

DETERMINANTS OF CHOICE OF TRADITIONAL AND MODERN FAMILY PLANNING IN RURAL COMMUNITIES OF AKWA IBOM STATE

Dr. Itimitang Wilson Etukudo

Department of Political Science and Sociology
Western Delta University, Oghara, Delta State, Nigeria

Anietie A. Inyang, Ph.D

Department of History and International Studies,
University of Uyo, Nigeria

ABSTRACT: *The primary objectives of this study were to obtain reliable information on the levels of knowledge and use of traditional and modern family planning and to identify factors affecting the practice of contraception in rural Akwa Ibom State, Nigeria. Data used for the study were collected from a representative sample size of 900 women. Level of use of traditional family planning was higher than that of modern. Accessibility factors were found to have influenced the choice and use of family planning in the study area. Contraceptive dropouts were mainly users of modern contraceptives. Some recommendations are made in order to make family planning services accessible to majority of women of child bearing age in Nigeria, most especially those in rural areas.*

KEYWORDS: Factors; Family; Level; Planning; Rural; Utilization

INTRODUCTION

Rapid population growth constitutes a serious threat to national development efforts. To check the problem of high fertility and its attendant consequences, scholars and international organizations have advocated the adoption of population policies and programmes by countries which consider their birth rates detrimental to their national goals and aspirations. Among many strategies that have been recommended for dealing with population family planning had received much attention most especially in advanced countries of the world. In the developing nations, family planning as a national concern is relatively recent. For example, although family planning has been practiced in one form or another through the ages in many African Countries, its recognition and the attempt to adopt it as a population and health policy only dates back to 1974. That marked the beginning of increased activities in the area of family planning as a result of awareness of the importance of demographic variables in the planning process (Olusanya 1985).

In Nigeria, as a result of the increasing concern with the negative effects of rapid population growth on the country's development, the 2005 National Population Policy tagged "Population for Sustainable Development" (National Population Commission; 2008). One objective of the 2005 National Policy on Population is promotion of responsible and planned family through voluntary and free choice of family planning methods best suited to individual acceptors. Contraceptive knowledge and especially use play principal role in fertility decline. To achieve a decline in desired fertility, effective behavioural attitudinal change to fertility regulation, practice and contraception are important. Increase in fertility regulation and usage

of family planning methods are major components of the National Policy on Population for Sustainable Development and an essential indicator for tracking progress/achievement levels to attaining the Millennium Development Goals (MDGs) (National Population Commission; 2009)

Despite government's effort toward the establishment for family planning units in hospitals and health centres in both urban and rural communities in Nigerians accept family planning, many Nigerians most especially those in rural areas have not embraced family planning to any reasonable degree. This is reflected in the low levels of usage of family planning techniques in the Country as reported in some demographic and health surveys (FOS, 1992; NPC, 2008 and 2009).

This study sets for itself the task of obtaining reliable information on the current status (levels of knowledge and utilization) of traditional and modern contraception in rural areas of Akwa Ibom State and to identify the factors which might have facilitated or hindered their utilization in the area. It is believed that identification of the factors could facilitate the designing of proper strategies for the implementation of Nigeria's population policy.

METHODOLOGY

The rural Akwa Ibom Stat family planning survey was conducted between April and July, 2013. During the survey, information was collected from representative sample size of 900 respondents aged between 15 and 49 years. Out of this, 450 were unmarried women and the remaining 450 were married women.

The respondents were randomly drawn from six Local Government Areas (LGAs) of the State. Through the process of simple random sampling, two local government areas were randomly selected from each of the Senatorial District (Eket, IkotEkpene and Uyo) of the State. Eighteen villages (3 villages per ward) from the six wards selected (on ward per one of the six local government areas earlier selected) provided the 900 respondents for the study. In each village sampled 50 respondents were interviewed. Out of this number, 25 were married women while the remaining 25 respondents were unmarried women.

Information for the study were collected using structure interview schedule containing questions on respondents' personal and background characteristics, knowledge and use of family planning service. Questions on factors affecting utilization of family planning were also asked. Data were analysed using simple percentages.

FINDINGS

Background Characteristics of the Respondents

This section presents information on the background characteristics of the respondents interviewed.

The data show that the ages of the respondents ranged from 15 – 49 years, with the highest number 689 (76.6 per cent) being in the 20 – 39 years age groups, 103 (11.4 per cent) were in

15 – 19 years age bracket, while 118 (12 per cent) belonged to the 40 – 49 years age group. Almost 206 (2.9) per cent had primary education. Nearly two fifty of the respondents proceeded as far as secondary level and above. From the data one observed that 77.4 per cent of the respondents were working most as civil servants and in self-employed positions as petty traders, peasant farmers and a business people. The remaining 22.6 per cent of the respondents were permanent (full-time) housewives 113 (2.6 per cent). Students 81 (9.0 per cent) and youth corpsers 9 (1.0 per cent) of the respondents were African Traditional Religion Practitioners.

With regard to the number of living children, 198 (22.0 per cent) of the respondents had no living children, about one half of the population had between one and five living children. About 119 (24.3 per cent) had six and above living children. We also observed from table 4.13 that one half (450) of the respondents were currently married, while the remaining half were made of single 253 (28.1 per cent), separated 58 (6.4. per cent), divorced 105 (11.7 per cent) and widowed 34 (3.8 per cent) women. The selection of the respondents was done so that at least 33.3 per cent (300) came from the three Senatorial Districts in the State.

Knowledge of Family Planning

Information on the levels of family planning knowledge in the study area as shown in table 1 indicates that a little more than one-half (52.9) of the women knew of or had heard of family planning. Almost 26.0% of all the women knew modern methods. The most widely known methods were the condom, pill, IUDs and barrier methods.

Table 1: Percentage Distribution of Respondents by Specific Family Planning Methods Known, Ever Used and Currently Being Used.

Family Planning Method	Method Known	Method Ever Used	Method Currently Being Used
Any method	52.9	26.0	17.4
Any Modern Method	26.9	12.6	4.3
Pills	4.1	2.8	1.3
IUDs	3.9	2.8	0.9
Spermicides/Foam Jelly/Diaphragm	3.2	2.9	0.7
Douche	2.1	0.9	0.3
Condom	5.0	0.0	0.0
Male Sterilization	2.3	0.0	0.0
Female Sterilization	2.3	0.0	0.0
Injectable	2.0	2.3	0.8
Norplant	2.0	0.9	0.3
Any Traditional Method	26.0	13.4	13.4
Rhythm	5.1	4.4	4.4
Abstinence	5.5	3.7	3.7
Withdrawal	5.0	0.0	0.0
Prolonged Breastfeeding	3.8	2.0	2.0
Beads/Arm and Waist Band (Magic)	2.5	0.7	0.1
Exercise and Urinating After Sex	2.4	1.1	1.1
Lime Juice/Salt/Gin (Concoction)	1.1	0.8	0.8
Other Traditional Methods	0.6	0.7	0.7

Traditional methods were known by 26.0% of all the women. The most widely known methods were abstinence, rhythm, withdrawal, prolonged breastfeeding, bead/arm and waist bands and exercise and urinating after sex as well as other traditional methods. Further analysis of the data shows that family planning knowledge varied considerably according to background characteristics of the respondents. Knowledge was highest among women in their 20s and 30s, those who had secondary and higher education, those who were gainfully employed, the Christians and those who had between 2 and 7 children.

Ever Use of Family Planning

Table 1 shows that only 234 (26.0%) of the respondents had ever used family planning; that only 12.6% of the respondents used modern methods. These methods include spermicide, foam, jelly, diaphragm, douche, injectable and norplant. Traditional methods were used by 13.4% of the respondents. The methods were rhythm, abstinence, prolonged breastfeeding, exercise and urinating after sex. The use of waist/arm beads and bands (charm) and drinking of mixture of lime juice/salt/local gin with roots before and after sex were other methods ever used (Table 1). The data also indicate the ever used level was higher for respondents aged 20 – 34 years and lower for those aged 40 – 49 years. Ever used level was also higher for those who had secondary school education and above, higher for those who were gainfully employed, for Christians and respondents who had 2 – 7 children.

Almost 65.6% of the respondents who had ever used family planning services said they did so as a means of birth control. This is a significant finding considering the fact that out of this 65.6%, those with little or no education were 4.5% those with low occupational status were 8.2% and almost three quarters (44%) were within the 20 – 30 years of age bracket, showing that they were fertile.

Current Use of Family Planning

Table 1 shows that current use of traditional family planning was higher than that of modern. Out of the 17.4% of the women were currently using family planning at the time of the survey, 4.3 were users of modern methods while the remaining 13.4% were users of traditional methods. The pills (1.3%), IUDs (0.9%), barrier methods (0.7%), injectable (0.8%) were the modern methods used. Table 1 further shows that all respondents who reported that they had ever used family planning were all currently using it at the time of the survey. Showing that there are no drop-outs. Data also show that current use level was lower among married women. This may be due to the facts that younger married women are less likely to be practicing contraception than their unmarried counterparts (Federal Office of Statistics (FOS, 1992). Current use level was highest among women in the 20s and 30s and lowest among women aged 15 – 19 and 40 – 49 years. This is most likely because younger women may be starting their families, while older women are more likely to have completed their families and want to stop childbearing altogether. It is also likely that a greater proportion of young married women are either pregnant or have recently delivered and are not at risk of getting pregnant again. Current use increases steadily with increasing level of education, from 1.1% for women with little or no education to 7.5% for women with higher education. Current use was also higher among women in labour force. It was higher among Christians with Protestants having the highest current use level of 6.0%.

As it could be observed from table 1, periodic abstinence and rhythm are widely used methods among ever and current users of family planning at the time of the survey. Successful practice of these methods depends on knowledge of when in the monthly ovulatory cycle (reproductive physiology), a woman is not likely to become pregnant if exposed to sexual intercourse (FOS, 1992).

Table 2: Distribution of Ever Users of Abstinence and Rhythm by Knowledge of the Fertile Period

Perceived Fertile Period	Ever Users of Abstinence and Rhythm Methods
During menstrual period	0.0
In the middle of the ovulatory cycle	84.7
Just before the period begins	0.9
At any time	9.1
I don't know	5.3
Total	100
Number of respondents	73

It is worthy of note that users of periodic abstinence or rhythm methods are knowledgeable about the ovulatory cycle. Almost 85% had accurate understanding of their cycle (table 2). This is considered impressive especially when we consider the role these methods are supposed to play for those who depend on them as a means of checking unwanted pregnancies. It may be necessary to mention at this point that other studies have cast doubts on the reliability and validity of responses to questions on knowledge and utilization of family planning in communities in Nigeria (National Population Bureau, 1984 and Ekanem, 1979). Because of the sensitivity of questions on sexual matters and conception, the presence of others, particularly husband or other adults might have negatively affected their responses.

Factors Affecting the Use of Family Planning

Knowledge of conception is a necessary but not a sufficient condition for use of family planning method. Thus, knowledge levels can be high while use levels are low.

Table 3: Distribution of Respondents According to Reasons for Non Use of Family Planning Methods (N = 242)

Reason	No of Respondents	Percentage (%)
My friends/relatives say family planning is bad	204	84.3
Lack of adequate information about family planning	204	84.3
Husbands/Sexual partners oppose the practice	201	83.1
Religious consideration	198	82.0
Have no child/required number of children	182	75.2

Table 3 presents the reasons given by the 242 respondents for not ever using family planning despite the fact that have heard of and known about it. As could be seen from the table, the reasons given are based on negative rumours about family planning from friends, husbands, sexual partners and other significant others. These people may have been those who have awful experience with family planning and who abhor the practice. Just like in other rural areas in Nigeria, negative rumours are common among rural people of Akwa Ibom State.

Knowledge – use levels are useful because they show the numbers of respondents (women) who have ever used family planning, given knowledge (Okojie, 1990).

Reasons for Using Family Planning

In order to understand the reasons for using family planning services, the question “If you have ever used family planning, why?” was asked. Table 4 shows the respondents’ responses to the question.

From table 4 overleaf, it is seen that almost 65.6% of the respondents who had ever used family planning services said they did so as a means of birth control. This is a significant finding considering the fact that out of this 65.6%, those with little or no education were 4.5%; those with low occupational status (mostly self-employed) were 8.2% and almost three quarters (44%) were within the 20 – 39 age bracket, showing that they were fertile women. This finding shows that in rural or traditional communities, among individuals (especially illiterates), deliberate and conscious steps are taken to control or prevent childbearing so that couples would have the number of children they could cater for adequately.

Table 4: Percentage Distribution of Respondents According to Reasons for using Family Planning.

Reasons	No. of Respondents	Percentage (%)
To have the number of children that could be catered for adequately	52	22.2
To space children	43	18.4
To delay pregnancies	39	16.7
I have the required number of children	26	11.1
To avoid unwanted pregnancies	20	8.5
To prevent illegitimate births	16	6.8
To protect the health of children	14	6.0
To protect the health of mothers	12	5.1
No reason	10	4.3
I am sick	2	0.9
To prevent the contact of sexually transmitted diseases	0	0.0
TOTAL	234	100.0

Therefore, this finding helps to debunk the claims contained in some research reports that since the essence of marriage is to produce children, it would be unreasonable to expect that individuals in traditional societies would take deliberate steps to prevent childbearing

especially among couples who are still fertile; and also the view that traditional practices of prolonged lactation and sexual abstinence are not consciously employed to space children, to lower fertility and to protect the health of the children and their mothers in both rural and urban communities of Nigeria.

It is important to mention here that information from the field indicates that the use of periodic abstinence and prolonged lactation in the study area was intended mainly to lower fertility. In the study, almost all the 65.6% respondents said that parents (especially mothers) feel that it is unwise under this hard economic conditions for people to continue to have the number of children they cannot adequately cater for in terms of good education, clothing, housing, etc, that there is the need to use accessible means of birth control to limit one's family size to few children who would not be exposed to hardship. Therefore, the use of pills, IUDs, periodic abstinence, prolonged lactation, exercise after sex and the drinking of salty water and other concoctions among others intended to lower fertility through proper spacing of childbirth, the subsequent or attendant consequences being the enhancement of the good health of children and mothers.

Table 5: Distribution of Respondents According to Reasons for Discontinuation from the use of Modern Family Planning (N = 75)

Reasons	No of Respondents	Percentage (%)
Poor attitude of providers	65	86.7
Not effective/reliable	53	70.7
Husband/sexual partner opposes the practices	59	78.7
My friends/relatives say family planning is bad (Significant others)	50	66.7
High cost of family planning	48	64.0
Lack needed method(s)	47	62.7
Health concern (side effect)	56	75.0
Wasting of time at service centres/point	64	85.0
Non available locally	47	62.7
Distance to service centres/points is too far	62	82.7
Non-availability of trained staff	43	57.3
Because of the sex of the providers	39	52.0
Have no child/require number of children	38	50.7
Infrequent sex	35	46.7
Negative attitude of providers towards contraception	49	65.3
Cultural consideration	26	34.7
Religious consideration	23	30.6

Continuation levels enable us to measure persistence in the use of family planning; that is what percentages of people who have tried contraception continue to use. Ever use levels when compared with current users provide information on the percentage of contraceptive drop outs (Lightbourne, 1980).

Table shows that 26.0% had ever used family planning at the time of the survey. Out of the 12.6% were users of modern family planning while 13.4% were users of traditional methods. The table further shows that with current use level of 4.3%, modern methods experienced dropout of 8.3%. That is 8.3% of the ever user levels of modern family planning discontinued using it.

The table also shows that 13.4% respondents who had ever used traditional contraception were all it current users. That is to say there were no respondents who ever used traditional contraception that discontinued from using it.

Table 5: The 8.3% of the respondents who discontinued from the use of modern family planning when asked why the drop out, mentioned physical, economic, functional and psychological factors of accessibility as being reasons for discontinuation from the practice of modern contraception.

It should be noted that the materials used in preparing the concoctions or appliances for traditional contraception are sourced locally, in most cases in the bush at the backyard of the practitioner because it is always available locally, and does not involve travelling for a long distance for it and it takes few minutes to get it.

It is pertinent to mention that the high level of use of traditional contraception must especially those involving concoctions and applications in the study area is that they are administered by traditional healers in rural Akwa Ibom State.

They make more success with one or more ailment and become famous for their remedies with respect to mental disorders, gynecological problems, pediatric problems and a host of other conditions. Their positive attitudes towards toward their patients, relative low cost of their supplies or even free treatment for the glory of the ancestors have encouraged the rural people to patronize them. Because they are often part of the local community, culture and tradition, they continue to have high social standing and in many places exerting considerable influence on local health practices and are always seen as being credible providers of both preventive and curative healthcare services.

DISCUSSION AND CONCLUSION

The findings of this study indicate that family planning practice lags behind knowledge of family planning services in rural areas of Akwa Ibom State. The results of the study further indicate that the levels of traditional family planning (including natural methods) are higher than that of modern family planning in terms of knowledge and utilization levels in rural areas of Akwa Ibom State. Accessibility factors are found to be good indices for predicting and explaining family planning behaviour of the people of the study area.

One of the major findings of this study is that women who had ever used family planning services said they did so as means of birth control. This shows that in rural communities, among individuals especially (illiterate), deliberate and conscious steps are taken to control or prevent child-bearing so that couples would have the number of children they could cater for adequately. It is important to mention also that information from focus group discussions

indicate that the use of periodic sexual abstinence and prolonged lactation in the area by the women is intended mainly to lower fertility.

Therefore, these findings help to debunk the claims contained in some research reports (Okoro, 1991 and Ware, 1979) that since the essence of marriage is to produce children, it would be unreasonable to expect that individuals in traditional societies would take deliberate steps to prevent childbearing especially among couple who are still fertile; and also the view among some scholars (Okoro, 1991 and Ware, 1979) that traditional methods are practices such as prolonged lactation and sexual abstinence are not consciously used to space children and to check unwanted pregnancies. Based on these facts, we can conclude that the use of traditional (including natural) methods is intended to lower fertility through proper spacing of child-birth, the subsequent or attendant consequences being the enhancement of the health of children and mothers.

One of the findings of this study is that apart from abstinence and prolonged lactation, other traditional methods and practices are currently being used to prevent unwanted pregnancies in the rural areas of Nigeria in general and Akwa Ibom State in particular. This finding nullifies the assertion by some scholars that there is very little evidence of the use of any traditional fertility regulating method(s), except periodic sexual abstinence and prolonged lactation, by women seeking to limit the overall size of their families; and that because of modern family planning methods nobody will hear of or not talk of practising traditional family planning in the future.

One of the major objectives of this paper was to identify factors affecting utilization of traditional and modern contraception in the study area. The results of the study show that accessibility factors are the major determinants of family planning behaviour of the people in the study area.

It should be noted that numerous studies have hitherto focused attention on “mysterious” socio-cultural, socio-economic and socio-demographic factors in explaining the level of family planning utilization especially in the rural areas. These earlier studies assumed that family planning utilization level in Nigeria, especially in the rural areas will improve greatly if these factors are influenced. But sadly their findings and recommendations, which may have been considered and implemented respectively by policy makers, have not brought about the expected high level of family planning utilization in Nigeria especially in the rural areas? Based on the findings of this study, we can conclude that is “deceptively simplistic” to relate or attribute low level of utilization of family planning services in Nigeria wholly and solely to socio-cultural, economic and socio-demographic factors without considering the impact of geographic or physical, financial or economic, functional and socio-psychological factors of accessibility affecting the utilization of these services in our rural areas. This is in line with the findings of Adekunle and Ottong (1989); Adekunle et al (1990) and Misra et al (1976) that “low utilization of family planning facilities are far away services are costly, staff are often less than polite and helpful...”, and that these considerations act to delay the decision to seek family planning services.

RECOMMENDATIONS

Considering the findings, the following recommendations are made:

- Government should provide conscious support by financing most of the programmes associated with family planning in Nigeria and should not depend solely on foreign aids.
- Government should establish more family planning clinics and supply them with family planning facilities and commodities so that practitioners could execute their jobs effectively and efficiently too. The service delivery centres should be sited centrally for easy accessibility and proximity.
- To encourage rural people to practice family planning, the services (Clinical) should be rendered free for a reasonable number of years.
- Finally, government should encourage traditional health practitioners capable of using herbs and other devices effectively for birth control; and people should also encourage people to use herbs and devices which are not injurious to their health for the purpose of family planning.

For the general development of the country and in order to achieve its target of reaching 80 per cent of women of childbearing age with family planning by the year 2020, these recommendations must be taken seriously.

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