

A Study of Family Planning Use in Makurdi Town: Implication for Population Control

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Abstract

The study identifies family planning use in makurdi town as a strategy for population control. It was guided by three (3) research questions. A simple survey research design was adopted for the study developed from an extensive literature review. A survey descriptive research design was used to generate data from a target population of one hundred respondents (100) drawn from the family planning clinic. A convenience sampling technique was used to select the available sample of 100 from six locations using trained research assistants. A twenty five (25) items structured questionnaire (FPQ) was developed and administered after validation. The research questions were analyzed using mean and simple percentage to respond to the research questions. The findings revealed 7 items had their mean values ranged from 2.50-3.60, indicating that all the seven items showed positively the respondents awareness of family planning devices .In response to the availability of family planning facilities and services, the result showed 6 out of 7 items were available with a percentage range of 55 to 82%.. Barriers are attached to the use of family planning and this was identified in the study. The concluded that family planning will continue to serve as a strategy for population control and the barriers will need to be collapsed for this to be achieved. Based on the conclusion, it was recommended that awareness and sensitization should be continually carried out.

Key Words: Family Planning, Optimal Population, Contraceptive use, Family Planning Education, Population control

Introduction

There have been concerns on the galloping population growth and its effect on human beings. Increasing population growth has significant social and economic implications at the individual, family and societal levels (Olawande and Fasasi, 2016). Family planning seems to be the potent strategies to slow down population growth rate and enable families make informed and responsible reproductive health decisions. Lack of Family planning has been a common problem with developing countries in the world including Nigeria. The lack of family planning is enshrined in the culture, social and religious beliefs of a people with the strong beliefs that children are a gift from God and should

be readily welcome into the family irrespective of the economic status of the family to provide care and sustenance in the lifetime of the child. The 'gift' of children is seen in the celebration and the name given at the birth of each and every child in Africa. According Mafuyai, Emmanuel, Gimba, Afio & Obadiah (2014) family planning does not only help regulate the population and better planning of a family, it also promotes maternal and child health by giving room for the mother to recover from child birth and properly care for the young child. The perception of family planning use by mothers in the middle belt area of Nigeria have been shown to be positive, however, the prevalent use has been

hindered as a result of some social and religious factors including the fear of side effect, (Mafuyai, et al, 2014).

The lack of family planning has led to an increase in Nigeria population. Darroch and Singh, (2011) stressed that creating awareness on family planning practice in the community is important. Family planning helps save women and children lives and preserve health by preventing untimely and unwanted pregnancies, reducing maternal and child mortality. One question that always comes to mind is that if fertility is not controlled and goes beyond the Nation's potential capacity, there will be a huge problem of population control. Overpopulation is a problem to a country especially Nigeria, where the unemployment rate which stands at 27.8% with a projection of 32% in 2020 seems critical without family planning measures (National Bureau of Statistics, 2018). Government is seen as the major employer of labor in Nigeria, thus, with increase population growth rate without provision for employment expansion, there are bound to be problems leading to idleness and crime.

With a population of approximately 200 million, Nigeria is the most populous nation in Africa and the seventh most populous in the world. Both the annual population rate of 3.2% and a total fertility rate of 5.5 per woman rank among the highest in the world(NPC,2014). Nigerian women have approximately one more child than they would want. With this, the total fertility rate is 15% higher than what it would be if all unwanted pregnancies and subsequent births were avoided. The Nigeria Demographic and Health Survey(2013) report indicated that the median age at first birth among women aged 25-49 years was 20 years. This calls for action on education, especially girl-child education in order to delay

pregnancy as a strategy for population control.

Family planning is defined as a process whereby couples have their children by choice and not by chance (Campbell, Prata and Potts, 2013). Couples can control the number of children they want and when they want them. In most developing countries, more couples embraced family planning as against the 10% in the 1960s (Manhart and Michael ,2013). This dramatic increase in family planning use cause fertility to decline much more rapidly in the developing countries and if this is achieved it can lead to the attainment of optimal population which is the best type of population in both developed countries and developing countries (Agbola,2001). Optimum population is where the human population is able to create a balance in maintaining a maximum population size with optimal standards of living for all people. Family planning is one of the most effective and inexpensive ways of improving the present and future quality of life (Utoo, Swende, Utoo and Ifenne, 2012).

Prolonged controversy about the perception and use of family planning has prevented many women from becoming aware of the benefits. Some of the popular opinions and perceptions are built on the cultural, social and religious beliefs of the people. Some church doctrines frown at the use of family planning devices for birth control, while for some; children are a security for the birth and a continuation of the family lineage (Kembe, 2015). However, family planning have been proven to save the lives of one to fourth to one half of the 500,000 women who die of maternal related causes each year and could prevent the damage caused by high risk and undesired pregnancies

(Umoh and Abah, 2011, Utoo, et. al., 2012). Furthermore, family planning can prevent most or all of the 50,000 illegal abortions estimated to occur and the resulting 150,000 deaths each year.

Several jingles in the mass media have popularized the benefits of family planning aside the numerous health outcomes for both mother and child. Child birth and nursing is both time and energy exhausting, however, with family planning, there seems to be a planned decrease in physical and mental exhaustion resulting from large families and poorly timed pregnancies. Women would have more time for education, vocational development, income production, care of existing children, recreation and other activities. Family planning can improve the quality of life of children through increase in the amount of parental time, money and energy available to the children and the family.

Family planning lead to significant improvements in infant nutrition by allowing the mother to breastfeed longer thereby, reducing the incidence of low birth weight. It is estimated that if all unplanned and unwanted births in the developing world were avoided, the rate of population growth would decline by about 30%. Similarly, WHO (2015) pointed out that countries have modernized and become more urban and women have achieved higher levels of education and begun to delay marriage and child birth. The availability of modern family planning methods such as pills, injections, intrauterine devices and condoms have made it possible for men and women to space child birth.

Over a long period of time, the issue of family planning has been neglected because of the negative beliefs system

(Campbell, Prata and Potts, 2013). A cursory observation in Makurdi, Benue State, showed that increase in population can only be prevented through the strategy of the use of birth control, however, this can be difficult to achieve if the level of awareness on the need of family planning, access to the family planning measures and barriers to the use of family planning is established in Benue State, specifically in Makurdi.

Objectives of the Study

The study specifically was guided by the following objectives:

1. determine the awareness of women on the need for family planning in Makurdi metropolis
2. Assess family planning facilities available in Makurdi metropolis.
3. identify barriers to the use of family planning in Makurdi metropolis

Methodology

Research Design

A survey research design was employed for the study. Several baseline studies have been carried out on family planning especially among women. This study is a descriptive survey design as it sought the perception of the respondents in the areas of awareness, availability and barriers of family planning. Every family member is involved in the issue of family and benefits from family planning, therefore in this survey; a small sample of the population was used to generate data, whose findings will be generalizable to a wider population.

Area of the Study

The selected council wards from Makurdi include North bank 1, North bank 2, Agan, Wailomayo, Bar and fiidi. Each of these wards has a designated family planning clinic with specific days

of attendance for both ante- natal and post-natal attendance.

Population

A target population of one hundred respondents (100) was randomly selected from Makurdi, with a population of 239,889 (NPC, 2006).

Sample and Sampling Techniques

A sample of 100 respondents' mothers was randomly selected using convenience sampling techniques.

Instrument for Data Collection

A 25 items structured questionnaire titled Family Planning Questionnaire (FPQ) was developed using an extensive literature review and validated for fitness and relevance of the items in line with the objective of the study. The questionnaires were administered on the spot during clinic days in the six council wards in

Makurdi town and collected immediately. All the 6 research assistants were trained on administration and understanding of the items.

Data Analysis Techniques

The data collected was analyzed using mean for research question one and three while research question 2 was analyzed using simple percentage. Based on the four rating scale of the instrument a mean of 2.50 and above was regarded as agreed and a mean less than 2.50 was regarded as disagreed. On research question 2 items with a percentage of 50% and above were regarded as available while items with less than 50% were regarded as not available.

Results and Discussion

The result of the study is presented on tables 1 to 3:

Table 1: Mean Rating on Awareness of Family Planning in Makurdi, Benue State

SN	Item	SA	A	D	SD	$\bar{x}$	Decision
1	Family planning clinic is near in the community where I live.	60	40	0	0	3.60	Agree
2	There are sufficient information in the clinic on the availability of family planning services.	25	45	10	20	2.75	Agree
3	I personally use family planning devices	30	25	20	25	2.60	Agree
4	Information on family planning is on the mass media.	20	55	15	10	2.85	Agree
5	Communication on the type of family planning devices is freely discussed in clinics.	45	30	10	15	3.05	Agree
	Seminar/workshops are organized during the anti-natal clinics on family planning in my community.	30	20	20	30	2.50	Agree
6	7. My doctor gave me instructions on the use of the device of my choice .	20	55	0	25	2.70	Agree
Grand mean						2.86	

Key: SA-Strongly Agree, A- Agree, D- Disagree, SD-Strongly Disagree, x-Mean

Table 1 Revealed that all the 7 items had their mean values ranged from 2.50-3.60, and a grand mean of 2.86. These

values were above the cut off mean point of 2.50; indicating that all the seven items showed positively the respondents awareness of family planning in Makurdi.

Table 2: Respondents rating on Family Planning Facilities/Services Available in Makurdi

SN	Items	N	%	Decision
1	Family planning devices	82	82	Available
2	Personnel	65	65	Available
3	Information in my indigenous language	60	60	Available
4	Basic surgical procedures(insertion of intrauterine Device)	59	59	Available
5	Vasectomy	47	47	Not Available
6	Tubal Ligation	55	55	Available
7	Family planning clinics	75	75	Available

Data in table 2 revealed that 6 out of 7 items were available with a percentage range of 55 to 82%. This percentages were above the cut-off percentage of 50%

indicating that the 6 items were the family planning facilities and services available.

Table 3: Respondents Mean Rating on the Barriers to Family Planning in Makurdi

SN	Item	SA	A	D	SD	$\bar{x}$	Decision
1	The need for more children/ children from the other sex	25	50	10	15	2.85	Agree
2	Religious belief held by family	20	20	25	35	2.25	Disagree
3	Cultural and superstitious beliefs	15	25	40	20	2.35	Disagree
4	Lack of cooperation from a partner.	05	30	35	30	2.10	Disagree
5	Family planning devices reduces sexual pleasure	10	60	15	15	2.65	Agree
6	It does not agree with my body make up	40	35	05	20	2.95	Agree
Grand mean						2.53	

Table 3 revealed that 3 items had their mean values ranged from 2.65 to 2.95. These values were above the cut-off mean point of 2.50 indicating that 3 items out of the 6 items were seen as barriers to the use of family planning, while 3 items had their mean values below the cut off means.

Discussion

The study revealed that people are aware of family planning services. It is therefore, surprising that this has not influenced the

population growth rate. More demographic studies is needed to uncover the underlining reasons why there is population growth, even with delayed marriage and child birth. WHO (2015) that the growing availability of modern family planning methods through the use of contraceptives such as pills, injections, devices and sterilization has made it possible for women and couples to space the births of their children. Darroch & Singh(2011) in their study revealed that creating

awareness on family planning practices in the community is important.

The findings of the study on barriers to the use of family planning measures is in conformity with the findings of Campbell, Prata & Potts (2013) that over a long period of time the issues of family planning has been neglected because some people especially in developing countries with strong socio-cultural and religious beliefs still feel that children are a blessing from God, and such should be received freely without planning.

Conclusion and Recommendations

Family planning is a measure to promote family well-being and child spacing. It has been found to be a strategy for population control. In as much as much research work has been done on family planning and there seems to be availability of family planning measures, there seems not to be a commensurate reduction in the population growth rate as the population is seen to be growing at an alarming rate. Presently, the projected population in Nigeria is placed at 200m, with a high unemployment rate. Therefore, population issues are critical in this discussion. Based on the followings, the following recommendations are made:

1. Family planning education is needed for the people to be eliminate harmful beliefs practices and barriers attached to the use of family planning .
2. It will not be out of place to recommend that government establishes family planning facilities/services for effective and efficient accessibility.

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