

FACTORS DETERMINING NON-USE OF FAMILY PLANNING METHODS AMONG LITERATE MARRIED ADULTS IN IBADAN, NIGERIA

AJIBOYE, SAMUEL KOLAWOLE, (Ph.D.)

And

ADEGBOYEGA, LATEEF OMOTOSHO

Department of Counsellor Education
University of Ilorin, Ilorin, Nigeria

Abstract

The benefits of family planning methods cannot be overemphasized yet it is apparent that individuals who wish to adopt them could find it difficult because of various fearful factors that agitate the mind before subscribing to the use. This study therefore investigated factors determining the non-use of family planning methods among literate married adults in Ibadan, Nigeria. A sample size of 600 respondents was used, which cut across the variables of gender and religion. The questionnaire form of instrument was used to obtain the required information and it was subjected to test re-test method of reliability. The instrument possessed a reliability coefficient of 0.81, which is high enough for this study. The measure of central tendency t-test and Analysis of Variance (ANOVA) statistics were used to analyse the data collected. The results revealed that health factors are the most significant determinants of non-use of family planning methods among the respondents while economic factors were also key. Male and female respondents differed in the factors determining the non-use of family planning methods but there was no significant difference based on region. It was recommended that there should be adequate reproductive health information through counsellors and health educators especially on the health-risks of family planning methods.

Keywords: Family Planning Methods, Determinant, Literate Married Adults

Introduction

Family planning is a voluntary and informed decision by an individual or couple on the number of children to have and when to have them, by use of modern or natural family planning methods (World Health Organisation, WHO, 2004). It can also be referred to as having children by choice and not by chance. It implies the

ability of individuals and couples to anticipate and produce their desired number of children by spacing and timing their birth (Oladele, 2009). It is achieved through the use of contraceptive methods and the treatment of involuntary fertility. The availability of family planning does more than enable women and men to limit family size. It safeguards individual health and rights, and improves the quality of life of couples and their children (Ajibola, 2013). Family planning is an important strategy in promoting maternal and child health. It improves health through adequate spacing of births and avoiding pregnancy at high risk maternal ages and parities (Gwatkin, 2009).

According to the WHO (2004), approximately 120 million couples in the world do not use contraception and 300 million are not satisfied with the method applied. There are more than 80 million unwanted pregnancies registered in the world annually and more than half of them end with abortion. There are 78,000 women who die each year due to the consequences of jeopardized abortion. This number may decrease with family planning (Olaitan & Omolase, 2009; & Dixon-Muller, 1992). However, there are plenty of options available to help couples and teenagers, who are sexually active to avoid unwanted pregnancies and plan their families adequately. Ajiboye (2002) stated that the various forms of family planning methods could be categorized into two, viz; traditional/natural methods and modern/artificial methods.

Natural Family Planning (NFP) methods include the basal body temperature method, the cervical mucus or ovulation method, and the calendar method. Natural Family Planning is particularly appropriate for people who do not wish to use other methods for medical reasons or because of religious or personal beliefs. Counselling must be provided to both partners when choosing these methods and when practising them. The NFP include withdrawal method (*Coitus interruptus*), which is the withdrawal of the penis just before ejaculation occurs so that sperm does not go into the vagina. This is when the man withdraws his penis from his partner's vagina, and ejaculates outside the vagina, keeping semen away her external genitalia. The Fertility awareness methods (*natural family planning or periodic abstinence*), which simply means refraining from sex during the fertile days of the woman. This requires knowledge and awareness of a woman's fertility process. Married adults who do not want to have a baby, and want to avoid taking artificial contraceptives, keep away from sexual intercourse during ovulation. The Calendar method is a method in which a woman keeps a monthly record of the days

she menstruates. From this, with the help of a qualified natural family planning counsellor she can estimate when she is most likely to get pregnant if she has sex. In addition, Ajiboye (2002) identified some traditional methods of family planning which include arm-band, scarification, pendant, spiritual objects and waist band among others. These are commonly used outside or combined with the modern family planning methods. Thus the choice depends on individual's disposition and belief system.

On the other hands, the modern/artificial family planning methods are more sophisticated, which come in different forms such as condoms, oral pills, surgical operation and others.

The *female condom* is worn by the woman inside her vagina. It keeps sperm from getting into her body. It can be inserted up to 8 hours before having sex. Use a new condom each time you have intercourse. *Male condom*, on the other hand, is a thin sheath placed over an erect penis to keep sperm from entering a woman's body. Condoms work best when used with a vaginal spermicide, which kills the sperm. The *cervical mucus (Billings)* method is based on detecting the changes in cervical mucus secretions and in the sensations in the vagina. The couple avoids intercourse on alternating days before the appearance of cervical mucus so that the presence of semen in the vagina does not change the natural appearance of the mucus. *Vaginal ring* is a thin, flexible ring that releases the hormones progesterin and estrogen. It works by stopping the ovaries from releasing eggs. It also thickens the cervical mucus, which keeps the sperm from joining the egg. The *implantable rod* is a matchstick-size, flexible rod that is put under the skin of the upper arm. The rod releases a progesterin, which causes changes in the lining of the uterus and the cervical mucus to keep the sperm from joining an egg. The *Intra Uterine Device (IUD)* is a small device shaped like a "T" that goes into the uterus. There are two types: copper and hormonal IUD. *Copper IUD* releases a small amount of copper into the uterus, which prevents the sperm from reaching and fertilizing the egg while the hormonal IUD releases progesterin into the uterus, which keeps the ovaries from releasing an egg and causes the cervical mucus to thicken so sperm cannot reach the egg. *Sterilization Implant (Essure)* is the first non-surgical method of sterilizing women. A thin tube is used to thread a tiny spring-like device through the vagina and uterus into each fallopian tube. The device works by causing scar tissue to form around the coil. This blocks the fallopian tubes and stops the egg and sperm from joining. *Surgical Sterilization* closes the fallopian tubes in women by being cut, tied, or sealed. This stops the eggs from going down to the uterus where they can be fertilized. For men, having a vasectomy keeps sperm from going to his penis, so that his ejaculation never has any sperm in it. *Oral Contraceptives – Combined pill ("The pill")* pill usually contains the hormones estrogen and progesterin. It is taken daily to keep the ovaries from releasing an egg. The pill also

causes changes in the lining of the uterus and the cervical mucus to keep the sperm from joining the egg. *Contraceptive Patch* is a skin patch worn on the lower abdomen, buttocks, outer arm, or upper body. It releases the hormones progesterin and estrogen into the bloodstream to stop the ovaries from releasing eggs in most women. It also thickens the cervical mucus, which keeps the sperm from joining with the egg.

Other techniques commonly used include sexuality education, prevention and management of Sexually Transmitted Diseases (STDs), pre-conception counselling, and infertility management (Olaitan & Omolase, 2009). Family planning is most adopted by couples who wish to limit the number of children and control the timing of pregnancy.

Child bearing and contraceptives are among the most important reproductive health decisions that many have to make (James, 2004). However, such decisions become cumbersome, difficult and almost impossible for some people because of a myriad of different factors that could influence individual's decisions on family planning methods. In the first place, the cost of some family planning devices could be scary for the couples wishing to adopt them. Some forms of contraception, such as vasectomy (which requires minor surgery) consume a fairly significant amount of one's time and money. The health risk peculiar to some devices are also enough factors to consider before making decisions on them. Imperatively, individual's belief, culture and social orientation could play significant roles in determining which family planning method to adopt (Ajiboye, 2002). Nonetheless, one may have to consider the preferences of his/her partner when choosing from the list of family planning methods.

Despite different hindrances, the importance of family planning, especially in the modern world, cannot be overemphasized considering its efficacy in reducing the level of poverty, maternal and infant mortality and morbidity. Ajiboye (2002) identified various advantages inherent in family planning practice. These include helping to improve community and family health, enhancing the health of the mother and child, reducing the incidence of STDs, controlling the human population, enabling parents to give adequate care to their children, and helping to ensure stable economy of the family and the nation at large. Considering the benefits of family planning and reproductive health in general, the Federal Government of Nigeria committed huge amount of money on contraceptives and antenatal care by providing condoms, and other devices to the hospitals between 2000 and 2011 (Ajiboye, 2006; Olaitan & Omolase, 2009, Kolawole, 2013). However demand for these products was not encouraging because only a few couples sought training on the prevention of unwanted pregnancies or significantly request for various contraceptives provided in the health care centres (Ajibola 2013). Many reasons were advanced for the poor response to the use of family

planning methods which range from level of literacy, availability of family planning services, effectiveness, and reproductive health information to socio-economic influences (Dixon-Miller, 1999). Ibadan, which is the locale of this study, is an ancient city in the South Western region of Nigeria where the dwellers could be significantly influenced by traditional and modern cultures because of its long history of traditional activities. That may determine their disposition to different family planning methods. Thus, the view of respondents from the city may adequately represent the philosophy of the region on factors determining the non-use of family planning methods.

Problem

Most couples are faced with the challenge of choosing the family planning method required while some wrongly chose particular method as result of poor information. In most cases, couples are confused on whether to use contraceptives, when to use contraceptives, what particular family planning device to use, and whether or when to continue or switch methods. However, there are many dangers inherent in failure to adopt any family planning methods, which include; overpopulation, high level of poverty, maternal and infant mortality and gross unemployment.

Earlier researchers such as George and Theobald (1999) have carried out study on the benefits of family planning. In the study, it was concluded that family planning is an asset to public health and to women everywhere not only in developing countries; nationally and locally, as well. Fredman (2007) also wrote on the States Medicaid Coverage of Family Planning Services. The study was carried out in Washington, USA. It was affirmed from the study that Medical aid has played a central and growing role in financing and providing access to family planning services for low-income women. Ress and Parker (2010) found that overall 87% used condoms and, 13% used hormonal based contraceptives (pills) in Toronto. It also revealed that knowledge of family planning methods and approval of the spouse was more likely to be associated with preference for particular contraceptive method. The present study examined the factors determining the non-use of family planning methods among literate married adults in Ibadan, Nigeria.

Research Question

- (a) What categories of factors significantly determine the methods of family planning among literate married adults?

Research Hypotheses

- (a) There is no significant difference in the factors determining family planning methods among literate married adults on the basis of gender.

- (b) There is no significant difference in the factors determining family planning methods among married adults on the basis of religion.

Methodology

The descriptive survey method was adopted for the study. It involved sampling the opinion of a representative proportion of literate married adults within the locale (Ibadan) of the study. The respondents were purposively selected according to the intervening variables (gender and religion). A sample size of 600 respondents was used for the study while the questionnaire type of instrument was adopted to gather the required information. The instrument was titled Factors Determining use of Family Planning Method Questionnaire (FDUFPQ). It has four sub-headings with five items under each, making a total of 20 items. The sub-headings are: Emotional, Economic, Family and Health. The reliability co-efficient of 0.81 was established for the instrument through the test re-test method. The researchers administered the questionnaire to respondents in schools, government ministries and private organizations. The measure of central tendency statistics, t-test and Analysis of Variance statistics were used to analyse the data collected. The null hypotheses were tested at 0.05 alpha level.

Results

Demographic Data

Table 1: Distribution of Respondents by Gender and Religion

Variable	Frequency	Percentage
Male	262	43.7
Female	338	56.3
Total	600	100.0
Religion		
ATR	45	7.5
Christianity	296	49.3
Islam	259	43.2
Total	600	100.0

The results of the demographic data show that more female participated than males while only a few respondents (7.8%) are adherents of traditional religion.

Table 2: Rank Order of categories of factors determining the use family planning methods

Categories of factors	X	Rank
Health – Related	11.51	1 st
Economic	10.16	2 nd
Emotional	9.68	3 rd
Family – Related	9.44	4 th

The results in table 2 revealed that health-related have been the most significant category of factors determining the use of family planning methods among the respondents. In addition, economic factors are equally rated high as determinants of family planning methods.

Hypothesis 1: *There is no significant difference in the factors determining the use of family planning methods among literate married adults based on gender*

Table 1: The Results of the t-test based on gender

Group	No	X	SD	df	Calculated t-value	Critical t-value
Male	262	52.90	10.66			
Female	338	56.23	8.95	598	4.08	1.96

*Significant, <0.05

The result indicates a significant difference between male and female in the factors determining the use of family planning methods.

Hypothesis 2: *There is no significant difference in the factors determining family planning methods among literate married adults based on religion.*

Table 4: Analysis of Variance (ANOVA) Results based on Religion

Source	Sum of squares	df	Mean squares	Calculated f-ratio	Critical f-ratio
Between Groups	4.42	2	2.210		
Within Groups	1878.65	597	3.147	.70	3.00
Total	1883.07	599			

The result reveals that, there is no significant difference in the factors determining the use of family planning among literate married adults.

Discussion

The results revealed that health-related factors as a category, significantly determines the use of family planning methods among literate married adults. These factors include the health condition of (especially) the woman, health risks of the methods adequacy of reproductive health information, effectiveness of the method and availability of health facility. Ajiboye (2002) and Ajibola (2013) had earlier found that the level of literacy predicts attitude towards contraceptives among couples. Since the respondents are literate there is the tendency that they strictly consider health implications as paramount factors because they might have read about it in literature before deciding on whether or not to use family planning methods. The category of Economic Factors' was also a significant factor determining the use of family planning methods and among literate married adults. The factors include cost of the method, financial ability of the couple and quantity required. In a similar study, Ajibola (2013) rated economic factors as being insignificant predictors of attitude towards contraceptive. The difference noticed could be as a result of variation between the groups used by the previous and present studies (literate and illiterate women and literate male and female married adults respectively). The results of the hypotheses revealed that there is significant difference in the factors determining the use of family planning methods among literate adults based on gender. This suggests that what determines the use of family planning method in female differs significantly from that of males. Perhaps, the difference in the nature of both sexes, (anatomically, emotionally and socially) could suggest the reasons for the difference found between male and female responses. However, the respondents were similar in the factors determining their use of family planning methods based on religious disposition. This implies that, irrespective of differences in the religion of literate married adults, the factors determining the use of family planning methods remain the same.

Counselling Implication

This study has implication for counselling profession. It is apparent that the literate married adults require adequate counselling intervention on family planning methods which could help educate individuals. In addition, it could be that counselling profession has not been adequately integrated into other sister professions such as health sectors. If counsellors have been adequately involved in providing health information, those factors creating fear in the respondents might have been managed properly. The difference in factors determining the use of family planning methods between male and female portends an implication for counselling. It shows that the society is still faced with gender dichotomy despite

the number of professional counsellors in the country, which could provide better orientation that would bring balance between male and female.

Recommendations

There is need for adequate education on health-risk of each of the family planning methods, which could be provided by reproductive health practitioners and professional counsellors. There is also need to periodically organize seminars on family planning for literate married adults in order to update them on what obtains in family health.

It is recommended that counsellors should be employed to work in family planning units of the hospitals in order to assist married adults in choosing the method appropriate for them. In addition, it is necessary to either make the family planning methods free or cheap for users. This may help literate married adults to easily adopt the desired methods.

REFERENCES

- Ajibola, B.O. (2013). *Attitude and awareness of married women in Kwara State toward contraceptive use*. Unpublished M.Ed research, University of Ilorin.
- Ajiboye, S.K. (2002). *Knowledge and attitude of religious leaders in Kwara State towards family planning methods*. Unpublished B.Ed Degree Research, University of Ilorin.
- Ajiboye, S.K. (2006). *Prevention and Control of HIV/AIDS as perceived by religious leaders in Kwara State*. Unpublished M.Ed Research, University of Ilorin.
- Dixon-Mulle, r A. (1992). Stalking the elusive unmet need for family planning. *Studies in Family Planning*, 2 (14).
- Fredman, .R. (2007). *Family sterility and population growth*. New-York: McGraw Hill.

- George, D. & Theobald, U. (1999). *Health impacts of contraceptives in adult group*. Retrieved June 6, 2014 from www.familyhealthissue.com
- Gold, R.B., Sonfield, A., Richards, C.L., & Frost, J.J. (2009). Next steps for America's family planning programme: *Leveraging the potential of Medicaid and Title X in an evolving health care system*. Guttmacher institute, p.1-40.
- Gwatkin, D.R. (2009). Family Planning Methods. *International Family Planning Perspective*, 29(3).
- James, D.E. (2004). *The availability of contraceptive services*. London: World Fatility Survey Comparative Studies.
- Kolawole, M. (2013). *Factors influencing type of family planning method among married couples in Ilorin Metropolis*. Unpublished B.Ed. Research, University of Ilorin.
- Oladele, J.M. (2009). *Methods of family planning methods*. Ibadan: Inter Printer Ltd.
- Olaitan, A.E. & Omolase J.F. (2009). *Factors influencing family planning methods*. Lagos, Mortified Publishing Company Nigeria.
- Ress, A.J. & Parker W.M. (2010). Prospects and programs for fertility reduction. *Studies in family planning*, 25 (2) 77-95.
- World Health Organization, (2004). *Unsafe abortion: Global regional estimates of the incidence of unsafe abortion and associated mortality in 2000*. Geneva: WHO.