

# DETERMINANTS OF FAMILY PLANNING USE AND FAMILY SIZE AMONG WOMEN USING SELECTED PRIMARY HEALTH CARE CENTERS IN IBADAN SOUTH EAST, NIGERIA.

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**Abstract: Background:** The fertility rate in Nigeria is high, as found elsewhere in sub-Saharan African countries. Family planning could be used as a tool to control fertility as well as having the desired number of children with adequate spacing. Government has made considerable improvements in providing contraceptive methods in response to growing demand, but many women are still hesitant, about its use. Therefore, this study was designed to investigate factors influencing choice of family planning and preferred number of children among women of reproductive age in the study area.

**Methods:** A descriptive cross-sectional study was carried out in two purposively selected public primary health facilities in Ibadan South East Local Government. Systematic random sampling technique was used to select one hundred and sixty (160) participants, using a 31-item validated structured questionnaire with reliability coefficient of 0.65 to collect data. Ethical clearance for the study was obtained and women who consented after due explanation of the purpose of the study were recruited. Data generated were analysed using SPSS version 21. Descriptive statistics was used to summarize and organize the data, Chi square was used to test for association between variables and at 0.05 level of significance.

**Results:** The mean age 26.44 years with vast majority within the age range of 27 to 29 years Majority of women (71.3%) had knowledge about family planning and most 92(57.5%) reported previous use of these methods, while 83.3%, of them had only high school education. In addition, 7 4.4%, indicated partner's involvement and religion, (70%), as the major factors responsible for their use of family planning services and preferred number of children. Meanwhile, there was no significant association found between educational level, economic status and family planning use ( $\chi^2=4.349$  and  $4.308$  respectively,  $P > 0.05$ ).

**Conclusion:** The main factor identified influencing the use of family planning services and preferred number of children in this study was husband involvement. Therefore, Health care providers play a key role in involving spouses/husband in family planning information and education

**Key Words:** Determinants, family planning use, family size.

## 1. INTRODUCTION:

One of the most important health decisions that many people make is the choice about child bearing and the use of family planning as every individual has the right to decide on the number and timing of children without discrimination, oppression and violence as well as having the necessary information and facilities to access sexual and reproductive health services at the highest standard [1]. Evidence suggest that family planning has been proven to save and enhance the lives of women not just women but also enhance the lives of children and families as a whole by preventing unintended, unwanted and mistimed pregnancies thereby reducing maternal morbidity and mortality [2,3]. Globally, family planning has since been identified as one of the six essential health interventions needed to achieve safe motherhood and one of the seven strategies for child survival by the World Health Organization (WHO) and the United Nations Children Fund (UNICEF), In addition to this, it has also been recognised as one of the vehicle to achieve target seven (7) of the sustainable development goal 3 [4,5].

Sub Saharan Africa countries are classified by high fertility and equally high rates of population growth for the foreseeable future. According to United Nations World population prospects [6], most countries in the sub-Saharan Africa region will account for more than half of the growth in the world's population between 2019 and 2050, and the population is projected to continue growing through the end of the century. The major driver of high fertility (5 children per woman) in most countries is persistent demand for large number of children, as expressed by women responding to questions about desired child bearing [7]. Fertility would decline only if women had no undesired childbearing, that is, if greater access to quality family planning services respond to unmet need [8]

Studies on the use of family planning method of choice in countries of sub-Saharan African are few probably as a result of low usage of family planning methods with an average of seven children born per woman. Uganda has the highest fertility rate in Africa. Kenya and Tanzania, who were at the same level as Uganda in 1960s have managed to reduce their fertility rate to 3.5 and 4.9 respectively according to World Bank data [9]. Conversely, the overall family planning prevalence among women in Nigeria is 16% and the use of family planning method increased with age from 6% among women age 15-19 to 21% among women age 29-35, after which it declines among age 45-49 to 12% [10]. However, modernization and individualization in industrialized societies throughout the 20<sup>th</sup> century has brought a significant change in the character of childbearing and preferred number of children. The biological and cultural causes that shaped systems of natural fecundity lost their impact and were replaced by individual courses of decision-making [11]. Fertility became less influenced by factors that determine the supply of children, and more by individuals' personal circumstances and their reproductive desires, which form the demand for children. However, a myriad of factors such as traditional values, low education, poverty and poor access to healthcare services among other numerous factors has been identified by scholars to militate against the use of family planning methods and preferred number of children [12]. Despite the fact that knowledge of family planning is generally high in Nigeria, the utilisation remains low [13]. The main reasons for this lack of family planning use include fear of complications, lack of understanding of methods and fear of opposition from the husband [13]. In addition; Ozumba [14] alleged that traditionally, most Nigerian cultures are highly patriarchal, value high fertility and male child preferences. This perhaps could have a negative impact on the utilization of family planning services. Conversely, Adeleye et al [15], in their study found out that the perspectives of respondents suggested that knowledge of community perceptions and experiences about the effects of family planning is crucial to interventions on fertility control. Furthermore, the non-involvement of men in family planning interventions has been highlighted as a drawback to the access of the interventions [16]. Over the years the choice of family planning methods and preferred number of children have been known to be influenced by various factors either directly or indirectly and varies from one culture to another, Therefore, this study was designed to investigate factors influencing choice of family planning and preferred number of children among women of reproductive age in the study area.

## **2. OBJECTIVES.**

- To assess factors influencing the use of family planning among women of reproductive age in Ibadan South East Local Government.
- To identify the factors influencing the preferred number of children among the participants.
- To ascertain whether there are associations between various factors influencing the choice of family planning and preferred number of children among the participants.

## **3. MATERIALS AND METHODS**

The study adopted a cross-sectional descriptive design to evaluate the factors influencing the use of family planning services and preferred number of children among women of Reproductive age (15-49 years) in two purposively selected public Primary Health Centres in Ibadan South East Local Government Area, which are; Elekuro primary health centre and Agbongbon primary health centre Ibadan. The two centres were chosen based on client flow. Respondents were selected also using systematic random sampling technique, thus, only participants who met the inclusion criteria were recruited to participate in the study. A total of 160 respondents were recruited for the study.

A 31-item validated structured questionnaire was used for data collection. The instrument has four sections: Section A elicited data on socio demographic characteristics of the respondents. Section B contained questions on the awareness and use of family planning among respondents.. Section C elicited information on the factors influencing the use of family planning from the respondents, while section D elicited information on the factors influencing family size. The validity of the questionnaire was established through face and content validity criteria while reliability was measured using cronbach's alpha. The Cronbach alpha reliability co-efficient of the instrument was ascertained to be 0.65. Ethical clearance for the study was obtained from UI/UCH Ethical Review Committee and permission was also obtained from the PHC coordinator in charge of the local government. The study complied with the ethical requirements of the various institutions used. Only women who consented to participate in the study were recruited. Participation was made voluntary and the right of any participant to withdraw from the study at any stage without any adverse consequences on the care they receive in the clinic was stressed to them. A total of 160 questionnaires were retrieved out of 160 distributed, giving a response rate of 100%.

Data generated were analysed using SPSS version 21. Descriptive statistics was used to summarize and organize the data. Analysis of contingency tables was done to establish relationship between variables and chi square statistic used to test for association between variables and at 0.05 level of significance.

## **4. RESULTS:**

### **Socio demographic characteristics of Respondents**

Figure 4.1 below presents the descriptive statistics of the participants' age. It was observed that their age ranged between 18 and 40 years; with vast majority within the age range of 27 to 29 years. The mean and median ages were 26.44 years and 26 years respectively.

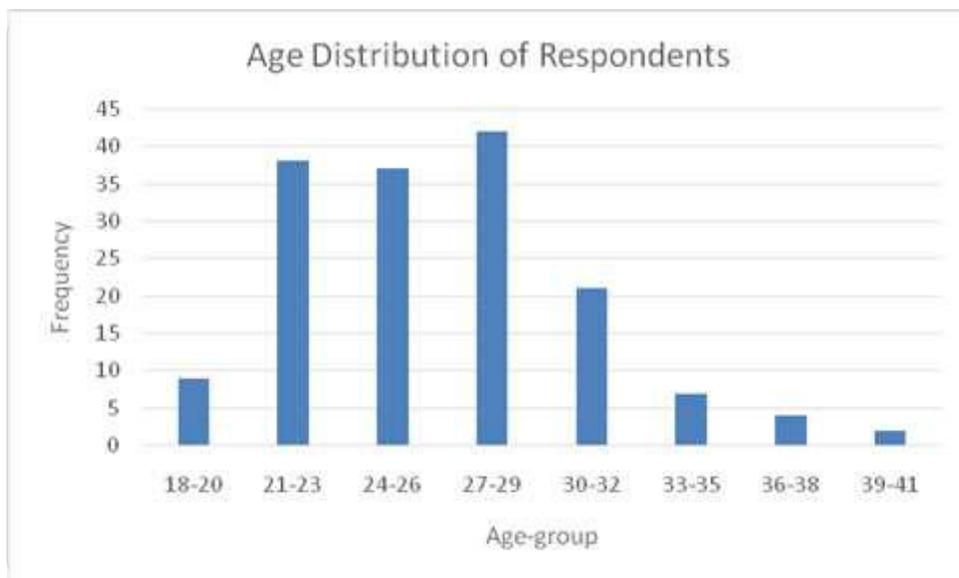


Figure 1: Age Distribution of Respondents

Table 1 below shows the socio demographic characteristics of the respondents. Findings revealed that majority (93.8%) of the respondents were married. The distribution according to their religion showed that about 63.7% were Muslims, while vast majority (83.3%) only had secondary education. About 74.4% of respondents earn ₦18,000 (< \$50) or less.

Table 1: Other Socio-Demographic Characteristics

Variables	Frequency	Percentage
<b>Marital Status</b>		
Single	4	2.5
Married	150	93.8
Separated	2	1.3
Divorced	4	2.5
<b>Nationality</b>		
Nigerian	160	100
<b>State of origin</b>		
Oyo	134	83.8
Kogi	3	1.9
Kwara	6	3.8
<b>Religion</b>		
Christianity	58	36.3
Islam	102	63.7
<b>Educational Qualification</b>		
Primary	25	15.6
Secondary	134	83.8
OND	1	0.6
<b>Parity</b>		
1	33	20.6
2	46	28.7
3	54	33.8
4	24	15.0
5	1	0.6
6	2	1.3
<b>Employment status</b>		
Unemployed	142	88.8

Self-employed	13	8.1
Employed	119	74.4
<b>Level of Income</b>	35	21.9
18000 (< \$50) or less	6	3.8
19000-25000 ( ≤ \$75)		
26000-330009 ( ≤ \$ 100)		

### Factors influencing the Use of Family Planning.

Findings from Table 2 below show the responses of the participants on a likert’s scale on the factors influencing the use of family planning. Majority of the respondents (74.4%) indicated that partner’s involvement is a factor greatly responsible for their use of family planning, In the same vein, religion was also seen a major factor with 70% of the respondents agreed to the use of family planning because their religion supports it while 21.3% disagreed and 8.8% were undecided. However, vast majority (76.3%) disagreed with the fact that family planning is too expensive, findings also show that only few of the respondents agreed to the fact that they “do not have enough knowledge about family planning services” Furthermore, majority (71.3%) disagreed to the question item “I don’t see family planning as necessary”. Conversely, 68.8% disagreed to the fact that they are not scared of the side effects of different family planning methods.

**Table 2: Factors influencing the Use of Family Planning**

Variables	Categories	Frequency	Percentage
My religion supports family planning	Agree	112	70.0
	Undecided	14	8.8
	Disagree	34	21.3
Myspouse/partner supports family planning	Agree	119	74.4
	Undecided	12	7.5
	Disagree	29	18.1
Family planning is too expensive	Agree	6	3.8
	Undecided	32	20.0
	Disagree	122	76.3
I do not have enough knowledge about the family planning services	Agree	20	12.5
	Undecided	25	15.6
	Disagree	115	71.9
Family planning service is not readily available	Agree	14	8.8
	Undecided	14	8.8
	Disagree	132	82.5
I don’t see family planning as necessary	Agree	36	22.5
	Undecided	10	6.3
	Disagree	114	71.3
I am scared of the side effects	Agree	30	18.8
	Undecided	20	12.5
	Disagree	110	68.8

### Factors influencing the preferred number of children

Figure 2 below shows the factors influencing the preferred number of children; majority of the respondents (58.1%) indicated that their family size (preferred number of children) is determined by their spouse while 51.9% attested that they can have as many children they want in as much that they are still young. About 32.5% affirmed that Children are a blessing from God and their number should not be restricted and the fact that the more children we have, the more secured my future is. However, 12.5% and 6.5% attested to the fact that religion and culture prescribes their family size.

### FACTORS INFLUENCING THE PREFERRED NUMBER OF CHILDREN

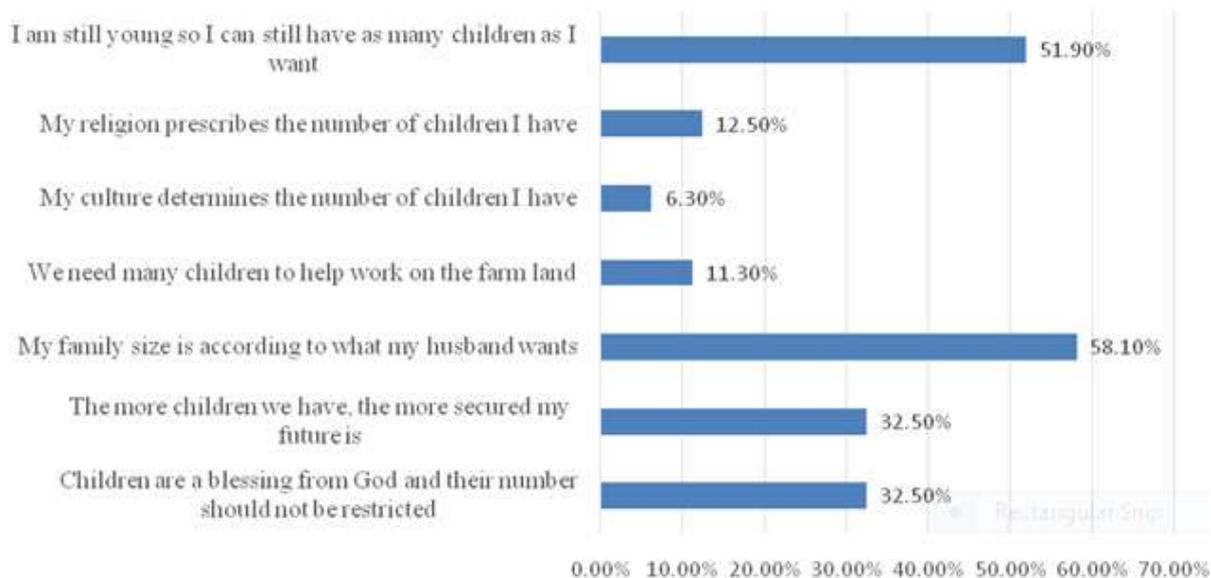


Figure 2: Showing factors influencing the preferred number of children

#### HYPOTHESIS 1

Ho: There is no significant association between respondents educational qualification on the use family planning.

Table 3: Association between Respondents' educational qualification and family planning use.

Variable	Have you ever used family planning		$\chi^2$	p-value ( $\chi^2$ )
	Yes	No		
Primary	10	15	4.349	.114
Secondary	81	53		
OND	1	0		

Findings from the table above, shows that there is no significant relationship between educational qualification and family planning use. This is because the calculated chi- square value was (4.349) with a p-value of 0.114 which is greater than 0.05. This shows that use of family planning is not dependent on the respondents' educational qualification

#### HYPOTHESIS 2

Ho: There is no significant association between respondents' economic status and their use of family planning

Table 4: Association between Respondents' economic status and family planning use.

Variable	Have you ever used family planning		$\chi^2$	p-value ( $\chi^2$ )
	Yes	No		
Unemployed	3	2	4.308	.116
Self-employed	78	64		
Employed	11	2		

Findings from the table above, shows that there is no significant relationship between economic status and family planning use. This is because the calculated chi-square value was (4.308) with a p-value of 0.116 which is greater than 0.05. This shows that use of family planning is not dependent on the respondents' economic status.

## 5. DISCUSSION OF FINDINGS:

In this study, a total of 160 females of reproductive age were sampled. The respondents' age ranged between 18 and 40 years with mean age of 26.44 and vast majority within the age range of 27 to 29 years, this is an indication that most of them are in their prime age and are likely to be sexually active, hence can get mistimed pregnancy if family planning services are not utilised. About 63.7% were Muslims which implies that the study setting is a Muslim-dominated city while those who are Christians were just 36.3% of study population. Majority of the women (83.8%) had just secondary education about 15.6% had only primary education while 0.6% had tertiary education.

Findings from this study shows that majority of the respondents were knowledgeable about family planning as vast majority (71.3%) disagreed with the question item that says "*I do not have enough knowledge about the family planning services*" which is an indication that they knew what family planning and the various methods are, This corroborates the findings of Al Kindi and Al Sumri [17] in their study on prevalence and sociodemographic determinants of contraceptive use among women in Oman found out that majority of the respondents have knowledge on family planning. In addition to this, Ekpenyong et al [18] in their study on factors influencing utilisation of family planning services among female of reproductive age (15-45 years) in Bauchi local government area, Bauchi state documented a high knowledge of family planning (99%) among the participants; only 1% had no prior knowledge of family planning. This is an indication that family planning is no longer new and has come to stay.

Furthermore, findings shows that 74.4% of the respondents revealed that partner's involvement is a major factor that influences their use of family planning. This finding is similar to the study of Oyedokun [19], where the use of family planning was positively influenced by the involvement of spouse. Conversely, Alemayehu et al [20] asserted that men's involvement is crucial in acceptance and utilisation of family planning, in their study women's refusal to utilising family planning services were as a result of opposition by their husband. This shows a patriarchal culture evident in most parts of Nigeria, where men play dominant role in decision-making for reproductive and family health.

In this study, 70% of the respondents revealed that their religion supports the use of family planning this will increase their willingness to discuss contraceptive issues with their spouse thereby influenced them positively to make use of family planning services. This result is similar to the findings of Ekpenyong et al [18] in which 82.3% of their respondents affirmed that their religion supports family planning. Contrary to this view is the assertion of Kana et al [21] in their study on prevalence and determinants of contraceptive use in rural Northeastern Nigeria discovered in their religion affiliation that about 65.1% of Christians and 81.5% Muslims did not support family planning services. However, other factors like knowledge about family planning, unavailability of services and fear of side effects do not influence the use of family planning among the respondents.

Furthermore, 70% of the respondents indicated that their preferred number of children is being influenced by their husband. The possible reason for this may include a number of cultural and religious considerations whereby husbands are generally regarded as the head of the home and women are referred to as weaker vessel subjective to their husbands' decisions and can only measure their freedom of choice within an acceptable framework [1].

The study findings also found out that 51% of the respondents asserted that they are still young and as such they can have as many children as they like, this is in variance with the study of Kana et al [21] in which the women opined that people needed to restrict their family size as a result of the harsh economic condition.

However, educational qualification and socio-economic status were not significantly related with the use of family planning services. This result is contrary to the findings of Al Kindi and Al Sumri [17], Ekpenyong et al [18], and Lasong et al [22] in which educational attainment and socioeconomic were found to be significant.

## 6. CONCLUSION:

Findings from this study show that women of reproductive age in Ibadan South East have knowledge about family planning and know where to get family planning services yet, they are being influenced by some factors in the use of family planning and preferred number of children. The main factor identified influencing the use of family planning services and preferred number of children in this study was husband involvement. Therefore, Spouses/husband should also be encouraged in visiting family planning providers so as to enlighten them and also support their wives.

### Implication for Nursing Practice

There is need for nurses, social workers and educators to include information that would educate men on family planning, reproductive behavior, relationship and decision making. Secondly, nurses need to consider the variable tested when designing intervention programs for modifying factors influencing women towards family planning and preferred number of children.

Finally, policy makers and all allied health professional should design programs for couples on the social & economic benefit on couples' decision making on family planning and preferred number of children.

## 7. RECOMMENDATIONS:

- The study revealed that partners' involvement was the major factor influencing their use of family and preferred number of children. It is without doubt that men yield considerable influence on the use of family planning and preferred number of children and their acceptance and involvement in family planning utilization would provide a big push for the use of family planning among women. This study recommended that, the male population be fully integrated into the family planning programs. They should be taught the health, economic and social implications of having large families.
- Government should try to involve religious leaders in family planning training programs because majority of the women see their religion as a great factor that influences their use of family planning.
- Mothers should be educated about the implications of grand multiparity on their health. Many of them feel that they have to deliver all the children in their womb before they can stop. Most of them however develop complications and either lose their lives or the children in the process of childbirth leading to recorded high maternal and child mortality in Nigeria.
- It is also recommended that the government should implement policies on controlling the number of children in the family. It was passed into law during President Babangida's regime that a family should have a maximum of four children but this has not been followed strictly. Policies should be made to ensure this rule.

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