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Factors Influencing the Practice of Fertility Control among Married Women in Emure Local Government Area, Ekiti State, 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. Descriptive research design of the survey type was used to conduct the study among 220 women in Emure Local Government. Simple random and stratified sampling techniques were used in selecting the respondents. A pretested, close-ended questionnaire was adapted from related studies. The reliability of the instrument was determined with Cronbach alpha where a coefficient of 0.68 was obtained. 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 practised fertility control while injectables and oral pills topped the preferred 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. Also, 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.

Key words: Fertility control, Married women, Contraceptive, Influencing factors, Practice

INTRODUCTION

Nigeria with a population of over 160 million (Bashorun et al, 2014) and with an annual growth rate of 3.2% is the most populous country in Africa (Akinyemi & Isiugo-Abanihe, 2014). Like the rest of the 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 include 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 rateof which many of the deaths are linked withproblems such as abortion or post-deliveryhaemorrhaging 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 most preferred 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 Nigeria, the order of frequency of methods known and used are pills, condom, injectable and IUD (Odimegwu, Ojo & Siyagande, 1997). 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 decision of whether to have sexual intercourse or not as well as making choice about the contraceptive method the wife should 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 any type of the 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 community dwellers have very high fertility rate and the contraceptive practice rate is lower than those 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, place of residence had a powerful effect on use of modern contraceptive (Imo, Isiugo-Abanihe &Onabanjo, 2013). 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).

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. The relationship between practice of fertility control and the influencing factors was as well determined.

Research Questions

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

Research Hypotheses

H_{o1}: There is no significant difference in the factors influencing fertility control between urban and rural.

H_{o2}: There is no significant relationship between practice of fertility control and factors influencing it

Research Methods

The study was conducted among married women in Emure Local Government Area of Ekiti State, Nigeria. Descriptive research design of the survey type was used for the study. A sample of 220 married women was selected using multi stage sampling technique. The headquarter was purposively being the only urban town in the Local Government Area (LGA) and three villages were selected through simple random sampling. Respondents were selected using convenience sampling technique. Data were collected using a pre-tested close-ended questionnaire designed from related studies. The content validity was determined by experts while Cronbach Alpha with a coefficient of 0.68 was used to establish the reliability of the questionnaire. A total of 220 copies of questionnaire were administered by the researcher with the aid of three research assistants who were trained both on the content and the modalities of administering the questionnaire. The instrument

was administered to the participantsin their residences, offices or in the hospitals during post natal clinics after obtaining verbal consent.

Data Analyses

After collation of the questionnaire,206 copies were found usable which translate to 93.6% response rate. 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 0.05% level of confidence.

Results

Table 1shows the demographic characteristics of the respondents. Majority of the respondents range between 26-33 years 69(33.5%) followed by those within 34-41 years 62 (30.1%). Also, respondents within ages 42-49 years were 33 (16%). Others are those within 18-25 years 30 (14.6%) and 50-57 years 12 (5.8%). Religion distribution of the respondents reveals that Christianity 153 (74.3%) was the major religion of the respondents followed by Islam with 45 (21.8%) and Traditional religion with 8 (3.9%). Lastly, urban residents were 136 (66%) while rural residents were70 (34%)

Table 2 shows that 98 (47.5%) of the respondents in urban and 51 (24.7%) of those in the rural communities practise 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.

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%).

Table 4 shows that the most prevalent factor influencing the practice of fertility control is fear of adverse effects of the methods 97 (48.5%). This is followed by opposition to fertility control by husband 74 (37%) 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%).

Table 5 shows the result of the t-test (t 2.8; df 204, P= 0.799) that is, with $p>.05$ 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

Table 6 shows that (r- calculated -0.149; df 198; r-table 0.138) $p<0.05$ and the calculated correlation coefficient is greater than the table value. This denotes that a negative significant relationship do exist between practice and factors influencing fertility control. The null hypothesis is thus not accepted

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 by women 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. This 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) as well as 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 injectables were 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

Conclusion

This study determined the factors influencing the practice of fertility control among married women in Emure Local Government Area of Ekiti State. The results showed 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.In addition, there was no significant difference in the factors influencing fertility control between rural and urban dwellers but significant relationship existed between factors influencing fertility control and practice.

Recommendations

Based on the findings, it is recommended that health educators should conduct regular sensitization programmes 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 rather,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 locations and contraceptives should be provided to married women at subsidized rate.

Table 1: Demographic characteristics of the participants

Variable	Characteristics	Frequency	%
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**
Religion	Christianity	153	74.3
	Islam	45	21.8
	Traditional	8	3.9
	Total	**206**	**100.0**
Location	Urban	136	66.0
	Rural	70	34.0
	Total	**206**	**100.0**

Question 1: Do women practise fertility control?

Table 2: Frequency and Percentage of the practice of fertility control

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

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

	Yes		**No**	
Methods	F	%	F	%

Oral pills	39	18.9	167	81.1
Injectables	42	20.4	164	79.6
Condom	34	16.5	172	83.5
Intra Uterine Contraceptive Device	21	10.2	185	89.8
Breast feeding	23	11.2	183	88.8
Diaphragm	3	1.5	203	98.5
Norplant	10	4.9	196	95.1
Withdrawal	18	8.7	188	91.3
Rhythmic method	30	14.6	196	85.4
Surgical Sterilization (Tubal Ligation/Hysterectomy)	11	5.3	195	94.7

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

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

Hypothesis 1: There is no significant difference in the factors influencing fertility control between rural and urban dwellers

Table 5: t test analysis of location and factors influencing fertility control

Variations	**N**	B	**SD**	**Df**	**t cal**	**Sig.**	**Remark**
Urban	136	11.81	1.77	204	2.8	.94	NS
Rural	70	11.83	2.04				

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	B	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

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