

Counselling, Socio-Economic Factors and Family Planning among Couples in Ikono Local Government Area of Akwa Ibom State

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Abstract

The main purpose of this study was to determine the influence of counselling and socio-economic factors towards family planning among couples in Ikono Local Government Area of Akwa Ibom State. To achieve the aim, two null hypotheses were formulated to guide the study. 500 couples were randomly selected from the research area. Self-designed questionnaire was used to collect data from couples. The design adopted was a cross-sectional quantitative survey design. T-test and Pearson product moment correlation coefficient were used for testing the hypotheses at 0.05 level of significance. The result revealed that counselling and socio-economic factors significantly influence couples towards family planning in Ikono Local Government Area of Akwa Ibom State. It was recommended, among others, that professional counsellors should intensify awareness creation on need for family planning. Also government should build reproductive health centres where family planning education could be given to couples by health care providers on various forms of family planning and its importance to improved health care of couples.

Keywords: counselling, socioeconomic, family, planning, couple

Introduction

Over the years family planning (FP) is widely acknowledged globally as an important intervention towards reducing maternal mortality, child mortality, unwanted pregnancies, unsafe abortions and reduction or controlling a rapid population growth. In other words, family planning is a deliberate prevention or delaying of birth by means of sexual abstinence, contraception, sterilization, abortion and prolong breast feeding; it is also the policy, programme or services designed to assist people in practicing birth control. Family planning method used can ensure healthiest timing and spacing of pregnancy; hence, regulating fertility and preventing complications associated with uncontrolled multiple births.

Since the 1994 International Conference on Population and Development (ICPD) and 1995 United Nations World Conference on Women, interest in men's involvement in family planning and reproductive health has increased exponentially (United Nations Population Fund, 2006). There has also been a shift in objectives of male participation

and concerns from increasing contraceptive use (family planning methods) and achieving demographic goals which geared toward achieving gender equality and the fulfilment of various reproductive responsibilities. It is obvious that a great number of published researched articles, growing number of conferences and debates on family planning and reproductive health bear testimony to the importance of this issue, both from the programmatic point of view and as a process for bringing about a gender balance in men and women reproductive rights and responsibilities (Estborn, 2015; United Nations Population Fund, 2006; National Population Commission in Nigeria and ICF Macro, 2009).

Awareness of the availability of family planning services may have a great influence on the uptake of family planning services. Although some individuals are aware of the availability of family planning services, they may not be properly informed or counselled on the various forms of family planning methods and how they work. No wonder, the reviewed publications pointed out that individuals who went for family planning services were not adequately counselled on the effects of some of the family planning methods. And this alone scared some couples away from family planning services (Malini & Narayanan 2014; Krakowiak-Redd et al., 2011; Ghana Statistical Services, Ghana Health Services and ICF Macro, 2009).

Similarly, it is pertinent to note that family planning uptake is very low in Ikono Local Government Area. The low uptake of family planning is largely blamed on many factors such as counselling methods and socio-economic factors which have been documented by researchers (Apanga & Adam, 2015; Olaitan, 2007; Mosha et al., 2013). Counselling is the right of the clients to receive accurate information and make their own decision about reproductive health care methods. It is considered fundamental and may influence their choice of family planning accordingly. In Nigeria and Akwa Ibom State in particular, the problem of uncontrolled birth or fertility has increasingly become a burden. Although the federal government believes that the country's population is unlikely to be such that will call for extensive emergency action, it is apparent that the rate of abject poverty, overcrowding and diminished standard of living is attributed to the high population growth due to lack of proper family planning programme. Thus, if the population explosion is to be checked, then there is need for adequate family planning counselling.

Socio-economic factors such as family income and occupation also militate against family planning resulting in large scale poverty among majority of Nigerians especially rural dwellers. They have contributed to low uptake of family planning in the area. Besides ineffective counselling methods and lack of awareness creation, socio-economic factors are the major reasons for low family planning uptake. It is on this backdrop that the researchers decided to take up this research with a view to determining whether counselling and socio-economic factors have any significant influence on family planning among couples in Ikono Local Government Area of Akwa Ibom State, Nigeria.

Reverend Thomas Robert Malthus was an English clergy and economist, who published a work titled, “principle of population” in 1798 and modified some of his conclusions in the edition of 1803. The theory stated that by nature, human resources is a slow arithmetical ratio, man himself increase in a quick geometrical ratio, unless want and vice stop him. The increase in the number is necessarily ignited by means of subsistence; population invariably increases when the means of subsistence increases, unless prevented by powerful and obvious checks. The theory by Malthus can be summed up in one proposition that population increases faster than food production; whereas population increases in geometric progression, food production increases in arithmetic progression. This proposition of his theory has much effect on planning for the improvement in the society. To Malthus, a population was growing at a geometrical progression, the agricultural output was increasing at arithmetic progression. A translation of the two growth rate would mean that population would soon outstrip the available resources and this signifies disaster. He therefore suggested checks as a means of keeping the population growth rate low or reducing the population growth.

This theory is relevant to this study based on the emphasis that if population is checked, population explosion will be prevented, food shortage will be minimized, standard of living will be improved and unnecessary large family size will be reduced thereby making it easy for both couples and government to care for the welfare of the children and citizens. Thus, the reduction of population growth can be achieved through proper family counselling programmes, improved socio-economic factors such as increase in per capita income, proper family planning choices and adequate redistribution of national income in Akwa Ibom State in particular and the country at large.

Counselling is a personalized dialogue or interaction between a professional counsellor and client experiencing problem. In order to render help or solution(s), counselling, information, choice and decision making are important in family planning programme in Nigeria and other population (Mosha et al., 2013; Ijadunola et al., 2010; Akwenabuaye et al., 2013). Accordingly, Vouking et al. (2014) stated that decisions regarding method and choice of family planning are male-dominated or sometimes joint decision between couples, but the decision can be symbiotic through counselling and health education campaigns. In Ghana, using Talensi District, Apanga and Adam (2015) reported that counselling, male involvement in decision making and intensifying health education on the benefits of family planning programmes are factors influencing the uptake of family planning services in the district. The counsellor and health provider’s help are critical in decision making because a client’s judgement may be influenced by misinformation and misunderstanding or be skewed by emotions (Redelmeler et al., 2013).

In Nigeria, counselling programmes, number of living children, teenage pregnancy among others, were key determinants or factors influencing the choice and use of family planning methods among married men (Oyediran et al., 2002). Akwenabuaye et al. (2013) in their study, planning behaviours and decision making among couples in Cross River State, Nigeria, reported that there was high awareness of family planning but needed the translation of family planning awareness into practice. The translation of family planning

awareness into practice can be achieved through counselling sessions, government intensifying efforts in providing family planning methods and encouragement of men in accepting family planning programmes.

Tilahun et al. (2013) reported that, according to the Ethiopian Demographic and Health Survey 2011, most women and men had knowledge on some family planning methods but only about 29% of married women were using contraceptives, and 20% of women had an unmet need for planning. Based on the survey, they decided to carry out a research on family planning knowledge, attitudes and practice as well as factors related to contraceptive use among married couples in Jimma zone, Ethiopia. Data were collected from March to May 2012 among 854 married couples using a multistage sampling design. Quantitative data based on semi-structured questionnaire was triangulated with qualitative data collected during focus group discussion. The data was compared using proportions and performed logistic regression analysis. The result showed that the concept of family planning was well known in the studied population. Sex stratified analysis showed pills and injectables were commonly known by both sexes, while long-term contraceptive methods were better known by women, and traditional methods as well as emergency contraception by men. Counselling and formal education was the most important factor associated with better knowledge about contraceptive methods, particularly among women (women = 2.77 vs men = 1.49, $p < 0.001$). In general, only 4 out of 811 men ever used and were currently using contraception. The study demonstrates that mere physical access (proximity to clinics for family planning) and awareness of contraceptives are not sufficient to ensure that contraceptive needs are met. Thus, it was recommended that projects aimed at increasing contraceptive use should contemplate and establish better counselling about contraceptive side effects.

Besides, family planning programmes have long endorsed the principle of informed choice as a way of ensuring that clients select a method that best meet their needs. Kim et al. (2018) conducted a research titled informed choice and decision-making in family planning counselling in Kenya. Interactions between female family planning clients and clinic-and-community-based providers at 25 service delivery sites in Kenya were audio taped over a 9-15 day period. Transcripts of 176 counselling sessions were analyzed to identify key counselling behaviours and assess the completeness of information provided to the clients. According to the results of their finding, providers collected information about a new client's marital and reproductive history in 60% of counselling sessions, but asked about their child bearing intentions in 7%. In 55% of sessions with continuity clients, providers asked whether the women were experiencing any problems with their current contraceptive method; providers raised the issue of switching methods in 27% of these sessions, and inquired about a continuing client reproductive intentions in 17%. Providers discussed an average of four contraceptives, typically discussed fewer than two. Providers seldom tailored their discussion of contraceptive methods to the clients' reproductive intentions, prior knowledge of family planning, contraceptive preferences, personal circumstances or health risk. In addition, while they emphasized a woman's right to make the final decision as to method chosen, they rarely assist women in fully weighing

alternatives or ascertain that they understood completely the personal implications of their choices. The findings revealed that counselling significantly influenced the decision-making and choice of family planning couples. It was concluded that family planning providers could enhance the quality of women's contraceptive decision-making if they take a more active role in contraceptive counselling. For example, by relating information on specific method to women's personal circumstances and help clients weigh the advantages and disadvantages of various methods.

The socio-economic status of an individual influences the choice of family planning method. There are some family planning methods that are expensive, and the couples cannot afford to use or purchase them due to their financial situation in the society. Economically, there has been service financial strain on households and Nigerians generally. Due to urbanization, revenue distribution has continued to be too narrow to very few Nigerians, thereby producing large scale poverty among majority of Nigerians especially rural dwellers (Ewhrayakpor, 2008).

Socio-economic factors like income rate, type of employment, among others, influence modern family planning usage among women of reproductive age in the Nkwanta district of Ghana (Eliason et al., 2014). Also Apanga and Adam (2015) documented on the factors influencing the uptake of family planning services in the Telensi district of Ghana. The researchers pointed out that socio-demographic and socio-economic factors like marital status, occupation and poor attitude of health staff influenced the acceptance of family planning practices in Telensi district by the dwellers. Also socio-demographic factor like income of individuals strongly influenced family planning in rural area of Pakistan. The result of their findings showed that dwellers belonging to lower income status, parity and other socio-demographic variables affected their opinions on the use of family planning services. They also reported that if qualified female doctors and health professional providers are reunited in the family planning services facilities, it will rapidly encourage dwellers on the uptake of family planning programmes.

Mustafa et al. (2015) reported that there were significant influence of socio-economic factors on the attitude of married men and women on their family planning. For instance, people residing in rural areas cannot afford to use the expensive contraceptive methods of family planning such as vasectomy, intrauterine device (IUD) and female sterilization method. A greater percentage of individuals that were recruited for family planning were people of low income like farmers and daily labourers. This low income affected their choice of family planning method. In South West Nigeria, Olaitan (2011) documented that there was no significant influence of socio-economic status on the choice of family planning.

Furthermore, reproductive behaviour and its decision-making practice are generally exercised in one of these three ways: mutual, dominance of husband, dominance of wife. Gender norms and roles prevalent in society affects the practice of reproductive decision-making among couples. Subedi et al. (2013) conducted a research on gender roles and practices of decision making on reproductive behaviour among couples in Syangja

district, Nepal. Descriptive cross sectional study was done in four Villages Development Committees (VDCs) of Syangja district of Nepal by using structured interview schedule. The couples of reproductive age (15-49 years) having at least children of one year were the study population. The result revealed that decision making on the use of contraceptives and plan for pregnancy was mostly mutual (62.1% and 74.8% respectively); regarding birth spacing, majority (42.4%) of couples had made no decision, followed by mutual decision (41.4%); while 72.0% couples had gone through mutual decision to maintain the family size, 27.7% did not discussed at all regarding the concerned matter. Only 3.79% of husbands had provided adequate time for nurturing and caring for their children. Socio-economic factors like employment status of husband, interval between children, influenced decision making and reproductive behaviour of couples in their choices or attitude towards family planning. It was recommended that interventions aimed at increasing male involvement in family planning should be considered.

Based on the review of studies over the previous two decades, research has found that family planning programme has helped convert people's interest in having fewer children into a definite demand for contraception. They have done so largely by making contraceptive uses more accessible, common and acceptable in many areas. Cleland et al. (2011) affirmed that the health of couples would be better with less number of children, more than four children increases the health risks of women at child birth. They highlighted the risks as anaemia (lack of blood), vaginal bleeding before and after delivery, increase in deformed babies and weakness of the women body, among others. They also highlighted some socio-economic factors that encourage family planning to include provision of good standard of living, provision of adequate nutritional diet, good health, good housing, food, education, peace and proper care.

Statement of problem

The increasing human population especially in rural areas have resulted in an increased number of children in most families. These explosions in number of children among families in rural communities like Ikono Local Government Area lead to increased parental burden to adequately care for their family needs due to large family's sizes; the large family sizes are due to couples' little or no knowledge of family planning. The unavailability of sufficient nutrition, clothing and health services has negatively exposed children to child abuse, child labour, emotional distress, depression and other societal problems associated with uncontrolled child-birth. Therefore, this research seeks to investigate the influence of counselling and socio-economic factors towards family planning among couples in Ikono Local Government Area, to provide baseline information which will aid in addressing these societal problems.

Hypotheses

To achieve the objectives of this research, the following null hypotheses were formulated:

Ho1: There is no significant influence of counselling on family planning among couples.

Ho2: Socio-economic factors does not significantly relate to family planning among couple.

Methodology

The research design adopted for this study was a cross-sectional descriptive survey. This design was appropriate because it permits descriptive investigation, quantitative, longitudinal studies and collection of information on counselling and socio-economic factors influencing family planning in Ikono Local Government Area of Akwa Ibom State, Nigeria. The population of the study is made up of 131,904 people, comprising males (69,501) and females (62,403) residing in the four randomly selected clans in Ikono Local Government Area. The respondents are drawn from five (5) villages in each selected clan, giving a total of twenty (20) villages in Ikono LGA. The sampling techniques adopted for the study were simple random sampling and accidental sampling techniques. This is to ensure that, the researchers give every member of the population equal and independent opportunity of being selected, to represent the targeted population. The sample of the study consisted of 500 respondents who were accidentally selected from twenty (20) villages, within the four randomly selected clans from the study area.

The instrument used for data collection was a questionnaire designed by the researchers; which was vetted by experts in Research and Statistics for face and content validity. The questionnaire was developed using a four point Likert scale of strongly agree (SA), agree (A), disagree (D) and strongly disagree (SD). The instrument was divided into three sections: A, B and C. Section A consisted of the personal data of the respondents. Section B consisted of 10 items which measured the influence of counselling on family planning among couples. While section C consisted of 10 items that measured the socio-economic factors and their relationship to family planning among couple. To determine the reliability of the questionnaire, a trial testing was done using 100 couples selected outside Ikono LGA. Test-retest method of reliability was used to determine the internal consistency of the instrument. Using Pearson product moment correlation, the reliability estimates obtained ranged from 0.67 to 0.70. Independent t-test and Pearson product moment correlation were the statistical tools used for data analysis.

Presentation of results

Ho1: There is no significant influence of counselling on family planning among couples.

The result of the analysis as presented in table 1 indicated that the calculated t-value of 3.816 is greater than the critical t-value of 1.972 at 0.05 level of significance. This means that counselling significantly influence family planning among couples in Ikono Local Government Area. Therefore the null hypothesis is rejected and the alternative accepted.

Table 1: Independent t-test analysis of the influence of counselling and family planning among couples

Variables	N	\bar{x}	SD	t-value
Counselling respondents	217	108.50	29.41	3.815*
Non- counselling respondents	283	141.50	21.60	

* Significant at 0.05, df = 480, critical t-value = 1.972

Ho2: Socio-economic factors does not significantly relate to family planning among couples.

The independent variable in hypothesis 2 is socio-economic factors, while the dependent variable is family planning among couples. Pearson product moment correlation analysis was used to determine the relationship between socio-economic factors and family planning among couples. The result of the analysis is displayed in table 2. The results indicate that the calculated correlation co-efficient value of 0.987 is greater than the critical value of 0.878, using 3 degree of freedom. This means that there is a significant relationship between socio-economic factors and family planning among couples in Ikono Local Government Area of Akwa Ibom State. Hence the null hypothesis was rejected and the alternate hypothesis maintained.

Table 2: Pearson product moment correlation analysis of the relationship between socio-economic factors and family planning among couples

Variables	$\sum x$ $\sum y$	$\sum x^2$ $\sum y^2$	$\sum xy$	r-value
Socio-economic factors	292	58451	895683	0.987
Family planning among couples	204	41543		

* Significant at 0.05, df = 3, critical r-value = 0.878

Discussion of findings

The result of hypothesis 1 shows that counselling significantly influenced family planning in Ikono Local Government Area of Akwa Ibom State, Nigeria. The finding is similar to the documented reports of Apanga and Adam (2015), which stipulated that counselling and intensifying educational programme campaigning positively influence the uptake of family planning services in Talensi district of Ghana. The result of this study is also consistent with the finding by Oyediran et al.(2002), and Akwenabuaye et al. (2013) who affirmed that counselling programmes influence the choice of family planning methods among married men and among couples respectively. In Jimma zone, Ethiopia, it was documented that counselling and formal education was the most important factor associated with better knowledge about contraceptive methods in men and women (Tilahun et al., 2013), which agrees with the finding of this study.

The results of hypothesis 2 showed that there is significant relationship between socio-economic factors and family planning among couples in Ikono LGA of Akwa Ibom State. This finding is in line with the finding of Eliason et al. (2014) that socio-economic factors relate to family planning uptake among women of reproductive age in the Nkwanta district of Ghana. The results is also in harmony with the findings of Mustafa et al. (2015) which indicated that socio-economic status of couple related to the choice or uptake of family planning programmes in Pakistan. There are some contraceptive methods of family planning that are expensive and some couples, most especially local farmers or daily labourers, cannot afford due to their financial status in the society. This notwithstanding,

this study revealed that most couples adopting family planning were residing in villages (rural settings) and are aware of the importance of it. The reason may be because of the enlightenment campaigns embarked upon by counsellors and community health workers or officers and the close proximity of the villages to urban areas like Ikot Ekpene and Uyo.

Conclusion

Based on the finding of the study, it was concluded that counselling significantly influenced family planning in Ikono Local Government Area of Akwa Ibom State, Nigeria. The finding of the study also indicates that there is significant relationship between socio-economic factors and family planning among couples in Ikono LGA of Akwa Ibom State.

Recommendations

Based on the results, the following recommendations were made:

1. Professional therapists (counsellors), health officers in collaboration with government and concerned individuals should intensify campaign programmes on family planning and educate individuals extensively on the importance and need for a controlled birth plan for every family or couple.
2. Couples should be encouraged to visit counsellors and family planning service providers so as to enlighten them on the various family planning types that will meet their economic status. Also male involvement in family planning decision making uptake in the country should be improved, both on health risk and safety needs for all couples.
3. Contraceptives use should be more accessible, common and acceptable in the state. This will help individuals avoid unwanted pregnancies with the aim of reducing the number of children in order to cope with certain economic conditions like maintaining good health, sound education, provision of good standard of living, adequate nutritional diet, good housing, peace and care for the family and society.

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