

How to Cite:

Hannah Thompson, U., Okpa, J. T., Wilson, N. U., Bassey, O. U., & Eshio, E. (2022). Community-based survey on the myths and use of contraceptive methods among married adults in Calabar South, Nigeria. *International Journal of Health Sciences*, 6(S5), 1300–1313.
<https://doi.org/10.53730/ijhs.v6nS5.8864>

Community-based survey on the myths and use of contraceptive methods among married adults in Calabar South, Nigeria

Udom, Hannah Thompson

Department of Social Work, University of Nigeria, Nsukka

John Thompson Okpa

Department of Sociology, University of Calabar, Calabar, Nigeria

Corresponding author email: okpajt@unical.edu.ng

Nwosu Uchechukwu Wilson

Institute of Public Policy & Administration, University of Calabar, Nigeria

Obeten Ude Bassey

Department of Social Work, University of Calabar, Nigeria

Emmanuel Eshio

University of Calabar Teaching Hospital, Calabar, Nigeria

Abstract---Background: Despite the enormous benefits associated with contraceptive use, only a few sexually active married adults in developing countries like Nigeria use contraceptive methods, this situation is even worst in rural areas across Nigeria. This study examines the influence of myths on the use of contraceptive methods in Calabar South Local Government Area, Cross River State, Nigeria. Methods: Using the mixed approach, data were obtained from 600 respondents, using a multi-stage sampling technique which in this study entails the selection of community clusters, streets, villages, housing units and respondents through simple random and purposive sampling techniques. In the analysis and interpretation of study findings, descriptive statistics were employed, and qualitative data were analyzed using content analysis. Results: The study shows that fear of pregnancy-related complications and fear of infertility are significant determinants of contraceptive use in Calabar South LGA, Cross River State, Nigeria. Conclusion: The study, therefore, concludes that myths associated with contraceptive use are real and a strong factor that discourages most married adults from the use of contraceptive methods. In the light above, this study calls for a more in-depth, useful, effective and aggressive grassroots contraceptive

awareness campaign targeted at all categories of individuals irrespective of their literacy level and financial status in the rural area.

Keywords---Myths, Married adults, Infertility, Pregnancy-related complications, Contraceptive use, Rural areas.

Introduction

Contraceptive use is a global health practice with amazing socio-economic and health benefits. The benefits of well-spaced childbirth and controlled family size are enormous both for the immediate family and the society at large. These include improved maternal and child health, reduced induced abortion cases, and improved household welfare [1]. This explains why the United Nations Funds for Population [2] and Tumlinson, Speizer, Archer, and Behets [3] reported that two out of three married adults use some forms of contraception, either modern or traditional, and about 12 per cent have an unmet need for contraception. Research has shown that the prevalent methods of contraceptive among married adults include but are not restricted to male condoms, female condoms and implants, vaginal rings, female sterilization, pills, hormonal contraceptives (oral pills) combined patch, spermicides copper intrauterine devices (IUDs), injectables, among others [4,5]. However, pills and injectables, according to Tuoane, Madise, and Diamond, are the most widely recommended and utilised means of contraception globally [6]. The adoption of any of these contraceptive methods reduces the rate of maternal death, abortions, and sexually transmitted diseases, including HIV/AIDs [4]. For Igwegbe, Ugboaja, and Monago, the utilisation of contraceptives will alleviate poverty by empowering women and boosting their prospects of better educational attainment, especially in countries with high birth rates, like Nigeria [7]. Igwegbe, *et al.*, maintain that delaying the onset of childbirth and raising a small family can improve the health of women and their children and allow families to make investments for a better future [7]. Healthy birth timing and spacing are associated with improved pregnancy outcomes as well as greater chances of survival for both mother and the child. As a result, using contraceptives can help married individuals, particularly women, in avoiding pregnancy-related health risks as well as the social and economic consequences of early motherhood.

Literature has shown that despite the enormous benefits associated with contraceptive use, only a few sexually active married adults in developing countries like Nigeria use contraceptive methods, this situation is even worst in rural areas across Nigeria [8]. Although there is a considerable variation between countries, in that, uptake in contraceptive methods is generally much lower in the global south [3,9]. According to a report released by the International Women's Health Coalition, Nigeria's contraceptive prevalence rate (CPR) is still embarrassingly low; the report showed that among married women aged 15-49 years, 8 percent use modern methods and 12 percent use all contraceptive methods. Furthermore, studies have found a similar low percentage of use of Modern Birth Control Methods (MBCM) among married people in Nigeria [2,10]. A complex network of reasons has been suggested for the non-use of contraceptives among married adults globally. These include physical access, cost, psycho-social

factors such as fertility preferences, religious traditions, partner communication, lack of adequate information, ignorance, societal perception, myths and misconception, and fear of side effects [11,12]. Others include clinical practices such as eligibility barriers, bias, provider qualifications, and inappropriate management [13].

Despite the Cross River State Governments' Programs on Reproductive Health (CRPRH), which seeks to promote contraceptive use among her citizens, In the Calabar South Local Government Area, the percentage of married individuals who utilize contemporary methods of contraception regularly stays consistently low. Non-use of contraceptive methods among married adults in Calabar South Local Government Area has resulted in a devastating social, economic, and public health problem [14]. These include high fertility and maternal mortality ratio, which has rendered married adults incapacitated on matters of fertility and reproduction, both situations have exposed married women to risky health behaviour. The high rates of fertility and maternal mortality demonstrates the requirement for particular and well-thought-out methods to encourage contraceptive use. Given that the danger of maternal death rises in direct proportion to the number of pregnancies, lowering the risk of pregnancy through birth spacing might help to address the problem of maternal mortality [15]. Consequently, some experts have suggested that one way to increase contraceptive practice among married adults could be through encouragement from Very Important Persons (VIP) [16].

Although knowledge of contraceptive use is widespread in Cross River State, its actual usage among married adults is still relatively low. In Calabar South Local Government Area, little is documented about the perceptions of married adults regarding their awareness level and myths surrounding the use of contraceptive methods. To develop some responsive interventions that can address the problem of low use of contraceptives among married adults in Cross River State, it is necessary to understand their perceptions and the contributing barriers standings against them. To identify and eliminate barriers to contraceptive service use, detailed and context-specific data is required, which at present is not sufficient in Calabar South Local Government Area of Cross River State, Nigeria. This study examines the influence of myths surrounding the use of contraceptive methods in Calabar South LGA, Cross River State, Nigeria.

Methods

Study design

A cross-sectional survey research approach was used in this study. This approach is suitable for this study since it allows for the precise collection of required data on a large sample in a short amount of time.

Study setting

The study was carried out in Calabar South Local government area of Cross River State, Nigeria. The local government area, which has its headquarters in Anantigha, covers an area of 2,64sq.Km with eleven (11) council wards, forty-

seven (47) clans and cover above four hundred and nineteen villages (419) villages (ODU-LEEDS, 2013-2016). It is located within latitude 4°15' 50.9" (4.864) north and longitude 8°20' 10.9" (8.3364) east. It shares boundary to the North by Calabar Municipality, to the South by the Atlantic and Akwa-Ibom State, to the East by Bakassi-Cameroon, and to the West by Odukpani (Osuchukwu, *et al.*, 2015). For administrative convenience, Calabar South Local Government Area was divided into eleven wards, namely: "Ward 1, Ward 2, Ward 3, Ward 4, Ward 5, Ward 6, Ward 7, Ward 8, Ward 9, Ward 10, Ward 11". The population of this study was derived from the eleven (11) council wards of Calabar South Local Government Area, which has a total population of 191,515 people (male – 94,584 and female – 96,931) as given by the 2006 National Bureau of Statistics (NBS, 2010), with a projected population of 213,347 by 2015 using the world growth rate of 1.2% (0.012).

Participants

Using the mixed approach data were obtained from 616 respondents, using a multi-stage sampling technique which in this study includes the selection of community clusters, streets, villages, housing units and respondents through simple random and purposive sampling techniques. The quantitative data were gleaned from six hundred respondents through a structured questionnaire while the qualitative data were collected from sixteen participants, purposively selected in houses for In-depth Interviews (IDI). The combined approach draws from the potential strengths of both qualitative and quantitative data and it facilitates different avenues of exploration which enrich the evidence and enable research questions to be answered more deeply. The study recruited married adults from selected communities in Calabar South Local Government Area of Cross River State, Nigeria between January and March 2019. The study participants were eligible if they are married adults. All interested participants were asked to sign a consent form. To determine the sample size for married adults between the ages of 20 years and above from the study population, Cochran's formula (1963) was adopted. The formula for Cochran sample size determinant is stated as:

$$n = \frac{Z^2(pq)}{e^2}$$

Where:

n	=	Required sample size
Z	=	Confidence level (put at 95% or 1.96)
p	=	Proportion of married adults in Calabar South Local Government Area between 20 – 50 years (given in this study as 50%). That is 0.5
q	=	Compliment of p (put at 50%, i.e, 1 - 50%). That is 0.5
e	=	Level of accuracy or margin error (put at 0.04).

Applying the formula, therefore,

$$n = \frac{1.96^2(0.5)(0.5)}{0.04^2}n = \frac{3.8416(0.25)}{0.0016}n = \frac{0.9604}{0.0016}n = 600.25n = 600$$

Variables: the study was interested in respondents' personal information such as sex, age, level of education, and occupational status. Questions were framed around relevant variables of the study to determine the respondents' level of contraceptive awareness, commonly used contraceptive methods and myths associated with contraceptive use among married adults. The questions deal with the ability of married adults to negotiate and initiate the use of contraceptive methods, and the myths that create fear among married adults that discourage them from using contraceptive methods

Data sources: the primary sources of data were used in this study. The primary sources include the questionnaire and interview

Bias

Information bias: myth and contraceptive utilisation was self-reported, and therefore susceptible to data biases. Research respondents provide responses that would be considered socially acceptable. To reduce this bias, a variety of stakeholders was selected and interviewed to obtain diverse opinions.

Ethical consideration and data collection

Participation in the study was voluntary, risk-free, anonymous, confidential and based on the informed consent of all concerned. Ethical clearance was obtained from the University of Calabar Teaching Hospital ethical committee. The researchers got approval from the clan heads, the village heads and the chiefs before data were collected from research participants. Of the 600 questionnaires distributed, 579 were validly filled and returned while 21 were not returned. In-depth interviews with sixteen married individuals was conducted to complement the data collected from the questionnaire instrument. The interview with each responder takes about 35 to 50 minutes. Only handwritten notes were made since most of the interviewees objected to efforts to record their comments on audiotape.

Analysis

Descriptive statistics such as percentages and frequency tables are used in presenting the quantitative data. The qualitative data were transcribed first in the local language and translated into English but the local language versions carry the same meanings as the English language version. Thereafter, qualitative data were analysed using the content analysis method.

Results

Majority of respondents' 62.5 percent were female, while, 37.5 percent were male. Again, the age distribution of the respondents ranges as follows: 30-34 years 28.0 percent, followed by 23.5 percent who are between 24-29 years, next is ages 35 – 39 years 14.3 percent, between 20 – 24 years are 11.1 percent, 40 – 44 years are 10.7 percent, while 6.2 percent of the respondents are 55 years and above. In terms of respondents' level of education, 41.3 percent of the respondents have only HND/B.Sc., followed by 20.0 percent of the respondents who have NCE/OND/Diploma. Also, 16.8 percent have M.Sc/Ph.D, 16.8 percent indicated GCE/SSCE education, while 5.2 percent have FSLC. In terms of the occupation

status of respondents', 37.0 percent of the respondents are employed, 34.5 percent of the respondent are self-employed. Also, 14.0 percent of the respondents are unemployed, 11.2 percent of the respondents are students. The remaining respondents (3.3 percent) are pensioners.

Level of contraceptive awareness and commonly used contraceptive methods by married adults

Respondents were asked "Are you aware that through the use of contraceptive methods unwanted pregnancies can be avoided, infectious diseases can be checked, and the health of the women can be enhanced" if yes, kindly mention the commonly used contraceptive methods among married adults. Awareness of contraceptive method is therefore not measured by not indicating "yes" but by stating a given contraceptive method commonly used by married adults. Level of contraceptive awareness is considered very low < 40%; moderate at 40-50%; high at 60-70% and very high at 80-100%. Majority of the respondents (82.2 percent) reveal that they are aware of contraceptive methods while a negligible number (17.8 percent) claim that they are not aware of any contraceptive methods. The findings of the study show that the level of awareness for contraceptive use is high. However, during the IDI session, it is observed that most of the respondents who claim that they are not aware of existing contraceptive methods were only confused by the name "contraceptive methods". What most of the respondents did not know is that condom is a type of contraceptive method. The qualitative data support the quantitative data which reveals that a significant number of the participant are aware of the existing contraceptive methods in the study area. A chief in one of the communities believe that the awareness level is high but more can still be done to encourage people to use contraceptive methods: his submissions are:

The level of awareness about the use of contraceptive methods is high in this part of the world. When you visit the hospital messages about contraceptive use are communicated to people through posters and fliers. In the marketplaces, fliers about what contraceptive method is all about and how it should be used are distributed to people. Even in secondary school corps members are trained to educate their students on issues regarding the use of contraceptive methods. The general awareness level is high but more awareness campaigns should still be carried out to sensitize more people about the need to use contraceptive methods.

From the question, 'if yes', kindly mention the commonly used contraceptive methods by married adults. Result shows that the most used contraceptive method among married adults is condom, which is represented by 56.5 percent. Followed by pills 24.0 percent. More so, those respondents who responded for injectables, Spermicidal method and IUD are 13.1 percent, 2.6 percent, and 3.8 percent respectively (see figure 1).

Myths associated with contraceptive use among married adults in rural area

The principal objective of this survey, besides analysing the awareness and commonly used contraceptive methods by married adults in Calabar South LGA,

is to identify the various myth associated with contraceptive use in the study area. The study analyses contraceptive use against specific types of myths associated with contraceptive use. Measuring the myths associated with contraceptive use, six myths widely discussed in literature are scaled to enable the respondents to "agree", "strongly agree", "disagree" or "strongly disagree" on whether these myths are obtainable in their communities. In presenting the responses, "strongly agree" and "agree" options were merged and recoded as "agree", while, "strongly disagree" and "disagree" responses were merged and presented as "disagree". The merging is to allow for easy descriptive interpretation and analysis (see Table 1). From the data presented in the first row, 53.2% of the respondents agree that contraceptive use is associated with promiscuity, while, 46.8% disagree. In the second row, 66.2% point out that using contraceptives is equal to abortion. This was, however, disagree with by 33.8%. The figures in the third row also show that 54.3% of the respondents agree that contraceptive use delays menstrual flow in women. However, this was not upheld by 45.7% of the respondents who disagree that contraceptive use delays menstrual flow in women. In the fourth row, 55.6% of the respondents agree that contraceptives use weaken women' ovaries. On the contrary, 44.4% of the respondents disagreed. In the fifth row, 50.5% of the respondents agree that contraceptives use increases women body size and can lead to terrible health conditions. On the contrary, 41.4% of the respondents disagreed that contraceptives use increases women sizes and can lead to terrible health conditions. The sixth row equally shows that majority of the respondents 68% agree that spreading false information about the use of contraceptives discourages married adults from using it, while, 32% of the respondents are of a contrary opinion to that viewpoint. A summary of all views presented in this section shows that majority of the respondents have and share one or more misconceptions about contraceptive use, a perception that has affected the use of contraceptive methods in the study area.

Test of hypotheses

Decision rule

Accept H_0 where the calculated r-value is greater than the critical r-value at 0.05 significance level; otherwise, reject the H_0 (null hypothesis) and accept H_1 (alternate hypothesis).

Hypothesis 1

Fear of pregnancy-related complications does not significantly influence contraceptive use.

Decision

The Pearson Product Moment Correlation Coefficient analysis of pregnancy-related complications and contraceptive use among married couples in Nigeria. The calculated r-value (0.331) presented in Table 2 is greater than the critical r-value of .115 at 0.05 significance level. Following the stated decision rule for this hypothesis, it is therefore discovered that the null hypothesis which states that "fear of pregnancy-related complications does not significantly influence contraceptive use" is rejected. Thereby accepting that fear of pregnancy-related complications (such as fear of excessive bleeding, cancer, weak ovaries, infection, miscarriages and high blood pressure) does significantly influence contraceptive

use among married adults in Calabar South LGA, Cross River State, Nigeria. For this reason, the study concludes that the fear of pregnancy-related complications is a strong determinant to contraceptive use among married adults in Calabar South LGA, Cross River State, Nigeria.

Hypothesis 2

Fear of infertility does not significantly influence contraceptive use

Decision

The Pearson Product Moment Correlation Coefficient analysis of fear of infertility and contraceptive use among married adults in Calabar South LGA, Nigeria. The calculated r-value (0.557) presented in Table 3 is found to be greater than the critical r-value of .115 at 0.05 significance level. Following the stated decision rule for this hypothesis, it is therefore discovered that the null hypothesis which states that "fear of infertility does not significantly influence contraceptive use" is rejected. Thereby accepting that fear of infertility (such as fear of blocked fallopian tube, shift in fertility window, damaged uterus, barrenness, and changes in hormones) does significantly influence contraceptive use among married adults in Calabar South LGA, Cross River State, Nigeria. For this reason, the study concludes that fear of infertility is a strong determinant of contraceptive use among married adults in Calabar South LGA, Cross River State, Nigeria.

Discussion of Results

The findings of the study reveal that majority of the respondents (82.2 %) confirm being aware of the existing contraceptive methods while only (17.8%) of the respondents reveal not being aware of any existing contraceptive methods. The findings of the study appear to agree with the submission of Akpamu et al. [17]. They reported that the awareness of contraceptive use is high in Ekpoma, Nigeria with pills, male condoms and withdrawal methods as the most commonly used contraceptive methods. The study further discovers that majority of the respondents have and share one or more misconceptions about contraceptive use, a perception that has affected their use of contraceptive methods in the study area. The findings of Ochako *et al.* supports the findings of this study [18]. Previously, Ochako *et al.* argue that fear of side effects and adverse reactions are a major barrier to contraceptive use [18]. More so, the study reveals that many married couples' fears are based on myths and misconceptions. Many contemporary contraceptives methods contain hormone-altering elements that might have negative consequences for some women. Depending on the approach, symptoms may include breast soreness, headaches, weight gain, irregular menstrual flow, nausea, and/or loss of bone density with long-term usage. These possible side effects are frequently the source of one of the many misconceptions. This particular finding tends to align with the following studies: Gueye, Speizer, Corroon, and Okigbo [19]; Hindin, McGough and Adanu [20]; Michie, Cameron, Glasier, Wellings, and Loudon [21]. These studies cite various myths associated with contraceptive use that lack empirical backing such myths include but are not limited to; "people who use contraceptives end up with health problems", "contraceptives are dangerous to women's health" and "contraceptives can harm your womb".

Very significantly, the study analyses two commonly discussed myths in literature and relate them to the use of contraceptive methods among married adults. The findings of the first hypothesis suggest that fear of pregnancy-related complications significantly influence the use of contraceptive methods among married adults in Calabar South LGA, Cross River State, Nigeria. This finding is in line with the submission of Moreira *et al.* [22]. They reveal that “health concerns” and “infrequent sex,” are the reason over 40.9% of women in need of contraception are not using any contraceptive methods to avoid pregnancy. Similarly, Muanda, Ndongo, Taub, and Bertrand [23] identify five major barriers to contraceptive use in their study in Kinshasa, DRC. One of the striking revelations of the study, which is in tandem with the finding of this present study is that the fear of side effects influences the use of contraceptive methods. The concern for actual or imagined negative effects is a common barrier to discontinuing contraceptives among women, leading to unplanned conceptions. As reported in an IDI session conducted with a chemist shop owner at Uwanse, the participant narrates how many married adults abstain from contraceptive usage as a result of myths and unfounded misconceptions:

... The side effect linked to contraceptive use has led to over-exaggeration of its negative effect which has created fear and discourages many from adopting any of the contraceptive methods.

The findings of the second hypothesis reveal that fear of infertility significantly influences contraceptive use in Calabar South LGA, Cross River State, Nigeria. The finding of this study is consistent with the findings of Adongo *et al.* [24]. They reported that non-use of contraceptive methods is linked to people believing that implants might dislodge and disappear in the bloodstream, causing pain, or IUCDs could alter the uterus to the point where the woman is unable to give birth again. As reported in an IDI session conducted, the IDI participant responded that:

...I got pregnant about four months after delivery and went through a lot of crises maintaining the pregnancy and safeguarding the health of my baby. After delivery, I was advised to take up a contraceptive option to prevent getting pregnant so soon. I adhered to the advice and adopted the spermicides copper intrauterine devices (IUDs) as prescribed by my doctor. However, I later found it difficult to conceive when I intend to get pregnant. I had to go through a lot of tests and therapy. In my opinion, I will object to the use of contraceptives for women.

In line with the above, another IDI participant responded that:

... I have heard so much about contraceptives, mostly negative effects, and therefore a major disapproval for me.

Conclusion and recommendations

The study is a community-based survey that unravels the connection between myths and the use of contraceptive methods in Calabar South LGA, Cross River State, Nigeria. Data is obtained using both quantitative and qualitative methods. The multi-stage sampling technique is adopted in gleaning data from six hundred

respondents from the study area. Based on the empirical evidence emanating from both descriptive and inferential statistics employed in the analysis of the data, it has been observed that majority of the respondents (82.2%) are aware of the existing contraceptive methods. The study further reveals that majority of the respondents have and share one or more misconceptions about contraceptive use, a perception that has affected the use of contraceptive methods in the study area. The test of hypotheses shows fear of pregnancy-related complications and fear of infertility are significant determinants of use in Calabar South LGA, Cross River State, Nigeria. The study, therefore, concludes that myths associated with contraceptive use are real and a strong factor that discourages most married adults from the use of contraceptive methods. This study calls for a more in-depth, useful, effective and aggressive grassroots contraceptive awareness campaign, targeted at all categories of individuals irrespective of their literacy level and financial status in the rural area. Also, all the complications associated with contraceptive use should be looked into by all the stakeholders involved with the aim of addressing all concerns raised by its users.

Limitations

While the strength of this study is the use of mixed methods in data collection, a potential limitation is the inclusion of only married adults from a single local government area in Cross River state. Therefore, generalizing these findings to other local government areas of the state should be done with caution. The questionnaire was used is new and was not subjected to psychometric testing. Finally, cross-sectional studies involving the distribution of questionnaire and interview could have understated or overstated responses from the research participants.

Generalisability: the generalisability of the study findings in other parts of Nigeria will require further investigation. This is because the study population has unique cultural practices and norms compared to other parts of Nigeria.

What is known about this topic?

- Contraceptive use varies across regions and has a higher prevalence use in developed countries than in developing countries
- Contraceptive Prevalence Rate (CPR) is still embarrassingly low in developing areas
- The barriers to contraceptive use are both psychosocial and socio-cultural

What this study adds

- The study examined the interplay of myth factors associated with contraceptive use among married adults
- Fear of pregnancy-related complications, a myth, showed a strong positive correlation to contraceptive utilisation
- Fear of infertility, a myth, showed a strong positive correlation to contraceptive utilisation

Authors Contribution

The research study is conceived, designed and constructed by Hannah Thompson Udom and John Thompson Okpa. The data collection and interview processes

were carried out by Akintola Abayomi, Chinwe Christiana Iyanda and Obot, Nkese Edet. Proofreading of the manuscript was carried out by the authors and approved collectively for submission.

Conflict of Interest Statement

The corresponding author on behalf of the co-authors declares that the research is devoid of any conflicting interest arising from any source. The study is however the combined effort of the authors and therefore not subject to any authority.

References

1. Nonvignon, J. & Novignon, J. (2014). Trend and determinants of contraceptive use among women of reproductive age in Ghana. *African Population Studies*, 28(2).
2. UNFPA (United Nations Funds for Population) (2007). *Myths, misperceptions and fears addressing condom use barriers*. Occasional Publication
3. Tumlinson, K. Speizer, I. S. Archer, L. H., & Behets, F. (2013). Simulated clients reveal factors that may limit contraceptive use in Kisumu, Kenya. *Global Health: Science and Practice*, 1(3), 407- 416.
4. Duze, M. & Mohamed, Z. I. (2006). Male knowledge, attitudes and family planning practices in Northern Nigeria. *African Journal of Reproductive Health*, 10(3), 53-65.
5. Monjok, E., Smesny, A., Ekabua, J. E. & Essien, E. J. (2010). Contraceptive practices in Nigeria: Literature review and recommendation for future policy decisions. *Open Access Journal of Contraception*, 1, 9-22
6. Tuoane, A. M., Madise, N. J., & Diamond, I. (2004). Provision of family planning services in Lesotho. *International Family Planning Perspectives*, 30(2), 77-86.
7. Igwegbe, A. O Joseph, J. O. Ugboaja, O. & Monago, E. N. (2009). Prevalence and determinants of unmet need for family planning in Nnewi, South-east Nigeria. *International Journal of Medicine and Medical Sciences*, 1(8), 325-329.
8. Mohammed, A. I. & Yunusa, B. T. (2015). Maternal mortality rate: A threat to the African countries. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 4(5), 17-21
9. Williamson, L. M., Parkes, A., Wight, D., Petticrew, M. & Hart, G. J. (2009). Limits to modern contraceptive use among young women in developing countries: A systematic review of qualitative research. *Reproductive Health*, 6(3), 1-12.
10. Nwachukwu, I. & Obasi, O. O. (2008). Use of modern birth control methods among rural communities in Imo State, Nigeria. *African Journal of Reproductive Health*, 12(1), 101-108
11. Moronkola, O. A., Ojedin, M. M. & Amosun, A. (2006). Reproductive health knowledge, beliefs and determinants of contraceptives use among women attending family planning clinics in Ibadan, Nigeria. *Africa Health Science*, 6(3), 155 – 159.
12. Eram, U. (2017). Myths and beliefs about contraceptive methods: A review article. *Saudi Journal of Medical and Pharmaceutical Sciences*, 3(9), 9-12.

13. Brunie, A., Tolley, E. E., Ngabo F., Wessond, J. & Chen, M. (2013). Family planning getting to 70%: Barriers to modern contraceptive use for women in Rwanda. *International Journal of Gynecology and Obstetrics*, 123, 11-15
14. Olugbenga-Bello, A. I., Abodunrin, O. L. & Adeomi, A. A. (2011). Contraceptive practices among women in rural communities in South-Western Nigeria. *Global Journal of Medical Research*, 11(2), 1-8.
15. Nalwadda, G., Tumwesigye, N. M., Faxelid, E., Byamugisha, J. & Mirembe, F. (2011). Quality of care in contraceptive services provided to young people in two Ugandan Districts: A simulated client study. *PLoS ONE*, 6(11):e27908. <https://doi.org/10.1371/journal.pone.0027908>
16. Furstenberg, F. F., Herceg-Baron, R., Shea, J. & Webb, D. (2016). Family communication and teenagers' contraceptive use. *Family Planning Perspectives*, 16(4), 163-170.
17. Akpamu, U., Nwaopara, A. O., Otamere, H. O., Osifo, U. C., Adisa, A. W., Okhiai, O., & Akpamu, E. G. (2011). Awareness of contraceptive methods amongst married male population of Ekpoma, Nigeria. *Afr. J. Biomed. Res.* 14; 131 – 135
18. Ochako, R., Mbondo, M., Aloo, S., Kaimenyi, S., Thompson, R., Temmerman, M. & Kays, M. (2015). Barriers to modern contraceptive methods uptake among young women in Kenya: A qualitative study. *BMC Public Health*, 15, 262
19. Gueye, A., Speizer, I. S., Corroon, M. & Okigbo, C. C. (2015). Belief in family planning myths at the individual and community levels and modern contraceptive use in urban Africa. *International Perspectives on Sexual and Reproductive Health: A Journal of Peer-Reviewed Research*, 41(4), 191-199
20. Hindin, M. J., McGough, L. J. & Adanu, R. M. (2014). Misperceptions, Misinformation and Myths About Modern Contraceptive Use in Ghana. *Journal of Family Planning and Reproductive Health Care*, 40(1), 30-35.
21. Michie, L., Cameron, S. T., Glasier, A., Wellings, K. & Loudon, J. (2014). Myths and misconceptions about intrauterine contraception among women seeking termination of pregnancy. *Journal of Family Planning and Reproductive Health Care*, 40(1), 36–40.
22. Moreira, L. R, Ewerling, F., Barros, A. J. D. & Silveira, M. F. (2019). Reasons for nonuse of contraceptive methods by women with demand for contraception not satisfied: an assessment of low and middle-income countries using demographic and health surveys *Reproductive Health* 16 148
23. Muanda, M., Ndongo, P. G., Taub, L. D., Bertrand, J. T. (2016). Barriers to modern contraceptive use in Kinshasa, DRC. *PLoS ONE* 11 12
24. Adongo, P. B., Tabong, P. T.-N., Azongo, T. B., Phillips, J. F., Sheff, M. C., Stone, A. E. & Tapsoba, P. (2014). A Comparative Qualitative Study of Misconceptions Associated with Contraceptive Use in Southern and Northern Ghana. *Frontiers in Public Health*, 2(137).

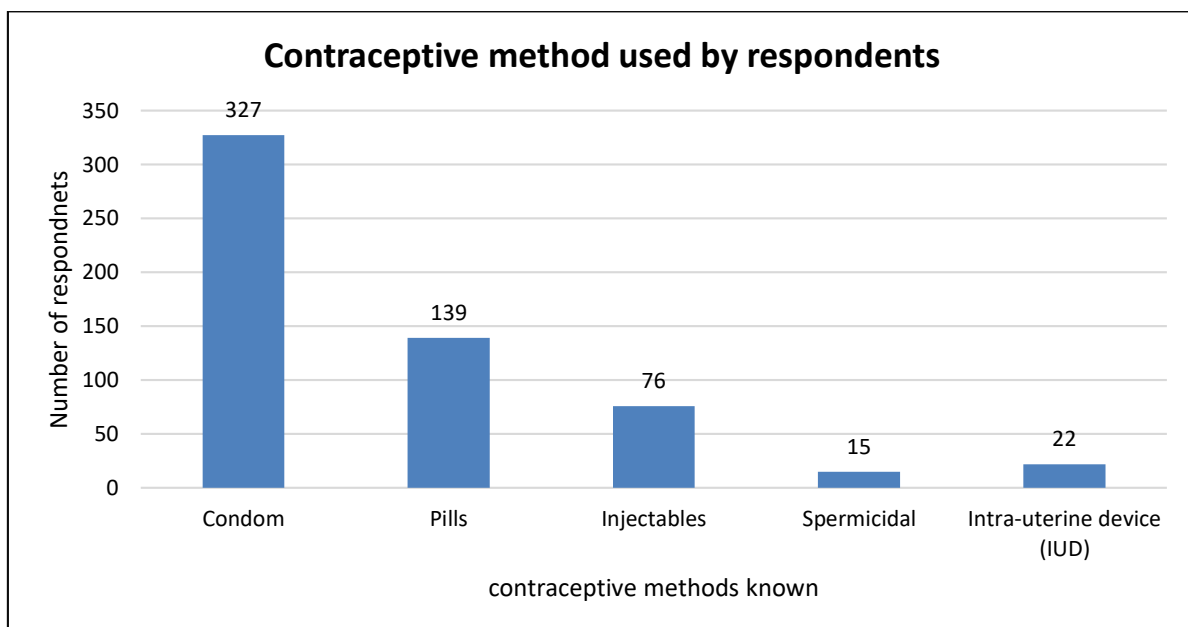
Figure

FIGURE 1
Contraceptive methods used by married adults

Tables

TABLE 1
Distribution of responses on misconceptions and contraceptive use among married adults

S/N	Items on impression about contraceptive use	SA	A	D	SD
1	Contraceptive use is associated with promiscuity	188 (32.5)	120 (20.7)	138 (23.8)	133 (23.0)
2	Using contraceptive is equal to abortion	202 (34.9)	181 (31.3)	74 (12.8)	122 (21.0)
3	Contraceptive use delays menstrual flow in women	159 (27.5)	155 (26.8)	96 (16.6)	169 (29.1)
4	Contraceptives use weaken women' ovaries	189 (32.6)	133 (23.0)	127 (21.9)	130 (22.5)
5	Contraceptives use increases women sizes and can lead to terrible health conditions	131 (22.6)	208 (35.9)	160 (27.6)	80 (13.8)
6	Spreading false information about the use of contraceptive discourages married adults from using it	186 (32.1)	208 (35.9)	118 (20.4)	67 (11.6)

*** figures in parenthesis represent percentages***

Source: Fieldwork, 2019

TABLE 2:
Pearson Product Moment Correlation Coefficient analysis of pregnancy-related complications and contraceptive use (N=579)

Variable	M	SD	$\Sigma \mathbf{x}$ $\Sigma \mathbf{y}$	$\Sigma \mathbf{x}^2$ $\Sigma \mathbf{y}^2$	$\Sigma \mathbf{xy}$	R	Sig.
Pregnancy complications	19.17	23.43	5554	30846	277756	0.331	.000
Contraceptive use	8.64	2.39	5001	25010			

Significant at 0.05 critical r-value = .115

TABLE 3:
Pearson Product Moment Correlation Coefficient analysis of infertility and contraceptive use (N=579)

Variable	M	SD	$\Sigma \mathbf{x}$ $\Sigma \mathbf{y}$	$\Sigma \mathbf{x}^2$ $\Sigma \mathbf{y}^2$	$\Sigma \mathbf{xy}$	R	Sig.
Fear of infertility	19.94	23.72	5778	33385	288958	0.557	.000
Contraceptive use	8.64	2.39	5001	25010			

Significant at 0.05 critical r-value = .115