

## **Influence of Husband's Decision on the Use of Modern Contraceptives Among Rural and Urban Married Women in Imo State, Nigeria**

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**Abstract:** This study examined the influence of husband's decision on the use of modern contraceptives among rural and urban married women in Imo State. Hypothesis based on husband's decision was raised and tested for the study. Through a survey research design, the proportionate sampling technique was used to select a sample of 2013 married women of reproductive age (15-49) in three Senatorial zones of Imo State. A well-structured, validated and reliable questionnaire ( $r = .82$ ) was used for data collection. Data analysis followed a descriptive and inferential pattern. The result showed that the hypothesis was statistically significant ( $p < .05$ ) and consequently rejected. Based on the result, the study concluded that husband's decision influenced the usage of modern contraceptives among rural and urban married women in Imo State. It was therefore recommended that an intervention strategy be developed for mass awareness campaign on modern contraceptive values especially among men and the enhancement of women's status in society.

**Key words:** Decision, husband, influence, modern contraceptives, married women, urban, rural

### **INTRODUCTION**

Generally contraceptive use and reliance upon effective methods to plan births is very low among married women in Imo State of Nigeria. Nigeria fertility survey data<sup>[1]</sup> showed that 20% of married women in Imo State use some methods of contraception. The study noted that the average number of births per woman as measured by the total fertility rate<sup>[2]</sup>, was 6.0. It further revealed that the state was characterized by a natural fertility regime with a few attempts to limit the size of families.

As in other states of Nigeria, men play important roles as heads of households, custodians of the interests of their lineage, protectors of and providers of their families. They make the majority of decisions pertaining to the family life. More so, the social and economic dependence of wives on their husbands gives men great influence in the household, a position that is strengthened by a patrilineally organized family structure. Studies have examined these socio-cultural forces affecting individual fertility regulation decision or the decision-making dynamics among couples<sup>[3-6]</sup>.

Makinwa-Adebusoye and Ebibola<sup>[3]</sup> indicated that reproductive behaviour reflects tradition, religious belief, community norms, family structure, value of children and

access to new ideas and innovations, all expressed in people's attitudes and opinions. Within marriages, Isiugo-Abanihe<sup>[5]</sup> observed that male dominance is particularly profound in matters of reproduction, whether deliberate in decision-making or not. The study noted that men generally view reproduction as prerogative, an issue in which the compliance of their wives is taken for granted. In another study, Ezech<sup>[4]</sup> revealed that the husband's influence with respect to decisions concerning the use of family planning methods is profound among the major ethnic groups in Nigeria and this is accentuated in the northern part of the country by a policy that forbids women from obtaining family planning services without their husband's consent.

Within marriages in many Africa cultures<sup>[7]</sup>, men typically have more say than women in the decision to use contraception and in the number of children that the couple will have. Consequently, women's reproductive preference and behaviour<sup>[6]</sup> is strongly influenced by their husband's negative attitudes and fertility goals. Isiugo-Abanihe<sup>[5]</sup> concluded that Nigeria men dominate familial and social relations including reproductive issues.

Also, studies have shown that man's negative attitudes are major reason why their wives fails to use contraceptive methods, even when the later are motivated to do so<sup>[6,8,9-11]</sup>. A study of married female students in

**Table 1: Analysis of data on demographic characteristics of the respondents**

| Characteristics of the respondents          | Rural women 1007 (50.0) | Urban women 1006 (50.0) | Total 2013(100.0*) |
|---------------------------------------------|-------------------------|-------------------------|--------------------|
| <b>Age range</b>                            |                         |                         |                    |
| 15-20                                       | 66 (3.3)                | 58 (2.9)                | 503 (25.0)         |
| 21-26                                       | 194 (9.6)               | 195 (9.7)               | 389 (19.3)         |
| 27-32                                       | 333 (16.5)              | 340 (16.9)              | 673 (33.4)         |
| 33-39                                       | 252 (12.5)              | 245 (12.2)              | 497 (24.7)         |
| 40-49                                       | 154 (7.7)               | 159 (7.9)               | 313 (15.5)         |
| Total                                       | 999 (49.6)              | 997 (49.5)              | 1996 (98.8)        |
| <b>Length of marriage</b>                   |                         |                         |                    |
| Below 6 years                               | 250 (12.4)              | 253 (12.6)              | 503 (25.0)         |
| 7-12 years                                  | 256 (12.7)              | 344 (17.1)              | 700 (34.8)         |
| 13-19 years                                 | 270 (13.4)              | 244 (12.1)              | 514 (25.5)         |
| Above 20 years                              | 115 (5.7)               | 153 (7.6)               | 268 (13.3)         |
| Total                                       | 991 (49.2)              | 994 (49.4)              | 1985 (98.6)        |
| <b>Number of living children</b>            |                         |                         |                    |
| 0-3                                         | 445 (22.1)              | 454 (22.6)              | 899 (44.7)         |
| 4-6                                         | 493 (21.8)              | 434 (21.6)              | 873 (43.4)         |
| 7-9                                         | 109 (5.3)               | 104 (5.2)               | 211 (10.5)         |
| 10 and above                                | 9 (0.4)                 | 7 (0.3)                 | 16 (0.7)           |
| Total                                       | 1000 (49.7)             | 999 (49.6)              | 1999 (99.3)        |
| <b>Educational level attained</b>           |                         |                         |                    |
| No education                                | 19 (0.9)                | 29 (1.4)                | 48 (2.3)           |
| Primary                                     | 73 (3.6)                | 43 (2.1)                | 116 (5.7)          |
| Secondary                                   | 483 (24.0)              | 512 (25.4)              | 995 (49.4)         |
| Nat. cert/diploma                           | 259 (12.9)              | 338 (16.8)              | 597 (29.7)         |
| Degree/higher diploma                       | 66 (3.3)                | 107 (5.3)               | 173 (8.6)          |
| Postgraduate                                | 21 (1.0)                | 44 (2.2)                | 65 (3.2)           |
| Total                                       | 1000 (49.7)             | 994 (49.4)              | 1999 (99.1)        |
| <b>Husband's educational level attained</b> |                         |                         |                    |
| No education                                | 23 (1.1)                | 24 (1.2)                | 47 (2.3)           |
| Primary                                     | 173 (8.6)               | 162 (8.0)               | 335 (16.6)         |
| Secondary                                   | 387 (19.2)              | 372 (18.5)              | 761 (37.8)         |
| Nat. cert/diploma                           | 155 (7.7)               | 160 (7.9)               | 315 (15.6)         |
| Degree/higher diploma                       | 199 (9.9)               | 201 (10.0)              | 400 (19.9)         |
| Postgraduate                                | 47 (2.3)                | 77 (3.8)                | 124 (6.1)          |
| Total                                       | 989 (49.1)              | 993 (49.3)              | 1982 (98.4)        |

Figures in parentheses are percentages

Southern part of Nigeria<sup>[12]</sup> revealed that one of every three who were not using a contraceptive method gave her husband's objection as her reason.

However, few studies have reported contradictory evidence about the husband's decision to use contraceptive<sup>[13]</sup>. Williams<sup>[14]</sup> gave credence to this view when he found that highly educated women have more decision-making power within marriages, including influence over decision about reproduction and family planning matters. The foregoing discussion informed the need for this study in this Southern part of Nigeria. The main purpose of this study therefore is to ascertain whether husband's decision would influence the use of modern contraceptives among rural and urban married women in Imo State.

## MATERIALS AND METHODS

The descriptive survey research method was employed for the study, which was considered appropriate<sup>[15]</sup>. The target population for this study comprised all rural and urban married women of reproductive age (15-49) of Imo State origin. Imo State is

one of the southEastern states of Nigeria, comprising 3 Senatorial Zones namely: Okigwe, Orlu and Owerri, with a total of 27 Local Government Areas (LGAs) from where the sample for this study was drawn. Fourteen LGAs (3 from Okigwe, 6 from Orlu, 5 from Owerri) were proportionately sampled. Seven of these LGAs were designated urban following established criteria<sup>[16]</sup>. A total sample size of 2013 women aged 15-49 were randomly drawn from the 3 Senatorial zones (432 from Okigwe, 720 from Owerri and 861 from Orlu). A structured and validated questionnaire formed the instrument for data collection, which was pre tested in one of the LGAs not used for the study. A reliability co-efficient index of  $r = 0.83$  was achieved in the pretest. Trained research assistants helped in administering the questionnaires directly to the respondent in their various homes and business shops

## RESULTS AND DISCUSSION

**Respondents background:** Table 1 shows that of the 2013 married women who participated in the study, an equal number of women 50.0% reside in both rural and urban

Table 2: Analysis of sampled Data on Dependant variables

| Dependant variables           | Rural married women | Urban married women | Total       |
|-------------------------------|---------------------|---------------------|-------------|
| Use of modern contraception   |                     |                     |             |
| Yes                           | 231 (10.5)          | 299 (14.9)          | 512 (25.4)  |
| No                            | 783 (38.9)          | 689 (34.2)          | 1472 (73.1) |
| Total                         | 996 (49.5)          | 988 (49.1)          | 1984 (98.6) |
| Length of contraceptive use   |                     |                     |             |
| Never                         | 783 (38.9)          | 689 (34.2)          | 1472 (73.1) |
| Below 5 years                 | 136 (6.8)           | 191 (9.5)           | 327 (16.2)  |
| 6-10 years                    | 57 (2.8)            | 70 (3.5)            | 127 (6.3)   |
| Above 10 years                | 20 (1.0)            | 38 (1.9)            | 58 (2.9)    |
| Total                         | 996 (49.5)          | 988 (49.1)          | 1984 (98.6) |
| Contraceptive use             |                     |                     |             |
| Not applicable                | 983 (38.9)          | 689 (34.2)          | 1472 (73.1) |
| Rarely                        | 63 (3.1)            | 74 (3.7)            | 137 (6.8)   |
| Often                         | 97 (4.8)            | 141 (7.0)           | 238 (11.8)  |
| Always                        | 53 (2.6)            | 84 (4.2)            | 137 (6.8)   |
| Total                         | 996 (49.5)          | 988 (49.1)          | 1985 (98.6) |
| Contraceptive method used     |                     |                     |             |
| Pill                          | 58 (2.9)            | 86 (4.3)            | 144 (7.2)   |
| IUD                           | 28 (1.4)            | 46 (2.3)            | 74 (3.7)    |
| Injectable                    | 3 (1.7)             | 73 (3.6)            | 107 (5.3)   |
| Sterilization                 | 3 (0.1)             | 9 (0.5)             | 12 (0.6)    |
| Norplant                      | 4 (0.2)             | 7 (0.3)             | 11 (0.5)    |
| Emergency contraception       | 5 (0.2)             | 3 (0.1)             | 8 (0.3)     |
| Diaphragm                     | 3 (0.1)             | 5 (0.2)             | 8 (0.3)     |
| Condom                        | 64 (3.2)            | 66 (3.3)            | 130 (6.5)   |
| Spermicides                   | 9 (0.5)             | 2 (0.1)             | 11 (0.5)    |
| Sponge                        | 5 (0.2)             | 2 (0.1)             | 7 (0.3)     |
| Natural Family Planning (NFP) | 777 (38.6)          | 696 (34.6)          | 1473 (73.2) |
| Total                         | 990 (49.2)          | 995 (49.4)          | 1985 (98.6) |

areas, respectively. The proportion of respondents in the younger age group is substantially higher than the older age group in both areas. This is indicative of high fertility as most women fell within the reproductive age of 15 and 32 years. On number of children the respondents have, those residing in rural areas have slightly large families 5.7% than their urban counterparts 5.5%. Examination of the age and length of marriage of the respondents showed large number of children among women in age group 33-49 and length of marriage of 13 years and above. The average number of children was 4-6 among women in the age category of 21-32 years while majority of women under age 21 had few children (0-3). It would appear then that differentials in number of children among the respondents would largely be explained by differences in the age and length of marriage. Again those who had  $\pm 9$  living children at the time of the study were already 40 years old. There is an overall low level of education among respondents and even among their spouses. However, level of education varied slightly according to residence in each case. Women and their spouses in urban areas acquired higher education (Degree/Higher Diploma and postgraduate levels) than their rural counterparts. Interestingly, women's low levels of education are at a distinct disadvantage compared with their husband's. This finding corroborates the works of Caldwell and Caldwell<sup>[17]</sup> and Dixon<sup>[18]</sup> that in developing countries, women have unequal educational opportunities to men.

**Contraceptive use:** As shown in Table 2, only 25.4% (14.9% urban; 10.5% rural) of the 1,984 respondents had ever used modern contraceptive methods. On the length of contraceptive use, those who have used it between 6-10 years were lower 9.3% than those who have used it for  $\leq 5$  years 16.2%. The outcome is not unexpected since majorities of the women are in the childbearing age group and likely to want more children. On frequency of use, more women in the urban areas 11.2% use it often or always than their rural counterparts 7.4%. How often the respondents use modern contraceptive may explain the consistency of usage and consequently the actual desire to avoid, space or limit childbirth. On the type of contraceptive commonly used, many 7.2% mentioned pills, some 6.5% said they use condom, while another 5.3% mentioned injectables. In each case, result from the urban area was slightly higher than that of the rural. Majority 73.2% of the respondents who were not among the 512 that used any modern method mentioned using any of the traditional methods such as the billings. Although, the percentage of those who use modern contraceptive is low 25.4% as reported in this study, there has been an improvement since 1995 when 20% of married women were reported to be using modern contraceptive methods<sup>[1]</sup>. Previous Fertility surveys in 1981/82<sup>[19]</sup> and 1993/94<sup>[20]</sup> showed only 0.7 and 11.3% contraceptive use, respectively among women in the same area of study.

Table 3: Analysis of sampled data on the influence of husband's decision on the use of modern contraceptives among rural and urban married women in imo state

| Item                                                                                     | Location | SD   | D    | A    | SA   | Total | X <sup>2</sup> | df | Significant* |
|------------------------------------------------------------------------------------------|----------|------|------|------|------|-------|----------------|----|--------------|
| Husband's decision influences a woman to use modern contraceptives                       | Rural    | 242  | 275  | 266  | 208  | 991   | 22.42          | 3  | .00          |
|                                                                                          | Urban    | 200  | 284  | 350  | 159  | 992   |                |    |              |
|                                                                                          | Total    | 442  | 559  | 616  | 367  | 1983  |                |    |              |
|                                                                                          | %        | 21.9 | 27.8 | 30.6 | 18.2 | 98.5  |                |    |              |
| Use of modern contraceptives without husband's consent might lead to problem in the home | Rural    | 102  | 116  | 374  | 400  | 992   | 21.97          | 3  | .00          |
|                                                                                          | Urban    | 101  | 109  | 418  | 363  | 991   |                |    |              |
|                                                                                          | Total    | 203  | 225  | 763  | 823  | 1983  |                |    |              |
|                                                                                          | %        | 10.1 | 11.2 | 39.3 | 37.9 | 98.5  |                |    |              |
| Husband's decision determines the use of modern contraceptives                           | Rural    | 172  | 234  | 368  | 216  | 990   | 22.02          | 3  | .00          |
|                                                                                          | Urban    | 147  | 271  | 426  | 149  | 993   |                |    |              |
|                                                                                          | Total    | 319  | 505  | 794  | 365  | 1983  |                |    |              |
|                                                                                          | %        | 15.8 | 25.1 | 39.4 | 18.2 | 98.5  |                |    |              |

x<sup>2</sup> = 21.97, critical value = 7.81, df = 3, level of significance = .05

**Influence of husband's decision on the use of modern contraceptives among rural and urban married women:**

In Table 3, hypothesis was put up to suggest whether husbands decision would not influence a woman to use modern contraceptives; Use of modern contraceptives without husband's consent might lead to problem in the home or that the husband's decision determines the wives use of modern contraceptives. The above hypothesis was rejected. The result showed that husband's decision influenced significantly the use of modern contraceptives among rural and urban: married women in Imo State (p<.05). This result is in line with the findings of<sup>[4,5]</sup> both identified husbands as the effective decision-maker of contraceptive use. Similarly, Hollerback<sup>[7]</sup> and Browner<sup>[11]</sup>, noted that within marriages, husbands have more say than wives do in the decision to use contraception and in the number of children they may desire. Other studies<sup>[6,10,12]</sup> concluded that husbands not only make decision on contraceptive usage but also are the main obstacle of family planning programmes.

**CONCLUSION**

Based on the findings, it was concluded that only a small number 24.5% of women in Imo State are currently using modern contraceptive methods and that husband's decision significantly influenced this usage among married women in Imo State, irrespective of their rural or urban status. The results generated here could be extrapolated to other zones in Nigeria and by extension Africa, where similar conditions such as husband's influence exist. In the light of the foregoing therefore the researchers are constrained to recommend as follows: An intervention strategy should be developed for cultivating favourable societal and community mood for family planning ideas and norms through mass awareness campaign, seminars, workshops. This can also be done through the community market approach or use of community network groups. There is need to target both

men and woman for education and extension of contraceptive service delivery. There is need also to encourage education, particularly female education beyond secondary school level because higher education seem to have the desired positive effect on contraceptive usage. It will also be desirable if policies aimed at elevating female status should be formulated and empowered by appropriate government legislation.

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