



Research Paper

Determinants of Modern Contraceptives Uptake Among Postnatal Clinic Attendees In Ikeja Local Government Area, Lagos State, Nigeria

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ABSTRACT

Maternal health outcomes in Nigeria have continued to be of great concern. According to the 2018 NDHS, there were 512 maternal deaths per 100,000; live births, Maternal Mortality Ratio (MMR) is still high and the population growth is on high side when compared to the developed countries. The study investigated the determinants of modern contraceptives uptake among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria.

The study adopted a descriptive survey design. Multi-stage sampling techniques was used to select three hundred and fort-eight participants (348) among post-natal attendees in Ikeja Local Government. The instrument was a self-report questionnaire and validated used to collect data in the study. Descriptive statistics of simple frequency and percentages, also correlational analysis and chi-square analysis was used test the hypotheses at <.05 level of significant.

The results showed that the mean age of 30.77 ± 7.48 years. Larger percent of the respondents 124(58.5%) had fair knowledge about modern contraceptive, meanwhile, 84(24.1%) of the respondents had good knowledge and 63(18.1%) of the respondents with poor knowledge. Majority of the respondents 216(62.1%) had positive perception towards modern contraceptive use. Majority of the respondents 201(57.8%) reported poor perception of modern contraceptive use. Majority of the respondents 215(61.8%) had low level of modern contraceptive use, while 133(38.2%) of the respondents with high level. result revealed that there is significant relationship between respondents' knowledge and modern contraceptives ($r=0.24$; $p=0.000$). there was significant relationship between religion and the use of modern contraceptives. ($X^2= 13.00$, $df= 2$, $p=.002$).

The study concluded and recommended that the community health care provider, especially community health nurses should continue to create awareness on benefits of modern contraceptives which should involve all the women of reproductive age so as to ensure effective and efficient utilization of modern contraceptives use.

KEY WORDS: knowledge, attitude, perception, modern contraceptives

Received 25 May, 2021; Revised: 06 June, 2021; Accepted 08 June, 2021 © The author(s) 2021.

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I. INTRODUCTION

According to World Health Organization (WHO) 2013, Family Planning (FP) has been of practice since the 16th century by the people of Djenné in West Africa (Muhammad, 2020). Also, in Nigeria, over the year, family planning services uptake has remained low and this is as a result of the various challenges and barriers faced by women. Postnatal (postpartum) family planning method is defined as the avoidance of closely spaced pregnancies and unintended pregnancy during the first twelve months after delivery (Bhutta, Darmstadt, Ramson, Starrs, and Inker, 2013). The postnatal (postpartum) period is critical and is the time when many routine interventions are provided to mothers; besides, during the postnatal period, most mothers want to delay or stop the next pregnancy for reducing the risks of short spaced, unwanted pregnancies and associated foeto-maternal bad outcomes (Mehare, Mekuniaw, Belayneh, & Sharew, 2020).

Maternal health outcomes in Nigeria have continued to be of great concern. According to the National Demographic Health Survey (NDHS, 2018), there were 512 maternal deaths per 100,000; live births, which is high when compared to the developed countries whereas family planning is one of the ways through which maternal deaths can be reduced. (NDHS, 2018)

Family planning services are the ability of individuals and couples to anticipate and attain their desired number of children, the spacing and timing of their births. which can help protect the health of mothers and their newborns. This can be achieved through the use of contraceptive methods and the treatment of involuntary infertility (WHO, 2013). However, the uptake among the antenatal and postnatal attendees is still low with only 12% of women using modern methods of family planning (National Population Commission, Nigeria Demographic and Health Survey, 2018). Family planning may involve consideration of the number of children a woman or a couple wish to have, including the choice to have no children and the age at which she wishes to have them.

There is also high unmet need for family planning in Nigeria with about 19% of married women having an unmet need for family planning, and this can continuously lead to high fertility rates and increased population growth in the face of economic instability facing developing countries (Austin, 2015). Maternal mortality and morbidity (MMM) can be unfavorable to economic growth and development. As identified by previous studies, some predisposing factors affecting the uptake of family planning services include spousal disapproval, religion beliefs, cultural disapproval, fertility desires and fear of side effects, long distance of sources, poor services of family planning clinics, limited knowledge and skills of providers, workload at the clinic, inconvenience at the family planning clinic, age, marital situation, career considerations (education or job status), mental health, myths and misinformation, family relationship status, and cost among others and so on (Pasha, Fikree, and Vermund, 2021).

In Nigeria, there is a high level of knowledge about family planning but most women still do not make use of the family planning services (Every Woman Every Child, 2020). Family planning is very important because it is a strategy to reduce Maternal Mortality Rate (MMR), in 1987, when 'Safe Motherhood' was initiated, and also in 'Reproductive Health' family planning was inclusive in the four pillars of safe motherhood. According to Agbede, (2020). "If a woman uses any of the family planning services methods, she would not get pregnant; and when a woman does not get pregnant, she cannot die of maternal death".

There is low uptake of Modern Contraceptives among Postnatal Clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria despite the availability of modern contraceptives for so many years. Maternal health outcomes in Nigeria have continued to be of great concern. According to the 2018 NDHS, there were 512 maternal deaths per 100,000; live births, Maternal Mortality Ratio (MMR) is still high and the population growth is on high side when compared to the developed countries.

Though, some women and men have knowledge of one or more contraceptives and even though contraceptive methods are free in some parts of Nigeria yet, the uptake remains low.

Although, there is wide spread of awareness about contraception in Nigeria (Adeyinka, 2016), there is no proportional increase in the adoption of contraception. Contraceptive use offers various benefits to the household, country and the world at large, permitting individuals to influence the timing and the number of births which will save lives of mother and children. When unwanted pregnancies are reduced using contraceptives, then injuries, illnesses and deaths associated with child birth, abortions and Sexually Transmitted Infections (STIs) including HIV are avoided. Low uptake of contraceptives can lead to high fertility rate and increased population growth in the face of economic instability facing developing countries (Muhammad, 2020). Maternal mortality and morbidity (MMM) can be unfavorable to economic growth and development. This study therefore sought to investigate determinants of modern contraceptives uptake among postnatal clinic attendees in Ikeja Local Government Area, Lagos, Nigeria.

II. LITERATURE/THEORETICAL UNDERPINNING

Research Objectives

1. assess the personal factors (such as knowledge, attitude, and perception) associated with the use of modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria.
2. determine the enabling factors (such as policies, costs, availability of family planning methods, availability of services) that would encourage or discourage the use of modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria.
3. ascertain the level of use of modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria.
4. determine the intention to use modern contraceptive among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria.

Research Hypotheses

H₁ – There is a significant relationship between the knowledge of modern contraceptives and use of modern contraceptive use among post-natal clinic attendees in Ikeja Local Government Area, Lagos State.

H₂ – There is a significant relationship between the religion of post-natal clinic attendees and the use of modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State.

III. METHODOLOGY

RESEARCH DESIGN

A descriptive survey was selected because it provides an accurate account of the characteristics such as determinants of modern contraceptives uptake among the postnatal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria.

Study Population

The study population include post-natal attendees in some selected Public Primary Health Centres in Ikeja Local Government Area

1.	Alausa Primary Health Care centre
2.	Opebi Primary Health Centre
3.	Ikeja Primary Health Care centre
4.	Oregun Primary Health Care centre

Inclusion Criteria: The participants must:

- (a) be a Nigeria from any tribe
- (b) must be a post-natal attendee in public primary health clinic in Ikeja Local Government
- (c) indicate willingness to participate in the study.
- (d) Sign participants (consent) form after reading through
- (e) Speak English language, Pigin, Hausa, Igbo and Yoruba.

Exclusion Criteria: The participants must;

- (a) Not be a post-natal attendee in private primary health clinic in Ikeja
- (b) Not have any reported underlying health condition or require regular visits to a health facility

INSTRUMENTATION FOR DATA COLLECTION

The instrument used in this study is semi-structure questions. The questionnaire was designed by me and approved by my supervisor to get information from respondents in 6 sections: A-F

Section A: socio-demographic variables: These demographic characteristics include age as at last birthday, marital status, type of marriage, religion, number of children, level of education, level of education of spouse/partner, occupation, occupation of spouse/partner, ethnicity and monthly income.

Section B: deals with the items on level of knowledge about contraceptives which contains 5 items and the responses was based on multiple choice answers. Also, 8-item on attitudes associated with the use of modern contraceptives, and perception associated with the use of modern contraceptives which was 9-item scored on five likert format ranging from strongly agree to strongly disagree

Section C: this deals with the environmental factors (media, friends, health system), associated with the use of modern contraceptives among post-natal clinic attendees. This is a 5-item scale on each of the subsections (media, friends, health system) scored on five likert format ranging from strongly agree to strongly disagree

Section D: deals with enabling factors such as (policies, costs, availability of methods, availability of services) that would encourage or discourage the use of modern contraceptives. This is a 8-item scale scored on five likert format rating scale ranging from strongly agree to strongly disagree

Section E: deals with level of use of modern contraceptives among post-natal clinic attendees. This is 3-item scale with response on Yes or No, multiple choice answer and 4 likert format rating scale ranging from very often, often, sometimes and never.

Section F: deals with the intention to practice modern contraceptives. It is a 7-item scale and scored on five likert format rating scale ranging from strongly agree to strongly disagree

DATA COLLECTION PROCEDURE

The study used a semi-structured questionnaire to collect data. The researcher-administered the questionnaires to the participants who are post-natal attendees of some selected clinics in Ikeja Local Government area. Research assistants who are fluent in speaking both Yoruba and Pidgin were also recruited to assist in the data collection. These research assistants were adequately trained on administering the questionnaire. The researcher monitored the data collection process so as to avoid errors.

DATA ANALYSIS

The data obtained were subjected to data analysis. The descriptive statistics of simple frequency percentage, mean and standard deviation was used for the demographic variables and to answer the research questions while pearson product moment correlation and Chi-Square statistics was employed for the testing of the Hypotheses.

ETHICAL CONSIDERATIONS

Four hard copies and a soft copy of the research proposal and the questionnaire were submitted to Babcock University’s Health Research Ethics Committee (BUHREC). An informed consent will be administered to every respondent filling the questionnaire.

IV. RESULTS/FINDINGS

Table 1: Distribution of respondents based on demographic characteristics

Table 1 shows that the respondent’s ages ranged from 21 to 50years with a mean of 30.77 ±7.48years. Larger percent 209(59.5%) of the respondents were 21-30 years of age, 95(27.3%) were 31-40 years while 46(13.2%) were 41-50 years of age. As regards marital status, 115(33.0%) were single, 205(58.9%) were married, 16(4.6%) were divorced, 5(1.4%) were separated while 7(2.0%) were widow. Based on family type 228(65.5%) were monogamous, 95(27.3%) were polygamous while 25(7.2%) reported other type of marriage. In terms of religion, 182(52.3%) were Christian, 117(33.6%) were Muslim while 49(14.1%) were Traditional worshipper. Based on educational qualification, 51(14.7%) had no formal education, 27(7.8%) has primary education, 108(31.0%) had a secondary education while 162(46.6%) acquired a tertiary education. 24(6.9%) spouse had no formal education, 90(25.9%) spouse had a primary education, 98(28.2%) spouse had a secondary education while 136(39.1%) spouse acquired a tertiary education. As regards ethnicity, 144(41.4%) were Yoruba, 38(10.9%) were Hausa, 99(28.4%) were Igbo, 37(10.6%) were from Delta while 30(8.6%) were from Edo.

Table 1: Distribution of respondents based on demographic characteristics

N=348			
		Frequency	Percentage (%)
Age (30.77 ±7.48years)	21-30 years	209	59.5
	31-40 years	95	27.3
	41-50 years	46	13.2
Marital status	Single	115	33.0
	Married	205	58.9
	Divorced	16	4.6
	Separated	5	1.4
	Widow	7	2.0
Type of marriage	Monogamous	228	65.5
	Polygamous	95	27.3
	Others	25	7.2
Religion	Christian	182	52.3
	Islam	117	33.6
	Traditional	49	14.1
Number of children	None	26	7.5
	1-2	114	32.8
	3-4	160	46.0
	5 & above	48	13.8
Level of education	No formal education	51	14.7
	Primary	27	7.8
	Secondary	108	31.0
	Tertiary	162	46.6
Level of education of spouse	No formal education	24	6.9
	Primary	90	25.9
	Secondary	98	28.2
	Tertiary	136	39.1
Ethnicity	Yoruba	144	41.4

	Hausa	38	10.9
	Igbo	99	28.4
	Delta	37	10.6
	Edo	30	8.6

Knowledge associated with the use of modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria

Table 2 shows that 118(33.9%) of the respondents reported that modern contraceptives prevent unintended pregnancy, 82(23.6%) of them reported that modern contraceptives protect against sexually transmitted infection except for male and female condoms, 70(20.1%) reported that they cause malformation of baby while 78(22.4%) reported that female condom is not a modern contraceptive. Also, 89(25.6%) reported that use condoms, 76(21.8%) use oral contraceptives, 27(7.8%) use injectables, 60(17.2%) use implants, 21(6.0%) use intrauterine devices, 45(12.9%) use vasectomy while 30(8.6%) use tubal ligation. 240(69.0%) reported that they prevent unwanted pregnancy, 49(14.1%) reported that they cause abortion while 59(17.0%) reported that both partners are happy. In addition, 129(37.1%) majority of the respondents reported that risks involved in having unplanned pregnancy are increase crime rate in the society, 57(16.4%) reported that increased in death of mother and child due to unsafe abortion or complications during child birth, 65(18.7%) reported that it may cause poverty, 77(22.1%) reported that it may cause transmission of sexually transmitted diseases and infection while 20(5.7%) reported that there is no risk involved in having an unplanned pregnancy. Also, 31(8.9%) reported that their source of information about modern contraceptive use is radio, 17(4.9%) reported television, 21(6.0%) reported newspaper, 68(19.5%) reported social media, 94(27.0%) reported friends, 44(12.6%) reported parents while 73(21.0%) reported health care staff.

Table 2: Knowledge about modern contraceptives use

N=348			
		Frequency	Percentage %
Which of the following is true about modern contraceptives?	They prevent unintended pregnancy	118	33.9
	They all protect against sexually transmitted infection except for male and female condoms	82	23.6
	They cause malformation of baby	70	20.1
	Female condom is not a modern contraceptive	78	22.4
Tick the types of modern contraceptives that you know	Condoms	89	25.6
	Oral contraceptives	76	21.8
	Injectables	27	7.8
	Implants	60	17.2
	Intrauterine devices	21	6.0
	Vasectomy	45	12.9
	Tubal Ligation	30	8.6
What are the benefits of using modern contraceptives?	Prevent unwanted pregnancy	240	69.0
	They cause abortion	49	14.1
	Both partners are happy	59	17.0
What are the risks involved in having unplanned pregnancy?	Increased crime rate in the society	129	37.1
	Increased death of mother and child due to unsafe abortion or complications during child birth	57	16.4
	Poverty	65	18.7
	Transmission of sexually transmitted diseases and infection	77	22.1
	There is no risk involved in having an unplanned pregnancy	20	5.7
What is your source of information on modern contraceptives?	Radio	31	8.9
	Television	17	4.9
	Newspaper	21	6.0
	Social media	68	19.5
	Friends	94	27.0
	Parents	44	12.6
	Health care staff	73	21.0

Table 3 revealed the level of knowledge of the respondents on modern contraceptive use with a mean score of 14.24±3.15. Larger proportion of the respondents 124(58.5%) had fair knowledge about modern contraceptive, meanwhile, 84(24.1%) of the respondents had good knowledge and 63(18.1%) of the respondents with poor knowledge.

Table 3: Level of knowledge of the respondents based on modern contraceptives use

	N=348 Frequency	Percentage (%)
Poor	63	18.1
Fair	201	57.8
Good	84	24.1

Attitude associated with the use of modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria

Table 4 shows that 192(55.2%) of the respondents disagreed that modern contraceptives is not for the poor, about half of the respondents 175(50.3%) disagreed that it is wrong to use contraceptives, 197(56.6%) agree that modern contraceptives use benefit males too, larger percent 208(59.7%) disagreed that contraceptives use is a sin. More so, 201(57.8%) disagreed that women using modern family planning methods are promiscuous. In addition, more than 210(60.3%) disagreed that they can easily walk into a health facility and ask for contraceptives. Larger percent 235(67.5%) reported that they always use contraceptives during sex while 231(66.3%) disagreed not using contraceptive because they are not worried about pregnancy.

Table 4: Attitudes associated with the use of modern contraceptives

(N=348)	Strongly agree	Agree	Undecided	Strongly disagree	Disagree
Modern contraceptive is not for the poor	59(17.0%)	32(9.2%)	65(18.7%)	78(22.4%)	114(32.8%)
It is wrong to use contraceptives	70(20.1%)	50(14.4%)	53(15.2%)	90(25.9%)	85(24.4%)
Contraceptives benefit males too	117(33.6%)	80(23.0%)	84(24.1%)	32(9.2%)	35(10.1%)
Contraceptives use is a sin	49(14.1%)	28(8.0%)	63(18.1%)	93(26.7%)	115(33.0%)
Women using modern family planning methods are promiscuous	62(17.8%)	62(17.8%)	23(6.6%)	83(23.9%)	118(33.9%)
I can easily walk into a health facility and ask for contraceptives	28(8.0%)	30(8.6%)	80(23.0%)	107(30.7%)	103(29.6%)
I always use contraceptives during sex	118(33.9%)	117(33.6%)	66(19.0%)	31(8.9%)	16(4.6%)
I don't use contraceptive because i am not worried about pregnancy	21(6.0%)	53(15.2%)	43(12.4%)	68(19.5%)	163(46.8%)

Table 5 revealed the attitudinal disposition of the respondents regarding modern contraceptives use. The result revealed that respondent's attitude towards modern contraceptive use showed a mean score of 25.67±3.94. Majority of the respondents 216(62.1%) had positive perception towards modern contraceptive use, while 132(37.9%) of the respondents had negative attitude.

Table 5: Attitude towards modern contraceptive use

	N=348 Frequency	Percentage (%)
Negative	132	37.9
Positive	216	62.1

Perception associated with the use of modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria

Table 5 shows that based on the perception of the respondents associated with the use of modern contraceptive. It was revealed that 189(54.3%) of the respondents disagreed that modern contraceptives are only for adult married persons. Also, 199(57.1%) disagreed that modern contraceptives are expensive. Furthermore, 212(60.9%) disagreed that modern contraceptives use lead to infertility, 168(48.3%) reported that the process of acquiring contraceptive is often embarrassing, 227(65.2%) agree that they approve the use of modern contraceptives, 166(47.7%) agree that modern contraceptives are effective in avoiding pregnancy, 245(70.4%) disagree that advertisement and information about modern contraceptives use is immoral, 160(45.9%) reported that modern contraceptives have significant side effects while 221(63.5%) agree that religion prohibits the use of modern contraceptives.

Table 5: Perception associated with the use of modern contraceptives

(N=348)	Strongly agree	Agree	Undecided	Strongly disagree	Disagree
Modern contraceptives are only for adult married persons	42(12.1%)	75(21.6%)	42(12.1%)	92(26.4%)	97(27.9%)
Modern contraceptives are expensive	26(7.5%)	49(14.1%)	74(21.3%)	93(26.6%)	106(30.5%)
Modern contraceptives use lead to infertility	29(8.3%)	36(10.3%)	71(20.4%)	69(19.8%)	143(41.1%)
The process of acquiring contraceptive is often	89(25.6%)	79(22.7%)	68(19.5%)	56(16.1%)	56(16.1%)

embarrassing					
I approve the use of modern contraceptives	150(43.1%)	77(22.1%)	53(15.2%)	30(8.6%)	38(10.9%)
Modern contraceptives are effective in avoiding pregnancy	93(26.7%)	73(21.0%)	45(12.9%)	64(18.4%)	73(21.0%)
Advertisement and information about modern contraceptives use is immoral	15(4.3%)	33(9.5%)	55(15.8%)	52(14.9%)	193(55.5%)
Modern contraceptives have significant side effects	69(19.8%)	91(26.1%)	62(17.8%)	69(19.8%)	57(16.4%)
Religion prohibits the use of modern contraceptives	88(25.3%)	133(38.2%)	60(17.2%)	37(10.6%)	30(8.6%)

Table 6 revealed the respondent's perception of the respondents regarding modern contraceptives use. The table revealed that mean a score of 29.19±4.60. Majority of the respondents 201(57.8%) reported poor perception of modern contraceptive use, while 147(42.2%) of the respondents with high level.

Table 6: perception of modern contraceptive use

	N=348	
	Frequency	Percentage (%)
Poor	201	57.8
Good	147	42.2

Enabling factors (such as policies, costs, availability of family planning methods, availability of services) that would encourage or discourage the use of modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria

Table 7 below shows that 193(55.4%) of the respondents agreed that government's policies on making modern contraceptive information available is quite discouraging, 214(61.5%) disagree that the cost of modern contraceptives discourages them from considering using them, 206(59.2%) disagreed that modern contraceptive services and commodities are inaccessible, 143(41.1%) reported that in-availability of well trained staff on modern contraceptive use is a great discouragement, 196(56.3%) agreed that service providers make modern contraceptives services expensive by attaching high fees, 210(60.4%) reported that counselling of couples can improve male involvement in contraceptive use, 187(53.8%) agree that experiences with contraceptives side effects shape choices of contraceptives use while 197(56.6%) reported that effects of side effects on the use of contraceptives would determine sustained use.

Table 7: Enabling factors that would encourage or discourage the use of modern contraceptives among post-natal clinic attendees

	Strongly agree	Agree	Undecided	Strongly disagree	Disagree
Government's policies on making modern contraceptive information available is quite discouraging	101(29.0%)	92(26.4%)	63(18.1%)	60(17.2%)	32(9.2%)
The cost of modern contraceptives discourages me from considering using them	19(5.5%)	44(12.6%)	71(20.4%)	131(37.6%)	83(23.9%)
Modern contraceptive services and commodities are inaccessible	45(12.9%)	50(14.4%)	47(13.5%)	126(36.2%)	80(23.0%)
In-availability of well-trained staff on modern contraceptive use is a great discouragement	38(10.9%)	105(30.2%)	94(27.0%)	66(19.0%)	45(12.9%)
Service providers make modern contraceptives services expensive by attaching high fees	55(15.8%)	141(40.5%)	99(28.4%)	22(6.3%)	31(8.9%)
Counselling of couples can improve male involvement in contraceptive use	106(30.5%)	104(29.9%)	85(24.4%)	33(9.5%)	20(5.7%)
Experiences with contraceptives side effects shape choices of contraceptives use	73(21.0%)	114(32.8%)	65(18.7%)	44(12.6%)	52(14.9%)
Effects of side effects on the use of contraceptives would determine sustained use	96(27.6%)	101(29.0%)	57(16.4%)	52(14.9%)	42(12.1%)

Level of use of modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria

Table 8 shows the level of use of modern contraceptive. It was revealed that 255(73.3%) of the respondents reported that they are currently using modern contraceptives while 93(26.7%) reported not using. Also, 22(6.3%) reported using tubal ligation, 15(4.3%) reported that their husband/partner has had vasectomy, 25(7.2%) use injectable, 55(15.8%) use implants, 87(25.0%) use condoms, 42(12.1%) use oral pills while 9(2.6%) use IUCD. In addition, 12(3.4%) of the respondents reported that they wanted to resume child bearing, 22(6.3%) opined that it has side effect, 11(3.2%) reported spouse disapproval, 17(4.9%) did not like the method

they use, 14(4.0%) reported that the health centre is too far while 17(4.9%) reported that it was too expensive. Furthermore, 158(45.4%) reported that they very often use the modern contraceptives, 111(31.9%) often use modern contraceptives, 30(8.6%) sometimes use the modern contraceptives while 49(14.1%) never use modern contraceptives.

Table 8: Level of use of modern contraceptives among post-natal clinic attendees

		Frequency	Percent
I am currently using modern contraceptives	Yes	255	73.3
	No	93	26.7
If yes which type	Tubal ligation	22	6.3
	My husband/partner has had vasectomy	15	4.3
	Injectable	25	7.2
	Implants	55	15.8
	Condoms	87	25.0
	Oral pills	42	12.1
	IUCD	9	2.6
If your answer is NO. Give reason	To resume child bearing	12	3.4
	Side effects	22	6.3
	Spouse disapproval	11	3.2
	Did not like the method i was using	17	4.9
	The health centre is too far	14	4.0
	It was too expensive	17	4.9
How frequently do you use the modern contraceptives?	Very often	158	45.4
	Often	111	31.9
	Sometimes	30	8.6
	Never	49	14.1

The result further revealed the respondent’s level of modern contraceptive use, it was revealed that mean a score of 8.03±3.10. Majority of the respondents 215(61.8%) had low level of modern contraceptive use, while 133(38.2%) of the respondents with high level.

Table 4.9: level of modern contraceptive use

	N=348 Frequency	Percentage (%)
Low	215	61.8
High	133	38.2

Intention to use modern contraceptive among post-natal clinic attendees in Ikeja Local Government Area, Lagos State, Nigeria

Table 10 shows the intention to use modern contraceptive. It was revealed that 269(77.3%) disagreed that their partner will not support them using modern contraceptives. Also, 237(68.1%) reported that it is very important for them to avoid getting pregnant now, 185(53.1%) agree that they intend to adopt the use of modern contraceptives because they are safe, 161(46.3%) reported that it is very important for me to use modern contraceptives, 290(83.4%) disagree that they intend to have a child/another child very soon. Also, 259(74.5%) disagreed that it will be very hard for them to use any modern contraceptives correctly while 196(56.4%) agree that they are confident that they can put the use of modern contraceptive into consideration.

Table 10: Intention to practice modern contraceptives

	Strongly agree	Agree	Undecided	Strongly disagree	Disagree
My partner will not support me using modern contraceptives	47(13.5%)	3(0.9%)	29(8.3%)	150(43.1%)	119(34.2%)
It is very important for me to avoid getting pregnant now	217(62.4%)	20(5.7%)	4(1.1%)	8(2.3%)	99(28.4%)
I intend to adopt the use of modern contraceptives because they are safe	149(42.8%)	36(10.3%)	48(13.8%)	87(25.0%)	28(8.0%)
It is very important for me to use modern contraceptives	150(43.1%)	11(3.2%)	30(8.6%)	115(33.0%)	42(12.1%)
I intend to have a child/another child very soon	40(11.5%)	12(3.4%)	6(1.7%)	138(39.7%)	152(43.7%)
I will be very hard for me to use any modern contraceptives correctly	6(1.7%)	53(15.2%)	30(8.6%)	75(21.6%)	184(52.9%)
I am confident that I can put the use of modern contraceptive into consideration	162(46.6%)	34(9.8%)	38(10.9%)	104(29.9%)	10(2.9%)

There is a significant relationship between the knowledge and modern contraceptives among post-natal clinic attendees in Ikeja Local Government Area, Lagos State. The results obtained from table below shows correlational analysis. The result revealed that there is significant relationship between respondents' knowledge and modern contraceptives ($r=0.24$; $p=0.000$)

Table 11: Relationship between knowledge and modern contraceptives

Variables	r	p
Modern contraceptive	.24**	.000
Knowledge		

** . Correlation is significant at the 0.01 level

Hypothesis 2: There is a significant relationship between the religion of post-natal clinic attendees and the use of modern contraceptives. This was tested using chi-square analysis and the result was presented in table 4.12 below. Analysis of the association between religion of post-natal clinic attendees and the use of modern contraceptives revealed that greater proportion of the post-natal attendees 41.7% who are Christians reported using modern contraceptives. The further revealed that there was significant relationship between religion and the use of modern contraceptives. ($X^2= 13.00$, $df= 2$, $p=.002$).

Table 12: Relationship between the religion of post-natal clinic attendees and the use of modern contraceptives

		Use of modern contraceptives		X ²	df	p
		Yes	No			
Religion	Christian	145(41.7%)	33(9.5%)	13.00	2	.002
	Islam	81(23.3%)	47(13.5%)			
	Traditional	29(8.3%)	13(3.7%)			

V. DISCUSSION

Discussion of Findings

Socio-demographic characteristics of the respondents

The results of the findings showed that the respondent's ages ranged from 21 to 50years with a mean of 30.77 ± 7.48 years. Larger percent of the respondents were 21-30 years of age. This implies that larger percent were in their reproductive age. Majority, were from monogamous family setting. Also, majority were Christian. In addition, larger percent had 3-4 children. More so majority had a secondary education. Majority were civil servant. Lager percent were Yoruba. This may due to the location of the study which was majorly constituted by the Yorubas. Majority earned between ₦1,000-₦ 20,000. This may due to the socio-economic status of the participants in the study. Married women with living children have been found to have higher odds of modern contraceptive use compared to married women with no living children (Endriyas, Eshete, Mekonnen, Misganaw, Shiferaw, Ayele, 2017; Nalwadda, Mirembe, Byamugisha, Faxelid, 2010; Mostafa, 2010] similar to those who live in urban areas. The association between ethnicity and contraceptive utilization (Das, Salam, Thornburg, Prentice, Campisi & Lassi, 2017) has been attributed to unequal access of public services to people lower in the ethnic hierarchy, illiteracy, and poor socio-economic conditions among some ethnic groups [Obasohan, 2015].

Respondents personal factors (knowledge as knowledge, attitude, and perception) associated with the use of modern contraceptives among post-natal clinic attendees

There was fair knowledge about modern contraceptive use, positive attitude, poor perception and low level of use of modern contraceptive use. Apparently, majority reported that modern contraceptive can prevent unintended pregnancy. Majority opined that modern contraceptive is not for the poor, and some said Modern contraceptives use lead to infertility. This finding is in contrast with Tengia-Kessy and Rwabudongo (2006) who reported that lack of knowledge about modern contraceptives is one of the most important determinants of modern contraceptives utilization which cannot be overestimated. Furthermore, Adeyemi et al. (2016) in their study conducted in Ghana also stated that poor utilization of modern contraceptives was associated with poor knowledge about modern contraceptives.

Enabling factors (such as policies, costs, availability of family planning methods, availability of services) encouraging or discouraging the use of modern contraceptives

The result shows that majority of the respondents agreed that government's policies on making modern contraceptive information available is quite discouraging, also, half of the respondents disagreed that the cost of modern contraceptives discourages them from considering using them. Larger percent opined that modern contraceptive services and commodities are inaccessible. A good percent of the respondents reported that in-availability of well-trained staff on modern contraceptive use is a great discouragement. Some of the participants reported that service providers make modern contraceptives services expensive by attaching high fees. reported that counselling of couples can improve male involvement in contraceptive use. Majority agreed that their experience with contraceptives side effects shape choices of contraceptives use discourages them using the contraceptive. This corroborates the study by Jato, Simbakalia, and Tarasevich, (1999); Kiragu, Krenn, and Kusemiju (1996). More so, majority of the respondents agreed that policies of the government on modern contraceptive, some disagreed that high cost of modern contraceptive, availability of modern contraceptive method and health workers.

Also, Proctor, Silmere, and Raghavan, (2010); Proctor, Silmere, and Raghavan, (2011), Iwelunmor, Blackstone, and Veira, (2016) found that respondents emphasized the need for state and federal governments to provide financial leadership and support for FP efforts. While many studies highlight the importance of institutionalization of programming efforts, continued external funding may also be indicative of a lower level of sustainability.

Level of use of modern contraceptives among post-natal clinic attendees

Majority of the respondents had low level of modern contraceptive use, while little percentage of the respondents reported high level of use of modern contraceptive. DeRose and Ezeh (2010), using data from the 1995-96 Negotiating Reproductive Outcomes Study, conducted in Uganda, examined the influence of both individual and community-level measures of women's control over household decision-making on the adoption of modern contraceptive methods. The study found that women in communities where women more commonly have control over household decisions were 29 percent more likely to use modern contraception compared with women in communities where women have less decision-making power, independent of individual and community educational attainment.

Intention to use modern contraceptive among post-natal clinic attendees

The findings further revealed that reported low intentions to use modern contraception. It is very important for me to avoid getting pregnant now and intended to adopt the use of modern contraceptives because they are safe. Previous study by Kassa, Abajobir, and Gedefaw, (2014) found that here was significantly associated with intention to use methods of contraceptive among women who were their husband approved family planning to use. This finding indicated that the importance of focusing on male involvement in family planning efforts because husband / partner does seem to play a key role in deciding future contraceptive methods for their wives.

There is significant relationship between respondents' knowledge and modern contraceptives This corroborates that studies by Ankomah, Anyanti, Adebayo, Giwa, (2013); Lopez, Grey, Tolley, and Chen, 2016; Abdul-Rahman, Gaetano, and Annika, (2011) that found that Findings revealed that quiet several young women have considerable knowledge and well informed about many modern methods available

There was significant relationship between religion and the use of modern contraceptives. The finding is also in congruent with Gbasahon (2015), in his study that there is low utilization of modern contraceptives among Muslims.

IMPLICATION TO RESEARCH AND PRACTICE

Based on the findings of this study the following are therefore recommended;

1. There is a need to enlighten the religious and traditional leaders and the community to support the use of family planning in order to minimize maternal and child mortality rate.
2. The community health care provider, especially community health nurses should continue to create awareness on benefits of modern contraceptives which should involve all the women of reproductive age so as to ensure effective and efficient utilization of modern contraceptives use.
3. The community health care providers are recommended to increase awareness on modern contraceptives methods, increase counseling about contraceptives and also empower women on choice of methods by discussing with their spouses.
4. The community health care providers in the community health centres should give intensive health education on modern contraceptives utilization for women of reproductive age on what they stand to

benefit from utilizing modern contraceptive services.

5. Community stake holders should also be involved and be part of reproductive health committee including family planning so as to ensure their full participation and support for modern contraceptives utilization.
6. Health counselor should introduce counseling services to provide information on the benefits of non-barrier contraceptive method to be used

VI. CONCLUSION

From the result of the findings, it was concluded that the use of modern contraceptive was very low in this study. Also, poor knowledge about modern contraceptives, media friends and health does not determine the use of modern contraceptive use. There was significant relationship between respondents' knowledge and modern contraceptives. there was significant relationship between religion and the use of modern contraceptives. There is a need to enlighten the religious and traditional leaders and the community to support the use of family planning in order to minimize maternal and child mortality rate. The community health care provider, especially community health nurses should continue to create awareness on benefits of modern contraceptives which should involve all the women of reproductive age so as to ensure effective and efficient utilization of modern contraceptives use.

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