

Factors Influencing the Practice of Fertility Control among Married Women in Emure Local Government Area of Ekiti State in Nigeria

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ABSTRACT

The study investigated the factors influencing the practice of fertility control among married women in Emure Local Government Area of Ekiti State of Nigeria. The research was a cross-sectional survey conducted among 220 women using a pretested, close-ended questionnaire. The respondents were selected through simple random and stratified sampling techniques. The research questions were answered descriptively while the formulated hypotheses were tested at 0.05 level of significance using t-test and Pearson Product Moment Correlation. The results revealed that a considerable number of the respondents practiced fertility control while injectables and oral pills topped the methods of fertility control. The fear of adverse effects and opposition to fertility control by husbands were the major identified reasons influencing the practice of fertility control. There was no significant difference between respondents in rural and urban location on factors influencing fertility control but a negative significant relationship was found between practice and factors influencing the adoption of fertility control. Based on the findings, it was recommended that health workers should sensitize the populace on the benefits of a planned family. The populace should be informed on the various methods of fertility control and routine sensitization should be done through the mass media.

Keywords: Fertility control, Married women, Contraceptives, Reproductive Health Service.

1. INTRODUCTION

Nigeria with a population of over 160 million (Bashorun et al, 2014) coupled with an annual growth rate of 3.2% is the most populous country in Africa (Akinyemi & Isiugo-Abanihe, 2014). Like the rest of sub-Saharan Africa, Nigeria has a relatively low contraceptive use prevalence of 9.6% (Tom, Sanders & Ross, 2009) and high fertility rate of 5.7% (NDHS, 2009).

The known resultant effects of population explosion are in form of inadequate food supply, strain on the available little resources and social amenities, problems associated with multiple births, poverty induced stress arising from over size family and baby abandonment. These may contribute significantly to maternal and infant mortality rate which could impede the attainment of the fourth and fifth Millennium Development Goals (MDGs) by 2015. Unwanted pregnancies which could be prevented through contraception (Udigwe, 2006) are characterized by high morbidity or mortality rate of which many of the deaths are linked with problems such as abortion or post-delivery haemorrhaging in grand multiparous women (Bonacci, 2012).

Fertility control, otherwise known as family planning is referred to as a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods (NDHS, 2009). Fertility control helps individuals or couples to avoid unwanted pregnancies, bring about wanted births, regulates the interval between pregnancies, controls the time at which births occur and to determine the number of children in the family (Roumi, 2010). It is a way of living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision making by individuals or couples in order to reduce the number, timing and spacing of the children they want, so as to promote the health and welfare of the family and to contribute to the advancement of the society (Aninyei et al, 2010).

Fertility control can be done through traditional or modern method. The traditional method originated from the ancient period and was passed down from one generation to the other either through verbal communication or in written form (Delano, 1990). Civilization and improvement in technology brought about modern methods of controlling birth in a way that the level of effectiveness can be determined. Modern contraceptives are the best methods of fertility control because of their effectiveness in regulating fertility and family size and as tools in preventive reproductive health (Tunde-Ayinmode, 2013). The modern methods of fertility control include barrier method, hormonal, Intra Uterine Devices (IUDs) and sterilization.

The best known modern fertility control method is condom followed by oral contraceptives (Heinemann, Saad, White & Heinemann, 2004) while, the leading methods are the oral contraceptives pill followed by female sterilization, condoms and intra uterine devices (Hales, 2007). The use of sponges, diaphragm and foaming tablets as contraception seem to have decreased. In the general population in Nigeria, the order of frequency of methods known and used are; pills, condom, injectable and IUD (Odimegwu, Ojo & Siyagande). Among currently married women, the most common modern fertility control method used is injectable followed by the male condom (NDHS, 2009 & Agbo, Ogbonna & Okeahialam, 2013)

Contraceptives prevalence rate in the developing countries continues to be very low due to diverse factors such as ignorance, poverty, religious and cultural barriers (Udigwe, 2006). In developing countries, family planning programme is most targeted at women (Mostafavi, Mehryar & Agha, 2006) as most people believe that family planning use is the responsibility of women (Anate, 1995). Studies have shown that women are the main adaptors of contraceptives while men played fewer roles (Roumi, 2010). However, the views of men remain the most influencing factor in family planning decision making because the culture and gender role make men to have predominant right over women on decisions of reproductive health issues. The culture saddles men with the role of whether to have sexual intercourse or not as well as making choice about the contraceptive method the wife is to use (Duze & Mohammed, 2006). Any attempt made by a woman to breach this rule by adopting a contraceptive method without the consent of the husband could result into disagreement.

Many factors have been found to influence the adoption of fertility control methods. The demographic and socio-economic determinants of reproductive health service utilization are mediated by cultural factors (Basu, 1990), Lack of formal education, socio-cultural beliefs and spousal communication do influence the adoption of modern family planning (Eliason et al, 2014). Also, lack of access to fertility control services is often considered to be a major reason for women not using contraceptives in Sub Saharan Africa but concerns and fear of side effects are now playing a major significant role (Sedgh & Hussain, 2014). Other factors governing the acceptance of modern fertility control include public health information, traditional beliefs and values relating to marriage and child bearing (Omohan &

Maliki, 2007), religion (Bhasin & Nag, 2002) and need for a male child in the family (Himadri & Taranga, 2014).

Location of women, that is where they reside, may have implication on their awareness and utilisation of fertility control. It has been discovered that rural communities have very high fertility rate and the contraceptive practice rate is lower there than in urban communities (Olugbenga-Bello, Abodunrin & Adeomi, 2011). The awareness of contraception among rural and urban women would logically precede the adoption of appropriate method. It is presumed that urban women are more likely to use modern contraception than rural women because of the exposure to the advertisement on fertility control. Diverse discoveries on the level of awareness of fertility control have been recorded from studies. For instance, Adebimpe & Asekun-Olarinmoye (2012) discovered a high level of awareness on fertility control among rural and urban women with low practice because less than 20 percent of rural women and less than 50 percent of the urban women were users of contraceptives. In another study, the rate of practice of fertility in rural areas is three times higher than the rate in the urban locations due to varied socio-economic factors (Ainsworth, Beegle & Nyamete, 2010). The supply of modern contraceptives was found to be lower in rural than urban areas (Teye, 2013). In a related study, it was discovered that awareness about contraceptives was greater among urban respondents than among rural dwellers (Ozumba, Obi & Ijioma, 2005).

2. PURPOSE OF THE STUDY

The purpose of the study was to determine the practice of fertility control among rural and urban women. It also identified the preferred fertility control methods by the respondents and the factors influencing the practice of fertility control and to determine the relationship between practice of fertility control and the influencing factors.

3. RESEARCH QUESTIONS

- Do women practice fertility control?
- What are the methods of fertility control used by respondents?
- What are the factors influencing the practice of fertility control?

4. RESEARCH HYPOTHESES

Ho1: There is no significant difference between locality or residence of respondents and factors influencing fertility control.

Ho2: There is no significant relationship between practice of fertility control and factors influencing it.

5. RESEARCH METHODS

The study was conducted among married women in Emure Local Government Area of Ekiti State, Nigeria. Descriptive cross-sectional research design was used for the study. A sample of 220 married women was selected using simple random and stratified sampling techniques. Data were collected using a pre- tested close-ended questionnaire. The administration of the questionnaire was done with the aid of three research assistants who were trained both on the content and the modalities of administering the questionnaire.

6. DATA ANALYSIS

After collation of the questionnaire, SPSS 17.0 Statistical software package was used to determine the frequencies and percentages of the demographic variables. Research Questions were answered descriptively and the formulated Hypotheses were tested using *t*-test and correlation statistical tools at 95% confidence level of significance.

RESULTS AND FINDINGS

Out of the 220 administered copies of questionnaire, 206 copies were retrieved and collated yielding a response rate of 93.6%.

Table 1: Characteristics of Study Participants

Variable	Characteristics	Frequency	%	X
Age	18-25	30	14.6	
	26-33	69	33.5	
	34-41	62	30.1	
	42-49	33	16	
	50-57	12	5.8	
	Total	206	100.0	2.65
Religion	Christianity	153	74.3	
	Islam	45	21.8	
	Traditional	8	3.9	
	Total	206	100.0	1.30
Location	Urban	136	66.0	
	Rural	70	34.0	
	Total	206	100.0	1.34

Table 1 shows the demographic characteristics of the respondents. The mean age of the respondents falls on 2.65. Christianity had 153 (74.3%) was the major religion of the respondents followed by Islam with 45 (21.8%) and Traditional with 8 (3.9%) respondents. Urban residents were 136 (66%) while rural residents were 70 (34%)

Question 1: Do women practice fertility control?

Table 2: Frequency and Percentage of the Practice of Fertility Control

Variable	Practice					
	Yes		No		Total	
	F	%	F	%	F	%
Urban	98	47.5	38	18.4	136	66.0
Rural	51	24.7	19	9.2	70	34.0
Total	149	72.3	57	27.7	206	100

Table 2 shows that 98 (47.5%) of the respondents in urban and 51 (24.7%) of those in the rural communities practice fertility control. On the other hand, 38 (18.4%) of urban settlers and 19 (9.2%) of rural settlers do not adopt any method of fertility control.

Question 2: What are the methods of fertility control used by respondents?

Table 3: Frequency and Percentage of Methods of Fertility Control Used by Respondents

Methods	Yes		No		X
	F	%	F	%	
Oral pills	39	18.9	167	81.1	1.81
Injectables	42	20.4	164	79.6	1.80
Condom	34	16.5	172	83.5	1.83
Intra Uterine Contraceptive Device	21	10.2	185	89.8	1.90
Breast feeding	23	11.2	183	88.8	1.89
Diaphragm	3	1.5	203	98.5	1.99
Norplant	10	4.9	196	95.1	1.95
Withdrawal	18	8.7	188	91.3	1.91
Rhythmic method	30	14.6	196	85.4	1.85
Surgical Sterilization (Tubal Ligation/Hysterectomy)	11	5.3	195	94.7	1.95

Table 3 shows that the most preferred fertility control method by respondents is injectables 41 (20.4%) followed by oral pills 39 (19.5%) and Condom 33 (16.5%). Others are rhythmic method 30 (14.6%), breast feeding 23 (11.2%) and IUDs 21 (10.2%). The least methods are tubal ligation 11 (5.3%), Norplant 10 (4.9%) and diaphragm 3 (1.5%).

Question 3: What are the factors influencing the practice of fertility control?

Table 4: Frequency and Percentages of the Factors Influencing the Practice of Fertility Control

Variable	Yes		No		X
	F	%	F	%	
Adverse effects	99	48.1	107	51.9	1.52
Husband opposed	76	36.9	130	63.1	1.63
Religion opposed	56	27.2	150	72.8	1.73
Fertility methods too expensive	33	16.0	173	84.0	1.84
Non availability of Health Centre	48	23.3	158	76.7	1.77
Need for more children	69	33.5	137	66.5	1.67
Ignorance	69	34.0	137	66.5	1.67

Table 4 shows that the most prevalent factor influencing the practice of fertility control is fear of adverse effects 97 (48.5%) of the methods. Also, opposition to fertility control by husband 74 (37%) responses and ignorance of the appropriate method of fertility control 68 (34%) while the need for more children had 67 (33.5%) responses. The least of the factors influencing fertility control is that fertility control is too expensive 32(16%) responses.

Hypothesis 1: There is no significant difference between locality of residence of respondents and factors influencing fertility control.

Table 5: T Test Analysis of Location and Factors Influencing Fertility Control

		N	X	SD	Df	t cal	Sig.	Remark
Factors influencing fertility control	Urban	136	11.81	1.77	204	2.8	.94	NS
	Rural	70	11.83	2.04				

Fieldwork, 2014

Table 5 shows the result of the t-test ($t = 2.8$; $df = 204$, $p = 0.799$) that, with $p > 0.05$ denotes that the formulated hypothesis is not significant. This means that there is no significant difference in the factors influencing the practice of fertility control by the respondents in urban and rural communities.

Hypothesis 2: There is no significant relationship between practice and factors influencing fertility control.

Table 6: Pearson Product Moment Correlation analysis showing the relationship between practice and factors influencing the practice of fertility control.

	N	X	SD	df	r cal	r table	Sig.
Practice of fertility control	206	1.28	0.45	198	-0.149*	0.138	0.03
Factors influencing fertility control	206	11.82	1.86				

* $P < 0.05$

Table 6 shows that ($r_{cal} = -0.149$; $df = 198$; $r_{table} = 0.138$) with $p < 0.05$ and the calculated value of the coefficient of correlation between practice and influencing factors of fertility control is greater than the table value thus, a negative significant relationship do exist between practice and factors influencing fertility control. The null hypothesis is thus rejected.

7. DISCUSSION

The practice of fertility control through diverse contraception methods among married women in rural and urban communities in this study was 72.3%. However, it negates the findings that adoption of fertility control was low (Hamid & Stephenson, 2006; Duze & Mohammed, 2006). It was established that 72.05% of respondents from the urban and 72.08% of those from rural do adopt fertility control. Further finding showed that there was no significant difference in the practice of fertility control between women in rural and urban communities. This finding contradicts the discovery in previous studies where the rate of practice of modern fertility control was found to be greater among urban respondents than rural respondents (Ozumba, Obi and Ijioma, 2005; Teye, 2013) or the study where place of residence significantly influence modern contraceptive use (Teye, 2013; Undelikwo et al, 2013). Injectable was the most preferred modern contraception methods (20.4%) among married women followed by oral pills 19.5% and condom (16.5%). This corroborates many studies in which injectable was found to be the most commonly used method (NDHS, 2009; Agbo et al, 2013). Though, it contradicts the findings which threw up condom as the most preferred contraception method (Olugbenga-Bello et al, 2011) or intra uterine device (IUD) (Nwachukwu & Obasi, 2008). The reason for the preference of injectables above other methods may be due to the covert nature of the method as open usage of modern contraception is ascribed to promiscuous women by some uninformed people.

The most prevalent factor influencing the adoption of fertility control discovered in this study is the fear of the side effects of some of the contraceptive methods followed by opposition from husband. The findings agreed with Duze & Mohammed (2006) who discovered that possible side effect was discouraging people from using contraceptives method. However, the finding was at variance with the findings of Obermeyer & Potter (1991) that cost is a barrier to contraceptive utilization. Also, it was found that opposition from husband do influence fertility control. This contradicts the finding of Undelikwo et al, (2013) that spousal opposition does not influence the adoption of family planning but supports the discovery that communication between spouses increases the act of using modern contraceptives methods (Mostafavi, Mehryar & Agha, 2006).

There was no significant difference in the factors influencing fertility control between respondents in rural and urban residence. A significant negative relationship was found between practice and factors influencing fertility control. This implies that as the factors influencing fertility control increases, the practice will decrease or vice versa.

8. CONCLUSION

This study sought to determine the factors influencing the practice of fertility control among married women in Emure Local Government Area of Ekiti State. The results show that the practice of modern contraception was relatively high among the women. The most used method was the injectables while the identified factors influencing the adoption of modern contraception were the fear of side effects and husband opposition.

9. RECOMMENDATIONS

Based on the findings, it is recommended that sensitization programme should be conducted to enlighten women on the various types of fertility control methods. Also, the awareness on the importance of fertility control should not be limited to the antenatal clinic instead, the general populace should be educated on the importance of fertility control using mass media. Lastly, the government should ensure equal distribution of well-equipped health facilities in both rural and urban location and contraceptives should be provided to married women at subsidized rate.

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