

## ASSESSING THE RISKS ASSOCIATED WITH FAMILY PLANNING PRACTICES IN KATSINA METROPOLIS

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### ABSTRACT

This study investigates the risks associated with family planning practices in Katsina Metropolis, Nigeria. Family planning plays a critical role in improving maternal and child health, controlling population growth, and preventing unintended pregnancies. However, significant challenges such as limited healthcare access, cultural and religious barriers, and misconceptions about contraceptives hinder its effective implementation in this urban setting. The research aims to assess the accessibility and availability of family planning services, identify the cultural, social, and religious factors influencing family planning decisions, and propose strategies for mitigating these risks. Through a comprehensive survey of healthcare practitioners and women in selected hospitals in Katsina Metropolis, the study provides insights into the key challenges surrounding family planning and offers actionable recommendations to enhance awareness, improve service delivery, and ensure the safety and effectiveness of family planning methods. The findings are intended to inform policymakers, healthcare providers, and local authorities in their efforts to improve family planning services in the metropolis.

**Keywords:** Family Planning, Katsina Metropolis, Contraceptives, Healthcare Access, Cultural Barriers

### 1. INTRODUCTION

Family planning is the process of making informed decisions about the number of children a family wishes to have and the appropriate intervals between their births [1]. It involves a broad spectrum of issues, including reproductive decision-making, contraception, infertility, prenatal care, and other health-related concerns [2]. These decisions are often deeply personal and require effective communication between partners, making family planning a sensitive and multifaceted topic [3]. Furthermore, the ability to access reliable family planning services is essential for promoting maternal and child health, preventing unintended pregnancies, and managing population growth [4].

Katsina State, located in Nigeria's northwest region, is one of the country's 36 states, with a population of 5,792,578, consisting of 2,978,682 males and 2,813,896 females [5]. Despite the state's efforts to improve healthcare through the establishment of general and specialized hospitals, significant disparities exist in the provision of family planning services, especially in rural areas [6]. Although family planning units in these health facilities provide free counselling and subsidized contraceptives, many women in rural communities still face considerable barriers to accessing these services [7].

In Katsina Metropolis, the benefits of family planning are clear: it improves maternal health outcomes, reduces child mortality, and empowers women to make informed reproductive choices [8]. However, numerous challenges continue to hinder the effective utilisation of family planning services. These include inadequate healthcare infrastructure, deeply ingrained cultural and religious beliefs, low awareness of contraceptive methods, and pervasive misconceptions about their use. As a result, women in these communities are often exposed to significant risks, including unintended pregnancies, maternal health complications, and reduced agency over their reproductive health.

This study seeks to explore the risks associated with family planning in Katsina Metropolis. It will evaluate the accessibility and availability of contraceptive services, investigate the cultural, social, and religious factors that shape family planning decisions, and offer practical recommendations to improve service delivery. The findings of this research are intended to provide valuable insights for policymakers, healthcare providers, and community leaders to enhance family planning services and address the unique challenges faced by women in rural communities.

The remainder of this paper is structured as follows: the next section details the research methodology, Section 3 presents the empirical findings, and Section 4 concludes with policy recommendations based on the results of the study.

### 2 MATERIALS AND METHOD

This study employed a descriptive research methodology utilizing a survey design. The research is quantitative, as it involves the measurement and analysis of variables using numerical data. The study was guided by predetermined hypotheses, with a defined population, sampling procedures, data collection instruments, and data analysis techniques.

## 2.1 Research Design

The study adopts a survey research design, selected for its effectiveness in collecting and analyzing data to describe, interpret, and evaluate the current conditions related to family planning in Katsina Metropolis. This approach allows for systematic data gathering, facilitating the testing of relevant hypotheses and enabling the drawing of informed conclusions [9]. By employing research questions and hypotheses, the survey design helps to identify key risks, trends, and patterns associated with family planning practices within the target population.

## 2.2 Study Area

The study is conducted in Katsina Metropolis, the capital of Katsina State, Nigeria. With a population of over 400,000, the metropolis serves as a key administrative and commercial hub, influencing surrounding rural areas [10]. Its diverse socio-economic groups and unique geographical location make it an ideal setting for investigating family planning practices. Katsina Metropolis has varying access to family planning services and distinct socio-cultural dynamics, providing a rich context for examining the risks and barriers affecting reproductive health in the region.

## 2.3 Study Population

The target population of this study consists of all married women in Katsina Metropolis who are attending General Hospital Katsina, Federal Medical Center, and Turai Yar'adua Maternity and Children Hospital. Katsina State, located in the northwest zone of Nigeria, has a population of 5,792,578, comprising 2,978,682 males and 2,813,896 females. This population provides a relevant demographic for investigating family planning practices and associated risks in the region.

## 2.4 Sampling Technique

In this study, a total of 120 married women from Katsina Metropolis were selected as participants. A stratified random sampling technique was employed to ensure representation across different hospitals. Specifically, 40 participants were randomly chosen from each of the following institutions: General Hospital Katsina, Federal Medical Center, and Turai Yar'adua Maternity and Children Hospital. This approach ensured that the sample was diverse and reflective of the target population while allowing for accurate analysis of family planning risks in the area [11].

## 2.5 Research Instrument

For this study, the primary research instrument utilized was a structured questionnaire designed to collect data from married women attending selected hospitals in Katsina Metropolis. The questionnaire consisted of items developed to assess various aspects of family planning, including accessibility, cultural influences, and associated risks. A 2-point Likert scale was employed to gauge participants' responses, with options Yes, No. This scale allowed for measuring attitudes and perceptions regarding family planning practices. The questionnaire was carefully structured to ensure clarity and relevance, aligning with the study's objectives [12].

## 2.6 Validation of the instruments

To ensure the reliability and relevance of the constructed questionnaire, it was presented to two expert lecturers from the Department of Environmental Health at Hassan Usman Katsina Polytechnic. These experts were tasked with reviewing the questionnaire to ascertain its clarity, relevance, and appropriateness for the study. Based on their feedback, ambiguous or unclear statements were revised, and irrelevant items were eliminated. The necessary corrections were then implemented by the researcher, ensuring that the final instrument was well-suited for collecting accurate and meaningful data from the respondents

## 2.7 Method of Data Collection

Data collection for this study involved personal visits to selected hospitals in Katsina Metropolis, where structured questionnaires were distributed to health practitioners and women accessing family planning services. To ensure clarity and accurate responses, the questionnaires were translated into Hausa, accommodating the local language preferences.

# 3 RESULTS AND DISCUSSION

The empirical results and related discussions are presented in this section. The analyses commenced with a summary of the biodata of the respondents, analysis and discussion of the study findings. The biodata of the respondents is presented in Table 1.2.

**Table 1.2:** Age Distribution of the Respondents

Age Group	Frequency	Percentage
18-25	16	13.33
26-35	47	39.17

36-45	74	61.67
46-Above	17	14.17
Total	120	100

The age distribution of participants in Table 1.2 offers key insights into women using family planning services in Katsina Metropolis. Most respondents (61.67%) are aged 36-45, indicating high engagement from women in their peak reproductive years. The 26-35 age group follows with 39.17%, suggesting younger women are also accessing these services, though at a lower rate. Only 13.33% fall in the 18-25 group, which may indicate limited awareness or access among younger women. A small proportion (14.17%) are aged 46 and above, showing minimal engagement from older women. These findings suggest a need for targeted interventions to increase awareness among younger women.

**Table 1.3:** Literacy Level of the Respondents

Education	Frequency	Percentage
No formal Education	11	9.17
Primary Education	28	23.33
Secondary Education	36	30
Tertiary Education	45	37.50
Total	120	100

The education levels of participants in this study reveal important insights into the demographics of women using family planning services in Katsina Metropolis, as diverse educational backgrounds influence their awareness and access to information. Tertiary Education (37.50%) is the largest group, with 45 participants, indicating that higher educational attainment is linked to increased engagement in family planning services and greater awareness of reproductive health. Secondary Education (30%) Comprising 36 respondents, this group also shows significant access to family planning services, with secondary education providing essential knowledge for a better understanding reproductive health. Primary Education (23.33%): Representing 28 participants, this group has a basic awareness of family planning options, but their limited education may restrict their understanding of available methods and associated risks. Finally, the No Formal Education (9.17%) is the smallest group, with 11 participants, underscores a gap in access to family planning services, as lack of education can lead to misconceptions and increased vulnerability regarding reproductive health.

**Table 1.4:** Family planning services are available in your community?

Response	Frequency	Percentage
Yes	77	64
No	43	35
Total	120	100

The analysis of the responses to the research question, "Family planning services are available in your community," offers important insights into the availability of such services in Katsina Metropolis. With 77 respondents (64%) affirming the availability of family planning services, the majority indicate that these services are accessible in their community. This suggests a relatively widespread presence of family planning resources in Katsina Metropolis, reflecting some success in the provision of healthcare services aimed at reproductive health. However, the fact that 43 respondents (35%) stated that family planning services are not available raises concerns about gaps in access. This significant proportion indicates that while services exist for some, there are still challenges in ensuring universal access. Barriers such as geographic location, inadequate healthcare infrastructure, cultural or religious factors, and low awareness might contribute to this disparity.

**Table 1.4:** There are challenges in accessing family planning services?

Response	Frequency	Percentage
Yes	53	44
No	67	56
Total	120	100

The data from the research question "There are challenges in accessing family planning services" shows that a significant majority of respondents (56%, or 67 out of 120) believe there are challenges in accessing family planning services in

Katsina Metropolis. This indicates that over half of the women surveyed face barriers to obtaining these services, which could be due to a variety of factors such as limited availability, cultural or religious influences, cost, or a lack of awareness. On the other hand, 44% (53 respondents) did not report challenges in accessing these services, suggesting that nearly half of the participants feel they have adequate access. This discrepancy highlights the uneven distribution of family planning services in the community, where certain groups may have better access than others [13].

**Table 1.5:** The community support the use of family planning methods?

Response	Frequency	Percentage
Yes	90	75
No	30	25
Total	120	100

The data presented in response to the research question, "The community supports the use of family planning methods," shows that a significant majority of respondents (90 out of 120) indicated "Yes," while only 30 respondents answered "No." This suggests that there is broad support for family planning methods within the community in Katsina Metropolis, with 75% of participants acknowledging community acceptance. This widespread approval indicates a positive attitude towards family planning, which is a crucial factor for the successful implementation of family planning programs. Community support can enhance access to and uptake of family planning services, as social acceptance reduces stigma and encourages open discussions around reproductive health [14]. However, the 25% who responded "No" highlights a segment of the community that may still face resistance to family planning methods, possibly due to cultural, religious, or social factors. Addressing these concerns through targeted awareness programs and culturally sensitive communication strategies could further improve community acceptance and support for family planning initiatives.

**Table 1.6:** Are family planning contraceptives accessible in your community?

Response	Frequency	Percentage
Yes	62	52
No	58	48
Total	120	100

The data addressing the research question, "Are family planning contraceptives accessible in your community?" shows that 62 out of 120 respondents answered "Yes," while 42 responded "No." This yields an accessibility rate of approximately 52%, indicating that just over half of the participants perceive contraceptives as accessible. The 62 respondents indicating accessibility suggest a moderate awareness of family planning options, reflecting some success in community education. Conversely, the 58 respondents (about 48%) who answered "No" point to significant barriers in accessing contraceptives, such as logistical issues, limited supply, lack of information, or socio-cultural factors. The mixed responses highlight the need for improved access to contraceptives, emphasizing programs that enhance awareness and availability, train healthcare providers, and engage the community to combat misconceptions and stigma [15]. Stakeholders should conduct qualitative research to identify specific barriers faced by those who find contraceptives inaccessible, enabling targeted interventions to enhance accessibility for all community segments.

**Table 1.7:** Does cultural background influence on family planning?

Response	Frequency	Percentage
Yes	94	78.3%
No	26	21.7%
Total	120	100

The data shows that 94 out of 120 respondents (78.3%) indicated that cultural, religious, and social backgrounds influence their decision to use or not use family planning methods, while 26 respondents (21.7%) answered "No."

This high percentage underscores the significant role socio-cultural and religious contexts play in shaping family planning attitudes in rural Katsina. Traditional norms and religious teachings may discourage or limit contraceptive use, particularly affecting women's ability to make independent reproductive health decisions. Social pressures and community expectations further impact family planning choices, creating additional barriers due to fear of judgment or disapproval. The findings highlight a major challenge in promoting family planning in these communities. Any efforts to increase uptake must address these deeply rooted cultural, religious, and social beliefs.

#### 4 CONCLUSION AND POLICY IMPLICATIONS

In conclusion, this research effectively examined the risks associated with family planning in Katsina Metropolis, shedding light on the accessibility and availability of services, as well as the cultural, social, and religious factors influencing decision-making. The study identifies significant gaps in service provision, especially in rural areas, where limited access to contraceptives and lack of awareness hinder effective family planning initiatives. Additionally, it highlights the need to address cultural and religious barriers to adopting family planning methods. The study offers practical recommendations, such as raising awareness, improving access to quality services, and engaging community leaders in advocacy. Ultimately, it emphasizes the urgent need for coordinated efforts among healthcare providers, government authorities, and local communities to enhance family planning services and support informed reproductive health decisions for women in Katsina Metropolis. Implementing these recommendations could significantly reduce the associated risks, resulting in improved health outcomes for women and families.

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