



EDUCATIONAL ATTAINMENT, RELIGIOUS AFFILIATION AND PERCEPTION OF MODERN FAMILY PLANNING PRACTICE AMONG WOMEN OF REPRODUCTIVE AGE IN KEFFI LOCAL GOVERNMENT AREA OF NASARAWA STATE-NIGERIA

Mamman Matthew Samuel
Department of Sociology
Nasarawa State University, Keffi -Nigeria
(matthewsamuel@nsuk.edu.ng)
+2348031851387

Abstract

This study examines the educational attainment, religious affiliation and perception of modern family planning practice among women of reproductive age in Keffi Local Government Area of Nasarawa State, Nigeria. A survey design was adopted. A sample of 343 respondents were drawn, using multi-stage sampling techniques involving electoral wards, towns/villages, main streets, houses, households and individuals. Primary data were utilized in the study. The primary data were generated through the use of questionnaires. The questionnaires were analyzed quantitatively using chi-square and cross tabulation of variables. The findings show that the socio-demographic characteristics (age, educational attainment and religion) of the respondents affect the utilization of modern family planning practice thereby distressing the attitude and practices of modern family planning practice among women of reproductive age in Keffi Local Government Area of Nasarawa State, Nigeria. Therefore, the study recommends that government, Non-Governmental Organizations (NGOs), and community-based organizations (CBOs) should embark on behaviour change programmes to educate women on the importance of modern family planning methods on the mother, the health of the Child, and the well-being of the society. Also, an increase in community campaigns to raise awareness on the importance of modern contraceptives among males (husbands) should be emphasized and should go along with those involving women

Keywords: Attitude, Practice, Modern Family Planning, Women, Reproductive age

1. Introduction

Current attentions attracted to the issue of modern family planning practices by global bodies like the World Health Organization (WHO), United Nations Fund for Population Activities (UNFPA) cannot be over-focused. This is owing to the socio-economic allusion and health hazard that high population growth rates have progressively shown in the economies of the developing nations of the World. Rapid population growth is a burden on the resources of many developing countries. Unregulated fertility, which contributes to such a situation, contributed to the poor economic development and political instability of these countries (UNFPA, 2013). Therefore, many countries consider limiting population growth as an important component of their overall developmental goal to improve living standards and the quality of life of the people. This strategy is now enhanced by the availability of effective modern family planning methods. Ever since the 1960s, global institutions like the World Health Organization (WHO), World Bank (WB), United Nations Fund for Population Activities (UNFPA), and United Nations Children Education Fund (UNICEF), have firmly upheld family planning as a method of spacing children, having a limited family size and should be one of the essential primary health care services provided (Rosenfield & Schwartz, 2008).



International Conference on Population and Development (ICPD) Cairo, 1994 stretch out marital health to a more extensive extent of reproductive health and supported the scope of significant objectives for nations to accomplish. The two of the objectives of the meeting incorporate a 75 percent decrease in the maternal mortality proportion by 2015 and all couples and people ought to have the full chance to practice their entitlement to have kids by decision (Rosenfield & Schwartz, 2008). In like manner, the Sustainable Development Goals (SDGs), adopted by United Nations require member countries to achieve a set of 5 goals among which is to improve maternal health by reducing three-quarters of the ratio of women dying in childbirth by 2015. In every one of these projects, present-day family planning assumes a focal job in the techniques to accomplish the defined objectives.

Modern family planning alludes to modern contraceptives technique other than traditional or regular family planning strategies (Samuel, 2010). Ozumba (2011) characterize modern family planning, as the preventive method that helps the woman avoid unwanted pregnancies. They include all temporary and permanent measures to prevent pregnancies resulting from coitus. Modern family planning methods may be broadly grouped into spacing methods and terminal methods. These methods are further categorized into three sub-categories namely, non-appliance, appliance, and surgical methods.

Non-appliance methods are non-manipulative methods of family planning practice such as pills that are taken orally to avert pregnancy. Non-appliance methods include hormonal methods (oral pills). Davis (2003) observes that oral pills which are hormone-based contraceptives are the most popular and also the most effective non-appliance methods of family planning in the World. He further noted that the first time to start taking your first package of birth-control pills is the day your period begins. The appliance methods refer to any contraceptive instrument; drug, preparation, or thing designed to, prepared or intended to prevent pregnancy. Spermicides are surface-active agents which attach themselves to spermatozoa and inhibit oxygen uptake and kill sperms. They include among others: foams, creams, suppositories, and soluble films (Davis, 2003). Studies have established that there are numerous purposes behind family planning which incorporate avoiding pregnancy, deferring pregnancies, space youngsters, for the individuals who have every one of the kids they need, anticipating future pregnancies and for health and economic reasons. These reasons are often related to the stage of every woman's reproductive life whether single, new marriage, before birth, after the first child, and before the last child. During each stage, contraceptive choices and needs vary within this context.

Internationally, family planning is elevated as an instrument to address the reproductive health needs of men and women, as well as the crucial challenge of rapid population increase. Family planning is a practice by which a couple of space the number of years between each child they want to give birth to, through the use of contraceptive methods. More than 200 million women in developing countries would like to delay their next pregnancy or even stop bearing children altogether, but many of them still rely on traditional and less effective methods of contraception or use no method at all (UNFPA, 2013). Those who do not use any contraceptive method may lack access or face barriers in using contraceptives. These barriers among others include lack of awareness, lack of access, cultural factors, religion, opposition to use by partners or family members, and fear of health risks and side effects of contraceptives.



By and large, most Nigerian social orders are exceptionally male-driven, having a motivation for high extravagance and male child tendency. In this manner, this perhaps could adversely influence the usage of present-day family planning practices. An assessment by Rosenfield and Schwartz (2008) on reproductive motivation and family size preferences among Nigerian men, reveals that the characteristic male dominance, patrilineal traditions support for large family sizes and men's reproductive motivation to a large extent, affect the reproductive behaviour of their wives. These social qualities undermine the usage of modern family planning in numerous networks in Nigeria like Keffi Local Government Area of Nasarawa State where families still have huge family sizes of multiple children per woman, and where polygamy is commonly practiced.

The acknowledgment of modern family planning is known to be impacted by social and social variables like family income, age, educational status, and occupation of wedded couples among others (Shareen, 2011). Although modern family planning is widely promoted in Nigeria, it is not without ethical issues. Tragically in numerous religions, there is opposition to human intervention in the reproductive process. This is as a result of the conviction that procreation is consecrated and any interference with it would bring down the anger of God.

In certain territories of Nigeria, one out of every five women report having encountered an undesirable conception, of these 58% had an abortion and an additional 9% attempted unsuccessfully to end the pregnancy. It is estimated that about 25% of women who have an abortion in Nigeria experience serious complications (WHO, 2020). Following the health problems inbuilt in women as a result of early pregnancies, unwanted pregnancies, complications and other health-related problems, adopting modern family planning measures may help reduce unwanted pregnancies and abortions to their barest minimum. On this note, the study examines the attitude and practices of modern family planning practice among women of reproductive age in Keffi Local Government Area of Nasarawa State-Nigeria.

Statement of the Problem

After World War II, the population growth in developing countries reached historically unprecedented rates. Falling mortality due to medical discoveries and continued or even rising fertility turned this population growth into a second population explosion, the first population explosion took place when the industrial revolution started in England in the late 18th century (Bongaarts, 2009). The position of women in child-rearing, family care, and the family formation process as a whole, cannot be overemphasized. Unfortunately, women in most cases do not have a say when it comes to modern family planning issues and reproductive health care. It has been observed that married ones among them, have been threatened, abused, beaten and sometimes overpowered when it comes to sexual play and matters that concern family planning by their partners. Some married women either due to illiteracy or self-beliefs do not adhere to or practice family planning.

Modern family planning strategies are viewed as the first line of protection against unwanted pregnancy, sexually transmitted infections (STIs) and human immune-deficiency virus (HIV). The consistent and correct use of modern family planning methods reduces greatly unwanted pregnancies, STIs, and HIV among women of reproductive age in any nation thus enhancing their health. However, it appears that the attitude and practice of modern family planning among women of reproductive age in Nigeria are low and it varies by demographic and socio-economic



characteristics. This calls for a study to verify what obtains in Keffi Local Government Area of Nasarawa State, Nigeria.

Studies have been conducted on the attitude and practice of modern family planning methods among women of reproductive age in many parts of the world including Nigeria. However, none of such studies, to the best knowledge of the researcher has been conducted in Keffi Local Government Area of Nasarawa State on attitude and practice of modern family planning practice among women of reproductive age and this is the gap the study intends to fill. Following this, the need arose to study the attitude to and practice of modern family planning methods among women of reproductive age in Keffi Local Government Area of Nasarawa State. Thus, it is the major problem of the study.

Research Hypotheses

The following hypotheses were formulated for the study

- i. There is no significant relationship between age and sources of information about modern family planning practice in Keffi Local Government Area of Nasarawa State-Nigeria
- ii. There is no significant relationship between educational attainment and utilization of modern family planning practice in Keffi Local Government Area of Nasarawa State-Nigeria
- iii. There is no significant relationship between religious affiliation and spouse discussion about modern family planning practice in Keffi Local Government Area of Nasarawa State-Nigeria

2. Conceptual and Theoretical Framework

2.1 Modern Family Planning

Modern family planning techniques allude to preventative strategies for family planning other than traditional or regular family planning (NFP) strategies. Contraceptive techniques are preventive strategies that help the women keep away from undesirable pregnancies coming about because of sex (Park, 2007). The modern family planning gadgets are only a change of the old, with a more clear comprehension of their method of activities and unfavorable impacts, assuming any. They are protected and more solid than the once acknowledged traditional techniques (Okoye & Okoye, 2007). Modern family planning methods may be broadly grouped into two classes namely; spacing methods and terminal methods. These methods are further categorized into three sub-categories which include: non-appliance methods, appliance methods, and surgical methods.

Oreachata (2007) refers to non-appliance methods as non-manipulative methods of family planning such as pills which are taken orally to prevent pregnancy, whereas appliance methods according to Park (2007), refer to any contraceptive instrument, drug, preparation, or thing designed, prepared or intended to prevent pregnancy, resulting in between human beings. Appliance methods include spermicides, condoms, diaphragm, intrauterine contraceptive devices (IUCDs), depoprovera, implant, and abortion. Surgical methods of family planning on the other hand are simple or minor surgical operations for permanent contraception. They include tubal ligation (female sterilization) and vasectomy (male sterilization). Tubal ligation and vasectomy are irreversible family planning methods which once done, the woman or man cannot have children again. The presence of all these family planning methods elicits some attitudes towards them which may be either positive or negative.



2.2 Literature Review

Attitude of Nigeria Women of Reproductive Age towards Modern Family Planning Practices

The attitudes towards modern family planning held by men in many parts of the Third World are often attributed to cultural or religious traditions different from those in the West. Few cultures assume that men will take primary responsibility for planning the family or that they will support women in their choice of a family planning method. In scarcely any social orders are men expected to share similarly the assignments of childrearing. The facts confirm that a considerable lot of these social orders are pronatalist. Women don't have equivalent status with men, and guys are often not considered responsible for their demonstrations. However, no significant culture or strict custom, be it Catholicism in Latin America, Islam in the Middle East, or inborn societies in Africa encourages men to be unreliable, to have a greater number of children than they, their spouses, and their locale can bolster (Shareen, 2011).

The thoughts of elites, public servants, university teachers and students, and journalists have changed, at least in the Anglophone countries, quicker than might have been envisioned. Some portion of the clarification for this change is the globalization of society, but most of it springs from a lack of confidence induced by a decade and a half of grim economic news and the experience at the family level of meeting the costs of schooling and medical treatment.

Most educated, white-collar workers now regard unrestricted population growth as threatening to national and individual prosperity. The reversal has not been total. Most of the leaders even the Family Planning administrators in sub-Saharan Africa, do not have the dedication to lowering fertility levels that are widespread in Asia. Most would rather keep some distance between themselves and family planning programmes, and would not like to appear too devoted to the cause. Changing such attitude will be necessary if the region is to experience long-term replacement-level fertility within the next half-century (Ngwu, 2014).

World Health Organization (2014) opines that spouses often report more noteworthy utilization of family planning strategies than their wives. Desta and Regassa (2011) affirms this in their examination in rustic and urban Nigeria, where they watched the extent of current utilization of family planning strategies among wedded men to be higher than that of the females. The extent of current clients of family planning strategies was 32.3% among guys to 27.6% of females. While 63% of men contrasted with only 35.7% of women would support the utilization of family planning; 36% of the respondents (37.3% folks and 35.5% females) shows that their mates would not prevent them from utilizing family planning techniques. About half of women and 38.1% of men showed that they had discussed family planning issues with their life partners on at least three events; over 30% of the respondents had ever examined Family Planning issues with different people other than their mates.

When couples have a positive attitude towards family planning, they are most likely to adopt a Family Planning method. In the 2016 (NDHS) report, married women were asked whether they approved of Family Planning and what they perceived as their husbands' attitude toward Family Planning. This information is useful in the development of Family Planning policies because it indicates the extent to which further education and publicity are needed to gain general acceptance of Family Planning. If there is widespread disapproval of contraception, this can be a major barrier to the adoption of contraceptive methods. The greater part, (55%) of married women, who realize



a preventative technique endorsed of family planning. Very nearly 66% of women who endorsed family planning, which is 33% of the all-out number of respondents, detailed that their spouses likewise affirmed family planning. Be that as it may, 33% of women who affirmed state their spouses objected. Practically the entirety of the 39% of women who disliked Family Planning revealed that their spouses additionally objected to family planning. There is a huge provincial variety. Specifically, endorsement in the south will in general be higher than in the north. For instance, 61% of women in the South-West said that both they and their spouses affirmed family planning, as do 51% of women in the South-East. Notwithstanding, the greater part of women in the North-West said both they and their spouses objected to Family Planning (NDHS, 2016).

Modern family planning is currently observed as a human right basic to human dignity. People and governments around the world understand this. For a very long while, demographers working in Africa have concentrated generally on women's attitudes and behaviour in matters concerning reproduction forgetting men. Although men and women are biological partners in the reproductive processes, greater emphasis has been placed on the role of women, who bear the physical and emotional strains of pregnancy and childbirth. This preoccupation with women has tended to minimize the reproductive motivation of African men, thereby ignoring the social significance of people who are dominant not only within the family but also at community and governmental levels. Under the male-centric framework in Nigeria, the richness dispositions of women are for the most part directed by manly qualities (Isiugo-Abanihe, 2003).

The regard for high fertility, the loathsomeness of barrenness, and the belief that births are necessary to reincarnate one's ancestors, central to most African religions, at first impeded the Family Planning message and made governments questionable of how effective a program, advancing contraception would be (Caldwell, 1992). A potential danger to African Family Planning programmes is the achievement of fertility declines throughout the rest of the world. African Family Planning programmes, and the health systems upon which many of them depend, cannot be erected or extended without massive international aid that must be obtained in an era when global interest is on "the end of the population explosion" and the coming "population implosion".

Although the circumstance in sub-Saharan Africa is critical, western governments may well keep on diminishing their specialized guide spending plans for family planning even though decades may go by before the areas' economy can bolster richness control without anyone else's input (Caldwell & Caldwell, 2002). Sub-Saharan Africa constitutes the most important family planning frontier of the twenty-first century because fertility is still high in all sub-regions except Southern Africa, home to less than one-thirteenth of its population. This is because family planning practice is far lower than that of any world region, partly due to a low level of socio-economic development and also strong cultural resistance to family planning. In such circumstances, family planning programmes modeled on Asia and North Africa have not been successful in the region and modified or alternative models have yet to be developed. The process has been slow because most governments have not given family planning strong support. The situation is changing, but even if family planning programmes achieve greater efficiency to maintain the unprecedented steep fertility decline, posited by the United Nations (2007) medium population projection, the lateness of the sub-Saharan African fertility decline will mean that this region will treble its numbers and



double its proportion of the world's population from just over one-tenth to one-fifth during the twenty-first century (Ibid).

The diligence of high fertility in sub-Saharan Africa has been the subject of significant examination during the previous two decades. Social forces sustaining high fertility and impeding family planning programmes are well understood (Isiugo-Abanihe, 2003). For example, Mbizvo and Adamchack (1991) establish that pronatalist pressures are reinforced by males over females which preclude women from controlling their fertility. They observed that the rapid increase in Nigeria's population growth is emphasized by pronatalist attitudes of men. Furthermore, men's perception of their fecundity and their actual paternity status can have a dramatic impact on their definition of sex and their subsequent behaviour, especially if the culture associates reproductive prowess with masculinity, as is common among many ethnic groups in Nigeria. The African family structure shapes individual spousal perceptions of child-related processes and affects individual reproductive decision-making and actual fertility behaviour. They found, from a Lagos data set that expected parental benefits from having children are far from equal between men and women. Furthermore, spouses in Nigeria rarely follow joint household financial management practices, the locus of fertility decision is determined by who controls and allocates economic resources within the family. Their study concluded that men's negative attitude is a major reason why their wives fail to practice Family Planning, even when the latter are motivated to do so.

Ezeh, Michkai and Hendrik (1996) observed in Ghana that women's fertility preferences and behaviour are strongly influenced by their husband's reproductive motivation. In most developing countries, women also carry the burden of responsibility on contraceptive use often with little or no support and sometimes with great resistance from their male partners (Oni & McCarthy, 1991). Not surprisingly, African men generally desire larger families than do their wives, as a result of the institution of polygamy and because children enhance men's status and prestige of their lineage. As the main opinion leaders, efforts to influence the attitudes of men on population issues, and motivate them towards family planning use would form the bedrock of a successful family planning programme. Reaching men with messages and methods that encourage them to use family planning will also motivate them to support their wives in family planning decisions. Men must be an integral part of the family planning programme to facilitate its receptivity (Isiugo-Abanihe, 2003).

2.3 Theoretical Framework

This paper is positioned within the Health Belief Model. Health Belief Model (HBM) is a model that attempts to explain and predict health behaviour by focusing on individual beliefs, perceptions and attitudes. The model has been developed to encompass solutions to practical problems in public health services and was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working in the U.S. Public Health Services (Rosenstock, 1974). From a general perspective, the model posits that there are some predisposing factors that together with certain enabling and supportive factors that lead people in different directions when they make choices related to how they are to treat their illness. These predisposing factors involve health belief and attitudes towards the illness, the related treatment, as well as the health services. The health belief people hold include general health belief such as how "health" in general is perceived and willingness to seek help based on a certain medical direction/treatment. It also includes more specific health beliefs such as perceived susceptibility to the disease, belief in the diagnosis, and



perceived severity of the condition (Rosenstock, 1974). The other postulation of the model is that there are “perceived barriers”, which is an individual's assessment of the factors that discourage certain health-related behaviour, whereas “perceived benefits” is an individual's assessment of the factors that are seen as a positive consequence of adopting a certain behaviour. Subsequently, the health Belief Model included certain modifying factors such as demographic variables (e.g. sex, age, ethnicity, occupation), socio-psychological variables (e.g. socio-economic status, coping strategies), and “cues to action” (e.g. information provided by powerful others, personal experiences) (Becker, 1990; Rosenstock, 1974). This implies that perceptions and experiences of patients, for example, socio-cultural factors or direct or indirect economic costs related to the behaviour are all influential in their decision for health behaviour. The combination of different factors will continuously be interpreted and evaluated and subsequently, the “sum” of perceived negative and positive aspects of treatment lead people in different directions, making different choices related to their health.

This study presupposes that beliefs/perceptions related to modern family planning and reproduction to be an important factor that affects the practice of family planning and even the choice of what method of family planning to use in Nigeria. The Health Belief Models’ emphasis on health beliefs fits this position in the sense that it draws attention to people’s beliefs which is central in understanding behavioural varieties related to family planning. Thus, for instance, the belief in the need to have male children accounts for why some couples decide not to use any family planning method especially when they don’t have a male child.

Despite a variety of modifying factors that have been added to the HBM, the model has been criticized for focusing too much on individual factors compared to factors such as socio-economic and environmental factors. The strong focus on the individual’s part in the model has been suggested to encourage victim-blaming and thrusting too much responsibility upon individuals (Roden, 2004).

3. Methodology

Keffi Local Government Area of Nasarawa State is situated in the Western part of the state. The paper employed a survey research design. The survey research design is considered appropriate for the study because it would enable the researcher to study the entire population covered by collecting and analyzing data from only a representative sample. The study area has an approximate population of 92,550 based on the 2006 census with a projected population of 124, 900 as of 2020. However, the target population for this study is not the entire population of Keffi Local Government Area but women of reproductive age residing in some selected electoral wards to include Yara (7,023), Liman Abaji (8,507), Jigwada (13,702), Sabon Gari (11,245), and Tudun Kofa (9,892) (Census, 2006).

Population of Women of Reproductive age and selected Wards in Keffi Local Government Area of Nasarawa State-Nigeria

Electoral Ward	Women Population	Projected population	Percentage (%)
Yara	7,023	11,912	13.9
Liman Abaji	8,507	14,429	16.9
Jigwada	13,702	23,241	27.2
Sabon Gari	11,245	19,074	22.3
Tudun Kofa	9,892	16,779	19.6
Total	50, 369	85,435	100

Source: National population Commission, 2020



The study takes a sample size of 382 based on the population of 85,435, 95% confidence level, and 5% margin of error allowed (Research Advisor, 2006). The paper employed a multistage sampling technique. A multistage sampling technique involves selecting a sample from another sample. In this sampling procedure, the primary groups and sub-groups are selected based on geographical distribution rather than other characteristics. Multistage sampling technique was employed in the selection of electoral wards; streets; houses/compounds, household and respondent/individual.

The study utilizes data from the primary and secondary sources of data collection. The primary data was generated through the use of questionnaires. Data for this paper were analyzed using inferential statistics. The bivariate analysis involves the use of cross tabulation of key variables to show the relationship among the variables.

4. Results and Discussions

Table 1: The relationship between Age of Respondents and sources of information about modern family planning

Source of information about modern family planning	Age of Respondents						Total
	18-22	23-27	28-32	33-37	38-42	43 and above	
Medical personnel	17 (8.9%)	20 (52.6%)	7(24.1%)	0(00%)	22(62.8%)	2(50.0%)	68 (100%)
Radio/Television	30 (15.7%)	3 (7.9%)	10(34.4%)	10(21.7%)	6(17.1%)	0 (00%)	59 (100%)
Family member	53 (27.7%)	13 (44.8%)	0(00%)	7(15.2%)	2(5.7%)	2(50.0%)	77 (100%)
School/institution	21 (10.9%)	0 (00%)	6(20.6%)	8(17.4%)	0(00%)	0 (00%)	35 (100%)
Friend	19 (9.9%)	0 (00%)	0(00%)	4(8.7%)	0(00%)	0 (00%)	23(100%)
Magazine/newspaper	51 (26.7%)	2 (6.9%)	6(20.6%)	17(36.9%)	5(14.3%)	0 (00%)	81 (100%)
Total	191(100)	38(100)	29(100)	46(100)	35 (100)	4 (100)	343 (100)

Pearson Chi-Square value= 138.313^a; df =25, Asymp. Sig. (2-sided) = .000 and Critical value =37. 652

Table 1 shows the cross tabulation on the relationship between Age of respondents and sources of information about modern family planning. The data revealed that respondents between the ages of 38-42 years obtained information about modern family planning through medical personnel at 62.8 percent of the total respondents who used other sources to obtain information about modern family planning.

In decision making, the chi-square test indicates the calculated value of 138.313 with a degree of freedom df. 25 and at a .05 level of confidence while the critical or table value is 37. 652 at the degree of freedom of 25 and .05 level of confidence. Given that the calculated chi-square value is greater than the critical value, it is therefore concluded that there is a significant relationship between the Ages of respondents and sources of information about modern family planning.

Table 2: The relationship between Educational Attainment of Respondents and the utilization of modern family planning

Utilization of Modern family planning	Educational Attainment of Respondents				Total
	No Formal Education	Primary	Secondary	Tertiary	
Agree	37(36.6%)	45(53.5%)	19(57.6%)	91(72.8%)	192 (100%)
Not agree	64(63.4%)	39(46.4%)	14(42.4%)	34(27.2%)	151(100%)
Total	101(100)	84(100)	33(100)	125(100)	343(100)

Pearson Chi-Square value= 8.756^a; df =3, Asymp. Sig. (2-sided) = .033 and Critical value =7.815



Table 2 shows the cross-tabulation result of the level of educational attainment and the utilization of modern family planning. The findings revealed that the level of educational attainment affects the utilization of modern family planning with an overwhelming proportion of the total respondents at 72.8 percent who have acquired tertiary education utilized modern family planning more often.

The chi-square test indicates the calculated value of 8.756 with a degree of freedom df. 3 and at .05 level of confidence while the critical or table value is 7.815 at the degree of freedom of 3 and .05 level of confidence. Given that the calculated chi-square value is greater than the critical value, it is therefore concluded that there is a significant relationship between the Educational attainment of respondents and utilization of modern family planning.

Table 3 The relationship between Religion of Respondents and whether respondents discussed with spouse about modern family planning

Spouse Decision about modern family planning	Religion of Respondents			Total
	Christianity	Islam	Traditionalist	
Yes	77(74.0%)	180(80.0%)	9(64.2%)	266(100%)
No	27(25.9%)	45(20.0%)	5(35.7%)	77(100%)
Total	104(100)	225(100)	14(100)	343(100)

Pearson Chi-Square value= 2.927^a; df =2, Asymp. Sig. (2-sided) = .231 and Critical value =5.991

Table 3 shows the cross tabulation result of religion of respondents and whether respondents discussed with spouse about modern family planning. The findings revealed that the religion of the respondents affects discussions on modern family planning with the overwhelming proportion of the total respondents at 80.0 percent who said Islam as religion does not encourage discussion between spouses about the use of modern family planning.

The chi-square test indicates the calculated value of 2.927 with a degree of freedom df. 2 and at a .05 level of confidence while the critical or table value is 5.991 at the degree of freedom of 2 and .05 level of confidence. Given that the calculated chi-square value is less than the critical value, it is therefore concluded that there is no significant relationship between Religion of Respondents and whether respondents discussed with spouse about modern family planning

Discussion of Findings

The findings of the study on the age of the respondents and sources of information about modern family planning show that age has a significant influence on the source of information about modern family planning. This is consistent with NDHS report (2016) that the age of the couples especially people between the ages of 38-42 have a positive attitude towards modern family planning; they are most likely to adopt a modern family planning method. This information is useful in the development of family planning policies because it indicates the extent to which further education and publicity are needed to gain general acceptance of Family Planning.

The study findings uncovered that the educational attainment of the respondents affects the utilization of modern family planning in the Keffi Local Government Area of Nasarawa State-Nigeria. This is consistent with Adeleye and Adeleye (2003) findings that say lack of education especially among the rural dwellers is a major setback to the practice of modern family planning in Nigeria.



This study discovered that religion is a major determinant of modern family planning and this has affected greatly the utilization in the study area. This was corroborated by Stycos (1964) that the different religious beliefs in Nigeria promote the rapid population increase in the country. Islam as a religion for instance promotes large families with encourages early marriage and polygamous family system. The Christian religion especially Catholicism in turn prohibits the most effective form of family planning which is the use of contraceptives. These religious beliefs greatly impact the perception and the practice of family planning. Still to the religious influence are the common religious beliefs that children are a gift from “God” and so there is no need to prevent their birth.

5. Conclusions and Recommendations

Many myths and misconceptions are surrounding the utilization of modern family planning, and sometimes they prevent a woman from making an informed choice. Understanding these myths and misconceptions about modern family planning will greatly influence the knowledge and perceptions as well as bring about behavioral change on family planning. High proportions of respondents from this study are aware of family planning and believe that it is important. Modern Family Planning activities and services were the instruments through which people or nations use to achieve objectives of reducing poverty, maternal and infant mortality, check population explosion, and improve the income of its citizens all for a better life. Information is power because it is the basis of making the right decision whether as an individual or as a Government. Therefore, the availability of modern family planning information has been established to be very vital in this regard. The findings of this study have revealed a good level of availability, awareness, access, and utilization of family planning information. Radio tops the list of the sources of family planning information in the study area. Modern family planning methods were mostly used. Restraints come mostly from overbearing religious influence, finance/poverty, high illiteracy, and fear of the side effects which emanate from rumours made possible by perhaps minimal or ill-crafted information on the jingles. Based on the findings of the study, the following recommendations were made;

- i. Women of reproductive age varied in their responses to attitude to and practice of modern family planning methods, therefore, there is a need to expand and intensify education on modern family planning programmes to adequately cater for women of reproductive age in Keffi Local Government Area of Nasarawa State and Nigeria in general to bridge the existing gaps.
- ii. The study indicated that inadequate information is one of the factors impelling the utilization of modern family planning methods. The study, therefore, recommends that family planning providers should provide essential information about the various contraceptive methods. This would remove the problem of both real and imagined side effects of helping women to make informed choices.
- iii. The government, Non-Governmental Organizations (NGOs), and community-based organizations (CBOs) should embark on behaviour change programmes to educate women on the importance of modern family planning methods on the mother, the health of the Child, and the well-being of the society. Also, need for more campaigns and public enlightenment programs on modern family planning methods, importance, choices, and benefits, crucially including the religious leaders, to fast track the information spread and further improve the use of modern contraceptive methods.
- iv. An increase in community campaigns to raise awareness on the importance of modern contraceptives among males (husbands) should be emphasized and should go along with those involving women.



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