



## Prevalence and Determinants of Contraceptive Use among Women of Child-Bearing Age in a Rural Community in Southern Nigeria

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Contraception,  
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### ABSTRACT

**Background:** Women's ability to determine whether and when to have children, enhances their health, education and employment chances. Determinants of contraceptives use are key variables in the evaluation of family planning programmes. The study assessed the knowledge, prevalence and determinants of contraception among women of child-bearing age (WCA) in a rural community.

**Method:** A total population study was conducted using a descriptive cross-sectional study design among women of child-bearing age in Awuyemi community of Etsako East LGA, Edo State, Nigeria. A pre-tested, structured interviewer-administered questionnaire was the tool for data collection. Data was analyzed using SPSS version 21.0. Test of associations were carried out using Chi-squared tests and binary logistic regression was used to determine significant predictors of contraceptive use. The level of significance was set at  $p < 0.05$ .

**Results:** Two hundred and ninety-five WCA with mean age of  $27.4 \pm 7.9$  years participated in the study. One hundred and seventy-seven (60.0%) of them were multiparous women. Of these, 115 (65.0%) had an average birth interval of  $\leq 2$  years. About one-third had ever used contraceptives while 26.4% were current users. The commonest contraceptive used by the respondents was condoms (33.3%). Determinants of current use of contraceptive were cost of contraceptive ( $p = 0.036$ ), informed choice ( $p < 0.001$ ), and level of education ( $p = 0.024$ ).

**Conclusion:** Contraceptive prevalence rate among the respondents was low. Determinants of current use of contraceptive were cost of contraceptives, informed choice and level of education and these should be used for targeted interventions by all stakeholders in intervention programmes.

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## INTRODUCTION

Family planning (FP) is hailed as one of the great public health achievements of the last century, and worldwide acceptance is rising. It has been described as among a handful of feasible, cost-effective interventions that can make an immediate impact and reach far beyond the individual level for women and their families.<sup>1</sup> Family planning aids in the

protection of women from high risk pregnancies, unsafe abortions, reproductive tract infections and STIs including HIV/AIDS hence, its addition to the Millennium Development Goals (MDG) and Sustainable Development Goals (SDGs) as an indicator for tracking progress on improving maternal health.<sup>2-4</sup> Family planning services include counselling/education, pre-conception care,

screening/laboratory tests and family planning methods. Family planning methods include abstinence, natural family planning and all approved methods of contraception including hormonal contraception and contraceptive supplies such as condoms, diaphragms and intrauterine device.<sup>1,5,6</sup>

Women's ability to use contraceptives and to determine whether and when to have children, enhances their education and employment chances. This in turn, improves their income, family stability, mental health and happiness as well as the well-being of their children.<sup>7</sup> Globally, at least 200 million women want to use safe and effective family planning methods, but are unable to do so, leading to unwanted pregnancies. More than 50 million of the 190 million women who become pregnant each year have abortions. Many of these are clandestine and performed under unsafe conditions.<sup>3</sup> In 2012, an estimated 168,000 women in Sub-Saharan Africa died from pregnancy and birth-related causes; 62,000 of these women did not want to become pregnant in the first place. Unmet need for contraception is responsible for 19 million unintended pregnancies, 8 million unplanned births, 5 million abortions, 2 million miscarriages, 555,000 infant deaths and 255,000 newborn deaths in Sub-Saharan Africa.<sup>3</sup>

In Nigeria, the high annual population growth rate has been a major cause of concern for population experts and policy makers.<sup>8</sup> The Multiple Indicator Cluster Survey conducted in 2011 revealed that contraceptive prevalence rate is 17.5% and unmet need for contraception is 19.4%.<sup>9</sup> Also, the NDHS 2013 revealed that overall, only 10% of married women use a modern method of family planning and an additional 5% use a traditional method while only about 40% of sexually active, unmarried women are using a modern method of family planning, most commonly the male condom.<sup>10</sup> Unsafe abortions are a major reason why Nigeria's

maternal mortality is one of the world's highest. According to estimates, more than 3,000 women die annually in Nigeria as a result of unsafe abortion.<sup>11</sup> In Edo State current use of modern contraception is 19.1%.<sup>10</sup> The Nigerian Urban Reproductive Health Initiative (NURHI) Midline Study Report 2012 for Edo State documents high rates of unplanned pregnancy, unsafe abortion and sexually transmitted diseases among young adults.<sup>12</sup> Common reasons for not using contraceptives include lack of access to methods that meet users' needs; concerns about health and side effects; opposition from a partner on cultural or religious grounds; and problems obtaining family planning services generally, including being unable to afford contraceptives.<sup>3,12</sup>

Determinants of contraceptives use are key variables in the evaluation of family planning programmes. This study will help to facilitate a better understanding of the factors that influence contraceptive use in a rural setting. Analysis of these factors will provide useful information that could lead to reforms that encourage use of contraception which may ultimately reduce the number of children each woman has with subsequent beneficial effects on population and on the health status of mother and child. The study was therefore conducted to assess the prevalence and determinants of contraception among women of child-bearing age in a rural community in Edo State with a view to improving contraceptive use status.

## METHODOLOGY

The study was a descriptive cross-sectional study, carried out in Awuyemi Community, a rural community in Okpella, Etsako East Local Government Area of Edo State. Okpella clan is strategically located on the Northern fringes of Edo State bordering Kogi. It is one of the major gateways opening Edo State to the North of Nigeria. Home to several solid minerals industries and several agricultural

products, it is the third largest clan in Edo State.<sup>13</sup> Awuyemi Community has two government primary schools, one government secondary school and one primary health centre (PHC), which also subserves neighbouring communities. Services rendered by the PHC include ante-natal, immunization and family planning services, amongst others.

The study population consisted of sexually active women of child bearing age (15-49 years) who were permanent residents in the community. A minimum sample size of 216 was determined by using the Fisher's formula<sup>14</sup> for cross sectional study, using a contraceptive prevalence of 15% from 2013 NDHS.<sup>10</sup> Awuyemi community was purposively selected due to the presence of a functional PHC rendering family planning services in a rural setting. Thus, members of the community are exposed to FP services and commodities. A total population study of WCA was carried out in the community. Following a census of all households in the community, all WCA were identified and recruited into the study. The study interviews were conducted in private areas in or around their homes. A structured interviewer-administered questionnaire consisting of open and closed ended questions was used to obtain information and data relevant to the study objectives. The questions were grouped into sections to gather information on the socio-demographic profile of the WCA, contraceptive use as well as the determinants of contraceptive use.

The questionnaires were screened for completeness by the researcher, coded, entered into the IBM SPSS version 21.0 software and analysed. Univariate analysis was done for socio-demographic variables. The association between socio-demographic variables such as age, religion and level of education of respondents and independent variables such as contraceptive use and factors influencing contraceptive use were analysed to determine the significance of such

associations in the studied population. Multivariate analysis using binary logistic regression was carried out using the 'enter approach' to further determine significant predictors of contraceptive use. The level of significance of all statistical associations was set at  $p < 0.05$ . Results were presented using frequency tables, charts and prose.

Ethical clearance was provided by the Ethical Committee, University of Benin. Approval was sought from the Local Government Area Chairman of Etsako East LGA, and the Head of Okpella community. Respondents were informed that they had the right to decline participation or to withdraw from the study at any time they wished. Respondents were also informed that there were no penalties or loss of benefits for refusal to participate in the study or withdrawal from it. Consent of respondents was also sought before administration of questionnaires and confidentiality of information was assured as questionnaires were anonymously filled. Community health education was given after administration of questionnaires.

## RESULTS

A total of 295 WCA participated in this study. The mean age of respondents was  $27.4 \pm 7.9$  years. A higher proportion 119 (40.3%) of respondents belonged to the 15-24 years age group. Majority, 185 (62.7%) of the respondents were married and over half of the respondents 152 (52.9%) had attained secondary level of education. One hundred and eighty-five (62.7%) of respondents' spouses had secondary level of education, followed by 62 (21.0%), who had primary education. (Table 1)

One third of the respondents 100 (33.9%) had ever used contraceptives. Of these, 78 (78.0%) were currently using some form of contraception. The prevalence of current contraceptive use among the studied group was 26.4%.

**Table 1: Socio-demographic Characteristics of Respondents**

Variable	Frequency (n = 295)	Percent
<b>Age group in years</b>		
15 - 24	119	40.3
25 - 34	117	39.7
35 - 44	47	15.9
≥ 45	12	4.1
Mean age in years ± SD	27.4 ± 7.9	
<b>Religion</b>		
Islam	148	50.2
Christianity	145	49.2
African traditional religion	2	0.6
<b>Marital status</b>		
Married	185	62.7
Single	96	32.5
Cohabiting	8	2.7
Widowed	6	2.0
<b>Level of education of respondent</b>		
No formal education	23	7.8
Primary	100	33.9
Secondary	156	52.9
Tertiary	16	5.4
<b>Level of education of respondent's spouse</b>		
No formal education	13	4.4
Primary	62	21.0
Secondary	185	62.7
Tertiary	35	11.9

Of those who were currently using contraception, a higher proportion 41 (52.6%) used condom only, 28 (35.9%) and 18 (23.1%) used OCPs and injectable contraceptive as forms of contraception. Other forms of contraception employed were the practice of abstinence 10 (3.4%), withdrawal 9 (3.0%) and lactation amenorrhea (5 (1.7%)). (Table 2)

Among current contraceptive users, informed choice 36 (46.2%), cost of contraceptive 23 (29.5%) and access to FP services 22 (28.2%) were the 3 most important factors that affected contraceptive use. Among respondents who had never used contraceptives, partner's decision 89 (45.6%), cost of contraceptive 53 (27.2%) and lack of informed choice 46 (23.6%) were the 3 most important factors that affected contraceptive non-use. (Table 2)

The use of contraceptives was found to be higher among respondents aged between 15-24 years 33 (27.7%), followed by 25-34 years 32 (27.4%), 35-44 years 11 (23.4%) and ≥45 years 2 (16.7%) age groups. The association between age and use of contraceptives was however not statistically significant ( $p = 0.810$ ). Half of respondents who practiced African traditional religion 1 (50.0%) used contraceptives while 48 (33.1%) of Christians and 29 (19.6%) of Muslims used contraceptives. The association between religion and use of contraceptives was statistically significant ( $p = 0.021$ ). (Table 3)

A higher proportion of respondents who were cohabiting 5 (62.5%) used contraceptives compared to respondents who were married 50 (27.0%) or single 23 (24.0%). No widowed respondent used contraceptives. The association between marital status and use of contraceptives was statistically significant ( $p = 0.045$ ). Use of contraceptive was found to be higher among respondents with tertiary level of education 10 (62.5%) followed by those with secondary level 42 (26.9%), primary level 22 (22.0%) and no formal education 4 (17.4%). This difference in use of contraceptive observed with increasing level of education was statistically significant ( $p = 0.005$ ). A greater proportion of respondents whose spouses had no formal education 6 (46.2%) used contraceptives as compared with those respondents' spouses who had tertiary level of education 15 (42.9%), secondary level of education 45 (24.3%) and primary level of education 12 (19.4%). The association between respondent's spouse level of education and use of contraceptives was statistically significant ( $p = 0.023$ ). (Table 3). A higher proportion of respondents who cited cost of contraceptive as a factor influencing their use of contraceptives 23 (34.3%) used contraceptives compared to 55 (27.0%) of respondents who did not cite it.

**Table 2: Prevalence and Factors Influencing Contraceptive Use among Respondents**

Variable	AWUYEMI COMMUNITY (n = 295)	
	Frequency	Percent
<b>Ever contraceptive use</b>		
Yes	100	33.9
No	195	66.1
<b>Current contraceptive use (n=100)</b>		
Yes	78	78.0
No	22	22.0
<b>Forms of contraceptive used* (n=78)</b>		
Condom only	41	52.6
Oral contraceptive pills	28	35.9
Injectable contraceptive	18	23.1
Abstinence	10	12.8
Condom + any other method	9	11.5
Withdrawal	9	11.5
Lactation Amenorrhoea Method	5	6.4
Others**	4	5.1
<b>Factors affecting contraceptive use* (n = 78)</b>		
Informed choice	36	46.2
Cost of contraceptive	23	29.5
Access to FP services	22	28.2
Partner's decision	16	20.5
Exposure to messages	5	6.4
<b>Factors affecting nonuse of contraceptive* (n = 195)</b>		
Partner's decision	89	45.6
Cost of contraceptive	53	27.2
Lack informed choice	46	23.6
Lack of exposure to messages	39	20.0
No reason	36	18.5
level of efficacy	34	17.4
Against my culture	26	13.3
Against my religion	24	12.3
Side effect of contraceptives	19	9.7
Access to FP services	17	8.7

\*Multiple response question

\*\*others include: use of Andrew liver salt, salt, water and other wrong practices

**Table 3: Socio-demographic Characteristics and Contraceptive Use of Respondents**

Variable	USE OF CONTRACEPTIVES (n = 295)		Test statistic/ p-value
	Yes (n=78) Freq (%)	No (n=217) Freq (%)	
<b>Age group in years</b>			
15 - 24	33 (27.7)	86 (72.3)	X <sup>2</sup> = 0.964 p = 0.810
25 - 34	32 (27.4)	85 (72.6)	
35 - 44	11 (23.4)	36 (76.6)	
≥ 45	2 (16.7)	10 (83.3)	
<b>Religion</b>			
Islam	29 (19.6)	119 (80.4)	Fisher's Exact = 7.5 p = 0.021
Christianity	48 (33.1)	97 (66.9)	
African traditional religion	1 (50.0)	1 (50.0)	
<b>Marital status</b>			
Married	50 (27.0)	135 (73.0)	Fisher's exact = 7.8 p = 0.045
Single	23 (24.0)	73 (76.0)	
Cohabiting	5 (62.5)	3 (37.5)	
Widowed	0 (0.0)	6 (100.0)	
<b>Level of education of respondent</b>			
No formal education	4 (17.4)	19 (82.6)	X <sup>2</sup> = 12.698 p = 0.005
Primary	22 (22.0)	78 (78.0)	
Secondary	42 (26.9)	114 (73.1)	
Tertiary	10 (62.5)	6 (37.5)	
<b>Level of education of respondent's spouse</b>			
No formal education	6 (46.2)	7 (53.8)	X <sup>2</sup> = 9.474 p = 0.023
Primary	12 (19.4)	0 (80.6)	
Secondary	45 (24.3)	140 (75.7)	
Tertiary	15 (42.9)	20 (57.1)	

The association between cost of contraceptive as a factor influencing contraceptive use and use of contraceptive was not statistically significant ( $p = 0.248$ ). (Table 4) A higher proportion of respondents whose partner's approval did not determine their use of contraceptive 62 (35.2%) used contraceptives compared to those whose partner's approval did 16 (17.0%). The association between partner's decision as a factor influencing contraceptive use and use of contraceptive among respondents was statistically significant ( $p = 0.002$ ). (Table 4)

**Table 4: Factors influencing Contraceptive Use among Respondents**

Variable	USE OF CONTRACEPTIVES		Test statistic/ p-value
	Yes (n=78)	No (n=217)	
	Freq (%)	Freq (%)	
<b>Cost of contraceptive</b>			
Yes	23 (34.3)	44 (65.7)	$\chi^2 = 2.773$ p = 0.096
No	55 (24.1)	173 (75.9)	
<b>Partner's decision</b>			
Yes	16 (17.0)	78 (83.0)	$\chi^2 = 6.293$ p = 0.012
No	62 (30.8)	139 (69.2)	
<b>Informed choice</b>			
Yes	36 (45.0)	44 (55.0)	$\chi^2 = 19.440$ p < 0.001
No	42 (19.5)	173 (80.5)	
<b>Exposure to messages</b>			
Yes	5 (25.0)	15 (75.0)	$\chi^2 = 0.223$ p = 0.880
No	73 (26.5)	202 (75.5)	
<b>Access to FP services</b>			
Yes	22 (21.0)	83 (79.0)	$\chi^2 = 2.525$ p = 0.112
No	56 (29.5)	134 (70.5)	

**Table 5: Logistic Regression Model for Determinants of Contraceptive Use**

Predictors	B (regression co-efficient)	Odds ratio	95% CI for OR		P - value
			Lower	Upper	
Age	-0.007	0.993	0.949	1.040	0.773
<b>Marital status</b>					
Never married	0.063	1.065	0.509	2.229	0.867
Ever married*		1			
<b>Level of Education</b>					
	-0.490	0.613	0.400	0.938	0.024
<b>Religion</b>					
Christians	-0.485	0.615	0.345	1.097	0.100
Non-Christians*		1			
<b>Cost of contraceptive</b>					
Yes	-0.894	0.409	0.178	0.943	0.036
No*		1			
<b>Partner's decision</b>					
Yes	0.380	1.462	0.678	3.152	0.332
No*		1			
<b>Informed choice</b>					
Yes	1.137	0.321	0.152	0.678	0.003
No*		1			
<b>Exposure to messages</b>					
Yes	0.083	0.920	0.286	2.960	0.889
No*		1			
<b>Access to FP services</b>					
Yes	0.357	1.429	0.714	2.860	0.314
No*		1			

\*Reference category, R<sup>2</sup> = 23.8%- 35.5%, CI = Confidence Interval

The use of contraception was found to be higher among respondents who mentioned informed choice as a factor influencing their use of contraception 36 (45.0%) compared to respondents whose use of contraceptives was not influenced by informed choice 42 (22.1%). The association between informed choice as a factor influencing contraceptive use and use of contraceptive was statistically significant ( $p < 0.001$ ). (Table 4) In the multivariate analysis, the variables in the model accounted for between 23.8% - 35.5% of the variation observed in the outcome variable (use of contraceptive). With a year increase in age, respondents were less likely by an odds ratio of 0.993 to use contraceptives. This was not statistically significant ( $p = 0.773$ , CI = 0.949 - 1.040). (Table 5)

Respondents who had never been married were more likely to use contraceptives by an odds ratio of 0.509 compared to respondents who had ever been married but this was not statistically significant ( $p = 0.867$ , CI = 0.509-2.229). With increasing levels of education, the use of contraceptives was less likely by an odds ratio of 0.613 and this was statistically significant ( $p = 0.024$ , CI = 0.400-0.938). Being a Christian decreased the odds of using contraceptives by an odds ratio of 0.615 compared to non-Christians. This was not statistically significant ( $p = 0.100$ , CI = 0.345-1.097). (Table 5)

Respondents whose use of contraceptives was influenced by cost were 0.409 times less likely to use contraceptives and this was statistically significant ( $p = 0.036$ , CI = 0.178-0.943). Respondents who cited their partner's decision as a factor influencing their use of contraceptives were more likely by an odds ratio of 1.462 to use contraceptives and this was not statistically significant ( $p = 0.332$ , CI = 0.678-3.152). Respondents whose use of contraceptives was influenced by informed choice were more likely to use contraceptives by an odds ratio of 0.321 and this was statistically significant ( $p = 0.003$ , CI = 0.152-0.678). Respondents who stated that exposure

to messages on contraception was a factor influencing their contraceptive use were less likely by an odds ratio of 0.920 to use contraceptives. This was not statistically significant ( $p = 0.314$ , CI = 0.714-2.860). (Table 5)

## DISCUSSION

The mean age of respondents was similar to that obtained from a study conducted in 2015 among women of reproductive age group in Oyo State.<sup>15</sup> This age range is indicative of the peak age of reproduction among the studied population. More than half of respondents had attained secondary level of education. This is consistent with findings in a study conducted in Osun State.<sup>8</sup> Majority of the respondents in Awuyemi community were married. This similar to findings from a study carried out in Ikeji Arakeji, Osun State Nigeria in 2012, where a higher percentage of respondents were married.<sup>15, 16</sup> This may be because this age bracket is one in which many females marry and start a family.

This study revealed that about one in three WCA had ever used a contraceptive and one in four was currently using a contraceptive. This finding is similar to several descriptive studies in Nigeria which have shown that the prevalence of contraceptive use has been low<sup>16, 17, 18</sup> as well as the Multiple Indicator Cluster Survey (MICS) in 2011 which showed that the current contraceptive prevalence in Edo State was 18.5% and in South-South Nigeria was 23%.<sup>9</sup> The 2008 and 2013 Demographic Health Surveys have also shown a consistently low contraceptive prevalence rate among women in Nigeria over time<sup>10, 19</sup> The low rate of contraceptive use in Nigeria results in high fertility rates, particularly in the rural areas.<sup>19</sup> High fertility rate as a result of low contraceptive use accounts for Nigeria's high maternal, infant, and neonatal mortalities.<sup>10, 20</sup> Other implications of low contraceptive use varies from unwanted pregnancies, sexually

transmitted infections, unsafe abortions and its sequel as well as population explosion.

Our study showed that Condom was the most commonly used contraceptive method in Awuyemi community. This is in line with the findings from a study conducted in Ilorin in 2009 and the NDHS 2013 survey.<sup>10, 21</sup> The extensive marketing of condoms in response to the Human Immunodeficiency Virus (HIV) epidemic, with the active involvement of both government and non-governmental organizations, has been responsible for this increased awareness and subsequent increase in condom use. Condoms are also the preferred choice for post-partum contraception, especially among women with high parity.<sup>10</sup> In addition, studies in Nigeria have indicated that because patent medicine stores are common sources of condoms and they are readily available over the counter at these stores, there is much less restriction on its purchase and use compared with other forms of contraceptives.<sup>21, 22</sup>

The reasons given in these studies for not using contraceptives were fear of side effects, objections from their partner, conflicts with their religious beliefs, objections from family members, not thinking about using contraceptives, not having sexual intercourse to have a baby, and unplanned sexual debut. Contraceptive use and choices vary widely in Nigeria according to type of health facility, geopolitical zone, and within urban or rural settings.<sup>19</sup> Various factors, related to both supply and demand of contraceptives, account for these variations and contribute to the low levels of contraceptive use and choices in Nigeria.<sup>20</sup> On the supply side are issues such as limited availability, quality, and cost of family planning services. As a consequence of limited availability, many Nigerians (particularly in rural areas) lack access to modern contraceptive and family planning services. In areas where services do exist, their quality is often poor, with inadequate contraceptive supplies, insufficient numbers of trained service providers, poor

interpersonal skills on the part of providers, and limited essential equipment.<sup>20</sup>

Fertility and contraceptive use in developing countries are associated with various markers of socioeconomic status, most prominent of which is women's education.<sup>23</sup> Women's educational status is an influential sociodemographic determinant of contraceptive use. With increasing level of education, there was an increase in contraceptive use. This was similar to findings of studies conducted in Indonesia and Bangladesh which also indicated that women's education had a strong positive effect on their current use of contraception.<sup>12, 24</sup> and is also in line with findings from MICS survey in 2011.<sup>9</sup> Another study conducted in Pakistan in 2008 showed that illiteracy in women was identified one of the factors that affects the knowledge and practice of contraception as Illiterate women were at higher risk of not using any FP method than literate women.<sup>25, 26</sup> This is not unexpected since education is believed to improve the motivation to practice birth control. Better educated women are assumed to be more willing to engage in innovative behavior, have more knowledge of contraceptive methods and of how to acquire them. Education empowers women, makes them more likely to be employed outside their home environment, and makes them more aware of their own health and the health of their children. Similarly, educated women are more likely to postpone marriage, have smaller family size, and use contraception than are uneducated women. Increasing the educational levels of women may therefore be one effective way of advancing the practice of family planning.

Findings from this study revealed that partners' decision played a major role in contraceptive use, and non-use. This is in contrast with findings from other descriptive studies where a higher proportion of respondents had no reason for not using contraceptives.<sup>15, 18</sup> This finding corroborates

the fact that significant others, especially spouses, have a huge role to play in all reproductive health issues, including contraception. The significance of this could be attributed to the fact that for a woman to use family planning services, partner's approval was critical. Otherwise if found using without the consent of partner it could be misinterpreted, thereby causing misunderstanding in the relationship. Family planning programs thus, in addition to targeting women's attitudes and behaviours should lay emphasis on involving men in reproductive health issues. The role of male partners in the achievement of reproductive health in Nigeria cannot be overemphasized.

A higher proportion of cohabiting respondents used contraceptives compared to married or single respondents. Cohabiting relationships may not have the same approval that society bestows on marriage, as couples who cohabit are regarded as individuals who have not undertaken the proper rites that would make it legally acceptable for individuals to engage in sexual intercourse and have children. Therefore, for cohabiting couples, pregnancy may be a social stigma which both individuals may not want to risk and this may account for this finding in our study. Over one fifth of married women were found to be using a form of contraception. This is in contrast to findings from the NDHS 2013<sup>10</sup> where less than a fifth of married women were reported to be using a form of contraceptive. This may mean that there is a growing uptake of contraceptives in the studied population and would in the long run translate into better family planning and invariably better control of population growth.

Respondents whose partner's decision influenced their contraceptive use were 1.462 more likely to use contraceptives compared with those whose partner's decision did not influence their contraceptive use. In the typical African setting, women are usually dependent on their spouses for money and

other resources required to run the home. Contraceptives pose an extra cost in addition to the cost of housekeeping, hence women whose partners agree to the use of contraceptives are likely to have their spouse's support monetary wise compared to those whose partner's decision do not influence their use of contraceptives. The best decisions about family planning are those that people make for themselves, based on accurate information and a range of contraceptive options. Informed choice is an important principle in the delivery of family planning services. As an aspect of informed choice, it is required that all family planning providers inform users about potential side effects of a method and what they should do if they encounter such side effects. Contraceptive users should also be informed of other methods available to them. This information assists the user in coping with side effects and thus decreases discontinuation of temporary methods.<sup>10</sup> People who make informed choices are better able to use family planning safely and effectively. Thus, health care providers have a responsibility to help people make informed family planning choices. Respondents whose use of contraceptives was influenced by informed choice and exposure to messages on contraception were more likely to use contraceptives. Exposure to messages on contraception serves as an avenue for individuals to know the various methods of contraception and gives them an opportunity to choose from the array of contraceptives available based on their preference. However, if there were a dearth of messages on contraception, individuals would not be informed, and this could lead to reduced uptake of contraceptives as was observed in this study.

## CONCLUSION

The prevalence of contraceptive use was low in the studied population. Determinants of contraceptive use among sexually active WCA in the community included knowledge

of contraception, age, marital status, and level of education of respondents.

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EOO - design, data collection, statistical analysis, manuscript drafting and revision of manuscript for intellectual content.

VYA - conception, design and data collection.

VAW - design and final approval of manuscript.

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