

1 Contraceptive Practices Among Women in Rural Communities in 2 South-Western Nigeria

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6

7 **Abstract**

8 This study aims to determine the prevalence and determinants of choice of contraceptive
9 methods among rural women in Osun state, Nigeria. Materials and Methods : Descriptive
10 cross-sectional, conducted among 612 women of reproductive age group, utilising the
11 multi-stage sampling technique. Results : Majority of the respondents, 538(87.8

12

13 **Index terms**— Prevalence; determinants; contraceptives; family planning; rural communities; reproductive
14 age-group; women; practices; choice; methods.

15 **1 I. INTRODUCTION**

16 any authors raised the alarm that a stage would reach in the world when food supply would not match its popu-
17 lation growth. (Braddock, 1977; Huxley, 1951; Malthus, 1798; Moor, 1976) While most of the developed countries
18 have managed to overcome this, the issue of population growth and consequent food shortage in developing
19 countries is overwhelming. (Jones, 2004; Nwachukwu & Obasi, 2008) This expansive population growth rate has
20 been attributed to some factors, the major of which is low contraceptive usage. (Bongaarts, 1978; Bongaarts,
21 1982; Osheba, 1992) In industrialized countries, virtually all married women resort to contraception at some time
22 in their reproductive period. In contrast, the proportion reporting such use in developing countries is extremely
23 low. (Henry & Piotrow, 1979; Khalil, Atta, Kamel & Youssef, 1996; Morris L et al, 1981).

24 Nigeria which has a pop n of 140 million and an Author : Department of Community Medicine, Faculty of
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26 4400, Osogbo, Osun State, Nigeria. Author : Department of Community Medicine, Ladoke Akintola University
27 of Technology (LAUTECH) Teaching Hospital, PMB 5000, annual growth rate of 3.2 % (NPC, 2007) is the most
28 populous country in Africa. Nigeria, according to Khurfeld (2006), is already facing a population explosion with
29 the resultant effect that food production cannot match the growing population. In Nigeria today, the birth rates
30 are higher than the world averages. (Nwachukwu & Obasi, 2008) Contraceptive Prevalence Rate (CPR) is still
31 embarrassingly low in Nigeria, according to the report released by the International women's health coalition,
32 the CPR among married women aged 15-49 years was 8% for modern methods and 12% for all methods. Also,
33 other studies have reported a similarly low adoption rate of Modern Birth Control Methods (MBCM). (Haub &
34 Yangishila, 1992) Like many other developing nations, majority of Nigeria's population (about 70%) live in the
35 rural communities. (Ekong, 2003) These rural communities have very high fertility rate and the CPR is also
36 considerably lower in rural areas with CPR of 8% as compared with 18% in the urban areas in Nigeria. (Ekong,
37 2003;) Many rural women are reportedly reluctant to accept any artificial method of contraception. (Gaur,
38 Goel M.K, Goel M, 2008) Several studies also revealed that rural women who were unwilling to accept family
39 planning methods were concerned about child survival and viewed children as a source of support in old age.
40 (Kartikeyan & Chaturvedi, 1995). Adopting MBCM is a very complex sociological issue in Africa, and African
41 women draw on a complex social repertoire in making contraceptive choices. (Johnson-Hanks, 2002) Decision-
42 making concerning fertility control is, for many people, a deeply personal and sensitive issue, often involving
43 religious or philosophical convictions. (Burkman, 2002) Results : Majority of the respondents, 538(87.8%) were
44 within the age group 20 years and above and married (86.3%). More than half 406(66.3%) were currently using
45 a modern contraceptive method, 41(6.7%) and 4(0.7%) were using natural and traditional methods respectively,

5 RESULTS

46 however, 161(26.3%) were not using any method, main reasons being affordability and availability 184(41.2%),
47 and reliability (20.1%). The most significant socio-demographic determinants of ever use of contraceptives were
48 religion and family setting, p-value 0.001 and 0.001 respectively.

49 2 Conclusion :

50 The point prevalence rate of contraception among the rural women was 66.3%, with fear of side effect and
51 husbands' disapproval among other reasons being the main reasons for non use. (Srikanthan & Reid, 2008).

52 The introduction and acceptance of MBCM are therefore crucial in controlling the population growth in
53 Nigeria. (Nwachukwu & Obasi, 2008) The UNFPA(2006) has pointed out that meeting the contraceptive needs
54 of about 201 million women around the world who do not have access to effective Family Planning Methods,
55 would prevent 23 million unplanned births, 22 million abortions, 1.4 million infant deaths, 142,000 pregnancy
56 related deaths and 505,000 children losing their mothers due to pregnancy related deaths. This research was
57 therefore carried out to study the current status of contraceptive use and the determinants among women in
58 rural communities in Osun State, Nigeria with a view to making necessary recommendations that would help
59 improve utilization of family planning services.

60 3 II.

61 4 RESOURCES AND TECHNIQUES

62 This descriptive cross sectional study was carried out in the rural communities of Osun state, Nigeria and the
63 target population was the women of reproductive age group in these communities with an estimated population
64 of 1,048,456.

65 A multi-stage sampling technique was used to select the respondents from a total of 12 rural communities from
66 12 local government areas in the state. Stage 1, from a sample frame of 30 local government and 1 area office, 12
67 local government areas were selected using simple random sampling method. In stage 2, a list of rural areas in
68 each local government was made and one rural community selected randomly from each list. In stage 3, numbers
69 were given to all the houses in the community, and only the houses with odd numbers were selected while in
70 stage 4, all women of reproductive age group within the age 15-49 years, who consented, were interviewed or
71 self administered the questionnaires. A sample size of 384 was arrived at using the Leslie Fischer's formula for
72 population greater than 10,000, but to increase representativeness and to make up for non-response, a total of
73 612 pre-tested semi-structured questionnaires were administered.

74 There was scoring of outcome variables for the knowledge of respondents about contraception with correct
75 answers scored 1 point and wrong answers scored 0. After adding the scores and finding the mean, respondents
76 who scored below the mean were regarded to be having poor knowledge and those with scores up to or above
77 the mean to be good knowledge. Similarly for attitude, using the 5 point Likert scale, with strongly agreed
78 and agreed scoring 1 point and disagreed, strongly disagreed and I don't know scoring 0 for correctly answered
79 questions, and vice versa for incorrectly answered questions. Scores that are up to or more than the mean were
80 regarded as positive attitude and those below the mean as negative attitude.

81 The questionnaires were manually sorted out and analyzed using statistical package for social sciences (SPSS)
82 version 15 on the computer. Appropriate cross tabulations and test statistics were applied and the p-value set
83 at p=<0.05 III.

84 5 RESULTS

85 More of the respondents were in the age range of 35 years and above, 179(29.2%) followed by 20 to 29 years
86 155(25.3%), with a mean age of 29.59 ± 8.57 years. Most of them were married 528(86.3%), Muslims 359(58.7%),
87 and had secondary school education 310(50.7%), while trading is the major vocation, 259(42.3%) among the
88 respondents (Table 1). In table 2, some of the respondents understood contraception to mean prevention
89 of unwanted pregnancy 297(48.5%) and limiting the family size 199(32.5%), their source of information was
90 mainly the health personnel, 322(52.6%). Majority of the women, 548(89.5%) did not know any side-effect of
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92 In table ??, majority of the respondents 406 (66.3%) were currently using a modern contraceptive method,
93 41(6.7%) were using natural methods, 4(0.7%) were using traditional methods and 161(26.3%) were not using
94 any method. The main reason given for choice of contraceptive methods was affordability and availability, 184
95 (41.2%), followed by reliability by 20.1% of the respondents. Most of the non-users 142(86.4%) did not have any
96 reason for not using any method. Most of the users had used the method of choice between 1-5 Years (44%),
97 followed by 6-10 years by 26.6% of the respondents.

98 Table 7 shows that the significant sociodemographic determinants of ever use of contraceptives was religion
99 and family setting, p-value 0.001 and 0.001 respectively, but no significant associations between age, marital
100 status, tribe and educational status with ever used family planning methods.

101 6 DISCUSSION

102 The awareness about contraceptive methods was generally high among the respondents with about 9 in 10
103 respondents knowing male condoms and 8 in 10 knowing injectables as methods of contraception and almost all
104 of them being aware of one method or the other. This high level of awareness has been similarly reported by
105 previous studies within and outside Nigeria. The knowledge of respondents about contraception/family planning
106 was also high with about three-quarters having good knowledge of contraception. This was also corroborated
107 by Moronkola et al (2006) in their study carried out in south western Nigeria. This pattern should be expected
108 in light of much enlightenment that is on-going on the issue of family planning in the country. It is however
109 still worthy of note that some contraceptive methods were very unpopular among the respondents. Only about
110 a quarter knew about the diaphragm and implants and not up to 1% of the respondents knew about female
111 condoms as methods of contraception. This is most likely due to the fact these methods are not readily available
112 and are relatively more expensive than the other commoner methods like the male condoms.

113 The most popular contraceptive method from this study is the male condom with more than 9 in 10 respondents
114 knowing about it. This is similarly reported by other studies. (Kalambayi, 2006; Nwachukwu & Obasi, 2008) and
115 is probably due to the fact that it is cheap and readily available and it is much more advertised probably also
116 because of its dual function as a means of preventing sexually transmitted infections and also as a family planning
117 method. Unlike in other studies where the media was the predominant source of Centre. This is a pointer to the
118 importance of enhanced primary health care services in the rural communities, though the media would still need
119 to do much more work on public enlightenment about contraception. Also, an appreciable number (20%) heard
120 about contraceptives from friends and relatives, and this underscores the need for peer educators in ensuring
121 correct and adequate information about contraceptives/family planning.

122 Most of the respondents were favourably disposed towards contraception with more than fourfifths having
123 a positive attitude towards contraception. However about 3 in 10 respondents felt contraception encourages
124 promiscuity. This may be due to the conservative nature of typical African societies and could be one of
125 the complex sociological factors (Johnson-Hanks, 2002) affecting contraceptive usage in African communities.
126 Furthermore, nearly 90% of the respondents felt the husbands should be involved in family planning decisions
127 and this is important because man approval and decision making has been said to be very important in utilizing
128 family planning services, (Donati, Hamam & Medda, 2000; ??hah et al, 2008; Shahin & Shahin, 2003) and this
129 further stresses the need to carry men along in family planning campaigns.

130 The prevalence of modern contraceptive methods usage among the respondents was 66.3% with cost and
131 availability being the predominant reason for choice of contraceptive methods. This prevalence is higher than the
132 findings of other studies in rural areas in Nigeria (Nwachukwu & Obasi, 2008) and other developing countries. A
133 study by Ndiaye, Delaunay and Adjamagbo (2003) in rural Senegal reported a prevalence rate as low as 1.5% for
134 modern contraceptives, another study among females in predominantly rural Muslim area of North India (Gaur
135 et al, 2008) reported prevalence of 34.9% and about half were using modern family planning techniques in the
136 study carried out among married Sudanese women. (Ibnouf, van den Borne & Maarse, 2007) This may be due
137 to the high literacy rate among the respondents with about two-thirds having post-primary school education,
138 because education has been said to play an important role in women's life and assist in decision-making. (Gage,
139 1995; Marchant, Mushi, Nathan, Mukasa, Abdullah, Lengelen, et al, 2004) There was however no significant
140 association between the use of contraception and educational status in this study.

141 The unmet need for contraception was high among the respondents with about a quarter not on any
142 contraceptive method. This corroborates the work of Westoff (2006) that reported about one in five married
143 women of childbearing age (22%) in Africa has an unmet need for contraception, with a higher percentage among
144 rural women. It is even more disturbing that more than 3 out of 10 of the respondents had an unmet need
145 for modern contraception, because other methods failure rates. (Westoff, 2006) There is therefore a need for
146 more work to be done to reduce the unmet need for contraception among women because reduced unmet need
147 for contraception is an indicator of progress toward two of the United Nations Millennium Development Goals-
148 reducing maternal mortality and reversing the spread of HIV/AIDS-and contributes directly or indirectly to
149 achieving all eight goals. (Population Division, United Nations, 2009) Nearly 9 out of 10 respondents who did
150 not use contraception had no reason for not using it. The reasons given by others are the fear of side effects,
151 husbands' disapproval and the desire for more children, which is similar to what has been reported by other
152 studies. (Donati, Hamam & Medda, 2000; Nwachukwu & Obasi, 2008; Shahin & Shahin, 2003).

153 The relationship between religion and family planning has been documented by previous studies and religion
154 has been recognized as a very important determinant of contraceptive usage. (Gaur et al, 2008; Nwachukwu &
155 Obasi, 2008; Shah, Pradhan, Reddy & Joseph, 2006) This may explain the significant association between religion
156 and ever used family planning methods with the Christians having a higher uptake of family planning methods
157 than the Muslims in this study. There was also a significant relationship between family setting and ever used
158 family planning with more women in monogamous family settings using family planning methods as compared
159 to those from polygamous family settings. This may be a reflection of the insecurity that exists among women
160 in polygamous family settings with the women trying to outwit each other in the number of children in other to
161 secure their positions in the family and in the will when the husband dies.

¹⁶² **7 V. CONCLUSION AND RECOMMENDATIONS**

¹⁶³ The use of any modern contraceptive method was high among women of child bearing age in the rural communities
¹⁶⁴ of Osun State, with the prevalence rate of 66.3%, and the un-met need was 26.3%. The main reasons for non-use
¹⁶⁵ contraceptive were the fear of side effects, husbands' disapproval and the desire for more children, with religion
¹⁶⁶ and family setting having a significant association with the use of modern contraceptive methods. It is therefore
necessary for religious leaders to be targeted and carried along in the ^{1 2 3 4 5}



Figure 1:

¹

(n=612)

Figure 2: Table 1 :

¹⁶⁷

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2

(n=612)	
Prevention of unwanted pregnancy	297(48.5)
Child spacing	99(16.2)
Limit family size	199(32.5)
Prevent sexually	17(2.8)
Friends / Relatives	124(20.3)
Health personnel	322(52.6)
Printed medial	26(4.2)
Electric media	140(22.9)
Knowledge of Side -effects	
None	548(89.5)
Weight gain	8(1.3)
Weight loss	5(0.8)
Condom	20(3.3)
Extra marital affairs	7(1.1)
Amenorrhea	6(1.0)
Secondary infertility	6(1.0)
Heavy menses	3(0.5)
Dislodgement	5(0.8)
Irregular menses	4(0.7)
Husband	229(37.4)
Wife	131(21.4)
Both	252(41.2)

Figure 3: Table 2 :

3

(Multiple Response; n = 612))
Armlet	178 (29.1)
Ring	359(58.7)
Pad lock	224(36.6)
Waist band	218(35.6)
Natural	
Periodic Abstinence	527(86.1)
Rhythm	344(56.2)
Lactational amenorrhoea	287(46.9)
Coitus interruptus	336(54.9)
Barrier	
Male condom	571(93.3)
Female condom	3(0.5)
Diaphragm	180(29.4)
Hormonal	
Injectable	491(80.2)

Figure 4: Table 3 :

7 V. CONCLUSION AND RECOMMENDATIONS

4

about Contraceptives (n=612)		
Poor	148	24.2%
Good	464	75.8%
Poor	86	14.0%
Good	526	86.0%

Figure 5: Table 4 :

5

	Variable	Strongly			
	It is against culture and religion	11(1.8)			
	Only females should use contraceptives	34(5.6)			
	Contraceptives are ineffective	13(2.1)			
2011	It encourages promiscuity	Diminishes sexual pleasure	96(15.7) 51(8.3) 21(3.40)		
July	Husbands should be involved in family decision	plan	476(77.7)		
	Support national policy of 4 children per family		487(79.6) 110(17.9)		
4					
Volum	Table 6 : Prevalence of Contraceptive usage	FREQUENCY(PERCENTAGE)	Currently used contrace		
XI					
Is-					
sue					
II					
Ver-					
sion					
I					
	Main Reasons for choice of Contraceptive Methods (n = 447)				
Medica	No reason	Affordable and available	Little or no side effect	Suitable effective / reliable	Main Reason for
Re-					
search					
Global	Husband's disapproval	Desire for more children	Duration of Contraceptive use(in years)(n=467)	1 - 5 6	
Jour-					
nal					
of					
21 -25					

[Note: © 2011 Global Journals Inc. (US)]

Figure 6: Table 5 :

7

Methods.

Figure 7: Table 7 :

168 campaign for modern contraceptive methods. The mass media should also be encouraged to do more in public
169 (eg traditional method) have been associated with high enlightenment on the benefits of modern contraceptive
170 methods.

171 awareness and pattern of utilizing family planning services among women attending Urban Health Care VI.

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