

## Original Article

# Family Planning Practices of Rural Community Dwellers in Cross River State, Nigeria

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ABSTRACT

**Background:** Nigeria is the most populous nation in Africa and the seventh most populous in the world. Despite a high fertility rate of 5.5 per woman and a high population growth rate of 3.2%, Nigeria's contraceptive prevalence is 15%, which is one of the lowest in the world. The objective of this study was to determine the knowledge of family planning and family planning preferences and practices of rural community women in Cross River State of Nigeria. **Materials and Methods:** This was a cross-sectional study involving 291 rural women. Convenience sampling method was used. The women were assembled in a hall and a semi-structured questionnaire was administered to every consenting woman until the sample size was attained. Data obtained from the study were analyzed using the Statistical Package for the Social Sciences version 20 and presented in tables as frequencies and percentages as well as figures. Association between categorical variables was explored using chi-square test. Binary logistic regression was also performed to determine predictors of use of at least one family planning method at some point in time. **Results:** Fifty (17.2%) respondents were using at least one family planning method. One hundred and ninety-eight (68.3%) respondents had used at least one family planning method at some point in time. Reasons given for not using any family planning method included "Family planning is against my religious beliefs" (56%); "it is against our culture" (43.8%); "I need more children" (64.9%); "my partner would not agree" (35.3%); "family planning does not work" (42.9%); "it reduces sexual enjoyment" (76%); and "it promotes unfaithfulness/infidelity" (59%). Binary logistic regression conducted to predict the use of at least one family planning method at some point in time using some independent variables showed that who makes the decision regarding family planning use was the strongest predictor of family planning use (OR = 0.567; 95% CI = 0.391–0.821). This suggests that family planning uptake is more likely when couples make a joint decision. **Conclusion:** The proportion of respondents who were currently using at least one family planning method was low. The findings of this study suggest that family planning uptake would increase if couples make joint decisions in this regard.

**KEYWORDS:** Birth control, contraception, contraceptives, family planning, population control

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## INTRODUCTION

With a population of approximately 170 million, Nigeria is the most populous nation in Africa and the seventh most populous in the world.<sup>[1]</sup> Both the annual population growth rate of 3.2% and a total fertility rate of 5.5 per woman rank among the highest in the world.<sup>[2,3]</sup> Nigerian women have approximately one more child than they would want.<sup>[2]</sup> With this, the total fertility rate is 15% higher than what it would be if all unwanted births were avoided.<sup>[2]</sup>

The 2013 NDHS indicated that the median age at first birth among women aged 25–49 years was 20.2 years; among women who had a live birth in the 3 years preceding the survey, the median duration of insusceptibility to pregnancy was 12.6 months.<sup>[2]</sup> An

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earlier study recorded a differential in mean age at first birth among rural dwellers in south-western Nigeria ( $20.8 \pm 3.7$  years) and urban dwellers ( $23.2 \pm 5.1$  years).

<sup>[4]</sup> Another study also found that 26.9% of girls in Ogaja and Obudu Local Government Areas of Cross River State of Nigeria had already given birth before their 20th birthday.<sup>[5]</sup> Comparatively, the Ghana Demographic and Health Survey, 2008 showed that the median age at first birth for all women aged 25–49 years was 20.7 years.

<sup>[6]</sup> In the United States of America, the mean age at first birth is reported to be 25.8 years.<sup>[7]</sup>

Contraceptive prevalence in Nigeria is one of the lowest in the world. The NDHS 2008 recorded a prevalence of 13%, and the 2013 NDHS recorded a marginal rise to 15%.<sup>[2]</sup> The NDHS 2013 reports that, although 85% of Nigerian women and 95% of Nigerian men report having knowledge of a contraceptive method, only 15% of currently married women use a contraceptive method, with an unmet need for family planning of 16% among married women.<sup>[2]</sup> A related research in Ilorin, Nigeria found that, although all 600 respondents were aware of contraceptives, only 25.4% had used one form of contraceptive method or another.<sup>[8]</sup> This was lower than the 52.5% respondents who had used one form of contraception or another in Uyo, Nigeria.<sup>[9]</sup> The observed difference may be attributed to the fact that the Uyo study utilized hospital clients, (ANC attendees) whereas the Ilorin study was conducted among students. In a study on family planning behaviors and decision-making among couples in Cross River State, Nigeria, it was found that spousal communication and male involvement in family planning increases the likelihood of fertility control.<sup>[10]</sup> A similar study found that 61.3% of respondents in a rural community in Cross River State were currently using one form of family planning method or another.<sup>[11]</sup> The Cross River State Government's Strategic Health Development Plan (2010–2015) indicates that the contraceptive prevalence in the state is 16%.<sup>[12]</sup>

One of the key determinants of contraceptive use in Nigeria is female education.<sup>[13]</sup> In a study in Osun State, Nigeria, it was found that respondents' educational status, occupation of the partner, communication with the spouse regarding contraceptive use, and approval of a contraceptive method were significant determinants of use of at least one modern contraceptive method.<sup>[14]</sup> Educated women were more likely to understand and appreciate why they should have fewer children for whom they can provide better education than women who were uneducated. The education of the spouse was also likely to increase the probability of contraceptive use by a woman.<sup>[14]</sup>

In a related study from rural Kenya, it was found that a rural woman's level of education was inversely associated with her level of unmet need for family planning.<sup>[15]</sup> In another study in rural Ghana, it was found that perception of partner acceptability was a strong predictor of intention to use postpartum family planning (OR=3.20; 1.94–5.48).<sup>[16]</sup>

Rural women are known to show reluctance towards utilization of modern methods of family planning.<sup>[17]</sup> A study in rural western Kenya found that rural women had low perception regarding modern family planning services offered by Community Health Workers.<sup>[18]</sup> Modern family planning methods include female and male sterilization, oral hormonal pills, intrauterine device (IUD), male condom, female condom, injectables, implant (including Norplant), vaginal barrier methods, emergency contraception, standard days method, basal body temperature method, two-day method, lactational amenorrhea method, and sympto-thermal method.<sup>[19]</sup> Traditional methods of family planning are the calendar method (rhythm method) and withdrawal (coitus interruptus).<sup>[19]</sup> The fear of both primary and secondary infertility has been documented as one of the causes of reluctance towards the use of modern family planning methods.<sup>[20,21]</sup> The World Health Organization (WHO) defines primary infertility as the inability of a woman to ever bear a child either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth.<sup>[22]</sup> Secondary infertility is defined as the inability to become pregnant or the inability to carry a pregnancy to a live birth following either a previous pregnancy or a previous ability to carry a pregnancy to a live birth.<sup>[22]</sup>

It has been documented that the total fertility rate in some Nigerian rural communities is higher than that in urban communities (6.2 versus 4.7), a situation that has been made worse by low contraceptive prevalence in rural communities.<sup>[2]</sup> This study, therefore, seeks to determine the family planning practices of rural community dwellers in Cross River State of Nigeria with a view to inform relevant interventions.

### Study objectives

1. To determine the knowledge of family planning among rural community dwellers in Cross River State of Nigeria.
2. To determine the contraceptive prevalence among the respondents.
3. To identify family planning preferences of the respondents.
4. To identify determinants of family planning practice among the respondents.

## MATERIALS AND METHODS

### Study area

This study was conducted in Cross River State of Nigeria. Cross River State is one of the states in Nigeria's oil rich Niger Delta Region. The region is characterized by both urban and rural poverty, with a low literacy rate. Cross River State shares a common boundary with the Republic of Cameroon in the east, Benue State in the north, Abia and Ebonyi States in the west, and Akwa Ibom State and the Atlantic Ocean in the south. The population of the state is over 3 million. There are three major ethnic groups in the state namely Efik, Ejagham, and Bekwara. The state has a total of 18 Local Government Areas (LGAs) grouped into three senatorial districts. Most of the rural areas are agrarian, requiring enough hands to help in farming which is not mechanized. There are traditional beliefs, cultural practices, myths, and misconceptions that act as barriers to the utilization of maternal, newborn, and child health services, including family planning services.

### Sample size determination, sampling technique, and data collection method

The minimum sample size was determined using the Leshlie-Kish formula:

$$n = z^2pq/d^2$$

where  $n$  is the minimum sample size,  $z$  is the standard normal deviate, which at the 95% significance level is set at 1.96, and  $p$  is the prevalence of the desired characteristic.

A study in Ilorin, Nigeria found that 25.4% of respondents had used one form of contraceptive method or another.<sup>[8]</sup> Therefore  $p$  was set at 0.254.

$$q = 1-p$$

$d$  = degree of accuracy, which is set here at 0.05.

Thus,  $n = 291$

This study was conducted among rural women in the three senatorial districts of Cross River State, Nigeria. Convenience sampling method was used. The inclusion criteria were being from one of the rural LGAs in the state and giving an informed consent. The women were assembled in a hall and a questionnaire was administered to every rural woman who gave informed consent until the sample size was attained. The questionnaire contained both open-ended and close-ended questions (semi-structured). The questionnaires were issued to the respondents to complete on their own (self-administered). The variables in the questionnaire included sociodemographic variables such as age, sex, marital status, occupation, religion, educational status, and

ethnic grouping. Other variables included use of at least one family planning method at some point in time and current use of any family planning method, who makes the decision regarding family planning practice, and types of family planning methods known to the respondents.

### Data analysis

Out of the 291 questionnaires administered, 290 were correctly completed while one was not and therefore discarded. Data obtained from the study were analyzed using the Statistical Package for the Social Sciences version 20 (IBM Corporation). The results were presented in tables as frequencies and percentages and figures. Association between categorical variables was explored using chi-square test. Binary logistic regression was also performed to determine predictors of use of at least one family planning method.

### Ethical consideration

The data for this study were collected in keeping with the declaration of Helsinki. Informed consent was obtained from all the respondents.

## RESULTS

### Sociodemographic variables

Table 1 and Figure 1 show the sociodemographic characteristics. Sixty-eight (23.4%) respondents were aged 45 years and above, while those in the 15-19 age group were the least 6 (2.1%). Two hundred and eighty-one (96.9%) of the respondents were Christians while 3 (1.0%) belonged to other religions. There were more farmers, 64 (22%) than retirees, 34 (11.7%). Majority of the respondents, 209 (72.1%) were married while 48 (16.8%) were single. One hundred and twenty-seven (43.8%) respondents had tertiary education while 61 (21%) had primary education. There was no respondent without a formal education. The Efiks constituted 20.7% of respondents, 24.8% were of the Ejagham tribe, 25.2% were of Bekwara origin, and other tribes constituted 1% of the study population.

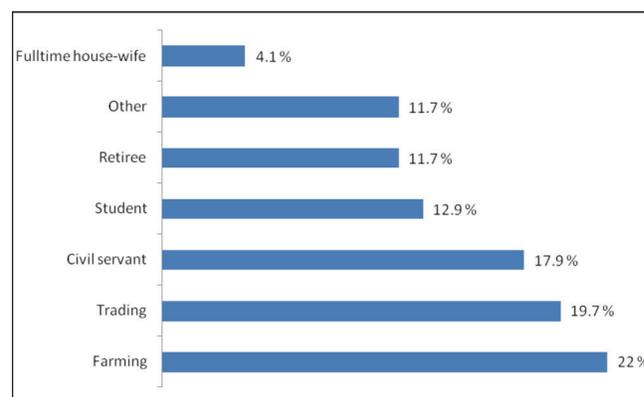


Figure 1: Occupation of respondents

### Knowledge of family planning

Majority of the respondents, 236 (78.9%) obtained information about family planning from health care providers, 122 (40.8%) from television, 107 (35.8%) from newspapers, 159 (53.2%) from radio, while 86 (28.7%) obtained it from training workshops [Figure 2]. One hundred and thirty-two (44.1%) indicated that family planning was “limitation of the number of children one should have,” 156 (52.2%) indicated that it is “spacing and timing of child birth,” 101 (33.8%) indicated that it is “prevention of unwanted pregnancies,” 37 (12.4%) indicated that it is “prevention of sexually transmitted diseases,” 134 (44.8%) indicated that it is “birth control,” while 76 (25.4%) indicated that it is “a means of assisting families to anticipate and attain the desired number of children” [Table 2].

Majority of the respondents, 285 (98%) indicated that family planning services could be accessed at health care facilities while 6.9% indicated “chemist” and 10.3% indicated “pharmacy.” Secondary infertility was the side effect of family planning methods indicated by 245 (84.5%) respondents, followed by irregular menstruation indicated by 215 (74.1%) respondents. Weight loss was

the least indicated side effect by 34 (11.7%) respondents [Figure 3].

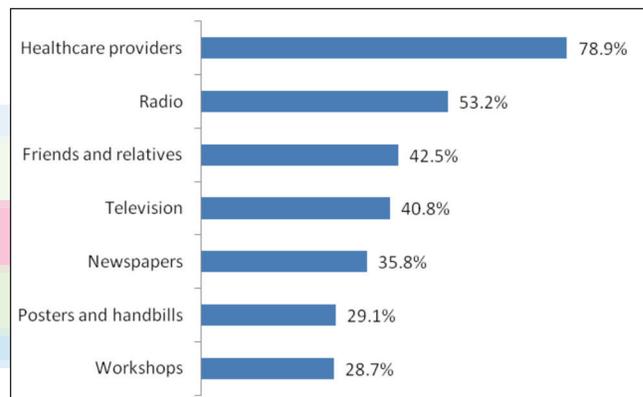
### Use of family planning methods

One hundred and ninety-eight (68.3%) respondents had used at least one family planning method at some point in time while 92 (31.7%) had not. Only 50 (17.2%) respondents were currently using at least one family planning method while 240 (82.2%) were not. Fifty-four percent of those who were currently practicing family planning were using modern methods while 46% were using traditional methods. Forty-four percent of those currently on family planning had used it for less than 1 year while 20% had been on family planning for 1–5 years, 24% for 6–10 years, and 12% for more than 10 years [Table 3].

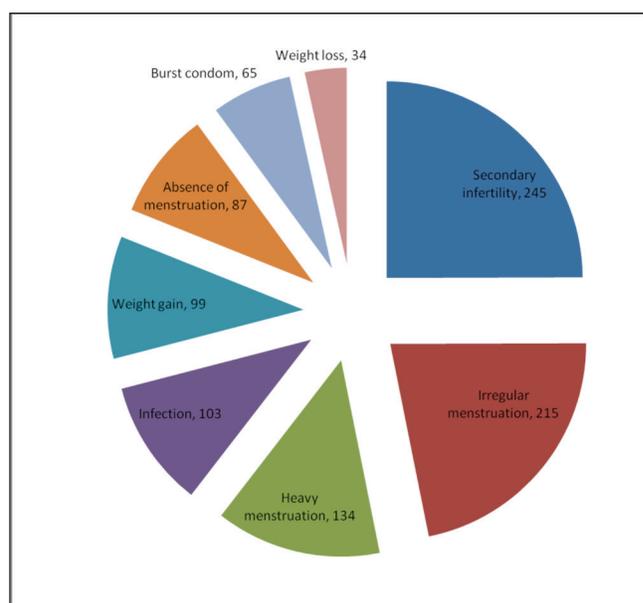
Concerning who makes decisions regarding the use of family planning method, 16.2% of the respondents indicated the wife as the decision-maker, 13.1% indicated the husband as the decision-maker, 66.6% indicated that the decision

**Table 1: Sociodemographic characteristics of respondents**

Variable	Frequency	Percentage
Age group (in years)		
15–19	6	2.1
20–24	27	9.3
25–29	54	18.6
30–34	38	13.1
35–39	61	21.0
40–44	36	12.5
45 and above	68	23.4
Total	290	100%
Religion		
Christianity	281	96.9
Islam	6	2.1
Other	3	1.0
Total	290	100
Marital status		
Single	48	16.6
Married	209	72.0
Separated	4	1.4
Widowed	29	10.0
Total	290	100
Educational Status		
Primary	61	21.0
Junior Secondary	23	7.9
Senior Secondary	60	20.7
Tertiary	127	43.8
Other	19	6.6
Total	290	100



**Figure 2: Sources of information regarding family planning**



**Figure 3: Knowledge of side effects of family planning**

**Table 2: Respondents' knowledge regarding family planning**

Variable	Frequency*	Percentage*
<b>Knowledge of definition of family planning</b>		
Limitation of the number of children one should have	132	44.1
Spacing and timing of child birth	156	52.2
Prevention of unwanted pregnancies	101	33.8
Prevention of sexually transmitted diseases	37	12.4
Birth control	134	44.8
A means of assisting families to anticipate and attain the desired number of children	76	25.4
<b>Knowledge of where to obtain family planning services in the locality</b>		
Health facility (Hospital/Health center/clinic)	285	98
Chemist	20	6.9
Pharmacy	30	10.3
Nongovernmental organization (NGO)	15	5.2
Others	13	4.5

\*Frequencies add up to >290 and percentages add up to >100% because multiple responses were allowed.

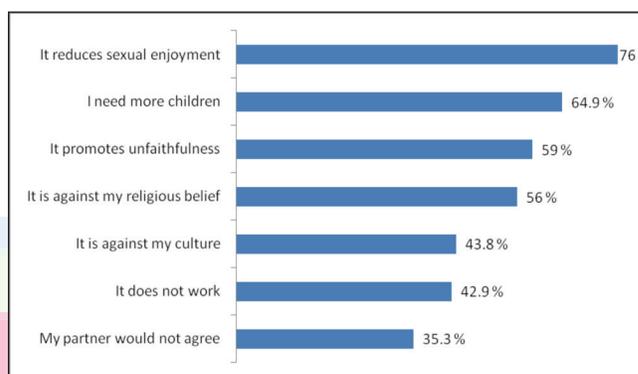
**Table 3: Use of family planning method**

Variable	Frequency	Percentage
<b>Have you ever used any family planning method?</b>		
Yes	198	68.3
No	92	31.7
<b>Are you currently using any family planning method?</b>		
Yes	50	17.2
No	240	82.8
<b>Family planning method in current use</b>		
Traditional method	23	46
Modern method	27	54
<b>Length of use of family planning method</b>		
Less than one year	22	44
One to five years	10	20
Six to ten years	12	24
More than ten years	6	12
<b>Who makes decision regarding family planning?</b>		
Wife	47	16.2
Husband	38	13.1
Both of us	193	66.6
Others	12	4.1
<b>Reasons for choice of family planning method</b>		
If it is cheap	39	13.0
Can be found easily	29	9.7
Does not have side effects	91	30.4
Has little side effects compared to others	32	10.7
Very effective	76	25.4
<b>Would you recommend family planning to others?</b>		
Yes	252	86.9
No	38	13.1

was made jointly by the wife and the husband, and 4.1% indicated that the decision was made by others [Table 3].

**Reasons for not using any family planning method**

The following reasons were given for not using any family planning method: “family planning is against my



**Figure 4: Reasons for not using any family planning method**

religious belief” 56%; “it is against my culture” 43.8%; “I need more children” 64.9%; “my partner would not agree” 33%; “it does not work” 42.9%; “it reduces sexual enjoyment” 76%; and “it promotes unfaithfulness (infidelity)” 59% [Figure 4].

**Test of association between variables**

Test of association showed that there was a statistically significant association between age group and current use of at least one family planning method ( $P = 0.007$ ) and between occupation and current use of at least one family planning method ( $P = 0.002$ ). There was no statistically significant association between religion, marital status, educational status, and tribe and current use of at least one family planning method. There was a statistically significant association between age group and use of at least one family planning method at some point in time ( $P = 0.000$ ), religion and use of at least one family planning method at some point in time ( $P = 0.025$ ), occupation and use of at least one family planning method at some point in time ( $P = 0.026$ ) and tribe, and use of at least one family planning method at some point in time ( $P = 0.037$ ) [Table 4] and [Table 5].

**Table 4: Association between sociodemographic variables and current use of family planning method**

Sociodemographic variable	Current use of family planning		Total (%)	Chi-Square	df	P-value			
	Yes	No							
<b>Age group (in years)</b>									
15–19	1 (16.7)	5 (83.3)	6 (100)	Fisher's Exact Test 16.812	6	0.007			
20–24	3 (11.1)	24 (88.9)	27 (100)						
25–29	9 (16.7)	45 (83.3)	54 (100)						
30–34	8 (21.1)	30 (78.9)	38 (100)						
35–39	17 (27.9)	44 (71.1)	61 (100)						
40–44	9 (25.0)	27 (75.0)	36 (100)						
45 and above	3 (4.4)	65 (95.6)	68 (100)						
Total	50 (17.2)	240 (82.8)	290 (100)						
<b>RELIGION</b>									
Christianity	48 (17.1)	233 (82.9)	281 (100)	Fisher's Exact Test 1.591	2	0.449			
Islam	2 (33.3)	4 (6.7)	6 (100)						
Other	0 (0)	3 (100)	3 (100)						
Total	50 (17.2)	240 (82.8)	290 (100)						
<b>OCCUPATION</b>									
Farming	6 (9.8)	55 (90.2)	61 (100)	23.108	7	0.002			
Trading	20 (35.1)	37 (64.9)	57 (100)						
Civil Service	8 (15.4)	44 (84.6)	52 (100)						
Student	4 (10.8)	33 (89.2)	47 (100)						
Full time House Wife	0 (0)	12 (100)	12 (100)						
Retiree	3 (8.8)	31 (91.2)	34 (100)						
Other	9(26.5)	25 (73.3)	34 (100)						
Total	50 (17.2)	240 (82.8)	290 (100)						
<b>MARITAL STATUS</b>									
Single	6 (12.5)	42 (87.5)	48 (100)				Fisher's Exact Test 6.085	3	0.089
Married	40 (19.1)	169 (80.9)	209 (100)						
Separated	2 (50)	2 (50)	4 (100)						
Widowed	2 (6.9)	27 (93.1)	29 (100)						
Total	50 (17.2w)	240 (82.8)	290 (100)						

Statistical significance was set at  $P < 0.05$

### Binary logistic regression

Binary logistic regression [Table 6] conducted to predict use of at least one family planning method at some point in time using some independent variables showed that who makes the decision regarding family planning use was the strongest predictor of family planning use (OR = 0.567; 95% CI = 0.391–0.821). This suggests that family planning uptake is more likely when couples make a joint decision regarding it. On the other hand, binary logistic regression of current use of family planning method as the dependent variable and the same independent variables showed that none of the independent variables was a predictor of current family planning use.

### DISCUSSION

The finding of this study that majority of the respondents, 72.1%, were married is similar to that of a study in Ogoja and Obudu LGAs in Cross River State of Nigeria, which found that 68.4% of respondents

were married.<sup>[5]</sup> However, the proportion of “separated” respondents in this study, 1.4%, is lower than the 7.6% in the study in Ogoja and Obudu. The proportion of respondents with secondary school education that were currently using at least one family planning method was found to be 54.8% in this study. This is comparable with the 56.1% found in the Ogoja and Obudu study.<sup>[5]</sup>

The most common occupation of the respondents was farming (22%). This is contrary to the findings of a related study in south-western Nigeria where the most common occupation of respondents was trading (42.3%).<sup>[23]</sup> The high proportion of farmers in this study is not unexpected because the respondents were from agrarian rural communities where subsistence farming is the main means of livelihood.

This study found that 17.2% of the respondents were currently using at least one family planning method. This is comparable to the 15% found by the NDHS 2013.<sup>[2]</sup> The finding is also comparable to that of the Cross River State Government’s Strategic Health Development

**Table 5: Association between sociodemographic variables and use of family planning method at some point in time**

Socio-demographic variable	Use family planning		Total (%)	Chi-Square	df	P-value
	Yes (%)	No (%)				
<b>AGE GROUP (IN YEARS)</b>						
15–19	6 (100)	0 (0)	6 (100)	27.546	6	0.000
20–24	9 (33.3)	18 (66.6)	27 (100)			
25–29	33 (61.1)	21 (38.9)	54 (100)			
30–34	26 (68.4)	12 (31.6)	38 (100)			
35–39	51(83.6)	10 (16.4)	61 (100)			
40–44	28 (77.8)	8 (22.2)	36 (100)			
45 and above	45 (66.2)	23 (33.8)	68 (100)			
Total	198 (68.3)	92 (31.7)	290 (100)			
<b>RELIGION</b>						
Christianity	195 (69.4)	86 (30.6)	281 (100)	Fisher's Exact Test 6.713	2	0.025
Islam	3 (50)	3 (50)	6 (100)			
Other	0 (0)	3 (100)	3 (100)			
Total	198 (68.3)	92 (31.7)	290 (100)			
<b>OCCUPATION</b>						
Farming	38 (62.3)	23 (37.7)	61 (100)	15.930	7	0.026
Trading	43 (75.4)	14 (24.6)	57 (100)			
Civil service	38 (73.1)	14 (26.9)	52 (100)			
Student	18 (48.6)	19 (51.4)	37 (37)			
Full time housewife	6 (50)	6 (50)	12 (100)			
Retiree	28 (82.4)	6 (17.6)	34 (100)			
Other	27 (73.0)	10 (27.0)	37 (100)			
Total	198 (68.3)	92 (31.7)	290 (100)			
<b>MARITAL STATUS</b>						
Single	27 (56.3)	21 (43.8)	48 (100)	Fisher's Exact Test 5.281	2	0.129
Married	148 (70.8)	61 (29.2)	209 (100)			
Separated	4 (100)	0 (0)	4 (100)			
Widowed	19 (65.5)	10 (34.5)	29 (100)			
Total	198 (68.3)	92 (31.7)	290 (100)			
<b>EDUCATIONAL STATUS</b>						
Primary School	40 (65.6)	21 (34.4)	61 (100)	2.751	4	0.600
Junior Secondary	16 (69.6)	7 (30.4)	23 (100)			
Senior Secondary	39 (65.0)	21 (35.0)	60 (100)			
Tertiary	87 (68.5)	40 (31.5)	127 (100)			
Other	16 (84.2)	3 (15.8)	19 (100)			

**Table 6: Binary logistic regression of use of family planning method as dependent variable with some independent variables**

	B	SE	Wald	df	Sig.	Exp(B)	95% CI for Exp(B)	
							Lower	Upper
Age group	.166	.089	3.520	1	.061	1.181	.993	1.406
Religion	-.989	.615	2.587	1	.108	.372	.112	1.241
Occupation	.016	.067	.058	1	.810	1.016	.891	1.159
Marital status	.101	.149	.463	1	.496	1.107	.826	1.482
Educational status	.233	.122	3.675	1	.055	1.263	.995	1.603
Tribal group	.073	.041	3.203	1	.074	1.075	.993	1.165
Decision maker	-.567	.189	9.001	1	.003	.567	.391	.821
Constant	.837	1.249	.449	1	.503	2.309		

Plan (2010–2015), which indicates that the contraceptive prevalence in the state is 16%.<sup>[12]</sup> However, the finding

of this study and that of the NDHS 2013 and the Cross River State Government's Strategic Health Plan are

lower than the 66.3% of rural women in south-west Nigeria who were reported to be currently using one form of contraception or another.<sup>[23]</sup>

This study also found that 68.3% of the respondents had used at least one family planning method at some point in time. This is comparable to that of an earlier facility-based study in Obudu in Cross River State of Nigeria, which found that 72% of the respondents had used one form of family planning method at one time or another.<sup>[24]</sup> On the contrary, both figures are high compared to the 53% found among rural women in Nsukka in Enugu State of Nigeria.<sup>[25]</sup> The proportion is, however, low compared to that of another study in Kano, Nigeria where 88.6% of respondents indicated that they had used contraceptives.<sup>[26]</sup>

Majority of respondents (78.9%) obtained information about family planning from health care providers, whereas in a similar study among adolescents in Akwa Ibom State of Nigeria, it was found that this source accounted for 24.75% only.<sup>[27]</sup> The study among adolescents reported that the main source of information among respondents was the radio (33.25%) compared to 53.2% found in this study. The study among adolescents utilized a much younger population who may be busy obtaining information and news alerts from their telephone handsets than listening to the radio compared to the relatively older population in this study. In another related study in Uyo, Akwa Ibom State of Nigeria, it was found that doctors were the main source of family planning information for 36.9% of the respondents.<sup>[9]</sup> This proportion is low compared to the 78.9% of respondents who obtained family planning information from healthcare providers in this study.

Binary logistic regression showed that the likelihood of using family planning methods increased when the decision was made jointly by both the husband and wife compared to when it was made by either party alone or by a third party. An earlier study found that husband's opposition was responsible for non-use of family planning among 24.2% of the respondents.<sup>[24]</sup> This is similar to the 35% of respondents in this study who indicated that they did not use any family planning method because "my partner would not agree." Most Nigerian societies are patriarchal in nature and men have the dominant voice in most household matters, including health matters. Women are often not able to negotiate use of family planning services with their partners, as documented in another study.<sup>[28]</sup> Corroborating this is the observation of other studies that poor spousal communication regarding family planning can influence utilization.<sup>[29,30]</sup> The findings of this study also justify recent advocacy for male involvement in family planning.<sup>[31,32]</sup>

It is encouraging that 86.9% of the respondents would recommend family planning to other women. However, significant harm can be done to family planning advocacy by the remaining 13.1% who indicated that they would not recommend it to others. There is a need for greater advocacy to win this (remaining) minority to the side of the majority.

This study found that 59% of respondents would not use any family planning method because family planning "promotes unfaithfulness." This proportion is higher than that found in an earlier study in south-west Nigeria, where 30.4% gave the same reason for not embracing family planning.<sup>[16]</sup> Such fears should be addressed by using appropriate behavior change communication and helping people understand that there is no research evidence that practicing family planning encourages promiscuity.

Non-acceptance of family planning as a result of cultural beliefs, as indicated by 43.8% of the respondents, can be addressed by consistent health education and advocacy with messages that debunk myths and misconceptions associated with family planning. For those who would not embrace family planning because they perceive that it does not work, community members for whom it has worked could be identified and used as role models and change agents within their communities.

An appreciable proportion of respondents (64.9%) would not embrace family planning because they want to have more children. This is not unexpected because these rural communities are mainly agrarian and more hands would be needed to help in farming, which is basically non-mechanized. The predominant occupation of the respondents is farming (22.0%). Diversification of the means of livelihood through improved education and alternative employment opportunities for the people could be a means of addressing this reason for not using contraceptive methods.

## CONCLUSION

The proportion of respondents who were currently using family planning was low. The findings of this study suggest that family planning uptake would increase if couples make joint decision in this regard. Although a good proportion of respondents have a positive attitude towards family planning and indicate their willingness to recommend it to others, there is a need to ensure a change of behavior and attitude of the remaining minority whose poor attitude could influence utilization of family planning services by others.

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## Conflict of Interest

There are no conflicts of interest.

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