

**FACTORS INFLUENCING UTILIZATION OF MODERN FAMILY
PLANNING METHODS AMONG WOMEN OF CHILD BEARING
AGE (15-49 YEARS) IN UNIVERSITY OF UYO HEALTH CENTRE,
UYO, AKWA IBOM STATE**

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Abstract

The study investigated factors influencing utilization of modern family planning methods by women of child bearing age (15-49 years) in University of Uyo Medical Centre. Two research questions and two null hypotheses guided the study. The study employed descriptive survey design. The population of the study was 238 women of child-bearing age attending family planning services at the University of Uyo Medical Centre. To achieve this purpose, a structured questionnaire was administered to one hundred and twenty-six (126) respondents who were attending family planning clinic at the Medical Centre of the University. Similarly, a Focus Group Discussion (FGD) consisting of twenty (20) respondents were also organized by the researcher. The data collected were statistically analyzed using simple linear regression. The findings from the study revealed that cultural beliefs and level of education attained by women contributed to the low utilization of modern family planning services in the University of Uyo Medical Centre. Conclusion drawn from the findings suggests that a lot needs to be done by the government and health personnel on creating more awareness, enlightenment on the various methods and their proper usage, health benefits and importance of planning a family. Based on the findings of this study, the following recommendations were made among others, that health and education sector should be given a priority by the government, family planning education should be included in the school curriculum and family planning services should be free from any form of charges.

Keywords: *Family Planning, Utilization, Cultural beliefs, Religion, Education.*

1. INTRODUCTION

Child bearing and contraceptive use constitute the most important reproductive health decisions that most families have to deal with especially in sub-Saharan African countries. As observed by the United Nations Family Planning Agency (UNFPA, 2016), about 20% of African women use modern contraceptive, and in some regions of the continent the rate of usage is fewer than 5%. Usage varies according to wealth, education, ethnicity, religion, and rural-urban location (UNFPA, 2016). Fertility rate in Nigeria has remained quite high consistently overtime, total fertility rate for 2003 was 5.7 children per woman (4.9 for urban and 6.1 for rural areas), which is higher than the 1999 Nigeria Demographic and Health Survey rate of 5.2% current crude birth rate is 46 per 1,000 populations.

Unexpected or unplanned pregnancy poses a major public health challenge in women of reproductive age, especially in developing countries. 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. Those who do not use any contraceptive method may lack access or face barriers to using contraception (Singh, Darroch, Vlassoff, and Naderni, 2013). These barriers 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 (Carr and Khan, 2014).

Family planning involves a conscious effort by couple to limit or space the number of children they want to have through the use of contraceptive methods. It also refers to the steps, practices and techniques adopted to determine, influence or decide when to have children (Mischell, 2017); National Population Commission (NPC), 2019). The term is sometimes used synonymously with birth control, that is, to have children according to plan, although there are some differences between the two terms while birth control is something anybody can use to prevent pregnancy, family planning is seen as something couples use to temporary delay pregnancy. In this way, family planning is seen as the method to plan, rather than prevent, children. Family planning is seen as the responsible choice for couples who are not ready to have children in the present but may want to in the future (Akin, 20017). Accordingly, Delano (2010), family planning is a means by which individuals or couples space the process of conception, pregnancy and childbirth at intervals, mutually determined by both husband and wife in order to have desired number of children that they can conveniently maintain. On their part, the World Health Organization (2012) has defined family planning as the way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decisions by individuals and couples in order to

promote health and welfare of the family, group and this contributes effectively to the social development of the country.

Contraception as a concept has been defined as means of controlling fertility by using various methods that prevent conception. These methods can be traditional or modern. Traditional methods include: withdrawal method, abstinence, douche method and vagina sponge (Akin, 2017). Withdrawal method also referred to as coitus interruptus (Isiugo-Abanihe, 2013), is probably the oldest technique which couples adopted in order to avoid having children. It refers to the withdrawal of the penis from the woman's vagina prior to ejaculation so that the semen is deposited outside of the genital tract. The method is said to have been well known even before the time that the first book of the Old Testament, Genesis was written, about 1500 B.C. This establishes the antiquity of family planning habits (Akin, 2017).

It has been demonstrated that family planning benefits the health and well-being of women throughout the world. Using contraception, which is an integral part of family planning, can help to avoid unwanted pregnancies and space birth. Some contraceptive methods are capable of playing the dual role of both preventing pregnancies as well as protect against STDs, including HIV/AIDS, and provide other health benefits (Bloom and Canning, 2013).

As noted by Isiugo-Abanihe (2013), family planning saves lives. It enables couples to decide for themselves when to have their children as well as how many children to have. By helping women bear their children during healthiest times for both mother and baby, family planning helps to prevent deaths of infants, children and mothers. The use of family planning allows women to avoid unwanted pregnancies, dangerous illegal abortions, and childbearing under circumstances that will threaten their infant's lives and their health. Thus, modern family planning is beneficial even though it remains a controversial issue.

Cultural beliefs influence family planning services. The health behaviour of individuals is often mediated by community beliefs and norms, such that individual behaviour is influenced by community perceptions of individual actions. Although individual demographic and socio-economic factors may shape an individual's desire and ability to use a service, the cultural environment in which an individual lives exerts a strong influence on the extent to which these factors actually lead to service utilization (Stephenson, 2014). Mosher (2013) view that some culture and religious institutions negatively influence acceptance of modern methods of contraception, others positively influence it.

Level of education of women influences family planning services. The most consistent determinant of reproductive health service utilization is a woman's level of educational attainment. It is thought that increased educational attainment operates through a multitude of mechanisms in order to influence service use, including increasing female decision-making power, increase awareness of health services and family planning services, changing marriage patterns and creating shifts in house hold dynamics. Socioeconomic indicators such as urban residence, household living conditions, house hold income, women's employment in skilled work outside the home, high levels of husband's education and occupational status have also proven to be strong predictors of a woman's likelihood of utilizing reproductive health services (Stephenson, 2014).

Women of higher socio-economic and educational status tend to adopt modern contraceptives and so rely less on abstinence than did women of lower status. Globally, and particularly in the United States, Bandura (2014) affirms that unwanted pregnancies and high levels of sexually transmitted diseases (STDs) are extremely prevalent in young people between the age of ten and twenty-four, these are problems that are preventable through contraception and safe sexual practices.

Female education has been seen as a key determinant of contraceptive use (NPC, 2014). Better-educated women are argued to be more willing to engage in innovative behaviour than are less educated women, and in many third world contexts, the use of contraception remains innovative (Dyson and Moore, 2017). Better educated women are also argued to have more knowledge of contraceptive methods or of how to acquire them than are less educated women because of their literacy, greater familiarity with modern institutions, and greater likelihood of rejecting a fatalistic attitude towards life. There is good evidence that for whatever reason, women's education does indeed promote the use of contraception in most developing countries outside of tropical Africa (Cochrane, 2017). Koc (2012) finds a positive association between the educational level of both spouses and the use of contraceptive methods in Turkey. After all individual, cultural, fertility and contextual variables were controlled, a woman's education was found to be a stronger predictor of method use and method choice than that of her husband. The study also shows that, to a great extent, contraceptive use and choice of modern method depend on the sex of a couple's living children, implying some preference for sons, although generally women prefer to have children of both sexes.

Modern family planning methods have many benefits for most sub-Saharan African countries especially when it borders on the sexual and reproductive health of women, as well as on the reduction in rates of unplanned pregnancies

and abortion. However, the proper utilization of these modern family planning methods by women of child bearing age has been influenced by a number of factors which constitute an obstacle to contraceptive usage. Studies have suggested that the major obstacles to the adoption of modern contraceptive behaviour include myths and misinformation passed from one or more persons to others. In another study, it was also suggested that poor education and illiteracy, could also foster high fertility and low contraceptive use, as observed in most sub-Saharan Africa countries, especially in the rural communities.

Much has been written on the subjugated position of women in Nigeria with poor opportunity for education of family planning services. Most of these women were limited by cultural and religious factors, poor socio-economic status, non-availability of health facilities especially in the rural areas, gender inequality, lack of education and exposure to mass media etc. The issues identified above have therefore prompted this study on the factors influencing utilization of modern family planning by women of child bearing age (15-49 years) in the University of Uyo Medical Centre.

The general objective of this study is to examine the factors influencing utilization of modern family planning methods among women of child bearing age (15-49 years) in University of Uyo Medical Centre Uyo.

The specific objectives are:

1. To examine the extent cultural belief influences utilization of modern family planning services by women of child-bearing age.
2. To determine the extent the level of education of women influences utilization of modern family planning services by women of child-bearing age.

The following are the research questions that will guide the attainment of the set objectives:

1. To what extent does cultural belief influence utilization of modern family planning services by women of child-bearing age?
2. To what extent does the level of education of women influence utilization of modern family planning services by women of child-bearing age?

The following research hypothesis will be tested in the course of this study:

- H₀₁** Cultural belief has no significant impact on utilization of modern family planning services by women of child-bearing age.
- H₀₂** Level of education of women has no significant impact on utilization of modern family planning services by women of child-bearing age.

2. METHODOLOGY

2.1 Research Design

For this study, the descriptive research design is adopted. According to Best, (2019), descriptive research is chiefly concerned with finding, describing and interpreting “what is”.

2.2 Population of Study

The population of the study comprised of 238 women of child-bearing age attending family planning services at the University of Uyo Medical Centre.

2.3 Sample and Sampling Technique

The simple random sampling and cluster sampling techniques were used in the study. 150 respondents were selected from 238 women that attended ante natal and fertility clinic in the health centre. Using hat and draw method, the researcher randomly selected 130 respondents for questionnaire administration while the remaining 20 were divided into 5 clusters (4 in each group) for a Focus Group Discussion (FGD). A total of 126 questionnaires were retrieved which gives the researcher a 97% rate return.

2.4 Instrument of Data Collection

The instrument used for data collection was a structured questionnaire titled: Questionnaire on Factors Influencing Utilization of Modern Family Planning Methods among Women of Child Bearing Age 15-49 Years in University of Uyo Health Centre designed on a four-point rating scale of: Strongly Agree (4 points), Agree (3 points), Disagree (2 points), and Strongly Disagree (1 point).

The questionnaire contained sections A and B. Section (A) contains six (6) questions on demographic information of the respondents, while section B contained 5 statements each on cultural beliefs and level of education and utilization of modern family planning method.

2.5 Validation of the Instrument

The instrument was face validated by three experts. One of the experts was a lecturer in the department of physical and health education, University of Uyo while the two others were measurement evaluators from Department of Health Education, Enugu State University of Technology, Uyo study Centre, Uyo.

2.6 Reliability of Research Instrument

The instrument was administered to twenty (20) women of child bearing age in the medical centre that came to the clinic not included in the population sample. Data were collated and subjected to correlation and Cronbach Alpha statistic analysis for test of internal consistency. The reliability co-efficient was .87. Therefore, the instrument was deemed reliable for use in the study.

2.7 Method of Data Analysis

Linear regression was used to test the null hypotheses at .05 alpha level.

3. EMPIRICAL FINDINGS

3.1 Hypothesis One

Cultural belief has no significant impact on the utilization of modern family planning services by women of child-bearing age.

Table 1: Regression Analysis of the impact of cultural belief on utilization of modern family planning services

Variable	Σx	Σx^2	Σxy	β	S. E	t-calculated
	Σy	Σy^2				
Cultural belief (X)	1818	26556	19692	- 0.542	0.091	-5.965
Utilization and modern family planning (Y)	13477	15477				

Note: β = regression coefficient, S.E = standard error of estimation, t critical = 1.96.

As presented in Table 1 a negative regression coefficient ($\beta = 0.542$) was obtained for the impact of cultural belief on the utilization of modern family planning services by women of child-bearing age in the University of Uyo Medical Centre. This means that cultural belief has a negative impact on the utilization of modern family planning services by women of child-bearing age in the University of Uyo Medical Centre. The absolute value of t calculated ($t = 5.965$) is greater than its corresponding absolute t tabulated ($t = 1.96$) at 0.05 significance level. It is then concluded that cultural belief has a negative impact on the utilization of modern family planning services by women of child-bearing age in the University of Uyo Medical Centre. Hence the null hypothesis which stated that cultural belief has no significant impact on the utilization of modern family planning services by women of child-bearing age is rejected.

3.2 Hypothesis Two

Level of education of women has no significant impact on utilization of modern family planning services by women of child-bearing age.

Table 2: Regression Analysis of the impact of level of education of women on utilization of modern family planning services

Variable	$\sum x$	$\sum x^2$	$\sum xy$	β	S. E	t-calculated
Level of education of women (X)	1788	25632				
Utilization of modern family planning (Y)	1377	15477	19416	-0.479	0.107	-4.474

β = regression coefficient, S.E = standard error of estimation, t critical = 1.96

As presented in Table 2, a negative regression coefficient ($\beta = -0.479$) was obtained for the impact of level of education of women on the utilization of modern family planning services by women of child-bearing age in the University of Uyo Medical Centre. This means that level of education of women has a negative pact on the utilization of modern family planning services by women of child-bearing age in the University of Uyo Medical Centre. The absolute value of t calculated ($t = 4.474$) is greater than its corresponding absolute t tabulated ($t=1.96$) at .05 significance level. It is then concluded that level of education of women has a negative impact on the utilization of modern family planning services by women of child-bearing age in University of Uyo Medical Centre. Hence the null hypothesis which stated that level of education of women has no significant impact on utilization of modern family planning services by women of child-bearing age is rejected.

3.3 Discussion of Findings

The study found answers to research hypotheses after being tested, details of which are discussed below.

3.3.1 Hypothesis One

The result of hypothesis one revealed negative significant impact of cultural beliefs on utilization of family planning services in the University of Uyo Medical Centre. This study is in line with the study of Compass/USAID, (2015) that the barriers to family planning service use are seen as extending beyond factors operating at the individual and household levels, including characteristics of the religious and cultural environment and the health service infrastructure method. This study also agreed with the view of Stephenson, (2014) who opined that although individual demographic and socio-economic factors may shape an individual's desire and ability to use a service, the cultural environment in which an individual lives exerts a strong influence on the extent to which these factors actually add to service utilization. Accordingly, Heaton,

(2018) was of the view that religion continues to play a role in patterns of childbearing [even] in societies that have achieved replacement level. Mosher (2013) view that some culture and religious institutions negatively influence acceptance of modern methods of contraception, others positively influence it.

3.3.2 Hypothesis Two

The outcome of hypothesis two also revealed a negative significant impact of level of education of women on utilization of family planning services in the University of Uyo Medical Centre. This is however in line with the NPC Macro study of (2014) that female education has been seen as a key determinant of contraceptive use. It also agrees with Caldwell (2015); Dyson and Moore, (2017) that better-educated women are argued to be more willing to engage in innovative behaviour than less educated women, and in many Third World contexts, the use of contraception remains innovative. Obermeyer (2012) concurred that the most consistent determinant of reproductive health service utilization is woman's level of educational attainment it is thought that increased educational attainment operates through a multitude of mechanisms in order to influence service use, including increasing female decision-making power, increased awareness of health services, changing marriage patterns and creating shifts in house hold dynamics.

4. CONCLUSION

This study on the factors influencing utilization of modern family planning services by women of child-bearing age (15-49 years) in the University of Uyo Medical Centre has revealed that cultural and religious practices and level of education of women have contributed to low utilization of modern family planning service. This however suggests that a lot needs to be done by the government/health personnel on creating more awareness and enlightenment on the various methods and their proper usage. Although this study cannot be generalised to cover the entire Akwa Ibom State or Nigeria, it has been able to provide an insight on the level of information available to women of child-bearing age assessing family planning services in the University of Uyo Medical Centre.

5. RECOMMENDATIONS

Based on the findings of this study, the following recommendations have been reached:

1. Government should create more awareness to women of child-bearing age by educating them on the usefulness and importance of planning their family size.

2. Health personnel should make family planning services a part of ante-natal services for all pregnant women.
3. Government should provide more health facilities as well as train more health personnel on providing modern family planning services.
4. Government/Health personnel should give modern family planning services at near-free cost in the urban centres and should be provided free in the rural areas.

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