
DETERMINANTS OF FERTILITY CONTROL PRACTICE AMONG WOMEN OF REPRODUCTIVE AGE IN EMURE LOCAL GOVERNMENT AREA OF EKITI STATE, NIGERIA

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Abstract

The study investigated the determinants of fertility control practice among women of reproductive age in Emure Local Government Area, Ekiti State, Nigeria. Descriptive research design of the survey type was used to conduct the study among 220 women selected using simple random sampling techniques from Emure Local Government Headquarter and the adjoining villages. A pretested, close-ended questionnaire adapted from related studies was used to collect information from respondents. The reliability of the instrument was determined with Cronbach alpha with a coefficient of 0.68. The research questions were answered descriptively while the formulated hypotheses were tested using t-test and Pearson Product Moment Correlation at 0.05 level of significance. The results revealed that a considerable number of the respondents practised fertility control while injectable 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 factors determining the practice of fertility control. There was no significant difference between respondents in rural and urban location on factors determining fertility control but a negative significant relationship was established between practices of fertility control and the determinants. Based on the findings, it was recommended that health workers should involve men in contraception services, sensitization or counselling programme. In addition, routine health education programme on the benefits of fertility control should be organized by health workers.

Keywords: Fertility control, Women, Contraception, Determinants, Practice, Reproductive age

Introduction

Nigeria with a population of over 160 million coupled with an annual growth rate of 3.2% is the most populous country in Africa (Akinyemi and Isiugo-Abanihe, 2014). Like the rest of the sub-Saharan Africa, Nigeria has a relatively low contraceptive use prevalence (Fayehun, 2017) and high fertility rate of 5.7% (NDHS, 2009).

These assertions could be linked with the observed uncontrolled population in Nigeria and the associated effects such as inadequate food, strain on the pintsized resources and insufficient social amenities, poverty induced stress and baby abandonment. Many of these effects may contribute to maternal and infant mortality which could have been one of the hindrances to the attainment of the fourth and

fifth Millennium Development Goals MDGs in 2015. Alternatively, unwanted pregnancies which could have been prevented through contraception (Udigwe, 2006) are characterized by high morbidity and mortality rate of which many of the deaths could be linked with abortion or post-delivery bleeding in grand multiparous women. Egede et al (2015) thus posited that rates of fertility, population growth and maternal deaths in Nigeria are among the highest in the world.

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). Despite the importance of fertility control, Udigwe (2006) described the continuous low prevalence rate in developing countries to be due to diverse factors such as ignorance, poverty, religious and cultural barriers.

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. Civilization and improvement in technology brought about modern methods of controlling birth in a way that the level of effectiveness can be determined. Studies have found modern contraception to be the best method of fertility control because of its effectiveness in regulating fertility, family size and as a useful tool in ensuring reproductive health (Tunde-Ayinmode, 2013). The modern methods of fertility control include barrier method, hormonal, Intra Uterine Devices (IUDs) and sterilization.

Undoubtedly, observation has shown that contraceptive adoption using various family planning methods has been a major determinant in the transition from high to low fertility rate. The best known modern fertility control method is condom followed by oral contraceptives (Heinemann, Saad, Wiesemes and Heinemann, 2004) other observed methods are female sterilization and intra uterine devices. Sponges, diaphragm and foaming tablets are other forms of contraception but the use seem to have

decreased. In Nigeria, the order of frequency of methods known and used are pills, condom, injectables and IUD (Odimegwu, Ojo and Siyagande, 1997; Egede et al, 2015). Among women of reproductive age, the most common modern fertility control method used is injectables followed by the male condom and oral contraceptives (Agbo, Ogbonna and Okeahialam, 2013)

Certain factors have been observed to account for variation in the adoption of fertility control among women of reproductive age. Of the many factors that influence the adoption of any type of the fertility control methods, opposition from the husband has been observed to be a major factor.

Decision-making concerning fertility control though sensitive should be a deeply personal issue based on religious and philosophical convictions (Egede et al, 2015). 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 decision 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 and 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. Male dominance in decisions related to conception and contraception is typical of the power and control behaviours of an abuser (Bianchi, 2016). Abusive relationship cum reproductive coercion have been associated with increased risk for unintended pregnancy (Clark, Allen, Goyal, Raker and Gottlieb, 2014). The reason could be associated with the practice of targeting family planning programme at women in developing countries (Mostafavi, Mehryar & Agha, 2006). The discovery that women are the main adaptors of contraceptives while men played fewer roles (Roumi, 2010) could be an outcome of people's

belief that family planning use is the sole responsibility of women

Myths and misconceptions including beliefs that people who use contraceptives end up with **health problems or permanent infertility**, or, at one extreme, that contraceptives reduce sexual urge, and that fertility control increases promiscuity among women (Etokidem, Ndifon, Etowa and Asuquo 2017; Fayehun, 2017) could determine contraceptives uptake. 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). In addition, demographic and socio-economic determinants of reproductive health service utilization could be mediated by cultural factors, lack of formal education, socio-cultural beliefs and spousal communication (Eliason et al, 2014). Other factors governing the acceptance of modern fertility control include values relating to marriage and child bearing and need for a male child in the family (Himadri and Taranga, 2014)

Location also plays an important role in the adoption of contraception. The reason being that location of women or place of residence may determine the level of awareness on and utilisation of fertility control. Akinyemi and Isiugo-Abanihe (2014) reported that place of residence has a powerful effect on use of modern contraceptive (Rural community dwellers have very high fertility rate and the contraceptive practice rate is lower than those in urban communities (Olugbenga-Bello, Abodunrin and Adeomi, 2011). The awareness of contraception among rural and urban women would logically precede the adoption of appropriate method. Extant studies have recorded diverse discoveries on the level of awareness of fertility control. For instance, Ozumba, Obi and Ijioma, (2005) reported that awareness about contraceptives was greater among urban

respondents than among rural dwellers while Adebimpe & Asekun-Olarinmoye (2012) recorded a high level of awareness on fertility control among rural and urban women accompanied by more of low practice of contraceptives uptake among rural women than urban women. The reason could be attributed to lower supply of modern contraceptives in rural than urban areas (Teye, 2013) or the need for more children.

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 and availability of the contraceptives. Studies of AbdullahKhan (1997) found no significant variations between regions on contraceptive use. Likewise, Savannah-Geske, Quevillon, Strckman-Johnson and Hansen (2016) did not establish a rural-urban differences in actual contraception use. Nevertheless, Uworth (2010) recorded a contrary view where the rate of practice of fertility control in rural areas was three times higher than the rate in the urban locations while Tunau et al (2016) found out that when 41.2% of women in the urban location used one form of contraceptive, less than a fifth of the respondents in the rural group (15.3%) had used one form of contraceptive.

Purpose of the Study

The purpose of this study was to assess 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 of reproductive age practice fertility control?
- What are the preferred methods of fertility control used by women of reproductive age?

- What are the factors influencing the practice of fertility control among women of reproductive age?

Research Hypotheses

Ho1: There is no significant difference in the factors influencing fertility control between women of reproductive age in urban and rural communities.

Ho2: There is no significant relationship between practice of fertility control and factors determining the practice among women of reproductive age

Research Methods

The study was conducted among women of reproductive age in Emure Local Government Area, Ekiti State, Nigeria. Descriptive research design of the survey type was used for the study. A sample of 220 women of reproductive age that participated in the study was selected using simple random and stratified sampling techniques. Data were collected using a pre-tested close-ended questionnaire designed

Results

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
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

Table 1 shows 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

from related studies. The content validity and the reliability of the questionnaire were determined appropriately. 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 questionnaire was administered to women of reproductive age at home, offices and hospital after obtaining verbal consent. After collation of the retrieved questionnaire, only 206 copies were found usable yielding 93.6% response rate

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 0.05% level of confidence.

136(66%) while rural residents were 70(34%)

Question 1: Do women of reproductive age practice fertility control?

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

Variables	Practice			
	Yes		No	
	N	F %	F %	
Urban	136	98 72.05	38	27.96
Rural	70	51 72.85	19	27.15
Total	206	149 72.33	57	27.67

Table 2 shows that 98 (72.05%) of the respondents in urban and 51 (72.85%) of those in the urban and rural communities of Emure Local Government Area do practice fertility control. On the other hand, 38 (27.96%) of urban settlers and 19 (27.15%) of rural settlers do not adopt any method of fertility control.

Question 2: What are the preferred methods of fertility control used by women of reproductive age?

Table 3: Frequency and Percentage of preferred methods of fertility control used by women of reproductive age

Methods	Yes		No	
	F	%	F	%
Injectables	42	20.4	16	79.
Oral pills	39	18.9	16	81.
Condom	34	16.5	17	83.
Rhythmic method	30	14.6	19	85.
Breast feeding	23	11.2	18	88.
Intra Uterine Contraceptive Device	21	10.2	18	89.
Withdrawal	18	8.7	18	91.
Surgical Sterilization (Tubal Ligation/Hysterectomy)	11	5.3	19	94.
Norplant	10	4.9	19	95.
Diaphragm	3	1.5	20	98.
			3	5

Table 3 shows that the most preferred fertility control method by respondents is injectables 42 (20.4%) followed by oral pills 39 (18.9%) and Condom 34 (16.5%). Others are rhythmic method 30 (14.6%), breast feeding 23 (11.2%) and Intra Uterine Contraceptive Device 21 (10.2%). The least methods are surgical sterilization (Tubal ligation/hysterectomy) 11 (5.3%), Norplant 10 (4.9%) and diaphragm 3 (1.5%).

Question 3: What are the factors determining the practice of fertility control among women of reproductive age?

Table 4: Frequency and Percentages of the factors determining the practice of fertility control among women of reproductive age

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

Table 4 shows that the most prevalent factor influencing the practice of fertility control is fear of adverse health effects of the methods 99 (48.1%). This is followed by opposition to fertility control by husband 76 (36.9%) and ignorance of the appropriate method of fertility control and the need for more children had 69 (33.5%) responses respectively. In addition, Religion opposed had 56 (27.2%) and Non availability of Health Centre 48 (23.3%) responses. Lastly, that fertility control is too expensive had 32 (16%) responses.

Hypothesis 1: There is no significant difference in the factors influencing fertility control between women of reproductive age in urban and rural communities.

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

Variatio	N	□	SD	Df	t	Sig	Remar
ns					ca	.	k
					l		

Urban	13	11.8	1.7				
	6	1	7	20	2.	.94	NS
Rural	70	11.8	2.0	4	8		
		3	4				

Table 5 shows the result of the t-test (t = 2.8; df = 204, P = 0.94). By interpretation, $p > .05$ denotes that the formulated hypothesis is not significant. This means that there is no significant difference in the

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

	N	\bar{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-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 among women of reproductive age. The null hypothesis is thus not accepted

Discussion

The practice of fertility control through diverse contraception methods among women of reproductive age in this study was 72.3% which shows a relatively high practice. However, the findings negates the low patronage recorded by Hamid and Stephenson (2006) and Duze and Mohammed (2006) as well as Solanke (2017) where majority of the respondents in the study were not using any method of contraceptive. It was further established that 72.05% of the urban settlers and 72.85% of rural settlers do adopt fertility control. The test showed that there was no significant difference in the practice of fertility control between women of reproductive age in rural and urban communities. This finding contradicts the discovery in previous

factors influencing the practice of fertility control by the respondents in urban and rural communities

Hypothesis 2: There is no significant relationship between practice of fertility control and factors determining the practice among women of reproductive age

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 (Undelikwo et al, 2013).

Injectable was the most preferred modern contraception methods (20.4%) among women of reproductive age followed by oral pills 19.5% and condom (16.5%). This finding 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). 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 by a woman could be ascribed to being promiscuous 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 the contraceptive methods followed by

opposition from husband. The findings agreed with Duze and Mohammed (2006) who discovered that possible side effect was discouraging people from using contraceptives method as well as Etokidem et al (2017) that posited that myths **and misconceptions** including beliefs that people who use contraceptives end up with **health problems or permanent infertility do determine fertility control uptake**. However, the finding was at variance with the findings of Obermeyer and Potter (1991) that cost is a barrier to contraceptive utilization. Also, it was found that opposition from husband do influence fertility control. The finding agreed (Eliason et al, 2014) who established that socio-cultural beliefs and spousal communication would mediate fertility control service utilisation. In a similar study, Olaitan (2011) found a significant influence on the involvement of partners toward the choice of family planning in Southwest Nigeria. The finding contradicts 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 and Agha, 2006).

There was no significant difference in the factors influencing fertility control between respondents in rural and urban residence as hypothesized in this study. The finding agreed with the studies of AbdullahKhan (1997) and Savannah-Geske et al, 2016. However, a contradictory submissions that geographical location has significant influence on determinants of fertility control practice was established in some extant literature. For instance, the report of Olaitan (2011)'s submission that person's social environment usually has more influence on family planning decisions that influence the attributes of specific contraceptives was buttressed by Solanke (2017) that place of residence and non-use of contraceptive were positively associated with higher

proportion of non-users among rural women

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. This finding is consistent with the works of Olugbenga et al (2011) who reported that rural community dwellers have very high fertility rate and the contraceptive practice rate is lower than those in urban communities. Although, no rural-urban differences in actual contraception use were found (Savannah-Geske, Quevillon, Strckman-Johnson and Hansen, 2016). Though another study recorded a contrary view where the rate of practice of fertility control in rural areas was three times higher than the rate in the urban locations (Uworth, 2010). Likewise, the study of Tunau et al (2016) found out that when 41.2% of women in the urban location used one form of contraceptive, less than a fifth of the respondents in the rural group (15.3%) had used one form of contraceptive in the past.

Conclusion

The study examined the determinants of fertility control practice among women of reproductive age in Emure Local Government Area, Ekiti State, Nigeria. It was evident from the study that over two third of the women surveyed adopts one method of fertility control practice. The most preferred method of contraception was injectable followed by oral pills. The established factors determining the uptake of contraception were fear of adverse health effects and opposition from husbands. Though, location was not found to have influence on contraceptive uptake but the study revealed that factors determining contraception could negatively influence the practice of contraception

Recommendations

Based on the findings, it is

recommended family planning method should not be one sided, both couples should be involved when making decision on family planning method thus

Health Educators should involve men in contraception services, sensitization and counselling programme. In addition, routine health education programme on the benefits of fertility control should be organized by health workers to debunk the myth and belief about the adverse health effect of contraception. Lastly, the government should ensure equal distribution of well-equipped health facilities in both rural and urban locations and contraceptives should be provided to women at subsidized rate.

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