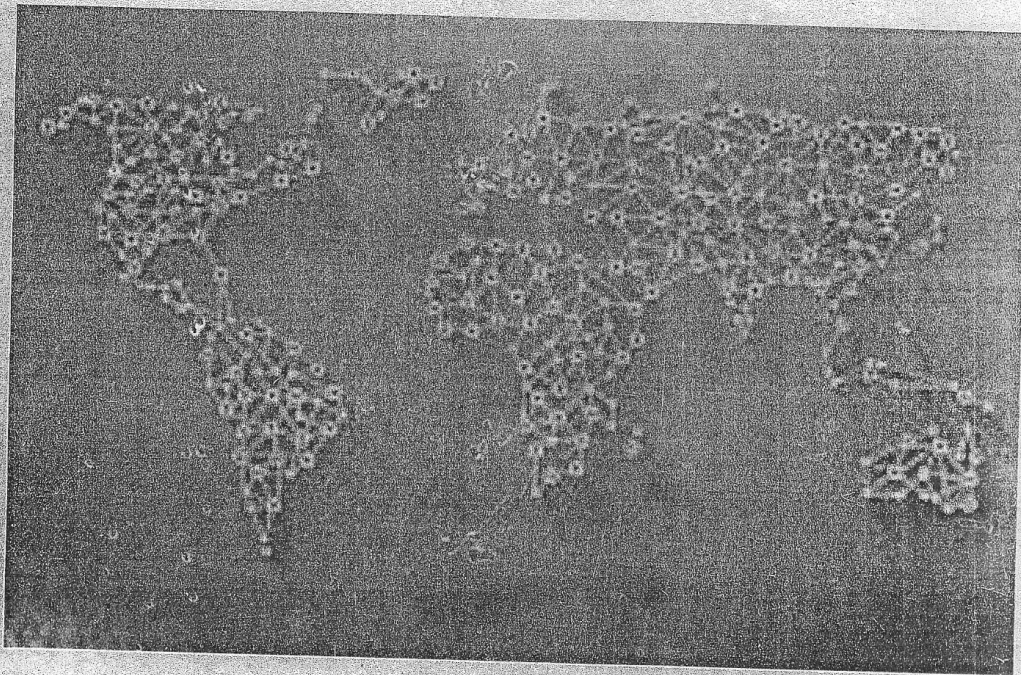


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EFFICACY OF TRADITIONAL FAMILY PLANNING AS PERCEIVED BY EDUCATED MOTHERS IN JEBBA TOWN, KWARA STATE

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Abstract

The main purpose of this study was to examine the efficacy of traditional family planning methods as perceived by mothers in Jebba town. This study adopted descriptive survey design. The target population for the study consist of mothers in Jebba town, Kwara State. For the purpose of this study, mothers were randomly selected in schools and offices. Two hundred mothers who could read and write were purposively selected for this study. The six research hypotheses were tested at 0.05 alpha level of significance. A questionnaire titled 'Efficacy of Traditional Family Planning Questionnaire' was designed and used by the researcher to gather information for the study. The data collected were analyzed through the use of mean; standard deviation, t-test, Analysis of Variance (ANOVA) statistical methods. Results of the findings revealed that there were no significant differences in the perception of mothers towards traditional family planning methods on the basis of age, educational qualification, religion, duration of marriage, tribe while a significant difference was found on the basis of religion. Based on the findings of the study, it was recommended that adequate awareness be made on the various birth control methods that are available. Seminars, workshop and career talks can be organized by the counsellors in collaboration with the government, philanthropists, Non-Governmental Organizations (NGOs) on the use of modern family planning methods.

Key Words: *Family Planning, Mothers, Educated and Efficacy*

Introduction

Family planning is the practice that helps individuals or couple to avoid unwanted pregnancies, regulate the interval between one pregnancy and to determine the number of children in the family. This implies that family planning is the avoidance of unwanted pregnancies thereby bringing about the birth of children when needed (Obisesan, Adeyemo, Aramide, Ohaeri, Okafor, 1997). Delano (1985) defined family planning as any method used in delaying pregnancy for a long or short period.

According to Anderson (1999), family planning is significant for some reasons; it improves maternal and child health. Family planning is practiced in two broad ways; the scientific/modern and the traditional/indigenous methods. The scientific

methods include the use of condoms, oral contraceptives, diaphragm cap, intrauterine device, tubal ligation, Vasectomy, implant and spermicidal gel. Traditional family planning methods pre-date the emergence of modern birth control. Before the advent of condoms and hormone altering drugs, men and women utilized primitive methods in preventing conception. Omowore (2006) believed that these traditional techniques are effective and that they only require diligence and careful planning. Some of these traditional methods include the use of ring called "oruka". This ring is made up of copper which a woman wears on her finger especially during sexual intercourse. Jinadu, Olisi and Adejumo (1997) noted that when a woman wears this ring she is forbidden to eat certain food items. When the rules are violated such ring will no longer be effective. Orimoogunje, Ajibola and Abimbola (2008) said that most women prefer

the brownish red type because it is fashionable and is not like the silver colour which looks very close to a charm.

Consumption of cooked soup called "*aseje*" is another type of traditional family planning method. This soup is prepared with variety of ingredients such as papaya and tortoise. Incantations are recited over the pot of soup. A few of the "*aseje*" have a taboo attached to them. Women that consume the soup are forbidden from eating certain foods and touching dead bodies (Ajiboye, 2002). It is also noted that most "*aseje*" method of contraceptives are said to be very effective and can be reversed with another "*aseje*". The reversion can only be done by the traditional birth attendance if he/ she is still alive; thus, rendering "*aseje*" as a contraceptive dangerous.

The use of incision "*gbere*" is also a form of traditional method of family planning. This scarification marks is made on the body with knife or razor blade. The traditional birth attendant puts the concoction into the open cuts and recites some incantations. The incisions are made at the back of the woman kneel, thigh or lower abdomen. According to Jinadu, Olisi and Adejuwon (1997) the waist band "*igbadi*" method is also very effective. This charm is in form of a waist or arm band that a woman wears. Some must be permanently worn while others are usually removed during menstruation. One of the major taboo of this method is that the "*igbadi*" must not touch the ground or the woman wearing it must not share an egg or eat crab. It was also noted that the use of concoction called "*agbo*" is common among the Yoruba's. Some traditional birth attendants instruct women to drink the concoction before intercourse. Also the use of lemons, cotton root bark, pawpaw seeds are known to be effective in annihilating the sperm (Adebisi & Bello, 2011). As such it is recommended that sponges should be soaked in lemon solution and inserted into the vaginal, while cotton root bark known as *Gossypium spp* can be orally sipped. Morley (1992) affirmed that cotton root bark is currently used as male contraceptives because it is believed that it has enough potency to immobilize the

sperm. Kusemiju (2002) said the contraceptive quality of papaya seed extract have been known to be effective since 1970s, when the crude extract of papaya seeds was fed on male rats, the reproduction level of the rats deteriorated.

Statement of the Problem

The world's population has been on the increase, this is due to the fact that people can now access better medical facilities. Nigeria population is increasing at geometric progression therefore the available social and economic facilities are not enough to cater for the population. This in turn, can eventually lead to inadequacy of educational facilities and fall in the standard of living. To overcome these problems the government has encouraged family planning as a means of birth control to check the population growth. In recognition of the adverse effects of over population, countries are adopting policies to minimize the rapid growth of population (Muhammed, 1989). Adejumo (1996) stated that the practice of birth control was immoral for both the married and unmarried. In some religion, family planning encourages the enjoyment of sexual pleasure while preventing procreation and as such artificial interference with the natural process of coition should not be adopted.

Gbolahan (1990) explained that family planning methods vary across the world because of cultural and policy differences. Response to modern contraceptives methods is very low especially in developing countries due to prevailing traditional practices. In the traditional methods Ajiboye (2002) revealed that there are no standard contraceptives, each traditional attendant has its own concoction, formula, incantations and this can be dangerous to the health of the user. World Fertility Survey (1989) explained that one of the greatest factor hindering the participation of Nigeria women in the practice of modern family planning is the lack of proper awareness and high level of illiteracy especially among the rural women. With the high level of poverty in Nigeria mothers might not be able to afford the modern contraceptive method of family planning as such they will naturally opt

for traditional method which is cheap and affordable. Adebisi and Bello (2011) carried out a research on traditional contraceptives in South West Nigeria, Jinadu, Olisi and Adejuwon (1997) worked on insight into traditional contraceptives while Orimoogunje, Ajibola and Ambibola (1980) worked on traditional family planning among the Yorubas'. These studies revealed that most their respondents strongly believe in the traditional methods of family planning. This study intends to investigate the potential efficacy of traditional methods of family planning among mothers in Jebba town of Kwara State.

Research Question

1. What is the perception of mothers in Jebba town on the efficacy of traditional family planning?

Research Hypotheses

The following research hypotheses were formulated based on the questions generated and they are:

1. There is no significant difference in the efficacy of traditional family planning as perceived by mothers in Jebba town, Kwara State based on age.
2. There is no significant difference in the efficacy of traditional family planning as perceived by mothers in Jebba town, Kwara State based on religion.
3. There is no significant difference in the efficacy of traditional family planning as perceived by mothers in Jebba town, Kwara State based on educational qualification.
4. There is no significant difference in the efficacy of traditional family planning as perceived by mothers in Jebba town, Kwara State based on tribe.
5. There is no significant difference in the efficacy of traditional family planning as perceived by mothers in Jebba town, Kwara State based on year of in marriage.

Methodology

Research Design

The research design that was used for the study was the descriptive survey method. Adana (1996) defined survey method as a systematic

attempt that describes the characteristics of a given population or areas of interest.

Sample and Sampling Technique

Jebba is nodal town that connect the North and the South of Nigeria. As such it has fair mixed of ethnic group represented in Nigeria. The target population for the study consisted of mothers in Jebba town, Kwara State. For the purpose of this study, two hundred mothers who could read and write were purposively selected in schools and offices.

Instrumentation

The instrument title "Efficacy of Traditional Family Planning Questionnaire" (ETFPQ) was designed by the researcher to gather relevant information from the respondents. The questionnaire was made up of two sections (i.e. A & B). Section A was designed to obtain demographic information of the respondents while section B contained twenty (20) items which the mothers are expected to respond to on a Four Likert Type Scale of Strongly Agree - 4, Agree -3, Disagree-2 and Strongly Disagree-1. The validity of the instrument was established by requesting three experts in the related field to vet for content validity. It was then subjected to test-retest method in order to establish its reliability and a reliability index of 0.72 was obtained. The instruments contained 20 items. The highest possible score and respondents could obtain is 80 (i.e. 4 x 20) while the lowest possible score is 20 (i.e. 1 x 20). Therefore, the range is 60 (i.e. 80 - 20). The midpoint of range is 30 (60/2). The cut-off point is therefore 80 - 30 (i.e. maximum score minus the midpoint of the range) or 20 + 30 (i.e. the minimum score plus (+) the midpoint of the range), in which either the case is 30.

Data Analysis

The data were analyzed using frequency counts, percentages and mean ranking of mean values, t-Test and Analysis of variance (ANOVA) statistical tools were employed to test the research null hypothesis at 0.05 alpha level of significance.

Results

Demographic Data

The respondents' personal data were analysed with the use of simple percentages as indicated below

Fig. 1: Distribution of Respondents Based on Age



Fig. 1 presents the distribution of respondents on the basis of age. It shows that 159 (79.5%) of the respondents were less than 40 years of age, while 41 (20.5%) were 40 years and

above respectively. This thus indicated that there were more respondents who were less than 40 years that participated in the study.

Fig. 2: Distribution of Respondents Based on Educational Qualification

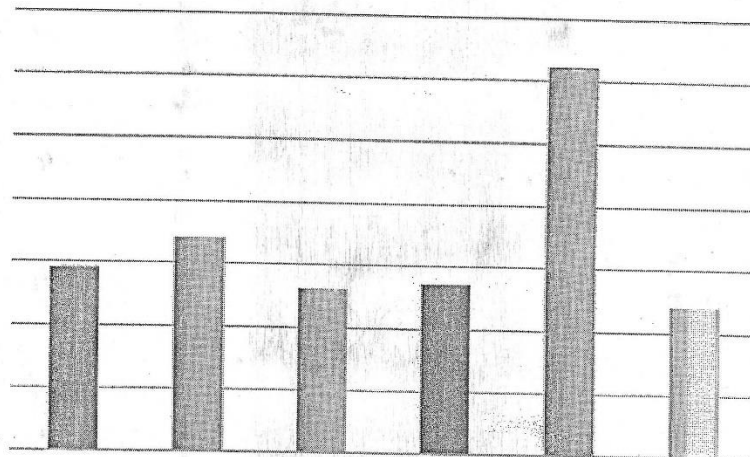


Fig. 2 presents the distribution of respondents on the basis of educational qualification. It shows that 29 (14.5%) of the respondents had Pry Sch Certificate, 34 (17.0%) had SSCE, 26 (13.0%) had OND, 27(13.5%) had HND, 60

(30.0%) had First Degree, while 24 (12.0%) had other certificates. This thus indicated that there were more respondents who were having a first degree qualification that participated in the study as compared to others.

Fig. 3: Distribution of Respondents Based on Religion

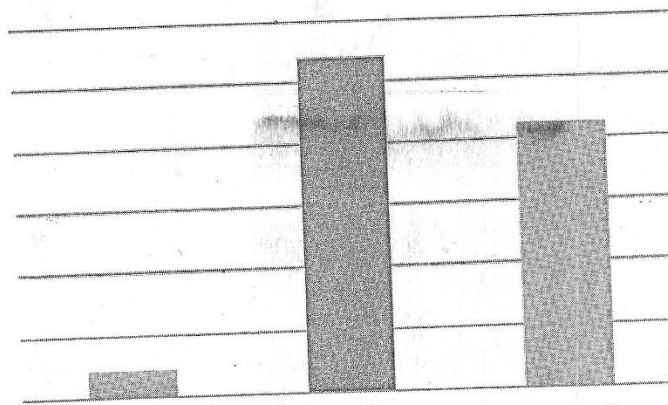


Fig. 3 presents the distribution of the respondents on the basis of religion. It shows that 9 (4.5%) of the respondents were practising African traditional religion, 108

(54%) were Christians, 83 (41.5%) were Muslims. This indicated that there were more respondents who were Christians that participated in the study as compared to others.

Fig. 4: Distribution of Respondents Based on Duration of Marriage

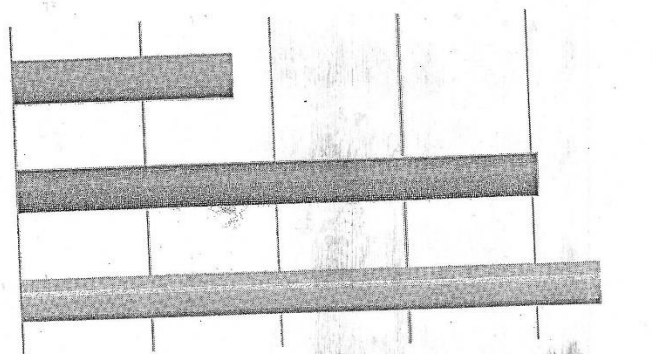


Fig. 4 presents the distribution of respondents on the basis of years of marriage. It shows that 87 (43.5%) of the respondents' marriage

duration were between 1 - 5 years, 79 (39.5%) were between 6 - 10 years, while 34 (17%) were 11 years and above respectively.

Fig. 5: Distribution of Respondent on the Based on Tribe

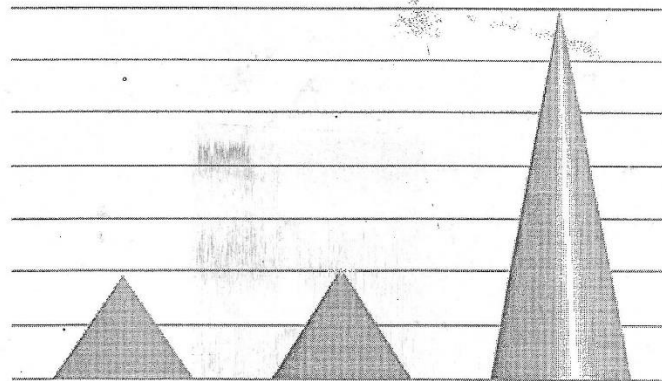


Fig. 5 presents the distribution on the basis of tribe. It shows that 34 (17.0%) of the respondents were Hausa, 35 (17.5%) were Igbo and 131 (65.5%) were of Yoruba tribe

respectively. This indicated that there were more respondents who were from the Yoruba tribe that participated in the study as compared to others

Table 1: Mean and rank order of respondents on efficacy of traditional family planning methods as perceived by mothers in Jebba town, Kwara State

s/n	ITEM NO: In my own opinion traditional family planning methods are effective because it:	Mean	Ranking
2	does not fail	3.55	1 st
4	has no side effect	3.49	2 nd
1	Compares favourably with modern method of family planning	3.45	3 rd
11	does not require special training or skill	3.42	4 th
8	can be accessed by people in the rural area than the modern family planning.	3.39	5 th
10	is easier to use than modern family planning	3.38	6 th
12	helps the couple to derive optimal satisfaction during sexual intercourse	3.38	6 th
9	does not promote venereal disease	3.19	8 th
16	is prepared from natural ingredients herbs which are helpful to the body system	3.16	9 th
18	promotes cultural values	3.14	10 th
17	can be incorporated into the modern health care system	3.12	11 th
15	can be used by both the literate and illiterate	3.03	12 th
3	Is culturally acceptable	2.86	13 th
19	could be used by different age groups	2.82	14 th
5	is affordable for the less privileged	2.75	15 th

20	Is relatively affordable	2.72	16 th
13	could be dangerous	2.71	17 th
14	is better than modern family planning	2.71	17 th
6	Most suitable for the married	2.42	19 th
7	Is supported by most religion	2.33	20 th

Table 1 presents the mean and the ranking of the items responded to by the respondents. The item 2 was ranked 1st with the mean score of 3.55 and states that in my own opinion, "traditional family

planning method does not fail." Item 4 was ranked 2nd with the mean score of 3.49, and states that, "in my own opinion, traditional family planning method is effective because it does not have any side effect" while item 7 was ranked last with the mean score of 2.33.

Hypotheses Testing

Hypotheses 1: *There is no significant difference in the efficacy of traditional family planning as perceived by mothers in Jebba town based on age*

Table 2: Analysis of Variance (ANOVA) of Showing the Efficacy of Traditional Family Planning as perceived by Mothers in Jebba Town based on Age

Source	Sum of squares	df	Square Mean	Calculated F-ratio	Critical F-ratio
Between Groups	228.080	2	114.040	1.58	3.00
Within Groups	14221.900	197	72.192		
Total	14449.980	199			

Table 2 shows that the Calculated t-value is 1.58 while the Critical F-ratio is 3.00. Since the Calculated F-ratio is less than Critical F-ratio, the

hypotheses is accepted. This means that there is no significant difference in the perception of mothers on the efficacy of traditional family planning on the basis of age

Hypotheses 2: *There is no significant difference in the perception of mothers the efficacy of traditional family planning in Jebba town on the basis of educational qualification*

Table 3: Analysis of Variance (ANOVA) of Respondents on the perception of mothers on the efficacy of traditional family planning in Jebba town on the basis of educational qualification

Source	Sum of squares	df	Square Mean	Calculated F-ratio	Critical F-ratio
Between Groups	1581.348	5	316.270	4.77*	2.21
Within Groups	12868.632	194	66.333		
Total	14449.980	199			

*Significant, $p < 0.05$

Table 3 shows that the Calculated F-ratio is 4.77 while the Critical F-ratio is 2.21. The Calculated F-ratio is greater than the critical t-value. Hence the null hypothesis is rejected. By interpretation therefore, this means that there

was significant difference in the perception of mothers on the efficacy of traditional family planning on the basis of educational qualification.

Table 4: Duncan Multiple Range Test (DMRT) showing the difference in the perception of mothers on the efficacy of traditional family planning on the basis of educational qualification

Duncan Groupings	N	Means	Group	Educational Qualification
A	29	64.03	1	Primary School Cert.
B	34	61.88	2	S.S.C.E
B	24	61.79	6	Others
B	26	61.19	3	OND
B	27	60.48	4	HND
C	60	58.90	5	First Degree

Table 4 showed the Duncan Multiple Range Test indicating the significant difference noted in the ANOVA on Table 8. Group 1 with a mean score of 64.03 differed significantly from group 2, 6, 3, 4 and 5 with mean scores of 61.88, 61.79, 61.19, 60.48 and 58.90

respectively. All the groups differed from one another but the significant difference noted was as a result of the mean of Group 1; hence the significant difference noted in the ANOVA on Table 4.

Hypotheses 3: *There is no significant difference in the perception of mothers on the efficacy of traditional family planning in Jebba town on the basis of religion*

Table 5: Analysis of Variance (ANOVA) of Respondents on the perception of mothers on the efficacy of traditional family planning in Jebba town on the basis of religion

Source	Sum of squares	df	Square Mean	Calculated F-ratio	Critical F-ratio
Between Groups	53.041	3	17.680	0.24	2.60
Within Groups	14396.939	196	73.454		
Total	14449.980	199			

Table 5 shows that the Calculated F-ratio is 0.24 while the Critical F-ratio is 2.60. Since the Calculated F-ratio is less than Critical F-ratio, the hypotheses is accepted.

This means that there is no significant difference in the perception of mothers on the efficacy of traditional family planning on the basis of religion.

Hypotheses 4: *There is no significant difference in the perception of mothers on the efficacy of traditional family planning in Jebba town on the basis of marriage*

Table 6: Analysis of Variance (ANOVA) of Respondents on the perception of mothers on the efficacy of traditional family planning in Jebba town on the basis of duration of marriage

Source	Sum of squares	df	Square Mean	Calculated F-ratio	Critical F-ratio
Between Groups	1139.835	2	569.917	8.44*	3.00
Within Groups	13310.145	197	67.564		
Total	14449.980	199			

*Significant, $p < 0.05$

Table 6 shows that the calculated t-value is 8.44 while the critical t-value is 3.00. The calculated F-ratio is greater than the critical F-ratio, hence, the null hypothesis was rejected.

This means that there is a significant difference in the perception of mothers on the efficacy of traditional family planning on the basis of years of marriage.

Table 7: Duncan Multiple Range Test (DMRT) showing the difference in the perception of mothers on the efficacy of traditional family planning on the basis of years of marriage

Duncan Groupings	N	Means	Group	Duration of Marriage
A	34	61.79	3	11 years and above
A	79	61.72	2	6 – 10 years
B	87	60.06	1	1 – 5 years

Table 7 shows the Duncan Multiple Range Test indicating the significant difference noted in the ANOVA on Table 11. Group 3 with a mean score of 61.79 differed slightly from Group 2 with a mean score of 61.72, but significantly

differed from Group 1 with mean scores of 60.06. All the groups differed from one another but the significant difference noted was as a result of the mean of Group 1, hence the significant difference noted in the ANOVA on Table 4.

Hypotheses 5: *There is no significant difference in the perception of mothers on the efficacy of traditional family planning in Jebba town on the basis of tribe*

Table 8: Analysis of Variance (ANOVA) of Respondents on the perception of mothers on the efficacy of traditional family planning in Jebba town on the basis of tribe

Source	Sum of squares	df	Square Mean	Calculated F-ratio	Critical F-ratio
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Between Groups	484.272	2	242.136		
Within Groups	13965.708	197	70.892	3.42*	3.00
Total	14449.980	199			

*Significant, $p < 0.05$

Table 8 shows that the calculated t-value is 3.42 while the critical t-value is 3.00. The calculated t-value was greater than the critical t-value as such, the null hypothesis is rejected.

By interpretation therefore, this means that there was a significant difference in the perception of mothers on the efficacy of traditional family planning on the basis of tribe

Table 9: Duncan Multiple Range Test (DMRT) showing the difference in the perception of mothers on the efficacy of traditional family planning on the basis of tribe

Duncan Groupings	N	Means	Group	Tribe
A	35	64.20	2	Igbo
A	34	61.44	1	Hausa
B	131	60.05	3	Yoruba

Table 9 shows the Duncan Multiple Range Test indicating the significant difference noted in the

1 and 3 with mean scores of 61.44 and 60.05 respectively. All the groups differed from one another but the significant difference noted was as a result of the mean of Group 2, hence the significant difference noted in the ANOVA on

ANOVA on Table 13. Group 2 with a mean score of 64.20 differed significantly from Group

Discussion of Findings

Respondents ranked Item 4 highest. This implies that majority of the mothers in Jebba agreed that traditional family planning is effective because it is not liable to fail. Traditional family planning methods are time-tested birth control methods. Morley (1992) stated that birth control is as old as mankind and that our forefathers recognized the need for child spacing and employed the use of use of traditional planning methods for child spacing. This agreed with the findings of Adebisi and Bello (2011) that most of the traditional contraceptives are very effective. The study also showed that mothers do not differ in their perception on the efficacy of traditional family planning on the basis of age. This finding supports that of Mederios (2013) who carried out a study on traditional family planning among the Peruvians, the researcher reported that the use of traditional

contraceptives is common among women of all ages especially those between 15 -49 years.

The mother's level of education did influence their perception. World Fertility Survey (1987) Family Planning Survey (1995) revealed that the educated women are exposed to information on the various modern family planning methods than the illiterate. This is because most illiterate women gather their information only through the radio and television as compared with the educated women who have access to books and other printed materials on family planning. This obviously will influence the educated women preference for modern family planning. Delano (1988) explained that majority of the people in the rural areas do not know much about modern f

family planning methods and that they have their own indigenous mechanisms for birth spacing. In this present study, mothers of

different religious affiliation have similar opinions in the efficacy of traditional family planning. This finding disagreed with the report of Haifao (1980) that traditional family planning methods are viewed differently among the various religious groups. In the same vein, Adejumo (1986) affirmed that some religion belief in the efficacy of the traditional birth control method while others consider it as a taboo.

This study also revealed that the years of marriage influenced the perception of mothers on the efficacy of traditional family planning methods in Jebba. Ilo (2012) affirmed that mothers who have been married for some years now, prefer primitives methods because they believe that it is very effective and that modern family planning styles have a long term detrimental effects on human life.

Respondents did not differ in their opinion on the efficacy of traditional family planning methods on the basis of their ethnicity. Mederios (2013) noted that traditional family planning methods vary across different ethnic groups and cultures. Response to modern contraceptives is very low especially in developing countries due to prevailing traditional practices. Ilo (2012) explained that Olayinka (2001) carried out a survey among factory workers from different ethnic background, the study revealed that 83% of these workers claimed not to have knowledge of modern contraceptives, most of them use traditional methods of family planning and some of them believe that pills like aspirin and codeine could be used as contraceptives.

Conclusion

In view of the findings of this study, the following conclusions were drawn:

1. There was no significant difference in the perception of mothers on the efficacy of traditional family planning methods in Jebba on the basis of age.
2. A significant difference was found in the perception of mothers on the efficacy of traditional family planning in Jebba on the basis of educational qualification.
3. There was no significant difference in the perception of mothers on the

efficacy of traditional family planning in Jebba on the basis of religion.

4. A significant difference was found in the perception of mothers on the efficacy of traditional family planning methods in Jebba on the basis of tribe.
5. There was a significant difference in the perception of mothers on the efficacy of traditional family planning in Jebba on the basis of duration of marriage.

Counselling Implication and Recommendations

The findings of this study have a lot of implications for the clinical counsellors. The trained counselor, through seminars can expose the mothers to the various birth control methods that are available. This can be organized in collaboration with the government, philanthropists, Non-Governmental Organizations (NGOs). The seminar should focus on the use of modern family planning methods. It was therefore recommended that counselling centres should be established in the various hospitals and professional clinical counsellor should be employed. As such, mothers could be counselled on the choice of right birth control methods. Trado-medical claims on birth control methods should be verified.

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