Rural–Urban Differential in the Use of Contraceptive and Implication for Fertility in Ojo District of Lagos State Nigeria

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Abstract/Résumé

Although a number of works have been done on rural-urban differentials in contraception in Nigeria, one thing that makes this study peculiar is that it shall empirically identify the factors responsible for the differential and point out the implications for fertility.

The general aim of the study is to carry out a detailed analysis of the factors responsible for rural-urban differentials in contraceptive use as well as examine the debate on rural-urban differentials in fertility. The study no doubt presents findings that have far-reaching policy implications. The government will do well to adopt policy lines that will improve the socio-economic status of rural women, especially in the area of education and increase the level of spatial interaction between urban and rural areas

Bien qu'un certain nombre d'études aient été menées sur les différentiels entre ville et village en matière de contraception au Nigéria, cette étude est particulière en ce qu'elle identifie empiriquement les facteurs responsables de ces différentiels et dégage les conséquences sur la fertilité.

Le but de cette étude est de faire une analyse détaillée des facteurs responsables des différentiels entre ville et village et d'examiner le débat sur ces différentiels en matière de fertilité. L'étude présente des résultats qui ont sans nul doute des implications politiques. Le gouvernement devra adopter des programmes qui amélioreront le statut socio-économique des femmes rurales, en particulier dans le domaine de l'éducation et accroître les inter-actions spatiales entre les ville et les zones rurales.

Introduction

With a population of about 88.9 million, Nigeria is nearly twice the size of any other African country, and it is growing at the rate of about 2.9 percent per annum. At this rate, the population will double in the next twenty one years. Generally, the relationship between population growth and development has been viewed from two main perspectives. The first school of thought believes that rapid population growth slows socio-economic development while the second school of thought is of the opinion that rapid population growth in a way triggers development (World Bank, 1984). However, research reports across the globe point vividly to the fact that any population growing at such a rate poses a serious threat to the socio-economic well being of the people. An examination of the demographic situation in the country since 1970s will highlight our local experience.

During the oil boom of the 1970s, rapid population growth was not perceived as an obstacle to economic growth as reflected in the third National Population Policy which states : " Although Nigeria as a large and rapidly growing population, these demographic factors do not appear as yet to

constitute a significant or serious obstacle to economic progress. The country is fortunate in possessing a large land area endowed with natural resources, which if carefully exploited should provide a basis for building a viable economy which ensure a steadily rising standard of living for the population within the foreseeable future especially during the current phase of the country's demographic transition which is characterized by rapid growth..." (Federal Republic of Nigeria, 1975,293-294). There was, however, the plan to continue with the integration of the family planning information and services into the overall health and social welfare system of the country through the National Population Council of Nigeria (Feysetan and Ainsworth, 1996).

However, official population policy changed in the 1980's as living standards worsened in the country. The period 1983-89, marked the beginning of a government-sponsored, national family planing program. The 1988 National Policy for Development, Unity, Progress and self Reliance acknowledged that this laissez-faire approach to population issues was not effective in lowering population growth and had adverse consequences on the welfare of the citizens and the socio-economic development of the country. The new policy adopted specific demographic objectives and advocated extending coverage of family planning services to half of all women of childbearing age by 1995 and to 80 percent by 2000 (Federal Republic of Nigeria, 1988; Feyisetan and Ainsworth, 1996).

This awareness laid the basis for the present consensus found in literature on the need to popularize birth control measures. The need to adopt modern contraceptives in checking the growth rate has become the preoccupation of various government agencies, but if efforts invested in this direction will yield any desirable outcome, does the place of residence has any role to play?

Place of residence influences the use of contraceptive on a number of grounds. In the first case, place of residence is associated with accessibility to educational opportunities for users, a factor which has well documented influence on the use of contraceptives. Secondly, place of residence determines to some extend the degree of exposure to modern ideologies in general; and non-traditional childbearing and childrearing ideas in particular. This factor influences the adoption or rejection of contraceptives. In addition, as a result of the different life styles found in different places, place of residence may be associated with variations in the perception of the Value of children and thereby influence the practice of birth control (Babalola, 1992:1).

A good number of research in the country have addressed this issue and have reached an obvious conclusion that contraceptive use in urban areas is higher than what is the case in rural areas (UNECA, 1995; Babalola, 1992 and NDHS, 1990). Hence, a family planning crusade would be more effective and help check fertility if the attitude of both rural and urban women towards the use of contraceptives improves.

Since the main objective for the concerted efforts in popularizing birth control methods is to reduce fertility, it therefore becomes imperative to establish that the level of contraception as well as the need to examine the factors underlying such differentials as well as highlight the implications of such difference for fertility control cannot be over-emphasized. The foregoing constitute the basis for embarking on this study.

Although a number of work have been done on rural urban differential in contraception in Nigeria one thing that makes this study peculiar is that it

shall empirically identify the factors responsible for the differential and point out the implications for fertility. In fact, the sensitivity of the study in the light of the development of population policies that would tackle the present barricading effect of the growth rate of the country's population to developmental efforts cannot be over emphasized.

Methodology

The general aim of the study is to carry out a detailed analysis of the factors responsible to rural-urban differentials in contraceptives use as well as examine the debate on rural-urban differential in fertility. In essence, the study examines in detail the influence of place of residence on the use of various birth control measures and highlight the implications for fertility. Since the study is purely empirical, the data that formed the basis of explanation was sourced through sample survey. The study involves two groups of population; urban and rural ever married women. In view of this peculiarity, data collection was done using the systematic and cluster sampling techniques in urban and rural areas respectively.

The study area is the Ojo District of Lagos State. The district is one of the Local Government areas of the state with a population of about 1.1 million. The Local Government is composed of a growing urban area that forms part of the big city of Lagos. Also, there are a number of rural settlements that are found mostly in the riverine areas (with small villages and *hamlets* situated along tiny river channels). The urban segment of the data utilized in this study was gathered via a systematic sampling technique(total of one hundred and fifty questionnaires were administered in five randomly selected enumeration areas).

In the rural area, a cluster sample of 150 respondents was gathered from three riverine villages (at least, 25 kilometres away from growing urban area). Only 262 of questionnaires were properly filled. So the analysis was 38 short to the original 300 respondents targetted. Comparative analysis is the major task addressed in the study; comparing the level of knowledge and use of contraceptives in urban and rural areas and the attendant implications for fertility.

Socio-Economic Characteristics of Respondents

As regard the socio-economic characteristics of the respondents, some important differentials are noticed between urban and rural women. First, majority of urban women interviewed possess some post-secondary education (66.2 percent) while those with secondary education constitute the majority in the rural area. Generally, most of the women sampled have at least primary education in both places of residence. In terms of occupational engagement, there are more wage-employee in the urban area (62.3 percent) than in the rural area were only 25.8 percent of the urban women are wage-employees; majority of them are self-employed - 74.2 percent. Furthermore, it was discovered that most of the urban women are non-Catholic Christian (60 percent) while the Catholics are in majority in the rural area (32.1), in fact, the rural respondents are spread across the identified religious groups

Table 1: Socio-economic characteristics of the respondents

AGE	URBAN N	URBAN %	RURAL N	RURAL %
<20	2	1.5	2	1.5
21-25	9	6.5	17	12.9
26-30	36	27.7	43	32.6
31-35	30	23.1	30	22.7
36-40	23	17.7	19	14.4
41-45	13	10.0	9	6.8
46-50	7	5.4	8	6.1
51-55	7	5.4	2	1.5
56-60	-	-	2	1.5
61-65	2	1.5	-	-
66	1	0.8	-	-
TOTAL	130	100	132	100
EDUCATION				
Primary	7	5.4	37	28.0
Secondary	33	25.4	59	44.7
Post-Secondary	86	66.2	21	15.9
Informal	-	-	5	3.8
None	4	3.1	10	7.6
TOTAL	130	100	132	100
OCCUPATION				
Wage-employment	81	62.3	34	25.8
Self-employment	36	27.7	98	74.2
Unemployed	13	10.0	-	-
TOTAL	130	100	132	100
RELIGION				
Christianity (Catholic)	27	20.8	42	32.1
Christianity (Non-Catholic)	78	60.0	39	29.8
Muslim	24	18.5	33	25.0
African Traditionalist	1	0.8	18	13.1
TOTAL	130	100	132	100

Source: Fieldwork,1997.

Knowledge of Contraception

The level of knowledge of contraceptives appears to have improved in both urban and rural areas. About 94.6 per cent and 85.6 per cent of urban and rural women respectively claim having knowledge of at least one modern contraceptive. This can be attributed to the increase in the level of education in the study population both rural and urban areas (see table 2).

The study also points out the positive relationship between urbanization and knowledge of contraception. This emphasis derived from the higher proportion of the urban respondents who have heard of at least one of the modern contraceptives. Women association/organisation is also found to play a very significant role in the dissemination of information in the rural area. For instance, about 65.5 percent of rural women having knowledge of contraceptive are members of one association or the other

Table 2: Knowledge of Contraceptive

LEVEL OF EDUCATION	URBAN N	URBAN %	RURAL N	RURAL %
Primary	6	4.9	30	26.5
Secondary	31	25.2	53	46.9
Post Secondary	82	66.7	19	16.8
Informal	-	-	4	3.5
None	4	3.3	7	6.2
TOTAL	123	100	113	100
MEMBERSHIP OF WOMEN'S ASSOCIATION				
Yes	57	46.3	74	65.5
No	66	53.7	39	34.5
TOTAL	123	100	113	100
SOURCE OF KNOWLEDGE				
Radio/T.V.	32	26.0	8	7.1
Friends	25	20.3	36	31.8
Nurses/Doctors	64	52.1	60	53.1
Community Leaders	2	1.6	9	8.0
TOTAL	123	100	113	100

Source: Fieldwork 1997.

In respect of the source of information on contraceptives, Nurses and Doctors are very vital agents. According to table 2 in both rural and urban areas, 52.1 percent and 53.1 percent respectively, of the respondents got their knowledge of contraceptive through nurses and doctors. This underscores the significant role these professionals play in spreading news about the existence and advantages of contraceptives.

The Use of Contraceptives

Examining the effect of educational status of women on contraceptives use, Feyisetan and Ainsworth (1996) using NDHS (1990) data noted that the limited level of female schooling and other factors affecting women opportunity cost of time are constraining contraceptive use, especially in rural areas. Also, Ainsworth, Beegle and Nyamete (1996) in the study of relationship between female schooling and contraception in sub-Saharan African countries, reported that female schooling will greatly raise the likelihood of contraception, even amongst women with primary schooling.

The study confirms the findings of earlier works. The evidence is vivid that women's educational status play a significant role in the use of contraceptive. It is apparent that higher education increases the level of contraception in both rural and urban areas. Table 4 shows that out of the 93 per cent of urban women currently using contraceptive, 64.2 per cent have post-secondary education. Also out of the 93 per cent 44.1 per cent have secondary education in rural area.

Contraceptive prevalence is high amongst rural and urban women (73.1 per cent in urban area and 70.5 per cent in rural area). This is surely due to the fact that majority of the respondents in both places of the significance of the education of women. The higher the level of education, in particular amongst women, the higher the level of contraceptive prevalence (Feyisetan and Ainsworth, 1996).

[illegible]

[illegible]

[illegible]

[illegible]

According to the survey data it could be hypothesized that urban residence greatly influence on the use of contraceptive than membership of women association. This idea has been articulated by [illegible] (2003), United Nations (2000), [illegible] et al (2000) and [illegible] and [illegible] (2000) among others. They all emphasized the existence of a positive relationship between urban residence and the use of contraceptive. This is obviously as a result of the fact that majority of women in urban centres are of higher socio-economic status and therefore have better access to contraceptive information.

[illegible]

Source: [illegible]

The crucial role of men in family decision making has been neglected by both researchers and program implementers ([illegible]). It was observed that despite the fact that women will continue to be the primary targets of most family planning initiatives men are pivotal decision makers at the household level and therefore must be incorporated into such programmes if a higher level of success than hitherto is to be attained.

In the African context, only few women enjoy an egalitarian relationship in conjugal decision-making. The decision making process in most cases is highly husband-dominated ([illegible] 2001).

In both urban and rural areas, the decision of husband on contraception plays a crucial role in determining whether a woman uses any contraceptive or not. As shown in table 5, a high proportion of the rural

number of respondents using contraceptive in both rural and urban areas (66.7 and 70.5 per cents respectively) acknowledged their spouse's support.

One other cogent finding in this study is that the fear of possible side effects is one reason why most urban and rural women refuse the use of modern contraceptives. In the urban area, this reasons accounts for 48.1 percent while it is 46.2 percent in the rural area. The difference in the proportion of respondents who gave this reason and other reasons in both places of residence is a pointer to the fact that the most critical reason why women in this part of the world abstain from the use of contraceptives is the fear of possible side effect.

Implication For Fertility

Table 5 presents the average children ever born (measure of fertility level). Fertility is obviously declining in the study of population, albeit still higher than recommended 2.1 replacement level. On the average, the children ever born is 3.17 in the urban area while it is 3.36 in the rural area. These levels of fertility suggest that the study population is actually participating in the transition that has been reported for the region. As articulated in previous sections of this articles, levels of knowledge and use of contraceptives have relatively increased amongst the study population.

Table 5: Socio-economic status and fertility level children ever born (ceb)

	URBAN		RURAL	
AGE	N	CEB	N	CEB
20	2	2.0	2	2.2
21-25	9	2.7	17	2.2
26-30	37	2.2	44	3.2
31-35	30	2.7	29	3.5
36-40	23	3.3	19	4.3
41-45	13	7	9	4.8
46-50	7	4.6	8	4.4
51-55			2	4.5
56-60	3	4.5		
61-65				
60		-		
Total	130		132	
EDUCATION				
Primary	7	4.0	37	3.5
Secondary	33	3.8	39	3.9
Post-Secondary	86	2.9	21	3.5
Informal		.	5	2.8
None	4	4.5	10	4.8
Total	130	-	132	
OCCUPATION				
Wage employment 80	3.0		42	2.8
Self Employment	36	3.4	98	3.6
Unemployed	14	3.0	98	3.6
RELIGION				
Christianity(Catholic)	27	2.7	42	2.8
Christianity(Non-Catholic)78	3.3		39	3.2
Muslim	24	3.5	32	3.9
African Traditionalist	1	3.0	19	4.4

Source: Fieldworkd, 1997

Therefore, let it suffice to submit that the incredible fertility level represented in table 5 across various socio-economic groups can be explained in terms of an appreciable increase in contraceptive prevalence in the study population. In both rural and urban areas, the level of contraceptive prevalence has in effect resulted to the fast fall in the fertility level. As evident across the globe, in any region where contraceptive prevalence is high, fertility is bound to decline (Population Report, 1992). Thus, improvement in the factors that encourage the adoption of contraceptive will consequently result in a recognizeable decline in fertility

Conclusion

The level of knowledge and use of contraceptive are generally higher in the urban area than in the rural area. This can be attributed to the fact that a higher socio-economic status is noted amongst urban women and thus they have better access to information on contraception and that as a result of the socio-economic status, they possess "Modern Attitude" that makes contracepting easy. Nonetheless, the level of knowledge of contraception has increased relatively in the rural area compared to what is reported in the literature. This could be attributed to improvement in the level of education in the rural areas of the District, and also to the existence of a high level of spatial interaction between urban and rural areas of the state.

The implication of this on fertility is not far-fetched. The tendency is there that through fertility is declining in both urban and rural areas, the decline may be unprecedented and sustained in urban areas than in the rural areas. In addition, the relatively high level of contraceptive prevalence in the study population may be responsible for the evident decline in fertility level so far. Finally, increasing the socio-economic status of women especially education, may, if not totally erode, almost bridge the gap between rural and urban areas in the knowledge and use of contraceptive as well as fertility decline.

The study no doubt present findings that have far-reaching policy implications. Firstly, the growth rate of Nigeria's population of about 2.9 per cent has been identified as a major inhibiting factor to the socio-economic development of the nation. And since a greater proportion of the population dwell in the rural areas; theses are the people that migrate massively to the urban areas: the government will do well to adopt policy lines that will improve the socio-economic status of rural women, especially in the area of education and increase the level of spatial interaction between urban and rural areas. These will popularize contraception to a level that may reduce fertility to replacement level in a short period of time.

Secondly, nurses and doctors should be seen as the major and most effective agents via whom women in both rural and urban areas were reached in respect of providing information on contraception. In addition, rural women may be reached on the advantages of contraception via the village heads. Finally, it has also been identified that the main reason for not using contraceptive amongst urban and rural women is the fear of possible side effects.

Thus, to increase the level of contraceptive prevalence, it is necessary for governments to embark on grassroots family planing enlightenment campaign that would help alleviate these fears.