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## **Attitude of Rural Women towards Family Planning in Akwa Ibom State**

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### **Abstract**

*Family planning among women in the rural areas means birth control and fertility regulation and women have continued to face challenges of culture, religion, socioeconomic factors as well as lack of education as impediments to accessing family planning. This study examines the attitude of rural women towards family planning in Akwa Ibom State using the cross-sectional research design and the simple random sampling to select two communities from three senatorial districts of Akwa Ibom State. Data was collected through the means of structured questionnaire and interview method and the Taro Yamane method was used to determine the sample size of 278 respondents. Data for the study was analysed using simple percentages(%) and chi-square. Findings from the study reveals that the attitude of rural women towards adopting family planning techniques is negative because of cultural impediments, socioeconomic factors, level of educational attainment, gender role as well as religion significantly influence their attitude towards adopting family planning methods in the rural areas of Akwa Ibom State. The study recommends that Non-governmental organizations (NGOs) should take family planning campaigns to the rural areas in order to encourage and enlighten the people on the necessity of family planning. They should also establish, train and educate women associations and clubs who will carry out the sensitization campaigns in their absence; Federal, state and local governments should build primary health centers (PHCs) and reproductive health centers (RPCs) in the rural areas where family planning sensitization will be carried out.*

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**Key words:** Attitude, Rural women, Family planning.

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## INTRODUCTION

Recently, Nigeria's population has been on the rapid increase since independence in 1960 making the country to be the 7<sup>th</sup> most populated in the world. Currently, the country's population is estimated at 202,259,461, with 50.67% males and 49.33% females, Nigeria's population continues to grow faster than other developing countries but it is predicted to slow in the coming years with the growth rate of 2.62% and 2.04% by 2050 and it is predicted to hit 206 million by 2020, and 262 million by 2030 and 300 million by 2036. With this, births per day stands at 6,398 and net migrants per day is at 164, while net change per day is at 13,934 (World population Review, 2019; National Bureau of Statistics, 2018). Nigeria is facing a huge challenge of poverty where 86.9million are now living in extreme poverty which represents nearly 49.7% of its population (World Bank, 2018). However, the average life expectancy stands at 54.4 years with men living an average of 53.7 years and women living an average of 55.4 years, which is the lowest in West Africa. According to the World Health organization (2018), about 82% of Nigeria's population has limited access to health care services both public and private, especially in rural areas where 52% of its population resides. The country lags behind on almost all development indicators particularly with regard to maternal mortality and child health. It has been estimated that approximately 814 deaths per 100,000 live births is the maternal mortality ratio in Nigeria. In addition to maternal mortality, infant mortality rate stands at 65 per 1000 live births (WHO, 2017; UNESCO, 2018).

Although there have been efforts to foster the growing knowledge of family planning in the rural areas of Nigeria, these efforts have been partly because of the population growth in the rural areas. According to Adeokun & Lion (2009), the increasing awareness of the role of population control as a strategy for economic development has led to increase in family planning research. The concept of family planning is a broad one and tends to have different meaning to different people. Family planning may mean birth control, birth spacing, fertility regulation, family welfare, adjusting family resources to meet family needs. However, different countries and programmes may emphasize as their objectives, one and/ or more of the possible meaning (Raimi, 2004). Despite knowledge of modern methods of contraceptives by 84.6% of married women in Nigeria, only 15% of married women of reproductive age currently use a modern method of contraceptive. Moreover, 17% of currently married women use a method of family planning, with 12% using modern and 5% using a traditional method. Among married women, the most popular methods are implants, injectables and with withdrawal used by 3% and male condoms used by 2%, 10% of women in the rural areas use contraceptive while 26% in the urban areas use same (Nigeria Demographic and Health Survey, 2013:2018).

Similarly, the Nigerian government has been doing its best in policy formulation and implementation to control a rapid growth in population with the distribution of contraceptives and discourage those who are looking forward to having large families to restrain their steps as a way of having a secure financial future. Although, there are factors like religion, type of family, household income, number/gender of living children, women's level of education which affects the choice of family planning and the right to appropriate healthcare services enable women go through pregnancy and childbirth. Furthermore, human fertility is also determined by many factors such as customs, morals and habits of social groups with regard to marital obligation (Kumar; Priyadarshni; Kant; Anand & Yadav, 2005). Acceptance of family planning methods varies within societies. There are many factors which is responsible for such variation in the rural areas; socioeconomic environment, culture, education and religion.

Recently, a study carried out by the World Health Organization (2018), concludes that women in the rural areas do not practice family planning or use family planning methods even though she has good knowledge of it. This is due to the fact that women in the rural areas desire more children as a source of economic and labour power. It is against this background that this paper will examine the attitude of rural women towards family planning in Akwa Ibom State, Nigeria.

## STATEMENT OF THE PROBLEM

Despite the programmes and policies put in place to harness the positive effects of declining population in developed Nations, the case seems to be different in the rural areas of Akwa Ibom State. This trend has remained discomfoting to policy makers and researchers. Although the influence of physical access to the utilization of family planning services is well established, with many studies substantiating the greater use of family planning services among women who have in relative vicinity to a service (Tsui & Ochoa, 1992).

Moreover, recent trends into the barriers faced by women in the rural areas in accessing family planning services goes beyond physical access to the services and include issues of economic, administrative, cognitive and psychosocial access (Betrandi; Hardee; Magnani & Angle, 1995; Foreit; Gorosh; Gillespie & Merrit, 1978). The barriers to family planning to the use of family planning services in the rural areas are seen as extending beyond factors operating at the individual and household levels to include characteristics of the social and cultural environment; health service infrastructure; socioeconomic factors; culture and religion as well as demographic barriers.

The most evident influence of family planning use amongst rural women in Nigeria is culture and religion. Religion is used as an instrument of stereotype against women who want to adopt family planning (Udom; Onwuka & Badey, 2019). In the Christian religion, the Holy Bible contends thus; “And God blessed them, and God said unto them, be fruitful, and multiply, and replenish the earth, and subdue it: And have dominion over the fish of the sea, and over the fowl of the air, and over every living thing that moveth upon the earth” (Gen.1:28 KJV) and another portion that says “The wife hath not power of her own body, but the husband: And likewise also the husband hath not power of his own body, but the wife”. Although men and women are involved in this biblical admonishing but the decision to use family planning services in the rural areas will always be the decision of men because of the patriarchal nature of African society. Furthermore, in the Islamic religion Pudah and Izzat encourages women segregation and their confinement to the home which reduces their mobility and access to family planning services, also in the Islamic religion a man is permitted to practice polygamy which is expected to increase the number of children he has without control which leads to population growth. Every family planning in male dominated areas presents a barrier to use for women who are observing Pudah (Udom et al, 2019; Rob & Monique, 2004; Ogbole, 2015). Women may need permission from their husbands or family elders to seek and use family planning services. Moreover, the doctrine of Islam has often been interpreted to forbid the use of family planning methods (Obermeyer, 1994; Underwood, 2000). Although the lack of a central authority and hierarchically organized clergy in Islam leads to the different interpretations of the Koran and the interpretations of the Koran’s position on family planning is open to a number of riff. The obscurity of the Holy Koran and the Holy Bible towards family planning means that attitudes towards family planning in the Muslim and Christian communities are shaped by local consensus of opinions (Amin; Diamond & Steele, 1997). Hence, women’s use of family planning services is often shaped by the prevailing religious

attitudes of those in their community, but cultural influences may mean that they may not be socially accessible.

### **Research Questions/Hypothesis**

In view of the problematic of this study, the following research questions were raised to investigate the attitude of rural women towards family planning in Akwa Ibom State.

- i. Do women in the rural areas of Akwa Ibom State practice family planning?
- ii. What are the hindrances to family planning in the rural areas of Akwa Ibom State?

We also hypothesize (**H<sub>1</sub>**) that cultural practice affects the attitude of rural women towards family planning in Akwa Ibom State.

## **REVIEW OF RELATED LITERATURE AND THEORETICAL FRAMEWORK**

### **Culture and the Acceptance and/or Rejection of Family Planning Practices**

Research has been carried out by many scholars on the relationship between family planning acceptability/rejection and culture. To a large extent, culture and the influence of community norms affect a person's attitude towards family planning, desire for sex of children, preferences about family size, family pressures to have children and whether or not family planning accords with customs and religious beliefs (Dixxon-Meuller, 1999; Greenwell, 1998; Vickers, 1994). Furthermore, culture also reflects how much autonomy individuals have in making family planning decisions. For instance, in the rural areas of Nigeria, women are not permitted to adopt family planning methods unless approved by their husbands. The larger the difference in family planning intentions among spouses in the rural areas with a culture, the more likely their rejection (Bosveld, 1998; Dixon-Mueller, 1999).

According to the International Planned Parenthood Federation (1996), culture and community influences to family planning can be so powerful to an extent that drawing the line between both can be ambiguous. For instance, in some cultures many women reject contraceptives because more children can be seen as labour power; path to respect and dignity in the society (Ogbole, 2015). Whereas in the urban areas, most women use contraceptive because having a small family is a norm and less expensive to cater for (Cherkaoui, 2000; Bernett & Stein, 2001; Mkangi, 2001; Lutz, 2003; Olaitan, 2011). The use of contraceptive among women in Nigeria varies. According to the Nigeria Health Demographic survey (2013), 9% of women in the rural areas use contraceptive while 27% adopt contraceptive use in the urban area. The North East has the lowest proportion of women currently using a family planning method with 3% followed by the North West with 4% while the South West has the highest proportion of women currently using family planning method with 38% followed by the South East with 29%.

Apart from culture which influences to a great extent the acceptance and rejection of family planning among women in the rural areas, studies have also shown that religion is another determinant of family practices which places women of the rural areas at disadvantage position (United Nation, 1997; Ngwu, 2017). Corroborating this, Ezea & Iffih (2004), posits that the Catholic Church is still finding it difficult to adopt modern family planning techniques but is rather comfortable with the use of natural method of family planning which poses a great challenge to its members.

Moreover, socioeconomic factors also contribute towards the acceptance and rejection of family planning in the rural areas. The most consistently found socioeconomic determinant of family planning use among rural women is their level of education. Increased educational attainment increases awareness of family planning services. Knowledge of family planning increases with educational attainment and women who have more than a secondary education use and have knowledge of contraceptive as compared to women with no education (Nigeria Health Demographic Survey, 2013; Ogbole, 2015). Socioeconomic factors such as household income, household living conditions, level of husbands education, women's employment and occupational status, have also proven to be strong predictors of women's likelihood of using family planning services (Addai, 1998; Magadi; Madise & Rodrigues, 2000). Although religion and socioeconomic factors may shape an individual's desire to use family planning services, the cultural environment in which an individual lives exerts a strong influence on the extent to which these factors actually lead to the utilization of family planning.

## **FACTORS INFLUENCING THE CHOICE OF FAMILY PLANNING AMONG RURAL WOMEN**

Several factors influence women in the rural areas towards their choice of family planning which include;

### **1. Cultural and Religious Influences**

The most evident influence of religion on family planning among the Moslems in northern Nigeria is the dominant religious value systems of Purdah and Izzat which encourages the segregation of the sexes and the incarceration of women to the family home (Okeke, 2019). In this regard, family planning services with male practitioners or those in areas where there is high male presence pose a barrier to use by women who are observing Purdah. Moreover, women may need permission from their husbands or household leaders to patronize family planning. Generally, the Islamic doctrine forbids the use of family planning methods because of lack of a central and hierarchically organized clergy in Islam which results in different interpretation of the Koran (Oberyemer, 1994). Furthermore, rural women's adoption of family planning services is often times conditioned by the dominant religious practices of those in their community. By so doing, family planning services may be physically available in the rural areas but cultural and religious influences may mean that they may not be socially accessible.

Coincidentally, in the Christian religion there is a divide among the Pentecostal Christians and the orthodox Christians. While the Pentecostal Christians (new generation Christians) believe in and adopt family planning methods, on the other hand, the orthodox Christians (especially Anglican, Methodist, and Catholic) believe in the natural birth control and the use of Billings ovulation method.

Similarly, culture also plays a greater role among rural women towards adopting family planning methods. The important cultural influence of family planning includes community norms and cultural discrimination. The African society is largely patriarchal and exerts such influence on all sectors; therefore family decisions are solely in the hands of men which is part of community of community norms. Secondly, some couples in the rural areas believe that having more children is a source of labour power and the major aim of marriage as tradition and custom demands. In the Northern part of Nigeria especially among Moslems, they believe that bearing more children will

indicate how wealthy they are and for such reasons do not patronise family planning (Olaitan, 2011).

## **2. Socioeconomic Factors**

The expensive nature of some contraceptives used for family planning makes it impossible for couples in the rural areas to use or purchase them due to their low financial status in the society. For instance, such medications as vasectomy, intra-uterine devices (IUD) which comes in small, flexible, plastic frame inserted in the vagina of women as well as female sterilization method are expensive for people in the rural areas to afford. Furthermore, women's level of education attainment contributes to their awareness of family planning methods including their decision making power which influences service use (Utazi, 2011; Etuk; Iyam & Etuk, 2011). Other socioeconomic factors include; urban residence, household living conditions and household income (Magadi; Madise & Rodrigues, 2000).

## **3. Gender Role**

The importance attached to male children as the heir apparent cannot be overemphasised but when the child given birth to is female the couple may wish to continue giving birth continuously until they have a male child (Badey, 2015). Couples who are faced with this challenge will not see any need of patronizing family planning methods.

## **THEORETICAL EXPLANATION**

The theoretical framework adopted for this study is the liberal feminist theory. Liberal Feminism has its roots in the writings of Mary Wollstonecraft (1759-1797), John Stuart Mill (1806-1873) and Harriet Taylor Mill (1807-1858) (Mukherjee & Ramaswamy, 2007). Many writers prior to Wollstonecraft, such as Jean-Jacques Rousseau (1712-1778) had argued explicitly that men and women by nature are not merely different in kind but different in natural rank with women being physically weaker, intellectually and emotionally (Sha, 2007). Men were said to be more rational, women more emotional and their respective educations should reflect these differences. A few philosophers, such as John Locke (1632-1704) had argued that both sexes should receive the same education and share equal rights and responsibilities with respect to their children.

Liberal feminist theory emphasizes equal individual rights and liberties for women and men and downplaying sexual differences, it has become the most widely accepted social and political philosophy among feminist. Liberal feminist defend the equal rationality of the sexes and emphasis the importance of structuring social, family, gender and sexual roles in ways that promote women's autonomous self-fulfillment. They emphasize the similarities between men and women rather than the average differences between them, attribute most of the personality and character differences between the sexes to the social construction of gender and tend to promote a single set of role for both men and women.

Liberal feminist theory aims at extending the full range of freedom in a liberal Democratic society to women, criticizing practices that deny women equal protection under the law as well as laws that hitherto discriminate against women. Liberal feminist theory further states that all people both males and females are born equal therefore equal opportunities should be given to them and that women marginalization and subordination arose because of non-recognitions and

implementation of liberal feminist theory (Sha, 2007). Liberal feminist further warns that nobody would benefit from existing gender differences because both male and female are important in the development of the society and as such should be treated equally.

The Liberal feminist theory is relevant to this study because it explains and also tries to bridge the gap between male and female which had hitherto existed due to traditional and cultural believes. It emphasizes that women should be given equal opportunities to participate in family planning without the permission of their husbands. Moreover, the theory also tries to eradicate sexism and stereotypical view of women, and by so doing bridge the gap between men and women in family planning in our society and the world at large. The liberal feminist theory is extremely useful in highlighting the historical, International and National dimensions of women's participation in family planning.

## MATERIALS AND METHODS

The study adopted the cross-sectional research design involving 6 communities across the 3 senatorial district of Akwa Ibom State. The 3 senatorial districts and their communities are; Akwa Ibom North West (Ikot Ekpene)-Abia Akpo Nkap and Ikot Etim; Akwa Ibom North East (Uyo)-Efiat Mbioto and Afaha Offiong; Akwa Ibom South (Eket)-Esit Urua and Esa Ekpo). The population of Akwa Ibom state as at 2016 stands at 5,482,177 (National Bureau of Statistics, 2017). In each community, the systematic random sampling technique was used to select households into the sample, and with a sampling interval of 6, every 6<sup>th</sup> household was selected into the sample and a total of 909 respondents were sampled. Data was collected through the means of structured questionnaire and interview method. The Taro Yamane sampling size formular was used to derive a sample size of 278. The study employed descriptive (simple percentage analysis), and non-parametric (Chi-Square), statistical methods for data analysis. It should be noted that only 250 questionnaires were successfully completed and retrieved, thus adjusting the sample size to 250. The validity of the research instrument was ascertained through consultation with experts; while the Chronbach Alpha (1951) Statistical test was ran and the result showed 0.65% which indicates that there was high degree of internal consistency. Furthermore, the data generated from the questionnaire was collated and cleaned with a response validity rate of 89.9% and the non-response rate 10.1% was determined.

**Table 1: Distribution of Sample Respondents according to Senatorial Districts and Communities**

Senatorial Districts	Communities	Number of Respondents	Total
Akwa Ibom North West (Ikot Ekpene)	Abia Akpo Nkap	40	85
	Ikot Etim	45	
Akwa Ibom North East (Uyo)	Efiat Mbioto	38	85
	Afaha Offiong	47	
Akwa Ibom South (Eket)	Esit Urua	46	80
	Esa Ekpo	34	
<b>Total</b>		<b>250</b>	<b>250</b>

### Fieldwork, 2019

In view of table 1 above, it shows that whereas respondents from Abia Akpo Nkap community constituted 6.27% (40) of the sample, those from Ikot Etim constituted 5.55% (45) of the

sample while respondents from Efiat Mbioto constituted 6.57% (38) of the sample. This is followed by respondents from Afaha Offiong which constitutes 5.3% (47) of the sample and respondents from Esit Urua constitute 5.4% (46) of the sample while those from Esa Ekpo constitute 7.3% (34) of the sample.

### Research Question 1

Do women in the rural areas of Akwa Ibom State practice family planning?

**Table 2: women's Attitude towards Family planning**

Responses	Frequency	Percentage %
Agree	35	7.14
Disagree	195	78
Undecided	20	12.5
<b>Total</b>	<b>250</b>	<b>100</b>

**Fieldwork, 2019**

**Note:** percentage may not total 100.00 owing to approximation

In table 2 above, 7.14% (n=35) women agree that they practice family planning in the rural area, while 78% (n=195) strongly disagreed that women in the rural areas of Akwa Ibom State practice family planning. The remaining 12.5% (n=20) were undecided. The implication that flows from this is that a larger number of the respondents which are women are from the rural areas and by so doing do not practice family planning.

### Research Question 2

What are the hindrances to family planning in the rural areas of Akwa Ibom State?

**Table 3: Hindrances to family planning in the rural areas**

Variables	No Hindrance [%]	Moderate hindrance [%]	High hindrance [%]	Undecided [%]	Total [%]
Family Planning	51 [20.4]	61 [24.4]	119 [47.6]	19 [7.6]	250 [100]
Hindrances:					
• Culture	43 [17.2]	65 [26.0]	131 [52.4]	11 [4.4]	250 [100]
• Religion	39 [15.6]	61 [24.4]	137 [54.8]	13 [5.2]	250 [100]
• Gender Role	28 [11.2]	71 [28.4]	137 [54.8]	14 [5.6]	250 [100]
• Socioeconomic Factors	31 [12.4]	67 [26.8]	140 [56.0]	12 [4.8]	250 [100]

*Note: Percentage may not total 100.00 owing to approximation*

**Fieldwork, 2019**

Table 3 above reveals that majority of the respondents, 119 (47.6%); find high hindrance to practicing family planning in the rural areas of Akwa Ibom State. 24.4% (n=61) agree that there is a moderate hindrance, while 20.4% (n=51) believe that there is no hindrance to practicing family planning among rural women in Akwa Ibom State. The remaining 7.6% (n=19) of the respondents were undecided. On the factors that hinder rural women from practicing family planning, a large number of the respondents agree that culture is the major hindrance to family planning practice in the rural areas (n=131, 52.4%; claimed high hindrance, n=43, 17.2%, claimed no hindrance), religion (n=137, 54.8% claimed high hindrance; n=39, 15.6%, claimed



no hindrance), gender role such as high preference of male children (n=137, 54.8% claimed high hindrance; n=28, 11.2%, claimed no hindrance), other factors as socioeconomic, such as education, household income, household living conditions and urban residence (n=140, 56.0% claimed high hindrance; n=31, 12.4%, claimed no hindrance).

### *Test of Hypothesis*

The hypothesis directing this study contends that cultural practices affect the attitude of rural women towards family planning in Akwa Ibom State. This hypothesis shall be tested in its null form, hence the  $H_0$  that cultural practices does not affect the attitude of rural women towards family planning in Akwa Ibom State.

**Table 4: Cultural practices affect the attitude of rural women towards family planning in Akwa Ibom State**

<i>Variables</i>	<i>Agree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Total</i>
Male	A 129 (125.4)	C 48 (46.4)	E 13 (18.2)	<b>190</b>
Female	B 36 (39.6)	D 13 (14.6)	F 11 (5.8)	<b>60</b>
<i>Total</i>	<i>165</i>	<i>61</i>	<i>24</i>	<i>250</i>

### **Fieldwork, 2019**

**Table 5: Chi-Square computation for hypothesis**

<i>Variables</i>	<i>O<sub>i</sub></i>	<i>E<sub>i</sub></i>	<i>O<sub>i</sub> - E<sub>i</sub></i>	<i>(O<sub>i</sub> - E<sub>i</sub>)<sup>2</sup></i>	<i>(O<sub>i</sub> - E<sub>i</sub>)<sup>2</sup>/E<sub>i</sub></i>
<b>A</b>	129	125.4	3.6	12.96	0.10
<b>B</b>	36	39.6	3.6	12.96	0.33
<b>C</b>	48	46.4	1.6	2.54	0.06
<b>D</b>	13	14.6	1.6	2.54	0.17
<b>E</b>	13	18.2	5.2	27.04	1.49
<b>F</b>	11	5.8	5.2	27.04	4.66
<i>Cal X<sup>2</sup></i>					<b>6.81</b>

*Note: At Df= 2, and Level of Significance= 0.05, Tabulated X<sup>2</sup>= 5.991*

## **FINDINGS AND DISCUSSIONS**

Table 4 above shows that 165 (66%) of the respondents agree that cultural practices affect the attitude of rural women towards family planning in Akwa Ibom State. 61 (24.4%), disagreed while the remaining 24 (9.6%) were undecided. Furthermore, table 5 above showed that the calculated chi-square for this hypothesis is 6.81, which is greater than the table chi-square= 5.991. Therefore, the hypothesis that “cultural practice does not affect the attitude of rural women towards family planning in Akwa Ibom State” is consequently rejected. The implication of this decision is that cultural practices affect negatively the attitude of rural women towards family planning in Akwa Ibom State. This finding corroborates with the findings of (Okeke, 2019; Obermeyer, 1994; Olaitan, 2011; Dixon-Meuller, 1999; Greenwell, 1996).

## CONCLUSION AND RECOMMENDATIONS

In this study, it is an obvious truism that the attitude of rural women towards adopting family planning techniques is negative because of cultural impediments, socioeconomic factors, level of educational attainment, gender role as well as religion significantly influence their attitude towards adopting family planning methods in the rural areas of Akwa Ibom State.

In view of the findings of the study, the following recommendations are made;

- ❖ Non-governmental organizations (NGOs) should take family planning campaigns to the rural areas in order to encourage and enlighten the people on the necessities of family planning. They should also establish, train and educate women associations and clubs who will carry out the sensitization campaigns in their absence.
- ❖ Federal, state and local governments should build primary health centres (PHCs) and reproductive health centers (RPCs) in the rural areas where family planning sensitization will be carried out.
- ❖ Religious leaders, traditional rulers and community leaders should encourage their followers/subjects on the need for family planning and not for it to be seen as a taboo or antithetical to community norms, religious beliefs and traditions.
- ❖ Couples should do away with the fear or the health risk of family planning but should be involved in decision making with regards to the choice of family planning to adopt.

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