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Assessment of Problems associated with the Use of Family Planning Pills among Married Adults in Ibadan, Oyo State, Nigeria

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Abstract

Family planning pills carry the risk of multiple side effects. The side effects may likely be short or long term depending on the intervention techniques. Therefore, this study examined problems associated with the use of family planning pills as expressed by married adults in Ibadan, Oyo State. The descriptive research design was adopted for the study. The population of the study comprised all married adults in Ibadan, while the target population are married adults from selected local government areas in Ibadan. 300 married adults constitute the sample for this study selected through simple, stratified and convenience sampling techniques. The questionnaire employed for the study was designed by the researchers. The content validity of the questionnaire was ascertained by the researchers and the reliability was determined. The data collected was analysed using descriptive and inferential statistics at 0.05 alpha level. The finding of the study revealed that the problems associated with the use of family planning pills include headaches, nausea, weight increase, fatigue and hair loss. Based on the findings of this study, it was therefore recommended that Health institutions should organise regular sensitisation programs on the side effects of family planning pills. Fertility experts should carry out an eligibility assessment before the commencement of the pills.

Keywords: Problems, Family Planning Pills, Married Adults, Ibadan

Introduction

Marriage is a social and cultural institution, a cornerstone for family formation and economic stability. In many communities, marriage is a legally recognised social contract between individuals that establishes rights and obligations between them, their children, and their in-laws. It is often based on a sexual or intimate relationship and implies cohabitation and the permanence of the union (Adepoju, 2025). Marriage is a fundamental institution in society, serving as the foundation for family formation and social stability. In Nigeria, marriage is highly valued across various cultural and religious groups, with expectations of procreation and family expansion playing a central role (Adebayo, 2020). The institution of marriage is not only a social contract but also a significant determinant of emotional and economic well-being, particularly in traditional societies where extended family structures influence marital relationships (Olawale & Adeyemi, 2020). In many parts of Nigeria, marriage is often influenced by cultural norms, religious doctrines, and socio-economic factors, which impact the decision-making process of couples regarding childbearing and family planning (Suleiman & Ibrahim, 2021). Married adults are individuals who have entered into legally and culturally recognised union. They are typically expected to fulfil roles and responsibilities associated with marriage, including mutual support, cohabitation, and, in many cultures, procreation. In Nigeria, these roles are often influenced by traditional gender norms and cultural expectations, which can vary significantly across different ethnic groups. One of the critical aspects of family life is reproductive health management, particularly the use of family planning methods. Family planning is essential for controlling birth rates, improving maternal and child health, and promoting economic stability within households (Bamidele, Adepoju & Ogunleye, 2022). Among the various contraceptive methods available, oral contraceptive pills are widely used due to their effectiveness and accessibility (Akinola & Yusuf, 2021). Despite the benefits, the usage of family planning pills is often met with scepticism, misconceptions, and resistance, particularly due to cultural and religious beliefs (Omotosho, 2020).

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According to Ojo, Ajibola and Salami (2020), married women face challenges in accessing and effectively utilising contraceptive pills, with barriers including lack of awareness, fear of side effects and opposition from spouses or family members. Further research has indicated that myths and misconceptions about the side effects of contraceptive pills, such as infertility, weight gain, and prolonged menstrual irregularities, contribute to the underutilization among married women (Abiodun & Salawu, 2022). Another major factor influencing the utilisation of contraceptive pills is religious beliefs. Religious teachings often shape attitudes towards contraceptives. Some religious leaders discourage the use of family planning, perceiving it as contrary to divine will, while others support it as a means of responsible parenthood (Olowookere & Alabi, 2022). These differences result in varied levels of acceptance and usage of family planning pills among married couples. Furthermore, spousal communication plays a crucial role, as studies have shown that women who discuss family planning with their husbands are more likely to use contraceptive methods compared to those who do not (Adeyemi & Olatunji, 2023). Adetunji and Kolawole (2023) posited that for married adults, decisions regarding family planning are not solely individual choices but are influenced by spousal communication, societal expectations, and healthcare accessibility. Many married women depend on the approval of their husbands before opting for contraceptive pills, leading to low utilisation rates among couples who hold conservative views on family planning (Afolabi & Odetola, 2021). Additionally, economic factors play a role, as financial instability can either encourage or discourage the use of contraceptive pills depending on the perceived burden of child-rearing (Ogunleye & Balogun, 2020). Marriage is expected to provide a structured environment for childbearing and rearing. Couples, often under societal and familial expectations, rely on family planning methods to space or limit the number of children to balance economic constraints and enhance women's health. However, the choice and continued use of these methods have far-reaching implications for marital harmony, reproductive health, and overall family welfare.

Family planning pills are among the most widely used modern methods of contraception. They offer a reversible and convenient way to prevent unwanted pregnancies. Nonetheless, recent evidence suggests that these pills are not without problems, and several adverse effects have been documented both in terms of physical health and psychological well-being. Recent studies have shown that hormonal contraceptives can lead to several short- and long-term physical side effects. For instance, a study reported that up to 30– 50% of pill users experience breakthrough bleeding within the first three to six months of use, which often causes discomfort and affects adherence to the method (Okafor & Babalola, 2020). Other common complaints include nausea, headaches, weight fluctuations, and an increased risk of blood clots. These adverse effects can compromise a woman's health and may necessitate frequent medical consultations, thereby adding both physical and financial burdens. Karpowicz et al. (2024) noted that the adverse side effects of family planning pills are weight gain, headaches and mood swings. In addition to physical complaints, there is growing evidence that family planning pills may adversely affect psychological well-being. Mengelkoch et al. (2023) reported that women using hormonal contraceptives exhibited altered stress responses both at the molecular and psychological levels, with users reporting a more negative emotional reaction to acute stress compared to non-users. A significant proportion of married women hold negative attitudes toward contraceptive pills, citing side effects as a major reason for discontinuation. Younger couples may have different attitudes towards contraception compared to older couples due to generational shifts in knowledge, exposure, and societal expectations. Younger married adults, particularly those with access to digital media and modern health education, are more likely to embrace contemporary contraceptive methods (Okafor & Babalola, 2020). They often view contraception as a means of achieving financial stability and ensuring adequate child spacing, which aligns with their aspirations for career development and personal growth (Nwankwo & Adebisi, 2022). In contrast, older couples, particularly those raised in more conservative environments, may hold traditional beliefs that discourage or limit the use of contraceptives. For many older women, past experiences with contraceptive side effects, limited exposure to modern health campaigns, and reliance on natural family planning methods contribute to their scepticism about family planning pills (Alabi & Ojo, 2023). Traditionally, gender roles assign the primary decision-making power on reproductive issues to husbands, which can influence their perceptions of modern family planning methods. Husbands may rely on prevailing cultural or religious beliefs that favour natural or traditional methods, while wives who directly experience both the benefits and side effects of modern contraceptives tend to develop a negative view of these methods (Eze &

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Uche, 2021). Religious doctrines can significantly influence decisions regarding family planning, often shaping couples' choices on whether or not to use contraceptive pills. In Nigeria, major religious institutions, including Christianity and Islam, have varying perspectives on family planning. While some denominations advocate for responsible parenthood and encourage contraception as a means of improving maternal and child health, others oppose artificial birth control methods, perceiving them as contrary to divine will (Olowookere & Alabi, 2022). For instance, some Islamic teachings emphasise reliance on natural birth spacing methods rather than modern contraceptives, leading to lower acceptance rates of family planning pills among Muslim women (Ibrahim & Salawu, 2020). Similarly, certain Christian denominations discourage contraceptive use, advocating for procreation as a divine obligation of marriage. These religious teachings can create significant barriers, particularly for women who prioritise their faith over medical advice or societal expectations (Ogunbiyi & Adepoju, 2021). Educational attainment can affect awareness and understanding of family planning options, influencing the extent to which individuals seek and use contraceptive methods. Women with higher levels of education are generally more informed about reproductive health, contraception, and the benefits of birth control (Nwankwo & Adebisi, 2022). They are more likely to understand the efficacy and potential side effects of family planning pills, making informed choices regarding their reproductive health (Egbeyemi & Adeniran, 2021). In contrast, women with lower levels of education may lack access to accurate information, leading to misconceptions about contraceptive pills, such as the belief that they cause infertility or serious health complications (Abiodun & Salawu, 2022). The duration of marriage may impact family planning decisions, with longer-married couples possibly having different perspectives compared to newlyweds. Newly married couples, particularly those without children, may initially avoid contraceptive methods due to the pressure to conceive early in marriage (Alabi & Ojo, 2023). Various research studies reviewed suggest that while family planning pills are a critical tool for reproductive health management, their associated problems, ranging from physical side effects and altered stress responses to pervasive misinformation, are significant. In a socio-cultural setting where marriage is central to family life, these issues can lead to disrupted contraceptive use and may negatively affect marital stability and overall family well-being.

Statement of The Problem

Family planning pills have assisted married adults to achieve the desired family size, regulate the timing of births and also control the fertility periods. Although the family planning pills have been associated with numerous challenges. Many women reported excessive weight gain, irregular menstrual cycles, reduced sexual libido, permanent headaches, heavy menstrual flow, mood swings, sleeplessness and other related health problems. These challenges, often experienced by married adults, necessitate discontinuation of the family planning pills and weaken their effectiveness. Based on this background, this study investigated problems associated with the use of family planning pills as expressed by married adults in Ibadan, Oyo State, which is crucial for informing targeted interventions and improving counselling services.

Research Question

The following research question was raised to guide the conduct of the study:

1. What are the problems associated with the use of family planning pills as expressed by married adults in Ibadan, Oyo State?

Methodology

The research design that was employed for this study is a descriptive survey research design. The population of this study comprised all married adults in Ibadan, Oyo State. The target population consist of married adults from the selected local government in Ibadan. The sample for the study was selected through a multi-stage sampling procedure. At stage one, simple random sampling technique was used to select five local government areas from the eleven existing local government areas in Ibadan. At stage two, the stratified sampling was employed to classify respondents into stratum such as age, educational qualification and religion. At stage three, the convenience sampling method was used to select 300 participants across the strata. The instrument that was used to collect data for this study will be developed by the researchers and titled the "Problems Associated with the Use of Family Planning Pills Questionnaire (PAUFPPQ)". Items in the questionnaire were formulated based on a comprehensive review of relevant literature. The instrument

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was divided into two sections, A and B. Section A described the demographic data of the respondents, while Section B contained 20 items on problems associated with the use of family planning pills. Section B was patterned on a four-point Likert scale of Strongly Agree, Agree, Disagree and Strongly Disagree. To ensure content validity of the "Problems Associated with the use of Family Planning Pills Questionnaire (PAUFPPQ)," the draft was validated by five lecturers in the Department of Educational Guidance and Counselling, University of Ilorin, Nigeria. The recommendations were carefully incorporated into the final version of the instrument, ensuring that it adequately captures what it measures. To ascertain the reliability of the PAUFPPQ, a test-retest method was employed. The questionnaire was administered on a sample of 30 married adults from Ilorin Metropolis who were not part of the respondents. After a four-week interval, the same group of respondents completed the questionnaire. The responses from the two administrations were then compared using Pearson's Product-Moment Correlation to determine the stability of the instrument over time. The analysis yielded a correlation coefficient of 0.73, indicating a strong reliability. In order to administer the questionnaire, the researchers obtained permission from the respondents and consent was obtained to willingly participate in the study. The questionnaire was administered by the researchers, and respondents were given adequate time to respond to the items on the questionnaire. The completed questionnaires were retrieved from the respondents for data analysis. The data collected was analysed using both descriptive and inferential statistical methods. To answer the research question, Mean and Rank Order were used. The hypothesis formulated was tested using Analysis of Variance (ANOVA) at 0.05 significance level.

Presentation of Results

Demographic Characteristics of Respondents

Table 1: Percentage Distribution of Respondents' Demographic Data

Variable	Categories	Frequency (f)	Percentage (%)
Age	18–25 years	20	6.7%
	26–32 years	50	16.7%
	33–39 years	90	30.0%
	40–46 years	60	20.0%
	47–53 years	45	15.0%
	54–59 years	25	8.3%
	60 years and above	10	3.3%
	Total	**300**	**100.0**
Religion	African Traditional	15	5.0%
	Christianity	165	55.0%
	Islam	120	40.0%
	Total	**300**	**100.0**
Educational Level	Primary School Cert	30	10.0%
	O'Level	60	20.0%

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	NCE/OND	75	25.0%
	Bachelor's Degree/HND	85	28.3%
	Master's Degree	40	13.3%
	PhD	10	3.3%
	Total	**300**	**100.0**
Duration of Marriage	0–5 years	50	16.7%
	6–10 years	90	30.0%
	11–15 years	80	26.7%
	16–20 years	50	16.7%
	Above 20 years	30	10.0%
	Total	**300**	**100.0**

Table 1 presents the demographic characteristics of the respondents. The majority (30.0%) of the participants were within the age range of 33–39 years, followed by 40–46 years (20.0%). Christianity was the most practiced religion among the respondents (55.0%), followed by Islam (40.0%). Most of the respondents had either a Bachelor's Degree/HND (28.3%) or NCE/OND (25.0%). In terms of marital duration, the highest number of respondents (30.0%) had been married for 6–10 years.

Research Question: *What are the problems associated with the use of family planning pills as expressed by married adults in Ibadan, Oyo State?*

Table 2: *Mean, Standard Deviation and Rank Order Analysis of Problems Associated with Family Planning Pills.*

No.	Items	Mean	SD	Rank
15	Back pain	3.62	.481	1st
2	Headaches	3.58	.490	2nd
18	Body pain	3.55	.493	3rd
1	Nausea	3.48	.512	4th
4	Increased fatigue	3.44	.507	5th
14	Chest pain	3.41	.523	6th
11	Abdominal pain	3.36	.514	7th

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3	Weight gains	3.31	.549	8th
8	Spotting between periods	3.30	.562	9th
20	Frequent mood swing	3.28	.576	10th
5	Skin changes (acne)	3.22	.590	11th
19	Itching of private part	3.17	.607	12th
7	Leg cramps	3.13	.613	13th
16	Ringing in the ears	3.05	.631	14th
10	Allergic reaction	3.02	.634	15th
17	High cholesterol level	2.96	.678	16th
12	Changes in vision	2.94	.679	17th
9	Gall bladder issues	2.85	.689	18th
13	Changes in bowel movements	2.77	.716	19th
6	Great hair loss	2.65	.721	20th
	Average Mean	**3.20**		

Table 2 presents the mean, standard deviation and rank order of problems associated with the use of family planning pills as expressed by married adults. The table reveals that "back pain," "headaches," and "body pain" ranked highest with mean scores of 3.62, 3.58, and 3.55 respectively. Conversely, "great hair loss," "changes in bowel movements," and "gall bladder issues" had the lowest mean scores. Since all the problems have a mean score above the cut-off point of 2.50, it implies that the respondents experienced these problems as side effects of family planning pills.

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Discussion of Findings

The finding showed that problems such as back pain, headaches, and body pain were the problems associated with the use of family planning pills. This supports the findings of Karpowicz et al. (2024), who noted that hormonal contraceptives often lead to discomfort, which includes excessive weight gain and decreased libido. These symptoms may discourage sustained use and suggest a need for detailed counselling before and during contraceptive use. The occurrence of symptoms like nausea and mood changes aligns with studies of Barr (2010), who highlighted that while these issues are common, they are often minimised by users. These problems may be attributed to the fact that some of these pills affect the hormonal composition in the body. As a result of the pill's usage, some hormones are released at high levels, which causes the body to malfunction, and the body responds negatively.

Recommendations

Based on the findings, the following recommendations are made:

1. Health institutions should organise regular sensitisation programs on the side effects of family planning pills.
2. Family life counsellors should ensure that marriage counselling covers both common and less frequent side effects of family planning pills.
3. Educational initiatives should use local languages and media platforms to reach couples with lower literacy levels.
4. Fertility experts should carry out an eligibility assessment before the commencement of the pills.

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