

American Journal of Health, Medicine and Nursing Practice (AJHMN)




Promoting Family Planning in Matameye: A Path to Family Well-Being and Sustainable Development

A.Z Mahamadou Nourou, O. Olayemi and B. Omar



Promoting Family Planning in Matameye: A Path to Family Well-Being and Sustainable Development

 A.Z Mahamadou Nourou^{1*}, O. Olayemi² and B. Omar³

^{1,2}PhD Reproductive Health Program, Pan African University, Life and Earth Science Institute
(Including Health and Agriculture), Ibadan, Nigeria

³Department of Obstetrics and Gynecology, College of Medicine, University of Ibadan, Ibadan, Nigeria



Article history

Submitted 20.10.2024 Revised Version Received 23.11.2024 Accepted 27.12.2024

Abstract

Purpose: This study examines the knowledge, attitudes, and practices regarding family planning among 385 women of childbearing age in Matameye, Niger, to identify barriers and propose strategies for improvement.

Materials and Methods: The questionnaires are administered to a representative sample of the population. The objective of the questions was to collect quantitative data on knowledge, attitudes and practices related to family planning, as well as factors that influence the use of family planning services. Questionnaire data were analyzed using descriptive and analytical statistical methods to assess the relationships between demographic variables, family planning knowledge, attitudes and practices, and FP service use. Interviews were conducted with women of childbearing age.

Findings: While 86% of participants were aware of family planning services, only 51% utilized them, with modern methods like Depo and the pill being the most common. Barriers to usage included lack of perceived need, spousal opposition, cultural and religious objections, and economic challenges, particularly among less-

educated, married women. The study emphasizes the importance of targeted awareness campaigns, educational initiatives, improved healthcare access, and collaboration with policymakers and community leaders to address these challenges.

Implications to Theory, Practice and Policy: Promoting family planning is essential for enhancing maternal and child health, fostering economic stability, supporting environmental sustainability, and achieving the Sustainable Development Goals (SDGs).

Funding: Funding for this research was supported by the African Union Commission through the Pan African University Life and Earth Sciences Institute (Including Health and Agriculture) Ibadan, Nigeria.

Keywords: *Family Planning, Sustainable Development, Maternal Health, Women's Education, Contraception*

JEL Codes: I15 (Health and Economic Development), J13 (Fertility; Family Planning; Child Care; Children; Youth), O15 (Economic Development: Human Resources; Human Development)

1.0 INTRODUCTION

Women in developing countries are increasingly aware of the benefits of having smaller, more dispersed families. However, this knowledge remains little put into practice, with only 2% of women in developing countries using family planning, compared to 70% in developed countries.^{1, 2, 3}

Different factors explain this gap between awareness and practice, such as the lack of precise knowledge about family planning and the difficulties linked to the oppression of women. Sensitive and diverse communication strategies are needed to overcome these barriers, along with strong policy support, local community initiatives, increased women's education and well-developed primary health systems. Since it's about planning.^{4, 5}

The United Nations aims to ensure universal access to reproductive health services by 2030, encompassing family planning, education and information, as well as the integration of reproductive health into national policies. The provision of family planning services is considered one of the most successful public health actions, playing an important role in reducing maternal mortality and morbidity, as well as in global socioeconomic development (UNFPA, 2019).^{6, 7}

Family management plays a vital role in reducing maternal and child mortality, which contributes to the achievement of national and international development goals. Furthermore, it is crucial to prevent new pediatric HIV infections by avoiding unintended pregnancies in HIV-positive women. It is therefore crucial to invest in family planning to promote development, because demographic dynamics have a significant impact on the foundations of sustainable development, including the preservation of a healthy environment.^{8, 9, 10, 11, 12}. Since 2011, nine French-speaking West African countries have joined the Ouagadougou partnership to improve access to family planning services.

This partnership has resulted in an increase of more than 4 million women and girls using contraceptives in Benin, Burkina Faso, Ivory Coast, Guinea, Mali, Mauritania, Niger, Senegal and Togo over the last few years. last ten years (2011-2021). It has also helped prevent more than 18 million unwanted pregnancies and 6 million unsafe abortions.^{16, 17, 18}

Around 1988, Niger's population tripled, from 7.2 to 23.6 million inhabitants. Significant population growth is due to high and stable fertility, with around 7 children per woman during this period. Faced with these demographic and health challenges, such as worrying maternal and infant mortality, family planning represents an adequate solution in Niger. However, despite its crucial role in fertility management, the use of family planning has not seen significant progress in countries.

According to the National Survey on Childhood Fertility and Mortality (ENAFEME) of 2021, we observe a drop in the frequency of modern contraceptive methods, going from 12% in 2012 to 10% in 2021.

Problem Statement

In general, the high rate of maternal and infant deaths is recorded in this part of the world.

Having many children without the means to take care of them medically, educate them and/or even feed them. Which therefore contributes to the underdevelopment of the country on the one hand and to the danger for the population on the other hand.

2.0 MATERIALS AND METHODS

This is a cross-sectional study which lasted 6 months, from April 1 to October 1, 2024, in the Republic of Niger, in the Zinder region, in the Matameye department.

The questionnaires are administered to a representative sample of the population. The objective of the questions was to collect quantitative data on knowledge, attitudes and practices related to family planning, as well as factors that influence the use of family planning services.

Questionnaire data were analyzed using descriptive and analytical statistical methods to assess the relationships between demographic variables, family planning knowledge, attitudes and practices, and FP service use. This study was carried out in the department of Matamèye. According to the latest data from the 2023 census, the department had approximately 6,960 women aged pregnant.

The sample will consist of 385 women of childbearing age, representing a variety of demographic groups of women from different age groups (15-49 years) and socioeconomic backgrounds.

Inclusion Criteria

Permanent residents of the department.

Voluntary consent to participate in the study.

Data Collection Methods

Interviews were conducted with women of childbearing age. These interviews will explore in-depth perceptions, experiences and opinions about family planning and barriers to using services.

The questionnaires were administered to a representative sample of the public. The questions were designed to collect quantitative data on knowledge, attitudes, and practices related to family planning, as well as factors that influence the use of family planning services.

In this section-wide pilot study, on an assessment of women of pregnant age during the telephone survey between April and May 2024. On carrying out the surveys on paper and on did not included identifiable patient information. Institutional review board approval was obtained prior to participant enrollment. The aims and objectives of the study were discussed with the participants and tutors as appropriate.

Participant and/or parental consent and participant assent, as indicated, were obtained prior to survey administration. Participants had the option to opt out or not participate in the procedure. Inclusion criteria included a participant aged at least 15 years, with an established patient in the age range of 15 to 49 years at the time of enrollment. Exclusion criteria include participants who refused to collaborate or their spouse, as well as those who have mental or physical limitations that could prevent participation.

The surveys assessed sociodemographic data, such as education level, marital status and estimated family tax. The questions were diverse and included several options and were open-ended. Several choice questions included an 'other' option to use when appropriate. Open-ended questions were used to assess participants' definitions regarding knowledge and use of family planning services, services already used, factors that influence their use, their satisfaction with these services, as well as their satisfaction with these services as well as their suggestions for improvement.

Data Analysis

Quantitative Analysis

Data from the questionnaires will be analyzed using descriptive and analytical statistical methods to assess associations between demographic variables, family planning knowledge, attitudes and practices, and utilization of FP services.

The results of the quantitative analyzes will be integrated to provide an in-depth understanding of the determinants of the low attendance rate of the FP service by women of childbearing age in the Matamèye department.

This study used a quantitative research approach to explore factors affecting demographic, socio-economic and health factors in family planning among women of childbearing age in the Matamèye department area of east-central Niger. The area has a comparatively lower rate (24% in 2012) of greater use of family planning than the rest of the country. Many women living in the area of this region face problems related to access to health care, hence its selection.

Region Identification

According to WHO estimates, in 2021, 1.1 billion women of reproductive age (15-49) across the world will need family planning services. Of these, 874 million were using modern contraceptive methods, while 164 million did not have access to necessary contraception.^{13, 14}

According to the United Nations Population Fund (UNFPA), global statistics regarding contraceptive use are impressive. Among women who wish to avoid pregnancy, nearly 257 million do not use modern, safe contraceptive methods, of which 172 million do not exist. These data, although worrying, reflect the situation of women and girls around the world.¹⁵

Recent levels and trends in fertility and contraceptive prevalence and their main driving factors are highlighted in this study. It primarily focuses on advances in the availability and accessibility of family planning services, analysis of levels, trends and inequalities in family planning use and fertility, as well as identification factors that impact the use of modern contraception and fertility.⁽⁶⁾

Ethical Approval

Prior to the commencement of the study, approval was obtained from the Ethics Committee of the Institute of Life and Earth Sciences of the Pan African University.

The approval covers all aspects of the methodology, including questionnaires, interview processes and protection of participants' personal data.

A rigorous informed consent process was followed to ensure that participants understood the objectives of the study and their rights before participating.

All participants were informed of the objectives, duration, data collection methods, and the potential benefits and risks associated with their participation.

An explanatory document was provided in the local language to facilitate understanding.

Data were collected anonymously. Personal information that could identify participants was excluded.

Responses were stored in a secure database accessible only to the researchers involved.

Participants were informed that they could withdraw from the study at any time, without justification and without negative consequences.

All information was translated into local languages, to maximize participants' understanding.

Periodic reports on the progress of the study were submitted to the ethics committee to ensure compliance with established standards throughout the research.

Pre-Test

The questionnaire was tested before starting data collection from a group of women during the simulation. This allowed us to see the gaps and difficulties to avoid misunderstandings and facilitate language and communication with the target population during collection.

3.0 FINDINGS

Table 1: Status by Marital Status and Educational Levels

| Status by Marital Status and Educational Levels | | | | | |
|---|------------|-----------|-----------|-----------|------------|
| Row Labels | None | Primary | Secondary | Superior | Total |
| Single | 6 | 7 | 15 | 3 | 31 |
| Divorced | 11 | 7 | 11 | 2 | 31 |
| Bride | 156 | 69 | 70 | 16 | 311 |
| widow | 7 | 4 | 1 | | 12 |
| Total | 180 | 87 | 97 | 21 | 385 |

Percentages indicating the distribution of participants by education levels and marital status relative to the entire sample of 385. In this population, the majority of individuals are married, representing 81% of the total, and most of 'of them have no formal education, highlighting a correlation between early marriage and lack of access. To education. In contrast, single people tend to be more educated and have a higher educational profile, which could suggest that they are delaying marriage in order to pursue their education. Divorced and divorced people, like married people, are generally poorly educated, suggesting economic or social difficulties that impact their access to education. Overall, access to higher education remains restricted, with only 5.5% of people having reached this level, undoubtedly due to economic constraints.

Knowledge of Planning Service by Age Group

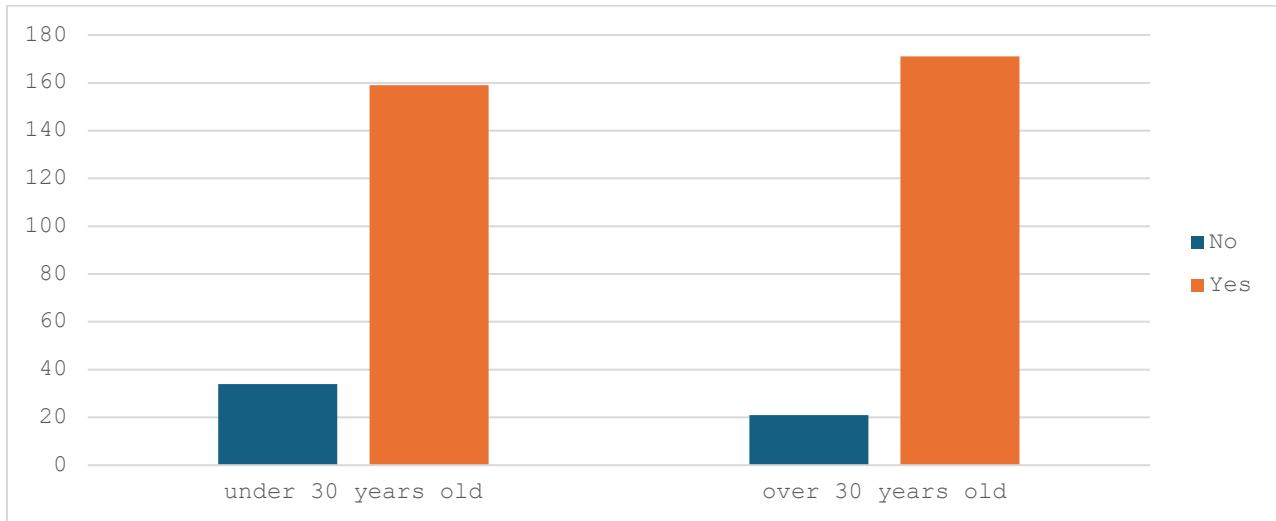


Figure 1: Knowledge of Planning Service by Age Group

This graphic presents knowledge of family planning services available in Matamey based on two age groups: under 30 and over 30. Among people under 30, 159 are aware of these services compared to 34 who are not aware of them, while for those over 30, 171 are aware of these services and 21 are not aware of them. In total, 330 people (or 86%) are informed about these services, compared to 55 (14%) who are not, out of a total of 385 respondents. This shows good awareness of family planning services in both age groups, with a slight increase for those over 30 years old.

Knowledge of Planning Service by Level of Instruction

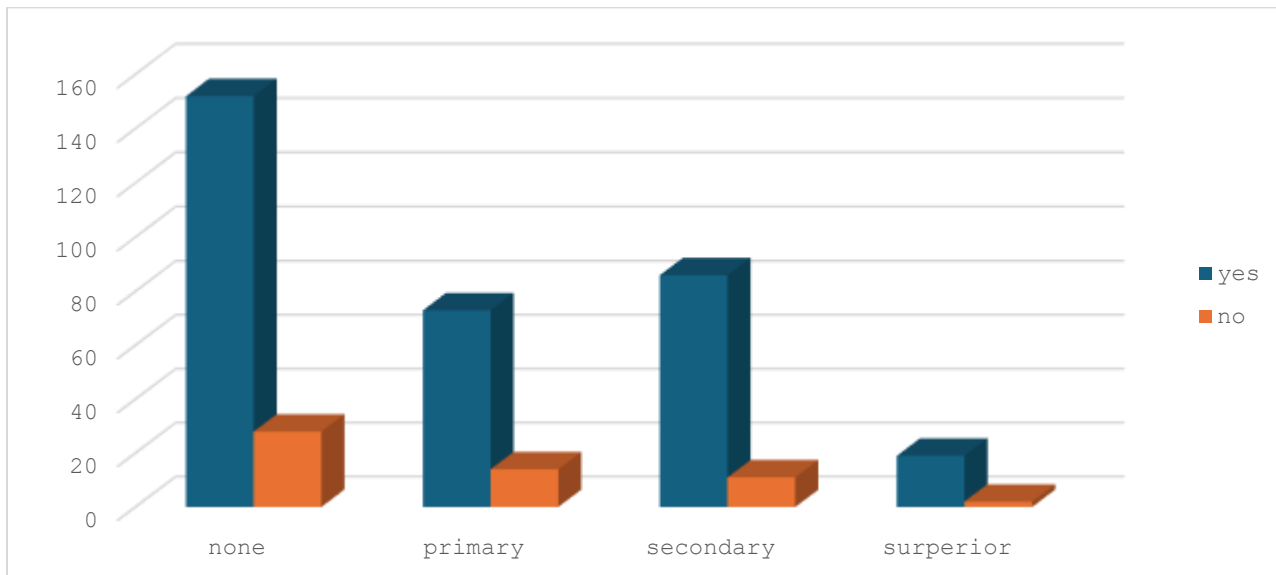
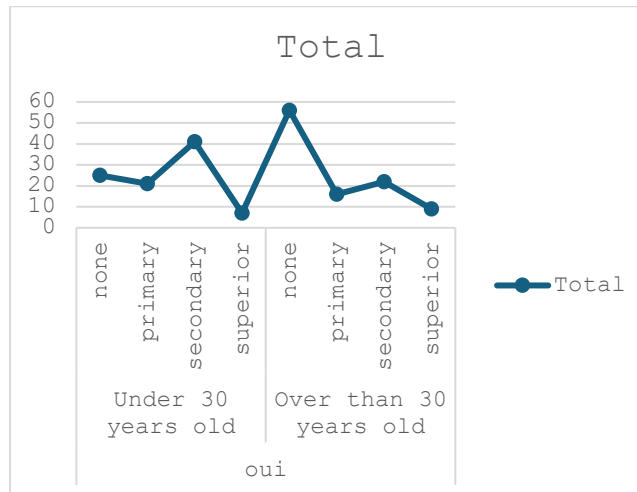


Figure 2: Knowledge of Planning Service by Level of Instruction

The graphic shows that the majority of respondents in Matamey (86%) are aware of family planning services, with this knowledge increasing according to education level. Among the 385 people interviewed, 330 were aware of these services, while 55 were not aware of them.

Uneducated people make up the largest group (180), with a knowledge rate of 84%, but this percentage increases among those with higher education, reaching 90% for people with secondary education and 95% for those with higher education.

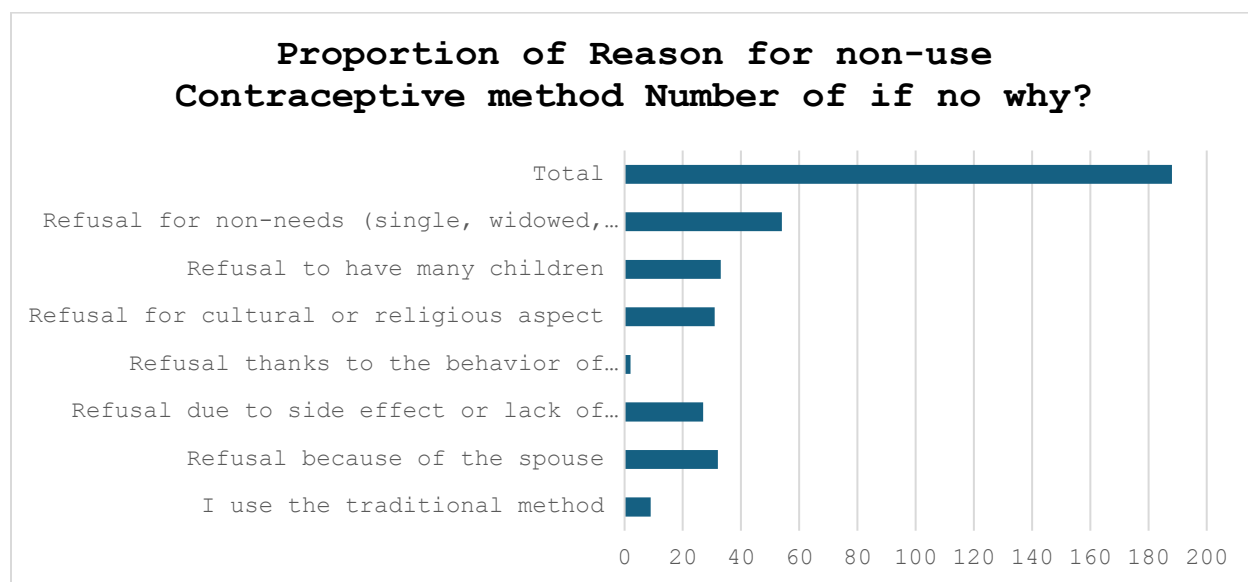


The graphic shows that of the 197 people who used family planning services in Matameye, 94 are under 30 years old and 103 are over 30 years old. Among the youngest, the majority have secondary education (41) or have no education (25), while among those over 30, the majority have no education (56). In both age groups, higher level users are the fewest. Overall, use of family planning services is more common among people with lower levels of education, particularly those over 30.

Table 2: Method of Contraception Used

| Method of Contraception Used | |
|------------------------------|------------------------|
| Line Labels | Number of Methods Used |
| Condoms | 4 |
| Depo | 67 |
| IUD | 3 |
| Implanon NXT | 26 |
| Injectable | 20 |
| Jadelle | 8 |
| Pilule | 52 |
| Sayana press | 16 |
| Traditional | 1 |
| Grand total | 197 |

This table presents the methods of contraception used by a group of 197 people. The most commonly used methods are Depo (with 58 users) and the pill (50 users), followed by Implanon NXT (22 users) and the injectable (15 users). Some people combine several methods, such as "Depo and pill" or "Injectable and pill", although these cases are rare. Other methods, such as the IUD, Jadelle, and Sayana press, are used more moderately, while condoms and traditional methods are among the least used. This table shows diversity in the choice of contraceptive methods, although some are significantly more popular.



This table presents the reasons for non-use of contraceptive methods for a group of 188 people. The main reason is the lack of need for contraception (54 people), particularly among people who are single, widowed or not in a relationship. Then, 33 people refuse to use contraception because they want to have many children. Refusal because of the spouse (32 people) and for cultural or religious reasons (31 people) also represent important factors. Other reasons include refusal due to side effects or lack of information (27 people) and use of traditional methods (9 people). Finally, a minority cites the behavior of health workers (2 people). This table shows that the reasons for non-use of contraception are varied, including personal, relational, cultural and access to information aspects.

Statistical Measures and Tests

Chi-square test for association between knowledge and demographic variables: Comparing knowledge about family planning services across demographic groups Age and knowledge:

"A chi-square test was used to examine the association between age group and knowledge about family planning services. The results showed a significant difference between age groups,

$\chi^2(1) = 5.24, p = 0.022$ $\chi^2(1) = 5.24, p = 0.022$, with those over 30 years of age being more likely to be aware of family planning services than those under 30 years of age."

Education Level and Knowledge

"There was a significant association between education level and knowledge of family planning, $\chi^2(3) = 11.37, p = 0.010$ $\chi^2(3) = 11.37, p = 0.010$. Respondents with higher education level (secondary or above) were significantly more likely to be aware of family planning services than those with no formal education."

Despite 86% of participants being aware of family planning services, only 51% use them, revealing an "implementation divide" influenced by cultural norms valuing large families, male-dominated decision-making, and religious objections. Some see family planning as un-Islamic, citing beliefs that each child comes with divine blessings, while others view contraceptive use as disrespectful to tradition. Barriers such as distance to services, concerns about side effects, and economic

limitations further discourage use. Addressing these issues requires engaging community and religious leaders, educating men, improving access, and developing culturally sensitive communication strategies to promote family planning and enhance family well-being in the Matameye region.

4.0 CONCLUSION AND RECOMMENDATIONS

Conclusion

This study highlights the importance of promoting family planning in Matameye, both for the well-being of families and for sustainable development. Although awareness of family planning services is generally good, their use remains limited by cultural, religious, economic barriers and opposition from spouses. The study reveals a preference for modern methods such as Depo and the pill, while traditional methods and condoms are rarely used. The main reasons for non-use include lack of need, the desire to have many children and cultural or religious reluctance, which highlights the need for appropriate education and awareness campaigns. To improve adherence to planning methods, it is crucial to develop targeted communication strategies, facilitate access to information and overcome social and gender inequalities-related obstacles. By investing in family planning, Matameye could improve maternal and child health, contribute to economic stability and environmental preservation, and thus meet the Sustainable Development Goals.

Recommendations

Closing the gap between knowledge and use of family planning services in Matameye requires coordinated action by stakeholders. It is crucial that policymakers integrate family planning into national programs, decentralize services to remote areas, and promote gender-inclusive policies. NGOs can partner with local leaders to implement culturally sensitive campaigns, correct misinformation, and include men in family planning education. It is recommended that health care providers receive training in community outreach, mobile clinics, and regular assessment of service delivery. Community leaders can promote family planning by serving as role models and integrating these messages into local initiatives. International donors should fund integrated development programs and facilitate knowledge exchange with regions that have successfully implemented family planning strategies. This multi-stakeholder collaboration will improve accessibility, remove cultural and religious barriers, and improve health.

Acknowledgement

The authors acknowledge the African Union Commission for providing funding to conduct this research study.

REFERENCES

1. Bekele D, Surur F, Nigatu B, Teklu A, Getinet T, Kassa M, Gebremedhin M, Gebremichael B, Abesha Y. Knowledge and Attitude Towards Family Planning Among Women of Reproductive Age in Emerging Regions of Ethiopia. *J Multidiscip Healthc.* 2020 Nov 4; 13:1463-1474. doi: 10.2147/JMDH.S277896. PMID: 33177832; PMCID: PMC7649215.
2. Anate BC, Balogun MR, Olubodun T, Adejimi AA. Knowledge and utilization of family planning among rural postpartum women in Southwest Nigeria. *J Family Med Prim Care.* 2021 Feb;10(2):730-737. doi: 10.4103/jfmpc.jfmpc_1312_20. Epub 2021 Feb 27. PMID: 34041069; PMCID: PMC8138346.
3. Gunn, Emma. “Barriers to family planning for women in West Africa. » Ballard Brief. August 2024. www.ballardbrief.byu.edu
4. Kassim M, Ndumbaro F. Factors affecting family planning literacy among women of childbearing age in the rural Lake zone, Tanzania. *BMC Public Health.* 2022 Apr 4;22(1):646. doi: 10.1186/s12889-022-13103-1. Erratum in: *BMC Public Health.* 2022 May 2;22(1):874. doi: 10.1186/s12889-022-13258-x. PMID: 35379226; PMCID: PMC8981830.
5. Durowade KA, Omokanye LO, Elegbede OE, Adetokunbo S, Olomofe CO, Ajiboye AD, Adeniyi MA, Sanni TA. Barriers to Contraceptive Uptake among Women of Reproductive Age in a Semi-Urban Community of Ekiti State, Southwest Nigeria. *Ethiop J Health Sci.* 2017 Mar;27(2):121-128. doi: 10.4314/ejhs.v27i2.4. PMID: 28579707; PMCID: PMC5440826.
6. United Nations House, Lot 617, Diplomatic Zone, Central Area District PMB 2851 Garki, Abujaoffice.nigeria@unido.org gazouillement
7. WHO SDG Target 3.7 | Sexual and reproductive health: By 2030, ensure universal access to sexual and reproductive health services, particularly in terms of family planning, information and education, and the integration of reproductive health into strategies national
8. Chola L, McGee S, Tugendhaft A, Buchmann E, Hofman K. Scaling Up Family Planning to Reduce Maternal and Child Mortality: The Potential Costs and Benefits of Modern Contraceptive Use in South Africa. *PLoS One.* 2015 Jun 15;10(6):e0130077. doi: 10.1371/journal.pone.0130077. PMID: 26076482; PMCID: PMC4468244.
9. AbouZahr C, Ahman E. 1998. Unsafe abortion and ectopic pregnancy. In: Murray CJL, editor; Lopez AD, editor. (ed.). *Health dimensions of sexuality and reproduction: the global burden of sexually transmitted diseases, HIV, maternal conditions, perinatal disorders, perinatal disorders and birth defects.* Boston: Harvard School of Public Health. pp.266–296.
10. Global Health, Science and Practice: Investing in Family Planning: Key to Achieving the Sustainable Development Goals Ellen Starbird, a Maureen Norton, a Rachel Marcusa
11. Mutabazi, JC, Zarowsky, C. & Trottier, H. The impact of programs to prevent mother-to-child transmission of HIV on health services and systems in sub-Saharan Africa - A review. *Public Health Rev* 38, 28 (2017). <https://doi.org/10.1186/s40985-017-0072-5>
12. World Health Organization (WHO), et al., Trends in maternal mortality: 2000 to 2020, 2023; WHO, “Maternal mortality”, fact sheet, February 22, 2023.

13. United Nations Department of Economic and Social Affairs, Population Division (2022). Global Family Planning 2022: Meeting Changing Needs for Family Planning: Contraceptive Use by Age and Method. A DESA/POP/2022/TR/NO. 4 (https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2023/Feb/undesa_pd_2022_world-family-planning.pdf) .
14. Department of Economic and Social Affairs Population Division World Family Planning 2022 Meeting the changing needs for family planning: Contraceptive use by age and method
15. UNFPA Contraception is essential, but not sufficient, calendar_today
16. Improving access to contraception in French-speaking West Africa: a journey of “a thousand kilometers of steep and unexplored terrain” Marie Ba, Director of the Ouagadougou Partnership Coordination Unit, reflects on how the organization overcame many obstacles to help provide millions of women in the region with access to modern reproductive health services. by Marie Ba — June 2, 2022
17. INTERNATIONAL CONFERENCE ON FAMILY PLANNING, PAITAYA CITY, THAILAND 14-17 NOVEMBER 2022 (Ouagadougou Partnership, ICFP2022 Lead Organizing Group)
18. Condoms and survival: access to contraception in West Africa and sub-Saharan Africa March 16, 2022. 4 min read Isabelle King is deputy editor-in-chief of HIR. She writes about French-speaking Africa and is interested in national security, human rights and diplomacy.

License

Copyright (c) 2024 A.Z Mahamadou Nourou, O. Olayemi, B. Omar



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/). Authors retain copyright and grant the journal right of first publication with the work simultaneously licensed under a [Creative Commons Attribution \(CC-BY\) 4.0 License](https://creativecommons.org/licenses/by/4.0/) that allows others to share the work with an acknowledgment of the work's authorship and initial publication in this journal.