

PERCEPTION AND PRACTICE OF FAMILY PLANNING AMONG RURAL WOMEN IN NORTH CENTRAL NIGERIA

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ABSTRACT

Family planning does not only help regulate population and better planning of a family, it also promotes maternal and child health by giving room for the woman to recover and be able to nurse her infant well. Perception of family planning may affect its practice. This study aimed at determining the perception and practice of family planning among rural women in Lafia, North Central Nigeria. Adopting a descriptive study, 321 women voluntarily participated by completing a pilot tested questionnaire. Finding reveal that most rural women of Lafia Central have a positive perception about family planning but the prevalence rate is lower. Women used various family planning methods and factors like religious belief, side effect, desire for a male child and pressure from husband and mother in-law affects the uptake of family planning by rural women in Lafia Central. A null hypothesis tested at a significant level of 0.05 suggested that a significant relationship exist between perception and practice of family planning. (p<0.05). It was recommended that rural women should be properly educated by community health workers about family planning and enlightenment campaign involving religious leaders should be implemented urgently.

KEYWORDS: Family planning, perception, practice, Lafia, women, reproductive age.

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INTRODUCTION

Rapid Population growth is a problem for many developing countries including Nigeria. Reproductive health of women in rural area is poor due to several factors that borders on access to health care services and personal factors. Some of these factors include negative perception about family planning. Family planning does not only ensures population control but also promotes maternal and child health. A perception of rural women about family planning in Nigeria has not been well documented. Mikolajczyk, Stanford, and Rauchfuss (2003) asserted that a discrepancy exist between interest in family planning and actual practice and that increased access and cultural support would likely lead to a higher prevalence of family planning. Family planning enables people to choose whether and/or when to have children (Belfield, 2009). Emeka, (2008) believes that family planning encompasses two distinct concepts – contraceptive and family planning services use. That Contraceptive use refers to any means of artificial or natural modern or traditional employed by an individual or couple to avoid pregnancy, thus allowing women or couples to control when and how many children to have. While Family planning services, refers to organized services put in place to provide family planning methods and ensure their safe and effective administration. Taiwo (2012) in his study show that although the resources of awareness were many, but very few women has adequate awareness about family planning methods. Women perceived family planning as a welcome strategy to control population and make mothers health and strong after child birth however, fear of pushing husband outside and increased promiscuity as well as the perceived negative side effect as stomach aches, bodily complications,



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menstrual maladjustment, infertility were the major barriers that affected women's expected behavioural changes towards family planning (Taiwo, 2012). A study by Kavanaugh, Lindberg and Frost (2012) reported that majority of women depends on their partners in making family planning choices. Other factors identified by them to influence family planning are race/ethnicity, marital status, and relationship satisfaction. Family planning acceptance and practice by women of reproductive age may significantly reduce population growth. Unfortunately, despite the fact that the modern contraceptive methods were introduced many decades ago, not much improvement has been seen in the area of population control and prevention of unintended pregnancies in Nigeria in general (Ajayi, Emmanuel, Ari and Wina 2012). Perhaps one the reasons behind the failure in population control is lack of adequate attention to the rural dwellers when it comes to family planning. It is against this background that we intend to study the perception of rural women about family planning and to also determine the prevalence of family planning with a view to contributing to knowledge and family planning programs in the future.

HYPOTHESIS -There is no relationship between perception and practice of family planning among rural women in Lafia.

METHODOLOGY

This is a descriptive study carried out in Lafia Central Nasarawa State in order to assess perception and practice of family planning among women of reproductive age. A multi-stage sampling was used to conveniently sample 321 women. A validated and pilot tested questionnaire was used in data collection. Data collected was analyzed using frequency tables, percentages measure of central tendency and chi-squared. Women participated voluntarily and were assured of confidentiality and anonymity. Further, informed consent was obtained prior to the study. Data collected was used only for the study.

Table 1: Selected characteristics of respondents.

Characteristics	Frequency	Percentage
AGE		
15-20 Years	32	10.0%
21-25 Years	78	24.3%
26-30 Years	92	28.7%
31-35 Years	47	14.6%
36-40 Years	37	11.5%
41-45 Years	8	2.5%
46-50 Years	9	2.8%
Missing system	18	5.6%
Total	321	100%
Religion		
Christianity	172	53.6%
Islam	125	38.9%
Traditional	1	0.3%
Others	4	1.2%
Missing system	19	5.9%
Total	321	100%
Educational level		
Primary	69	21.5%
Secondary	116	36.1%
Tertiary	121	37.7%
Missing system	15	4.7%
Total	321	100%



Occupation		
Housewife	135	42.1%
Self-employed	83	25.9%
Civil servant	86	28.8%
Missing system	17	5.3%
Total	321	100%
Parity		
1-4	214	66.7%
5-8	63	19.6%
9 and above	5	1.6%
Missing system	39	12.1%
Total	321	100%

Table 1 revealed some selected characteristics of respondents namely age, religion, educational status, occupation and parity. Majority of the participants (28.7%) are between 26 and 30 years. The mean age of respondents is 28 ± 5 years. The religious distribution of respondents shows that 53.6% are Christians while 38.9% practice Islam. Further 73.8% of the respondents had at least secondary education and 42.1% are housewives. A significant proportion of respondents (66.7%) have 1-4 children. The mean of number of children is 4 ± 2 .

Table 2: Distribution of respondents on perception of Family Planning

Variable	Frequency	Percentages
Perception		
Family planning is good	267	83.2%
Family planning is bad	29	9.0%
Missing system	25	7.7%
Total	321	100%
Reasons for saying family planning are good.		
It makes me regain myself	97	30.2%
It makes children grow healthier	49	15.3%
It reduces the burden of training children	38	11.8%
It gives room for good planning	71	22.1%
I spend less money on feeding	3	0.9%
Missing system	63	19.6%
Reasons for saying family planning are bad.		
It reduces our population	13	4.0%
It is against my religion	20	6.2%
It makes one impotent	1	0.3%
I do not like the side effect	7	2.2%

Table 2 reveals the perception about family planning. Most of the respondents (83.2%) perceived that family planning is good with only 9.0% saying is bad. The table also reveals the reason for saying family planning is good. They include helping regain self (30.2%), makes children grow healthier (15.3%), reduces the burden of training children (11.8%), gives room for good planning (22.1%), and spend less on feeding (0.9%). On the other hand, population reduction (4.0), religious beliefs (6.2%), impotency (0.3), and side effects (2.2%) were reported as a reason for saying family planning is bad.



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Table 3: PRACTICE OF FAMILY PLANNING

Variable	Frequency	Percentage
Practice		
Yes	133	41.4%
No	159	49.5%
Missing system	29	9.0%
Total	321	100%
Reasons for not practicing		
Due to religious beliefs	37	11.5%
Due to fear of side effect	42	13.1%
Due to desire of male child	7	2.2%
Due to pressure from husband	22	6.8%
Due to pressure from mother-in-law	61	19.0%
Types of family planning used by respondents		
Oral pills	14	4.4%
IUD	8	2.5%
Condom	31	9.7%
Withdrawal	11	3.4%
Sterilization	2	0.6%
Injection	18	5.6%
Others (prolonged lactation, charms and harps).	14	4.4%

Table 3 shows that 41.4% practice family planning while 49.5 do not practice. Reasons for not practicing include religious beliefs (11.5%), side effects (13.1%), desire of a male child (2.2%), pressure from husband (6.8), and pressure from mother in-law (19.0). Table 3 also shows the various family planning methods used by respondents.

Table 4: Cross Tabulation of Perception and Practice of Family Planning

Do you practice Family Planning	Perception of Family Planning				Total	
	It is bad		It is good		F	%
	F	%	F	%		
Yes	2	0.7%	127	44.7%	129	45.4
No	26	9.2%	129	45.4%	155	54.6
Total	28	9.9%	256	90.1%	284	100

$X^2 = 18.36$ Df = 1 Significant Level = 0.05 Critical Value = 3.841

Table 4 shows the relationship between perception and practice of family planning. Of the 155 that did not practice family planning, 129 said family planning is good. Two of those that practice family planning said it is bad. Of the 28 that says family planning is bad, only two practice it. Of the 256 that says it is good, only 127 practiced as against the 129 that don't practice. The chi squared value is greater than the critical value, suggesting that the hypothesis is rejected. This means that there is a significant association between perception and practice of family planning.

DISCUSSION

The selected characteristics in table 1 show that respondents cut across various socio-demographic background. The mean age of women (28±5years) reveals the fact that the study population are at their active reproductive age. The mean parity (4±2) indicates a high fertility rate in the study population. A significant proportion (73.8%) of women had attended at least secondary school with some (42.1%) living as housewives. This means that most women in this



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area may be unemployed despite the high education attainment and it is expected that the high level of education places them at a better position to understand and embrace family planning.

Results reveal that most women (83.2%) have a positive perception about family planning with a few (9.0) still having a negative perception (Table 2). Some of the reasons the women gave for expressing a positive perception included; helps them regain themselves, enable their children grow well and healthy, reduced burden of child rearing, gives room for planning and reduced expenditure. This finding is consistent with Taiwo (2012) who asserted that women perceived family planning as a welcome strategy to control population and make mothers health and strong after child birth. Further, women reported that religious beliefs, population reduction, impotency and side effects were the reasons why they view family planning negatively. This is a revelation of the fact that some women still have a wrong perception of family planning.

The prevalence of family planning (41.4%) in the study population is low considering the mean age and that could explain why the average number of children is high (Table 3). Reasons for not practicing family planning included religion, side effects, desire for a male child and pressure from husband and mother in-law. This is consistent with Taiwo (2012). Some of the family planning methods used by women include oral pills, IUD, condoms, withdrawal, sterilization, and injection. Others include prolonged lactation, charms and harps. This shows that the study population uses a variety of family planning methods.

Perception was cross tabulated with practice (Table 4). to establish the existence of a relationship between them. Findings show that majority that had a negative perception about family planning did not practice it. Further, only half of the women that had a positive perception of family planning actually practice. This implies that negative perception affects practice and the fact that women have positive perception does not mean they will practice. This finding is consistent with Mikolajczyk, Stanford, and Rauchfuss (2003), who posited that a discrepancy exist between interest in family planning and actual practice. The chi squared suggested that the null hypothesis be rejected because the critical value is less than the calculated chi squared meaning that, a significant relationship exist between perception and practice of family planning.

CONCLUSION

In conclusion, most rural women of Lafia Central have a positive perception about family planning but the prevalence rate is lower. Women used various family planning methods and factors like religious belief, side effect, desire for a male child and pressure from husband and mother in-law affects the uptake of family planning by rural women in Lafia Central. Therefore, it is recommended that rural women should be properly educated by community health workers about family planning and enlightenment campaign involving religious leaders should be implemented urgently.

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