Correlates of Modern Family Planning Acceptance and Use among Women in Kaura Local Government, Kaduna State
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Abstract
The use of modern family planning is tremendously influenced by certain factors either positively or negatively. Lanre (2011) contend that community norms could determine individual childbearing preferences, sexual or reproductive behavior especially as regards family planning. In spite of the overall increase in the use of modern family planning method globally, family planning prevalence is said to be low in Nigeria particularly in the North. Researches on associated factors identified the relative powerlessness of women, household poverty, low level of education, myths and rumors about modern contraceptive methods, parity, pronatalist attitudes, and widespread preference for male children, early marriages and early initiation of sexual activity have contributed significantly to the high fertility and subsequent higher prevalence of maternal and fetal complications particularly in Northern Nigeria. However, delving into some specific socio-demographic correlates would reveal the true nature of demographic response of culturally differentiated groups in the North for proper policy intervention, hence the need for a research amongst women in Kaura Local Government. The study adopted both quantitative and qualitative method where data was collected from 208 respondents and the multi-stage sampling was used in the selection of sample elements. Four (4) KIIs and FGDs respectively, were also conducted with both males and females to ascertain women responses. Simple percentage table and logistic regression were used in data presentation. The study revealed that religion, denomination, culture and male partners played positive roles in the manner family planning is accepted and used by women in Kaura local government. Finally, stakeholders should direct attention in sustaining the current positive disposition of women in the area particularly toward modern family planning method.

Key words: Correlates, Women, Family planning, Acceptance and Use.

Introduction
Family planning is fundamental to every entity irrespective of social background and religious affiliation especially as regard women of childbearing age (see Egwuaba, 2012); as it help individuals or couple to manage family size and ensure sound reproductive health (NPC, 2004). This happens when couple can freely decide or choose when and how to have children, the actual number and spacing between each child, and as well, possess the ability and method to achieve such dream. Studies in Africa show that only about 30 percent of all women use birth control, although over half of all African women would like to use birth control if it was available (WHO, 2012; Cleland, Ndugwa, and Zulu, 2011; Wikipedia, 2008). According to WHO (2012), several factors such as unavailability, poor health care services, spousal disapproval, religious concerns, and misinformation about the effects of birth control influence access to and use of birth control by women. Such parenthetic proposition might apply more to other areas especially most Hausa communities in Kaduna state and other areas in the north-west than in the southern parts of Kaduna state. Women in Kaura local government might possess positive outlook toward modern family planning method as opposed to other women particularly Hausa women in the same geo-political zone. In Kaura Local Government for instance, it was observed that the use of modern contraceptives has
increase significantly over time which could be a result of positive trajectory by women on the phenomenon. It’s on the quest to understand how several socio-economic and demographic factors influence the acceptance and use of modern family planning by these distinct socio-cultural groups in the North-west that the research was carried out.

**Literature Review**

The centre of gravity on the principle of informed choice focuses on the individual; it does not negate the influence of external factors such as: social, economic and cultural norms, gender roles, social networks, religious and local beliefs, (Bosveld, 1998). Lanre (2011) contend that such community norms could determine individual childbearing preferences, sexual or reproductive behavior especially as regards family planning. The common thought was that community and culture affect a person’s attitudes towards family planning, desire for sex of children, preferences about family size, family pressures to have children and whether or not family planning accords with customs and religious beliefs. Community norms also reflect how much autonomy individuals have in making family planning decisions. The larger the differences in reproductive intentions within a community, the more likely that community norms support individual choices (Bosveld, 1998; Dixon – Mueller, 1999; Greenwell, 1999).

People choose contraceptive methods that are commonly used in their community because they know that it is socially acceptable to do so, and they tend to know more about these methods (Rogers and Kincaid, 2004). Many women use the same family planning methods that others in their social network use (Godley, 2001). A 1998 study in urban Nigeria found that the more widely used method was the one that was popular in other cities and villages (Entwisle et al., 1999).

Again, household and community influences can be so powerful that they can obscure the line between individual desires and community norms. For instance, in some culture, many women reject family planning because bearing and raising children is the path to respect and dignity in the society (International Planned Parenthood Federation, 1996; Cherkaoui, 2000; Barnett and Stein, 2001). Yet in other countries most women use contraception because having small families is the order of the day or a much accorded standard of behavior (Mkangi, 2001; Lutz, 2003). In most cases, people are ignorant of how those norms influence their choices, while in other case they are particularly aware. A slide example is demonstrated in a situation where young people often decide not to seek family planning because they do not want their parents or other adults to know that they are sexually active, while many fear ridicule, disapproval and hostile attitude from service providers and others (Jejebhoy, 2004).

A person’s social environment can have influence on family planning decisions that influence the attributes of specific contraceptives. In Kenya, for example, when new clients were asked to give a single reason for their choice of a specific family planning method, most of them cited the attitudes of their spouse or their peers, or their religious value (Kim et al., 1998). In many countries, family planning programmes are part of the national economic and social development efforts. Efforts to foster equity in decision making and raise awareness about reproductive right of the family, community and society also promote informed choice of modern family planning (Jaconson, 2000).

As a woman gain more autonomy, they are better able to claim their rights as individuals including the right to act and protect their own reproductive health (Heise et al., 1999). In a variety of countries and settings, many demographic, socio-economic, cultural and health experience factors have been shown to influence the use of family planning services. Demographic factors associated with reproductive health service use include younger maternal age and low parity. Socio-economic factors are generally of
greater importance than demographic factors in determining use of modern family planning services (Obermeyer, and Potter, 1991) as they influence the ability to pay for such services; cost is a barrier to modern family planning service use or acceptance and also influences the choice of service provider. The most consistently reported determinant of reproductive health service utilization particularly modern family planning services is a woman's level of educational attainment (Magadi, Madise, and Rodrigues, 2000; Griffiths, and Stephenson, 2001). However, many other socioeconomic indicators including urban residence, household living conditions, household income, women's employment in skilled work outside the home and husbands' education and occupational status have also been shown to be strong predictors of a woman's likelihood of using reproductive health services especially those related to modern family planning (Caldwell, and Caldwell, 1989; see Hamid, and Stephenson, 2006).

Research on factors associated with demand for contraceptives and family planning services in Nigeria has identified the relative powerlessness of women (especially in northern Nigeria), household poverty, low level of education (especially in northern Nigeria), myths and rumors about modern contraceptive methods, parity, pronatalist attitudes, and widespread preference for male children, as key influences on contraceptive use. In addition to these factors, and especially in northern Nigeria, early marriages and early initiation of sexual activity have contributed significantly to the high fertility and subsequent higher prevalence of maternal and fetal complications (Maaji, 2013).

The supply environment is also an important factor in the acceptance and use of family planning services (especially modern method) by women. Numerous studies have demonstrated an association between better service quality (or perceived quality) and increased use of family planning services. In a study on family planning services in Tanzania, Speizer and colleagues found that provider bias in method promotion and age restrictions on the use of some contraceptive methods impeded women from initiating contraception. Furthermore, a woman's experiences with health services may influence her subsequent use (Seizer, and Bollen, 2000).

According to Maaji (2013), various factors related to supply and demand influence peoples use and choice of contraceptives in Nigeria. He further explained that on the supply side are issues such as limited availability, quality, and cost of family planning services. As a consequence of limited availability, many Nigerians (particularly in rural areas) lack access to modern contraceptive and family planning services. In areas where services do exist, their quality is often poor, with inadequate contraceptive supplies, insufficient numbers of trained service providers, poor interpersonal skills on the part of providers, and limited essential equipment (Maaji, 2013).

Kaura LGA habour one out of the 29 secondary facilities located across Kaduna State. Thus, there is a total of 40 health facility in the area; 31 primary of which 26 are currently functioning, and 8 private with no tertiary facility. In addition, the percentage of women using modern contraceptives in Kaura LGA in 2010, 2011, and 2012 respectively is 1 percent; 5 percent; and 4 percent respectively. Based on the National Demographic and Health Survey in 2013 about 20 percent of women currently use any method of family planning in Kaduna State (NPC and ICF Int., 2013). Therefore, this paper explores the factors that inform women behaviours toward modern family use in Kaura Local Government for policy implications and efficient reproductive health of women in the area. Consequently, it has brought to the open the fertility behavior of a culturally differentiated group which over time has been para conceptualized or misrepresented by
most local as well as well funded international researches.

**Methodology**

The study was conducted in Nigeria with a focus on Kaura local government in Kaduna State. The local government is located in Southern part of the State, popularly known as Southern Kaduna and covers an area of 485km². It is inhabited by three independent ethnic groups which have cultural similarities and a good political understanding, and as well, are predominantly Christians. These groups comprise Moro’a (Asholio), Kagoro (Gorok), and Atakar (Akad) located in three distinct chiefdoms; Moro’a Chiefdom, Kagoro Chiefdom and Atakar Chiefdom though with positive bi-lateral relations. The study employed quantitative and qualitative methods of data collection and the instruments used were questionnaire, focused Group Discussion as well as Key Informant Interview (IDI). In order to achieve the aim of this study, the multi-stage sampling technique was adopted. This method was used to select 3 areas (Manchok, Fadan Kagoro, Fadan Atakar) out of the ten wards that constituted Kaura Local Government Area. Similarly, a sample size of 208 respondents was drawn from the sampled communities using the same multistage sampling technique. Data collected from those units of response was analysed using SPSS version 20 and the result was presented in frequency and percentage tables and the logistics regression table. For the qualitative information, it was first transcribed and then presented thematically. This was to allow the investigator draw valid conclusion on the subject matter.

The sample size for this study was derived using the formula underneath:

\[ N = P(1-P) \times \left(\frac{Z_a}{d}\right)^2 \]

where:
- \( N \) = the desired sample size
- \( P \) = prevalence rate of family planning in Kaduna State estimated at 20 percent (NPC and ICF Int., 2013)
- \( Z_a \) = the standard deviation from normal approximated to 2.0 which corresponds to 95% confidence level (1.96)
- \( d \) = expected degree of precision set 0.05

Hence

\[ N = 0.20 (1 – 0.20) x (1.96/0.05)^2 \]

\[ = 0.20 (0.8) x (39.2)^2 \]

\[ = 0.16 x 1536.64 \]

\[ = 245.8624+0.10(anticipated non response rate) \]

\[ = 270 \]

Therefore a total of 270 questionnaires were administered to the research elements in the field of study ninety (90) for each of the areas selected. But due to the fact that the Local government was invaded by the Fulani insurgents, only 203 questionnaires were returned and used for analysis.

**Results**

This study delved into the correlates of modern family planning acceptance and use amongst women in Kaura Local Government. Information collected on women’s sociodemographic characteristics indicated that the majority of the respondents were between age 20 to 24 years and 25 to 29 years (31 percent and 24 percent, respectively). As revealed in this study, 68 percent of the respondents sampled were married women and most of them (46 percent) got married at younger age (20-24 years). About 46 percent of those women had their first babies at age 20 to 24 years. About 30 percent of the respondents (constituted the majority) had ever given birth to between 1 and 2 children while 34 percent women had at least 1 or 2 living children. Similarly, quite a number of the respondents (49 percent) had tertiary education while most of the women were either
engaged in the civil service or were full-time housewives as revealed by 25 percent respondents, respectively. Finally, half of the women in the local government area averagely earned 18,001 to 29,000 per month.

Table 1 examines the factors that could influence the acceptance of and use of modern family planning among women age 15-49 in Kaura local government. As such, respondents were demanded to state the role played by religion, culture, their husbands and their doctrine in the acceptance of, and use of modern family planning by women. As regard religion, 69 percent of the total women respondents affirmed that religion encourages the use of modern family planning, while 20 percent held that religion frowns at the use of modern family planning. With respect to the role of culture 64 percent of the total respondents were of the opinion that the culture of the area encourages women to use modern family planning, while 24 percent reported that the culture of the area is indifferent to the use of modern family planning by women. As regard the position of husbands, 62 percent women reported that husbands rather encourage their wives to use modern family planning, but only 23 percent of the total respondents said that their husbands frown against the use of modern method. As to the role of doctrine, the majority of the women (57 percent) held that their doctrines encourage women to use modern family planning while 35 percent reported that their doctrines forbid women from using modern family planning methods.

**Table 1: Percentage Distribution of Women based on the Role Played by Religion, Culture, Husband and Denomination in the Acceptance of, and Use of Modern Family Planning**

<table>
<thead>
<tr>
<th>Role Played by the Variables</th>
<th>Encourage</th>
<th>Frown against</th>
<th>Indifferent</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td>68.9</td>
<td>19.5</td>
<td>11.1</td>
<td>0.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Culture</td>
<td>64.2</td>
<td>11.6</td>
<td>23.7</td>
<td>0.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Husband</td>
<td>61.1</td>
<td>22.5</td>
<td>14.6</td>
<td>1.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Denomination</td>
<td>57.2</td>
<td>34.6</td>
<td>7.7</td>
<td>0.5</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In the interview sessions respondents also expressed differing views on the extent to which the above factors influence the acceptance of and use of family planning by women in Kaura local government. These factors as seen in the table influence the phenomenon in question. Take religion for example, some women (mostly Catholics) felt that religion is strongly against the use of modern family planning, while others (majorly non-Catholics) argued that it rather encourage women to use modern family planning. These contradictory views were summarized in interviews with clergy men. In the first instance, a catholic Reverend Father explained:

*Christianity does not encourage the use of contraceptives to control birth particularly by using artificial method. When we talk about the church we are going into something very strong. Family planning is a strong issue in the Catholic Church. In our doctrine the use of contraceptive pills and any other form of modern contraceptives is not permitted. The church goes natural in everything; a woman is not allowed to stop giving birth but in case she wants to then the natural method like the calendar method is there for her to adopt but as to taking drugs or undergoing any other artificial method is completely frowned at by the catholic church because it recognizes the value of life. So in our sermons and in*
As you can see my catchiest is already preparing a lady for marriage course. So, at every given opportunity we remind them of such doctrines. KII/Rev. Father/Manchok/August 13, 2014

While a pastor said:
Christianity is not against the use of family planning irrespective of the method because the bible even stated that one should not bring forth a child if he/she cannot take care of that child. In ECWA for instance it is unlike before when we have the old time religion fathers who neither knew nor believed in artificial family planning. But we are the new generation pastors and as we preach, we encourage married couples to embark on family planning with reasons: first, for nostrums and second to be able to space and cater for children properly. Again, the women will be strong and healthy. In adopting any method of family planning it is advisable that the couple reach an agreement. Let me share this experience with you. A couple came to me one day with this complaint. The husband was of the opinion that they should use family planning but the wife refused that God said that people should multiply. The husband asked if she wants to finish her eggs and she said yes. Then he said but multiplication has to do with focus if I had the resources to take care of many children I would gladly have them. As their spiritual father I was able to counsel them based on ECWA doctrine. That is why we often organize seminar in the church to teach couples about the importance of family planning. KII/ Male respondent/Pastor/August 15, 2014

The role of male partners was also examined at the interactive sessions. When asked on the influence of their husbands in the acceptance of modern contraceptive methods, one of the respondents opined that:
...Some of them encourage us to use modern family planning.
FGD/Female respondent/Atakar/August 5, 2014

Another respondent said:
...My Husband is a health work and he advised me and others around us to use modern family planning and this is good because the woman is often at the receiving end and secondly, when you consider the cost of raising children it is not easy. That is why it is better to give birth to a manageable number of children especially by using family planning. FGD/Female respondent/Kagoro/August 8, 2014

Another respondent contrasted such claim when she reported:
My husband stopped me from using artificial family planning because to him it has serious side effect but I took the injection secretly without his knowledge. This also applies to some of the women here because if you did not help yourself now it may be too late with time. So, we sometimes take it but pretend to our husbands that we are free. FGD/Female respondent/Kagoro/August 8, 2014

Multivariate Analysis of Variables
The basic assumption underlying the logistic regression model is that the likelihood of women using modern family planning depends on a set of determining variables (sociodemographic and socio-economic) such as Marital Status, Age at Marriage, Age at First Birth, Number of Children, Religion/Denomination, Education, Occupational Status and Mother’s Income.

The dependent variable is Use of Modern Family Planning (UMFP) which is coded 1 if a woman uses modern family planning and 0 if otherwise.

The independent variables are categorical with each category assigned appropriate codes.

Base on the above premise the model is represented by the equation below:

\[ \text{UMFP} = (\text{MS, AM, AFB, NC, R/D, EDU, OS, MI}) \]

Where:

- MS = Marital Status
- AM = Age at Marriage
- AFB = Age at First Birth
- NC = Number of Children
- R/D = Religion/Denomination
- EDU = Education
- OS = Occupational Status
- MI = Mother’s Income

**Table 2: Logit Model of the Determinants of Family Planning Use by Sociodemographic and Socio-economic Characteristics**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single (r)</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>Married</td>
<td>1.991</td>
<td>7.324</td>
</tr>
<tr>
<td>Age at marriage</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>20 years and below (r)</td>
<td>-0.308</td>
<td>0.735</td>
</tr>
<tr>
<td>30 years and above</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>Age at first birth</td>
<td>-1.742</td>
<td>0.175</td>
</tr>
<tr>
<td>20 years and below (r)</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>30 years and above</td>
<td>-</td>
<td>0.175</td>
</tr>
<tr>
<td>Number of children</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>4 children and below (r)</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>5 children and above</td>
<td>0.325</td>
<td>1.384</td>
</tr>
<tr>
<td>Religion/Denomination</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>Catholics (r)</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>Others</td>
<td>1.128</td>
<td>3.089</td>
</tr>
<tr>
<td>Education</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>Below secondary (r)</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>Secondary and above</td>
<td>0.268</td>
<td>1.308</td>
</tr>
<tr>
<td>Occupational status</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>Unemployed (r)</td>
<td>-0.318</td>
<td>0.728</td>
</tr>
<tr>
<td>Self-employed</td>
<td>-1.036</td>
<td>0.355</td>
</tr>
<tr>
<td>Civil servant</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Mother’s income (in naira)</td>
<td>-</td>
<td>1.00</td>
</tr>
<tr>
<td>Under 18,000</td>
<td>0.267</td>
<td>1.307</td>
</tr>
<tr>
<td>Above 18,000</td>
<td>0.344</td>
<td>1.307</td>
</tr>
<tr>
<td>Model chi-square</td>
<td>110.935*</td>
<td>0.002</td>
</tr>
<tr>
<td>N</td>
<td>208</td>
<td></td>
</tr>
</tbody>
</table>

Source: Field survey, 2014
Table 2 explains the role of the parameters (socio-demographic and socio-economic variables) on the use of family planning by women age 15-49 in Kaura local government. As seen in the table the marital status of a woman determines the extent or likelihood of family planning use. Married women are 7.324 times more likely than single women to use modern family planning.

The table also indicates that the age at which a woman got married determines the possibility of using family planning. Women age 30 years and above are 35 percent less likely to use family planning than those 29 years and below. This is because younger women are characteristically more fertile and at that age coital frequency is also high as such they tend to use modern family planning to reduce the risk of unintended pregnancy.

Similarly, the use of modern family planning is determined by the age at first birth of a woman as women who are early initiated into birth have ample time before they can reach menopause. As shown in this table, women who started birth between age 30 years and above are 65 percent less likely than those age 29 years and below to use modern family planning.

The table also shows that the number of living children born to a woman can affect her likelihood to use modern family planning. Thus, those women with five children and above are 1.384 times more likely than women with four children and below to use modern family planning. Such was expected because women with more than four births may not desire more children and as such may indulged more in the use of family planning to prevent any risk of pregnancy.

The use of modern family planning is however mediated by religious/denominational affiliation of women. The result indicates that others are 3.089 times more likely to use family planning than the Catholics because the catholic doctrine explicitly forbids couples from using modern family planning methods in particular.

Based on the table, women with at least secondary school education are 1.308 times more likely to use modern family planning methods than women with below secondary school education. This is the case because with increased education it is expected that a woman would gain more experience into the facts and programmes of live including the uses of family planning. On a similar note, the self-employed and the civil servants are about 30 percent and 70 percent, respectively less likely than the unemployed to use modern family planning. The result is however not expected and could rather emerge as a result of the skewedness of the data.

The study also revealed that religion, denomination, culture and male partners played major roles in the manner family planning is accepted and used by women in Kaura local government. Unlike other studies in North-West Nigeria (Maji, 2013, Nura, 2014) the above factors were observed to have positive influence on the phenomenon in Kaura Local government. Women in Kaura considered religion a mitigating factor
because the church in some instance teaches women the importance of family planning especially on women’s fellowship days. This contrasted WHO (2012) assertion that religion is one major constraint to family planning use especially the modern type. As expected, most of the Catholics rejected the claim that religion encourages the use of family planning stating that their denomination forbids the use of artificial family planning by the Catholics.

**Discussion**

Most women in Kaura local government emphasized that the decision to use family planning rest largely on the couple. By implication, women in the Local Government understood the importance of spousal communication on the decision to use modern family planning which shows that women in Kaura local government subscribed to the part of NPC (2004) policy that requires couple to jointly take decisions that relate to reproductive health including family planning.

The study also revealed that religion, denomination, culture and male partners played major roles in the manner modern family planning method is accepted and used by women in Kaura local government. Unlike other studies in North-West Nigeria (Maaji, 2013, Nura, 2014) the above factors were observed to have positive influence on the phenomenon in Kaura Local government. Women in Kaura considered religion a mitigating factor because the church in some instance teaches women the importance of family planning especially on women’s fellowship days. This contrasted WHO (2012) assertion that religion is one major constraint to family planning use especially the modern type. As expected, most of the Catholics rejected the claim that religion encourages the use of family planning stating that their denomination forbids the use of artificial family planning by the Catholics.

**Conclusion**

The study examines the factors that influence acceptance and use of modern family planning methods by women in Kaura local government. As observed in this study, religion, culture and a host of other factors exerted influence on the acceptance of, and use of modern methods of family planning by women. In most cases, such factors expediently aid than militate against women perceptions of the phenomenon in question in Kaura Local Government. Furthermore, other parameters like marital status, age characteristics of women, education and occupation are fundamental to predicting the extent to which women in the area perceived or use modern family planning. Therefore, it is important that programmes which aim at improving the reproductive health of women focus on sustaining the current attitudes of women or better still encourage the provision of more modern family planning services in the local government area.

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