

# Contraceptive choices of married market women in a north central state of Nigeria

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## Abstract

*Background:* Understanding the contraceptive choices of women is important in planning intervention programs and drug supply. *Aim:* The aim of this study was to identify the contraceptive choices of market married women in Jos, Nigeria and to determine why these choices were made. *Method:* A convenient sampling was used to recruit one hundred and twenty market women who voluntarily completed a pilot tested questionnaire. Data collected was analyzed using simple frequency tables, percentages and chi squared. *Results:* Findings revealed that 65% of respondents used various contraceptive methods with majority of them using condom (30.8%), followed by IUD and pills. Health worker were the main source of information about contraceptive methods and reasons for choosing contraceptive methods were convenience (47.4%), safety (26.9%) and affordability.(23.1%). *Discussion:* Prevalence of contraception was higher than the state estimate and education plays an important role in enhancing contraception choice. A null hypothesis tested at significant level of 0.05 suggested that educated market women are about 6 times likely to use a contraceptive method. Market women in the study population used mostly condom, IUD and pills. *Conclusion:* Prevalence of contraception among market married women in Jos is high and they mostly prefer condom because it is convenient, safe and cheap. Government intervention should focus more on less educated women. A study with a larger population is warranted to support this finding and further explore factors that influence contraception use in Jos.

## Keywords

Contraceptive Choice, Family Planning, Contraception, Market Women, Plateau State

## 1. Introduction

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies and is achieved through the use of contraceptive method and the treatment of infertility (World Health Organization (WHO), 2013). "A woman's ability to space and limit her pregnancies has a direct impact on her health and wellbeing as well as on the outcome of each pregnancy" (WHO, 2014 para 1). Women all over the world have the right to good and efficient reproductive health services as well as the choice for what they want in terms of child spacing. Contraception is a

good way of promoting maternal and child health. There are various types of contraceptive methods. Hormonal methods include combined oral contraceptive pill, progestogen-only methods, progestogen injection, and subdermal implants (Lennox, Watson and Sengane 2006). Other methods includes Intrauterine contraceptive device, barrier methods (including male and female condom, diaphragm, spermicidal creams, jellies, aerosols, films, vaginal tablets and pessaries), fertility awareness methods such as cervical secretions, basal body temperature, cervical palpation, and calendar calculation method (Lennox, Watson and Sengane 2006). Furthermore, fertility monitoring devices,

breastfeeding/lactational amenorrhoea, withdrawal method, male and female sterilization and emergency/ postcoital contraception are also methods of family planning (Lennox, Watson and Sengane 2006)

Family planning has a number of advantages and benefits. Family planning does not only slow down population growth, but also contributes to prevention of HIV transmission and other sexually transmitted infections, reduces the need for unsafe abortion, and reinforces people's rights to determine the number and spacing of their children, (WHO, 2013). Family planning contributes in reducing maternal and child mortality by preventing closely spaced and ill-timed pregnancies and birth, which contributes to maternal and child mortality (WHO, 2013). Family planning empowers people and enhances education by enabling people to make informed choices about their sexual and reproductive health and enhances participation of women in employment. WHO, (2013) Children from families with large number of children are less likely to enjoy quality education when compared with children from families with fewer children (WHO, 2013).

Understanding the contraceptive choices of women and why they prefer some methods in the community is important in meeting their family planning needs (Ashford, 2008). Availability of family planning services and accessibility to these services are key determinants of contraceptive use. Another factor is awareness or knowledge about family planning. There is a "discrepancy between the interest in modern family planning and there actual use" (Mikolajczyk, Stanford, and Rauchfuss, 2003,pp.253). Mikolajczyk et al (2003) posited that, if these discrepancies are understood, and tackled appropriately, it will improve access to and may increase the prevalence of family planning. WHO (2013) reported that 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception. This is a clear indication of the family planning needs in developing countries, which is higher than that of developed countries. The main reasons for the high need for contraceptives in developing countries are because of limited choice of method and limited access, fear or experience of side effects, cultural or religious opposition, poor quality of available services and gender based barriers.

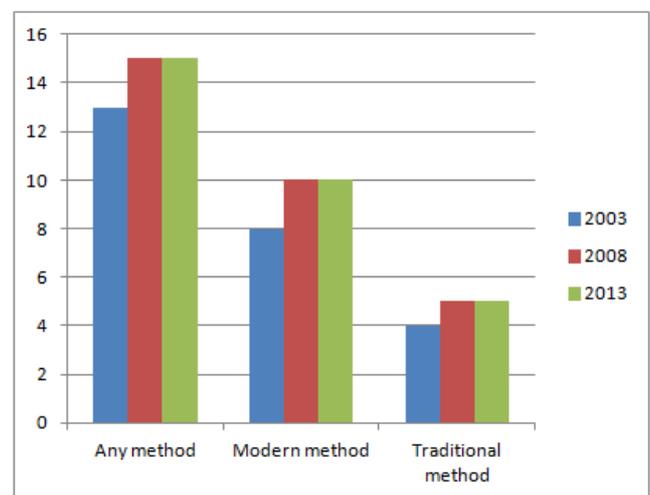
Contraceptive use globally has increased from 54% in 1990 to 57 in 2012 (WHO, 2013). This slight increase may be attributed to increased awareness and acceptance of contraception by most women.

Fertility rate in Africa is relatively high whereas there is a low prevalence of contraception (Anguzu et al 2014). In 2012 an estimated 24% use modern method of contraception in Africa and 53% of women in Africa have an unmet need for contraception (WHO, 2013). However, a high prevalence of contraception (61%) has been reported in South Africa (Lennox, Watson and Sengane 2006).

Fertility rate in Nigeria is high (5.2 children per woman) and could be attributed to limited access and choice of family planning method ( Adeyemi, Adekunle and Komolafe, 2008;

WHO, 2013). Other reasons could be side effects, cultural and religious opposition, gender based barrier and poor quality of available services (WHO, 2013). One of the ways in which access and choice can be improved is by assessing family planning preference and planning effective promotion intervention and supply of services that will improve the prevalence of family planning.

The trends of contraceptive use in Nigeria indicate that the prevalence of contraceptive use has increased from 13 to 15 percent between 2003 and 2008(NPC, 2013). It remained unchanged by 2013 (NPC, 2013). Similarly, the use of mother and traditional family planning methods have increased slightly between 2003 and 2008 (NPC, 2013). The summary of the trends in contraceptive use in Nigeria is presented in the figure below.



**Figure 1.** Trends in Contraceptive Use

The current Nigerian demographic and health survey revealed that knowledge of contraception among women was high and that 15% of currently married women use any method of contraception (NPC, 2014). Furthermore, 10% use a modern method of contraception while 5% use traditional methods (NPC, 2014). Injectable, condom and pills were the commonly used mothern methods of family planning (NPC, 2014). Although a lot of progress had been made, more still need to be done to ensure that most women have access to family planning. There is an unmade family planning need of 16% among married women in Nigeria (NPC, 2014).

A study of 2000 women in Ibadan, Nigeria, reported that majority (66.2%) of women used intrauterine contraceptive device (IUD) and that, factors like advice from friends; family, cultural beliefs and information from media were important determinants of family planning choice (Konje, Oladini, Otolorin and Ladipo, 1998). Another study of married women in south west Nigerian reported that most women (76.7%) got information about family planning methods from health professionals, 11.2% from media, 9.4% from friends and family, and 2.7% from community health workers. (Adeyemi, Adekunle and Komolafe, 2008). Adeyemi et al (2008) reported that most women (74.6%) used IUD, 19.5 used injectables, 5.7% used pills while very

few (0.2%) used condom. From these two studies, one can infer that most women prefer IUD in these areas probably because that is the most available type. The estimated family planning prevalence in plateau state as at 2008 was 10% and fertility rate of 5.3 (Plateau state ministry of health, 2010). This indicates a high fertility rate and a low prevalence of family planning. A population in which the prevalence of contraceptives is will always have a high fertility rate. A woman's choice of a particular family planning method depends on its effectiveness, safety (side effects) and convenience (comfort level) (National Women Health, 2014). Paucity of current literature on family planning choice in the north central region of Nigeria and the need to improve family planning use necessitated this survey. Therefore this study aimed at identifying the family planning choices of women and the factors that influence these choices.

### 1.1. Null Hypothesis

Practice of family planning by educated and less educated women is the same.

## 2. Methods

This study was conducted in Jos market, north central Nigeria. People from many cities and town of the state and many other neighbouring states travel for business transaction in Jos. According to the 2006 census result, the Plateau State where Jos is located has an estimated population of 3,206,531 million people (City Population, 2013). About 1.6 million of the population is women with 48.4% in their reproductive age (15-49) (Plateau state ministry of health, 2010). According to the report of Movement for the Creation of Lowland State, (MCLS, 2011), there are three senatorial zones and 17 local government areas in Plateau State.

A descriptive survey design was adopted to study one hundred and twenty married market women in Jos, Nigeria. Women participated voluntarily by completing a pilot tested questionnaire. They were all assured of anonymity and confidentiality. Collected data was analysed using simple frequency tables, percentages, measure of central tendency and chi squared.

## 3. Results

Table 1 reveals that 70% of respondents are above 30years, 22.5% were between 26 and 30years, 7.5% between 20 and 25 years. Mean age of participants was  $33.6 \pm 5.8$  years with 67.5% attending at least secondary education as their highest level of qualification. Majorities (75.8%) are Christians and 66.6% have at least 3 children. About 9% had no children while the mean number of children was  $3.4 \pm 1.8$  children.

The above table shows the family planning the respondents are aware of, their source of information about the methods, use of contraception and the choice of method of contraception. About awareness of methods of contraception,

57.5% reported to be familiar with condom, 39.2% were familiar with pills, 35% injection, 10% diaphragm, 13.3% tubal ligation and 1.7% vasectomy. For the source of information

*Table 1. Background Information About Respondents*

Variable	Frequency n=120	Percentages
Age (Years)		
20-25	9	7.5%
26-30	27	22.5%
31-35	41	34.2%
36-40	25	20.8%
41 and above	18	15.0%
Level Of Education		
Non-Literate	17	14.2%
Primary Education	22	18.3%
Secondary Education	48	40%
Tertiary Education	33	27.5%
Number Of Children		
None	11	9.2%
1-2	29	24.2%
3-4	37	30.8%
5 and above	43	35.8%
Religion		
Christianity	91	75.8%
Islam	28	23.3%
Traditional	1	0.8%

*Table 2. Contraceptive Choice*

Variable	Frequency n=120	Percentage
Methods known		
Condom	69	57.5%
Pills	47	39.2%
Injections	42	35.0%
Diaphragm	12	10.0%
Norplant	16	13.3%
IUD	21	17.5%
Tubal ligation	4	3.3%
Vasectomy	2	1.7%
Source of awareness		
Health professionals	65	54.2%
Television	15	12.5%
Radio	19	15.8%
Friends and family	21	17.5%
Use of contraceptive		
Yes	78	65%
No	42	35%
Method choice		
Condom	24	30.8%
IUD	13	16.7%
Pills	11	14.1%
Norplant	6	7.7%
Injection	15	19.2%
Traditional	8	10.3%
Tubal ligation	2	2.6%
Reasons for choice		
Safe	21	26.9%
Cheaper	18	23.1%
Convenient	37	47.4%
Others	2	2.6%

about contraceptive methods, 54.2% got information from health professionals, 28.3% media (radio and television), and 17.5% from families and friends. Furthermore, 65% use contraceptives for birth control while 35% do not use. The contraceptive methods used by respondents are condom (30.8%), IUD (16.7%), pills (14.1%), norplant (7.7%), injection (19.2%), traditional (10.3), tubal ligation (2.6%). Most women (47.4%) reported that they used family planning because it is convenient, 26.9% reported safety, and 23.1% reported cheapness while a few (2.6%) used it on advice.

Table 3 shows that over 80 percent of educated women practiced contraception. The less educated are women with no formal education or have attended only primary education while the educated women have at least secondary education. A chi squared value of 17.89 at significant level of 0.05 and degree of freedom of 1 suggests that the stated hypothesis be rejected because the calculated chi squared is greater than the table value. Relative risk of 5.6 implies that educated women are 5.6 times likely to practice contraception than their less educated counterparts.

**Table 3.** Cross tabulation of education level and contraceptive use.

Contraceptive use	Educated	Less educated	
yes	63	15	78
No	18	24	42
Total	39	81	120

Chi squared= 17.89, relative risk = 5.6

## 4. Discussion

Nigeria being the most populous black nation in world has one of the highest under-five mortality rate in the world (You et al 2010). Family planning contributes in checking population growth and improves quality of life. The aim of this study was to identify family planning choices of women in Jos, Nigeria. Findings revealed that respondents cut across various socio-demographic backgrounds. This implies that finding from this study is from a heterogeneous population of women and not from a particular group of women. This has enhanced the external validity of findings. The respondents are in their childbearing age indicating the need for contraception in this group. The fact that the mean number of children is  $3.4 \pm 1.8$  children suggests a high fertility rate. Further, most respondents were Christians with a high level of literacy. High level of literacy is a good quality that favours awareness about family planning. Educated women in Nigeria use family planning than uneducated women (NPC, 2014). These also suggest that majority of women selling in terminus market are Christian and the unemployment rate among educated women may be high. Women of high literacy level are not commonly seen undertaking trading as an occupation.

Participants reported awareness of various family methods such as condom, pills, injection, diaphragm, norplant, IUD, tubal ligation and vasectomy. This finding is similar to what was reported by the National Population Commission (2014) that most women in Nigeria were aware of modern family planning methods. Condom, pills, and injectables were the

most common methods in the study setting. Women's main sources of information about contraceptive methods were consistent with the report of Adeyemi et al, (2008) in which health workers, media and friends and family were reported. Therefore, future promotion intervention should consider the use of health workers and the media.

About the prevalence of contraception in the study group, 65% reported the use of one form of contraception. This figure is higher than the estimate of 10% by the plateau state ministry of health (2010). The high literacy level may be responsible for the high contraceptive use. The chi squared test suggests that educated women are 5.6 times more likely to practice contraception than their less educated counterparts. Most women reported preference for condom use and is inconsistent with the findings of Konje et al (1998) and Adeyemi et al (2008) where they both reported that women prefer IUD. However, injection, IUD and pills were used by a reasonable proportion of women. Women also reported that convenience of contraceptive method; safety and affordability were the reasons for choosing the various contraceptive methods. This is consistent with the report of Konje et al (1998); WHO, (2013) and National Women Health, (2014). Women in this setting are like to continue using their contraceptive method of choice if access is enhanced and adequate counseling provided.

## 5. Conclusion and Recommendation

In conclusion market women in Jos have a high education level and parity. Market women that have attended at least secondary education are about 6 times more likely to practice family planning when compared with their counterparts that have attended primary school or non literates. The prevalence of family planning was higher than the state estimate and women got information from health workers, media and friends and family. Family planning choices include condom, IUD, pills, norplant, injection, traditional and tubal ligation and reasons for these choices were convenience, safety and affordability.

Therefore, health worker should maintain the tempo of providing good family planning services in the state. Future family planning promotion intervention should consider using mass media (television and radio) in promoting contraceptive use in Jos. Such interventions should focus on the less educated women especially in a situation where there are limited resources. Plateau state government should consider supplying more of condoms, IUD and pills than any other method of family planning because most women prefer them. Further study is warranted with a larger population to further explore the determinants of family planning use and choice in the state.

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