

The Use of Contraceptives Among Ijesa Women of Southwestern Nigeria

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Abstract

The world's population has been changing dramatically over the years. It has indeed undergone such rapid and profound transitions that modern population policies have sought to manage some of these demographic changes, principally, rapid population growth in high fertility countries. The issue of fertility has received much attention due to its central importance in demographic changes. Family planning or use of contraceptives is important in reducing the high fertility rate in most developing countries, including Nigeria. Contraceptive methods are classified as modern or traditional methods. This paper examines the prevalence of the use of contraceptives among ijesa women. The study also examines the type of contraceptive(s) that is widely used among ijesa women. A cross-sectional survey design using both quantitative and qualitative techniques was employed. A multistage sampling technique, which involved purposive selection of four Local Government Areas (LGAs) and a random selection of 17 enumeration areas and 1,594 ever-married women of childbearing age was carried out. A structured questionnaire was used to collect data. Quantitative data were analyzed using descriptive statistics, and qualitative data was contently analysed. The findings of the study revealed that the majority of the respondents have knowledge of different methods of contraceptives, with condom been the most known and used among the methods. It was also discovered that the percentages of those who have ever used a method are considerably lower than those who have ever heard of a method. Further, the current use of contraceptive is low in the study area. Many respondents were not using because of the disapproval of their husband, and because it is against the religious beliefs of some of the non-users. A little above half of the respondents planned to use contraceptive in the future. The study concluded that contraceptive use is low in the study area, and this is likely to lead to high fertility. It suggested the need for more awareness creation to develop positive attitude toward contraceptive use in the study area.

Key words: Contraceptive, Fertility, Prevalence, Population growth, Ijesa women

1. Background

The world's population has been changing dramatically over the years. It has indeed undergone such rapid and profound transitions that modern population policies have sought to manage some of these demographic changes, principally, rapid population growth in high fertility countries. Of the varieties of the demographic variables to which sustained attention and major efforts have been directed, fertility remains the most inexplicable even though it has received the most attention (Graft, 1979; Pearce, 2001; Feyisetan and Bankole, 2009). There is no doubt that immense efforts have gone into the analysis of both the historical and contemporary data of fertility patterns and changes. (Isiugo – Abanihe, 2010). The issue of fertility has received much attention due to its central importance in demographic changes. This importance stems from the fact that it is a major expansionary force in population changes and a major counteracting force to population attrition. Secondly, the forces affecting fertility in a population are more complex than those affecting mortality (Bogue, 1971; Pearce, 2001), hence fertility is more difficult to change through government policies (Isiugo- Abanihe, 2010).

Family planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. This study will elaborate on a number of aspects of contraception including knowledge of specific contraceptive methods, attitudes and behaviour regarding contraceptive use, ever use and current use, as well as sources of contraceptive methods,

Contraceptive methods are classified as modern or traditional methods. Modern methods include female sterilisation, male sterilisation, the pill, intra-uterine device (IUD), injectables, implants, male condom, female condom, diaphragm, foam/jelly, lactational amenorrhoea method (LAM), and emergency contraception. Methods such as rhythm (periodic abstinence) and withdrawal are grouped as traditional methods

2. Family Planning

Family planning can be defined as the ability of individuals and couples to attain their desired number and spacing of their children through contraceptive use, which is one of the most cost-effective public health interventions and is pivotal to reducing fertility (Graff, 2014). Nigeria's family planning program began in 1964 with the National Family Planning Council of Nigeria (Oyediran, 1969). Contraceptive use reduces the pregnancy rate, the number of unintended pregnancies and associated induced abortions and the proportion of high-risk pregnancies, therefore causing a reduction in maternal mortality and an improvement in maternal and child health.

Studies have estimated that 30% to 40% of maternal deaths (Ahmed *et al.* 2012; Cleland, Ndugwa, and Zulu 2011; Collumbien, Gerressu, and Cleland 2004; Singh *et al.* 2009) and 90% of induced abortion-related maternal deaths (Cleland *et al.* 2006) could be averted if all women who desired to use contraceptives had access to them. In addition, contraception makes significant contributions to reducing levels of infant, neonatal and under-five mortality (Tsui and ACreanga 2009). In the past few decades investments in family planning programs have raised the level of contraceptive use from 19% to 62% in the developing world and contributed to an estimated 75% decline in fertility (Greanga *et al.* 2011).

The use of contraceptives in Nigeria has remained persistently low which has not allowed for the derivation of success in maternal and child health; with the prevalence of modern contraceptive use stagnating at 10% among currently married women (National Population Commission and ICF International and 2014), much lower than the African average. The resultant high fertility is a significant contributor to high maternal mortality in Nigeria. Even though Nigeria has only 2% of the global population, it contributes a disproportionate 14% to the global burden of 289,000 annual maternal deaths (World Health Organization 2014).

Before the 1980s, however, family planning programs were not a priority for the government of Nigeria and consequently were driven by development partners and nongovernmental organizations. Following analysis of the consequences of unregulated population growth on health and development in Nigeria, starting in the late 1980s the country began formulating various policies aimed at improving reproductive health outcomes and reducing fertility levels through family planning. These include Nigeria's national population policy, first enunciated in 1988 and revised in 2004. These policies focused on increasing uptake of modern contraceptives for health and national demographic goals (Federal Republic of Nigeria, 1988).

3. Factors Influencing the Use of Contraceptives

The demographic factors influencing use of contraceptives include age, parity, marital status and marriage type. Women's age has a curvilinear effect on contraceptive use, with lower levels of use at younger and at older ages (Njogu 1991). It has been stated that in Africa, sexually active single women are more likely to use contraceptives than married women (Adebayo *et al.* 2012; Caldwell, Orubukoye, and Pat, 1992). Marriage type has a mixed effect on uptake of contraceptives, which is made more complex by spousal age differences and inequalities between co-wives (Hertrich 2005). Polygamy has been associated with lower levels of contraceptive use (Johnson and Elmi 1989; Peterson 1999). A study from Northeast Nigeria reported that women in polygamous unions are less likely to use contraceptives compared with women in monogamous unions (Audu *et al.* 2008). Polygamy, when coupled with youthful age at marriage and with wide differences in age between spouses, may inhibit husband-wife interactions and perpetuate male dominance within the marriage (Ezeh 1997).

The demographic factors may be mitigated by biological and behavioural factors, such as fecundity, sexual activity, and desire for children. African societies believe that children are a gift from God and are also social and economic investments; this has negative implications on use of contraceptives (Caldwell and Caldwell 2000). Couples and women who desire more children are less likely to use contraceptives (Mahmood and Ringheim 1999). Studies have found that an inverse relationship exists between the number of living children and use of modern contraceptives (Stephenson *et al.* 2007; Uchindi 2001; Yihunie *et al.* 2013). Evidence from a number of countries has pointed towards the partner's disapproval and his desire for more children as key factors for non-use of contraception (Bongaarts and Bruce 1995).

A strong relationship has been found between women's education, especially completed primary education and entry into secondary level, and fertility reduction. Several studies have reported that women's education has a strong positive impact on contraceptive use (Bawah 2002; Burgard 2004; Guilkey and Susan 1997; Kradval 2002). In Nigeria, education has been found to increase contraceptive use (Oye-Adeniran *et al.* 2006). Nigerian women with tertiary level education are one-and-a-half times more likely to have ever used contraception than

women with secondary education (Asekun-Olarinmoye *et al.* 2013). Partner's level of education is equally important, as it may operate through many of the same pathways (childbearing preferences) as the woman's own education, given that education levels of husbands and wives are positively correlated (Malwade 2002). A study from Nigeria showed that the likelihood that a woman and her partner were using contraception was higher if at least one partner had a primary or higher education than if both had no education (Ibisomi 2014). However, women who are more educated than their husbands tend to use contraceptives more than women who are not as educated as their husbands (Stephen and Enoch 2014). Level of education is a predictor of socioeconomic status, which correlates with contraceptive use. Thus, women of lower socioeconomic status have lower uptake rates of contraceptives (Acharya 1998; Ibisomi 2014; Shah, Shah, and Radovanovic 1998; Stephenson and Tsui 2003).

Independent of socioeconomic factors, knowledge of contraceptives is a determinant of contraceptive use. Exposure to mass media has strong effects on attitudes towards family planning through ideation, which has been found to contribute to observed fertility decline (Cleland and Christopher 1987). Evidence from a number of studies reveals that exposure to mass media messages promoting family planning may affect contraceptive behaviour (Jato *et al.* 1999; Kane *et al.* 1998; Storey *et al.* 1999). In Nigeria, use of modern contraceptives, the intention to use them and desire for fewer children were found to be associated with exposure to media message about family planning (Bankole, Rodriguez, and Westoff 1996).

4. Contextual Factors and Contraceptive Use

After accounting for the effects of individual and household factors, variations in contraceptive use still persist. Since individuals live in communities, communities evidently influence personal health behaviour, as there are usually intersections between personal beliefs and attitudes and community norms. With regards to contraceptive use, women must navigate community norms to fulfil their ideals in terms of fertility and contraceptive decision-making (Colleran and Mace 2015). The community influences an individual's use of contraceptives through multiple pathways: socioeconomic characteristics of the community, presence of health facilities and infrastructure and prevailing attitudes and behaviour. Consequently, within the reproductive health field attention is now shifting to examining the role of contextual factors in explaining the observed variations in contraceptive use, with increasing attention being given to the role of the community in shaping reproductive health behaviour of individuals, including contraception behaviour (Dynes *et al.* 2012).

The growing body of knowledge has identified a number of contextual factors that influence contraceptive use; they include presence and quality of reproductive health services, macroeconomic factors, community fertility norms, female autonomy, and availability of physical infrastructure (Ejembi *et al.* 2015).

Studies suggest that considerable gains in understanding determinants of contraceptive use could be made from studying contextual influences, as they have demonstrated that, beyond individual and family factors; the context in which women live also influences their contraceptive decisions. They posit that a greater understanding of the contextual factors associated with modern contraceptive use has the potential to inform the development of community-level programs aimed at increasing contraceptive use and to allow for better targeting of programs to align with communities (Elfstrom and Stephenson 2012).

It is in the light of the above that this paper examines the prevalence of the use of contraceptives among ijesa women. This study will also examine the type of contraceptive(s) that is widely used among ijesa women. In other words, this study investigates and describes the extent and types of contraceptives use among women in Ijesaland, it also examined and described the patterns of contraceptive use in Ijesaland.

A cross-sectional survey design using both quantitative and qualitative techniques was employed. A multistage sampling technique, which involved purposive selection of four Local Government Areas (LGAs) of Atakumosa West (346), Ilesa-East (448), Ilesa-West (450) and Obokun (350) with the predominance of the Ijesa was used. A random selection of 17 enumeration areas and 1,594 ever-married women of childbearing age was carried out. A structured questionnaire was used to collect data on socio-demographic characteristics, contraceptive decision making, among others. Quantitative data were analysed using descriptive statistics, and qualitative data was contently analysed.

5. Findings

5.1. Knowledge, Attitude, and Practice

This paper examines the basic contraception and family planning characteristics of the respondents, such as, their

knowledge, attitude, and practice (KAP) of contraception, and how it could affect fertility. Knowledge of contraceptive methods is an important variable of fertility regulation, which goes a long way in determining the actual practice of contraception. The knowledge of contraceptive methods was assessed through a series of questions on whether respondents have heard of specific methods of contraception.

As part of this, respondents were also asked whether they have ever used any contraceptive method. Ever use of contraception can be defined as the use of any contraceptive method at any given point in time during a woman's reproductive years. In collecting this information, respondents were asked whether they have ever used any method identified by them that they know or have heard about. Information was also gathered on current use of contraceptive methods. By current use, it refers to the use of contraceptive method at the time of the survey. The situation for all respondents irrespective of their current marital status was analysed.

5.2. Knowledge of Contraceptives

Table 1 presents information on the knowledge and practice of contraception by the respondents. The table shows that the majority of the respondents, totalling 88.7 per cent, have heard about condom; next to this is periodic abstinence/rhythm, known by 75.9 per cent of the respondents. Following periodic abstinence is the knowledge of the withdrawal method of family planning, with 66.4 per cent of the respondents having heard about this method. Less than half of respondents had knowledge of method such as IUCD, foaming tablet/diaphragm/ sponge/ jelly, Norplant/implant, female sterilisation, male sterilisation, and traditional method. The least known of the contraceptive methods is the Norplant/implant, with just 35.8 per cent of the respondents with this knowledge.

On lack of adequate knowledge of contraceptive, an IDI respondent suggested inadequate sensitisation and mobilisation as being responsible. He summarised it in his own words this way:

Table 1: Percentage Distribution of Respondents by Ever Heard, Ever Used, Current Used of contraceptive methods

Method	Ever Heard		Ever Used		Currently Using	
	N	%	N	%	N	%
Oral Pills	888	55.7	171	10.7	75	4.7
IUCD	662	41.5	50	3.1	41	2.6
Injection	894	56.1	220	13.8	207	13.0
Condom	1414	88.7	1167	73.2	975	61.2
Foaming tablet/ Diaphragm/ Sponge/ Jelly	687	43.1	111	7.0	88	5.5
Norplant/ Implant	570	35.8	56	3.5	50	3.1
Female Sterilization	786	49.3	53	3.3	44	2.8
Male Sterilization	643	40.3	55	3.5	44	2.8
Periodic Abstinence/ Rhythm	1210	75.9	722	45.3	625	39.2
Withdrawal	1059	66.4	541	33.9	362	22.7
Traditional	746	46.8	93	5.8	59	3.7

Not everybody knows what they call family planning. It is only few that are educated that know what is called family planning. When you get to those educated you see just 2 or 3 children there, but those that don't know anything about family planning, when you get to their house you see like 6 to 7 children. They don't protect themselves whenever they are having anything with their men. They just bring children to the world to suffer them. Naturally majority of Ijesa women are aware of family planning but the sensitization, awareness and mobilisation are not all that fantastic and the advertisement is poor in Ijesaland. (IDI, **Councillor**)

5.3. Ever Use of Contraceptives

The respondents who alluded to having ever heard about a method of contraceptive were asked whether they

have ever used any method of contraceptive. It was assumed that an individual who has never heard of a contraceptive method might not have used it. In line with this, it could be observed from the table that the percentages of those who have ever used a method are considerably lower than those who have ever heard of a method. For instance, while about 56 per cent of the respondents knew oral pills, only about 11 per cent have ever used them.

Table 1 shows that the most commonly used method is condom, with about three-quarters (73.2%) of the respondents having ever used the method. Next to this is periodic abstinence /rhythm; 45.3 per cent of the respondents who have ever used this method, followed by withdrawal method, which has been ever used by 33.9 per cent of the respondents. Some methods such as IUCD, Norplant/implant, female sterilization, male sterilization have less than four per cent of the respondents ever using them.

The apparent low level of use of contraceptives in the study area may predispose respondents to high fertility. This pattern may also indicate the level of empowerment of the women with regard to their ability to take fertility decisions.

5.4. Current Use of Contraceptives

Conventionally, the current use of family planning method is analyzed based on currently married women who are most likely to be regularly exposed to the risk of pregnancy. Table 1 indicates that the most currently used of family planning methods in the study area are condom (61.2%), periodic pbstinence/ rhythm (39.2%) and withdrawal (22.7%). For other methods of family planning, current use is very low, with ranges from 2.6 to 13.3 per cent. This could also have implication for high fertility.

Although, current use of family planning is low in the population, many of the IDI respondents think the prevalence of contraceptive use is on the increase. The perceptions of two respondents are given below;

They do use it. I am talking from my own perspective because my wife is a community nurse, so she tells me the rate at which people come around for the use of family planning devices. The rate is fantastic. In fact, she told me that some women will confide in them to assist them to come and help them to talk to their husband/spouses on the use of family planning devices. So, Ijesa women are getting more interested in it. **(IDI Male Principal)**

Ijesa women are using family planning. Even I personally, I am using it because I don't want many children. So, the use of it in Ijesa land is very high because it reduces the number of children and helps to maintain good spacing of children. It helps to eradicate poverty as well. **(Nursing Mother)**

5.5. Reasons for not Using Contraceptives

The respondents who are not currently using any family planning method at the time of the survey were asked the main reason(s) for their non-use. Table 2 presents the respondents main reasons for not using. Forty per cent were not using because of the disapproval of their husband, next were those who responded that the use of any family planning method is against the religious beliefs of some of the non-users. One quarter of the respondents currently not using any family planning method stated it is against their religious beliefs.

Table 2: Percentage Distribution of Respondents who are not Using any Contraceptive Method by their Main Reasons for Not Using

Reasons for Not Using Any Family Planning Method	N	%
Husband Disapproves	267	40.0
Wants a Child	162	24.3
Lack of Knowledge	57	8.5
Against Religious Beliefs	169	25.3
Others	12	1.8
Total	667	100

Another main reason cited by the respondents for non-use of family planning is the need for another child; about one- quarter of the women gave this reason: Lack of knowledge is mentioned by 8.5 per cent of the respondents currently not using any family planning method. Lastly, 1.8 per cent of the respondents currently not using any

family planning method cited other reasons such as methods not effective, inconvenience/hard to use, hard/difficult to get, and health concerns.

Concerning ineffectiveness as a reason for not using family planning methods, a respondent interviewed has this to say:

Yes. Majority of the women are using family planning. Many are using some of this ineffective contraceptive, that after a while they have stopped childbearing, many of them will still conceive and have two or three children. This is due to ineffective contraceptive and their carelessness. **(Women Community Leader)**

5.6. Future Use of Contraceptive

The respondents not currently using any method of family planning were asked if they would want to use a method in the future. Table 3 indicates that 55.0 per cent of respondents who are not currently using any family planning method plan to use a method in the future. When asked whether they plan to use any method within the next 12 months to delay or avoid pregnancy, 42.4 per cent of the non-users opined that they planned to use a method. However, 31.6 per cent do not plan to use any method within the next 12 months to delay or avoid pregnancy. A sizeable proportion of about 26 per cent were not certain whether they would use or not. On whether respondents would use family planning to delay or avoid pregnancy at any time in the future, about 47 per cent of the respondents affirmed to do so. A good percentage (35.4) of the respondents was not sure whether they would use family planning to delay or avoid pregnancy in the future.

Table 3: Percentage Distribution of the Respondents by their Intention to Use Family Planning Method in the Future

Characteristics	N	%
Would You Use FP to Delay or Avoid Pregnancy at any Time in the Future?		
Yes	717	46.8
No	272	17.8
Don't Know	543	35.4
Total	1532	100
Plan to Use Any Method Within the Next 12 Months to Delay Pregnancy		
Yes	637	42.4
No	475	31.6
Don't Know	389	25.9
Total	1501	100
Plan to Use Any Method in the Future?	890	55.8

5.7. Attitudes towards Contraceptives Use

The attitudes of couples towards use of contraceptives may likely affect their adoption of one of the methods of family planning. Respondents were asked whether their husband has knowledge of their use of contraceptives. Table 4 shows that the majority of users of contraceptives (64.4%) stated their husband have the knowledge of their usage of family planning method. However, only about 38 per cent of the respondents indicate that their husband approves their use of family planning method, while 17.9 per cent of the respondents' husbands disapprove the use of family planning methods by their wives. The largest percentage in this category (44.2%) did not know whether their husbands approve or disapprove their use of family planning. Husbands disapproval of the use of family planning methods could affect child spacing, children ever born and other fertility regulation decisions.

The table also indicates that a little above half (52.6%) of the respondents' husbands encourage their wives to use a method of family planning, 26.1 per cent discouraged their wives from using family planning methods. The majority of the respondents (about 46%) were of the opinion they cannot use family planning method without their husband's knowledge, while 29.4 per cent agreed they can use family planning method without the knowledge of their husband. The remaining respondents were not sure whether or not they would use family

planning method without their husband's knowledge.

Table 4: Percentage Distribution of Respondents by Perception of Couples Attitude to Family planning

Characteristics	N	%
Husband have Knowledge of wife's Usage	1026	64.4
Husband Approval or Disapproval of Using Family Planning		
Approves	595	37.9
Disapproves	281	17.9
Don't Know	694	44.2
Total	1570	100
Husband Encourages wife to Use Family Planning	839	52.6
Husband Discourages Wife Use of Family Planning	416	26.1
Can You Use Family Planning Without Husband Knowledge?		
Yes	437	29.4
No	680	45.7
Don't Know	371	24.9
Total	1488	100

5.8. Discussion of Family Planning with Husband

While discussion between spouses about family planning may not necessarily lead to adoption and use of any method, the absence of such discussion may be an impediment to the use of family planning method. According to NPC and ORC (2004), inter-spousal communication is an important intermediate step along the part of eventual adoption and especially, continuation of contraceptive use. To gather information on inter-spousal communication with respect to family planning methods, respondents were asked how often they have discussed with their husbands about family planning in the past year preceding the survey. Table 5 presents respondents by the number of times they discussed issues relating to family planning with their husbands in the past year preceding the survey. The table indicates that only about 9.1 per cent of the respondents discussed family planning with their husbands very often in the past year preceding the survey. Also, 12.5 per cent have often discussed family planning with their husbands in the past year. Majority of them (47.6%) have only sometimes discussed family planning with their husband in the past one year preceding the survey, while about one-third have never discussed family planning over the same period.

Table 5: Percentage Distribution of the Respondents by Spousal Communication about Family Planning in the Past Year

Characteristics	N	%
Discussion with Husband about Family Planning		
Never	483	30.8
Very Often	143	9.1
Often	196	12.5
Sometimes	748	47.6
Total	1570	100

6. Conclusion

This paper examines the basic contraception and family planning characteristics of the respondents, such as, their knowledge, attitude, and practice (KAP) of contraception, and how it could affect fertility. Knowledge of contraceptive methods is an important variable of fertility regulation, which goes a long way in determining the

actual practice of contraception. The knowledge of contraceptive methods was assessed through a series of questions on whether respondents have heard of specific methods of contraception. The findings of the study revealed that the majority of the respondents have knowledge of different methods of contraceptives, with condom been the most known and the most widely used among the methods by the respondents. It was also discovered that the percentages of those who have ever used a method are considerably lower than those who have ever heard of a method. Further, the current use of contraceptive is low in the study area. Many respondents were not using because of the disapproval of their husband, and because it is against the religious beliefs of some of the non-users. A little above half of the respondents planned to use contraceptive in the future. Conclusively, contraceptive use is low in the study area, and this is likely to lead to high fertility. In order to reduce the high fertility among the population in the study area, there is the need to increase the use of contraceptives. This can be achieved through awareness creation to develop positive attitude toward contraceptive use.

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African Women Studies 1:1

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