Original Research Article

Adoption of family planning measures among couples in New Haven Enugu State, Nigeria

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A B S T R A C T

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This study examined the adoption of family planning measures among couples in New-Haven, Enugu, Enugu state. The sample consisted of hundred and fifty respondents randomly selected from ten streets in New Heaven. The methods used in the collection of data were questionnaires, interviews and direct observation. The secondary sources of data include; published and unpublished materials such as books, journals, news papers and workshops held in different parts of the world. In analyzing the data collected from the field, the Chi-square statistical method was used. Other forms of data analysis included the following; the use of simple percentages, tables and charts. From the analysis of data collected, it was discovered that distance to clinics significantly affects the adoption of family planning measures among couples in New Haven, Enugu, Enugu State, Nigeria. It was also observed that the standard of education, cultural background, age and occupation etc, affected respondents choice on the effective adoption of family planning techniques. These also affected the acceptance and rejection of birth control measures.

Introduction

Of the many interlinked problems facing humanity in the last quarter of the turbulent twentieth century, that of the rapid rate of population growth is a major one (Adewuyi *et al.,* 2001). The effect of rapid population growth on the quality of lives in various countries is largely responsible for the growing emphasis on the need to reduce fertility rates. In most cases, family planning methods have been adopted for this purpose (Alfred, 1974).

Family planning is now being increasingly accepted as a factor that contributes significantly to the socio-economic development of any nation.

According to Derek (2005), family planning refers to the natural and artificial birth control methods that allow couples to control the size of their family and the gap between their children. Family planning adoption has proven to be of great positive

influence on both the health of the children and the mother. Because of the reduction in infants and children death, due to better sanitation and disease control, increasing number of children survives to reach their reproductive age, and being human, they reproduce, thus increasing population to an unbearable rate. It is now evident that family trends are now shifting to a nuclear family with the number of children limited to one or two (Jain, 1989). This can be attributed to the recent realization by couples that they need no longer subject themselves to a life of constant child bearing and child rearing, but that it is now actually possible that by adopting a family planning measure, they can decide on how many children they want to have and also decide the spacing between the children (Kolawole, 1984).

Family planning is relatively a new science, although the act of planning the family has existed in crude form since the beginning of mankind (Odumegwu, 2006). In recent years, health workers have come to note that apart from a good water source, a healthy environment and a balanced diet, family planning is an integral part of a good health programme (Okediji, 1975).

Lately, for the first time in history, couples have had reliable methods which includes; the use of pills, condom and birth control implants sterilization, IUD etc which enables them to make their choices freely and relatively easily (Okoye, 1979).

However, these choices depend to a great extent on a complicated mixture of social, cultural and psychological influence (Mabogunje, 1981). This research work is therefore aimed at examining the adoption of family planning measures among couples in New Haven, Enugu State, Nigeria.

Materials and Methods

Study area

The study area is new-haven. It is located in Enugu North local government area of Enugu state. The local government area has the following coordinates $6^0 28$'N and $7^0 31$'E with a population of 244,852 people and an area of $106 km^2$. Geographically, Enugu urban area is located between latitude $6^0 21$N and $6^0 30$N and longitude $7^0 26$'E and $7^0 37$N. The urban area is bounded in the east by Udi local government area, north by Enugu east local government area and in the south of Nkanu west local government area. The metropolis constitutes local government areas of Enugu north, east and south local government area.

Enugu falls within the hills of the Udi escarpment which covers the Government Residential Area, New Haven, Independent Layout, Uwani/Achara layout, Maryland to the south and Ogbete/Iva Valley to west (Adinna, 2003).

Method of data collection and analysis

The population of the study is made up of married couples within child bearing age residing in New Haven, Enugu, Enugu state. New haven is made up of about 40 streets, out of which 10 streets were randomly selected and15 questionnaires were distributed in each of the 10 streets bringing the total sample size to 150. Data obtained were then presented and analysed using tables and Chi-square statistics.

Results and Discussion

Data presentation and analysis

From the table, 49 respondents representing (32.7%) of the total respondents are males, with an average number of 4.3 children per

respondent, while 101 (67.3%) are females with an average number of 4.0 children per respondent.

Table two shows the age distribution of respondents and the average number of children per respondents in different age groups.

From the table, 5 respondents representing (3.3%) of the respondents are within the age bracket of 15-20 years, while 28 (18.3%) are in the age bracket of 21-26 years, 43 (28.7%) in the age bracket of 27-32 years, 32 (21.3%) bracket of 33-38 years, 22 (14.7%) are in the age bracket of 39-44, and 20 (13.2%) in the age bracket 45 years and above. Also, from the table average number of children per respondents in the following age bracket: 15-20, 21-26, 27-32, 33-38, 39-44, and 45+ are 1.2, 1.4, 3.7, 3.2, 5.2, and 6 respectively.

The reason why older respondents tend to have more number of children is because they have a longer duration in marriage.
Table 3 represents the marital status of respondents and the average number of children in each age group.

From the table, none of the respondents is single, 133 (88.7%) is married, 2 (1.3%) is divorced and 15 (10%) is widowed. Also from the table the average number of children per respondent in the following marital status; single, married, divorced, and widowed are 0, 3.6, 1.5, and 3.7 respectively.

Table 4 representing the age at marriage of respondents, and the average number of children in each age bracket.

From the table, 15 respondents representing (10%) of the respondent got married within the age bracket of 15-20 years, with an average number of 4.9 children per respondents, 55 respondents (36.7%) between 21-26 years with an average number of 3.8 children per respondents, 50 (33.3%) between the age bracket of 27-32 years with an average number of 3.5 children per respondents, 20 (13.3%) between the age bracket of 33-38 years with an average number of 3.4 children per respondents, 8 (5.3%) between the age of 39-44 years with an average number of 2.5children per respondents and 2 (1.3%) between the age bracket of 45 years and above with an average number of 2 children per respondents.

Table 5 represents the marital duration of respondents and the average number of children in each group.

From the table, respondents with the following marital duration; 6 months-5years, 6-10years, 11-16years, 17-22years, 23-29years, and above have the following average number of children; 2.1, 2.5, 3.9, 4.5, and 6.6 respectively.

It can be deduced from the above table that respondents with a longer duration in marriage have the tendency of having more children.

Table 6 represents the occupation of respondents.

From the table, respondents that falls into the following occupational group; farming, trading, civil servants, and students have the following average number of children; 6.3, 5.5, 3.0, and 2.3 respectively.

Table 7 represents the educational qualification of respondents.

From the table, it is evident that respondents with the highest level of education have

fewer children compared to those without any formal education. This proves that, education is a major factor affecting the increase in population growth in Nigeria.
Table 8 representing the opinion of respondents on population growth.

59.3% of respondents thinks that population is increasing rapidly, 26.7% said it is increasing gradually, 2.7% were of the opinion that population is not increasing while the remaining 11.3% of respondents said they don't know whether population is increasing or not.

Table 9 represents the awareness of family planning methods among respondents.

All the respondents said they have heard of one method of family planning or the other before.

Table 10 represents the source of knowledge of respondents about family planning.
18% of respondents got their information from mass media 4% from family planning clinics, 53.3% from friends, 5.3% from the church and 19.3% from schools.

Table one above and figure one below, shows the awareness and usage of various family planning methods among respondents.

From the above table and fig.1, the following family planning methods pills, UID, injectibles, sterilization, condom and foam tablet have the following percentages of awareness; 93.3%, 72.7%, 65.3%, 20%, 98.7% and 18% respectively. Also, pills have 40% usage among respondents, IUD 20%, injectibles 18%, sterilization no usage, condom, 70% and foam tablet 4%.

Table 12 represents the current status of respondents on contraceptive usage.

From the table, 63.3 of respondents are currently practicing one family planning method or the other, while 36.7% of the remaining respondents are not currently using any methods.

Table 13 represents the various opinions of respondents on whether the reduction in family size will be beneficial to the country.
From the table, 91 (60.6%) of respondents said yes, that they think the reduction in family size will be beneficial to the country, while 48 (32.1%) said that they don't think so. The remaining 11 (7.3%) respondents said they have no idea whether or not the reduction of family sizes will be beneficial to the country.

Table 14 represents the effect of distances to family planning clinic on the adoption of family planning methods.

From the table, 110 (72.7%) of respondents said yes that distance to clinics affects their practice of family planning methods, while 40 (27.3%) said that distance does not affect their practice of family planning methods.

Distance to clinics is one of the factors affecting the level of adoption of family planning programmes among coupes in New Heaven Enugu.

Chukwudi (1998) in a study on the Geographic Perspective of Utilization of family planning methods also came up with the same findings.

Her earlier work supports this finding. The reason could be attributed to the fact that geographers believe that distance to some extents affects interaction. It is a proven fact that distance affects the patronage received by facilities located at a place.

Table.1 Showing sex of respondents

Sex	Frequency	% representing	No of children	Average no of children
Male	49	32.7	140	4.3
Female	101	67.3	409	4.0
Total	150	100	549	

Table.2 Showing the average number of children per respondent in different age group

Age group	Frequency	% representing	No of children	Average no of children
15-20 years	5	3.3	6	1.2
21-26 years	28	18.3	40	1.4
27-32 years	43	28.7	160	3.7
33-38 years	32	21.3	105	2.2
39-44 years	22	14.7	115	5.2
45+	20	13.2	120	6
Total	150		549	

Table.3 Showing the marital status of respondents and the average number of children

Marital status	Frequency	% representing	No of children	Average no of children
Single	-	-	-	-
Married	133	88.7	490	3.6
Divorced	2	1.3	3	1.7
Widowed	15	10	56	3.7
Total	150		549	

Table.4 Showing age at marriage of respondents and the average number of children

Age of marriage	Frequency	% representing	No of children	Average no of children
15-20 years	15	10	73	4.9
21-26 years	55	36.7	209	3.8
27-32 years	50	33.3	175	3.5
33-38 years	20	13.3	68	3.4
39-44 years	8	5.3	20	2.5
45+	2	1.3	4	2
Total	150		549	

Table.5 Showing the marital duration of respondents

Duration	Frequency	% representing	No of children	Average no of children
6 months-5years	25	33.3	50	2.1
6-10years	50	16.7	126	2.5
11-16years	20	13.3	77	3.9
17-22 years	18	212	81	4.5
23-29 years	23	15.3	120	5.2
30+	14	9.3	93	6.6
Total	150		549	

Table.6 Showing the occupation of respondents

Occupation of respondents	Frequency	% representing	No of children	Average no of children
farming	3	3	29	6.3
Trading	39	29	215	5.5
Civil servant	97	64.7	289	3.0
student	11	7.3	26	2.3
Total	150		549	

Table.7 Showing the educational qualification of respondents

Qualification	Frequency	% representing	No of children	Average no of children
No formal education	12	8	63	5.2
primary	27	18	129	4.8
Secondary	73	48.7	258	3.5
Tertiary	38	25.3	100	2.6
Total	150		549	

Table.8 Showing respondents perception of population growth

Opinion	Frequency	% representing	No of children	Average no of children
Increasing rapidly	89	59.3	277	3.1
Increasing gradually	40	26.7	167	4.2
Not increasing	4	2.7	19	4.8
I don't know	17	11.3	89	5.1
I don't know	17	11.3	89	5.1
Total	150		549	

Source: field work Oct, 2011

Table.9 Showing the awareness of family planning methods among respondents

Response	Frequency	% representing	No of children	Average no of children
Yes	150	100	549	3.7
No	-	-	-	-

Table.10 Showing respondents sources of information

Source of information	Frequency	% representing
Mass media	27	18
FP clinic	6	4
Friends	80	53.3
Church	8	5.3
School	29	19.3

Table.11 Showing the awareness and usage of various family planning methods among respondents

Methods	Heared	% of heared	Used	% of used
Pills	140	93.3	60	40
IUD	109	72.7	30	20
Injectables	98	65.3	27	18
Sterilization	30	20	0	0
Condom	148	98.7	70	46.7
Foam tablet	27	18	6	4

Table 12: showing the current status of respondents

Status	Frequency	% representing	No of children	Average no of children
Using	95	63.3	270	2.8
Not using	55	36.7	279	5.1

Table.13 Showing the opinions of respondents on whether it will be beneficial to the country if family size are reduced

Response	Frequency	% representing
Yes	91	60
No	48	32.1
I don't know	11	7.3

Table.14 Showing the effect of distance to family planning clinics on the adoption of family planning methods.

Response	Frequency	% representing
Yes	110	72.7
No	40	27.3

Martina (1993) work on the practice of family planning among women attending ante-natal clinics in UNTH Ituku-Ozalla, Enugu State is also in accordance with this finding, she was also of the opinion that distance and the availability of family planning clinics where part of the major factors affecting the practice of family planning.

Most of the respondents got their information about family planning from friends. This is contradictory to the study carried out by Okediji (1975), where she reported that women have gotten knowledge of family planning from hospitals and clinics. On the issue of awareness about family planning, this study contradicts the earlier study made by Adewuji *et al.* (2001) where he stated that the lack of knowledge about family planning is the likely cause of large families. But however, it is in accordance with the study carried out by Odumegwu (2006) where he said that the knowledge of people about family planning has increased considerably, and that it is no longer a barrier to the effective practice of the programme.

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