



ASSESSMENT OF ADOPTION OF FAMILY PLANNING METHODS AMONG RURAL WOMEN IN KADUNA STATE OF NORTHERN NIGERIA

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ABSTRACT

The study was carried out to assess the adoption of family planning methods among rural women in Kaduna State. The study revealed that over 85% of the respondents were in the productive age of between 15 - 44 years with about 60.28% in a polygamous home. The main sources of information used by the respondents were health officials (21.08%), radio (20.48%) and friends (12.65%). The results further disclosed low use of modern family planning methods (38.28%); mainly preferred use of traditional methods of family planning (61.72%) and preferred use of modern methods of family planning (38.28%). Prolonged lactation (28.70%), abstinence (21.29%) and withdrawal method (18.06%) ranked first, second and third, respectively, among traditional family planning method mainly used by the respondents. Of those using modern methods, 35.07% used oral contraceptives while 26.12% of the respondents used the condom. Majority (22.00%) of the respondents reported the perceived religious prohibition against family planning, lack of approval by husband (19.14%) and fear of side effects associated as the main constraints faced in the adoption of family planning in the study area. The study recommended raising the level of both spouses in the understanding of positive aspects of family planning methods by the public health workers through use of trusted scholars via governmental and non-governmental agencies.

Keywords: Adoption, family planning, Kaduna, Methods, Rural.

INTRODUCTION

Family planning programs in Nigeria are aimed at streamlining familiar and contraceptive decisions in view of the high fertility rate which is often rapid aided by reduction in infant and maternal mortality. Family planning is an important part of overall global demographic and population policy. According to World Health Organisation (WHO, 2006), family planning is defined as way of thinking and living that is adopted voluntarily, and that adoption is based on knowledge, attitude and responsible decisions by couples and individuals in order to promote to the health and welfare of the family thus, contributing to the overall social development of the country. Promotion of family planning has been shown to reduce maternal and infant mortality and, contribute to women empowerment (Park, 2017). Nigeria is the most populous country in sub-Saharan Africa and steadily increasing; with over 195 million people which is 2.6% of the total world population ranking seventh in the world where more than half of this population lives in the rural areas with a median age of 17.9 years (Worldometers, 2017).



The current Nigeria population growth rate as at December 2016 according to National Bureau of Statistics (NBS, 2016) was between the ranges of 2.9% - 3.2%. The fertility rate of Nigeria is a high of about 5.53 per woman. Fertility rate (FR) indicates number of children that would be born to a woman if she will live to the end of her childbearing age. The need to develop government-backed planning policy was not efficient in managing the population explosion due to socio-cultural factors making population control a distant dream to achieve. It is in this light that concerted efforts were made to involve other stake holders and actors in the realization of the objective of population control and the several undesired consequences including infant and maternal mortality, unwanted pregnancies and other undesired reproductive health problems (World Bank, 2017).

The knowledge about family planning is important for birth control and proper spacing which could lead to reduction of both infant and maternal mortality leading to the achievement of one of the main Sustainable Development Goals (SDGs 2 and 3). Medical experts say that more than 70% of the maternal death is due to just four conditions-hemorrhage, eclampsia, sepsis and abortion complications with over 5,500 of these deaths being recorded among adolescents. Also, unmet need for contraception is responsible for about 20 million unintended pregnancies and several millions of unplanned births, abortions, miscarriages and infant deaths in Sub-Saharan Africa (World Bank, 2017). With an estimated 36,000 women dying in pregnancy or childbirth each year, Nigeria ranks among top 10 countries of the world with maternal death burden (13%). In Nigeria, the high annual analysts say that government's effort in tackling the deaths of mothers is not yielding the desired result as only 13.4% of Nigerian women use modern family planning methods as at 2016 meeting only 27.6% of the unmet demand for family planning. Supplying women with increased access to modern family planning means would reduce the number of unintended pregnancies, abortions and deaths (NBS, 2017).

The explosive population growth of Nigeria needs to be tamed and place on path to prosperity by identifying barriers to adoption of family planning, types and use of contraceptives, and, other salient factors associated with maternal health for national growth and socio-economic development resulting from family planning in Nigeria. Access to safe voluntary family planning is therefore not only a human right but it is central to gender equality and women empowerment in addition to being a key factor in reducing poverty. Nevertheless, many people still lack access to family planning and reproductive health services due to various economic, socio-cultural and geographical barriers (Nigeria Demographic and Health Survey, 2013).

The methods of modern contraceptives available at the regional and national levels include: pills, intrauterine contraceptive device, injectable, implants, male condom, female condom, male and female sterilization, diaphragm, foam/jelly, lactation amenorrhea and emergency contraception (Nigeria Demographic and Health Survey, 2013).

Resource limited countries as Nigeria still has very low rates of contraceptive use. This has posed a major health and economic challenges to the nation. The first Nigerian population policy in 1998, titled "National policy on population for development, unity, progress and self-reliance" is compatible with the nation's economic and social goals. An important goal of that policy is to make family planning information (FPI) accessible to every household in the nation as a way of controlling population explosion and fostering equitable distribution of resources. In fact, access to family planning information have been identified as a reproductive health right, never the-less, very little progress has been achieved ever since (Chinwe, 2010). As a result, people are living below the normal standard of living revealed by inability of some



women, especially rural women to access and use of these family planning tools by rural women in Kaduna State of Nigeria, also justify the current study.

MATERIALS AND METHODS

The Study Area

The study was conducted in Kaduna State between in 2017 over period of six (6) months. The State occupies an area of approximately 48,473.2 square kilometers. The State has a projected population of over 9.7 million with about 60% women and majority of the people live in rural areas where over 80% of the inhabitants are engaged in subsistence farming and animal husbandry NBS, 2017). There are twenty-three (23) Local Government Areas (LGAs) in the State.

Sampling Size and Procedure

The population for the study was seven (7) LGAs from two of three (3) senatorial zones in Kaduna State. Multi-stage sampling method was used to select the respondents of the study. The first stage involved the selection of seven LGAs across each of the two (2) senatorial zones. The LGAs selected were Chikun, Giwa, Sabon-gari, Sanga, Jaba, Jama'a and Igabi. The second stage involved purposive selection of District with primary health care that has an active family planning Unit. Lastly, 50 rural women were randomly selected randomly from each of the identified districts to give 350 respondents used in the study.

Method of Data Collection and Analytical Techniques

Primary data and secondary information were collected to answer the research questions and achieve the objectives of this study. Primary data was obtained by use of structured validated questionnaires to elicit information from the respondents.

RESULTS AND DISCUSSION

Socio-economic Characteristics of the Respondents

Table 1 discloses that most of the respondents were within the reproductive and child bearing age of 15-50 years and there is high tendency of conception at that period observed age where female fertility increases and then decreases with advanced maternal age. Also, 72.9% were Muslims while about a third of the respondents (32.57%) had no formal education with 33.17% having secondary education. This also agrees with the findings that found education is a major factor in the use and acceptance of family planning (Rabiu and Rufa'i, 2018).

The analysis of the marital status of the respondents indicated that 75% of the respondents are married representing about 75% while 21% were single parents at time of the survey. This implies that most of the respondents of the study are married. The family size of the respondents shows that 38.9% had 6-8 persons, 30.5% of the rural women have a family size of between 3-5 persons with overall average family size of 7.7 persons. This variation and high average seem to suggests that discussions in planning for ideal family sizes rarely happens early in marriage given the interplay of cultural factors in the study area. Okeowo and Olujide (2008) agreed with these findings in their studies on attitude, knowledge and utilization of family planning methods among rural women in Ogun State, Nigeria that family size could also help to check the utilization of family planning methods.

Further to Table 1, almost one-third of the respondents had between 1-3 and 4-6 children, respectively. About 76% of the respondents were not pregnant at the time of the study with almost similar number planning to have another child. About 60.57% of the respondents were from polygamous homes probably due to socio-cultural background factors in the study area.



Table 1: Socio-economic Characteristics of the Respondents (n = 350)

Variable	Frequency	Percentage	Mean
Age (years)			
15-24	120	34.29	
25-34	96	27.43	
35-44	88	25.14	28.67
45-54	26	7.43	
>55	20	5.71	
Religion			
Islam	254	71.75	
Christianity	96	28.25	
Marital Status			
Single	72	20.57	
Married	262	74.86	
Divorced	12	3.43	
Widowed	4	1.14	
Educational status			
No formal education	114	32.57	
Primary education	56	16.00	
Secondary education	118	33.17	
Tertiary education	62	17.71	
Household size			
< 5	78	22.29	
5-10	112	32.00	
11-15	94	26.86	
16-20	32	9.14	11.33
>20	24	6.86	



Table 1: Socio-economic Characteristics of the Respondents (n = 350) **Cont'd.**

Variable	Frequency	Percentage	Mean
Number of children			
No child	48	13.71	
1-3	136	38.86	
4-6	46	13.14	
7-9	68	19.43	
>10	52	14.86	
If pregnant			
Yes	84	24.00	
No	266	76.00	
Plan another child			
Yes	78	22.29	
No	272	77.71	
Form of marriage			
Monogamy	103	39.42	
Polygamy	159	60.57	

Trusted Sources of Information on Family Planning Methods

Table 2 shows the results of trusted sources of information used by the respondents that health officials (59.43%) ranked first while radio and friends/relatives with 57.71% and 35.71% ranked second and third, respectively. The least used sources of information were 4.62% for, television and internet and magazine (9.14%). The results confirmed the results of some earlier study which affirmed that health officials, friends and the media are the most utilized sources of information to obtain information on family planning. It also affirmed findings of a study conducted in rural southern Nigeria that majority of women obtain information from friends (Omo-Aghoja *et al.* 2009).

Table 2: Sources of Trusted Information Used by the Respondents (n = 350)

Sources of information	Frequency*	Percentage
Radio	202	57.71
Spouse	91	26.00
Neighbors	83	23.71
Friends/relatives	125	35.71
Poster	105	30.00
Television	46	13.14
Internet	46	13.14
Health officials	208	59.43
News papers	50	14.29
Magazine	32	9.14
Total	986	

Note: Total frequency >350 due to multiple responses.



Family Planning Methods

The results of Table 3 revealed that 61.72% of the respondents mainly preferred use of traditional methods of family planning while 38.28% preferred use of modern methods of family planning. This findings is contrary to that of Okeowo and Olujide (2008) who that most of the rural women use modern method of family planning. Another possible explanation could be that the women are in more equitable relationship with the husband which gives them control over choice of family planning type (Blackstone and Iwelunmor, 2017).

Table 3: Type of Family Planning Methods Used (n = 350)

Traditional methods	Frequency	Percentage
Traditional	216	61.72
Modern	134	38.28
Total	350	100.00

Traditional Methods of Family Planning

In Table 4, a total of 216 out 350 sample size responded to the questions posed on the traditional methods of family planning used in the study area. The remaining 54 did not respond to the questions for no reasons, maybe in trying to keep secrecy of practices. The result shows that 61.72% used traditional method of family planning. According to Table 4, of the respondents using traditional methods, majority (28.70%) used prolonged lactation followed by 21.29% of the respondents who used abstinence as family planning method. Calendar method (5.56%) was the least used traditional method in the study area. The probable cause of this pattern could be possible fear of side effects. This is in agreement with the findings is in tandem with that of Blackstone and Iwelunmor (2017) who reported high use of local or traditional contraceptives in Nigeria where majority of respondents used prolonged lactation as a way of adopting family planning method.

Table 4: Traditional Methods of Family Planning Used (n = 216)

Traditional methods	Frequency	Percentage
Abstinence	46	21.29
Withdrawal	39	18.06
Incision	22	10.18
Prolonged lactation	62	28.70
Waist band	35	16.20
Calendar (rhythm) method	12	5.56
Total	216	100.00

Modern Family Planning Methods

According to Table 5, of those using modern methods, 35.07% used oral contraceptives while 26.12% of the respondents used the condom. In Table 5 results, the least used modern family planning methods include spermicidal (5.22%) and use of implants (2.24%). This finding is in consonance with findings in Etiopia which proffered reason for use of modern family planning methods which might be due to the reason that urban residents are more aware of family planning and hence use more of the modern family planning methods better (Central Statistical Agency, 2016).



Table 5: Types Modern Family Planning Method by the Respondents (n = 134)

Modern methods	Frequency	Percentage
Condom	35	26.12
Oral contraceptive/pills	47	35.07
Intra Urinary Device(IUD	8	5.97
Diaphragm	7	5.22
Injectable	18	13.43
Spermicidal	7	5.22
Temperature	9	6.72
Implants	3	2.24
Total	134	100.00

Constraints Faced by the Respondents in the Use of Family Planning Methods

Table 6 reveals that majority (22.00%) of the respondents’ perceived religious prohibition of family planning as serious constraints negating the use of some or all of family planning methods. Other main constraints the respondents reported include husband opposition (19.14%) and fear of side effects associated with the family planning methods. These findings affirmed that most women were discouraged by perceived religious prohibitions against adoption of family planning methods and possible fear of the side effects associated with use of family planning methods were the main constraints of use of family planning method. Only few (8.00%) considered methods unaffordable because it’s expensive while a further 10.57% felt that the insufficient number of health personnel is constraints to adoption of family planning methods by the respondents. These were in consonance with findings of Wambui *et al.* (2009) which cited faith and partner influence as key barriers against use of family planning in rural Kenya.

Table 6: Major Constraints of Respondent’s to Use of Family Planning Methods (n = 311)

Constraints	Frequency	Percentage
Perceived religious prohibition	77	22.00
Lack of access to health centre	39	11.14
Method expensive	28	8.00
No approval from husband	67	19.14
Fear of side effects	53	15.14
Few health personnel	37	10.57
Insufficient funds	44	12.57
Other reasons, e.g., against culture	5	1.43
Total	311	100.00

CONCLUSION AND RECOMMENDATIONS

The study concluded use of different methods of family planning but many women depend on less efficient traditional contraceptive methods than the modern methods due to perceived religious obligation and lack of support from their husband. The study therefore, recommended as follows:

1. Raising the level of both spouses understanding of positive aspects of family planning methods through use of trusted scholars via governmental and non-governmental agencies.



- Promoting family enlightenment especially through radio on female basic education on modern methods of family planning, side effects and management of these side effects by public health personnel.

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