

DIMENSION IN SOILS AND LAND RESOURCES MANAGEMENT IN NIGERIA

A Festschrift in Honour of

**PROFESSOR EMMANUEL
OKUNOLA ORIOLA**

Edited by

- Ifetokun Paul Ifabiyi, Ph.D
- Bolaji Abdulkadir Usman, Ph.D
- Kayode Ademola Iroye, Ph.D
- Ismaila Oloyede Orire, Ph.D
- Lanre Tajudeen Ajibade, Ph.D

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It's a great honour bestowed on me to write this acknowledgement on behalf of Professor E.O Oriola. This festschrift is a huge amount of work and would not have come to reality without the invaluable contributions of a number of wonderful and supportive people. These people indeed contributed and assisted in the whole process from conceptualization to publication by providing insight, encouragement, commendation, useful and highly intelligent suggestions.

I wish to express my profound gratitude to numerous individuals who in one way or the other contributed greatly towards publishing this festschrift. The festschrift was conceptualized and organized by Department of Geography and Environmental Management to celebrate the occasion of his meritorious service in the university system. Particularly as a teacher, mentor, author and as a sincere academic in the field of Geography. Also, to acknowledge his huge and undeniable contributions to the research in Biogeography with focus on soil and land resources management.

I am forever grateful for the hard work, willingness, efforts, hours devoted by all authors and reviewers of the chapters in this festschrift. These people were incredibly helpful in making this festschrift extremely more readable than it otherwise might be.

This festschrift would not have seen the light of the day if not for the extraordinary hours, steadfast support, sharp vision and matchless care of the editorial committee and the publisher.

Special acknowledgement goes to Professor Olorunfemi John Funsho, a renaissance academic man and erudite scholar who doubles as a teacher of Professor Oriola for being a source of support and inspiration. Also, for his counsel, immense contribution, expert advice and encouragement towards making this festschrift a success.

This festschrift put forward to celebrate Professor Oriola would not have been fulfilled without the financial and moral supports of some family members, academic colleagues, a number of friends and students of Professor Oriola who were magnanimous through donations and useful suggestions for the vision to be actualized. I would like to acknowledge with gratitude all the staff members of the Department of Geography and Environmental Management for the good working relationship with Professor Oriola.

Lastly, I give accolades to Professor Emmanuel Okunlola Oriola, our teacher, mentor and supervisor whose commitment, career and scholarly track provided the footing for our constant efforts to manage our environment with special preference to soil and land resources management.

Dr. Ajewole Ojo Davies

Ag. Head

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FOREWORD

Writing a foreword on the book entitled "Dimensions in Soils and Land Resources Management in Nigeria" written in honour of Prof. Emmanuel Okunola Oriola (EO) presents to me, an opportunity to contribute to the discourse on the relevance of Geography to national development. It is my pleasure to warmly accept to write the foreword on the book put together to honour a former student; a colleague in the department; and my contemporary in retirement.

Prof Oriola had his first degree (B.Sc.) from the Department of Geography, University of Ilorin in 1982; master in Geography (1985) from the University of Ibadan, Ibadan. He had earlier in 1995 acquired an MBA qualification from the Obafemi Awolowo University, Ile-Ife. Prof Oriola's training as a teacher (Grd II) in 1976 and in business administration in 1995, capped with a Ph.D. (2004), from the University of Ibadan, prepared him adequately to excel as an efficient university teacher and lecturer with specialisation in Soils and Land Resources Management.

A book on Dimensions in Soils and Land Resources Management edited by Professors I. P. Ifabiye; B. A Usman; and K. A. Iroye is a venture in the right direction to honour a deserving academic.

There are seven sections and thirty five chapters in the book. The veterans section covered the expanding frontiers of fluvial geomorphology and variability of soils in protected areas of South West Nigeria. Geographical Information Systems (GIS) that has become a widely accepted tool in geographical studies is contained in section two, while land resources is featured in section three.

Mobility and distribution of farm produce with respect to food security are contained in section four. The understanding of hydrological processes and water resources are in chapters 15 to 21 that constitute section five.

As it is natural with human development, conflicts are inevitable. Section six of the book focused on conflicts and environmental management, while the longest of the sections, section seven that has nine chapters addressed environmental conservation and health.

The book contains materials for research students, environmentalists, and policy makers as well as other stakeholders in Soils and Land Resources Management in general.

May I seize this opportunity to commend the efforts of the individuals who contributed to the book, and the initiators of the project in particular, and the Department of Geography and Environmental Management, University of Ilorin for this Festschrift in honour of a worthy alumnus of the Department and the "Better By Far" University of Ilorin, Prof E. O. Oriola.

Prof. J. F. Olorunfemi

(a retired Professor, Department of Geography and Environmental Management, University of Ilorin. Ilorin).

Veteran Section

Family Planning Practices and Challenges among Rural Women in Moro, Kwara State

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Abstract

Family planning refers to the ability of individuals and couples to anticipate and achieve their desired number of children by spacing and timing their births. This is accomplished through the use of contraceptive methods and the treatment of involuntary infertility. This study examines family planning choices among rural residents in selected communities within the Moro Local Government Area (LGA) of Kwara State. To meet the specific objectives of the study, 400 questionnaires were distributed using a random sampling technique. Data was analyzed using tables, frequency counts, charts, simple percentages, mean scores, and ANOVA. The results of the study revealed that most rural residents are knowledgeable about family planning practices and their benefits. Among the contraceptive options, the barrier method is the most commonly preferred choice among respondents. Additionally, family planning practices are generally supported in the selected communities. The study found that religion does not pose a barrier to practicing family planning, as most rural dwellers reported using contraception during sexual intercourse. Furthermore, the majority of respondents did not perceive that family planning has side effects. It is recommended that women receive adequate education to actively participate in decisions regarding family planning. Additionally, family planning programs should be intensified to involve men and to enhance public awareness of the benefits of contraceptive use, ultimately fostering a positive change in attitudes toward family planning in rural areas.

Keywords: Contraceptive, Family, Planning, Sexual Intercourse

Introduction

Nigeria, bearing the distinction of being the most populous nation in Africa and the seventh globally, exhibits a complex demographic landscape characterized by a fertility rate of 5.5 children per woman and a population growth rate of 3.2%. Despite these high figures, the contraceptive prevalence rate remains notably low at 15%, making Nigeria one of the countries with the least access to modern contraceptive methods (PRB, 2012). Family planning, defined as a set of educational, comprehensive, medical, and social practices empowering individuals—including minors—to determine the number and spacing of their children, has gained traction in recent years. The World Health Organization (WHO, 2015) further emphasizes family planning as the capacity for individuals, predominantly couples, to achieve their desired family size and timing of births. The motivations for engaging in family planning are multifaceted and influenced by external factors such as economic conditions, marital

status, and existing health issues. Notably, family planning initiatives aim to decrease infant mortality rates and enhance maternal health outcomes. However, despite increased awareness and knowledge of family planning—evidenced by the Nigeria Demographic and Health Survey (NDHS, 2013), which highlights a 100% awareness among men and 94.7% among women—actual usage, particularly among rural women, remains low. Rural communities tend to exhibit a hesitance towards adopting modern family planning methods. A study from western rural Kenya illustrated that rural women perceive modern family planning services, especially those provided by Community Health Workers, with skepticism. Modern contraceptive methods encompass a range of options including sterilization (both female and male), hormonal pills, intrauterine devices (IUDs), condoms (male and female), injectables, implants, emergency contraception, among others. Traditional methods, such as the calendar (rhythm)

method and withdrawal, continue to prevail in these settings, often driven by fears of primary and secondary infertility. The total fertility rate in many rural Nigerian communities surpasses that of their urban counterparts, exacerbated by the low contraceptive prevalence therein (NPC & ICF, 2014). This study aims to investigate the family planning practices among rural populations in selected communities in Kwara State, Nigeria, focusing on the underlying determinants of contraceptive use. A significant factor influencing contraceptive use in Nigeria is female education. Variables such as the educational attainment of women, the partner's occupation, and spousal communication regarding contraceptive methods have been found to significantly affect the uptake of modern contraceptives among rural dwellers. Educated women tend to recognize the benefits of smaller family sizes and are more invested in providing quality education for their children. Moreover, a partner's educational background enhances the probability of contraceptive use among women in rural areas. Despite the demographic challenges posed by rapid population growth and financial constraints in Kwara State, many rural communities contend with high rates of stillbirth, low fertility rates, and unwanted pregnancies leading to induced abortions. These issues stem from misconceptions and inadequate knowledge regarding family planning. Some rural populations continue to favor traditional methods—such as the use of rings and waist beads—over modern contraceptives, demonstrating a disconnect between traditional beliefs and contemporary family planning practices.

This study seeks to assess family planning choices among rural inhabitants in selected communities of Moro Local Government Area, Kwara State. It aims to elucidate rural perspectives on family planning and maternal healthcare options. Specific objectives include evaluating the socio-demographic profile of respondents, investigating their knowledge and perceptions of family planning, analyzing contraceptive prevalence stratified by gender, and exploring the determinants influencing family planning preferences and practices. Furthermore, the study will provide insights into the perceptions of rural community dwellers regarding family planning within the context of maternal health care. This study covers some selected rural villages in Moro Local government area which include Budo Oloko, Bode-saadu, Alagbede, Shao village and Oloru community.

Study Area

Moro Local Government Area is a town and also a local government in Kwara state, it has its administrative headquarters in Bode-Saadu and the area covers districts of Moro, Alara, Ajanaku, Arobadi, Babadubu, Bode-Saadu and many others.

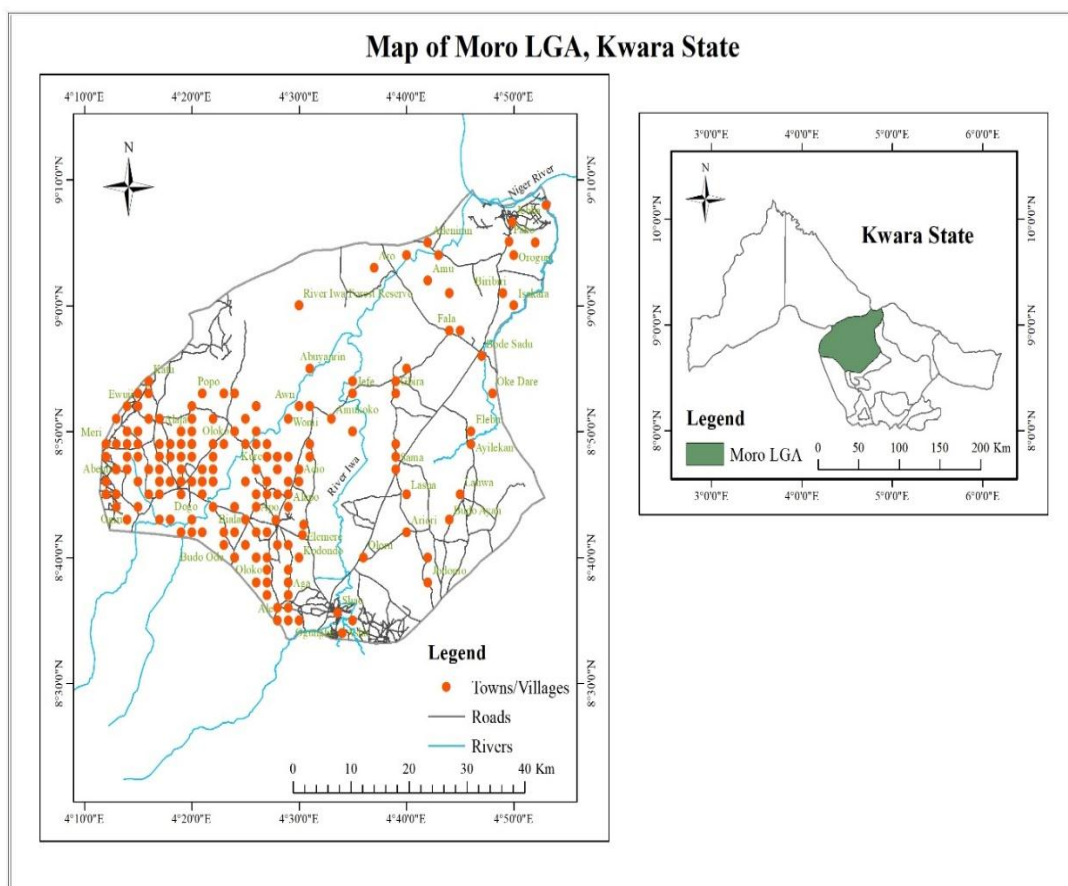


Figure 1: **Map of Moro LGA, Kwara State**
Source: Office of Surveyor General, Ilorin, Kwara State (2021)

Moro local government area is one of the local government areas in Kwara state with its administrative headquarters situated in Bode-Saadu. The legislative council of the local government makes law that governs the local government area. The chairman who is the executive head of the local government is in charge of the public administration in the area. It is located in the North Central part of Nigeria. It is bounded by Benin to the west and by the Nigerian states of Niger to the north, Kogi to the east, and Ekiti, Osun, and Oyo to the south. Kwara state is geographically located in the savannah region of Nigeria and lies between latitude $8^{\circ}30'N$ and $8^{\circ}36'N$ and between longitude $5^{\circ}00'E$ and $5^{\circ}36'E$ with an area of about $35,705\text{km}^2$ (13,947.27 sq. mi) (Kwara State Diary, 1997). The climate of Kwara state is humid tropical type and it is characterized by wet and dry seasons. The wet seasons of Kwara state begins towards the end of March when tropical air mass is prevalent and ends in October. Dry

season in the town begins with the onset of tropical continental air mass. This is a type of dusty wind, which carries no moisture commonly referred to as harmattan. The geology of Kwara state is made up of Precambrian basement complex rock. According to Olasehinde et al. (1998), Kwara state is situated on the undifferentiated Precambrian Basement Complex rocks of granitic and metamorphic origin. These rocks represent the deeper, fractured aquifer which is partly overlain by a shallow, porous aquifer within the lateritic soil cover (Annor and Olasehinde, 1996). The rock units form part of the regional South Western highlands of Nigeria running NW- SE parallel to the river Niger (Offodile, 1987; Olasehinde et al., 1998). The subsurface comprises the weathered, slightly weathered and fresh (fractured or unfractured) crystalline basement rocks. The oldest rocks in the area comprise gneiss complex whose principal member is biotite-hornblende gneiss with intercalated

amphibolites. This underlies, over half of the state. Other rock types are the older granite mainly porphyritic granite, gneiss and granite-gneiss and quartz schist.

Kwara state is covered mainly by ferruginous soil on crystalline acidic rock and the vegetation is characterized by scattered tall tress shrubs, of between the height of 10 and 12 feet. Some of the notable trees include butter trees, Acacia, Locust beans, Baobab, Akee- apple, etc. (Ajibade, 2008).

The most prevalent land use classes are: Residential, Administrative, Institutions (Health & Educational), Commercial (Stores/Services & Markets), Transportation (Motor Park), Industrial (Manufacturing/Workshop), Sand mining activities, Agriculture etc. Among prominent land use of Kwara State is the development of several residential estate such as Irewolede estate, Mandate housing estate, Adewole estate among others, examples of industries found in Kwara includes Tuyil pharmaceutical industry, Kam-will industry, etc. Institutions in Kwara State includes: Kwara state college of education, Kwara state University, University of Ilorin etc., Health institutions in the state include, Kwara State Advanced Diagnostic Centre (KADC), Government general hospitals, University teaching hospitals among others.

As of 2006, the population of Kwarans was 2.37 million based on the Nigeria 2006 Census. This population size constitutes about 1.69% of the nation's total population having relied upon immigration for population growth and socioeconomic development. Residents of the state are sometimes referred to as Kwarans. Agriculture is the main source of the economy and the principal cash crops are: cotton, cocoa, coffee, Kolanut, tobacco, benniseed and palm produce. Kwara is home to Shonga Farms, a product of the Back-to-Farm project of one of its governments and made up of 13 commercial farmers. Mineral resources in the state are Petroleum, Gold, limestone, marble, feldspar, clay, kaolin, quartz and granite rocks. The dominant occupation of the people in Kwara State is Tertiary. Majority of government ministries are located within Ilorin and as a result, government agencies employ the service of civil servants in the area. Some people are also engaged in primary occupation such as sand mining, farming (cultivation of crops like maize, rice vegetation etc.) fishing,

distributive trading etc. Other people make their living through economic activities like riding motorcycles, driving taxis, and the more recent arrival on Kwara road, Keke Napep, fashion designing and other forms of activities. Most of the hospitals in Kwara state offer medical assistance for patients of all ages: adults and children. These healthcare institutions provide quality medical and surgical services in a safe and calm environment according to the international standards, using current equipment and modern treatment approaches, and employing skilled and talented professionals with great experience who continuously improve their knowledge. The facilities of these Hospitals include counselling rooms for family planning and other health talks, hospital lounge, nurse's bay, female general ward, male general ward, VIP ward, antenatal ward. Among the advantages of these Hospitals are full-time operation, high quality services, individualized approach, confidentiality and up to date equipment.

Materials and Methods

Primary and secondary data were used. The primary data include knowledge of family planning among the respondent, information on the use of family planning methods, socio-cultural factors towards family planning, factors for family planning uptake and, socio-demographic characteristics of the respondent. The secondary data include population of the area and the map of the study area.

The knowledge of family planning among the respondent, information on the use of family planning methods, socio-cultural factors towards family planning, factors for family planning uptake and, socio-demographic characteristics of the respondent were collected through the use of questionnaire administration. Population of the area was obtained from National Population Commission, Ilorin, Kwara state, while the map of the area under study was sourced from the office of the Surveyor General, Ilorin, Kwara state.

The target population is made up of residents of the selected rural villages in Moro Local Government Area, which include Budo Oloko, Bode-saadu, Alagbede, Shao village, and Oloru community.

The National Population Commission of Nigeria (1991) put the total population of

Moro Local Government Area at 86,939 as at 1991 with 3.0% of annual population change. According to Federal Government of Nigeria gazette, rural population was defined as a population of less than 20,000 people. This study adopted this selection of rural communities. Based on the foregoing; Bode-Oloko, Bode-Saadu, Alagbede, Shao village, and Oloru communities were selected for this study. The sample frame for this survey is the projected total population of the selected communities in Moro LGA to the year, 2021. The total population of people in the selected communities in Moro LGA is 13,577 as at 1991. Therefore, to project this population value of 13,577 to the year 2021, we project and sum the population of each selected communities to 2021, using the Exponential Population Growth formula, which is;

$$N = N_0 e^{rt}$$

Where; N_0 is the Number in initial population (e.g., for Budo Oloko community; 548), e is the Euler's number (2.71828), r is the Growth rate (in decimal value i.e., 3% = 0.03), t is the Length of time (i.e., 20 years from 2021).

For example, calculated projection for the population of Budo Oloko Community;

$$\therefore N = 548(2.71828^{(0.03)(20)})$$

$$\therefore N = 548 \times 2.71828^{0.6}$$

$$\therefore N = 548 \times 1.8221$$

$$\therefore N = 998.5108$$

$$\therefore N \approx 999$$

Therefore, the total projected population of the selected communities in Moro LGA from 1991 to 2021, is 24,739

Table 1: Showing the calculated total projected population of the selected communities

Selected Communities	Population (1991)	Population (2021)
Budo Oloko	548	999
Bode-saadu	4679	8526
Alagbede	127	231
Shao village	6550	11935
Oloru community	1673	3048
Total Population of Selected Communities	13,577	24,739

Source: National Population Commission (1991)

The sample frame of the selected communities in Moro LGA is 24,739 as at 2021. The sample size was gotten using the Taro Yamane's formula, this formula has been set as follows;

$$n = \frac{N}{1 + N(e)^2}$$

Where n = sample size, N = population size, e = error of sampling.

This study allows for error of sampling on 0.05, hence the sample size shows as follow;

$$n = \frac{24739}{1 + 24739(0.05)^2}$$

$$= \frac{24739}{62.8475}$$

$$\therefore n = 393.63$$

$$\approx 400$$

The sampling technique used for this research was the simple random and purposive sampling techniques. This method of sampling selects a group of subjects for study from a larger group. Each individual is chosen entirely by chance and each member of the population has an equal chance of being included in the sample.

Table 1: Sampling

Selected Communities		Population (2021)	Number of Questionnaire
i.	Budo Oloko	999	16
ii.	Bode-saadu	8526	138
iii.	Alagbede	231	4
iv.	Shao village	11935	193
v.	Oloru community	3048	49
			400

Source: Authors Computation, 2022

As indicated in Table 2, the communities of Budo Oloko, Bode-saadu, Alagbede, Shao and Oloru will receive 16, 138, 4, 193 and 49 questionnaires, respectively. These questionnaires were given specifically to adults.

The questionnaire will be shared in proportion to the number of people located in each community, and this will be possible by dividing the population of each selected community by the total population of the selected communities and multiplying the value by the sample size, 400. Above is a table showing the numbers of questionnaire for each questionnaire as indicated in table (2).

The study employed both descriptive and inferential statistics. The socio-demographic characteristics of the respondent, investigation of the knowledge and perception of family planning among rural community dwellers in the study area, examination of the contraceptive prevalence among the respondents across both genders, and assessment the determinants of family planning preferences of the rural dwellers, employed the use of tables, simple percentages and charts, while the analysis of the rural community dwellers perception of family planning in the study area will employ the use of analysis of variance.

Results and Discussion:

Socio Economic Characteristics of Respondents

The socio-economic characteristics of the respondents were examined using several demographic factors, including; sex, age group, marital status, educational status, religion, occupation and tribe/ethnic group (see table 3).

From the table 3, the highest age group that was sampled were the ages between 20 to 29

years (43%), while, the lowest were those aged above 60 years (3%). This would imply that most of the respondents sampled for this study are the youths who are believed to be more knowledgeable and perceptive about family planning. Most (56%) of the respondents were females, while 44% were males, more females were sampled in this study than males. Also, it can also be seen that majority (42%) of the respondents are married, while a percent (1%) of this sample population is divorced. 40% of the respondents are single, while 8% are widowed and separated.

Moreover, more than half (55%) of these respondents practice the Islamic religion, while 43% of the respondents are Christians and a percent (1%) of these respondents are traditional worshippers. This distribution in the type of religion is prevalent in these areas. The educational level of the respondents was sampled, where majority of the respondents had completed the secondary (33%) and tertiary (32%) level of education. 19% of the respondents had also completed their primary education, while 16% of the respondents claim they have received no formal education. From this survey, this would imply that majority of the responders have a high literacy level, which is expected to influence their perception of family planning and the use of contraceptives.

The occupation of the respondents was examined and the result showed that 37% of the respondents are artisans, 31% of these respondents are petty traders, 10% are civil servants, while 9% are farmers. Another 9% are students and 4% of the respondents claim to be entrepreneurs. Most (71%) of the respondents are Yorubas, while 22% are Nupes and 7% are from other tribes and ethnic groups like the Hausa, Igbos, Kannuris, Idomas, Igedes and an international responder from

Kumasi, Ghana. The high frequency of the Yoruba people implies that the study area is

predominantly dominated by the Yorubas (see table 3).

Table 3: **Socio Economic Characteristics of Respondents**

Socio Economic Characteristics	Frequency	Percentage (%)
Age Group		
20-29yrs	162	43
30-39yrs	86	23
40-49yrs	81	21
50-59yrs	41	11
60yrs and above	10	3
Total	380	100
Sex		
Male	167	44
Female	213	56
Total	380	100
Marital Status		
Single	152	40
Married	193	51
Widow	15	4
Separate	15	4
Divorce	5	1
Total	380	100
Religion		
Christianity	165	43
Islam	210	55
Traditional	5	1
Total	380	100
Educational Level		
No formal education	63	16
Primary	72	19
Secondary	125	33
Tertiary	120	32
Total	380	100
Occupation		
Artisan	141	37
Farmer	34	9
Civil Servant	39	10
Petty trader	117	31
Student	34	9
Others	15	4
Total	380	100
Tribe/Ethnic Group		
Yoruba	275	71
Nupe	85	22
Others	20	7
Total	380	100

Source: Authors Field Survey, 2022

Knowledge and Perception of Family Planning among Rural Dwellers

A significant 91% (n=345) of respondents acknowledged that family planning effectively prevents unwanted pregnancies, while 9% (n=35) disagreed with this assertion. This indicates a strong awareness of the role of family planning in mitigating both unwanted pregnancies and subsequent abortions. This finding aligns with Bankole's (2006) research, which suggests that the adoption of family planning strategies can significantly diminish the incidence of unwanted pregnancies and the associated risks of unsafe abortions. The data also highlights the critical impact of unwanted pregnancies on maternal mortality, particularly among women in rural areas with limited access to healthcare services.

Knowledge of Family Planning in Preventing STIs and Reducing Abortion

The survey results indicate that 83% (n=315) of rural dwellers recognize that contraceptive use can prevent sexually transmitted infections (STIs), whereas 17% (n=65) do not share this belief. This suggests a general consensus on the protective benefits of contraceptives against STIs among the majority, although notable exceptions were found in the Alagbede community, where perceptions diverged significantly from the overall trend. In the same vein, the study reveals that 85% support the idea that effective family planning can decrease the number of abortions, while 15% express skepticism. This finding reinforces the notion to enhance maternal and child health outcomes.

Recognition of the Significant Benefits of Family Planning to Families

As illustrated in Figure 1, 82% of respondents perceive substantial benefits of family planning practices, compared to 18% who do not acknowledge any significant advantages. Residents from Alagbede, Budo Oloko, Oloru, and a small fraction from Bode-Saadu expressed skepticism regarding the notable benefits of family planning, indicating areas for potential educational interventions. Eighteen (18) percent of the respondents did not see significant benefits to family planning, citing reasons like religious beliefs, partner influence, and the notion that "God takes care of children." In contrast, 82% recognized benefits such as improved child spacing, better financial management, prevention of unwanted

that most rural dwellers believe in the efficacy of family planning methods. Observations from communities such as Shao village, Bode-Saadu, and Oloru underscore that many residents utilize post-coital contraceptive pills and barrier methods strategically to minimize unintended pregnancies.

Awareness and Perception of the Cost of Family Planning Practices and Child Spacing

The survey findings indicate that 68% (n=258) of respondents do not perceive family planning practices as financially burdensome, leaving 32% (n=122) believing otherwise. This suggests that the majority of rural dwellers might afford family planning services. Notably, those who reported affordability issues were concentrated in the Alagbede and Budo Oloko communities. The data demonstrates that 83% of respondents believe that effective family planning is instrumental in controlling child spacing, while 17% do not concur. This reflects a general understanding among the respondents about the influence of family planning on optimal child spacing, although a notable minority remains uninformed.

Also, the results indicated that 87% of respondents recognize that controlled child spacing contributes positively to the health of both mothers and children, while 13% disagreed. This finding is consistent with Umbeli et al. (2001), who identified family planning as a critical intervention

pregnancies and abortions, and reduced poverty. These findings align with a study by Adinma et al. (2005), which noted that family planning enhances health by ensuring adequate birth spacing and avoiding high-risk pregnancies.

Perception of Rural Dwellers on Family Planning Practices

The survey found that 75% of respondents believe family planning should not be limited to families who have reached their desired number of children, while 25% support this view. This is particularly evident in the Oloru community, where many rural dwellers think family planning is only for families that want to control child spacing after reaching their ideal number of children. Also, 90% of respondents indicate that their communities support family planning, while 10% do not. This suggests

widespread community endorsement of family planning practices, particularly among rural residents in the selected areas. Many from Shao village highlighted a high level of awareness regarding family planning and contraceptive use. Of the 10% who claim to oppose family planning, many cite religious beliefs, stating that they feel it is against God's will.

Knowledge of Religion as a Barrier to Family Planning

Figure 3 indicates that 83% of respondents do not view religion as a barrier to family

planning, while 17% do. Some rural residents from Alagbede, Budo Oloko, and a few from Bode-sadu consider religion a barrier to effective family planning. Seventeen (17%) percent of respondents cited religious beliefs as a barrier to family planning, with comments such as “God controls the number of children,” “God does not support family planning,” and “Religion is against such practices.” These statements suggest that religious beliefs significantly influence family planning practices or have an effect on the practice of family planning.

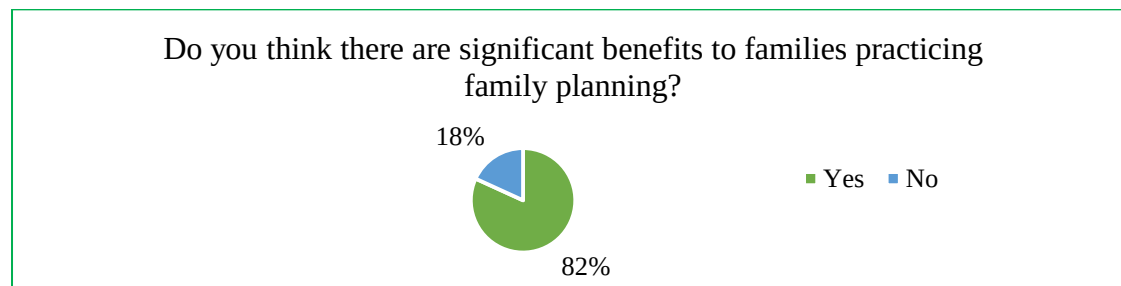


Figure 2: Family Planning Practices and its Benefits to Families

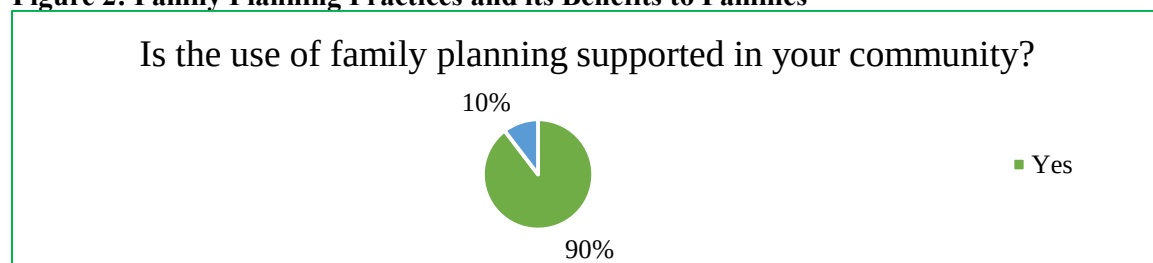


Figure 1: Support of Family Planning Practices in the Communities

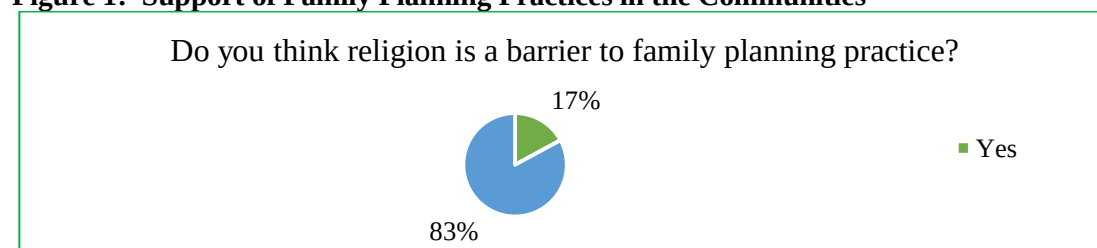


Figure 2: Religion as a Barrier to Family Planning Practices

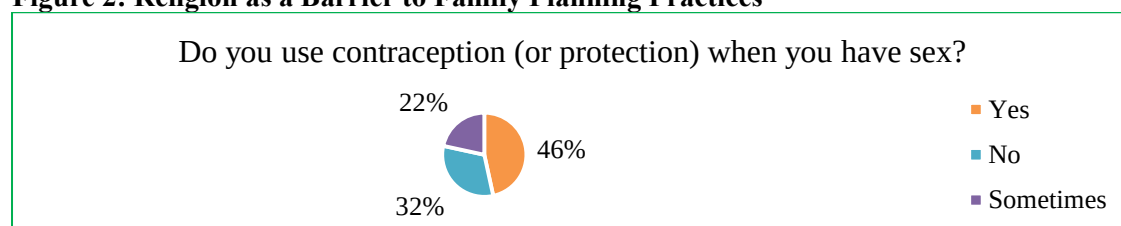


Figure 3: Use of Contraception or Protection during Sexual Activity

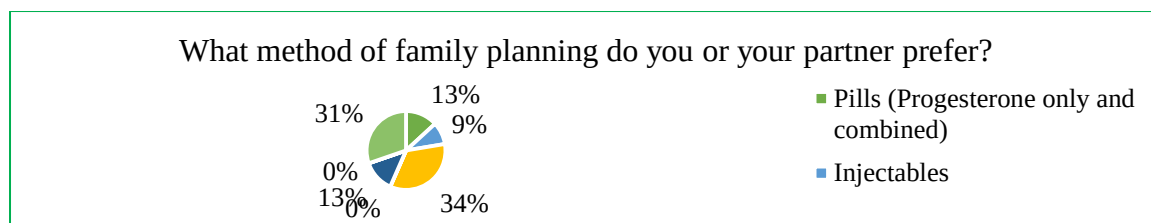


Figure 4: Preferred Method of Family Planning

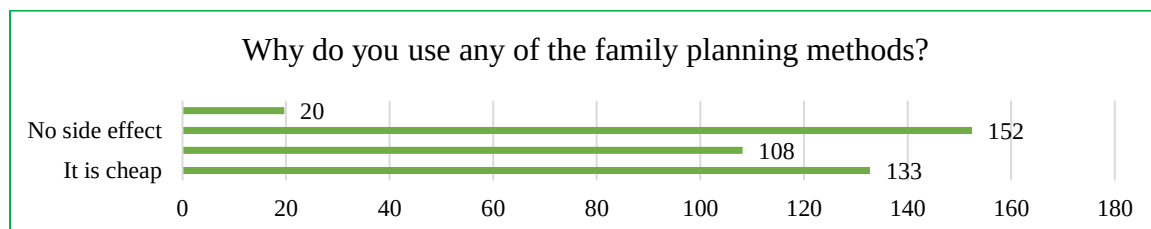


Figure 5: Reasons for the Methods of Family Planning

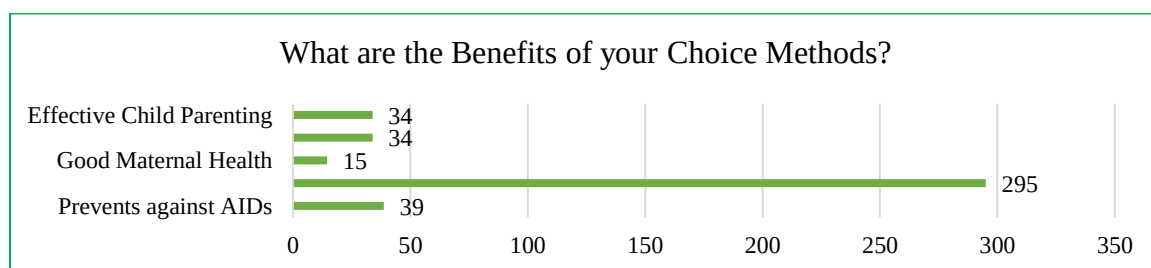


Figure 6: Frequency of the Benefits of Family Planning Methods

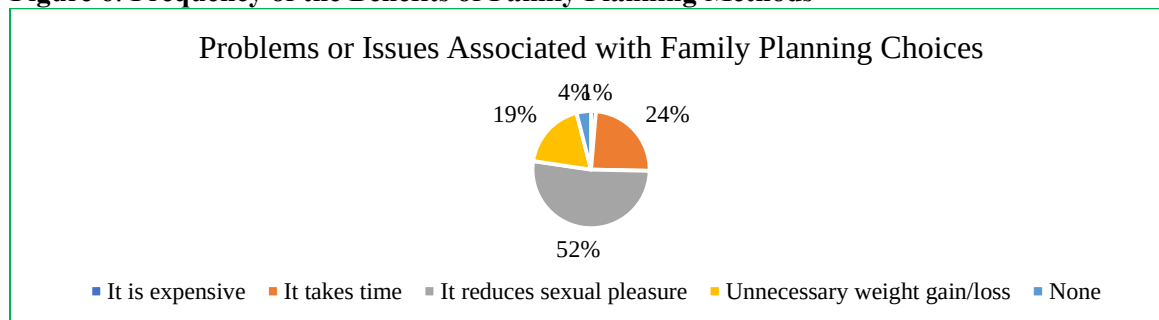


Figure 7: Issues Associated with Family Planning Choices

Sources: Figures 1-8 Are Products of Author's Field Survey, 2022

Contraceptive Knowledge and Prevalence Among Rural Dwellers

The study examined contraceptive knowledge and usage among rural dwellers. Results indicated that 83% of respondents were sexually active, with most from Shao village, while Alagbede respondents reported lower activity. Regarding contraceptive use, 47% (177) regularly used protection, 32% (121) did not use any, and 22% (82) used contraceptives occasionally. This suggests that most respondents do use contraceptives during sexual activity.

Method of Family Planning Practice Among the Rural Dwellers

The preferred family planning methods among rural dwellers were examined. Respondents could choose from various contraceptive options, including pills, injectables, barrier methods, surgery, natural methods, and traditional methods. The barrier method, which uses male or female condoms, was the most preferred, chosen by 34% of respondents. Meanwhile, 30% reported not using any family planning methods, 13% preferred pills, and another 13% favored natural methods like withdrawal and periodic abstinence. Only 9% opted for injectables. These findings differ from a study by Egede et al. (2015), which found

intrauterine contraceptive devices (IUCD) as the most popular choice, followed by injectables and oral contraceptives. Furthermore, 86% of respondents believe these contraceptive methods are effective, while 14% assert that they are not. Most respondents (152) use their family planning method due to the absence of side effects, while 133 choose it for its affordability. Additionally, 108 believe it is natural, and only 20 consider it expensive. Overall, few rural residents from the Alagbede and Budo Oloko communities view family planning as costly (see figure 6).

Furthermore, thirty-nine (39) respondents believe that family planning prevents AIDS, while 15 see benefits in improved maternal health (see Figure 7). This aligns with Adinma et al. (2005), who noted that family planning enhances health by ensuring adequate birth spacing and preventing high-risk pregnancies, and with Umbeli et al. (2001), who emphasized its role in promoting maternal and child health.

Challenges Associated with Family Planning Methods among Rural Dwellers

The study explored family planning issues among rural dwellers, revealing that 24% believe it reduces sexual pleasure, 24% find it takes time to be effective, and 19% associate it with weight changes. Some respondents also feel it is too expensive. Only 4% reported no problems with family planning choices. Residents of Shao village highlighted that the barrier method negatively impacts sexual pleasure.

In addition, it was found that a minority of respondents (12%) do not support family planning practices, while the majority (88%) do support these practices. This indicates that most rural residents are in favor of family planning and the use of contraceptives.

The View of Religion or Culture on Family Planning Among Rural Dwellers

11% of the respondents believe that their religious and cultural views oppose the practice of family planning. Among this group, those who cited their beliefs were further interviewed and stated that they feel God does not support family planning practices and that God encourages people to "multiply and fill the earth."

Side Effects of Family Planning Methods Among Rural Dwellers

The study explores the perceptions of rural dwellers regarding the side effects of family planning methods. The results revealed that 32% of respondents believe that family planning practices have side effects, while 68% disagreed with this notion. The 32% who acknowledged possible side effects were asked to specify these effects. They reported concerns such as infertility, irregular periods, excessive bleeding, bloating, missed periods, weight fluctuations, negative impacts on the womb, decreased sexual pleasure, infections, and even death.

Conclusion

The study investigated family planning choices among rural residents in selected communities within Moro Local Government Area (LGA), Kwara State. It specifically focused on the knowledge and perceptions of family planning among these residents, contraceptive prevalence across genders, factors influencing family planning preferences, and family planning practices in the area. The findings concluded that most rural residents are knowledgeable about family planning practices and their benefits. Additionally, family planning is generally supported in these communities, and religion does not act as a barrier to its practice. The study indicated that a majority of rural dwellers use contraceptives during sexual intercourse, with the barrier method—such as male and female condoms—being the most preferred. This method works by physically blocking sperm from reaching an egg or using chemicals (spermicides) to kill or damage sperm in the vagina. Many respondents expressed confidence that their chosen contraceptive methods are effective.

Furthermore, the study revealed that the main reasons rural dwellers practice family planning includes the absence of side effects and affordability. One of the significant benefits of these methods is the prevention of unwanted pregnancies. However, some respondents noted that a common concern regarding family planning is that it can reduce sexual pleasure. The majority support family planning practices, asserting that their religious or cultural beliefs do not contradict these methods. Most respondents do not perceive family planning as having side effects; those

who do mentioned possible issues such as infertility, irregular periods, excessive bleeding, bloating, absence of periods, weight fluctuations, womb complications, loss of sexual pleasure, infections, and even death.

Recommendations and Policy Implications

Based on the findings of this study, the following recommendations are made:

1. Family planning methods should be taught in both orthodox and traditional health centres.
2. Women should receive adequate education to actively participate in decision-making regarding family planning, especially in rural areas of Nigeria.
3. Family planning programs should be intensified to include male involvement and enhance knowledge and perception of the benefits of contraceptive use, ultimately aiming for a positive behavioural change towards family planning in rural communities.

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Women and Family Planning Methods for Improved Quality of Life in Nigeria: Prospects and Challenges

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Abstract

Natural growth in population as a result of lack of birth control is an intractable problem facing Nigeria. The rate at which population is growing in the country is alarming and if something is not done to ameliorate the situation; it will soon get to the stage of survival of the fittest. The use of family planning methods has been found to be one of the strategies for birth control. This paper assesses women and family planning in Nigeria with a view to discussing the prospects, challenges, and the implications for improved quality of life. Specifically, the study examines the methods of family planning available in the country and their effects on women; evaluates the benefits for improved quality of life; and identifies the challenges in the use of family planning. The paper concludes by emphasizing that women, married and unmarried, rural and urban should be encouraged to use the various family planning methods available. This will not only assist in controlling population but also contribute to improving the sexual and reproductive health of women, as well as overall quality of life of Nigerian populace.

Keywords: Birth Control, Contraceptives, Health, Quality of Life, Women

Introduction

The spontaneous increase in the world population started during the agricultural and industrial revolution, ever since, the world has been experiencing immense increase in her population. The world population keeps growing at an alarming rate and as at 2019; it was 7.5 billion which far exceeds 7.2 billion for the year 2015. This increase is more pronounced in the developing countries. According to Olorunfemi *et al.*, (2015), statistics revealed that population increase is more evident in developing countries and among poor families. For instance, the population of South Sudan as at 2019 was 14.8 million with a growth rate of 3.8% as against 10.7 million in 2015 with a growth rate of 1.5%. Similarly, countries such as Angola and Malawi have population growth rates of 3.5% and 3.3% as against 3.5% and 2.8% in the years 2019 and 2015 respectively (Worldometer, 2020). Nigeria had a population of 140 million as at 2006 with a growth rate of 2.8% (NPC, 2006). The country has the highest population in Africa and it is the seventh most populous in the world. Despite a high fertility rate of 5.5 per woman and a high

population growth rate of 3.2% presently, Nigeria's contraceptive prevalence is 15%, which is one of the lowest in the world (Etokidem, *et al.*, 2017; Nigeria Health Policy, 2017). Furthermore, maternal mortality figure is high, though it differs from one geopolitical zone to another. In Northern Nigeria, maternal mortality is high and also one of the major health problems facing most communities in the region (Nigerian Tribune 08th March, 2020).

Women play fundamental roles in the fertility status of a country. This in a way has contributed to high population growth. Rural women in Nigeria have at least one more child than the country's average of 5.7 children (NDHS, 2008). Girl child marriages and early pregnancies have been found to be the largest contributors to the population increase. Different measures are however being undertaken by the government to curb population increase. One of these measures is family planning. Family planning regulates fertility in such a way that it promotes positive health and social well-being. It also reduces the risks of mortality and morbidity for both

mother and children and lessens health-related pressures on the family and the community.

The issue of family planning is not new as it started in the 19th century when an American feminist Margaret Sanger (1876-1966) observed high maternal mortality rate and that women suffered a lot during abortion. In Africa, family planning was introduced in the early 1980s and some African countries adopted it. In Nigeria, it was introduced around the mid-80s and by 1992-1993; it had been adopted by a few Nigerians (National Academy of Sciences, 1993). According to a report by UNFPA, (1991a) the total number of contraceptive users in developing countries is estimated to have risen, from 31 million in 1965-1970 to 381 million in 1985-1990.

The World Health Organization (1971) defined family planning as “a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision by individuals and couples in order to promote health and welfare of the family group and thus contribute effectively to the social development of the country”. Noudjalbaye (1988) conceived family planning to consist of a group of activities that allow couples to decide freely about the spacing and number of their children. It also assists in identifying high risk pregnancies and treats infertility. In the opinion of Omolase *et al.*, (2009), family planning means ability of individuals and couples to expect and achieve their desired number of children by spacing and timing their births. Family planning can be regarded as a multiplex course of action that focuses on lessening morbidity and safeguarding health of women and children. According to Dixon-Meller and Germain (2012), family planning is not only the ability to avoid childbearing when it is not wanted rather the ability to ensure childbearing when it is wanted.

Umbeli, *et al.*, (2005) observed that family planning is very crucial in promoting maternal and child health. Durowade, Omokanye, and Sanni (2017), conceptualized family planning as a method of enhancing the socio-economic well-being of any society and is also crucial in lowering the incidence of abortions and its complications. It improves health through adequate spacing of births and avoiding pregnancy at high-risk maternal ages and parities. The ability of individuals to determine their family size, the timing and spacing of

their children has resulted in significant improvements in health and in social and economic well-being (IOM, 1995). Family planning has been discovered to improve the health of mothers, children, and entire families. Adebawale, Fagbamigbe, & Bamgboye, (2011) pinpointed that some family planning methods such as condoms if properly used can prevent the transmission of HIV/AIDS and other sexually transmitted infections. It equally assists couples to prevent unwanted pregnancies, have desired number of children, regulates the intervals between pregnancies, promotes safe pregnancy and birth of a healthy baby. FP reduces unwanted pregnancy and unsafe abortion (Martinez, Copen, & Abma, 2011; Martinez, Daniels, & Chandra, 2012).

The success of adoption of family planning in Nigeria is better measured using Contraceptive Prevalent Rate (CPR), level of contraceptive demands, and the proportions of demand satisfied. According to the 2016/17 Multiple Indicator Cluster Survey (MICS) statistics, only 11 percent of women of ages 15 to 49, currently married or in union, use the method in the country. Many studies have been carried out on family planning in Nigeria. For instance, Omolase *et al.*, (2009) studied the awareness on family planning amongst antenatal patients in a Nigerian community and discovered that the knowledge about the different methods of family planning except condoms was generally low. Similarly, Olawande and Fasasi (2016) studied family planning perceptions and sustainable development in Nigeria and concluded that culture, socioeconomic factors and poor knowledge about family planning were the major determinants of perceptions. Odimegwu (1999) examined family planning attitudes and use in Nigeria, using factor analysis and reported that people's perceptions about family planning determined whether they will use it or not. Wright *et al.*, (2023) compared patterns, incentives and disincentives for the uptake of contraceptives in rural and urban communities of Lagos, Nigeria and concluded that there is need for sustained effort to improve contraceptive uptake, FP service delivery and demand satisfaction for modern contraceptives, so as to enable the achievement of demographic dividends and gains. Fagbamigbe *et al.*, (2018) assessed the demand and unmet needs of contraception

among sexually active in-union women in Nigeria and found that despite high knowledge on contraceptives in Nigeria and the political will on the part of government, Contraceptive Prevalent Rate (CPR) has remained low at 15%.

Hence, there is a lot of awareness campaign on family planning in order to reduce the rate of population growth, but up till date, only a few numbers of people, majorly the educated, are the ones practicing family planning. Part of federal government's efforts to encourage people to embrace family planning was the launch of "Green Dot". This was set up with the aim to assist people identify family planning facilities across the country. Not only that, studies and advocacy by government and development partners on the advantages of family planning seek to push family planning. In spite of all these, acceptance of modern contraceptives remains very low in Nigeria as many sexually active women and men are reluctant to embrace contraceptives thereby making the population of Nigeria to continue to grow at an alarming rate. About 87% of women in Nigeria, or their partners do not use modern or traditional contraceptives (Owoseye, 2018). There is the need therefore to re-examine and re-emphasize the importance of family planning in Nigeria. The crux of this study is to discuss family planning, and its adoption for good quality of life which will in turn reduce fertility rates within the country. Specifically, the study identifies the types/methods of family planning and effects on women; evaluates the benefits of family planning and identifies the challenges of family planning in both rural and urban areas of Nigeria.

Methods of family planning and the effects on women

There are different methods of family planning and some of these will be examined in this section. These include natural and modern family planning methods.

a. Natural Family Planning

Natural family planning includes abstinence, withdrawal or coitus interruptus, calendar methods, ovulation/billing methods, sympto-thermal, basal body temperature, breastfeeding and plants.

Abstinence

Abstinence method of family planning means there should be no sexual intercourse between

a couple or two sexually active people of opposite sex (Smoley and Robinson, 2012). Although it is difficult to maintain, it is the best with numerous benefits and no side effects on both parties. The benefits include: safety, 100% effectiveness. If practiced precisely, it is the best way to avoid unwanted pregnancies. The disadvantages are the inability to abstain, lack of cooperation from the partner, and possibility of cheating on partner.

Withdrawal or Coitus interruptus, Ovulation/Billing, Basal thermal body temperature and Calendar Methods

Withdrawal method (interrupted coitus) involves discipline and cooperation on the part of the male partner. This method is 100% safe if it is practiced properly as it prevents pregnancy. Many people prefer this method as it is natural and costs nothing. Its effectiveness however, depends on the ability of the male partner to withdraw before ejaculation. Withdrawal method can be used to prevent pregnancy especially during the fertile days of the woman involved. If used effectively, it will prevent unwanted pregnancy with no side effects on the body. The disadvantages however include possible carelessness on the part of the male partner if he is unable to withdraw at the appropriate time and possibility of contracting sexually transmitted diseases.

The Mucus/Billing methods of family planning involve reliance on fertility and infertility monitoring through the use of calendar. In this method, the woman follows her ovulation and menstruation days in order to choose her safe days for intercourse. To use this method, the woman needs to maintain a menstrual calendar for at least 8 months and must have regular cycles. For the basal thermal body temperature, the woman involved must chart her temperature when she wakes up every morning before getting up from the bed. Meaning, there should be no unprotected intercourse between couples who engage this method, in the first three days of menstruation. The same thing goes for sympto-thermal method which involves monitoring and charting cervical mucus and the daily temperature changes. The advantages of these natural family planning methods include efficacy, low cost, safety, no need of medication and it can be easily discontinued.

The disadvantages include being highly demanding, needing partner consent and cooperation, low level of reliability and inaccurate tracking of safe days. There are no side effects.

Outer course

This is another method of family planning that is equally effective if used properly. It is a situation whereby there is no vaginal penetration by the penis, rather both parties embark on oral sex, kissing, anal sex, masturbation, hugging, fantasy, sex toys, manual stimulation (Stacey, 2019). It has several benefits such as safety, effectiveness, lack of side effects, and decreased risk of fluid exchange. The disadvantages include contracting sexually transmitted diseases, potential of sperm coming in contact with vaginal during anal sex, and difficulty of abstaining from sexual intercourse while undergoing these various methods.

Breastfeeding

Breastfeeding is a method of family planning that can be employed by sexually active women, although in few exceptional cases, it doesn't work. It is known as Lactational Amenorrhea Method (LAM).

Ovulation does not occur, and there are no fertile days in lactational amenorrhea (Smoley and Robinson, 2012). To practice this, a nursing mother should ensure exclusive breastfeeding of baby so as to ensure body hormones do not produce eggs to ovulate. This delays the return of menstrual periods. Its benefits include ease, efficacy, safety, convenience, free of cost and reduced postpartum bleeding. The disadvantage is that; it reduces vaginal lubrication. If used properly, correctly and effectively, there will be lower probability of having unwanted pregnancy. Only about 2 out of 100 women who embark on exclusive breastfeeding as birth control get pregnant in the 6 months (Lewis, 2020). There are no side effects.

Plants (Herbs)

The World Health Organization compiled information about the use of over 500 different plants and substances used to control fertility in Africa. For instance, plants used as spermicides include *Saponaria officinalis* or *Enterolobium cyclocarpum* in Egypt. This has

been demonstrated in control laboratory studies (CDC, 1983). In Nigeria, *Azadirachta indica* A. Juss (*Meliaceae*), *Bambusa vulgaris* L. (*Poaceae*), and *Carica papaya* L. (*Caricaceae*) are used as spermicides while those regarded as contraceptives are *Allium sativum* L. (*Alliaceae*), *Aloe barbadensis* Mill. (*Asphodelaceae*), and *Abrus precatorius* L. (*Fabaceae*) (Alade *et al.*, 2018).

b. Modern Family Planning

There are many modern methods of family planning for women of reproductive age to prevent unwanted pregnancy.

Some of the methods as put forward by Nigeria Nursing World (2015) include: implantable, hormonal, intrauterine, barriers, chemical, irreversible surgical sterilization and tubal ligation.

Implantable Contraceptives

Implantable contraceptive is a form of reversible implanted hormonal birth control method. It is placed under the skin in the upper arm for between three and five years. It is safe and highly effective for birth control. The positive effects include cutting off estrogen, it is long lasting, does not need daily medication, and there is easy fertility restoration following its removal. The negative effects on the body include weight gain, menstrual irregularities, acne, ovarian cyst, mood swings/depression, dizziness, nausea, headaches, hair loss, breast soreness, and complexity of insertion and removal of the implant. Also, the implant can cause irregularity in the menstrual cycle, including extended periods of light bleeding or temporary amenorrhea; they may also increase bleeding of the vagina (Kafafi, 2005).

Hormonal Contraception

Hormonal contraceptives include injections, pills, patches, vaginal rings among others. They are effective birth control methods when used appropriately. Injection uses the hormone, progestin, to prevent pregnancy. Pills contain the hormones, estrogen and progestin, which work to prevent pregnancy. Patches provide certain hormones through the skin for effective birth control. Vaginal rings are usually inserted in the vagina for about 4 weeks to release estrogen and progestin for effective birth control. The advantages include convenience, improved menstrual cramps, lighter periods and protection against certain

cancers. The side effects of the injections include amenorrhea, delay in fertility, menstrual irregularities. For patches and vaginal rings, side effects are nausea, irritation, iron deficiency anemia, vomiting, headaches, depression, decreased libido, breast tenderness, dizziness, weight gain, heavy menstrual flow and mood swings. Side effects of pills include cardiovascular problems; heart attack and stroke have been found in women who use pills but more often smokers and those over 35 years of age. Studies have shown that progestin hormones can induce irritability, depressed mood and anxiety when given to women as part of a hormone replacement therapy (HRT) treatment (Sirakov, 2015). One disadvantage is possible inconsistency in usage.

Intrauterine Contraception (IUC)

This is a t-shaped device usually inserted into the uterus. The three common ones are: hormonal Mirena and Skyla IUDs, and the non-hormonal copper IUD (Para-Gard). IUC does not affect ovulation and has no abortive consequences. It can be left in the uterus for as long as 12 years. The advantages include: long-term pregnancy prevention, no need to visit clinic after insertion, fertility returns immediately after removal and does not affect breast-feeding. The disadvantages include: possibility of falling out and users can only stop using it with doctor's help while side effects include uterine cramps, pre-term labour, high risk of ectopic pregnancy, miscarriages, increase in menstrual bleeding and pains, increase risk of inflammatory diseases of the pelvis with subsequent infertility.

Barrier Methods

Barrier methods are also called latex rubbers. These include both internal and external condoms. These are used to prevent sperm from getting into the vagina. There are different condoms for men and women. They also prevent transmission of sexually transmitted infections like HIV/AIDS. Diaphragm is a moderately effective barrier method of birth control. Usually placed over the cervix with spermicide before sex and left for about six hours after sex. The diaphragm covers the cervix and physically prevents sperm from entering the uterus through the os (opening of the cervix into the body of the

uterus). The advantages include its being effective and safe, and can prevent sexually transmitted diseases (Centers for Disease Control, 1983). The disadvantages and side effects of diaphragm include lack of trained personnel to fit it especially in the rural areas, severity of sensations during intercourse, urinary tract infections, and vaginal discharge while for condoms, they are allergy to rubber, reduction of sensitivity, nonchalant attitudes to checking the expiration dates and carelessness during retrieval of condom.

Spermicide, creams, gel, pastes and vaginal tablets

Spermicides, creams, gels, pastes and vaginal tablets are chemicals used to prevent sperm from reaching an egg (CDC, 1983). The woman inserts these in the vagina before intercourse in order to kill the spermatozoa. They are very good and easy to use. The disadvantage is that they do not prevent sexually transmitted diseases while side effects include vaginal irritation, burning, itching, rash and increased risk of developing urinary tract infections (UTIs).

Permanent/voluntary sterilization

This can be used by both men and women. It is very good for couples who are not intending to have children. The advantages are that it is effective and safe. The disadvantage is the high cost while the side effect is that it is usually not reversible (CDC, 1983).

Tubal Ligation

Tubal ligation is used by women who are no longer interested in having babies. It is a permanent contraception for blocking the fallopian tubes so as not to allow the sperm to get to the eggs. The benefits include effectiveness, safety, it does not affect hormones, and it won't bring on menopause. The side effects are: it is irreversible, and causes anatomical changes in the body while the disadvantage is that it does not protect against sexually transmitted diseases.

Benefits of Family Planning

The benefits of family planning cannot be overemphasized and these include:

- i. It reduces infant and maternal mortality. Family planning can help reduce maternal, and infant mortality, as well as morbidity. Birth spacing as

- a technique of family planning helps improve maternal and infant health outcomes which come along with non-spaced child births.
- ii. It makes couple have more relaxed sexual relations since they will be confident that intercourse will not lead to an unwanted pregnancy.
 - iii. It enables adequate spacing of child births by women and allows the woman's reproductive organ to return to normality after giving birth. Child spacing can be done through breastfeeding, i.e when a mother breastfeeds her child for two (2) full years. If strictly followed, child spacing will be guaranteed as it reduces the risks of complications during and after pregnancies.
 - iv. The practice of family planning will reduce the number of unplanned pregnancies which at times result in abortions.
 - v. The principle of prolonged breastfeeding is of great advantage for child development and replenishment of vital nutrients lost in the mother during the process of child birth. The prolonged period of breastfeeding makes for healthier and stronger babies.
 - vi. There will be reduction in the incidence of HIV. If people, both male and female, engage in the use of a family planning method like latex rubbers there will be reduction in the incidence of HIV/AIDS and other sexually transmitted diseases.
 - vii. It allows for the empowerment of people especially women since there will be enough time for income generating activities (Fagbamigbe, Adebowale and Olaniyan, 2011).
 - viii. It helps in securing the well-being and autonomy of women. Improvement in the well-being of the woman will be encouraged when there is a small size family to manage.
 - ix. It enhances health and development of communities and nations (Martinez *et al.*, 2011). Manageable family sizes will enable positive investment, proper upbringing, quality education, appropriate health care, and adequate time and attention for the children, which will eventually produce an ideal society in general. There will be community improvement as people will have access to quality education, higher standards of living and good environment.
 - x. It can help foster better education and make population growth slower (Ezire, Ouigbo, Achibong, Ifeanyi and Anyanti, 2013; Welling *et al.*, 2006). Involvement in family planning will give room to better education since fewer numbers of children will be given birth to in a family. This will automatically reduce population growth. Hence, there will be reduction in over dependence on the limited available educational resources.
 - xi. It provides adequate time for a married woman to love and care for her husband and the new born before the next birth.
 - xii. Poverty reduction: Family planning can help reduce poverty. The common traditional concept of poverty stipulates that the poor are poor because of being unable to take care of their basic cost of living themselves or/and that of their families. Poverty is apparent and remains an economic menace in Nigeria. On the poverty line, the proportion of the Nigerian population living below US \$2 is high. (O'Hare, 1996; Ijaiya, 2005; World Bank, 2011).
 - xiii. Increase in socio-economic and human development: The socio-cultural, economic and political conditions of the masses in Nigeria are deplorable as most are stricken by poverty and illiteracy. Hence, family planning will greatly help in the human and socio-economic development of the people.
 - xiv. Standard and responsible society: It can help develop an ideal and responsible society, with unmatched standards, where the individuals that make it up, will be healthy, strong, educated and pious. This can only be possible when there is proper investment in children through quality education, proper upbringing, adequate healthcare, devotion of appropriate time and attention as required of humanity.

- xv. It enables children born to also plan their own reproductive lives in the near future by following the positive examples of their parents. This, in a way, will make them wise and be spared of the problems associated with unplanned adolescent pregnancy.

Quality of Life

Quality of life (QoL) is a broad multidimensional concept that usually entails subjective consideration of both positive and negative aspects of life. People, across all academic disciplines, and groups have defined the term “quality of life” separately. Health is one of the important domains of overall quality of life, but there are also other domains, for instance jobs, housing, schools, and the neighborhood. Aspects of culture, values, and spirituality are also central domains of the entire quality of life which add to the complexity of its evaluation. Despite these, researchers have come to formulate workable techniques that have helped to conceptualize and evaluate these multiple domains and how they relate to one another (C.D.C, 2000). Quality of life means satisfaction derived from housing, occupation, income, health, education, neighbourhood/community, family life, government, social status and spiritual life. Quality of life, according to Adejumo and Odumosu (1998) are values that represent the needs, aspirations and goals which are important to individuals and which they seek to fulfill.

Quality of life observes satisfactions in life, ranging from physical health, family, education, employment, wealth, safety, security, to freedom, religious beliefs, and the environment in its entirety. (CDC, 2000). Phillips (2006) defines quality of life as a multifaceted phenomenon measured by factors such as standard of living, infrastructure, and access to various amenities, income, housing conditions, and satisfaction about the physical and social environment.

Based on academic research and several initiatives, indicators for measurement of quality of life or well-being include health, education, economic and physical safety, natural and living environment, governance and basic rights, leisure and social interactions. For this paper, health is an important indicator for measuring quality of

life. Poor health has the tendency to affect the general progress of individuals and the society at large (Karimi, 2016). Mental and physical imbalance in health can depreciate the quality of existence, and the health situation of an individual. In the context, quality of life is mainly measured through the dimensions of life expectancy, duration of healthy life years, and assessment of one's own health in respect to limitations of activity and chronic diseases (Maragundi, 2012). It has however been established that women who engage in family planning methods enjoy good quality of life based on the benefits derived from the services as identified above. This was confirmed by Alyahya *et al.*, (2019), which revealed that women who use family planning methods had better QoL in the four domains (physical health, psychological health, social relationships, and environment) than those who do not. The practice of family planning therefore enhances improved quality of life of the users and the family.

Challenges in the use of family planning by women

From the various observations of different experts, researchers and health workers, getting Nigerians to embrace contraceptives is very difficult for some reasons. Some of the challenges identified as affecting the use of family planning by women in Nigeria include:

Cultural and socio-economic barriers

Cultural and socioeconomic barriers affecting the use of family planning methods have contributed significantly to its low usage. For instance, poor rural people believe that large number of children in the family will provide adequate labour on the farm and will provide financial and material support for their parents in old age.

Religious beliefs

A lot of Nigerian Muslims see contraceptives, such as pills and condoms, as a plot to stop Muslims from multiplying. Catholicism, also have restrictions on contraception because of the belief that it is God's will to bring children into the world. Some religious groups do not believe in artificial contraception and so forbid it; they see it as infidel leaning (Dixon-Muller, 1999). The Jihadists believe that the female should marry early, have lots of children and

not attend school. Furthermore, women are not part of the decision makers and so they have no choice.

Lack of Consensus among Partners

Most men do not concern themselves with family planning and the decision is solely left for women to take. In some cases, the men are usually not cooperative especially when it comes to abstinence. These result to marital instability in some cases.

Stigmas on the part of adolescents and the unmarried

The adolescents and the unmarried are often held back by stigmas; it is one of the major barriers to adolescents' access and utilization of family planning. Nigerian society typically frowns at adolescents and unmarried people who engage in sexual activities. These sets of people therefore, often would not want the society to know that they are sexually active.

Myths, rumours and misconceptions about contraceptive methods

Some people do not use family planning methods/services because of belief in myths and rumours associated with it. This has affected the use of family planning methods negatively. Examples of such myths and misconceptions are the beliefs that family planning methods could increase promiscuity among women, giving birth to an abnormal child, cause harm to the body, result in reduced sexual urge/pleasure and failure to conceive in the future especially in adolescents.

Non-users' fear of the adverse effects of modern contraceptives.

The use of modern contraceptives like pills, intrauterine, implantable, hormonal contraception, permanent sterilization, tubal ligation among others have some adverse effects on some women and these have created fear in many others. For instance, permanent sterilization is irreversible, meaning the user cannot give birth again. Some of the modern contraceptives make some women to gain unwanted weight while others cause permanent infertility and delayed pregnancies.

Undesirable healthcare provider attitudes

Many healthcare providers do not have good attitudes towards their patients. Some of these poor attitudes include not providing sufficient information about the side effects of the

method used, shouting at the patients and giving preference to the married at the expense of the unmarried and adolescents. Some healthcare providers are biased, and this bias prevents them from either offering family planning services or providing adequate information to women seeking the services.

Lack of policies facilitating contraceptive provision in schools

In spite of many reported cases of early marriages and teenage pregnancies, adolescents are still being denied the opportunity to receive the much-needed contraceptive services. This is linked to lack of policies that can facilitate contraceptives provision in schools. This lack of policy can be traced to socio-cultural factors and religious beliefs.

Lack of Education

Education is an important tool for development and adoption of family planning. It should therefore be made accessible and compulsory for women (UNFPA, 1993). This is because when women are educated and economically advantaged, they tend to have fewer numbers of children than the uneducated. It has been discovered that the educated ones are the ones practicing family planning methods. Hence, education assists in checking population growth through family planning (Olorunfemi *et al.*, 2015) as more educated and economically advantaged women have fewer children in Nigeria.

Lack of awareness and low usage of existing family planning

Many people do not have adequate information about the various family planning methods available and few that are aware have misconceived their usage. This has contributed a lot to the low usage of contraceptives. People, especially women are not using many existing family planning methods.

Stock-outs and lack of long-acting reversible contraceptives

Many times, the preferred contraceptives might not be available or out of stock. In cases like this, users would be discouraged. Also, some users prefer long-lasting and reversible contraceptive which are usually not available.

Women's experience with side effects of contraceptives

Contraceptive users often complain about side effects of hormonal methods which are major barriers to the continuous use of contraceptives. Some of the side effects that have contributed to the discontinued use, stopped use or changed usage include dizziness, irregular menses, weight gain, headaches, weight loss and stomach-aches.

Low access to health care facilities

Many people do not have adequate access to health care facilities that can provide them with family planning methods. Accessibility could be in terms of finance and/or distance. This is very common in the rural areas. Many couples cannot afford to use or purchase the expensive contraceptive methods due to their financial situations, for instance, the expensive family planning contraceptive methods such as vasectomy, intra-uterine devices (IUD) and female sterilization method (Mohammed and Khan, 2019). In terms of distance, some providers are located far away from residencies especially in the rural areas thereby making accessibility difficult. For instance, in Makwalla, Kaduna State, residents need to cross a river before accessing the nearest health facility (Nigerian Tribune 08th March, 2020).

Conclusion and Recommendations

This paper has critically examined the use of family planning methods by women in Nigeria as a way of solving the intractable problem of high population. It discovered that despite the awareness on available family planning methods, there is still low usage among women because of factors such as cultural, socio-economic, myths, stigmas, attitude of healthcare providers, lack of awareness, low access to health care facilities, side effects of contraceptives and religious beliefs among others. If the current trend in the adoption and use of family planning methods continues, the population growth rate of Nigeria will be at an exponential rate in the next twenty years. There is need therefore to encourage and increase the knowledge, awareness and use of family planning methods in the country. This can be done through women leaders, mass media, non-governmental organizations, community leaders and religious leaders. Women, especially in the rural areas, should be given free access to family planning services. Also, the socio-cultural barriers to

contraception should be addressed as this will assist in reducing the population growth of the country, with improved health and quality of life of the citizens.

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