AWARENESS AND UTILIZATION OF FAMILY PLANNING COMMODITIES IN A RURAL COMMUNITY OF NORTH WEST NIGERIA

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ABSTRACT

Background: Nigeria, with a contraceptive prevalence of 15% is characterized by high fertility (5.7 births per women), rapid population growth (2.8%) and has rural women on the average having 2 children more than urban women.

Objectives: This study aimed to assess the awareness and utilization of family planning commodities in a rural community of northern Nigeria.

Methods: This was a community based, descriptive cross-sectional study conducted in January 2013 as part of community diagnosis of Kware Local Government Area (LGA) of Sokoto state. Multi-stage sampling technique was used to select study respondents. All the 100 women of reproductive age group living in the settlement participated in the study. A set of semi structured interview administered questionnaire, containing 3 sections was used to obtain information on respondents' socio-demographic characteristics, awareness of family planning and practice of family planning.

Results: Majority (69.1%) of the respondents had ever heard of family planning commodities, 65.5% reported that their husbands were opposed to modern family planning methods. The study discovered a contraceptive prevalence rate of 4%. Only 6.1% of the respondents had ever used modern family planning. There was a significant association between husbands occupation and husbands support of family planning ($X^2=10.14$, $df=2$ $P=0.006$), there was a negative direct correlation between the number of children respondents had alive and additional number of children desired ($r=-0.313$, $P=0.072$). The study also discovered a negative correlation between the number of children respondents had alive and the number of children ever born ($r=-0.652$, $P=0.000$).

Conclusion: This study found a very low contraceptive prevalence rate and low male support for family planning. It has become imperative, therefore, to develop strategies involving men in reproductive health matters, as a way of improving contraceptive uptake thereby contributing to a reduction in maternal mortality.

Key words: Awareness, utilization, family planning, rural community

INTRODUCTION

The continuing growth of the world population is becoming an urgent global problem. Most of this growth is occurring in developing countries where the fertility rate is very high. Nigeria, with a contraceptive prevalence of 15% is characterized by high fertility (5.7 per women), rapid population growth (2.8%) and has rural women on the average having 2 children more than urban women.

Awareness of contraception among married women has been on the increase in Nigeria from 41% in 1990 to 67% in 2008, with awareness being much higher in the urban (87.1%) compared with rural

areas (57.9%). Awareness of contraception is also lower in the northwestern part of Nigeria compared with other regions.

In Nigeria, 20% of currently married women have an unmet need for family planning with more women in rural areas (21%) having unmet need for family planning, compared with urban women (19%). Total unmet need for family planning is highest in the South South zone, where over one-quarter of currently married women have an unmet need for family planning, and lowest in the North East and South East zones (18% each). North west Nigeria (study location) has an unmet need of 21%.

Northern Nigeria has a higher total fertility

rate (North West 7.3, North East 7.2, North Central 5.4) compared with southern Nigeria (South East 4.8, South South 4.7, South West 4.5).

More than half a million women, nearly all of them in the developing world die each year as a result of unintended pregnancy, unsafe abortion or during child birth, this amounts to one death every minute. Much of these deaths can be prevented through effective family planning, engendered by modern contraception and delivery by skilled birth attendants. This study aimed to assess the awareness, utilization of family planning commodities in a rural community of northern Nigeria.

MATERIALS AND METHODS

This was a community based, descriptive cross-sectional study conducted in January 2013 as part of community diagnosis of Kware Local Government Area (LGA) of Sokoto state. Multi-stage sampling technique was used to select respondents. Out of the 11 wards in Kware LGA, 1 ward (Sabon Birni) was selected by single random sampling, from that ward, 1 settlement (Gidan Kwanarwa) was also selected by simple random sampling. The selected settlement had a total population of 356 people (World Health Organization Sokoto Masterlist of Settlements 2013).

The study population comprised of all women of child bearing age who had ever married and had ever delivered at the time of the study. The settlement had 100 women of child bearing age who had ever married and had ever delivered, all of them were recruited to participate in the study.

A set of semi structured interviewer administered questionnaire, containing 3 sections was used to obtain information on respondents' socio-demographic characteristics, awareness of family planning and practice of family planning. The questionnaire was prepared in English language, translated into Hausa language and back translated into English language. Trained research assistants (RAs) administered the questionnaire in Hausa language after obtaining oral informed consent from the individual respondents.

The data was entered into and analyzed using SPSS statistical software package version 17. Analysis of data started with description of data; using mean and standard deviation for quantitative variables, frequencies and percentages for qualitative variables. This was followed by inferential statistics (Chi square and correlation). Results were presented in form of tables. All statistical tests were carried out using 2 tailed tests with alpha set at 0.05.

Table 1: Socio-demographic characteristics of respondents

Variables	n (%)
Age	
15 - 24	42 (42.9)
25 - 34	35 (35.7)
35 - 44	16 (16.3)
45 - 54	5 (5.1)
Tribe	
Hausa	97 (99.0)
Others	1 (1.0)
Education	
Non formal	94 (96.9)
Formal	3 (3.1)
Occupation	
House wife	89 (91.8)
Business/trading	6 (6.2)
Farming	2 (2.1)
Husband level of education	
Non formal	88 (92.6)
Formal	7 (7.4)
Husband occupation	
Farmer	50 (52.6)
Civil servant	2 (2.1)
Business	29 (30.5)
Others	14 (14.7)

Table 2: Awareness and support of family planning

Variables	n (%)
Are you aware of family planning	
Yes	67 (69.1)
No	30 (30.9)
What is your source	
Health worker	11 (16.4)
Neighbor /friends	15 (22.4)
Radio/television	39 (58.2)
Others	2 (3.0)
Are you in support of family planning	
Yes	39 (58.2)
No	28 (41.8)
Are you in support of modern family planning	
Yes	15 (26.8)
No	41 (73.2)
Does your husband support family planning	
Yes	21 (36.8)
No	36 (63.2)
Does your husband support modern family planning	
Yes	19 (34.5)
No	36 (65.5)

Table 3: Practice of modern family planning

Variables	n (%)
Ever used modern family planning	
Yes	4 (6.1)
No	62 (93.9)
Currently using modern family planning	
Yes	3 (4.0)
No	72 (96.0)
Time since last child birth	
<2 years	68 (69.4)
>2 years	30 (30.6)
Desired no of children	
<4	5 (5.1)
>4	93 (94.9)
Children ever had	
<4	29 (29.6)
>4	69 (70.4)

RESULTS

The mean age of the respondents was 26.4 ± 7.8 years. Majority of respondents were married (95.9%), 3.1% were divorced while only 1 respondent was single. Hausas constituted the majority of respondents (99.0%). Majority of the respondents were house wives (91.8%), 6.2% were engaged in business/trading while 2.1% assist their husbands with farming. Ninety seven percent of our respondents had no formal education, only 3% respondents had some formal (primary level) education (Table 1).

Seven percent of the respondents husbands had some level of formal education; primary schooling; (1.1%) secondary schooling (4.2%) tertiary (2.1%). Most of the husbands of the respondents were farmers (52.6%), 30.5% were traders/ business men while 2.1% were civil servants (Table 1).

Majority of the respondents (69.1%) had ever heard of family planning commodities, their sources of information were; mass media (58.2%), neighbors/friends (22.4%), and health workers (16.4%). More than half (58.2%) of the respondents were in support of family planning generally, but when asked about modern family planning methods, 73.2% reported that they were opposed to it. Most of (63.2%) of the respondents reported that their husbands were opposed to family planning generally, 65.5% of respondents also reported that their husbands were opposed to modern family planning

methods (Table 2).

Only 6.1% of the respondents had ever used modern family planning commodities, 96% of the respondents were currently not using modern family planning, giving a contraceptive prevalence rate of 4% (Table 3). Out of the 4% using modern contraceptives 67% were using combined oral contraceptives, while 33% were using intrauterine contraceptive device. Eighty seven percent of the respondents reported that their husbands took the decision on use of family planning generally, 4.3% reported that they took the decision on their own while 8.7% reported that they both make the decision.

Thirty one percent of the respondents had a birth interval of greater than 2 years in their last child birth, 69% had birth interval of less than 2 years. Only 5.1% of respondents desired less than 4 children. The respondents wanted between 3-20 children and had between 1-12 children with most, (70.4%) having 4 or more children. Also a higher proportion, (94.9%) of these respondents reported a desire to have more than 4 children (Table 3).

Respondents who had some formal education were 142 times more likely to be currently using modern family planning compared with those with no formal education, and this was found to be statistically significant ($P=0.003$) (Table 4). The study found a significant association between husbands occupation and support for family

planning ($X^2=10.14$, $df=2$ $P=0.006$), but there was no significant association between husbands level of education and support for family planning ($P=0.118$, Fishers Exact) (Table 5).

There was a negative direct correlation between the number of children respondents had alive and additional number of children desired ($r=-0.313$, $P=0.072$) although this was not statistically significant. Similarly there was a negative correlation between the number of children respondents had alive and the number of children ever born ($r=-0.652$, $P=0.000$) and this was found to be statistically significant.

DISCUSSION

Although most of our respondents were aware of family planning, which is not different from other studies this proportion is lower compared with a similar study conducted among rural women in northern Nigeria which reported that almost all (97.3%) the respondents were aware of family planning. Other studies conducted outside Nigeria have also reported very high level of awareness of family planning. Our respondents' commonest source of awareness concerning family planning was mass media, made possible through jingles by the Sokoto state ministry of Health and other non-governmental organizations. If the goals of MDG-5 are to be realized by 2015, there is the urgent need to involve all stake holders in strengthening awareness and sensitization campaigns towards

Table 4: Current use of modern family planning with respondents' educational attainment

Variables	Current use of modern family planning		Test statistics and P value
	Yes n (%)	No n (%)	
Respondents Educational level			$P=0.003$
Formal	2 (66.7)	1 (1.4)	(Fisher's Exact)
Non formal	1 (33.3)	71 (98.6)	OR=142
Respondents' husband's Educational level			$P=0.264$
Formal	1 (33.3)	2 (8.6)	(Fisher's Exact)
Non formal	6 (66.7)	64 (91.6)	OR=5.33

accessibility and utilization of family planning services and commodities.

More than half of the respondents were in support of family planning generally, but when asked about modern family planning methods, majority of them reported that they were opposed to it. Majority of the respondents also reported that their husbands were opposed to family planning generally and modern family planning in particular. Other studies in northern Nigeria have reported negative support for limiting family size especially for economic reasons. This is in contrast to findings from similar studies conducted in southern Nigeria that recorded high support for family planning. The findings from our study may not be unrelated to the fact that this study was conducted in a predominantly Muslim environment with the belief that modern contraceptives is a strategy designed by the western powers to limit the population of Muslim world.

A greater proportion of the study subjects, opined that their husbands usually took the decision on use of family planning. This is not unexpected in typical rural northern Nigeria where the male dominant factor is highly entrenched in the society with the women relegated to the background and are expected to respect whatever decisions the husband took. This situation is more likely to happen among respondents with low level of education. Other studies have also reported that in northern Nigeria, men at present predominantly

determine familial fertility and contraceptive decisions for the time period relevant for current policy planning purposes, the willingness of husbands to adopt or allow their spouses to use family planning practices will determine the pace of fertility reduction in Nigeria.

Findings from this study showed that only 3 of the respondents had formal (primary level) education. Respondents who had some form of formal education were 142 times more likely to be currently using modern family compared with those with no formal education ($P=0.003$). Women who have some formal education may be more receptive towards health interventions initiated to safe guard their health. Other studies have also reported that the higher a woman's educational attainment the more likely she is to be a current contraceptive user. Studies in Nigeria have shown that the Total Fertility Rate (TFR) decreases with increasing level of education. Women with more than secondary education have a lower TFR compared with women with no formal education. Ever use of contraception provides a measure of the cumulative experience of a population with family planning. Very few (6.1%) of our respondents had ever used modern family planning, the figure is much lower than the national average of 24%, it is also much lower than findings from a study in south east Nigeria (75%).

The level of current use of contraceptives

is a measure of actual contraceptive practice at the time of the survey. It is also the most widely used and valuable measure of the success of family planning program in any community. Furthermore, it can be used to estimate the reduction in fertility attributable to contraception. Our study observed a contraceptive prevalence rate of 4.0% which is much lower than the national average of 15%, this figure agrees with report that the lowest proportion of married women using a family planning method in Nigeria are in the North Western Nigeria (3%). A study carried out in predominant Muslim communities reported a much higher contraceptive prevalence of 31.8%. Higher contraceptive prevalence rates have been observed from studies in south eastern and south west Nigeria. Only 3 of our respondents were currently using modern family planning; 2 of them using combined oral contraceptives, while the other was using intrauterine contraceptive device. None of our respondents reported the use of male condoms by their spouses and this is in contrast to the findings from the Nigeria National Demographic Health Survey (NDHS) which reported that male condom is the most commonly used modern method followed by the pill.

There was a negative direct correlation between the number of children respondents had alive and additional number of children desired ($r=-0.313$, $P=0.072$) although this was not

Table 5: Bivariate analysis of husbands' occupation and educational level with support of modern family planning

Variables	Husbands support of modern family planning		Test statistics and P value
	Yes n (%)	No n (%)	
Husbands occupation			
Farmer	4 (21.1)	21 (60)	$X^2 = 10.14, df = 2, P = 0.006$
Business man	9 (47.4)	12 (34.3)	
Others	6 (31.6)	2 (5.7)	
Husbands educational level			
Formal	2 (9.5)	4 (11.4)	$P = 1.000$ (Fishers Exact)
Non formal	19 (90.5)	31 (88.6)

statistically significant. This implies that the more the number of children respondents has alive the lower the number of additional children they will desire. There was a negative correlation between the number of children respondents had alive and the number of children ever born ($r = -0.652$, $P = 0.000$) this was found to be statistically significant.

The Nigeria Demographic and Health Survey reported that 59 percent of women with four living children still want to have another child, 29% of all currently married women and 30 percent of currently married men want a child soon, implying that they want to have another child within the next two years. Information on desire for more children is important in understanding future reproductive behavior of a community. The provision of adequate and accessible family planning services is dependent on the availability of such information. The proportion of women and men who want another child generally decreases with increasing number of living children. At the same time, the proportion of women and men who want to stop childbearing increases with increasing number of living children. In Nigeria with its high infant mortality rate (75 deaths per 1000 live births), the implication is that mothers will keep getting pregnant until they have alive the required number of children they desire. This will lead to increase frequency of pregnancies with subsequent increased risk of maternal mortality.

Socio-cultural and religious unacceptability of contraception is an important obstacle to family planning in Northern Nigeria. Furthermore, people living in rural areas hold the traditional belief that supports large family size thus reducing the likelihood of using contraceptives. Also, the fact that less females are enrolled into schools compared with males coupled with

increased female dropout rates for marriages leads to early marriage of the girl child which further leads to these girls having children at an earlier age. Having many children in rural communities represents wealth and security later in life because these children help with farming when they are young, when they grow up, they provide support to their parents at old age. The Muslim faith also states that having many children who pray for the parents after they die is beneficial as the prayers will be added to the parents' balance of good deeds. It is important however to note that child spacing is not discouraged in Islam. Perhaps, if Islamic religious leaders who are highly revered in the community are involved as agents of change there may be an increase in uptake of family planning in predominantly Muslim rural communities.

CONCLUSION

This study found a very low contraceptive prevalence rate and low male support for family planning. It has become imperative, therefore, to develop strategies involving men in reproductive health matters, as a way of improving contraceptive uptake thereby contributing to a reduction in maternal mortality.

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