KNOWLEDGE, ATTITUDE AND PRACTICE OF NATURAL FAMILY PLANNING AMONG COUPLES IN KADUNA METROPOLIS

BY

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DECLARATION

I hereby declare that this thesis entitled **Knowledge, Attitude and Practice of Natural Family Planning among Couples in Kaduna Metropolis** was written by me in the Department of Sociology under the supervision of Dr. B.F Okeshola and Dr. J. U. Godswill. The information obtained from the literature has been duly acknowledged in the text and a list of references provided. No part of this work has been previously presented for another degree or diploma at any institution.

_____ _____

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CERTIFICATION

This thesis titled **Knowledge, Attitude and Practice of Natural Family Planning among Couples in Kaduna Metropolis** meets the regulations governing the award of the degree of Masters Degree in Sociology of the Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

To my beloved husband Architect Adams Ibrahim, our wonderful children Victor Adams, Mercy Adams and Ephraim Adams whose love, prayers and supports made this achievement come true.

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I am most grateful to God for keeping my family and I during the course of running this programme and for making it a reality. My profound gratitude to my mother and father Mr. and Mrs. Ahmed Enesi for their prayers and support.

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ABSTRACT

The problems resulting from rapid increase of world population gave rise to the adoption and use of fertility regulation methods with less regard to the influences of socio-cultural beliefs and values on such practises. The most popular of these fertility regulation methods is the use of drugs for fertility regulation purposes. However, there are challenges associated with the introduction of modern methods of family planning ranging from religious, moral, cultural to individual aspects. In addition, the use of natural family planning methods as alternative by couples have not been emphasized. Hence knowledge, attitude and practise of natural family planning among couples have not been well documented in literature. This study therefore, addresses these gaps, by investigating the knowledge, attitude and practise of natural family planning among couples in Kaduna metropolis. The study objectives were to assess the level of couples awareness of natural family planning methods in Kaduna metropolis, to identify the various methods of natural family planning couples adopt in Kaduna metropolis; to assess attitudes towards the practise of natural family planning among couples in Kaduna metropolis; to examine the extent of gender/spousal involvement in the practise of natural family planning in Kaduna metropolis and to find out the challenges couples encounter in their use of natural family planning methods. The liberal feminism perspective was used as the theoretical framework of study. The study data was obtained through primary source by the use of quantitative and qualitative data collection instruments. The multistage cluster sampling technique was used in drawing a sample size of 300 married respondents comprising 150 men and 150 women of child bearing age (15 years and above). Data was obtained from a survey of 278 respondents through structured questionnaire administered in interview form in randomly selected households from the various settlements used in the study. 6 focus group discussions were conducted among separate groupings of married men and married women based on non probability random sampling from various households. The quantitative data was edited, coded and analyzed using the statistical package for social science (spss) and the data analysis involved the use of univariate analytical technique. The qualitative data analysis involved the transcribing of recorded data along major views and minor views as it relates to study objectives and verbertim quotations from respondents view were stated. Findings from the study indicated a high level of awareness of natural family planning methods made possible mainly through hospital campaigns followed by exchange of information between friends/relations. Concerning the types of natural family planning methods used by couples, the study indicated breastfeeding/calendar method as the commonly used method among others. On the approval of natural family planning methods, the findings show that majority of the respondents approved the practise of natural family planning because they find it safe, reliable, effective, cheap, natural, easy, good without any side effect. In addition, there is an indication that it is not every couple who approved that actually practise natural family planning method for reasons such as the fear of failure, cultural and religious prohibition of natural family planning and disagreements between couples. On gender and spousal involvement, the study revealed that husbands have higher desire for larger family size, husbands are the major decision makers on reproductive health issues. Suggestions from the study identified the need for couples encouragement in the practise of natural family planning methods. Establishment of healthcare service to include male involvement, establishment of daycare centres within public and private sector areas for nursing mothers, involving community/religious leaders in preaching about reproductive health issues to their subjects and the establishment of discussion forums for couples, friends/relations towards having change of attitudes and discouraging the opinions of seeing children as a future social security.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Family planning is the means by which individuals or couples space the process of conception, pregnancy and childbirth at intervals mutually determined by both husband and wife in order to have the desired number of children that they can conveniently maintain. Family planning also assists couples who have difficulty in having children. People everywhere have developed various means of family planning methods (Malthus, 1852:2), (Plato in John, 1981), in fertility regulation for reasons such as ensuring better maternal / infant health, paternal care for children, reducing the burden of poverty, improving standard of living, education for wards, maternal adjustment between couples and welfare for the community and the nation at large (Delano, 1990).

From records (Schenker and Rabenou, 1983), population growth before the industrial revolution worldwide was checked by fatal diseases, often epidermics, promoted by lack of proper sanitation, poor nutrition, natural disasters such as floods, earthquakes and others; death rates were high. Conversely, following the industrial revolution, modern preventive medicines such as immunizations and new drugs, (antibiotics) improved education, sanitation, better income and improvement in general living standard had a positive effect on population growth. In developing countries like Nigeria, birthrate remain high and declining more slowly than death rate (Schenker and Rabenou, 1993). Records show the current worldwide annual population growth rate is 1.7%, which, means an additional 90 million people each year, or an increase in the world's population of 170 persons per minute (Schenker and Rabenou, 1993).

The rates of population growth worldwide have caused political leaders to encourage national and regional fertility regulation projects as vital. Supports for regulation of individual fertility have been evident in all cultures and at all times even in those societies in which social and religious rules have favoured the abundant production of children (Billing et al, 2002). The need for fertility regulation methods to be applied by national and regional authorities were discussed by the United Nations population Committee in 1947. In 1968, the United Nations General Assembly and other international bodies affirmed family planning as a basic human right (Filstie & Guileband et al, 1990).

However, there were problems associated with the introduction of the modern technological methods of family planning ranging from religious, moral and cultural prohibition. There is also the individual aspects to family planning as shown in the records of the world fertility survey in 1970; it was discovered that though people have strong desire for fertility regulation in nearly all societies, achieved family size is greater than desired family size. Presently, about half of the women in the world who currently have three or more children do not wish to have more but there still exist gaps between stated desire to control fertility and actual practice (Goldzierher, 1991). From experience, this may be because many women have neither sufficient motivation, nor adequate access to the services they would need to meet this goal. It may also be due to lack of knowledge in the application of other alternatives available, such as the natural family planning methods.

The various methods of family planning can be categorized as; the traditional methods, which involves the use of native objects such as charms, amulets, rings, keys,

fluid from dead bodies and other things for birth control purposes, while the modern methods involve the introduction and uses of contraceptives such as pills, injectibles, intrauterine devices, implants and others for family planning purposes (Delano, 1990). This is the commonest and mainly advertised form of family planning. However, some research results show that most Nigerian couples are non-contraceptive users (Suleiman, 2000). Some of the reasons for the low rate of contraceptive practice according to Ikechebelu et al (2005), range from factors such as "the fear of side effects, husband's objection, religious and cultural prohibitions". The Nigerian population as at 2010, was estimated to be about 158 million by the population reference Bureau Washington USA, with fertility rate of 5.7 and 42 birth per 1000. Nigeria is ranked the 8th most largest in population in the world behind China, India, United State, Indonesia, Brazil, Pakistan and Bangladesh followed by India and Japan (World Population Data Sheet, 2010). It is also on record that whenever a Nigerian woman gets pregnant, she has a 1 in 13 chance of dying, mainly due to the poor utilization of modern family planning methods (Umar, 2010).

The Nigerian government in 2004 revised the national policy on population alongside emerging issues to improve the state of the economy and make progress towards long–term sustainable development. The policy emphasized among other priorities the reproductive rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. Taking into consideration the social, economic and emotional needs of their living and future children and their responsibilities towards the community.

In spite of these efforts and more, it has been shown that there still exists the problem of motivation in the practice of family planning among couples and also problems in the delivery of family planning services. So this study investigates the knowledge, attitude and practice of natural family planning among couples in Kaduna Metropolis.

1.2 Statement of Research Problem

Most researchers and policy makers before now have focused mainly on women in their studies of family planning issues with little or no reference to their male partners thereby, underestimating the role of men as the custodian, family heads and major decision makers in the family and society in general. According to Isiugo – Abanihe (2003) the above analysis is evident in most studies on Knowledge, Attitude and Practice on family planning which usually focus on the wife's family size motivation and contraceptive use rather than the husband's. This is similar to Joseph (1993) observation in the study of "Medicine and Violence against Women".

Men decide when, where and how family planning programmes should be conducted, so it becomes important to focus on couples in such researches rather than women for an effective change in attitude and motivating couples towards the practice of natural family planning. Also, there seems to be very few studies done so far on natural family planning and couples involvement in its practice. The available works on family planning is largely based on the modern technological methods and women. So providing knowledge about natural family planning methods available to couples as alternative options is vital in such cases.

The problem resulting from rapid increase in population and the need for fertility regulation to be applied by national and regional authorities led to the introduction of modern methods of family planning. The various methods of contraception and their development through the years have been associated with religious, cultural and moral prohibition. Traditional values for children in Africa, cases of side effects of the modern methods are some of the problems associated with the issues of family planning (Goldzierher, 1991). Inspite of all the efforts at birth control in Nigeria, there still exist a gap between stated desire for fertility regulation and practice. Studies have shown that birth rate and population growth in Kaduna state is still high (Federal Republic of Nigeria Official Gazette, 2009). Records from public health centres established in the state shows a poor turn out of women or couples in the patronage of family planning services provided by the government through these health centres. (Barnawa, Kakuri, Nasarawa Health Center, Family Planning Record, 2009-2011).

This attitude is in line with the findings of the national demographic health Survey (NDHS) 2008. The survey shows the contraceptive prevalence rate in Nigeria to be only 15% which made them to conclude that Nigerian couples are non-contraceptive users. Reasons such as partners objection, religious prohibition, side effects of some of the modern methods are usually given as excuses. Also, records from the population bureau data sheet, 2010 shows that only 15% of the married women in Nigeria use all methods of contraceptive. While 10% use modern methods of contraception which means either majority depends on natural family planning or non at all. This attitude can create much problem for fertility control in the country. Therefore, the need for the knowledge about the practice of natural family planning for couples is of paramount importance.

The desired family size among the Nigerian women was estimated at 6 on the average from the national demographic health survey 2008 studies, which means there is every tendency for most of the women to have more than 6 children in their life time considering the problem that it is easier said than done. This is because achieved family size is greater than desired family size, a gap remains between stated desire to control fertility and actual practice. Particularly among poorly educated and low income women living in rural areas and urban slums (Goldzierher, 1991). How do we educate such women on the effective use of natural family planning for fertility regulation?

Also, most maternal death has been associated with unwanted pregnancies resulting from unsafe abortions, high rate of infant and childhood mortality, miscarriages or foetal wastages are problems associated with short birth interval (Suleiman, 2000). This study result can help alleviate these problems.

Furthermore, certain studies show that although most couples have knowledge about natural family planning but they lack adequate skill to practice it effectively in fertility regulation (Audu et al, 2006). So how can couples be educated about the types of natural family planning available and how to practice it for effective fertility regulation?

Also, the present economic situation in the country does not favour the production of large families. It can lead to unemployment, food shortage, inadequate housing, over used of health and educational facilities, increase in crime rates due to unemployment to mention a few. What do we do to help prevent such from occurring in any part of the nation? That is where this study becomes relevant.

In addition, the Federal Republic of Nigeria in 1998 announced a population policy aimed at achieving lower population growth through reduction of fertility rates

(Isiugo – Abanihe, 2003). The introduction and use of modern methods of family planning though very useful in some cases at fertility regulation, its uses are not accepted by some couples for many reasons such as the report of side effects on users of some of the hormonal drugs. Some do not like using these hormonal drugs on religious and cultural prohibition. At times couples do not agree also on usage. In the search of method that can be culturally acceptable, tolerated by couples without complains of side effects, natural family planning and couples involvement in its practise becomes necessary.

For these reasons, it becomes necessary to study the knowledge, attitude and practice of natural family planning among couples in Kaduna metropolis. It is relevant to find out the level of awareness of natural family planning methods among couples, how knowledgeable they are in various methods of natural family planning available and how often do they practise it? How do couples first come to know about natural family planning and what is the level of cooperation between partners in their practice of natural family planning methods? What is the extent of gender and spousal involvement in the practise of natural family planning? How do couples find the idea of natural family planning as an alternative measure in fertility regulation methods? What is their general attitude towards the practise of natural family planning and what are the challenges they face in their use of natural family planning methods? This study is therefore set to address these research questions.

1.3 Research Questions

The study seeks to provide answers to the following questions:

i. What is the level of couples awareness of natural family planning methods in Kaduna metropolis?

ii. What are the types of natural family planning methods practised by couples in Kaduna metropolis?

iii. What is the attitude of couples towards the practise of natural family planning methods in Kaduna metropolis?

iv. What is the extent of gender and spousal involvement in the practise of natural family planning methods in Kaduna metropolis?

v. What are the challenges encountered by couples in their practise of natural family planning methods?

1.4 Aim and Objectives of the Study

The aim of the study is to evaluate the knowledge, attitude and practice of natural family planning among couples in Kaduna metropolis. This will be achieved by the following specific objectives:

1- To find out the level of couples awareness of natural family planning methods in Kaduna metropolis.

2- To identify the types of natural family planning methods practised by couples in Kaduna metropolis.

3- To assess attitudes towards the practise of natural family planning among couples in Kaduna metropolis.

4- To examine the extent of gender and spousal involvement in the practise of natural family planning in Kaduna metropolis.

5- To find out the challenges couples encounter in their use of natural family planning methods.

1.5 Justification of the Study

Studies such as the 2008 NDHS have revealed that the contraceptive use prevalence is very low in Nigeria which includes Kaduna State, hence it becomes important to study the knowledge, attitudes and practise of natural family planning among couples in the Kaduna metropolis so as to provide useful knowledge directed at controlling high birthrate and to avoid the problems associated with over population. Also, there is evidence that natural family planning methods like the rhythm methods can equally be useful in checking fertility rate and it has actually been in used by couples in developed countries like the USA (Mosher and Goldscheider, 1988). So couples around these areas too will benefit from such knowledge in their practice of natural family planning by providing them with evidence based information on the right skills to be applied in the practise of natural family planning for effective fertility regulation. Although, there are religions dimensions for its usage.

Other studies such as Sherry et al (2010) also have shown that most physicians underestimate the effectiveness of natural family planning and only few of them provide information about natural family planning contraceptive counseling. Physician need better understanding of modern methods of natural family planning to provide evidence based contraceptive counseling to selected highly motivated patients who prefer natural family planning as a contraceptive (Sherry et al, 2010). It is hoped that the study results will come up with useful information that will help physician in these areas of providing contraceptive counseling to patients.

The study results will also help policy makers and programme planners determine what issues need to be stressed in the design of future family planning awareness

campaign in Nigeria and used as reference materials by population planners for studying fertility related problems, as a reference material for further study in family planning. Educational programmes will find such knowledge about couples involvement at family planning issues very useful in their campaigns for effective fertility regulation which before now is mainly based on women. The study include couples involvement in programmes targeted to encourage the practice of natural family planning, such information is useful for policy workers in family planning programmes through the propagation of a vigorous public awareness campaign. The study will also contribute to knowledge, and form a basis through which other studies can proceed.

1.6 Scope of the Study

The study revolves around issues such as the knowledge, attitude and practice of natural family planning among couples in Kaduna metropolis. The research is focused on couples within selected areas of Kaduna metropolis comprising Kaduna North, Kaduna South and Chukun Local Government. The study seeks to address such issues as the couples level of awareness of natural family planning methods, their attitudes towards the practice of natural family planning and how they practise it, the extent of gender and spousal involvement and the challenges couples encounter in their use of natural family planning methods. So based on the findings of the study, recommendations can be made to encourage or discourage the practise of natural family planning among couples.

1.7 Definition of Terms

Attitude: Attitude refers to inclinations to react in a certain way to certain situations; to see and interpret events according to certain predispositions, or to organize opinions into coherent and interrelated structure (Bankowski and Bryant, 1985). Attitude in relation to

the study refers to the views and opinions of the couples or research respondents on natural family planning methods. Whether they find it acceptable or not; whether they support, like and encourage it or not.

Knowledge: According to Bankowski and Bryant (1985), knowledge is the capacity to acquire, retain and use information, a mixture of comprehension, experience, discernment and skill. Knowledge within the context of this study refers to what the research subjects know about natural family planning, it comprises how they first come to be aware about natural family planning and the various methods of natural family planning.

Natural Family Planning: Refers to fertility regulation methods based on the understanding of the body mechanism without the use of any artificial means.

Practise: Practise means the application of roles and knowledge that leads to action. Good practise is an art that is linked to the progress of knowledge and technology and is executed in an ethical manner (Bankowski and Bryant, 1985). Practice here refers to how the couples apply their knowledge about natural family planning methods into use for the purpose of fertility regulation.

1.8 Synopsis of Later Chapter

The second chapter is a critical review of other literatures relevant to the study and its objectives including an illustration of the liberal feminism used as theoretical framework for the study. While the third chapter is methods of data collection, sampling and data analysis used in condcting the study. The fourth chapter centres around the research findings including an analysis of how it relates to previous findings on similar studies and how the liberal feminism is use as analysis of the study. The fifth chapter consists of the summary of findings, conclusion and recommendations base on the study objectives.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

Literature review and theoretical framework are organized in line with study aim and objectives which are past studies relating to the knowledge and awareness of natural family planning among couple in Kaduna metropolis and other areas with illustrations of couples understanding, practices, and attitudes about natural family planning, gender and spousal involvement and the challenges couples encounter in their practice of natural family planning. The chapter also includes the use of liberal feminism theory in the explanation and understanding of topic in Kaduna metropolis.

2.2 Level of Knowledge, Awareness of Natural Family Planning Among Couples in Kaduna Metropolis and Other Places

Available studies shows that Africans have various forms of knowledge about family planning methods before the development of the modern methods and that most of the modern methods is a scientific modification of the traditional methods (Delano, 1990). Avong 1999 conducted a study relating to the reproductive health issues of the Atyaps people in Kaduna State and discovered that about 98% of those interviewed knew one form of family planning or the other, yet majority do not practice it for a number of reasons ranging from side effects of hormonal contraceptives, cultural and religious inhibitions.

In another study on the Kaduna State community health workers (CHEWS) by Onwuhafua et al (2007), comprising male and female, it was shown that the workers all have one form of knowledge or the other about contraceptive use, mainly the hormonal

ones such as the oral pills, 85.8% of the respondents mention pill, 85.3% knew about intra-uterine device, 56.0% have practised at least one form of family planning or the other, while 50% were current users. Non users of contraceptives gave same reasons as the previous ones for their non use of contraceptives. This means that for any effective motivation of the practise of natural family planning to be achieved in Kaduna metropolis, religious and cultural values plays important roles and need to be highly considered by population planners.

Kisekka and Okeshola (1997), in their study of who wants family planning in three areas of Kaduna State, identified poor information, education, communication materials, limited services and training, geographic inaccessibility as the three major constraints to family planning in Nigeria. Recommendations such as the sensitization of men as decision makers, elimination of restriction to use, improving provider interaction skills, training and retraining of service providers, integration of family planning into other health services and defining quality standards were offered for the improvement of family planning usage. However, population planners also need to give high consideration to religious, cultural values in Kaduna State in the formulation of population policies and use of natural family planning methods.

Findings from 1981 – 1982 fertility survey in Nigeria shows that only 34% of all the women interviewed reported having heard of any family planning method. The 1990 Nigerian demographic health survey show that the proportion of women who have knowledge about family planning method increased to 46%. An information, education and campaign launched between 1992 to 1993 aimed at changing Nigerians attitude towards family planning with the belief that message relayed through mass media can

influence contraceptive behaviour. Several studies reported changes in Nigerians knowledge of and attitude towards family planning. However, these studies failed to examine the association between attitudes towards contraception and its use.

Also, Dogo and Bala (1998), motivated by the barrack environment in Nigeria which is found to be usually characterized by couples having many children, their articles describes the knowledge, attitude and practise of family planning among the military personnel in Ribadu cantonment, Kaduna. Among 1,032 respondents used for the study, they discovered that the awareness of family planning methods was very high among the military personnel with condom and pills ranking highest as the most known methods. Yet only a few percentage engaged in the practise.

Gbolahan and James (1988) studied contraceptive knowledge, attitude and practise of 1,022 men in Ilorin Nigeria and found out that most of these men have knowledge about contraceptives, especially condom and oral contraceptives yet less than half of them practice any form of contraception.

Limited access to family planning has been identified as one of the major challenges facing women sexual and reproductive health in Kaduna State (UNFPA, 2009). At the federal and state levels, the government has attempted to assist women with their reproductive health needs. The government in Kaduna State has implemented a free health care scheme for pregnant women and has also intervened in subsidizing the cost of contraceptives (PATHS, 2008). The federal government has also developed strategies to deal with family planning issues such as the 2004 national policy on population for sustainable development. This policy outlined strategies and targets to help reduce total

fertility rates throughout the country, in part by increasing access, to contraceptives (USAID, 2009).

Although pregnant women receive free health care and have access to family planning services, many of them suffer from various preventable complications that can lead to death, such as anemia, obstetric hemorrhage, obstructed labour and sepsis (PATHS, 2008). The underlying issue is that pregnant women are often unaware of the proper measures to take in order to care for themselves. The lack of access to health professionals have been cited as one reason for the widespread lack of awareness of appropriate behaviour and preventive health measures to adopt during pregnancy and after pregnancy. These women need adequate knowledge about the natural family planning methods as one option among others and also need to be educated on effective use of them for child-spacing and limiting the number of children. And also, a combination of couples involvement will go a long way to encourage motivation of practice.

A survey of 600 Atyap (Kataf) women aged between 15-49 by Avong (1999) in the study, "perception of and attitude towards Nigerian population policy, family planning programme and family planning in Kaduna State", discovered that most of the respondents (98%) knew one form of modern method of family planning or the other but nearly all of them do not practise these modern methods of family planning due to fear of risk factors such as sterility, cancer, high blood pressure (H.B.P), weight increase, or weight loss, or fear of untimely death. A 34 year old undergraduate woman was reported to have made such remarks after being interviewed;

Contraceptive almost killed me if I were not educated, I'm sure I would have died (34 year old undergraduate woman).

The assertion above corroborated what Hellandendu (1993) said in the study of violence against females. He observed that the employment of artificial fertility regulation techniques are perpetuated by economic, political and gender structure in contemporary societies most of which work to the detriment of women. This is so because most of the artificial contraceptives are directed towards women which have detrimental health effects.

The study also discovered that the introduction of family planning through campaign in northern Kaduna, was initially rejected because the government called it 'kayeda' that is limiting or stopping birth instead of spacing of birth, resistance is still said to be strong.

Also, a total of 200 Nigerian women visiting Nnamdi Azikiwe University Teaching Hospital's ante-natal clinics were interviewed about their knowledge, attitude and practise of family planning by Ikechebelu et al (2005). About 90% of them were literate, their knowledge (80%), their approval (87%) of family planning was high, but the practise of modern family planning was low (25%) with most women involved in billings/safe period, condom, withdrawal and the intra-uterine device (IUCD). This shows that, traditionally, Nigerian women prefer the use of natural family planning methods so it should be encouraged.

The most common source of family planning information was the mass media, closely followed by health workers, while the most common single reason for non practise of family planning was rejection by husbands. The conclusion of the study was

that in spite of the high education/literacy with the attendant and high knowledge and approval rate of family planning in that part of Nigeria, the practice of family planning is still low, especially due to partner rejection. Male involvement in family planning programmes and a more vigorous awareness campaign can bring about motivation for couples to practise family planning.

Findings from Sherry et al (2010) on study of natural family planning: Physicians knowledge, attitude, and practise in Vancouver show that only 3% to 6% of physicians have correct knowledge of the effectiveness in perfect use of natural family planning methods. About 50% of the physicians mention natural family planning as an option for contraception, and 77% mention natural family planning as option for couples trying to conceive. Family physicians and residents were much more likely than gynecologists or gynecology residents to mention natural family planning during counseling. Older physicians were more likely to mention natural family planning than younger ones and also had more personal experience with natural family planning. However, patients may not ask about natural family planning methods because physicians do not routinely mention this as an option. From experience the situation in Nigeria is similar to the above. Natural family planning works well only in a committed relationship with a good communication between partners and discussions about the state of a couples relationship may not be part of the medical visit.

According to Ijadunola et al (2010) in the study of 402 male respondents at Ile-Ife, they discovered that 99.8% of them are aware of family planning methods, at least 2 methods with condom ranking high as the most known method. Withdrawal method, postpartum abstinence and safe period are also high (92.7%, 92% and 89.4%)

respectively. The most popular source of information about family planning among them was the radio (93%) friends and television 88.7% and 82% respectively.

Some men have a limited understanding of family planning and due to cultural norms linking the number of offspring with social status, may not be open to the idea of having fewer children. There has been progress on this front, as indicated by the centre for development and population activities (CEPDA), which observed recently that attitudes towards family planning in the north have improved as men are not only more aware of family planning methods but are beginning to accept and encourage the practise of family planning (Abese, 2011).

At the national level, the Federal Ministry of Health (FMOH) initiated the distribution of free contraceptive commodities in April 2011 in order to reduce unwanted pregnancies among adolescent girls (Leo, 2011). This effort employs an all round approach in which the government distributes the contraceptives commodities to all 36 states, which are expected to distribute to their LGAs and public health facilities. This is a significant step in the right direction, simply distributing contraceptives may only provide a short-term solution to the low Contraceptive Practise Rate (CPR) in all the states of Nigeria, giant steps need to be taken to address the problems of perception, religious and cultural practises for any meaningful CPR to be achieved in Nigeria. Also, the government should make effort to encourage couples in practicing the use of natural family planning methods of contraceptives as available and effective options for them in fertility regulation. These can be achieved by organizing natural family planning programmes targeted at educating couples about the various natural family planning methods and the ways in which they can be used effectively.

In another study conducted by Orji et al (2007), in Ile-Ife on spousal communication on family planning as a safe motherhood options in sub-saharan African communities, out of the total number of respondents comprises of 166 men and 234 women. The study shows a high level (95.8%) of awareness of family planning methods among the respondents but a lower knowledge of family planning methods, male condom and natural family planning methods are the major forms of contraception practiced by the few who practice family planning.

The 2008 NDHS classified contraceptive methods as modern or traditional methods. Modern methods include female sterilization, male sterilization, the pill, intra-uterine device (IUD), injectibles, implants, male condom, female condom, diaphragm, fram/jelly, Lactetional Amenorrhea Method (LAM) and emergency contraception. Methods such as the rhythm (periodic abstinence) and withdrawal are grouped as traditional.

Table 2.2.1 show that knowledge of any contraceptive is widespread in Nigeria with 72% of all women and 90% of all men knowing at least one method of contraception. Modern method are more widely known than traditional methods; 71% of all women knew of a modern method while 36% know of a traditional method, among modern methods for women, the male condom is the most commonly known method (58%). Foam/jelly and the diaphragm are least known modern methods, 6% for both. Sexually active and unmarried women are more likely to know of a contraceptive method than leave it married women (95% compared with 68%, respectively).

Among natural methods, withdrawal and rhythm are the most commonly known among all women (25%). Overall, women know a mean of 3.5 contraceptive method.

Like women, a larger proportion of all men (90%) know a modern method than a traditional method (58%) similar to women, the most commonly known method among all men is the male condom (86%) withdrawal is the most commonly known traditional method (50%). It is worth noting that knowledge of implants is similar for both men and women (10% and 11% respectively). Overall men know a mean of 4.8 contraceptive.

Table 2.2.1: Knowledge of Contraceptive Methods

Percentage of all respondents, currently married respondents and sexually active unmarried respondents age 15-49 who know any contraceptive method by specific method, (NDHS, 2008).

Method	Women			Men		
	All women	Currently married women	Sexually active unmarried women	All men	Currently married men	Sexually active unmarried men
Any method	72.1	68.4	95.3	89.8	89.7	98.6
Any modern method	70.8	67.0	94.4	89.1	88.8	98.4
Female sterilization	23.9	25.0	27.3	36.5	40.7	40.5
Male sterilization	7.9	8.0	10.5	20.5	21.5	27.4
Pill	51.8	53.9	65.9	57.0	62.1	67.0
IUD	24.9	27.2	30.9	18.1	21.4	21.0
Injectibles	50.9	54.0	62.2	55.4	61.8	60.8
Implants	10.1	10.8	11.9	10.7	12.5	13.9
Male condom	58.0	50.9	92.2	86.2	84.8	97.9
Female condom	14.7	13.0	27.7	25.9	26.6	38.3
Diaphragm	6.0	6.2	7.7	11.0	12.5	12.6
Foam/jelly	6.1	5.9	11.0	14.0	15.2	17.5
Lactetional amenorrhoea (lam)	20.6	23.4	19.4	19.5	25.3	21.9
Emergency contraception	15.4	14.1	37.7	25.5	26.9	39.1
Any tradition method	36.3	35.0	65.3	58.4	64.7	76.6
Rhythm	24.5	32.9	45.3	40.8	46.0	54.2
Withdrawal	25.0	24.0	52.2	49.9	55.3	71.2
Folk method	10.7	11.3	21.1	9.2	12.1	9.0
Mean no. of methods known by respondents aged 15-49	3.5	3.5	5.2	4.8	5.2	5.9
Number of respondents	33,385	23,578	1,607	13,808	7,018	1,297
Mean number of methods known by respondents 15-59	Na	Na	Na	4.8	5.2	5.9
Number of respondents	Na	Na	Na	15,486	8,618	1,311

Source: NDHS (2008)

Na = Not applicable

Had last sexual intercourse within 30 days preceding the survey.

According to Audu et al (2006) on level of awareness of types of natural family planning methods compared to awareness of modern methods used by women in Maiduguri, it was discovered that the level of awareness of natural family planning method was significantly less than awareness of modern methods of contraception. The awareness rate for rhythm method was 50.7%, the awareness rate for lactetional amenorrhea method was 42.1% and 36.1% for coitus interruptus. For all three methods of natural family planning, it was discovered that there is a steady decline between awareness, correct description of method and utilization. The socio-demographic factors of the respondents had various influences on utilization of all three natural family planning methods studied. Rural dwellers practiced the lactetional amenorrhea method more often than urban dwellers.

More Muslims than Christians with four children or more practiced coitus interruptus or the rhythm method, while the use of lactetional amenorrhea method was significantly increased with the number of living children in both religious groups. There is a relatively low level of awareness of natural family planning methods in the study population, poor utilization and wrong use of methods. Therefore improving the correct level of information on natural family planning methods is likely to improve the use of both natural family planning and modern contraceptive methods.

2.3 Attitude and Practise of Natural Family Planning Among Couples in Kaduna Metropolis and other Places in Nigeria

On the account of Delano (1990), our forefathers recognized the need for spacing childbirth through traditional methods that they were able to develop. These methods had

been handed down either by word of mouth or in writing from generation to generation. Historically the killing of infants was used as means of fertility regulation in North Africa, unwanted children were secretly sold or put to death by exposure to the sun. In the early days all efforts fertility regulation were directed to the women because babies were considered the product of the woman and the birth of a child was associated with something taken by her or the influence of the moon or evil spirits. Quite a number of fertility regulation methods were used beginning from method termed as crude methods which later form part of the traditional methods.

According to Delano (1990), these include:

a. Women avoiding the sun or moon
b. Women wearing objects such as charms, dead spiders, child's tooth, rings on fingers
c. Women drinking tea made from various kinds of roots, weeds trees, leaves, infusion of gunpowder; froth from camel's mouth, water used in washing dead bodies and deadly poisons, such as arsenic
d. Women eating seeds of castor oil or deadbees
e. Women performing various exercises to either dislodge sperm, or prevent its entry through the cervix to meet with the female egg. For example, by jumping up and down;
f. Violent movements of the body during intercourse to prevent sperm entry into cervix;
g. The woman being requested to hold her breath during man's organism, hoping that a muscular spasm would be created thus preventing sperm entry.
h. Sneezing and blowing one's nose forcefully immediately after intercourse to dislodge sperm.

i. Soaking cotton wool in pepper and inserting it into the vagina as mechanical and chemical barrier method.

j. Mopping out the sperm from the vagina vigorously to kill and remove sperm to wash out sperm.

k. Douching with various chemicals

l. Withdrawal method by man

m. Holding down the man and crushing his testicles with a stone.

n. Using animal membranes to cover the man's penis and goats bladder as condom to cover the vagina

o. Procuring of abortions

p. Putting unwanted babies to death

These methods were used in various part of the world such as ancient Rome, Egypt, India etc. (Golden, 1986), (Schenker and Rabenou, 1993) depending on their socio-cultural attitudes and beliefs and quite a few of them are still in use till date. They form part of what is now known as traditional methods of fertility regulation.

Plato, in John (1981) a Greek philosopher was an early exponent of the doctrine that quality in human is more important than the quantity.

Malthus (1872:2) influenced by his religious doctrine as a minister believed that man has the ability to reproduce to an uncountable number which can result into poverty. He identified two solutions to population control namely; (a) Preventive checks and (b) Positive checks. The preventive check include abstinence from sexual intercourse and postponement of marriage until after twenty-five years old. He did not condole modern

fertility regulation techniques but rather advocated for moral restraint and marriage postponement.

Delano (1998), defines traditional methods of fertility regulation as practises, beliefs or customs handed from one generation to another. Before the advent of modern contraceptives, ideas and practises of fertility regulation existed, she identifies two categories of traditional fertility regulation methods.

i. Non-appliance methods: These are methods that do not need the attention of herbalists but self administered.

ii. Appliance methods: this require the attention of the herbalists.

(i) **Non-Appliance Methods**

a. ***Abstinence:*** This is the avoidance of sexual intercourse and is the commonest and most effective method of fertility regulation provided. It is strictly and honestly practiced for pregnancy prevention and child spacing either by personal choice or enforced by culture and religion. The Christian Atyaps in Kaduna support this but skeptical to practice it.

b. ***Cultural Enforcement (Virginity):*** The importance placed on virginity culturally, prevent girls from engaging in sex until they are married. Defiance of this custom brings shame and dishonor to the girl and her family. Hence it is considered a pride to retain virginity until marriage and this help prevent unwanted babies.

c. ***Abstinence by Prolonged Lactation:*** This aids child's survival through uninterrupted and prolonged breast feeding. It is believed that intercourse during breast feeding could result in contaminating of breast milk which can cause death of the infant. Even though this has no scientific base, but it led to adequate spacing of births. For example among the Atyaps in Kaduna, and also among the Hausa and Fulani of

Kaduna State and many other parts of Nigeria. This is of immense cultural significance.

d. ***Polygamy:*** Having more than one wife allows the nursing mothers to abstain from intercourse as she can be isolated from her husband thus permitting uninterrupted breast-feeding. It also prevent unwanted pregnancy. Polygamy enables the husband to satisfy his sexual urge with another wife who is not nursing a baby. In Northern Nigeria among the Hausa women, substance are prepared by mallams for women either as waist band or liar or 'Alo' (Quranic verses washed with water) for drinking to prevent pregnancies and for child spacing the same goes for the Hausa women in Kaduna although many do not support family planning (Avong, 1999).

e. ***Menstruation:*** It is not only considered unhygienic but it is also regarded as a taboo for sexual intercourse to take place when a woman is on. Most African societies believe that should such results in pregnancy by chance an albino child can result from it even though this belief is unfounded. While among the Muslims they consider it 'haram' for a woman to engage in intercourse during her menses as she is considered unclean in those periods. Although it has helped in checking unwanted pregnancies.

f. ***Blood Relationship:*** It is culturally and religiously considered shameful for genetically related individuals to have sexual relations with each other (incest). In some cultures, those involved would be exposed, ridiculed, tortured or even banished. This also helped in preventing of unwanted pregnancy. Although few among northern Muslims in some Nigerian societies like Kano, Katsina, Kaduna practise cousin to

cousin marriage so as to retain and circulate inherited wealth within the family (from personal encounter).

g. ***Celibacy:*** Some religious groups prohibit sexual activity by any of the anointed servants of God who have vowed to devote their lives to the service of God. Full commitment to the work of God without distraction is expected from these groups.

h. ***Physical Exercise:*** Long before the invention and use of modern methods of fertility regulation, the African women realized that sperm was responsible for pregnancy, hence various exercises, similar to the primitive method were adopted to dislodge the sperm and prevent its entry through the cervical OS.

i. ***Douching:*** Usually done by the use of hot plain water with or without concrete solutions of salt, alum, vinegar, lemon, potassium or caustic soda all those have been used to prevent pregnancy though dangerous to health. Such practice may result to condition known as vaginal stenosis (narrowing of the vagina), causing permanent sterility or even death.

(ii) **Appliance Method**

These are methods involving specific preparations by the herbalist or traditional healers and dispensed on request, examples are:

a. ***Oral Method:*** Local herbs with other ingredients are specially prepared for the woman to drink or eaten while in some cases the substance is offered as sacrifice either through domestic animals or by being deposited on a circular road to be consumed by the spirit at night.

b. ***Scarification:*** Seven to twenty-one incisions are usually made on the supra pubic or spinal region of the male or female by the herbalist, followed by the application of

specially prepared substance, this is believed to be a long acting traditional contraceptive.

c. ***Traditional Barrier Method:*** The method comprise visible and invisible method.

i. ***Visible Method:*** Neatly cut rag is made into a small square to fit tightly into the vaginal cavity but soaked in concentrated solution of pepper, salt, alum, cooking oil or vinegar and used by women just before intercourse. These solutions are suppose to act both as barrier and as spermicides. Other barrier methods used are roots or leaves usually made into a ball and inserted into the vagina while half lime (both flesh of the lime is scooped out) and the cup-shaped cover is now used as a cervical cap to prevent the sperm gaining entry through the cervical OS.

ii. ***Invisible Barrier Method:*** To prevent an adolescent girl from being raped or engaging in premarital sex, parents usually place an object made specially with red feather known as *teso* (in western part of Nigeria) on the floor without the girl's knowledge, for her to cross. Crossing the feather by the girl means an invisible barrier is created in the vagina thus making it impossible for any man who wishes to have sexual intercourse with her from having erection or penetration until the spell is broken, should the girl's parents die by chance before the spell is broken the implication is that she will remain sterile for the rest of her life.

Another invisible barrier method usually adopted by jealous husbands to prevent wives from engaging in extra marital affairs with other men or to detect an act of infidelity is known as magun among the Yoruba (meaning "do not climb"). A spell usually placed on the woman without her knowing. Any man or woman who is fortunate to know will abstain, but any wayward man who defile it has a price to

pay, convulsing thrice and then dropping dead immediately he has completed his sexual act. The couples who engage in such act are said to be unable to separate normally after the act except by medical help with a muscle relaxant, by the husband or by a traditional healer.

d. ***Charms:*** A variety of preventive charms worn by men and women consist of rings made from silver, zinc, or copper and waist bands, pendants and armlets made from leopard skin (because the leopard is considered a fearful animal which has the supernatural effect of scaring away any unwanted prey) or from the skins of snakes due to the belief that a snake will not return to where its skin was shedded out, it's a taboo, likewise, where a child is unwanted, the child will never visit the home.

e. ***Spiritual Power-Evoking the spirit of fertility to cause either temporary or permanent sterility:*** Menstrual pad or hair strand of women is usually used by the traditional healer for this method of fertility regulation.

f. ***Abortion:*** A hot bath is taken and hot formentation applied on abdomen with special herbs and the insertion of local herbs into the vagina to stimulate contraction and dilation of the cervix. Another method is the douching of the birth canal with caustic soda which causes severe burning or slouching of the canal, at times instant death of the woman rather than just aborting the baby occurs.

g. ***Infanticide and Child Dumping:*** The baby is either suffocated or left alive and abandoned on the road-side, by the stream, well or latrine pit. This method is adopted mainly by the adolescents for reasons such as:

   i. To avoid being humiliated by the society for getting pregnant.

   ii. To be able to continue schooling

iii. Rejection by parents

iv. Inability to take responsibility for baby

v. Rejection by the baby's father

From records (Schenker and Rabenou (1993) the Greeks were the first to devote organize thoughts to problems of population. Abortion and infanticide were commonly condoned, and under certain circumstances recommended as public policy. Contraceptive knowledge was recorded in a variety of Greek and Roman medical writings, reduced fertility was associated with obesity and gaining weight was recommended as an anti-conception measure.

Aristole recommended covering the cervix and vagina with cedar oil, a contraceptive technique comparable with that described in Ancient Egyptian papyri from 1850 BC (Chartes, 1976) in human reproduction journal vo. 8 no. 6 pp. 970 (1993).

Records also (Schenker and Rabenou, 1993) show that the dispersion of medical and scientific knowledge during the medieval period to the 17th century was due to Arabic sources. The first clear statement about the sinfulness of contraception resides in the 5th century writings of Saint Augustine in which he condemned the use of contraception as sin against God's Law in the year 388.

The Roman Catholic Church's first recorded official statement on periodic abstinence to avoid pregnancy in 1853, where a ruling of the church's sacred penitary addressed the topic of periodic abstinence to avoid pregnancy. Distributed to confessors, the ruling stated that couples who had started the practise of periodic abstinence due to legitimate reasons were not sinning. By 1880, it was also ruled that catholic confessor could teach couples about periodic abstinence. In 1905, Theodoor Hendrick Van de

Velde, a Dutch gynecologist showed that women ovulate once per menstrual cycle. In 1920s, Kyusaku Ogino, a Japanese gynecologist and Herman Knaus, from Austria, working independently each discovered that ovulation occurs after 14 days before the next menstrual period. Ogino (1920s) used this discovery in developing a formula for aiding infertile women to time intercourse in achieving pregnancy.

John Smulders (1930), a Roman catholic physician from the Netherlands used Knaus and Ogino's discoveries to create a method for avoiding pregnancy now known as the rhythm method. By 1932 Rev. Wilhelm Hillebrand a catholic priest developed the basal body temperature method of avoiding pregnancy. Dr. John Billings discovered cervical mucus method of avoiding pregnancy in the 1950s. These methods have spread worldwide ever since.

The early Egyptians wore protective devices such as the condoms (Turner, 1717), *syphilis* in Schenker and Rabenou, (1993). The fertility regulation movement was started in the USA by Robert Owen in 1831 he published *moral physiology* (Owen, 1831), he described coitus interuptus, the sponge and the condom later in 1833 Knowlton in USA recommends solution of sodium bicarbonate, alum, zinc sulphate, sodium chloride, vinegar and vegetables such as rose leaves, raspberry leaves roots as douching agents.

By 19th century vaginal pessary was developed as described in the Egyptian medical papyri which was later developed to include what's now known as vaginal diaphragm & cervical cap, condom. By 1880 spermicides were in mass productions for commercial purposes. In 1909 the efficacy of "thread pessary" as contraceptive was reported by Richter (1909) now known as intra–uterine device.

From the analysis of the practices of family planning methods used in most African countries which include most Nigerian societies like Kaduna State and other areas, there are similarities and most of the traditional methods cannot be classified as natural family planning since fertility checks involve the uses of substances like charms, concoctions, chemicals, herbs and others and as such cannot be classified as natural family planning method which does not require the use of active substances but a good understanding of the body, their use of natural family planning methods were few which is abstinence due to cultural or religious reasons or cultural reasons and the prolong breast feeding practiced by mothers which also has some cultural connotation; the believe that a woman breastfeeding a child should not engage in intercourse to avoid contaminating the breast milk which may in-turn harm the baby. Although there is no scientific bases for such cultural believe but it help puts a check on fertility.

Also, some of these traditional methods were found to be harmful and crude; (Delano, 1990). While the natural family planning methods are quite safe and effective when used well with no records of side effects, almost costless, not time consuming since you do not have to visit clinics all time etc (Woodgold and Damme, 2007).

Personal conversations with most women and men show that couples like and approve of natural family planning methods but most couples are not knowledgeable enough to practice it effectively. This calls for intervention by government and health workers to organize a massive and all round educative programme on educating couples about the effective practice of the natural family planning methods of fertility regulation in Kaduna State and all areas of Nigeria.

A study conducted on the Atyap (Kataf) people of Kaduna State by Avong (1999), shows that most of their attitudes and practice of family planning were informed by religious believes on what the Bible or Quran says about issues of fertility; majority of the respondents quoted Biblical and Quranic verses to support their non use of family planning although they support or agreed that it is good but most do not practice it and do not encourage limiting the number of children.

From these study, it is advisable to include religious leaders to inform their subjects as to the importance and need to check fertility using views from scriptural views so as to motivate the practice of natural family planning at least rather than not practicing any form of family planning at all.

The 2008 Nigerian national demographic health survey (NDHS) findings on the desired number of children for married women and men is 6 and 8 respectively. Similar to the NDHS of 1999 and 2003 (NPC, 2000, NPC and OPC Macro, 2004). This desired number is high and in most cases some couples even go on to exceed these given numbers of children that is, pregnancy occurring when it is not planned for (NDHS, 2008) fertility preference was (115) which means people still need motivation for a smaller family size by practicing family planning.

The survey on gender issue find out that when it come to the decision of how many children to have 1.7% women decide in some cases while 47.3% of men decide in other cases, 47.3% for wife and husband equality in decision about number of children. These shows that there still exist the need for couples involvement and women's views to be regarded with importance since they bear most of the negative consequences of reproductive health issues.

2.4 Attitude and Practice of Natural Family Planning In Kaduna Metropolis

The population of Kaduna State comprises major tribes such as the Hausas, Fulani, Atyaps (Kataf) among others. Studies have shown that the population of Kaduna State is on the increase Laah (2003), observed that the state is also found to be highly polygamous and is characterized by non use of contraceptive which means that polygamy is one aspect of family planning used by couples in the state. A nursing mother is left for a while to have adequate time to breastfeed the baby and for the fear that should the nursing mother engage in intercourse, it might affect the baby's health, a cultural belief that cuts across most Nigerian societies. It may not have any scientific backing but breastfeeding is one form of natural family planning especially when done exclusively.

The implication or challenge of breastfeeding when used as a natural family planning method is that except the nursing mother feeds very well herself she may become malnourished or even develop anemia and other related ailments, personal experience too shows that excessive eating by the nursing mother in a bid to give the baby adequate breast milk can lead to overweight on the mother which is not too good for the heart. This means that she may need to create time for exercise so as to burn off the excess fat.

In a survey carried out in Kaduna State by Avong (1999), so as to access the perception of and attitude toward Nigerian population policy, family planning programmes, the respondents were 600 respondents, among which were both married and unmarried women, men, clergymen, government officials and respected community elders. The predominant Christian Atyap community generally accepts modern method of family planning and the need for family size reduction but considers the 'four is enough'

policy to be unacceptable. The 1998 population policy was aimed at reducing total number of child per woman from 6 to 4 due to pressing economic crises Avong, (1999).

Their refusal is not surprising since they are predominantly farmers, they probably need large family to assist with the farm work. Most of the women interviewed accepted the need to re-evaluate fertility aspirations but argued that individual couples have the prerogative to lias with God concerning the number of children the couple should have without imposition from anybody or group. A 38 year old woman who is a diploma holder expressed her views about the "four is enough" policy as follows" according to Isuigo (2003).

> *Those that formulated this policy are human beings. Did they ask God about the ideal number of children for Nigerians? They should not give us any number as if they are God. Do they create children?* (from a 38 years old female respondent in Avong, 1999).

Among the Atyap, the study also shows that the few who accepted family planning prefers the practice of using modern method to the traditional methods but nearly all of them mentioned risks such as sterility, cancer, high blood pressure, weight increase or loss and even death. Among the Hausas and Fulanis in Northern Kaduna State, the introduction of family planning through campaign were rejected in Northern Kaduna because the federal government called it 'Kayeda' that is limiting or stopping of children instead of spacing of birth, resistance is still said to be strong to date, the few Hausa women who cares about family planning were found to be using traditional means like obtaining charms from mallams, they see the use of the intra-uterine devices as bodily invasion on women and term such practice as contra to Islamic values. Similarly,

in another study conducted among the community health extension workers in Kaduna State in assessment of their knowledge, attitude and practice of family planning.

In the study of the community health extension workers of Kaduna State, Onwuhafua et al (2007) found that they all knew about contraceptive use, especially the hormonal ones like the oral pill,+ injectibles, I.U.D, but only 50% were practicing any form of contraceptives. The non users of contraceptives gave reasons such as not been married, not been sexually active on religious grounds. Although the study gave useful information about family planning and use of contraceptives among the workers, the result can not be use to make generalizations about Kaduna State since they are all health workers in one location. Also, natural family planning was not mentioned at all in this particular study and in the other studies, they were mentioned briefly without much explanations as to how the respondents practice it. Religious and cultural beliefs were cited in most of these studies as some factors that prevented people from the practice of family planning in Kaduna State which means religious and cultural values plays important role and should be given high consideration by population planners when making population policies for the state.

The 2008 demographic health survey in Nigeria indicated 10% usage of modern method of family planning and even though Kaduna State rank the highest among users (8%) in the north, with a fertility rate of 6.3, the level of usage is still not encouraging, there is need to encourage couples to improve their practice of using family planning methods for child spacing and limiting the number of children. The fertility rate in the state may even be more than recorded since it is not all births that are carried out in hospitals, some child delivery are conducted by traditional birth attendance from

experience and such births may go unregistered. There is need for government to find means of taking records of children from TBAs in all areas of the country for a true picture of birth rate which will in turn give room for a better projection of population policies.

In an assessment of men's attitude and practice about self/spousal use of family planning. Ijadunola et al (2010) found out that 89% of men approved of their spouses using family planning while 11% of them objected. However, almost 65.2% of the men disapproved of attending family planning clinics with their wives while 26% of them had ever done so. Birth spacing was the main family planning practiced by 71% of the respondents while 20% used it for desired family size. The most popular reason given for the disapproval of family planning was religious dictates (44%) although more than 80% of the men surveyed had used family planning.

The government in Kaduna State has implemented a free health care scheme for pregnant women and has also intervened in subsidizing the costs of contraceptives (PATHS, 2008). The federal government has also developed strategies to deal with family planning issues, such as the 2004 national policy on population for sustainable development. This policy outlined strategies and targets to help reduce total fertility rates throughout the country, in part by increasing access to contraceptives (USAID, 2009). All these steps are taken towards the right direction but other important issues such as religious and cultural factors need to be included.

Also, most of the emphasis seems to be on the promotion of the use of hormonal contraceptives which majority of people may not accept to use, which means other

options such as the natural family planning methods needs to be promoted among the people which they are likely to accept more.

The leading causes of maternal death in Kaduna State arise from complications associated with pregnancy or giving birth. Although pregnant women receive free health care and have access to family planning services, many of them suffer from various preventable complications that can lead to death, such as anemia, obstetric hemorrhage, obstructed labour and sepsis (PATH, 2008). The underlying issue is that women are often unaware of the proper measures to take in order to care for themselves. The lack of access to health professionals contribute to women's widespread lack of awareness of appropriate behaviour and preventive health measures to adopt during pregnancy.

Godswill (2008), observed that the high value placed on motherhood and children in Nigeria also limit the control women have over their reproductive and maternal health, consequently leading to high fertility rate in the country and endangering the health of mother and children. This can also account for the low utilization of family planning services.

Contraceptive use has historically been low among married women of reproductive age in Nigeria, especially with respect to modern methods (USAID, 2009). Although the contraceptive prevalence rate (CPR) has increased from 4% to 8% between 1990 and 2003, it only increased to 10% in 2008 (Federal Republic of Nigeria, 2009c). The modern method CPR of Kaduna metropolis and Kaduna State was not readily available, but the northwest zone, where Kaduna is located had a much lower CPR of 3% in 2008 (Federal Republic of Nigeria, 2009c).

Table 2.4.1: Price of Contraceptives in 2008

Contraceptive	Price (N)	Presoiltation
Female condom	20	Piece
Male condom	1	Piece
Depo-provera	60	Vial
Excluton (pill)	15	Cycle
IUCD	100	Piece
Lo-femenal (pill)	15	Cycle
Microgynn (pill)	15	Cycle
Neo-sampoon (vaginal foam tab)	100	Tube
Moriterat and syringe	60	Ampule
Norplant implant	2000	Set

Source: Kaduna State Ministry of Health

Table 2.4.1 lists different contraceptives available in Kaduna metropolis and their prices. It seems that they are priced reasonably well, with none of them, except for the norplant implant, exceeding USD. There are many reasons why women do not use contraception or seek family planning advice, but high cost do not present the main obstacles. Many women are unaware of the way different contraception methods works, leading to skewed perceptions, such as the belief in the un-safety in usage and this will compromise a young woman's fertility when she is ready to start a family Bankole et al, (2009). Misinformation about the side effects associated with contraceptives increases women's reluctance to seek out family planning options (Seigh et al, 2006).

Although Woodgold and Damme (2007), argued that the health problems and abortifacient properties of pills, intrauterine devices (IUDS), sterilization, depo-pnovera and other hormonal contraceptive have been documented but seldom disseminated to patients. That fine-print "patient insert" gives you just enough information so you can't sue the pharmaceutical company if you suffer a stroke or blindness. They may not tell you about weight gain, loss of libido, hair loss, high cholesterol, or any other "minor" side effects (there are about 40 of them). Golden (1986), made similar observations.

Lactation amenorrhea method used in fertility regulation refers to the absence of periods due to breastfeeding used since the beginning of humanity. Breast feeding still prevents more pregnancies than all artificial methods of fertility regulation put together, however, there are rules of breastfeeding to be followed closely for effectiveness of method in family planning known as guidelines of LAM. They are as follows: if a woman has given birth in the last 6 months, is fully breastfeeding her baby (no formula, solid food, water, etc) and has not yet menstruated, she has only a 2% chance of conceiving even without observing any fertile signs. Feeds should include both night and day. Higher effectiveness is found to be achieved by following guidelines of "ecological mothering" nursing on demand, nursing at night, nursing in a lying down position for naps and at night, no bottles or pacifiers. The longest time between feedings each day may be the strongest factor leading to the return of fertility, so if the baby stops nursing during the night, the return of fertility becomes more likely (Woodgold and Damme, 2007).

Abstinence is another form of natural family planning method people sometimes choose due to moral, cultural, religious and ethical reasons. For example, nursing mothers in most African societies abstain from sexual intercourse due to the cultural belief that such act can be detrimental to child's health (Delano, 1990).

Abstinence could also be practised by a man or woman who has sworn oat of celibacy to serve God for life; also younger people are expected to keep their virginity until after marriage in most cultures of the world, virginity is held in high esteem and any young person who looses it before marriage is considered to have bring shame to her family.

On contraceptive practise rate, the 2008 NDHS shows that out of the total number of married women interviewed (23,578) only 116.3 of them practice any form of contraception and the total member of married men interviewed on the practise of family planning were 8,618 only 151.1 of them practise any form of contraception. These shows that only few couples actually practise any form of contraception, couples in Nigeria are still in need of motivation towards the practice of family planning.

Although the 2008 NDHS is very useful in the analysis of family planning in Nigeria, but their groupings of withdrawal and lactetional amenorrhea method of family planning as 'traditional' method seems to be an error since traditional methods involve the uses of native substances like chemicals, charms, tooth of children, water used in washing corps and other things for contraceptive purpose. Delano (1990), stress that it would have been more appropriate to classify the withdrawal and lactetional amenorrhea method under 'natural family planning which operates mainly on the scientific understanding of the body mechanism.

Contraceptive practice rate is defined as the percentage of currently married women who are currently using a method of contraception. The study also discovered that the lowest proportion of married women using family planning method are from the northwest zone of which Kaduna is a part of.

Orji et al (2007) in their article on spousal communication on family planning at Ile-Ife discovered that most of the female respondents express fear of rejection and lack of support by their husband should they voice out their views about family planning matters. According to a 31 year old farmer who was using natural family planning method of fertility regulation as at the time of interview,

> *I tell him stylishly when I am not safe, 10 days before and 10 days after the start of my period. If I am blunt with my husband he might not be interested or he might even get angry". Another woman, a 26 year old seamstress said, "he does not encourage discussions on sex related matters, he might even report me to his family and I don't want problem with my marriage. On the other hand, a 45 year old farmer said "family planning is for the educated and that is why they are promiscuous (a misconception)* (a 31 year old man in Orji et al, 2007).

The males had fears of their wives becoming promiscuous; others said it was not necessary to discus family planning with their wives that it was the doctors duty to discuss family planning methods. Other male respondents said such discussions are not necessary at all. Some of the respondents were secretly using some forms of contraception without their partners knowledge of it. Such attitude can create distrust among couples when discovered.

2.5 The Extent of Gender and Spousal Involvement in the Practice of Family Planning in Kaduna Metropolis

Women in Kaduna metropolis from studies were noted to be faced with a lot of hurdles preventing them from enjoying equal right and independence with their male counterparts. Poverty, early marriages and the tendency for parents to favour boys over girls has prevented many adolescent girls from attending secondary schools and consequently universities or professional institutions. Women also lack the ability to implement changes through effective legislation, due to their poor representation in the national assembly (Salim and Olisemeka, 2011).

Table 2.5.1: Number of Seats held in Local Government (1999-2007)

	1999			2003			2007		
	F	M	F (%)	F	M	F (%)	F	M	F (%)
Kaduna	1	22	4	1	22	4	1	22	4
Nigeria	13	697	2	15	759	2	27	713	4

Source: Fed. Min of Nigeria (2009e)

This affects their ability to change or amend existing rules on reproductive issues, land and property rights. There is also indications that the Kaduna State Ministry of Women Affairs (MWA) is underfunded.

Table 2.5.2: Kaduna Budget Allocation to MWAs ($)

2007	MWA ($)	Total State Budget ($)	Percentage for MWAs
Personal cost	327,600	89,238,574	0.4
Overhead cost	205,140	108,165,204	0.2
Total	535,740	197,403,778	0.3
Personal cost	425,873	121,607,917	0.4
Overhead cost	431,600	168,267,969	0.3
Total	857,473	289,875,888	0.3

Source: Min of Economic Planning

As Table 2.5.1 above shows female representation at the local level is small with only one woman serving as LGA chairperson and only one female councilor serving between 1999 an 2007.

Table 2.5.2 above is an outline of budget comparison between 2007-2008 in Kaduna State and how much is allocated to MWA. The total percentage allocated to the MWA was less than one% in both year. Thus making it difficult for the women to make any effective change in reproductive health issues. Kaduna metropolis is one of the most important cities in the northern Nigeria but to reach its full potentials and adapts to the countries changing economic and social dynamics, the city needs to put gender empowerment and equality at the forefront of its development.

Available studies shows an increasing recognition of the need to involve men in sexual and reproductive health initiatives and to understand their needs and perceptions in reproductive health matters (Isiugo-Abanihe, 2003). Before the current concern for male or couple involvement began, reproductive health issue and services was synonymous with women and men were assumed to have no special interest in such matters. This assumption indicates a lack of appreciation of the social reality of daily living in most developing societies especially African societies like Nigeria and by extension Kaduna. The characteristic exclusion of men in reproductive initiatives, including family planning is a major obstacle to a speedy fertility decline in sub-saharan African given the considerable authority and power vested on men as decision makers in the home and society (Isiugo-Abanihe, 2003).

Special efforts should be made to emphasize men's shared responsibility and promote active involvement in responsible parenthood, sexual and reproductive health and behaviour, including family planning; and other reproductive health issues and the promotion and recognition of equal value of children of both sexes (United Nations, 1994:27).

The importance of male involvement in reproductive health issue was re-emphasized at the 1995 United Nation Fourth World Conference on Women, Beijing, China, which encouraged men to take steps towards achieving gender equality and better reproductive health (United Nations 1995). Men are more likely than women to behave in ways that place both themselves and their partners at risk for sexual and reproductive health complication such as sexually transmitted diseases (STDs), HIV/AIDs infection (Varga, 2001).

Isiugo-Abanihe (2003), argued that male involvement in sexual and reproductive health is not only important but also a must for the health and demographic transitions in Nigeria. Drennan (1998) also sated that men's participation is a promising strategy for addressing some of the world's most pressing reproductive health problems. Men can help slow the spread of HIV/AIDS and other sexually transmitted diseases, prevent unintended pregnancies and reduce unmet needs for family planning, foster safe motherhood, practice responsible fatherhood, and stop abusing women.

Given the overwhelming dominance of men in family life, there is the urgent need to change their orientation and behaviour as a prelude to a positive change in family relationships and behaviour, which have deep cultural roots. It is also important that health programmes include male stereotypes and learn more about their needs and concerns, as partners in progress and not as competitors with women over limited resources available for health services (Isiugo-Abanihe, 2003). Practice of natural family planning should be encouraged among couples for its benefits, including fostering of good relationship between couples.

Orji et al (2007), in the study of spousal communication of family planning in Ile-Ife as a safe motherhood options in sub-saharan Africa, out of the total number of respondents made of 166 men and 234 women, 383 (95.8%) that is, majority of them revealed having difficulty in discussing family issues with their spouse for fear of not been seen as promiscuous, while the females do not discuss family planning with their spouse for fear of rejection and opposition from partners. There is a gradual decline in the spectrum from awareness to actual practise, compliance and spousal communication in the rural areas. This means that spousal communication should be encouraged.

The study shows that 48% male, 52% of female discussed family planning with their spouse out of which only 4.1% of men and 15.3% of female had such discussions more than 4 times. Also, only 39.2% of males and 30% females had discuss their present choice of family planning methods with their partners. Level of spousal communication about family planning and other reproductive health issue was found to be quite poor. This also show that discussion between a husband and wife about contraceptive use is not a precondition for adoption of contraception. Lack of discussion may reflect a lack of personal interest, hostility to the subject or a customary reticence about sex-related matters.

Ijadunola et al (2010), interviewed 402 men in their study of men's awareness involvement, attitude and practice of modern contraceptives methods, the study also investigated the level of spousal communication and men's opinion in family planning decision making in Ile-Ife, Osun state. The study concluded that male involvement in family planning decision making was poor and their patronage of family planning services was low. These findings may be inadequate in correctness especially on male involvement at decision making been said to be poor, it is a common knowledge that most African societies is patrillineal in nature with the male dominating in most decision making in the family. 81% of the men interviewed approved the practice of family planning while 11% did not approve, 80% of the men had ever used contraception while 56% of the men were current users. Spousal communication about family planning and other family reproductive goals was quite poor.

According to Umar (2010), in western Kenya, men as head of households are not expected culturally to discuss sexual and reproductive health matters with their wives and

female children, this roles are for the mothers, men are also not under any obligation to practice family planning or worry about limiting the number of children. The women are expected to decide when to stop giving birth. Men in western Kenya are also not enthusiastic to accompany their wives to the clinics, if they do so, the act is perceived by their peers as a demonstration of weakness. Men who accompany their wives to the clinics are always told to wait outside by the health care providers.

Spousal communication is fully associated with practice of family planning according to Umar 2010, demographic and health survey data from 7 African countries (Botswana, Burundi, Ghana, Senegal, Sudan and Togo) showed that the percentage of women using modern family planning as contraceptive is consistently higher in the group that had discussed family planning with their husbands in the year before the interview than in groups that have not.

He also stated that men's lack of access to services has been a barrier to family planning use as illustrated by the Kenyan man in an interview

> *After having 3 children my wife went on the pill for her contraception because we could no longer afford an accident with the natural family planning methods we were using, her blood pressure immediately shot up and she was asked to discontinue. She tried other methods, but they had complications too on her. I felt I was unfair and it was my duty too to take part in family planning, one morning we went together to our local clinic, I will never forget how embarrassed I felt. There was not even a single man there, just a queue of women and their babies and I felt totally lost.* (From a Kenyan male respondent in Umar, 2010).

In a study conducted among urban Sudanese men regarding their attitude toward family planning in 1985, the decision not to practice family planning was male or husbands dominated and husbands also provide the choice of family planning methods to be practiced. These show that male involvement at family planning programme will make

it a success. Similar study in Zimbabwe show a high level of acceptance of and practice of family planning among men (Umar, 2010).

Studies in Nigeria among the Hausa and Kanuri community show that family planning decisions are dominated by men with wives having little or no say in such matters and family size, same goes for the Ibos, Ijaws, Yorubas and Kano (Isiugo-Abanihe, (2003).

In a study conducted by Orji et al (2007) in South Western part of Nigeria involving 3073 couples of four Nigerian cities and one semi-urban settlement were used to examine reproductive decision making and male motivation for large family size, the report concluded that the characteristics male dominant and patrilineal traditions support large family size and men's reproductive motivation to a large extent, affect the reproductive behaviour of their wives. Therefore, the factors influencing men's reproductive outcome and intentions are considered important for fertility transition in Nigeria. Male education, age of marriage, monogamy, inter-spousal communication and intention not to rely on children for old age support are significantly related to smaller size and preferences for smaller families, while being in a male dominant family setting has a strong relation with large family size and preferences for large families.

Ejezie (2006), in the study of factors influencing desired family size decision among resident postgraduate students of ABU Zaria, discovered that the percentage of married respondents who will and will not be influenced by their spouses on fertility are equal – 42% each. 42% of the married women still discuss with their husbands whether to get pregnant or not. These women realize they need the support of their husbands and are willing to alter their decisions to accommodate the man's interest. This shows that for

this group of women, effective male participation will greatly improve their choices on fertility issues. This calls for more male involvement in family planning issues.

An equal proportion of married respondents will not be influenced by their spouses, their believes is that fertility decisions is theirs alone and are not willing to make any change to accommodate their spouses wishes. This may be because they are independent minded and assertive due to their high level of education and also may be financial independent. These women believes that they alone bears the risk of pregnancy and childbirth, they are unwilling to let their spouse influence fertility decisions.

According to Carter and Speizer (2005, in the 2003 National Male Reproductive Health Survey) of El Salvador 425 fathers were analyzed to examine their intentions in regard to partners' pregnancies that had ended in a live birth in the last five years. They were asked whether they had been trying to avoid pregnancy at the time of conception or they had intended getting their partners pregnant, how they had felt about the pregnancy and what they thought their partner's pregnancy intentions had been the outcome was that, a quarter of the pregnancies had been unintended from the men's perspective – 13% had been mistimed and 11% unwanted. Almost half (46%) of unintended pregnancies had been conceived when the father was trying to avoid pregnancy.

However, 36% of men reporting an unintended pregnancy said they had been happy when they found out about it. For 20% of all pregnancies men perceived that their partner's pregnancy intentions differed from their own. The perceived discordance between men and women about pregnancy intentions, at both the population level and the couple level provides further evidence of the need for interventions to improve communication between partners about fertility goals and behaviours. This lack of

agreement, especially the relatively higher proportion of pregnancies viewed as unintended by men, may point to profound difference in men's and women's perspectives on child bearing in general for example, men may want larger families than women do and may feel less affected by the responsibilities of pregnancy and parenthood.

Many development programs are increasingly trying to acknowledge and address relationship and gender dynamics in their services. The study indicates that by using information from men in conjunction with that from women or ideally information from couples, family planning programmes will be better to help reduce unintended pregnancies (Carter and Speizer, 2005).

2.6 Types of Natural Family Planning Method Practised by Couples in Kaduna Metropolis/Challenges

a. **Breast Feeding or Lactation amenorrhea:** Breast feeding was used in the past and even now as one major method of natural family planning among the people of Kaduna State. Avong (2000) which means that polygamy was one aspect of family planning used by couples in the state. Culturally, among the Kataf people, a child is expected to be breastfed by the mother until he or she grew old enough to be able to carry a 3 legged chair or lift other things before been weaned from suckling. But with modernization where mothers now have to go out and do paid jobs, the duration of weaning a child has shortened to 11 month or less.

Polygamous practice here has helped as a check to fertility since a husband can leave the nursing wife and go to his other wives for sexual gratification. The Katafs like most African societies have a cultural belief that a nursing mother should not engage in sexual intercourse for as long as the baby is being breastfed, the belief is that if a nursing mother engage in such an act, the breast milk will be polluted thereby

causing harm to a child's health or even death and so this belief makes the woman and her spouse to abstain from sexual contact until the baby is weaned from suckling.

It means that the husband in a polygamous marriage will now go to the other wives for sexual gratification and because of the polygamous nature of Nigerian men, some men in monogamous marriages too can seek sexual pleasure from women outside the home. The implication of such practice is that the man can unknowingly contact HIV/AIDS and other sexually transmitted diseases and bring it home to affect his wife. That is, one challenge of using polygamy or breastfeeding as family planning method.

The other challenge faced by women using breastfeeding otherwise known as lactation amenorrhea method of family planning is that, it is a very vigorous task; from experience, it requires a lot of time, energy and patient because even at night, when the mother suppose to be sleeping, she has to answer to the child on the demand to be fed. Also, where a woman goes out to do paid job, it is almost an impossible task since babies are not allowed in most offices during office hours.

Also, any woman practicing exclusive breast feeding tends to eat food a lot and can eventually make her gain much weight except a woman who can do exercise constantly. However, most of these challenges can be tackled by getting relations to help out and a suspecting wife can refuse to have sexual relation with husband on demand for use of condom for protection. Polygamy, in as much as it serve as a check on fertility can also bring about increase fertility because women in polygamous marriages are known to compete with one another by having as much children as possible, this is counter productive to population control.

b. **Safe Period or Rythme Method:** Is another form of natural family planning method practiced by some of the Kataf women and this is found to be a very effective means of fertility regulation but one challenge with some of the women using this method is that they fear to voice out to their husbands when it is not safe for them to engage in sexual activities, a woman was found to give report claiming that she tell her husband with style so as not to provoke him or raise any suspicious on fidelity.

While in some cases if this method fails, for women with irregular periods, the husband may think that the wife tricked him into having another baby thereby causing rift between couples. One way of overcoming such challenges is to encourage male or couple involvement in family planning matters, such that a man too should be able to know and understand the workings of his wife body mechanism. Men should be able to tell when their wife is ovulating or not by studying and noticing body signs such as increased plumpness, radiance, irritability and others.

c. **Calendar Method:** Is also found to be useful in fertility regulation but may be difficult for an uneducated woman or couples since it involve the use of numbers and dates. Couples can be taught the use of coloured beads and chalks for such purposes (Woodgold and Damme, 2007).

d. **Menstruation Period:** Has been found to act as a check on fertility since a woman can not get pregnant during this period but the challenge with such method of natural family planning is that culturally, there is the belief that should a woman in her period get pregnant by chance, the resulting child will be an albino although there is no scientific basis for such belief. Also, the two main religion, Islam and Christianity belief that a woman in her period is unclean and should not engage in sexual

activities, this obviously have to do with the maintenance of good hygiene. However, this method may not be too good because it can be a very fast way of contacting the much dreaded HIV/AIDS diseases due to blood contact from an infected person.

Although natural family planning methods are known to be very effective when used correctly in fertility regulation, but is if important to note that:

- Natural family planning methods sometimes fails.
- Take up to 2 to 3 cycles to learn how to identify fertile time accurately using cervical secretions
- Periodic abstinence requires long period without vaginal intercourse 8 to 16 days in each menstrual cycle. Abstinence may be difficult for some couples.
- Natural family methods will not work without continuing cooperation and commitment of both the woman and the man.
- Some natural family planning methods can become unreliable or hard to use if the woman has a fever, infections, breast feeing or any other condition that changes body temperature, cervical mucus, or menstrual cycle length.
- After childbirth, it may be hard to identify the fertile time until menstrual cycle becomes regular again.
- Calendar method may not be effective for women with irregular menstrual cycles.
- Natural family planning methods may be very difficult to practice if a woman has multiple sex partners.
- Most natural family planning methods requires to keep daily records and pay close attention to body changes. Some women or couples may not be able to do these accurately

- Natural family planning method do not protect against STDs including HIV/AIDs.
- The temperature method may become confused if a woman has an infection such a cold.
- The mucus method becomes difficult to assess if you have recently had intercourse due to the presence of semen or as a result of sexual arousal, often people are advised to combine it with other methods.
- Some symptoms based forms of fertility awareness require observation or touching of cervical mucus, an activity which some women are not comfortable with.
- Fertility awareness require action every day and detailed record keeping. Some may find the time and detail required too complicated (Hatcher et al, 1998).

2.7 Theoretical Framework

2.7.1 Feminist Theory

Lengerman and Nieubrugge (1995) described feminist theory as a generalized, wide-ranging system of ideas about social life and human experience developed from a woman-centred perspective. The starting point of all its investigation is the situation and experiences of women in society, it also seeks to describe the social world from the distinctive vantage points of women. Basically, feminist theory is interested in knowing the place of women in any situation being investigated.

They believed that women are present in most social situations. Where they are not, it is not because they lack ability or interest but because there have been deliberate efforts to exclude them where they have been present, women have played roles very different from the popular conception of them as passive wives and mothers. They are in addition to these traditional roles also present in most social situations, scholars, publics

and social actors themselves, both male and female, have been blind to their presence. Moreover, women's role in most social situations, though essential, have been different from, less privileged than, and subordinate to the roles of men. Their invisibility is only one indicator of this inequality.

Feminist Basic Assumption include the following:

1. That there exist inequality between male and female
2. Why is it so or what is responsible for the inequality

   Explanation given to this question by the feminists are:

   a. Biological attributes associated with male and female
   b. The socially learned behaviours associated with masculinity and feminity (or gender)

      Generally, feminist theorists see gender as a social construction, something not emanating from nature but created by people as part of and processes of group life.

      How can change be achieved? Feminist are concerned with how they can change and improve the social world so as to make it a just place for all people.

      Feminist theory also recognized that even among women there is differences or inequality and due to this they concluded that the invisibility, inequality and role differences in relation to men which generally characterize women's lives are profoundly affected by a woman social location – that is, by her class, race, age, affectional preference, marital status, religion, ethnicity and global location.

      Throughout its history, feminist theory has been consistently critical of existing social arrangement and has focused on such essential sociological variables as social

inequality, social change, power, interests and beliefs, and the social institution of family, law, politics, work, religion and education (Ritzer, 2008).

Current feminist research on the history of sociology shows that a large number of women have made significant and fundamental contributions to the discipline in its classic period – among them are Margeret Sanger, Edith Abbott, Jane Adams, Anna Julia Cooper, Caroline Barlett Crane, Harriet Martineau, Florence Nightingale and many others. 'Gender and Society' started in 1987 later achievements is captured by Risman's (2004) who reflected that gender issues have been neglected before now. Walter (1998) new feminism also support the liberal views and recognize there is progress, that women should seek political reference rather than personal benefit to prove of inequality between men and women.

Feminists thus have created an audience for feminist theory and for research informed by that theory. Feminist ideas have permeated the research agenda of sociology; gender is now an almost unavoidable variable in research studies – a variable whose presence implies a normative commitment to some standard of gender equality or the possibility that findings of inequality may be explained by practice of gender discrimination. However, there are varieties of contemporary feminist theory but for the study purpose only the liberal feminism is reviewed.

Liberal Feminism: The argument is that of woman not in the context of home and family but as an autonomous individual, with rights in her own person (Dubois, 1973/1995).

The major expression of gender inequality theory is liberal feminism whose main argument is the claim for gender equality. Liberal feminism rest on the following assumptions:

1. All human beings have certain essential features – capacities for reason, moral agency, and self actualization,
2. The exercise of these capabilities can be secured through legal recognition of universal rights.
3. The inequalities between men and women assigned by sex are social constructions having no basis in "nature",
4. Social change for equality can be produced by an organized appeal to a reasonable public and the use of the state.

The major expression of gender inequality is liberal feminism, which argues that women may claim equality with men on the basis of an essential human capacity for reasoned moral agency, that gender inequality is the result of sexists patterning of the division of labor and that gender equality can be produced by transforming the division of labour through the re-patterning of key institutions – law, work, family, education, and media (Bem, 1993; Friedan, 1963, Lorber, 1994, Pateman, 1999;, Rhode, 1997; Schaeffer, 2001), in Ritzers (2008) sociological theory.

Contemporary feminist theory include a global feminism which confronts racism in North Atlantic societies and works for "the human rights of women" everywhere. And this discourse has continued to express many of its foundational statements in organizational documents such as the National for Women's Statement of Purpose and the Beijing Declaration. These organizational statements of purpose rely on an informing

theory of human equality as a right which the state-local, national, international – must respect. These arguments are being also invoked in debates with the political right over reproductive freedom (Bordo, 1993; Solinger, 1998). These argument also influence the 2004 NHIS policy in Nigeria where it was clearly spelt out that couples have the right over reproductive health issues (Obasanjo, 2004).

Risman (2004), described gender as a highly complex structure that patterns human behaviour at three levels – individual, cultural/interactional, and institutional. From this perspective, the defining social effect of gender is that it is "a socially constructed stratification system." Liberal feminism sees that gender as a system of stratification that produces a gendered division of labour, an organization of society into public and private spheres, and a cultural dimension of sexist ideology.

The sexual division of labour in modern societies divides production in terms of both gender and spheres denoted as "public" and "private". Women are given primary responsibility for the private sphere. Men are given privileged access to the public sphere (which liberal feminist see as the locus of the true rewards of social life – money, power, status, freedom, opportunity for growth and self-worth). The fact that women have what access they do to the public sphere is, of course, one of the triumph of the women's movement – and of liberal feminism and of feminist sociology – as is the fact that women feel they can make some demands on men to assist in the work of the private sphere.

The two spheres constantly interact in the lives of women (more than they do for men), and both spheres are still shaped by patriarchal ideology and sexism, which also are pervasive in contemporary mass media (Davis, 1997).

On the other hand, women find their experience within the public sphere of education, work, politics, and public space still limited by practices of discrimination, marginalization, and harassment (Benokraitis, 1997; Gardner, 1995; Hagan and Kay 1995; Reskin and Padovic, 1994; Riddeway, 1997). On the other hand, in the private sphere, they find themselves in a "time bind" as they return home from paid employment to "a second shift of home child care infused by an ideology in intensive mothering (Hochschild, 1989, 1997; Shelton, 2000). These pressures on women work interactively in complex ways-and one feature in contemporary feminist theory is its attempts to understand these interactions. Women's ability to compete in career and profession is hindered by the demands of the private sphere (Waldfogel, 1997).

The public sphere "ideal worker norm" (William 2000), which assumes the life schedule available to the typical male intensifies the stress of home commitments by shrinking women's resources of time and energy which in turn increase the demands on them for crisis management at home (Hochschild, 1997). Sexism's link of women to the private sphere activities of care giving, emotion management, and the maintenance of home means that women are expected to do this additional work in the public sphere, being frequently tracked into underestimated jobs in which these "womanly" skills are commodified and marketed (Adkins, 1995; Pierce, 1995). This sexist patterning of work and home puts the single mother at tremendous economic risk and is one factor in the increasing "feminization of poverty". (Edin and Lein, 1997; Harris, 1996; Hay, 2003)

Liberal feminism is also interested in the problem of achieving equity in marriage, Bernard (1972/1982) in his book "The Future of Marriage" analyzes marriage as being at one and the same time a cultural system of beliefs and ideals, an institutional arrangement

of role and norms, and a complex of interactional experiences for individual women and men.

Culturally, marriage is idealized as the destiny and source of fulfillment of women; a mixed blessing of domesticity, responsibility, and constraint for men and for American society as a whole an essentially egalitarian association between husband and wife. Institutionally, marriage empowers the role of husband with authority and with the freedom-indeed, the obligation – to move beyond the domestic setting; it meshes idea of male authority with sexual prowess and male power; and it mandates that wives be compliant, dependent, self-emptying, and essentially centred on the activities and demands of the isolated domestic household. Experientially, then, there are two marriages in any institutional marriage.

The man's marriage, in which the husband holds to the belief of being constrained and burdened, while experiencing what the norms dictate-authority, independence and a right to domestic, emotional and sexual service by the wife; and the woman's marriage, in which the wife affirms the cultural belief of fulfillment, while experiencing normatively mandated powerlessness and dependence, an obligation to provide domestic, emotional and sexual services, and a gradual "dwindling away" of the independence young persons she was before marriage.

The results of all these are to be found in the data that measure human stress. Married women, whatever their claims to fulfillment, and unmarried men, whatever their claims to freedom, ranked high on all stress indicators, including heart palpitations, dizziness, headaches, fainting, nightmares, insomnia, and fear of nervous breakdown. Unmarried women, whatever their sense of social stigma, and married men rank low on

all the stress indicators. Marriage, then is good for men and bad for women and will cease to be so unequal in its impact only when couples feel free enough from the prevailing institutional constraints to negotiate the kind of marriage that best suits their individual needs and personalities.

Some studies have suggested that Bernard's analysis still holds for most marriages (Dempsy, 2002; Steil, 1997) but that some couples are achieving, through dedicated effort, the liberal feminist ideal of egalitarian marriage (Schwartz, 1994). Liberal feminists pursue change through law-legislation, litigation, and regulation – and through appeal to the human capacity for reasoned moral judgments, that is, the capacity of the public to be moved by arguments for fairness. They argue for equal educational and economic opportunities, equal responsibility for the activities of family life; the elimination of sexist messages in family, education, and mass media; they have monitored regulatory agencies charged with enforcing this legislation; they have mobilized to have sexual harassment in the workplace legally defined as "job discrimination"; and they have demanded both "pay equity" (equal pay for equal work) and "comparable worth" (equal pay for work of comparable value) (Lorber, 2000, 2001) (Acker, 1989; England, 1992; Rosenberg, 1992).

For liberal feminists, the ideal gender arrangement would be one is which each individual acting as a free and responsible moral agent chooses the lifestyle most suitable to her or him and has that choice accepted and respected, be it for housewife or househusband, unmarried careerist or part of a dual-income family, childless or with children, heterosexual or homosexual, these ideals are seen as one that would enhance the practice of freedom and equality, central cultural ideals in America.

Abbot et al (2005), believe that liberal feminism is a modernist theory due to its emphasis on human progress through rational thought, it's belief in emancipation. It stresses the rights of individuals and is based upon the assumption that men and women are very similar to one another due to their shared humanity. Although it has more impact than other feminist theory in improving women's lives.

Bryson (1999), identifies the following criticisms

1. Liberal feminism is criticized for being based upon male assumptions and norms, including a belief in the value of individual achievement and competition, an emphasis on the importance of paid work, and a belief in rationality. These beliefs encourages women to be more like men therefore denying 'the value of qualities traditionally associated with women such as empathy, nurturing and cooperation. Although some few women are known to cope very well in combing work with running the home especially where she is fortunate to have a helping and understanding husband and helpful relations for example, Nenadi Usman one time finance minister now a senator, Dora Akunyele and others. Conversely, some women neglects the home due to paid work, leading to children becoming wayward, teenage pregnancy, divorce, atimes infidelity from both partners or inability to conceive children from women among others.
2. Liberal feminism is accused of emphasizing public life (such as politics and work) at the expense of private life e.t.c it tends not to see personal relationship in terms of power struggles and politics and it therefore see them as little importance in explaining gender inequalities.

3. They are rejected by Marxist and radical feminists for advocating changes that are too limited to free women from oppression, and by black and postmodern feminists for assuming that all groups of women have shared interests. For instance, some women will continue to have children until menopause.
4. Abbot et al (2005), criticize liberal feminism for failing to properly explain the exploitation of women, because it takes no account of structural sources of inequality.
5. Abbot et al (2005), also criticize them for failing to challenge existing perspectives on the social world. It argues that women should be included in samples, but not that theories need reformation to take account of the experiences of women.

Generally, some women do not share the liberal feminists view on equality of opportunity and so disagree with such principles. However, many would acknowledge that liberal feminism has resulted in some improvement for women in western societies and even African societies. The family planning movement started by Margret Sanger and others has helped in western societies and Africa and elsewhere. Even though the emphasis are on the use of drugs and other hormonal means while much is not done on natural family planning.

Liberal feminist theory is best in the analysis of the study. Although liberal feminism does not have such clearly developed theories of gender inequalities as radical and Marxist and socialist feminism yet liberal feminism enjoys greater popular support than other perspectives. This is mainly because its aims are more moderate and its views pose less a challenge to existing values. Liberal feminism aim for gradual change in political, economic and social systems in the society.

Liberal feminism sees the gender arrangement of society as the reason behind women subordination which is true to a large extent. The theory also seek for ways through which this subordination suffered by women in the hands of their male counterparts can be eradicated or brought to a minimal level by negotiation through available legal means as a solution for a change. Looking at reproductive health issues in Africa and by extension in Nigerian societies like Kaduna and others, men have dominated decisions on reproductive health issues such as the desired numbers of children to have, the number of male or female children to have, the types of family planning methods to be used, the spacing of children and other reproductive health issues, until recently, women have been at the receiving ends of all these. The discrepancy between knowledge and actual utilization of family planning methods can be attributed to the subordination of women by men.

According to Isiugo–Abanihe (2003), on fertility preference "Relative to women, Nigerian men have and desire more children and are less likely to approve of family limitation. This is a function of the socio-cultural norms that associate masculinity and social status with a large family size. The large family size ideal also encourages polygamy and early marriage and leaves behind large progeny who could serve various cultural, religions, and social functions and provide the necessary links with past generations. Also, findings have shown that family planning information and services in most African societies are not targeted towards men services, they are instead traditionally presented within the context of maternal and child health (Orji et al, 2007). A reproductive health programme involves more than the delivery of maternal and child health or family planning services, it is multidimensional.

It is right oriented as well as health-oriented. It includes the right of men and women including adolescent to be informed and have access to a safe, effective, affordable and acceptable method of their choice for regulation of fertility (Otu, 2002). In reproductive health matters such as couples choice of family planning methods, male involvement will go a long way because when men disagree with their wives on choice of family planning methods, it could be due to ignorance on the men's part as regard to the consequences some of these methods of contraception have on the women, so involving men will educate them and help clear every ignorance they have. Natural family planning may appeal to many who desire to use it but could not due to ignorance. Women in Kaduna state faces many challenges that prevent them from been guaranteed gender equality and empowerment. Girls in the city have limited access to secondary education, with poverty and early marriages often forcing them to forego their education. Unsafe abortions and limited access to family planning and reproductive health (UNFPA, 2009).

The government in Kaduna has implemented a free health care scheme for pregnant women and has provided reduction of prices of various contraceptives in order to reduce fertility rate in the state (PATHS, 2008). Although such steps taken by the government is one way forward towards achieving the desired fertility rate for the state. Other issues as well has to be taken into consideration, such as religious and cultural issues, the people of Kaduna state need to be aware and educated in various ways in which some religious beliefs and cultural views can become a problem towards tackling reproductive health issues like family planning and control of fertility.

The need becomes more glaring as views of people within and outside Kaduna state on family planning and fertility regulation issues are illustrated from various studies

conducted within Zaria and other parts of the country. The analysis borders mainly on gender issues and how religious and cultural beliefs have been used in a mixed as manner by both men and women in reproductive health issues. In most of the studies carried out in Kaduna and other areas within the country, on fertility regulation. The male usually point out religious factors such as; God alone can decide family size, some say the man is the head of the family and he is to decide on the number of children to have as the breadwinner of the family. Some say women should not decide because they have no right over their own body.

On religious ground, it is true that God instructed man in the Book of Genesis that 'man should go and replenish the earth' but God also stated in the Bible that any man who cannot take care of his family is worst than an infidel, the Quran also have specific verses similar to this view. So there is need for government to involve religious leaders in programmes meant for fertility control if any meaningful achievement is to be made at reducing fertility rate in Kaduna State and other part of Nigeria. Also, effort should be targeted towards encouraging the use of natural family planning methods or otherwise called the fertility awareness method which is traditionally and culturally acceptable to the people of Kaduna State compared to the hormonal methods. The government can do these by organizing educative programmes for couples on the effective use of the natural family planning methods.

Studies have shown that even when couples discuss family planning size, the opinions of men usually prevail for instance an educated Zaria man, less than 35 years of age put it "this question [of discussing family size with wives] has not arisen in Hausa land… A woman has no decision to make.

From research finding, the norm among Zaria men ultimately is to assign all responsibility of children to God; the issue of communicating with wives over the numbers of children to have is strange, foreign and ridiculous. The women group in Zaria were found to agree with this view that truly men should be in perfect control of determining the family size since they are the head of the family. The believe or view to leave decisions about desired family size entirely to men cuts across many Nigerian societies.

In a research carried out at Ibadan, a female participant had this to say

> *As for me, after the second issue, I was already tired and if someone once had encouraged me to stop then I would have been very happy, but in Yoruba land husbands are the honourable landlords of the house. It is for them to decide and we have to abide by their directions* (in Isiugo-Abanihe, 2003 male rule and responsibility in fertility and reproductive health in Nigeria pp. 103 from a female respondent).

Another woman from Ekpoma in a similar study said:

> *A woman should not make decision on the number of children to have: the man should have the final say. This is so because it is the man who paid her bride price and brought her into the house hence, the man owns her and owns her body. Also, the Bible which we believe in says that the man is the head of the family* (in Isiugo-Abanihe, 2003 male rule and responsibility in fertility and reproductive health in Nigeria pp. 103 from a female respondent*)*.

On the issue of who, between husband and wives should decide on the use of family planning, views varied, generally most groups suggested that either the husband or the couple acting jointly should take the decision. In a study conducted in Jos, a female discussant said that it should be the wife, but added that, "Since there are now contraceptives available to men, men should use them and allow women to rest their bodies after a long period of using different family planning methods. The statement

underscore the need to redistribute the risks and responsibilities borne for family planning by specifically encouraging men to adopt those methods available for them, especially the condom. Most female groups raised the difficulty of securing male approval to use family planning, like in Ibadan and Jos to the extent that "where it is not possible to secure the man's consent, the wife should use family planning secretly" some men said this is criminal and that they can divorce their wives for this when found out. Some says they can eject their wives out of the house for such acts.

In Zaria, men are aware that women may indeed practice family planning in secret, but this secret is betrayed by the observation that "such women will just be growing fat without getting pregnant. Unless the secret is uncovered "Women were said to have no rights to practice family planning, or do anything else for that matter, without their husband's concept. "In Hausa land, women are under their husbands" "she has no right over her body" that it is un-cultural for a woman to have any right over her body (comment from a male analyst) this and similar views from Zaria men are based on the dominance of patriarchal values as is implied by the assertion of one Zaria man

> *You know that this is cheating… A man should be higher (superior) at all times. Unless you bring yourself so low, your wife cannot do that without your knowledge, if your wife does that, you should be questioned* (in Isiugo-Abanihe, 2003 male rule and responsibility in fertility and reproductive health in Nigeria pp. 106 from a male respondent).

Studies conducted in Jos revealed similar views as above from the men that it is culturally and religiously unacceptable for women to practice family planning without informing their husbands. While the women groups in most of these studies agreed that where men are likely to disapprove the use of family planning, the women should engage

in the secret use of it. On the use of male contraceptives like the use of condom, most of the men from such studies rejected the idea, these include the Zaria male respondents and males in other parts of Nigeria.

Women empowerments programmes, 2004 population policy for sustainable development, the reduction in prices of the contraceptives, provision of free health care for pregnant women and so on, all these becomes possible due to the persistent struggle of women in power through peaceful negotiations by the use of available legal means at there disposal as prescribed by liberal feminist theory. It is important to point out that to a large extent, a lot had been achieved by the women worldwide in their struggle to be present, to be participating in most social events, we now have women presidents, governors, deputy governors, women commissioners, ministers, women working in public and private sectors, women lawyers, doctors, lecturers and so on with a near equal compatible pay package with the males. In addition to these, women add these to their roles as wives and mothers. Some few men too from observations are beginning to shelve the ideas of leaving the home running as the sole business of women, some of them are found to help out with house chores, care of the children, allowing their wives to do paid jobs, babysit and many more.

In reproductive health issues such as the desired number of children to have, spacing of children, types of family planning methods to adopt by couple, some few men too allows their wives view but the number of men who engage in all these are few in number for any significant analysis or prediction to be made in reproductive health issues. That is one reason why campaigns on couples involvements is still very relevant to reproductive health issues like the practice of natural family planning.

According to Isiugo-Abanihe (2003), on fertility preference "relative to women Nigerian men have and desire more children and are less likely to approve of family limitation. This is a function of the socio-cultural norms that associate masculinity and social status with a large family size. The large family size ideal also encourages polygamy and early marriage, and leaves behind large progeny who could serve various cultural, religious and social functions and provide the necessary links with past generations. Thus, men as heads of households (85% of Nigerian households are headed by men), are not only more pronatalist than their wives but encourage their own children to have their own children to have a large family size as well.

Gender ideology influences relationships between marriage partners or spousal relations, such as whether or not there is an egalitarian relation, spousal discussion, joint decision making, fertility desires or family size preferences and timing of next child, most of which are novel lifestyles among a small but increasing number of Nigerian couples. In a clear and definitive manner, these factors are related to fertility and maternal and child health, which are the ultimate determinant of population replacement and societal perpetuity. The nature of spousal relationship also affects the pattern of sexual behavioural exhibited by a man as well as his reproductive health attitudes and behaviour including family planning orientation. Among the sexuality variable are sexual behaviour within and outside unions, coital frequency and timing and avoidance of critical time, safer sex, gender violence and sex coertion. A positive male role attitude affects these through the pathway of an egalitarian relation (Isiugo-Abanihe, 2003).

According to Suleiman (2000), the international movement in family planning was started by Margaret Sanger a nurse from America. She published an article on

contraception for which she was persecuted. She open the first family planning centre in Brooklyn in 1966 for which she spent sometimes in jail. Some of her counterparts are Dr. Alleta Jacob in Holland, Dr. Mary Stopes in England and later Mrs. Eliz Ottesen Jense of Sweden and lady Oharanthin Ram Ran in India. These women were motivated by the concern for the health and welfare of women and children and their campaign emphasized these concerns. In 1952, Mrs. Sanger and her counter parts or these other women in fertility regulation movements joined to form the international planned parenthood federation (IPPF) by the end of 1968 the IPPF had grown to include organization in 54 countries, 36 of which are the less developed countries including Nigeria.

In 1988, the federal republic of Nigeria announced a population policy, which aimed at achieving lower population growth through reduction of fertility rate, the policy rightly emphasized the importance of men in family life, hence one of its eight implementation strategies was devoted to men. In relation to men and their role in family life the document states that:

> *in our society, men are considered the head of the family and they take far-reaching decisions including the family size, subsistence and social relations… The average man bears greater paternalistic burden in caring for the family. Special information and enlightenment programmes are necessary to increase awareness of men as to the need of giving the appropriate size of family size they can foster within their resources (Federal Republic of Nigeria, (1988:19).*

Until recently, past demographic literature in Nigerian society were focused on women seeking to know their family size intentions, practice of family planning, among

other issues thereby giving a distorted picture of social reality of Nigerian cultures where men constitute the main decision makers in family matters (Isiugo-Abanihe, 2003).

Nigerian women are not mere passive observers in the home; they do exercise initiatives and contribute ideas in the running of the home; nevertheless, consultations with, and approval of their husbands are usually necessary before such ideas are actualized; in short, it is the husband who takes decisions, irrespective of culture or ethnic orientation and religion whether Christian, Muslim or traditional religion, the socialization process and role system generally confer on husbands the authority and role of making decisions on matters affecting marital and family life because of these, there is an increasing need for the provision of information, knowledge, population information, education and communication programmes especially designed for men so as to enhance change in attitudes.

From the 2008 NDHS conducted in Nigeria they also discovered that when it come to taking decision on the number of children to have among couples, 1.7% of the women interviewed decide in the decision taken while 47.3% of the men decide on the decision about the number of children to have. 47.3% was recorded for husband and wife equality in decision about number of children to have. These illustrations indicate that there is still need to encourage couples involvement and women's views need to be accorded with regard since they bear most of the negative consequences of reproductive health issues.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

Chapter three covers areas such as the location of study, sources of data to be used, sample size and sampling procedure, methods of data collection, method of data analysis and ends with ethical considerations.

3.2 Location of Study

Created in 1987, Kaduna State is regarded as the political nerves of Northern Nigeria because it was the seat of power during pre-colonial/post-colonial era. The state has an estimated population of 6.1 million (NPC, 2006) with annual increase rate of 3%. Its population comprises Hausa, Gbagyi, Adara, Ham, Atyap, Baijjuu and Agworok ethnic communities. The state has 23 local government areas with 255 political wards.

Kaduna State has unacceptable high mortality rates and disease burden profile in 2003, infant mortality rate (IMR) was 115 per 1000 live births, under-five mortality (U5MR) was 205 per 1000 live births, and the maternal mortality ration (MMR) was 10 deaths per 1000 live births. These may be due to poor accessibility to health facilities. These figures represents a worsening trend. (Olisemeka and Salim, 2011)

Apart from the 6 major ethnic groups found in the state, there are over twenty other ethnic minority groups, each with its language and arts and religion. Among the major ethnic groups are Kamuku, Gwari, Kadara in the west, Hausa and Kurama to the North and Northeast, “Nersit” is now used to describe the Jaba, Kaje, Kagoro, Kamanton, Kataf, Morwa and Chawai instead of the derogatory term “Southern Zaria people”. Also

the term Hausawa is used to describe the people of Igabi, Ikara, Giwa, Makarfi LGAs which includes a large proportion of rural dwellers that are strictly "Maguzawas". In the north, the Hausas and some immigrants from the southern states practice Islam and majority of the people in the southern LGAs profess Christianity.

The population of Kaduna State is about 6.1 million (NPC, 2006); although majority live and depend on the rural areas, about third of the state's population are located in two major urban centres of Kaduna and Zaria. However, except in the Northwestern quadrant, the rural population concentration is moderate, reaching a height of over 500 persons per sq km in Kaduna / Zaria and the neighbouring villages, 350 Jaba, Igabi and Giwa and 200 in Ikara LGAs.

The result of the Nigerian-national demographic health survey (NDHS) 2008 shows that urban residents and those living in South West Zone have the highest levels of education. Three-quarters of women in the North-West Zone of which Kaduna is a part have no formal education, overall, 54% of women aged 15-49 and 77% of Men aged 15-59 are literate. This is an increase from the 2003 Nigerian-national demographic health survey (NDHS) when 48% of Women and 73% of Men in the same age groups were literate.

The survey also placed the total fertility rate (TFR) of Nigerian women at 5.7. The average number of children per woman ranges from 4.7 in urban areas to 6.3 in rural areas. Fertility rate as at 2008 has not changed from the Nigerian-national demographic health survey (NDHS) 2003 results. Fertility was found to vary by zone, women in the southwest zone have an average of 4.5 children compared with 7.3 children per women in the northwest zone of which Kaduna is part of.

Fertility also varies with mother's education and economic status. Women who have more than secondary education have an average of 2.9 children, while women with no education have 7.3 children. Fertility increases as household wealth decreases. The poorest women have almost twice as many children as women who live in the wealthiest households (7.1 versus 4.0 children per woman).

Kaduna metropolis had a population of 1,570,331 in 2006 and 49% of them were of female (Federal Republic of Nigeria, 2009b). By 2015, the city is expected to have 2,057,078 people inhabitant. (Olisemeka and Salim 2011). This was a rapid growth in the population of the state. Women in Kaduna State has fertility rate of 6.3%, use of family planning is 8% (rather low).

The state has a literate level of women/men at 51/80 percent while those with no education is 41/17, which means that a larger number of women in the state falls within the range of uneducated compared to their male counterparts. (NDHS 2008 Northwestern Zone).

Most of the fertility and mortality assumptions made 10 years ago that informed some of the population projection may not necessarily be the case today (Laah, 2003). Some of the undesirable consequences of population growth in the state are increasing, such as gang-rape, drug abuse, armed robbery, overcrowding, sexual promiscuity, abortion, filth and general insecurity (Gyong, 2010). Kaduna town is said to be growing at about 10% per annum (NPC, 1998). Kaduna State is highly polygamous and is characterized by high level of fertility with very little knowledge and use of contraceptives (NDHS, 2008).

Kaduna State is one of the most cosmopolitan city in Nigeria after Lagos, it is also the gateway to other commercial cities in northern Nigeria with annual population increase of 10% per annum and the most hecterogenous in northern Nigeria (NPC, 1998/2009).

Kaduna State also houses most of the major industries in northern Nigeria and have the highest concentration of military establishments such as the Calapanzi Barracks, 44 reference hospital, one mechanized brigade, NDA and others (KD/ST.Min of planning statistics). Kaduna State also has the highest concentration of federal government establishment such as the national eye centre in Mando, the national ear and nose centre at Independence Way, the Neuropsychiatric Hospital in Barnawa, Kaduna Polytechnic, the national trypasonomiasis research centre, among many others (Kaduna State Ministry of Planning Statistical Year Book 2006). The state has a buoyant railway line and stations. It is the formal capital of northern Nigeria and the only state capital in northern Nigeria that has no chief or emir. The Kaduna metropolis has a youthful population structure, over 60% of the population are less than 40 years of age (The Zaria Geographer, Vol. 15, No. 1 2002).

The above analysis have contributed immensely to the population growth in the metropolis due to the influx of people especially the youthful population in search of economic opportunities, so for these reason such studies are necessary for population policies.

For Kaduna State, the 2008 NDHS indicated 51% of women aged between 15-49 as literate, while literate men are 80%, which means that there are more educated men than women. Poverty, early marriages and the tendency to favour boys over girls has

prevented many adolescent girls from attending secondary school and consequently, university or professional institution. Women also lack the ability to implement change through effective legislation, due to their poor representation in the National Assembly. (Fed Republic of Nigeria 2009e).

The use of family planning in Kaduna State among married women ages 15-49 was 8%, this is however low even though the use of family planning among married women in Kaduna State is higher than what is obtained from other northern states in Nigeria. The total fertility rate of women in Kaduna was 6.3 (NDHS 2008).

On maternal health care, only 22% of the total delivery taken were carried out by skilled providers while 62% of the total delivery were carried out by unskilled. That means majority of the deliveries of babies were handled by either traditional birth attendants, relatives, neighbours or self. These can however pose a lot of problem in population projection or other population policies since most of such births carried out by unskilled health workers go without record.

3.3 Sources of Data

The primary data was obtained from the use of questionnaire and focus group discussions on first hand basis to elicit information about the respondents' socio-economic background, marital status, their level of awareness of natural family planning methods and types used, their attitudes towards the practises of natural family planning, the extent of gender and spousal involvement and the challenges couples encountered in their use of natural family planning while secondary data was obtained from Federal Ministry of Health and Population Commission in Kaduna State.

3.4 Study Population and Sampling Techniques

The study population consisted of couples (husband and wives) ages 15 and above living together. A combination of multi-stage, simple random and purposive methods of sampling techniques was used in the study. Data was collected in Kaduna State, which form part of north-western Nigeria. The choice of Kaduna metropolis was based on the increasing population, as shown in Table 3.4.1, the poor rate of contraceptive use and high fertility rate.

Table 3.4.1: Kaduna Metropolis Population Projection (2011-2015)

	2006 Census		2011		2013		2015	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Total population	796,891	773,440	925,855	898,609	983,107	954,176	1,043,899	1,013,179
Women (15-49)		368,234		427,827		454,282		482,373
Youth (15-24)	144,910	159,797	168,361	185,658	178,772	197,138	189,827	209,329
Labour force (15-64)	398,452	402,935	462,935	467,655	491,561	496,579	521,958	527,280

Source: Federal Ministry of Health (2009a)

Table 5 provides a snapshot of the demographics as it relates to the female population.

It is on record that Kaduna State has an annual increase in population of 10% per annum (NPC 1998) and the metropolis has a youthful population structure, over 60% of the population are less than 40 years of age (NPC 2009). This is Probably due to the buoyant economic nature of the state. However, these trend have tendency for Population growth. Also, most of the available literature in Kaduna State are based on works done, and the discussions of general family planning methods with little or no reference to natural family planning methods. So the choice of Kaduna State is also to cover a knowledge gap through which other studies can proceed.

In each of the local government areas that makes up Kaduna metropolis comprising Kaduna North, Kaduna South and Chukun Local Government, one town each was systematically selected and 100 households selected from each of these towns by the use of probability sampling of multi-stage cluster techniques. Each of the local government formed a cluster, simple random sampling technique was used to select one town each from the three local governments, then one ward from each town was selected, after which 3 wards will be selected using simple random sampling techniques. From the three wards in each towns, household was selected by systematic sampling using four main streets and ward and every forth numbered house on either side of the street. For the house with one to three households, one household was selected at random, house with four to six households, two households was given questionnaire while house with seven or more households, three households were used. Within each household selected, each couples was required to fill questionnaire and where a man has more than one wife, all the wives were required to give information. A sample size of 100 was drawn from each ward bringing the total number of respondents to 300. purposive sampling technique was used for qualitative data.

3.5 Methods of Data Collection

Both quantitative and qualitative data collection instruments was used for the study so as to obtain rich information about the subject of study. Qualitative data was obtained through focus group discussions while quantitative data was obtained through survey by the administration of questionnaires.

3.5.1 Survey Instrument

The quantitative instrument used was structured questionnaire, which was administered in interview form, shared among couples in randomly selected households from the selected wards or settlements.

The structured questionnaire was presented in relative details to the variables related to the problems and objectives of the study. To allow for some kind of flexibility in the structured questionnaire, the use of close ended and open ended questions, were used. Close ended questions requires respondents to choose among two or more alternatives, thus enabling the researcher to make comparison about the uniformity of response or other divergent views of response. On the other hand, the open ended questions have no restrictions on the content and manner of respondents answers, it gives room for probing into the depth of the responses.

Also, open-ended questions enable the research to clarify any misunderstanding by probing to detect ambiguity and respondents' lack of knowledge. In addition, because open-ended questions encourage cooperation and can build rapport, it helped to estimate respondents' true intentions, beliefs and attitudes. On the whole, structured questionnaire elicits information about the respondents' socio-economic background, marital status, their level of awareness of natural family planning methods and types used, their attitudes towards the practises of natural family planning, the extent of gender and spousal involvement and the challenges couples encounter in their use of natural family planning methods.

3.5.2 Qualitative Data Collection Instrument

The qualitative data collection instrument used for this study was focus groups discussion guide. Six groups of focus group discussion was conducted among purposively selected married men and women using focus group discussion guide so as to get indepth information about the topic-knowledge, attitude and practice of natural family planning among couples and objectives of the study. The goals of focus group discussion was find out about the couples knowledge and awareness of natural family planning (NFP), their attitudes towards it and how they practiced natural family planning. Also, to get understanding as to gender and spousal communication regarding family planning issues, such as how family size is determined between and among the couples and who decides family planning methods to use, what they use family planning for, whether for spacing of children or limiting the numbers of children, and also to get indepth understanding of the various challenges these couples encounter in their use of natural family planning methods. Six (6) groups of focus group discussions comprising all females, all male groups was conducted in each of the wards selected for the study. The groups formed fairly homogenous with respect to sex, marital and fertility related issues and their understanding and use of family planning methods, so as to minimize inhibition in the flow of discussions.

Six number of homogenous focus group discussions were designed for married female and married male so as to know about gender views and differences on the topic of study. Each focus group discussion comprise six to ten discussants of married women aged from 15 years and above and six to ten participants of married men aged from 15 years and above, therefore for each local government there were 2 focus group discussion

in each wards selected from the 3 local governments that make up the Kaduna metropolis, making a total of 6 focus group discussions conducted for the study.

Participants were chosen based on a non-probability random sampling from various households to ensure a broad range of ideas within each groups.

Focus group discussion was led by trained indigenous moderators and note takers (male and female depending on the sex of the group), undergraduates of social science disciplines who are trained in focus group discussion methodology. The moderator provided general introduction to the study and the purpose of bringing the participants together with assurance of confidentiality and anonymity. Permission was taken from respondents to allow the use of a tape recorder.

Discussion outlines with lead questions were prepared by the researcher as a guide for the focus group facilitators, translated into Hausa for non English speaking groups or those who might feel more at ease with local language in discussing the area of interest. The focus group discussion guide for each group was organized on the same set of topics and in the same order to facilitate comparison. However, there were rooms for the participants to bring up and discuss any issues they choose in response to a particular question, the moderators have the instruction to maintain sufficient flexibility in introducing topics to achieve a free flow of the discussion. The discussions were tape recorded, and later transcribed and translated prior to analysis and checked by a second person.

3.6 Techniques of Data Analysis

3.6.1 Qualitative Data Analysis

The qualitative data analysis was carried out on the basis of grouping of participants view along major views and minor views including direct verbertim quotation from respondents base on the study objectives.

3.6.2 Quantitative Data Analysis

+The quantitative data analysis involved the use of data editing and coding while the edited data was analyzed using the Statistical Package for Social Science (SPSS). One type of analytical technique was used in the analysis of the quantitative data to achieve the stated objectives of the study, namely univariate analysis.

The univariate analysis involved the use of descriptive statistics to examine the background characteristics of the respondents, the distribution of their current perception towards reproductive matters, such as their level of awareness, uses and types of natural family planning methods known, their attitudes towards the practice of natural family planning, and also the distribution of gender and spousal involvement and the challenges couples encounter in their use of natural family planning methods. These was described with frequency distribution tables and percentages.

3.7 Ethical Considerations

Ethics are a set of widely accepted moral principles that offers rules for, and behavioural expectations of, the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students. Ethical

issues considered in this study include the rights of the respondents, the rights of the institution and scientific honesty on the part of the researcher.

The respondents either decided for themselves or were decided for by their husbands whether or not to take part in the study after information was provided about the purpose of the study. The participants were assured that all information would be treated anonymously and confidentially. A research report would be published comprising the participants' combined responses to specific items in the questionnaires. No person would be identified in the report. Participants who wish to obtain a copy of the research report may inform the researcher who will provide one.

Permission to conduct the study was obtained from the various community heads. The survey required married couples to complete questionnaires, oblige interviews, and participate in focus group discussions. No harm or discomfort was inflicted on any respondent or any non-respondent. The decision to participate or not rested solely with each couple. The researcher's telephone numbers was provided in case any respondent wished to discuss anything with the researcher during or after completing the questionnaire.

The researcher generated knowledge through honest conduct, reporting and publication of research results. The researcher was aware that scientific misconduct has to be identified and reported in order to maintain the quality of the research results and report.

3.8 Limitations

Kaduna metropolis is included in three separate local government areas (LGAs), Kaduna north, Kaduna south and Chukun local government. One of the study limitation

was that data on specific LGAs is not easily available. Data from sources such as Nigerian demographic health survey (NDHS) and UNDP typically refer only to the state and national levels rather than the city itself. There were also limitations in getting population data broken down by age groups within the LGAs. As a result, the study relied on the population breakdown at the state level.

CHAPTER FOUR

FINDINGS ON NATURAL FAMILY PLANNING AMONG COUPLES

4.1 Introduction

The chapter is a presentation of data obtained from the fieldwork. It comprises six sections; namely the Socio-Demographic attributes of respondents, the level of couples awareness of natural family planning methods, the various types of natural family planning method used by couples in Kaduna metropolis, attitude toward the practice of natural family planning, extent of gender and spousal involvement in the practice of natural family planning and the challenges couples encounter in their practice of natural family planning and discussion of findings. Three hundred questionnaires were distributed out of which two hundred and seventy eight was retrieved. Six focus group discussions (FGD) were conducted. Analysis and interpretation is based on six (FGDs) and two hundred and seventy eight questionnaires.

4.2 Socio-Demographic Attribute of Respondents

This section examines the Socio-Demographic attributes of respondents such as their sex, age, marital status, and marital type, place of residence, religion, ethnic group, educational level and type of occupation. These attributes are necessary as it is useful to see what influences they have on their knowledge, attitude and practice of natural family planning.

Table 4.2.1: Percentage Distribution of Respondents Socio-Demographic Attributes

Variable	Frequency	Percentage (%)
Sex		
Male	135	48.6
Female	143	51.4
Total	**278**	**100.0**
Marital status		
Married	259	93.3
Single	3	1.1
Divorced	8	2.9
Widowed	5	1.8
No response	3	1.1
Total	**278**	**100.0**
Marital type		
Monogamous	172	61.9
Polygamous	84	30.2
No response	22	7.9
Total	**278**	**100.0**
Place of residence		
Barnawa	97	34.9
Kawo	86	30.9
Tudun wada	95	34.2
Total	**278**	**100.0**
Number of children		
1 – 2	75	27.0
3 – 4	122	43.9
5 – 6	46	16.5
7 or more	15	5.4
None	6	2.2
None response	14	5.0
Total	**278**	**100.0**

Table 4.2.1 shows a higher number of female 51.4% (143) respondents than male 48.6% (135). A larger number of the respondents are married 93.3% (259) which is expected since the study is on married couples. The Table indicates that majority of the respondents were in monogamous type of marriage 61.9% (172) while 30.2% (84) were in the polygamous type of marriage. Again this can be explained to be so since the study

area is a metropolitan one whereby some people may see having many wives as unconventional. Concerning places of residence, Barnawa and Tudun wada were highly represented compared to Kawo area. Concerning the number of children per couple, most of the respondents had between 3 – 4 children 43.9% while a few others had 7 or more children.

Table 4.2.2: Percentage Distribution of Husband and Wives Age

Age	Wives Frequency/Percentage	Husbands Frequency/Percentage
Below 20 years	6 (4.2)	1 (0.7)
20 -24 years	18 (12.6)	10 (7.4)
25 - 29 years	43 (30.1)	10 (7.4)
30 – 334 years	25 (17.5)	33 (24.4)
35 – 39 years	20 (14.0)	30 (22.2)
40 – 44 years	11 (7.7)	25 (18.5)
45 – 49 years	8 (5.6)	12 (8.9)
Above 49 years	9 (6.3)	11 (8.2)
No response	3 (2.1)	3 (2.2)
Total	**143(100%)**	**135(100%)**

Table 4.2.2 indicated that more women marry earlier than men as shown from the age of 46.9% (20 – 29) women are already married while at same age range only 15.6% of men are married. This is not surprising because culturally men are expected to work and be able to sustain a family before settling down to family life since culture places on the men to more responsibility of family. As such, men need to work and be able to marry and take care of their family. Generally, the Table show that most of the respondents are in their productive years.

Table 4.2.3: Percentage Distribution of Husband and Wives Religion

Variables (Religion)	Wives Frequency Percentage	Husbands Frequency Percentage
Christianity	66 (46.2)	61 (45.2)
Islam	73 (51.1)	68 (50.4)
Traditional	-	2 (1.5)
Others	-	2 (1.5)
No response	4 (2.8)	2 (1.5)
Total	**143(100%)**	**135(100%)**

Table 4.2.3 indicated a higher representation of Muslims than Christians as shown by 51.1% (73) of wives and 50.4% (68) of men compared to 46.2% (66) and 45.2% (61) respectively, this could be because two of the study areas Kawo and Tudun Wada are mostly dominated by Muslims.

Table 4.2.4: Educational Level of Husbands and Wives

Variables Educational level	Wives Frequency Percentage	Husbands Frequency Percentage
None	10 (7.0)	8 (5.9)
Informal Education	9 (6.3)	8 (5.9)
Primary	12 (8.4)	6 (4.4)
Secondary	26 (18.2)	22 (62.9)
NCE/OND	52 (36.4)	38 (28.2)
University	25 (17.5)	44 (32.6)
Others	6 (4.2)	4 (2.9)
No response	3 (2.1)	5 (3.7)
Total	**143(100%)**	**135 (100%)**

Table 4.2.4 indicates that more men actually attain the highest level of education than women, since 32.6% (44) of the men had up to university education compared to the women 17.5% (25). The table also shows that most of the women have educational level of NCE/OND as their highest educational attainment.

Table 4.2.5: Occupation of Husband and Wives

Variables Types of occupation	Husbands Frequency Percentage	Wives Frequency Percentage
Public servant	52 (38.5)	79 (58.5)
Petty trading	27 (20.0)	27 (18.9)
Farming	8 (5.9)	2 (1.5)
Artisan	19 (14.1)	11 (7.7)
Student	4 (3.0)	7 (4.9)
Unemployed	7 (5.2)	10 (7.0)
No response	18 (13.3)	7 (4.9)
Total	**135(100%)**	**143(100%)**

Table 4.2.5 shows that those in the public service sector are higher, as represented by 38.5% (52) and 58.5% (79) than those engaged in farming as represented by 5.9% (8) and 1.5% (2) respectively. This is not surprising since the study location is a metropolis.

4.3 Level of Couples Awareness of Natural Family Planning Methods

This section examines what the respondents already knows about natural family planning such as finding out about their desired family size, whether they ever had of natural family planning their source of knowledge and the socio-cultural beliefs and values in their community that influences their knowledge about natural family planning.

Table 4.3.1: Desired Number of Children of Husband and Wives

Desired family size	Husbands Frequency Percentage	Wives Frequency Percentage
2 children	14 (10.4)	5 (3.5)
3 children	19 (14.1)	17 (11.9)
4 children	30 (22.2)	62 (43.4)
5 children	25 (18.5)	27 (18.9)
6 children	45 (33.3)	30 (21.0)
No response	2 (1.5)	2 (1.4)
Total	**135(100%)**	**143(100%)**

Table 4.3.1 reveals that most men, that is 33.3% (45) preferred to have 6 or more children while most women represented by 43.4% (62) preferred to have 4 children which means the men are more desirous of many children than the women. In support of the men preference for a larger number of children, a 53 year old Hausa man, father of 14 children has this to say during an fgd conducted in Tudun wada:

> *Our culture as Hausa classify you as wealthy when you have many wives and plenty children, so our people try to have many children as possible so as to be classified as wealthy.* (a 53 year old Hausa man)

In response to being asked if respondents have heard about natural family planning, it shows that 88.1% (245) have heard about natural family planning while 8.6% (24) have not. This show most respondents have heard about natural family planning. The focus group discussion conducted in most of the locations supports the survey findings as majority of participants are already aware of natural family planning.

Table 4.3.2: Sources of Information of Natural Family Planning

Variables Sources of Information	Frequency (N=278)	Percentage
Television/Radio	47	16.9
Friends, relations	72	25.9
Hospital	91	32.7
Journals	20	7.2
Others	13	4.7
All of the above	1	0.4
No response	9	3.2
Not applicable	25	9.0
Total	**278**	**100.0**

From the Table 4.3.2, two major sources of information on natural family planning were identified namely hospital, friends/relations, television/radio as represented by 32.7% (91), 25.9% (72) and 16.9% (41) respectively. Hospital serves as the major source of information on natural family planning. This view was also presented in FGD with women at Tudun wada as a 43 year old nurse who work in the family unit of a hospital revealed that,

> *Natural family planning methods are found to be effective for some women and we usually recommend it for women with health problems such as hypertensive and diabetic patients due to side effects those women encounter in their use of family planning drugs. So such women are counseled along the practice of natural family planning as alternative measures for birth control.* (a 43 year old woman)

Regarding the socio-cultural belief /values that informed their knowledge about natural family planning most of the respondents were influence by religious prohibition of family planning, government and health care messages on the disadvantages of having too many children, the need for couples to have only the number of children they can

cater for and the cultural beliefs of harmful effects of contraceptive drugs. As represented by 16.2% (45), 14.0% (39), 9.4% (26) and 7.9% (22) respectively. However, most respondents identified religious prohibition of modern family planning as a major factor that informed their knowledge about natural family planning such as the calendar method. This view was supported by a discussant, a nurse in the focus group discussion held with women at Tudun wada. According to her,

> *I am a catholic and natural family planning method is the only method of family planning approved by the church by using Billing method*. (a female nurse).

4.4 Types of Natural Family Planning Used by Couples

This section examine, the various types of natural family planning used by couples, starting out with finding out whether or not the couples uses natural family planning methods, if they practice it correctly and if not what other alternative family planning methods they use and the socio-cultural beliefs that informed their choice of family planning methods.

Table 4.4.1: The Percentage Distribution on the Types of Natural Family Planning Methods used by Couples

Types of natural family planning methods used	Frequency	Percentage (%)
Calendar/billing method and breastfeeding	66	23.8
Withdrawal, calendar, mucus	2	0.7
Withdrawal and calendar	1	0.4
Abstinence	35	12.6
Withdrawal	21	7.6
No response	57	20.5
Not applicable	96	34.5
Total	**278**	**100.0**

Table 4.4.1 indicated that the majority of the respondents besides having heard of natural family planning also have knowledge of one form of natural family planning method or the other as shown in the table. Most of them 23.8% (66) indicated the calendar/billing and breast feeding method as the main type of natural family planning used followed by abstinence while the least use method is withdrawal as indicated by 0.4% (1). Also, about 62.6% (174) of the total respondents indicated having ever used natural family planning methods for child spacing or limiting the number of children while 34.5% (96) have not. About 57.9% (161) of the respondents are currently using one form of natural family planning methods or the other while about 39.6% (110) are not.

In respect to the other type of family planning options used by couples outside natural family planning respondent identified condom, injections, IUD and pills. However, majority used condom as represented by 3.6% (10) about 8.6% (24) indicated none usage of any method of family planning. This shows an indication that couples may +claim to have knowledge about one form of family planning or the other but many of them may not actually practice them.

Also, the results from most of the focus groups conducted show that majority of the respondents knows about natural family planning methods as they are able to mention some of them although many do not use them for various reasons such as religious, cultural prohibition, disagreements between couples and the fear of failure of methods. According to a 43 year old seamstress, a Yoruba woman, school certificate holder from Kawo, when asked about natural family planning methods,

Natural family planning is family planning that you do without the use of modern medicine, for example breastfeeding, women who are breastfeeding cannot get pregnant. Withdrawal and abstinence is also another form of natural family planning. I like all of these methods but they do fail sometimes.

Similarly a 26 year old married woman primary school teacher mother of one responded on being ask about natural family planning methods,

In my view, natural family planning is the use of natural methods to space or limit the number of children in a home without the use of drugs or injections. Examples of natural family planning methods are; withdrawal, abstinence. For now, we do not need any of the method I would like to have as many children as possible because God say so and our people too love many children if not a woman has no much regard in her home. (26 year old married woman).

On the socio-cultural belief that informed the respondent choice of natural family planning methods majority of them about 23.7% (66) indicated economic reasons followed by the cultural beliefs on the harmful effect of contraceptive drugs as indicated by 13.7% (38) and government/healthcare teachings on the benefits of family planning as shown by 12.6% (35) while 2.9% (8) of the respondent indicated practicing natural family planning on medical advice.

These views are also captured in the focused group discussion conducted with some group of women in Dantsoho hospital Tudun wada. According to a 38 year old nurse when asked of choice natural family planning,

Unlike before more women are now coming to embrace the practice of natural family planning for child spacing and limiting the number of children. These women prefer natural family planning due to some of the cultural belief they have about modern methods of family planning, for example; according to this nurse, the Hausa women believe that the use of copper T, a wire used as a form of contraceptive can get transported into the brain of users and cause brain damage, condom in also believed to cause blockage of the cervix when used by these woman and also that the contraceptive injectibles and pills can cause infertility leading to inability to have children when the need arise. (from a 38 years old female nurse).

4.5 Attitude Towards the Practice of Natural Family Planning

This section assesses the attitudes towards the practice of natural family planning; the issues examined are the respondent approval or disapproval of natural family planning practices, the reasons for their stand, and their opinions on what other people around them think of natural family planning practices. Also, the socio-cultural belief and values in their community that influences their attitudes towards the practice of natural family planning were examined.

Table 4.5.1: The Percentage Distribution of Couples Attitude towards the Practice of Natural Family Planning

Approval of natural family planning methods.	Frequency	Percentage (%)
Yes	209	75.2
No	65	23.4
No response	4	1.4
Total	**278**	**100.0**

Majority of the respondents 75.2% approve and like the practice of natural family planning while about 23.4% indicated their disapproval and dislike of natural family planning methods. This view is in agreement with the responses from some of the focus group discussion conducted in Kawo area. A motor mechanic from Kawo also voiced his opinion on the approval of natural family planning practice during the focus group discussion, according to him,

> *I support the idea to give space between children and to have few number of children due to too much poverty. If you born too much children and you no fit take care of them, feed them well, send them to good school, buy good things for them, e no good at all, even God no like am like that.* (a male mechanic from kawo).

In another focus group discussion, a 47 year old business woman from Taraba when asked about natural family planning , according to her,

> *Personally, I support the use of natural family planning methods because most women I know have problems in their use of contraceptive drugs, injections and in plants. You hear of complains such as bleeding, infertility, obesity, high blood pressure, all because of these drugs, also natural family planning is cheaper to practice.* (from a 47 year old business woman from Taraba).

Among those that are not in support of natural family planning practice, some of the participants viewed their opinion as follows; according to a 59 year old man, Christian man with 10 children from the Kawo focus group discussion:

> *I no know about natural family planning but I no support family planning. Even God no support am. God himself want us to have plenty children as he state for Bible. Our people like plenty children so that when old age come, they go take care of you and carry the family name on and help with farm work.* (from a 59 year old Christian man).

Another elderly man trader from Kaduna State during the focus group discussion in Kawo made the following comments showing his disapproval of natural family planning practice, according to him,

> *My wife and I, we've heard about natural family planning but we no like am, e be true say country hard but wetin concern anybody. After all na my pocket go hear am. Na only God fit decide for us when to stop bearing children.* (a male Muslim trader from kawo).

Table 4.5.2: Percentage Distribution of reasons Couples Approve of Natural Family Planning Practices

Reasons	Frequency	Percentage (%)
It is safe, reliable, effective, cheap, natural, easy, good with no side effect.	162	58.3
Prevent unwanted pregnancy.	6	2.2
Helps in planning for the number of children or can cater for.	24	8.6
Good for spacing between children for a healthier mother and child.	14	5.0
No response	9	3.2
Not applicable	63	22.7
Total	**278**	**100.0**

Table 4.5.2 indicated that majority of the respondents approved the practices of natural family planning methods because they find it safe, reliable, effective, cheaper, natural, easy, good with no side effect, as indicated by 58.3% while a few 2.2% approved the methods because it prevents unwanted pregnancy. Also, a 47 year old business woman from the Barnawa focus group discussion related her own challenges in natural family planning practice as follows:

> *My husband do not approve of natural family planning or even the modern methods due to side effects, so when we had the number of children we wanted we were not using any family planning method so each time I become pregnant, my husband take me to have abortions, I did not like this but I endured this to save my marriage. Although my conscience disturbs me because as a Christian I know that abortion is against Gods will but now I am a widow and I have decided to live my life for Jesus. I no longer need family planning.* (from a 47 year old business woman, Barnawa).

According to a hair dresser mother of three 38 years old OND holder, when asked whether she approve or disapprove on natural family planning

> *I like natural family planning methods because they are cheaper and does not require going to the hospital and there is no side effects, my religion and culture support it.* (from a 38 year old woman).

Among respondents that do not approve of natural family planning, most of the respondents 5.8% gave reasons such as the fear of failure of natural family planning methods, resulting to unwanted pregnancy, 4.0% indicated that natural family planning method is not ideal for them, 2.9% says it is religiously not acceptable while 0.4% indicated the use of modern contraceptive on medical ground and 1.1% says natural family planning methods is not easy to practice.

Also most of the respondents about 80.2% discussed natural family planning practices with peers and relations while 18.0% do not. In addition, among those that discussed with peer/relation, most of the respondents 59.7% indicated that they were supportive due to economic and health reasons While 6.8% indicated that they were not supportive during discussion of natural family planning practices due to cultural and religion inhibition.

Table 4.5.3: Percentage Distribution of the Socio-Cultural Beliefs and Values and Influencing Attitude towards the Practice of Natural Family Planning

Socio – cultural Beliefs	Frequency	Percentage (%)
Religious and cultural teachings on why it is not good to have too many children.	40	14.4
Religious and cultural prohibition of natural family planning practice.	32	11.5
Practices on natural family planning practice due to harmful effects of contraceptive drugs.	28	10.1
No response.	177	63.7
Not applicable.	1	0.4
Total	**278**	**100.0**

Table 4.5.3 indicated that majority of the respondent 63.7% did not respond to the question which in turn may pose a problem at making generalization about the true picture of influences of beliefs and values on natural family planning practice among the couples. Although 14.4% of the respondents indicated religious and cultural teachings on why it's not good to have many children, followed by 11.5% indicating religious and cultural prohibition of natural family planning practice and 10.1% practicing natural family planning due to cultural beliefs on the harmful effect of contraceptive drugs. From the focus group discussion a participant view supported the survey findings as follows; although my culture and religion encourage people to have the number of children people can cater for. Most discussant views however, differs slightly from the above view, most of the discussants from the focus group discussions conducted in Barnawa, Kawo and Tudun wada expresses, their awareness approval and encourages the practices of natural family planning but mainly in theory rather than in practice since most of them cited cultural beliefs and religious prohibition of natural family planning practice as a hindrance to their practices of natural family planning. For instance, when asked about

the socio-cultural beliefs and values influencing the attitude of one woman towards natural family planning practice in Barnawa focus group discussion she has this to say, according to her,

> *I know of natural family planning methods like the safe periods, abstinence from conjugal meeting when pregnancy is likely to occur. Breastfeeding mothers hardly gets pregnant but these methods may work for other women but not for me because my husband will not like to hear of safe and unsafe period I am a Muslim and my religion forbids me to say no whenever my husband needs me for conjugal reasons. Although it is true that larger families may not go well with the present economic situation but the number of children to have should be left in God's hand not for us to decide.* (from a woman in Barnawa)

Similarly, a Hausa man gives his own views during the focus group discussion in Tudun wada.

> *As a Muslim we are expected to marry as many wives as four and have many children, culturally, I as the husband is the major decision maker in the house. My wives are to obey my views on such matters. My religion and culture does not permit any form of family planning whether natural or any other type.* (Muslim Hausa man).

Also, a 53 year old Hausa man, father of 14 says during the focus group discussion in Tudun wada,

> *Yes I have heard about natural family planning but in my opinion I do not think it is right to practice any of it because in Islam and in my culture as Hausa the wealth of a man is measured by how many wives and children you have so our people try to have many children so as to be classified as wealthy.* (from a 53 year old Muslim man)

Similarly, a lecturer from Kaduna polytechnic who took part in the Barnawa focus group discussion voiced out his opinion as follows: -

> *Economically, it is no longer encouraged to raise large families but this is easier said than done. I am an indigene of Kaduna state and our people are predominantly farmers and highly polygamous. If you go to the rural areas you will see what I meant, even now that we are faced with so much economic hardship couples are not really practicing any form of family planning.* (male lecturer from KADPOLY).

4.6 Extent of Gender and Spousal Involvement in the Practise of Natural Family Planning

This section is to examine the extent of gender and spousal involvement in the practice of natural family planning by finding out if couples discuss family planning and other reproductive health issues with one another, who among the couples makes major decisions on key issues such as family planning methods to be practiced, child spacing, desired family size, opinion on who among the couples is more involve in natural family planning practices and the socio-cultural beliefs and values that influences gender/spousal involvement in natural family planning practices.

With regards to whether couples discuss natural family planning issues with each other, most of the respondents 86.2% discusses family planning issues with their spouse, while 5.8% do not 4.7% of them are not sure whether they discussed family planning with their spouse or not. The opinion of a participant in the focus group discussion conducted in Barnawa support this view and according to a Yoruba man,

> *My wife and I take joint decision on how to space our children, the number of children to have and the method of family planning to use although our relations want us to have many children but I make the major decision on such matters and we leave the number of children for God to decide.* (from a Yoruba man)

Table 4.6.1: Spousal Involvement in Family Planning Method.

Spousal Involvement	The spouse that decides on family planning methods f(p)	The major decision maker on child spacing f(p)	The major decision maker on desired family size f(p)	The most involved spouse in the practice of Natural Family Planning f(p)
Husband	76 (27.3)	127 (45.7)	178 (64.0)	29 (10.4)
Wife	50 (18.0)	37 (13.3)	33 (11.9)	188 (67.7)
Both	129 (46.4)	99 (35.6)	49 (17.6)	20 (7.2)
No response	23 (8.3)	15 (5.4)	18 (6.5)	41 (14.7)
Total	**278(100%)**	**278(100%)**	**278(100%)**	**278(100%)**

Table 4.6.1 reveals that both husbands and wives are the major decision makers when it comes to deciding on the family planning methods to practice as indicated by 46.4%. On making decisions about child spacing, the men makes the major decision as reflected by 45.7%, compared to the wives making major decision on child spacing in few cases as shown by 13.3%.

Similarly, husbands are also the major decision makers in deciding family size as indicated by 64% while in few cases, the wives decides on family size as shown by 11.9%. From the above information, it can be inferred that men or husbands dominates as the major decision makers when it comes to choice of family planning methods, child spacing and the deciding of family size to have. It is only in the practice of natural family planning that women tends to be the major participants as indicated by 67.7% while only a few men engage in natural family planning as shown by 10.4%. Most of the focus group discussions supports this view of husbands being major decision makers in reproductive health issues, for example, a female respondent during the focus group discussion in Barnawa voiced her opinion as follows: -

> *My husband decides the spacing of our children, the number of children to have and time and duration of conjugal meeting as our culture demands.* (from a female discussant).

Another discussant from Tudun wada, a 50 years old man says,

> *As the husband I tell my wives about the number of children we suppose to have and the gap to give between the children but in most cases we leave it for Allah to decide for us the number of children to have. Because it is unislamic to stop having children when it is not Allah's will for you to stop.* (from a 50 year old Muslim man).

On the socio-cultural beliefs and values that influences gender and spousal involvement in natural family planning practices, most of the respondents engage in the practice of natural family planning due to economic reasons followed by those who are none practicers because of the belief that children are gifts from God, others practice natural family planning due to the cultural beliefs about the harmful effects of drugs, some of the respondents do not practice in obedience to their husbands instructions due to the belief that a man's decision in the family is final and wives must obey while a few indicated practice of natural family planning because it is easy, cheap, effective without side effects as indicated by 16.5%, 14.7%, 9.0% and 1.8% respectively.

Concerning cultural influences on gender/spousal relationship towards natural family planning practice, the response of one Hausa man who participated in Kawo focus group discussion reflects this; according to him,

> *Our culture in Hausa do not permit a woman to argue with her husband in reproductive health issues, like family planning and similar matters, the woman is expected to simply obey whatever the husband decides.* (from a Muslim Hausa man).

Another participant from the Kawo focus group discussion, a 43 year old woman says,

Although we take decision together on reproductive health issues but my husband's view dominates and the matter of how many children to have we leave for Allah to decide. (from a 43 year old woman)

Another woman from the Barnawa focus group discussion views her opinions on natural family planning practices as follows; according to her,

My husband is the head of the family, I have no right to say no anytime he needs me. Personally I think my husband's right because his claim is in order with our religious and cultural beliefs that wives should be submissive to their husbands. Also a woman is culturally encouraged to have as many children as possible because this will make her to last in her matrimonial home. (a woman from Barnawa).

Most of the focus group discussion results are similar to this view whereby couples claim to make joint decisions on reproductive health issues but the husbands view dominates and God or Allah is the major decision maker on the number of children to have.

4.7 Challenges Encountered in the Practice of Natural Family Planning Methods

This section identifies those challenges that couples encounter in their use of natural family planning methods and the socio-cultural beliefs and values that informs these challenges.

Table 4.7.1: Responses on Challenges Encountered in Natural Family Planning Practices

Variables/Response	Frequency	Percentage (%)
Ever encountered challenges in natural family planning practices.		
Yes	158	56.8
No	103	37.1
No response	17	6.1
Total	**278**	**100.0**

Most of the respondents encounter challenges in the choice and use of natural family planning methods as indicated by 56.8% (158) while others do not encounter any challenges as shown by 37.1% (103).

The major challenges couples encountered in the practice of natural family planning is that of disagreement between couples as indicated by 24.5%, followed by the fear of unwanted pregnancy as reflected by 19.8%, then disapproval from family members such as mother in-laws and others as shown by 5.8%.

Those who reported no challenges encountered gave reasons such as having a good understanding of the body mechanism that makes natural family planning work for them. As indicated by 7.6%

However, some of the focus group discussions also reflects some of these challenges that couples encounter in practices of natural family planning, for example, according to one NEPA staff a woman in the Barnawa focus group discussion;

> *Anytime my husband make advances at me and I try to tell him not in my safe period, he gets angry at me and ask me if I think he is my boyfriend, that it is only boyfriend that gets turn down but as a husband and head of the family I have no right to complain or say no whenever he needs my attention.* (from a power holding company of Nigeria female worker).

The response from some of the focus group discussion conducted in Barnawa captures this view also, according to a lecturer from Kaduna polytechnic Barnawa,

> *My wife and I approve of natural family planning practises, my religion supports it but we do not practise it because my wife does not know how to monitor her body signs. So we use other means.* (a male lecturer from KADPOLY).

Another woman from the Barnawa focus group discussion views her opinions on natural family planning practices as follows; according to her,

> *I learnt of natural family planning methods from friends and I try to use the safe period in child spacing but my husband's attitude is not encouraging. Anytime he makes advances at me and I try to tell him I am not in my safe period, he gets angry at me and ask me if I think he is my boyfriend, that it is only boyfriends that gets rejection.* (woman from Barnawa).

A 43 year old health worker mother of four children expresses her experience as follows,

> *I knew most of the natural family planning methods such as the Rhythm, abstinence, withdrawal and others but personally I do not practise it because my husband do not have the patience for me to practice them so I use alternative means such as the modern method although I believe the natural family planning is much cheaper with less side effects.* (a mother of four)

Concerning the socio-cultural beliefs and values that acts as challenges in choice and use of natural family planning methods, most of the respondents indicated that their culture and religion do not permit practice of natural family planning or any other form of family planning as reflected by 23.4%, followed by those who cited disagreement from family members and spouse as shown by 18.3% and failure of natural family planning methods due to inadequate understanding of how to use it as reflected by 17.3%.

4.8 Discussion of Key Findings

The first objectives of the study is to assess the level of couples awareness of natural family planning methods and this has to do with varying their opinions of key reproductive health issues such as family size, their knowledge about family planning,

the source of knowledge and the socio-cultural beliefs and values that influences their source of knowledge. Findings show that the knowledge about natural family planning methods is very high among the couples and this was made possible through sources of information such as hospital/health centre teachings about natural family planning methods followed by information's gotten from friend's / relations, mass media and journals. The socio-cultural beliefs and values influencing the respondent's knowledge about natural family planning are religious prohibition of natural family planning, government/health care messages and the cultural belief of the harmful effects of contraceptive drugs.

The study objectives started with an assessment of the level of couple's awareness of natural family planning methods regarding key reproductive health issues such as child spacing, desired number of children, family size, their knowledge about family planning methods, sources of such knowledge and the socio-cultural beliefs and values that influence the couple's sources of knowledge. Findings show that the knowledge about natural family planning methods is very high among the couples since 88% of the total respondents agreed to have heard about natural family planning, this result is similar to other studies such as Avong (1999) study relating to the reproductive health issues of Atyaps people in Kaduna State in which 98% of those interviewed knew one form of family planning or the other. The same goes for another study on the Kaduna State community health workers (CHEWS) by Onwuhafua et al, (2007). Virtually all the workers indicated having heard of family planning methods. Similarly, Dogo and Bala (1998), discovered that awareness of family planning methods was very high among the military personnel in Ribadu cantonment Kaduna State. Ijadunola (2010), in the study

carried out at Ile Ife, it was discovered that 99.8% of the respondents were aware of family planning methods. Also Orji et al (2007), discovered that 95.8% of respondents at the study in Ile Ife on spousal communication on family planning as a safe motherhood options in sub-saharan African communities were aware of family planning methods is wide spread is Nigeria with 72% of all woman and 90% men knowing at least all method or the other.

Regarding the couples sources of knowledge about natural family planning methods. It was discovered from the study that hospital teachings on natural family planning was the major source where the couples learn about natural family planning methods, closely followed by information gotten from friends and relations, television/radio and journals respectively. However, past studies shows that Radio use to be the highest source of information on family planning closely followed by friends and television Ijadunola et al, (2010). The shift to hospitals as the major source of information may be due to several efforts made by the Nigerian government through hospital/healthcare centres at reducing the rate of unwanted pregnancy in all states of the federation (Leo, 2011).

On the desired number of children per couple, it is was discovered that the husbands are more desirous of having many children than the wives and this implies that the women are likely to submit to their husbands wishes to have more children which by implication may cause increase in population, however, the study reveal that most of the men prefer to have 6 or more children, this is quite high just as discovered by several studies conducted in the past. For instance, the NDHS of (1999, 2003 and 2008) finding for women and men was shown to be 6 and 8 respectively.

The second objectives was to identify the various methods of natural family planning adopted by couples and these includes finding out about their use or non usage of natural family planning method and the alternatives to natural family planning usage where natural family planning is not used and the socio-cultural belief and values influencing their choice of natural family planning. The findings shows that about 57.9% of the respondents are currently using natural family planning methods while 39.6% are not.

Comparing this result with past studies such as NDHS (2008), which shows a contraceptive practice rate of 3% for the North West zone of which Kaduna is a part, there is some element of improvement at couples practices of family planning. (Federal Republic of Nigeria, 2009c). Breast feeding and calendar method are the commonest form of natural family planning Practice by couples, this is closely followed by abstinence.

The implication of this is that mothers needs to be motivated to practice this method of family planning, that's breast feeding otherwise known as lactation amenorrhea method for effective birth control. This is however an improvement when compared to the NDHS (2008), survey in which only 23.4% of married women knew of traditional methods and 25.3% of married men knew of lactation amenorrhea method of family planning.

On the socio-cultural beliefs and values that informed the respondents choice of natural family planning methods, it was discovered from the study that the major reason why couples choose the practice of natural family planning method was due to economic reasons followed by the cultural beliefs about the harmful effects of contraceptive drugs

and practises base on medical grounds. This shows how important the practise of natural family planning is and so should be encouraged among couples.

The third objective of the study was to assess attitudes of couples towards the practice of natural family planning whether they approve or disapprove of natural family planning practises, their assessment of other people's opinions and the socio-cultural beliefs and values in their community that influences their attitudes towards the practise of natural family planning. The study results show that most of the respondents approve the practice of natural family planning because they find it safer, cheaper, convenient and with less side effects but many would not practise it due to cultural/religious prohibition of family planning and the fear of unwanted pregnancies due to inadequate knowledge about natural family planning practices. The implication of this is that couples may approve the use of natural family planning methods but may be constraint from practicing it due to the above mentioned factors. These findings are similar to past studies in Zaria (Isuigo-Abanihe, 2003) which have equally identified, culture, religion and lack of understanding of use of family planning methods as hindrances towards the effective practises of family planning among couples. The fourth objectives has to do with examining the extent of gender and spousal involvement in the practice of natural family planning. Focusing mainly on how couples relates when it comes to the decision making on reproductive health issues such as discussions about natural family planning methods to use, child spacing, desired family size, partner that is more involve in natural family planning practise and the socio-cultural beliefs and values that influences gender/spousal involvement in natural family planning practises.

The findings show that husbands dominate as the major decision makers when it comes to the choice of family planning methods to be adopted by couples, child spacing and the family size to have. Women or the wives mainly are only prominent as users of the natural family planning methods compared to the men who practise natural family planning. Again, this results agrees with similar studies conducted in the past in related areas. For example, the NDHS (2008), survey shows that when it comes to couples making decisions of how many children to have, 1.7% women decide in some areas while 47.3% of men decide in other cases.

Similarly, Orji (2007), discovered that most women have difficulty in discussing family issues with their spouse for fear of not been seen as promiscuous at Ile-Ife. Generally, studies in Nigeria among the Hausa and Kanuri's community show that family planning decisions are dominated by men (Isuigo-Abanihe, 2003). Therefore, the factors influencing men's reproductive outcome and intentions are considered important for fertility transition in Nigeria.

The women most often do not see this dominance as a problem since the study shows that most of them agree with the arrangement in their consideration of the cultural and religious injunctions that wives most be submissive to husbands so women need to be reawakened to their right in decision making on reproductive health issues since they are mostly at the receiving end.

The last objective examines the challenges couples encounter in the use of natural family planning methods.

The finding show that most of the respondents do have challenges ranging from disagreements between couples, fear of unwanted pregnancy and disapproval from family members. This result is found to have similarity with past studies, for instance, carter and speizer (2005), discovered that some women became pregnant in El Savadore while they were trying to avoid pregnancy using the natural family planning methods, also, Isuigo-Abanihe (2003), in a reproductive health study carried out in Zaria discovered that most husbands will not take no as answer from their wives even when the calendar method show unsafe periods for conjugal meetings. However, all of these challenges can be minimized if the correct measures are adopted.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

Chapter five is a combination of the summary of findings, conclusion and recommendations based on the study objectives.

5.2 Summary of Major Findings

The purpose of this study is an assessment of knowledge, attitudes and practices of natural family planning among couples in Kaduna metropolis. The study objectives examined the level of couples awareness, the various methods of natural family planning couples used, their attitude towards natural family planning practices regarding if they approve or not of the natural family planning methods, the extent of gender and spousal involvement in the practice of natural family planning and the challenges couples encounter in their use of natural family planning methods. Some key reproductive health issues were identified and some variables measured such as natural family planning methods, sources of information, socio-cultural beliefs and values influencing the knowledge, attitude and practice of natural family planning among couples in Kaduna metropolis.

The major findings of the study are summarized as follows according to the study objectives. The study indicated that there is a very high level of awareness of natural family planning methods among the couples and two major sources of information about natural family planning methods were identified which are hospital, friends and relations.

Also, the study revealed that husbands have higher desire for larger family size and the women do not see this as a problem due to the influences of socio-cultural beliefs and values placed on reproductive health issues such as family planning.

Results from the study show that breast feeding otherwise known as lactation amenorrhea and calendar/billing methods are the commonest forms of natural family planning methods used by couples. Economic factors and the cultural belief about the harmful effect of contraceptive drugs were the main reasons given by respondents for the choice of natural planning methods.

Findings from the study indicated that majority of the respondents approved the practice of natural family planning and the major reason for the approval is because they find the natural family planning methods to be safe, reliable, effective, cheap, natural, easy, and good without any side effect. The study also show that the number of couples who approved of natural family planning usage outnumbered the couples who actually practice natural family planning methods, this means that couples may approve but may not practice natural family planning methods.

Furthermore, the study reveals that there are women who approves and wanted to practice natural family planning but cannot because of the uncooperating attitude of their husbands and relations. While some lack the basic understanding needed to practice natural family planning methods. And others could not due to cultural and religious prohibition.

Finding show that the husbands are the major decision makers regarding to issues such as desired number of children, child spacing, choice of family planning methods,

choice and timing of conjugal meeting. In addition most women were found to be in agreement with the above arrangement influenced by cultural and religious beliefs that men as heads of the family should be the major decision maker in reproductive health issues while the women are to be submissive even though the women are at the receiving end in case of any eventuality.

The findings indicate that most couples do encounter challenges in the use of natural family planning methods. The challenges ranges from disagreement between couples, fear of unwanted pregnancy, disapproval from family members followed by cultural and religion prohibition of natural family planning practice.

The liberal feminism perspective is the major expression of gender inequality which argues that women may claim equality with men on the basis of essential human capacity for reasoned moral agency, that gender inequality can be produced by transforming the division of labour through the re-patterning of key institution –law, work, family (Ritzer, 2008).

The liberal feminism perspective was used as a theoretical framework which provided the relevant perspective in the study. It provide evidences of how the socio-cultural values and beliefs have influence on the knowledge, attitude and practise of natural family planning in Kaduna metropolis. Data for the study were collected by the use of quantitative and qualitative methods through the administration of questionnaire and conducts of focus group discussions.

5.3 Conclusion

The high level of awareness of natural family planning methods do not give a corresponding encouragement to couples in practising natural family planning methods, the desired number of children is still high among couples and people still believe in having plenty of children for reasons of social security. Culture and religion plays major role in couples decision to practise natural family planning methods and this is reflected in the husbands dominating in most decision taking by couples in reproductive health issues such as natural family planning matters. Furthermore, women are found to be more involved in the practise of natural family planning than men.

5.4 Recommendations

Based on the findings of the study, the following recommendations are offered;

1. Since the study indicated hospital teachings with friends / relation as the major sources where couples learn about natural family planning methods, the Nigeria government should improve on the existing strategies in propagating the practise of natural family planning among couples. This can be done by the encouragement of male involvement alongside their wives, hospital/health centre should be organized such that both men and women can receive services on reproductive health issues for effective practises of natural family planning to be achieved.
2. There should be training and re-training programmes for hospital staff along male involvement and in other areas necessary.
3. Community programmes should be organized for friends/relations where forums of free discussions on natural family planning methods can be held for a better understanding for the use of natural family planning methods.

4. Educational forums should be set up for couples where they will receive useful teachings and messages that will make them shift focus away from looking forward to having many children as a social security.
5. In as much as people cannot be made to disregard the importance of culture and religion in reproductive health issues, community and religious leaders should be encouraged and involved by government to teach messages that will encourage people to have fewer number of children and where possible, relevant portions of the sacred books like the Bible and Quran should be emphasized during religious preaching so as to enlightened and change the resistant behaviours people had on reproductive health issues.
6. Breast feeding/calendar method was cited as two major type of natural family planning methods known and practice by women, this also can be improved upon for effectiveness, the Nigeria government should encourage the establishment of day care centres within public and private service areas so that women will have the convenience of going to breastfeed their babies at intervals during office hours.

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APPENDIX I
QUESTIONNAIRE

Dear Respondents

The researcher is a student from ABU Zaria carrying a study on the **Knowledge Attitude and Practice of Natural Family Planning Among Couples in Kaduna Metropolis** the study is required for academic purpose you are reassured of strict anonymity and confidentially about information given.

Guide line: [✓] tick as appropriate and write your response where necessary

Section A: Socio Demographic Information

1.	Sex	(a) Male	[ ]
		(b) Female	[ ]
2	Age (Wife)	(a) 15 – 19	[ ]
		(b) 20 – 24	[ ]
		(c) 25 – 29	[ ]
		(d) 30 – 34	[ ]
		(e) 35 – 39	[ ]
		(f) 40 – 44	[ ]
		(g) 45 – 49	[ ]
		(h) 50+	[ ]
3	Age (Husband)	(a) 15 – 19	[ ]
		(b) 20 – 24	[ ]
		(c) 25 – 29	[ ]
		(d) 30 – 34	[ ]
		(e) 35 – 39	[ ]
		(f) 40 – 44	[ ]
		(g) 45 – 49	[ ]
		(h) 50 +	[ ]
4.	Place of Residence	(a) Barnawa	[ ]
		(b) Kawo	[ ]
		(c) Tudun Wada	[ ]
5.	Marital Status	(a) Married	[ ]
		(b) Single	[ ]
		(c) Divorced	[ ]
		(d) Widow	[ ]

6. Marital Type
   (a) Monogamous [ ]
   (b) Polygamous [ ]

7. Religion (Wife)
   (a) Christianity [ ]
   (b) Islam [ ]
   (c) Traditional [ ]
   (d) Others (Specify)_____

8. Religion (Husband)
   (a) Christianity [ ]
   (b) Islam [ ]
   (c) Traditional [ ]
   (d) Others (Specify)_____

9. What is your ethnic group (wife)
   (a) Hausa./Fulani [ ]
   (b) Yoruba [ ]
   (c) Igbo [ ]
   (d) Northern Minorities (Specify)_____
   (e) Southern Minorities (Specify)_____

10. What is your ethnic group? (Husband)
   (a) Hausa/Fulani [ ]
   (b) Yoruba [ ]
   (c) Igbo [ ]
   (d) Northern Minorities (Specify)_____
   (e) Southern Minorities (Specify)_____

11. Level of Education (Wife)
   (a) None [ ]
   (b) Informal Education [ ]
   (c) Primary [ ]
   (d) Secondary [ ]
   (e) NCE/OND [ ]
   (f) University [ ]
   (g) Others (specify) _____

12. Level of Education (Husband)

(a) None [ ]
(b) Informal Education [ ]
(c) Primary [ ]
(d) Secondary [ ]
(e) NCE/OND [ ]
(f) University [ ]
(g) Others (specify) _____

13. Types of Occupation (Wife)

(a) Civil/Public Servant [ ]
(b) Petty Trading [ ]
(c) Farming [ ]
(d) Artisan (tailor, dress maker, handcrafts, etc)[ ]
(e) Student [ ]
(f) Unemployed [ ]

14. Types of Occupation (Husband)

(a) Civil/Public Servant [ ]
(b) Petty Trading [ ]
(c) Farming [ ]
(d) Artisan (tailor, dress maker, handcrafts, etc)[ ]
(e) Student [ ]
(f) Unemployed [ ]

15. How many children have you?

(a) 1 – 2 [ ]
(b) 3 – 4 [ ]
(c) 5 – 6 [ ]
(d) 7 or more [ ]
(e) None [ ]

Section B: Level of Couples Awareness of Natural Family Planning Methods.

16. What is the spacing between your children?

(a) 1 yr. [ ]
(b) 2 yrs [ ]
(c) 3 yrs [ ]
(d) 4 yrs [ ]

17. What is your desired family size (Wife)

(a) 2 [ ]
(b) 3 [ ]
(c) 4 [ ]
(d) 5 [ ]
(e) 6 or more [ ]

18. What is your desired family size (Husband)

(a) 2 [ ]
(b) 3 [ ]
(c) 4 [ ]
(d) 5 [ ]
(e) 6 or more [ ]

19. Have you ever had of natural family planning?

(a) Yes [ ]
(b) No [ ]

20. How do you first get to know about natural family planning?

(a)T.V, Radio [ ]
(b) Friends & Relation [ ]
(c) Hospitals [ ]
(d) Journals [ ]
(e) Others (specify)_____

21. What are the socio-cultural beliefs and values of your community that informed your knowledge about natural family planning?_____

Section C: The Various Types of Natural Family Planning Used by Couples

22. Do you use natural family planning methods for child spacing?

(a) Yes [ ]
(b) No [ ]

23. If yes to the above, mention the types of natural family planning methods you Use_____

24. Are you currently using natural family planning methods?

(a) Yes [ ]
(b) No [ ]

25. If no to the above, what other type of family planning methods do you use?_____

_____

26. What are the socio-cultural beliefs and values that informed your choice of family planning methods?_____

_____

Section D: Attitude towards the Practice of Natural Family Planning

27. Do you approve and like the use of natural family planning methods?

(a) Yes [ ]
(b) No [ ]

28. If yes to the above state your reasons_____

_____

29. If no, state your reason_____

_____

30. Do you discuss Natural family planning with peers or relations?

(a) Yes [ ]
(b) No [ ]

31. What are their views or how do they feel towards the practice of natural family planning methods? _____

_____

32. What are the socio-cultural beliefs and values in your community that inference, your attitudes towards the practice of natural family planning_____

_____

Section E: Extent of Gender and Spousal Involvement in the Practice of Natural Family Planning

33. Have either you or your partner ever use any natural methods to delay or prevent a pregnancy?

(a) Yes [ ]
(b) No [ ]

34. If ever used, what types of natural family planning methods?_____

_____

35. Do you discuss family planning and other reproductive health matters with your spouse?

(a) Yes [ ]
(b) No [ ]
(c) Not sure [ ]

36. Between you and your spouse who decide on the family planning options to be used whether natural family planning methods or others?_____

_____

37. Between you and your Spouse who is the major decision maker on how children are spaced in the family?_____

_____

38. On making decisions regarding desired family size between you and your spouse who makes the major decision?_____

_____

39. In your view who is more involved in the practice of natural family planning?

_____

_____

40. What are the socio-cultural beliefs and values influencing gender and spousal involvement in the practice of natural family planning in your community?

_____

_____

Section F: Challenges Couples Encounter in their Use of Natural Family Planning

41. Do you encounter challenges in your choice and use of Natural Family Planning?

(a) Yes [ ]
(b) No [ ]

42. If yes to the above, mention some of these challenges_____

_____

43. If no, state why you feel there are no challenges _____

_____

44. What are the challenges you encounter in your choice and the use of natural family planning due to socio-cultural beliefs and values in your community._____

_____

APPENDIX II
FOCUS GROUP DISCUSSION GUIDE

1. **Knowledge of Natural Family Planning:** What is your understanding of natural family planning?

   Probe for:

   - The cultural, social and economic factors that influences their knowledge or their ideas of natural family planning.
   - Traditional beliefs or values associated with their explanations.
   - The various influences on their awareness of natural family planning.

2. Mention the types of natural family planning methods commonly known in your community

   Probe for:

   - Their uses and how it is practiced.
   - Why they think these natural family planning methods are common

3. Attitudes towards the practice of natural family planning: What are your attitudes towards the practice of natural family planning?

   Probe for:

   - The nature of their attitude, whether supportive or non supportive of natural family planning.

   Probe for:

   - Their cultural beliefs associated with natural family planning
   - Their Religious beliefs associated with natural family planning
   - Their socio-economic beliefs attached to their responses.
   - The most appropriate alternative outside natural family planning especially for those with non supportive attitudes towards the practice of natural family planning.

4. Gender Involvement: What is the extent of your spouse involvement in your practice of natural family planning.

   Probe for:

   - Who makes major decisions concerning child spacing in the family.
   - Who makes major decisions on the number of children to have?
   - Who makes major decisions in deciding the timing and duration of sexual intercourse?
   - What are the socio-cultural beliefs and values that informs the extent of gender and spousal involvement in the practice of natural family planning in your community