Perception and Attitudes of Market Women towards Family Planning

Hassan O Abu, Kogi State University, Anyigba
Omeneke F Sunday, Kogi State University, Anyigba
Abike R John, Kogi State University, Anyigba

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Perception and Attitudes of Market Women towards Family Planning in an Emerging Urban Centre, Anyigba, Kogi State

Abu Onimisi Hassan, Sunday Omenek Faith and John Abike Rachael
Department of Geography and Environmental Studies,
Kogi State University, Anyigba.
(Email-abu.ho@ksu.edu.ng, Phone No: 08035838137)

Abstract
The study investigated the perception and attitudes of market women towards the practice of family planning in Anyigba. The study also examined whether the use of family planning among the market women differs according to their educational level. Three major markets were identified, these markets were classified as large size market, medium size market and small size market based on their physical area coverage and the volume of goods flowing through the market. About two hundred and four (204) structured questions were used to extract information from the market women. The objectives of the study are to assess the perception and attitudes of market women towards family planning in Anyigba, to find out the level of awareness of market women on family planning, to identify the contraceptive methods use by market women, to identify the factors mitigating against the practice of family planning among the market women in Anyigba. The study revealed that the level of education among the market women had significant relationship with the use of family planning methods. Low level of education among the market women and poor quality of family health services is responsible for low level of contraceptive usage among the market women in Anyigba. The study revealed that 82.4% of the market women are married, 10.9% are divorced and 6.7% are widowed. 44.6% did not receive formal education, 37.3% have primary education, 14.5% have secondary education and 3.6% have tertiary education. The study also revealed that only 39% practice either modern or natural methods of family planning while 61% do not use or practice family at all. 87% of the market women are aware of family planning, while 13% are not aware of family planning. 60% of the women are Muslim while 40% are Christian. Based on the findings of this study more awareness on family planning techniques should be created at the grass root level. Government should provide free family health related services at the grass root and Family planning should be integrated with other health services.

Keywords: family planning, perception, attitude, contraceptive, market women.

Introduction
One of the tasks of the family is procreation, which is a major characteristic of living things, but procreation without provision for the new born child will lead to starvation, poor growth, sickness, economic hardship and premature death. To prevent these problems, there is a need to plan for the family size through Family Planning Services. Family Planning involves having children with the use of birth control techniques. The techniques commonly used are sexuality education, prevention and management of sexually transmitted diseases, pre-conception counseling management and infertility management.

Demographers, Educational planners, Economists, Geographers and several international bodies like the World Bank, United Nations Development Programme (UNDP), United Nations International
Children Emergency Funds (UNICEF) and the World Population Bureau have made remarkable contributions towards population control, particularly, in the developing countries. The International Conference on Population and Development (ICPD) held in Cairo 1994 further stimulated governments and relevant bodies to begin the formulation of policies to stem down population growth to allow improvement in the lives of women and the general populace (Umoh, 2001).

In spite of the deliberate efforts by these bodies to educate the world on the consequences of a growing population, the growth rate in the world population has been unprecedented with the developing countries especially in Africa having a greater proportion of the world population. For instance, while the average birth per women in the year 2000 remained 1.5% for developed countries, 2.8% for Asian and Latin America, it was 5.3% in Africa. Of the six billion people in the world by 2000, 4.9 billion or 81.67% live in developing nations (Ashford, 2001). According to the World Population Reference Bureau in 2001 Nigeria presented a frightening picture of a population crisis with grave consequences on the socio-economic development of the country. For example, the Nigeria population has grown steadily from about 56 million in 1960 to 127 million in 2001 and is projected to rise to 204 million in the year 2025 World Population Reference Bureau (WPRB, 2001). This implies that world population, particularly, those of the developing world and specifically Nigeria, will continue to record high growth, hence family planning is necessary to check such high unprecedented population growth.

Women in the past used “Natural method” for family planning, this method emphasizes on observing the menstrual period and avoiding sexual intercourse until the menstrual cycle is over. The modern technology has brought other methods of family planning which the women are practicing. However, it is very difficult for the less educated women especially market women to practice the modern method of family planning because of the technicalities involved in their uses thereby creating attitudinal differences between the market women and their educated counterparts in other facet of life.

Like every developing nation, rural women and market women in Nigeria carry largely avoidable burden of poor health related to closely un-spaced pregnancies and childbirth. In spite of various arguments based on public health issues and human rights calling for a stronger focus on sexual and reproductive health education, the concept of comprehensive reproductive health is still insufficiently understood and utilized among the market women in Anyigba. There are several women who are not using contraceptives despite their desire to space or limit the number of childbirth (Okelade, 1999).

Many women believe in having large number of children who will help them sell in the market, on the street (hawking along the streets) or take care of domestic activities at home while they (mothers) sell in the market, this has created more Poverty and low standard of living and induces large family size because more children is believed to serve as a source of cheap labor and old age security United Nations Information and Children Education Fund (UNICEF, 2000). Ogunleye (1996) discovered that women in southeastern Nigeria that are in the informal sector of the economy and low educational attainment had high fertility rate. This was due to the ease with which they can bear and bring up children without fear of losing their jobs due to frequent maternal leave. Several women have lost their lives and that of their babies because of prolong stress on their womb beyond limit. In the same vain some have had their wombs removed surgically because of complications arising from childbirth or abortion (NDHS, 2008)

According to Nigeria Demographic Health Survey (NDHS, 2008), the fertility rate in Nigeria is quite high with a total fertility rate (TFR) of 5.7%, which means, an average Nigerian woman can bear as
much as approximately six (6) children throughout her reproductive years. Low level of awareness about family planning is a major factor in the high fertility rate pattern and population growth rate, about 14.62% of child bearing age are using all the methods of family planning while 9.7% are using only modern methods of contraceptive.

The contraceptive prevalence rate in many developing countries rose from 9% in 1960 to 60% in 1997 (Okelade, 1999). This has helped in reducing the total fertility rate of some developing countries from 6% in 1960 to 3.1% in 1997. The proportion of Nigerian women using modern contraceptive methods rose from 3% in 1990 to 8% in 2003. The low rate of contraceptive use in Nigeria gave rise to high fertility rates, particularly in the rural areas and the northern part of the country (Okelade, 1999). According to the Nigeria Demographic and Health Survey (2003), the country’s overall fertility rate was an average of 7 children per woman in the northeast and 6.7 children per woman in the northwest as compared to only 4.1 in the southwest. This survey has shown that there is still a high need for contraceptive use in Nigeria.

Okelade (1999) says “the low uses of contraceptive in Nigeria results in high fertility rates, particularly in the rural and Northern part of Nigeria”. He failed to tell us why this low usage of contraceptive. Is it due to illiteracy? Lack of awareness? Or is it due to the way those people perceived family planning?

The use of Contraceptive and choices vary widely in Nigeria according to the type of available health facilities, Geopolitical Zone, and Urban or Rural settings. Various factors, related to both supply and demand, account for these variations and contribute to the low levels of contraceptive use and choices in Nigeria (Feyisetan, and Ainsworth, 1996). On the supply side are issues such as limited availability, quality and the cost of family planning services. As a consequence of limited availability, many Nigerians particularly in rural areas lack access to modern contraceptive and family planning services. In areas where services do exist, their quality is often poor, with inadequate contraceptive supplies, insufficient numbers of trained service providers, poor interpersonal skills on the part of service providers and limited essential equipment (Feyisetan and Ainsworth, 1996). Studies carried out on factors associated with demand for contraceptives and family planning services in Nigeria, identified the relative powerlessness of women (especially in northern Nigeria), household poverty, low level of education (especially in northern Nigeria), myths and rumors about modern contraceptive methods, parity, pronatalist attitudes, and widespread preference for male children, as a key influences on contraceptive use (Feyisetan and Ainsworth, 1996). In addition to these factors, especially in northern Nigeria, early marriages and early initiation of sexual activity have contributed significantly to the high fertility and subsequent higher prevalent of maternal and fatal complications (Feyisetan and Ainsworth, 1996).

The contraceptive methods used in Nigeria are reported from various research works are:

i. Condoms (both male and female – diaphragm) are the most common (DHS, 2003; Etuk and Ekanem, 2003);
ii. Oral Conceptive Pill (DHS, 2003);
iii. Intra-uterine contraceptive Device (IUCD) (Clifford, 1999; NDHS, 2008)
iv. Injectibles (Balogun et al., 2013)

There has been a long standing debate on the effects that population growth can have on economic development and growth of countries. This debate is generally couched in the distinctions made by population optimist and by population pessimist. Population optimist believes that increase in
population increases the incentives for the invention of new technologies and the diffusion of existing ones (Arnold, 1987; Boniface, 2006 and Campbell, 2006). They also pointed out that larger population allows for economy of scale both in production and consumption (Kuznets, 1966; Simon, 1977). Population pessimists on the other hand believe that the burden placed on the resources of an economy by an increasing population is a hindrance to economic development. The original Malthusian perspective focuses on agricultural resources constraint, while later economic models were based on the capital-labor ratio. Increase in population means that there is less capital per person, thereby reducing the productivity of labor (Todaro, 2001).

Arguments on why human numbers on Earth should be given or restricted proliferation or ought to be checked against explosion are employed continuously in many circles of opinions. However, the recent increasing economic prosperity been registered in China, India and Brazil are good examples of the prospect of highly populated areas where there are effective management of human and natural resources. On the other hand, with the changing in global climate, the need for population control becomes imperative as it is mostly caused by human activities.

The objectives of this study are to assess the perception and attitudes of market women towards family planning in Anyigba, to describe the socio-economic characteristics of the market women, to find out the level of awareness and identify the type of contraceptive method use by market women, to identify the factors militating against the practice of family planning among the market women in Anyigba.

THE STUDY AREA.

Anyigba is a town in Okura district of Dekina Local Government Area of Kogi State. The town is located between latitude 7°15'N and 7°29'N; longitude 7°32'E and 7°45'E. The altitude of Anyigba is about 420 metres above the sea level (Ifatimehin and Ufuah, 2006). Relatively Anyigba shares boundaries in the north with Iyale ward, Abocho ward to the Northwest, Agbeji ward in the south, Egume-Ome to the East and Ofugolo to the West and Ojikpadala ward to the South. Anyigba is linked with several communities such as Ojuwo, Olofu, Abuja, University Village, Kaduna Effekpe, Ijebu-ode, Ajaokuta, Agwudoko, Ofejikpi, Ajetachi and Ogane-aji. Located within Guinea Savannah belt, the vegetation can best be described as tropical woodland savannah. Due to heavy rainfall experienced in this area, green shrubs and short grasses averaging about 1.6 to 2 metres in height dominate the area.

Tropical climate of alternate wet and dry conditions are experienced. The wet season spreads over a minimum of seven months and it extends from late April to October with dry season spanning from November to March. There is harmattan in December and January. Rainfall is highly seasonal and enjoys double maxima rainfall with July and September being the rainy months with a break (August break) the annual rainfall totals ranges between 1200mm – 1500mm. the relative humidity is about 70% on the average. Anyigba enjoys moderate temperature which is typical of the middle belt region of Nigeria. The monthly temperature is high and ranges between 21°C and 32°C. The highest temperature occurs just before the rainy season begins in April. Anyigba town has been recognized as one the fastest growing towns in Kogi-east because of its central location which has made it the economic nerve Centre of the Igala-Land. Anyigba with her myriad of social, economic, political and cultural activities serves as a nodal town linking the different parts (North, South, East and West) of the country as well as many towns and villages in Kogi State. The major activities of people in Anyigba are trading and Agricultural activities. Due to large markets in Anyigba people are pulled from within Kogi and the neighboring States to come and buy goods. The establishment of Kogi State University in Anyigba has encouraged immensely the growth and development of hotels, restaurants, commercial banking activities and housing sector. (Ocholi, 2007). The type of land-use
in Anyigba includes educational, commercial and residential agricultural as well as religious and recreational.

Anyigba is one of the fastest growing towns and the most populated in Dekina Local Government Area of Kogi State. According to Kogi state Ministry of Information, based on 2006 population census, Anyigba has a population of 81,323 However; the projected population for 2016 102,483 where 51,313 (50.07%) representing the Female population. The rapid population growth is due to natural increase and immigration, resulting from the establishment of Kogi State University with an estimated population of over 15,000 both staff and students (Ifatimehin et al, 2011). The Igala speaking people were the settlers in Anyigba. Today, the Igalas are the largest ethnic group, but the population of the town also includes Yoruba, Hausa, Ibo, Ebira, Tiv, Idoma, Nupe, Bassa-Nge, Bassa-Komo, and others (Ocholi, 2007)

![Map of Anyigba](image)

**Figure 1: Kogi State showing Anyigba the study Area**

Source: Department of Geography and Environmental Studies, KSU (2016)

**Methods and Materials**

Three major markets were identified, these markets were classified on their sizes and the volume of goods that flows through the markets. They were classified as large size market, medium size market and small size market. The large size market is the main and biggest market in Anyigba with all forms of agricultural and manufactured goods flowing through the market. The market attracts people from across four states. This market is located at Sabon-Garin area of Anyigba. The medium size market is relatively smaller than the first market in terms of population and goods that flow through the market. This market is located around Anyigba old motor-park. The third market is the smallest of the three markets in terms of population and goods sold and bought in the market. It is located around Igala Unity Square. The targeted market women are the women with stands and shops in the markets where they sell certain products or items, for the purpose of this investigation, women that only came to buy in the markets were not included.

About two hundred and four (204) structured questions were used to collect information from the market women. To determine the number of questionnaire to be distributed in the course of this study, the sample size was computed using Taro Yamani formula. This formula was chosen because the
population of individual market was not known rather it is the entire population of Anyigba that is available.

\[
n = \frac{N}{1+N(e)^2} \quad \text{Where; } n = \text{Sample size} \quad N = \text{Finite population}
\]

\[
e = \text{Level of significance} \quad l = \text{Unitary. To obtain the number of questionnaires to be administered,}
\]

the projected population of Anyigba for 2016 is 102,483 and the population of women is 50.07% of the total population which is 51,313. \( e = 0.07 \)

\[
\text{Therefore; } n = \frac{51,313}{1+51,313 \times 0.07 \times 0.07}
\]

\[
n = \frac{51,313}{251.4386} = 204.
\]

The copies of questionnaire were administered using random sampling techniques.

**Discussion of the Result**

Out of the 204 copies of the questionnaires distributed to the market women in the three sampled markets of Anyigba, 193 copies representing (94.6%) were returned while 11 copies representing (5.4%) were not returned.

From table 1 below, 19 respondents representing (9.8%) were between the age range of 18-25, 42 respondents representing (21.8%) were between the age range of 26-33, 98 respondents representing (50.8%) were between the age range of 34-41, 26 respondents representing (13.5%) were between the age range of 42-49 while 8 respondents representing (4.1%) were between the age range of 50 years and above. This study showed that the majority of the market women with 50.8% are between the age ranges of 34-41. The results is in agreement with the finding of Balogun et al(2013) in a study carried out among Ibadan Female traders, he found out that majority of the female traders were between 16-49 years of age. The age range is actually the productive age who are required or should practice family planning.

![Table 1: Age Characteristics of the Market Women](image)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Average no of children</th>
<th>No of women</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>3</td>
<td>19</td>
<td>9.8</td>
</tr>
<tr>
<td>26-33</td>
<td>4</td>
<td>42</td>
<td>21.8</td>
</tr>
<tr>
<td>34-41</td>
<td>5</td>
<td>98</td>
<td>50.8</td>
</tr>
<tr>
<td>42-49</td>
<td>6</td>
<td>26</td>
<td>13.5</td>
</tr>
<tr>
<td>50 and above</td>
<td>7</td>
<td>8</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>193</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Fieldwork, 2016

From table 2 below, 159 respondents representing (82.4%) were married, 21 respondents representing (10.9%) were divorced while 13 respondents representing (6.7%) were widow. None of the respondent is single. This showed that Majority of the market women are married which
represent 82.4% of the total number of respondents. This also confirmed the findings of Balogun et al (2013) that 76.4% were married.
Table 2: Marital Status of Respondents.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>No of women</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Married</td>
<td>159</td>
<td>82.4</td>
</tr>
<tr>
<td>Divorced</td>
<td>21</td>
<td>10.9</td>
</tr>
<tr>
<td>Widow</td>
<td>13</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Authors Field work 2016

From figure 4 below, 86 respondents representing (44.6%) are uneducated, 72 respondents representing (37.3%) have primary education, and 28 respondents representing (14.5%) have secondary education while only 7 respondents representing (3.6%) of the total number of respondents have tertiary education. It is clear from the result that the majority of the market women are uneducated. This is in agreement with the findings of Ogunleye (1996) who found out that women in southeastern Nigeria that are in the informal sector of the economy and low educational attainment had high fertility rate. This was due to the ease with which they can bear and bring up children without fear of losing their jobs due to frequent maternal leave.

![Figure 4: educational characteristics of the respondents](source: Fieldwork, 2016)

From table 4 below, 77 respondents representing (40%) were Christians while majority of the respondents 116 representing (60%) were Muslim. This result showed that Muslim women are the majority in the market (Anyigba Market).
Table 4: The Religion of the respondents

<table>
<thead>
<tr>
<th>Religion</th>
<th>No of women</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>77</td>
<td>40</td>
</tr>
<tr>
<td>Muslim</td>
<td>116</td>
<td>60</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork, 2016

From table 5, 168 respondents representing (87%) are fully aware of family planning while 25 respondents representing (13%) are not aware of family planning.

Table 5: respondents’ level of awareness of family planning.

<table>
<thead>
<tr>
<th>Responses</th>
<th>No of women</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware</td>
<td>168</td>
<td>87</td>
</tr>
<tr>
<td>Not aware</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork, 2016

From table 6 below, 76 respondents representing (39%) admitted to have use family planning while majority of the respondents, 117 respondents representing (61%) have not use any methods of family planning before and do not intend to use it in future.

Table 6: Responses on the Practice of Family Planning.

<table>
<thead>
<tr>
<th>Responses</th>
<th>No of women</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>76</td>
<td>39</td>
</tr>
<tr>
<td>Don't use</td>
<td>117</td>
<td>61</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork, 2016

In table 7 below, it is seen that out of the 76 respondents who admitted to have use family planning, 22 respondents representing (28.9%) use modern method of family planning while 54 respondents representing (71.1%) uses natural method of family planning. This showed that market women that practice family planning preferred natural methods to modern methods of family planning.

Table 7: methods of family planning used by respondents.

<table>
<thead>
<tr>
<th>Methods</th>
<th>No of women</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modern Method</td>
<td>22</td>
<td>28.9</td>
</tr>
<tr>
<td>Natural Method</td>
<td>54</td>
<td>71.1</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork, 2016

From table 8 below, out of 22 respondents that practice modern methods family planning, 1 respondents representing (4.5%) is of the opinion that modern method of family planning is safe, 19 respondents representing (43%) said that modern method of family planning is risky which confirmed the findings of (NDHS, 2008) that the reasons for discontinuation modern methods of family planning especially IUCD, are side effects (mainly heavy menstrual bleeding), spousal disapproval, fear of infertility, and menopause. Experiences of having a foreign body or a missing IUCD and expulsion were also reasons (NDHS, 2008). About 15 respondents representing (8%) said that modern method of family planning is cheap while 44 respondents representing (23%) believed that modern method of family planning is accessible. It is therefore clear that majority of the respondents thinks modern method of family planning is risky. On the other hand, out of 54 respondents that practice natural method of family planning 30 respondents representing (56.6%)
are of the opinion that natural method of family planning is safe, 15 respondents representing (27.8%) said that natural method of family planning is cheap, while 9 respondents representing (16.6%) thinks that natural method of family planning is accessible.

Table 8: respondents’ perception of modern and natural method of family planning.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Modern Method</th>
<th>Percentage (%)</th>
<th>Natural Method</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>1</td>
<td>4.5</td>
<td>30</td>
<td>55.6</td>
</tr>
<tr>
<td>Risky</td>
<td>19</td>
<td>86.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cheap</td>
<td>1</td>
<td>4.5</td>
<td>15</td>
<td>27.8</td>
</tr>
<tr>
<td>Accessible</td>
<td>1</td>
<td>4.5</td>
<td>9</td>
<td>16.6</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100</td>
<td>54</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork, 2016

From table 9 below, out 117 respondents that do not practice planning, 31 respondents representing (26.5%) are currently not using any family planning method because they want children, this confirmed the Studies carried out in the Nigerian cities of Lagos, Benin, Ibadan and Ilorin by Clifford (1999) concerning the uses of and reasons for discontinuation of the intrauterine contraceptive devices which indicated that the majority of women in these areas are within the age range of 31-57 years with a mean parity of 40 years. The most common reason for discontinuation of Intrauterine Contraceptive Device use is desire for pregnancy, especially among those younger than 35 years. 22 respondents representing (18.8%) are not using family planning because they are afraid of side effect, 47 respondents representing (40.2%) said they are currently not using any family planning method because their religion is not in support of such practice, 7 respondents representing (5.9%) are not using family planning because they do not know anything about family planning i.e. they are not aware of family planning, 5 respondents representing (4.3%) are not using any family planning method because they think there is no family planning services available while 5 respondents representing (4.3%) are currently not using any family planning method because it is expensive to practice.

This result showed that the main reason why the market women in Anyigba do not practice family planning is because of religion inclination with about 40.2% of the women hiding under the religion not to practice family planning. This finding confirms the study carried out by Okelade (1999) that the low rate of contraceptive use in Nigeria gave rise to high fertility rates, particularly in the rural areas of the northern part of the country because of their religious believe. According to the Nigeria Demographic and Health Survey (2003), the country’s overall fertility rate was discovered to be an average of 7 children per woman in the northeast and 6.7 children per woman in the northwest as compared to only 4.1 in the southwest this was also linked to religious factors. Since the majority in the northern part of the country practice Islam. The finding of Andy et al (2014) in a study out in Jos among the market women also confirmed this finding. He found out 75.5% of the respondents who uses family planning methods are Christian, while only 24.2% are muslim.

Table 9: respondents’ reasons for not practicing family planning

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Want children</td>
<td>31</td>
<td>26.5</td>
</tr>
<tr>
<td>Afraid of side effects</td>
<td>22</td>
<td>18.8</td>
</tr>
<tr>
<td>Religious reasons</td>
<td>47</td>
<td>40.2</td>
</tr>
<tr>
<td>Lack of awareness</td>
<td>7</td>
<td>5.9</td>
</tr>
<tr>
<td>No family planning services available</td>
<td>5</td>
<td>4.3</td>
</tr>
<tr>
<td>Cost</td>
<td>5</td>
<td>4.3</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>100</td>
</tr>
</tbody>
</table>
From table 10 below, 34 respondents representing (17.6%) are of the opinion that the benefit of family planning is that it improves the health of mother and child, 71 respondents representing (36.8%) said that the benefit of family planning is that it reduces population, 57 respondents representing (29.5%) said that it reduces poverty while 31 respondents representing (16.1%). This result clearly showed that family planning improves health of mother and child, reduces population, and also reduces poverty.

Table 10: respondents general view on the benefits of family planning.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve health of mother and child</td>
<td>34</td>
<td>17.6</td>
</tr>
<tr>
<td>Reduces population</td>
<td>71</td>
<td>36.8</td>
</tr>
<tr>
<td>Reduces poverty</td>
<td>57</td>
<td>29.5</td>
</tr>
<tr>
<td>All of the above</td>
<td>31</td>
<td>16.1</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

From table 11 below, 65 respondents representing (34%) said that government’s effort towards family planning in Anyigba is good while 128 respondents representing (66%) said family planning in Anyigba is not good. The result therefore showed that government need to do more about educating the market women on the good sides of family planning and why they should practice.

Table 11: perception of government’s efforts towards family planning in Anyigba.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>65</td>
<td>34</td>
</tr>
<tr>
<td>Not Good</td>
<td>128</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 12 shows that 147 respondents representing (76%) are in support that the use of family planning is directly proportional to level of education of women while 46 respondents representing (24%) said that the use of family planning among women is not proportional to their level of education. Since majority of the respondents are in support that the use of family planning is directly proportional to level of education of women, it can therefore be said that the use of family planning among women is proportional to their level of education. This confirmed the finding of Andy et al. (2014) where high literacy level was responsible for high contraceptive use. He acknowledged that educated women are 5.6 times more likely to practice contraception that their less educated counterparts.

Table 12: The relationship between the level of education and the practice of family planning.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>147</td>
<td>76</td>
</tr>
<tr>
<td>No</td>
<td>46</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

From table 13 below, 97 respondents representing (50%) intend to use family planning in future across the age range, 44 respondents representing (23%) across the age range do not intend to use family planning in future while 52 respondents representing (27%) across the age range are unsure about the future use of any family planning methods. This confirmed the finding of Okelade (1999) that there are several women who are not using contraceptives despite their desire to space or limit the number of childbirth.
From the table, it is clear that majority of the respondents intend to use family planning in future, which means with more awareness creation and proper education concerning the use of family planning, these women will begin to use family planning methods.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Intend to use</th>
<th>Do not intend</th>
<th>Unsure about use</th>
<th>Total no of women</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>10</td>
<td>5</td>
<td>4</td>
<td>19</td>
<td>9.8</td>
</tr>
<tr>
<td>26-33</td>
<td>31</td>
<td>6</td>
<td>5</td>
<td>42</td>
<td>21.8</td>
</tr>
<tr>
<td>34-41</td>
<td>35</td>
<td>30</td>
<td>33</td>
<td>98</td>
<td>50.8</td>
</tr>
<tr>
<td>42-49</td>
<td>18</td>
<td>1</td>
<td>7</td>
<td>26</td>
<td>13.5</td>
</tr>
<tr>
<td>&gt;50</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>4.1</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>44</td>
<td>52</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 13: Respondents’ opinion on the future use of family planning.

Source: Fieldwork, 2016

From table 14 below, 28 respondents representing (15%) said that the side effect of modern method of family planning is weakness, 62 respondents representing (32%) are of the opinion that the side effect of modern method of family planning is irregular menstruation, 35 respondents representing (18%) said it causes headache, 19 respondents representing (9.8%) said that the side effect of family planning is cramps and 37 respondents representing (19%) thinks it causes ill health while 12 respondents representing (6.2%) said that modern method of family planning have other side effects apart from the ones mentioned above.

<table>
<thead>
<tr>
<th>Side effects</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weakness</td>
<td>28</td>
<td>15</td>
</tr>
<tr>
<td>Irregular menstruation</td>
<td>62</td>
<td>32</td>
</tr>
<tr>
<td>Headache</td>
<td>35</td>
<td>18</td>
</tr>
<tr>
<td>Cramps</td>
<td>19</td>
<td>9.8</td>
</tr>
<tr>
<td>Ill health</td>
<td>37</td>
<td>19</td>
</tr>
<tr>
<td>Others</td>
<td>12</td>
<td>6.2</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 14: Perceived side effects of modern method of family planning.

Source: Fieldwork, 2016

Table 15 below shows the opinions of respondents on the ways family planning can be improved upon in Anyigba. 92 respondents representing (48%) said that family planning can be improve through awareness, 22 respondents representing (11%) said it can be done through the provision of more fund for family planning, 73 respondents representing (38%) said that there should be more governmental effort towards family planning while 6 respondents representing (3%) said that family planning can be improved through other ways apart from the ones listed above.

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Table 15: Ways by which family planning can be improved in Anyigba.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More awareness creation among women</td>
<td>92</td>
<td>48</td>
</tr>
<tr>
<td>More fund for family planning</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>More effort by the government</td>
<td>73</td>
<td>38</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork, 2016

Conclusion

82.4% of the market women are married, 10.9% are divorced, 6.7% are widows and none of the respondents is single. 40% of the market women are Christian and 60% are Muslim. 87% of the market women are aware of family planning, while 13% are not aware of family planning in the study area. 8% of the respondents said that, the major factors militating against the use of family planning is the attitude of women, 29% said that the factor militating against the use of family planning is lack of awareness among women, 16% are of the opinion that it is the attitude of government towards family planning services while 42% of the respondents said that one of the factors militating against the use of family planning is the level of education of the market women. 60% of the market women are Muslim who do not believe much in the use of family planning since Islam as a religion is not in support of family planning. 87% of the respondents knows about family planning while 13% of them are not aware. This is in conformity with the finding of Okelade (1999) which says majority of Nigerian women are aware of family planning but will always decline to use them. 39% of the respondents have used at least a family planning method while 61% have not used any family planning methods. This finding confirmed the report of Nigerian Demographic Health Survey (2008), which says the fertility rate in Nigeria is still very high. If 61% of the market women have never practice any methods of family planning the fertility rate is bound to be very high. 53% of the respondents prefer natural method of family planning to modern method of family planning. 66% of the market women think that government effort towards family planning is not good enough. 86% of the respondents said that family planning can be improved upon in Anyigba through awareness campaign among the market women and more effort by the government.

Recommendations

► One of the major problems facing the practice of family planning among the market women in Anyigba is lack of awareness among the market women. The state government owes it as a duty to enhance awareness among market women by providing funds for awareness. Organizations in charge of family planning services should promote awareness among market women through the use of radio and television and these should be done in local dialect and English since majority of the market women are uneducated.

► Women’s educational level is still generally very low in the study area and knowledge was found to be positively correlated with contraceptive utilization. The study therefore recommended that policies that would encourage and enhance girl-child education should be enforced in the area. Among other factors that influence contraceptive use such as age, number of children born, sources of information, education is the only variable that could easily be manipulated by policy makers to achieve a desired increase in contraceptive use.

► Another area that requires attention is inadequate specialize health care facilities for family planning services. The state government should endeavor to establish more health care centers with
facilities in charge of family planning services. This will increase the practice of family planning among market women in Anyigba.

► Most people think family planning is expensive. Given the current and rising levels of people living in poverty, it cannot be expected that consumers will pay the increasing cost of family planning services. The poor are very sensitive to price changes. Family planning commodities should be examined critically and prices should be adjusted making affordability and necessary subsidies a primary concern.

► Majority of the women are not using family planning because they are afraid of side effects such as weakness, irregular menstruation, headache, cramps, and ill health. Incorrect knowledge can be addressed in the information education and communication campaigns by using simple, single messages that empower women and families such as ‘family planning is safe’ or ‘family planning is safe and works’ as suggested by Grubb, (2008).

► The establishment of Guidance and Counseling Unit (GCU) should be given prominence in all available health care Centre’s or clinics located in the study area. Aside this, the family planning unit of the health Centre’s or clinics should have a qualified professional that will be able to handle the issue of health guidance and health counselling

References


Feyisetan B.J. and Ainsworth M. (1996): Contraceptive use and the quality, price and availability of family planning in Nigeria population bulletin of United Nations Pg. 84-90


