



FACTORS INFLUENCING INTENTION TO USE FAMILY PLANNING AMONG EKITI STATE FEMALE FARMERS

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ABSTRACT: Background: A substantial body of evidence has revealed that family planning is a cost-effective public health and development intervention. It has also been established that family planning is a means to control population growth towards the achievement of goals 1,2 and 3 of the sustainable development goals. However, the contraceptive prevalence rate of Nigerian women especially remains low with a host of factors militating against the uptake of family planning contraceptives. **Objective:** This paper investigated the various factors that are limiting the uptake of family planning and is thereby causing a low contraceptive uptake rate among female farmers of reproductive age (15 – 49) in Ekiti state Nigeria. **Methods:** Multiple regression analysis was used to analyse demographic variables and other factors affecting the intention to use family planning among the study population with a sample size of 350 in 16 LGAs/ ADPs of Ekiti State. **Result:** the result showed that a percentage increase in the level of each of the demographic variables and other factors like family planning perception, attitude, knowledge, and spousal support will increase the level of intention to use family planning. **Conclusion:** This study concluded that factors like fear of side effects, myths & misconceptions, religious barriers, spousal communication, and education have a significant relationship with the intention to use family planning.

KEYWORDS: Intention to use, Family Planning, Female Farmers, Contraceptive Prevalent Rate, Sustainable Development Goal



INTRODUCTION

Family planning is an essential means of combating the population explosion that has been linked to poverty in developing countries like Nigeria (Babalola, Babalola & Oladimeji, 2012). Family Planning has been described as a cost-effective public health and development intervention probably due to the reason of the cost affordability of certain birth contraceptives. Only a few public health interventions are as effective as family planning programs at reducing the mortality and morbidity of mothers and infants and have such a breadth of positive impacts (Mwaikambo et al, 2011). FP is a practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, regulating the interval between pregnancies (child spacing), and determining the number of children in the family. It is a cost-effective public health and development intervention. Family planning methods can be synonymously used as contraceptive methods in circumstances where pregnancies resulting from coitus are being prevented. Park (2007) and Durowade, Omokanye, Elegbede, Adetokunbo, Olomofe, Ajiboye, Adeniyi and Sanni, (2017) defined contraceptive methods as the preventive methods that assist women in avoiding unwanted pregnancies, these methods include all temporary and permanent measures to prevent pregnancies resulting from coitus.

Family planning has been found to be an essential approach for countries to achieve their Sustainable Development Goals previously referred to as the Millennium Development Goals (MDGs), particularly goals four and five for improved child and maternal health outcomes (Cleland et al. 2006; Potts & Fotso, 2007; Mwaikambo, Speizer, Schurmann, Morgan & Fikree, 2011). A new study from the International Institute for Applied Systems Analysis (IIASA) and the Asian Demographic Research Institute (ADRI) at Shanghai University revealed that achieving the Sustainable Development Goals (SDGs) set by the UN in 2015 for the period up to 2030 would lead to a global population of between 8.2 to 8.7 billion by 2100, this would lead to population growth below even the lower bound of recent UN probabilistic population projections (International Institute for Applied Systems Analysis and Asian Demographic Research Institute -IIASA and ADRI, 2016). This is establishing the projections of the United Nations Department of Economic and Social Affairs, Population Division - DESA, (2019) using two population indicators of fertility and mortality, future levels of fertility and mortality, and probabilistic methods were used for future population estimation. From an estimated 7.7 billion people worldwide in 2019, the medium-variant projection indicates that the global population could grow to around 8.5 billion in 2030, 9.7 billion in 2050, and 10.9 billion in 2100.

Globally, population explosion and the associated (poverty, food insecurity and health problems) challenges have been arousing the combined interest and efforts of governments, public and private organisations, and international and indigenous non-governmental organizations. In Sub- Sahara Africa for instance, food insecurity, hunger and malnutrition are increasingly being spread (Adebowale & Adebowale, 2011). Challenges of poverty, food insecurity and health problems have been globally linked to a rapidly growing population. Due to this trend, the sustainability of food production is very key and essential to a nation's food security, Adenugba and Raji- Mustapha (2013), in their research revealed that rural women produce as much as 80% of the food supply of the Nigerian populace.

Women farmers contribute to national agricultural output, maintenance of the environment and family food security. They further expressed that although official statistics often underestimate the value of female farmers' work and their overall contribution to national



wealth, women continue to provide a large proportion of the labour that goes into agriculture. With an enhancement in the female farmers' reproductive health situations, there could be a proportionate increase in agricultural productivity in Nigeria. (Federal Ministry of Health, 2017). Agriculture is directly targeting goal 2 (zero hunger) of the SDG and the female farmers constitute the larger percentage of the entire farming population in Nigeria. It is, therefore, essential to ensure that female farmers have access to good reproductive health programs, in consideration of the high female population in the entire Nigeria farming population which plays a significant role in the sustainability of food production.

Family Planning Contraceptive Prevalent Rate

Contraceptive methods are used as means of family planning and are means by which an individual or a couple can use to plan conception depending on the family planning goals of individuals and couples. Family planning contraceptive goals of individuals and couples may vary and can either include delaying the pregnancy, spacing between births, or limiting family size, that is, not having any more children (Nigerian Urban Reproductive Health Initiative, 2017). There are various contraceptive methods suitable for both males and females, the methods available in Nigeria are nine altogether, seven of these available methods are for individuals and couples to either postpone the first pregnancy or space between pregnancies, while the other two methods are used as limiting or permanent methods (NURHI, 2017). Family planning contraceptive prevalence (CPR) which is known as the rate of family planning adoption by users within a particular period, is very low in Nigeria and this is one of the key problems associated with family planning adoption in Nigeria. Research has revealed that despite the various benefits of family planning, the contraceptive prevalence rate is very low among women of which female farmers form a good percentage. Less than one-quarter of women of reproductive age in Nigeria use modern contraceptive methods despite their importance (Alo et al., 2020).

The use of contraceptives in sub-Saharan Africa is low despite evidence of the pivotal role of family planning. Sub-Saharan Africa, is home to only 10% of the world's women. Annually, these women contribute to 12 million unwanted or unplanned pregnancies and 40% of all pregnancy-related death worldwide (World Health Organization -WHO, 2004; Utoo & Araoye, 2012). In addition to disparities in the uptake of family planning across sub-regions of Africa, wide variation also exists within the countries. Sub-Saharan Africans living in rural areas tend to use fewer contraceptives and have more children than their urban counterparts (Agbo, Chikaike & Okeahialam, 2013). In addition, report has shown that rural areas have a much higher total fertility rate than urban areas (6.2% versus 4.7%) and currently married women in urban areas are considered more likely to use any method of contraception (27%) than women in rural areas (9%) (NPC, 2013; NPC & ICF International, 2014).

In overall, contraceptive prevalence among women in Nigeria is 16% and the use of any family planning method increases with age from 6% among women aged 15-19 to 21% among women aged 35-39, after which it declines to 12% among women age 45-49 (NPC & ICF International, 2014). In their study, Akokuwebe & Ojo, (2016) stated that in total, 15% of married women in Nigeria are using a contraceptive method, indicating only a 2% increase from the 2003 NDHS (Nigeria Demographic Health Survey, 2003; 2018). The majority (10%) of the contraceptive users rely on a modern method and 5% use traditional methods. Currently, 17% of married women in Nigeria use a method of family planning, with 12% using a modern method and 5% using a traditional method. This report showed a 2% increase in the percentage of married



women using contraceptives and the percentage of married women using modern methods respectively, while the percentage of women using traditional methods remain unchanged between the year 2016 and year 2018 (NPC AND ICF, 2019).

The empirical evidence of a cross-sectional study carried out among women of age 15-49 in Ise- Ekiti community in Ekiti State, South-West Nigeria revealed a high level of contraceptive awareness among the respondents. Among the respondents, 496 (98.6%) have contraceptive awareness of at least one method and 254 out of the 503 respondents were using modern contraceptive methods giving a CPR of 50.5% (Durowade et al, 2017). According to them, their study showed that awareness or knowledge of modern forms of contraceptives does not translate into use. Studies further revealed that there is a high level of knowledge and awareness of contraception but low usage (Moronkola, Ojediran & Amosun, 2006; Barrett & Buckley, 2007; Olugbenga-Bello, Abodunrin & Adeomi, 2011; Odusina, Ugal & Olaposi, 2012; Eko, Osonwa, Osuchukwu & Offiong, 2013).

Factors Militating Against Intention to Use Family Planning

The disparity in the knowledge and usage of family planning methods may be due to socio-economic factors, such as those inherent in the individual's environment. These contribute to the socio-cultural determinants of health, which include factors like marital status, culture, religion, education, tribe, and occupation (Kelly, Morgan, Bonnefoy, Butt & Bergman, 2007; Adeyemo, Oladipupo & Omisore, 2012). Some of these factors impact synergistically on health and several of these factors are found in living and working conditions (such as the distribution of income, wealth, influence, power, and cultural factors including beliefs, customs, and norms), rather than individual factors (WHO, 2010). Most women's contraceptive knowledge and practices are influenced by several factors which make it extremely difficult or impossible for these women to make decisions concerning their own health in the absence of their spouses (Beekle and McCabe, 2006; Agbo et al., 2013; Akokuwebe & Ojo, 2016).

There are a set of factors that have been identified by literature to be affecting the uptake of modern methods of family planning, among these are the issues surrounding access to proper and accurate FP information and its diffusion (Asekun, Adebimpe, Bamidele, Odu, Asekun & Ojofeitimi, 2013; Krenn, Cobb, Babalola & Odeku, 2014; Kincaid 2000; Mustafa, Azmat, Hameed, Ali, Ishaque, Hussain, Ahmed, & Munroe, 2015), FP knowledge, attitude and perception (Mustafa et al., 2015;), the issues of side effects (Monjok, Smesny, Ekabua & Esien, 2010; Asekun, Adebimpe, Bamidele, Odu, Asekun & Ojofeitimi, 2013; Mustafa et al., 2015), myths and misconceptions (Durowade, Omokanye, Elegbede, Adetokunbo, Olomofe, Ajiboye, et al., 2017), cultural norms and beliefs, spousal communication (Undelikwo, Osonwa, Ushie & Osonwa, 2013; Akokuwebe & Ojo, 2016; Etokidem, Ndifon, Etowal, & Asuquo, 2017), and socio- economic and religious barriers (Adeyemo, Oladipupo & Omisore, 2012; Mustafa et al., 2015). For instance, Abdi, Okal, Serour and Temmerman (2020) in their study findings revealed that despite evidence showing acceptance of reversible contraception in Islam within the confines of marriage, some Muslim leaders and followers oppose family planning in totality due to misinterpretation of Islamic teaching on contraception based on such premise as; the recommendation of Islam to have many children, beliefs that children are an adornment of life and gift from God, childbirth is the purpose of marriage and family planning is a contradiction to the will of Allah. These Islamic leaders with these beliefs about contraceptives cite verses from Quran (Quran 17:31; 18: 46) "And kill not your children for fear of want. We shall provide sustenance for them as



well as for you. Verily the killing of them is a great sin”. (Quran 17:31) “Wealth and children are the adornments of life of this world. Some have even implied that women should give birth after every 2 years between pregnancies until menopause.

Further evidence has shown that certain factors among women in Nigeria within which the Ekiti State female farming population belongs are responsible for inhibiting women from adopting the use of family planning modern methods despite their high awareness. Research evidence has revealed that the most common factor among the various factors contributing to the low prevalence rate of modern contraceptive use in Nigeria is the myths about the side effects of modern contraceptives (Monjok, Smesny, Ekabua & Esien, 2010). Asekun, Adebimpe, Bamidele, Odu, Asekun & Ojofeitimi, (2013) in their findings revealed that in Oshogbo, a South- Western town in Nigeria, barriers like fear of side- effects (44.0%), ignorance (32.0%), misinformation (25.1%), superstition (22.0%) and culture (20.3%) were identified as inhibiting factors to contraceptive use among respondents.

Extant literature has empirically further established that fear of side effects is a strong factor militating against the high uptake of family planning, especially the modern methods. In the study of Mustafa, Azmat, Hameed, Ali, Ishaque, Hussain, Ahmed, & Munroe, (2015) negative perceptions about family planning and concerns about side effects due to lack of access to relevant and accurate information and services have been identified as inhibiting factors. According to Johnson and Ekong (2016), the fear of side effects was the most frequently given reason by 89 (45.6%) of their sample size for non-use of FP. They further identify a significant positive association between educational qualification and the use of FP methods. Their study concluded that though the knowledge of family planning methods was high among the women in their study, actual use was relatively poor. This may be because aside from knowledge/awareness, factor there are other factors that influence the use of family planning among women. Based on their findings, they submitted that adequate health education should be carried out by health workers to dispel fears and encourage higher contraceptive use among women of child-bearing age. Female education and male involvement were also advocated.

Religious barriers, lack of knowledge and fear of side effects, social stigma and pressure, husband/in-law’s disapproval, restrictions on female mobility, and lack of access and affordability to FP/RH services were further evidenced to be among the barriers to Family Planning and Modern Contraception adoptions (Mustafa et al, 2015). This submission was backed up by findings of a related study by Durowade et al, (2017) showing that significant barriers like misconceptions, and mindsets of people living in Sub-Saharan Africa about child-bearing (this includes the desire to have a large family size, desire for a specific number of children, gender of children), lack of spousal support to use modern FP methods. Additionally, religious beliefs and formal education were other barriers mentioned. Similarly, other related studies have found that social class and education correlate positively with contraceptive uptakes. Other factors militating against the use of FP modern methods also identified are the lack of political willpower to provide family planning programs on a much larger scale, policies and operationalization of policies, funding of FP planning by the Government at the national and sub-national levels, the prevalent contraceptive rate of FP

It is being advocated that the use of community-oriented approaches and communication programs that will help to change the myth about the side effects of modern contraceptives need to be introduced (Monjok, Smesny, Ekabua & Esien, 2010). In most recent times, International Governmental Organizations and donors have been focusing efforts and attention



on these areas of Family Planning Interventions. The use of community orientation and communication programmes to integrate a comprehensive system of social behaviour changes that would address myths and misconceptions hindering the uptake of modern methods of Family planning. These interventions are, however, extended beyond this to the provision of access and information to quality FP services.

According to other studies on female contraceptive use and non-use, some of the factors that pose as inhibitors have been linked to the unavailability of preferred choices in health facilities. Some 21% of women (aged 20–35 years) and 11% of adolescents (under 19 years of age) reported leaving the hospital without a contraceptive because the hospital did not have the type they wanted (the contraceptive methods were not specified). The lack of contraceptive method availability combined with an absence of comprehensive contraception information and counselling has been highlighted as a barrier to contraception access and uptake (McCarragher, Chen-Mok & Oronoz, 2010; Tesfaye & Oljira, 2013; Gallo, Gebreselassie & Victorino, 2014; Rocca, Puri & Harper, 2014).

Additionally, another study carried out by Olugbenga – Bello, Abodunrin and Adeomi (2011), stated that among their respondents some contraceptive methods were still very unpopular, only about 25% of their respondents indicated knowledge of diaphragm and implants, less than 1% of respondents in their study know about female condoms as methods of contraception. According to them, this lack of knowledge might be hinged on non-availability or cost. The lack of contraceptive method availability was echoed by the study carried out by Ross & Hardee, (2013). Their study revealed that the prevalence of use for certain modern contraceptive methods is directly influenced by a variety of access measures and that greater access is also accompanied by a better balance among methods for both access and use. They conclusively submitted that improved access to multiple methods is consistently associated with higher levels of contraceptive use.

In contrast to the submission by Ross and Hardee, (2013) the empirical study of Krenn et al, (2014) revealed that under 1% of the women in their intervention cities (Abuja, Ibadan, Ilorin, and Kaduna) cited cost, distance, or access as a reason for not using family planning. This could mean that there are other more cogent reasons other than that of access that could be militating against the increase in contraceptive use and uptake as viewed from various empirical studies. They cited that creation of demand for family planning by providing well-articulated FP information was an unavoidable necessity in Nigeria because just a fraction of women is showing a desire and need for family planning.

The findings of the empirical study of Krenn et.al., (2014) revealed that greater exposure to a comprehensive family planning information communication and diffusion that emphasised demand generation and communication theory was associated with improved ideation among women (their beliefs, ideas, and feelings about FP), and more positive ideation was associated with greater contraceptive use, especially among the poor. Their study revealed that contraceptive prevalence was low in the 4 project cities, ranging from 19.6% in Kaduna to 33.3% in Ibadan and the majority of modern contraceptive users were using short-acting methods. In Ibadan, only 5.4% of married women used 1 out of 3 long-acting or permanent methods available (sterilization, IUDs, implants). The majority of women cited no intention to use family planning in the next year (in Ibadan only 7.5% of non-users intended to use contraceptives in the future). The main reasons women gave for not using contraception related to either being pregnant or wanting to be pregnant (36.7% of women in Abuja fit this profile)



or having no/infrequent sex and as a result, they see no need to use contraceptives (36.2% in Abuja).

The study by Krenn et al., (2014) further revealed that fear of specific methods and misconceptions about their side effects was a major non-fertility-related reason for not using contraception (in Kaduna, 13.8% of women said they did not use contraceptives due to fear of side effects). The majority of women and men stated that they approved of family planning as a practice, but they held fearful and negative views of available methods. Despite high levels of awareness of contraceptives (over 90% of women knew of at least 1 method and where to get it, there was limited knowledge of clinical methods (IUDs, implants, and sterilization). Qualitative research showed that what “knowledge” there was of these methods was generally based on myths and misconceptions and contributed to fear of these methods.

The finding contrasts with the cost and access argument of Ross and Hardee, (2013). Asekun, Adebimpe, Bamidele, Odu, Asekun and Ojofeitimi, (2013) in their findings revealed that in Oshogbo, a South-Western town in Nigeria, barriers like fear of side-effects (44.0%), ignorance (32.0%), misinformation (25.1%), superstition (22.0%) and culture (20.3%) were identified as inhibiting factors to contraceptive use among respondents. The Nigeria Demographic and Health Survey (NDHS) in 2008 showed that the modern contraceptive prevalence rate (CPR) for modern methods of FP was 10.5 % and 39% of women cited opposition to contraceptive use, but 20% had an unmet need and 21% intended to use contraception in the future (Measurement Learning & Evaluation Project; National Population Council, 2011; Krenn et al, 2014).

METHOD

Multiple regression analysis was used to analyse demographic variables and other factors affecting the intention to use family planning among the study population of 7,136 with a sample size of 350 respondents across 16 LGAs/ ADPs of Ekiti State. A structured questionnaire was used to collect data from the respondents, with the support of extension service providers of the Ekiti State Agricultural Development Program (ADP).

RESULT AND DISCUSSIONS

Table 1: Regression output for factors influencing intention to use family planning

Variables	Beta Coefficient	t-value	Sig.
(Constant)	5.255	3.409	.001
Age (year)	.002	.095	.925
Parity (no of children)	-.004	-.054	.957
Education (Year)	0.708*	2.317	0.022
Religion (Dummy: Christianity =1, otherwise =0)	1.711	1.039	0.301



Knowledge (Computed Construct)	-.030	-.542	0.589
Attitude (Computed Construct)	0.837*	2.646	0.035
Perception (Computed Construct)	1.030*	3.020	0.031
Awareness (Computed Construct)	.067*	2.143	0.034
Spouse Support (Dummy: Yes =1, otherwise =0)	1.028*	2.085	0.039

* Significant at $P < 0,05$; R-square = 0.64; $F = 1.289^*$

Source: Computed from field survey (2021)

The Table 1 showed the result of factors (such as demographic variables, attitude, perception, knowledge, contraceptive awareness, fear of side effects, myths and misconception and spousal support) on the intention to use family planning. The diagnostic result for the regression model in Table 1 shows that the coefficient of determination, R^2 is 0.64. meaning that the linear regression explains 64.4% of the variance in the data. Since F-statistics is significant at $p < 0.05$, we can assume that the model explains a significant amount of the variance in the rate of intention to use family planning.

The result for the effect of demographic variables on the intention to use family planning is also presented in Table 1. The coefficient of education is statistically significant with a positive sign ($\beta = 0.71$; $p = 0.02$). Thus, a percentage increase in the level of education will increase the level of intention to use FP by 0.7%. from the descriptive result, the majority of the respondents in both experimental and control groups have up to secondary education. This is expected to influence their intention to use FP if they have been adequately exposed to appropriate FP information. This result also shows that any intervention that increases respondents' level of education will increase their intention to use FP. This result is in line with the finding of previous related studies by McCarragher, Chen-Mok and Oronoz, (2010), Tesfaye and Oljira, (2013), Gallo, Gebreselassie and Victorino, (2014), and Rocca, Puri and Harper, (2014) that showed the absence of comprehensive contraception information and counselling as a barrier to contraception access and uptake. According to Mustafa et. al (2015) religious barriers, social stigma and pressure are deterring factors to family planning and modern contraception adoptions. In essence, extant empirical reviews had revealed that in most African countries, young people typically remain under-served by service providers due to service providers' bias despite the demonstrated need for unmarried or young females (Woog, Singh, Browne and Philbin, 2015). Moral perceptions by the society based on beliefs, values and religion are factors inhibiting the intention to use and the uptake of family planning. This evidence was further substantiated with baseline findings revealing the majority of the women in both control and experimental groups respectively agreed that using a male condom with a husband can suggest a sign of infidelity.

The result in Table 1 shows that the coefficient of attitude is statistically significant with a positive sign ($\beta = 0.84$; $p = 0.04$). Thus, a percentage increase in attitude will increase the level of intention to use FP by 0.8%. The coefficient of perception is statistically significant with a positive sign ($\beta = 1.03$; $p = 0.031$). Thus, a percentage increase in the level of perception will increase the level of intention to use FP by 1%. The coefficient of contraceptive awareness level is statistically significant with a positive sign ($\beta = 0.07$; $p = 0.04$). Thus, a percentage



increase in the level of awareness will increase the level of intention to use FP by 0.07%. The coefficient of spousal support is statistically significant with a positive sign ($\beta = 1.03$; $p = 0.02$). Thus, positive spousal support will increase the level of intention to use FP by 1.03%.

At baseline a large number of the respondents in both the control and experimental groups agreed to discontinue any method of family planning because of side effects, this was also evidenced in the study of Asekun, Adebimpe, Bamidele, Odu, Asekun and Ojofeitimi, 2013; Krenn et al, 2014; Mustafa et al., 2015; Johnson and Ekong, 2016. The majority of the respondents in both groups also agreed that contraceptives can deform their unborn child if they conceive after using them. This finding agrees with the study findings of Mustafa et. al (2015) which evidenced that lack of knowledge and fear of side effects are among the barriers to family planning and modern contraception uptakes. In the study of Mustafa et al, (2015) negative perceptions about family planning and concerns about side effects due to lack of access to relevant and accurate information and services were identified as inhibiting factors.

Respondents in both groups agreed to use the FP method only if their husbands will give consent. This is in line with the findings of Babalola, John, Ajao and Speizer (2015) where a substantial number of women from Kenya and the majority of women from Nigeria reported needing permission from spouses before using family planning. Other studies have shown that most women's contraceptive knowledge and practices are influenced by several factors which make it extremely difficult or impossible for these women to make decisions concerning their own health in the absence of their spouses (Beekle and McCabe, 2006; Agbo et al., 2013; Akokuwebe & Ojo, 2016). This evidence was further reinforced as the majority of the respondents prior to the intervention, have no intention to use family planning within the next 12 months with or without the husband's consent.

CONCLUSION

This study concluded that factors like fear of side effects, myths & misconceptions, religious barriers, spousal communication, and education have a significant relationship with the intention to use family planning among the female farmers of Ekiti State. Therefore, to influence the intention to use family planning which is a predictor of future use of family planning contraceptives, it is necessary to introduce measures that will reduce the impact of these factors on the intention to use family planning contraceptives.

RECOMMENDATION

It is important that women are educated on the need for family planning and to also dispel myths and misconceptions surrounding family planning contraceptives. Beyond this, advocacy visits and educative forums for men that address and encourage spousal communication and support should also be organised at community levels by community leaders and influencers, and in religious communities through religious leaders within the State of Ekiti. This should be considered critical by all government stakeholders and private sector stakeholders since extensive studies surrounding spousal communication/support and adoption of family planning by women have established the relative impact this has on women's intention to use FP.



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