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Gap in Knowledge and use of Contraceptives in South-Western Nigeria: A Study of the *Ogu*

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Abstract

This paper examines the determinants of the gap in knowledge and use of contraceptives among the Ogu. Through a multistage sampling procedure, 900 respondents including men and women were interviewed in the study locations. The result indicates that about 76 percent of male and 78 percent of female respondents know of at least a modern family planning method. However, current use of modern methods remains low, ranging from about 11 percent among men to 16 percent among their female counterparts. The result indicates that higher educational background, frequent communication between married partners and the number of living children are crucial factors influencing family planning adoption in the population. Thus, the low literacy level in the country, rarity of spousal communication and the prevalence of high fertility goals are accountable for the observed wide gap between knowledge and use of contraceptives in the population. The result suggests that contraceptives are used mostly to stop childbearing. Promoting contraceptive use for child spacing through relevant reproductive health enlightenment programmes is thus imperative.

Introduction

Recently in Nigeria, the knowledge of various contraceptives has increased phenomenally. The National Demographic and Health Survey (NDHS) conducted in 2003 puts knowledge of any method at 79 percent for women between ages 15 and 49 and 90.2 percent for men between ages 15 and 59 (National Population Commission, 2004). Similarly, Isiugo-Abanihe (2003) indicates that about 80 percent of the male in his study population reported knowledge of at least a method. Also, Adewuyi and Ogunjuyigbe (2003) report that about 65 percent of men and 54 percent of women in their study area indicated knowing of at least one method. The figures reported by NDHS 1990 and 2003 indicate that knowledge of various contraceptives has improved tremendously. For instance, among the female sample, the level of awareness rose from 44 percent in 1990 to 79 percent in 2003 (National Population Commission, 2000; 2004).

Conversely, contraceptive use has remained low in the country. The 2003 NDHS found that 29 percent of married women reported ever use of any method, whereas only 22.7 percent had ever used a modern method. Similarly, about 33.8 percent of married men reported ever use of any method. Although the 2003 report indicated a little improvement over the 1990 level of ever use of any method, the level of contraceptive use is still very low when compared with the reported increase in knowledge among both men and women. With respect to current use, while 15 percent of married women reported current use of any method; one-third of their male counterparts indicated current use of any method (National Population Commission, 2000). More dismal is the prevalence of modern and more effective methods. For instance, only 9 percent of married women in Nigeria were currently using a modern method. The situation is not any better among married men. In a sample of over 3,000 men, only 10.8 percent reported ever use of the only popular male centered method (Isiugo-Abanihe, 2003).

The aggressive family planning campaign embarked upon since the adoption of the 1988 population policy has resulted in increased awareness of various methods but use does not seem to have improved significantly. In particular, the use of modern methods that are usually more effective has generally remained very low among married men and women. The question then is why has contraceptive use remained very low in spite of the high level of awareness as well as the increased tempo of family planning promotion in the country? It is against this background that the present study attempts the investigation of the determinants of the gap in knowledge and use of contraceptive among married partners in *Oguland*, in south western part of the Nigeria.

Literature Review

A number of researchers have addressed this question from different perspectives. Some studies have highlighted imbalance in gender power relations in the society which empowers men to act as the major decision-making organ in the family; because they are more pronatalist, they tend to be more averse to contraception (Adewuyi, 1999; Adedimeji, 1998; Biddlecome and Fapohunda, 1998; Isiugo-Abanihe, 1994; Caldwell, Oruboloye, and Caldwell, 1992). On the other hand, Wolff, Blane and Ssekamatte-Ssebuiba (2000) indicated that the society plays a crucial role in dictating contraceptive behaviour so that individuals have little or no option. It is not quite clear whether the level of contraceptive use is largely predicated on societal values or the dominance of males in family life in sub-Saharan Africa. Nevertheless, the two submissions are not mutually exclusive, since the Nigerian society or culture is largely male-centred and oriented.

Bankole (1995) has argued that the existence of non-egalitarian decision-making process in the family is accountable for the poor rate of contraceptive adoption. Spousal communication has also been recognized as a crucial factor in contraceptive use. So the lack of it between marital partners is

responsible for low prevalence of various family planning methods in Nigeria, as elsewhere (Oyediran, 2002). Some other scholars have identified literacy level, household poverty reduction in sexual pleasure, and adverse experience as key factors in contraceptive adoption (Kulczycki, 2004; Hogan, Berhanu and Hailemariam, 1999; Feyisetan and Ainsworth, 1996). Okojie (1995) argued that women education exerts the greatest influence on contraceptive use while men's education was insignificant. Thus the precise factors accounting for persistent poor contraceptive use among marital partners, especially in Nigeria, still require further investigation.

In light of this, the present study examines the determinants of the gap in knowledge and use of contraceptive in a sub-ethnic group in the country. The nation comprises of three major ethnic groups and over 350 sub-ethnic/linguistic groups (National Population Commission, 1998). Many demographic studies have been conducted among the three major ethnic groups in the country, with few published work on the minority groups. Clearly, to comprehend the nature of reproductive health behaviour in the country it may be rewarding to examine the situation in the minority groups as well. Also, most propositions about the determinants of contraceptive use were articulated in the era when only women were used as respondents in demographic research. Richer insights might be gained if the views of both sexes are considered in re-examining these propositions.

Data and Methods

This paper originated from a doctoral study conducted among the *Ogu* (*Egun*- speaking people of Nigeria) in 2002, a sub-group found mainly in villages and small towns in three local government areas in Lagos and Ogun states in Nigeria (Wusu, 2003). The people constitute 40 % of the population of republic of Benin and are also found in parts of Togo. According to the National Population Commission's definition of an urban area during the 1991 National Population Census,

Badagry Township is the only urban settlement that is inhabited mainly by the *Ogu*. Based on the 1991 National Population Commission census figure, the population size of the group is projected to 133,325 in 2002 when the fieldwork was conducted (using 2.9 percent growth rate). The study population includes all married men (between 15 and 65 years of age) and women (between ages 15 and 49 years) in the study setting. Data were collected at the individual level. A multi-stage sampling procedure was followed in the administration of 900 questionnaire in Badagry Township and 38 villages where the *Ogu* predominate. The choice of this sampling procedure was informed by the absence of reliable sampling frame; this method enabled the researcher to generate self sampling frame to guarantee that the study sample is representative.

The sampling exercise in the township followed this procedure: First, a list of the major streets (called quarters) in the township was prepared. There are eight of such streets, namely *Ahofiko*, *Asago*, *Awhajigo*, *Boeko*, *Ganho*, *Jegba*, and *Posuko*. Second, through simple random process, four of these major streets were selected. Third, at this stage, a census of the buildings in use on each of the selected streets was conducted. Fourth, because the aim was to get 50 percent of the respondents from the township and to interview eligible respondents in two households in every building selected, a total of 113 buildings were systematically selected in the chosen quarters. The sampling fraction was $113/597$ (approximately $1/5$). After choosing the first building randomly, every fifth building was included in the sample. Finally, in each of the buildings so selected, eligible male and female members of the households, selected via simple random process, were interviewed separately.

In the rural areas, a list of all the villages inhabited by the *Ogu* that are at least 20 kilometers away from the headquarters of respective Local Government Areas, was first prepared. There are 77 of such villages. Second, 50 percent of these villages were chosen using table of random numbers. In

all, 38 of the villages were chosen. Because these villages are typically small hamlets, in each of the selected villages all the buildings were included in the sample. Third, one household was selected in each dwelling unit through a simple random process. Finally, eligible members of the chosen household in each building were interviewed.

Although 900 questionnaires were administered, after data screening only 889 were useful, so the analysis was based on 889 cases. The unit of analysis was individual married man and woman. Two levels of analyses were computed. At the bivariate level, the chi-square technique was utilized in the test of significance of relationship between respective discrete independent variable and various measures of contraceptive use (dependent variable) that are presented in contingency tables. At the multivariate level, the logistic regression technique was employed since the dependent variables are dichotomous (use or non-use of contraceptive methods). Apart from its appropriateness in modeling the likelihood of an event occurring, logistic regression is a powerful technique that takes account of the fact that socio-economic variables are usually interrelated (Isiugo-Abanihe, 1998).

Discussion of Results

Socio-demographic Characteristics of Respondents

Table 1 shows selected socio-demographic characteristics of respondents. The sample included 49.5 percent of males and 50.5 percent of females. On the average, about 46 percent and 54 percent of the sample were resident in rural and urban areas respectively. The lack of parity between the two categories of place of residence is largely due to logistic problems in the rural areas characterized by widely dispersed villages and hamlets. The age distribution indicates that husbands are, on the average, 5 years older than their wives. This can be explained in terms of the fact that men in this culture generally marry women who are relatively younger. A

similar result was reported for the larger Yoruba group by Oyediran (2002).

The religious affiliation of the respondents indicates that the majority of both male and female respondents are Protestants. This is likely the direct effect of recent expansion of churches in every nook and cranny of the communities. As regards the educational level, it is obvious that the majority of the respondents have had some formal education. However, men are better educated than their female counterparts. In spite of this difference, the level of education among women appears to have risen appreciably in the study population. This can be considered as the product of the positive impact of the free education programme that has existed for decades in the western region of the country.

The occupational distribution of the sample population reveals that the majority are in self-employment. More of men are engaged in agriculture-related occupations while their female counterparts are mostly housewives or engaged in petty trading. This occupational distribution, which is related to the low educational levels of the sample, gives the impression that farming and private business are very popular in the population; only a very few are engaged in government work or civil service. Generally, age at marriage is very low, particularly women (mean age at marriage is 24.22 and 20.48 among male and female respondents, respectively).

Table 1: Percentage Distribution of Respondents by selected socio-demographic characteristics, by sex

Characteristics	Male	Female
	n=440	n=449
Residence		
Rural	42.3	49.4
Urban	57.7	50.6
Age		
<20	10.9	20.3
20-24	14.3	14.6
25-29	29.0	30.0
30-34	21.6	11.8
35-39	11.0	9.9
40-44	8.0	7.6
45+	5.2	5.8
Mean	38.19	33.47
Religious affiliation		
Catholic	13.4	13.4
Protestants	59.5	68.2
Muslim	10.2	8.2
Others	16.8	9.8
Education		
None	12.0	24.3
Primary	35.0	31.8
Secondary+	53.0	43.9
Occupation		
Unemployed	15.2	36.7
Farming	30.2	16.7
Petty trading	8.6	20.7
Private business	26.8	14.3
Government worker	19.1	11.6
Age at marriage		
>20	37.0	48.3
20-24	21.1	29.0
25-29	36.4	21.8
30+	5.5	0.9
Mean	24.22	20.48

Source: Fieldwork 2002

Knowledge of contraceptives

Knowledge of contraceptive methods plays a very crucial role in the level of contraceptive prevalence. It is likely that adoption of contraceptives is facilitated when people are informed of the options available to them in planning their families. Table 2 shows the level of awareness of the popular family planning methods in the study population. Knowledge of any method is 75.7 percent among males and 74.4 percent among their female counterparts. This result indicates that awareness of various contraceptives is generally very high in the study area. Specifically, the injectable contraceptives appear to be the most popular of the modern methods among both sexes (70.2 percent of male and 78 percent of females). The pill and condom are the next well known modern methods. Periodic abstinence is the most popular traditional method in the study population; 72 percent of males and 66.4 percent of females indicated knowledge of this method. Also, at least 65 percent of the respondents indicated knowledge of the withdrawal method of family planning.

Table 2: Percentage distribution of respondents by knowledge of popular contraceptives by sex.

Contraceptive method	Male	Female
	n=440	n=449
Any method	75.7	74.4
Pill	55.7	66.8
Injection	70.2	78.0
Intra-Uterine device	45.8	47.0
Condom	65.5	64.1
Sponge	35.3	30.3
Douche	50.9	50.6
Periodic abstinence	72.0	66.7
Withdrawal	66.4	65.0
Herbs/Ring	43.2	28.1

Source: *Fieldwork 2002*

Contraceptive use

Table 3 shows the result of bivariate analysis of selected characteristics and current use of traditional and modern methods. In this study, modern methods include pill, injection, intra-uterine device (IUD or coil/loop) and condom. On the other hand, traditional methods include sponge, douche, periodic abstinence, withdrawal as well as the use of herbs and ring.

The table indicates that most of the respondents in both rural and urban areas using contraceptives currently use traditional methods. The use of modern methods is higher among urban dwellers, in particular among females (22.3 percent for females and 15.5 percent for their male counterparts currently use modern methods). Respondents who are 35 years old and above reported the highest level of practice, and traditional methods are the most favoured. While 39.3 percent of males aged 35 years and above indicated current use of traditional methods only 11.8 percent were using a modern method. Similarly, 18.9 percent and 12.9 percent of females of the same age group reported current practice of traditional and modern contraceptives respectively. With respect to religious affiliation, Protestants reported the highest level of use relative to other religious groups. Again the traditional methods are most preferred (47.3 percent of males and 47.5 percent of females).

Secondary school education or above, appears to be a crucial factor in the promotion of contraceptive use. About 40 percent of males and 25.2 percent of their female counterparts in this category reported current use of traditional methods. Similarly, 20.7 percent and 15.2 percent of female and male respondents reported current practice of modern contraceptives respectively. Spouse's education appears to be an important factor in the promotion of use of modern contraceptives among women. About 11 percent of females whose spouse had secondary school education or above indicate current use of modern contraceptives. Only 9.8 percent and 5.1 percent of

their counterparts whose spouses had primary education only and no schooling respectively reported current use of modern family planning methods.

It is apparent that in both the male and female samples, regular practice of spousal communication enhances the use of various contraceptives. While 36.6 percent and 17.7 percent of male respondents who communicate frequently indicated current use of traditional and modern methods respectively, only 10.0 percent of those who rarely communicate indicated current use of traditional method and 2.3 percent modern methods. A similar picture is apparent among the female population. With respect to the association between current use and number of living children, there is an indication that current use of modern methods increases as the number of living children decreases, suggesting that some couples use modern contraceptives space births.

Table 3: Percentage distribution of respondents by current use of traditional and modern contraceptives by selected characteristics, by sex.

Characteristics	Male n=440		Female n=449	
	Traditional	Modern	Traditional	Modern
Residence				
Rural	33.9	8.4	38.3***	11.1***
Urban	42.3	15.5	28.3***	22.3***
Current Age				
<20	20.2***	0	10.7***	2.0***
25-29	3.4***	4.1***	15.4	7.1
30-34	2.5***	7.3***	16.3*	11.4*
35+	39.3	11.8	18.9*	12.9*

Religion				
Catholic	9.1	4.3	6.7	6.7***
Protestants	47.3	12.3*	47.5	20.5*
Others	7.5	2.7	5.1	3.3
Education				
None	9.8	2.3	19.2***	5.1***
Primary	28.6*	6.4*	24.3***	7.6***
Secondary+	37.7***	15.2***	25.2***	20.7***
Spouse Education				
None	29.3***	4.8***	22.5***	5.1***
Primary	15.0	6.4	11.4***	9.8***
Secondary+	6.1*	3.9	9.4***	10.7***
Spousal Communication				
Rarely	10.0***	2.3***	9.8	6.5
Less frequently	28.2	3.0	19.6	8.9
Frequently	36.6***	17.7***	35.4	17.6
Number of living children				
<=2	20.7***	10.7***	22.5	11.6
3-4	16.4	7.0	22.0*	14.3*
5+	39.1***	6.1***	22.0*	7.6*

Chi-square values are statistically significant at $p < 0.05^*$ and $p < 0.01^{***}$

Source: Fieldwork 2002

Multivariate analysis

In this section the logistic regression model is utilized in explaining the determinants of current contraceptive use in the study population. Table 4 shows the odds ratio of the effect of the selected characteristics on current use of any contraceptive method. Current age, educational attainment, spousal communication and number of living children attained are very crucial factors in current use of contraceptives in the study population. Age groups 30-34 in male model and 35 and above in the female model shows the highest odds. This implies that men of age 30-34 and women of age 35 and above are most likely to be using a contraceptive. Education as a factor is

significant in the female model, which support Okojie's (1995) study. The model indicates that those with secondary or higher schooling are 3.times more likely to adopt current practice of contraceptive relative to the reference category.

Communication in the two models exhibits the highest statistically significant odds. In the male model, whereas the practice of regular spousal discussion is over 8 times more likely to enhance current contraceptive use relative to the reference category, less frequent communication is 3 times more likely. Similarly among women, frequent practice of spousal communication is over 5 times more likely to promote current use of contraceptives, whereas less frequent practice of spousal discussion is 3 times more likely. This implies that where marital partners regularly hold discussions, the probability of currently using a contraceptive is highest. With respect to family size (number of living children), the odds for current use of any family planning is highest if the attained number of children is up to 5 or more (male odds = 3.06 and female odds = 2.4). This result suggests that it is most likely that marital partners use contraceptives when the number of living children is up to five or above.

Table 4: Odds ratio for gender based logistic regression models showing the effect of selected characteristics on current use of any contraceptives in *Oguland*, S.W. Nigeria

Characteristics	Male	Female
	Odds ratio	
Residence		
Urban	1.070	1.390
Rural(r)	1.00	1.00
Current Age		
25-29	1.895**	1.416***
30-34	3.367*	1.245
35+	1.273	2.141*
<25(r)	1.00	1.00

Education

Primary	0.051	1.267
Secondary+	1.304	3.039***
None(r)	1.00	1.00

Spouse Education

Primary	0.580	1.145
Secondary+	0.826	1.470
None(r)	1.00	1.00

Spousal Communication

Frequently	8.619***	5.589***
Less frequently	3.303***	3.020***
Rarely(r)	1.00	1.00

Number of living children

2-4	1.567	1.452
5+	3.057***	2.438*
<2(r)	1.00	1.00
-2 Likelihood	383.438	496.621
Model chi-square	216.496***	123.094***

Significant at $p < 0.05^*$ and $p < 0.01^{***}$, r is reference category

Source: *Fieldwork 2002*

Table 5 presents the odds ratio for current practice of a modern contraceptive. Education is a key factor in the practice of modern contraceptives. In the two models, those with secondary schooling education or above have the highest probability of currently using a modern family planning (male odds =2.7 and female odds =1.5). Similarly, the effect of spouse education is more pronounced among those whose spouses have secondary education or above; it is almost two times more likely in the male model. The result suggests that higher educational attainment most probably will promote modern contraceptive adoption in the study population. With respect to current age, the female model indicates that women aged 30 years or above are more likely to be using a modern contraceptive method than their younger sisters. This may be related to family size attainment with rising age.

Table 5: Odds ratio for gender based logistic regression models showing the effect of selected characteristics on current use of a modern contraceptives *Oguland*, S.W. Nigeria.

Characteristics	Male	Female
Odds ratio		
Residence		
Urban	0.665	0.560
Rural(r)	1.00	1.00
Current Age		
25-29	0.722	2.433
30-34	1.067	5.156***
35+	1.337	1.895*
<25(r)	1.00	1.00
Education		
Primary	1.430	1.098
Secondary+	2.664***	1.537
None(r)	1.00	1.00
Spouse Education		
Primary	1.750	0.759
Secondary+	1.902*	1.098
None(r)	1.00	1.00
Spousal Communication		
Frequently	1.213	0.845
Less frequently	0.621	1.515
Rarely(r)	1.00	1.00
Number of living children		
2-4	1.687	1.372
5+	1.680	1.231
<2(r)	1.00	1.00
-2 Likelihood	383.438	496.621
Model chi-square	216.496***	123.094***

Significant at $p < 0.05^*$ and $p < 0.01^{***}$, r is reference category

Source: *Fieldwork 2002*

Although the descriptive analysis of *ever use* is not shown here (because of space) the odds ratio of the effects of selected characteristics on *ever use* of any contraceptive method are presented in Table 6 to strengthen the analysis. Current age indicates that age group 25-29 among females, and 25-29 as well as 30-34 among males have higher probabilities of ever use of any family planning method. Females in the age group 25-29 are 1.3 times more likely to have used a method relative to those less than 25 years. In the male model, men in age group 25-29 and 30-34 are respectively 2.6 times and nearly 4 times more likely to have ever adopted any contraceptives.

With respect to educational attainment, females with primary schooling are 1.6 times and those with secondary or above education are almost 2 times more likely than those with no schooling to have used a contraceptive method. On the other hand, among males, while those with secondary education or above are 1.6 times more likely, those with primary education are 62 percent less likely, to have ever used a contraceptive. The influence of the educational level of spouses on ever use of contraceptives shows that the educational status of husbands is a vital factor in explaining the use of contraceptives by women. While women whose spouses' education is up to secondary or more are 2.4 times more likely, those whose spouses have primary schooling are 1.8 times more likely to have ever used any method relative to those whose spouses have no schooling.

Communication between marital partners is significantly related to ever use of any contraceptive. Men who frequently communicate with their wives are more than 3 times more likely to have ever used contraceptives, while those who communicate less frequently are about 1.5 times more likely to have used contraceptives relative to those who rarely communicate with their spouses. Among females, those who communicate frequently with their spouses are 1.8 times more likely to have ever used a contraceptive than those who less frequently and rarely communicate with their husbands.

The table shows that the use of contraceptives increases with the number of children among both males and females. For instance, women with 5 or more children are 2.3 times more likely to have used a contraceptive method, and those with 2 to 4 children are 1.5 times more likely. This finding suggests the use of contraceptives for terminating family size among those who have attained their desired family size.

Table 6: Odds ratio for gender based logistic regression models showing the effect of selected characteristics on ever use of any contraceptives partners in *Oguland*, S. W. Nigeria.

Characteristics	Male	Female
	Odds ratio	
Residence		
Urban	1.310	0.894
Rural(r)	1.00	1.00
Current Age		
25-29	2.604**	1.260**
30-34	3.898***	0.891
35+	1.078	0.929
<25(r)	1.00	1.00
Education		
Primary	0.617	1.617
Secondary+	1.566	1.911*
None(r)	1.00	1.00
Spouse Education		
Primary	0.397***	1.765*
Secondary+	1.038	2.404
None(r)	1.00	1.00
Spousal Communication		
Frequently	3.226***	1.849
Less frequently	1.486	1.001
Rarely(r)	1.00	1.00

Number of living children

2-4	1.276	1.520
5+	1.477	2.316*
<2(r)	1.00	1.00
-2 Likelihood	455.498	526.949
Model chi-square	152.424***	88.743***

Significant at $p < 0.05^*$ and $p < 0.01^{***}$, r is reference category

Source: *Fieldwork 2002*

Summary and Conclusions

This study reveals that knowledge of various contraceptives is very high in the study area regardless of the fact that population is spread across villages and hamlets. This high level of awareness of modern contraceptive methods is probably a by-product of the sustained family planning campaign over the last two decades. A high proportion of both males and females indicated knowledge of both modern and traditional methods. However, both ever use and current use of various methods remain low in the population, an indication of a wide gap between knowledge and practice. Evidently, traditional methods are more commonly used in the study area than modern methods. This confirms the rarity of modern contraceptive use that has generally been reported in the country, partly because of misgivings about modern contraceptives and the fear of side effects.

Among the most significant factors influencing contraceptive use are women's education, education of spouse, spousal communication, and the number of living children. It is expected that higher levels of education of marital partners should promote family planning. Indeed, education is an important factor in the adoption of modern contraceptive since it is generally associated with a change in lifestyle and general orientation (Isiugo-Abanihe, 1999). Schooling also manifests a positive relationship with contraceptive use because educated couples generally have access to information about family planning and various methods to achieve it (Muhwava, 2003).

Also education tends to alleviate the fear of possible side effects associated with family planning methods since it enhances better management and confidence in handling novel situations.

Further, the study showed that women whose partners have higher educational background indicated relatively higher level of use, particularly of modern contraceptives. Husbands who are educated are more likely to appreciate their wives' reproductive health situation and also more likely to be supportive in family planning decisions. Thus, higher level of schooling, both among males and females, is a potential factor that could enhance the level understanding among marital partners and subsequently raise contraceptive use. This study confirms the apparent consensus in the literature that the high rate of illiteracy in the country is an inhibiting factor in the practice of family planning (Hogan, Berhanu and Hailemariam, 1999; Feyisetan and Ainsworth, 1996).

It is noteworthy that a large proportion of men possess positive attitudes toward family planning. This result suggests that Ogu men are not necessarily opposed to their wife's use of contraceptives as is generally assumed. The argument has been that men are more pronatalist than their wives, and since they are usually the major decision-makers in the family, they constitute a barrier to contraceptive use. The result of this study, however, underscores the need to educate men on the importance of family planning to enable them assist their wives to make informed decisions, as men with at least secondary education appear to be doing already. It seems that with a minimum of secondary education, men tend to embrace innovative demographic attitudes, and find it easier to support their wives to adopt family planning. Related to this is the fact that higher level of schooling raises expectations in life, which are not always compatible a large family size. As a result, contraceptive use is promoted among educated partners to enable them actualize the goals they set for themselves and their children (Isiugo-Abanihe, 1999).

Communication is found to be positively related to contraceptive use. This implies that partners who regularly discuss issues are likely to discuss contraception as well. Spousal discussion about family planning facilitates adoption and engenders male support for their wives' reproductive health and welfare (Isiugo-Abanihe, 2003; 1994). It is probable that because couples do not practice frequent discussion they are likely to misrepresent each others' position on family size goals and reproductive attitudes, which may inhibit the use of family planning (Sharan and Valente, 2002). Thus it may be that men are not necessarily against family planning; perhaps women who seldom discuss with their husbands only perceive that their husbands are opposed to it. The male dominant culture may be considered an inhibiting factor to spousal communication. But the cultural revolution emanating from globalization is likely to engender more spousal communication as well as the demographic innovation which historically follows it.

The number of living children proves to be a significant factor in contraceptive adoption in the population under study. The result indicates that couples who already have at least five children are more likely to adopt contraceptives, an indication that the motivation may be to limit rather than space births. This is supported by the fact that a family size of 4 or 5 is considered as ideal in the population. This apparent use of family planning for termination of births tends to contradict Okojie's (1995) submission that family planning methods are used mostly for child spacing. While some women studied here use family planning for spacing, the prevalence of family planning is higher among those who have attained their desired family size, who also tend to use more efficiently.

The study also reveals that current use of modern contraceptives is much higher at older ages, evidently among high parity women who may have attained their family size goals. Because of the pervasive fear of side effects, especially among women who still expect more children, the use of family planning for spacing is limited. However, because of the

prevailing high family size goals, the proportion of couples who have adopted family planning as a way of life remains low. Thus contraceptive use within marriage may improve if effort is sustained at educating the population on the advantages of small family size in a rapidly modernizing society. There is some indication from the present study that most couples employ the traditional methods for child spacing, especially periodic abstinence and withdrawal. Because these methods are not very reliable, the expected impact on proper spacing of births may not be realizable. Clearly, then, the need arises to educate the population on the advantages of employing modern methods, and of having children by choice and not by chance, as seems to be the case among the majority of the population.

In sum, the result demonstrates that higher educational background, frequent communication between marital partners and the number of living children are crucial factors influencing family planning adoption. Conversely, the low educational attainment in the country, the rarity of spousal communication and the high fertility goals are largely accountable for the observed wide gap between knowledge and use of modern contraceptives. This study did not explore the role of the society in contraceptive adoption among marital partners; this may be an important issue to be examined in another study. Further studies may also be needed to re-examine the main motivations for using family planning as well as the hindrances among couples in Nigeria, using representative nation-wide samples.

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