Freq.	%	%	
Age						
15-24years	45	54.2	38	45.8	83(100.0)	
25-34years	92	74.2	32	25.8	124(100.0)	X ² =9.77
35-44years	25	59.5	17	40.5	42(100.0)	df=3
45years and above	14	58.3	10	41.7	24(100.0)	p=0.0206
Total	176	64.5	97	35.5	273(100.0)	
Religion						
Christianity	43	52.4	39	47.6	82(100.0)	X ² =7.405
Islam	133	69.6	58	30.4	191(100.0)	p=0.0065
Total	176	64.5	97	35.5	273(100.0)	
Tribe						
Yoruba	144	69.6	63	30.4	207(100.0)	
Hausa	13	35.1	24	64.9	37(100.0)	X ² =21.76
Igbo	17	77.3	5	22.7	22(100.0)	df=3
Others	2	28.6	5	71.4	7(100.0)	p=0.0007
Total	176	64.5	97	35.5	273(100.0)	
Marital Status						
Single	43	43.9	55	56.1	98(100.0)	X ² =31.5
Married	120	78.4	33	21.6	153(100.0)	df=3
Divorced	5	62.5	3	37.5	8(100.0)	p=0.0001
Widowed	8	57.1	6	42.9	14(100.0)	
Total	176	64.5	97	35.5	273(100.0)	
Level of education						
None	6	26.1	17	73.9	23(100.0)	
Primary	16	50.0	16	50.0	32(100.0)	
Secondary	89	76.7	27	23.3	116(100.0)	X ² =25.65
Tertiary	57	64.8	31	35.2	88(100.0)	df=4
Islamic	8	57.1	6	42.9	14(100.0)	p=0.0004
Total	176	64.5	97	35.5	273(100.0)	

Occupation						
Unemployed	22	57.9	16	42.1	38(100.0)	
House wife	4	30.8	9	69.2	13(100.0)	
Farmer	6	50.0	6	50.0	12(100.0)	$X^2=13.82$
Trader	43	60.6	28	39.4	71(100.0)	$df=6$
Civil servant	42	77.8	12	22.2	54(100.0)	$p=0.0317$
Student	45	69.2	20	30.8	65(100.0)	
Others	14	70.0	6	30.0	20(100.0)	
Total	176	64.5	97	35.5	273(100.0)	

In Table 4.8, 54.2% of respondents aged 15-24, 74.2% of those aged 25-34, 59.5% of those aged 35-44, and 58.3% of those aged 45 and above have used contraceptives. The P-value of 0.0206 indicates a significant difference between contraceptive use and sociodemographic characteristics, leading to the rejection of the null hypothesis. Among respondents, 52.4% of Christians and 69.6% of Muslims have used contraceptives, with a P-value of 0.0065, also indicating significant differences. Additionally, 69.6% of Yoruba, 64.9% of Hausa, 77.3% of Igbo, and 71.4% of other tribes have varying experiences with contraceptive use (P-value = 0.0007). Contraceptive use is higher among the married (78.4%), divorced (62.5%), and widowed (57.1%) compared to singles (56.1%) who have not used contraceptives. With a P-value of 0.0001, this difference is significant. Education also plays a role: 73.9% of respondents with no education and 50% with primary education have never used contraceptives, while 76.7% with secondary and 64.8% with tertiary education have used them (P-value = 0.0004). Lastly, 57.9% of unemployed respondents and 77.8% of civil servants have used contraceptives, while 69.2% of housewives and 50% of farmers have not (P-value = 0.0317), showing a significant difference across occupations.

Result 9

Table 4.9: Relationship between socio-demographic characteristics and users of contraceptive

Socio-Demographic Characteristics	Utilization					Significant level
	Currently user f contraceptives					
	Ever use		Never use		Total	
	Freq.	%	Freq.	%	Freq. (%)	
Age						
15-24years	18	40.0	27	60.0	45(100)	
25-34years	70	76.1	22	23.9	92(100)	$X^2=19.11$
35-44years	14	56.0	11	44.0	25(100)	$df=3$
45years and above	11	78.6	3	21.4	14(100)	$p=0.0003$
Total	113	64.2	63	35.8	176(100)	
Religion						
Christianity	31	72.1	12	27.9	43(100)	$*X^2=1.541$
Islam	82	61.7	51	38.3	133(100)	$p=0.2149$
Total	113	64.2	63	35.8	176(100)	
Tribe						
Yoruba	102	70.8	42	29.2	144(100.)	
Hausa	2	15.4	11	84.6	13(100)	$X^2=20.76$
Igbo	9	52.9	8	47.1	17(100)	$df=3$
Others	0	0.0	2	100.0	2(100)	$P=0.0002$
Total	113	64.2	63	35.8	176(100)	

Marital Status						
Single	25	58.1	18	41.9	43(100)	
Married	77	64.2	43	35.8	120(100)	* $X^2=3.882$
Divorced	5	100.0	0	0.0	5(100)	$df=3$
Widowed	6	75.0	2	25.0	8(100)	$p=0.274$
Total	113	64.2	63	35.8	176(100)	
Level of education						
None	2	33.3	4	66.7	6(100)	
Primary	7	43.8	9	56.3	16(100)	
Secondary	52	58.4	37	41.6	89(100)	
Tertiary	47	82.5	10	17.5	57(100)	$X^2=14.97$
Islamic	5	62.5	3	37.5	8(100)	$df=4$
Total	113	64.2	63	35.8	176(100)	$p=0.0048$
Occupation						
Unemployed	16	72.7	6	27.3	22(100)	
House wife	1	25.0	3	75.0	4(100)	
Farmer	4	66.7	2	33.3	6(100)	
Trader	28	65.1	15	34.9	43(100)	* $X^2=5.102$
Civil servant	26	61.9	16	38.1	42(100)	$df=6$
Student	27	60.0	18	40.0	45(100)	$p=0.5308$
Others	11	78.6	3	21.4	14(100)	
Total	113	64.2	63	35.8	176(100)	

In Table 4.9, 60% of respondents aged 15-24 are not current contraceptive users, while 76.1% of those aged 25-34, 56% of those aged 35-44, and 78.6% of those aged 45+ are current users. A P-value of 0.0003 shows a significant difference, leading to the rejection of the null hypothesis. 72.1% of Christians and 61.7% of Muslims are current contraceptive users, but with a P-value of 0.2149, there is no significant difference, so the null hypothesis is accepted. Among Yorubas, 70.8% are current users, while 84.6% of Hausas, 52.9% of Igbos, and 100% of respondents from other tribes are not. The P-value of 0.0002 indicates a significant difference, rejecting the null hypothesis. 58.1% of singles, 64.2% of married, 100% of divorced, and 75% of widows are current users. A P-value of 0.274 suggests no significant difference, so the null hypothesis is accepted. 66.7% of those with no education and 56.3% with primary education are not using contraceptives, while 58.4% with secondary education, 82.5% with tertiary, and 62.5% with Islamic education are current users. The P-value of 0.0048 indicates a significant difference, rejecting the null hypothesis. 72.7% of unemployed, 75% of housewives (not users), and 66.7% of farmers are current users. Other groups, including traders (65.1%), civil servants (61.9%), students (60%), and others (78.6%), show varying usage. However, with a P-value of 0.5308, there is no significant difference, so the null hypothesis is accepted.

DISCUSSION

This study examines factors influencing contraceptive use among women of childbearing age in Ilorin, Kwara State, focusing on their knowledge and usage patterns. The majority of respondents (45.4%) were aged 25-34, 70% were Muslim, and 75.8% were Yoruba. Of the 64.5% who had used contraceptives before, the most popular method was temporary contraception (48.3%). Contraceptive use among respondents was relatively high at 48.3%, exceeding the national prevalence of 10%. Most respondents (79.1%) had good knowledge of modern contraceptives, mainly from media sources, and 87% had a clear understanding of contraceptive use. The study also showed that 61% of respondents believed condoms help prevent STIs, and

45.8% agreed that contraceptive methods protect the health of families and communities. This is slightly similar to the study conducted in Southwestern Nigerian at 38.6% Babalola *et al.*, (2017), which is higher than national prevalence of 10% Orji *et al.* (2019), the prevalence in the South-South geopolitical zone of Nigeria which is 15.5% (Stephenson *et al.*, 2017). Studies from other parts of Southern Nigeria have reported prevalence rates between 18% and 29% (Oye-Adeniran *et al.*, 2021).

Barriers to contraceptive use included lack of knowledge (31.9%), unfriendly healthcare providers (28.6%), and husband disapproval (23.8%). Cultural and religious beliefs also influenced the decision to use contraception. Among different demographics, 54.2% of respondents aged 15-24 had used contraception, while usage was higher among older age groups. Islam (69.6%) had higher contraceptive use than Christianity (52.4%). Most Yoruba respondents (69.6%) had used contraception, while Hausa respondents had the lowest rate (64.9% had never used contraception). Usage rates also varied based on marital status, education, and employment, with higher education correlating with greater contraceptive use. This is higher than the study conducted in South Western Nigeria which reported that less than 20% of the respondents had correct contraceptive knowledge, despite being relatively educated (Babalola *et al.*, 2017).

CONCLUSION

This study explored the factors influencing contraceptive use among women of childbearing age in Ilorin, Kwara State. Over half of the respondents uses contraceptives between the ages of 15-49, and a notable portion of respondents were current users. A large majority had a good understanding of modern contraceptives. Nearly half agreed that contraceptive methods protect family and community health, and felt their current method is suitable. The study revealed majority of respondents agree with the positive impacts of contraceptives utilization on general health, especially condoms aid in prevention of STIs. However, health providers unfriendly acts, spousal disapproval, limited access to family planning services and personal choices are identified barriers of modern contraceptives utilization among women of reproductive age in the study area.

RECOMMENDATIONS

The Nigerian government, in collaboration with foreign donors, should provide financial support to expand access to family planning services, making contraceptives use more acceptable for both child spacing and limiting family size. Health organizations, both local and international, should involve male partners in reproductive health programs, as this promotes maternal health. Educating couples on the benefits of contraceptives can boost uptake. Hence, community and religious leaders should also promote contraceptives usage and adoption by collaborating with health practitioners to provide educational sessions in community public spaces.

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