



Socio-Demographic Correlates Of Family Planning Compliance Among Women Of Child Bearing Age In Ahoada East Local Government Area Of Rivers State

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ABSTRACT

This study investigated the spousal communication and compliance to family planning among women of child bearing age in Ahoada East Local Government Area of Rivers State. A descriptive survey design was adopted as the research design for this study. The population of the study comprised of forty-three thousand and sixty-eight (43,068) women of childbearing age (15-49years) in Ahoada East Local Government Area. A multi-stage sampling technique was adopted to select a sample of 435 for the study. The instrument for data collection was a structured questionnaire with a reliability coefficient of 0.75. Data collected were analyzed using percentage, mean, and regression were used to analyze the data. The findings of the study showed that, variables such as age ($p < 0.05$) and educational background ($p < 0.05$) were found to have statistically significant relationship with compliance to family planning. It was concluded that, the socio-demographic correlates of family planning compliance among women in Ahoada East are age and educational background. Therefore, it was recommended that, healthcare workers should pay attention to the socio-demographic characteristics of the women in their effort to promote compliance to family planning.

Keywords: Spousal Communication, Parity, Age, Education Compliance, Women, Rivers State

INTRODUCTION

Women of reproductive age ought to comply adequately with family planning due to their high fertility rate but, this is not the case. Also, societal preference for large families is a big problem to adopting family planning practice, thereby increasing maternal deaths. However, there are factors that contribute to family planning compliance among women which includes educational level, family size and age. Yidana, Ziblim, Azongo and Abass, (2015) stated that some factors which determine family planning use among others include: poor awareness about contraception, adverse effects, income, the desire to pursue higher education, not intending to impregnate, marital status, belief system, family size desired and age.

Age is the number of days a person had existed on earth. According to Alaxia, Halima, Wahiba, Halima and Elis (2013), age disparity between spouses where the husband is old enough to be a father to the woman hinders compliance to family planning because, the man sees the wife as inexperienced, should always take instructions and not discussion, hence, there is no will power to say no to sexual activities even when it is not convenient for her. The woman is rather enslaved for the fact that, there is no adequate time interval to recuperate between pregnancies and this leads to excessive procreation. Similarly, Blackstone and Iwelunmor (2013) noted that, most women cannot comply with family planning without their spouse's permission hence, the need for spousal communication. Age is an important variable both

in spousal communication and family planning as it influences the both. People of reproductive age ought to comply with family planning due to high fertility rate involved. But, this is not the case in among most of them. Much age difference between the spouses greatly affects it, age at respondent's first pregnancy and number of living children.

The number of children a couple have influence their decision to practice family planning. For instance, spouses who desire to have much children may not be interested in both discussions and compliance to family planning as they may consider it as not important or that is may delay or hinder them from having the number of children they want. On the other hand, spouses who have had the desired number of children may be more interested in fertility regulation. However, it is possible in a patriarchal society like Nigeria for a woman not to comply with family planning when her husband insists on having more children or wants to have more children of a particular sex, mostly male children even when she feels that she can no longer continue giving birth due to her health or age. To concretize the foresaid, Dang cited in Palamuleni (2013) reported that, compliance to family planning decline after couples had three to four children. In the same vein, Odegbola and Ogedengbe (2008) revealed in their study that, among women with a mean family size of four, the most common reason for discontinuation of family planning was a desire for pregnancy, especially among those younger than 35 years of age probably due to their husbands' decision to have more children and the women may not have the will power to say no. This is even worsened when the woman has a poor educational background.

The prominence of education in fertility regulation cannot be overstated. Educated people have a better understanding of information, so could embrace discussions on family planning, assimilate and have increased odds of compliance. Sriram (2018) defined education as the extent an individual had received systematic instruction, especially at a school or institutions of learning. Marrone, Abdul-Rahman, Coninck and Johansson (2014) showed in their study that, respondents with higher educational status increased the chances of using family planning. Education can enhance better communication among spouses and family planning decision would be viewed easily. Chimara-Oke, Latifat, Alex and Mairo (2010) noted that, poor educational background of women can make men with desire for larger family to have upper hand as against the desire of the women, which invariably affect the women's ability to comply with family planning. Based on the foregoing, this study investigated spousal communication and compliance to family planning among women of child bearing age in Ahoada East Local Government Area of Rivers State.

Research Questions

The study provided answers to the following research questions:

1. What is the relationship between age and compliance to family planning among women of child bearing age in Ahoada East Local Government Area of Rivers State?
2. What is the relationship between parity and compliance to family planning among women of child bearing age in Ahoada East Local Government Area of Rivers State?
3. What is the relationship between educational level and compliance to family planning among women of child bearing age in Ahoada East Local Government Area of Rivers State?

Hypotheses

The following null hypotheses were postulated and tested at 0.05 alpha level:

1. There is no significant relationship between age and compliance to family planning among women of child bearing age in Ahoada East Local Government Area of Rivers State.
2. There is no significant relationship between parity and compliance to family planning among women of child bearing age in Ahoada East Local Government Area of Rivers State.
3. There is no significant relationship between educational level and compliance to family planning among women of child bearing age in Ahoada East Local Government Area of Rivers State.

MATERIALS AND METHODS

The methods and procedures used in the study are described below:

Research Design: The research design adopted for this study is a descriptive research design. Elendu (2010) posited that the descriptive design is one that generates data from a selected population, studying and describing events as they occur in their natural setting at a particular time. In this study, the researcher collected data on spousal communication and compliance to family planning among women and subject same to statistical analysis without manipulating any variable in the study. Hence, the design is considered to be suitable for this study.

Population for the Study: The study population comprised of the forty three thousand and sixty-eight (43,068) women of childbearing age (15-49years) in Ahoada East Local Government Area of Rivers State (National Population Commission).

Sample Size and Sampling Technique: A sample size of 435 was determined using the Taro Yamane formula: $n = N/1+N(e)^2$. A multi-stage sampling procedure was used. At the first stage, the simple random sampling technique was used to select five communities. The second stage involved proportionate stratification of the sample based on the estimated number of women of childbearing age (both ante-natal and post-natal women) in the health centres in the selected community and the third stage involve the selection of the respondents using purposive sampling technique.

Instrument for Data Collection: The instrument for data collection was a structured questionnaire titled, "Questionnaire on spousal communication and family planning (QOSCAFP)". The questionnaire consisted of three sections A, B, and C. Section A addressed the socio-demographic characteristics of the respondents which include the age, religion, marital status, educational qualification and parity; Section B has twenty-six items focused on family planning with response format of 'Yes or No' while, section C elicited responses on spousal communication with six items with multiple response format.

Validity of the Instrument: Validity is the ability of an instrument to measure what it is supposed to measure. To ensure the validity of the instrument, the adapted questionnaire with the research objectives was given to two lecturers including the researcher's supervisor in the Department of Human Kinetics, Health and Safety Education, Ignatius Ajuru University of Education. The corrections and professional input made were effected to ensure face and content validity of the instrument.

Reliability of the instrument: Reliability refers to the consistency of an instrument in its measurement. The reliability of the instrument was ensured by subjecting the instrument to a reliability test using the Cronbach alpha statistics for testing the internal consistency of the items in the questionnaire. A reliability index of 0.75 was obtained. This certifies the instrument to be reliable for use in this study.

Methods of Data Collection: The administration of the instrument was done by the help of four research assistants who were guided and used for the administration of the questionnaires to the respondents together with the researcher. The aim of the study and methods to be adopted were clearly explained to the respondents. Those who are willing were given the questionnaire for data collection and copies were retrieved immediately after completion. The administration of the instrument was done in two months.

Method of Data Analyses: The completed copies of the questionnaire were retrieved, coded and analyzed using Statistical Package for Social Sciences (SPSS) version 23.0. Statistical tools such as Percentage, Mean and chi-square set at 0.05 alpha level were used to test the hypotheses.

RESULTS

The result of this study are presented below in Table 1-3

Table 1: Chi-square test showing relationship between age and compliance to family planning among women of child bearing age in Ahoada East

Age	Compliance to FP		Total	df	X ² -value	p-value	Decision
	Low F(%)	High F(%)					
Age in years				3	28.690	.000	Rejected
20-29	39(73.6)	14(26.4)	53(100)				
30-39	108(56.5)	83(43.5)	191(100)				
40-49	95(63.3)	55(36.7)	150(100)				
>49	18(90.0)	2(10.0)	20(100)				
Total	256(61.8)	158(38.2)	414(100)				

Significant. p<0.05

Table 1 shows the Chi-square test of relationship between age and compliance to family planning among women of child bearing age in Ahoada East Local Government Area. The result shows that there was a significant relationship between age and family planning (X²-value = 28.690, df = 3, p<0.05). Therefore, the null hypothesis which states that there is no significant relationship between age and compliance to family planning among women of child bearing age in Ahoada East Local Government Area was rejected.

Table 2: Chi-square test showing relationship between parity and compliance to family planning among women of child bearing age in Ahoada East

Parity	Compliance to FP		Total	df	X ² -value	p-value	Decision
	Low F(%)	High F(%)					
Parity				5	6.725	242	Accepted
One	21(77.8)	6(22.2)	27(100)				
Two	39(68.4)	18(31.6)	57(100)				
Three	70(62.5)	42(37.5)	112(100)				
Four	80(55.9)	63(44.1)	143(100)				
Five or more	44(66.7)	22(33.3)	66(100)				
None	6(66.7)	3(33.3)	9(100)				
Total	256(61.8)	158(38.2)	414(100)				

Not Significant. p>0.05

Table 2 shows the Chi-square test of relationship between parity and compliance to family planning among women of child bearing age in Ahoada East Local Government Area. The result shows that there was no statistically significant relationship between parity and family planning (X²-value = 9.793, df = 5, p>0.05). Therefore, the null hypothesis which states that there is no significant relationship between parity and compliance to family planning among women of child bearing age in Ahoada East Local Government Area was accepted.

Table 3: Chi-square test showing relationship between educational qualification and compliance to family planning among women of child bearing age in Ahoada East

Educational qualification	Compliance to FP		Total	df	X ² -value	p-value	Decision
	Low F(%)	High F(%)					
Educational				4	9.793	.044	Rejected
SSCE	63(57.8)	46(42.2)	109(100)				
NCE	80(72.7)	30(27.3)	110(100)				
B.ED	102(60.0)	68(40.0)	170(100)				
M.Sc	13(65.0)	7(35.0)	20(100)				
Ph.D	0(0.0)	2(100)	2(100)				
Total	256(61.8)	158(38.2)	414(100)				

Significant. p<0.05

Table 3 shows the Chi-square test of relationship between educational qualification and compliance to family planning among women of child bearing age in Ahoada East Local Government Area. The result shows that there was a statistically significant relationship between educational qualification and family planning (X²-value = 9.793, df = 4, p<0.05). Therefore, the null hypothesis which states that there is no significant relationship between educational qualification and compliance to family planning among women of child bearing age in Ahoada East Local Government Area was rejected.

DISCUSSION

The findings of the study are discussed below:

The result in Table 1 shows that low compliance to family planning was more among the older respondents 50 years above (90.0%) and high among the younger. This finding is not unanticipated because the chances of been pregnant reduces at that age, hence their low compliance whereas for the younger ones, they are very much viable so must take caution so as to be able to control their fertility in order not to exceed the number of desired children. The finding of this study has provided additional evidence that age is a strong epidemiological variable which is capable of influencing several health issues. The result further shows that there was a significant relationship between family planning and age (X²-value = 28.690, df = 3, p<0.05). This finding is similar to that of Khan, Hossain and Hoq (2012) where it was shown that there is a strong positive correlation between age of respondents and compliance to family planning (x²-value = 13.57, p-value = 0.001). The finding of this study is in keeping with that of Kana, Tagurum, Hassani, Afolanranmi, Ogbeyi, Difa, Amede and Chirdan (2016) which showed that one of the main determinants of family planning was age (p<0.05). The finding of this study is also in tandem with that of Sunnu, Adatara, Yaw-Opore, Anthony and Nyande (2016) which showed that age has a significant association with contraceptive usage (p<0.05). The finding of this study is also in line with that of Yidana et al (2015) who reported from a test of association between the age of respondents and their use of contraceptives that as the age of respondent increases, the likelihood of contraceptive use also increases and that respondents' age has a significant relationship with the use of contraceptives (P<0.001 and X²=24.7). The finding of this study is also in keeping with that of Olawole-Isaac, Oni, Oladosu, Amoo and Adekola, (2017) which showed that there was a significant association between age (p< 0.001) and compliance to family planning.

The finding of this study gives credence to that of Makhaza and Ige (2014) who noted that, moderating factors that could influence women's non-utilization of contraceptives includes demographic factors, such as age; age is a very vital aspect when it comes to the utilization of contraceptives though, the ages of women could be important in identifying the high risk age groups in order to make concerted efforts to provide such age groups with appropriate health education opportunities. Much age disparity between the spouses greatly affects family planning likewise age at respondent's first pregnancy and number of living children.

The result shows that low compliance to family planning was more among those who had one child (77.8%) and high among women who had more children. This finding may not be shocking because the number of children a couple have influence their decision to comply with family planning. For instance, spouses who desire to have much children may not comply with family planning as they may consider it as not important or that is may delay or hinder them from having the number of children they want. On the other hand, spouses who have had the desired number of children may be more interested in the compliance. However, it is possible in a patriarchal society like Nigeria for a woman not to comply with family planning when her husband insists on having more children or wants to have more children of a particular sex, mostly male children even when she feels that she can no longer continue giving birth due to her health or age. To concretize the foresaid, the finding of this study is in line with that of Dang cited in Palamuleni (2013) reported that, compliance to family planning decline after couples had three to four children. The finding of this study is also in support of Odegbola and Ogedengbe (2008) where it was revealed that, among women with a mean family size of four, the most common reason for discontinuation of family planning was a desire for pregnancy, especially among those younger than 35 years of age probably due to their husbands' decision to have more children and the women may not have the will power to say no. The finding of this study is at variance with that of Melaku and Zeleke (2014) which showed that women who have one or more living children were also more likely to use contraceptive compared with women with no child. This variation might be due to the fact that the study was not specific on women of child bearing age whereas the present study was.

The result of this study further shows that there was no significant relationship between family planning and parity (X^2 -value = 9.793, $df = 5$, $p > 0.05$). This is not in keeping with that of Olawole–Isaac, Oni, Oladosu, Amoo and Adekola, (2017) which showed that there was a significant association between use of contraceptive and number of living children ($p < 0.001$) as respondents with two or fewer living children were not using contraceptives. This variation might be due to the difference in the study location, the previous study was carried out in Ghana while the present one was carried out in Nigeria, this must have been implicated for the variations found between both studies.

The result shows that low compliance to family planning was more among women who had lower educational qualification SSCE (57.8%) and high among those with higher educational qualification. The finding of this study is not surprising because it is a known fact that education influence several aspects of life and health including family planning. The finding of this study is akin to that of Khan et al (2012) where it was found that educational status significantly predicted contraceptive use ($p < 0.05$). The finding of this study is also similar to that of Marrone et al (2014) who found that respondents with higher educational status increased the chances of using contraceptives. The similarity between the present study and the previous ones might be due to the fact that education is helping to bridge the gap in contraceptive knowledge which in turn is translated to practice among those who have higher education. The finding of this study concretize the assertion of Gregson, Waddell and Chandiwana (2001) that, education enables women's economic independence by delaying marriage, proactive family planning, and by increasing their ability to engage in paid work to support themselves and their families. This enhances family planning among them.

The result of this study further shows that there was a significant relationship between family planning and educational qualification (X^2 -value = 9.793, $df = 4$, $p < 0.05$). The finding of this study is in line with that of Apanga and Adam (2015) which showed that a significant relationship between educational status and compliance to family planning ($p < 0.05$). This result is in line with that of Babalola, John, Ajao and Speizer (2015) which showed that there was a significant association between educational status and compliance to family planning ($p < 0.05$). The finding of this study is also similar to that of Yidana, Ziblim, Azongo and Abass (2015) which showed that a significant relationship between educational status and compliance to family planning ($p < 0.05$). The finding of this study is also in keeping with that of Apanga and Adam (2015) which showed that a significant relationship between educational status and compliance to family planning ($p < 0.05$). The finding of this study is also in tandem with that of Sunnu, Adatara, Yaw-Opare, Anthony and Nyande (2016) which showed that educational status has a significant

association with contraceptive usage ($p < 0.05$). The finding of this study is also in keeping with that of Olawole–Isaac, Oni, Oladosu, Amoo and Adekola, (2017) which showed that there was a significant association between educational status ($p < 0.001$) and compliance to family planning. The similarity between the previous studies and the present one might be due to the undeniable fact that education enhances several aspect of health including family planning.

CONCLUSION

Based on the findings of the study, it was concluded that, the socio-demographic correlates of family planning compliance among women in Ahoada East are age and educational background.

RECOMMENDATIONS

The following recommendations were made based on the findings of the study:

1. Healthcare workers should pay attention to the socio-demographic characteristics of the women in their effort to promote compliance to family planning.
2. Community stakeholders and family elders should discourage early marriage by refusing to give out any of their under aged daughters, this will help the females to have more time to pursue their education to enhance their enlightenment about several issues of life and make informed decisions later in life including compliance to family planning.
3. Women should prioritize their educational pursuit to equip themselves for better life choices including family planning.
4. Governmental and Non-Governmental agencies who are aimed at promoting compliance to family planning should consider the age of the women in their intervention programmes.

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