

Predictors of Modern Contraceptive Use in Bayelsa State, South-South Nigeria

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ABSTRACT

Despite efforts by government and non-governmental organizations to improve access to modern contraceptives, evidence revealed that uptake of modern contraceptives among women of reproductive age has remain low in most low- and middle-income countries like Nigeria. This study sought to determine the predictors of modern contraceptive use among women of reproductive age in Bayelsa State. A cross-sectional study design involving the use of pre-tested and validated questionnaire was used to obtain relevant information on the predictors of contraceptive in Bayelsa State. The tool consists of 22 items divided into four sections –A, B, C and D for socio-demographic distribution, modern contraceptive use, reasons for uptake and non-uptake of modern contraceptives and perception of modern contraceptive use. Data was collected over a period of two months across the selected local government areas in the State. Data analysis was done using Python software version 3.8 to obtain descriptive and predictive statistics on the study variables. Result revealed that a total of 898 women with mean age of 24.1±9.1years were involved in the study. A total of 185(20.6%) women currently using modern contraceptives while 713(79.4%) do not. The predictors of family planning include: Settlement type [Adjusted Odds Ratio = 0.615, 95% Confidence Interval = 0.319 – 0.967, P-value = 0.0354], Marital status [Adjusted Odds Ratio = 1.997, 95% Confidence Interval = 1.395 – 2.858, P-value = 0.0002], Educational Status of Women [Adjusted Odds Ratio = 0.758, 95% Confidence Interval = 0.498 - 1.155, P-value = 0.1979], and Perception of modern contraceptives [Adjusted Odds Ratio = 1.669, 95% Confidence Interval = 0.883 – 3.155, P-value = 0.1146]. There was a statistically significant relationship between modern contraceptive uptake and settlement type, and marital status but no significant difference was noted between modern contraceptive uptake and educational status of women and perception of modern contraceptives among the women. There is therefore an urgent need to improve efforts at rural communities especially among single women of reproductive with limited utilization of modern contraceptive in Bayelsa State.

Keywords: Modern Contraceptives, Women of Reproductive Age, Predictors, Bayelsa State

INTRODUCTION

The act of preventing pregnancy through the use of devices, medication, procedures or specific behaviors which is known as contraception (Bansode et al, 2023) is an

aged long process that have been employed by various generation in the spacing of child birth and determination of the number of children that a family intends to have (Anderson & Johnson, 2023). This idea was

known to empower woman and give them control over their sexual and reproductive health, enables them to be active participant of family planning needed to promote healthy family, a moderate family size and a population growth rate that do not over burden the resources in the society but rather stimulates economic growth and developments (Anderson et al., 2023; D'Souza et al, 2022)

Despite the benefit of modern contraceptives, the World Health Organization (WHO, 2025) noted that the contraceptive prevalence rate which refers to the number of women of reproductive age who use a natural or modern method of contraceptive varies widely between the global south and global north, and within a country where regional variations are noted due to a myriad of various factors that predisposes some regions to have high uptake of contraceptives while others express low usage of contraceptive methods. Estimates from the United Nations Population Division (2022) revealed that the global contraceptive prevalence rate among women of reproductive age for any method was estimated at 65% and for modern methods at 58.7% for married or in a union woman. In Nigeria, only 18% of the woman of reproductive age are known to use modern contraceptives with higher prevalence in the southern part of the country and a lower prevalence in the northern part of the country (Statista, 2023; Abubakar & Abubakar, 2024). Ahmed et al. (2019) in their trend analysis of contraceptive prevalence in Sub-Sahara Africa noted that there is a slight improvement of the contraceptive prevalence rate across various nations in Africa and this could be due to continuous investment into contraceptive use by government, non-governmental organizations and the private sectors who have designed and implemented programs that promotes the utilization of various forms of contraceptives in the region. According to Anderson and Johnson (2023) modern contraceptive ushered in an era of

improved family planning services using various methods such as barrier, oral contraceptive pills, patches and rings, injections, implants and, intra uterine-contraceptive device that gives women the choice of contraceptive method they are comfortable with and willing to use. These various methods of contraceptives are known to be effective in preventing infectious diseases and pregnancy among women of reproductive age (World Health Organization, WHO, 2014) even though an interplay of various factors has limited the use of modern contraceptives in some societies (Ajayi et al., 2018).

D'souza et. al. (2022) noted that an estimated 250 million women globally who want to delay or avoid pregnancy do so with limitation or are completely unable to do so. The outcome is the occurrence of an estimated 50% of unwanted pregnancies with its health, economic and other impacts to individuals, family members and the society at large. Evidence has shown that the factors that influence contraceptive uptake are similar among women and from a systematic review that explored the knowledge of women on contraceptives, beliefs, perception of side effects, poverty education, male's partners support, family size and pregnancy expectations are noted as factors that influence the uptake of modern contraceptives.

Ewerling et al. (2021) in their mix method study of modern contraceptive use among women in India reported a modern contraceptive prevalence of 71.8% (95% CI 71.4-72.2). They observed that the most common form of modern contraceptive used by the women was female sterilization which was used by 76.1% of the women. This was followed by condom (11.8%), contraceptive pill (8.5%) and IUD (3.2%). They advocated for the need to prioritize women centred care in family planning and increasing the availability of reversible methods of contraceptives.

Degefa Hidru et al. (2020) in their comparative analysis of modern contraceptive utilization among women of

reproductive age in Eastern Ethiopia reported a 19.9% (95% CI (17.4%-22.3%) prevalence rate for modern contraceptives and observed that factors such as ethnicity (Somali), and education (primary) played significant roles in influencing uptake of modern contraceptives among indigenous women while factors such as age (30 – 34years) and occupation (housewife) played significant roles in influencing the uptake of modern contraceptives among non-indigenous women.

Similarly, Gobena et al. (2024) in their study based on data obtained from 2019 Ethiopian Mini Demographic and Health Survey observed that the modern contraceptive prevalence rate for Ethiopia was 30.4% with injections and implants being the most widely used methods. They further noted from a two-level binary logistic regression model that age of the women, educational status, religion, wealth index, their knowledge of modern contraceptives, the number of dead children, number of children alive, family size, total children ever born and contextual region have significant effect on the use of modern contraceptives.

Abubakar & Abubakar (2024) in their study that involved multi-variate binary logistic regression of data from the Nigeria Demography and Health Survey data of 2018, noted that the modern contraceptive prevalence rate in Nigeria was 16.6%. Factors associated with an increase in modern contraception use were age 40-44 (aOR = 1.07, 95% CI: 0.75-1.53); being a working-class woman (aOR = 1.15, 95% CI: 0.99-1.33); living in an urban area (aOR = 1.14, 95% CI: 0.97-1.33); living in the South-West (aOR = 1.36, 95% CI: 1.03-1.79); increasing wealth (aOR = 0.78, 95% CI: 0.66-0.93); and health insurance (aOR = 1.22, 95% CI: 0.89-1.68). They concluded that an interplay of socio-economic and political factors influenced modern contraceptive uptake and recommended a holistic approach to mitigate the various barriers affecting modern contraceptive uptake in order to improve contraceptive

uptake among women of reproductive age in Nigeria.

Ahuru & Nzoputam (2024) from their community-based cross-sectional survey of factors affecting modern contraceptive uptake in Ughelli North Local Government Area (LGA) of Delta State noted that the modern contraceptive prevalence rate among women in Ughelli LGA was 19.3%. The most commonly used types of contraceptives were injectable, oral pills and implants in that order. The most commonly mentioned reason for the use of modern contraceptive were birth spacing and termination of childbearing. The fear of side effects and the need to continue childbearing were the motivations for discontinuing the use of modern contraceptive. The predictors of modern contraceptive use are secondary educational qualifications (aOR: 1.456, 95% CI: 0.45–4.71) and tertiary educational qualifications (aOR: 3.091, 95% CI: 0.93–10.24).

It is evident that modern contraceptive uptake varies with information on factors influencing uptake available for some regions. In Bayelsa State Nigeria, there is limited information on the predictors of modern contraceptive uptake. This information is paramount towards addressing the high fertility rate and the low modern contraceptive uptake among populations faced with a myriad of socio-economic problems despite the high abundance of crude oil and gas in the region. This study is therefore designed to identify the predictors of modern contraceptive uptake in Bayelsa State, Nigeria.

MATERIALS & METHODS

The STROBE statement which is presented herein with this link <https://www.strobe-statement.org/> was used by the authors to guide the conduct and report of this cross-sectional survey on the predictors of modern contraceptive uptake in Bayelsa State.

A cross-sectional survey design that involves women of reproductive age in Bayelsa State, Nigeria was employed to

unravel the predictors of modern contraceptive uptake among women of reproductive age (15-45yrs) in Bayelsa State, Nigeria.

Sample size calculation was done using the Cochran formula. From the Sample size calculation, a minimum of 700 women of reproductive age was estimated. However, a total of 898 study participants were included in the study to factor for at least a 10% attrition rate from the participants that volunteered for the study for which all of them were included in the study and form the sample size of the study.

The study was carried out in Bayelsa State which is located in the core of the Niger Delta Region in Southern Nigeria. The State was created in 1996 from the old Rivers state and it is among the most recent states created in Nigeria. The capital of the state is Yenagoa City which is in Yenagoa Local Government Area (LGA). Geographically, Bayelsa State has a landmass of 10,773 km² and shares border with Rivers State to the East, Delta State to the North, across the River Niger for 17km and the forcados for 198km with the Atlantic Ocean bordering the Southern part of most regions of the State. Bayelsa is divided into 8 LGAs which include Brass, Ekeremor, Kolokuma/Opukuma, Sagbama, Southern Ijaw, Nembe and Yenagoa LGA with an estimated population of 3,700,000 as at 2024 (Ministry of Ijaw National Affairs, 2024). The state is among states with high fertility rate in Nigeria and in 2024, the fertility rate for the state stood at 5.7 children per woman which is greater than the National average of 5.3 children per woman (National Population Commission 2021).

This high fertility rate is a pointer to the low uptake of modern contraceptive and this made it important to ascertain the predictors of modern contraceptives in the state which will serve as a policy for policy design and advocacy and implementation of various programs needed to scale up modern contraceptive use (Apiyanteide, 2022). Bayelsa is the ancestral home of the Ijaws

who migrated to other states such as Rivers, Delta, Ondo and Edo states. They predominantly speak the Izon language which has some variants. The State is endowed with crude oil and natural gas and it was the location where oil was first discovered in Nigeria in 1956 (Pen Global, 2024). It is a petroleum dominated economy and contributes to 30 – 40% of the nation economy in 2015 (Nigerian Investment Promotion Commission, 2025, Nigeria National Petroleum corporation, 2022). Despite the oil and gas resources, the state is among Nigerian states with weak healthcare system due to poor governance and marginalization of the state by the Federal Government. Most indigenes are civil servants, farmers or fishermen/women living below the poverty line of #197.71 - #395.41 per annum with limited access to health care and contraceptives services needed to improve their health and wellbeing.

Data for this study was collected from women of reproductive age (15 – 49years). Age groups that are above or below this age bracket were not eligible for the study and therefore excluded from the study participants. All the study participants were educated on the purpose of the study and participation was completely voluntary with participants informed that they can opt out of the study whenever they deem it fit for any reason. Data collected was done over a period of two months from August 2024 to October 2024. A validated questionnaire that has 22 items and divided into four sections – A, B, C and D which deals with the socio-demographic variables of respondents, the uptake of modern contraceptives, and factors that affect contraceptive uptake and perception of modern contraceptives among respondents respectively was used for the collection of the data for this study.

STATISTICAL ANALYSIS

Data analysis was conducted using Python version 3.8 to obtain descriptive and predictive variables of the study. The

dependent variable (Y) was uptake of modern contraceptive which is a dichotomous variable with a Yes and No option. The independent variables (X) include settlement type with urban settlement as the reference, marital status with married as the reference, educational status with tertiary education as the reference, and perception of contraceptives with positive respond (Yes) as the reference. Descriptive variables were presented in frequency and percentage in a tabular form while predictors of modern contraceptive

use were presented using adjusted odds ratio (aOR) with 95% confidence interval (CI) and alpha (P-value) <0.05 being statistically significant relationship. A multivariate binary logistic regression analysis was conducted for the dependent and independent variables to obtain the predictors of modern contraceptive uptake in Bayelsa state which were recorded and presented in the result section.

RESULT

Table 1: Socio-demographic Data of Respondents

Variable	Frequency (f)	Percentage (%)
Settlement Type:		
Rural	561	62.5
Urban	337	37.5
Age (years):		
13-21	472	52.6
22-28	178	19.8
29-35	137	15.3
36-42	46	5.1
43-49	65	7.2
Religion:		
Christianity	851	94.8
Islam	24	2.7
Others	1	0.1
Traditional	22	2.4
Occupation:		
Civil servant	102	11.4
Currently unemployed	133	14.8
Farming	6	0.7
Fishing	55	6.1
Student	579	64.5
Others	23	2.6
Tribe:		
Hausa	25	2.8
Igbo	30	3.3
Ijaw	182	20.3
Yoruba	25	2.8
Others	636	70.8
Marital status:		
Divorced	21	2.3
Married	288	32.1
Separated	15	1.7
Single	574	63.9
Type of marriage:		
Monogamy	216	24.1
Polygamy	109	12.1
None	573	63.8
Educational status:		
No formal	105	11.7
Primary	84	9.4
Secondary	221	24.6
Tertiary	488	54.3

Table 1 showed the socio-demographic distribution of respondents involved in the study. A total of 898 women participated in the study, 561 (62.5%) lived in rural areas, while 337 (37.5%) lived in urban areas; 472 (52.6%) are 13-21 years, 178 (19.8%) are 22-28 years, 137 (15.3%) are 29-35 years, 46 (5.1%) are 36-42 years and 65 (7.2%) are 43-49 years old; 851 (94.8%) are Christians, 24 (2.7%) are Muslims, 22 (2.4%) are African traditional religion worshipers, and 1 (0.1%) belong to other religion; 102(11.4%) are civil servants, 133(14.8%) are unemployed, 6(0.7%) are

farmers, 55(6.1%) are fishers, 579(64.5%) are students and 23(2.6%) are others; 25(2.8%) are Hausa, 30(3.3%) are Igbos, 182(20.3%) are Ijaws, 25(2.8) are Yorubas and 636(70.8%) belong to other ethnic groups; 21(2.3%) are divorced, 288(32.1%) are married, 15(1.7%) are separated and 574(63.9%) are single;216(24.1%) are monogamous, 109(12.1%) are polygamous and 573(63.8%) are none; 105(11.7%) have no formal education, 84(9.4%) have primary education, 221(24.6%) have secondary education while 488(54.3%) have tertiary education.

Table 2: Uptake of Modern Contraceptives among Women of Reproductive Age in Bayelsa State

Currently using a Modern Contraceptive	Frequency(f)	Percentage (%)
No	713	79.4
Yes	185	20.6
Total	898	100.0

Table 2 showed the proportion of women using modern contraceptives in the study. Out of a total of 898 respondents, 185

(20.6%) reported using modern contraceptives, while 713 (79.4%) were non-users.

Table 3: Types of Modern Contraceptives taken by Women of Reproductive Age in Bayelsa State

Type of Modern Contraceptive Used	Frequency(f)	Percentage (%)
Male condom	90	10.0
Female condom	4	0.4
Implants	36	4.0
Injectable	26	2.9
Oral pills	29	3.2
Non-Users	713	79.4
Total	898	100.0

Table 3 showed the types of modern contraceptives used among the respondents. 90(10.0%) use male condom, 4(0.4%) use female condom, 36(4.0%) use implants,

26(2.9%) use injectables, 29(3.2%) use oral pills while 713(79.4%) are non-users of modern contraceptives.

Table 4: Reasons for Possible Uptake of Modern Contraceptive among Women of Reproductive Age in Bayelsa State

Reasons for Uptake	Frequency(f)	Percentage (%)
Child spacing	218	24.3
Complete family	116	12.9
Economic reason	6	0.7
Pregnancy prevention	557	62.0
STIs prevention	1	0.1
Total	898	100.0

Table 4 showed the reasons for possible contraceptive use stated by the respondents are: 218(24.3%) stated child spacing,

116(12.9%) completed family size, 6(0.7%) economic reason, 557(62.1%) pregnancy

prevention, 1(0.1%) prevention of sexually transmitted disease.

Table 5: Reasons for Possible Non-Uptake of Modern Contraceptive among Women of Reproductive Age in Bayelsa State

Reasons for Non-uptake of Modern Contraceptives	Frequency(f)	Percentage (%)
Economic reasons	1	0.1
Fear of side effects	187	20.8
Husband opposition	78	8.7
Lack knowledge	94	10.5
Need more children	85	9.5
Not available	200	22.3
Cultural/Religious reasons	253	28.2
Total	898	100.0

Table 5 showed the reasons for possible non-uptake of modern contraceptives among respondents are: 1(0.1%) stated economic reasons, 187(20.8%) fear of side effects, 78(8.7%) husband opposition, 94(10.5%) lack of knowledge, 85(9.5%) need more children, 200(22.3%) not available and 253(28.2%) cultural/religious reasons.

Table 6: Predictors of Modern Contraceptives in Bayelsa State

	Adjusted Odds Ratio	95% CI (Lower)	95% CI (Upper)	P-value
Constant	0.167	0.088	0.319	0
Settlement type	0.615	0.391	0.967	0.0354
Marital status	1.997	1.395	2.858	0.0002
Education	0.758	0.498	1.155	0.1979
Perception of modern contraceptive	1.669	0.883	3.155	0.1146

Table 6 showed the predictors of modern contraceptives in Bayelsa State: Settlement type [Urban Vs Rural, aOR = 0.615, 95% CI:0.391 – 0.967, P = 0.035], Marital status [Married Vs Single, aOR = 1.997, 95% CI: 1.395 – 2.858, P = 0.001], Educational status [Tertiary Vs others, aOR = 0.758, 95% CI: 0.498 - 1.155, P = 0.198], Perception of modern contraceptives to be important [Yes Vs No, aOR = 1.669, 95% CI = 0.883 – 3.155, P = 0.115].

DISCUSSION

Our findings from this study are discussed under the following headings - socio-demographic distribution of respondents, uptake of modern contraceptive, types of modern contraceptives, possible reasons for uptake and non-uptake of modern contraceptives and predictors of modern contraceptive uptake in Bayelsa State.

Socio-Demographic Characteristics of Respondents

The socio-demographic analysis showed that the majority of respondents were from rural communities (62.5%), while the others (37.5%) are from urban communities. Mean age of the respondents was 24.1±9.1years. Christianity was the predominant religion (94.8%), with other religious affiliations making up a minority of the study population. Ijaws (70.8%) constitute the biggest ethnic group was Ijaw. More than half of the respondents (63.9%) were single, while the others (32.1%) were married. Also, more than half of the respondents (54.3%) had tertiary level of education with others having secondary or primary form of education (Table 1). This finding is similar to previous studies carried out by Fente et al. (2025) in the region.

Uptake of Modern Contraceptives

The study revealed that modern contraceptive uptake was low, with only 20.6% of respondents currently using a modern contraceptive, while 79.4% were

non-users (Table 2). Although the results from our study clearly demonstrate a higher uptake of modern contraceptive than the national average of 16.6% as reported by Abubakar & Abubakar (2024), this rate is still low when compared to studies done in India by Ewerling et al. (2021) who reported a 71.8% modern contraceptive prevalence among women of reproductive age. The result is also far from the global targets for modern contraceptive uptake which envision a universal access contraceptive use and information. An interplay of various factors has been attributed to the low uptake of modern contraceptives in Bayelsa State which include settlement types, marital status, support from husbands, educational level, and knowledge on contraceptives by women of reproductive age (WHO, 2014; Abubakar & Abubakar, 2025; Fente et al. 2025).

Types of Modern Contraceptive

Our study revealed that women of reproductive age use various forms of modern contraceptives (Table 3). Among the respondents, male condoms was the most common form (10.0%) of contraceptive used by women of reproductive age in Bayelsa State, Nigeria. The least type of contraceptive used is female condom (0.4%), with few women using implants (4.0%), oral pills (3.2%) and injectables (2.9%) as reversible methods of contraceptives and none of them reported using a permanent and irreversible form of contraceptives like hysterectomy recommended for women who have achieved their target family size. The preference for male condoms aligns with studies observed in several low- and middle-income countries, where short-term and male-controlled methods tend to dominate due to ease of access and minimal side effects (Guttmacher Institute, 2022; D'Souza et al., 2022). It is however contrary to results from India by Ewerling et al. (2021) who noted that female sterilization was the most common method of modern contraceptives used by women of

reproductive age where 76.1% of them use followed by condom, contraceptive pills and IUD.

Notably, the low uptake of female-controlled methods such as female condoms (0.4%) and long-acting reversible contraceptives (LARCs) like implants and injectables suggests significant gaps in awareness, availability, and cultural acceptability. D'Souza et al. (2022) emphasized that many women avoid hormonal methods due to fear of side effects and misconceptions around long-term fertility damage. This is consistent with the present study (Table 5), where fear of side effects (20.8%) emerged as a prominent reason for non-use. The limited preference for oral pills and injectables may also be influenced by irregular supply, lack of provider counseling, or concerns about daily adherence and hormonal impact. As Fente et al. (2023) noted, method-specific barriers—especially among women with lower educational attainment—can lead to a reliance on condoms or withdrawal, which may be perceived as more natural or reversible. In comparison, Majekodunmi et al. (2022) reported that low uptake of LARCs in rural areas of Nigeria was linked not only to poor health infrastructure but also to cultural and religious resistance, and lack of trained personnel to administer such methods. The absence of IUDs in this study further emphasizes the unmet need for broader method availability and informed choice for contraceptive use among women of reproductive age in Bayelsa state.

Possible Reasons for Uptake of Modern Contraceptive

The main reasons for modern contraceptive use as stated by the respondents in our study were pregnancy prevention (62.0%), followed by child spacing (24.3%). Other reasons include completion of family size (12.9%), economic considerations (0.7%) and prevention of sexually transmitted infections (0.1%). These reasons are similar to those reported in the systematic review conducted by D'Souza et al. (2022), which

identified similar factors to influence modern contraceptive uptake among women of reproductive age.

Possible Reasons for Non-uptake of Modern Contraceptive

The most common possible reasons for non-utilization of modern contraceptive include religious and cultural beliefs (28.2%), non-availability of modern contraceptives (22.3%), and fear of side effects (20.8%). Additionally, (8.7%) cited opposition from their spouse and lack of finance to purchase modern contraceptives as a barrier towards modern contraceptive uptake (Table 5). These findings reinforce the conclusions drawn by Fente et al., (2023), who identified fear, misinformation and partner opposition as major impediments to modern contraceptive uptake in similar Nigerian contexts. Additionally, the effects of socio-cultural and religious norms mirror the observations of Anderson et al. (2023), who found that these factors are often stronger than health knowledge as influencers of modern contraceptive uptake and choices.

Predictors of Modern Contraceptive Uptake

Several factors have been identified as the predictors for modern contraceptive use in Bayelsa state, Nigeria. Our result (Table 6) revealed that individuals in rural areas are less likely to use modern contraceptives compared to those living in urban areas that have 0.615 times higher chances of using modern contraceptive methods than those in rural communities and this was found to be statistically significant with P-value of <0.05 . This finding is similar to report by Abubakar & Abubakar (2024) who noted that living in an urban area (aOR = 1.14, 95% CI: 0.97-1.33)

Similarly, the findings from our study revealed that married women showed a significantly higher likelihood of using modern contraceptives compared to singles by 1.997 times with a P-value that is <0.05 . Although our result revealed that educational status did not show a

statistically significant difference in contraceptive use, women with tertiary education have a 0.758 higher odd of using modern contraceptives than those with lower or no education and the $P>0.05$. This finding is in consonance with study done in Delta state Nigeria by Ahuru & Nzopotam (2024) who observed that the higher level of education (Secondary and Tertiary Level of Education) plays crucial roles in improving modern contraceptive uptake. The findings from this study are similar to Majekodunmi et al., (2022) who in their study noted that education and urban residence were significantly linked to higher contraceptive use. Lastly on the predictors of modern contraceptives among women of child bearing age in Bayelsa State, our findings revealed that while a positive perception increases the likelihood of using modern contraceptive by 1.669 times, the result was not statistically significant and $P > 0.05$. The findings from this study clearly demonstrates the need to scale up contraceptive uptake among single women in rural communities who due to poor access, low awareness of contraceptives amongst other factors exhibit low contraceptive uptake in Bayelsa State. The findings emphasize the need for targeted interventions to improve contraceptive uptake in Bayelsa State. Addressing cultural and religious barriers, improving availability and enhancing education on contraceptive use can increase uptake. Community engagement and male partner involvement in family planning initiatives may also help to mitigate opposition to contraceptive use and these are critical towards improving family planning uptake in every society (WHO, 2021).

CONCLUSION

Our study revealed that the uptake of modern contraceptives among women of reproductive age in Bayelsa State is low. Settlement type and marital status were significant predictors while educational status and perception of modern contraceptives as important and non-

significant predictors of contraceptive use in Bayelsa state, Nigeria. There is need to design programs and policies that target the rural single women of reproductive age in order to improve the health and wellbeing of women in Bayelsa State.

Declaration by Authors

This study on predictors of modern contraceptive uptake among women of reproductive age in Bayelsa State is purely academic and do not have any association to an organization involved in contraceptive promotion.

Ethical Approval: For the purpose of research, ethical consideration was fully adhered to by seeking consent from all participants and ensuring that participation is on a voluntary basis. Furthermore, the prime researcher obtained approval from the University Ethics and Research Committee to carry out the study.

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