Socio-Cultural Influences and Contraceptive Use among Married Men and Women in Digital Era: A Systematic Review

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Running Title: Systematic Review

Abstract:

Objective:

Despite awareness and campaigns on contraceptive use, there is still a high prevalence of socio-cultural factors influencing the use of contraceptives among married couples in Nigeria in this digital era. Low contraceptive use among couples in sub-Saharan Africa and, in particular, Nigeria, has led to an increase in population with significant effects such as unplanned pregnancies, abortion, and infant and maternal mortality. This seeks to explore socio-cultural factors influencing contraceptive use among married couples in southwest Nigeria.

Material and Methods:

The study used PubMed, Scopus, Google Scholar, textbooks, and other online archival resources to study sociocultural factors influencing contraceptive use among married couples in Nigeria. The study adopts the systematic review method to explain the factors.

Results:

The fundamental factors include age at marriage, education, religious belief system, cultural belief system, and many more. It was concluded that religion, type of marriage, cultural factors, age at marriage, inadequate availability of supplies and health workers, and other associated factors were considered.

Conclusion:

The study concludes that women's health literacy, particularly regarding birth control techniques, is imperative and needs to be improved, as well as women's empowerment to make informed decisions about modern contraceptive use. Furthermore, the study recommends that male involvement and support for contraceptive use should be encouraged to boost women's confidence in their reproductive decisions, to slow the country's population growth, and improve individual health status and policy advocacy.

Keywords: Contraceptive, Married men and women, Southwest, Nigeria, and Decision-making

Introduction

Despite contraception awareness campaigns, the increasing population momentum and the reality of stress over limited available resources in Nigeria and other countries in the sub-Saharan African continent are posing a concern to both policymakers and health providers (1). While contraceptives are meant to limit and space births and aid the achievement of good health

and well-being for mothers, infants and the family, the increasing number of unwanted pregnancies, abortions, and the attendant maternal deaths remain significant traits of many developing countries, of which Nigeria is not an exception. While there have been several studies on contraceptive use (1–3). The nexus between socio-cultural factors and contraceptive adoption and use in a male-dominated contextual ideology is not popular in the literature. Thus, the study attempted to investigate the impact of cultural factors and contraceptive use in traditional cultural affiliates cannot be overemphasised (1,4)

Contraception is the use of any device or act that prevents a woman from becoming pregnant, which is mainly classified into two categories, namely modern and traditional methods (3,5,6). Contraceptive use is critical to preventing unwanted pregnancy and its consequences, such as maternal and infant morbidity and mortality, social burden and cost around the world. This also helps countries' economic development by reducing family sizes and fertility levels (1,6).

Contraceptive use was once regarded as an aberration and taboo in Nigeria and many other African countries because children were seen as God's gifts, and any attempt to control birth was considered sinful or unlawful. Today, so many support family planning that community-based contraceptive distribution has gained traction in many places (1,4,7,8). According to the World Health Organisation (2019), approximately one hundred forty-five (145) Nigerian women die from preventable causes related to pregnancy and childbirth every day in Nigeria. The inability to plan the timing and spacing of children has resulted in an increase in population in Africa in general, and the high population growth rate poses a significant challenge to the continent's economic development (1,9,10).

Some of the factors influencing low usage of contraceptive methods in developing countries, and most especially Nigeria, include inadequate knowledge about family planning methods, low involvement of males, the community type, poverty, poor coordination of family planning methods programmes (4), low or little level of education, religious beliefs, damaging cultural practices, fear of contraceptive side effects and likely treatment cost (1,4,9,11). Other factors that are associated with these can be linked to demand and supply, which are the method mix, provider technical and interpersonal skills, provider bias and types of health facility (1,4,12)

Despite increasing modernisation and post-modernisation in the digital era, contraception awareness campaigns remain low. It has a significant effect on increasing population momentum in Nigeria and other sub-Saharan African countries, as well as the reality of stress over limited available resources, which is causing concern among policymakers and health

providers(1). While contraception is intended to limit and space births, as well as aid in the achievement of good health and well-being for mothers, infants, and the family, an increasing number of unwanted pregnancies, abortions, and the attendant maternal deaths continue to be significant characteristics of many developing countries, including Nigeria (13,14). The study tries to answer some questions on what are the sociocultural factors influencing contraceptive use among married couples in the study area. To what extent do socio-cultural factors impact contraceptive adoption on maternal and infant health? The overarching goal of this study is to explore the socio-cultural factors influencing contraceptive adoption among married couples in the study area. Another important aspect this study looked into is examining the impact or implications of contraception on maternal and infant health (15).

Materials and Methods

Search and strategy criteria

The study examined secondary data sources like PubMed, BioMed, Scopus, Google Scholar, textbooks and other online archival resources. Keywords such as sociocultural factors, contraceptives, and Southwest were searched to harvest the right material. The qualitative data gathered were appraised, and the results were used to formulate policy recommendations for contraceptive use. The study also adopts the theory of Structural functionalism to support and situate the subject under review.

Inclusion and exclusion criteria

For the inclusion and exclusion criteria, cross-sectional studies, documents, and position papers from relevant organisations and governments from 2000 were included. The selected literature was mostly on factors that influence contraceptive use among couples. The national population of the year 2013 changed the narratives of contraceptive use and reproductive health and rights of women in their reproductive age (16). However, where complete articles could not be downloaded, the titles and abstracts of such articles were reviewed for relevance and further screening (16). The following are the exclusion criteria: (1) studies unrelated to reproductive health. (2) Studies and documents that are not human-being based. others include non-relevant studies. (3) Studies that have no information on Nigeria. (4) Data from the studies that met the requirement were extracted and assessed for quality. The procedure for the retrieval is shown in Figure 1.

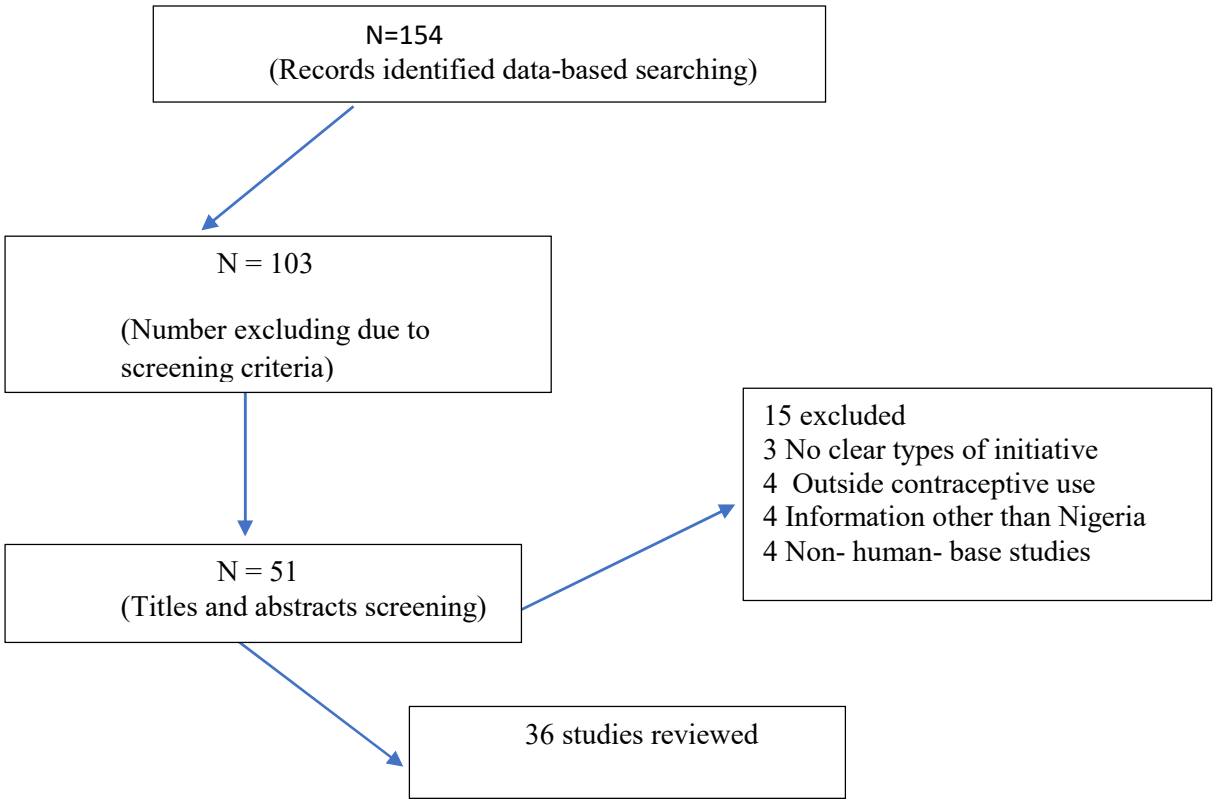

Fig 1. Study selection flow chart

Results

Generally, utilisation of contraceptives in developing nations remains relatively low, with West Africa accounting for the lowest rates. In many countries, the need for contraceptives is yet to be satisfactorily fulfilled. Globally, in 2010, around 12% of females already betrothed or in a relationship that has no desire for any children or even wish to delay their subsequent pregnancies for some time (e.g., two years) are not using any contraception, mainly because they have an unmet demand for family planning (4,14,17). The unmet need for contraception in Nigeria is 16% (18).

The World Bank data revealed a 17% prevalence rate of contraceptives in Nigeria (2018) and 63% in Bangladesh in 2019 (19). The Demographic Health Survey of 2018 shows that the proportion of women aged 15-49 years who make their own informed decisions is relatively 23%, which definitely could have implications for the decision to use a contraceptive (20) . The level of contraceptive use among married couples as of 2018 is 17%. In addition, the rate of modern contraceptive use is only higher among sexually active unmarried women (28%) than among currently married women (12%). The proportion who have withdrawn or discontinued the use of any contraceptive (41%) is higher than the proportion of new users

('new entry'). The most common reason for discontinuation was the desire to become pregnant. While the unmet need for family planning is as high as 48% among sexually active unmarried women, it is relatively lower (19%) among currently married women (20).

Findings from this study show that despite the awareness level of contraceptive use by couples in Nigeria, there are still pockets of issues of low or resistance to contraceptive uptake in Nigeria. There has been a significant increase recently, but it is still below expectations. One of the factors is cultural beliefs and practices that forbid women from using contraceptives. Another factor that is close to this is religious factors, which play a significant role in this (1,4,7,8).

Further findings, as exposed by scholars, show that there are many programs designed by the WHO and the Federal Ministry of Health, along with NHDS, to facilitate the uptake of contraceptives by couples. However, they face serious resistance due to low levels of education. Another important factor is the marriage type.

Discussion

Nigeria, however, established a strategy for enhancing the uptake of family planning to boost a nationwide contraceptive prevalence rate to 36% by 2018 (Nigeria Population Commission, 2019). The public and private sectors offer family planning services, but the relevant items are offered free of charge in public sector centres. Regardless of the multiple investments in family planning programs in the nation, contraceptive incidence has not shown any sign of improvement (20–22).

In conjunction with other associates and the private sector, the Nigerian government pledges to attain the forecasted contraceptive rate of 27% among all females by 2020. Also, one of the keys aims of the Nigerian population policy is the improvement in contraceptive uptake to the tune of 80% for the possible reduction of TFR to an average of 4 children per woman. Another revised population policy called for a reduction of maternal mortality by 75% by 2015 through a decline in fertility rate by 0.6 children per woman every five years, along with a 2% yearly rise in the percentage of women making use of contraception (10,23,24). The preceding NDHS report for 2013 shows contraceptive uptake of only about 15% of married females of reproductive age (15-49 years), with only 10% using modern family planning methods (10) .

Various reports from the literature highlighted the importance of contraceptive use as a potent means of limiting and spacing pregnancy and curbing the rate of unplanned pregnancies and related induced abortions. The weapon of contraceptives could also be used for lessening maternal mortality and enhancing maternal and child overall health (13,25,26).

Contraception offers a considerable impact on minimising degrees of neonatal, infant, and under-five mortality (26,27). It is also anticipated that in developing nations, as many as .8 million child deaths can be prevented if pregnancies were spaced. In past investment endeavours, family planning initiatives have elevated the standard of contraceptive usage from 19% to 62% in developing countries and also led to an approximately 75% drop in fertility (28).

A decline in fertility is a means of achieving a demographic dividend, with the resulting potential of dropping poverty, boosting economic growth and contributing to the overall well-being of families and societies (16,29). Using contraception will immensely impact all the SDG goals, and it is most directly associated with SDG5, which is improving maternal health (29,30).

Nevertheless, despite the rise in demand and supply of family planning solutions, gross inequities still prevail between and within countries regarding the use of contraceptives, which poses complications to various health policies and programming (17,31,32). Apart from these, Azuh (2023) talks about the availability of trained health personnel as well as a good supply of contraceptive material at the right time, which limits the uptake of contraceptives. More importantly, the type of marriage has a significant influence on the uptake of contraceptives. Women will want to prevent their husbands from marrying another wife if their husbands desire to want still to have more children. (1,4,32).

Conclusion

The study reviewed extant literature to highlight the socio-cultural factors influencing contraceptive use among married couples in Southwest Nigeria. Several studies were reviewed to generate common predominant factors that are associated with contraceptive use. therefore, it is crystal clear from the literature which reveals that low level of education, religious belief system, cultural factors, types of marriage, age at marriage, availability of health facilities and good health workers, spousal approval, and fear of side effects are factors influencing contraceptive usage among married couples in Southwest Nigeria. Therefore, there is an urgent need to do something about these for the country to meet Sustainable Development Goals 3 and 5. The author recommends that women's health literacy, particularly regarding birth control techniques, be improved, as well as women's empowerment to make informed decisions about modern contraceptive use. Furthermore, male involvement and support for contraceptive use should be encouraged to boost women's confidence in their reproductive decisions in order to slow the country's population growth and improve individual health status. Then, efforts should be directed toward a public campaign in our community that uses local dialect to discourage cultural barriers to contraceptive use and population growth and improve individual health status. Quality health

workers should be engaged to meet the country's current demographic situation. This study only focused on a literature review, which, though it is adjudged as an adequate procedure for pooling facts from various studies (33). Its combination with primary data would make a good compendium. There is a need to do further exclusive work on a quantitative and qualitative study of this work

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Conflict of Interest

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