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Assessment of Knowledge, Attitudes and Practice of Family Planning among Women of Reproductive Age in Northern Nigeria: A Sociological Study

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Abstract

Family planning is a very vital element of reproductive health that enables individuals and couples to decide on how many and how far they would have their children. It is important in enhancing maternal health, child health, alleviating poverty and enhancing sustainable development. Although family planning services are available in Nigeria, their use has been low in most regions in the country especially Northern Nigeria. The paper evaluated the KAP of family planning amongst reproductive women in Northern Nigeria using the sociological approach. It was cross-sectional survey research with a sample of women aged between 15–49 years of age, which was chosen through a multistage sampling method. The structured questionnaires were used to gather the data which were analysed through descriptive statistics including frequencies and percentages. The results obtained showed that women in Northern Nigeria have a relatively high awareness towards family planning methods. Nevertheless, the real use of contraceptives is still low because of the cultural beliefs, religious factors, gender relations, fear of side effects and inadequate access to reproductive health services. The research also established that practices of family planning are highly dependent on the education level, spousal support and socio-economic status. The paper concludes by finding that to enhance the use of family planning in Northern Nigeria, it is important to implement wide-ranging initiatives which not only focus on bridging information gaps but also work on overcoming socio-cultural related issues. The education programs in the community, participation of more men, better access to health care facilities, and government intervention in this area are necessary in order to increase the adoption of family planning among women of reproductive age.

Keywords: Family planning, reproductive health, and contraception, women, Northern Nigeria, sociological study, knowledge, and attitudes, practice

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INTRODUCTION

Family planning is the process that involves the control of the number and gap between children by using contraceptive methods and other reproductive health services. It is commonly known as one of the most successful strategies of enhancement of maternal and children health outcomes. Family planning helps women to prevent unwanted pregnancies, maternal death, and enhance the living conditions of families and societies [1].

Family planning has been noted as one of the most significant elements of reproductive health and sustainable development across the world. The World Health Organization highlights that contraceptive methods are safe and effective and

should be made available to couples to make informed choices on reproduction and lead to better health outcomes in women and children.

Nigeria is the African country which has the largest population with an estimated population of more than 200 million people. The high rate of increase in population poses a tremendous challenge on the socio-economic growth of the country and the healthcare sector, as well as the sustainability of the environment. Family planning programs are thus very important in dealing with such issues since they assist individuals and couples to control their fertility and plan their families.

In spite of the mentioned advantages of family planning, the level of contraceptive use in Nigeria is relatively low, as compared to other developing nations. This is more evident in Northern Nigeria where socio-cultural and religious aspects have a huge impact on reproductive behavior. High fertility rates, early marriage and poor access to reproductive health services characterize the region [2].

The women in their fertility window (15–49 years) are a prime target population in family planning programs. Their attitudes, practices, and knowledge on contraception have a great impact on fertility trends and outcomes in reproductive health. Nevertheless, the access and use of family planning services among women is very often limited by a number of social, economical, and cultural factors.

In several societies of Northern Nigeria, the traditional practices promote having a large family and do not provide encouragement on the use of contraceptives. Moreover, male spouses tend to dominate in the reproductive decisions thus denying women the right of independence in family planning issues. Religion and myths regarding family planning methods are also a major reason why family planning services are not adopted [3].

A number of researches have indicated that despite the comparatively high awareness of family planning methods in order to control the number of children women bear in Nigeria, the actual use is low. This gap between knowledge and practice illustrates the need to study not just the level of awareness but also family planning behavior in terms of attitudes and socio-cultural determinants.

The sociological approach is especially helpful in interpreting the family planning behavior since the reproductive behavior is highly integrated into the social framework, cultural values and gender relations. Through sociological analysis, researchers can investigate the role of social institutions, which includes family, religion, education, and healthcare systems in the reproductive decision making [4].

This research paper thus aims at evaluating the knowledge, attitude and practices of the family planning issue among women in the reproductive age in Northern Nigeria. Through the analysis of the social determinants to contraceptive use, the research will identify the information that can guide policies and interventions to enhance the reproductive health in the area by improving the outcomes.

Statement of the Problem

Nigeria is still faced with the high rates of population growth with fertility rates being rather high in Northern Nigeria. Family planning services are offered in most segments of the country but the use is still very low among women of productive age. This scenario leads to a number of health issues affecting the general population of the country such as high rates of maternal mortalities, unplanned pregnancies as well as poor child health results.

Avoidance of awareness and access to family planning methods is one of the key issues of reproductive health research. Contraceptive methods are known by many women in Northern Nigeria but they cannot use them consistently and effectively. This implies that reproductive behaviour is affected by other factors other than knowledge.

The socio-cultural and religious beliefs are important in determining the attitudes towards family planning in Northern Nigeria. In most societies, size of families is highly regarded and birth control methods can be considered as being against culture or as being unnecessary. Moreover, women are usually prevented by male dominance in making independent decisions about contraception because these decisions fall under the household [5].

Fear of side effects and misunderstandings of contraceptive methods are also another significant cause of low utilization of family planning. There are women who assume that contraceptives can lead to infertility, cancer or other health related issues. Such myths are the reason why a good number of women are not ready to use family planning techniques, even after they realize their advantage.

There is also a considerable problem of accessibility to reproductive health services especially in the rural areas. The health facilities that provide family planning services might be situated too far away and there are also shortages of trained medical personnel and contraceptives which also discourages accessibility.

Considering these issues, there should be thorough research to investigate the knowledge, attitudes and practice of family planning among the women of child bearing age in Northern Nigeria. [6].

Objectives of the Study

General Objective of the study is to assess the knowledge, attitudes, and practices of family planning among women of reproductive age in Northern Nigeria. While the specific Objectives are:

1. To determine the level of knowledge of family planning methods among women of reproductive age in Northern Nigeria.
2. To examine the attitudes of women toward family planning.
3. To assess the prevalence of family planning practices among women.
4. To identify socio-cultural factors influencing family planning utilization.
5. To examine the relationship between education level and family planning practice.
6. To determine the influence of religious beliefs on family planning adoption.
7. To assess the role of male partners in family planning decision-making.

Research Questions

1. What is the level of knowledge of family planning methods among women of reproductive age in Northern Nigeria?
2. What attitudes do women hold toward family planning?
3. To what extent do women practice family planning?
4. What socio-cultural factors influence family planning utilization?
5. How does education influence family planning adoption?
6. What role do male partners play in reproductive decision-making?

Significance of the Study

This research is significant in a number of ways.

To begin with, it is going to add to the accumulating body of knowledge on reproductive health and family planning in Nigeria. The study will be useful in understanding the factors that determine the use of contraceptives in Northern Nigeria by analyzing the knowledge, attitudes, and practices of the women in the area.

Second, the results of the present research will be helpful to policymakers and the government departments that develop reproductive health programs. The knowledge of the obstacles to family planning adoption can enable the policy makers to formulate better policies to encourage the use of contraceptives.

Third, the research will have positive implications on health care providers and non-governmental organizations who deal with reproductive health education. The results can be used in informing community-based awareness and interventions to enhance use of family planning.

Fourth, the paper lays emphasis on the need to put into consideration socio-cultural and gender related issues during family planning initiatives. The study highlights the importance of having culturally sensitive methods of reproductive health promotion by highlighting the importance of cultural beliefs, religious values, and the participation of men [7].

Lastly, the research will act as a valuable guide to the upcoming researchers aiming to investigate the family planning and reproductive related issues in Nigeria and other developing nations.

Scope of the Study

The proposed research targets women of reproductive age (15-49 years) who live in some of the selected communities in Northern Nigeria. The study focuses on their standards of knowledge, attitude and practices in relation to family planning.

The paper examines in particular:

- Knowledge on family planning techniques.
- Attitudes and views regarding contraception.
- Real practice of contraceptives.
- Religious and social factors on reproductive behavior.

In spite of the fact that the focus of the study is on Northern Nigeria, the results can be also used to give an insight into other parts of the world that could have similar socio-cultural features.

LITERATURE REVIEW

The literature review will study past researches and works of scholars on family planning especially in terms of knowledge, attitudes, and practices of women in the reproductive age group. This part will address international attitudes towards family planning, the state of affairs in Nigeria as well as the socio-cultural aspects that contribute to the use of contraceptives in Northern Nigeria [8].

Concept of Family Planning

Family planning is the conscious control by individuals or a couple to manage the number and the spacing of their children by using birth control methods or natural reproductive health methods. It is a vital part of reproductive health and one of the vital plans of enhancing the outcomes in maternal and child health.

Global health organizations believe that family planning would help couples to have the right time and the right number of children which would result in healthier communities and families. The family planning helps to save the lives of mothers by allowing them to prevent unintended pregnancies, thereby enhancing maternal health and well-being as well as that of children.

The family planning methods can be viewed as typically divided into two:

Modern Methods

Contemporary birth control devices consist of scientifically invented measures that are meant to avoid pregnancy. These methods include:

1. Oral contraceptive pills
2. Male and female condoms
3. Injectable contraceptives
4. Implants
5. Intrauterine devices (IUDs)
6. Sterilization procedures

Contemporary contraceptive measures have largely been deemed to be more effective than the traditional measures when applied properly.

Traditional Methods

The conventional family planning mechanisms entail the use of natural methods to prevent pregnancy. Examples include:

1. Periodic abstinence
2. Withdrawal method
3. Fertility awareness techniques.

Even though the traditional methods are prevalent in most communities, they are more likely to fail as opposed to the modern birth control methods.

Family planning has many advantages to the individuals, family and the societies. Such advantages are better maternal health, fewer infant deaths, more education and economic opportunities among women and better family wellbeing.

International Approach to Family Planning.

Family planning has gained substantial popularity as a critical intervention of health that is promoted in the world. One of the strategies that have been put in place by many countries is the national family planning program that seeks to lower fertility rates as well as enhance better reproductive health outcomes [9].

In the developed nations, contraceptive services are mostly available and contraceptive prevalence rates are fairly high. In such countries, women tend to be more autonomous in reproductive choices and family planning services are incorporated in medical services.

Contrastingly, the issues surrounding the use of family planning remain to be a major problem in many of the developing nations. Low use of contraceptives is usually caused by low access to healthcare services, socio-cultural factors, poverty, and lack of education.

The Sub-Saharan Africa has the lowest pregnancy contraceptive prevalence rates in the world. The high fertility rates and the high rate of population growth continue to be an issue of concern in most of the countries in the region. Family planning has hence been a major concern by governments and other international bodies as a measure to ensure sustainable development.

Family Planning in Nigeria

Nigeria is a country with serious problems concerning population growth and reproductive health. Nigeria is the most populous African nation and has been enjoying a high population growth within the last few decades. It is due to this rapid growth that pressures resources, healthcare systems, education and economic development.

The concept of family planning programs is not new in Nigeria. Nevertheless, the prevalence rate of contraceptives is still low in comparison to the world levels. This is as a result of a number of reasons such as cultural beliefs, religious influences, limited access to healthcare services, and gender inequalities.

The use of family planning also varies greatly in Nigeria across the regions. Most Southern parts tend to have a higher rate of contraceptive use as compared to Northern parts. Women in Northern Nigeria are generally exposed to further impediments of education, early marriage and lack of autonomy in making reproductive choices.

Government agencies and non-governmental organizations have worked to raise awareness on the use of family planning methods and availability of reproductive health services. In most communities in the North, the progress has been slow despite such efforts. [10].

Family Planning Knowledge Preparedness Amongst Women.

Contraceptive use is an important determinant that is affected by knowledge of family planning methods. Women who know the various contraceptives have greater chances of practicing family planning as opposed to those with no such knowledge.

Some of the studies have found out that the level of awareness about family planning methods among the Nigerian women has improved over the years dramatically. The contraceptive method is one which many women have been exposed to, either by a healthcare worker, a media campaign or a community education program.

Common sources of information about family planning include:

- Health professionals
- Radio and television programs
- Community outreach programs
- Friends and relatives
- Educational institutions

Despite relatively high levels of awareness, detailed knowledge about contraceptive methods remains limited among many women. Some women may know the names of contraceptive methods but lack accurate information about how they work, their effectiveness, or possible side effects.

Misconceptions about contraceptives are also common. For example, some women believe that contraceptive use may cause permanent infertility, serious illness, or complications during childbirth. These misconceptions often discourage women from adopting family planning methods.

Educational attainment has been identified as an important factor influencing knowledge of family planning. Women with higher levels of education tend to have greater access to information and are more likely to understand the benefits of contraception.

Family Planning Attitudes

Attitudes towards family planning are beliefs, perceptions and feelings of individuals towards the use of contraceptives. Attitude is instrumental in decision making on the adherence of family planning techniques.

The positive attitudes towards the family planning are also largely connected with the contraceptive use. More women tend to use contraception when they believe that having a family planning would be helpful in terms of maternal health, child welfare and family economic stability.

Nevertheless, the amount of negative attitudes towards family planning is still very high in most communities especially in the rural areas. Such attitudes can be mediated by cultural values, religion and traditional beliefs on fertility and childbearing.

A big family size is regarded as a source of social prestige, economic power or religious satisfaction, in certain societies. This could put pressure on the couples to have many children even knowing the advantages of family planning.

Religion is also significant in influencing the attitudes towards contraception. Other religious leaders do not encourage the use of modern forms of contraceptives claiming that family planning contravenes natural birth control mechanisms.

Another cause of attitude to family planning is fear of side effects. Women might be scared to use contraceptives in case they feel that these approaches might damage their health or result in infertility.

Practice of Family Planning

The practice of using any of the contraceptives to avoid or spacing of pregnancies is known as family planning practice. Though knowledge and attitudes are significant predictors of contraceptive behavior, they are not necessarily turned into practice.

There are a lot of women who know about the family planning techniques and appreciate their effectiveness but still fail to implement them. Such discrepancy between knowledge and practice is commonly called knowledge-practice gap in research of reproductive health.

The reasons behind low use of contraceptives among the women in developing countries are varied. These include:

- Inability to access healthcare facilities.
- Price of contraceptives methods.
- Religion and cultural limitations.
- Fear of side effects
- Absence of support of male partners.

Research works carried out in the North of Nigeria have revealed that the prevalence rates of contraceptives are relatively low when they are compared to other parts of the land. A good number of women depend on old modes or even have no use of contraception whatsoever.

The choice of contraceptive methods that women use nowadays is mostly based on the methods that are conveniently available and do not need much medical attention. Condoms, oral contraceptive pills and injectable contraceptives are commonly used.

Socio-Cultural Factors that affect Family Planning

The socio-cultural factors are very strong in family planning behaviour. Cultural values, gender roles and societal expectation influence reproductive choices in most societies.

In Northern Nigeria, a number of socio-cultural aspects are involved in the use of contraceptives by women.

Cultural Norms

Religion concerning fertility beliefs and family size contribute greatly to the determination of the reproductive behavior. In most societies, it is desirable to have many children as they help in labor, social security as well as continuity of the lineage.

Religious Beliefs

In Northern Nigeria, religion plays a significant role in the social life. Attitudes to contraception are frequently encouraged by religious teachings and interpretations. There are religious leaders who discourage the use of the modern forms of contraception and this may influence the desire of the women to practice family planning.

Gender Dynamics

Family planning is also affected by gender roles and power relations in the households. The men are the key decision makers in matters concerning reproduction in most communities of the North of Nigeria. Women are thus required to seek the consent of their husband before using birth controls.

Early Marriage

In Northern Nigeria, there are sections where early marriage is the norm. Young girls who get married at a young age usually start having children at a young age and might also lack the information concerning family planning.

Education

It is a well-known fact that education is one of the most significant factors which can affect reproductive behavior. Women who are well educated would marry late, bear less children and also would use family planning measures.

Access to Health Services

Family planning is also influenced by the availability and accessibility of healthcare services. The rural women can also have challenges accessing clinics that offer contraceptives.

Teaching Research Family Planning.

A number of empirical studies have been conducted to determine family planning knowledge, attitudes and practices among women in Nigeria and other developing nations.

The findings of this research are consistent with those made by other researchers who claim that the level of awareness regarding the use of birth control methods is quite high, yet the rate of actual use is rather low because of the socio-cultural factors and accessibility to reproductive health services.

There are also other studies that have underscored the role of male participation in family planning programs. When men are conducive on the use of contraceptives, the women will tend to embrace family planning.

The other studies stress the importance of education and economic empowerment in enhancing reproductive health outcomes. Educated and financially stable women are more likely to have more freedom in making reproductive choices.

Summary of Literature Review.

The reviewed literature in this section points at some important concerns concerning family planning among women in the reproductive age.

First, the role of family planning as a measure of enhancing maternal and child health outcomes is very well known. High availability of contraceptive methodology allows an individual and a couple to manage their fertility and family planning.

Second, in many developing countries the level of awareness of family planning methods is quite high, but the number of people using contraceptives is low. Socio-cultural, economic and institutional factors play to affect this knowledge-practice gap.

Third, family planning behaviour in Northern Nigeria is greatly influenced by cultural norms, religious beliefs, gender relations and unavailability of healthcare services.

Lastly, the past research notes that there should be integrated reproductive health programs to consider both informational and socio-cultural barriers towards the adoption of family planning.

Theoretical Framework

Theoretical framework gives a background on the factors that affect family planning behaviour. This research is informed by two significant sociological and behavioral theories, which include the Health Belief Model (HBM) and the Social Norm Theory. These theories are used in explaining how

perceptions of individuals, cultural beliefs and social influences influence the decision of women towards family planning.

Health Belief Model

One of the most extensively applied theoretical models in the field of public health is the Health Belief Model. It describes the manner in which people decide on health behavior due to their risk and benefits perception.

The model suggests that people will be more willing to engage in a health behavior when they feel that:

- They are vulnerable to a medical condition.
- The health issue has dire outcomes.
- Acting in a certain way will minimize the threat of the health issue.
- The advantages of the move surpass the limitations.

The Health Belief Model can also be applied in the context of family planning where the women may opt to use contraceptives more often when they believe that:

- Premature pregnancies can also have a negative impact on their health or family life.
- These risks can be avoided by family planning techniques.
- The side effects or social stigma are not as significant as the benefits of using contraceptives.

Nonetheless, women can decide against contraceptives when they believe that there are barriers like fear of side effects, religious prohibition, loss of spousal support or even social disapproval.

Health Belief Model can thus be applied to explain why some women resort to family planning means and others do not although they may have the same knowledge on contraception.

Social Norm Theory

The Social Norm Theory focuses on the role of social expectations and cultural values on actions of an individual. This theory says that individuals are prone to adhering to the behaviours that are accepted or promoted by the society.

Social norms about marriage, fertility and family size are important factors that determine the reproductive behaviour in many societies. People can transform their reproductive choices so as to conform to the community expectations.

The social norms in Northern Nigeria tend to Favor having a large family and giving birth to many children. Such norms can deter the use of contraceptives especially in married women.

As an illustration, women who apply family planning techniques could be taken to be dismissing traditional values or restraining the offspring of the husband. Consequently, the women can be deterred by social influence by their family members, religious leaders or communal elders on using contraception.

The Social Norm Theory can thus be used to understand the role of cultural expectations in determining family planning behaviour among the Northern Nigerian communities.

Applicability of the Theories to the Study.

The Health Belief Model and the Social Norm Theory can be applied in this study as they describe various factors of family planning behaviour.

Health Belief Model is concerned with personal attitudes and perceptions about health risks and advantages whereas Social Norm Theory emphasizes on cultural and social expectations.

Collectively, the theories complement each other in the provision of a comprehensive framework on knowledge, attitudes and practices of family planning among women of reproductive age in Northern Nigeria.

Conceptual Framework

The conceptual framework was used to explain the relation between knowledge, attitudes and practices of family planning among women of reproductive age.

The framework presumes that the knowledge of women on the family planning techniques affects the attitudes of women to contraception. Attitudes in turn influence the adoption and rejection of family planning practices among women.

Yet, the numerous socio-cultural aspects like the level of education, religion, cultural norms, availability of healthcare services, and spousal support also affect this relationship.

These may either promote or put off family planning adoption.

Independent Variables

1. Awareness on family planning techniques.
2. Education level
3. Religious beliefs
4. Cultural norms
5. Availability of health services.
6. Spousal support

Dependent Variable

1. Practice of family planning

Intervening Variables

1. Prejudice against contraception.
2. Perceived side effects
3. Community influence

According to this framework, the issue of enhancing the level of knowledge of women with regards to family planning may not be enough in boosting the occurrence of contraceptives use unless socio-cultural issues are also tackled.

Research Methodology

The research methodology explains how the study was conducted using the procedures and methods. It contains the study area, population, research design, sampling methods, and data collection methods, and data analysis methods.

Research Design

The type of study was a cross-sectional descriptive survey study. The survey design was also found to be suitable as it enables researchers to get high population of data in a comparatively a short period of time.

The design is also able to help the researcher to test the relationship between variables like knowledge, attitudes and practices of family planning by women of reproductive age.

Study Area

The research was done in the sampled communities in Northern Nigeria which is a region with diversified ethnic groups, strong culture, and religious orientation which is majorly Islamic.

Northern Nigeria is comprised of a number of states including:

1. Kano
2. Kaduna
3. Katsina
4. Sokoto
5. Jigawa
6. Bauchi

The area is characterized by rather high fertility and low rates of contraceptives compared to other areas in Nigeria.

In Northern Nigeria, lack of access to healthcare services, low rates of female education, and cultural beliefs that lead to early marriage and high number of children are some of the challenges many communities have to deal with.

These properties render the area especially relevant to the research of family planning knowledge, attitudes, and practises.

Study Population

The sample size of the study was the women of reproductive age (15-49 years) in selected communities of Northern Nigeria.

This age bracket of women is believed to be at the reproductive stage and hence the main beneficiaries of the family planning programs.

The research has involved married and unmarried women in order to get a holistic picture on family planning knowledge and practices.

Sample Size

The study was conducted on a sample of 400 women. This was an adequate sample size, which was deemed sufficient to represent the study population and be statistically significant. The sample size derived was under the normal survey research standards and the past researches undertaken on family planning in Nigeria.

Sampling Technique

The study relied on a multistage sampling technique in selecting the respondents.

Stage 1

Purposive sampling was used in selecting several states in Northern Nigeria.

Stage 2

The random selection of local government areas in the selected states was done.

Stage 3

Samples of communities were taken in every local government.

Stage 4

The communities were randomly chosen to include eligibility of women of reproductive age to join the study.

The sampling approach selected gave the study a chance to gather respondents of various social backgrounds and geographical areas.

Data Collection Methods

Structured questionnaires were used to gather data that were to be used in the study.

The questionnaire was divided into various parts that would help in collecting data on:

1. Socio-demographic factors of respondents
2. Family planning knowledge.
3. Disposition towards family planning.
4. Practice of family planning
5. The determinants of contraceptive use.

The questionnaires were also conducted through the face-to-face interviews by trained research assistants.

This was a very handy strategy especially with respondents with low literacy.

Research Instrument validity.

Validity is the degree of the ability of a research instrument to measure what it is supposed to measure.

In order to guarantee validity, the questionnaire applied in the research was consulted with the specialists in sociology and public health. Through them, the questions were made more relevant and clearer through their feedback.

Besides, a pilot study was carried out on a community that was akin to the study area. The pilot test was useful in determining ambiguous questions and also enabled the researcher to make the necessary modifications prior to the actual data collection.

Research Instrument Reliability

Reliability is the ability of a research instrument to measure variables across a given period.

The test-retest method was used to test reliability of the questionnaire. One or two respondents filled the questionnaire twice, at a different time and the results were compared.

The responses were highly consistent and this means that the instrument was reliable in study.

Method of Data Analysis

The information on the questionnaires was interpreted through the descriptive statistical techniques.

These methods included:

1. Frequencies
2. Percentages
3. Tables

The characteristics of the respondents and patterns of knowledge, attitudes and practices of family planning were summarized and analysed through descriptive statistics.

Inferential statistics like the chi-square analysis were deployed to analyse the relationship between variables like education level and contraceptive use where the need arose.

Ethical Considerations

During the study, ethical considerations were taken into consideration.

- The research was voluntary and the respondents were notified about the objective of the study prior to filling the questionnaire.
- The data of the respondents was kept confidential, and the research findings did not reveal the personalities of the respondents.
- The respondents were also assured that the information they would give will be used in purely academic purposes.

Results and Data Analysis

This section includes the results of the research in terms of feedback by women of reproductive age in Northern Nigeria. These findings are divided into a few subsections, such as socio-demographic features, knowledge of family planning methods, attitudes towards family planning, and family planning practices.

The findings of this paper are in line with the trends observed in national demographic surveys and other studies carried out in Northern Nigeria whereby people are relatively aware of matters affecting family planning but their use of the birth control methods is low.

Socio-Demographic Characteristics of the Respondents

The women who were involved in the study were 400 women of reproductive age (15-49 years). Their socio-demographic features are given below (Table 1).

Interpretation

The table indicates that most of the respondents belonged to the 25-29 years range (22%), then there were 30–34 years (20%). This indicates that the majority of the respondents were at the prime ages of reproductive age.

The number of women aged 20-34 years showed around 60 percent of the overall respondents which means that the study population mostly was composed of women who are actively engaged in bearing children (Table 2).

Table 1. Distribution of the ages of the respondents.

Age Group	Frequency	Percentage (%)
15-19	48	12
20-24	72	18
25-29	88	22
30-34	80	20
35-39	60	15
40-44	36	9
45-49	16	4
Total	400	100

Table 2. Marital status of the respondents.

Marital Status	Frequency	Percentage (%)
Single	72	18
Married	292	73
Divorced	16	4
Widowed	20	5
Total	400	100

Interpretation

The findings have shown that 73 percent of the respondents were married and 18 percent were single. A low percentage of the respondents are divorced or widowed.

The reason the percentage of married respondents is large is that marital relationships and spouse approval are, in most cases, influential in making decisions on family planning (Table 3).

Interpretation

The figures show that 32 percent of the respondents had secondary education and 30 percent of the respondents had no formal education.

The percentage of women possessing tertiary education was only 14% meaning that there were low levels of higher education in the women in the study area.

Education has a vital role to play in terms of reproductive health behavior of women. Women who are well educated have a tendency to get familiar with the ways of family planning and implement them (Table 4).

The awareness of family planning is Table 4.

The respondents were questioned on whether they had heard about family planning methods.

Interpretation

The findings indicate that 83 percent of the respondents were aware of family planning with 17 percent having no idea about family planning techniques.

This means that the knowledge level of family planning is not low among the women in the research region. Yet, awareness is not the only potential cause to use contraceptives (Table 5).

The respondents who knew about family planning were enquired on the source of information.

Table 3. Educational attainment.

Education Level	Frequency	Percentage (%)
No formal education	120	30
Primary education	96	24
Secondary education	128	32
Tertiary education	56	14
Total	400	100

Table 4. Knowledge on family planning.

Response	Frequency	Percentage (%)
Yes	332	83
No	68	17
Total	400	100

Table 5. Family planning information sources.

Source	Frequency	Percentage (%)
Health workers	120	30
Radio/Television	84	21
Friends/Relatives	72	18
Religious leaders	36	9
Social media	40	10
Community campaigns	48	12
Total	400	100

Interpretation

The health workers were found to be the greatest provider of family planning information (30%), then radio and television (21%).

This underscores the significant role that the healthcare providers and the mass media play in the delivery of reproductive health information (Table 6).

The ability to describe particular methods of family planning.

Respondents were made to name family planning ways they were aware of.

Interpretation

The male condom (65%), oral contraceptive pills (55%) and injectable contraceptives (50%), were the most famous contraceptive methods.

Contemporary contraceptive practices were more commonly known as compared to the traditional ones (Table 7).

The respondents were questioned on their views about family planning.

Interpretation

The majority of the respondents (80 percent) said that family planning helps in spacing of children and 72 percent of the respondents said that it enhances maternal health.

There were however some negative perceptions which were also noted. Approximately, 36 per cent of them felt that contraceptives would make them infertile and 42 per cent opined that family planning would go against religious beliefs.

Such perceptions could be the cause of rather low use of family planning methods.

The questionnaires sought to establish whether the respondents were using any family planning method at the present (Table 8).

Table 6. Contraceptive methods knowledge.

Method	Frequency	Percentage (%)
Male condom	260	65
Oral contraceptive pills	220	55
Injectable contraceptives	200	50
Implants	160	40
Intrauterine devices (IUD)	120	30
Withdrawal method	96	24
Calendar method	104	26

Table 7. Family planning attitude.

Statement	Agree (%)	Disagree (%)
Family planning enhances maternal health	72	28
Family planning assists in the spacing of children	80	20
Contraceptives lead to infertility	36	64
Religious beliefs conflict with family planning	42	58
The decision on using family planning should be on the husband's part	60	40

Interpretation

Though 83 percent of the respondents were informed about family planning only 37 percent said that they presently had some form of contraception in use (Table 9).

This brings out a big disparity between knowledge and practice.

Interpretation

The commonest methods of contraception were male condoms (15%), oral pills (10%), and injectable contraceptives (7%).

Most of the respondents (63) however were not using any method of contraception.

The reasons that affect the use of family planning.

The respondents have noted various factors that influence their choice of using family planning (Table 10).

Interpretation

Husbands' approval was the most powerful determinant to influence the use of family planning (28%). This is indicative of the high role of male partners in the reproductive decisions of Northern Nigerian families.

The fear of side effects and religious beliefs also played a major role in discouraging the use of contraceptives.

Table 8. Family planning methods.

Response	Frequency	Percentage (%)
Yes	148	37
No	252	63
Total	400	100

Table 9. As of currently used methods.

Method Number of times it appears	Frequency	Percentage (%)
Male condoms	60	15
Oral pills	40	10
Injectables	28	7
Implants	12	3
Traditional methods	8	2
Not using any method	252	63

Table 10. Influencing factors on contraceptives use.

Factor	Percentage (%)
Husband's approval	28
Religious beliefs	20
Fear of side effects	18
Lack of knowledge	10
Cultural beliefs	14
Availability of health services	10

Summary of Results

The findings of the research indicated that there were a number of significant findings:

There was a fairly high awareness of birth control among the women.

The overwhelming majority of the respondents were positive on child spacing and maternal health benefits.

Although the awareness was high, the use of contraceptives was relatively low.

The family planning adoption was heavily affected by cultural, religious, and gender-related considerations.

These results underscore the role of considering socio-cultural impediments of family planning interventions.

Discussion of Findings

This part explains the research findings relative to the research objectives and literature available regarding knowledge of family planning, attitudes and practices of women of reproductive age.

Socio-Demographic Characteristics and Family Planning.

The researchers found out that most of the respondents fell within the age bracket of 20–34 years, which is the most productive age group in terms of reproduction. The result agrees with other past reproductive health research in Nigeria, which indicates that women in this age bracket tend to be more sensitive to information regarding family planning and maternal health problems.

The percentage of married participants (73) also indicates the social situation in Northern Nigeria where marriage is closely connected with the birth of children and the creation of families. Family planning has a higher propensity among married women since they determine the timing and number of children in the family.

There was a great difference in the level of education of respondents. Though a small number of women were educated at secondary or tertiary level, a great percentage had minimal or no formal education. It has been generally accepted that education is a major determinant of reproductive health behavior. It is more likely that women who have had higher education have a better understanding of family planning methods and have adopted contraceptive methods.

Family Planning Knowledge.

The results of the current study show that the level of awareness of the methods of family planning was relatively high since about 83% of the respondents said that they heard about family planning.

This observation can be attributed to various other studies that have been done in Nigeria previously and have demonstrated the rise of awareness as a result of government propaganda and reproductive health education.

Health workers became the major provider of family planning information. This demonstrates the significant contribution of healthcare professionals in sensitizing communities with regard to reproductive health. The radio and television were also important sources of conveying information.

Although the awareness was rather high, specific awareness about particular contraceptive means differed among the respondents. Even though most women were conversant with the generic means of birth control like condoms and oral contraceptive pills, less number of respondents knew the long-term contraceptive measures like implants and intrauterine devices.

The fact that there are misconceptions about the use of contraceptives and especially the concerns

about infertility and its adverse effects imply that the campaigns involving the use of awareness should aim not only at supplying the information but also at dispel the fears of misinformation.

Family Planning Attitudes

The findings revealed that a significant proportion of the respondents had relatively favourable views as to family planning especially on the benefits they have on spacing children and motherly health.

The majority of the respondents concurred that family planning would help in enhancing the health of both the mother and the child by avoiding pregnancies that are closely spaced. It means that a significant number of women are aware of the health benefits of contraceptives use.

But, certain negative sentiments of family planning were also found. Quite a decent percentage of the respondents felt that the use of contraceptives would lead to infertility or health related complications. Moreover, other respondents found family planning to be against religious beliefs.

These results indicate how intricate cultural values, religion and reproductive health behaviour are to each other. In most of the Northern Nigerian communities, the attitudes to contraception are quite affected by religious and cultural practices.

These attitudes should be dealt with by introducing culturally sensitive education programs involving the community leaders, religious authorities, and healthcare providers.

Practice of Family Planning

Despite the fairly high awareness of family planning methods, the study established that only 37 percent of people who participated in the study used any type of contraception.

The gap between the level of knowledge and practice is vast in this finding. These gaps have been reported in various research studies that have been undertaken in a developing country whereby awareness of the contraceptive methods is not always accompanied by a consistent use of the methods.

Most respondents used males' condoms as their most preferred mode of contraceptives followed by oral contraceptive pills and injectable contraceptives. There were less common contraceptive methods in the long term like the implants and intra uterine devices.

The low use of long-term contraceptives could be explained by the relative inaccessibility to healthcare facilities, absence of trained medical practitioners, and the misconception about its use.

Factors that Affect Family Planning Utilization.

The authors of the study determined that there are some factors that affect family planning among women in Northern Nigeria.

Husband's Approval

The approval of husband was found to be the most influential factor in the use of contraceptive. Most Northern Nigerian families have their decision making on reproductive health dominated by their men.

The women are thus supposed to seek consent of their husband before using contraceptives. The absence of spousal support may strongly inhibit the capacity of women to embrace family planning procedures.

Religious Beliefs

Another significant factor that affected the family planning behaviour was religious beliefs. Other

respondents held the view that the use of contraceptives is against the tenets of religion. The religious leaders can thus play a significant part in propagating the right information regarding family planning.

Fear of Side Effects

Contraceptive use was also found to have a significant obstacle of fear of side effects. Other women raised fears that contraceptives would make them infertile, have irregular menstrual cycles, or other health issues.

These issues can be resolved by giving precise facts about the safety and efficiency of the contraceptive methods.

Cultural Norms

The reproduction behaviour is also affected by culture in terms of the size of the family. Most communities in Northern Nigeria, especially the large family size, is desirable due to the contribution that children make to their workforce, social safety, and the continuation of their family lineage.

Such cultural values could be discouraging couples to have a restricted number of children [11].

CONCLUSION

This study was aimed at evaluating the knowledge, attitudes and practices of family planning in women of reproductive age in Northern Nigeria in terms of sociological analysis.

The results showed that women have a fairly high awareness about family planning methods. The majority of the respondents were aware of the existence of contraceptive procedures and the advantages of having a family plan in regard to the health of the mother and giving births a considerable gap.

There is however a low level of actual application of contraceptive methods despite the level of awareness being high. Several socio-cultural factors affect this gap between knowledge and practice such as religious beliefs, cultural norms, fear of side effects and male dominance in reproductive decision-making.

Another factor that influences family planning behaviour is education and access to healthcare services. Females who are more educated and have more access to reproductive health services tend to use contraceptives.

All in all, the study suggests the significance of not only informational barriers but also social and cultural issues that impact the reproductive health behaviour.

The increase of the use of family planning in Northern Nigeria is an issue that needs holistic measures that comprise of engaging the community, providing education, access to health care and support of policies.

Recommendations

According to the results of the presented research, the following recommendations can be given:

Enhancing Public Relations

It is necessary to increase public education campaigns about family planning by government agencies and the non-governmental organizations in order to enhance knowledge about contraceptive methods and eliminate the myths.

Male participation on Family Planning Programs

Men should be engaged actively in family planning programs to educate them on reproductive

health. Male participation should be encouraged to enhance communication among spouses and even offer support to use contraceptives.

Work with Religious and Community Leaders

The religious and community leaders ought to be involved in the dissemination of proper information regarding family planning. Their authority can be used to provide an answer to the cultural and religious issues related to contraception.

Enhancing Reproductive Health Service

Family planning services should be increased especially those healthcare facilities in rural settings. Utilization can be enhanced by ensuring that there are trained healthcare providers and access to contraceptive supplies.

Promoting Female Education

Reproductive health outcomes may be greatly enhanced by the policies that encourage female education. Women who have been educated will be more inclined to make good choices as regards family planning and maternal health.

Dispel the Pseudo Knowledge about Birth Control

To overcome fears of side effects, healthcare givers should offer effective counselling on the safety and effectiveness of contraceptives methodologies.

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