

Women Empowerment and Modern Contraceptive use among Married Women in Ibadan, Oyo State, Nigeria

Abstract

Nigeria is a male dominant society where most of the household decisions including those that are related to their female partner's health are taken by men. We examined the relationship between women empowerment and Modern Contraceptives (MC) use in Ibadan, Nigeria where such studies is yet to be fully documented. Cross-sectional design survey including both qualitative and quantitative was used to examine 597 women from two selected LGAs in Ibadan. Data were analyzed using Chi-square and logistic regression models ($\alpha=0.05$). Mean age of the women was 33.0 ± 6.7 years, 32.2.0% was highly empowered, 69.5% used MC and 44.4% had secondary education. Injectable (35.1%) was the reported commonest MC method currently used. There was an increase in use of MC as the level of empowerment increased, educational level was found to be more protective even after controlling for other factors. Empowering women through education will promote the use of MC in Nigeria.

Keywords: Women empowerment, Modern contraceptive, Nigeria

Introduction

In the African context, independent decision making by women on matters pertaining to their health and other life courses is uncommon. Husbands are known to be the decision makers and in most situations women are expected to be seen and not heard. The African tradition plays an important role in this regard. The International Conference on Population and Development Programme of Action and Millennium Development Goals had focused the attention of the global community on the need for gender equality and equal opportunities for both men and women (ICPD, 1994; UN, 2002). Consequently, the issues on women empowerment remain important discourse in all parts of the World particularly in sub-Saharan African countries where women are seen as second class citizens in some traditional settings in the region. Empowerment is multi-dimensional "and it is about the extent to which some categories of people are able to control their own destinies, even when their interests are opposed by those of other people with whom they interact" (Uphoff, 2005). The World Bank defines empowerment as the "expansion of freedom of choice and action to shape one's life" (Narayan, 2002). Relating these definitions to women, empowerment therefore is improving the ability of women to access the constituents of development in particular health, education, earning opportunities, rights and political participation (Duflo, 2011).

Nigeria with the estimated population of 178,516,904, contributes 2.4% of the world's population with Total Fertility Rate (TFR) of 5.7 and growth rate of 3.0% (NDHS, 2008; PRB, 2013). Persistent high fertility in Nigeria is still a public health problem and has remained one of the sources of concern to researchers going by its adverse effect on population growth and national development. The prevalence of contraceptive use among women of reproductive age in Nigeria is very low, 72% of women of reproductive age know of at least one contraceptive method, but this hasn't been translated into use. The current prevalence of contraceptive use among married women in Nigeria is 15% (NDHS 2013) with only 2% increase from the prevalence determined more than a decade ago. According to NDHS 2013, majority of the married women have no intention of ever using modern contraceptives, however infant mortality ratio (IMR) in Nigeria is 75% compared to other countries like the United States of America with IMR of 6.6%, where contraceptives are used for child spacing amongst other benefits (Population Reference Bureau, 2013). Future projected population growth are much more higher in sub-Saharan Africa than any other region in the world, uncontrolled population growth has

been seen to have the potential to hinder the attainment of development and health goals in Africa most especially in Nigeria, the most populous nation in Africa.

Many factors have been found to be responsible for persistent high fertility rate in Nigeria. The most important factor often identified in the literature is contraceptive (Olugbenga-Bello, 2011), unfortunately the prevalence of contraceptive use is low in Nigeria 15.0% (NDHS, 2013). High unmet need for contraception has been found in Nigeria (NDHS, 2013), this means many women are willing to use contraceptive but are hindered by some barriers particularly husbands decisions. A lot of factors which influence contraceptive use such as lack of awareness, access, cultural factors, religion, opposition to use by partners or family members, fear of health risk and side effects have been identified in the past (Carr, 2004) but women empowerment has been found to be important determinant (Mekonnen, et al, 2013). For instance, when a woman is empowered she stands a greater chance of making good decisions that can directly improves her wellbeing including her health seeking behavior of which uptake of family planning is central.

Women are indispensable in the development of African nations. As regards fertility women are directly affected, however when they are not empowered they are unable to make decisions on their own or their families health (Mekonnen, et al, 2013). Therefore, this study examined the association between women empowerment and contraceptive use in Ibadan a traditional society in the south-west region of Nigeria.

Method:

Study area

The study was carried out in Ibadan, the capital city of Oyo State. Ibadan is the third largest metropolitan city after Lagos and Kano with a population of 2.949 million and the largest metropolitan geographical area in Nigeria (NPC, 2013). It has 11 Local Government Areas (LGA) which are classified into Urban (5) and semi-urban (6). The two randomly selected LGA for this study are Ibadan North East and Egbeda. Ibadan North East is an urban LGA while Egbeda is semi-urban LGA. These LGAs comprise of multi-ethnic groups but are dominated by the Yoruba speaking people. Ibadan North East and Egbeda LGAs estimated populations of women of reproductive age were 94,979 and 80,943 respectively. Women in these LGAs are mostly traders and civil servants (Oyo State Ministry of Health, 2014).

Study population and sampling procedures

The study population was married women of reproductive age. A five stage sampling technique was adopted for the selection of these women. At the first stage, we randomly selected two LGAs from the eleven LGAs in Ibadan; one from urban LGA and the second from semi-urban. Out of the twelve wards in each selected LGA, three wards each were selected making a total of six wards. Two communities were randomly chosen by balloting from each of the six wards thus making twelve communities in all. In each community, households that had at least one eligible respondent were listed and this constituted the sampling frame for the study. A sample size of 597 was computed and used for the study. Focused group discussion was also carried out at the study areas.

Measurement of the dependent variable:

The dependent variable for this analysis was current use of contraceptives. Sexually active women were asked if they used any contraceptive method 3-4 weeks preceding the study. Persons who had, were asked the type they used. Their responses were coded into three categories; not using any method, using at least a traditional and using at least a modern method.

Measurement of the key independent variable:

Women empowerment was measured using the listed indicators below;

Women's participation in household decision making: Four variables were used to measure women's role in house hold decision making they were; the wife's participation in her health care decisions, the respondents participation on major household purchase decisions, person who takes decisions on visits to family and relatives, respondent's involvement in decisions on daily household purchases.

Women's attitude towards wife beating: Women were asked if husbands were justified to beat wife to five acts namely, if she:- goes out without telling her husband, neglects the children, argues with her husband, and refuses to have sex and if she burns food.

Women's attitude towards sex: Women were asked if they are justified to refuse sex with husband if :- she is aware husband has sexually transmitted disease, if husband has intercourse with another woman, if she is tired or not in the mood. Based on the responses of women to the questions in the domain, an aggregate score was generated (maximum score=20) for each woman and the score was later disaggregated into three categories. These are; scores between 0-9, 10-14, 15+ were categorized as poorly empowered, fairly empowered and highly empowered respectively.

Data analysis:

Data were analyzed using Chi-square and logistic regression models ($\alpha=0.05$). The Chi-square tests were performed to examine the association between contraceptive use and women empowerment. Other independent variables such as education, age, religion etc were also used. The multivariate analysis was performed to identify the socio-demographic predictors of modern contraceptive use. Thematic approach was used to analyze the qualitative data.

Results

The mean age of the respondents was 33.0 ± 6.7 and 50.7% were Muslims and 49.3% Christians. Most of the women were Yorubas (94.5%). Secondary education was the highest reported level of education attained by the respondents (44.4%) with (8.8%) reporting that they don't have any form of formal education. Most (76.1%) of the respondents were traders compared to 2.0% who were health workers. Majority of the women (81.0%) are currently using any contraceptive method, with 69.7% using a modern method. Among the contraceptive methods listed, 71.0% were aware of female sterilization, but none attested to ever using the method. About 98.3% were aware of injectables and 35.1% had ever used the method. Also 91.3% were aware of implants but only 12.1% had ever used it. This pattern was in agreement with responses from FGDs conducted in the study area.

The data showed that 32.2%, 55.5% and 12.3% were highly, fairly and poorly empowered respectively. A higher portion (74.2%) of those highly empowered used modern contraceptives compared to 64.8% of those who were poorly empowered. About 70.0% of women aged 25-34 years were currently using modern contraceptives compared to 64.8% of women aged 15-24 years. More traders (72.6%) were also found to be using modern contraceptive than civil servants (53.4%). Education was the only predictor of modern contraceptive use with the likelihood of using modern contraceptive found to be 2.6(C.I=1.2-5.8, $p=0.02$) times higher than the women with no formal education. Empowerment was a significant predictor of modern contraceptive use but increasing level of empowerment was found to be protective of modern contraceptive use.

In the FGD conducted among some of the women who were not using contraceptives, their major reason for not using was, fear of side effect. As mentioned by one of the respondents *“I don’t use contraceptive because it deforms people it make them get fat and have big stomach”* (FGD, age 40). Among those who used contraceptive, most of them said their husbands were aware that they are using it, while some said their husbands were not aware. A respondent said *“my husband don’t like it but I don’t want to get pregnant so I use contraceptive so I will not get pregnant every time* (FGD, age 40). But some said if your husband don’t know about it that means the woman is having an extra marital affair.

Respondents’ response to Decision making

Most of the women interviewed were traders and earned money. On who decides how that money is spent, according to most of the respondents, they said they decided on how the money they make was spent. Two of the respondents said *“I decide on how the money I make is spent because I’m a business woman I do not wait for my husband to tell me when I should go to the market so I say how I spend my money”* and another respondent said *“I work to have money of my own, my husband has his own money so I use my own the way I like when I have problems to solve.* (FGD, age 25).

Daily house hold purchases

Majority of the women believed it was the woman’s duty to ensure that groceries and other small items at home are available, one of the women said *“we have businesses and work so that we will use the money for things in the house and also help our children”* another said *if my husband is in the house I would ask him for money of we would talk how we go buy the things”* (FGD, age 33). Another respondent; *“Since what my husband is trying is for the house I can help him if I fit”* (FGD, age 28). Domestic violence was not condoned by any of the women interviewed, they all said there was no justification for a man to hit a woman, a respondent said *“ I am not a baby if I do what is wrong my husband should tell me and let us settle the matter”* (FGD, age 39).

Attitude towards sex

All the women agreed that if a man has a sexually transmitted disease (STI) they would not have sexual intercourse with him. A respondent said *“ah I don’t want to die oo will say No”* (FGD, age 38). However, not having intercourse with husband because a woman is tired or not in the mood was not supported at all by the women one respondent said *“if you say NO, you will pack your load out of the house”* but if the man is having an extra marital affair some said they would say no to him. A respondent said *“it is not possible that is the end, he should go and meet his woman friend”* another said *“that time is when I would do my best in bed to keep my husband”* another said *“if he is doing his duty and is having affair outside I can still manage that and will still sleep with him to save my family”* (FGD, age 30). Emerging from the discussion it was evidence that women would only refuse their husbands sex if he had a STI. Tiredness or not in the mood was not a good reason for refusing, but this decision were difficult to make when husbands were having extra marital or irressponsible.

Conclusion

Empowerment increased use of modern contraceptive among the women. Education was found to be protective. Fear of side effect and husband’s awareness were reasons found to deter women from using modern contraceptive. There is need for women empower interventions particularly by promoting female education to improve use of these methods.