

ASSESSING KNOWLEDGE AND UTILIZATION OF FAMILY PLANNING AS TOOL FOR POPULATION CONTROL IN QUA'AN PAN LGA, PLATEAU STATE, NIGERIA

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Abstract

Nigeria is witnessing an unprecedented population growth and family planning has been established a reliable tool for population control. This study assessed family planning practice in Qua'an-pan LGA of Plateau State. It analyzed couples' awareness levels towards the practice of family planning and the factors that influence contraceptive use. Using a structured questionnaire, the study adopted a survey research method. Multistage sampling technique was employed in the selection of 240 couples from the 8 Districts of Qua'an Pan LGA. Descriptive statistics was used to analyze the responses, while Chi-square test was applied to test the hypothesis formulated. Results revealed that the awareness level of couples towards family planning was high (95%), however the utilization rate is 58%. Although couples generally have positive attitudes towards family planning, factors predictive of family planning are cultural and religious. Interventions in areas of sensitization and the provision of infrastructure such as schools and clinics are needed to transform existing awareness into information centers for education on family planning. Campaigns targeting individual couples through churches, mosques and cultural centers should be intensified on family planning for the benefit of all citizens.

Keywords: Family Planning, Contraceptive use, Knowledge, Practice, Qua'an Pan LGA,

INTRODUCTION

The term "population" refers to a group composed of all members of the same species that live in specific geographical area at a particular time (Akanwa, Anyanwu & Ossai-Onah, 2013). The world population has undergone exponential increase in the last two centuries, where it was around 1 billion in 1850, but by 2025, it would have exceeded 8 billion. Nigeria ranks 6th in global population, with 235 million people and is expected to cross 237 million by 2025 after December 31, 2024 (Obokoh, 2024). Although, the rate of growth in population differs among countries, States, Local Government Areas (LGAs) and Districts, if nothing is done to address the rapid population growth, the nation will be heading for chaos, given the high rate of poverty among Nigerians (Cambell, 2018). The causes of this rapid population growth are many, which Akanwa et al. (2013) attributed to cultural beliefs, lack of adequate sex and population education, religious beliefs and need for social security at old age.

Worried about this exponential growth, the Nigerian Government in 2004, prepared a comprehensive policy comprising 6 goals, 20 objectives, 10 targets and 9 strategies for family planning and fertility management (FGN, 2004; cited in Akanwa et al., 2013). Family planning practice is one of the critical measures that has been used in addressing fertility and population management across the world since ancient times. Family planning is concerned with the spacing of child's birth in the family, such that individuals and couples space the process of conception, pregnancies and birth at intervals in order to have the number of children that they can conveniently maintain (Farooq, 2013). Family planning practices allow people to attain their desired number of children through voluntary spacing of pregnancies or conceptions (UNFPA, 1993; Gosh et al., 2009; WHO, 2018); thereby providing individuals the opportunity to anticipate and attain their desired number of children and space timing of their births through the use of contraceptive methods (Anasel & Mlinga, 2014).

Population control is an age-long phenomenon and it started from ancient Greece, China, and Rome where regulating and controlling population through abstinence and exclusive breast feeding were practiced with the aim of pregnancy and birth spacing. (Akanwa et al., 2013). Effective family planning has great contribution to public health and socio-economic development and has been consistently emphasized as crucial in shaping demographic trends, alleviating poverty and improving the general well-being given its long-standing tradition (Purnamasari, Puspita & Rikhaniarti, 2015). It can lead to improved nutrition and overall health for both the children and the mothers (Hatcher, Williams, Dorin & Switzer, 2023); it saves lives, empowers women and girls to seize better economic opportunities to complete their education and fulfill their potentials in life, thereby enabling them to take decisions about their health and future (United Nations Fund for Population Activities, UNFPA, 2017))

The overall essence of family planning practices is to promote healthy living of married couples by allowing them to enjoy good health and explore economic ventures that guarantee their future (Farooq, 2013; Namuliira et al., 2022). Family planning allows for expanded educational opportunities for child-bearing women, alleviates the cost of contraceptives, and allows them to save (Beyer, 2020). Despite these benefits, there has been poor acceptance to the use of contraceptive methods which could be attributed to fear of complication, the side effects, ignorance of the people on the use of the available methods, religious and cultural desire for more children (Kansal, kandpal & Mishra, 2006; Akanwa et al., 2013; Omishakin, 2015). Many empirical studies also confirm poor adoptions of family planning practices in sub-Saharan Africa in general, and Nigeria in particular (Seinfeld, 2006; United Nations, 2015; Dogo, Mundi & Dakyes, 2019). The extent of family planning practice depends on better awareness and knowledge about family planning which ultimately, can lead to a better likeness for it (Hodogbe & Badu-Nyako, 2015). Johnson and Ekong (2015) argue that young people in Nigeria do not seek family planning because they do not want their parents and other adults to know that they are sexually active while many fear being ridiculed and disapproved from service providers. On the contrary, a study by Dangat and Njau (2013)

showed that a higher percentage of the adolescents were encouraged by parents to use family planning services. The same study observed that high proportion of parents, compared to religious leaders encourage adolescents to patronize family planning services. This is a reflection of parents' knowledge on challenges faced by adolescents in their adolescent period and the need to protect them against the risk of unwanted pregnancy, child bearing and other sexually transmitted infections (Dangat & Njau, 2013).

This indicates that the number of children desired by couples have an influence on their decision concerning family planning practice. The decision about family planning practice or the choice of family planning method can be influenced by the individual's personality and his or her own behaviors toward it. Orji et al. (2007) discovered that most men believe that a decision about family planning should be made jointly by the spouse instead of being the prerogative of either. This is in contrast with the general belief that men are opposed to family planning. The study also revealed that many men would use family planning if their wives demanded it. However, Ijadunola et al. (2010) noted that the family unit in Nigeria is essentially patriarchal and patrilineal, with all the important decisions taken by the male head while the woman's fundamental social role is to bear and raise children and engage in productive tasks within the household. Furthermore, men's opinions about their roles in family planning were assessed and more male disagreed that men should make decisions about family planning issues (Ijadunola et al., 2010). In most traditional setting, spousal veto acts as a barrier to family planning and represents a serious threat to women's reproductive health and socio-economic liberty. Level of education influences family planning decision, as high education level increases the socio-cultural and economic status of an individual, improves his problem-solving capacity and enables him or her to be more opened about subjects related with sexuality and family planning decisions (Terzioglu, 2010).

In many communities of Qua'an pan LGA of Plateau State, the level of knowledge and actual practice of family planning remains unknown due to cultural beliefs, religious influences, inadequate access to health services, and low education on modern family planning methods. Besides, there is limited empirical study on the extent to which residents are informed

about and utilize modern family methods. This gap inhibits effective policy-making and program implementation. Therefore, this study investigates the knowledge and practice of family planning in controlling unprecedented population growth that

MATERIALS AND METHODS

Study Area

Qua'an Pan Local Government Area (LGA) is located between Latitudes 8°.00 N & 8°.49' N of the Equator and between Longitudes 9° 09' E & 9° 15' E of the Prime Meridian. Situated in the southern fringe of the Plateau state, Qua'an Pan LGA was carved out of Shendam LG A in 1989 with headquarter at Ba'ap. The council headquarter is about 240km from Jos, the Plateau state capital. Qua'an pan LGA is bounded to the East by Shendam LGA, to the North by Mangu LGA, to the Northeast by Pankshin LGA and to the Northwest is Bokkos LGA. Qua'an Pan LGA also shares boundary to the West and South by Wamba LGA, Lafia LGA, Obi LGA and Awe LGA, all in Nasarawa state. Qua'an pan LGA has eight districts, namely Bwall, Doemak, Dokankasuwa (Jagatnoeng), Kwa, Kwalla (Kwagallak), Kwande (Moekwo), Kwang and Namu (Jepjan). The LGA is the fifth largest local government in Plateau state with a land mass coverage of 2,412.55 square kilometers and a population of 197,279 (NPC, 2006).

The relief of Qua'an-pan LGA is categorized into highland to the north and lowland to the south. In the north, the land rises steadily to over 450m above the sea level, where the terrain is hilly and rugged especially at Koffiar-kwa. However, in the southern part of the LGA, elevation is generally below 300m except for isolated hills such as 'Pang Mat long, which rises to over 700m above the sea level. Many rivers flow south ward from their water shed in Mangun, Ampang and Jipal-Chakfem hills. The rivers include Dep, Ntoeroem, Lee, and Ampiya. The temperature is generally hot around the dry season (Feb.-may) due to its low land situation on the plateau. The raining season spans from April-October with maximum temperature of 22 degrees.

According to the zonal classification, the soil in Qua'an pan LGA is considered as ferruginous with

could outweigh the available resources for development and sustainability. The outcomes of this study will provide evidence-based data for formulating appropriate population policy that can improve residents' well-being.

depth less than 150cm. It is characterized by downward movement of clay within the profile, a process that tends to produce a sandy surface soil which is rather low in organic matter. In the northern part of the local government where the elevation is high and the terrain rugged and dotted with rock out crops, the soil contains few nutrients and not suitable for agriculture, however, in the southern part and especially along the flood plain of rivers, are found hydromorphic and alluvial soil as a result of high clay content which gives it high water retention capacity. The soil here contains more nutrients and supports the bulk of agricultural activities. In another classification developed by the United States Department of Agriculture (USDA), known simply as soil taxonomy which based on present day characteristics, the soil in Qua'an pan LGA belongs to Alfisol soil order with grey-brown color; moderately weathered and leached, fertile, rich in nutrients and deep.

The vegetation of the area is a direct response to the prevailing climatic condition and the influence of soil. The vegetation of Qua'an pan LGA is typical of guinea Savanna and serves as the transition zone between the forest region to the south and the true savannah to the north. The vegetation is dominated by tall grasses interspersed with trees. However, the river valleys tend to show more characteristics of forest as trees are more dominant than grasses. Typical species of trees found in the locality include Shea butter, Locust beans, Isoberlina, and African teak. In the northern fringe especially the plain of Doemak, Palm trees dominate the landscape. The people of Qua'an Pan LGA are predominantly farmers with major crops such as yam, Cassava, rice, Groundnuts, Guinea corn, beans, Palm Oil, Shea butter Bambara nut produced in commercial quantities. This makes the local government one of the prominent food-producing LGAs in Plateau state, although other activities such as trading, blacksmithing, metals work, hunting and fishing are very common.

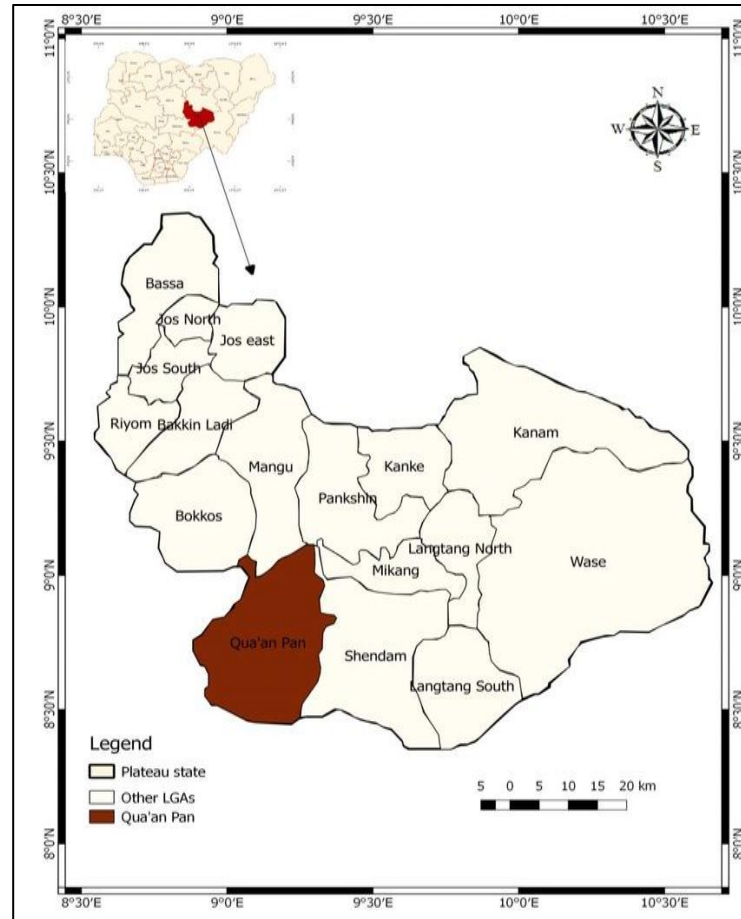


Figure 1: Nigeria showing Plateau State; Plateau State showing Qua'an Pan LGA
Source: Ministry of Lands and Survey and Town Planning

Methods

A survey research method was adopted for the study using both quantitative and qualitative research methods for the collection of data. The study covered the eight districts of Qua'an Pan LGA namely Bwall, Doemak, Doka, Kwa, Kwande, Kwang, Kwalla and Namu. A multi-stage sampling technique comprising stratified, proportionate, purposive and random sampling techniques were adopted in the selection of 240 men and women of reproductive ages between 15 and 55 years. In the first stage, all the eight districts in Qua'an Pan LGA were selected and proportionately assigned 30 respondents each. In the second stage, the communities selected for the studies from the districts were chosen randomly, while the households were purposively selected to enable the researcher to get the participants based the characteristics relevant for the research. The four-

approach sampling techniques adopted in the survey gave every man and woman of reproductive age equal opportunity to be selected.

A structured questionnaire comprising both open and closed ended questions was designed to gather the needed data for the study. The questionnaire was divided into three sections. The first section comprises of questions designed on demographic characteristics of respondents. The second section is made up of questions on contraceptive methods while the third section sought information on contraceptive use and family planning. After the questionnaire was validated, a pre-test conducted for validity. A total of 240 copies of questionnaire were administered to the selected respondents with the help of four Research Assistants who were recruited and specially trained for purpose of the questionnaire administration.

RESULTS AND DISCUSSION

The data generated from the respondents were collated, organized, coded, summarized and analyzed using frequency counts and percentages, aided by

SPSS-23 software. Results were presented in Tables where highlight of each was made.

Table 1: Demographic Characteristic

CHARACTERISTICS	Category	Frequency	Percentage
Gender	Male	150	62.5
	Female	90	37.5
	Total	240	100
Marital Status of respondents	Married	204	85
	Divorced	16	6.7
	Separated	14	5.8
	Widowed	6	2.5
	Total	240	100
Location of respondent	Urban	16	7
	Semi – Urban	98	37
	Rural	135	56
	Total	240	100
Age of respondents	15-24	26	11
	25-34	108	45
	35-44	74	31
	45-54	32	13
	Total	240	100
Religion/Sect of respondents	Catholics	124	51.7
	Protestants	59	24.6
	Islam	40	16.7
	Traditional/Worshippers	5	2
	No Response	12	5
Educational attainment of respondents	Total	240	100
	No formal Education	10	4.7
	Primary	19	7.9
	Secondary	94	38.2
	Tertiary	117	48.7
Occupation of respondents	Total	240	100
	Students	10	4
	Applicants	45	19
	Farmers	64	27
	Civil Servants	65	27
	Business	56	23
	Total	240	100

Source: Author's Field Work

Table 1 showed that 85% of the respondents were males. This because males were more authorized to attend to visitors on issues that affect their families. Most (85%) of the respondents were married. Less than 5% have no formal education but almost half (48.7%) of the respondents attended tertiary

education. The data indicates that more than half (51.7%) of the respondents are Catholics, followed by the Protestants (24.6%) and a few are Traditional worshippers. Civil servants and farmers formed the majority of those who participated in the survey.

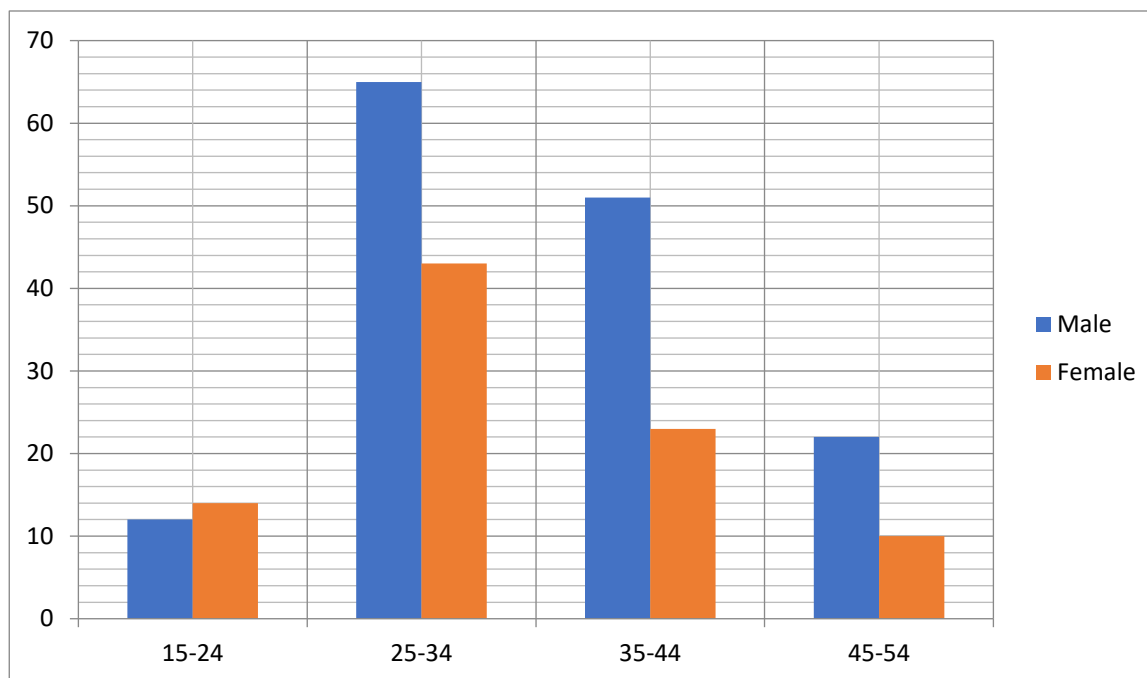


Figure 2: Age and Sex Composition of Respondents.
Source; Author's Field Work

Males and females within the age bracket of 25-34 years formed the majority (45%), followed by those within the age category of 35-44 years. The result also shows dominance of the male representatives 62.5% over the female representation (37.5%) in the survey (Figure 2). Table 3 shows that 95% of the respondents have heard about family planning. The

data also indicates that 58% have ever used family planning while 42% indicated they have never used family planning. However, the high knowledge of family planning did not actually conform with the practice as indicated by the 95% and 58% respectively. This implies a significant contrast between knowledge of modern contraceptives or family planning and the actual practice of the family planning in the study area.

Table 3: Awareness and Utilization of Family Planning

Have you heard about Family Planning			Have you ever used FP		
Categories	Freq	%	Categories	Freq	%
Yes	228	95	Yes	139	58
No	12	5	No	101	42
Total	240	100	Total	240	100

Source; Author's Field Work

This finding supports the earlier claim that contraceptive knowledge is high in West Africa but contraceptive relevance or used is low. This fall in line with other studies which indicated that there is almost a universal knowledge of family planning with most of the information on family planning given by friends. Onokerhoraye and Dudu (2016) reported 93.2% knowledge of family planning among women in Delta State. Wani, Rashid, Nabi and Dar (2019) reported universal knowledge (100%) of family

planning methods in Kashmir, and Maitanmi et al. (2021) recorded 83% knowledge of contraception in their studies. However, the result indicates great parity between the knowledge of family planning and the actual contraceptive use. The result shows a moderate contraceptive use (58%) which far lower compared to the knowledge of FP. However, the moderate contraceptive use in the study area in contrast with the results from the national Health and Demographic survey which indicated an extremely

low contraceptive use in Nigeria (NPC,2014). The utilization rate is however, higher than one in seven reported in an empirical study (Dingeta, et al.,2021). Respondents were asked to indicate their sources of knowledge of contraceptives and the response show that 44% heard about family planning from clinics, 24% heard it from discussions with friends while 19% heard about family planning from the mass media. This is in view of the fact that about 56% of the people are rural dwellers the analysis also shows that 8% of the respondents received information about family

planning through religious organizations. The high frequency of respondents who received information on family planning through discussion with friends suggests that there are no restrictions on the discussion of family planning issues among families in the study area. However, this result is in contrast with other findings were clinical provider, friends and media were the most trusted sources of information on family planning (Alege et al, 2016; Wani, et al.,2019).

Table 4: Family Planning Methods

Method of Contraceptives	frequency	percentage
Barrier: Male Condom	62	25.8
Oral Pills	37	15.4
Injection	44	18.3
Spermicide	3	1.3
sterilization	1	0.4
IUDs	12	5
Hormone Injection	1	0.4
None	80	33.3
Total	240	100

Source; Author's Field Work

The result as shown in Table 4 revealed that most of the family planning methods used are condom (25%), Injection method (18%), Oral pills (15%) and IUD (5%). Other researches have also confirmed the leading preferences for condom, and pills (Onokerhoraye & Dudu, 2016). Inconsistence with this study is Maitanmi et. al (2021) which indicated

oral pills as the leading contraceptive method used. The prevalence of the utilization of condom may not be unconnected with the findings which indicates that most of the non-contraceptive used is for fear of side effects. Therefore, its wide acceptance as a family planning method is due to its dual protection benefits, ease of use and accessibility.

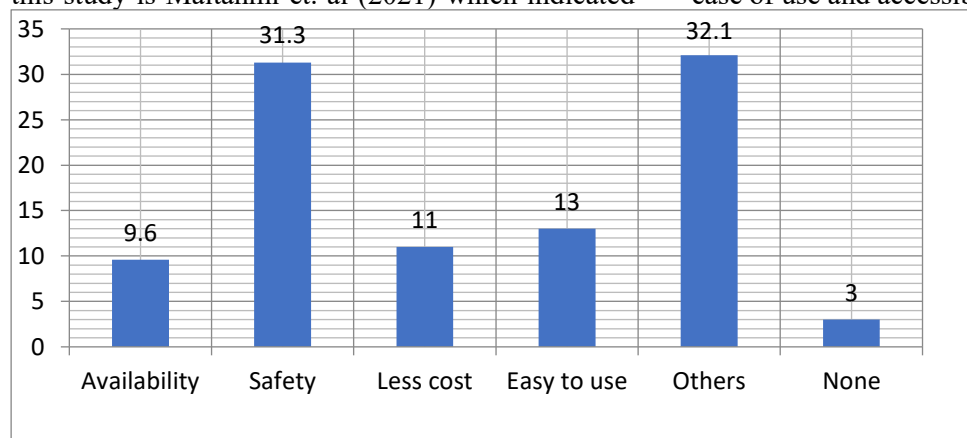


Figure 3: Reasons for Choice of Contraceptive Method

Source; Author's Field Work

The analysis of the reasons for the choice of contraceptive methods revealed that the choice of which contraceptive method an individual uses is dependent on the safety of the method. (31.3%)

respondents said they considered the safety of the method while 13% and 11% considered the ease of use and cost of the contraceptive methods respectively. Only 9.6% of the respondents used

contraceptive method(s) based on availability. The prevalence of the utilization of condom may not also be unconnected with the findings which indicates that

most of the non-contraceptive used is for fear of side effects.

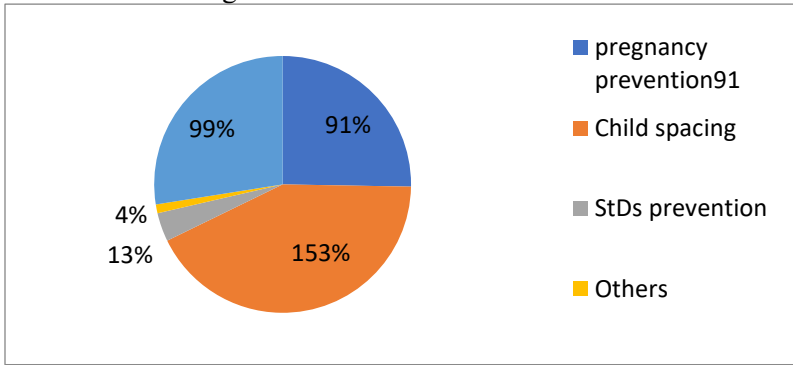


Figure 4: Reasons for Contraceptive use
Source; Author’s Field Work

The result indicated that a larger percentage of respondents used contraceptives measures for birth control (pregnancy prevention and child spacing). The analysis revealed that 67.9% used modern contraceptive strictly for birth control, with 42.5% for child spacing and 25.4% for the prevention of pregnancy (Figure 4). Only 3.8% of the respondents use contraceptive methods as a measure to prevent

sexually Transmitted Diseases (STD)s. This is an indication that the contraceptive knowledge of the people in the study area is centered mostly on birth control compared to any other reasons that contraceptive use could serve. The low use of contraceptive methods for the prevention of STIs falls in line with studies by Dongurum (2023), who ascertained the high risky sexual behaviour in Plateau State.

Table 5: Expected and Observed number of Children

Ideal No. of Children	Observed	Expected	X ²	P- Value
0-2	33	108	3	0.0005
3-4	93	86	2.	
5-6	65	24	7	
7 and above	49	21	33	
Total	240			

Source; Author’s Field Work

$X^2 = 160.02, P = 0.0005 (P, .05)$

Table 4 shows that majority (38.8 %) of the respondent’s desire large family sizes (children) with an ideal size of 3-4 children per woman. Some 27% need an average family size of 5- 6 while 20.4% need a family size of 7 children and above. This indicate that 47.5% of the sample population desire an ideal family size (ideal number of children) of between 0- 2 children as indicated in table 5 above. In practice, there seems to be a great variance between the desired family sizes and the current family size observed. In reality, a higher percentage of the sample population currently have the number of children within the replacement fertility. About 45.4% of the respondents indicated that the number of their

children is within the range of 0 -2. Another 35.8% currently have their family size within the total fertility level while 18.8% currently have the desired number of children which is five and above. The result of the Chi-Square analysis indicated that parity exist between expected number of children and the observed number of children. This showed that the awareness level did not translate into utilization of family planning.

CONCLUSION

The central focus of the study is on the knowledge and utilization of family planning as tool for population control in Qua'an Pan LGA. The result indicates that there is a high knowledge of family planning and contraceptive use in the study area (95%). This fall in line with other studies which indicated that there is almost a universal knowledge of family planning with most of the information on family planning given by friends. Evidence from the study also revealed moderate contraceptive utilization in the study area with most of the contraceptive used for birth control (prevention of pregnancy and child spacing). The contraceptive method popular in the study area is the male condom and the choice of the methods by individuals is dependent on safety and availability.

Population has always been seen as the bedrock of development of every nation. However, the pace of such development is centered only on qualitative population. Therefore, family planning which serves as a practical tool for population control is usually aimed at ensuring that couples determine the number of children, they can conveniently carter for; provide adequate care for them in terms of better nutrition, good health care, clothing and acquiring better educational services for the children. In this way, the quality of life will significantly improve for the better of the society. Family planning will also improve the health of the mothers and offer them better opportunities to participate in labour force; ensuring healthy family and equally a healthy society. The attachment of the people in the study area to cultural issues such as traditional beliefs, religion should be targeted and improve upon to better their own lives. This could be done through conscious efforts by government, donor agencies and private individuals to ensure that culture and tradition become instruments of development rather than the deprivation of the quality of life.

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