

Enhancing Contraceptive Adoption among Nigerian Women in Agriculture Via Reproductive Health Information Intervention: Evidence from Ekiti State, Nigeria

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Abstract
Background: existing body of literature has established that contraceptive use among the Nigeria women is very poor. A major mitigating factors is also said to be lack of proper family planning contraceptive information, as a result, contraceptive prevalent rate is low in Nigeria.**Objective:** This paper sought to bring out certain factors that are inhibiting the adoption of contraceptive especially among female farmers of reproductive age (15 – 49) in Ekiti state Nigeria. Methods: focus group discussion was employed to gather data among the study population with a sample size of 350 in 16 LGAs/ ADPs of Ekiti State.**Conclusion**: the study concluded that many of the female farmers and other women in their community have scanty proper contraceptive information and this gap has contributed to wrong mind sets and reluctance to adopt the use of family planning contraceptive methods, especially the long-lasting methods.
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Background

Family planning contraceptive prevalent (CPR) which is known as the rate of family planning adoption by users within a particular period, is very low in Nigeria and this is one of the key problems associated with family planning adoption in Nigeria. Research has revealed that despite the various benefits of family planning, the contraceptive prevalent rate is very low among women of which female farmers form a good percentage. Less than one quarter of women within reproductive age in Nigeria use modern contraceptive methods despite its importance (Alo, Daini, Omisile, Ubah, Adelusi & Idoko- Asuelimhen, 2020).

The Nigerian rural women are the chief source of agricultural labor (Adenugba and Raji- Mustapha, 2013; Ugwu, 2019), yet are also the central victims of hunger, malnutrition, poverty, high fertility, and maternal mortality rates. The sustainability of food production is very key and essential to a nation's food security, female farmers accounts for nearly 70% of agricultural production work force, they are fully engaged in sowing, weeding, harvesting, and storing crops (Simperegui, Miassi & Dossa, 2019). There is complexity and diversity in the involvement of women in agriculture, unlike their male counterparts they are involved in several agricultural activities and, also in home activities (Basavaraj & Suresh, 2018). Women contributes essentially to rural economic activities and agriculture in all developing countries and regions.

Investigation further revealed that one of the major causes of this trend, that is, the predominant involvement of female in agriculture, is the rural-urban migration of men in search of paid employment in towns and cities, either within the country or outside the boarders. The continued migration of men in rural homes to semi urban and urban settlements makes the role of women in agricultural production increasingly dominant (Adenugba & Raji, 2013). A review carried out by UNFA (2011), revealed several socio-cultural factors identified as barriers to sexual and reproductive health information and services of women, among which are access to relevant and timely health information and services.

2.0 Reproductive Health Intervention

Globally and in Nigeria, unplanned pregnancies, persists as a significant threat to women's reproductive health (Durowade, Omokanye, Elegbede, Adetokunbo, Olomofe, Ajiboye, Adeniyi, Sanni, 2017). The examination of reproductive health and barriers to care is pertinent to social work profession and should be a social work practice, education, research, and advocacy (Wright, Bird & Frost, 2015). Reproductive health concerns are wide and spans across all areas of female reproductive health, such as but not limited to family planning. Family planning for birth spacing and avoidance of unplanned pregnancy, reducing child and maternal morbidity and mortality rates, family planning and life planning for youths and adolescents.

The rosette of sexual health and reproductive health intervention configuration by World Health Organization -WHO (2017) described four reproductive health intervention areas, these are fertility care, safe abortion care, antenatal, intrapartum & postnatal care, and contraception counselling and provision otherwise

referred to as family planning intervention. It suffices to say that family planning is one of the intervention areas in reproductive health interventions. According to Omo – Aghoja (2013), Sexual and reproductive health (SRH) came to the fore against a background of increasing rates of liberal sexual behaviour and activity, with its attendant reproductive health implications. Family planning is one of the practices that is essential for reproductive health, it is a means by which a couple space their number of years between each child they intend to have, plan their conception and family life by using contraceptive methods (Usman, Kalejaiye, Ishola, Oluwaniyi, Ojogbede & Adu 2016).

Family Planning and Contraceptive Methods

Contraceptive methods are used as means of family planning and are means by which an individual or a couple can use to plan conception depending on the family planning goals of individuals and couples. Family planning contraceptive goals of individuals and couples may vary and can either include delaying the pregnancy, spacing between births, or limiting family size, that is, not having any more children (Nigerian Urban Reproductive Health Initiative- NURHI, 2017). Family planning methods can be synonymously used as contraceptive methods in circumstances where pregnancies resulting from coitus are being prevented. Park (2007); Durowade et al., (2017) defined contraceptive methods as the preventive methods that assist women in avoiding unwanted pregnancies, these methods include all temporary and permanent measures to prevent pregnancies resulting from coitus. They stated that although family planning is not synonymous with birth control, however the planning, provision, and use of birth control are called family planning methods. There are various contraceptive methods suitable for both male and female, the methods available in Nigeria are nine altogether, seven of these available methods are for individuals and couples to either postpone the first pregnancy or space between pregnancies, while the other two methods are used as limiting or permanent methods (NURHI, 2017).

According to Ross & Hardee, (2013) the contraceptive landscape over the years is going through a series of transformation with the introduction of the IUD, the pill, simpler sterilization, improved condoms, and later, the injectable. Existing methods have been improved (e.g., low dose and progestin-only pills, and various types of IUDs and implants, and delivery systems for injectables) and new methods are still expected to surface. While the main methods theoretically spread through family planning programmes in much of the developing world, some countries still make only a minimum of contraceptive choices available to their general populations. Pakistan and the Philippines make only the pill and condom available to over half of the population. in Africa, Nigeria makes no method except the condom available to over half of the population (Ross & Hardee, 2013). In the study of Ross and Hardee (2013) it was revealed that prevalence of use for certain modern contraceptive methods is directly influenced by a variety of access measures, greater access is also accompanied by a better balance among methods for both access and use.

Improved access to multiple methods is consistently associated with higher levels of contraceptive use. In most sub-Saharan African countries, the pill and condom are the main methods offered to most people, the result of this is high discontinuation and pregnancy rates. This revealed that access to various methods is likely to encourage an increase in contraceptive prevalence use. The empirical study of Krenn, Cobb, Babalola and Odeku, (2014) however, revealed that under 1% of the women in their intervention cities (Abuja, Ibadan, Ilorin, and Kaduna) cited cost, distance, or access as a reason for not using family planning. This could mean that there are other more cogent reasons other than that of access that could be militating against the increase in contraceptive use and uptake as viewed from various empirical studies. There are several modern contraceptive methods which include female sterilisation, male sterilisation, the pill, the intrauterine device (IUD), injectable, implants, male condoms, female condoms, the diaphragm, foam/jelly, the lactational amenorrhoea method (LAM)- exclusive breast feeding-, and emergency contraception. Traditional methods include the rhythm (periodic abstinence), withdrawal and folk methods such as herbs (National Nutrition and Health Survey, 2018).

Contraceptives and family planning services are essential in helping women prevent unplanned pregnancies and or practise birth spacing. (Hyman and Kumar 2004; Barot 2014; Ipas 2017). According to research conducted by Rogers and Dantas (2017), Barriers to contraception access for women are multifaceted and far reaching. In resource-poor settings, physical access to a range of contraceptive methods can often be the first inhibitor for access for women. The lack of contraceptive method availability combined with an absence of comprehensive contraception information and counselling has been highlighted as a barrier to contraception access and uptake (McCarraher, Chen-Mok & Oronoz, 2010; Tesfaye & Oljira, 2013; Gallo, Gebreselassie & Victorino, 2014; Rocca, Puri & Harper, 2014).

Methods

Sessions of focus group discussion were used to interview and elicit responses from respondents from 16 blocks under the Agricultural Development programme of Ekiti State. The questions were tailored to capture factors that were inhibiting the adoption of contraceptive among the female farming folks. The study population is 7,136 with a sample size of 350 respondents across the 16 LGAs/ ADPs of Ekiti State. An open-ended interview

guide was employed to to collect data from the respondents, with the support of extension service providers of the Ekiti State Agricultural Development Program (ADP).

Results and Discussion

Focus group Discussion /Interview:

The in-depth interviews with respondents showed that they held certain beliefs, myths, misconception, and fears of side effect regarding family planning contraceptive. At the Ijero ADP block respondents were asked if "there is any one among their neighbours or friends who used any method of modern method of family planning contraceptive and reacted to it?" and a woman responded by saying that "my friend who is also my neighbour had once used family planning and she started losing weight so much that people thought she had HIV. In her words she said "this my friend used to be robust before she used family planning but then, as soon as she used the family planning, she started losing weight". Further prompting to know what method of family planning contraceptive her friend used revealed that she used injectables and her experienced side effect from the injection was heavy bleeding and prolonged menstruation. In the case of the neighbour, she had sought for her FP service from a private patient medicine vendor instead of a health centre and was not given enough or accurate counselling at the time the injectable was administered.

At Ijero and Ikere ADP Blocks respondents were asked if they agree that family planning can cause cancer. Some of the women responded that "yes, very well, I have heard that it can cause cancer and said that it can also cause other problems for a woman that which make her not to have children again". Some other said that there are women who after they stopped using family planning, they could not get pregnant easily immediately after they stopped using FP.

The myths and misconception surrounding the use of contraceptives by unmarried females were also voiced, there was the belief that any unmarried lady who use family planning is promiscuous. The responses elicited from some of the women after asking them if they think it is right for a lady who is not married to use modern method of family planning was emphatically "no, it is not good at all. Why would a girl who is not married go and use family planning? If she does that then she is "ashewo" (prostitute)".

At Ikole ADP Block when respondents were asked if they will advise any of their friends to use modern method of family planning, there were responses like "yes, I can because I have used it before, and it was okay for me. When I was ready to have another baby, I went back to the clinic, and it was removed for me. She mentioned that she had used "alapa" (implant). This was a more positive response compared to Ijero ADP block maybe because the method mentioned here was different and hormonal interference was varied from one user to the other.

Questions on spousal support were asked "if your husband's family does not support that you should use a family planning method will that make you not to use the family planning method?" the general response from many of the women was that "there is nothing that concerns my in-law in my private matters. It is between my husband and I".

The women were further asked what they will do if their husband's family do not support that you should use family planning and they would like to use? The general response was also that their in-laws cannot choose for them at all. "My sexual decision is totally between my husband and I, if my husband is okay with family planning, it does not concern other people" were such responses elicited.

The preferred type of modern method of family planning that was thought to be the best among the respondents was condom, reasons given was that it can also protect them from sexual infections. Another reason for this preference was that the condom is seen to be best because it has no side effect. Some women however revealed that their husbands do not like to use condom and will often complain about it. A respondent at this ADP block however said that she prefers the implant because of the long time it can work for, when a woman uses it, she has no concern or fear of getting pregnant for a long number of years.

The focus group discussion with respondents who are female farmers was interactive, this was ensured to create a comfortable and relaxed atmosphere for the women to express themselves very well. It was carried out in the language of the study population which is Yoruba and frequently some of the questions were asked in the Ekiti dialect to ensure proper understanding of each of the questions. Eliciting personal information from women on contraceptive was not too easy due to inhibitions on the part of many of the women. Some women could readily give straight answers and respond boldly, However, some other women were shy to disclose whether they had used any FP method to prevent pregnancies in the past. It was observed that most of the women who indicated that they have used or are using a modern method of contraceptive are mostly those that indicated the use of injectables, IUDs and implants. Rarely did we get any woman to indicate or speak about methods likes condoms or withdrawal methods. Some also said that they were aware of female condoms but when asked to describe it and how it could be inserted, they could not, some who mentioned that they know about female and male sterilization could not clearly explain deeply or accurately what it was.

Conclusion

This study concluded that many of the female farmers and other women in their community prefer to approach unprofessional and untrained private providers for contraceptive services. There is a reluctance to seek contraceptive service from health facilities and trained service provers who can provide counselling and information on expected side effects so that fear and panic could be avoided when such side effects eventually occur, especially for long lasting contraceptive methods like injectables. This gap in service provision gave room to factors like fear of side effects, myths & misconception, and eventual reluctance to adopt a method of contraception among these female farmers. Another thing that strongly came out is the preference of the women for male condom. It was preferred because it was known to have no side effect. Some women however revealed that their husbands are not very reluctant to use male condom.

Recommendation

Reproductive health information communication is a needed and essential intervention among female farmers in Nigeria. To enhance contraceptive adoption rate among Nigeria women, family planning stakeholders like government and non- government organizations, policy makers, ministries of health, family planning champions across communities should endeavour to create platforms through which family planning contractive information can be well diffused among women and men. Properly tailored information intervention to couples will go a long way to elicit positive mind sets and acceptance /adoption of family planning contraceptives.

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