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Culture and Contraceptive Choices among Mothers Attending Primary Health Care Centre in Akure, Ondo-State, Nigeria

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Abstract

Contraceptive use is essential in achieving reproductive health goals, yet cultural beliefs and practices remain significant barriers, especially in low- and middle-income countries. This study aimed to examine the cultural influences on contraceptive choices among mothers attending Primary Health Care Centre in Akure, Nigeria. Using a descriptive research design with a cross-sectional survey, data were collected from mothers who had attended the clinic for the past six months through convenience sampling and the Taro Yamane formula. Statistical analysis, including frequency tables, percentages, mean scores, and Chi-square tests, were generated using SPSS software version 26.

The results revealed that cultural beliefs moderately influence contraceptive choices. A slight majority of respondents did not believe cultural beliefs influenced contraceptive use (54.1%), but most disagreed with the notion that contraception is against cultural or religious beliefs (66.1%). Traditional family planning methods, such as withdrawal and herbal remedies, were moderately used by respondents, with growing acceptance of modern contraception (71.6%). Statistical analysis confirmed significant associations between cultural beliefs and contraceptive use (P-values of 0.000 and 0.019).

Cultural beliefs were found to impact perceptions of contraceptive safety and effectiveness, with some respondents expressing concerns about long-term health effects (40%) and cultural myths (39%). The findings suggest the need for community-based education campaigns to dispel myths and increase awareness about the safety and effectiveness of modern contraceptives. These interventions could foster greater acceptance and utilization of contraceptive methods among mothers in the community.

Keywords

Contraceptive Choices, Contraceptive Utilization, Cultural Beliefs, Norms, Modern Contraception, Mothers, Reproductive Health

INTRODUCTION

The availability and choice of contraceptive methods among postpartum women significantly impact reproductive health outcomes. However, contraceptive utilization remains low in Nigeria, contributing to high fertility rates, unintended pregnancies, maternal health complications, maternal and peri-natal mortalities. Despite global and national efforts to improve access to family planning, cultural beliefs and traditional practices continue to shape contraceptive choices among mothers (Burke et al., 2022). Fertility is often linked to social status, gender roles, and family expectations, influencing reproductive decisions and limiting contraceptive uptake (Skracic et al., 2021).

In many Nigerian communities, misconceptions, myths, and religious influences contribute to hesitancy or outright rejection of modern contraceptive methods (Steinberg et al., 2021). Patriarchal family structures often restrict women's autonomy in making reproductive health decisions, reinforcing male-dominated decision-making in family planning (Obilor & Osita-Njoku, 2021). Islamic teachings may permit contraception under specific conditions but prohibit permanent methods (Obilor & Osita-Njoku, 2021). Additionally, some cultures associate contraceptive use with promiscuity, creating stigma, especially for unmarried women (Robinet et al., 2023). Additionally, societal expectations—such as pressure to conceive soon after marriage—further discourage contraceptive use, particularly among young and newlywed women (Bhatt et al., 2021). Many postpartum mothers receive inadequate counseling on family planning, resulting in low uptake and inconsistent use (Kungu, Agwanda, & Khasakhala, 2022).

Contraceptive use remains a crucial factor in achieving reproductive health goals, yet cultural beliefs and practices continue to pose significant barriers, particularly in low- and middle-income countries. According to the United Nations Population Fund (UNFPA, 2023), approximately 257 million women worldwide who want to avoid pregnancy are not using safe and modern contraceptive methods, with sub-Saharan Africa accounting for a substantial portion of this unmet need. This study aims to examine the cultural influences on contraceptive choices among mothers attending Primary Health Care Centre in Akure. Specifically, it seeks to identify cultural beliefs and practices affecting contraceptive decisions, assess mothers' awareness and knowledge of available contraceptive methods, and explore how cultural norms influence contraceptive preferences and utilization. Findings from this study will provide insights for developing culturally appropriate strategies to enhance family planning services and improve maternal health outcomes. This study will empower mothers by providing insights into how cultural beliefs and practices shape their contraceptive choices. Ultimately, the findings aim to promote better reproductive health outcomes for mothers through enhanced awareness and education.

RESEARCH METHODOLOGY

The study is a descriptive cross-sectional survey to examine the cultural influences on contraceptive choices among mothers attending Adegbola Primary Health Care Centre (PHC) in Akure, South Western, Nigeria. Adegbola PHC is a public healthcare facility located in Akure, the capital city of Ondo State, Nigeria. The center was established to provide essential primary health care services to the local population, ensuring the delivery of affordable and accessible healthcare. The center offers a range of specialized services such as antenatal care, postnatal care, immunization for children, HIV/AIDS counseling and testing, management of non-communicable diseases, and family planning and other reproductive health services.

The study population comprises of consented mothers attending the PHC for at least 6 months prior to the commencement of the survey while critically ill mothers or mothers of critically child(ren) were excluded from the study. In determining the sample size,Taro Yamane Formula was used to derived the appropriate sample size. $n=N/1+N(e)^2$, n was calculated to be 109. The total number of questionnaires that was shared is 109.

A convenience sampling technique was utilized to select the respondents among the postpartum women who attend the center for routine postnatal check-ups and family planning services was approached and invited to participate in the study. Data was collected using is a self-designed, interviewer administered questionnaires; developed based on a thorough literature review and structured around the specific objectives of the research. The questionnaires were validated by experts of medical researchers, pilot test was conducted, Cronbach’s alpha of 0.837 was calculated, reliability of the instruments were ensured. The data collection and processing followed ethical guidelines, including, informed consent, voluntary participation, confidentiality, beneficence and non malficience. The ethical clearance certificate was gotten from research and ethical committee of Joseph Ayo B abalola University. Data was analyzed using statistical test such as frequency table, percentage and mean score analysis while the nonparametric statistical test (Chi- square) with level of significance set at $p<0.05$.

RESULTS

A total of 109 respondents were recruited and 109 of the respondents completed the questionnaires, this translates to a response rate of 100%.

Table 1 The demographic characteristics of respondents

Variable	Category	Frequency N=109	Percent (%) N=100
Age	18–24 years	18	16.5
	25–34 years	33	30.3
	35–44 years	30	27.5
	45–49 years	19	17.4
	50 and above	9	8.3
Educational Level	No formal education	31	28.4
	Primary education	15	13.8
	Secondary education	9	8.3
	Tertiary education	54	49.5

Marital Status	Single	12	11
	Married	79	72.5
	Widowed	18	16.5
Occupation	Unemployed	26	23.9
	Self-employed	35	32.1
	Employed in the formal sector	42	38.5
	Student	6	5.5
Religion	Christianity	69	63.3
	Islam	40	36.7
Number of Children	1–3	37	33.9
	4–5	44	40.4
	6 and above	28	25.7

The demographic data reveals that the majority of respondents fall within the age range of 25 to 34 years, with 33 respondents (30.3%), 54 respondents (49.5%) have attained tertiary education, while 31 respondents (28.4%) have no formal education.; the majority of respondents are married with 79 respondents (72.5%), followed by those who are widowed with 18 respondents (16.5%), 42 respondents (38.5%) are employed in the formal sector and mostly christians with 69 respondents (63.3%).

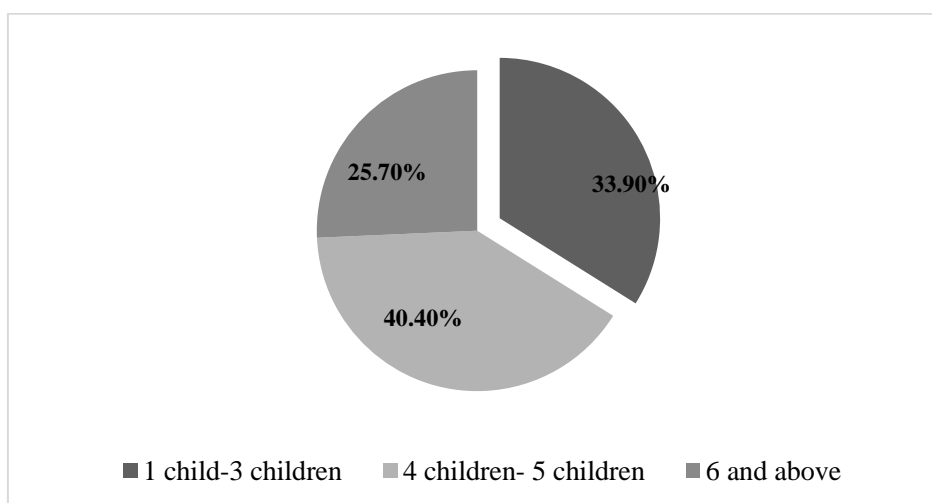


Chart 1 showing the number of children of the respondents.

Table 2 The cultural beliefs and practices that influence contraceptive choices among Mothers

Cultural Beliefs and Practices that Influence Contraceptive Choices.	Yes N=109(100)	No N=109(100)	Mean	Std
Do cultural beliefs in your community influence contraceptive use?	50 (45.9%)	59 (54.1%)	1.54	0.501
Do you believe that contraception is against your cultural or religious beliefs?	72 (66.1%)	37 (33.9%)	1.34	0.476
Are traditional family planning methods, such as withdrawal, herbal remedies, or periodic abstinence, commonly practiced in your community?	59 (54.1%)	50 (45.9%)	1.46	0.501
Are there cultural restrictions on discussing contraceptive use in your community?	60 (55.0%)	49 (45.0%)	1.45	0.500
Do elders or family members influence your decision to use contraceptives?	59 (54.1%)	50 (45.9%)	1.46	0.501
Are there taboos associated with the use of modern contraceptives in your culture?	31 (28.4%)	78 (71.6%)	1.72	0.453
Does your spouse or partner's cultural belief discourage the use of contraceptives?	35 (32.1%)	74 (67.9%)	1.68	0.469
Do cultural practices in your community prioritize having many children over using contraception?	50 (45.9%)	59 (54.1%)	1.54	0.501
Has fear of cultural rejection prevented you from using contraception?	40 (36.7%)	69 (63.3%)	1.63	0.484

The responses to the statements reflect varying levels of cultural influence on contraceptive use in the community. When it comes to traditional family planning methods, 54.1% of respondents indicated that such methods (e.g., withdrawal, herbal remedies, periodic abstinence) are commonly practiced in their community, with a mean score of 1.46, showing a moderate use of these methods. Additionally, over half of the respondents (55.0%) believed there are cultural restrictions on discussing contraceptive use, with a mean score of 1.45.

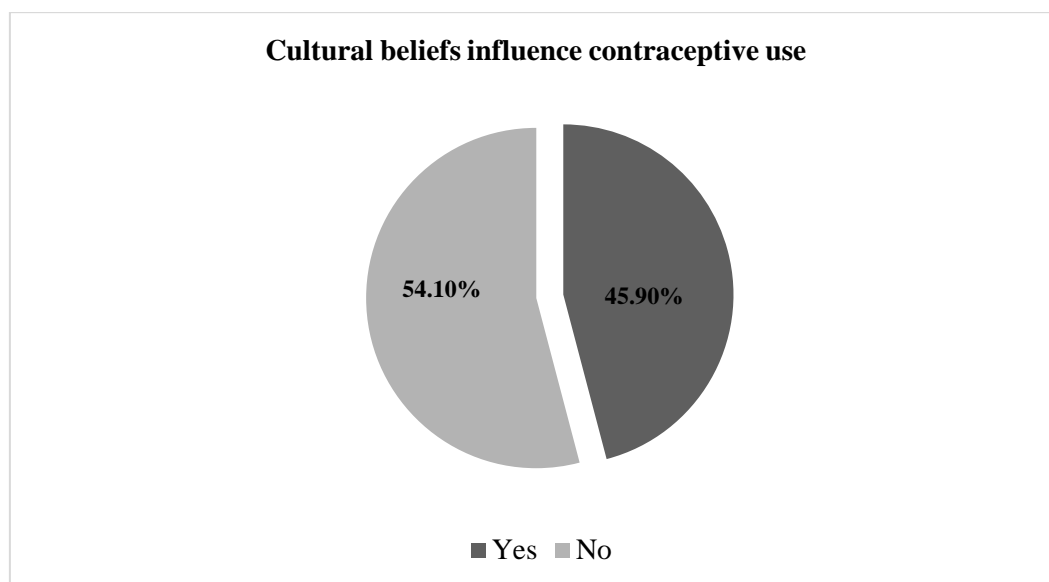


Chart 2 The cultural beliefs that influence contraceptive use

Table 3 The effect of culture on acceptance of various contraceptive methods

Cultural Perceptions Shape Mothers' Understanding and Acceptance of Various Contraceptive Methods	SA	A	SD	D	Mean	Std
Cultural beliefs in my community influence how I perceive the safety and effectiveness of modern contraceptive methods.	9 (8%)	50 (46%)	31 (28%)	19 (17%)	3.01	1.337
I feel pressured by cultural expectations when deciding whether to use contraception.	15 (14%)	18 (17%)	51 (47%)	25 (23%)	3.49	1.372
Cultural teachings have shaped my understanding of who should or should not use contraceptives.	28 (26%)	34 (31%)	31 (28%)	16 (15%)	2.75	1.473
My community's perception of contraception affects my confidence in using modern family planning methods.	29 (27%)	43 (39%)	37 (34%)	–	2.41	1.211
Due to cultural beliefs, I worry about potential long-term health effects of using contraceptives.	18 (17%)	44 (40%)	41 (38%)	6 (6%)	2.75	1.27
I believe that discussing contraceptive use openly is discouraged due to cultural norms.	19 (17%)	6 (6%)	50 (46%)	34 (31%)	3.68	1.42
Cultural myths and misconceptions have influenced my trust in modern contraceptive methods.	10 (9%)	42 (39%)	41 (38%)	16 (15%)	3.1	1.312
I would feel more comfortable using contraceptives if they were more widely accepted in my culture.	22 (20%)	59 (54%)	18 (17%)	10 (9%)	2.4	1.241

Note: SA = Strongly Agree, A = Agree, SD = Strongly Disagree, D = Disagree, Std = Standard Deviation.

The responses to the statements about cultural beliefs and contraceptive use indicate varying degrees of influence from cultural factors. A significant portion of respondents (46%) agreed that cultural beliefs in their community influence their perception of the safety and effectiveness of modern contraceptive methods, with a mean score of 3.01. Concerns about the potential long-term health effects of using contraceptives due to cultural beliefs were shared by 40% of respondents, with a mean score of 2.75, pointing to moderate worry. Despite this, the majority (46%) disagreed that discussing contraceptive use openly is discouraged by cultural norms, with a mean of 3.68, suggesting that cultural norms are not seen as a major barrier to open discussions about contraception.

DISCUSSION

The demographic characteristics of the respondents in this study reveal significant trends that align with existing research on family planning and contraceptive use. The majority of respondents are aged 25 to 34 years (30.3%), a group generally more aware of family planning options and likely to seek contraception due to childbearing needs, as noted by Ukoji et al. (2022) and Beyene et al. (2024). The educational level of respondents also plays a critical role, with 49.5% having attained tertiary education, which correlates with higher contraceptive knowledge and use, as highlighted in previous studies. On the contrary, the substantial proportion of respondents without formal education (28.4%) indicates potential barriers to accessing and utilizing modern contraceptives, as pointed out by Tiruneh et al. (2023), who identified low literacy as a key factor limiting the use of family planning methods.

This study reveals that cultural beliefs and practices play a significant yet complex role in shaping contraceptive choices among mothers. The data shows a moderate influence of cultural beliefs on contraceptive decisions, with 54.1% of respondents indicating that cultural beliefs do not strongly influence contraceptive use. This finding aligns with studies that have explored the interplay between cultural beliefs and reproductive health decisions as reported by Ukoji et al. (2022) and Tiruneh et al. (2023). Despite the influence of cultural norms, a majority of respondents in the current study

(66.1%) disagreed with the belief that contraception is against their cultural or religious beliefs. This reflects an emerging trend where modern contraceptive methods are becoming more socially accepted, as noted by Beyene et al. (2024).

In addition, the findings also highlight a significant role of family influence on contraceptive use, with 54.1% of respondents acknowledging that family members, particularly elders, play a moderate role in shaping their contraceptive decisions. This finding echoes the findings of Tiruneh et al. (2023), where family members, particularly mothers and mothers-in-law, were reported to either encourage or discourage contraceptive use, depending on their beliefs about fertility and childbearing. Moreover, the influence of community perceptions on confidence in using contraceptives was found to be relatively low in this study, with a mean score of 2.41. This suggests that while community opinions may play a role, individual choice and confidence in modern family planning methods are not predominantly driven by cultural pressure. The study by Ukoji et al. (2022) also highlighted that despite the high awareness of contraceptive methods, many women in South-South Nigeria face resistance due to cultural and religious beliefs.

This study has shown that cultural beliefs and norms play a significant, though moderate, role in shaping contraceptive choices among the study population. There is an urgent need for health policies and programs aimed at improving family planning services. Healthcare providers have to provide culturally sensitive counseling and ensure that contraceptive options align with community values, promoting informed choices. Community and religious leaders should educate their followers about the benefits of contraception while addressing misconceptions based on cultural beliefs.

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