

ATTITUDE OF AFRICAN WOMEN TOWARDS FAMILY PLANNING

By

EMMANUEL NNAMAKA NWALADO

*Doctoral Students, Social Science Education,
Delta State University,
Abraka.*

SUNDAY OBRO

*Doctoral Students, Social Science Education
Delta State University,
Abraka.*

And

GRACE IFEOMA EGWU

*Doctoral Students, Social Science Education
Delta State University,
Abraka.*

Abstract

The study investigated the attitude of African women towards family planning. Four research hypotheses were formulated and tested. The study was a survey research. The population of the study consisted of 153,568 African women in Sapele Local Government Area of Delta State. 200 African women drawn from 10 selected communities were the sample. Data were gathered with the questionnaire and analysed using chi-square test of significance. The result of the study revealed that: there is significant relationship between the attitude of African women and practice of medical family planning; there is no significant relationship between African women poverty and birth control; there is significant relationship between religion and the attitude of African women towards family planning method; there is no significant relationship between African women attitude and culture/tradition. Based on the findings it was recommended among others; that every couple should be encouraged to visit the family planning service providers so as to enlighten them on various family planning choices that will meet their needs; family planning drugs and accessories should be subsidized or possibly given free to couples who have shown interest to adopt the family planning; religious leaders should enlighten their followers on the needs for family planning choice as related to their holy book; community leaders should discourage the habit of not having family planning choice in their cultural norms.

The topic “attitude of African women towards family planning” is as exciting as they are controversial and dust raising all over the world. It has for long remained a sort of ‘no’ go area” in the global world. This is because of some cultural and traditional beliefs, and sometimes lack of knowledge. Child bearing and contraceptive use are among the most important reproductive health decisions that many have to make (Gertner, 2009). However, as a result of the happenings around these days, the issues of

Pristine

family planning that was not dealt with in the past have suddenly emerged as daily public affairs (Olaitan, 2011).

The recent attention drawn to the issue of family planning by international bodies like the World Health Organization (WHO), United Nations Fund for Population Agency (UNFPA) cannot be over-emphasized. This is due to the socio economic implications and health hazards that high population growth rate have increasingly manifested in the economies of developing countries. Inadequate family planning strategies have continuously exacerbated the vulnerability of socio-economic situation of developing countries, culminating into high maternal and infant mortality, increasing hard core poverty, disintegration of the extended family system, high incidence of HIV/AIDS and sexually transmitted infections and a high incidence of morbidity and mortality. At least 25% of all maternal deaths can be prevented by family planning. One in four infant deaths in developing countries can be prevented by spacing birth at least two years apart (Isife; Albert and Isaiah, 2012).

High fertility and rapid population growth have an impact on the overall socio-economic development of the country in general and maternal and child health in particular. Maternal and child mortality are two of the major health problems challenging healthcare organizations, especially in developing countries. The majority of maternal deaths are the direct result of complications encountered during pregnancy and arising from unsafe terminations (Gaym 2000 and Merric; 2002). The World Health Report (WHR) (2005) noted that unwanted, mistimed or unintended pregnancy is the most common cause of maternal mortality in developing countries.

Population growth rate has strong linkages with economic growth and sustainable social development. The above view points to the fact that rapid population growth as against scarce resources has been and is presently one of the major problems facing Nigeria and most countries in the world today. As a result, attempts are being made globally to create awareness and find ways of combating it. The widely accepted strategy is controlling or regulating fertility.

The over-growing world population has created an immense concern for the number of children a family may have. Family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couples in order to promote the health and welfare of the family, and this contributes effectively to the social development of a country (Isaiah, (2007). This is due to the fact that most families in Nigeria live with meager financial resources. Effective family planning is better to sustain good living.

According to Nkwocha and Jossy (2002), family planning is the arrangement/spacing and limitation of the children in a family depending upon the wishes and social circumstances of the parents. Family planning therefore, is a step towards better living and development of individuals, family and the nation. This is also a means of handling one of the twenty-one problems in marriage (Nkwocha and Jossy, 2002).

Emmanuel Nnamaka Nwalado; Sunday Obro and Grace Ifeoma Egwu

Family planning involves when to have and use birth techniques to implement spacing and limitation of the children in a family. Other techniques commonly used spacing and limitation of the children in a family include sexual education, prevention and management of sexually transmitted diseases, pre-conception counselling, management and infertility management (Olaitan, 2009). Thus, family planning is usually used as a synonym for birth control. It is most adopted by couples who wish to limit the number of children they want to have and to control the timing of pregnancy, also known as child spacing (Olaitan, 2009). Family planning includes sterilization, as well as pregnancy termination. It also includes raising a child with methods that require significant amount of resources namely: time, social, financial and environmental. Family planning measures are designed to regulate the number and spacing of children within a family, largely to curb population growth and ensure that each family has access to limited resources.

Family planning has been applied to solve the problem of unwanted pregnancies in our families. In recent survey, Isife and Ofuoku (2008) discovered that monthly attendance at the family clinic is low. Most African women believe in the African culture which permits the separation of the mother and her child from the father for a long period of time, following child birth in order to provide good nutritional period for the mother and child, and a total abstinence from sexual intercourse for the mother.

In Africa, the subject of family planning is still very sensitive and controversial and resentful to some African women for many reasons. Some these controversies and resentments stem from lack of information or insufficient information as well as misconception and misinterpretation of the subject and methods of family planning and in most cases religious beliefs. Since intensification of the campaigns for family planning, scanty information is available on current status of modern contraceptive use in most parts of the country especially in rural areas (Oye-Adeniran, Adewole, Augustine, Oladokun, Gbadegesin, Ekanem, Yusuf, Odeyemi, Iwere and Mahmoud, , 2006; Adanu, Seffah, Hill, Darko, Duda and Anarfi, 2009).

In order to correct this, the Planned Parenthood Federation of Nigeria (PPFN), a Nigerian member of the International Planned Parenthood Federation (IPPF), was set up with the main objectives of protecting the health of mothers and children, encouraging the building up of healthy and happy families, and enabling couples to have matrimonial sexual relationship as often as they can without fear of unwanted pregnancy (Odimegwu, 2009 and IPPFN, 2003). To achieve the stated objectives of PPFN, several family planning programmes were designed and implemented through cottage hospitals, clinics and non-governmental organizations interested in family health care delivery services.

Medical family planning refers to the use of modern methods to limit the number of children they want to have and control the timing of pregnancy, also known as child spacing contraception such as contraceptives, pills and other modern birth

Pristine

techniques. It refers to a conscious effort of couples to regulate the number of their families and spacing of births through modern medical and natural method of conception.

The politics of identity are far from clear cut and therefore there could be any number of ways to define an African woman. 'African-ness', as an identity, is a complex notion. The term 'African woman' refers to any woman of African descent. In other words, any woman with ancestors who are believed to have been of the African race (read black) would be an African woman. It could also be used to refer to women who are citizens of Africa – regardless of race. For this study specifically, an African women are those who are of African descent or origin. In other words, participants of this study were women born in Africa and of African origin.

Attitude is a psychologically held understanding, premise or proposition about the world that are felt to be true. This means that a belief is an individuals' perception of what s/he considers true, it does not need to be supported by other people (Haney & McArthur, 2001). Helle & Murtonen (2001) have argued that individual attitude are understood to be composed of an individual's subjective experience based on implicit knowledge of science and its teaching and learning. All these show that attitude is nonfactual, yet it is what guides many actions in life. Women attitude towards family planning are likely to differ. This is because they develop this attitude through different sources. Studies have suggested a strong relationship between the African woman attitude and actions. Furthermore, their attitudes have a significant influence on the behaviour, concept, understanding and acceptance of family planning. The attitude African women have influence on how they see and understand family planning.

The influence of poverty on the attitude of women towards family planning cannot be doubted. There are some contraceptive methods of family planning that are expensive, and some couples cannot afford to use or purchase them due to their financial situations in the society. For instance, people in rural areas cannot afford to use the expensive contraceptive methods of family planning such as vasectomy, Intra-uterine devices (IUD) (which are small, flexible, plastic frame inserted in the vagina of women) and female sterilization method. Some forms of contraception, such as minor surgery (like vasectomy), carry a fairly significant amount of one's time and is very cost as compared to other options, such as condom or the calendar cycle methods which are less expensive; hence, couples engage in them.

Religion is also another important factor that affects women attitude towards family planning. Religion no doubt play significant role in the choice of method for child spacing and limitation. Some religions, such as Catholicism, have restrictions on contraception based on the belief that it is God's will to bring children into the world. The religious belief and the traditional behaviour of older people definitely have a deterrent influence on the youngsters especially women who are most likely to develop negative attitude towards family planning in other to please their parent. For Gertner (2009), worshippers, believers or observers of different religions might choose to avoid

certain methods of family planning, such as birth control pill, in an effort to live their lives according to the teachings of their religion. Family planning choice depends on the religion of the couple. It may be Islam or Christianity that calls for raising and bearing of more children in the society. Some religions, such as Catholicism, have restriction on contraception based on the belief that it is “God’s will to bring children” into the world. Culture and tradition is the most important factor influencing the choice of family planning among couples. This includes community norms, religious belief and gender role. culture and tradition prescribe how much autonomy an individual has in making family planning decisions. The larger the differences in reproductive intentions within a community, the more likely the community norms support individual choices. Household and community influence can also be powerful that they can obscure the line between individual desires and community norms. For instance, in some culture, many women reject contraception because bearing and raising children is the path to respect of one’s dignity in the society. People are often unaware that such community norms influence their choices. In other cases, they are particularly aware. For example, young people often decide not to seek for family planning because they do not want their parents or other adults to know that they are sexually active. The study is concerned with evaluation of the attitude of african women towards family planning.

Statement of Problem

The aparthly with which African women treat family planning issue is a direct revelation of the many wrong conception they hold about it. This could be because there has been little or one-sided information and in some cases, no information about the different sides of family planning issues, socio-economic status, religious belief, culture/tradition, etc. Many African women are afraid to get into family planning because they think it means disobedience to God’s commandment in the Book of Genesis and the African culture which sees children as a gift from God. Hence we have names such as: Olumide (my king has come) Efe (wealth), Oritsemeyiwa (God brought this), etc. This has led many families to having too many children that they cannot carter for, making some of them to be nuisance to the society and nation. The problem has also led to over population in the country with not enough resources to carter for; this has contributed to poverty in Nigeria and Africa countries at large.

Despite donors support and organised family programmes, Nigeria has had low level of family planning. It is believed that religion, culture/tradition and poverty are factors that have influenced the attitude of the African women towards family planning. Hence, the need to find out the attitude of African women towards family planning.

Hypotheses

1. There is no significant relationship between the attitude of African women and practice of medical family planning.
2. There is no significant relationship between African women poverty and birth control.
3. There is no significant relationship between religion and the attitude of African women towards family planning method.

Pristine

4. There is no significant relationship between African women attitude and culture/tradition.

Method

This study employed the survey research design. The population for the study consisted of 153,568 (National Population Commission (NPC), Sapele) African women in Sapele Local Government Area of Delta State. Two hundred (200) African women from ten (10) selected communities were drawn for the study using the multi-stage sampling technique. Religion and socio-economic factors, as well as availability of time and manpower determined the selection of the ten communities. The instrument for the study was the questionnaire tagged “Attitude of African Women towards Family Planning Questionnaire (AAWFPQ)”, made up of two sections, section ‘A’ and ‘B’. Section ‘A’ sought personal information of the respondent, while section ‘B’ consisted of twenty (20) items. The items in this section were rated on a four point rating scale of Strongly Agreed (SA) 4, Agreed (A) 3, Strongly Disagreed (SD) 2 and Disagreed (D) 1. The data collected were collated and scored with each scoring ranging between 1-4. Test re-test method of establishing reliability was employed to determine the reliability of the instrument. Cronbach Alpha was used in analyzing it; it gave an alpha value of 0.78. The statistical tool used for the computing and analysing the response score was the chi-square test of significance. The level of significance was determined at 0.05 probability level.

Results

The results have been presented below in accordance with hypothesis.

Testing Hypothesis 1

Hypothesis 1 states that there is no significant relationship between the attitude of African women and practice of medical family planning.

Table 1. X^2 Analysis of the Relationship Between Attitude and Practice of Medical Family Planning.

S/N	Items	SA	A	D	SD	
1	Decisions to adopt family planning are influenced by the side effects of methods and the desired number of children	104 (100.8)	52 (39)	38 (51.2)	6 (9)	200
2	Encourage other women in my family to adopt family planning	100(100.8)	41(39)	52(51.2)	7(9)	200
3	I support the use of pill to control birth	104(100.8)	36(39)	56(51.2)	4(9)	200
4	Allow my husband to use condom	96(100.8)	39(39)	50(51.2)	15(9)	200
5	I abstain from sex during the unsafe period	100 (100.8)	27(39)	60(51.2)	13(9)	200
	Grand Total	504	195	256	45	1000

Df= 12, $X^2 = 21.03$ Calculated $X^2 = 24.39$

Emmanuel Nnamaka Nwalado; Sunday Obro and Grace Ifeoma Egwu

Table 1 shows that the calculated value of 24.39 is greater than the critical χ^2 value 21.03 at .05 level of significance. So the null hypothesis, which says there is no significant relationship between the attitude of African women and practice of medical family planning, is rejected. Therefore, there was a significant relationship between the attitude of African women and practice of medical family planning.

Testing Hypothesis 2

Hypothesis 2 states that there is no significant relationship between African women poverty and birth control.

Table 2: χ^2 Analysis of the relationship between poverty and birth control.

S/N	Items	SA	A	D	SD	
1	Poor financial resources does not make me to practice birth control	96 (91.2)	33 (31.2)	62(72.4)	9(5.2)	200
2	I do not have the resources to practice birth control	92 (91.2)	27(31.2)	78(72.4)	3(5.2)	200
3	Economic problem is the reason for not adopting family planning method	100 (91.2)	39 (31.2)	60(72.4)	1(5.2)	200
4	My income enable me to practice medical method of birth control	88 (91.2)	30 (31.2)	78(72.4)	4(5.2)	200
5	Cant afford most of the contraceptives associated with family planning	80 (91.2)	27 (31.2)	84 (72.4)	9(5.2)	200
	Grand Total	456	156	362	26	1000

Df= 12, $\chi^2 = 21.03$ Calculated $\chi^2 = 22.32$

Table 2 shows that the calculated mean value of 22.32 is less than the critical χ^2 value 21.03 at .05 level of significance. So the null hypothesis, which says there is no significant relationship between African women poverty and birth control, is accepted. Therefore, poverty level of African women does not influence birth control.

Testing Hypothesis 3

Hypothesis 3 states that there is no significant relationship between religion and the attitude of African women towards family planning method.

Table 3: χ^2 Analysis of the Relationship Between Religion and the Attitude of African Women Towards Family Planning.

S/N	Items	SA	A	D	SD	
1	My practice of family planning is not influenced by my religion	88 (88.8)	37 (33.2)	64(58)	11(8.4)	200
2	religious factors influence my attitude towards family planning	76 (88.8)	39(33.2)	78(58)	7(8.4)	200
3	My religion encouraged married women to adopt family planning	92 (88.8)	39 (33.2)	58(58)	11(8.4)	200
4	Do not apply family planning methods due to religious belief	92 (88.8)	27 (33.2)	76(58)	5(8.4)	200
5	I do not practice family planning because of my religion	96 (88.8)	24 (33.2)	72 (58)	8(8.4)	200
	Grand Total	444	166	290	42	1000

Df= 12, $\chi^2 = 21.03$ Calculated $\chi^2 = 28.56$

Pristine

Table 3 shows that the calculated mean value of 28.56 is greater than the critical χ^2 value 21.03 at .05 level of significance. So the null hypothesis, which says there is no significant relationship between religion and the attitude of African women towards family planning method, is rejected. Therefore, there was a significant relationship between religion and the attitude of African women towards family planning method.

Testing Hypothesis 4

Hypothesis 4 states that there is no significant relationship between African women attitude and culture/tradition.

Table 4: χ^2 Analysis of the Relationship Between African Women Attitude and Culture/Tradition.

S/N	Items	SA	A	D	SD	
1	My custom/tradition have strong influence on use of birth control	96 (87.2)	37 (38.8)	60(65.2)	7(8.8)	200
2	Don't practice birth control due to desire for male child	72 (87.2)	57(38.8)	58(65.2)	13(8.8)	200
3	Prohibition by custom does not make me to practice birth control	88 (87.2)	37 (38.8)	66(65.2)	9(8.8)	200
4	My custom/tradition believe that birth control is wrong	92 (87.2)	33 (38.8)	70(65.2)	5(8.8)	200
5	Do not apply family planning methods due to pressure of husband	88 (87.2)	30 (38.8)	72 (65.2)	10(8.8)	200
	Grand Total	436	194	326	44	1000

Df= 12, $\chi^2 = 21.03$ Calculated $\chi^2 = 21.90$

Table 4 shows that the calculated mean value of 21.90 is less than the critical χ^2 value 21.03 at .05 level of significance. So the null hypothesis, which says there is no significant relationship between between African women towards family planning method and culture/tradition, is accepted. Therefore, there was no significant relationship between African women attitude towards family planning method and and culture/tradition.

Discussion of Results

The result of hypothesis one revealed that there is a significant relationship between the attitude of African women and practice of medical family planning. The findings of this present study showed that African women have positive attitude towards family planning. This study seems to suggest that African women do practice medical family planning. This finding of this present study buttress Al-Kamil (2000) and Khan (2009) who observed that majority of African women are aware of modern family planning methods. have different ethnic groups in Nigeria have specific age when children are initiated. The result also supports Isife, Albert and Isaiah (2012) that observed in their study of farmers that the female farmers were more aware of the family planning programmes than the male farmers; and that this difference could be because the females attend clinic, especially ante-natal, from where they get more information or knowledge than the males. This finding rejects the first hypothesis, that there would be

Emmanuel Nnamaka Nwalado; Sunday Obro and Grace Ifeoma Egwu

no significant relationship between the attitude of African women and practice of medical family planning.

The result of hypothesis two showed that there is no significant relationship between African women poverty and birth control. Poverty has no significant relationship with practice of birth control, thereby accepting the hypothesis which stated that there would be no significant relationship between African women poverty and birth control. In agreement to this, the cost of family planning choice is very cheap to the need of the couples in terms of affordability, availability and accessibility. The common choice of family planning is located in our various societies such as the use of condoms for both male and female, calendar based method in terms of sexual intercourse, etc. Both upper and lower class levels have equal chances to the accessibility, affordability and availability of family planning choice stated by the researcher. The findings of this study are in line with that of Olaitan (2011) investigated factors influencing the choice of family planning among couples in Southwest Nigeria. Six hundred couples were selected from five South-western states in Nigeria through a multistage sampling technique. Questionnaire was used to collect information from the subjects. Five research questions were raised, five hypotheses were formulated and chi-square statistics was employed for the purpose of data analysis. The findings revealed that socio-economic status (poverty) does not influence couples' choice. The result of the study also confirm with that of Shaheen (2006) who observed in his study that socio-economic status is not an important factor to adapt family planning strategies.

The result of hypothesis three revealed that there is significant relationship between religion and the attitude of African women towards family planning method. The study agrees with Ogunleye (2004) who identified religious belief as one of the factors affecting clients' acceptance of family planning programmes. The finding is also in agreement with Khan (2009) who declared that majority of participant in the study have the belief that religion is against religion. Although family planning programmes were very popular among them. The findings of this present study buttress Pasha, Fikree and Vermund (2001) in their study observed that it is unsurprising that religious norms surrounding contraceptive use are a significant influence on service use regardless of an individual's place of residence. The finding also confirm with Rasheed (2010) who stated that the Qur'an actually states the limitation of children, which is having not more than four children with a stated age of marriage. Also, it states that the father should take proper care of the children in terms of responsibility. The Bible also confirms the statements that family planning is very crucial in a couple's life so as to adjust favourably to the economic demand of life (Schonfield, 2008).

The result of hypothesis four revealed that no significant relationship between African women attitude toward family planning and culture/tradition. The findings of this present study showed that culture/tradition have no significant influence on African women attitude toward family planning. This finding seems to suggest that culture/tradition factor does not influence the attitude of African women towards family planning. The finding of this study supports Habiger (2007) who revealed that

Pristine

cultural/traditional norms of the couples does not neglect the choice of family planning. This finding is in accordance with results from several previous studies conducted in other parts of Africa as well as Asian countries (Oye-Adeniran, 2006; Nwankwo and Ogueri, 2006; Mturi and Joshua, 2011). Some of these authors argued that education provides new outlook and freedom from culture/traditions and further that highly educated women have more decision making power within marriage, including decisions about reproductive health.

Conclusion

The findings established that African women have positive attitude towards family planning; poverty and culture/tradition are not important factors that affects the practice of birth control among African women and that religious belief is one of the factors that affect African women acceptance of family planning. The situation appears unlikely to change because of the belief of respondents. The findings from this study may not be generalized to the total population because of the sampling limitations. Nevertheless, they are supported by other research and carry implications for policy development and the future design and formulation of family planning programmes.

Recommendations

Given the above conclusions, it is recommended that:

1. Every couple should be encouraged to visit the family planning service providers for enlightenment on various family planning choices that will meet their needs.
2. Family planning drugs and accessories should be subsidized or possibly given free to couples who have shown interest to adopt the programmes.
3. Religious leaders should enlighten their followers on the needs for family planning choice as related to their Holy Book.
4. Community leaders should discourage the habit of not having family planning choice in their cultural norms.

References

- Adanu, R. M. K., Seffah, J. D., Hill, A.G., Darko, R. Duda, R. B. & Anarfi, J. K. (2009). Contraceptive Use by Women in Accra, Ghana: Results from the 2003 Accra Women's Health Survey. *African Journal of Reproductive Health*. 13(1), pp. 123-133.
- Gartner, N. (2009). Interference with reproductive choice. In: Cohen, S. & Taub, N. (Eds), *Reproductive Laws for the 1990s: Contemporary issues in Biomedicine, Ethics and Society*. *American Journal of Health Development*. 17 (1), pp. 45–60.
- Gaym, A. (2000). A Review of Maternal Mortality at Jimma Hospital, South-Western Ethiopia. *Ethiopian Journal of Health Development*. 14 (2), 215–223.

Emmanuel Nnamaka Nwalado; Sunday Obro and Grace Ifeoma Egwu

- International Planned Parenthood Federation (IPPF). (2003). *Haiti: PROFAMIL Project. Vision 2000 funds*. Retrieved October 2013 from [http://www.ippf.org/en/Resources/Reports reviews/Haiti+PROFAMIL+Project.htm](http://www.ippf.org/en/Resources/Reports%20reviews/Haiti+PROFAMIL+Project.htm)
- Isaiah, M. C. (2007). Attitudes of Farmers Toward Family Planning Programmes in Ehime Mbano LGA of Imo State. *Unpublished PGD Project Report, Rivers State University of Science and Technology, Port Harcourt*.
- Isife, B.I., & Ofuoku, A.U. (2008). *Communication in Agricultural Extension and Rural Development: Concepts and Methods*. Owerri, Springfield Publishers, pp. 156.
- Isife, B. I., Albert, C. O. and Isaiah, M. C. (2012). Farmers' Attitudes toward Family Planning Programmes in Selected Rural Communities of Imo State, South-Eastern Nigeria. *Agricultural Science Research Journal*. 2(3), pp. 106-110.
- Merrick, T.W. (2002). Population and Poverty: New Views on an Old Controversy. *International Family Planning Perspectives*. 28 (1), 41–28.
- Nkwocha E, & Jossy, D. (2002). *The 21 Biggest Problems in Marriage and their Solutions to Many*. Lagos, Loomiers Publishers.
- Odimegwu, C. O. (2009). Family Planning Attitudes and Use in Nigeria: A Factor Analysis. *International Family Planning Perspectives*. 25(24), pp. 86-91.
- Olaitan, O.L. (2009). Sexual Behaviour of University Students in South West Nigeria. Egypt. *Academic Journal of Biological Science (Zool.)*. 1(1): pp. 85-93.
- Olaitan, O. L. (2011). Factors Influencing the Choice of Family Planning among Couples in Southwest Nigeria. *International Journal of Medicine and Medical Sciences*. 3(7), pp. 227-232
- Oye-Adeniran, B. A., Adewole, I. F., Augustine, V., Oladokun, U. A., Gbadegesin, A., Ekanem, E. E., Yusuf, B., Odeyemi, K. A., Iwere, N. and Mahmoud, P. (2006). Community-based Study of Contraceptive Behaviour in Nigeria. *African Journal of Reproductive Health*. 10(2), pp. 90-104.
- World Health Report (WHR) (2005). *Make Every Mother and Child Count*. World Health Organization, Geneva, Switzerland.