

Political Involvement and Contraceptive Behaviour among Women in Nigeria

At the 1994 International Conference on Population and Development (ICPD) held in Cairo, women's health was broadly defined to encompass their emotional, social and mental well being, which is determined by the social, political and economic context of their lives, as well as biology. This has drawn the attention of governmental and non-governmental institutions to the realization of the need to strengthen civil society through active and increasing women's participation in the political, economic, social process of their household and communities in general. CEDPA/Nigeria under the ENABLE project funded by the United States Agency for International Development (USAID) developed a program linking reproductive health activities and non-health activities, including democracy and governance (DG). The underlying belief was that by expanding women's participation in political and the democratic process, their power and control in other areas – including RH -- would be improved. Therefore, this paper examines the relationship between women's political involvement and contraceptive behaviour.

Data for this analysis were collected in a multi-stage probability survey of 2,000 ever-married women aged 15-49, conducted in Plateau State, Nigeria in 2002/3. Both descriptive and analytical methods were used to assess the effect of political involvement controlling for the effects of demographic and socio-cultural factors on women's contraceptive behaviour. In this paper, political involvement is measured in terms of registration to vote; membership in a political party; contact with an elected local government representative, participation in a political protest and attendance at a political meeting. Contraceptive behaviour is measured in terms of current use of modern family planning and intention to use family planning in future among those who are not currently using a family planning method.

The results reveal that the level of women's political activism is fairly low in the study areas; this is consistent with general impression of women's involvement in political activities. About 10 percent of respondents reported a high level of political involvement, while 54.1 were considered to be low. Results show that 23.3 percent of the

respondents have memberships in a political party, while 28.1 percent met with their elected representative at the local government area (equivalent of a county). Furthermore, about 12 percent of the respondents have participated in a political protest and 15 percent have attended political meetings. However, a significant proportion of the respondents reported that they had registered to vote. This high proportion could be attributed to coercive conditions imposed by government agencies to use voters' card as a part for deriving benefits from government especially at the local and state levels.

The bivariate analysis shows that age, marital union, education, place of residence (urban/rural), high socio-economic status, listening to radio, contact with community health workers; husband's age; husband's education and indicators of political activism are the most important factors determining current use of modern family planning methods by married women. For instance, current use of family planning methods increases with age, education, husband's age, husband's education; being registered to vote, participation in a political meeting, participation in a protest, having contacted LGA officials, membership in a religious group (Church of Christ in Nigeria -- COCIN and non-COCIN). Similarly, age, education, husband's age, education, place of residence, socio-economic status, political activism, and being a member of the COCIN religious group were found to be associated with the intention to use family planning in the future. Logit models were employed to predict the current use of contraceptives as a function of background factors, measures of political activism and group memberships (COCIN vs. non-COCIN). Also, logit models were used for the estimation of the likelihood of respondents' future use of contraception. Two such models were estimated, one where only political involvement indicators and group affiliation are considered while background factors are excluded. The second model used the full set of explanatory variables (political involvement, group affiliation, exposure to democracy and governance activities as well as background factors). This approach permits determination of the extent to which background factors and exposure to intervention activities are considered while the indicators of political participation and group affiliation mediate their effect on contraceptive behaviour.

The results of logistic regression models revealed that political involvement and group affiliation exert a significant effect on current use of modern contraception.

However, when the effects of other factors are controlled, group affiliation remains significant while the political involvement indicator becomes non-significant. This implies that group affiliation (COCIN vs. non-COCIN) has a strong independent influence on current use of contraceptive methods while the effect of political involvement seems to operate through other channels such as education, exposure to democracy and governance activities, age, socio-economic status and local government areas. Overall, group affiliation (being a COCIN member), residing in areas where both reproductive health and democracy and governance activities are implemented, and socio-economic status are the most significant determinants of current contraceptive use. For instance, those who are exposed to the DG activities are 1.5 times more likely to be using modern family planning methods than those who have not been exposed to such activities.

Overall, factors such as older age (being over 30), being a COCIN member and husband's education are significant determinants of future use of contraceptive when all variables are considered. It should be noted that none of the political involvement indicators is an important determinant of future use of contraception except being a political member. Nevertheless, those who registered to vote, were party member; participated in a political protest or meeting are more likely to report their desire to use contraceptive methods in future than their counterparts.

The data do support the view that women's health could be enhanced through linking health and non-health activities together. Improvements in women's health are possible because the non-health activities create an enabling environment for women's informed and autonomous reproductive health decision-making. For instance, democracy and governance activities promote egalitarian ideas among couples and enhance the negotiation and advocacy skills of women. It should be emphasized that Nigerian women's enhanced political involvement would have an effect on achieving gender equality and fertility reduction outcomes – goals that are central to population and development policy.