

## INFLUENCE OF DEMOGRAPHIC CHARACTERISTICS ON FAMILY PLANNING ADOPTION AMONG FEMALE RESIDENTS IN SAMARU, KADUNA STATE, NIGERIA.

Akorede Seun Nurudeen<sup>1\*</sup>

Akorede Adam Abiola<sup>2</sup>

Isiaq Abdulmuhit Temitope<sup>3</sup>

Idris Safiya Yusuf<sup>4</sup>

<sup>1,2,3</sup>Ahmadu Bello University, Zaria, Nigeria

<sup>4</sup>Kaduna State University, Nigeria

\*Corresponding Email: hakhodam.aa@gmail.com

**Citation:** Akorede, S.N., Akorede, A.A, Isiaq, A.T. & Idris, S.Y. (2022). Influence of demographic characteristics on family planning adoption among female residents in Samaru, Kaduna state, Nigeria. *KIU Interdisciplinary Journal of Humanities and Social Sciences*, 3(1), 1-12

### ABSTRACT

This study was conducted to investigate the influence of demographic characteristics on family planning adoption Among Female Residents in Samaru Community, Kaduna State. To achieve this purpose, a survey of 376 consenting females was used from the eighteen thousand and thirty-nine (13,039) total population of Samaru. A two-stage sampling technique of purposive and accidental was employed. The reliability of the instrument was done using the Cronbach alpha coefficient with 0.895 points obtained. 376 copies of the questionnaire distributed were analysed using descriptive statistics of frequency count, simple percentages, mean and one-way analysis of variance (ANOVA). The results revealed that age significantly influences the adoption of family planning among female residents of Samaru community, Kaduna State, Nigeria with ( $f = 3.02$ ;  $p = 0.005$ ) and education level significantly influence the adoption of family planning among female residents of Samaru community, Kaduna State, Nigeria with ( $f = 2.63$ ;  $p = 0.005$ ). Based on the conclusion, it was recommended among others that the government should organize a community-based intervention to educate women about the necessity of family planning for their reproductive health.

**Keywords:** Demographic Characteristics, Family planning, Female Residents, Adoption, Influence, Family Planning Services.

## INTRODUCTION

---

One of the most significant transformations of the twentieth century was the widespread acceptance of family planning. The use of contraceptive technologies as a fundamental component of health care is a major component of Family Planning (FP). Family Planning (FP) is described by the World Health Organization (WHO, 2015) as the capacity of individuals and couples to predict and achieve their desired number of children, as well as the spacing and timing of their births. These services guarantee that couples have the number of children they want and that pregnancies are spaced out properly. Preventing unintended and high-risk pregnancies, lowering mother and child morbidity and death, improving economic growth, and ensuring resource sustainability are all social and health advantages of FP (Denton, 2014).

Globally, WHO (2015) reported that the usage of modern contraception has increased from 54 per cent in 1990 to 57.4% in 2015. Women's use of FP has grown in many countries of the world, particularly in Asia and Latin America, although it remains low in Sub-Saharan Africa. It increased from 23.6 per cent to 28.5 per cent in Africa (WHO, 2015). Similarly, the White Ribbon Alliance observed that geographically, the use of modern contraceptive methods increased little between 2008 and 2015.

According to the United Nations (UN), usage of contemporary family planning services has grown in high-income nations, but adoption remains low in low and middle-income countries, particularly in Africa. Furthermore, 64 per cent of married or in-union women between the ages of 15 and 45 in the world used some sort of contraception. Maternal and newborn fatalities, on the other hand, are a considerable illness burden in low- and middle-income nations (United Nations, 2015).

Nigeria's contraceptive prevalence rate increased by 3.5-8.6% in 2013, according to the National Demographic Health Survey. In Nigeria's rural communities, the use of modern contraception is still extremely low. Although there has been an increase throughout the decades. Contraception use is notably low among women of reproductive age,

contributing to high rates of adolescent pregnancy, abortion use, and maternal mortality, among other things. Nwosu (2011) identified low levels of education, knowledge, myths and misconceptions, low quality of services, including non-availability of contraceptive commodities and poor attitude of service providers, and opposition from husbands as factors influencing the utilization of family planning services in rural Nigeria.

Asiimwe, Ndugga, Mushomi and Ntozi (2013) asserted that Younger women frequently have a higher desire for fertility than older women. When the average age is lower, the use of tablets and condoms is more popular. Most women in Kaduna State between the ages of 15 and 49 were aware of one or more modern techniques of family planning, but virtually all of them did not use these methods (Avong, 2012). According to Ebrahim and Atteray (2018), demographic characteristics impacting family planning utilization in Nigeria include age, family size, distance from a health care provider, and education level.

Apart from a tiny handful of rich and conscientious nations that have succeeded in curbing population growth, each pregnancy and delivery remains a danger deadly event for hundreds of millions of women throughout the world. Odimegwu and Adedini (2011) believe that high population increase is not driven by a single factor, but it is clear how important the demographic element may be in a country's political stability and socio-economic progress. It is now well acknowledged that a large population, a quick pace of development, and a managed migration of people from rural to urban regions may put a strain on a country's resources, impacting its economic prosperity.

According to Paschal and Mattew (2015), just 18% of married women in Sub-Saharan Africa use contemporary family planning techniques. Despite the immense benefits of family planning services, use remains low in Sub-Saharan Africa. This has, however, led to the high incidence of undesired pregnancies, unexpected births, unsafe abortions, and maternal mortality in this region (Paschal & Mattew, 2015). High fertility rates have

been linked to poor health outcomes, including a higher mother and infant morbidity and death. Unwanted pregnancies, the majority of which end in abortion, are, nevertheless, a problem in our nation as well. To reduce the number of undesired pregnancies, efforts must be taken to boost the use of family planning. In the same spirit, Singh, Darroch and Ashford (2014) reported that around 12 million adolescent girls and women give birth, and 3.2 million have an unsafe abortion each year.

Despite the severity of the aforementioned economic challenges, Nigeria has one of the lowest contraceptive prevalence rates in the world. Despite this, little study has been done from the perspective of the community to identify the issues preventing the uptake of family planning services in conservative traditional societies. The purpose of this study is to fill the gap of investigating the influence of demographic characteristics on the adoption of FP among female residents of Samaru community, Kaduna State, Nigeria.

### Hypotheses

1. Age will not significantly influence the adoption of family planning among female residents of the Samaru community Sabon Gari LGA, Kaduna State.
2. Education level will not significantly influence the adoption of family planning among female residents of Samaru community Sabon Gari LGA, Kaduna State.

### METHODOLOGY

---

This study was a descriptive study aimed at investigating the influence of demographic factors on the adoption of family planning services among female residents in the Samaru community, Kaduna State, Nigeria. The population of the study comprised all-female residents (15-45years) of Samaru community, Kaduna State, Nigeria. According to the 1991 National population census, Samaru had 12,978. The projected population by 2009 based on the 3.0 growth rate of the 1991 census was 18,039 (NPC, 1991). A sample size of three Hundred and Seventy-six (376) respondents was drawn

using a two-stage sampling technique.

A self-structured close-ended questionnaire was used in the study. The instrument was validated by three (3) experts in the Department of Human Kinetics and Health Education and Community Medicine, Ahmadu Bello University, Nigeria. These experts' findings, corrections, and suggestions were implemented before the administration of the instrument. The instrument has a reliability coefficient using Cronbach Alpha of 0.895, which is more than 0.70, indicating its reliability.

To secure permission to conduct the study in the community, an introductory letter was received from the Department of Human Kinetics and Health Education at Ahmadu Bello University in Zaria, Nigeria, and given to the Community Head (Sarkin). Five health education experts served as research assistants for the study. The study assistants were trained on administering, compiling, and retrieving the questionnaire. They are fluent in both English and Hausa, which they used to clarify the questionnaire items. The questionnaire was accidentally provided to the community's respondents. The administration began with an introduction and the objectives of the study. Explanations were offered to respondents as needed to help them understand unfamiliar concepts. Respondents who were unable to read or write were assisted by research assistants who translated the questions into their native protocol language (Hausa), allowing them to easily complete the questionnaire. Copies of the questionnaire were returned to the researcher as soon as they were completed and reviewed for accuracy. This method was continued until the community's allotted number of respondents was reached.

The demographic features of the respondents were analysed using descriptive statistics of frequency, percentage and mean. One way Analysis of Variance (ANOVA) at the 0.05 level of significance was used to answer research questions and their underlying hypotheses.

---

## RESULTS

**Table 1: Demographic Characteristics of the respondents**

	Variable	Frequency	Percentage
Age Range in years	15-24 years	158	42.0
	25-34 years	135	35.9
	35-45 years	83	22.1
	<b>Total</b>	<b>376</b>	<b>100</b>
Marital Status	Single with a sexual partner	133	35.4
		176	46.8
	Married with children	45	12.0
	Divorced	22	5.8
	widowed	<b>376</b>	<b>100</b>
Level of Education	No Education	56	14.9
	Primary Education	101	26.9
	Secondary Education	130	34.6
	Tertiary Education	89	23.7
	<b>Total</b>	<b>376</b>	<b>100</b>
Religion	Christianity	143	38.0
	Islam	216	57.4
	Other	17	4.5
	<b>Total</b>	<b>376</b>	<b>100</b>
Employment Status	Employed	67	17.8
	Self-employed	198	52.7
	Unemployed	111	29.5
	<b>Total</b>	<b>376</b>	<b>100</b>

Looking at Table 1, the demographic characteristics of the respondents reveals that the majority of the female residents that responded were within the age of 15-24years

(42.0%). Most of the respondents were Muslims (57.4%), 38.0% of the respondents were Christians, and others chose to remain silent about their religion. A large majority of the respondents were currently married with children (46.8%) followed by the single who are cohabiting with their partners (35.4%), divorced (12.0%) and widowed (5.8%). Most of the respondents had secondary school education (34.6%). This was followed by primary school education (26.9%), tertiary education (23.7%), and no formal education (14.9%). They were predominantly self-employed (52.7%), 29.5% were unemployed, and 17.8% were employed.

## Hypotheses

**Hypothesis 1:** Age will not significantly influence the adoption of family planning among female residents of Samaru community, Kaduna State, Nigeria.

**Table 2:** One-way ANOVA showing the influence of age on the adoption of family planning among Female residents in Samaru Community, Kaduna State, Nigeria.

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.268	2	1.634	11.871	0.000
Within Groups	51.348	373	0.138		
Total	54.616	375			

**$f(2, 373) = 3.02, P < 0.05$**

Critical observation of Table 3 shows that result was significant because the P-value of 0.000 observed is less than 0.05 level of significance. The observed F-value of 11.871 is greater than the critical value of 3.02 at a degree of freedom 2, 373. This means that the null hypothesis which stated that age will not significantly influence the adoption of family planning among female residents of Samaru community, Kaduna State, Nigeria was therefore rejected. This implies that there is a significant influence of age on the

adoption of family planning among female residents of Samaru community, Kaduna State, Nigeria.

**Hypothesis 2:** Education level will not significantly influence the adoption of family planning among female residents of Samaru community, Kaduna State, Nigeria.

**Table 3:** One-way ANOVA showing the influence of Educational Level on the adoption of family planning among Female residents in Samaru Community, Kaduna State, Nigeria.

	Sum Squares	of Df	Mean Square	F	Sig.
Between Groups	50.387	3	16.796	1477.26	0.000
Within Groups	4.229	372	0.011		
Total	54.616	375			

$$f(1477.26) = 2.63, P < 0.05$$

Critical examination of Table 3 reveals that the result was significant because the P-value of 0.000 observed is less than 0.05 level of significance. The observed F-value of 1477.26 is greater than the critical value of 2.63 at the degree of freedom 3, 372. This means that the null hypothesis which stated that 'educational level will not significantly influence the adoption of family planning among female residents of Samaru community, Kaduna State, Nigeria was therefore rejected. This implies that there is a significant influence of education on the adoption of family planning among female residents of Samaru community, Kaduna State, Nigeria.

### Discussion of the Findings

According to the findings of Hypothesis 1, age has a significant influence on the adoption of family planning among female residents of Samaru community, Kaduna State, Nigeria. This study's findings contradict Smith's (2019) finding that no demographic factors significantly predicted female interest in using family planning. This



finding, however, is consistent with the findings of Hakizimana and Odjidja (2021), who discovered that age is substantially linked with family planning usage. Furthermore, the finding concurs with Tuyishime (2016), who discovered that the age of women is related to the variation in contraceptive use.

The findings show that the hypothesis that education level has no significant influence on family planning adoption among female residents of Samaru community, Kaduna State, Nigeria was rejected. This suggests that age has a substantial impact on the adoption of family planning services, female residents of the Samaru community, Kaduna State, Nigeria. This finding is consistent with the result of Olaitan (2011), who discovered that a couple's educational background had a substantial influence on their choice of family planning. The finding is in line with Dey (2019) study, which found a significant relationship between women's education and contraception use. Nonetheless, the findings are consistent with those of Manortey and Lotsu (2017), who reported that women's involvement and educational background have a significant impact on their contraceptive use. Similarly, Danladi, Ukatu, Okonkwo, and Upaka (2020) discovered that the majority of people in northern Nigeria's educational level influence their use of family planning services.

## CONCLUSION AND RECOMMENDATIONS

---

Based on the findings, the following conclusions were drawn:

1. The age of female residents in Samaru Community, Kaduna State, Nigeria has a significant influence on their use of family planning.
2. The educational level of female residents in Samaru Community, Kaduna State, Nigeria has a significant influence on their use of family planning.

## Recommendations

Based on the conclusion, it was recommended that

1. Government should work toward universal access to family planning and address the issue of side effects management.

2. Government should organize a community-based intervention to educate women about the necessity of family planning for their reproductive health.

## REFERENCES

---

- Adedini, S. A. & Odimegwu, C. (2011). Assessing knowledge, attitude and practice of vital registration system in South-West Nigeria. *IFE Psychology International Journal*,19 (1), 456–471.
- Asiimwe, J.B., Ndugga, P. & Mushomi, J. (2013). *Socio-demographic factors associated with contraceptive use among young women in comparison with older women in Uganda*. ICF International, Calverton: Maryland, USA.
- Avong, N. (2012). Relationship between religion and use of modern contraceptives among the Atyap in Kaduna State, Nigeria. *Research in Humanities and Social Sciences*,2, 82-89.
- Danladi, S. E., Ukatu, E. E., Okonkwo, O. S. & Upaka, O. A. (2020). Impediments and Perceptions on the Utilization of Family Planning Services in Bauchi State, Nigeria. *International Journal of Innovative Science and Research Technology*,5 (8).
- Dey, A. K. (2019). Socio-demographic determinants and modern family planning usage pattern analysis of National Family Health Survey-IV data. *International Journal of Community Medicine and Public Health*, 6 (2), 738-749.
- Ebrahim, N. B. & Atteraya, M. S. (2018). Structural correlates of modern contraceptive use among Ethiopian women. *Health Care Women International*,39 (2), 208–219.
- Manortey, S. & Lotsu, P. (2017). Factors Affecting Contraceptive Use among Reproductive Aged Women: A Case Study in Worawora Township, Ghana. *Journal of Scientific Research & Reports*,13 (1): 1-9.

- National Population Census (NPC). (1991). *National Population Census: Kaduna State by Local Government Areas, District and Localities*. 133-135. NPC: Nigeria
- Nwosu, A.O. (2011). *National Reproductive Health Policy and Strategy to Achieve Quality Reproductive and Sexual Health for all Nigerians*. FMOH: Abuja.
- 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), 227-232.
- Singh, S. D., Darroch, J. E., & Ashford, L. S. (2014). *Adding it up: the costs and benefits in investing in sexual and reproductive health*. Guttmacher Institute: New York.
- Smith, A. (2019). *Fertility Awareness Based Methods (FABMs): Evaluating and Promoting Female Interest for Purposes of Health Monitoring and Family Planning*. Dissertation of University of Arkansas, Fayetteville. Retrieved from <https://scholarworks.uark.edu/etd/3279>
- Sonia, H. & Emmanuel N. O. (2021). Beyond knowledge acquisition: factors influencing family planning utilization among women in conservative communities in Rural Burundi. *Journal of reproductive health*,18, 94.
- Tuyishime, E. (2016). *Factors associated with the prevalence of contraceptive use among women of reproductive age in Rwanda: a cross-sectional study using demographic and health survey Rwanda, 2010*. Thesis of Uppsala University; Rwanda.
- United Nations (UN). (2015). *Family Planning*. Retrieved from <https://www.un.org/en/development/desa/population/theme/family-planning/index.asp>

World Health Organisation (WHO). (2015). *Fact Sheet on Family Planning*. Accessed from  
<https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>