GOMBE SAVANNAH

JOURNAL OF LANGUAGE, LITERATURE AND COMMUNICATION STUDIES (GOSAJOLLCOS)

DEPARTMENT OF ENGLISH
GOMBE STATE UNIVERSITY

Volume 4 No. 1
September 2023

Towards a Multi-level Approach in Health Communication: A Study of SFH Family Planning (FP) Campaigns in Two Selected Communities in Kaduna State

Alexander Attah Jacob

and

Ephraim Terngu Gwar

Abstract

This paper investigated Society for Family Health (SFH) family planning promotion campaign in selected communities of Kaduna State, Nigeria. The aim is to assess the extent to which communication activities impacted family planning and reproductive health behaviour in the sampled population. The objective was to determine the extent to which family planning communication interventions incorporate the multilevel framework. To realize the objective, the paper deployed the survey design, combining quantitative and qualitative data gathering methods. A sample of 1,500 married couples participated. The items were structured on "Yes" or "No" basis. The findings showed that the individual-based behaviour change strategy focusing on cognitive characteristics of the individuals, dominate the campaign rather than the social ecology communication pattern, thereby failing to address the many barriers faced by women in family planning uptake in the study location. The paper therefore, recommends the adoption of a social ecology communication model that emphasizes social determinants, environment and norms in the society as it offers a better opportunity for the creation and maintenance of family planning for sustainable development.

Keywords: Family Planning, Social-Ecology, Health Communication, multi-level intervention

Introduction

Family planning is usually understood as the voluntary, responsible decision made by individuals and couples as to the desired family size and timing of births. That is to say, it deals with issues of birth control, child spacing or fertility regulation. As a major component of reproductive health, family planning remains a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. The implication here is that both men and women ought to be informed of and have access to safe, effective, affordable and acceptable methods of family planning. Furthermore, it includes access to appropriate

health care services and implementation of health education and communication programmes. It also stresses the importance of women to go safely through pregnancy and child birth. Family Planning provides couples with the best chances of having healthy infant.

Globally, the promotion of family planning has been given wider recognition to not only improve maternal, newborn and child health, but also to contribute to related issues such as gender equality, better child health, gender education out comes, improved welfare of the family group and thus contribute effectively to the social development of the community and country. This is borne out of the understanding that high fertility rates accelerate population growth that undermines development effort across all sectors. It is believed that the Gross Domestic Product (GDP) of a country is positively influenced by a greater proportion of working-age to non-working-age in a society. Lack of family planning uptake, breed high fertility rates and increased population growth in the face of economic instability facing developing countries. Equally, maternal mortality and morbidity remain unfavourable to economic development.

Undoubtedly, there are challenges of low family planning uptakes in Nigeria. These challenges are both client and health service related. They include education, desire for more children, partner disapproval, religious beliefs, culture disapproval, cost, difficulty accessing services, and procurement difficulties. Hence, there is the dire need to develop a sustainable and effective mechanism for family planning communication to improve the uptake of family planning services. There is need for the promotion of reproductive health, especially family planning, to embody social ecological perspectives that promote multi-level strategies.

This study is therefore aimed at assessing the extent to which communication activities for family planning and reproductive health behaviour in the sampled communities incorporate the multilevel framework. The study objective is specifically to identify the communication activities and the use of multilevel perspectives in the family planning campaign by Society for Family Health (SFH). The communication activities include follow-up and home visit, information by doctors and nurses at health centres, newspapers, drama, folk songs and promotional materials among others.

Methodology

The study adopted a cross sectional design using both qualitative and quantitative methods on a population of 150 derived from Kaduna North and Chikun Council areas. The research made use of questionnaire and Documentary Observation, KII and FGD to obtain data. Qualitative Analysis was done through simple narration. Quantitative Analysis was carried out using the Statistical Package for Social Science (SPSS) version 20.0 and result

presented using simple descriptive statistics with tables indicating frequencies and percentages.

Conceptual Clarifications

Family Planning Promotion

A large and growing body of literature explores the social and economic benefits of women's ability to use reliable contraception to plan whether and when to have children (Sonfield et al 2013). Compared to other interventions, investment in family planning is believed to be highly cost effective. As Bongaarts and Sinding (2011) note, family planning interventions have powerful poverty reduction effects in addition to providing health and human rights benefits. Cleland et al (2006) explain that the promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and prevent 32% of all maternal deaths and nearly 10% of childhood deaths. It would also substantially contribute to the empowerment of women, achievement of universal primary schooling, and long-term environmental sustainability.

In countries with high levels of family planning use and consequently lowered fertility, savings made in addressing maternal and child ill-health can be invested in social and economic development and improving the quality of life of people. The most obvious examples of economic prosperity and development, partially as a result of lowered fertility, include China, Republic of Korea, Singapore and Thailand (USAID, 2015, WHO, 2016, UNDESA, 2016).

The International Conference on Population and Development, (ICPD, 1994) had identified family planning as one of the most cost-effective public health measures available in developing countries to control fertility. Furthermore, United Nations Population Fund (UNFPA, 2012) viewed family planning as a public health measure that would prevent maternal, infant and child morbidity and mortality.

Under the Sustainable Development Goals (SDGs), the global community has committed to take actions, over the next 15 years, access to sexual and reproductive health, family planning, and the realization of reproductive rights for all people. The 2030 Agenda for Sustainable Development includes two targets relevant for family planning under broader goals on health and well-being of the population (Goal 3) and on gender equality and the empowerment of women and girls (Goal 5) (United Nations General Assembly, 2015). The targets aim "to ensure universal access to sexual and reproductive health-care services, and the integration of reproductive health into national strategies and programmes" (UNGA, 2015, p.38) and "...access to sexual reproductive health and rights" by 2030 (ICPD, 1994, p. 56).

In human rights jurisprudence, Family Planning (FP) is an essential component of the universal right to the highest attainable standard of physical and mental health, enshrined in the Universal Declaration of Human Rights and in other international human rights conventions, declarations, and consensus agreements. International Conference on Population affirmed that reproductive rights, including family planning:

> …embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community (ICPD, 1994, p.74).
>
> The conception of family planning from the perspective of human rights as captured above, make family planning quite holistic, and therefore requires enormous resources to realize its target.

Perspective of Social-Ecology of Family Planning Communication

The emergence of social-ecological theory in public health promotion and evaluation indicates a major paradigm shift, away from narrowly focused interventions aimed primarily at changing individual's behaviour, toward more comprehensive ecological formulations that seeks to investigate the interdependencies between socio-economic, cultural, political, environmental, organizational, psychological, and biological determinants of health and illness (Stokols, Allen & Bellingham, 1996; Fielding, Teutsch & Breslow, 2010). This is due to the recognition that patterns of health and illness, including reproductive health and family planning, are closely linked to a variety of socio-cultural, political, and physical- environment conditions within communities. The 'new public health' outlined in the Ottawa Charter (1986) give explicit emphasis to social causes of poor reproductive health, above and beyond the physical- environmental health threats that exist in certain communities (Ottawa Charter of Health Promotion, 1986). A socio-ecological perspective in health communication acknowledges that the environmental system in which people function affects and influences their health. The ecological perspective on health promotion could be described as a conceptual framework, which highlights the interactions between the individual and different levels of the environment; these interactions

presuppose some level of influence on an individual's behaviour (McLaren & Hawe, 2005).

The social-ecological perspective assumes that the effectiveness of health communication efforts can be enhanced through multilevel intervention packages that combine both behavioural and environmental modification strategies. An important issue in this regard is the specification of social, political, and economic criteria for selecting alternative behavioral and environmental strategies of health promotion.

Multi-Level Interventions in Socio Ecology Model

The social-ecological perspective has been used to develop "multilevel interventions" in order to modify health-related behaviour. Multilevel interventions, including communications can intervene at various levels and have different targets (objectives) at each of these levels. Moreover, proponents of multilevel interventions (Like Mclaren, Hawe, Bongarts, and Emberg) assume that such interventions must target change at all levels of the environment. The major claim of multilevel intervention holds that behaviour is affected by a range of variables on the individual level and the broader social, physical, and policy environment.

A broad definition of multilevel interventions—to which we adhere in this study is that communication interventions have targets to create change across different levels. As there is only one non-environmental level (i.e., the intrapersonal level), this means that multilevel interventions always target change at all environmental levels. The ultimate purpose of ecological models of health communication is to inform the development of comprehensive intervention approaches that can systematically target mechanisms of change at several levels of influence. Behaviour change is expected to be maximized when environments and policies support healthful family planning choices, when social norms and social support for choices of adoption of modern family planning are strong, and when individuals are motivated and educated to make those choices without coercion or intimidation. For example, a multilevel intervention might target an increase in the quality of health care (organizational level) and improvement of either local values for positive health seeking behaviours (community level) or individual health literacy (intrapersonal level) and strong political commitment to family planning programmes.

There is some ambiguity about the definition of multilevel interventions. For one, scholars use different models that purport to rely on the social-ecological approach as seen in the table below.

Table 1: Overview of Social -Ecological levels of RH/FP

Level	Working definitions of these levels	Examples of correlates influencing family planning behaviour at these levels
Policy Level	Larger systems possessing the means to control several aspects of the lives and development of their constituent subsystems (provinces, states, countries)" (Kok, Gottlieb, Commers, & Smerecnik, 2008, p. 438)	National family planning programmes and policies (Goldin & Katz, 2002), investments in national family planning programmes (J. Cleland et al., 2006)
Community Level	Collectives of people identified by common values and mutual concern for the development and well being of their group or geographic area (villages, neighborhoods) (Kok et al., 2008, p. 437)	Gender norms (Stephenson, Beke, & Tshibangu, 2008), community socioeconomic status (Grady, Klepinger, & Billy, 1993), information available about family planning (Gupta, Katende, & Bessinger, 2003)
Organizational Level	Systems with a formal multi-echelon decision process operating in pursuit of specific targets (schools, companies, professional associations)" (Kok et al., 2008, p. 437)	Access and quality and affordability of family planning services and products (Gupta et al., 2003), public transport (Stephenson et al., 2007)
Interpersonal Level	Persons and small groups with whom the at-risk people associate (family, friends; Kok et al., 2008, p. 437)	Partner's approval of contraception (Stephenson et al., 2007), partner's involvement in family planning (Giusti & Vignoli, 2006)
Intrapersonal Level	Characteristics of the individual such as knowledge, attitudes, behavior, self-concept, skills, etc. (McLeroy, Bibeau, Steckler, & Glanz, 1988, p. 355)	Knowledge (Stephenson et al., 2007), religious affiliation (Goodson, 2002), perceptions (Giles, Liddell, & Bydawell, 2005)

Adapted from McLeroy et al.'s (1988) model of Social-Ecology

In this study, the conception of multilevel interventions includes the notion that communication interventions targets at the intrapersonal level, also aims for environmental modification. Interestingly, even scholars (Bronfenbrenner, Israel, Sallis, Stokols, Allen and Wallerstein among others) who share this definition occasionally classify interventions as multilevel based on an assessment of the activities as opposed to the targets. For example, in their review of intervention strategies for sexually transmitted infections, DiClemente et al. (2005) consider "mass media campaigns" as an environmental-level target. This largely depends on the content of these campaigns: If they seek to change social norms, for example, they are indeed seeking environmental level change, whereas if they only aim at educating individuals, then this would be an example of an activity at the community level with a target for intrapersonal change (Engbers et al., 2005). While some of the intervention strategies listed under environmental modification are indeed targets to create contextual change (e.g., family planning products at health facilities), some of the strategies are actually merely activities located at the environmental level with the target to create intrapersonal change (e.g., posters to publicize benefits of family planning location).

The crucial element of multilevel interventions for this study, therefore, is not whether the activities are not only multilevel but whether the targets are explicitly focused on more than one level (McLeroy et al, 1988).

Data Presentation

The study population comprises of male and female members of Barnawa and Ungwan Boro communities and Badarawa and Ungwan Dosa in Chikun and Kaduna North Local Government Areas of Kaduna State.

With the aid of purposeful sampling technique, a cumulative total of 700 and 800 samples were determined as sampled population for Chikun and Kaduna North respectively, bringing targeted sampled population to 150 respondents. It targeted women between ages 15 – 49 in line with the age brackets recommended by the United Nations (UN) as target for the uptake of family planning services.

Effective communication strategies are vital to promote awareness about and the adoption of family planning. The respondents' choice of communication channels, how SFH reaches them with family planning communication messages, also indicates whether the activities are multilevel.

Table 2: FP Communication Strategies Used By SFH

	Kaduna North		Chikun		
	Men	**Women**	**Men**	**Women**	**Total**
Variables	**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 IPCAs (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

Table above present the respondents' views on the various communication tools for family planning. It shows the respondents' awareness of the various communication activities embarked upon by SFH. The table shows that 706 respondents, representing 46.6 of respondents have heard about family planning via the activities of Interpersonal Communication Agents (IPCAs) like follow-up and home visits. A total of 44.9 per cent (615) said they received family planning information through doctors and nurses at healthcare facilities, while 43.3 % (553) and 35.1 % (481) respondents reported received FP from the radio and television 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.

Kasang Daniel, SFH Communication Coordinator (HCC), in an informant interview confirmed that SFH relies on interpersonal communication (IPC) strategy. Maryam Abubakar, SFH Interpersonal Communication Agent (IPCA) attached to some family planning healthcare facilities in Kaduna North local government area also revealed how IPC campaign activities are implemented to promote the uptake of family planning in affected communities.

> **….** Using the SFH Child spacing Flipchart Guide, we go from house to house to meet them and talk to them about family planning and refer them to the service provider where they can get family planning. We also go to the mosques, churches and schools. We visit religious and community leaders and talk to them about family planning *(Maryam Abubakar, SFH Interpersonal Communication Agent, during in-depth interview, June 2021).*

This finding corroborates the fact that the use of IPC for family planning campaigns lies at the heart of SFH communication strategy. The organization deploys the strategy to reach hard-to-reach communities and groups with family planning information in their homes, markets and places of worship. The strategy is also used to reach community and religious leaders. IPC is also used at healthcare facilities by doctors and nurses to provide target group with family planning information. As discussed during the Key Informant Interview with SFH Communication Coordinator, Kasang Daniel and also

through reviews of SFH documents, family planning information is provided to clients at healthcare facilities during antenatal visits, immunizations and health talk sessions. Furthermore, each of these activities provides room for a feedback segment where the audience can ask questions about family planning and get clarification.

Many of the women during FGD also corroborated the fact that they received family planning information during their visits to health facilities. They explained that they obtained family planning information at the healthcare centres.

> We get to know about family planning when we go to healthcare facilities for antenatal or immunization. At the hospital, we are counselled and told about the benefits of using family planning and how we can go about it. The doctors and nurses use flipcharts and posters in different languages with pictures to explain to us about family planning *(Female participant during an FGD at Ungwan Dosa, Kaduna North Local Government Area, June 2021).*

These responses indicate that healthcare workers, alongside IPCAs are important and credible sources for interpersonal communication on family planning information in the study communities.

Discussion

The assessment of the communication activities suggests that SFH use of interpersonal communication for family planning campaigns has implemented the social-ecological practice. The organization uses IPC approach to promote awareness of FP among women of reproductive age at healthcare facilities, conduct home visits, follow-up and referrals. Secondly, the organization also uses IPC to achieve its marketing objectives in terms of making FP products and services accessible and available at subsidized costs. Thirdly, they mobilize target audience to FP franchise centres in their locality for counselling. However, these interventions were exclusively focused on intrapersonal characteristics, without explicit interventions to alter the environment.

SFH deployment of integrated IPC intervention focused more on efforts to influence family planning behaviour at the individual level and promote the sale of family planning products, than on broader public health campaigns for social change. SFH communication interventions were heavily focused on arming individuals with information and self-efficacy, on the assumption that this would allow individuals to make FP choices in order to avoid negative outcomes.

The IPC intervention as deployed by SFH is only limited to one-level (the intrapersonal) while neglecting the influence of the wider environment on

the practice of family planning. The interventions had no specified target at community, organizational or policy levels. For example, policies at the federal or state level often require broader engagement such as adequate funding for family planning sector. The approach focused much on the metaphorical "tree" and not enough on the "forest", i.e. the attention is more on the individual as the locus for change (Singhal, 2003). The choice of an IPC approach will result in an individual constituting the unit of response, and the unit of analysis, and consequently the unit of change. In this context, IPC strategy is insufficient to enable individuals and the community to identify, to realize aspirations, to satisfy needs, and to change or cope with the wider environment of family planning.

Conclusion and Recommendation

The outcome of this study implicate the near absence of social-ecology or multilevel interventions in reproductive health and family planning by Society for Family Health (SFH). The campaign's deployment of ecological perspective could not substantially translate into multilevel interventions in the field of reproductive health and family planning amongst the population. The study recommends that the social ecological perspective be mainstreamed into multilevel interventions in order to accelerate national development and capture a broader spectrum of influences and sustainable behavioural change towards the adoption of family planning practices.

References

Bongaarts, J. & Sinding S. W. (2009). A response to critics of family planning programs. *International Perspectives on Sexual and Reproductive Health.* 2009;35(1). www.popcouncil.org/pdfs/JournalArticles/ *IPSRH_35_1.pdf.*

Cleland J., Bernstein S., Azeh A., Faundes A., Glasier A., & Jolene I. (2006). Family Planning: the unfinished agenda. *The Lancet: Series on Sexual and Reproductive Health*: 47-64.

Diclemente, R. J., Salazar, L. F., Crosby, R. A & Rosenthal S. L. (2005). Prevention and control of sexually transmitted infections among adolescents: socio-economic perspective – a commentary, public health, 119 (9) 825 -836.

Engberg, L. H., Van Poppel, M. N. & Chin Paw, A. M. (2005). Workslife health promotion programs with environmental changes: A Systematic Review. *www.ncbi.nlm.nih.gov*

Fielding, J. E., Teutseh, S. & Breslow, L. A (2010). A Framework for public health in the United States. *Public Health Reviews*, 32.174-189. *Core.ac.uk.download>pdf*

Giles, M., Liddwell, C. & Bydaweelm (2005). Condom use in African adolescents: The role of individual and group factors, aids care. 17(6) 729-739.

Goldin, C. & Katz L.F. (2002): The power of the pill: oral contraceptives and women's career and marriage decision, *journal of political economy 110 (4). 730 – 770; www.researchgates.net.*

Goodson, F. E. (2002). The evolution and function of cognition, Taylor & Francis Group.

Grady, W. R., Klepinger, D. H. & Billy, J.O., (1993). The influence of community characteristics on the practice of effective contraception, 25(1): 4-11, pubued.ncbi.nlm.nih.gov.

Guisti, C. & Vignoli, D. (2006). Determinants of contraceptive use in Egypt: A multilevel approach; ideas.respec.org.

Gupta, N, Kateude. C. & Bessinger R. (2003). Association of mass media exposure with family planning, 34(1), 19-31 www.comminit.com

Kok, G., Gottlieb, N. H., Commers, M., & Emerecnik C. (2008). The ecological approach in health promotion programs: A decade later. *American Journal of health promotion, vol. 22, 437 – 442.*

MClaren, L., Hawe, P., (2005). Ecological perspectives in health research. *Journal of Epidemiology & Community Health. 59(1):6-14.*

MCleroy, K. R., Steckler, A. & Bibeau, D. (1988) (Eds). The social ecology of health promotion interventions: *Health Education Quarterly, 15(4): 351-377.*

Ottawa charter for health promotion (1986). Health promotion, www.who.int (world Health Organization).

Report of the International Conference on Population and Development, (1994; September 5–13): United Nations; 1994. www.un.org/popin/icpd/conference/offeng/poa.html.

Sonfield, A., Kinsey, H., Megan, L. K. & Ragner, A. (2013). The social and economic benefits of women's ability to determine whether and when to have children. www.guttmancher.org>report>socs.

Stephenson, R., Beke, A., & Tshibanga, D. (2007). Rate of tree carbon accumulation increases continuous with tree size, nature:1038/nature12914.

Stephenson, R., Beke, A. & Tshibanga, (2008). Community and health facility influence on contraceptives method choice in the Eastern Cape, South Africa, *International family perspectives 34(2): 62-70.*

Stokols, D., Allen, J., and Bellingham, R.L., (1996). The social ecology of health promotion: implication for research and practice. *American Journal of Health Promotion. 10.247-251.*

U. S. Agency for International Development (USAID)/ African Bureau (2015). USAID/population and reproductive health, three successful sub-Sahara African family planning programs: lessons for meeting the SDGs, Washington (DC) USAID, (August 20th 2015). http://pdf.usad.gov/pdf_docs/paoohcpsvpd.Assovsed.

United Nations Population Fund (2014). Programme of action of the international conference on population development (58-74). www.unfa.org>pon_enpdf.

United Nations (UN), Department of economic and social affairs, population division, (2016). World population prospects, key finding and advance tables. New york; UN 2016. http://esa.un.un.og/unpd/wpp/publication/files/keyfindings.wpp.2016 pd. 16th Jan, 2021.

United Nations. (1995, *5-13 September*). *Report of the International Conference on Population and Development, 1994*. United Nations Publication Sales No. E.95.X111.18, United Nations.

UNFPA (2012) The family planning summit, www.fhi360.org

World Health Organization (WHO), (Jan. 16, 2016). Global health observatory (GHO) data. Urban population growth; http://www.who.int./gho/urbanhealth/situationtrends.

Alexander Attah Jacob, Ph.D, is a Deputy Director Research/Senior Lecturer, Institute of Archaeology and Museum Studies, Jos.
Email: attahalex@yahoo.co.uk

Gwar, E. Terngu, Ph.D. is an Assistant Director at National Human Rights Commission of Nigeria, Kaduna State Office. **Email**: terngugwa@gmail.com