Rethinking the social dimensions of child-spacing among young women in Nigeria

Child-spacing is an important effort towards ensuring quality maternal and child health outcomes. Nigeria, as Africa's most populous nation contends with the relative decline in contraceptive uptake. This portends more worry as the country advances towards the era of the demographic dividend. Controversies abound regarding why this decline is occurring. Theoretical and practice-based explanations have attempted to locate the problem within reasonable contexts of social, political and cultural factors. However, this study recognizes the changing dynamics of the unmet modern contraceptive needs, discontinuation of contraceptive and resultant decline in the adoption of family planning. Hence, by means of the 2013 Nigeria Demographic and Health Survey (NDHS) Data, this paper combines the social-constructionist perspective with statistical outputs in engaging the underlying social dimensions of child spacing. Thus, the paper re-imagines the changing dynamics as advantages and discusses each of these issues within the context of policy and programmatic benefits.

Background

Child-spacing as an element of family planning, is at the core of improving maternal and child health. In Nigeria, up to 32% of high-risk pregnancies and maternal deaths will be reduced if adequate family planning approaches are adopted. Child-spacing is a health behavior that promotes maternal and child wellbeing. Among other family practices which determine child survival, birth/child spacing practice is pivotal. In the Multiple Indicator Cluster Survey (2011) report, Nigeria ranks high in the proportion of under-five deaths, infant mortality (97 children per 1000) and child mortality (158 children per 1000). Short birth spacing practices increases the risk of preterm birth (DeFranco et. al., 2014; UNICEF, 2016).

Nigeria confronts the challenge of decrease in the uptake of family planning and the World Health Organization has identified a range of social and environmental factors as determinants of child-spacing decisions. It is also surrounded by important social, cultural and economic factors (Castel and Askew, 2015). Bahamondes and Peloggia (2019) observed that societal and personal barriers account for the low uptake of modern contraceptives. While complexities abound about resolving societal problems that manifest in terms of political instability, weak health systems, conflicts and the increased rate of sexual violence against women, surmounting personal barriers are a bit more daunting. These mostly arise from belief systems – including religious beliefs, normative behavior and cultural practices that inhibit the 'agency' in women. The misconceptions, myths and commonly held but mostly untrue beliefs, especially about the side-effects of contraceptives occur as significant disincentives. In some cases, allusion has been made to the poor education among women, but experiential circumstances also identify that educated women can also have such skepticism about the possibility of health-complications/challenges that arise as

a result of modern contraceptive adoption. Other explanations have emerged to identify the role of partners and the patriarchal nature of developing societies. Partners and the patriarchal structure of developing countries represent core areas of challenge in addressing the unmet needs of family planning. In this vein, Cahill et. al., (2017) noted that the unmet need of modern contraceptive in Nigeria is up to 25% and has only reduced by 2.8% between 2012 and 2017. In the context of these issues, it has been noted, that in Nigeria, Total Fertility Rate has barely shifted from 5.7 (NDHS, 2003) to 5.5 (NDHS, 2013). The PMNCH (2013) report shows that Nigeria has about 11 commitments to family planning, demand for contraceptives is not less than 40% and prevalence rate of contraceptive is only 15% (United Nations, Department of Economic and Social Affairs, Population Division, 2017). The fact that Nigeria contends with the multiple problems of – unmet modern contraceptive needs, discontinuation of contraceptive and resultant decline in the adoption of family planning is inimical.

Canvassing a proper academic and policy engagement of the existing family planning lapses, increases the propensity of the demographic dividend. The cost-benefit of child spacing develops across time and its impact is mostly positive. Generally, risky pregnancies are reduced, maternal mortality declines, educational attainment of women increases, as well as labour force participation and improved wealth index among women (Miller and Babiarz, 2016). Most literature have focused on the challenges that confront the adoption of health family planning and/or child-spacing approach but only a few has engaged the NDHS data in the bid to seek answers to the many social causes of the multifaceted challenges of family planning in Nigeria. This study however, engages the underlying factors, attempts to provide explanations for social factors that determine child spacing choices with a view of addressing the challenges. These social factors are not necessarily barriers. They are in fact triggers rather than barriers of family practices and choices, when they are understood as social causes, they will be better managed for improving the outcomes of family planning efforts.

Methods

This study was carried out in Nigeria. Nigeria lies between latitudes 4º16' and 13º53' north and longitudes 2º40' and 14º41' east in the West African sub-region. It shares borders with Niger in the north, Chad in the northeast, Cameroon in the east, and Benin in the west and in the south by approximately 850 kilometres of Atlantic Ocean, stretching from Badagry in the west to the Rio del Rey in the east (National Population Commission, 2009). According to the Nigerian population and housing census, Nigeria's population was 140,431,790 with a national growth rate of 3.2% per annum (National Population Commission, 2009). The country is the most populous in Africa and the sixth largest in the world after China, India, USA, Indonesia, and Brazil.

All young mothers aged 15 – 34 were purposefully selected for this study. According to the Nigeria Demographic and Health Survey (NDHS, 2013), the total number of young women stood at forty-nine thousand and thirty-two (i.e., 49032). The aforementioned constituted the study population. However, since the study made use of secondary data that was readily available, the aforementioned number of young women also constituted the sample size for the study. Nonetheless, the study later focused on 6721 young mothers who claimed to have: 1) practised child spacing; 2) used various strategies over a specific period of time and; 3) have experienced child (age 1 – 4) death.

This study utilized secondary data from the Nigeria Demographic and Health Survey (NDHS) conducted in 2013 having obtained permission from ICF Macro Inc., USA before downloading the datasets. The survey was the sixth conducted in the series of NDHS. It provided information about women aged 15 – 34 and data on birth spacing across Nigeria. The information in the sample survey included socio-demographic features of young mothers and birth spacing practices, duration and methods among others at the national, geopolitical and state levels across rural and urban settlements. Variables of interest (covariates) are – age, number of children, region, place of residence, religion, wealth index, education, pregnancy status, age of household heads, sex of household heads. The dependent variables are – Practice (actual practice of child spacing), Duration (number of months in-between births), Strategy (child spacing strategy adopted – modern or traditional) and Child Mortality rates.

This study employed both descriptive and inferential statistical techniques. The descriptive statistics made use of frequency distribution and simple percentages. However, multiple logistic regression analysis was used to test for relationships between variables of interest. This was done through the help of the Statistical Package for Social Sciences (SPSS) version 21.0.

Test of Multicollinearity was done among the covariates/independent (explanatory) variables. None of the correlation coefficients was greater the 0.85 implying that there was no significant collinearity among the variables (Pallant, 2011). Therefore, all the explanatory variables were used in the multivariate analysis.

Brief findings

Approximately 86%, constituting a majority of young women between the ages of 15 – 34, do not engage in child spacing activities in Nigeria. However, only a few (i.e., 14%) claimed to be engaging in the phenomenon. There is a significant relationship between the age categories of young mothers and contraceptive use. In a more precise manner, young mothers who fall within the age category of 20 – 24 are 7.402 times more likely to engage in child spacing than mothers who fall between the ages of 15 – 19. Also, mothers between the ages of 25 – 29 are 21.902 times more likely to space their children than young mothers within the bracket of 15 – 19. Lastly, young mothers who are between the ages of 30 – 34 are

41.324 times more likely to participate in child spacing than women between the ages of 15 – 19. Therefore, the age of mothers determines the extent to which they engage in child spacing practices. Young mothers who fall within the age category of 30 – 39, practices child spacing than other age categories.