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CONTRACEPTIVE CHOICES: EXPLORING THE UPTAKE OF MODERN METHODS IN BAUCHI STATE SPECIALIST HOSPITAL'S FAMILY PLANNING CLINIC

Ibrahim Suleiman Bello

College of Nursing Sciences, Abubakar
Tafawa Balewa University Teaching
Hospital, Bauchi, Bauchi State, Nigeria

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Abstract: This study explored the reasons influencing the uptake of modern contraceptives among women of reproductive age attending the Family Planning Clinic at Bauchi State Specialist Hospital, Bauchi, Nigeria. The primary objectives of the research were to identify the reasons for the uptake of modern contraceptives, assess the role of parity in contraceptive use, and examine the influence of age on contraceptive uptake. A descriptive survey research design was employed, with a sample size of 132 women selected from a population of 1,320 women of reproductive age using purposive sampling. Data were collected using a structured questionnaire and analyzed using frequency counts and simple percentages. The findings revealed that major factors influencing the uptake of modern contraceptives included birth spacing control, safety, convenience, affordability, influence of health providers, easy accessibility, avoidance of pregnancy, spousal influence, and unmet needs. Additionally, the study found that parity and age significantly affected the uptake of modern contraceptive methods, with women's prior pregnancies and their age influencing their choices. The study concluded that addressing factors such as affordability, accessibility, and awareness could enhance the uptake of modern contraceptives. The research recommends that the government continue offering free family planning services and that regular awareness campaigns be conducted to further encourage contraceptive use.

Keywords: Modern contraceptive, influence of uptake of modern contraceptive, women of reproductive age

Introduction

The uptake of modern contraceptives is largely blamed on many factors. With regard to the uptake of modern contraceptive methods is emphasize, United Nation Population Fund (UNPF, 2019) stated that modern contraceptives prevent unintended pregnancies, reduce the number of abortions and lower the incidence of death and disability related to complication of pregnancy and birth. Despite the laudable benefits of modern method of family planning, it can cause health related problems to the woman. The common health related problems include: Hypertension, (HBP), weight gain, per vaginal bleeding (PV), irregular menstrual flow/cycle, breast tenderness and mood change. According to Jato et al., (2017) the side effect for birth control method and types depends

Original Article

upon the method. For instance, birth control may cause side effect such as nausea, headache, weight gain, mood changes, and breast tenderness.

Studies reveals that 214 million women of reproductive age in most developing countries who want to avoid pregnancy are not using a modern method of contraceptive. The reason for this includes: “Limited choices of methods, limited access to contraception, particularly among young people, poorer segments of population or unmarried people, fear or experience of side effects, poor quality or available services, users and providers bias, gender based barriers”. The unmet need for contraception remains too high. This inequity is fueled by both growing population and a shortage of family planning services (WHO, 2020).

In addition, some reasons include health of the mothers, Bankole (2018) stated that woman which bears many children or does not have enough time between each child bearing tends to suffer adversely because she will lack the essential nutrients most Vitals for the restoration of health after each delivery and the babies tend to have poor quality care. She is also prone to having complications during pregnancies and child birth. Paternal- the father tends to overwork himself in order to provide for the family needs and these results in anxiety, tiredness mental strain all of which combine to reduce the father’s chances of survival or living a normal life.

Socio-economic reasons is important when discussing family planning. According to WHO (2020), having many children is rarely a great burden that tends to drain the financial resources which result in poverty, drop in standard of living and economic hardship, planning enable parents plan for their old age.

Family Welfare Reasons; Stephenson (2017) family planning enables the planned children to live in comfortable houses, have necessary care and attention, good career in life, self-reliance and independent all of which ensures that they group up to be responsible citizens. The parents also will be able to bestow on their children good and sound education. Marital adjustment reasons according to WHO (2020), it’s a known fact that marriage is not the only means of having children but also for love, companionship and satisfactory sexual relationship. Family planning helps to keep the family happy and afford the couples opportunity and leisure to enjoying each other’s company. The fear of unwanted pregnancy which could lead to abortions, maternal death and psychological stress would be avoided. Individual welfare reasons; family planning promotes self-respects and contentment. This allows the individual to set a goal and achieve it.

Community and National Welfare reasons; WHO (2020), when the population increase fast, the provision of school amenities like housing, good health services, education, water, electricity, employment and improved technology cannot meet the needs of the people. The economic problems which affect the country could be minimized if steps have to be taken to educate the masses about the consequences of rapidly growing population. It is important therefore that family planning be considered in order to attain stability.

The importance of family planning: - Women leave the work force for various reasons but one of the commonest reasons is pregnancy and, subsequently, child care needs. We know that 40% of all pregnancies are unintended. We also know that women with unintended pregnancies are less prepared mentally, emotionally and financially to go through with the pregnancy. They tend to suffer higher risks of complications, have less antenatal care and are more challenged to meet needs post-delivery. These consequences are more profound in the lower socioeconomic strata and among the less educated – thus the vicious cycle of the poor getting poorer and sicker. Factor is defined as a part or element that contributes to a result or an element that influences something. Factors can also be Negative or Positive factors. Uptake can be referring to as use, utilization, or adoption. Factors influencing contraceptive use in Sub-Saharan Africa between 2005 and 2015 A totals of 58 studies from twelve Sub-Saharan African countries were reviewed. Negative factors prohibiting or reducing contraceptive use were women's misconceptions of contraceptive side- effects, male partner disapproval, and social/ cultural norms surrounding fertility. Positive factors included education, employment, and communication with male partner. Increasing modern contraceptive use in Sub-Saharan Africa is a multi - faceted problem that will require community and systems wide interventions that aim to counteract negative perceptions and misinformation.

Original Article

Utilization of modern contraceptive methods was low. Women were socially influenced to avoid the use of contraceptives by husbands and others in the community. Reasons were a lack of trust in western medicine and desire to have large families (Mahmood, et al., 2017). Low socioeconomic status and proximity of family planning clinic were barriers to access. Women believed that health care providers were unqualified; many describe being treated with disrespect in the health clinic. Knowledge and understanding of contraceptives was low, while most women knew different methods were available, there were many misconceptions. Believing that certain contraceptives cause death, infertility and side effects contributed to fear of use (Adebayo, 2017). Household (parity,) socioeconomic status and the community's overall level of economic prosperity could impact women's contraceptive use through several pathways. Adebayo (2017) reported that the presence of family planning services and community labour-market conditions and infrastructural development were strong influence on contraceptive use in the Philippines (Degraff et al., 2017). Other community- level measure of socioeconomic development have included the percentage of women with access to pipe water (Kaggwa, Diop, & Storey, 2018) and habitat sed type (Stephenson, et al., 2017). However, these factors were not found to be determinants of contraceptive use. Other level used the community level of development of a community and found an association. Stephenson, et al. (2017) reported that the presence of family planning services and community labor-market conditions and infrastructural development were strong influence of contraceptive use in the Philippines (Degraff, et al., 2017).

Others have used the community level of poverty.

Statement of the Problem

Modern contraceptive has been advocated as a control mechanism to regulate and control this rapid population growth. The uptake of modern contraceptives is largely blamed on many factors. It has been observed that the awareness of the availability of modern contraceptives services has a great influence on the uptake of modern contraceptives services. Additionally, even though some women are aware of the availability of modern contraceptives services, they are not properly informed about the various forms of modern contraceptives methods and how they work. Some of the women who went for the services were not adequately counseled on the side effect of some of the modern contraceptives methods. For example, in Nigeria, some women stopped using contraceptive after they experienced what they perceived were side effects of the contraceptives.

Although most people are aware of the benefits of modern contraceptives services, they complained that it was difficult to access family planning services as such services were provided by health facilities that were far from their homes. Socio-economic factor has been noted to be a major constrain to the uptake of modern contraceptives services. In Nigeria, some efforts have been made by the government of Nigeria and non-governmental organizations through the implementation of various programmes to improve the coverage of modern contraceptives services in the country. The increase in teenage pregnancies and unsafe abortion as well as the maternal mortalities that occurred could have been prevented if uptake of modern contraceptives services were improved (USAID, 2017).

The decision to investigate the factors that influence the uptake of modern contraceptive among women of reproductive age attending Bauchi State Specialist Hospital is imperative as very little is known about the factors that influence the decision of people to go for family planning services in Bauchi State. Based on the above problem the researcher is poised to investigative parity, educational level, socio - economic, age of the women are associated with the choice of or uptake of modern contraceptive methods of family planning in Bauchi Specialist Hospital.

Purpose of the Study

The purpose of the study is to determine the reasons influencing the uptake of modern contraceptive among women of reproductive age attending Bauchi State Specialist Hospital Bauchi. The specific objectives are:

Original Article

1. To determine reasons for the uptake of modern contraceptive among women of reproductive age attending Bauchi Specialist Hospital.
2. To assess parity of women on reproductive age in the uptake of modern contraceptive family planning method.
3. To find out the influence of age of women on the uptake of modern contraceptive method of family planning.

Research Questions

1. What are the reasons for the uptake of modern contraceptive among women of reproductive age attending Bauchi Specialist Hospital?
2. What is the influence of parity on the uptake of modern contraceptive method of family planning?
3. What is the influence of age on the uptake of modern contraceptive method of family planning?

Significance of the Study

The significance of the study cannot be over emphasized. The modern contraceptive method of family planning has failed to get acceptability due to skepticism, mythism, religion and traditional beliefs and socio - economic reasons.

The research findings will be significant to couples, communities, government and stake holders in medical profession. The result of the study will among others help the individual couple to improve their family wellbeing knowing that the attitude and involvement of couples towards family planning methods will address health and socio-economic challenges. It will also help the government, community and stake holders to work out strategies plans to meet the family planning needs of the couples by providing the level of knowledge and acceptance of the program and services with preference of modern methods in various cultural settings.

With regard to the uptake of modern contraceptive methods is emphasize, United Nation Population Fund (UNPF, 2019) stated that modern contraceptives prevent unintended pregnancies, reduce the number of abortions and lower the incidence of death and disability related to complication of pregnancy and birth.

Research Methodology

A descriptive research design was adopted for the purpose of this study, it is designed to identify the factors influencing the uptake of modern contraceptives among women in Bauchi Specialist Hospital Bauchi, Descriptive study is used to describe situations, events, and also provide a factual descriptive picture of the situation (Odenkunle, 2018).

The study was conducted at the Bauchi State Specialist Hospital in Dan Iya Ward of Bauchi Local Government area; Bauchi Specialist Hospital is located in the north western part of Bauchi metropolis outside the traditional wall of the town (Ganuwa). It is situated in Dan Iya Ward of Bauchi local government it is bounded by Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH) to the south, Shadawanka Barracks to the west, Government Girls Secondary School (GGSS) Bauchi to the north and Muda Lawan Market and Abubakar Tafawa Balewa Stadium to the east the hospital is completely surrounded by fence with two gates as point of entrance and exit. The hospital was established first as a medical center for leprosy unit in the year 1917, by the year 1966, it was upgraded to general hospital and then later to specialist in the year 1994. The hospital was given autonomy to run by a board in the year 1995.

The hospital has various departments and units. This unit include: surgical department, pediatric, gynecological department, laboratory, and medical and national health insurance scheme. Wards in the hospital include: medical, surgical, amenity complex, maternity complex obstetrics and gynecology unit, pediatric ward, special unit, ear, nose and throat unit, diabetes unit, tuberculosis clinic, Accident and Emergency unit, intensive care unit, theater, preventive and statistic unit and HIV/AIDs counseling and screening unit. The others established unit include renal center, blood bank, and family planning unit. Other units include radiology, laundry, GOPD, dieticians, laboratory, maintenance office, training arm of college of midwifery, and Nursing, NHIS, mortuary and administration block.

Original Article

The target population for this study comprised women of reproductive age attending family planning clinic in Bauchi State Specialist Hospital, Bauchi, approximately 1,320 (Bauchi State Specialist Hospital Family Planning Record, 2021). The sample size for this study consists of one hundred and thirty-two (132) women of reproductive age, representing 10% of the target population. This is in line with Nwana's (1990) rule of thumb in Gemson and Kyamru (2013) which stated that when the population is few thousand, 10% of the population should be the sample size. The purposive sampling technique was used to access respondents. The researcher visited the clinic during the ANC visit and women in the category were given a questionnaire. This process continued until the sample size of 132 respondents is reached.

The instrument for data collection is a structured questionnaire. It consists of two main sections which are A and B, comment where necessary and the questionnaire distributed to the respondents, and the question covers factors influencing the uptake of modern contraceptive among women of representative age attending family planning clinic in Bauchi State Specialist Hospital. For pilot testing for this study, twenty (20) copies of questionnaire were administered on twenty (20) respondents in Abubakar Tafawa University Teaching Hospital in Bauchi State who were not included in the study but who have the same characteristics with the study population. The instrument for data collection (questionnaire) was validated by submitted to two lectures in Open University, and one in college of nursing ATBUTH Bauchi. All the necessary corrections they made were effected before go for field. The reliability of the instrument was measured using test – retest correlation 20 women were selected among women attending family planning clinic the department Gynecology clinic who were not part of the target population to which instrument was administered on two visits after which the results obtained from both visits were correlated. Results obtained yielded approximately the same rank or value with reliability value of 0.70 and above the instrument was used.

The data were collected by used of structured questionnaire which personally administered by the researcher with two research assistants across to the respondent female in the clinic and later retrieved and analyzed by the researcher. The collected data were analyzed by used of frequency and simple percentage. The data were presented in tabular form and analyzed with aid of Statistical Package for Social Science (SPSS) computer software. Letter of introduction was collected from the department of Nursing Science, Ladoke Akintola University of Technology, Ogbomosho. The research work is also meant and carried out to be beneficial to the target population. No harm was intended for anyone; as maximum confidentiality was maintained.

Analysis and Presentation of Results

Table 1: Reasons for the uptake of modern contraceptive method among women of reproductive age

S/N	Reasons	Responses	
		Yes (%)	No (%)
1	Affordability	109 (82.6)	23 (17.4)
2	Accessibility	103 (78.0)	29 (22.0)
3	Safety	115 (87.1)	17 (12.9)
4	Convenience	114 (86.4)	18 (13.6)
5	Birth spacing control	115 (87.1)	17 (12.9)
6	Avoid pregnancy	103 (78.0)	29 (22.0)
7	Unmet needs	93 (70.5)	39 (29.5)
8	Mass media influence	76 (57.6)	56 (42.4)
9	Spousal influence	94 (71.2)	38 (28.8)
10	Health providers influence	108 (81.8)	24 (18.2)
11	Friends influence	67 (50.8)	65 (49.2)

Original Article

Source: Questionnaire, 2022

Table 1 above shows responses of the respondents on reason why they are uptake modern contraceptive method, the result reveals that 109 (82.6) respondents are uptake because is affordable, 103 (78.0) respondents are uptake because is accessible, 115 (87.1%) respondents are uptake because of safety, 114 (86.4%) respondents are in uptake because of convenience, 115 (87.1%) respondents are uptake because of birth spacing control, 103 (78.0%) respondents are uptake because to avoid pregnancy, 93 (70.5%) respondents are uptake because of unmet needs, 76 (57.6%) respondents are uptake because of mass media influence, 94 (71.2%) respondents are uptake because of spousal influence, and 108 (81.8%) respondents are uptake because of health providers' influence, while 67 (50.8%) respondents are uptake because of friends' influence. **Table 2: Parity of the respondents**

Parity	Frequency	Percent
<4	68	51.5
4-6	41	31.1
>6	23	17.4
Total	132	100.0

Source: Questionnaire, 2022

Table 1 shows parity (number of births) of the respondents whereby 68 respondents represent 51.5% have less than 4 birth(s), and 41 respondents represent (31.1%) have 4 – 6 births, while 23 respondents represent 17.4% have more than 6 births. This shows that majority of the respondents have less than 4 birth(s).

Table 2: Parity of women on reproductive age in the uptake of modern contraceptive family planning method

Modern contraceptive methods	Parity of the respondents		
	< 4 (%)	4 – 6 (%)	> 6 (%)
Pills	39 (29.5)	30 (22.7)	6 (4.5)
Injectable	37 (28.0)	29 (22.0)	17 (12.9)
Implant	22 (16.7)	30 (22.7)	18 (13.6)
IUD	33 (25.0)	18 (13.6)	6 (4.5)
Total	131 (99.2%)	107 (81.0%)	47 (35.5%)

Source: Questionnaire, 2022

Table 2 shows the result on the influence of parity of women on reproductive age in the uptake of modern contraceptive family planning method whereby 39 (29.5%) respondents with less than 4 birth(s) are in uptake of pills method, 37 (28.0%) respondents are in uptake of injectable method, and 22 (16.7%) respondents are in uptake of implant, while 33 (25.0%) respondents are in uptake of IUD method. For those respondents with 4 – 6 births; 30 (22.7%) respondents are in uptake of pills method, 29 (22.0%) respondents are in uptake of injectable method, another 30 (22.7%) respondents are in uptake of implant methods, while 18 (13.6%) respondents are in uptake of IUD methods. For the respondents with more than 6 births; 6 (4.5%) respondents are in uptake of pills method, 17 (12.9%) respondents are in uptake of injectable method, and 18 (13.6%) respondents are in uptake of implant methods, while 6 (4.5%) respondents are in uptake of IUD methods.

This result indicates that total of 131 (99.2%) respondents with less than 4 birth(s) are in uptake of modern contraceptive methods, and 107 (81.0%) respondents with 4-6 births are in uptake of modern contraceptive methods, while 47 (35.5%) respondents with more than 6 births are in uptake of modern contraceptive method. This shows that respondents with less than 4 birth(s) who are the majority (99.2%) are mostly in uptake of modern contraceptive.

Original Article

Table 3: Influence of age of women on the uptake of modern contraceptive method of family planning

Modern contraceptive methods	Age groups of the respondents			
	15-24 years (%)	25-34 years (%)	35-44 years (%)	≥ 45 years (%)
Pills	22 (16.7)	28 (21.2)	17 (12.9)	10 (7.6)
Injectable		33 (25.0)	39 (29.5)	6 (4.5)
Implant	22 (16.7)	24 (18.2)	12 (9.1)	0 (0.0)
IUD	22 (16.7)	18 (13.6)	12 (9.1)	5 (3.8)
Total	99 (75.1%)	109 (82.5%)	47 (35.6%)	21 (15.9%)

Source: Questionnaire, 2022

Table 3 shows the result on the influence of women's age on the uptake of modern contraceptive method of family planning whereby 22 (16.7%) respondents within the age group of 15-24 years are in uptake of pills method, 33 (25.0%) respondents are in uptake of injectable method, and 22 (16.7%) respondents are in uptake of implant, while another 22 (16.7%) respondents are in uptake of IUD method. For those respondents within the age group of 25 – 34 years; 28 (21.2%) respondents are in uptake of pills method, 39 (29.5%) respondents are in uptake of injectable method, and 24 (18.2%) respondents are in uptake of implant methods, while 18 (13.6%) respondents are in uptake of IUD methods.

For those respondents within the age group of 35 – 44 years; 17 (12.9%) respondents are in uptake of pills method, 6 (4.5%) respondents are in uptake of injectable method, and 12 (9.1%) respondents are in uptake of implant methods, while another 12 (9.1%) respondents are in uptake of IUD methods. For those respondents within the age group of more than 44 years; 10 (7.6%) respondents are in uptake of pills method, 6 (4.5%) respondents are in uptake of injectable method, and none of the 0 (0.0%) respondents are in uptake of implant methods, while 5 (3.8%) respondents are in uptake of IUD methods.

This result indicates that total of 99 (75.1%) respondents within the age group of 15 – 24 years are in uptake of modern contraceptive methods, 109 (82.5%) respondents within the age group of 25 – 34 years are uptake of modern contraceptive methods, and 47 (35.6%) respondents within the age group of 35 – 44 years are in uptake of modern contraceptive methods, while 21 (15.9%) respondents within the age group of more than 44 years are in uptake of modern contraceptive method. This shows that respondents within the age group of 25 – 34 years who are the majority (82.5%) are mostly in uptake of modern contraceptive.

Discussion of Findings

Respondents' reasons for uptake of modern contraceptive family planning, the result indicates that 87.1% of the respondents who are the majority were in uptake of modern contraceptive family planning because of birth spacing control and, its safety respectively, followed by 86.4% respondents who are in uptake because is convenient, then 82.6 respondents are in uptake because is affordable, also 81.8% respondents are in uptake because of health providers' influence, while 78.0 respondents are in uptake because is accessible and, avoidance of pregnancy respectively, but 71.2%, 70.5%, 57.6% and 50.8% respondents are in uptake because of spousal influence, unmet needs, mass media influence and, friends' influence respectively. This finding corroborated with findings of (WHO, 2020).

The result on the influence of parity of women of reproductive age in the uptake of modern contraceptive family planning method, it shows that total of 99.2% respondents with less than 4 birth(s) are in uptake of modern contraceptive methods, 81.0% respondents with 4-6 births are in uptake of modern contraceptive methods, while

Original Article

only 35.5% respondents with more than 6 births are in uptake of modern contraceptive method. This result supported by the study finding of (WHO, 2020).

The result of the influence of women's age on the uptake of modern contraceptive method of family planning, it reveals that more than two-third (82.5%) of the respondents within the age group of 25 – 34 years are in uptake of modern contraceptive methods, and two-third (75.1%) of the respondents within the age group of 15 – 24 years are in uptake of modern contraceptive methods, but less than half (35.6%) of the respondents within the age group of 35 – 44 years are in uptake of modern contraceptive methods, while on 15.9% respondents within the age group of more than 44 years are in uptake of modern contraceptive method. This finding is similar finding of (Audu, et al., 2018).

Summary

This study examined reasons influencing the uptake of modern contraceptive among women of reproductive age attending Bauchi State Specialist Hospital Bauchi. The research objectives are; to determine reasons for the uptake of modern contraceptive; to assess parity of women on reproductive age in the uptake of modern contraceptive family planning method; and finally to find out the influence of age of women on the uptake of modern contraceptive method of family planning.

Descriptive survey research design was adopted for the purpose of this study and used 1,320 women of reproductive age attending family planning clinic in Bauchi State Specialist Hospital with sample size of 132 (driven by used of Nwana, 1990). The purposive sampling technique was used to pick respondents whereby questionnaire was used to collect data. Frequency and simple percentage used and analyzed the collected data.

On the assessment of first objective which is reasons for uptake of modern contraceptive family planning, it indicates that 87.1% are in uptake because of birth spacing control and, safety, 86.4% are in uptake because is convenient, 82.6 are in uptake because is affordable, 81.8% are in uptake because of health providers' influence, and 78.0 are in uptake because is accessible and, avoidance of pregnancy respectively, while 71.2%, 70.5%, 57.6% and 50.8% are respectively in uptake because of spousal influence, unmet needs, mass media influence and, friends' influence respectively.

For objective two which is influence of parity of women on reproductive age in the uptake of modern contraceptive family planning method; total of 131 (99.2%) respondents with less than 4 birth(s) are in uptake of modern contraceptive methods, and 107 (81.0%) respondents with 4-6 births are in uptake of modern contraceptive methods, while 47 (35.5%) respondents with more than 6 births are in uptake of modern contraceptive method. It shows that respondents with less than 4 birth(s) who are the majority (99.2%) are mostly in uptake of modern contraceptive.

On the third objective which is influence of women's age on the uptake of modern contraceptive method of family planning; total of 99 (75.1%) respondents within the age group of 15 – 24 years are in uptake of modern contraceptive methods, 109 (82.5%) respondents within the age group of 25 – 34 years are uptake of modern contraceptive methods, and 47 (35.6%) respondents within the age group of 35 – 44 years are in uptake of modern contraceptive methods, while 21 (15.9%) respondents within the age group of more than 44 years are in uptake of modern contraceptive method. It shows that respondents within the age group of 25 – 34 years who are the majority (82.5%) are mostly in uptake of modern contraceptive.

Conclusion

The study examined factors influencing the uptake of modern contraceptive among women of reproductive age attending Bauchi State Specialist Hospital. Based on the findings, it is concluded that birth spacing control, safety, conveniences, affordability, health providers' influence, easy accessibility, avoidance of pregnancy, spousal influence, and unmet needs were the major reasons for uptake of modern contraceptive family planning in the study area. Parity pregnancy and women's age have influence in the uptake of modern contraceptive method of family planning among women of reproductive age in the study area.

Original Article

Recommendations

Based on this research finding, the following recommendations are made:

1. It was discovered that accessibility, convenience and affordability of the family planning service are vital factor responsible for the increase in contraceptive. The government should take up the action to ensure the continuation of free family planning service. Awareness campaign should also be carryout frequently.
2. Government policy should always promote strategies to reduce socio-economic disparities among women of various ethnic groups through a strong advocacy to increase the level of educational attainment by women.
3. Government should make family planning services and even consumables charges to be free. This will make people with low economical income to patronize and use family planning more.
4. Finally, government and non-governmental agency should integrate factors identified (level of education, socio-economic/income, affordability of family planning service, and awareness) in this study as the predictors of contraceptive use into fertility impact assessments and other planning and decision-making processes aimed at achieving sustainable development. This will facilitate a reduction in the fertility rate and population growth rate in Nigeria.

Implication of the Study to Nursing Practice

It has been analyzed that educational level, level of socio – economic, parity pregnancy and women’s age have influence in the uptake of modern contraceptive method of family planning among women of reproductive age in the study area, said the major reasons for uptake of modern contraceptive family planning in the study area are birth spacing control, safety, conveniences, affordability, health providers’ influence, easy accessibility, avoidance of pregnancy, spousal influence, and unmet needs were the major, there is also need for the family planning unit Nurses to make awareness and stress the practice of family planning, also the benefit of the practice. This will make them practice it so as to detect uncontrolled births in this current economic status.

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Original Article

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