
Outcome of Motivational Counseling On Perceived Side Effects of Contraceptive Use Among Women of Childbearing Age in Selected Teaching Hospitals, South -West, Nigeria

Christiana Olanrewaju Sowunmi

School of Nursing Sciences,Babcock University, Ilishan-Remo, Ogun State, Nigeria

Ranti Elizabeth Kehinde

School of Nursing Sciences,Babcock University, Ilishan-Remo, Ogun State, Nigeria

Rafiat Anokwuru

School of Nursing Sciences,Babcock University, Ilishan-Remo, Ogun State, Nigeria

Abigail Adebisi Abioye

Faculty of Nursing Sciences,University of Ilesa, Osun State, Nigeria

doi: <https://doi.org/10.37745/ijhpr.13/vol14n2117>

Published May 10, 2026

Citation: Sowunmi C.O., Kehinde R.E., Anokwuru R., Abioye A.A. (2026) Outcome of Motivational Counseling On Perceived Side Effects of Contraceptive Use Among Women of Childbearing Age in Selected Teaching Hospitals, South -West, Nigeria, *International Journal of Health and Psychology Research*, 14(2),1-17

Abstract: *Modern contraceptives prevent unwanted pregnancies and reduce maternal mortality, yet many women avoid them due to fear of perceived side effects. This fear often leads to reliance on less effective methods, increasing risks of unplanned pregnancies and unsafe abortions. Motivational counselling, though effective in promoting health decisions, is underused in Nigeria to address these concerns. This study explored the impact of motivational counselling on perceived side effects of modern contraceptives among women of childbearing age in selected teaching hospitals in South-West Nigeria. Using a participatory action research design, 78 women from three teaching hospitals participated in 13 focus group discussions. Data were gathered through the four phases of action research such as planning, action, observation, and reflection, and analysed thematically, ensuring trustworthiness through Lincoln and Guba's standards. The study found the effectiveness of motivational counselling in correcting misconceptions about the side effects of modern contraceptives among women of childbearing age. Participants reported improved understanding, emphasising the importance of addressing side effects during family planning sessions. The study recommends that family planning providers institutionalise motivational counselling focused on side effects, offering clear explanations and management strategies. It also suggests shifting educational focus from contraceptive types to side effects, which often hinder uptake. Furthermore, regular training for healthcare providers on empathetic and culturally sensitive communication is essential.*

Keywords: contraceptive use, modern contraceptives, motivational counselling, perceived side effect, women of childbearing age

INTRODUCTION

Contraception allows individuals to plan their reproductive lives, regulate family size, and reduce pregnancy-related risks. However, concerns about side effects—whether real or perceived—pose significant barriers to uptake among women of reproductive age (1). Misconceptions such as fears of infertility, internal blood accumulation, or pill accumulation in the body contribute to high discontinuation rates, often resulting in unintended pregnancies (2). A study across 36 countries confirmed that over a third of unintended pregnancies stemmed from discontinued contraceptive use. Githinji et al. (3) found that nearly 25% of participants discontinued implants before the due date, often citing side effects and misinformation. The study of (4) emphasised that myths about contraceptives significantly deter usage, highlighting the need for accurate information from trained professionals.

Despite widespread awareness, contraceptive use remains low in parts of Nigeria and other low- and middle-income countries, largely due to misinformation, socio-cultural beliefs, and poor postpartum counselling (5). For instance, the United Nations (6) reported that only half of women globally have autonomy over reproductive decisions, with over 270 million women experiencing unmet contraceptive needs (7). Nigeria exemplifies this challenge: although knowledge is high—98.6% in Ekiti State per usage is much lower at 50.5%. Regional disparities exist; for example, over 97% of women in Sokoto and Yobe did not use any form of contraception in 2018 (6). Studies by (8) suggest that fostering mutual understanding between men and women and addressing shared misconceptions are critical to improving uptake.

Mukanga (9) found that women in Kitwe district, Zambia, were generally knowledgeable about family planning and recognised its economic and health benefits. However, side effects such as excessive bleeding, headaches, dizziness, and weight gain, alongside fears of delayed return to fertility, significantly contributed to discontinuation or switching of hormonal contraceptive methods. These adverse experiences also disrupted daily activities. The study recommended that family planning counselling be more patient-centred and address the management of side effects to improve quality of life. Similarly, Linnea et al. (1), in a nationally representative Ethiopian study, observed that bleeding and headaches were common side effects, especially among implant and injectable users. Notably, a substantial proportion of users feared side effects they had never experienced, suggesting a need for enhanced education on potential adverse effects to encourage method uptake and adherence.

In Southeast Nigeria, Ifeyinwa (10) highlighted cultural and religious perceptions as barriers to contraceptive use. Many believed that contraception interfered with divine procreation plans and reduced agricultural labour, thus affecting household income. Additionally, poor partner support further discouraged uptake. Mruts, et al. (11) reported that Ghanaian women were especially concerned about menstrual irregularities associated with hormonal methods. They expressed strong beliefs in hospital-based contraceptive provision, including the need for blood tests to

determine suitable methods. Misinformation and myths remained significant deterrents, underscoring the need for targeted educational interventions (12). Mwisaka (2), examining youth in Kwale County, Kenya, discovered widespread biological and social myths among both genders, indicating low reproductive health literacy. Gender-sensitive and fact-based sexual and reproductive health (SRH) education was recommended to tackle fears and increase uptake. Gbenga-Epebinu et al. (13), studying Southern Nigeria, reported high awareness of family planning but low willingness to use modern contraceptives due to fears of infertility, unnaturalness, failure, and side effects. These misconceptions continue to hinder broader contraceptive adoption despite widespread awareness. Collectively, these findings underscore the urgent need for culturally sensitive, factual, and empathetic family planning services across African settings.

Motivational counselling, grounded in participatory action research, emerges as a transformative approach to addressing these barriers. It fosters dialogue between researchers and participants, enabling women to express concerns, acquire accurate information, correct misconceptions, and shift their perceptions (14). Motivational counselling holds significant promise for increasing contraceptive use by empowering women to make informed decisions. This study explores the outcome of such counselling on the perceived side effects of modern contraceptive use among women of childbearing age in selected teaching hospitals in Southwest Nigeria. The primary objective of this study was to explore, using a participatory action research approach, the outcomes of motivational counselling on the perceived side effects of modern contraceptive use among women of childbearing age in a selected teaching hospital in South-West Nigeria. Specifically, the study aimed to investigate the perceptions of these women regarding the side effects associated with modern contraceptive methods.

METHOD

This study employed a participatory action research (PAR) design to investigate the perceived side effects of modern contraceptive use among women of childbearing age in selected teaching hospitals in Southwest Nigeria. Rooted in collaborative engagement, PAR involves cycles of planning, acting, observing, and reflecting, with the aim of producing knowledge through dialogue and participation rather than on participants. Data were collected through focus group discussions, which provided rich, shared insights into the women's perceptions. The target population consisted of women of childbearing age who attended child welfare clinics but were not currently using any form of contraception. A total of 2,172 women attended these clinics across three selected hospitals within a six-month period: Olabisi Onabanjo University Teaching Hospital, UNIOSUN Teaching Hospital, and Federal Teaching Hospital Ido Ekiti. Inclusion criteria focused on women of reproductive age, present during the study, not using contraceptives, and willing to participate, while exclusions applied to pregnant women, those on permanent contraception, sick individuals, or women beyond childbearing age.

Sampling involved a multistage approach, beginning with random selection of three states (Ogun, Osun, and Ekiti) from the six states in Southwest Nigeria using ballot papers. One teaching hospital

was randomly selected from each state: OOUTH Sagamu, UNIOSUNTH Osogbo, and Federal Teaching Hospital Ido Ekiti. The child welfare clinics in these hospitals were purposively chosen due to their access to the target population. Within each setting, five to seven women participated in focus group discussions, guided by the principle of data saturation. Participants were recruited through purposive and convenient sampling, ensuring that only women who met the inclusion criteria and were present at the time of the study were involved.

The study employed focus group discussions (FGDs) as its primary data collection method, integrating a participatory action research (PAR) approach to collaboratively examine women's perceptions of modern contraceptive side effects. FGDs were facilitated using a structured guide, audio recordings, and field notes, with the researcher actively participating in the process. Demographic information—including age, ethnicity, religion, education, and number of children—was collected to contextualize participants' responses. To ensure the instrument's validity, the FGD guide was reviewed by reproductive health experts and refined accordingly. Reliability was established through a pre-test at Ekiti State University Teaching Hospital, followed by member checking and peer debriefing to confirm the accuracy of transcriptions.

Data collection commenced after obtaining ethical approvals from relevant committees, including Babcock University Health Research Committee, and securing informed consent from participants. FGDs were conducted with women of childbearing age not currently using contraceptives, in selected teaching hospitals. The discussions, held in English and Yoruba, were structured to create an open environment for participants to share their experiences and concerns. The PAR cycle guided the process through planning, action, observation, and reflection phases. During the planning phase, research assistants were trained, and participants were recruited. The action phase involved two sessions: the first gathered baseline data on perceptions of contraceptive side effects, while the second provided motivational counseling, addressed misconceptions, and offered coping strategies.

In the observation phase, follow-up assessments at four and six weeks' post-intervention evaluated changes in knowledge and perceptions, with data collected via phone calls and clinic records. A twelve-week follow-up assessed contraceptive uptake. The reflection phase involved a retrospective analysis of clinic attendance and contraceptive adoption over six months, comparing pre- and post-intervention data. Thematic content analysis, following Newell and Burnard's methodology, was employed to analyze transcribed data. This involved organizing and coding data, identifying themes, and incorporating direct quotes to illustrate key findings.

Ethical considerations were paramount throughout the study. Participants provided informed consent and were assured of confidentiality and anonymity, with data stored securely on a password-protected computer. In addition, approval was sought from Babcock University ethical and research committee and approval number was collected (NHREC/24/01/2020). The study adhered to ethical principles of beneficence, ensuring that participants were informed of the potential benefits of the research, and justice, treating all participants equitably. Participation was

voluntary, with the right to withdraw at any time without repercussions. The study aimed to generate knowledge to assist women in managing contraceptive side effects and promote informed decision-making regarding family planning.

RESULTS

The socio-demographic profile of the respondents reflects a relatively youthful population, with the majority falling within the age range of 20 to 40 years. This indicates that most participants are in their reproductive and economically active stages, which can be crucial for discussions centred around family health, maternal care, or community development. The dominant ethnic group among the respondents is Yoruba, comprising the overwhelming majority across all focus groups, with only a few individuals identifying as Igbo or Ebirá. This suggests the study sample is ethnically homogenous, potentially reflective of the geographical area of the research. In terms of religion, Christianity is the prevailing faith, though a significant number of respondents are also adherents of Islam, indicating a degree of religious diversity within the sample.

Educationally, the respondents exhibit a relatively high level of attainment. Most of them hold tertiary qualifications—ranging from National Diploma (ND), Higher National Diploma (HND), Bachelor's degrees, and postgraduate degrees. A smaller portion of the respondents has completed secondary education or obtained NCE (National Certificate in Education). This educational spread suggests a literate population with a foundational understanding of health-related or social issues, which is vital for meaningful participation in developmental dialogues or focus group discussions. It also implies that most participants may possess the cognitive ability to interpret and engage with interventions or policy-related information, making them suitable stakeholders for community-focused initiatives.

The number of children reported by the respondents varies significantly, ranging from one to six children per individual. This variation reflects differing family sizes, which could be influenced by age, marital status, cultural expectations, or economic conditions. Participants with higher educational qualifications tend to have fewer children, which may be indicative of a trend towards family planning among educated women. In contrast, some participants with lower education levels report having more children, suggesting a possible inverse relationship between education and fertility choices.

Table 1: Themes generated at the action phase

S/N	Themes	Sub-Themes
1	Perceived side effects of modern contraceptives	Excessive bleeding Absence of monthly menstruation Excessive weight gain
2	Source of information on Perceived side effects of modern contraceptives	Friends and neighbor Previous experience of side effects
3	Impact of perceived side effects on uptake of contraceptives	Discouragement leading to poor uptake

Source: Fieldwork, 2024**Table 2: Themes generated at the observation/reflection phase**

S/N	Themes	Sub-Theme
1	Knowledge acquired on perceived side effects of modern contraceptives	Knowledge gained on the reasons for irregular bleeding (Oral Pill) Good understanding on the reason for heavy menstrual flow understanding of the reason for absence of menstruation Gained understanding on the reason for feeling unwell Ability to control weight gain

Source: Fieldwork, 2024

At the action phase, one of the most prominent themes that emerged was the perceived side effects of modern contraceptives. The sub-themes highlighted various forms of side effects experienced or reported by participants, such as excessive bleeding, absence of menstruation, and significant weight gain. These perceived side effects appeared to stem largely from informal sources of information like friends and neighbours, as well as from personal experiences of previous contraceptive use. These negative perceptions had a considerable impact on the willingness of women to use contraceptives, with the data indicating that the fear of these effects led to discouragement and, consequently, poor uptake of modern contraceptive methods. The findings suggest that misinformation and anecdotal evidence play a significant role in shaping attitudes towards contraception, particularly in community settings where access to professional medical advice may be limited.

In the observation/reflection phase, the participants appeared to gain improved knowledge and understanding of the side effects previously perceived as negative. The theme here revolves around

the knowledge acquired regarding the causes of specific symptoms such as irregular bleeding due to oral pills, heavy menstrual flow, absence of menstruation, and general feelings of unwellness. Moreover, participants showed an enhanced understanding of how to manage or mitigate these side effects, such as learning how to control weight gain. This phase highlights the transformative power of accurate information and education, as participants' fears were alleviated through better knowledge. The reflection process enabled a shift from misinformation-driven decisions to more informed perspectives, which may potentially lead to increased confidence in the use of modern contraceptives.

Theme 1: Perceived side effects of modern contraceptives

Excessive bleeding

In exploring the theme "reasons for non-update of modern contraceptives" the participants said the fear of the side effects of modern contraceptives is the major reason for non-uptake of modern contraceptives. Excessive bleeding is one of the factors that prevents them from adopting family planning. Women especially those on implants bleed uncontrollable, the usual menstruation that should last for few days, their own is prolonged as far as their months in some cases. The following quotes demonstrated the assertion:

P7FG12 said:

"You see, the complain about bleeding is too much. There's one person close to my shop when she's menstruating she use diaper instead of pad because the blood flow is always too much, she said she did family planning, the same thing happened to one of my friend that did, she also bleed, they have to remove it, must it be that way?,"

P3 in FG4 said:

"Some people use to bleed, the menstruation can last fourteen days instead of seven days, this is discouraging, I can't do family planning, some even bleed for like three months the first, second and third month, how much blood do I have in my body?, Condon is also for family planning I can be using that one"

P6 I FG7 said:

"I did implants before and I was bleeding, so I stopped, I cannot use it again, it may work well for some people that they will not bleed but me It's not working for me and I can't even do it again, me and my husband we know how we do it, he did not use to pure it inside so pregnancy cannot occur"

P6 3 FG3 said:

"When I took injection type, I menstruated for three months, I was even scare, the menstruation later stopped for another three months and thereafter it becomes not stable again, this was challenging to

me because I see it as something that is bad and not encouraging, since then have said no to family planning"

Absence of monthly menstruation

Participants said every woman is expected to menstruate every months, there shouldn't be any delay in observing these except if the woman is pregnant, they believe that menstrual flow is a way of removing dirty from the body and when this dirty remains in the blood, it's a danger sign and can lead to fibroids, enlarged abdomen and weight gain. This was shown in the excerpt bellow:

P2 FG3 said:

"Yes, my friend told me that if you do family planning you will not Menstruate again and your stomach will become big, I cannot watch myself becoming deformed, I rather not do family planning, that my friend used injection and she was not seeing her period again, menses supposed to come every month, why will a woman not menstruate again?"

P6FG7 said:

"Family planning use to stop menstruation, menstruation is a dirty that should come out of the body every month, if this dirty is unable to come out the person can have fibroids, anybody that is not menstruating is not fine o, they have to go and remove the family planning so that they can start menstruating again if not it will affect her later"

P2FG5 said:

"Menstruation that did not come out at the end of the month will be accumulating in the body, the day it will come out it will be very heavy, when I did implant and I remove it, if you see the blood that came out of my body, it was too much."

Weight gain

Experience of weight gain by women on modern contraceptives were given as reason for non-uptake of modern contraceptives among the participant. They regarded their shape as something that should not be altered by any means. They consider weight and fitness as what keeps them to be continually loved and accepted by their husbands. They mentioned how the use of contraceptives has increased the weight of some women and render them shapeless. The following quotes supported the theme:

P4 in FG1 said:

"My husband likes my stature the way it is he will not want me to become fat, family planning is known to make someone add excessive weight, I want to always be attractive to my husband, we

will look for a way of doing it that pregnancy will not occur, at least the aim is to prevent pregnancy"

P4FG1 said:

"It is discouraging because my neighbor and friend that experienced side effects which were bleeding, weight gain, delay in conception, I didn't know why it has to be like that? I'm a fat person, I'm scared I don't want to add more weight"

P4FG7said:

"My mother in-law said I should not do family planning because it makes someone to add weight and sometimes the person will be feeling weak unnecessarily. Weight that is not proportionate to the body makes someone looks like an amoeba, I want to protect my stature"

Theme 2: Source of information about contraceptive side effects

Friends and neighbors

The participants in this study relate their source of information about contraceptive side effects to the people around them, their friends, and neighbors when they meet in clinics or outside the home. This was shown in the quote below:

P4 FG11 said:

"I got information about side effects of family planning from some close to me she narrated how she bleed when she was on family planning. Also during discussion when we are in clinic for immunization, everybody mentioned what they have heard about side effects of family planning and what some have even experienced"

Previous experience of side effects

Some of the participants said their source of knowledge was from their past experience and the experience of people close to them. This was shown in the excerpt below:

P2 FG12 said:

"Have experience side effect when I was using oral pills, I was having headache, nausea I have to stop. People relate their experience when we meet in immunization clinic, one woman said her friend told her they have to remove her wound, and I don't know the method she did"

Theme 3: Impact of perceived side effects on decision to adopt contraceptives

Discouragement leading to poor uptake

The participants expressed how the perceived side effects of modern contraceptives has affected their decision making. They said all what they hear and see about side effects have discourage them and they don't want to hear anything about family planning. Imagine someone that is feeding very well but still losing weight, also the fair of what could be the result of the side effects and the discomfort that accompanied family planning use is a big challenge. The following quotes supported the theme:

P2FG4 said:

“Looking at the side effect of family planning it is enough to stop someone from doing it, it's preventing a lot of people and that is what is making me not to do family planning till today. People use to give their various complaint about what they are passing through”

P5FG4 said:

“What we see and say about side effect of family planning is discouraging, some will bleed while some lose weight or gain weight, one should not go near family planning, emerging when someone is eating and is still losing weight, it makes it scary and discouraging”

Thematic Analysis at the observation and reflection phase

Theme 1: Knowledge acquired on perceived side effects of modern contraceptives

The intervention successfully corrected perception, misconceptions, myths and beliefs about modern contraceptive methods. The theme change in perceived side effects of modern contraceptives was evidenced through the participant's knowledge about weight control. Participants express a change in the way they perceive weight gain in relation to contraceptive use. They said weight gain could be due too unhealthy dietary behavior making them to accumulate fat, when an Individual consumes a lot of sugar or eating heavy meal at times, this could result into excessive weight gain. The following quotes supported the theme:

P2FG1 said:

“It may not be the family planning the woman did that is making her to add weight, it could be the way she is eating, if someone is on family planning and is eating heavy food late at night, eating too much sugar, such person will definitely add weight, what the person can do is to watch her diet, eat fruits and vegetables, avoid eating heavy food at night, eat healthy meal.”

Participants also expressed the importance of exercise in maintaining healthy weight. Exercise is a physical activities that keeps the body fit, women on family planning should engage in minimal exercise; this may prevent weight when on contraceptives. The quote bellow supported the theme:

P5FG10 said:

“Women should learn to engage in physical exercise, this is very important, every married woman has tendency of gaining weight even when she is not on family planning but when the women engage in exercise, it most time reduce weight gain”

Understanding reasons for heavy menstrual flow (Bleeding)

The effectiveness of the dialogue session was revealed as the participant gained knowledge of the reason for heavy menstrual flow. The participants understand that the family planning that is introduced to the body is a strange thing that has not been part of the body before, this may make the body react in a way to adjust to it and bleeding can occur in the process. This can take a duration of three to six months. This was shown in the excerpt bellow:

P2FG2 said:

“It is now clear that they are introducing a new agent to the body when we do family planning, the body may not have adjusted to this agent making the woman to react and the woman experience side effects, the body will be trying to adjust to the family planning, it may take a minimum of three months or so before the person will become okay”

However, participants shows understanding on the need to take certain steps when the need arises. In a situation where the bleeding is becoming life threatening or they can no longer cope with it they should report in the clinic, comprehensive examination will be done and the parson can change to another method. This was shown in the excerpt bellow:

P4FG12 said:

“I understand during the lecture that when the bleeding is too much and the person is not okay or any side effects that is unbearable, the person should go back to the clinic for checkup and probably change to another method that may be more tolerated by the body”

Adequate knowledge on the reasons for irregular bleeding (Oral pills)

The motivational counseling was effective as the participant have knowledge of reason why some women have irregular bleeding especially when on oral pills. They expressed a shift in perception about irregular bleeding which they think must always occur when on oral pills. They understand that timing of the oral pill is significant in preventing irregular bleeding, once this is altered bleeding occurs. This was shown in the excerpt bellow:

P3FG2 said:

“I now know that if a woman is on oral pills and she did not take it at the actual time she is supposed to take it, maybe she took it 8am today and take at 10am tomorrow, there will be irregular bleeding. If they say a drug is daily, in 24hours when you start at 9am today

you must be taking it 9am every day, not that you take it at 7am today, 8am the following day, it can have effect on the body”

Participants also demonstrate knowledge on the importance of not missing the daily oral pill. If the woman should miss taking the pill on daily bases she’s at risk of having irregular bleeding, women that has oral pills as their choice of family planning should not miss taking it every day. This was shown in the excerpt bellow:

P4FG6 said:

“It is interesting to hear that when a woman take her oral pills regularly such woman may not experience irregular bleeding, that means women on oral pills and her having irregular bleeding are probably not taking the pills as prescribed”

However, part pants demonstrated understanding on the importance of setting up an alarm which will remind them of the time to take the pill and if that cannot work, the woman can change to another method that will not require strict timing. The quotes bellow demonstrate participant’s assertion:

P1FG1 said:

“What you said about the setting of alarm is true, when I was on oral pills I use to set alarm for it and I did not experience irregular bleeding, I stopped when I felt I don’t want to do family planning again”

P4FG12 said:

"I get the fact that the body tries to adjust to the family planning and there could be bleeding, also if it persist for long, the person should go back to the clinic, they will check the person and probably prescribe another method"

Change in perception towards absence of menstruation

The participants perception about absence of menstruation was changed after the motivational counseling through dialogue with the researcher, initially, they thought it is unhealthy not to menstruate as a woman, there will be accumulation of dirty in the body, they said they were amazed to hear that when a woman is on family planning and she's not menstruating it's not a problem, it’s even of an advantage. This was shown in the excerpts bellow:

P6FG2 said:

"Before I thought absence of menstruation is a big problem, the person may develop fibroids but now that you have explained the process to us, I now know that it is even of advantage because it will be building the blood and prevent anaemia"

P4FG3 said:

"Yes, that blood that is not coming out as menstruation every month will make someone to look fresh and healthy, I agreed that it is not a danger sign and is not harmful to the body, it is Normal, and the family planning is working well, the person will be looking radiant"

Change in perception towards feeling of unwell

The effectiveness of the dialogue was revealed in the participants change in perception towards migraine, vomiting and mood swing. The participants understand that all these effects are for a period of time, it will be over, paracetamol can be taken for headache this period, for some one that feel nauseated when taking the oral pills they can put the drug inside swallow. They also said the oral pills can be taken at bed, there expression signifies change in their opinion about Side effects of contraceptives after the intervention. This was shown in the excerpts bellow:

P4GH2 said:

"Before the lecture you gave us, when I thought of the migraine, vomiting and mood swing, I thought it's going to be a continuous thing, but you make me understand that it's for the main time, the person can also take the drug at bed time"

P5FG9 said:

"I know I have to watch the time to take the pills, if it's making me to vomit and I use to take it in the morning, I need to change to bed time, also one can put it inside swallow to reduce the irritation"

However, participants expressed their understand on the need to return to the hospital if symptoms are unbearable, at that, the method can be changed to another one that may have less negative effect. This was shown in the excerpt bellow:

P1FG8 said:

"With all I learned, if I do family planning and I cannot bear the side effects I should go back to the hospital, they can change it to another method that is if I can no longer cope with the side effects and the side effects is beyond the period it should last"

DISCUSSION OF FINDINGS

The study sheds light on the effectiveness of the motivational counseling on perceived side effects of modern contraceptives, offering rich insights into participants' perspectives and the knowledge gained. The responses from participants highlight several key aspects, and these insights can be related to existing literature on perceived side effects of modern contraceptives. The need for family planning providers to offer family planning services that address the side effects of hormonal contraceptives during counselling and how women can manage them was met. Participants said effective dietary control will resolve the issue of weight gain during contraceptive use, also women should engage in physical exercise to maintain body fitness. Some of them

collectively said when there is bleeding after insertion of contraceptives, the body is trying to adjust to it and it may take a period of three to six months. One participant added that if the bleeding is beyond control, the contraceptive method can be changed to another method. Study carried out by Mruts (11) in sub-Saharan revealed that Family planning counselling provided during antenatal care, delivery, postnatal care, and both antenatal and postnatal care was found to be associated with increased postpartum contraceptive uptake. Furthermore, newly implemented family planning counseling interventions led to improvements in postpartum modern contraceptive adoption. Collectively, the evidence indicates that family planning counseling, delivered at various points within maternal health services with participation of women, enhances the uptake of contraceptives among postpartum women.

They admitted that irregular bleeding when a woman is on oral pills can be prevented if the pills are taken regularly and at the same time every day, irregular bleeding occurred when the pills are missed or taken at different hour during the day. A participant affirmed that setting of alarm is essential to serve as a reminder. Also participants agreed that there is room for change of method if symptom is life threatening. These shows the effectiveness of the motivational package and it is similar to finding of (15) Investigating the quality of family planning counselling as part of routine antenatal care and its effect on intended postpartum contraceptive method choice, this reveals that women visiting hospitals with a dedicated FP counselor reported higher quality of FP counselling. Therefore, it is an urgent need to re-visit the format of counselling on PFP during ANC visits, corresponding information education and counselling materials, counselling setting, and to strengthen availability and interaction with providers in order to improve quality, experience and satisfaction with FP counselling during ANC visits. Similarly, in another study conducted by (15) in Nepal supported the current study on the impact of counselling in reducing unmet need for modern contraceptives. Counselling women either before or after discharge reduces unmet need for postpartum contraception but counselling in both periods is most effective and this yield more result when participants are involved in a collaborative manner.

The participants expressed their knowledge on the absence of monthly flow, this is not harmful to the body, it will even build the blood level and prevent anaemia, and the woman will be looking radiant. They showed understanding that any medication that is causing vomiting and discomfort can be taken at bed time to limit symptoms. Collectively, participants know that method of contraceptives can be changed if the side effects is unbearable. The overall goal of the motivational counseling was achieved, participants expressed their change in perception of side effects of modern contraceptives. They said the dialogue section has clarified some issues about side effects of modern contraceptives they are now encouraged and motivated. Study carried out in India by (4) on family planning counseling and its associations with modern contraceptive use suggest that with a patient-centered approach to counseling, continued use of modern contraceptives can be supported among married women of reproductive age.

CONCLUSION

The findings of this study revealed that the motivational counseling on perceived side effects of modern contraceptives has effectively correct misconception toward perceived side effects of modern contraceptives among women of childbearing age. The participants expressed their understanding of the side effects, correct misconceptions toward modern contraceptives. Therefore, education on modern contraceptives should shift from teaching on the type and function but to focus on those side effects that serves as a barrier to uptake of modern contraceptives. Efficient information on the side effects of modern contraceptives in clinics is believed to correct misconception and subsequently promote uptake.

Recommendations

1. Family planning providers should institutionalise motivational counselling sessions that specifically address perceived side effects of modern contraceptives. These sessions should provide clear, evidence-based explanations of common side effects, their causes, and practical strategies for managing them.
2. Educational initiatives on contraceptives should go beyond describing the types and functions of contraceptives. Instead, they should prioritise addressing the side effects that act as barriers to uptake, such as irregular bleeding, weight gain, and amenorrhea. This shift in focus ensures that women's concerns are directly addressed, enabling them to feel supported and understood, which aligns with evidence that perception of side effects plays a significant role in contraceptive discontinuation or avoidance.
3. Healthcare providers should receive regular training on how to effectively communicate about contraceptive side effects using empathetic and culturally sensitive approaches. This includes equipping providers with tools to listen actively, counter misinformation respectfully, and reassure clients about the manageability and normalcy of certain side effects. Such capacity-building will improve the quality of counselling and help reduce fear-based decisions.
4. To counteract misinformation often spread by peers and neighbours, community-based education programs should engage trained peer educators who can share accurate information and personal success stories about contraceptive use. These programs can bridge the gap between clinics and communities by reinforcing the information provided during clinical counselling and promoting positive attitudes toward contraceptive use at the grassroots level.

REFERENCES

1. Linnea, A. Z., Dana, O.S., Celia, K., Shannon, N. W., Caroline, M., Simon P.S. K., & Fredrick M. (2021). Family planning beliefs and their association with contraceptive use dynamics: results from a longitudinal study in Uganda *Studies in family planning* 52 (3), 241-258, 2021 <https://doi.org/10.1111/sifp.12153>

2. Mwaisaka, J., Gonsalves, L., Thiongo, M. & Peter, G. (2020). Exploring contraception myths and misconceptions among young men and women in Kwale County, Kenya. *BMC Public Health* 20, 1694 <https://doi.org/10.1186/s12889-020-09849-1>
3. Githinji, F., Maru, S., Karimi, P., Rutungwa, E., & Kayitare, E. (2022). Factors affecting provision of female family planning commodities in public health facilities in Kajiado County. *Kenya Journal of Pharm Policy and Practice*. <https://doi.org/10.1186/s40545-022-00488-y>
4. Dehingia, N., Dixit, A., Averbach, S. et al.(2019). Family planning counseling and its associations with modern contraceptive use, initiation, and continuation in rural Uttar Pradesh, India. *Reprod Health* 16, 178. <https://doi.org/10.1186/s12978-019-0844-0>
5. Dev, R., Kohler, P., Feder, M., Jennifer, A. U., Nancy, F. W., & Alison, L. D. (2019). A systematic review and meta-analysis of postpartum contraceptive use among women in low- and middle-income countries. *Reproductive Health*. <https://doi.org/10.1186/s12978-019-0824-4>
6. UNFPA. (2022). State of world population report, seeing the unseen: The case for action in the neglected crisis of unintended pregnancy. New York: UNFPA. https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22report_0.pdf
7. United Nations, Statistics Division. (2022). Global SDG Indicators Database. <https://unstats.un.org/sdgs/metadata/>
8. Jonathan, I. C., & Abubakar, M. (2019). Determinants of modern contraceptive use among postpartum women in two health facilities in urban Ghana: a cross-sectional study *Contraception and reproductive medicine* 4 (1), 1-11
9. Mukanga, B., Mwila, N., Nyirenda, H.T. Victor D. (2023). Perspectives on the side effects of hormonal contraceptives among women of reproductive age in Kitwe district of Zambia: a qualitative explorative study. *BMC Women's Health* 23, 436 <https://doi.org/10.1186/s12905-023-02561-3>
10. Ifeyinwa, C. A., Ugochukwu, C. M., Ijeoma, N. O., Chika, J. A., Benedict, N. A., Chukwuma, D. U., & Chinyere, O. M. (2020). Perception, pattern of use, partner support and determinants of uptake of family planning methods among women in rural communities in Southeast Nigeria. *Contraception and Reproductive Medicine* 5 (1), 1-8, <https://doi.org/10.1186/s40834-020-00120-x>
11. Mruts, K.B., Tessema, G.A., Gebremedhin, A.T., Scott, J.A., & Pereira, G. (2022). The role of family planning counselling during maternal and child health services in postpartum modern contraceptive uptake in Ethiopia: A national longitudinal study. *PLOS Glob Public Health* 2(8): e0000563. doi:10.1371/journal.pgph.0000563
12. Ejioye, O.T. & Gbenga-Epebinu, M.A (2021). Awareness and Experience of Disrespect and Abuse among Pregnant Women Receiving Care in Selected General Hospitals, Lagos State. *International Journal of Medicine, Nursing and Health Sciences*, 2(2), 201 – 212. DOI: 10.5281/zenodo.5186976
13. Gbenga-Epebinu, M.A & Ogunrinde M.E. (2020). Qualitative Analysis of Factors Influencing Modern Contraceptives Use Among Couples in A Rural Settlement in Ekiti State, Nigeria.

Commonwealth Journal of Academic Research, 1(3), 66 – 73. DOI: 10.5281/zenodo.3883142

14. Anthony, I. A., Adeniyi, O.V., & Akpan, W. (2018). Use of traditional and modern contraceptives among childbearing women: findings from a mixed methods study in two southwestern Nigerian states *BMC public health* 18, 1-9, <https://scholar.google.com>
15. Puri, M.C., Moroni, M., Pearson, E. Pradhan, E.. (2020). Investigating the quality of family planning counselling as part of routine antenatal care and its effect on intended postpartum contraceptive method choice among women in Nepal. *BMC Women's Health* 20, 29 <https://doi.org/10.1186/s12905-020-00904-y>