

## **Empirical Investigation of Non-utilization and Implications of Family Planning among Married Women of Dala L.G.A, Kano State, Nigeria**

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### **Abstract**

The adoption and utilization of family planning services are crucial to the overall maternal and child health outcomes. Despite the increased efforts to mainstream family planning services by the federal government and other international partners in Nigeria, the poor utilization of family planning services remains a challenge. This study examined the factors influencing non-utilization of family planning and its implications among married women in Dala Local Government Area, Kano State, Nigeria. The descriptive study employed both quantitative and qualitative methods to source for data from couples in Dala LGA. While quantitative data were analyzed with descriptive statistics, qualitative data were content-analyzed. Findings of the study revealed that a majority of respondents were not using any family planning methods. Regardless of the widespread non-utilization of family planning services, most of the respondents were conversant with the various advantages attributed to the use of family planning services: reduction in poverty good health for parents socio-economic and national development prevention of sexually transmitted diseases and good health for children. Non-awareness, proximity to medical centers, religion, low education, culture, low level of exposure and so on inhibited the adoption and utilization of family planning in Dala LGA of Kano. The study recommended among others that more awareness programs should be created by government and health authorities to enhance education and orientation of couples about family planning.

**Keywords:** Adoption, Family planning, implication, married women, non-utilization.

### **Introduction**

One of the major instruments for population control is family planning and it is mainly achieved through the use of modern contraceptives. Family planning is a practice through which couples anticipate and attain their desired number of children, spacing of childbirths, and overall reproductive health (National Population Commission [Nigeria] and ICF International, 2019; Ekpenyong, Nzute, Odejimi & Abdullahi, 2018; Adedini, Odimegwu, Imasiku & Ononokpono, 2015). A woman's ability to space and limit her pregnancies has a direct impact on her health, overall well-being, as well as, on the outcome of each pregnancy (Alana & Idowu, 2018; Alana, 2017; Samuel, 2010). Hence, family planning uptake is beneficial for the reduction of unintended pregnancies, unsafe abortions, maternal and child mortality, (Wang & Cao, 2019; Akinyemi, Adedini, Hounton, Akinlo, Adedeji, Adonri, Friedman, Shiferaw, Maiga, Amouzou & Barros, 2019). Not only is family planning critical to women's wealth, it also grants women educational opportunities as well as the autonomy to take charge of their reproductive health. Therefore, family planning is critical to the health of a mother, her children, while impacting the family's socio-economic contexts. Hence, family planning mitigates the financial consequences of having too many children, including the medical costs of pregnancy, birth, and the high costs associated with actually bringing up children.

Currently, family planning has received a significant attention so much so that a good number of people have accepted it. They are able to decide on the number of children they wanted, when to have them, as well as enjoy marital happiness. Globally, evidence points to an increase in contraceptive prevalence among women aged 15 - 49 years who are in unions from 55% in 1990 to 64% in 2015 (Wang & Cao, 2019). Regardless of this increase, the situation in most developing societies is still problematic, where about 214 million women who otherwise wished to avoid getting pregnant in developing countries were not using any modern contraceptive methods. Although a global phenomenon, the adoption of family planning services appears difficult for some couples to understand, particularly in developing countries due to several factors. These factors include religion, culture, patriarchy, and the mistrust resulting from the perception that family planning is a tool by the global West to control fertility in the global South.

Nigeria, the seventh most populous country in the world, with an estimated population of more than 200 million people and 2.4% of global population (Worldometer, 2021) still suffers from low prevalence of contraceptive use. Evidence from the latest Nigeria Demographic and Health Survey indicates that Nigeria's contraceptive prevalence rate is at 17% (NPC & ICF International, 2019). This low contraceptive prevalence rate has implications for the Nigeria's Total Fertility Rate, currently at 5.7 (NPC & ICF International, 2019). Hence, the low contraceptive rate implies that an average Nigerian woman will bear approximately six children throughout her reproductive (15 - 49) years. Hence, the high fertility rate contributes to the high population growth and the attendant socio-economic challenges, including increase in poverty, dysfunctional education system criminality and banditry and various forms of child abuse.

Despite the pivotal role family planning plays in limiting the number of children ever born, spacing childbirths, taking charge of women's reproductive health, reduction in maternal and child mortality, there is still low utilization of family planning across Nigeria. The implications are stark in terms of overpopulation and socioeconomic challenges. The government at different tiers, with assistance from international partners such as the Bill and Melinda Gates Foundation and the United Nations Population Agency (UNPFA) in 2012 pledged to achieve a contraceptive prevalence rate of 27% by 2020 (Premium Times, October 18, 2020). Although this target was missed, there has been an increase in the number of in-union women who use modern contraceptives as family planning tool from 15% in 2013 to 17% in 2018 (NPC and ICF International, 2019).

There are persistent disparities for modern contraceptive use among Nigerian women (Wang & Cao, 2019). Among the various geopolitical zones in Nigeria, married women in the North-Western region registered the lowest demand for family planning while there was highest demand for family planning in the South West. Also, such demand among women increased by wealth quintile. Consequently, while 52% of women in the highest wealth quintile demanded for family planning only 21% of women in the lowest quintile did (NPC and ICF International, 2019). Kano State is the most populated state in the North-West of Nigeria, where the observance the Sharia Law by a majority of the inhabitants prohibits the use of modern contraceptives as method of family planning. Current statistics indicate that only 2 - 7 percent of married women use modern contraceptives in Kano State (NPC and ICF International, 2019). Conversely, 16 - 20 percent of currently married women who are not currently using any modern contraceptives would have wanted to use modern contraceptives (NPC and ICF International, 2019). Therefore, it is on this background that this study examined the factors influencing non-utilization of family planning, as well as, implications among married women in Dala Local Government Area, Kano State, Nigeria.

## **Concept of Family Planning**

National Population Commission (NPC, 2004) explains that, family planning refers to the use of contraception and other methods of birth control to regulate the number, timing and spacing of human births. It allows parents, particularly mothers to plan their lives without being overly subjected to sexual and social imperatives. Samuel (2010) defined family planning as the practice that helps individuals or married couples to attain certain objectives, such as avoiding unwanted pregnancies, bringing about wanted babies at the right time, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of parents and determining the number of children in the family (Alana, 2017; Alana & Idowu, 2018).

Thus, family planning helps in empowering the women living in poverty, through enabling them to have fewer children and reduces the tension of competition of available resources at the household and prevents Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV) through the promotion of contraceptives, and therefore averting mother to child transmission of the diseases. Malalu, Alfred, Too and Chirchir (2014) maintained that, Total Fertility Rate (TFR) is high in many countries of Africa including Nigeria coupled with concomitant low use of contraception. Thus, the high fertility rate can be reduced through the awareness and utilization of family planning. Planning of the family and implementing the plans is based on mutual understanding and pure voluntary on the part of the couple(s).

Family planning is self-imposed discipline by husband and/or wife in order to be healthy, wealthy and happy; and at the same time contributing to the social welfare, national progress and world peace at large (Gambo, 2019). According to Alana and Idowu (2018) there are two methods of family planning. These are: Traditional family planning methods and Modern family planning method.

## **Theoretical Explanations**

The theories adopted for the study include: Social learning theory and rational choice theory which serve as point of reference to non-utilization of family planning.

### **Social Learning Theory**

Social learning theory was put forward by Albert Bandura in (1977). Social learning theory is a theory of learning which proposes that new behaviour can be acquired by observing and imitating others. It states that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. In addition to the observation of behaviour, learning also occurs through the observation of rewards and punishments, a process known as vicarious reinforcement. When a particular behaviour is rewarded regularly, it will most likely persist. Conversely, if a particular behaviour is constantly punished, it will most likely desist.

The central assumption of the theory is that awareness is the result of "reciprocal determinism" the continuing interactions between a person, the awareness of that person, and the environment within which the behaviour is performed. The constant interaction between these factors will lead to a change in an individual belief and in same manner implications for others too. Awareness is as a result of accepted knowledge by the society or an environment, and it can be used to change a person (Brindis, Courneya & McAuley, 2005). Awareness therefore is viewed not in isolation, but rather as an outcome of the dynamic interaction of personal and environmental variables. The two

most important variables that social learning theory takes into account are self-efficacy and modelling.

Self-efficacy or the confidence in one's ability to successfully perform a specific type of action considered by Bandura to be the single most important aspect of the sense of self that determines one's effort to change behaviour. That people learn not only from their own experience, but from the actions and reactions of others as well as knowledge, skill, problem solving, self-control, emotional coping, and perception of the environment, attitudes, beliefs, intent and motivation.

In applying social learning theory to the adoption and utilization of family planning among couples, Forrest and Henshaw (1983) identified a major component that would be modelling couples 'lifestyle and imitating behaviour from others in their environment through observational knowledge or observational learning. This means that the adoption of family planning methods is transmitted among couples within the environment. A couple who model or imitate other couples in their environment as a result of awareness and adoption of family planning is due to the fact that they consider that family planning is working well for the couples practicing it. In example, awareness is learned through family members, peers, social media, mass media, among others.

The awareness of family planning methods learn by interested couples via aforementioned means is simply because family planning is seen to be welcome and accepted by the majority of couples in the society. It is often the job of health educators and counsellors to get couples aware of family planning and recognize that sometimes; conflicting issues, social norms may well exist in their community or environment. Most couples receive information about family planning from peers, media and others. By providing couples with increased awareness of family planning, the influence of other significant individuals in their lives, as well as knowledge and negotiation skills about family planning program, the chances of pregnancy can be lessened.

According to Kirby (1984), the weakness of social learning theory to the awareness and adoption of family planning among married couples (particularly, in pregnancy prevention) is based on modelling, as not all married couples get aware and adopt in totality the life-style or imitate all the behaviour of their perceived models, since human behaviour may be regulated by cultural or religious norms and values. The theory does not tell us why an individual would be motivated to utilize family planning in the absence of a model or imitator. It does not take into account that what one person views as punishment, another person may view it as a reward. Thus, the attempt to control birth through family planning could be displeasure to some people due to culture or religion and it may be rational or irrational to some people.

### **Rational Choice Theory**

Rational choice theory was put forward by American Sociologist, George Casper Homans (August 11th, 1910 – May 29th, 1989) who set out a basic framework of behavioural sociology and exchange theory, which he grounded in assumptions drawn from behaviourist psychology (Helchi and Webster, 2000). The assumption of rational choice theory is that individuals will operate in rational way and will seek to benefit themselves in the life choice they make either individually or collectively. Rational choice theory, also known as choice theory or rational action theory is a framework for understanding and often formally modelling social and economic behaviour. The basic premise of rational choice theory is that, aggregate social behaviour results from the behaviour of individual actors, each of whom is making their individual decisions. The theory also focuses on the determinants of the individual choices (methodological individualism).

Rational choice theory then assumes that an individual has preferences among the available choice alternatives that allow them to state which option they prefer amongst the methods of family planning. Thus, if option A is preferred over option B and option B is preferred over option C, then A is preferred over C. Rational choice theorists do not claim that the theory describes the choice process, but rather that it predicts the outcome and pattern of choices. An assumption often added to the rational choice paradigm is that individual preferences are self-interested. Such an individual act as if balancing costs against benefits to arrive at action that maximizes personal advantage. Thus, couple(s) chooses the most preferred in the methods of family planning by examining the cost and benefits before the adoption and utilization.

The premise of rational choice theory as a social science methodology is that the aggregate behaviour in society reflects the sum of the choices made by individuals. Each individual, in turn, makes their choice based on their own preferences and the constraints (or choice set) they face. At the individual level, rational choice theory stipulates that the agent chooses the action (or outcome) they most prefer. In the case where actions (or outcomes) can be evaluated in terms of costs and benefits, a rational individual chooses the action (or outcome) that provides the maximum net benefit.

In the rational choice theory, individual are seen as motivated by the wants (controlling birth or not) that express their preference. Thus, some married couple's goal is to have many children for their own personal reason and this will lead to the non-utilization of family planning methods. On the other hand, some married couples are to possess moderate family size for reasons known to them. Therefore, it will lead to full use of family planning methods. In this regard, rational couples choose the alternative that is likely to give them the best satisfaction. According to Coleman (1990), rational choice is based on the assumption that an individual act purposively towards a goal, with the goal shaped by values. The focus of rational choice theory according to Ritzer (2010) is actors. Actors are seen to be couples in this regard as being purposive and as having intentionality.

Friedman and Hechter (1988) identified two major constraints on action that must be taken into consideration. The first is the "*scarcity of resources*". Couples have different resources as well as differential access to other resources aside family planning. For the family with lots of resources, the utilization of family planning methods may be relatively easy; while those with few resources, the acceptance and utilization of family planning may be difficult. The second source of constraints on couple's actions is "*social institutions*". As Friedman and Hechter (1988) put it, couples will find their actions checked from birth to death by families, school, laws, family policies, choices, churches, mosques, hospital and so on. By restricting the feasible set of courses of action available to couples, enforceable rules of the game including norms, laws, agenda, and voting rules systematically affect the acceptance, adoption and utilization of family planning.

In addition, the quality and quantity of information available to a couple on family planning methods is vital to make rational decision on either to use family planning or not. Notably, some couples with same quality knowledge of family planning and that convinced by their doctors tend to use family planning methods. In a situation where couples see it rational to use family planning, it will help to control population growth. And if the couples see it irrational or forbidden to practice family planning, reverse is the case (Friedman & Hechter, 1988).

The rational choice approach gains its strength as it allows preferences to be represented as real-valued utility functions. Social and economic decision making then becomes a problem in

choosing the right choice out of multiple of options available. Though, it is not actually a problem, but an option in making the right choice. Rational choice approach has many advantages as it provides a compact theory that makes empirical predictions with relatively sparse model just a description of agent's objectives and constraints. Most importantly, this approach is strikingly general as it has been used to analyze not only personal and choice about traditional socio-economic matters like consumption and savings, but also choices about education, marriage, child-bearing, migration, crime and so on, as well as business decisions about output, investment, hiring, entry, exit and so on with varying degrees of success (Ritzer, 2010).

In contrast, rational choice theory can only explain what individuals (couples) do, and why they might institute a norm and then enforce it, but the theory cannot provide explanations on why people (couples) should change their value (Coleman, 1990), in order to adopt and utilize family planning methods to control birth rate (fertility).

### **Methodology**

This study adopted descriptive survey research design. This design was appropriate because the conditions of the respondents were described as they existed in their natural settings and the information were collected directly from the respondents. This study used both quantitative and qualitative methods of research to collect data from currently married couples in their reproductive years (15 - 49 years) and living in Dala LGA of Kano State, Nigeria. The target population included a sample of 204 residents in Dala LGA. The qualitative method was used to collect data from the field using In-Depth Interviews; while the quantitative method employed questionnaire for data collection.

For the quantitative data, the multi-stage sampling technique was employed to select the 192 sample in stages using systematic sampling technique and purposive sampling technique for the administration of questionnaire. Besides, for qualitative data, twelve prominent people in Dala L.G.A of Kano State, were purposefully selected for in-depth Interview (IDI). They included: married doctors, nurses, district heads, religious leaders, and others who are in their reproductive years based on their availability. Data were collected from the following 12 political wards: Adakawa, Bakin Ruwa, Dala, Dogon Nama, Gobirawa, Gwammaja, Kabuwaya, Kantudu, Kofar Mazugal, Kofar Ruwa, Madigawa and Yalwa. The quantitative data collected from the field were analyzed at the univariate level of statistical analysis with frequency tables and percentages. Qualitative data were content analyzed and presented in themes.

## Results of the Findings

The data collected from the field were analyzed and presented below:

**Table 1: Factors Influencing Non-Utilization of Family Planning among Couples (N=192)**

Factors for Non-Utilization	Frequency/Percentage	
	(Yes)	(No)
Law and regulation of the society	26 (13.5)%	166 (86.5%)
Non-awareness of method and sources of accessibility	147 (76.6)%	45 (23.4)%
Distance to medical centers (Proximity)	136 (70.8)%	56 (29.2)%
Nature of the society	139 (72.4%)	53 (27.6)%
Power relation in the family	36 (18.8)%	156 (81.2%)
Socio-economic status of women	163 (84.9)%	29 (15.1)%
Religion (submissiveness)	146 (76.0)%	46 (24.0)%
Level of education of the couples	164 (85.4)%	28 (14.6)%
Culture of the land (norms, values and beliefs)	118 (61.4)%	74 (38.6)%
Lack of adequate education on family planning	101 (52.6)%	91 (47.4)%

**Source:** Field Survey, 2021

In Table 1 above, 86.5% of the total respondents did not believe that law and regulation was one of the reasons for the non-utilization of family planning services among couples in the study area. Conversely, 13.5% saw both law and regulation as factors that militated the adoption of family planning services by couples. Further, 76.6% of the respondents also believed that non-awareness of methods and sources of accessing family planning were factors that influenced the non-adoption of family planning. On the contrary, 23.4% believed otherwise. More so, the distance to medical centers (70.8%) also served as a factor to the non-utilization of family planning services. The nature of the society also enhances the non-utilization and under-acceptance of family planning services among the couples in the study area.

To this effect, 72.4% of the respondents were of the opinion that being in a conservative society were religion almost prescribes the way of life discourages the utilization of family planning services. On the other hand, 27.6% believed living in such a society was immaterial to the choice of utilizing family planning services or otherwise. Subsequently, power-relation in the society according to the respondents does not help in the non-utilization of family planning in the study area as opined by majority of the respondents with 81.2%.

Also, majority of the respondents with 84.9% opined that socio-economic status of women does influence in the non-utilization of family, while 15.9% of the respondents believes otherwise. In addition, religion as believed by majority of the respondents (76.0%) aid in the non-utilization of family planning in the study area, while 24.0% held a contrary view. Moreover, 61.4% believed that cultural aspects, including norms, values and belief systems, greatly accounted for some of the reasons for the non-utilization of family planning services; while 38.6% believes otherwise.

Low level of education of the couples also influences the non-utilization of family planning among the married couples in the study area. This was accounted for by 85.4% respondents and only 14.6% of the respondents was of the opinion that level of the education of the couples cannot influence the non-utilization of family planning among the couples. In addition, this was clearly revealed that lack of adequate education on family planning as opined by 52.6% of the respondents

also influenced and accounted for some of the reasons for the non-utilization of family planning, while their 47.4% counterpart believed otherwise.

A respondent during an In-depth Interview session revealed that:

*In our society there is little or no awareness on family planning services, there methods and sources through which one can access them. As such, this can be regarded as the major reason behind the non-utilization of family planning (IDI, a civil servant, Gobirawa, June 2019).*

Another respondent also harped on the role of religion and low education on the non-utilization of family planning services. The respondent noted that:

*Religion and level of (western) education are the major reasons behind our non-utilization of family planning services. While some of us think that family planning is unreligious, others rejected family planning due to their low level of education or no education at all (IDI, female, Gwammaja, June 2019).*

Another respondent also reiterated that:

*Many factors around here (her society) lead to the non-utilization of family planning. Such factors include: culture and cultural practices of our society, inadequate awareness on family planning, among others (IDI, female, Kantudu, June 2019).*

**Table 2: Implications for Non-Utilization of Family Planning (N=192)**

Implications for Non-Utilization	Frequency/Percentage	
	(Yes)	(No)
Non-control of population growth	109 (56.8%)	83 (43.2%)
Inability to take adequate care of the children	98 (51.1%)	94 (48.9%)
Promotion of high level of illiteracy	118 (61.4%)	74 (38.6%)
Increase more social problems	101 (52.6%)	91 (47.4%)
Poor socio-economic development of the society	118 (61.4%)	74 (38.6%)
Proliferation of children without care	108 (56.3%)	84 (43.7%)
Social and economic problems	137 (71.3%)	55 (28.7%)

**Source:** Field Survey, 2021.

Table 2 above shows the implications for the non-utilization of family planning in Dala LGA of Kano State, Nigeria. According to the table, while 56.8% of the total respondents believed that the non-utilization of family planning is tantamount to non-control of population growth, a further 43.2% saw it as a tool to control population growth. Further, about 51% of the respondents also were of the view that the inability to take adequate care of children was another danger caused as a result of the non-utilization of family planning. Conversely, close to 48% held noted no relationship between the non-utilization of family planning and the inability to take adequate care of children. More so, 61.4% as against 38.6% believed that non-utilization of family planning leads to promotion of high level of illiteracy in the society. Also, it is believed that the non-utilization of family planning increases more social problems in the society. This viewed was held by 52.6%



of the respondents, while 47.4% considered the non-utilization of family planning irrelevant to increase in social problem.

In addition, 61.4% were of the opinion that the non-utilization of family planning caused poor socio-economic development of the society and 38.6% of the respondents did not believe so. Subsequently, 56.3% believes that the non-utilization of family planning leads to proliferation of children without care and the other respondents with 43.7% believes not. Finally, the table shows that majority of the respondents (71.3%) were of the opinion that the non-utilization of family planning leads to social and economic problems in the society. Conversely, 28.7% of the respondents disagreed with the view that non-utilization of family planning method leads to social and economic problems in the society.

Similar sentiments were observed during the qualitative sessions with respondents. A male respondent noted that:

*As you can observe, there are lots of consequences for the non-utilization of family planning around here. Over-population and illiteracy are the major ones which usually lead to more social problems (IDI, a male respondent at Kofa Mazugar, July 2019).*

Another respondent added:

*Among the major implications of the non-utilization of family planning, children are born without adequate provision made for them, leading to serious demographic problems in the society (IDI, an Academic, Kofar Ruwa, June 2019).*

## **Discussion of Findings**

The study finds out that, law and regulation of the society does not influence the utilization of family planning in the community. There is no strict law, regulation and policies that ensure the utilization of family planning in Nigeria. Hence, the patronage is still very low. The study discovers that higher education in the study area helps in propagating the adoption of family planning. Aside from that, the study also shows that some factors like family type, background and orientation, religion and the awareness of the importance attached to family planning, among others also influence the adoption and utilization of family planning among married women in the study area. Previous studies have provided evidence of the relationship between education and the utilization of family planning services (Alo, Daini, Omisile, Ubah, Adelus & Idoko-Asuelimhen, 2020; Narzay, 2009; Chimere & Okoye, 2007).

Additionally, Sebastian (2014) found that women with no formal education were less likely to use family planning services when compared to their counterparts with some formal education. Further, Akamike, Okedo-Alex, Eze, Ezeanosike, and Uneke (2020) in their study also found that religious beliefs, age, marital status, etc. served as client related barriers to the uptake of family planning services. Elhers, Kabear, Ziyane, and King (1999) also highlighted the fact that the socioeconomic status of women in most African societies compel them to depend on their husbands and therefore may not independently decide on the use of contraceptives.

In addition, the study reveals many factors as the reasons for the non-utilization of family planning among the respondents. The study shows that the non-awareness of the method of family planning, the lack of access points for family planning services, cultural and religious factors are the major

reasons behind the non-adoption and non-utilization of family planning among married women in Dala LGA of Kano State, Nigeria. The study discovered that, there is little or no awareness on the family planning services, methods and sources through which the people can access them. Also, family planning is perceived as unreligious due to their low level of education or no education at all. This has been entrenched in their culture and cultural practices in the society.

Kumar, Priyadarshni, Kant, Annad, and Ydav (2005), Ehlers *et al* (1999) noted that Islam, which has a strong desire for children most times discourages women from using family planning services. On the other hand, Iffih and Ezeah (2004) noted that Roman Catholic faith could sometimes hamper the use of certain family planning services due to its favourable stance on the rhythm method.

Finally, the study shows that non-utilization of family planning has a lot of consequences in the society. Thus, the study reveals that among others, the major implications for non-utilization of family planning are over-population, inability to take adequate care of the children, promotion of high level of illiteracy, poor socio-economic development of the society and increase in social and economic challenges. Hence, NPC and ICF International, (2019), reiterate that, some of the major implications of the non-utilization of family planning services are mistimed pregnancies, high maternal and child mortality, and high fertility. Succinctly, the implications of non-utilization of family planning by the couples are over-population and more illiteracy which usually lead to more social problems. Children are born without adequate provision made for them, leading to serious demographic problems in the society.

## **Conclusion**

The study has concluded that non-awareness of the method and sources of accessibility of family planning, distance to medical centers, nature of the society, socio-economic status of women, level of education of the couples, lack of adequate (sex) education on family planning, religious affiliation and culture have created a very bad impression about family planning in Dala L.G.A, Kano State, Nigeria. These factors are perceived to be hostile to the utilization of family planning. The low acceptance and utilization of family planning in Dala LGA is attributed to low level of education. A majority of couples in the area have only secondary education or below. This implies that their reasoning is centered more around religion and culture. It also implies that couples may be unable to make informed and independent decisions on the acceptance and utilization of family planning in the wake of religious and cultural influences.

## **Recommendations**

Based on the findings, the study offers the following recommendations:

- i. Information on family planning (enlightenment) should be integrated into existing health education programmes as it would help to increase awareness, accessibility, and utilization. In addition, family planning education should involve the male partners, in order to ensure adoption and utilization of family planning.
- ii. Dala local government area should also put more effort in building more schools. The development will go a long way in letting the young generation understand the usefulness of family planning and adverse effects of over-population, and the remedy to control or regulating child birth. Government should encourage and improve value of education, as well as, provision of adequate education on family planning.

- iii. Government should make a wide range of contraceptives available through a variety of sources, including maternal and child health clinics, pre-natal and post-partum care centers, community-based distribution systems.
- iv. Government should establish more health and maternity centers close to the people in the community and family planning services should be rendered free of charge in order to encourage its adoption and utilization by the people of Dala Local Government Area of Kano State. Since lack of finance is one of the major factors influencing the utilization of family planning in the community. Free of charge services of family planning will definitely encourage the patronage, adoption and utilization of family planning.

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