

## Contraceptive Practices among Intercity Drivers in an Urban Settlement in North Central, Nigeria

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**Abstract:** Men have the responsibility for taking decision about family planning, even in situation where no spoken decision is made, men's perceived wishes or objections may influence their wife's actions. A defined male population used in this study is the intercity commercial drivers in Ilorin, Kwara state. To study the determinant of contraceptive practice among the intercity, commercial drivers based in Ilorin, Kwara state. This is a descriptive, cross-sectional survey that was carried out among the drivers in the 4 motor parks in Ilorin. Information was obtained using pre-tested semi-structured questionnaire. This study showed that 70% of the respondents did not practice any form of modern contraception and of those, who ever practiced contraception, only 5% ever used condom and slightly higher percentage had a history of use of pills and injectables by their wives. The major determinants of contraception observed in this study include education, type of marriage and desire for more wives. There was significant impact on use of contraception by age, religion, ethnicity or sex preference. Taxi-drivers in Ilorin has a poor utilization of modern contraceptive practice and this might be influenced by several factors, some of which were identified in this study to include poor or Arabic education, unmarried marital status, polygamy and the desire to be polygamous.

**Key words:** Contraception, drivers, multiple sexual partners, marital status, Ilorin, Nigeria

### INTRODUCTION

Nigeria is one of the most populous countries in the world, with an estimated population of 118 million people and its population is roughly equal to that of all other West African countries combined. The major factors responsible for this is the low use of modern contraceptive as the contraceptive use rate in Nigeria is low. Regardless of which partner actually uses a family planning method, the man often has a major say in decisions on childbearing and family planning. In a study conducted across 7 states of Nigeria, including Kwara state in 1998 studies have shown that men have the responsibility for taking decision about family planning (Ha *et al.*, 2005) and the partner support for contraceptive use are related to the use of contraceptives (Kerns *et al.*, 2003). Even in situation where no spoken decision is made, men's perceived wishes or objections may influence their wife's actions. Thus, men have to be sensitized on the importance of population issues, to family health and welfare and to community and national development. The defined male population used in this

study is the intercity commercial drivers in Ilorin and the rationale for using them includes: their practice of multiple sexual partners that may lead to formal or informal marriages and consequently increased birth rate. Also, low literacy level has been observed among this group and low literacy level is a prerequisite to high fertility rate in any population.

It has been proposed at the International Conference on Population and Development (ICPD) held in Cairo in 1994 that special research should be undertaken in factors inhibiting male participation in family planning. This is an acknowledgement of the fact that Policy makers and program designers have for long neglected men when instituting family planning programs. Since, some few researches have been done on the reproductive motivation and role of men in family planning in Nigeria (Isiugo-Abanihe, 1994; Orji *et al.*, 2007; Uche, 1994) there is need to conduct more studies on this subject with a view of identifying determinants of contraceptive practice in a defined Nigerian male population and obstacles that prevent them from participating in family planning practices.

The objective of this study, is to determine the contraceptive practice among the intercity, commercial drivers based in Ilorin, Kwara state.

**MATERIALS AND METHODS**

This is a descriptive, cross-sectional survey that was carried out among the drivers in the 4 motor parks in Ilorin. Ilorin town is in the North-central zone of Nigeria and located on the longitude 4°35'E and latitude 8°3'N. It is about 302 km North of Lagos, 602 km south of Kaduna and about 475 km South of Abuja, the Federal Capital of Nigeria. It serves as a major stop stations for drivers traveling from the northern part of the country to the southern part and vice versa. Trading in stalls and hawking characterize business activities taking place within the garage which are located within the town.

The population of long distance drivers in Ilorin is about 2096. There are no family planning facilities close to most of these garages, but most of the primary health care centers in the various local government areas in Ilorin, are rendering family planning services. Consent of each participant was sought for before commencing the interview session. The inclusion criteria include being an Inter-state commercial vehicle driver, a resident of Ilorin, who usually set out for their journey from Ilorin and return to Ilorin and registered with any of the 2 union bodies-NURTW and RTEAN. One hundred and thirty-four drivers were studied using proportional sampling technique to determine the sample size from each motor park. The drivers included in the survey were selected by balloting using simple random sampling technique done during the meeting days of the drivers such that among the drivers, whoever picks yes was included in the survey until the required sample size for the garage is obtained. The data obtained was manually edited for errors and entered for analysis using SPSS version 11 software package of the computer.

**RESULTS**

Table 1 shows the socio-demographic characteristics of the sampled population of drivers in Ilorin. The age range was, 19-55 years. Over a third (34.3%) were aged 30-39. As expected, almost all (94.8%) were married. Only 11.9% of them had tertiary education, majority (36.6%) having had only secondary, primary or Arabic or no education. Virtually all were Yoruba by tribe (92.5%) and 2/3 (65.7%) were Moslem by religion.

The profile of contraceptive practice among drivers in Ilorin is displayed in Fig. 1. It is remarkable that over 70% of them did not practice any form of modern

Table 1: Socio-demographic characteristics of drivers in Ilorin

Characteristics	N	(%)
<b>Age</b>		
<20	1	0.7
20-29	24	17.9
30-39	46	34.3
40-49	39	29.1
50+	24	17.9
<b>Marital status</b>		
Married	127	94.8
Single	7	5.2
<b>Education</b>		
No formal educ	31	23.1
Primary	49	36.6
Secondary	38	28.4
Tertiary	5	3.7
Arabic	11	8.2
<b>Ethnicity</b>		
Yoruba	124	92.5
Igbo	3	2.2
Hausa	1	0.7
Others	6	4.5
<b>Religion</b>		
Catholic	17	12.7
Protestant	22	16.4
Islamism	88	65.7
Traditional	7	5.2

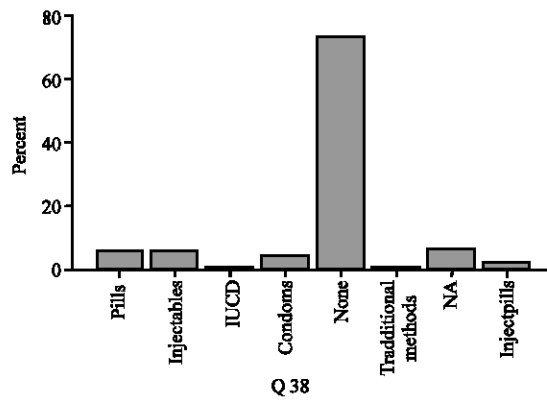


Fig. 1: Type of contraception use in percentage

contraception whatsoever. Of those that had ever practiced contraception, only about 5% used condoms and slightly higher percentage had a history of use of pills and injectables by their wives.

The determinant of contraceptive use by the drivers and their wives were shown in Table 2. These were education, marital status, type of marriage (monogamous or polygamous) and the desire to have more wives. Thus, 10 out of 11 of those had Arabic education and 24 out of 31 of those who had no education did not use condoms, compared with 3 out of 5 of those who had postsecondary education (p = 0.020). While a 3rd of those who were married used one form of contraception or the other, none of the singles ever did (p = 0.046). Those who were, or intended to be polygamous had a significantly increased rates of non-contraceptive use compared to

Table 2: Determinants of contraceptive practices among drivers

Determinants	No contraception	Practices contraception	p-value
<b>Age</b>			
<20	1	0	
20-29	13	11	$\chi^2 = 2.84$
30-39	30	16	$p = 0.584$
40-49	25	14	
50+	18	6	
<b>Religion</b>			
Islam	59	29	
Catholic	10	7	$\chi^2 = 6.39$
Protestant	11	11	$p = 0.09$
Traditional	7	0	
<b>Ethnicity</b>			
Yoruba	80	44	
Hausa	0	1	$\chi^2 = 6.42$
Ibo	1	2	$p = 0.93$
Others	6	0	
<b>Education</b>			
Primary	33	16	
Secondary	17	21	$\chi^2 = 12.37$
Post-secondary	3	2	$p = 0.020$
Arabic	10	1	
None	24	7	
<b>Marital status</b>			
Single	7	0	$\chi^2 = 3.990$
Married	80	47	$p = 0.046$
<b>Type of marriage</b>			
Monogamous	35	30	
Polygamous	44	17	$\chi^2 = 9.216$
Single	8	0	$p = 0.010$
<b>*Want more wives</b>			
Yes	41	10	$\chi^2 = 17.518$
No	38	36	$p = 0.001$
<b>Sex preference</b>			
Yes	46	27	$\chi^2 = 0.257$
No	41	20	$p = 0.612$

\*Only respondents who are married

their monogamous and would-remain-monogamous counterparts ( $p = 0.01$  and  $0.001$ , respectively). There was no significant impact on use of modern contraception by age, religion, ethnicity or sex preference.

## DISCUSSION

This study looked at the contraceptive practice and its determinants among drivers and their wives in Ilorin, Nigeria. They are predominantly middle aged, married, Yoruba Moslems, with little education. This peculiar socio-demographic profile is expected to have its own characteristic pattern of contraceptive practice. This study showed that over 2/3 of them has not practiced any form of modern contraceptives. Of those who did, female contraceptives were used more often by the couple than male (condoms). We found the use of modern contraception by these couples to be influenced by education, marital status, type of marriage and desire to have more children.

It is not surprising that educational level of the drivers impacted on their use of modern contraception, as education have been well documented to increase

awareness and improve attitude towards responsible child spacing (Okonofua, 1995; Odujirin, 1991; Ikeme *et al.*, 2005). The influence of marital status is noteworthy in that none of the unmarried respondents practiced any form of contraception, while a 3rd of those who married did. This difference could be attributed to contraceptive practices among the wives as most couples that practiced contraception used predominantly the female contraceptive techniques. Male participation in contraceptive use in has been documented to be relatively low (Okpani and Okpani, 2000; Aziken *et al.*, 2003).

The influence of the type of family showed that while about half of monogamous families used modern contraception, only a 3rd of polygamous drivers used it. And as most of the drivers are polygamous, this is an important area of focus in contraception-use promotion. The desire to have more wives puts the drivers at the risk of non-use of modern contraception and may reflect some degree of recklessness in sexual behaviour.

This study has addressed an important group of the population that is easily, targeted for contraceptive promotions through their union and garages. It has brought out the contraceptive needs of this easily reached people. While, some of the findings support subgroup identifications for targeting contraceptive interventions, certain limitations in this study must be borne in mind. One is the fact that only the husbands in the couple was interviewed, resulting in interview bias. Moreover, the husband's perception will predominate in data such as this. However, the variables analyzed are objective enough for the husband to be able to respond as accurately as possible.

Another limitation is the limited spread of the socio-demographic data among the drivers. While, this is useful in helping to define a specific group to which interventions may be target, it can potentially confound analysis. For example, a predominantly illiterate group of subjects might have given responses that are incongruent with his behaviour. The structured manner, in which the data were collected, however, might limit the effects of this on the overall result.

## CONCLUSION

Taxi-drivers in Ilorin has a poor utilization of modern contraceptive practice and this might be influenced by several factors, some of which were identified in this study to include poor or Arabic education, unmarried marital status, polygamy and the desire to be polygamous. Further studies, should unmask other reasons for poor contraceptive use among this population subgroup so that interventions directed at them can be more focused.

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