

Socio-Economic Variables And Contraceptive Usage : Implication For Social Marketing

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Abstract

The study on fertility behaviour, sexual negotiation and contraceptive use among married couples was undertaken in Osogbo community of Osun state. It was aimed at examining how reproductive decisions and outcomes are negotiated within sexual unions and also to determine the factors that inhibit discussion of contraception among couples. A multi-stage probability sampling procedure was adopted to select the sampling using the enumeration maps prepared by the National Population Commission for the 1991 census. Multi-variate logistics regression analysis technique was employed to determine the pattern and degree of relationships between the variables. It was observed that contraceptive use among couples were significantly affected by sex, religion, ever given birth and newly married. Social marketing among other strategies was recommended.

Keywords

Contraceptives, fertility behaviour and social marketing.
JEL; M38, 110

I. Introduction

As family planning and reproductive health programs increasingly emphasize strategies designed to meet the needs of individual women, information on the circumstances under which women make and implement reproductive decisions is crucial (United Nations, 1995a; United Nations, 1995b; Opong, 1996). Knowledge of the realities of women's everyday life and identification of the obstacles that they may face in achieving their reproductive and health goals are necessary if programs are to be formulated that are responsive to women's needs for particular types of information or services (Dixon-Muller, 1993). At the same time, the role and needs of men are recognised as crucial in understanding the dynamics of reproductive decision-making. Such information is essential for the monitoring and evaluation of programs that seek to provide user-centred family planning and reproductive health services to couples.

Much of the recent literature that endeavours to explain fertility behaviour, especially in sub-Saharan Africa, suggests that an exclusive focus on individual women omits important explanatory factors and may actually be misleading (Bruce et al., 1995; Rutenberg and Bledsoe, 1996; Biddlecom et al., 1996; Ntozi, 1993). Clearly, women's social interaction with male partners, family members, friends, health professionals, religious leaders, and other influence their attitudes and behaviour with respect to fertility and related matters, such as sex and contraceptive use.

Little is known about how the status of women and gender inequality within sexual union affect the ability of women to negotiate the reproductive outcomes they desire, although there is some recent work on this topic (Gage and Njogu, 1996). Women's ability to control their own sexual activity is central to control over reproduction and the transmission of disease (ULIN, 1992; WHO, 1993). Sexuality, especially female sexual activity, is governed by a complex set of social norms. These norms not only define the boundaries of acceptable and

negotiable behaviour, they may also constrain individual action with respect to social activity. In settings where HIV/AIDS is prevalent, these norms and their relationship to reproduction –and, particularly, to the use of condoms –are complex and evolving (Balner et al., 1995; Orubuloye, et al., 1996; Havanon, 1996). Explicit consideration of gender inequality is thus important component of the study of reproductive outcomes. On the issue of how “a man and his wife decide on the number of children to have”, responses varied from “jointly” to the response that “men took the decisions unilaterally”. The point was made by the male groups, in particular, that in the past men and their wives did not discuss family planning. It is clear; therefore, that current male perception of the family planning springs from this historical background. The women also reported that the decision was taken jointly although they noted, in addition, that many marital pregnancies were “by accident” and were not planned at all. The decision to use one contraceptive method over another is influenced by personal choice, perceptions of efficacy, personal risk, access, age, cost, gender, education, ethnicity, marital status, current number of children, sexual orientation, and pattern of sexual activity and level of co-operation between partners.

The purpose of the research was to;

- examine how reproductive decisions and outcomes are negotiated within sexual unions
- determine the major individual, household and community characteristics that influences the negotiation process
- determine the factors that inhibits discussion of contraception among couples
- investigate how the position of women influences their ability to negotiate the outcomes they desire

II. Conceptual Framework

The theoretical approach acknowledges the fact that individual fertility behaviour takes place within a particular socio-economic and cultural context. Basically, decisions on fertility are viewed as a function of the proximate determinants, which in turn affect socio-economic variables (Anker et al, 1982; Billsborow, 1985 and Casterline, 1985). Adoption of contraception is therefore perceived as a function of the balance between motivations to regulate excess of potential fertility over desired fertility and fertility regulation costs, which are both psychosocial and economic variables.

In explaining this theory, couples socio-economic and psychosocial variables determine their fertility behaviour. Therefore, adoption of the use of contraception is being influenced by these variables comparing the individual women involved and that of the male partners. These variables include educational attainment of couples, income level, marriage pattern, and religion affiliation of couples etc. these variables help to enhance the frequency of discussion among couple, which helps to facilitate couples' use of contraceptives.

Conceptual framework.

Independent Variable

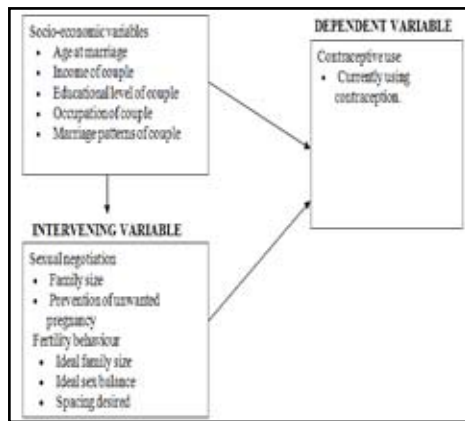


Fig. 1 : Conceptual framework : Independent variable

III. Materials And Methods:

A. Sample and Data Collection

Osogbo local government area in Osun state was used for the study. The study population consisted of married couples between the ages of 15 and 45 years. Questionnaires were administered to 430 eligible respondents comprising of 215 married men and 215 married women. These respondents will be selected from varying socio-economic and religious backgrounds.

A multi-stage probability sampling procedure was adopted to select respondents for the survey, using the enumeration maps prepared by the National Population Commission for the 1991 census. The location will be stratified into three clusters based on the residential patterns that reflect the socio-economics status of the respondents at the first stage. At the second stage, supervisory areas were randomly selected, and enumeration areas were selected within the supervisory areas at the third stage. Therefore, households were systematically selected within the enumeration areas.

The study comprised of two samples: women age, 20-44 who were married, living together with a partner or in a stable sexual relationship for at least six months, and men who were married to or living with successfully interviewed women. In order to be eligible for the individual interview, a woman must pass two eligibility criteria: she has to be regular resident of the household, and she has to be between 20 and 44 years of age. Eligible women were asked series of introductory questions about marital status, and those who reported themselves to be "married" will be automatically considered eligible to complete the full questionnaire.

Different eligibility criteria were set for men. They were required to be partners of eligible women, either formally married or living together. There were no age limits, and residence criteria depend on marital status. Any married or unmarried partner living in the same household with an eligible woman is considered eligible to answer the male questionnaire

B. Field Problems and Data Reliability

The survey started in April 2007 and lasted a month. The first problem encountered by the researcher and the enumerators was when to visit the selected respondents because of their busy schedule. Most of the respondents who could write had asked us to leave the questionnaire behind for them to complete and were not usually around during subsequent visits. For most respondents (the non-literate ones) incomplete answers were

given to most questions relating to age.

The other problem was the unwillingness of most female respondents to state whether they use a method or not. Perhaps contraception was considered something of a more personal issue. However, the project has to be carried out and the husbands were a great help in persuading their wives to cooperate. In all, about 95% of the questionnaire were completed and returned.

C. Data Analysis Method

Information from the questionnaire were analysed at three stages. The simple statistics of frequency distribution was employed to identify the distribution of respondents by the methods using. The multivariate logistic regression analysis was also employed in the study to show the pattern and degree of relationships that exist between the dependent variable and the independent variables and also to determine whether these relationship are significant or not.

Table 1: Percentage Distribution of Respondents by Current use of Methods

Methods	Frequency	Percentage
Pill	18	4.2
Iud	45	10.4
Injection	14	3.2
Implant	15	3.5
Condom	33	7.6
Rhythm	10	2.3
Withdrawal	15	3.5
No response	280	65.3
Total	430	100.0

Source: Field Reports, 2007

It is clear from Table 1 that level of contraceptive usage in the study area is low. The distribution of respondents by currently using contraceptive is very minute. A greater proportion of 65.3% who declares no response shows also that their exposure to the use of various contraceptive is low.

IV. Results And Discussion

This section examines the correlates of contraceptive use. Earlier works have shown that relationship exist between such factors as inter-spousal communication on reproductive issues, attitude, children ever born, ethnic group, currently working, and contraceptive use.

However, attempts are made in this chapter to examine the effect of each of the independent factors on contraceptive use and to test the various hypotheses set up in chapter two of this study.

The general model of the logistic equation is of the form:

$$\text{Log}/(1-p) = b_0 + b_{1x1} + b_2 x_2 + b_{3x3} + \dots + b_{nXn} \text{ .Where } x_1, x_2, x_3, \dots, x_n$$

These are set of independent variables. P is the probability of current use of method. A positive coefficient indicates that the higher the value of covariate, the greater the likelihood of contraception.

To facilitate better understanding of the test of the hypothesis; three models were estimated. The first model examines the effect of various independent variables on current use of contraceptive. The independent variables: Sex, Religion and

currently married.

The second model includes other explanatory variables such as attitude towards contraceptive use and doing something to delay pregnancy that may likely influence or affect the independent variables.

In the third model, the effects of all the independent variables such as opinion on fertility desired and number of children desired on contraceptive use.

A. Model One

Table 2: LOGISTIC REGRESSION RESULTS OF EFFECT OF VARIOUS INDEPENDENT FACTORS ON CONTRACEPTIVE USE

VARIABLES	LOGISTIC REGRESSION		
	COEFFICIENT	SIGNIFICANCE	ODDS RATIO
<u>SEX</u>			
MALE	1.150	0.102	3.160*
FEMALE	R.C		
<u>RELIGION</u>			
CHRISTIANITY	-1.235	0.083	0.291**
ISLAM	R.C		
<u>EVER GIVEN BIRTH (CEB)</u>			
YES	-1.375	0.078	0.253**
NO	R.C		
<u>CURRENTLY MARRIED</u>			
YES	1.528	0.097	4.611
NO	R.C		

* Significant at 1%
 ** Significant at 5%

In table 2, the regression results of the various independent variables on contraceptive use are reported. It could be observed from the table that contraceptive use among couples are significantly affected by sex, religion, ever given birth and currently married. The finding implies that male respondents are more likely to use the contraceptive than their female counterparts. This is so because the males play dominant role in decision making. Religion also has an inverse relation due to individual belief. It is shown in Table 5.2.1 that the Christian are less likely to use contraceptive as it is against their doctrine. It was observed that contraceptive use declines with number of children born; the inverse relationship between children ever born and contraceptive use may be an indication of prohibiting cost of rearing children in the study area.

B. Model Two

So far, an attempt has been made to describe how contraceptive use varies according to various independent variables. Since all these factors cannot work alone to influence contraceptive use, there is need to control for effects of some other explanatory variables (that is, inclusion of all the socio economic and demographic variables). The next model is devoted to an examination of relationship between the independent variables

(contraceptive knowledge) and contraceptive usage.

TABLE 3: LOGISTIC REGRESSION RESULTS OF EFFECTS OF SOME SELECTED INDEPENDENT VARIABLES ON CONTRACEPTIVE USE

VARIABLES	LOGISTIC REGRESSION		
	COEFFICIENT	SIGNIFICANCE	ODDS RATIO
<u>WILL YOU DO SOMETHING TO DELAY PREGNANCY</u>			
YES	8.584	0.859	5344.285
NO	9.473	0.845	13004.412
UNDECIDED	R.C		
<u>ATTITUDE TOWARDS CONTRACEPTIVE USE</u>			
AGREE	9.457	0.852	12792.793
DISAGREE	8.943	0.860	7652.708
NO OPINION	R.C		

Significant at 1%
 Significant at 5%
 R.C =REFERENCE CATEGORY

Table 3 indicates, the odds of couples doing something to delay or avoid a pregnancy at any time in future. From the odds ratio, the respondents are more likely to use and have a positive attitude towards contraceptives in future. Respondents who claimed to agree are more likely to yield to the use of contraceptive than those who claimed to disagree.

C. Model Three

This model examines the effect of various independent variables (fertility preference) on contraceptive use among the couples in the study area.

Table 4: LOGISTIC REGRESSION RESULTS OF EFFECTS OF INDEPENDENT VARIABLES ON CONTRACEPTIVE USE

VARIABLES	LOGISTIC REGRESSION		
	COEFFICIENT	SIGNIFICANCE	ODDS RATIO
<u>NUMBER OF CHILDREN DESIRED</u>			
YES	7.301	0.864	1482.395
NO	R.C		
<u>OPINION ON FERTILITY DESIRED</u>			
YES	-8.123	0.829	0.000
NO	R.C		

Significant at 1%
 Significant at 5%
 R.C =REFERENCE CATEGORY

The table indicates that couples are more likely to influence the number of children desired to have than the reference category.

With respect to contraceptive use by spousal communication on use of contraceptive, indicates that couples are less likely to discuss on contraceptive issue.

V. Conclusion and Recommendations

There is evidence that men in this study area have considerable knowledge and use of family planning, and they indicate considerable control over the decision making process. When contraception was practised, the vast majority practised it for spacing only, thus fertility level is still high.

Although, couple's communication was high in the study area, male dominance seems to have been institutionalised. Thus, men strongly appeared to control important decisions, including fertility and contraceptive use in the family.

As a result of the findings of this study, the following strategies are therefore recommended;

Couple communication should be encouraged and that includes attempts to enlist the cooperation of men by providing them with family planning, communication, and educational services.

Another strategy is an empowerment workshop that will encourage the discussion and use of condoms among married women and their spouses.

An aspect of marketing that should be encouraged by the government is social marketing. It employs the techniques of commercial marketing such as segmentation, brand building for inducing a planned change in society towards a socially beneficial cause. Social marketing has been described to embrace everything from the spread of useful information such as that required in a metrification campaign to the subsidized sale of beneficial products such as contraceptives.

Social marketing and other innovative approaches will help to make available contraceptives and other health care products to far-flung and remote villages in the country. Social marketing of contraceptives aims at making contraceptives more aspirable, affordable and accessible to the common people..

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