SOCIO-CULTURAL BARIER TO THE UTILIZATION OF FAMILY PLANNING SERVICES AMONG CHILD BEARING MOTHERS IN BAUCHI STATE

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ABSTRACT

This study was carried out to investigate the socio-cultural barriers against the utilization of family planning services by mothers of child bearing age living in Bauchi state. A cross sectional survey design was used in this study, while simple random sampling procedure was used to obtain a sample size of one thousand and forty-eight. A structured questionnaire using Likert two and four point scaling system was used as the instrument of data collection. The instrument was made up of two sections. Section A was on demographic variables, while section B was on the utilization and the barriers to family planning. Six research questions were answered, while three hypotheses were tested. Statistical package for social sciences, version 22 was used to analyze the data obtained. The data obtained shows that the major barriers to family planning are, the misconception that contraceptives prevent child bearing permanently, 694(66.2%); belief that having many children symbolizes high social status, 682(65.0%); adolescents are not considered as adults until they have a child, 682(65.0%); community is not in support of family planning, 656(62.6%); parents are not in support of the use of contraceptives, 626(59.8%). There was also significant relationship between socio-cultural barriers and attitude of mother of child bearing age in Bauchi State ($r = 0.324$, $p < 0.05$). There were indications that women of child bearing age in Bauchi State were

not aware of different contraceptives methods available. The study recommends women of child bearing should be counseled by the health workers of the different types of family planning services and that Health organizations that are responsible for the production of these family planning types should improve on their productions so as to ensure minimal side effects.
Keywords: *Barriers, Socio-cultural, Family Planning, Contraceptives, Child-bearing*

INTRODUCTION

One of the global agender in recent years has been to invest in family planning, this is aimed at meeting Millennium Development goals four and five (Kabagenyi, Reid, Ntozi, and Atuyambe, 2016). According to Ndirangu, Wanjiru, Chui, Thinguri & Orodho], (2016), good health is fundamental to human welfare. Although global fertility estimates have been on the decrease over the years, and most developed countries have reached replacement fertility. However, Sub-Saharan Africa as a whole still has a high total fertility rate of 4.8 children born per woman compared to 1.7 births in developed countries (Kabagenyi *et al.*, 2016). A woman's ability to space and limit her pregnancy has a direct impact on her health and well-being as well as on the outcome of each pregnancy. In effect, family planning is the regulation or the control of the rate of child birth by individuals both married and unmarried (WHO, 2013). According to Hussain (2011) the adoption of family planning methods is one of the best ways to tackle the problem of high fertility which ultimately lead to population explosion. Modern contraception has been one of the several paths for people to control the high fertility and large size of the family. The use of contraceptives has increased in recent times. Family planning programs have been the centerpiece of government efforts to reduce fertility in some parts of the world, particularly, in Asian countries.

It has been estimated that meeting women's need for modern contraceptive use would prevent about one quarter to one third of all maternal deaths, saving 140,000 to 150,000 lives a year in Sub-Saharan Africa (Ndirangu *et al.,* 2016). The widespread acceptance of family planning indicates one of the most dramatic changes of the current millennium. Family planning can reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk (Ndirangu *et al.,* 2016). Family planning could prevent as many as one in every three maternal deaths by aiding women to delay motherhood, space birth, avoid unintended pregnancies and abortion and stop childbearing when they reached their desired family size (Hussain, 2011). Jackson (2013) also observed that through family planning the general well-being and autonomy of women is improved. The researcher further opined that the benefits of family planning are numerous, and they include the following. First of all, family planning prevents pregnancy related-health risks in women, particularly adolescent girls and older women that face the greatest dangers in pregnancy, by allowing them to space or limit births if necessary. Secondly, family planning helps slow the spread of HIV/AIDS by preventing mother to child transmission of HIV/AIDS. Jackson (2013) reported that "the spread of rumors regarding negative side effects, mistaken beliefs about family planning, husband's disapproval, and the availability of contraceptives elsewhere were' were the major factors that hinder the use of family planning by women. Cultural barriers, in particular traditional preferences and desires for more children and lineage, have been indicated as factors affecting the uptake of family planning (Kabagenyi *et al.,* 2016). It has been suggested that there is need for campaigns to educate women and men alike on the true advantages and disadvantages of family planning so that they can make informed choices regarding their reproductive health (Jackson, 2013).

Justification

Nigeria has remained the most populous country in Africa with a total population of 160 million according to 2006 census with current total fatality rate of an estimated 5.6 child per women (Igbochukwu et. al., 2014). The low utilization of modern contraceptive is one of the major causes of high fatality in Nigeria. According to Global Health (2013) an estimated 222 million women in developing countries want to delay or avoid pregnancy, but they face the barriers of access to effective family planning information and services. In North-West Nigeria, despite a high level of reported knowledge about contraceptive, with 75.1% for women, and 95.2% for men, the use of contraceptive by married women age 15–49 years is as low as 5% (National Demographic Health, 2003). In a study done among Muslim women attending two gynecology and antenatal clinics in Zaria, Kaduna State, the major reason for unmet need for contraceptives was the fear of the side-effects of contraceptives, other reasons are: fear of husband reactions, lack of funds, and desire to have more children (Ankoma *et. al.,* 2013). Thus, this study is aimed at identifying the barriers against utilizations of family planning services among child bearing mothers in Bauchi State.

Research Questions

1. What is the level of utilization of family planning service in Bauchi State?
2. What are the socio-cultural barriers to the utilization of family planning service in Bauchi State?
3. To what extent do socio-cultural barriers influence the attitude of mothers of child bearing age toward utilization of family planning services in Bauchi State?

Null Hypothesis

HO_1: There is no significant relationship between socio-cultural barriers and the attitude of mothers of child-bearing age on the utilization of family planning services in Bauchi State.

Significant of the Study

The study would serve as a body of enlightenment, a reference material, a source of secondary data and a base for further research with similar studies. It will bring to light some of the cultural barriers to family planning among child- bearing mother living in Bauchi State. It will also help in resolving areas of cultural barriers to family planning services among child bearing mothers living in Bauchi State.

Methods

Research Design

This is a survey which involves looking at people who differ on one key characteristics (age) at one specific point in time. The data collected at the same time from people who are similar on other characteristics but different on a key factor of interest such as: age, income level, and geographical location. This type of study uses different group of people who differ in the variables of interest but who share other characteristics such as: socio economic status, educational background, and ethnicity. The design adopted for this study was cross sectional survey design.

Study Area

What is now known as Bauchi State was until 1976, a province in the then North-eastern region of Nigeria. According to the 2006 census, the state has a population of 3,836,633 after the creation of Gombe State out of it in 1997. Bauchi State occupies a total land area of 4,925,901 square kilometer representing about 5.3% of Nigerian's total land mass. It is located between latitude 9.3^0 and 12.3^0 north of the equator. Longitudinally, the state lies

between longitude 8.5^0 and 11^0 east of the Greenwich meridian. The state is bordered by seven states; Kano and Jigawa to the North; Taraba and Plateau to the South; Gombe and Yobe to the East; and Kaduna to the West. As at 1997 Bauchi State had 20 Local Government Areas. These include Alkaleri, Bauchi, Bogoro, Dambam, Darazo, Dass, Gamawa, Ganjuwa, Giade, Itas/Gadau, Jama'are, Ktatgum, Kirfi, Misau, Ningi, Shira, Tafawa-Balewa, Toro, Warji and Zaki. Bauchi state is a multi ethnic state, but the major languages spoken are Hausa, Fulani and Larvana from Bauchi north; Karekare, Hausa, Fulani, Warjanchi, Fa'awa, Bunbutu and Kanuri from Bauchi Central; and Karawa, Sayawa, Duggurawa from Bauchi South. Bauchi state is an agricultural state, its vast fertile soil is an added advantage for agricultural products, which include maize, rice, millet, groundnut and guinea corn. Irrigation farming is practiced and supported by the use of dams like Balanga Dam, etc. cattle and other livestocks are also reared in the state. The state has industries like the Bazamri PVC – Wire Limited, Kuda Nails Factory, Yankari Natural Water Company, Zaki Flour Mill and Arewa Ceramic Industry. Bauchi State Government is wide and extensive in its operation. Its influence is felt throughout the country and as such this study covers every sphere of selected government Primary Health Care Centre/maternity clinic from the three Senatorial District in the State. However, the researcher restricts his study to cover only women who were attending antenatal and postnatal clinic in Primary Health Care centers/maternity clinic from the three senatorial district in the state. Which comprises of Bauchi South (Bauchi, T/Balewa, Toro, Alkaleri LGA), Bauchi North (Katagum, Shira, Gamwa, Jamaare LGA), Bauchi Central (Ningi, Misau, Darazo LGA).

Study Population

The study population consists of all women of child bearing age (15-49 years) attending antenatal or postnatal services in the

three senatorial district of Bauchi State: Southern zone (Bauchi, Tafawa-balewa, Toro and Alkaleri L.G.A) Central zone: (Darazu, Ningi and Misau L.G.A) Northern zone (Katagum, Shira, Jamaare, and Gamawa L.G.A).

Sample Size and Sampling Technique

Kish Leslie formula (1965) was used to determine the sample size of quantitative data

$n=z^2pq/d^2$

d = degree of precision of the study

z = standard normal deviation corresponding to 95% confidence interval which is 1.96

p = population of 20% (Kish Leslie formula, 1965)

q = (1-p)

$n = (1.96)^2 \times 0.2 \times 0.8/ (0.08)^2 = 96.04$

n = 96

Sample size

n /1+n/pop

For northern zone = 96/1+96/11875 = 95

For 4 affected Local Government = 95×4 = 381

For southern zone 96/1+96/13913 = 95

For 4 affected Local Government = 95×4 = 381

For central zone = 96/1+96/12700 = 95×3 = 286

For 3 affected Local Government 95×3 = 286

Total = 1048

A total of 1048 respondents were sampled for the study. The procedure used is the simple random sampling procedure.

Research Instrument

A structured questionnaire using likert scale, was used to elicit data for the study. The instrument comprised of two sections. Section A was on demographic variables, while section B was of

the awareness of family planning and socio-cultural barriers to family planning.

Validity of the Research Instrument

To determine the validity of the instrument, the researcher gave the questionnaire to the supervisor and other experts in related fields to ascertain the face validity of the instrument. The content and construct validity were established using Factor analysis [via SPSS version 22]. The result obtained showed that the instrument was factorizable. The instrument had a construct validity of 68.10% while the content validity ranged from 0.42 to 0.86.

Reliability of the Research Instrument

The reliability index was determined using cronbach's alpha test of internal consistency (SPSS Version 22). The instrument had a reliability index value of 0.779. which is above the recommended 0.60 alpha value for an instrument to be reliable.

Ethical Consideration

Ethical clearance was obtained from the State Primary Health Care Development Agency, Bauchi state, and the management of the antenatal and posts natal clinics verbal permission from the individual respondent.

Data Management

The questionnaires were administered to 1048 women of child bearing age in Bauchi State. This questionnaire was administered by the researcher and some research assistants that were trained to evaluate them and interpret the content of the questionnaire to the respondents in the local dialect (for those women who cannot read or understand English Language). The questionnaires were collected personally by the researcher and assistants immediately the questionnaires were filled by the respondents. All questionnaires collected from the respondents were received by

the researcher, and data retrieved from the questionnaires were collated for analysis. The data from the study were analyzed using SPSS version 22. Descriptive statistics (mean, standard deviation and percentages) were used for the research questions. The research hypotheses were tested at 0.05 level of significance using regression analysis.

Results

Demographic Variables

Table 1- Demographic characteristics of respondents

VARIABLES		N	PERCENTAGE
Age	Under 20yrs	186	17.7
	20-25yrs	266	25.4
	26-30yrs	170	16.2
	31-35yrs	190	18.1
	36-40yrs	192	18.3
	Above 40yrs	44	4.2
	Total	**1048**	**99.9**
Marital status	Single	368	35.1
	Married	610	58.7
	Divorced	64	6.1
	Separated	6	0.57
	Total	**1048**	**100**
Religion	Christianity	130	12.4
	Islam	832	79.4
	Traditional	60	5.7
	Others	26	2.5
	Total	**1048**	**100**
Ethnicity	Hausa	484	46.2
	Fulani	266	25.4
	Igbo	52	5.0
	Yoruba	142	13.5
	Others	104	9.9
	Total	**1048**	**100**
Educational status	No formal education	182	17.4
	Primary	198	18.9

	Secondary	254	24.2
	Tertiary	414	39.5
	Total	**1048**	**100**
Occupation			
	Unemployed	286	27.3
	Self employed	180	17.2
	Peasant farmers	142	13.5
	Student	314	30.0
	Civil servant	92	8.8
	Others	34	3.2
	Total	**1048**	**100**
Income			
	Low	603	57.5
	Middle	409	39.0
	High	36	3.4
	Others	0	0.0
	Total	**1048**	**99.9**

Table 1 shows the demographic characteristics of the respondents on the utilization of family planning service in Bauchi State. The results obtained showed that, with respect to age, 20-25yrs 266(25.4%) make up the majority, of the respondents, followed by, 36-40yrs, 192(18.3%); closely followed by 31-35yrs, 190(18.1%); under 20yrs, 186(17.7%); 26-30yrs, 170(16.2%); and lastly, above 40yrs, 44(4.2%). On marital status, the result showed that majority are married, 610(48.7%); followed by the single, 368(35.1%); separated, 6(0.57%); and lastly, the divorced, 64(6.1%). On religious affiliation, the majority are of Islam, 832 (79.4%); followed by the Christians, 130(12.4%); traditional, 60(5.7%); and other religion, 26(2.5%). With respect to ethnicity, majority are Hausas, 484(46.2%); followed by Fulani's, 266(25.4%); Yoruba's, 142(13.5%); other ethnic groups, 104(9.9%); and lastly, the Igbo's, 52(5.0%). With respect to educational status, most of the respondents possess tertiary education, 414(39.5%); followed by secondary school education, 254(24.2%); primary, 198(18.9%); and lastly, no formal education, 182(17.4%). The occupation of the respondents showed that majority of them are students,

314(30.0%); followed by the unemployed, 286(27.3%); self-employed, 180(17.2%); peasant farmers, 142(13.5%); civil servants, 92(8.8%); and others, 34(3.2%). Most of the respondents are of low income, 603(67.5%); followed by middle income, 409(39.0%), and lastly, high income, 36(3.4%).

Research Question 1

What is the level of utilization of family planning services in Bauchi State?

To answer this research question, percentage and frequencies of the responses on the items on utilization was obtained and presented in Table 2.

Table 2: Level of Utilization of Family Planning Services in Bauchi State.

Services	**Those that use them N (%)**	**Those who do not N (%)**
Modern	433 (41.3)	615 (58.7)
Withdrawal	568(54.2)	480(45.8)
Calendar	506(48.3)	542 (51.7)
Prolonged breast feeding	556(53.1)	492 (46.9)
Abstinence	500 (47.7)	521 (49.7)
Traditional medicine	528 (50.4)	520 (49.6)
Total	**3,091(295)**	**3172(302.4)**

The results presented in Table 2 shows the level of utilization of family planning services in Bauchi State. The results showed that, those who use modern methods of family planning 433 (41.3%) are fewer than those who do not use the modern methods, 615(58.7%); those who use withdrawal methods are slightly more 568 (54.2%) than those who do not use the withdrawal methods, 480 (45.8%); those who use calendar are slightly fewer, 506 (48.3%) than those who do not use calendar, 542 (51.7%); those

who use prolonged breastfeeding, 556 (53.1%) are slightly more than those who do not, 492 (46.9%); those who use abstinence, 500 (47.7%) are slightly fewer than those who do not use abstinence, 521 (49.7%); those who use traditional medicine of family planning, 528 (50.4%) are slightly more than those who do not, 520 (49.6%). In summary, the level of usage of these family planning services in Bauchi State can be said to be moderate.

Research Question 2

What are the socio-cultural barriers to the utilization of family planning service in Bauchi State?

To answer this research question, descriptive statistics was conducted on the socio-cultural barriers to the utilization of family planning service, and the result is presented in Table 3.

Table 3: Socio-cultural Barriers to the utilization of family planning service

Socio-cultural Barriers to family planning services	N [TOTAL]	AGREE N (%)	DISAGREED N (%)
Its belief that rumors about contraceptives prevent child bearing permanently	1048	694(66.2)	354(33.8)
It is belief that having many children symbolizes high social status	1048	682(65.0)	366(34.9)
Adolescents are not considered as adult until they have a child	1048	682(65.0)	366(34.9)
Your community is not in support of family planning	1048	656(62.6)	392(37.4)
Your parents are not in support of the use of contraceptives	1048	626(59.8)	422(40.3)
Family planning is against your religious beliefs	1048	606(57.9)	442(42.2)
Its seem to be associated with promiscuity in women	1048	606(57.9)	442(42.2)
Its social stigma to use contraceptive	1048	596(56.9)	452(43.1)
Your partner is against the use of contraceptives	1048	586(55.9)	462(44.1)
Early marriage has been encourage to	1048	550(52.5)	498(47.5)

avoid the use of contraceptives			
Your in-laws are against the use of contraceptives	1048	526(50.2)	522(49.8)
There is a lot of family pressure against the use of contraceptive	1048	498(47.5)	550(52.5)
Domestic violence has led to the use of contraceptive	1048	440(41.9)	508(48.5)
There is lack of male involvement in family planning	1048	408(39.0)	640(61.1)

The results presented in Table 3 shows the socio-cultural barriers to the utilization of family planning service in Bauchi State. According to the table, the barriers in order of importance are: Its belief that contraceptives prevent child bearing permanently, 694(66.2%); belief that having many children symbolizes high social status, 682(65.0%); adolescents are not considered as adults until they have a child, 682(65.0%); community is not in support of family planning, 656(62.6%); parents are not in support of the use of contraceptives, 626(59.8%); Family planning is against my religious beliefs, 606(57.9%); Its seem to be associated with promiscuity in women, 606(57.9%); Its social stigma to use contraceptive, 596(56.9%); partner is against the use of contraceptives, 586(55.9%); Early marriage has been encouraged to avoid the use of contraceptives, 550(52.5%); and in-laws are against the use of contraceptives,526(50.2%).

Research Question 3

To what extent do socio-cultural barriers influence the attitude of mothers of child bearing age toward utilization of family planning services in Bauchi State?

To answer this research question, correlation statistics was conducted on the extent of influence of socio-cultural barriers on the attitude of mothers of child bearing age toward utilization of family planning services, and the result is presented in Table 4.

Table 4: Extent of Influence of socio-cultural barriers on the attitude of mothers of child bearing age toward utilization of family planning services,

Variables	R	r^2
Socio-cultural Barriers and attitude	0.37	0.14

The result presented in Table 4 shows by the r^2 value= 0.14 that socio-cultural barriers have 14% influence on the attitude of mothers of child bearing age towards utilization of family planning services. This is not a weak influence.

Testing the hypothesis

HO_1: There is no significant relationship between socio-cultural barriers and the attitude of mothers of child-bearing age on the utilization of family planning services in Bauchi State.

HI_1: There is significant relationship between socio-cultural barriers and attitude of mothers of child-bearing age

To test hypothesis two, a Pearson product moment of correlation was conducted, the result is presented in Table 5.

Table 5- Correlation analysis showing the relationship between socio-cultural barriers and attitude of mothers of child-bearing age in Bauchi State.

Correlations			
		attitude	**Cultural barriers**
Attitude	Pearson Correlation	1	0.32**
	Sig. (2-tailed)		<0.05
	N	1048	1048
Social Cultural barriers	Pearson Correlation	0.32**	1
	Sig. (2-tailed)	<0.05	
	N	1048	1048

**. Correlation is significant at the 0.01 level (2-tailed).

The table shows that there was a significant relationship between socio-cultural barriers and attitude of mother of child bearing age in Bauchi State ($r = 0.324$, $p < 0.05$). The null hypothesis two is therefore rejected and the alternative holds true. That means, socio-cultural barriers and attitude of mother of child bearing age in Bauchi State are significantly related.

DISCUSSION OF FINDINGS

Family planning is one of the ten great Public Health achievements of the 20th century (CDC, 1999). However, there are barriers militating against the utilization of family planning services worldwide (WHO, 2013). This study revealed that the level of usage of family planning service in Bauchi State is moderate (average usage of 50%). This might be is a result of ages of women which was 15-49 years who form the age group and child bearing mothers. During this age, women are usually sexually active and with a goal of having all that children before menopause set in, and hence are not interested in family planning. This agrees with Aryeeteyi *et al.* (2010), who studied

knowledge, perception and ever use of modern contraceptives among women in the Ga District Ghana. However, there report showed a higher level of perception among women. The reason for the level may be due to difference in level of education. Although in this study there was a different of perception of the barriers to family planning based on the educational status of the women. The study also revealed that the most commonly used methods of family planning by the participants are prolonged breastfeeding and withdrawal. These may also not be unconnected to the fact that the majority of the women were married, (48.7%). Most often the two methods identified to be frequently used here are associated with married couples. They are often done to prevent untimely and unwanted pregnancies. In addition, the use of prolonged breastfeeding and withdrawal may not also be unconnected to the socio-economic status of the participants. This however contradicts the report of Asekun-Olarinmoye *et al.,* (2013), in which it was reported that the most frequently used method was the male condom. Since majority of them are of low income, (67.5%), the use of these two methods will be their best option since they are very cheap, or virtually cost them no form of financial involvement. Johnson and Ekong (2016) also reported that the most commonly used method of family planning was injectables and pills, this also is contrary to the findings of this study.

In this study, data obtained show various socio-cultural reasons were given by mother of child bearing age in Bauchi State as to why most women were not practicing family planning. Among these socio-cultural reasons were in order of important; negative perception about contraceptives (66.2%), belief that having many children symbolizes high social status (65.0%). Adolescent are not adult until they have a child (65%) while the last social cultural reason were lack of men involvement in family planning (39.0%), family pressure against the use of contraception (47.5%) this

shows that socio cultural play a vital role on use or not use of contraceptive. This study revealed that there was a significant relationship between socio-cultural barriers and attitude of mothers of child bearing age in utilization and family planning services (P<0.05). "Awareness and barriers to utilization of maternal health care services among reproductive women in Amassoma Community, Bayelsa State", reported that medical barriers have influence on attitude towards the utilization of family planning. The medical barriers to utilization of family planning services they added, include, previous bad obstetric history and attitude of the health care provider.

The study also revealed that there was a significant relationship between socio-cultural barriers and attitude of mother of child bearing age in Bauchi State (p<0.05). This is in line with Onasoga *et al*. (2014) however, reported that the major variables associated with barriers to utilization of maternal health services among respondents were mainly socio-cultural barriers. Religion was found to be one of the contributing barriers against utilization of contraceptives and in the study area 42.2% stated that the religion is against use of contraceptives from (table 3). According to Ehlers (1999) indicated that religion could sometime hamper the effective use of contraceptive. Islamic women tend to let men decide on the number of children required (such women are unlikely to use contraceptive). Some religion believe associated contraceptives with promiscuity the women hence a stigma were a women is found to use contraceptive.

CONCLUSION

From the data obtained from this study, the following conclusion is drawn.

1. The most often experience barrier to family planning previous experience, which experience failure, they become pregnant, bleeding, weight gain, unwanted pregnancy

which could be due to improper use of contraceptive, the percentage of this finding was high (72.2%). Using Pearson correlation show that most experience in barrier has 10% influences on the attitude of mother to family planning in Bauchi State.

2. Educational level of child bearing age mother had influence on the use of contraceptive, data shows that the more educated mother (those will tertiary, secondary, primary education) were more acceptable to the use of contraceptive (this indicate that adequate education is key to acceptance of contraceptive by mothers of child bearing age in a study community.
3. Sanction and stigma by some religious denomination discourage mothers of child bearing age for participating in family planning services. Family, spouse, in-law are also sources of barriers to family planning services, also Africa tradition and desire for many children which to them is a symbol and social high status remains in pattern to family planning services.

RECOMMENDATIONS

1. There is need for educating women of child bearing age group in Bauchi State the importance of family planning services in which to make choices that will be appropriate for individual. Family planning should be included in the educational curriculum, particularly from secondary school level, as sex education which has become a must for children in the present dispensation.
2. Manufacturing company who are responded for manufacturing of the family planning devices should improve on the product so as to ensure minimal or no side effect.
3. Cost of purchase of family planning devices should be minimal. Since not many mothers can afford them, the

government, NGOs, and WHO should assist to subsidize the cost of family planning service to make it available and affordable to everyone.

4. Religious organization should also broaden the idea of family planning services because one of the advantages to family planning is that the smaller number of children one has the less financial stress one may encounter.
5. Equal education should be given to both men and women who participate in family planning
6. Community mobilization should be clear to create awareness of the importance of family planning services.

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BARRIERS AGAINST UTILIZATION OF FAMILY PLANNING SERVICES AMONG CHILD BEARING MOTHERS IN BAUCHI STATE

SECTION A
SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. AGE: UNDER 20YRS ( ), 20-25YRS ( ), 26-30YRS ( ), 31-35YRS ( ), 36-40YRS ( ), ABOVE 40YRS ( )
2. Marital Status: Single ( ), Married ( ), Divorced ( ), Separated ( )
3. Religion: Christianity ( ), Islam ( ), Traditional ( ), other specify……
4. Ethnicity: Hausa ( ), Fulani ( ), Igbo ( ), Yoruba ( ), other specify……
5. Educational Status: No Formal Education ( ), Primary ( ), Secondary ( ), Tertiary ( )
6. Occupation: Unemployed ( ), Self employed ( ), Peasant farmers ( ), Student ( ), Civil servant ( ), others specify……
7. Income: lower ( ), Middle ( ), High ( ), others specify----------

SECTION B
AWARENESS AND BARRIERS TO FAMILY PLANNING

Please tick appropriately from any of the following option:

1. Are you aware of the different types of family planning? Yes ( ) No ( )
2. If yes tick the one you are aware of below:

s/no		Yes	No
	Types of family planning methods used		
1	Modern		
2	Withdrawal		
3	Calendar		
4	Prolonged breast feeding		
5	Abstinence		
6	Others		

s/no	Attitude towards family planning	SA	A	D	SD
7	I don't like to use family planning devices				
8	My spouse does not like it				
9	Family planning is very helpful				
10	I don't use it often because of non availability				
11	Family planning methods are not readily available because of inadequate financial support from Government				
12	Poverty has influence the use of contraceptive				
13	The use of contraceptive is influence by the decision making of male dominated society.				
	Benefits of family planning				
14	It helps in the Control of planning for the family				
15	Child spacing				
16	Prevention of unplanned pregnancy				
17	Prevention of pregnancy complications				
18	It has no benefit				
	Traditional/Cultural Barriers towards family planning				
19	Family planning is against your religious beliefs				
20	Its seem to be associated with promiscuity in women				
21	Your partner is against the use of contraceptives				
22	Your in-laws are against the use of contraceptives				
23	Your parents are not in support of the use of contraceptives				
24	Your community is not in support of family planning				
25	It is belief that having many children symbolizes high social status				
26	Adolescents are not considered as adult until they have a child				
27	Its belief that rumors about contraceptives prevent child bearing permanently				
28	Its social stigma to use contraceptive				
29	There is a lot of family pressure against the use of contraceptive				
30	There is lack of male involvement in family planning				
31	Early marriage has been encourage to avoid the use of contraceptives				
32	Domestic violence it has lead to the use of contraceptive				

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