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 - (b) Encouraging the exchange of profound and innovative ideas capable of generating creative practice in nursing research practise.
 - (c) Disseminating information on nursing related development that are not usually easily available to academics and practitioners.
3. The Journal will accordingly encourage the publication of the following categories of papers.
 - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
 - (b) Essays and issues papers that contribute to re-orienting received ideas, values and practices.
 - (c) Documents emanating from national and international conferences, as well as from largescale research work that emerging trends and thinking in nursing related development.
4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this volume, sixteen (16) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Evaluation of Nurses' Actions and Opinion on Pain Assessment of Hospitalised Patients; Ultraviolet Radiation on Gunshot Wounds: Clinical Case Reports; Assessment of Knowledge and Compliance with Coronavirus Protocols Among Healthcare Professionals; Availability of Essential Components of Maternal Healthcare in Health Institutions; Factors Associated with Overweight and Obesity among Adolescents; Health-Seeking Behaviours, of Women Presenting with Advanced Stages of Breast Cancer: Sociocultural Beliefs and Practices on Placenta Disposal and Processing among Multiparous Women; Parental Control, Social Media Utilisation And Risky Sexual Behaviour Among Adolescents; Assessment of Nosocomial Infection Preventive Measures Utilized by Clinician Nurses in Intensive Care Unit; Alternative Medicine Use and its Perceived Effectiveness in Management of Hypertension; Assessment of Modern Contraceptives Uptake among Women of Reproductive Age; Community Health Extension Workers and Traditional Birth Attendants' Neonatal Resuscitation Practices of Babies Born with Asphyxia; Midwives' Current Screening Practice of Intimate Partner Violence among Pregnant Women in Northern Nigeria; Assessment of Cancer Patients' Quality of Life; Knowledge, Attitude and Practice of School Health Program among Secondary School Teachers and Traditional Birth Attendants' Knowledge of First-Aid Management and Skills of Selected Labour Emergencies in Ogbomosho, Oyo State, Nigeria: an Intervention Study.

EDITORIAL DESK

Welcome to LAUTECH Journal of Nursing!

LAUTECH Journal of Nursing focuses on but not limited to research findings in the different areas of nursing: Nursing Care, Nursing Education, Medical Surgical Nursing, Maternal and Child Health Nursing, Community Public Health Nursing, and Psychiatric/Mental Nursing. This journal is published to promote quality scholarly writing and hence instigating and generating vibrant discourse in the different areas of nursing. Apart from providing an outlet for publications of research findings, it offers opportunities for professionals and students to disseminate their views or position on topical issues and emerging theories within the scope of the journal. The Journal is peer reviewed by seasoned scholar. Six-three authors have contributed in one way or the other to the tenth edition of the journal.

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ASSESSMENT OF MODERN CONTRACEPTIVES UPTAKE AMONG WOMEN OF REPRODUCTIVE AGE

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ABSTRACT

Unplanned pregnancy and sexually transmitted infections (STIs) continue to cause serious damage to women's reproductive health around the world. This study examined the knowledge and utilization of modern contraceptives among women of reproductive age (15–49 years) who attended the post-natal clinic at the Federal Teaching Hospital in Ido-Ekiti, Ekiti State. This was a cross-sectional study. A simple random sampling technique was used to select 200. Data was collected using an interviewer-administered questionnaire while the analysis of data was done using SPSS version 24. The report is presented in frequencies and percentages. Findings showed that respondents are highly knowledgeable about modern contraceptives (76%) but, the level of utilization is low (45%) Further findings showed that fear of side effect and complication including religious belief and culture were majorly identified by respondents as factors affecting the uptake of modern contraceptives. It therefore, recommended that health workers should encourage the use of contraceptives and make it free so as to enable more people to take the advantages of family planning services and also public should be informed about family planning services available in all health facilities through the media, which is the most widely used medium for disseminating information.

Keywords: Modern contraceptives Uptake; Pregnancy; Women of reproductive age

INTRODUCTION:

Contraception has been described as a viable option for preventing unintended pregnancies and illegal abortions. It is a very useful tool in supporting maternal and child health since it is an equally successful method of family planning and fertility control. Sexually transmitted infections (STIs), such as HIV/AIDS, can also be prevented and regulated using barrier approaches. Unwanted pregnancy, illegally induced abortion, high fertility rates, high maternal mortality

rates, STIs, and HIV/AIDS are all serious reproductive health issues that need immediate attention in the developing world in general and Nigeria in particular. Most developed countries experience rapid population growth, which is due to high fertility rates, high birth rates, and steady decreases in death rates, as well as low contraceptive prevalence and decreasing mortality rate (Okech, Wawire & Mburu, 2011). According to World Health Organization (WHO) study, about 214 million women in developing countries want to postpone or avoid having children but do not use contraception. For Continuous family planning sensitization will aid in limiting or spacing the number of children by the use of contraceptive methods.

More than 208 million births occur each year worldwide, with 185 million occurring in developing countries alone. Almost one-fifth of all pregnant women in the world has an abortion or gives birth to an unintended child. Unintended pregnancies account for more than 40% of all pregnancies worldwide. In developing countries, an estimated 222 million women want to postpone or avoid having children but are not using any kind of contraception. In less developed nations, an estimated 18 million unsafe abortions occur per year, leading to high rates of maternal deaths and injuries. (Thapa, Pokharel & Shrestha, 2018).

In countries with high birth rates, promoting family planning has the ability to reduce poverty and hunger while also averting 32percent of all maternal deaths and nearly 10% of all child deaths. Unintended pregnancy is a serious threat to women's reproductive health. Every year, 210 million people around the world become pregnant, with 36% of such pregnancies becoming unintended and/or unwanted (Adeyemi, Bello, Adeoye, Salawu, Aderinoye & Agbaje, 2016). Family planning is one of the primary health-care elements aimed at lowering maternal and infant mortality rates and preventing premature or unplanned pregnancies. It's a technique for spacing out and limiting the number of children in a

household (Ajisafe, 2018)

Contraceptive approaches are divided into two categories: modern and traditional. Male and female sterilization, the pill, the intrauterine system (IUD), injectable, implants, male and female condoms, the diaphragm, foam/jelly, the Lactational Amenorrhea Procedure (LAM) and emergency contraception are all examples of modern procedures. Rhythm/approach Billing's (periodic abstinence), withdrawal techniques, and rings/herbs are all common methods (Tawakalitet al., 2020). According to recent reports, contraceptive usage could prevent nearly 230 million unwanted pregnancies per year, resulting in a reduction of nearly 230 million births (Asresie, Fekadu & Dagnew, 2020)

Contraception (birth control) works by interfering with the natural processes of ovulation, fertilization, and implantation to prevent pregnancy. Unintended pregnancy is linked to high population growth and low maternal and child health, so reducing it is a public health priority. According to global health figures, over 40,000 Nigerian women die each year as a result of childbirth and pregnancy complications. As a result, despite accounting for just 2.5 percent of the global population, Nigeria is responsible for 14 percent of all maternal deaths each year. These shocking figures have piqued Nigerians' interest in improving maternal health. Despite this curiosity, little has been accomplished in the country in terms of improving maternal health over the last 15 years. (Adefalu et al., 2018)

Since abortion is illegal in Nigeria under most circumstances, an increase in the number of unintended pregnancies is likely to lead to an increase in the number of unsafe abortions. As a result, the proportion of women experiencing abortion-related morbidity and mortality is expected to rise. (Olarinmoye, et al, 2013) The use of modern contraception methods results in the avoidance of unintended pregnancies and abortions. If the population's use of contraception rises among sexually active Nigerian men and women, there would be a substantial reduction in unintended pregnancies and abortions, resulting in lower maternal mortality. Many national population and development programs in Sub-Saharan Africa include increasing contraceptive usage among women of childbearing age; however, despite the efforts of many governmental and non-governmental organizations agencies (NGOs), prevalent use of these methods remain low

(Olarinmoye et.al 2013). Ekiti is one of the popular States in Nigeria with high number of educated women of different ages in their reproductive age group, but unfortunately many of them are unaware of contraceptive usage.

Pregnancy that occurs unexpectedly or unintentionally, especially in developing countries, is a major public health concern for women of reproductive age. More than 200 million women in developing countries want to put off their next pregnancy or even avoid having children, but many of them still rely on ineffective or non-existent contraceptive methods. Many that do not use any form of contraception may be unable to do so due to a lack of access or other obstacles. (Oluwasina & Folajinmi, 2013)

The WHO Statements on the use of hormonal contraceptives seek to address concerns regarding side effects and reversibility (return to fertility after use is stopped) while ensuring that health-care professionals, policymakers, and programmers, as well as, women, including HIV-positive women, are well educated about their options. Contraceptive use is around 15% in Nigeria, and this low rate contributes to the country's high fertility rate of 5.74 percent. This also explains why maternal, child, and neonatal mortality rates are so high. The increase in population in Nigeria has caused a lot of chaos, such as teenage pregnancy, high rate of unsafe abortion, post abortion sepsis, and death, sterility as a result of previous unsafe abortion.

Also, there are cases of poor social economy status among large families, poor feeding and poor financial status leading to children dropping out of school, increase crime rate in the society and Ekiti State is no exception because of the poor finance makes some pregnant women to patronize quakes leading increase maternal foetal morbidity and mortality. In order to make effective recommendations that will increase the uptake of family planning services, this study assess the contraceptive prevalence and examine the predictors of contraceptive use among women of reproductive age in Ekiti State South-West Nigeria.

Objectives of the study

The aim of the study is to assess the uptake of modern contraceptives among women of reproductive age attending post-natal clinic in Federal Teaching Hospital, Ido-Ekiti, Ekiti State.

The specific objectives are to:

1. assess the knowledge of reproductive age women towards the uptake of modern contraceptives in post-natal clinic, Federal Teaching Hospital Ido-Ekiti.
2. determine the level of uptake of modern contraceptives among women of reproductive age in post-natal clinic, Federal Teaching Hospital Ido-Ekiti.
3. identify factors affecting the uptake of modern contraceptives among reproductive age women in post-natal clinic, Federal Teaching Hospital Ido-Ekiti.

Research questions

1. What is the knowledge of reproductive age women towards the use of modern contraceptives in post-natal clinic Federal Teaching Hospital Ido-Ekiti?
2. What is the level of utilization of modern contraceptive among reproductive age women in post-natal clinic Federal Teaching Hospital Ido-Ekiti?
3. What are the factors affecting the uptake of modern contraceptives among reproductive age women in clinic Federal Teaching Hospital Ido-Ekiti?

METHODOLOGY

Research Design: The research design is a cross-sectional descriptive design.

Target Population: 400 women of reproductive ages between 15 and 49 attending the post-natal clinic at Federal Teaching Hospital Ido-Ekiti.

Sample Size Determination: Taro Yamane formula was used to determine 200 sample size for this study.

Sampling Technique: a simple random sampling technique was used to select 200 respondents from the population.

Instrument: A structured questionnaire as used to elicit information.

Reliability: A pilot study was conducted at Primary health care center Ijemu Ido Ekiti, Ekiti State. The data collected were thereafter subjected to Cronbach Alpha to determine the reliability coefficient which yielded a coefficient 0.73.

Data Analysis: The Statistical Package for Social Science (SPSS) Version 24 was used and the result is presented in frequency distribution with corresponding summaries of descriptive statistics and test of hypothesis using linear regression.

Ethical Approval: The Federal Teaching Hospital Authority's Ethical committee approval to conduct the study after receiving an introduction letter from the Centre director. Participation was completely voluntary. Permission was sought from the Federal Teaching Hospital Ido-Ekiti and ethical council where the data was collected.

RESULTS

Majority of the women of reproductive age in post-natal clinic 82(41.0%) were in 21 and above of age group. Fifty (25.0%) of the respondents were in the age range of 16-20 years of age group, 49(24.5%) of the total respondents were in the age group of 11-15 years and 19(9.5%) of the respondents were also in the range of 5-10 years respectively. 75(37.5%) of the respondents were single, 75(37.5%) were married, 27(13.5%) of the respondents were divorced /separated and 23(11.5%) of the respondents were widowers. 100(50.0%) of the respondents were practicing Christianity, 75(37.5%) of the respondents were practicing Islam, 21(10.5%) of the respondents were practicing traditional religion and 4(2.0%) of the respondents were practising other religions. 53(26.5%) of the women of reproductive age in post-natal went to primary schools, 100(50.0%) of the respondents went to secondary schools, 32(16.0%) of the respondents went to tertiary institution, and only 15(7.5%) were for others. 26(13.0%) of the respondents were traders, 124(62.0%) of the respondents were civil servants, 36(18.0%) of the respondents were students, and 14(7.0%) of the respondents were unemployed. 89(44.5%) of the respondents were Yorubas, 75(37.5%) of the respondents were Hausas, and 36(18.0%) of the total respondents were from other ethnics. The sociodemographic characteristics of this study revealed that majority of respondents were 21years of age and above, either married or not married, Christians with secondary school level of education civil servants, and are Yorubas.

Table 1: Socio-demographic Characteristics

Socio-demographic data	Frequency	Percentage
Age		
5-10	19	9.5%
11-15	49	24.5%
16-20	50	25.0%
21 and above	82	41.0%
Total	200	100%
Marital status		
Single	75	37.5%
Married	75	37.5%
Divorce/separated	27	13.5%
Widowed	23	11.5%
Total	200	100%
Religion		
Christianity	100	50.0%
Islam	75	37.5%
Traditional	21	10.5%
Others	4	2.0%
Total	300	100%
Level of education		
Primary	53	26.5%
Secondary	100	50.0%
Tertiary	32	16.0%
Others	15	7.5%
Total	200	100%
Occupation		
Trader	26	13.0%
Civil Servant	124	62.0%
Students	36	18.0%
Unemployed	14	7.0%
Total	200	100%
Ethnicity		
Yoruba	89	44.5%
Hausa	75	37.5%
Others	36	18.0%
Total	200	100%

Table 2 below showed that 74.5% of the respondents said yes to contraception as a viable option for preventing unintended pregnancies and illegal abortions while 25.5 said no. This study observed that 75% of the respondents said yes to the fact that contraception is a very useful tool in supporting maternal and child health and 25% said no. Also, 76.5% of the respondents said yes to sexually transmitted infections (STIs) can also be prevented and regulated using barrier approaches while 23.5% said no. This study indicated that 75.5% of the respondents said yes to unwanted

pregnancy, illegally induced abortion, high fertility rates, high maternal mortality rates, STIs, and HIV/AIDS wee all significant reproductive health challenges, while 24.5% said no. This study showed that 77.5% of the respondents said yes to modern contraceptives are only for married adults and 22.5% said no. Lastly, 79% of the respondents said yes to the notion that modern contraceptives are harmful to the reproductive organs, while 21% said no. This study concludes that respondents are highly knowledgeable about modern contraceptives (76%)

Table 2: Knowledge About Modern Contraceptive

Knowledge about the use of modern contraceptive	Respondents in this study N=200			
	YES	%	NO	%
1 Contraception is a viable option for preventing unintended pregnancies and illegal abortions.	149	74.5	38	25.5
2 Contraception is a very useful tool in supporting maternal and child health	157	75	43	25
3 Sexually transmitted infections (STIs) can also be prevented and regulated using barrier approaches	153	76.5	37	23.5
4 Unwanted pregnancy , illegally induced abortion, high fertility rates, high maternal mortality rates, STIs, and HIV/AIDS are all serious reproductive health issues	151	75.5	49	24.5
5 Modern contraceptives are only for married adults?	155	77.5	45	22.5
6 Modern contraceptives are harmful to the reproductive organs	158	79	42	21.0
		76%		24%

Table 3 below showed that 92(46%) of the respondents were aware of modern contraceptives. Also, 96(48%) of the respondents agreed that they have used modern contraceptives in spacing pregnancies. This study indicated that 84(42%) of the respondents agreed that they discussed utilization of modern contraceptives with their husbands, and 84(42%) of the respondents agreed that the decision to use modern contraceptives was made mutually by themselves and their husbands

This study observed that only 95(45.5%) of the respondents used modern contraceptives after deliveries, also, 97(46.5%) of the respondents stated that their husbands used a modern contraceptive during puerperium before they decide on one. Lastly, 79(39.5%) of the respondents agreed that it is easy to access modern contraceptives in their areas. This study concludes that the level of utilization of modern contraceptives is low (45%)

Table 3: Level of Utilization of The Modern Contraceptive

Level of Utilization of the modern contraceptive	Respondents in this study N=200				
	Strongly Agree%	Agree %	D%	SD%	UN%
1 I am aware of modern contraceptive	16(8.0)	76(38.0)	80(40.0)	19(9.5)	9(4.5)
2 I have used modern contraceptive in spacing my pregnancy	19(9.5)	77(38.5)	78(39.0)	19(9.5)	7(3.5)
3 I discussed utilization of modern contraceptive with my husband	22(11.0)	62(31.0)	91(45.5)	16(18.0)	9(4.5)
4 The decision to use modern contraceptive is mutually made by my husband and myself	27(13.5)	57(28.5)	94(47.0)	12(6.0)	10(5.0)
5 I use modern contraceptives after delivery.	32(16.0)	51(25.5)	97(48.5)	9(4.5)	11(5.5)
6 My husband use a modern contraceptive during puerperium before I decide on one	36(18.0)	44(22.0)	102(51.0)	9(4.5)	9(4.5)
7. It is easy to access modern contraceptive in your community	41(20.5) 16%	38(19.0) 29%	106(53.0) 46%	5(2.5) 9%	10 (5.0) 5%

Table 4 below showed that 58(29) of the respondents agreed that modern contraceptives are too expensive. 59 (29.5%) of the respondents agreed that the attitude of health care providers discourage the utilization of modern contraceptives while 102 (70.5%) disagreed. Majority of the respondents strongly agreed that fear of side effect and complication affected the use of modern contraceptives. 138(69%) of the respondents agreed that their religion beliefs do not comply with modern use of contraceptives, while 62(31%) disagreed. 66(33.0%) of the respondents agreed that desire to have more children discourage the use

of modern contraceptives, and 134(67.0%) disagreed. 69 (34.5%) of the respondents agreed that they cannot use modern contraceptives because of their low level of income while 131(65.4%) disagreed. 72(36.0%) agreed that their traditional and cultural beliefs did not accommodate the use of modern contraceptives while 128 (64.0%) disagreed. Based on the foregoing, the study submits that fear of side effect, complications, religious beliefs and cultural concerns were factors that were identified by respondents as those affecting the use of modern contraceptives.

Table 3: Factor affecting uptake of modern contraceptives

Factor affecting uptake of the modern contraceptive	Respondents in this study N=200			
	Agree	%	Disagree	%
1 Modern contraceptives are too expensive	58	(29)	142	(71.0)
2 Attitude of health care provide discourage utilization of modern contraceptive	59	(29.5)	102	(70)
3 Fear of side effect and complication affect the use of modern contraceptive	138	(69)	62	(31) **
4 My religion belief does not accept modern use of contraceptives	136	(68)	64	(32) **
5 Desire to have more children discourage use of modern contraceptive	66	(33)	134	(67)
6 Can't use modern contraceptive because of low level of income.	69	(34.5)	131	(65.5)
7. My traditional and culture does not accept modern use of contraceptives	72	(36)	128	(64.0)

Discussion of findings

This study assessed the knowledge and utilization of modern contraceptives among women of reproductive age attending post-natal clinic in Federal Teaching Hospital, Ido-Ekiti, Ekiti State. The sociodemographic characteristics of this study revealed that majority of the respondents were 21 years and above age, either married or not married, Christians with secondary school level of education. The study also revealed that respondents were civil servants by occupation and Yoruba by ethnic group.

The study revealed that respondents are highly knowledgeable about modern contraceptives (76%). This study corroborated the findings of Ajayi et al. (2018) that revealed family planning methods as being virtually universally recognised. This study supported Adedini, Babalola, Ibeawuchi, Omotoso, Akiode & Odeku, (2018) and Benson, Calhoun, Corroon, Gueye, Guilkey, (2018) views that woman that were exposed to family planning messages from religious leaders were more likely to use contraceptives than those who were not. The researchers also noted that women who were educated on the importance of contraception use know more about the benefits it provides to women of reproductive age. Furthermore, due to different government and non-government efforts, access to and the use of contraceptives had improved.

The study revealed that the level of utilization of modern contraceptives is low. This study did not support Ajayi et al, (2018) who observed in their study that the use of contraceptives in Southern Nigeria communities is over 50 to 70 percent. The study agreed with Debebe, Limenih, and Biadgo, (2017) who found that women who had the support of their spouses were more likely to use modern contraceptives. We observed that the ability of a woman to choose the number, spacing, and timing of her pregnancies is also determined by her level of empowerment. This was corroborated by Patrikar, Basannar, & Sharma (2014) in a study that found that women's decision-making power and autonomy within the home affects contraceptive use.

The study reported that fear of side effect, complications, religious beliefs and cultural concerns were factors identified by respondents as being responsible for the low use of modern contraceptives. This study did not corroborate Ontiri, Ndirangu, Kabue, Biesma, Stekelengurg & Ouma (2019) who reported that reproductive health factors, including fertility motive, parity, and preference for family planning had also been identified as barriers affecting contraceptive usage

CONCLUSION AND RECOMMENDATIONS

Based on the outcomes of this research, it is concluded that participants are knowledgeable about the use of modern contraceptive but the level of utilization is low. Furthermore, equipping women with sufficient knowledge relative to the effectiveness, mechanism of action, and side effects of each contraceptive technique would enable them to make informed decisions. The following recommendations are therefore made based on the findings of the study: the public should be encouraged to use family planning services through the media, which is the most widely used medium for disseminating information. Concerted efforts by health workers should be directed towards educating women about contraception and promote their use. Male partners/ should be adequately involved in reproductive health services and policies. Providing joint enlightenment and educating the couple regarding the advantages may help to increase the uptake of contraceptives and help promote maternal health. Integration of family planning programs into reproductive health programmes in Nigeria for improved understanding and awareness of family planning methods.

Implication to Nursing

Nurses should frequently give basic contraceptive care and guidance in primary care settings within their scope of practice.

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