

Family Planning in Nigeria: a Myth or Reality? Implications for Education

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Abstract

This study investigated the extent of family planning, the methods and contraceptive devices in use and the influence of education on family planning among couples in Nkanu Local Government Area of Enugu State. The study adopted a descriptive survey research design. The population comprises all the married couples in this area. A sample size of six hundred married people was selected for this study. Questionnaire was used for data collection. The instrument which was validated by three experts in relevant areas has two parts. Part A elicited the respondents' bio-data while part B consisted of 12 items to elicit information to answer the research questions. The items were structured on a four point scale. In the selected area, the instrument was administered personally by the researchers to the literate respondents while the illiterates were interviewed using the items in the questionnaire. Percentages were used to answer research questions 2 and 3 while real limit of numbers was used to answer research question 1. The result shows that family planning practice among couples in Nkanu Local Government Area of Enugu State is high; the contraceptive methods used were mainly traditional. Educational status has positive influence on family planning in the area. It was recommended that the rural areas should be enlightened on the efficiency of the modern family planning methods.

Key words: family planning, traditional methods, modern methods, couples, education.

1. Introduction

Population growth has been a problematic issue all over the world consequently; many developed countries have approved and resorted to birth control or family planning. Family planning according to United Nations Population Funds Activities (UNPFA 2001) is a recognized basic human right and enables individuals and couples to determine the number and spacing of their children.

The World Health Organization (WHO, 2013) stated that family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. This is achieved through use of contraceptive methods. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. In effect, family planning is the regulation and control of the rate of child birth by individuals, both married and unmarried.

In developing nations like Nigeria, children are valued as they not only demonstrate the masculinity of the men but equally provide the extra useful hands in communities where agriculture is the major source of income. Besides, aged parents and extended family relations depend on their children for maintenance at old age. Hence, they are reluctant to limit birth.

The rapid population growth made Nigerian former President Babangida rule that each family should have only four children. Consequently, the mass media started awareness campaigns on the consequences of having many children. Family planning clinics were also established in Government owned hospitals especially in the urban areas of the country. This however, did not achieve much result due to cultural and religious inclinations of the multifarious ethnic groups that make up Nigeria. Report from Okediji (2003) however showed that women want to have fewer children than they actually have. In other words, women are more receptive of family planning than their male counterparts since they bear the burden of childbearing and rearing with the attendant house chores and probable break down in health.

Supporting the view that having many children can result to breakdown in health, Davis (2003) stated that family planning is important from the point of view of health and welfare of mothers and children but does not control population. This also lends credence to the (UNPFA 2001) view that Family planning ensures improved maternal and infant health, reduces exposure to health risks and reduced recourse to abortion. On a contrary note, Delano (2002) stated that birth control is a disguised attempt sponsored by the imperialists and non-socialists in Europe, to reduce the population of under-developed countries in terms of human resources for technological development and warfare liberation purposes. This lends credence to the Igbo cultural belief in having as many children as possible both for security and economic reasons. From experience, the Igbos do not give out the number of children they have and will always retort "you do not count children" when asked. It is both uncultural to say the number of children in the family and socially wrong to control the number of births because of their belief in reincarnation or coming back of the spirits of their dead ancestors. There is however the consciousness among the Igbos that the economic wellbeing of the family, the woman and the child must be ensured. This they achieve through traditionally approved methods of spacing births which include forbidding sexual relations during lactation as it is believed to affect the health of the baby.

This practice is also prevalent in the western part of Nigeria. In a study by Caldwell and Wane (2002) it

was revealed that in Western Nigeria, they engage in sexual abstinence-which can be total or periodic- whenever the women are nursing their children. This practice according to the authors was motivated by the belief by Nigerian women that semen pollutes the mother's milk. Another relatively effective traditional method of birth control is prolonged breast feeding which is widely practiced in less developed regions of the world where breast milk is the most readily available and safest form of nutrition for infants. There is also a combination of breast feeding with isolation of the woman from her husband, where the newly delivered mother is sent away to live with her mother or her mother-in-law in the village home until the baby is weaned as reported by Iweze (2006). Abstinence during mourning and voluntary separation to avoid pregnancy is equally practiced which may be detrimental to the sexual stability of the marriage. These traditional methods are still being used especially by the rural populace.

Other traditional family planning techniques include the withdrawal method. Hins (2003) reported that the disadvantage of this method is that sudden interruption of the act precisely at the climax leaves both partners unsatisfied and upset. Wearing small iron rings and leather belt stuffed with charms prepared by the native doctors and supposed to prevent pregnancy and drinking contraceptive mixtures are other traditional methods of birth control among the Yoruba's as reported by Morgan (2002) who conducted a study in Western Nigeria on traditional contraceptive techniques.

In his study on family planning attitudes and practices in rural Eastern Nigeria, Ukaegbu (2003) revealed that attitudes toward family planning and marital relations were less positive among men than among women. For example, a smaller proportion of men (42%) than women (50%) had ever used contraceptives, and women were more likely than men to have ever used a traditional method or a modern method (50-60% of wives used traditional methods like abstinence, prolonged lactation and rhythm/safe period but the use of modern contraceptive method were very low). The result also showed that although the majority of respondents reported knowing of a contraceptive method (76%), only 28% were currently using one, and fewer than half (47%) reported ever having used one. This goes to prove that family planning is not a very popular practice and basically regarded as a female affair. This may be as a result of the belief that having a large family strains a couple's relationship as accentuated to by 55% of the female respondents against 40% of the males. Ukaegbu concluded that among the chief predictors of contraceptive use for all respondents combined were education, religion, approval of family planning, media exposure, spousal communication and approval and agreement that female education should be encouraged.

Using education as a variable to determine the knowledge, attitude and practice of family planning in Ibadan, Adeleye and Adeleye (2003) sampled 200 women from the outpatient clinic of University College Hospital (UCH) Ibadan. Ninety-six per cent of their samples were married, 93 per cent were aged 15-44 years and 68 per cent illiterate. They found that abstinence was the common method used mainly by the illiterates (80%) and 20% literate respondents. Besides, the knowledge and practice of modern family planning method were generally low (38%). They concluded that education was positively related to the knowledge and practice of contraception.

This report runs contrary to Morgan's (2002) view that modern family planning devices are effective and more reliable. Morgan grouped them into -the appliance; Non-appliance and Surgical methods.

The appliance method includes the intra-uterine contraceptive device (IUCD) made of polythene, metal or nylon device of different shapes or coils. It is inserted into the entrance of the uterus and left in position until the contraception is no longer desired. According to Akheter (2001) IUCD requires only one medical contact for insertion until contraception is no longer required with a theoretical rate of effectiveness of about 95-99 per cent and practical effectiveness of 90-95 per cent.

Condom is another appliance method and Miller and Brunt (2001) revealed that many literate couples prefer the use of condom for convenience besides the fact that it also offers some degree of protection against sexually transmitted (STD) diseases. The prevention of Human immune deficiency syndrome (HIV/AIDS) according to Ojikutu (2002) is the major reason for the preference shown for the use of condom.

The non-appliance method includes the rhythm or natural method of family planning and the pills. The rhythm method also referred to as the billings ovulation method or safe period by Mac Sweeney (2004), is based on the woman's ability to recognize her ovulation period and avoid sexual intercourse two days before and three days after due to the assumption that the ovum (female gamete) is capable of being fertilized only twenty four hours after its release. This method is unreliable due to the variability of the ovulation period and the absence of any definite and recognizable symptoms (Jeffcoat, 2008). The pills or oral contraceptive contain the female hormones Cesprogen and progesterone and can be used to reduce or eliminate monthly bleeding according to Mayo clinic staff. The period of usage of the drug range from 28 days to one year. The pill is not suitable for rural women as was pointed out by Smith (2000) because despite explicit instruction about their use, peasant women have been known to take pills only on those nights they anticipate or have intercourse.

1.2 The problem

Reports of earlier researches have shown more adherences to traditional methods of family planning among the respondents in spite of the fact that the modern methods have been adjudged effective and reliable. Besides, Education has been shown to influence choice of contraceptive method, one wonders if family planning especially, the use of modern methods is real in Nkanu local government area or just a myth.

1.3 Purpose

The purpose of this study therefore was to find out the family planning practices in Nkanu Local Government Area of Enugu State of Nigeria. Specifically, it sought to find out:

- i. the extent of family planning in the area,
- ii. the methods and contraceptive devices in use in the area,
- iii. the sources of procurement of these devices
- iv. the influence of education on family planning in the area.

1.4 Significance

The findings of this study will be beneficial to women who will be made more aware of modern family planning methods and whose health will be improved as they utilize these facilities. The findings of this study would enlighten the government agencies that initiate, finance and control all family planning programmes on the need to target both married and unmarried rural dwellers.

1.5 Research questions

1. What is the extent of family planning practice in the area of study?
2. What are the different types of family planning devices used in the area?
3. What are the sources of procurement of these devices?
4. How does the level of education influence family planning in the area of study?

2. Methods

The study which adopted a descriptive survey research design, aimed at investigating the extent of family planning with all the 2,900 married couples from about 20 villages in the two zones-Nkanu East and West as the population. From these two zones, nine hundred and fifty households were selected from 11 villages as samples for this study.

2.1 Instrument for data collection

Data was collected using the questionnaire which was validated by experts in Guidance and Counselling from Educational foundations department and doctors from the medical centre, University of Nigeria Nsukka. The questionnaire which were administered personally by the researchers to the Literate respondents and retrieved immediately was structured on four point scale of very great extent (4), great extent (3), low extent (2) and very low extent (1) for research questions 1 and 3. The questionnaire items were used to interview the illiterate respondents.

2.2 Method of data analysis

Descriptive statistics- the real limit of numbers was used to answer research question one with 0.00-1.49 as very low extent, 1.50-2.49= low extent, 2.50-3.49= great extent and 3.50-4.00 as very great extent. Percentage was used to answer research questions two and three with 50% as the accepted value for any item on table 2.

3. Results

The results of the study were presented on tables 1-3 below.

Research Question 1: What is the extent of family planning in Nkanu Local Government Area?

Table 1: extent of engagement in family planning

Responses	Frequency of responses for each unit of responses						
	Very Great Extent (4)	Great Extent (3)	Low Extent (2)	Very low Extent (1)	Total	X	Remark
How often do couples in Nkanu L.G.A engage in family planning?	99	144	169	188	600	2.25	low extent
	(396)	(432)	(338)	(128)			

The table shows that the extent to which family planning is practiced in the area is low with a mean score of 2.25.

Research question 2

What are the different types of family planning devices used among couples in Nkanu L.G.A?

Table 2: percentage distribution of respondents on the methods of family planning practices

Methods	No. of Respondents	Percentages
Abstinence	200	33.3%
Withdrawal method	150	25%
Prolonged breast feeding	100	16.7%
Use of rhythm/safe period method	50	8.3%
Use of local drugs	25	4.2%
The pills	15	2.5%
Intra-uterine contraceptive device	5	0.8%
Use of injectable hormones	5	0.8%
Condom(barrier method)	50	8.3%
Sterilization	-	-
Vasectomy	-	-
Douching	-	-
Total	600	100%

Table 2 above shows that 33.3% of the respondents prefer to use abstinence, 25% of them use withdrawal method, 16.7% use prolonged breast feeding; 8.3% prefer safe period or the rhythm method, 4.2% use local drugs while 2.5% use pills. 0.8% use intra-uterine contraceptive devices while 0.8% also use the injectable hormones. 8.3% use barrier method (condom) while none of them practice the use of sterilization, vasectomy and douching methods. A greater number of the respondents prefer to use traditional method, to modern contraceptive devices.

Research question 3; what are the sources of procurement of the family planning devices?

Table: sources of procurement of family planning devices

Sources of procurement	Frequency	Percentages
Doctor/Nurse/Midwife	150	25%
Chemist	40	5.7%
Relatives/Friends	100	16.7%
Native Doctors	10	1.6%
No. need for procurement	300	50%
Total	600	100%

Table 3 above represents the frequency and percentages of responses regarding sources of procurement of the family planning devices by the respondents. The table shows that majority of the respondents (50%) indicated that they had no need for procurement of family planning devices. The commonest sources of procurement of the devices indicated by the respondents were the Doctor/nurse/midwife (25%) at the least source of procurement was the native doctor (1.6).

Research question 4

How does level of education influence family planning practices among couples in Nkanu Local Government Area of Enugu State?

Table 4: percentage distribution of respondents by their educational status and practice of family planning

Contraceptive methods	No formal Educ.	Prim. Educ	Sec. Educ.	Tert. Educ	Total	%
Abstinence	60	80	40	20	200	33.3
Withdrawal	50	50	50	-	150	25
Prolonged Breast Feeding	45	30	15	10	100	16.7
Rhythm method	-	-	10	40	50	8.3
Local drugs	15	10	-	-	25	4.2
The pills	-	5	5	5	15	2.5
IUCD	-	-	-	5	5	0.8
Injection	-	-	-	5	5	0.8
Condom	-	10	20	20	50	8.3
Douching	-	-	-	-	-	-

Table 3 above shows that the most common method of contraception was abstinence used by 200 (33.3%) of the respondents. Of this number 60 (30%) had no formal education and 80 (40%) had primary education. 100 (16%) used prolonged breast feeding out of which 45 (22.5%) had no formal education. The least used methods include the pills 0.8% and IUCD. Of the respondents that used the pills, five had secondary education and five had tertiary education.

3.1 Discussions of findings

The findings in table 1 revealed that the respondents agreed that they seldom engage in family planning. Thirty-three per cent of the respondents do not at all engage in family planning. This report is in line with Ukaegbu's (2003) report that although the majority of respondents reported knowing of a contraceptive method (76%), only 28% were currently using one, and fewer than half (47%) reported ever having used one. From the report, attitudes toward family planning and marital relations were less positive among men than among women.

The result in table 2 revealed that though couples, literate and illiterate in the area of study used most of the family planning methods, the use of the traditional methods of abstinence and prolonged breast feeding was the commonest. Due to the rural setting of the study area and the level of education of the women more than half of whom had little or no education (58.3%) few women use the modern methods namely pills, IUCD, injectable hormones and some reported that they did not use any method at all.

The fact that abstinence and prolonged breast feeding were the most popular methods may be due to the rural nature of the study area. It might also be because of the poor educational background of most of the respondents and lack of awareness of the efficiency of these devices. Another reason suggested by Ademujo, Alemide, Ibekwe, Ogunwole and Waziri (2000) was that women feared that these pills could be toxic and the devices such as the IUCD may hurt the womb. Besides, the use of these devices need the expertise of health workers to administer them and those health workers are few in rural areas. This might be one of the reasons why abstinence, prolonged breast feeding and billing were popular methods used by the women.

On sources of procurement of the family planning devices, the study revealed that 50% of the respondents had no need for procurement based on the fact that most of them adopt the non-appliance and traditional methods of abstinence, withdrawal and prolonged lactation. The negligible percentage of respondents who have need to procure the devices they use such as the pills, IUCD, barrier or condom and the injectable hormone, get them mainly through drug sellers and sometimes nurses and midwives that are few in the area. The fact that many of the respondents adopt the traditional methods may be due to lack of awareness of the family planning methods and their efficacy. Besides, there may be lack of trained health personnel to provide accurate information and administer the medication especially the injectable hormones and the ICUD.

When level of education is considered as a factor in family planning the study revealed that both the literate and non-literates practice family planning but while the literates adopt the modern methods such as the use of condom, rhythm methods, pills, IUCD, the illiterates dwell more on abstinence. Both the literate and the illiterate couples however, used the two traditional methods- abstinence and prolonged breast feeding- which are transmitted from one generation to another.

The finding supports Morgan (2002) who reported that education is a major factor in the acceptance and usage of health measures like family planning. In his study on family planning attitudes and practices in rural Eastern Nigeria, The result also showed that more reliable methods are used to control births based on educational level.

5. Conclusion.

Family planning is real. Although a 100% use of modern methods have not be achieved, with the current on-going awareness programs, women education and free medical care for pregnant and lactating mothers in many states of Nigeria, the use of modern methods will be used considerably.

6. Recommendations

Based on the findings of the study, the following recommendations are made:

1. Married couples should be well educated on the aims and objectives of family planning. Besides, the efficiency and reliability should also be emphasized.
2. In Nigeria, the bulk of the population lives in the rural areas. The government should therefore emphasize modern methods of family planning to complement the traditional methods, provide adequate fund for family planning officials to enable them procure the necessary devices and reach the rural dwellers.

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