BARRIERS TO CONTRACEPTIVE USE AMONG RURAL FARMERS IN AKWA IBOM STATE, NIGERIA

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ABSTRACT: *The study ascertained the barriers to contraceptive use among rural farmers in Akwa Ibom State, Nigeria. Data obtained from one hundred and sixty rural farmers, using multi-stage sampling procedure, were analyzed using frequencies, percentages, means and ranks. Results show that 51.3% of the respondents, with an average age of 40 years, were females and 73.1% were married; majority of the respondents (96.2%) had formal education with an average monthly income of ₦28, 500.50 and an average of 36 years of farming experience. Findings also show that the most utilized contraceptive methods by the rural farmers were barrier methods (condoms, diaphragm), hormonal contraceptives (pills) and abstinence; lack of information on effective use of contraceptives, perceived negative side effects of contraceptive use and lack of required skills for effective use of contraceptives were the most severe barriers to contraceptive use faced by the respondents. The State Government, Non-Governmental Organizations, Community-based organizations as well as other development agencies in Akwa Ibom State should organize enlightenment programmes on contraceptive use specifically targeted at rural areas of the State in order to help overcome the major barriers to contraceptive use faced by rural farmers in the State.*

KEYWORDS: Barriers, Contraceptive, Rural farmers, Akwa Ibom State

INTRODUCTION

Africa's population has more than quadrupled between 1950 and 2010, and is expected to double again by 2050 (Longwe *et al.,* 2012). The demographic trends in sub-Saharan Africa has raised concerns about its potential adverse impact on health, social and economic development and the environment (May, 2012). Rapid population growth and overpopulation have remained topical issues of great concern to many national governments and the international community (Cohen, 2000). Nigeria, with an estimated population of 140 million is the most population country in Africa, accounting for approximately one-sixth of the continent's population (www.urbanreproductivehealth.org). High population growth rate in Nigeria, especially in the face of low productivity, have directly or indirectly been associated with different kinds of social problems ranging from poverty, scarcity of land, hunger and environmental degradation to political instability, according to Okoroafor (2001).

In order to arrest the dangers inherent in high population growth rates, many countries such as Korea, Brazil, Columbia, China, India, Bangladesh and Malawi have successful applied family planning as a panacea (Cohen, 2000). Family planning plays a pivotal role in population control, poverty reduction and human development (Longwe *et al.,* 2012). It is a prerequisite for achieving the United Nations' Millennium Development Goals and for realizing the human right of reproductive choice (Allen, 2007). Several studies indicate that families that use family planning have more assets, live in more valuable houses and have better educated children (Eastwood and Lipton, 2001; Paes de Barros *et al.,* 2001; Adeoti *et al.,* 2009). Fewer births and appropriate birth spacing reduce the risk of child mortality, stunting and underweight among children, and improves the health status of mothers (Whitworth and Stephenson, 2002; Rutstein, 2005; Maitra and Pal, 2008; Yigzaw and

Enquselassie, 2010). Reduction in the number of births may also stimulate investments in human capital and family savings (Longwe *et al.,* 2012). Smaller families resulting from effective sue of family planning services have lower expenses on children, and therefore can more easily make ends meet and have higher potential for making savings and investments (Montgomery and Lloyd, 1999; Gillespie *et al.,* 2007; Channon *et al.,* 2010). Women who use contraceptives tend to have a better quality of life, higher social status and greater autonomy (Asiinwe *et al.,* 2013). Contraceptive use improves maternal and child health (Osemwenkha, 2004).

Unfortunately, family planning has steadily decreased as an international priority in recent years (Gribble and Haffey, 2008). Family planning in actually low in the politicla agenda of most African countries (Blanc and Tsui, 2005; Cleland *et al.,* 2006), hence fertility levels are still very high in Africa compared to Asia and Latin America (Bongaarts and Sinding, 2011). An important factor which affects the fertility of any population is Contraceptive Prevalent Rate (CPR), defined as the percentage of married women aged 15 – 49 years using modern and traditional methods of contraception (Mustafa, Afreen and Hashmi, 2008). Worldwide, the CPR has increased from 54.8% in 1990 to 63.3% in 2010; unmet need for family planning has decreased from 15.4% in 1990 to 12.3% in 2010 (Alkema *et al.,* 2013). In Africa, the CPR has increased significantly from 17.4% to 30.9% in the same time period (1990 to 2010), and unmet need has decreased from 26.4% to 23.2%. Nevertheless, Family Planning 2020 stated in its Progress Report 2013 – 2014 that Nigeria's CPR is 15% and the country's unmet need is 16% (www.familyplanning2020.org) which is very low compared to Africa's statistics stated earlier. The Progress Report also stated that Nigeria's annual growth rate in MCPR (modern contraceptive prevalent rate) in 2013 is less than zero. These statistics can probably explain why the rate of population growth in Nigeria is increasing, at an alarming rate, to the point that is even higher than the rate of food production in the country (Okezie *et al.,* 2010). The population problem in Nigeria is more acute in the rural areas, where poverty is highest and the major livelihood activity is farming (Asa, 2006). This study therefore aimed at ascertaining the barriers to contraceptive use among rural farmers in Akwa Ibom State, Nigeria. Specifically, the study examined the socio-economic characteristics of rural farmers in Akwa Ibom State, determined the level of usage of contraceptives by the respondents, and ascertained barriers to contraceptive use faced by the respondents.

METHODOLOGY

The study was conducted in Akwa Ibom State of Nigeria. Akwa Ibom State is located within the South-Eastern axis of Nigeria, wedged between Cross River State, Abia State and Rivers State on the sandy Deltaic plain of the Guinea Coast. The State lies between latitudes 4^031'' and 5^031'' North, and longitudes 7^035'' and 8^025'' East; occupies a total land area of 7,245,935km^2; and has estimated population of 3,920,208 (National Population Commission, 2006). There are two major seasons in Akwa Ibom State – the dry season and the rainy season. A two-stage sampling procedure was used to select the sample for the study. The first stage involved the simple random selection of four out of the six Akwa Ibom Agricultural Development Project (AKADEP) zones in Akwa Ibom State. The selected AKADEP zones were Abak, Ikot Ekpene, Oron and Uyo. The second stage involved the purposive selection of forty (40) rural-based farmers from each of the four selected AKADEP zones thereby resulting in a total sample size of 160. The purposive sampling procedure employed at the second stage ensured that only rural farmers were selected for the study. Frequency counts, percentages and means were used to analyze the socio-economic characteristics of rural farmers in Akwa Ibom State. The level of utilization of contraceptives by the respondents,

were ascertained using a 10 – item scale. The items in the scale were identified through literature and focused group discussions (FGDs). Responses of the respondents were rated on a 3-point scale of Never Utilized, Rarely Utilized and Often Utilized (assigned with nominal values of 0,1 and 2 respectively). A mean score was computed for each of the items by summing up the ratings 0,1 and 2; and dividing the sum by the number of ratings. The mean score was then used to rank the level of use of each contraceptive. In order to ascertain the barriers to contraceptive use, 14 barriers/constraints identified through literature were presented to the respondents. Responses of the respondents were rated on a 3-point scale of "Not a barrier", "Minor barrier" and "Major barrier" scored 0, 1 and 2 respectively. A mean score was computed for each item and used to rank the severity of the barriers.

RESULTS AND DISCUSSION

Socio-economic characteristics of rural farmers in Akwa Ibom State: Table 1 shows the socio-economic characteristics of rural farmers in Akwa Ibom State Nigeria. Data from the Table reveals that the mean age of farmers in the rural areas of the state was 40 years. The findings corroborate Etim (2006) who reported that the average age of rural farmers in Akwa Ibom State was between 40-50 years. Fifty one percent of the respondents were females, agreeing with Akpabio (2005) who reported that women comprised of majority of farmers in Akwa Ibom State. Majority of the respondents (73.1%) were married while 26.9% were single. The findings corroborate Asa and Solomon (2010) who also reported that majority of rural dwellers in Akwa Ibom State are married. Majority of the respondents (88.7%) had formal education depicting a high level of literacy among the respondents. The findings agree with the report of Foundation for Economic Research and Training, FERT (2011) which stated that Akwa Ibom State is an educationally advantaged state with numerous educational opportunities in Nigeria. A very great majority of the respondents (96.3%) were Christians, with an average monthly income of ₦28, 500.50. The income level of the rural farmers is relatively low. The findings agree with Etim (2006) who reported a low level of income/high incidence of poverty among farming households in Akwa Ibom State. The average household size of the respondents comprised of nine persons; and their average years of farming experience was 36 years. Fifty eight percent of the rural farmers had no access to agricultural extension services in the study area.

Table 1: Socio-economic characteristics of rural farmers in Akwa Ibom State, Nigeria

Socio-economic characteristics	Categories	Frequency (n = 160)	Percentage	Mean
Age	21-30 years	24	15.0	40
	31-40 years	61	38.1	
	41-50 years	54	33.8	
	51-60 years	19	11.9	
	61-70 years	2	1.3	
Sex	Male	78	48.8	
	Female	82	51.3	
Marital status	Single	43	26.9	

	Married	117	73.1	
Educational status	No formal education	6	3.8	
	Primary education	60	37.5	
	Secondary education	53	33.1	
	Tertiary education	23	14.1	
	Adult literacy education	18	11.3	
Religion	Christianity	154	96.3	
	Non-Christianity	6	3.8	
Monthly income (in Naira)	1-40, 000	128	80.0	28,500.50
	40, 001-80, 000	30	18.3	
	80, 001-120, 000	2	1.3	
Household size	1-5 person(s)	16	10.0	9
	6-10 persons	93	58.1	
	11-15 persons	51	31.9	
Years of farming experience	1-20 year(s)	19	11.9	36
	21-40 years	75	46.9	
	41-60 years	66	41.3	
Access to extension services	Yes	66	41.3	
	No	94	58.5	

Note: Naira (₦) is the Nigerian currency and 1.00 US Dollar is equal to 199.25 Nigerian Naira as at August 22, 2015.

Source: Field survey, 2014

Level of utilization of contraceptives by the respondents: Table 2 shows the level of utilization of contraceptives by rural farmers in the study area. The Table reveals that the most utilized contraceptive methods by the respondents were barrier methods such as condom ($\bar{x} = 0.90$), hormonal contraceptives such as pills ($\bar{x} = 0.67$) and abstinence ($\bar{x} = 0.66$). This could be due to the fact that these methods are cheap, accessible and readily available compared to other contraceptive methods in the study area. Again, these methods - that are most utilized by the respondents - serve dual functions of preventing sexually transmitted infections and acting as family planning methods (Olugbenga-Bello *et al.*, 2011).

Table 2: Distribution of respondents based on level of utilization of contraceptive methods

Contraceptive method	Never utilized	Rarely utilized	Often utilized	Mean	Rank+
1. Natural method	78*(48.8)**	69(43.1)	13(8.1)	0.59	4
2. Contraceptive implant	125(78.1)	33(20.6)	2(1.3)	0.23	9
3. Voluntary surgical contraception	127(79.4)	32(20.0)	1(0.6)	0.21	10
4. Injectable	101(63.1)	40(25.0)	19(11.6)	0.49	5
5. Abstinence	81(50.0)	53(33.1)	26(16.3)	0.66	3
6. Intra-uterine devices	106(66.3)	42(26.3)	12(7.5)	0.41	6
7. Barrier methods (condoms, diaphragm)	56(35.0)	64(40.0)	40(25.0)	0.90	1
8. Coitus interruptus	118(73.8)	33(20.0)	9(5.6)	0.32	7
9. Hormonal contraceptives	78(48.8)	57(35.6)	25(15.6)	0.67	2
10. Sterilization	121(75.6)	36(22.5)	3(1.9)	0.26	8

Note: * and ** = frequencies and percentages; + = rank 1 is considered the most utilized contraceptive method by the respondents while rank 10 is the least utilized contraceptive method

Source: Field survey, 2014

On the other hand, Table 2 reveals that the least utilized contraceptive methods by the respondents were contraceptive implant ($\bar{x} = 0.23$) and voluntary surgical contraceptive ($\bar{x} = 0.21$). This is because of the negative perception of the effects of contraceptive implant and voluntary surgical contraceptive methods on users' health by rural dwellers in the State.

Barriers to contraceptive use: The barriers to contraceptive use faced by rural farmers in Akwa Ibom State are shown in Table 3. The Table reveals that the most severe barriers to the use of contraceptives were: lack of information on effective use contraceptives ($\bar{x} = 1.41$), perceived negative side effects of contraceptive use ($\bar{x} = 1.40$) and lack of required skills for effective use of contraceptives ($\bar{x} = 1.36$). Asekun-Olartnmoye *et al.,* (2013) reported that the most commonly stated reasons for not using contraceptives by persons in Nigeria were fear of side effects of use of contraceptives/complications due to use and out right ignorance of contraceptive methods. Sedgh *et al.,* (2007) also stated that the most frequently mentioned reasons for not using contraceptives by women in sub-Saharan Africa (with unmet used) were fear of side effects, health concerns, and inconvenience of use. However, the least severe barriers to contraceptive use faced by the respondents were: religious constraints to use of contraceptives ($\bar{x} = 0.91$) and traditional/cultural taboos that prohibit population control measures ($\bar{x} = 0.85$). These barriers being least severe could be attributed to the high literacy level of the respondents as shown in Table 1 which has helped them overcome religious/traditional constraints to use of contraceptives in the study area.

Table 3: Barriers to contraceptive use by rural farmers in Akwa Ibom State, Nigeria

Barriers	Mean	Rank
1. High cost of contraceptives	1.15	6
2. Scarcity of contraceptives	1.04	10
3. Lack of information on effective use of contraceptives	1.41	1
4. Lack of skills in contraceptive use	1.36	3
5. Irregular sources of buying contraceptives in the rural areas	0.98	12
6. Lack of dialogue about contraceptive use among partners	1.09	8
7. Religious constraints to use of contraceptives	0.91	13
8. Perceived negative side effects of contraceptive use	1.40	2
9. Consumption of alcohol or use of illicit drugs prior to sexual intercourse	1.11	7
10. Lack of sexual decision-making power by females	1.07	9
11. Aversion to contraceptive use	1.28	5
12. Lower perceived risk of contracting sexually transmitted infections	1.03	11
13. Traditional/cultural taboos that prohibit population control measures	0.85	14
14. Inadequate information on the advantages of contraceptive use	1.32	4

Note: * = rank 1 is considered the most severe barrier while rank 14 is the least severe barrier
Source: Field survey, 2014.

CONCLUSION AND RECOMMENDATIONS

The study ascertained the barriers to contraceptive use faced by rural farmers in Akwa Ibom State of Nigeria. The study reveals that the most severe barriers the respondents faced were lack of adequate information on effective use of contraceptives, perceived negative side effects of use of contraceptives, perceived negative side effects of use of contraceptives and lack of required skills for effective us of contraceptives. It is recommended that the State Government, Non-Governmental Organizations, Community-based Organizations as well as other development agencies in the State organize enlightenment programmes on contraceptive use specifically targeted at rural areas of the State. Such enlightenment programmes would ensure that relevant information on the effectiveness of contraceptives is available to rural farmers in the State. Information campaigns that reduce fears about negative side effects of contraceptives should also be embarked upon by relevant governmental and non-governmental agencies in the State in order to allay the fears of use of contraceptives by the rural farmers. Supplementing media-based campaigns on use of contraceptives with greater face to face interaction between rural dwellers in the State and governmental /non-governmental health workers can enhance contraceptive use in the rural areas of the State. Training programmes to improve skills/capacity to use contraceptives should also be specifically organized for rural dwellers by relevant governmental/non-governmental agencies in the State.

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