

A qualitative analysis of barriers to modern contraceptives use among contraceptive users in urban and rural Oyo state

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Background

Factors that affect contraceptive use are diverse, from demand to supply side factors. Understanding these factors is the starting point for eliminating them. In mid-2016, the Nigerian Urban Reproductive Health Initiative (NURHI) conducted a qualitative study among different segments of participants including contraceptive users, non-users, men, providers and religious leaders to better understand barriers and facilitators of contraceptive use in urban and rural area.

Objective

The objective of this analysis is to understand the barriers to and facilitators of modern contraceptive acceptance and LARC in particular in rural and urban geographies of Oyo state.

Methodology

This study covered two locations, Urban South East and Rural Oyo West LGAs. This study was designed to elicit information regarding barriers to contraceptive use among adults of reproductive age from a variety of perspectives. To gain a fuller understanding in these areas, study employed qualitative methods, including focus group discussions and in-depth interviews. We conducted six FGDs—two each among female contraceptive users, two each among female non-users, one with male contraceptive users, and one with male non-users. FGDs with women were divided into younger women (ages 18-34) and older women (ages 35-44). Group sizes ranged from 5 to 10. While we conducted IDIs with a total of 14 individuals. Interviewees included female users of long-acting reversible contraceptives (LARC), female lapsed users of LARC, female non-users of modern contraceptives, FP providers, and key community informants.

Results/Key findings

Different reasons was adduced by participants why women do not use modern contraceptives. The prevailing theme is the perceived side effects and the stories heard about method failure. Many are scared of heavy bleeding resulting from uptake of hormonals, what they heard about IUD cutting inside and fear of Irregular menstruation. The issue of weight gain/loss, and general discomfort associated with body dynamics. Some women reportedly lack support from their husbands given the varying tales of the side effects they have heard and would rather not allow their women undergo same. This is further influenced by religious beliefs which does not encourage use.

Non-usage is however stronger in the rural given the propensity to have larger families influenced by their communal lifestyle. Other reasons for non-usage includes: satisfaction with non-modern methods and lack of information. Preference for larger families enhanced by rivalry and cost of services are common. Other documented barriers are fear of Infertility, and the potential challenges of getting a return to fertility are some of the issues they intend to avoid.

Conclusion

Side effects of contraceptive and myths and misconceptions remain a major barrier to contraceptive use in Oyo state. Improving quality of counselling of providers can play important role. A Multi-channel communication approach can be effective option among the population.