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Assessing the use of Family Planning Information among Farming Households in Nigeria: Evidence from Ogun State

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ABSTRACT

The importance of family planning in combating population explosion and consequently, poverty in Nigeria as well as other developing countries in Africa, cannot be overemphasized. This study assessed the use of Family Planning Information (FPI) among farming households in Abeokuta North Local Government Area of Ogun state. Purposive sampling was used to select 100 farming households and the logit regression model was used to analyze the determinants of farmers' use of FPI. The majority (58%) of the respondents was female and 55% were below 41 years of age. Mean household size is 8. Income and literacy level are low with 70% earning between N 10, 000 and N 50, 000 and 58% having below secondary education. The majorities (82%) of the respondents are aware of FPI especially through the health care centres but only 40% used FPI. The regression showed that the coefficients of educational level of the respondents, educational level of the spouse, farm size, spouse's perception of use of FPI, income level and exposure to mass media were positively significant which implied that an increase in these factors will increase the probability of use of FPI among respondents. Number of children was significant with a negative sign which implied that an increase in number of children will decrease the probability of use of FPI among respondents. The study recommends that family planning education and campaign should be intensified in the study area, especially via mass media and special efforts should be made in incorporating men to facilitate use.

Key words: Family planning information, logit model, Ogun state

INTRODUCTION

Nigeria is the most populous country in sub-Saharan Africa, with more than 120 million people. The annual of population growth stands at 3.5% and the total fertility rate is 6.0 lifetime births per woman (Ottong, 2010). This has posed a major health and economic challenges to the nation. Households with many children are more likely, over time, to become poor and less likely to recover from poverty than families with only a few children (Ajakaiye and Adeyeye, 2001; Orbeta, 2005). Furthermore, children from large families are usually less well nourished and less well educated than those from smaller families. In view of this that Nigeria adopted its first

population policy in 1988, titled “National Policy on Population for Development, Unity, Progress and Self-Reliance”. Compatible with the nation's economic and social goals, an important goal of this policy is to make Family Planning Information (FPI) accessible to every household in the nation as a way of controlling population explosion and fostering equitable distribution of resources. (Goliber *et al.*, 2009; Chinweike, 2010). In fact, access to FPI have been identified as a reproductive health right (Asghar *et al.*, 2010). However, very little progress has been achieved ever since. The reasons, why the policy targets are not being met include poor diffusion of information, weak programming, inadequate resources, weak institutional framework and a lack of strategic planning.

Around the world, more women are using contraception but in developing countries around the world the figure is low (Mazumder *et al.*, 2001) especially in Africa the figure is still below 30% (Bankole *et al.*, 2009). Like in Nigeria (Table 1), half the 75 larger low-income and lower-middle income countries (mainly in Africa), contraceptive practice remains low and fertility, population growth and unmet need for family planning are high. The cross-cutting contribution to the achievement of the Millennium Development Goals makes greater investment in family planning in these countries compelling (Cleland *et al.*, 2006).

Nigeria is largely an agrarian economy thus the wellbeing of the farming folks reflects largely the national wellbeing. This study assessed the use of FPI among farming households in the area of study specifically describing the awareness of respondents and analyzing the factor that determined the use of FPI.

MATERIALS AND METHODS

The study was conducted in Abeokuta North Local Government of Ogun state. It has an area of 808 km² and a projected population of 201, 329 (NBS, 2009). More than 75% of the people live in the urban areas of the local government. Major occupations in this area include trading and farming. Agricultural activities include cultivation of arable crops, livestock and fish farming. The predominant language being spoken is Yoruba language with Egba Dialect.

Table 1: Family planning in Nigeria

Family planning	National			Zone					
	Total	Urban	Rural	NC	NE	NW	SE	SS	SW
Percentage of married women age 15-49: knowing any contraceptive method	78	91	73	77	64	75	87	94	97
Currently using any method	13	20	9	13	4	5	23	25	33
Currently using any modern method	8	14	6	10	3	3	13	14	23
Currently using									
Female sterilization	0	0	0	1	0	0	0	0	0
Pill	2	3	1	2	1	1	2	4	5
IUD	1	2	0	0	0	0	1	1	5
Injectables	2	2	2	4	1	1	1	5	3
Man condom	2	4	1	2	0	0	9	2	7
LAM	1	2	1	1	1	1	1	2	2
Traditional methods	4	6	4	3	1	1	10	12	10
Unmet need for family planning	17	17	17	22	18	11	19	25	17

NC: North central, NE: North east, NW: North west, SE: South east, SS: South south, SW: South west, Source: NBS, 2009

Data for this study were gathered, using questionnaire, from 100 respondents purposively sampled. Both descriptive and inferential statistics were employed in data analysis. Descriptive statistics was used to analyze the socio-economic variables while the logit regression model was used to analyze respondents use FPI. Following the study of Gujarati (1988), the model is specified thus:

$$\text{Ln} (P_i/(1-P_i)) = b_0 + b_1 X_i + e_i$$

Where:

- P_i = Probability of respondents use of FPI (use = 1, non-use = 0)
- b_i = Coefficients
- X_i = Independent variables
- e_i = Error

The independent variables X_i are:

- X_1 = Family size
- X_2 = Educational level of the respondent in years
- X_3 = Educational level of the spouse in years
- X_4 = Awareness of FPI (no = 0; yes = 1)
- X_5 = Spouse's perception or approval (agree = 1, disagree = 0)
- X_6 = Income level in Naira
- X_7 = Farming experience in years
- X_8 = Religious belief (Islam = 0; Christianity = 1)
- X_9 = No. of Children
- X_{10} = Mass media exposure i.e., both print and electronic (no = 0; yes = 1)

RESULTS

Table 2 showed that the majority (58%) of the respondents was female, 55% were below 41 years old, 56% have household size of between 6 and 10 persons and 54% have more than 5 children. About 61% of the respondents and 58% of their spouses have only primary education. More than half (56%) of the respondents were Muslims and the majority (70%) earn between N10, 000 (\$ 66.09) and N 50, 000 (\$330.47) per month. The majority of the respondents (88%) of the respondents are aware of FPI but 60% have not used the information. Most (55%) of the respondents' spouses disagree with the use of FPI.

Results according to Table 3 showed that 22% of the respondents heard about FPI via electronic source (either on the radio or TV), 2% through the print source (newspaper, journals, magazines, books etc.), 33% heard about it from their friends and relatives (personal source), 35% heard about it from the health centre and 8% of the respondents were not aware of family planning. The regression result as presented in Table 4 showed that out of all independent (explanatory) variables, the coefficient of educational level of the respondent ($p < 0.1$), educational level of the spouse ($p < 0.1$), spouse's perception ($p < 0.01$), income level ($p < 0.1$) and mass media exposure ($p < 0.1$) were significant with a positive sign, indicating a direct relationship between them and use of FPI. This implies that increase in these independent variables would increase the probability of farmers' use of FPI. The coefficient for

number of children ($p < 0.1$) is significant with a negative sign showing an inverse relationship between it and the probability of the use of FPI.

Table 2: Socio-economic and institutional characteristics of farmers

Characteristics	Frequency (n = 100)	Percentage
Gender		
Male	42	42
Female	58	58
Age		
<30	14	14
30-40	41	41
41-50	30	30
>50	15	15
Household size		
1-5	30	30
6-10	56	56
11-15	5	5
>15	9	9
Number of children		
1-4	46	46
5-8	50	50
>8	4	4
Educational level		
No Education	26	26
Primary school	35	35
Secondary school	23	23
Tertiary school	16	16
Spouse educational level		
No Education	24	24
Primary school	34	34
Secondary School	31	31
Tertiary school	11	11
Religion		
Christianity	44	44
Islam	56	56
Income level		
<10	6	6
10-50	70	70
51-100	21	21
>100	3	3
Awareness of FPI		
Aware	88	88
Not aware	12	12
Use of FPI		
Use	40	40
Non-use	60	60
Spouse perception of FPI		
Agree	45	45
Disagree	55	55

Source: Field survey (2011)

Table 3: Distribution of respondents by sources of awareness of FPI

Sources	Frequency	Percentage
Electronic	22	22
Print newspaper	2	2
Personal	33	6
Institutional (health centre)	35	35
Not aware	8	8
TOTAL	100	100

Source: Field survey (2011)

Table 4: Logit regression result for the determinants of respondents' use of FPI

Variable	Coefficient	Standard error	t-value
Constant	-4.294	1.731	6.156**
X ₁	0.218	0.412	2.895
X ₂	0.641	0.382	2.818*
X ₃	.368	0.193	3.621*
X ₄	1.381	1.256	1.208
X ₅	1.470	0.538	7.476***
X ₆	1.251	0.647	3.735*
X ₇	0.023	0.055	0.176
X ₈	0.545	0.574	0.902
X ₉	-0.385	0.226	2.898*
X ₁₀	0.351	0.258	1.708*

Values are significant at ***1%, **5% and *10%, Nagelkerke R² = 0.312, -2 Log likelihood = 108.370, Source: Computed from field survey (2011)

DISCUSSION

Clearly most of the respondents are still in their active child bearing age, thus FPI is relevant in the study area. This assertion is further strengthened by the large household size which may be as a result of the large number of children per family. Previous studies posited that family planning is usually favoured by women who already had large family and will want to discontinue having children (Khademloo *et al.*, 2008). The result further showed that literacy level is generally low with more than half of the respondents and their spouses having only primary education or none. The nexus between literacy level and adoption of programmes or use of information have been documented (Odimegwu, 1999). That the majority of the respondents are Moslems is expected to influence the use of FPI following the work of Zafar *et al.* (2003a) who studied the importance of religion to use of contraceptive and discovered that most Moslems believed that use of any form of FP contradicts Islam.

Even though awareness of FPI is high, many of the respondents have not used FPI, may be as a result of the fact that most of their spouses disagree with use of FPI. The involvement of spouses in the issues relating to reproductive health is imperative as highlighted by Osman (2011) and Najafi and Rakhshani (2006). This result is consistent with the findings of Anyanwu *et al.* (1998) and Zafar *et al.* (2003b). The most predominant source of FPI in the study area was the Institutional or health care centres. The importance of the health care centers in delivery of public health information such as FPI, have been documented (Nikniyaz *et al.*, 2006). This may be as a result of the fact that FPI is health related. The link between the descriptive statistics result and the

regression results showed that those variables which positively increase use of FPI such as educational level, income level (consistent with the findings of Amiruddin *et al.* (2012), spouse approval and exposure to mass media (print and electronic), is generally low among respondents. Several other authors have also found significant relationship between respondents' socio-economic and institutional characteristics and their attitude towards family planning (Kabir, 2001; Amiruddin *et al.*, 2012; Kabir *et al.*, 2012). Furthermore, number of children per family which negatively influence the use of FPI, is relatively high in the study area, thus the poor use of FPI.

CONCLUSION AND RECOMMENDATIONS

This study assessed the use of FPI among farming households in Abeokuta north local government area of Ogun state. The findings demonstrated the importance of education to the use of FPI. The nexus between income level, an important precursor of poverty status and use of FPI was also established. The study also shows the impact social support, especially from the spouse, can have on the use of FPI. Based on the findings in this study, the following are being recommended:

- Awareness campaign as regards the health and economic advantages of family planning should be intensified especially via the mass media
- Family planning programmes and policies should deliberately incorporate both men and women to facilitate spousal support
- Family planning education should be well highlighted in school curriculum even to the primary level

REFERENCES

- Ajakaiye, D.O.I. and V.A. Adeyeye, 2001. The Nature of Poverty in Nigeria. Institute of Social and Economic Research, Nigeria, pp: 1-20.
- Amiruddin, R., D. Sidik, A. Alwi, N. Islam, Jumriani, P. Astuti and Syafruddin, 2012. Socioeconomic factors and access to health services for malaria control in Mamuju District, West Sulawesi Indonesia. *Asian J. Epidemiol.*, 5: 56-61.
- Anyanwu, J.C., H.E. Oaikhenan, S.O. Oyefusi and A.O. Oladipupo, 1998. The Role of Men in Family Planning in Nigeria: A Case Study of Cross River State. NISER, Ibadan.
- Asghar, K., A.A. Maann, M.I. Zafar and T. Ali, 2010. Practicing of women reproductive health rights: A road map for HIV prevention. *Pak. J. Nutr.*, 9: 250-254.
- Bankole, A., R. Hussain, G. Sedgh, S. Singh, D. Wulf and Alan Guttmacher Institute, 2009. Abortion Worldwide: A Decade of Uneven Progress. Alan Guttmacher Institute, New York.
- Chinweike, 2010. Population explosion in Nigeria: Ways to avoid the effects of population explosion. <http://chinweike.hubpages.com/hub/POPULATION-EXPLOSION-IN-NIGERIA>
- Cleland, J., S. Bernstein, E. Alex, A. Faundes, A. Glasier and J. Innis, 2006. Family planning: The unfinished agenda. *Lancet*, 368: 1810-1827.
- Goliber, T., R. Sanders and J. Ross, 2009. Analyzing family planning needs in Nigeria: Lessons for repositioning family planning in sub-Saharan Africa. Futures Group, Health Policy Initiative, Task Order 1, Washington, D.C. http://www.healthpolicyinitiative.com/Publications/Documents/996_1_Nigeria_FamPlan_FINAL_12_3_09_acc.pdf
- Gujarati, D.N., 1988. Basic Econometrics. 2nd Edn., McGraw-Hill Book Company, New York.

- Kabir, A., 2001. Determinants of the current use of contraceptive methods in Bangladesh. *J. Medical Sci.*, 1: 296-301.
- Kabir, M.A., M.N. Huq, A.Q. Al-Amin and G. Mahabubul Alam, 2012.. Community participation on health and family planning programs in Bangladesh: The role of education and knowledge on HFP for plummeting pharmaceutical costing. *Int. J. Pharmacol.*, 8: 10-20.
- Khademloo, M., R. Ghasemian and M. Yasari, 2008. Continuation rates and reasons for discontinuing TCU380A IUD use in Sari, Iran. *Pak. J. Biol. Sci.*, 11: 1514-1516.
- Mazumder, M.S., M.K. Hossain, M.N. Islam and K.N. Islam, 2001. Contraceptive effectiveness of breastfeeding and current contraceptive practice in Bangladesh. *J. Medical Sci.*, 1: 267-271.
- NBS, 2009. Annual abstract of statistics. Produced under the auspices of Federal Government Economics Reform and Governance Project (ERGP). <http://www.nigerianstat.gov.ng/>
- Najafi, F. and F. Rakhshani, 2006. Increasing Men's knowledge, attitude and practice regarding family planning through their wives group counseling in Zahedan, Iran. *J. Medical Sci.*, 6: 74-78.
- Nikniyaz, A., M. Farahbakhsh, K. Ashjaei, D. Tabrizi, H. Sadeghi-Bazargani and A. Zakeri, 2006. Maternity and child health care services delivered by public health centers compared to health cooperatives: Iran's experience. *J. Medical Sci.*, 6: 352-358.
- Odimegwu, C.O., 1999. Family planning attitudes and use in Nigeria: A factor analysis. *Int. Family Plan. Perspectives*, 25: 86-91.
- Orbeta, A.C., 2005. Poverty, fertility preferences and family planning practice in the Philippines. Discussion Paper Series No. 2005-22. <http://www.eaber.org/node/22668>
- Osman, A.A., 2011. Management of infertility within primary health care program in Sudan. *Asian J. Scientific Res.*, 4: 158-164.
- Ottong, J.G., 2010. Population of Nigeria. <http://www.onlinenigeria.com/population/>
- Zafar, M.I., F. Asif and S. Adil, 2003a. Religiosity as a factor of fertility and contraceptive behavior in Pakistan. *J. Applied Sci.*, 3: 158-166.
- Zafar, M.I., M. Habib Ullah, Saif-ur-Rehman and S. Abbasi, 2003b. Fertility regulating behaviour: A study of rural Punjab-Pakistan. *J. Applied Sci.*, 3: 376-384.