Socio-Demographic Determinants for Effective Use of Modern Contraceptive among Married Women of Child Bearing Age in Anambra State

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ABSTRACT

This study was conducted to determine the Socio- demographic determinants for effective use of modern contraceptive among married women of childbearing age in Anambra State. The design of the study was descriptive survey design, five research question and five hypotheses were formulated. The population was 1,352,944 married women of childbearing age in Anambra State, 750 married women of childbearing age were sampled from six Local Government Area using multistage sampling technique, the instrument for data collection was a researcher developed questionnaire named Socio-demographic determinants for effective use of Modern Contraceptive among Married women of Child Bearing Age in Anambra State. Kuder Richardson 20(K-R 20) the co-efficient yielded was 0.89. Chi –Square was use for hypotheses at 0.05 level of significance .The result of the study shows that older women uses modern contraceptive more than the younger women ,highly educated mothers with tertiary education make use of modern contraceptive , following the conclusion and recommendation were made : Health education on modern Contraceptives should be taken to church ,market and various women meeting and not only hospitals ;Husbands should encourage their wife to take up modern contraceptive use in order to have a happy family and enjoy their sexual life.

KEYWORDS: socio- demographic determinants modern contraceptives

INTRODUCTION

An individual is healthy when he or she enjoys complete physical, mental, social and reproductive well-being. Reproductive health relates to the ability of humans to have safe and satisfying sex life. A good reproductive health life enables men and women to reproduce or procreate when and how they feel to do so without sexual limitations or health barriers. The International Conference on Population and Development (ICPD) in Elizabeth (2010) posited that, reproductive health is a state of complete physical, mental and social well-being and not merely the absence of infirmity, in all matters related to the reproductive system and to its functions and processes.

In Nigeria, there is a cultural perception that every woman of child bearing age must have a strong reproductive health in order to have a fulfilled matrimonially home. Perhaps, this could be the reason why Nigeria is the most populous black nation in the world. Recently, Nigeria Demographic and Health Survey(NDHS)was undertaken by the National Population Commission in 2013 estimated a total population of 177 million people with a growth rate of 3.2 percent and a total Fertility Rate (TFR) of 5.5 percent. More so, United Nations Internal Children Emergency Fund (UNICEF) (2017) stated that, Nigeria is a country of the young with almost half the entire 180 million strong population, 46 percent, currently under the age of 15. Currently, total

number of children under the age of five stands at nearly 31 million on the premise that at least seven million babies are born each year.

In developed and developing nations, maternal mortality or deaths is a common phenomenon among women of child bearing age. The rate of maternal deaths in developing regions is 14 times higher than that in developed regions. It is also reported that just 10 countries account for about 60%of all maternal death; India (50,000), Nigeria (40,000), the Democratic Republic of the Congo (21,000), Ethiopia (13,000), Indonesia (8,800), Pakistan(7,900), the United Republic of Tanzania (7,900), Kenya (6,300), China(5,900) and Uganda (5,900). In a nutshell, one Nigerian woman dies every 13 minutes, that is, 109 women of child bearing age die each day (UNICEF, 2017).

From another perspective, there are a lot of unplanned pregnancies among young ladies of child bearing age which often result in abortions by untrained persons and quack health service providers leading to maternal death. In contrast to developed countries, virtually all married women and ladies of child bearing age in developed countries resort to contraceptives in their reproductive period (Olugbenga-Bello, Abodunrin & Adeomi, 2011). It is not surprising that most industrialized nations in the western world are experiencing low birth rates unlike developing nations such as Nigeria. Maternal deaths and unnecessary abortions could be prevented when sexual active women adopt effective family planning protocols.

According to the World Health Organization (2015), family planning allows people to attain their desired number of children and determine the spacing of their pregnancies. It is achieved through use of contraceptive methods. When family planning movement began in the early 20thcentury,its primary purpose was to liberate women from social and health consequences of unwanted pregnancies. Family planning is a primary health strategy with important benefits for both maternal and child health. It is also an important component of family planning protocols adopted to combat maternal mortality. The use of contraceptive is a central element in the provision of quality family planning services and an important dimension of women's reproductive rights (Taylor & Gosney, 2011)

In his view, Ricci (2013) asserted that contraceptive methods can be divided into two categories; traditional and modern. Modern contraceptives are easily classifiable and include oral contraceptives, intrauterine devices (IUDs), female and male sterilization, injections, condoms and the diaphragm.

Other practices, which have a direct impact on fertility that have been used include prolonged breast feeding and postpartum sexual abstinence, which are probably used by mothers more for recuperating between births, child survival and child spacing rather than for limiting family size. Thus, these methods have not been considered as contraceptive methods although their fertility inhibiting characteristics are well recognized. Traditional methods include withdrawal, periodic abstinence, and use of herbs and wearing of traditional beads.

Modern contraceptives came into limelight around the 1960's with the introduction of the steroidal oral contraceptive pills. From then on, a great deal of improvement and discoveries has taken place and today, quite a number of choices are available (Ayodele, 2010). Modern contraceptive techniques seek to interrupt the process of conception by impacting on the ovum, the sperm, the meeting of the sperm and ovum and implantation. According to Hubacher and Trussel (2015), modern contraceptive methods were invented so couples could act on natural impulses and desires with diminished risks of pregnancy. Modern contraceptive methods are technological advances designed to overcome issue of unplanned and emergency pregnancy.

In Nigeria, Contraceptive Prevalence Rate (CPR) is low and according to the report released by the International Women's Health Coalition in 2007, the Contraceptive Prevalence Rate among the cohort of married women aged 15-49 years indicated an all time low of 8% for modern methods and 12% for all methods (Olugbenga-Bello, Abodunrin & Adeomi, 2011). Adopting modern contraceptive methods is a complex issue that is highly influenced by a wide range of socio-demographic dimensions. However, the study will focused on socio-demographics determinants such as age, occupation, parity, level of education and religion.

In recent times, research works have been under taken to investigate the socio-demographic characteristics and their association with contraceptive use among women of reproductive age. However, empirical studies on socio-demographics determinants of modern contraceptive use, precisely among married women in Anambra State, Nigeria is sparse from literature gathered in most private and public universities libraries in Nigeria. This observation prompted this study

Purpose of the Study
The main purpose of this study is to ascertain the socio-demographic determinant of modern contraceptive use among married women of child bearing age in Anambra State.

Specifically, the study will ascertain the use of modern contraceptive among married women of child bearing age in Anambra State based on their :
1. Ages,
2. Different Occupations.
3. Parity.
4. Levels of Education.
5. Religion

Research Questions
The following research questions guided this study:
1. What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their ages?

2. What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their occupations?

3. What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their parity?

4. What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their educational levels?

5. What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their religion?

Hypotheses
The following hypothesis was tested at 0.05 level of significance:
1. There will be no significant difference on the use of modern contraceptive among married women of child bearing in Anambra State based on their ages.

2. There will be no significant difference on the use of modern contraceptive among married women of child bearing in Anambra State based on their different occupations.

3. There will be no significant difference on the use of modern contraceptive among married women of child bearing in Anambra State based on their parity levels.

4. There will be no significant different on the use of modern contraceptive among married women of child bearing in Anambra State based on their level of education.

5. There will be no significant different on the use of modern contraceptive among married women of child bearing in Anambra State based on their religion.

METHOD
The research design adopted was a descriptive survey design. The study will be conducted in Anambra State. In Anambra State the total population for women in 2020 was 6,149,744, while the target population of married women of child bearing age was 1,352,944 (WHO, 2020) .There are thirteen Local Government Area in Anambra State (Anambra State National Programme on Immunization, 2014)

Multi- stage sampling was used in stage arriving at the sample. In stage one sample random sampling was used in obtaining six of the local government areas namely, Onitsha North, Njikoka, Nnewi South, Awka South, Aguata, Anaocha Local Government Area. In stage two, purposive sampling was used in obtaining the six available public hospitals/primary health care centers were antenatal service regularly hold. In these centers, for a period of five antenatal days the attendees found between 9am and 3pm will be used for the study at the rate of 25 per day. That is 25 multiplied by six centers, which will yield 150 pregnant women. For five ante-natal days that will be 750 pregnant women, which brought the total target sample to 750. A researcher developed questionnaire titled socio-demographic determinants of modern contraceptive use among married women of child bearing age in Anambra State, will be used for data collection. Reliability test for the instrument was carried out to ascertain the internal consistency of the instruments; the instrument was administered to 20 married women of child bearing age in Delta State who were not part of the research population. Kuder-Richardson 20 (KR- 20) was used to measure the internal consistency of the instrument. The result yielded the coefficient of 0.89. The data collected were arranged by the researcher and the responses were tallied and presented on frequency distribution tables. Percentage was used in answering the questions. Chi-Square statistic was used to test the hypotheses at 0.05 level of significance. When p-value is greater than the level of significance, the null hypotheses was not rejected. However, if the p-value is less than level of significance, the null hypotheses were rejected.

RESULTS AND DISCUSSION
This chapter presented the analyses of data generated from the study according to research questions and hypotheses. The discussion of results of findings of the study was also presented.

Research Question 1
What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their ages?

Table 1 Percentage of Modern Contraceptive Use by Age of Married Women of Child Bearing Age

Use of Modern Contraceptives	16-20yrs Freq. (%)	21-25yrs Freq.(%)	26-30yrs Freq.(%)	36 & Above Freq. (%)	Total Freq. (%)
Use	84(61.8)	176(68.8)	156(72.2)	100(78.1)	516(70.1)
Do not use	52(38.2)	80(31.2)	60(27.8)	28(21.9)	220(29.9)
Total	136(100)	256(100)	216(100)	128(100)	736(100)

Table 1 shows the percentage of modern contraceptive use by age of married women of child bearing age. Percentages displayed in different columns of the same row show that 16.3% more of those aged between 36 years and above use modern contraceptives than those aged between 16-20 years of age. Similarly, 10.4% more of those aged between 26-30 years of age use modern contraceptives than those between 16-20 years of age. This suggests that greater percentage of older married women of child bearing age tend to use modern contraceptives when compared to the younger ones.

Research Question 2
What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their occupations?

Table 2 Percentage of Modern Contraceptive Use by Occupation of Married Women of Child Bearing Age

Use of Modern Contraceptives	Unemployed Freq. (%)	Self-Employed Freq.(%)	Employed in Private/Public Freq.(%)	Total Freq. (%)
Use	136(69.4)	236(62.1)	144(90)	516(70.1)
Do not use	60(30.6)	144(37.9)	16(10)	220(29.9)
Total	196(100)	380(100)	160(100)	736(100)

Table 2 shows the percentage of modern contraceptive use by occupation of married women of child bearing age. Percentages displayed in different columns of the same row show that 20.6% more of those employed in private or public sector use modern contraceptives than those unemployed. Furthermore, 27.9% more of those employed in private or public sector use modern contraceptives than those who are self-employed. This suggests married women of child bearing age who are employed in private or public sector tend to use modern contraceptives compared to those are either unemployed or self-employed.

Research Question 3
What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their parity?

Table 3 Percentage of Modern Contraceptive Use by Parity of Married Women of Child Bearing Age

Use of Modern Contraceptives	No child Freq. (%)	1-3 children Freq.(%)	4-6 children Freq.(%)	Above 6 children Freq. (%)	Total Freq. (%)
Use	108(65.9)	312(72.9)	80(66.7)	16(66.7)	516(70.1)
Do not use	56(34.1)	116(27.1)	40(33.3)	8(33.3)	220(29.9)
Total	164(100)	428(100)	120(100)	24(100)	736(100)

Table 5 presents the percentages of modern contraceptives use based of parity of married women of child bearing age. Percentages displayed in different columns of the same row show little percentage differences among the four parity categories. Seven percent more of married women of child bearing age with 1 – 3 children use modern contraceptive compared to those without no child. When compared to others with more children (4-6 children and above 6 children), 6.2% more of those with 1 – 3 children use modern contraceptives. On the other hand, only 0.8% more of married women of child bearing age with greater number of children (4-6 children and above 6 children) use modern contraceptive compared to those without any child. This suggests that little difference exists in modern contraceptive use among women of different parity levels.

Research Question 4
What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their educational levels?

Table 4 Percentage of Modern Contraceptive Use by Educational Levels of Married Women of Child Bearing Age

Use of Modern Contraceptives	Primary Freq. (%)	Secondary Freq.(%)	Tertiary Freq.(%)	Total Freq. (%)
Use	12(50)	184(61.3)	320(77.7)	516(70.1)
Do not use	12(50)	116(38.7)	92(22.3)	220(29.9)
Total	24(100)	300(100)	412(100)	736(100)

Percentages displayed in Table 4 shows that in different columns of the same row, 27.7% more of married women of child bearing age with tertiary education use modern contraceptives than those with only primary education. When compared with those secondary, 16.4% more of those use modern contraceptives. In the same, 11.3% more of those with secondary education use modern contraceptives compared to those with primary education. These percentage differences suggest that the higher level of education of married women of child bearing age, the more they tend to use modern contraceptives.

Research Question 5
What difference exists in modern contraceptive use among married women of child bearing age in Anambra State based on their religion?

Table 5 Percentage of Modern Contraceptive Use by Religious Affiliation of Married Women of Child Bearing Age

Use of Modern Contraceptives	Christianity Freq. (%)	Islam Freq.(%)	Traditional Freq.(%)	No Religion Freq. (%)	Total Freq. (%)
Use	500(70.6)	8(50)	-	8(100)	516(70.1)
Do not use	208(29.4)	8(50)	4(100)	-	220(29.9)
Total	708(100)	16(100)	4(100)	8(100)	736(100)

Percentages displayed in Table 5 shows that from different columns of the same row, 29.4% more of married women of child bearing age without any religious affiliation use modern contraceptives than Christians. When compared with those practicing Islam, 50% more of those not identified with any religion use modern contraceptives. This suggests that married women of child bearing age with religious affiliation differ in their use of modern contraceptives.

Hypothesis 1
There will be no significant difference on the use of modern contraceptive among married women of child bearing age in Anambra State based on their ages.

Table 6 Chi-square Test of difference in the Use of Modern Contraceptives Based on the Ages of Married Women of Child Bearing Age in Anambra State.

Use of Modern Contraceptives	16-20yrs Freq. (%)	21-25yrs Freq.(%)	26-30yrs Freq.(%)	36 & Above Freq. (%)	df	X²	p-value	Decision
Use	84(61.8)	176(68.8)	156(72.2)	100(78.1)				
Do not use	52(38.2)	80(31.2)	60(27.8)	28(21.9)	3	9.13	.028	S*
Total	136(100)	256(100)	216(100)	128(100)				

*Significant

Chi-square test results in Table 6 show that there is a significance difference in the use of modern contraceptives based on the ages of married women of child bearing age, X^2 (df,3) = 9.13, p-value = .028. Since the p-value is less than the stipulated 0.05 level of significance, the null hypothesis was rejected

Hypothesis 2
There will be no significant difference on the use of modern contraceptive among married women of child bearing in Anambra State based on their different occupations.

Table 7 Chi-square Test of difference in the Use of Modern Contraceptives Based on Occupations of Married Women of Child Bearing Age in Anambra State.

Use of Modern Contraceptives	Unemployed Freq. (%)	Self-Employed Freq.(%)	Employed in Private/Public Freq.(%)	df	X²	p-value	Decision
Use	136(69.4)	236(62.1)	144(90)				
Do not use	60(30.6)	144(37.9)	16(10)	2	41.87	.000	S
Total	196(100)	380(100)	160(100)				

Chi-square test results in Table 7 show that there is a significance difference in the use of modern contraceptives based on the occupation of married women of child bearing age, X^2 (df,2) = 41.87, p-value = .000. Since the p-value is less than the stipulated 0.05 level of significance, the null hypothesis was rejected.

Hypothesis 3

There will be no significant difference on the use of modern contraceptive among married women of child bearing in Anambra State based on their parity levels.

Table 8 Chi-square Test of difference in the Use of Modern Contraceptives Based on Parity Levels of Married Women of Child Bearing Age in Anambra State.

Use of Modern Contraceptives	No child Freq. (%)	1-3 children Freq.(%)	4-6 children Freq.(%)	Above 6 children Freq. (%)	df	X²	p-value	Decision
Use	108(65.9)	312(72.9)	80(66.7)	16(66.7)				
Do not use	56(34.1)	116(27.1)	40(33.3)	8(33.3)	3	3.92	.282	NS*
Total	164(100)	428(100)	120(100)	24(100)				

*Not Significant

The results in Table 8 show that there is no significance difference in the use of modern contraceptives based on the parity levels of married women of child bearing age, X^2 (df,3) = 3.92, p-value = .282. Since the p-value is greater than the stipulated 0.05 level of significance, the null hypothesis was not rejected.

Hypothesis 4

There will be no significant different on the use of modern contraceptive among married women of child bearing in Anambra State based on their level of education.

Table 9 Chi-square Test of difference in the Use of Modern Contraceptives Based on Educational Levels of Married Women of Child Bearing Age

Use of Modern Contraceptives	Primary Freq. (%)	Secondary Freq.(%)	Tertiary Freq.(%)	df	X²	p-value	Decision
Use	12(50)	184(61.3)	320(77.7)				
Do not use	12(50)	116(38.7)	92(22.3)	2	26.90	.000	S
Total	24(100)	300(100)	412(100)				

Chi-square test results in Table 9 show that there is a significance difference in the use of modern contraceptives based on the educational levels of married women of child bearing age, X^2 (df,2) = 26.90, p-value = .000. Since the p-value is less than the stipulated 0.05 level of significance, the null hypothesis was rejected

Hypothesis 5

There will be no significant different on the use of modern contraceptive among married women of child bearing in Anambra State based on their religion.

Table 10 Chi-square Test of difference in the Use of Modern Contraceptives Based on Religion of Married Women of Child Bearing Age

Use of Modern Contraceptives	Christianity Freq. (%)	Islam Freq.(%)	Traditional Freq.(%)	No Religion Freq. (%)	df	X²	p-value	Decision
Use	500(70.6)	8(50)	-	8(100)	3	15.97	.001	S
Do not use	208(29.4)	8(50)	4(100)	-				
Total	708(100)	16(100)	4(100)	8(100)				

Chi-square test results in Table 10 show that there is a significance difference in the use of modern contraceptives based on the religion of married women of child bearing age, X^2 (df,3) = 15.97, p-value = .001. Since the p-value is less than the stipulated 0.05 level of significance, the null hypothesis was rejected.

DISCUSSION

Modern Contraceptive use among married women of child bearing age

The findings of the study showed that married women between the ages of 36 and above, 215-25, and 26-30 years makes use of the modern contraceptive while mothers aged 16-20 years do not make frequent use of modern contraceptive . The result was expected because older mothers who have children would like to plan the family in terms of child spacing and number of children. This might be as a result of wanting a specific gender of either a boy or girl. Older mothers with children might also be a working mother who has other responsibility and would therefore want to control child birth in order to meet up with other areas of their life. Young mothers could also be first time mothers so at that level, they do not need contraceptive because they need to actively give birth to some point before observing the use of any form of contraceptive. Also the test of hypotheses for modern contraceptive use among mothers based on the age was rejected.

The findings of the study also revealed that mothers who are employed in either private or public sectors use modern contraceptive. The result is so because when a person is employed in a public job, where people of different religion, educational background and exposure comes and goes, there is tendency that there is going to be an exchange of knowledge. The worked or employed mothers would have be privileged to have meaningful interactions with other mothers thereby having advantage to get more knowledge of contraceptive use which would further make them make use of them. The low usage of contraceptive use among mothers who are unemployed or self employed was expected because they are least exposed. They do not exchange knowledge with others because of the type of work they do. The researcher believes that lack of usage of modern contraceptive among mothers unemployed or self employed is related to lack of knowledge and exposure to the facts of modern contraceptive. Also the null hypothesis of no significant difference was rejected. This study was in line with the study of Envuladu, Agbo, Mohammed, Chia, Kigbu and Zoakah (2012), that occupation of mothers was how among mothers that are self employed. It was also in line with the study conducted by Anthony (2013) which stated that occupation was an important and significant factor in modern contraceptive use among mothers. The findings of the study showed that married women with no children and married women with children 1-3 makes use of modern contraceptive. This is because sometimes, married women who do not immediately want mot have children might

intentionally avoid child bearing making them to be an active user of modern contraceptives. Married women who have children 1-3 who may not want to further have children might start using modern contraceptive to avoid pregnancy also when women have up to three children, they might not want to give birth to the possible last child immediately making them to also adopt modern contraceptive use. Most times, a mother with 4-6 and above 6 children falls under the categories of mothers who wanted a large family size. They would not want to use any form of contraceptive this might be the reason for known usage of modern contraceptive among this group of mothers. Also the null hypothesis of no significant difference between mothers based on parity level was not rejected.

The findings of this study showed that married mothers with either secondary or tertiary education had greater use of modern contraceptive than mothers with primary education. The result was expected because, when a mother is educated, it gives her, the edge of being knowledgeable in other things like contraceptive use. When information concerning contraceptive is given to them, they would read and understand it more than mothers who have only primary education. Mothers who are highly educated would further ask questions and get clarity for information's they do not understand. Highly educated mother would want to plan their family and have a perfect family size they can control. They also understand what it means for a family to be at peace and not having children or numbers of children one cannot control. The null hypothesis of no significant difference was rejected because educational level of the married mothers is significant in modern contraceptive use. The study agreed with the study of Ogboghodo, Adam and Wagbatsoma (2017). There is a statistically significant relationship between mothers and educational level.

The findings of the study showed that Christian mothers use modern contraceptives more than others. The result is expected because Christian's believers in one man one wife. They are forced to limit the number of children they produce from time to time in some churches; programmers on family planning are conducted to enlighten couples on the importance of family planning methods and contraceptive use. Other religious affiliations could marry as many wives as possible. Also the use of modern contraceptive in high for mothers without religion, because most times religious belief of some mothers could ban them from using any form of contraceptive, because they see it as a sinful act. The null hypotheses of no significant difference was rejected this study was in line with the

study conducted by Envuladu, Agbo, Mohammed, Chia Kigbu and Zoakah (2012) that religion was a significant factor in modern conceptive use among mothers.

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