

PERCEIVED FACTORS INFLUENCING THE CHOICE OF FAMILY PLANNING AMONG NURSING MOTHERS IN OGBOMOSO LGA, OYO STATE

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How to cite this article: Oniyangi, S.O., Jamiu, A.T., Alaro A.F., Babangida, U.I., & Danlami, U.M. (June, 2019). Perceived factors influencing the choice of family planning among nursing mothers in Ogbomoso LGA, Oyo State. Journal of Physical Education Research, Volume 6, Issue II, 44-49.

Received: March 08, 2019

Accepted: June 21, 2019

ABSTRACT

The study examined (i) Culture; (ii) Financial status and (iii) Religion factor as a perceived factor influencing the choice of family planning among nursing mothers in Ogbomoso LGA, Oyo State. A descriptive research design of survey method was adopted for the study. The population comprised all Nursing mothers in Oyo state. A total of 120 respondents were selected through multistage sampling technique. Researcher's structured questionnaire which was validated by experts from Department of Health Promotion and Environmental Health Education University of Ilorin was used as instrument for data collection. The reliability of the instrument was carried out using test re-test technique and was analysed with Pearson Product Moment Correlation Coefficient statistical analysis. A correlation co-efficient of 0.75 was obtained which ascertained the reliability of the instrument for this study. The instrument was administered on the respondents; data collected were coded and sorted using inferential statistics of Chi-square (χ^2) at 0.05 alpha level. The findings from this study revealed that: i. Culture is perceived by nursing mothers as a factor influencing the choice of family planning in Ogbomoso LGA, Oyo State; ii. Financial status is perceived by nursing mothers as a factor influencing the choice of family planning; and iii. Religious factor is perceived by nursing mothers as a factor influencing the choice of family planning. The findings led to the conclusion that culture, financial status and religion are perceived to influence choice of family planning among nursing mothers in Ogbomoso LGA, Oyo State. Therefore, it was recommended that there is need to sensitize nursing mothers on the need to choose best family planning for themselves irrespective of their culture. Nursing mother should be encouraged to choose family planning that their financial status can conveniently afford as this will enable them to be consistent with the usage and religious leaders should encourage their followers on why they need to choose family planning that won't affect their religious beliefs so as nursing mothers won't be discriminated for abusing their religious ethics.

Keywords: Perception, factors, influence, family, planning, nursing, mother.

1. INTRODUCTION

Family planning is the planning of when to have children and the use of birth techniques to implement such plans. Other techniques commonly used include sexual education, prevention and management of sexually transmitted diseases, pre-conception counseling, management and infertility management. However, family planning is usually used as a synonym for the use of birth control. It is most adopted by couples who wish to limit the number of children they want to have and control the timing of pregnancy, also known as spacing of children (Olaitan, 2009a).

Family planning may encompass 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 each family has access to limited resources (Olaitan, 2009b). The first attempt to offer family planning services began with private groups and often aroused strong opposition. Activists, such as Margaret Sanger in the U.S., Marie Stopes in England and Dhanvanthis Rama Rou in India, eventually succeeded in establishing clinics for family planning and health care (United Nations and World Health Organization, 2006). Today, many countries have established national policies and encouraged the use of public family services (United Nations and World Health Organization, 2006).

Collumbien, Gerressu, and Cleland (2004) are of the opinion that family planning could help prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions and stop childbearing when they have reached their

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desired family size. Traditionally, Nigerians have recognized the need for spacing births. For example, abstinence while breastfeeding has been widely practiced in Nigeria in the olden days and according to Wolf and Abubakar (2008), it is still practiced in Nigeria across the northern Nigeria as a method of child spacing. Nnaocha (2002) observed that traditional ways used to prevent pregnancy in the olden days include prolonged lactation, post-natal and sexual abstinence and polygamy, that is, husband pressure for intercourse is reduced because of too many wives. Other methods include charms/armlets and herbs.

According to Ngalinda (2006), motherhood refers to giving birth to offspring by female while nursing mother literally refers to a mother who still breast feed her baby or babies. The stage of nursing or breast feeding a baby is very essential in child life. According to Ajibuah (2013), Breast milk is a natural resource that has a major impact on a child's health, growth and development and it is recommended for at least the first two years of a child's life. Like in many of the sub-Saharan African countries, the practice of breastfeeding in Nigeria has been a major aspect of infant feeding. Exclusive breast feeding (EBF) in the first six months of life is recognized as an indispensable component of survival, physical and mental development of children (Lancet, 2008).

According to the World Health Organization (WHO) (2007), for every maternal death, an estimated 30 additional women suffer pregnancy-related health problems that are frequently permanently debilitating (Daulaire, 2002). Overall, an estimated 17 million women suffer from pregnancy-related health problems which include uterine rupture, prolapse, hemorrhage, vaginal tearing, urinary incontinence, pelvic inflammatory disease and obstetric fistula (a muscle tear that allows urine or faeces to seep into the vagina). These conditions are more likely to occur among women who are on the cusp of childbearing age, very young or very old, suffering poor health, malnutrition or have had multiple live births (Daulaire, 2002). The cost associated with such debilitating problems can lead to social and economic isolation as well as increasing the risk of maternal mortality during future pregnancies. Family planning is identified as the solution to control fertility rates as well as child bearing related problems. The benefits of pregnancy planning and child spacing on maternal, infant and child health has been well documented (Rutstein 2005; DaVanzo, Razzaque, & Rahman, 2004). Researches have shown that family planning can reduce about 25% to 40% of maternal deaths by preventing unplanned and unwanted pregnancies, and about 10% of child deaths by eliminating inter-birth intervals of less than two years (Campbell, & Graham, 2006). For many years, studies demonstrated that when mother's space births at least 2 years apart, their children are more likely to survive and to be healthy. Infants spaced at least 2 years apart are also less likely to be premature, of low birth weight, and to be malnourished (Rutstein, 2005 & Cleland et al., 2006). Recent studies also showed longer intervals are even better for infant and maternal survival and health than the two-year interval earlier suggested.

Some forms of contraception, such as minor surgery (like vasectomy), carries 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 mostly in the less expensive methods (Olaitan, 2011). People who are not in a financial or emotional situation to have children might opt for the most effective type of family planning in order to avoid pregnancy. A couple or woman with a casual approach towards parenthood, such as not actively pursuing it, but not unwilling to take it on, might choose a less certain form of contraception, such as natural family planning (Utomo, 2007).

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 (Olaitan, 2011).

Religious affiliations may impact on the use of contraceptives due to differing beliefs regarding birth control. According to Popenoe, Cunningham and Boulton (2008) Christian churches had, in the past, generally believed that using birth control are opposing against God's word that people shall multiply and be many and reproduction is one of the primary goals of marriage and, as a result, they were opposed to the use of contraceptives. Now a day there is little to no condemnation of using birth control in most major religions promote fertility because they date back to eras when high fertility rates could mean the difference between the survivals or death of a community. Other study in Sierra Leone by Amin, (2002) reported that there is low contraceptive prevalence among women who followed Islam religion than among those affiliated with catholic and other Christian religion. The implication of this may connected with the desire of to have more children by those Muslim women. According to Dixon-Muller (1999), religious believers or observers 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.

Cultural norms also prescribe how much autonomy an individual has in making family planning decisions. The larger the differences in reproductive intentions within a tribe, the more likely the tribe

norms support individual choices. Household and cultural influence can be so powerful that they can obscure the line between individual desires and tribe norms. For instance, in some culture, many women reject contraception because bearing and raising children is the path to respect and dignity in the society. People are often unaware that such community norms influence their choices (Olaitan, 2009). 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. Some couples in the community feel that bearing children is the major aim of their marriage, as tradition, customs and beliefs. In some northern part of Nigeria, especially the Islamic religion, they believe that bearing more children will indicate how wealthy they are, in which they tend to withdraw themselves from the use of family planning (Olaitan, 2009).

In Ogbomoso, nursing mother are aware of the benefits of family planning. Health care givers, media programs always try to pass the message of family planning across to the public with more attention on couples and most importantly on nursing mothers. As a result of this nursing mothers are enlightened on various options of family planning which they can utilize. The researcher however observed that, having knowledge of family planning does not guarantee the usage of family planning method among nursing mothers. This is because over the years some factors have been identified to facilitate or hinder the choice of family planning being used by nursing mother. Some of the identified variables include financial status, education status, associated risk to the family planning, culture and religion among several others (Muller & Germain, 2007). Irrespective of the identified factors influencing choice of family planning, it is common belief that there is need to examine people's perception about health relating practices which can better their lives so as to clear any doubts they might have from the findings obtained after the examination. With continuous increase in birth rate in Nigeria and unfavorable economy, the need to examine the perception of nursing mother towards factors influencing their choice of family planning cannot be ignored. By examining nursing mother's perception necessary actions can be suggested on ways to improve any aspect of family planning choice with regards to factors influencing nursing mother perception. Hence, this study examined the perceived factors influencing the choice of family planning among nursing mothers in Ogbomoso LGA, Oyo State.

2. METHODS AND MATERIALS

2.1 Respondents

Descriptive research of the survey method was adopted to find out the perception of nursing mothers in Ogbomoso on factors influencing the choice of family planning methods. The population of the study consists of all nursing mother in Oyo state. The target population comprised nursing mothers in Ogbomoso Local Government Area. The population of nursing mothers both indigene and non-indigene living in Ogbomoso, Oyo State is 69,589 (Nigeria Bureau of Statistics, 2007). Multistage sampling technique was used to select 120 nursing mothers in Ogbomoso through simple random sampling technique and proportionate sampling technique for the study. After which purposive sampling technique was used to select the respondents from different household and cultural background.

2.2 Tools Used

The instrument that was used for this study is a self-structured questionnaire designed by the researcher to elicit responses from the respondents. The questionnaire consists of two sections A and B. Section A measured the demographic variables of the respondents, while section B measured perceived factors influencing the choice of family planning among nursing mothers in Ogbomoso LGA, Oyo state. A four point Likert scale was used. The drafted questionnaire was given to the three experts in Department of Health Promotion and Environmental Health Education, University of Ilorin, for comments and suggestions made by the experts was carefully studied and used to improve the quality of the instrument before the reliability of the instrument was carried out and this was used for final administration to the respondents. The reliability was carried out on the respondents.

2.3 Data Collection

The researchers administered the instruments to the respondents, the copies of administered questionnaire were collected back immediately from the respondents. This was done in order to ensure high rate of return and to enable correct responses to the questionnaire items and for further clarification if there is any on any item of the questionnaire. Twenty questionnaires were administered to respondents outside the research area

but similar to the study. The results were collected after two weeks interval on the same set of subjects used, the questionnaires was collected and correlated on the two results. The rights and dignity of participants and privacy were taken proper care.

2.4 Data Analysis

Data collected, coded and analyzed using both descriptive and inferential statistics. Descriptive statistics of frequencies count and percentage was used to analyzed demographic information and the research questions while inferential statistics of chi-square (χ^2) was used to test the null hypothesis formulated for the study at 0.05 alpha level. Further, the collected data was analysed using Pearson Product Moment Correlation (PPMC) to determine the consistency of the instrument. A coefficient of 0.75 'r' was obtained which shows that the instrument is reliable for the study.

3. RESULTS

Table 1: Chi-square analysis of culture and choice of family planning

S/N	Items	SA	A	D	SD	Row Total	Cal. Value	df	Table Value
1	Cultural belief do influence family planning method used by nursing mothers	30 (25.0%)	24 (20.0%)	50 (41.7%)	16 (13.3%)	120			
2	Educated nursing mothers do ignore cultural belief and choose family planning method that suit them	37 (30.8%)	33 (27.5%)	42 (35.0%)	8 (6.7%)	120			
3	Cultural pride derived from having many children influence family planning method used by nursing mothers	29 (24.2%)	28 (23.3%)	51 (42.5%)	12 (10.0%)	120	31.4	12	21.03
4	Honorary title or role of nursing mothers in their culture can determine the family planning method they use	21 (17.5%)	24 (20.0%)	56 (46.7%)	19 (15.8%)	120			
5	Fear of being discriminated by cultural members can influence choice of family planning	29 (24.2%)	28 (23.3%)	52 (43.3%)	11 (9.1%)	120			
Column Total		146	137	251	66	600			

$p < 0.05$ alpha level

Table 1 indicated a calculated Chi-square value of 31.4 and the table value of 21.03 with the degree of freedom of 12 at 0.05 alpha level. Since the calculated value is greater than the table value, the null hypothesis is rejected. This implies that culture is perceived by nursing mothers as a factor influencing the choice of family planning in Ogbomosho LGA, Oyo State.

Table 2: Chi-square analysis of financial status and choice of family planning

S/N	Items	SA	A	D	SD	Row Total	Cal. Value	Df	Table Value
6	Income earned by nursing mothers and her husband will influence family planning method they use	62 (51.7%)	24 (20.0%)	19 (15.8%)	15 (12.5%)	120			
7	Working nursing mothers might use family planning method that will enable them space child birth so as not to lose their job	57 (47.5%)	34 (28.3%)	19 (15.8%)	10 (8.3%)	120			
8	Economic status can determine family planning method used by nursing mothers	66 (55.0%)	29 (24.2%)	17 (14.2%)	8 (6.7%)	120	28.13	12	21.03
9	Nursing mother will prefer expensive family planning method if they can acquire it at a lesser price	49 (40.8%)	42 (35.0%)	23 (19.2%)	6 (5.0%)	120			
10	Cost of consulting private health providers limits nursing mothers to primitive family planning method	50 (41.7%)	48 (40.0%)	14 (11.7%)	8 (6.7%)	120			
Column Total		294	177	92	47	600			

$p < 0.05$ alpha level

Table 2 indicated a calculated Chi-square value of 28.13 and the table value of 21.03 with the degree of freedom of 12 at 0.05 alpha level. Since the calculated value is greater than the table value, the null hypothesis is rejected. This implies that financial status is perceived by nursing mothers as a factor influencing the choice of family planning in Ogbomosho LGA, Oyo State.

Table 3: Chi-square analysis of religious factor and choice of family planning

S/N	Items	SA	A	D	SD	Row Total	Cal. Value	df	Table Value
11	Contraceptive pills to prevent pregnancy would be adopted as family planning method irrespective of their religious belief	21 (17.5%)	32 (26.7%)	56 (46.7%)	11 (9.2%)	120			
12	Long spacing of child birth would be adopted by nursing mothers irrespective of their religion	31 (25.8%)	53 (44.2%)	33 (27.5%)	3 (2.5%)	120			
13	Couples will choose family planning method that is not against their religious belief	31 (25.8%)	41 (34.2%)	43 (35.8%)	5 (4.2%)	120	102.0	12	21.03
14	Religion family planning method for exceptional cases are available for nursing mother	29 (24.2%)	65 (54.2%)	21 (17.5%)	5 (4.2%)	120			
15	Nursing mother only choose family method that is against their belief when their health is at risk	48 (40.0%)	43 (35.8%)	24 (20.0%)	5 (4.2%)	120			
	Column Total	160	234	177	29	600			

$p < 0.05$ alpha level

Table 3 indicated a calculated Chi-square value of 102.0 and the table value of 21.03 with the degree of freedom of 12 at 0.05 alpha level. Since the calculated value is greater than the table value, the null hypothesis is rejected. This implies that religious factor is perceived by nursing mothers as a factor influencing the choice of family planning in Ogbomosho LGA, Oyo State.

4. DISCUSSION

The findings imply that culture is perceived by nursing mothers as a factor influencing the choice of family planning in Ogbomosho LGA, Oyo State. The result of this study was supported by Olaitan (2011), who stated that some forms of contraception, such as minor surgery (like vasectomy), carries 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 mostly in the less expensive methods

It was also found that financial status is perceived by nursing mothers as a factor influencing the choice of family planning in Ogbomosho LGA, Oyo State. This finding supports the assertion of Dixon-Muller (1999), who claimed that religious believers or observers 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. Amin, (2002) reported that there is low contraceptive prevalence among women who followed Islam religion than among those affiliated with catholic and other Christian religion.

It was also documented from the results of the study that religious factor is perceived by nursing mothers as a factor influencing the choice of family planning in Ogbomosho LGA, Oyo State. The result of this study aligned with the assertion of Olaitan (2011) who claimed that in some northern part of Nigeria, especially the Islamic religion, they believe that bearing more children will indicate how wealthy they are, in which they tend to withdraw themselves from the use of family planning.

5. CONCLUSION

Based on the finding of this study, the following conclusions were drawn:

- Culture is perceived as a factor influencing the choice of family planning among nursing mothers in Ogbomosho LGA, Oyo State. Hence, there is need to sensitize nursing mothers on the need to choose best family planning for themselves irrespective of their culture.
- Financial status is perceived as a factor influencing the choice of family planning among nursing mothers in Ogbomosho LGA, Oyo State. Therefore, nursing mother should encourage to choose family planning that their financial status can conveniently afford as this will enable them to be consistent with the usage.

- As far as religious factor is perceived as a factor influencing the choice of family planning among nursing mothers in Ogbomoso LGA, Oyo State. Religious leaders should encourage their followers on why they need to choose family planning that won't affect their religious beliefs so as nursing mothers won't be discriminated for abusing their religious ethics.

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