Socio-demographic Characteristics, CEB and Contraceptive Use among Women of Childbearing Age in Southwest Nigeria.

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ABSTRACT: *Contraceptive uptake is low in Nigeria despite high fertility rate. The study examined socio-demographic characteristics, children ever born (CEB) and contraceptive use among women of childbearing age in Southwest Nigeria. A total number of one thousand one hundred and eighty-seven (1,187) womenofchildbearing ages (15-49) years were sampled from Southwest States in Nigeria using multi-stage sampling procedure. Questionnaire method was used to elicit information from the respondents. Data analysis was done with the use of statistical packages for social sciences (SPSS). Frequency distribution was used to describe socio-demographic features of the respondents while chi-square test and binary logistic regression were used at the bivariate and multivariate levels of analysis. Socio-demographic characteristics such as education, employment, place of residence, age, children desired and children ever born (CEB) were significantly related to contraceptive use among women of childbearing age in Southwest Nigeria. The study recommends that government and relevant stake holders should embark on intensive and extensive awareness campaign on sex and health education with a view to modifying the behavior of women towards acceptable contraceptive practices in Southwest. Government should provide adequate health facilities with qualified health worker to provide family planning services and advice in rural areas. Finally, itis also recommended that infrastructural facilities should be provided to the citizens as well as monetary allowance to elderly people*
KEYWORDS:*CEB, Childbearing, Contraceptive, Social-demographic Characteristic*

I.   INTRODUCTION

Background

Nigeria currently has population of over 206million with a growth rate of around 2.6 percent per annum which makes her the seventh most populous nation in the world (Population Reference Bureau, 2020). Projections show that by the year 2050, the population of the country will increase by about 95% to approximately 402 million people (Population Reference Bureau, 2020). This increase is anticipated in view of the high fertility rate, unmet need for contraception and low contraceptive use in the country. The consequences of high population increase are poverty, starvation, overcrowding, deforestation, increase in unemployment rate leading to rise in criminal activities, social unrest as well as congestion on existing infrastructural facilities (Buhang&Urdal, 2013). Reports revealed that total fertility rate in excess of five children per woman still prevail in the country, one of the highest globally.However, despite this high birth rate, contraceptive prevalence rate of 17% still subsist in the country (National Population Commission, 2014; National Population Commission NPC, 2019).Several studies have demonstrated that an appreciable adoption of modern methods of contraception in developing countries Nigeria inclusive would help to prevent 54 million unintended pregnancies and 21 million unplanned births. It will help to prevent 26 million abortions and 7 million miscarriages with 79,000 maternal deaths and also 1.1 million infant deaths (Singh &Darroch, 2012). Although, there has been an appreciable improvement in contraceptive usage in developed countries of the world, there is a marginal increase in sub-Saharan Africa in general and specifically in West Africa of which Nigeria is apart. Reports show that 33 percent of married women were using all methods while 28 percent were using modern methods in tropical Africa. In West Africa, the prevalence rate is 24 percent (all methods) with 18 percent using modern methods (Population Reference Bureau, 2018). Projections show that between 2017 and 2030, total contraceptive prevalence rate among married or in-union women of childbearing age will increase in West Africa from 20 to 29 percent, 23 to 32 percent in Centra Africa; and 43 to 56 percent in East Africa (United Nations, 2017).Studies have also reported that unmet need for contraception in sub-Sahara Africa is high. It is

10 percent in Southern Africa, 22 percent in East Africa, 24 percent in West Africa and 27 percent in Central Africa. However, it was projected that unmet need for contraception will fall by year 2030 (United Nations, 2017).

In Nigeria, the story is the same. Despite the intervention efforts of the government to increase family planning usage to 36 percent by year 2018, contraceptive prevalence rate is still low at 17 percent while unmet need for contraception is high at 19 percent(National Population Commission, 2019).

Many factors have been adduced as determinants of usage of contraception in the country. They are, desire for large number of children because of security at old age, desire for boy-child for family name preservation and inheritance purpose. It is also reported that more children will confer respect and dignity to the family in times of ceremonies such as naming, marriage and burial ceremonies(Sunmola, Olaosebikan, &Adeusi, 2020). Other factors that have been reported to predict contraception are limited access to contraceptive services and products, cultural and political barriers, socio-demograpic factors, lack or inadequate support from the spouse, poor/negative attitude and misconception about family planning(Ajao& Sanni, 2019; Habyarimana & Ramroop, 2018; Inyang-Etoh, 2016; Lambu & Ahmad, 2018; Mandiwa, Namondwe, Makwinja, & Zamawe, 2018; Michael & Scent, 2017; Solanke, 2017).

This study therefore examined socio-demographic characteristics, children ever born (CEB) and contraceptive use among women of childbearing age in Southwest Nigeria.

II.   METHODOLOGY

The study adopted mixed method research design. The survey was conducted in selected Southwest states of Lagos, Osun and Ekiti. One thousand, one hundred and eighty-seven women of childbearing age (15-49) years were randomly chosen using multi-stage random sampling technique. Three states, Lagos, Osun and Ekiti, were purposely selected using the population census figure of 2006. Lagos has the highest number of people in Southwest while Osun and Ekiti state had the least population in the region. Purposive sampling was also used to choose the capital cities Ikeja and Itamaja in Lagos state, Osogbo and Tonkere in Osun state, Ado-Ekiti and Ido-Ile in Ekiti state while simple random sampling was used to select the respondents in each of the towns. Approval for the study was collected from the research and development office of Ekiti state University, Ado-Ekiti

III.   RESULTS

TABLE 1 presents the socio-demographic characteristics as well as children ever born (CEB) by respondents in the study area. Majority of the women had post-secondary education while slightly more than one tenth of them reported that they had Quranic or no formal education. Majority of the respondents. The proportion respondents who were working were more than three quarter. Close to one quarter were not working. Majority of the respondents were practicing Christianity; a little above one-quarter were Muslims. Majority of the respondents were earning less than N150,000.00 per month while the rest earned less than one tenth. More than three fifth of the respondents were residing in urban areas, less than two fifth were rural dwellers.

The analysis further showed that majority of the respondents were in the childbearing aged (25-34) years while less than one tenth of the respondents were aged 15-24 years. More than half of the respondents got married at age (15-24) years while a substantial number of them got married at age (25-34) years. The proportion of respondents who had ever given birth to one or two children was slightly more than of half while more than one tenth of the women had ever given birth to more than 4 children. More than three quarter of the respondents' desire four children or below while slightly more than one fifth of them reported desiring above 4 children.

Table 1: Socio-demographic Characteristics and CEB among Married Childbearing Women in Southwest Nigeria.

Characteristics	Number of women (N=1187)	Percentage (100.0)
Education		
Non formal/Quranic	121	10.2
Below secondary	137	11.5
Secondary	204	17.2
Post-Secondary	725	61.1
Type of marriage		
Monogamy	1075	90.6
Polygamy	112	9.4
Employment		
Working	1052	88.7
Not Working	277	13.3
Religion		

Christianity	821	69.2
Muslim	337	28.4
Traditional	29	2.4
Income		
Below N150,000	1149	96.8
N150,001-N300,000	34	2.9
Above N300,000	4	3.0
Place of residence		
Urban	713	60.1
Rural	474	39.9
Age		
15-24	116	9.8
25-34	546	46.0
35-44	385	32.4
45 and above	140	11.8
Mean age, S.D	33.7,7	
Age at Marriage		
15-24	631	53.2
25-34	529	44.6
35 and above	27	2.3
Mean age at marriage	24.0, 4.5	
Children Ever Born		
1-2	614	51.7
3-4	450	37.9
Above 4	123	10.4
Children desired		
1-4	942	79.4
Above 4	245	20.6
Mean children desired		
Contraceptive use		
Use	537	45.2
Non Use	650	54.8

Majority of the respondents were not currently using any methods of contraception while less than half of the respondents were current users. Fig. 1 below showed that among the current users, 28.3% were using condoms, 23.6% were using pills, 20.3% were using injectables, 13.6% were using intra-uterine devices (IUD) while 25.5% were using different types of traditional methods such as withdrawal, rhythm, native medicine and abstinence.
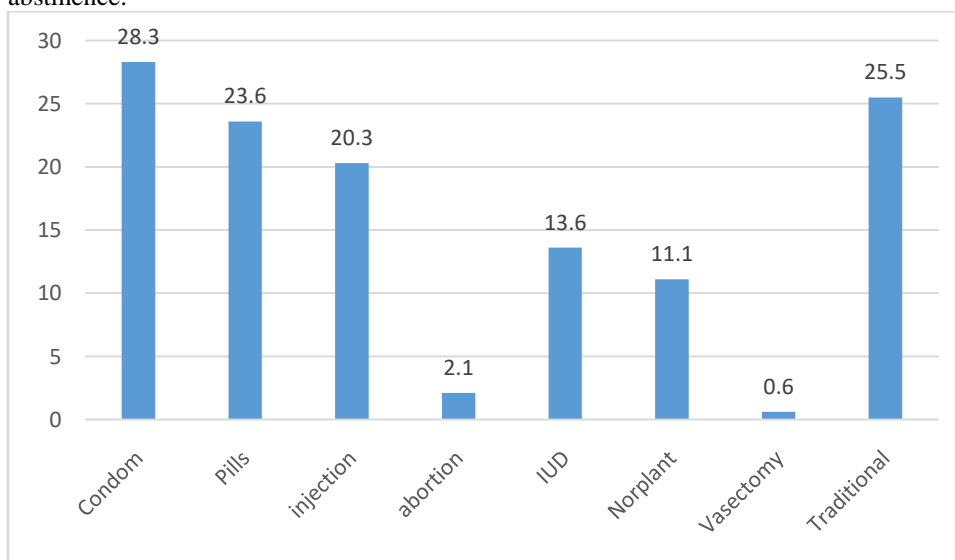

Figure 1: Contraceptive methods used

Table 2 presents the bivariate relationship between socio-demographic characteristics, children ever born (CEB) and current contraceptive use.

The analysis of relationship between socio-demographic characteristics and children ever born (CEB) by current contraceptive use showed that there was significant relationship between education, employment, place of residence, age, children ever born, children desired and contraceptive uptake.

Table 2. Distribution of Respondents by Socio-demographic Characteristics and Current Contraceptive Use. Among users of contraceptives, 67.4% had post-secondary education, 18.6% had secondary education while the least users had no education (6.3%). There is a significant relationship between education and contraceptive use because the p value is less than 0.05 (X^2=34.934, P<0.05). 93.1% of the respondents who were using contraceptive were employed while only (6.9%) of those who were not working were using contraceptive. There is statistically significant relationship between employment and contraceptive use at p value is less than 0.05 (X^2=19.553, p<0.05). There is statistical significant relationship between place of residence and contraceptive use (X^2=40.673, p<0.05) as slightly more than half of the respondents (50.1%) in urban areas were using contraceptives while close to half of the respondents who were current users (49.9%) reside in rural areas. There is almost equal proportion of women using contraceptive in urban area

Further analysis showed that there was significant relationship between age and contraceptive use (X^2=15.094, p<0.05). Respondents who were aged (25-34) years had the highest percentage (46.0%), followed by those in the age category 35-44 years with 36.9% while those who were 45 and above had the lowest percentage. Moreover, there is significant relationship between CEB and contraceptive use (X^2=11.200, p<0.05) as respondents who had between one and two children were the highest users (46.1%), followed by those who had above four children (43.9%) while respondents with three or four children were least users (43.0%). Finally, more than four fifth of the respondents (83.8%) who desired four children and below were currently using contraceptive while less than one fifth of the respondents (16.2%) were currents users (X^2=11.798, p<0.05).

Table 2: Socio-demographic Characteristics and Children Ever Born (CEB) by Contraceptive Use.

Characteristics	Contraceptive Use			Chi-square value	P-value
Education	Use	Non-use	Total		
Non formal/Quranic	34 (6.3)	87 (13.4)	121 (10.2)	34.934	0.000
Below secondary	41 (7.6)	96 (14.8)	137 (11.5)		
Secondary	100 (18.6)	104 (16.0)	204 (17.2)		
Post-Secondary	362 (67.4)	363 (55.8)	725 (61.1)		
Type of marriage					
Monogamy	494 (92.0)	581 (89.0)	1075 (90.6)	2.340	0.126
Polygamy	43 (8.0)	69 (10.6)	112 (9.4)		
Employment					
Working	500 (93.1)	552 (84.9)	1052 (88.6)	19.553	0.000
Not Working	37 (6.9)	98 (15.1)	135 (11.4)		
Religion					
Christianity	362 (67.4)	459 (70.6)	821 (69.2)	1.942	0.379
Muslim	163 (30.4)	174 (26.8)	337 (28.4)		
Traditional	12 (2.2)	17 (2.6)	29 (2.4)		
Income					
Below N150,000	523 (97.4)	626 (96.3)	1149 (96.8)	1.430	0.489
N150,001-N300,000	12 (2.2)	22 (64.7)	34 (2.9)		
Above N300,000	2 (0.4)	2 (50.0)	4 (0.3)		
Place of residence					
Urban	269 (50.1)	444 (68.3)	713 (60.1)	40.673	0.000
Rural	268 (49.9)	206 (31.7)	474 (39.9)		
Age					
15-24	43 (8.0)	73 (11.2)	116 (9.8)	15.004	0.002
25-34	247 (46.0)	299 (46.0)	546 (46.0)		
35-44	198 (36.9)	187 (28.8)	385 (32.4)		
45 and above	49 (9.1)	91 (14.0)	140 (11.8)		
Mean age, S.D			33.7		
Age at Marriage					
15-24	278 (51.8)	353 (54.3)	631 (53.2)	5.649	0.059
25-34	252 (46.9)	277 (42.6)	529 (44.6)		

35 and above	7 (1.3)	20 (3.1)	27 (2.3)		
Mean age at marriage			24.0		
Children Ever born					
1-2	252 (46.9)	362 (55.7)	614 (51.7)	11.200	0.004
2-4	231 (43.0)	219 (33.7)	450 (37.9)		
Above 4	54 (43.9)	69 (10.6)	123 (10.4)		
Children desired					
1-4	450 (83.8)	492 (75.7)	942 (79.4)	11.798	0.001
Above 4	87 (16.2)	158 (24.3)	245 (20.6)		
Mean children desired					

Table 3 presents the result of multivariate influence on contraceptive use. The result shows significant positive relationship between education especially women with no or quoranic education and below secondary education and contraceptive use. Women who had no or quoranic education were 2.05 times more likely to use contraceptive than those with post-secondary education (OR=2.049; 95%CI:1.298-3.234) while women with below secondary education were 2.81 times more likely to use contraceptive than women with post- secondary education(OR=2.812; 95% CI:1.827-4.328). There is no significant relationship between type of marriage, religion, income and age at marriage. The analysis further revealed that employment is significantly negatively associated with contraceptive use. Women who were employed were 0.53 less likely to use contraceptive than their counterpart who were not working (OR=0.75; 95% CI: 0.494-1.143). Moreover, place of residence is significantly positively related to contraceptive use as women who lived in urban area were 2.03 times more likely to use contraceptive than their counterpart in rural areas. It was also revealed that age is significantly negatively associated with contraceptive use across all ages. Women aged 15-24 (OR=0.53; 95% CI:0.286-0.987) and 25-34 (OR=0.53; 95% CI:0.340-0.822) were 0.53 times less likely to use contraceptive than women aged 45 years and above while women who were 35-44 years of age were 0.51times less likely to use contraceptive than their counterpart who were 45 years and above (OR=0.5; 5%CI:0.328-0.778). The result further revealed that there is significant relationship between children ever born and contraceptive use. The higher the children ever born, the lower the contraceptive use and vice versa. women with higher number of children ever born were 0.89 times less likely to use contraceptive than their counterpart with fewer children ever born (OR=0.89; 95% CI:0.816-0.974). It is also revealed that children desired significantly negatively associated with contraceptive use. Women who desired higher number of children were 0.67 times less likely to use contraceptive than their counterpart who desired fewer number of children (OR=0.67; 95% CI:0.483-0.927).

Table 3. Binary Logistic Regression Result of Relationship between Socio-demographic Characteristics and Contraceptive Use.

Socio-demographic Characteristics	Beta Co-efficient	Std Error (S.E)	Sig.	Exp.(B)	95% C.I for Exp (B)	
					Lower	Upper
Education						
Non-formal/Quranic	0.717	0.233	0.002	2.049	1.298	3.234
Below secondary	1.034	0.220	0.000	2.812	1.827	4.328
Secondary	0.013	0.170	0.938	1.013	0.726	1.414
Post-Secondary*						
Type of marriage						
Monogamy	-0.286	0.214	0.182	0.751	0.494	1.143
Polygamy*						
Employment						
Working	-0.641	0.220	0.004	0.527	0.343	0.810
Not Working*						
Religion						
Christianity	-0.118	0.411	0.774	0.889	0.397	1.989
Muslim	-0.364	0.420	0.387	0.695	0.305	1.584
Traditional*						
Income						
Below N150,000	-0.450	0.477	0.660	0.638	0.086	4.731
N150,001-N300,000	-0.761	0.468	0.927	0.905	0.108	7.611
Above N300,000*						
Place of residence						

Urban	0.706	0.131	0.000	2.025	1.566	2.619
Rural*						
Age						
15-24	-0.632	0.316	0.045	0.531	0.286	0.987
25-34	-0.637	0.225	0.005	0.529	0.340	0.822
35-44	-0.682	0.220	0.002	0.505	0.328	0.778
45 and above*						
Age at Marriage						
15-24	-0.610	0.477	0.201	0.543	0.213	1.385
25-34	-0.761	0.468	0.104	0.467	0.187	1.160
35 and above*						
Children Ever born	-0.115	0.045	0.011	0.891	0.816	0.974
Children desired						
1-4	-0.402	0.166	0.016	0.669	0.483	0.927
Above 4*						

Note that * indicate the reference category for each of the Socio-demographic Characteristic

IV.   DISCUSSION

The findings show women who were currently using contraceptive were less than those who were not using. The proportion of women who used modern contraceptive was higher than those who used traditional methods. This is important as modern techniques of contraception have been reported to be more effective than traditional methods. It was also evident that condoms, pills and injections were the most commonly used modern methods in the study area. This is because the methods are easily accessible and can easily be used without necessarily visiting health professionals. This finding is supported by (Nonvignon & Novignon, 2014) where it was discovered that there was high proportion of women who were not practicing contraception in Ghana. The finding also confirmed the study by (Ajayi, Adeniyi, & Akpan, 2018) where it was discovered that the commonly used method of contraception in Southwest were pills, condom and injectables. However, this finding is not supported by (Awoyesuku & Altraide, 2019; Tolefac et al., 2018) who discovered that implants, intra-uterine device and injectables were the commonly used methods of contraceptives in Cameroon and Rivers state, Nigeria respectively.

Though there is positive relationship between education and contraceptive use in the study area, there is a contrasting relationship where women with less education were using contraceptive than those with higher education. This could be due to the effect of health education and family planning intervention program in the area. This finding is supported by Masiano, Green, Dahman& Kimmel (2019) where it was discovered that contraception increase among the uneducated and the low income women than the educated and high income earners in Malawi.

It is also evident that women who were employed were less likely to use contraceptive than their counterpart who were not working. This could be that women who were employed have some form of empowerment and autonomy to make decision on their own especially in relation to their reproductive health while those employed could be using contraceptive to prevent unwanted pregnancies. This finding is validated by (John, Tsui, & Roro, 2020). They found that providing rural employment opportunity for women is not enough to increase uptake of modern contraceptive while another study by (Zegeye, Garedew, Negash, & Asegidew, 2020) showed that women who work in the home or are domestic servants were more likely to use contraceptive than those who work outside the home. However, study by (Nyarko, 2020) did not support the current finding, he observed that women's employment significantly influence the use of contraceptive.

Women who lived in urban areas were more likely to use contraceptive than women who reside in rural areas which could be due to easy accessibility to family planning services and products. This finding is supported by (Nonvignon & Novignon, 2014). The finding is further confirmed by the study of Solanke (2017). It is also clear that women who are older use less of contraceptive than women who were younger. This could be due to the fact that older women were at lower risk of getting pregnant than the younger women. This finding is validated by the study of (Solanke, Banjo, Oyinloye, & Asa, 2018). However, this current finding is not supported by (Awoyesuku & Altraide, 2019; Mandiwa et al., 2018; Solanke, 2017). They discovered that age is positively related to contraceptive use because older women understand the consequence of unshielded sexual intercourse than their counterpart who were younger.

Finding show that women with higher number of children ever born were less likely to use contraceptive than those with fewer children ever born. This could be due to high infant and child mortality rate in the study area as women with dead child experience will likely replace the dead children if the number of children desired has not been met. This finding corroborate the study by (Nonvignon & Novignon, 2014). In a related development, studies have also affirmed the finding that the number of children desired negatively influence contraceptive

usebecause as long as the number of children desired has not been achieved, use of contraception will be postponed (Abdi, Okal, Serour, & Temmerman, 2020; Frempong & Codjoe, 2017)

V. CONCLUSION

This study examined socio-demographic Characteristics, CEB and Contraceptive Use among Women of Childbearing Age in Southwest Nigeria and conclude that contraceptive use is low in the study area. Modern methods of contraception such as condoms, pills and injectables were most commonly used in the study area. Socio-demographic factors such as education and place of residence were positively statistically significantly associated with contraceptive use while employment, age, children ever born (CEB) and children desired were factors that significantly negatively predict contraceptive use.

VI. RECOMMENDATION

The study recommends that government should embark on massive education (sex and health) of the masses especially in the rural areas with a view to modifying behavior of people for acceptable family planning uptake. It is also recommended that social amenities and family planning clinic and services should be made available in rural areas to improve contraceptive usage in the area.
The study further recommends that government and relevant stakeholders such as opinion leaders should sensitize the populace or the citizens on the importance of having and desiring fewer number of children.

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