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## Awareness, Access and Utilization of Family Planning Information in Zamfara State, Nigeria

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# **Awareness, Access and Utilization of Family Planning Information in Zamfara State, Nigeria**

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## **Abstract**

The study investigated the extent of awareness, accessibility and utilization of family planning information in Zamfara State, Nigeria. The descriptive survey method was adopted for the study. The population of the study consisted of all the fourteen (14) Local Government Areas of Zamfara State and the targeted respondents of the study were the married women of Zamfara State. Simple random sampling was adopted for the study because of its appropriateness which ensured that no part of the population was excluded. Nine (9) Local Government Areas out of the fourteen (14) in the State were selected representing 75% of the total number of the Local Governments and 83% respondents to represent the entire population of the fourteen (14) Local Government Areas under study. The study made use of questionnaire and interview as instruments of data collection. The findings revealed that eight family planning information systems are available in the state and they are, Pills, Male condom, Abstinence system, Birth spacing, Contraceptive (injectible), Maternal death, Infant mortality and its benefit. It was also discovered that (30%) of the respondents were aware of family planning activities and very few number of them aware of the benefits of family planning in Zamfara State.(36%) have access to family planning information and method. It was discovered also that Radio constitute the highest (37%) source of family planning information in the state while all (100%) of the respondents Strongly Disagreed of having heard family planning information from the worship centers. Recommendations made include, Government galvanizing all sectors of the country to participate actively in family planning activities to check the explosive growth rate of our population. Government should as a matter of necessity muster enough political will to execute its 2014 Blue Print to the later with relevant updates.

**KEY WORDS:** Awareness, Access, Utilization, Family Planning, Information, Nigeria

## Introduction

The place of information in all aspects of human existence is a necessity. Family planning information is an important factor in having a meaningful life both for the individual family and the nation as a whole as it is rightly said that a healthy nation is a wealthy nation. Owusu-Ansah, in (Anunobi, & Udem, 2014) defined information as factual data, ideas, and other knowledge emanating from any society that are identified as being of value, sometimes gathered on a regular basis, organized in some fashion, transmitted to others, and used in some meaningful way. Information they say is power. It has the potential of transforming life. However, it is only with the right information that you can make an informed decision. The person that have the right information and used it well will always be ahead of the person that does not have the right information. Family planning information is right information every citizen that is of age should have. Birth control is at the center of family planning. Birth control was original name used for family planning. According to Encyclopedia Britannica (2011) it was first used by a U.S. reformer Margaret Sanger in 1914/15 and the term denotes methods of preventing conception, whether involving the male or female, it now comprises all methods of fertility control including abortion and sterilization. While fertility control is a broader term encompassing stimulating or inducing fertility as well as the limitation of births. Family planning or Planned Parenthood generally refers more broadly to policies, programs and services designed to assist people in practicing birth control. Obinna (2017) reported in Vanguard online that Dr. Jumoke Adekogbaa Reproductive Health and Family Planning Advisor with Engender Health says that Family Planning is the initiation and use of natural or modern contraceptive methods to delay, space or limit future pregnancies and that it gives couples the ability to choose the number and space births of their children. Healthy spacing of pregnancies increases healthy outcomes for mother and baby she added.

The knowledge of family planning does more than enable women and men to control their family size as is popularly held. It guarantees citizens' health and rights; improves families quality of life and by implication the larger society. The saying that a healthy nation is a wealthy nation will remain a truism for a very long time to come. According to the Federal Government of Nigeria (2014) family planning (FP) is one of the most cost-effective ways to prevent maternal, infant, and child mortality. In its blue print document it argued that it can reduce maternal mortality by reducing the number of unintended pregnancies, the number of abortions, and the proportion of births at high risk. It has been estimated that meeting women's need for modern contraceptives would prevent about one-quarter to one-third of all maternal deaths, saving 140,000 to 150,000 lives per year. Family planning, FGN (2014) continues offers a host of additional health, social, and economic benefits; it can help slow the spread of HIV, promote gender equality, reduce poverty, accelerate socioeconomic development, and protect the environment. Control of human fertility has been the desire of most individuals and societies over the years. That is to say that the whole essence of fertility control or family planning is to put the population under control and enhances living condition. In those days families need for power and prosperity necessitated large population which makes them to engage in polygamy, but the desirability of large family population these days is in doubt especially in developing countries like Nigeria and in the face of the persistent economic crisis across the globe. Large population are supposed to be advantage of countries as it were to families in those good old days but the reverse is the case for economic reasons as earlier stated. As United Nations Population Fund (UNFPA) (2017) puts it, access to safe, voluntary family planning is a human right

and that family planning is central to gender equality and women's empowerment, also a key factor in reducing poverty. Yet in developing regions, some 214 million women who want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack of access to information or services, religious belief to lack of support from their partners or communities. This threatens their ability to build a better future for themselves, their families, and their communities. UNFPA further states that Women's and adolescents' right to contraceptive information and services is grounded in basic human rights. And that the Programme of Action of the International Conference on Population and Development (ICPD) recognized "the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice."

Obinna (2017) noted that much is yet to be desired as far as maternal health is concerned. The Maternal Mortality ratio remains one of the highest in the world at 576 per 100,000 live births. And on the average, 116 women die every day in Nigeria from complications of pregnancy, labour or childbirth. In line with this, the Federal Government of Nigeria (2014) after the 2012 London Summit on family Planning developed a Blue Print - The Nigeria Family Planning Blueprint (Scale-Up Plan October, 2014). Government stated that proper implementation of the Blueprint would definitely result in the achievement of the contraceptive prevalence rate (CPR) of 36 percent by 2018 as against the present CPR of 15 percent, aversion of infant death by 400,000 and 700,000 child deaths and 1.6 million unintended pregnancies will also be averted. This is an achievable task but requires the concerted effort of not only the three tiers of government but that of the communities, civil society organizations, and the organised private sector as they rightly said. Our population is growing at an alarming rate of 3.3 % per annum FGN (2014). Is this a suggestion that family planning information is not available or adequately available to the citizens? Or that the people are not aware of the idea, its benefits and possible side effects? Or is it that the information is not being put to use or adequate use by the citizens. Could it also be that the means of conveying the information is not a popular one? 2018 achievement target for attainment of the contraceptive prevalence rate (CPR) of 36 is just few months away can we be said to be faring well in that regard? Sustained campaigns and crusades to convey the message/information to the populace and see the same accepted and put to use is a must as ignorant in itself has been said to be a disease. The family planning information should not be limited to women antenatal clinics alone because this will definitely exclude men from the campaign, and naturally would yield little or no result. The awareness drive should be for both couples as they are the ones to jointly take the decision of accepting the need for family planning and what method(s) to adopt from available options. Several methods exist over the years both traditional and modern. Traditional method includes mostly unorthodox means, while modern methods of contraception include pill, injection, implants, female sterilization, male sterilization, female condom, male condom, intrauterine device, diaphragm, foam/jelly, and emergency contraception.. creating awareness, having access and utilization of the information and methods would help in mitigating complications in pregnancy, maternal/mortality death under spaced child births, poverty, illiteracy and population explosion in Zamfara State. It is the intent of this study therefore, to find out the extent of awareness, accessibility, source(s), methods and of course utilization of family planning information to Nigerians in Zamfara State.

## **Statement of problem**

Proper family planning has a great impact on the improvement and welfare of any people. Nigerian journey of national development cannot be said to be a successful one. There are high records of out of school children, high maternal mortality rate, and our population is growing at an alarming rate of 3.3 % percent per annum according to Prof. Hadiza Shehu Galadanci as reported in Muhammad (2018). Greater percentage of the citizens lives below one dollar per day. Family planning is supposed to play a major role in checking all these anomalies. This is a serious concern to the world and well-meaning Nigerians as well. Two major summits on family planning have been organized within the last five years and Nigerian government participated very well. After the London Summit of 2012 Nigerian government came up with a Blueprint with the intent to achieve the following by 2018: increase in contraceptive prevalence rate (CPR) of 36 percent as against the present CPR of 15 percent; aversion of infant death by 400,000; child death by 700,000; and the aversion of 1.6 million unintended pregnancies. At the most recent Summit of July 2017, they only made a recommitment of their earlier stand, an indication that they have no result to show from their earlier promise. When will all these promises be achieved? Some stakeholders including the National Population Commission have argued that there is not enough information on family planning. The effectiveness or otherwise of the Federal Ministry of Health's Family Planning blueprint should not be measured by how well it was articulated but how well it becomes a house hold issue in all nook and crannies of this country. To the best of the knowledge of the researchers there is no available study on this in this part of the country, hence this study intends to fill this gap and create knowledge.

## **Background study of Zamfara State**

The then Federal Military Government of General Sani Abacha brought the number of states in Nigeria to 36 with the creation of New Six States on 1<sup>st</sup> October, 1996. Zamfara State was one of the six new states with an area of 38, 418 square kilometers. The state was carved out of the old Sokoto with its capital at Gusau. Zamfara has three Senatorial Zones with fourteen Local Government Areas. According to Okeke (2014) the state is bordered in the north by Niger Republic, to the south by Kaduna State. While Katsina is in the east, Sokoto and Niger States are its neighbours in the west. Zamfara has a total population of 3,278,873, women population of 1,637,250 and 762,966 married women according to the 2006 national census. The state has 230 family planning centers across the state with a 4.8% fertility rate said to be among the highest in the country (Zamfara State Ministry of Health, 2017).

## **Objectives of the study**

This study has the following objectives:

- (i) To examine the extent of awareness, availability and accessibility of family planning information in Zamfara State.
- (ii) To find out whether the target group (married women) in Zamfara State have access to these information
- (iii) To identify the kind of family planning information available to in Zamfara state, Nigeria;
- (iv) To establish the sources of family planning information available in Zamfara; state, Nigeria;

- (v.) To find out the extent of utilization of family planning information in Zamfara state;
- (vi.) To identify the challenges militating against use of family planning information in Zamfara state; and

### **Research Questions**

This study intends to answer the following research questions:

- (i) What is the extent of Women awareness and availability of family planning information?
- (ii) Do Women in the State have access to Family Planning Information?
- (iii) What kind of Family Planning Methods are available in Zamfara State, Nigeria?
- (iv) What are the sources of Family Planning Information in Zamfara state?
- (v.) To what extent is Family Planning Information utilized in Zamfara state?
- (vi.) What are the challenges militating against use Family Planning Information in Zamfara state Nigeria?

### **Literature Review**

The awareness drive should be for both couples as they are the ones to jointly take the decision of accepting the need for family planning and what method(s) to adapt from available options. According to Gage and Zomahoun (2011) information given to clients refers to information imparted during provider-client interactions that enables clients make informed choice and derive satisfaction. Modern methods of contraception include pill, injection, implants, female sterilization, male sterilization, female condom, male condom, intrauterine device, diaphragm, foam/jelly, and emergency contraception. Choice of methods refers to both the number of contraceptive methods offered regularly and the extent to which methods offered meet the needs of significant subgroups (Gage and Zomahoun (2011).In their study (Alege, Matovu, Ssensalire and Nabiwemba, 2016) reported that Knowledge of FP methods was nearly universal with (98.1%) and that method-specific knowledge was highest for short-term methods (e.g. male condoms (98.3%), pills (97.9%) and injectables (97.6%) while Knowledge of long-term FP methods (implants (91.7%); intra-uterine devices (89.1) was equally high as was knowledge of permanent methods (female (79.3%); male sterilization (77.6%)). with knowledge of lactational amenorrhea and emergency contraceptives being the lowest at 71.9% and 40.1% respectively. In a case study conducted in Ghana by Eliason, Awoonor-Williams, Eliason, Novignon , Nonvignon, and Aikins, (2014), it was reported that a little over 90% of both cases (93.8%) and controls (91.5%) knew at least a method of modern contraceptive of which Injectable was the most known modern method of family planning amongst both cases (93.1%) and controls (82.6%), followed by the pill (cases-86.9%; controls-65.9%). The diaphragm was the least known method amongst the cases (3.1%), while vasectomy or male sterilization was the least known amongst the controls (0.4%).

Sources of information on family planning include television, radio, posters, hospitals, friend/relatives, communities, religious organisations, seminars, talk show, and even social Medias among others. Msovela, Tengia–Kessy and Mubyazi (2016) in their study reported that overall - close to half of their respondents (45.7%) reported to have obtained FP information from their spouses. The other half received such information through other sources including mass media (27.6%); health facilities where they attended for care

seeking (18.1%); community health meetings (12.6%), and others from neighbours, friends, campaigns, and billboards. While on actual access by mediums Msovela, Tengia–Kessy and Mubyazi (2016) discovered that Majority of respondents were exposed to at least one type of mass media with 82.7% of them reported to have listened to radios at least once per week. One third (38.4%) of those that listened to radios also watched television while a slightly lower proportion (28.1 %) claimed to have received FP information by additionally reading newspapers. Out of those who listened to the radio, 78.1% confirmed to have heard FP messages as compared to more than half (65.7%) of respondents who got such messages by watching TVs. Moreover, about half of respondents (48.4%) reported to have had access to newspapers through which they could get FP messages. For those reporting to have had seen or heard of FP messages through the mass media, they specified that the contents of the messages were related to such issues as child spacing, types of recommended FP methods, importance of using the methods, their safety and male involvement in FP services. However, the above study is for male and there is much likelihood that male tend to be more media friendly than women.

According to Obinna (2017) only 15 percent of Nigeria women are utilizing any form of family planning which is at variance with the 2012 London Summit targets. FGN (2014) National CPR figures mask the significant range in contraception use patterns across Nigeria. State-level modern contraceptive prevalence rates (mCPRs) range from <1 percent to 27 percent, with usage concentrated largely in the southern States. Usage patterns also follow traditional education and wealth lines, with higher levels of each equating to higher usage. According to National Population Commission (2017) urban women are more than twice as likely as rural women to use a method of contraception (20 percent versus 9 percent) and contraceptive use varies significantly by region. For example, one-third of married women in the South West use a method of contraception compared with just 4 percent of women in the North East and 5 percent of women in the North West. FGN (2014) reported that among women of reproductive age in developing countries, of which Nigeria is part of, 867 million (57%) are in need of contraception because they are sexually active but do not want a child in the next two years. Of these, about 222 million (26%) do not have access to modern methods of contraception, resulting in significant unmet need. In 2006, unmet need for family planning was added to the fifth Millennium Development Goal as an indicator for tracking progress on improving maternal health. In Nigeria, according to the population census of 2006, there were, at that time, 44,152,637 women of reproductive age. The Nigerian Demographic and Health Survey (NDHS) 2013 reported that only 15.1 percent of married women of reproductive age were using any contraceptive. Ten percent of currently married women reported using a modern method, and 5 percent use other methods of contraception. In addition, there is a significant unmet need for family planning in Nigeria; 16 percent of married women have an unmet need for family planning (NDHS 2013). Ghulam, et al (2015) reveal that majority knew about some modern contraceptive methods, but the overall contraceptive use was very low. Knowledge and use of any contraceptive method were particularly low. In their study in Pakistan, Ghulam, Syed, Azmat, Hameed, Ali, Ishaque, Hussain, Ahmed and Erik, (2015) reported that the majority of men and women across all regions were not using any family planning method mainly because they wanted more children, had negative perceptions about family planning, or had concerns about side-effects and due to lack of access to information and services. Gage and Zomahoun (2011) argued that in contrast, there were only few who used modern methods as these ensured better health of the mother and child. A female from KPK said, “We did plan and tried that we should not have another child because our first

child was too young; therefore we wanted to have another child once our first child was grown enough; so we used condoms.” Method-wise, condoms were mostly preferred by men. Quoting another woman respondent from Punjab, “The idea of using a condom was my husband’s; he had asked the Doctor and decided.” (Gage and Zomahoun, 2011). Alege, Matovu, Ssensalire and Nabiwemba, (2016) revealed that in the overall, 62.2% of the women reported that they were currently using a family planning method; 76.3% of these were using a modern method. This was highest for injectables (33%), lactational amenorrhea (16.7%), female sterilization (12.3%) and male condoms (11%). Current use of IUD (7.2%) was low just like pills (6.7%).

Low demand for FP services and commodities remains a significant barrier to increasing CPR. Many women are not aware of the various methods of contraception or the relative benefits and side effects of each of them. In addition to lack of awareness, common misconceptions about side effects and efficacy persist among many men and women. Furthermore, the overall health and economic benefits of birth “spacing” and “limiting” are not well understood among families or even providers. This seems to translate into a low motivation to use family planning and low usage patterns. To address this situation, all stakeholders and influential leaders should be encouraged to provide correct and appropriate information on birth spacing. There is a low knowledge of contraceptives, especially LARCs, across Nigeria. The NDHS (2013) reported that 84.6 percent of married women of reproductive age have heard of at least one method. However, this average masks critical differences related to method type, age, wealth, and other factors. For example, only 25.9 percent of women have heard of implants in Nigeria—a much lower rate of knowledge than in other countries. From a geographical perspective, knowledge is significantly lower in the North, as is contraceptive prevalence. Reasons for not using family planning and modern contraception included incomplete family size, negative perceptions, in-laws’ disapproval, religious concerns, side-effects, and lack of access to quality services Ghulam, et al (2015).

### **Methodology**

Survey research design was adopted for the study. The population of the study consisted of 230 staff of Family Planning Centers in the State and all the 1,637,250 women in the three (3) Senatorial Zones of Zamfara State which has a total of fourteen (14) Local Government Areas. The respondents of the study included some staff, nine (9), one each from the nine Family Planning Center offices from the nine (9) selected Local Government Areas of the State and 762, 966 married women in Zamfara State. Simple Random Sampling was adopted for the study for convenience. Nine (9) Local Government Areas representing 75% of the total number of Local Government Areas and nine (9) staff working in Primary Health Centers were selected as respondents to represent the entire population of the fourteen (14) Local Government Areas under study.

**Table 1: Population distribution of Married Women in Zamfara by Local Government Area**

<b>S/ N</b>	<b>Local Government Area</b>	<b>Total Women Population</b>	<b>Married Women Population</b>
1	Anka	71,181	33,274
2	Bakura	94,772	44,831
3	BirninMagaji	93,259	45,084

4	Bukkuyum	107,536	49,690
5	Bungudu	129,813	61,493
6	Gummi	104,035	49,663
7	Gusau	185,030	82,093
8	KauraNamoda	139,815	63,494
9	Maradun	101,160	46,146
10	Maru	146,221	69,882
11	Shinkafi	69,452	30,614
12	TalataMafara	108,134	51,242
13	Tsafe	137,919	64,811
14	Zumi	148,923	70,649
	<b>Total</b>	<b>1, 637, 250</b>	<b>762,966</b>

Source: National Population Commission (2006)

## RESULTS AND DISCUSSION

Out of 665 copies of the Questionnaire distributed to the respondent, a total of 560 (84%) copies were duly completed, returned and found usable for this study.

**Table 2: Kind of Family Planning Information available in Zamfara State**

S/N	Family Planning (FP) Information	Available	Not Available
1	I know about Pills	✓	
2	I know female sterilization as a method of FP		✓
3	I know male condom as a method of FP	✓	
4	I know about Abstinence System	✓	
5	I know about Birth Spacing	✓	
6	I know about Ovulation System		✓
7	I know about Long acting Contraceptive (Injectible)	✓	
8	I know about Maternal Death	✓	
9	I know about Infant Mortality	✓	
10	I know Sexual <b>Outer course</b>		✓
11	I know the benefits of Family Planning	✓	
12	I Know the Sid effect of Family Planning		✓
	<b>TOTAL</b>	<b>67%</b>	<b>4%</b>

Results in table 2 shows that there are many kinds of family planning information available either at the National or International level depending on the circumstances surrounding the nature and type of information acceptable to particular environment. Family Planning approach shared the same information in Zamfara State as well as North-West geo-political zone of Nigeria. The table contains twelve different types of information available as collected from the respondents via questionnaire and interviews. Based on the analysis only eight (8) out of the twelve (12) family planning information sources are available in Zamfara State namely, Pills; Female sterilization; Condom; Abstinence; Birth Spacing; Ovulation System; Long acting Contraceptive (Injectible); Maternal Death and its benefits. These eight (8) information constitute (67%). Those not available are:- Female

sterilization; Ovulation, Sexual outer course and Side effect information due possibly to the nature, culture and religious beliefs.

The information on contraceptive prevalence rate was more pronounced because of its benefit and effectiveness. This is in agreement with Sheth (2018) who reported that if we achieve a Contraceptive Prevalence Rate (CPR) of 36% that, an estimate of 22,000 mothers lives would be saved and that 101,000 children's lives will also be saved. He added that the lives of 94,000 infants will also be saved if Nigerian women increase their spacing to more than two years.

**Table 3: Awareness and Access to Family Planning Information in Zamfara State**

S/N	FP Information Level of Awareness	Agree	Strongly Agree	Disagree	Strongly Disagree
1.	I am aware of Family Planning	170 30%	240 43%	50 9%	100 18%
2.	I know about the relative benefits of some of the FP methods	83 15%	111 20%	170 30%	196 35%
3.	I know about the side effects of some of the FP methods	189 34%	209 37%	65 12%	97 17%
4.	I have access to available FP Information	201 36%	280 50%	21 4%	58 10%
5.	I have access to available FP Methods	160 29%	233 43%	75 13%	92 16%

In table 3 above, the data revealed that a high parentage of respondents 240 (43%) strongly agreed that they were aware of Family Planning. This is in line with (Alege, Matovu, Ssensalire and Nabiwemba, 2016) who reported that Knowledge of FP methods was nearly universal with (98.1%). However, about 196 (35%) say that they strongly disagree of its benefits and 83 (15%) Agree that family planning information when adopted will benefit the parent, infant and improve their economy.

Moreover, on its side effect, 209 (37%) of the respondents strongly agreed that family planning has negative consequences while 97 (17%) believed that family was free from any health hazard. Access to family planning information indicated that 280 (30%) respondents strongly agreed to having access to available information on family planning through Health talks, posters and Radio programmes; while only 58 (10%) respondents strongly disagreed to having access to such information as a result of their location coupled with literacy challenges. Methods of family planning information and its application varied from oral, injectibe and use of condom but however, 233 (42%) respondents noted that they were aware of methods of family planning. National Population Commission (2017) revealed that there is not enough information on family planning.

**Table 4: Available Sources of Family Planning Information in Zamfara State**

S/N	Means of FP Information Available	Agree	Strongly Agree	Disagree	Strongly Disagree
1.	I heard of Family Planning on Radio	208 37%	352 63%	0 0%	0 0%
2.	I heard of Family Planning on Television	180 32%	220 39%	62 11%	98 18%
3.	I heard of Family Planning on ante-natal day	0 0%	0 0%	208 37%	352 63%
4.	I heard of Family Planning at my Worship center	0 0%	0 0%	0 0%	560 100%
5.	I heard of Family Planning through House visit by Health workers	179 32%	243 43%	45 8%	93 17%
6.	I heard of Family Planning Through my Village Head	120	210 21%	53 9%	177 32%
7.	I heard of Family Planning at Health talk shows at FP Centers etc	183 33%	210 38%	77 14%	90 16%
8	I heard of Family Planning from social medias like – facebook, whatsAppetc	0 0%	30 6%	0 0%	530 95%

Table 4 above, shows the available sources of family planning information in Zamfara State. It reveals that 352 (63%) strongly agreed to have received family planning information through the Radio. About 220 (39%) strongly agreed to getting Family Planning Information from Television programme and 98 (18%) strongly disagreed. Therefore, the Radio formed the major source of disseminating information on family planning issues in Zamfara State. Corroborating the place of Radio and Television. In their study, Msovela, Tengia–Kessy and Mubyazi, 2016) revealed that Majority of the respondents were exposed to at least one type of Mass Media with 82.7% of them reported to have listened to Radios at least once per week. One third (38.4%) of those that listened to Radios also watched Television. Out of those who listened to the radio, 78.1% confirmed to have heard FP messages as compared to more than half (65.7%) of respondents who got such messages by watching TVs. Moreover, 352 (63%) respondents strongly disagreed of receiving family planning information via Antenatal Care while 208 (37%) Disagree that they received such information through Antenatal Care Unit.

In similar vein, all respondents 560 (100%) strongly disagreed that they got family planning information at worship centers. An indication of strong religious and cultural inhibition against Family Planning in the State. 243 (43%) strongly agreed that that they heard such information from House to House Campaign, while 93 (17%) respondents strongly disagreed that they receive such information via House to House Campaign. 210 (21%) respondents agreed that they got family planning information through their community Heads because they are fully involved in the family planning activities in Zamafara State.

Social media presently is one of major medium of information generation at global level, but all the same 530 (95%) of the respondents strongly disagreed of receiving family planning information via social media and only 30 (6%) claimed to have gotten such information from the social media in Zamfara State. Health talk is one of the media of enlightenment campaign used in creating awareness of family planning activities in the state, respondents 210 (38%) testified that health talk at family planning centers under the State Primary Health Care facilities in the four local government areas of the state adopted Health talk method to generate and disseminate family planning information from every nook and crannies of Zamfara State.

**Table 5: Methods of Family Planning Systems**

S/N	Methods of Information	Agree	Strongly Agree	Disagree	Strongly Disagree
1.	Traditional Method	89 16%	199 36%	77 14%	195 35%
2	Modern Method	167 30%	230 41%	65 12%	98 18%
3	Any other method	Nil	Nil	Nil	Nil
4	Never used any method	Nil	Nil	167 30%	393 70%

Table 5 above indicated responses from the target group. In this analysis it has been revealed that a high number of responses 199 (36%) strongly agreed that they are using traditional family planning methods. While the majority 230 (41%) respondents strongly agreed of using modern family planning system. There was no response for the use of any other method.

**Table 5: Use of Family Planning Information**

S/N	Utilization of Family Planning Information	Agree	Strongly Agree	Disagree	Strongly Disagree
1.	I am not using family planning information because I want more children	152 27%	244 44%	70 13%	94 17%
2	I am not using family planning information because my culture do not permit	178 32%	2114 38%	80 14%	88 16%
3	I am not using family planning information because my religion do not permit it	191 84%	251 45%	21 4%	97 17%
4	I am not using family planning information because my husband do not permit it	129 23%	169 30%	59 11%	203 36%
5	I am not using family planning information because of financial constraints	172 31%	274 49%	30 5%	64 11%

6	I am not using family planning information because of its side effects	185 33%	213 38%	64 11%	98 18%
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Table 6 shows responses obtained on utilization of family planning information. It should be noted that data collected for this study was collected from married women (predominantly Muslims) in the state. The study revealed that 244 (44%) strongly agreed that they are not using family planning information because both husband and wife want to have more children and 94 (17%) strongly disagreed. However, 214 (38%) strongly agreed that their culture does not permit adoption of family planning and 88 (16%) strongly disagreed. On the other hand, 251 (48%) respondents noted that their religion prohibits or does not permit the use and adoption of family planning information and methods while 97 (17%) strongly disagreed. Furthermore, 169 (30%) strongly agreed that their husbands does not permit their use of family planning methods and 203 (36%) strongly disagreed. Similarly, 274 (49%) of the respondents strongly agreed that financial constraints do not allow them to use family planning information while only 64 (11%) strongly disagreed.

Utilization or use of family planning information is central and its use and none use determines success or failure of whole family planning programmes that was why scholars, researchers and health professionals in family planning programmes made a lot of findings. This agrees with the findings of Obinna (2017) who revealed that only 15% of Nigerian women are utilizing any form of family planning information which is at variance with the 2012 London Summit target. According to FGN (2014) National Contraceptive Prevalence Rate (CPR) figures mark significant range in contraceptive use pattern across Nigeria. The study of Ghulam, Syed, Azmat, Hameed, Ali, Ishaque, Hussain, Ahmed and Erik, (2015) in their Pakistani also agreed that majority of men and women across all regions in that country were not using any family planning mainly because they wanted more children, they had negative perception about family planning or had concerns about side effects and due to lack of access to information and services.

## **FINDINGS OF THE STUDY**

Arising from discussion and analysis of data collected through respondents, the following findings were made

1. Pills, Male condom, Abstinence system, Birth spacing, Contraceptive (injectible), Maternal death, Infant mortality and its benefit are the family planning information available in Zamfara State.
2. It was discovered that respondents were aware of family planning activities but very few number of them were aware of the benefits of family planning in Zamfara State.
3. It was revealed that large percentage (50% & 43% respectively) of the respondents have access to family planning information and methods.
4. It was discovered also that Radio, House to House Campaign and Health talks at various Health facilities, Community leaders were the major sources/means of family planning information in the State.
5. It was also revealed that there is no mention of it in their worship centers.
6. It was revealed that Modern Methods of family planning were mostly utilized.

7. Financial constraint was also found to be an impediment to accessing the facility in the state.

## **CONCLUSION**

Family Planning activities and services were the instruments through which a people or nation use to achieve objectives of reducing poverty, maternal and infant mortality, check population explosion, improve income of its citizens all for a better life. Information is power, because it is the basis of making right decision whether as an individual or as a Government. Therefore the availability of family planning information has been established to be very vital in this regard. Findings of this study, has revealed good level of availability, awareness, access and utilization of family planning information. Radio tops the list in the sources of family planning information in the state. Modern family planning methods were mostly used. Restraints in the state comes mostly from or overbearing religious influence, finance/poverty, high illiteracy, and fear of the side effects which emanate from rumours made possible by perhaps minimal or ill crafted information on the jingles.

## **RECOMMENADCTIONS**

The following recommendations are made:

1. Government, individuals, philanthropic organizations and Non-governmental organizations should fully participate and increase funding and logistic support to ensure that the family planning activities covers every nooks and crannies of Zamfara State.
2. Those involved in providing family planning services should always treat patients in a friendly and dignified way when interacting and providing services to them.
3. Government should establish more family planning centers across the fourteen Local Government Areas, with well equipped relevant and modern family planning instruments as well as employ well qualified personnel to man them.
4. Government should engage the Non-Governmental Organisations (NGOs), National Orientation Agency (NOA), Religious Organisations, Film makers, Music produces, the Media, the Local Authorities both Government and Community levels (as proposed in the 2014 Blue print)
5. Government should muster enough political will to execute its 2014 Blue Print to the later with relevant updates.
6. Similar research work should be carried out periodically in order to provide up-to-date information on family planning activities in the state.

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