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A Survey of the Effects of Exposure to Communication on Family Planning Ideation and Practices in Kaduna State

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Abstract

This study investigated influence of communication on knowledge and utilization of family planning services across four communities of two each in Kaduna North and Chikun local government areas of Kaduna State, Nigeria. A sample size of one thousand and five hundred married women and men aged 15-49 were selected for this study. Questionnaire was used for data collection. The results show that exposure to communication on family planning does has significant influence as knowledge is high, but the overall uses among couples were very low in the study communities. The use of family planning was particularly low (42.8%), in contrast to the high knowledge (89.4%) among respondents. Interpersonal communication (IPC) agents like field workers, doctors and nurses at healthcare facilities were effective sources for family planning information. It was recommended that communication efforts be intensified to address religious, cultural, misconceptions as well as gender barriers to the practice of family planning.

Keywords: Communication, Family Planning, Birth Control, Healthcare, Kaduna State

Introduction

Population growth has been a problematic issue all over the world consequently. With a population growth rate of 3.2%, and a total fertility rate of 5.5 %, Nigeria's population is projected to reach 433 million by the year 2050, making it the third most populous country in the world, after India and China (Population Reference Bureau, 2011). Like many developed countries, Nigeria have approved and resorted to birth control or family planning (FP) as a cost-effective measure to avoid population explosion. Family planning according to United Nations Population Funds Activities (UNPFA, 2001) is a recognized basic human right and enables individuals and couples to determine the number and spacing of their children. The World Health Organization (WHO, 2013) stated that family planning allows individuals and

couples to anticipate and attain their desired number of children and the spacing and timing of their births. This is achieved through use of contraceptive methods. A woman's ability to space and limit her pregnancies 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 and control of the rate of child birth by individuals, both married and unmarried.

FP, which have been documented to be highly effective means of improving maternal health by preventing unintended pregnancies in order to ensure healthy timing and spacing of births, only account for 17% of use in Nigeria (National Population Commission/National Demographic Health Survey, 2018). The survey documents a significant unmet need for family planning at 48%, with wide disparities across regions (24.9% in South West, 16.4% in South South, 12.4% in North Central, 11% in South East, 3.6% in the North West and 2.7% in the North East (NPC/NDHS, 2018).

Low contraceptive uptake and unmet need for family planning is closely associated with the poor state of maternal and child health in Nigeria. According to United Nations Children's Fund (UNICEF, 2019) report, women of childbearing age in Nigeria (between 15 and 49 years of age) suffer a high level of health issues surrounding birth. While the country represents 2.4 per cent of the world's population, it currently contributes 10 per cent of global deaths for pregnant mothers. The country account for a maternal mortality rate of 576 per 100,000 live births, the fourth highest globally. Infant mortality currently stands at 69 per 1,000 live births while for under-fives it rises to 128 per 1,000 live births (UNICEF, 2019).

In Kaduna State, Northern Nigeria, where this study was conducted, just one-fifth of all married women of reproductive age reported using contraception, while many more experienced unmet needs for contraception (Sinai, 2020). These realities drive risky fertility behaviours and compromise reproductive rights. For example, over one quarter of pregnancies were unintended in Kaduna State, resulting in pregnancies that occur at too young or old a maternal age, pregnancies that are too closely spaced, and unsafe abortions in 2017 (Sinai, 2020). Such pregnancies pose a greater-than-average health risk and are key drivers of maternal, new-born and child morbidity and mortality (Cleland et al., 2012; Ahmed et al., 2012; Conde-Agudelo et al., 2012).

To create an enabling environment for scaling up of interventions that will increase the knowledge and use of FP among people of reproductive age, Nigeria has over the last thirty years developed and implemented plans and strategies to with no significant improvement (FMoH, 2017). According to Isonguyo and Adindu (2013), the problem of poor use of family planning should be viewed within the broader socio-economic and socio-cultural environment. USAID (2009), NDHS (2013) and WHO (2014) observed that the use of family planning is hampered by societal, cultural, economic and individual factors (like education, residence, income, status of women, individual attitude and promptness to seek health services, family size, sex preference and nature of socio-cultural setting).

Major obstacles to the use of family planning in spite of the high level of awareness include fears, myths and misinformation. Fears, myths and misinformation are usually unfounded concerns about perceived side effects or perceived future infertility (Orji and Onwudiegwu, 2002). Other obstacles are the role of spousal communication concerning contraceptive use, as well as the powerful role of significant of religion and culture (Olusina, 2013; Obasohan, 2015).

Communication may have a positive effect on uptake family planning use. Numerous studies show that communication can impact significantly on the use of and other components of family planning services such as improved spousal communication, dispel fears, myths and misinformation and address religious and barriers to family planning (Odimegwu, 1999; De Silva, 2000; Bawah, 2002; Rima et al., 2002). This paper examines the effect of communication on awareness and use of family planning, fears, myths, misinformation, and spousal communication of family planning in the selected communities of Kaduna State.

Literature Review

The role of communication has often been emphasized in family planning programmes and research. Communication could play a key role in providing information on the benefits of small family, accurate knowledge on contraception use, increase utilization, address misconceptions and could enhance better spousal communication. Research have shown that exposure to family planning campaigns are associated with a significant increase in acceptance of family planning ideation as well as increased likelihood of

practice (Saidul & Azizul, 2005). Wakefield et al (2010) emphasized that mass media campaigns for family planning programs provide a great opportunity in helping to promote a healthy nation by providing information to a large audience because of their wide reach and influence in the society and mostly among the reproductive age women. It serves the role of being a source of accurate information as well as an advocate for positive health behaviors.

An effective health communication intervention can help raise awareness about health risks and solutions, while providing communities the motivation and skills needed to reduce these risks, find support, affect or reinforce attitudes (National Cancer Institute, NCI, 1989). According to Rimal and Adkins (2002), effective communication empowers people to seek what is best for their own health, and to exercise their right to good quality health care in including the use of child spacing methods. For example, a systematic review of communication interventions found that 86% reported improved knowledge and attitudes, 63% of those that measured family planning reported increased family planning use and over half of those that measured fertility outcomes found a decline in fertility (Mwaikambo et al., 2011).

As education tools, mass media not only impart knowledge, but can be part of larger efforts like social marketing, to promote social change. As public relations tools, media assist organizations in achieving credibility and respect among public health opinion leaders, stakeholders, and other gatekeepers. Finally, as advocacy tools, mass media assist leaders in setting a policy agenda, shaping debates about controversial issues, and gaining support for particular viewpoints (Belch & Belch, 2004).

Exposure to family planning information makes firsthand information about contraceptive methods possible thereby making women have adequate knowledge about various contraceptive methods, its benefits, and side effects and correct the wrong perception about family planning among the population. For example, Odewale et al. (2016) aver that exposure of population to information at health facilities was effective in changing their behavior to use contraceptive. However, he recommends the use of multiple instead of a single communication approach as an effective strategy to expose women to the use of contraceptive methods.

Statement of the Problem

Access to quality, affordable and acceptable reproductive health and family planning services remains poor in Nigeria. This is in spite of the benefits of family planning (FP) being communicated continuously to the populace in Nigeria, yet adoption is generally poor. This is more worrisome in northern states of Nigeria, where contraceptive prevalence rate for North-East and North-West regions is low compared to the South-West and South East regions respectively. The concern about FP in this study is linked to the fact that countries with low contraceptive prevalence rates (CPRs) have the tendencies for high maternal and child mortality rates, high fertility, low life expectancy and high poverty ratio, all of which have social and developmental ramifications. Accordingly, this study sets out to inquire about the efficacy communication to address the unmet of family planning and reduce maternal and child mortality rates.

Aim and Objectives of the Study

The aim of the study is to examine the impact of Communication on knowledge, attitude and utilization of Family Planning Services among married couples in selected communities of Kaduna with the following objectives:

- 1 To examine the sources of FP information in the selected communities of Kaduna North and Chikun local government areas of Kaduna State.
- 2 To investigate the effect of communication on the practice of and other components of family planning services in the selected communities in Kaduna North and Chikun local government areas in Kaduna State:
- 3 To suggest more proactive measures that can be adopted for effective communication of family planning in Kaduna State.

Research Questions

To achieve the objectives of this research, the following questions were asked:

1. What are the sources of FP information in the selected communities in Kaduna North and Chikun local government areas of Kaduna State?
2. What is the effect information on the practice of and utilization of family planning services in the selected communities in Kaduna North and Chikun local government areas of Kaduna State?

3. Are there other proactive measures that can be adopted to make communication for family planning effective against low acceptance of family planning in Kaduna State?

Sample size determination and sampling procedures

Sampling is an important step in a research process because it helps determine the inference quality that researchers make and influences the degree to which one can generalize the findings to other individuals, groups, or contexts (Collins, Onwuegbuzie, & Jiao, 2007). The sample populations for this study comprise married couples. The convenience sampling technique was used to target married couples between ages 15-49 given that they are within the age group brackets that United Nations (UN) recommends as target for the uptake of family planning services and products (FMoH, 2005; WHO, 2016, UNFPA, 2017, NPC/NDHS, 2019).

The convenience sampling technique was chosen for this study because it meets certain practical criteria such as easy accessibility, geographical proximity, availability at a given time, or the willingness of respondents to participate in the study (Onwuegbuzie & Collins, 2007). This method was used to recruit women and men of reproductive age, who show willingness to participate in the survey by completing the questionnaire in Anwan Dosa, Badarawa in Kaduna North and Angwan Boro and Barnawa in Chikun Local Government Area respectively.

The sample size of the study is derived from the 2015-2030 Kaduna State projected population of the two local government areas where these communities are located.

Table 1: Projected Population Census of Selected Local Government

S/No	Local Government Area	2017	2018	2019
1.	Chikun	525,305	542,009	559,245
2.	Kaduna North	514,443	530,833	547,682
	Total	1039748	1072842	1106927

Source: Population Projection and Estimates for Kaduna State, 2015-2030, State Ministry of Budget and Planning, 2016

In reducing the population to a sample size that was used to investigate the phenomenon, this formula as propounded by Krejcie and Morgan (2001) was used to determine the sample size of the known population from the four areas in Kaduna State.

$$S = \frac{x^2 NP (1 - P)}{d^2 (N - 1) + x^2 P (1 - P)}$$

S = required sample size.

x^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841).

N = the population size.

P = the population proportion (assumed to be 0.50 since this would provide the maximum sample size).

d = the degree of accuracy expressed as a proportion (.05).

Therefore, the sample size for the quantitative survey is as shown in the table below.

Table 2: Sample Size of Selected Communities in Kaduna North and Chikun LGAs

Local Gov. Area	Name of community	Study Population			Sample Size	Sample size rounded off to the nearest 100	
		Male	Female	Total	Total Sample Size	Total Sample Size	Cumulative sample size
Chikun	Barnawa	29,522	27,378	56,900	382	400	700
Chikun	Ungwan Boro	683	505	1,188	291	300	
Kaduna North	Badarawa	51,617	37,698	89,315	384	400	800
Kaduna North	Angwan Dosa	24,131	23,116	47,247	382	400	
Total		95,953	88,697	184,650	1438	1500	1500

Source: (Kaduna State Bureau of Statistics, 2016)

Data Collection Methods

Exposures to family planning information questionnaire items were included in the survey: what was their source of family planning information (for example through doctors/nurses, radio, Television). For each item, a positive response was given a score of Yes, and a negative response was given No and No Response for those who did not respond. The scores for each questionnaire response items were added together, to obtain the total sum for each response.

Effect of exposure to the campaign was measured by a questionnaire item that asked respondents whether they are using family planning as a result of their exposure to information about the benefits of family planning, or

discuss family planning with their spouse. For each item, a positive response was given a score of **Yes**, and a negative response was given **No** and **No Response** for those who did not respond. The scores for each questionnaire response items were added together, to obtain the total sum for each response.

Data Presentation and Analysis

This section responds to objective one of the studies which is to identify information sources for family planning in selected communities in Kaduna North and Chikun local government areas respectively. The respondents' sources of information for family planning are shown in Table 3.

Table 3: Sources of information regarding FP

Variables	Kaduna North		Chikun		Total
	Men	Women	Men	Women	
	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)
Through Radio					
Yes	147 (46.7)	146 (35.0)	152 (48.3)	108 (33.3)	553 (43.3)
No	168 (53.3)	254 (60.9)	163 (51.7)	204 (63.0)	789 (57.6)
No response	0 (0.0)	17 (4.1)	0 (0.0)	12 (3.7)	29 (2.1)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.0)	1371 (100.0)
Through Television					
Yes	96 (30.5)	157 (37.6)	96 (30.5)	132 (40.7)	481 (35.1)
No	219 (69.5)	252 (60.4)	219 (69.5)	186 (57.4)	876 (63.9)
No response	0 (0.0)	8 (0.6)	0 (0.0)	6 (1.9)	14 (1.0)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.0)	1371 (100.0)
Through IEC (posters, booklets, flyers, flipcharts)					
Yes	104 (29.2)	144 (34.5)	111 (31.4)	102 (31.5)	461 (33.6)
No	211 (67.0)	265 (63.5)	204 (64.8)	216 (66.7)	896 (65.4)
No response	0 (0.0)	8 (1.9)	0 (0.0)	6 (1.9)	14 (1.0)
Total	315 (100.0)	417 (99.9)	315 (100.0)	324 (100.1)	1371 (100.0)
Through doctors/nurses					
Yes	119 (37.8)	214 (51.3)	126 (40.0)	156 (48.1)	615 (44.9)

No	196 (62.2)	195 (46.8)	189 (60.0)	162 (50.0)	742 (54.1)
No response	0 (0.0)	8 (1.9)	0 (0.0)	6 (1.9)	14 (1.0)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.1)	1371 (100.0)

**Through
Activities of
Field Workers
(Home
visits/follow-
up)**

Yes	130 (38.2)	258 (52.8)	141 (41.5)	178 (49.0)	706 (46.6)
No	304 (96.5)	276 (85.2)	303 (96.2)	276 (85.2)	513 (33.9)
No response	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	296 (19.5)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.0)	1371 (100.0)

**Through
Organized Talk
(Community
meeting/town
hall,
association)**

Yes	46 (13.0)	116 (35.2)	176 (55.9)	90 (27.8)	428 (31.2)
No	176 (55.9)	126 (30.2)	55 (17.5)	96 (29.6)	453 (33.1)
No response	93(29.5)	175(42.0)	84 (26.7)	138 (42.8)	490 (35.7)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.0)	1371 (100.0)

Newspapers

Yes	10 (3.2)	42 (10.1)	11 (3.5)	42 (13.0)	105 (6.6)
No	305 (96.8)	282 (87.0)	304 (96.5)	282 (87.0)	1173 (85.6)
No response	0 (0.0)	93 (23.0)	0 (0.0)	0 (0.0)	93 (6.8)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.1)	1371 (100.0)

**Drama or folk
song**

Yes	0 (0.0)	15 (3.6)	98 (31.1)	12 (3.7)	125 (9.1)
No	315 (100.0)	312 (74.8)	217 (68.9)	312 (96.3)	1156 (84.3)
No response	0 (0.0)	90 (21.6)	0 (0.0)	0 (0.0)	90 (6.6)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.1)	1371 (100.0)

Source: Researcher's Field Survey, June 2021

While considering family planning information sources, Interpersonal Communication Agents (IPCA) field workers and doctors/nurses were found to be the most important source for majority of the respondents. The table shows that 706 respondents, representing 46.6 % of respondents have heard about family planning via the activities of interpersonal communication field workers, 57.6% said no and 2.1% failed to respond. Doctors and nurses were major sources of information as a total of 44.9 per cent (615) respondents said they received family planning information through doctors and nurses at healthcare facilities. 54.1% said no and 1.0 % failed to respond. Radio and Television as sources of information accounted for 43.3 % (553) and 35.1 % (481) respectively. Other sources of family planning information by respondents are 33.6 percent (461) IEC promotional materials, 31.2 percent (428) organized talk, 9.1 per cent (125) and 8.7 per cent (119) from newspapers, and drama or folk songs.

Influence of exposure on Awareness, Attitude and Practice (AAP) of Family Planning

This section addresses objective two of the study which is to assess the effect of exposure on respondents' awareness, practice, fears, myths and misinformation, spousal communication, religious and cultural biases associated with the use of family planning.

Table 4: Effect of exposure to information regarding FP awareness

Variables	Kaduna North		Chikun		Total
	Men	Women	Men	Women	
	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)
Yes	291 (92.4)	361 (86.6)	291 (92.4)	282 (87.0)	1225 (89.4)
No	13 (13)	25 (6.0)	12 (3.8)	18 (5.6)	68 (5.0)
No response	11 (3.5)	31 (7.4)	12 (3.8)	24 (7.4)	78 (5.7)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.0)	1371 (100.1)

Source: Researcher's field survey, June 2021

While assessing family planning awareness of respondents, data reveals that 89.4 per cent are aware of family planning. The high level of respondents' awareness indicates their exposure to family planning campaign information.

These percentages indicate that there is high awareness of family planning among respondents.

Table 5: Effect of exposure to information on family planning use

Variables	Kaduna North		Chikun		Total
	Men	Women	Men	Women	
	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)
Yes	92 (29.2)	228 (54.7)	99 (31.4)	168 (51.9)	587 (42.8)
No	149 (47.3)	88 (21.1)	142 (45.1)	78 (24.1)	457 (33.3)
No response	74 (23.5)	101 (24.2)	74 (23.5)	78 (24.1)	327 (23.9)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.1)	1371 (100.0)

With regard to the use or practice of family planning, data showed that 42.8 percent reported using family planning for child spacing, while 33.3 percent (457) of the respondents are not using family planning and 327 (23.9) did not respond. That 42.8% (587) were reported using FP is in sharp contrast with the high level of awareness of 89.9% (1225) as recorded in table 2. This indicates awareness – practice gap of FP in the selected communities, as awareness of FP do not necessary translates into practice or acceptance.

Table 6: Effect of exposure on spousal communication of FP

Variables	Kaduna North		Chikun		Total
	Men	Women	Men	Women	
	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)
Yes	179 (56.8)	284 (68.1)	181 (57.5)	222 (68.5)	866 (63.2)
No	49 (15.6)	95 (22.8)	48 (15.2)	30 (9.3)	222 (16.2)
No response	87 (27.6)	38 (9.1)	86 (27.3)	72 (22.2)	283 (20.6)
Total	315 (100.0)	417 (99.9)	315 (100.0)	324 (100.1)	1371 (100.0)

Source: Researcher's Field Survey, June 2021

The table reveals that 63.2 percent (866) of the respondents agree that the information they received encouraged them to talk about family planning with their spouse. Many researchers have shown that contraceptive use tends to increase where there is spousal communication (Orji, Akinlo and Ogunjuyigbe, 2015). Although exposure to information has encouraged couples to talk about the number of children to have, birth spacing and contraceptive use, it is yet to impact positively on the use of family planning as reported in Table 2. Therefore, messages directed at couples would be a better intervention strategy to improve the level of contraceptive use in Nigeria. These findings reiterate the need to involve men in family planning and reproductive health programming at every step in order to achieve the desired success.

Table 7: Effect of exposure on dispelling fears, myths and misinformation regarding FP

Variables	Kaduna North		Chikun		Total
	Men	Women	Men	Women	
	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)
Message addressed Fears (myths and misconceptions) about FP					
Yes	176 (55.9)	126 (30.2)	55 (17.5)	96 (29.6)	453 (33.1)
No	93 (29.5)	175 (42.0)	84 (26.7)	138 (42.8)	490 (35.7)
No response	46 (13.0)	116 (0.0)	176 (55.9)	90 (27.8)	428 (31.2)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.1)	1371 (100.0)

Source: Researcher's Field Survey, June 2021

In responding to the effect of communication in addressing their doubts, myths or misconceptions about the efficacy of family planning for child spacing, 35.7 percent (490) indicate that it failed. This indicates that fears, myths and misinformation correlated negatively with use of modern contraceptives. This underscores the need to engage in effective and sustainable campaigns about the benefits of family planning, and provide factual information to counter fears, myths and misinformation.

Table 8: Effect of Messages on addressing religious/cultural concerns about FP

Variables	Kaduna North		Chikun		Total
	Men	Women	Men	Women	
	Freq. (percent)	Freq. (percent)	Freq. (percent)	Freq. (percent)	
Yes	51 (16.2)	40 (9.6)	84 (26.7)	30 (9.3)	205 (15.0)
No	183 (58.1)	281 (67.4)	156 (49.5)	180 (55.6)	800 (58.4)
No response	81 (25.7)	96 (23.0)	75 (23.8)	114 (35.2)	366 (26.7)
Total	315 (100.0)	417 (100.0)	315 (100.0)	324 (100.0)	1371 (100.1)

Source: Researcher's Field Survey, June 2021.

Table shows that 58 percent (800) of respondents believe exposure to information failed to address their religious and cultural concerns on their use of family planning. Majority of the respondents, who responded that their religious beliefs does not support the use of family planning were from Kaduna North.

Discussion and Implication

The study was carried out to assess the effect of exposure to information on family planning awareness, use, fears, myths and misinformation, spousal communication, negative religious and cultural perceptions about family planning in selected communities of Angwan-Dosa and Badarawa in Kaduna North and Angwan-Boro and Barnawa in Chikun local government areas of Kaduna State, Nigeria.

The study indicated that interpersonal communication (IPC) involving field workers and doctors/nurses, television, newspapers, radio, IEC, group talk, and drama were the frequently reported sources for obtaining family planning information. The majority of respondents reported IPCAs comprising field workers, doctors and nurses was the most frequent source of information which accounted for 46.6 % and 44.3 per cent respectively. Rudy

et al. (2003) study affirmed that effective communication with patients is an essential part of nursing care in family planning as it contributes to sound decision-making and can help patients use their chosen contraceptive method appropriately and effectively. This finding provides support for ongoing attention to interpersonal communication as an important aspect of healthcare quality.

Awareness of family planning is a prerequisite to the sustainable use of contraceptive method. The study shows significant association between exposure to information and awareness. The study reported about 89.4 percent of respondents was aware of or heard about family planning through their exposure to FP information sources. This finding corroborates with Tejneh et al (2015) study which also reported that the use of mass media was responsible for 97.3% of the respondents being aware of the importance and usage of contraceptive and family planning. Ramesh et al. (1996) and Kulkarni (2003) also found that exposure to mass-media strengthens women's motivation to prevent fertility. Harder and Azahar (1995) also reported of positive attitude toward family planning among women who had greater exposure to mass-media.

The use of family planning service is an important indicator of the level of positive health seeking behaviour. While the exposure to these sources of information revealed significant awareness, the actual use of contraceptives is not widespread. This means that even with high awareness, there existed a wide gap between knowledge and use of family planning methods (NPC/NDHS, 2019).

The fear of side effects, myths and misinformation does have a negative impact on utilization of family planning services. Schuler et. al (2011) highlight the importance to design communications interventions to dispel myths about use of contraceptive methods. They argue that family planning messages and interventions should engage both men and women and encourage equitable decision-making, and should encourage both to access reliable and accurate information about contraceptive methods (p.106). Engaging men would encourage the development of effective partnerships between men and women in FP.

With regards to the influence of exposure on negatives religious perception about family planning, 58 percent (800) of respondents still believe their religious beliefs do not support the use of family planning. The finding

indicates strong and negative influence of religion on family planning use in spite of respondents' exposure to family planning to information (Institute for Reproductive Health, 2011). Rigid-beliefs in religious myths, irrational traditional beliefs, customs and associated psychological fears etc. are found to be the impediments and obstacles in the implementation of family planning programmes (Dhingra, 2010).

Spousal communication is closely linked with family planning use. The finding of this study indicated that 63.2 percent (866) of the respondents agree that the information they received encouraged them to talk about family planning with their spouse. Orji et al. (2015) study found that the odds of using family planning are 17 times higher among those who discuss family planning with their husbands as compared to those who do not. The finding from the study showed that the decision to use contraceptive is majorly a joint decision between husband and wife in over 90% of cases and joint decision significantly associated with family planning use compared to when either of them took the decision. Authors concluded that messages directed at couple would be a better intervention strategy to improve the level of contraceptive use in Nigeria.

These findings implicate the need to have a comprehensive communication strategy that takes cognizance of the wider social environment in which decisions about family planning use occur. Religious and cultural biases towards family planning use are still rife in spite of the high awareness. Our findings also suggest that fears, myths and misinformation discourage the use of planning family services.

Conclusion and Recommendations

The study findings showed significant associations between communication exposure, knowledge and awareness of family planning. The awareness of respondents is reportedly high, but practice or utilization of family planning services is not impressive. While exposure to family planning information improved spousal communication, it fails to address the religious and cultural biases, dispel myths and misinformation surrounding the use of family planning. Therefore, it is recommended that communication for family planning identify specific key fears, myths and misinformation that programming should counter to achieve the desired result. Secondly, faith-based organizations should be mainstreamed into family planning

programmes to address the religious, cultural biases and support its use. The use of multiple communication approaches will help to address the wider social and behavioral barriers that continue to prevent couples from demanding, accessing, and using family planning contraceptives.

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