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KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING AMONG MARRIED WOMEN LIVING IN JALINGO, NIGERIA

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Abstract

The study examined Knowledge, Attitude and practice of family planning among married women living in Jalingo, Northern Nigeria. The research examined some of family planning methods such as the use of injections, pills, condoms among others. 200 randomly selected married women formed the sample size of the study. Questionnaire was used as the instrument for data collection. Copies of questionnaire were administered to 200 married women in Jalingo. The entire questionnaires administered were duly filled and retrieved; this was made possible through the aid of research assistants. SPSS was used for data analysis with descriptive statistical devices; frequency counts and simple percentages. Data were presented in tables. Findings revealed that married women in Jalingo metropolis are aware of family planning but do not practice it. Findings further revealed that religion and cultural beliefs dissuade women from practicing family planning. The study recommends, among other things, that improvement in the delivery of family planning services to all parts of Taraba state will help make its adoption more appealing as well as the inclusion of men as targets of family planning campaigns will have an important influence on its acceptance and usage.

Keywords: family planning, married women, attitude, acceptance and practice, Jalingo, Nigeria.

Introduction and background to the study

The practice of family planning has called for global attention because of its importance in decision making on population growth and issues of development. Childbearing and the use of contraceptives are some of the most important decisions on reproduction that could be taken by couples to curtail the number of children they want to have. Therefore, the issue of family planning and its methods has led many married women to either accept family planning or reject it (Suntai and Apuke, 2016). The World Health Organisation (1971) defines Family Planning as the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of the parents and determining the number of children in the family.However, Onokerhoraye (1997) sees family planning as the provision of birth prevention information services and appliances.

It also involves teaching men and women about their bodies and teaching them how to prevent births usually with contraceptives but sometimes also with abortion or sterilization. This means men and women need to know more about their bodies and how to prevent unwanted pregnancy. And this could only be by implementing any form of family planning.Childbearing and contraceptive use are among the most important reproductive health decision that many have to make (Gertner, 2009). Family decision and choices are most likely to meet these decisions based on accurate, relevant information, and are medically appropriate, that is, when they are informed choices (Gertner, 2009).There have been a lot of campaigns on the use of family planning and reduction of population from country to country especially in Nigeria. Even at that, a study by NPC (2009) indicates that contraceptive use is still low in many developing countries.

Over the past four decades, there have been numerous publications on contraceptives and other family planning methods. While culture, poverty and poor access have been widely understood as militating against their use (CDC, 2000; Leke, 2000; USAID, 2008; and NPC), studies presenting women's self identified barriers are relatively few. Much attention is given to eliciting clients' knowledge and utilization gaps regarding family planning methods, but specific

attention to eliciting their knowledge gaps regarding the benefits of family planning is often deficient. Yet, identifying women's self-reported barriers and benefits is central to any intervention to promote their use especially in Family planning could further entail making decisions on the number of children couples want to have by using different methods to achieve that, ranging from contraceptives to use of condoms, male and female sterilization among others. (CDC, 2000; USAID, 2008). Reshma (2015) adds that, other factors such as culture, low education, poverty and poor access to information on contraceptive are among other numerous reasons that have been identified by scholars to militate against the use of family planning methods.

Traditional values also play a big role in family planning acceptance and decision, as many cultures and traditions support giving birth to as many children as possible. Some see it as a thing of pride. In places like "Jesse" Ethiope West Local Government Area of Delta state, a man with many children is regarded as a strong and rich man as such family planning acceptance is very minimal (Suntai and Apuke 2016). Traditional values feature prominently because the cultural valuation of children is evident in studies which indicate that, among Nigerians, "having fewer than five surviving children negatively affected the use of family planning methods" (Lawoyin et al, 2002) . Although, the Practice of traditional birth control method in rural communities in Nigeria dates back to the oldest rural settlement, but the introduction of modern family planning method is a recent development. Studies have shown that there is generally low level of acceptance of modern contraceptives in Nigeria (Orji, et al. 2007). Against this backdrop, the study seeks to assess the attitude of married women in Jalingo metropolis of Nigeria on family planning

Statement of the Problem

Family planning has attracted global attention due to its importance in decision making about population growth and development issues. Contraceptive use is still low in many developing countries, including Nigeria, where 23.7% of currently married women had ever used one. Despite, the campaign on the usefulness of family planning in having smaller and healthier family, studies by NPC (2009) and Adeleye *et al*., (2010) indicate that contraceptive use is still low in many developing countries. Over the past four decades, there have been numerous publications on contraceptives and other family planning methods. Adeleye *et al*., (2010) outline culture, poverty and poor access to some of the factors militating against the use and acceptance of family planning. Therefore, the acceptance and use of family planning among married women in Nigeria has become a contentious problem. Married women tend to give birth to many children forgetting the importance and benefit of family planning. Other factors that contribute to this could be ignorance, illiteracy, African traditional values and norms, husband dominance among others.

Aim and Objectives of the Study

The aim of this study is to investigate the knowledge and attitude of married women in Jalingo Local Government Area on the practice of family planning. The study is guided by the following objectives:
(i) To examine the sources of awareness of family planning among married women in Jalingo.
(ii) To determine the knowledge of family planning methods among married women in Jalingo Local Government Area.(iii) To explore the factors militating against married women's acceptance of family planning.

Review of studies on family planning

A study conducted among the Kanuri's in Nigeria revealed that few Kanuri women used modern methods of family planning, the barriers being objection by their husbands, the fear of delayed return to fertility, damage to the reproductive apparatus and the belief that modern contraception was introduced to reduce Muslim populations (Mairiga *et al*., 2010). This implies that most women don't wish to go into family planning because of its effects such as delayed return fertility, fear of damages caused to womb or other part in them that might prevent them from given birth again. In further examples, the Suri people of Ethiopia prevent and delay pregnancies using natural family planning methods. The desired benefit is that women regain their strength following the injuries caused by pregnancy and delivery, and that attention can be given to the welfare of growing children. But these objectives are often countered by lack of access to modern family planning methods and the desire for many children within a socio-demographic context of threats to their tribal survival (Eyayou *et al*., 2004). In these examples, any approach to promote family planning use must take into consideration the specific barriers and desired benefits identified in the communities, rather than only preformed general lessons on family planning. Indeed, in many hospitals in Nigeria, a common practice is to deliver preformed general messages on family planning methods to women attending antenatal clinics with little bearing on locally known and experienced barriers and benefits.

Odumosu, Ajala, Nelson-Twakor and Alonge (2002) in a study on unmet need for contraception among married men in Urban Nigeria observed that men's education was negatively related to unmet need, but significantly for only secondary and tertiary education. Relative with men with no education, those with primary education are 72 per cent less likely, secondary and tertiary are 62 per cent each less likely to have unmet need for contraception. Employing education as an indicator of poverty, the study concluded that the poor are more likely to have unmet need for contraception. In another study, Islam, Padmadas and Smith (2004) evaluated men's approval of family planning in Bangladesh and found out that age, education, access to television, inter-spousal communication, current use of family planning and the number of living children significantly influenced family approval among men as well as couples. The population reports (1998) revealed that, in almost all countries, men with more schooling are more likely to approve of family planning. The influence of education is most striking in Cameroun, where only 20 per cent of men with no education approve of family planning, but 75 per cent of men with secondary or higher education approved.

Similarly, Oyediran, Ishola and Feyisetan (2002), observed that education, place of residence, the number of living children and being counseled for family planning were key factors in determining contraceptive knowledge and use among married men in Nigeria. In Africa, the decision on the number of children that a couple will have is typically made by men. In Nigeria, there is a high value placed on children and hence the use of family planning methods is significantly determined by the number of living children of a couple. According to Musalia (2003), it is a taboo to be childless in many African cultures. The tragedy that befalls a childless couple is so great that any childless marriage will by and large fail. High fertility, therefore, enjoys community approval. In a further study by Khan and Patel (2005) it was discovered that spousal communication on family planning in most cases takes place only after the birth of two or three children and is mostly initiated by husbands. It was also posited that number of dead children was a factor related with contraceptive use. Contraceptive acceptance and continuation is negatively associated with the number of previous deaths of children. They discovered that senior women and women with five or more living children were more likely to have discussed family planning with their partners. The practice of family planning depends on knowledge of methods and the places where they can be obtained.

The place of residence can positively or negatively affect the practice of family planning. Urban residents are much more likely than rural residents to have heard of contraceptive methods. According to NPC (2000), 83 per cent of married urban women have heard of a method, compared with only 57 per cent of rural women. In a related study, Varma and Rohini (2008) observed that women who approved of family planning and whose husbands also approved came from the urban areas than the rural areas. In traditional African societies, children have highly priced especially sons. Any marriage without a son is considered a disaster. This is a sufficient reason for divorce or taking of another wife. This is the case in all patrilineal societies since inheritance is through the male. Studies have shown that there exists a positive relationship between the number of sons and adoption of family planning methods.

Orji and Onwudiegwu (2002) reported in a study on contraceptive practice among married market men in Nigeria that out of four hundred and fifty respondents, 39.1 percent of the respondents who reported that they were not using contraceptives, gave the following reasons: family size not yet complete, religious opposition, fear of contraceptive failure and continuous search for a male child.Similarly, Olaitan (2011) carried out a study on the factors influencing the choice of family planning among couples in Southwest Nigeria. The findings revealed that socio-economic status, religious factors, and cultural norms do not influence couples' choice, whereas educational background of the couples and involvement of partners toward the choice of family planning significantly influenced the choice of family planning among couples. On the basis of the findings, it was recommended among others that every couple should be well informed about the importance of family planning's choice so as to improve their reproductive health and economic standard of living, to reduce maternal mortality, morbidity and reduce unwanted pregnancy.

In a related study, Undelikwo, Osonwa, Ushie, and Osonwa, (2013) carried out a study to investigate family planning behaviours and decision-making among couples in Cross River State, Nigeria. The findings show that spousal communication and the involvement of men in family planning methods enhances the chances of fertility control and increases couple's chances of happier life.In view of these, Nwosu, Eke, and Chigbu (2011) carried out a study to identify socio-demographic and economic factors influencing the practice of modern family planning in rural communities of Abia State, Nigeria. The study revealed that Practice of family planning was highest among single ladies, unemployed and married women with 7 or more living children and lowest among illiterate mothers, farmers, mothers with less than 4 living children

and the mothers from the poorest families whose monthly income were below N 20,000. Key reasons for not practicing contraception were traceable to cultural imperatives, ignorance and religious belief.

Strongest motivating factors for practicing contraception were economic and completion of desired number of children. Only 22% practiced contraception while 78% preferred traditional birth control methods. The study demonstrated that despite ahigh level of awareness, practice of contraception was still very low in the study area.In addition, Reshma (2015) carried out a study investigating the awareness in women perception for family planning among 25 married women aged 18-50 years, conducted in Baliyana village, Rohtak between November to December 2013. Most respondents were aware of the use of family planning but only 12.0% had ever visited a family planning clinic. Current use of family planning methods was low with 10.0% using withdrawal, 8.1% oral contraceptives, 5.2% using intrauterine devices and 4.7% using condoms. Perceived constraints to the use of family planning methods included husband's opposition, fear of complications and perceived insufficient knowledge about family planning methods.

It was concluded that there is a knowledge practice gap in use of family planning methods among married women in Baliyana, Rohtak. Improved education strategies and better access to services are needed to solve these problems.In a related study, Adeleye,. Akoria,. Shuaib and. Ogholoh (2010) carried out an investigation to study elicit barriers and knowledge gaps regarding the benefits of family planning among women in Irrua, Edo State, Nigeria. Using a cross-sectional design, a structured questionnaire was administered to 180 consenting women attending antenatal clinic sessions in a large hospital. The control of family size, 72/180 (40.0%) and child spacing, 64/180 (35.6%) were the major benefits of family planning . The most direct benefit to maternal health - absence of pregnancy complications - was the least mentioned (5%). A total of 18/180 (10.0%) stated that family planning was of no benefit. No statistically significant association was demonstrated between educational levels and the knowledge of family planning benefits.

Respondents aged 30 - 49 years were more likely than the younger ones to state child spacing as a benefit of family planning methods [logistic regression: $p = 0.004$; OR = 2.61 (95% CI = 1.37 - 4.98)]. The commonest reasons for objecting to family planning were the fear of infertility, 28/114 (24.6%), incomplete family size, 24/114 (21.1%), side effects of contraceptives, 19/114 (16.7%) and partners' objection, 17/114 (14.9%). This study demonstrates important knowledge gaps with respect to family planning benefits. This could reflect poor knowledge delivery or uptake on family planning. The findings suggest that women's knowledge and experiences regarding family planning are crucial to interventions on fertility control. Overall, the study shows that the identified knowledge gaps and barriers reflect opportunities for holistic interventions, including needs-sensitive health education for males and females on family planning.

Theoretical Framework

Theories are the philosophy on which the theme of a study is based on. These theories seek to explain why certain phenomenon takes places. As in the study that looks at perception and attitude the theories suitable for this study is theory of planned behavior (TPB)

Theory of Planned Behavior

In this theory, behavior is explained by behavioral intention, which is influenced by attitudes toward a specific behavior, subjective norms (SNs), i.e. perceived social pressure to perform the behavior and perceived behavioral control (PBC). That is, both internal and external factors can facilitate or hinder behavior (Montan˜o., Kasprzyk, and Taplin, 1997)According to this theory, the strength of others' exerts influence on individuals' behavior, making them do what others want them to do and it tends to make them act in accordance with others.This implies that external or internal factors could lead us to take a certain decision. People could take a certain decision because they feel is beneficiary to them while some take it because others superior to them wants them to take such decisions.The theory is applicable to this study as it looks at the perception and attitude of women on the use of family planning.

As the theory postulate, internal and external factors could influence decision making, this could be seen in factors influencing acceptance of family planning such as husband rejection of family planning, illiteracy, culture and tradition,

religious beliefs among others. These factors and many more which could be internal or external influences the perception of women. In African tradition, men are like god and must be totally obeyed, this makes a man to have much strength to influence the decision of child birth as such he decides either for family planning or not, in turn, influencing the woman's decision and perception. This scenario could be categorized under the external factor and strength of others to influence decision making.

Methodology

The study adopted the survey research method, which is appropriate in attitudinal studies as this. The population of this study consists of all the married women in Jalingo Metropolis. "*Jalingo* is a city inNorthern Nigeria. It is the capital city of Taraba State and has an estimated population of 118,000" (https://en.wikipedia.org/wiki/Jalingo#cite_note-world_gazetteer-1). The sample size of the study is 200 married women who were randomly selected from Jalingo metropolis using simple random sampling technique. The reason for using this method is to give an opportunity for anyone under the population to be selected. Therefore, it gives equal opportunity of selection. Questionnaires were used as the instrument for data collection. The data was analysed using SPSS version with descriptive statistical devices such as, frequency counts and simple percentages. Results were presented in tables.

Data Presentation and Analysis

200 questionnaires were distributed to 200 randomly selected married women in Jalingo metropolis and the whole 200 were duly filled and retrieved, given a response of 100%. This was possible through the use of research assistants who interpreted the questionnaires to respondents who do not understand English language.
Data gathered shows that 30 (15%) of the respondents fall within the ages of 18-23, 80 (40%) fall within the ages of 24-29, 60 (30%) fall within the ages of 30-35, 20 (10%) fall within the ages of 36-40 while 10 (5%) fall within the ages of 41 and above. On the educational background of the respondents, 30 (15%) are primary school holders, 100 (50%) are secondary school holders, 60 (30%) are tertiary education holders while 10 (5%) have no formal education. Data further shows that 60 (30%) agreed to have been married for the past 1-5 years, 100 (50%) agreed to have been married for 6-10 years, 30 (15%) agreed to have been married for 16-20 years while only 10 (5%) agreed to have been married for 21 or more years.

Answering Research Questions:

Table 1 Are you aware of family planning practice?

Responses	Frequency	Percentage
(a) Yes	170	85%
(b) No	20	10%
(c) Not sure	10	5%
Total	**200**	**100**

Source: Field Survey 2017 Jalingo metropolis.

Table 1 shows that most of the respondents 170 (85%) are aware of family planning practice while 20 (10%) are not aware of family planning and 10 (5%) are not sure whether they are fully aware of family planning.

Table 2 Do you support the practice of family planning?

Responses	Frequency	Percentage
(a) Yes	100	50%
(b) No	80	40%
(c) Undecided	20	10%
Total	**200**	**100**

Source: Field Survey 2017 Jalingo metropolis.

Table 2 above shows that 100 (50%) of the respondents support family planning practice, 80 (40%) of the respondents do not support family planning while 20 (10%) were without any decision.

Table 3 Abortion has been disguised as family planning?

Responses	Frequency	Percentage
(a) Strongly agree	100	50
(b) Agree	30	15
(c) Strongly disagree	10	5
(d) Disagree	60	30
(e) Undecided	-	-
Total	**200**	**100**

Source: Field Survey 2017 Jalingo metropolis

Table 3 seeks to find out from the respondents if abortion has been disguised as family planning method. 100 (50%) respondents strongly agreed that abortion has been disguised as family planning method, 30 (15%) agreed that abortion has been disguised as family planning method, 60 (30%) disagreed that abortion has been disguised as family planning method while 10 (5%) strongly disagree that abortion has been disguised as family planning method.

Table What are your sources of awareness on family planning method?

Responses	Frequency	Percentage
(a) Radio/television/newspapers	80	40
(b) friends/relatives	60	30
(c) Books	10	5
(d) Health workers	50	25
Total	**200**	**100**

Source: Field Survey 2017 Jalingo metropolis

Table 4.7 above shows the source of awareness of respondents on family planning method. 80 (40%) agreed that their sources of family planning are radio/television and newspapers, 60 (30%) agreed to friends and relatives, 10 (5%) agreed to books while 50 were with the opinion that they got to hear about family planning from different health worker. This means that most of the respondents utilizes radio, television and newspaper sources to know about family planning.

Table 5 In your own opinion family planning could be seen as?

Responses	Frequency	Percentage%
(a) Contraceptives use to prevent pregnancy	120	60
(b) Preventing unwanted pregnancies or securing wanted pregnancies	40	20
(c) Regulating the interval between pregnancies	20	10
(d) Controlling the time at which birth occurs	20	10
Total	**200**	**100**

Source: Field Survey 2017 Jalingo metropolis

Table 5 above shows respondents' opinion on what family planning is all about. 120 (60%) see family planning as contraceptives use to prevent pregnancy, 40 (20%) agreed that family planning is the prevention of unwanted pregnancies or securing wanted pregnancies, 20 (10%) sees family planning as regulating the interval between pregnancies while 20 (10%) see family planning as controlling the time at which birth occurs. This means that family planning is the contraceptives use to prevent pregnancy.

Table 6 What type of family planning method are you aware of?

Responses	Frequency	Percentage
(a) Female Sterilization	10	5
(b) Use of Condoms	40	20
(c) Use of Withdrawal method	20	10
(d) Use of injection	20	10
(e) Use of Pills	110	60
Total	**200**	**100**

Source: Field Survey 2017 Jalingo metropolis

Table 6 shows the type of family planning method the respondents are more aware of. 110 agreed to be aware of the use of pills, 20 (10%) agreed to the use of injection, 20 (10%) agreed to the use of withdrawal method, while 40 (20%) agreed to the use of condoms and 10 (5%) agreed to the use of female sterilization as the method they are more exposed to.

Table 7 Do you practice family planning?

Responses	Frequency	Percentage
(a) Yes	30	15%
(b) No	170	85%
Total	**200**	**100**

Source: Field Survey 2017 Jalingo metropolis

Table 7 examines respondents' perception as to whether they practice family planning. 170 (85%) said they do not practice family planning, while 30 (15%) said they practice family planning. *What are the factors that prevent you from practicing family planning?*Most of the respondents (married women in Jalingo metropolis) agreed that husbands' dominance is one of the factor that prevent them from practicing family planning. As far as these crops of women are concern, their husbands are not in support of family planning.The respondents also pointed out that contraceptive use might have side effects therefore they do not wish to engage in family planning. They alleged that their knowledge of family planning is not that sound so the intricacies involved in family planning process is not too clear to them. Cultural belief is also another factor that prevents women in Jalingo from practicing family planning. As far as these women are concerned, their culture does not support family planning method. The respondents also pointed out to religious belief as negating against family planning. As far as this women are concerned, their religion does not support the termination of pregnancy or preventing of pregnancy. They believe that children are from God and are not suppose to be prevented to surface on this world.

Discussion

Having gathered and analysed the data in this research, the study encapsulates the findings. The study revealed that most of the respondents are secondary school holders, although other respondents hold tertiary certificates. Findings further revealed that, most of the respondents have been married for at least 5-10 years and most of them are aware of family planning. Findings also revealed that an average number of the respondents (married women in Jalingo metropolis) do not support family planning methods even though they are fully aware of family planning. These findings are in contrast with (Eyayou *et al*., 2004), they found out that the Suri people of Ethiopia prevent and delay pregnancies using natural family planning methods. The desired benefit is that women regain their strength following the injuries caused by pregnancy and delivery, and that attention can be given to the welfare of growing children. But these objectives are often countered by lack of access to modern family planning methods and the desire for many children within a socio-demographic context of threats to their tribal survival Based on the findings of the study abortion has been disguised as part of family planning methods.

Examining the various sources of respondents awareness of family planning, the study revealed that women in Jalingo gets information on family planning through television, radio and newspapers as well as friends/relatives, health workers and books.The study revealed that family planning is the use of contraceptives to prevent pregnancy.Ascertaining the type of family planning the respondents are more exposed and aware of, the study revealed

that the use of pills and condoms are more conversant to the respondents. The study further revealed that most of the married women in Jalingo metropolis do not practice family planning because their husbands are not in support of family planning. Cultural and religious belief also play a factor in dissuading married women in Jalingo from practicing family planning. This findings is in line with a study conducted among the Kanuri's in Nigeria which revealed that few Kanuri women used modern methods of family planning, the barriers being objection by their husbands, the fear of delayed return to fertility, damage to the reproductive apparatus and the belief that modern contraception was introduced to reduce Muslim populations (Mairiga *et al*., 2010). Nwosu, Eke, and Chigbu (2011) carried out a study to identify socio-demographic and economic factors influencing the practice of modern family planning in rural communities of Abia State, Nigeria. The study revealed key reasons for not practicing contraception which are traceable to cultural imperatives, ignorance and religious belief.

Summary/Conclusion

This study explored the knowledge of married women in Jalingo Local Government on family planning. The study reveals that there is a high knowledge of family planning among women in the study area but they do not practice family planning as they tend to obey their husbands as postulated by the study that Husbands rejection of family planning makes the women to reject family planning. Other factors such as religious belief/creed also play a big part in making women in the area not to accept family planning.

Recommendations

Based on the findings of the study, the following recommendations are made:(i). Improvement in the delivery of family planning services to all parts of the state will help make its adoption more appealing. The inclusion of men as targets of family planning campaigns will have an important influence in its acceptance and usage. The findings of our study show that husbands exercise considerable influence on the women use of contraceptives. (ii). There should be more detailed information on specific methods since findings from the study showed that there is high awareness of family planning but some respondents lack knowledge of specific methods. (iii). There is a need to design education programme addressed at the men for the benefit of family planning and on the need for their involvement and to allow their wives to use contraceptives. (iv). Since knowledge of any specific method is a prerequisite for its use, there is a need for adequate campaign, especially through the mass media on contraceptives and to allay the fears of the populace on the negative effects of contraception. (v). Men should be involved in the delivery of family planning services since men feel more comfortable discussing family planning issues with men than with women.

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