CONTRACEPTIVE USE AMONG FEMALE TRADERS IN IBADAN, NIGERIA

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ABSTRACT

Context: Female traders are a part of the informal sector which is characterized by flexible timing, easy entry and exit, proximity to residence and compatibility between work and family responsibilities especially child care. More than half of Nigerian women are traders and are reported to have the highest fertility rates. The ability to regulate and control fertility has tremendous impact on women's health by reducing rates of unintended pregnancies and the need for unsafe abortion.

Objectives: The study was designed to assess use of contraceptives and associated factors among female traders in a well-defined market.

Methods: A descriptive cross-sectional survey was carried out among a total sample of 225 female traders aged 15-49years in Sango market, Ibadan, south west Nigeria. An interviewer administered questionnaire was used to collect information on their socio-demographic characteristics and contraceptive use.

Main Outcome Measures: Prevalence of ever and current contraceptive use, types and factors associated with contraceptive use was determined.

Results: Their mean age was 32.3± 8.2 years, 172 (76.4%) were married and 102 (45.3%) had secondary education. Ever and current use of contraceptive was reported by 34.7% and 25.3% of respondents respectively. The Intrauterine Contraceptive Device (IUCD) was the most used method (30.0%). Current contraceptive use was highest among respondents aged 30-39 years (p=0.009).

Conclusions: Level of contraceptive use among female traders in Nigeria is quite low. Efforts should be made to increase use through market based family planning programmes.

Key words: Contraceptive use, reproductive age, female traders, well-defined market.

INTRODUCTION

Ability of women to space or limit the number of pregnancies they have has a direct positive impact on their health and well-being as well as the outcome of pregnancy.[1]. Some family planning methods help prevent the transmission of HIV and other sexually transmitted infections. Family planning also reduces the need for unsafe abortion and reinforces people's rights to determine the number and spacing of their children.[2] It is estimated that one in three deaths related to pregnancy and childbirth could be avoided if all women had access to

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contraceptive services.[3] In addition, family planning is a key to slowing unsustainable population growth[2] and the resulting negative impacts on the economy, environment, and national and regional development efforts especially in Nigeria with a population of 150 million.[2,4] The worldwide total fertility rate is reported to be 2.5.[5] However, the total fertility rate is 4.2 in least developed countries and 4.5 in Africa.[5] In Eastern and Southern Africa, the total fertility rates is 4.6 while in West and Central Africa the total fertility rates is 5.4.[5] The current fertility rate in Nigeria is 5.7[4] and it is comparatively higher than the rates of other nations of the world.

Globally, millions of women have been reported to have no access to contraceptive services[6] and an estimated 222 million women in developing countries who would like to delay or stop childbearing are not using any method of contraception.[2]. Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012.[2] Regionally, the proportion of women in the reproductive age group reporting use of a modern contraceptive method has risen minimally between 2008 and 2012.[2] In Asia it has remained at 62%, and in Latin America and the Caribbean it rose slightly from 64% to 67% while in Africa it went from 23% to 24%.[2] In Nigeria, 29% of all women and currently married women have used a family planning method at least once in their lifetime while 15% of all women and those currently married women were using any contraceptive method[4].

In most of the developing world, women play a major role in the production of goods and services and many working women are engaged in the informal sector.[7] The informal sector has been defined as very small-scale units producing and distributing goods and services and consisting largely of independent, self-employed producers in urban areas of developing countries, which operate at low level of technology and skills; which operate at a low productivity, and which generally provide very low and irregular incomes and highly unstable employment to those who work in it.[8] Informal ways of working are widespread and central to the economy and markets.[9] Female traders are a part of the informal sector, which is a major source of employment in developing countries like Nigeria; 59% of women are currently employed of which 52.2% of them have sales and services as occupation and are reported to have highest fertility rates.[4] Contraceptive methods may be affected by the employment status of women which would indirectly affect the ability to access these services. Through lack of knowledge, lack of information, lack of supply and lack of government support women are unable to determine when or whether they have children, and they are unable to protect themselves against sexually transmitted infections.[6] Various studies have been conducted among certain group of workers such as hairdressers,[10] Community Health Extension Workers (CHEWs).[11] However there is little information on contraceptive use among traders. Such information would be useful in determining appropriate interventions through community based family planning distribution services among this group of women who spend several hours in the market[12] and may not have the time access to regular services.

The objective of this study was therefore to assess contraceptive use among female traders in

a well defined market and to identify associated factors. This will be useful in making recommendation with regards to intervention programmes to improve contraceptive use among these women traders.

METHODS

Study area

A descriptive cross- sectional study was carried out among female traders in Sango Market, an urban market located in Ibadan North Local Government Area, Oyo State. Ibadan is the capital of Oyo state and has an estimated population of about 3 million.[13] Majority of those living in the urban areas are civil servants while those in the peri-urban and rural areas are mainly farmers, artisans and petty traders. The main modes of transportation are by private-owned vehicles, taxis, commercial mini-buses and motorcycles. Ibadan municipality is divided up into 5 urban local government areas namely Ibadan North, North East, North West, South East and South West and 6 peri-urban local government areas; Akinyele, Egbeda, Oluyole, Lagelu, Ido and Ona-ara. Other markets in Ibadan North Local Government Area, Oyo include Bodija, Sabo, Ode Olo and Mokola markets. Sango market is a traditional open air all-purpose market consisting of individual stalls built in the late 1960s by the Ibadan City Council and has one public toilet that is not functioning and two wells, which are not well maintained. A total sample of all registered female traders selling in the market were recruited for the study. The women constituted 70% of all traders selling in the market. The traders were mainly Yorubas and traded in food items such as meat, pepper, vegetables, provisions, raw rice and beans.

Permission to carry out the study was obtained from the Sango Market Traders Union. The objectives of the study and all procedures involved were explained to the leaders and the traders themselves to obtain their consent.

Data collection, analysis and management

A pretested semi-structured interviewer administered questionnaire was used to obtain information on socio-demographic and occupational characteristics of the respondents, ever and current use and type of contraceptive method. Data entry and analysis was done using Statistical Package for Social Sciences (SPSS) software program Version 10 to generate frequencies and Chi-square test for associations between socio-demographic characteristics and ever and current use of contraceptive method.

RESULTS

Socio-Demographic Characteristics

A total of 225 women were interviewed. They were aged 16-49 years with mean age of 32.4 ± 8.2 years. About one-fifth (76.4%) were married, of these 115 (66.9%) were in a monogamous marriage. Only 28 (12.4%) had no formal education while 102 (45.3%) had secondary education. – Please insert Table 1 here-

Contraceptive Use and Associated Factors

A total of 78 (34.7%) of the respondents had ever used any form of contraceptives while 57 (21.4%) were currently using any form of contraceptives. Intrauterine contraceptive device (IUCD) was the most commonly used method by respondents (30.0%) followed by injectables, 13 (22.8%) and oral pills, 10 (18.0%). Abstinence, implants and traditional methods were least used 3(5%).

–Please insert Table 2 here-

Ever use of contraceptives was highest, among women aged 40-49 years; 25(44.6%) (p=0.015), respondents that were widowed 2(66.7%); (p=0.007) and those who had 5 and above previous pregnancies; p=0.000. –Please insert Table 3 here-

Similarly current contraceptive use was highest among respondents aged 30-39years, 31(36.0%) (p=0.009), respondents who were married 51 (29.7%); (p=0.047) and those who had 5 and above previous pregnancies; p=0.001. Ever and current contraceptive use was highest among those who had at least primary education 32(44.4%) and 22 (30.6%) respectively though there was no association between level of education and ever use (p=0.196) and current use of contraceptive method (p=0.576). –please insert table 4 here-

DISCUSSION

Statement of the principle findings

One third of traders ever used a contraceptive method while a quarter of them were current users. IUCD was the most commonly used method. Women aged 30-35years were more likely to use a contraceptive method

Description of the Strengths and Weaknesses of the Study Design

This was a population based study making it suitable for estimating prevalence of contraceptive use. However the sample size was small so findings from the study may not be representative of the population of Nigerian women working in the informal sector. In addition, the study design was cross-sectional; therefore, temporality of associations and causal directions could not be assessed.

Comparison of Findings with Other Studies

In this study, about one third of the female traders reported ever using a contraceptive; this is comparable to 29% prevalence of ever use of contraceptive among all women in Nigeria reported by the NDHS 2008.[4] Prevalence of ever use was however much higher than prevalence of 11% obtained from a study carried out among young women in Nigeria.[14] The higher prevalence observed in this study may be attributed to the fact that most of the respondents in this study were married. Current use of contraceptive was 25.3%. This is higher than the national contraceptive use prevalence rate of 15%. Contraceptive use has been reported to be highest in the southwestern region of Nigeria, 32% where this market is located.[4] The contraceptive use prevalence is however lower than that reported among another group of workers such as hairdressers,[10] Community Health Extension Workers (CHEWs)[11] and market traders in the eastern part of Nigeria.[15] The CHEWs are a group of health workers at the local government level and could have been better informed on the benefits of contraceptives resulting in increased use. Women in the eastern part of Nigeria have been reported to have higher fertility rates and could have been the reason for higher contraceptive use among them.

From the study IUCD was the most common method ever used (15.7%). This is contrary to reports from the NDHS 2008 where the male condom was the contraceptive method commonly used among all women in Nigeria.[4] This may be due to availability,[16,17] educational campaigns and social marketing of condoms in response to the HIV pandemic [10,14]. In addition condoms have been reported as the most used contraceptive method among adolescents and single young women[10,14,18,19,20] and they constitute only one–fifth of the traders in this study. Married women have however been reported to prefer intrauterine contraceptive device [10,11,20,21]

and they constitute about 75% of these traders. Intrauterine contraceptive device was also the main method currently used by respondents possibly due to the same reasons earlier mentioned.

An association was observed between age of respondents and both ever and current use of contraceptive. Prevalence of ever use of contraceptive was highest among respondents aged 40-49 years. This is not surprising, as women in this age group include those who have used contraceptive method at least once in their life time and those who may or may not be currently using any contraceptive method because they probably had completed their families having had the desired number of children. Current use was highest among women aged 30-39years. Fertility rates are high during this period[4]. A higher proportion of women in this age group were either currently using contraceptive methods to limit the number of pregnancies or space their children. This is similar to reports by the NDHS 2008[4] and a study by Thang and Huong [22] who reported that younger women aged 15-24 years were less likely to use any contraceptive method. There was however a contrary finding among CHEWs where non-current users were likely to be between the ages of 25 – 29 years especially when not married, and 35 – 39 years when married[11].

Young married women were also more likely to have ever or currently used a contraceptive method. These married women may want to limit the number of pregnancies they desired or space their children. This is similar to reports by Onwuhafua et al.[11] On the contrary, Oye-Adeniran et al[14] reported higher contraceptive use among single women probably because the respondents were aged 15-24years with less

than half of them being married. This study revealed a direct relationship between increasing parity and contraceptive use. Ever and current contraceptive use were highest among women who had 5 or more previous pregnancies. Women who have had the desired number of children have been reported to likely use a contraceptive method to prevent having unwanted pregnancies. [4,22,23,24,25]. Contraceptive use was also highest among women who had 5 or more living children though this was not statistically significant it has been corroborated by other researchers. [4,22,23,24]

In this study there was no association established between level of education of traders and both ever and current use of contraceptives. This is comparable to what was obtained in the studies done in Ile-Ife and Ibadan both in Southwestern Nigeria which reportedly found no association between level of education and contraceptive use. [10,20] This however is in contrast to the reports of the NDHS 2008[4] and other researchers[22,25] where contraceptive usage was found to be positively associated with higher educational attainment.

Meaning of the study and implications for clinicians, scientists and policymakers.
Women traders constitute more than half of working women population in Nigeria and have highest fertility rates. The prevalence of contraceptive use is low among female traders in Ibadan, Oyo State. More efforts should be geared towards improving contraceptive use among women engaged in the informal sector especially traders. These women are in their reproductive age and need to increase their contraceptive usage to prevent unwanted pregnancies. Educational programmes in form

of group discussions could be designed to improve usage. This approach in conjunction with electronic and print media would provide access to comprehensive information on benefits of contraceptive use among these women. Community based family planning clinics and distribution near sites where a large number of women engage in informal employment such as market should also be established.

Unanswered Questions and Specific Areas for Future Research

Women's attitude to contraceptive methods and reasons for non-use still need to be explored. A qualitative research will be useful in determining women's perception of contraceptive methods and ways of improving usage among them.

Declaration of Conflict of Interest

We declare no potential conflicts of interests with respect to authorship and/or publication of this article.

Table 1: Socio-Demographic Characteristics of Respondents

	N	% N =225
Age group (Years)		
<30	83	36.9
30-39	86	38.2
40-49	56	24.9
Marital Status	44	19.6
Single	172	76.4
Married	6	2.7
Divorced	3	1.3
Widowed		
Type of Marriage*		
(n=172)	115	66.9
Monogamous	57	33.1
Polygamous		
Level of edu cation	28	12.4
None	72	32.0
Primary	102	45.3
Secondary	23	10.2
Tertiary		

*   Only the married respondents

Table 2: Ever and Current Use of Contraceptives among respondents.

Ever use of contraceptive	n (%)	N=225
Yes	78(34.7)	
No	147(65.3)	
Current use o f contraceptive	57(25.3)	
Yes	168(74.7)	
No		
Type of Contraceptive Ever Used*	31(13.8)	
IUCD	27(12.0)	
Injectables	20(8.9)	
Oral pills	13(5.8)	
Rhythmic method	10(4.4)	
Condoms	7(3.1)	
Abstinence	2(0.9)	
Traditional		
Type of Contraceptive currently using	17(30.0)	
IUCD	13(22.0)	
Injectables	10(18.0)	
Oral pills	8(14.0)	
Rhythmic method	6(11.0)	
Condoms	3(5.0)	
Abstinence/Implants/Traditional		

* Multiple Responses

Table 3: Ever use of contraceptive by Socio-demographic status, parity and number of children of respondents

	Ever use of Contraceptive		N=225
	Yes (%)	No (%)	P-value
Age group(Years)			
<30	19(22.9)	64(77.1)	*0.015
30-39	34(39.5)	52(60.5)	
40-49	25(44.6)	31(55.4)	
Marital status			
Single	6(13.6)	38(86.4)	*0.007
Married	67(39.0)	105(61.0)	
Divorced	3(50.0)	3(50.0)	
Widowed	2(66.7)	1(33.3)	
Level of Education			
None	9(32.1)	19(67.9)	0.196
Primary	32(44.4)	40(55.6)	
Secondary	31(30.4)	71(69.6)	
Tertiary	6(26.1)	17(73.9)	
Parity			
1	7(10.1)	62(89.9)	*0.000
2-4	46(41.8)	64(58.2)	
=5	25(54.3)	21(45.7)	
Number of children alive			
1-2	24(34.3)	46(65.7)	0.21
3-4	39(47.0)	44(53.0)	
= 5	11(50.0)	11(50.0)	

* <p 0.05, significant

Table 4: Current use of contraceptive by socio-demographic status, parity and number of children of respondents

	Current Use of Contraceptive Among Respondents		N=225 p -value
	Yes (%)	No (%)	
Age group of respond ents (years)			
<30	13(15.7)	70(84.3)	*0.009
30-39	31(36.0)	55(64.0)	
40-49	13(23.2)	43(76.8)	
Marital Status			
Single	6(13.6)	38(86.4)	*0.047
Married	51(29.7)	121(70.3)	
Divorced/Widowed	0(0.0)	9(100)	
Level of Education			
None	7(25.0)	21(75.0)	0.576
Primary	22(30.6)	50(69.4)	
Secondary	24(23.5)	78(76.5)	
Tertiary	4(17.4)	19(82.6)	
Parity			
1	7(10.1)	62(89.9)	*0.001
2-4	32(29.1)	78(70.9)	
=5	18(39.1)	28(60.9)	
Number of children alive			
	16(22.9)	54(77.1)	0.22
1-2	29(34.9)	54(65.1)	
3-4	8(36.4)	14(63.6)	
= 5			

* <p 0.05, significant

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