



Factors Influencing Attitude of Women of Child-bearing Age towards Family Planning in Warji Local Government Area of Bauchi State

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ABSTRACT

Family planning remains a critical public health strategy for reducing maternal and child mortality, improving women's health, and promoting socio-economic development. Despite its benefits, the uptake of family planning services in many parts of Northern Nigeria remains low due to socio-cultural, religious and educational barriers. This study examined the factors influencing the attitude of women of child-bearing age towards family planning in Warji Local Government Area of Bauchi State. The study adopted a descriptive survey design. A structured questionnaire was administered to 379 respondents, and data were analyzed using frequency counts, percentages, mean scores, standard deviations. The study focused on three key variables: socio-cultural, religious, and educational factors. Findings revealed that religion strongly shapes women's perception of family planning, with many respondents agreeing that it contradicts their beliefs and is discouraged by religious leaders. Socio-cultural factors such as extended family influence, prestige attached to large families, and husbands' dominance in decision-making also negatively impacted adoption. Educational factors were found to be significant, as educated women showed greater acceptance, while lack of awareness reduced usage. The study concluded that religious, socio-cultural and educational factors significantly influence attitudes toward family planning in the study area. It recommends engaging religious and community leaders in awareness campaigns, promoting male involvement, addressing cultural barriers through dialogue, empowering women economically, subsidizing family planning services, strengthening health education, and intensifying public awareness campaigns.

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INTRODUCTION

Family planning is one of the most important public health interventions aimed at improving the reproductive health and socio-economic well-being of families and communities. It refers to the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births through the use of contraceptive methods and the treatment of infertility. According to the World Health Organization (WHO, 2020), family planning

contributes significantly to the reduction of maternal and child mortality, prevention of unintended pregnancies, and promotion of women's health and empowerment. Despite the numerous benefits of family planning, the acceptance and utilization of contraceptives among women of child-bearing age remain relatively low in many developing countries, including Nigeria.

The Nigeria Demographic and Health Survey (NDHS, 2018) reported that only 17% of

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married women use modern contraceptives, while unmet need for family planning remains high. Various cultural, religious, educational, economic, and health-related factors influence women's attitudes towards family planning, thereby affecting their willingness to adopt and sustain its use.

In Bauchi State, like in many northern states of Nigeria, family planning faces challenges rooted in socio-cultural and religious beliefs, gender norms, low literacy levels among women, and limited access to quality health services. These factors often shape the perception and attitude of women of child-bearing age, influencing whether they view family planning as acceptable or as a practice conflicting with cultural or religious values. Warji Local Government Area, predominantly rural and with a largely Muslim population, is not exempted from these challenges. Women's attitudes towards family planning in this area are influenced by their socio-economic conditions, educational attainment, religious orientation, spousal influence, and exposure to health information.

Understanding these factors is critical because positive attitudes towards family planning could enhance its adoption, improve maternal and child health, and contribute to population management and development in the community. Therefore, this study seeks to investigate the factors influencing the attitude of women of child-bearing age towards family planning in Warji Local Government Area of Bauchi State. Findings from this study are expected to provide valuable insights for policy makers, health practitioners, and community leaders in designing effective interventions that promote family planning acceptance and utilization.

CONCEPTUAL CLARIFICATIONS

Concept of Family Planning

Family planning is an essential component of reproductive health and a major strategy for promoting maternal and child survival, women's empowerment, and socio-economic development. The World Health Organization (WHO, 2020) defines family planning as the ability of individuals and couples to anticipate and attain

their desired number of children and to determine the spacing and timing of their births. This is achieved through the use of contraceptive methods and the treatment of infertility. According to the United Nations Population Fund (UNFPA, 2019), family planning plays a critical role in achieving the Sustainable Development Goals (SDGs), particularly Goal 3, which aims at ensuring healthy lives and promoting well-being for all ages. Family planning helps reduce maternal mortality by preventing high-risk pregnancies and unsafe abortions, while also contributing to child survival by promoting appropriate birth spacing (Cleland et al., 2012).

Family planning encompasses a wide range of methods, which are broadly categorized into modern methods (such as pills, injectables, implants, intrauterine devices [IUDs], condoms, and sterilization) and traditional methods (such as withdrawal and calendar-based methods) (Darroch & Singh, 2013). Modern contraceptive methods are considered more effective, but their acceptance and use are often influenced by socio-cultural, religious, and economic factors. The concept of family planning is not only about limiting births but also about enabling couples to make informed choices regarding their reproductive lives. It empowers women by giving them greater control over their bodies and reproductive health, which in turn enhances their participation in education, employment, and community development (Adewuyi & Auta, 2019).

Furthermore, it helps families and societies manage population growth, thereby reducing pressure on scarce resources such as education, healthcare, and employment (Bongaarts, 2014). Despite these benefits, misconceptions, cultural resistance, and lack of awareness continue to hinder the effective practice of family planning in many developing countries, including Nigeria. In regions such as northern Nigeria, including Bauchi State, attitudes towards family planning are often shaped by religious beliefs, gender norms, and patriarchal structures that place reproductive decisions under the control of men (Sedgh & Hussain, 2014). Therefore, family planning is not merely a health intervention but also a socio-cultural and

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economic issue that requires collective efforts from governments, health professionals, communities, and international organizations to promote its acceptance and effective utilization.

Overview of Attitude towards Family Planning

Attitude refers to an individual's consistent way of thinking, feeling, and behaving toward a particular object, issue, or practice (Eagly & Chaiken, 2007). In the context of family planning, attitude can be described as the degree of acceptance or resistance that women of child-bearing age display towards the use of contraceptive methods for regulating fertility and birth spacing. Attitudes may be positive, negative, or ambivalent, and they play a crucial role in determining whether women adopt or reject family planning services. According to Ajzen's Theory of Planned Behavior (TPB), an individual's intention to engage in a particular behavior is influenced by their attitude toward the behavior, subjective norms, and perceived behavioral control (Ajzen, 1991).

Applied to family planning, this theory suggests that women's intention to use contraceptives depends not only on their personal evaluation (positive or negative attitude) but also on societal expectations and their perceived ability to access and use contraceptives effectively. Several studies have established that women's attitudes towards family planning are shaped by multiple interrelated factors. For instance, socio-cultural and religious norms often create resistance towards contraceptive use, as family planning may be perceived as conflicting with cultural values or divine will (Sedgh & Hussain, 2014). Similarly, lack of accurate information and misconceptions such as fears of infertility, excessive bleeding, or adverse side effects are known to negatively influence attitudes (Okigbo et al., 2017).

On the other hand, positive attitudes towards family planning are associated with improved health-seeking behaviors, higher educational attainment, and exposure to family planning information through mass media and health campaigns (Bolarinwa & Nwagbara, 2021). Education has been found to play a significant role

in shaping women's reproductive attitudes, as educated women are more likely to appreciate the health and socio-economic benefits of contraception (Akinyemi, Adedini, & Odimegwu, 2016).

Moreover, spousal and community influence strongly affect women's attitudes, especially in patriarchal societies such as northern Nigeria, where men are often the primary decision-makers in family matters (Adewuyi & Auta, 2019). A woman's personal attitude towards family planning may therefore not translate into contraceptive use if her partner or family strongly disapproves. In summary, attitude towards family planning is not static but is influenced by a combination of personal beliefs, cultural practices, religious teachings, social norms, education, and economic realities. Understanding these attitudinal dynamics is essential in designing effective interventions that promote positive perceptions and improve the uptake of contraceptive methods, particularly in rural and conservative communities like Warji Local Government Area.

Factors Influencing Attitude of Women towards Family Planning

The attitude of women towards family planning is shaped by a complex interplay of socio-cultural, religious, educational, economic, and health system factors. These determinants either encourage or discourage women from accepting and practicing contraceptive use. Understanding these factors is critical in promoting effective reproductive health interventions.

Socio-cultural Factors

Socio-cultural norms strongly influence women's attitudes toward family planning, particularly in traditional and rural societies. In many African contexts, high fertility is valued as a sign of wealth, social status, and family security (Isiugo-Abanihe, 2017). In northern Nigeria, cultural expectations often place pressure on women to bear many children, as fertility is closely tied to a woman's identity and acceptance within marriage (Adewuyi & Auta, 2019). Additionally,

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myths and misconceptions passed down within communities—for example, the belief that contraceptives cause infertility or birth defects—discourage women from developing positive attitudes towards family planning (Okigbo et al., 2017). Socio-cultural resistance is particularly strong in rural settings like Warji Local Government Area, where community traditions are deeply rooted.

Religious Factors

Religion plays a central role in shaping reproductive attitudes and practices. In predominantly Muslim and Christian communities, interpretations of religious teachings influence whether family planning is accepted or rejected. Some religious leaders promote family planning for maternal and child health, while others oppose it on the grounds that it interferes with divine will (Sedgh & Hussain, 2014). In Bauchi State, where Islam is the dominant religion, conservative interpretations often discourage the use of modern contraceptives, fostering negative attitudes among women (Bolarinwa & Nwagbara, 2021). Conversely, faith-based health initiatives have demonstrated that when religious leaders support family planning, acceptance levels among women improve significantly (UNFPA, 2019).

Educational Factors

Education is one of the strongest determinants of attitudes towards family planning. Women with higher levels of education are more likely to possess accurate knowledge about contraceptives, appreciate their health benefits, and hold positive attitudes towards their use (Akinyemi, Adedini, & Odimegwu, 2016). Educated women are also more empowered to negotiate contraceptive use with their partners. In contrast, women with little or no formal education often rely on traditional beliefs or misinformation, which may discourage contraceptive acceptance. In rural areas like Warji, where female literacy rates are relatively low, negative attitudes towards family planning remain prevalent (Adewuyi & Auta, 2019).

STATEMENT OF THE PROBLEM

Although family planning provides significant health and socio-economic advantages, its utilization in Nigeria remains very low, with only about 17% of married women using modern contraceptives and an unmet need as high as 19% (NDHS, 2018; WHO, 2020). In northern Nigeria, particularly Bauchi State, acceptance is largely constrained by cultural and religious norms, poverty, low educational attainment, and inadequate access to healthcare. Additionally, fears of side effects, opposition from husbands, and the influence of community leaders further discourage uptake (Adewuyi & Auta, 2019; Okigbo et al., 2017; Bolarinwa & Nwagbara, 2021).

In Warji Local Government Area, which is mostly rural and conservative, these barriers are even more pronounced, leading to high fertility levels, frequent unintended pregnancies, and poor maternal and child health indicators (Akinyemi et al., 2016). If these obstacles persist, progress toward achieving Sustainable Development Goal (SDG) 3 on health and well-being may remain unattainable (UNFPA, 2019; WHO, 2020). It is therefore necessary to explore the socio-cultural, religious, educational, and economic factors that shape women's attitudes toward family planning in Warji LGA, as such insights will provide evidence for targeted interventions.

Objectives of the Study

1. Identify the socio-cultural factors influencing women's attitudes towards family planning in Warji Local Government Area.
2. Examine the role of religion in shaping the attitudes of women of child-bearing age towards family planning.
3. Assess the influence of educational attainment on women's perception and acceptance of family planning.

Research Questions

1. What socio-cultural factors influence the attitudes of women of child-bearing age towards family planning in Warji Local Government Area?

2. To what extent does religion shape the attitudes of women of child-bearing age towards family planning in Warji Local Government Area?
3. How does educational attainment influence women's perception and acceptance of family planning in Warji Local Government Area?

Hypotheses

- (H₁): There is a significant influence of socio-cultural factors on women's attitudes towards family planning in Warji Local Government Area.
- (H₀): Religion does not significantly shape the attitudes of women of child-bearing age towards family planning in Warji Local Government Area.
- (H₁): Educational attainment significantly influences women's perception and acceptance of family planning in Warji Local Government Area.

METHODOLOGY

This study adopted a descriptive survey research design. The choice of this design is informed by the fact that the study seeks to collect and describe information from a sample of women of child-bearing age regarding their attitudes and the factors influencing their perceptions toward family planning. The population of this study

comprises all women of child-bearing age (15–49 years) residing in Warji Local Government Area of Bauchi State. This group is considered appropriate because they fall within the reproductive age bracket as defined by the World Health Organization (WHO, 2018).

According to the National Population Commission (NPC, 2006) and projections based on the annual growth rate of 2.6% for Bauchi State (NPC, 2020), Warji Local Government Area has an estimated population of 139,000 people, out of which women of child-bearing age constitute approximately 22% of the total population. This gives an estimated target population of about 30,000 women. Using Krejcie and Morgan (1970) formula, the right sample size for this study is 379 participants which were selected using multi-stage sampling technique. An instrument (structured questionnaire) which was validated by experts with seventeen items was used for data collection. The reliability of the instrument was determined by test-retest method of reliability in which 0.70 reliability co-efficient was obtained. The instrument was administered to the 379 selected respondents and retrieved after completion. The result was analyzed by the use of both descriptive and inferential statistics. Frequency count and percentage was employed in analyzing the demographic data of the respondents while mean was used for analyzing all the research questions and hypotheses.

Table 1: Distribution of Respondents by Age

Age Range	Frequency (f)	Percentage %
15 – 24	120	31.7%
25 – 34	150	39.6%
35 – 44	75	19.8%
45 – 49	34	9.0%
Total	379	100%

Source: Field work 2025

Table 2: Distribution of Respondents by Marital Status

Marital Status	Frequency (f)	Percentage %
Single	20	5.3%
Married	250	66%
Divorced	75	19.7%
Widowed	34	9.0%
Total	379	100%

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RESULTS

Research Question One:

What socio-cultural factors influence the attitude of women of child-bearing age towards family planning in Warji Local Government Area?

Table 3: Responses of Women of Child-bearing Age on Socio-cultural Factors Influencing Attitudes towards Family Planning

Item Statement	SA	A	D	SD	Mean	S.D.
Family planning is against our culture	136	106	76	61	2.72	1.05
Extended family members discourage						
Family planning	152	121	61	45	2.92	1.01
Large family size is considered prestigious	167	114	60	38	3.08	0.98
Husband's opinion strongly affects decision	212	106	38	23	3.34	0.92

Findings in Table 3 show that cultural beliefs, family influence, and husbands' opinions significantly shape women's attitudes towards family planning. Most respondents agreed that large family size is culturally prestigious (Mean = 3.08), while the influence of husbands recorded the highest mean (3.34).

Research Question Two:

What religious factors influence the attitude of women of child-bearing age towards family planning in Warji Local Government Area?

Table 4: Responses of Women of Child-bearing Age on Religious Factors Influencing Attitudes towards Family Planning

Item Statement	SA	A	D	SD	Mean	S.D.
Family planning contradicts my religion	182	121	46	30	3.20	0.97
Religious leaders discourage family planning	167	136	46	30	3.16	0.95
Using contraceptives is sinful	152	128	61	38	3.04	1.01

Source: Field work 2025

The data in Table 4 reveal that religion is a strong determinant of women's attitude towards family planning. Many respondents agreed that family planning contradicts their faith (Mean = 3.20) and that religious leaders often discourage its use (Mean = 3.16).

Research Question Three:

What educational factors influence the attitude of women of child-bearing age towards family planning in Warji Local Government Area?

Table 5: Educational Factors Influencing Attitudes towards Family Planning

Item Statement	SA	A	D	SD	Mean	S.D.
Educated women are more likely to use family planning	152	135	61	31	3.08	0.96
Lack of awareness reduce family planning use	183	121	45	30	3.20	0.92
Health education encourages family planning adoption	174	129	46	30	3.15	0.94

Source: Field work 2025

Findings in Table 5 indicate that education strongly influences attitudes towards family planning. Lack of awareness was identified as a key barrier (Mean = 3.20), while health

education was reported to positively encourage adoption (Mean = 3.15).

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DISCUSSION OF FINDINGS

The study discovered that women's attitudes to family planning are largely influenced by socio-cultural factors. Most of the respondents' traditional norms and cultural values have a negative impact on their use of contraceptives. Most respondents agreed that large family size is culturally prestigious (Mean = 3.08). This is consistent with the study of Isiugo-Abanihe (2010), who emphasized that cultural beliefs, e.g. the preference for large families, have an effect on women's reproductive decision-making. In the same way, Afolabi and Bamidele (2015) have stated that numerous Nigerian communities regard family planning as an obstacle to their cultural practices of fertility and lineage continuation.

This study identified religion as a major influencer that shaped people's perception of family planning. Respondents who believed that family planning is against their religion were more in number (182, 167, 152) than those who considered it as an integral part of keeping a family under control and maintaining good relations with God. The findings also resonate with the work of Adeyemi et al. (2016) who found that religious understanding is the primary factor that women decide on whether to accept the use of contraception or not. Nevertheless, Nzioka (2019) emphasized that religious leaders, if properly briefed, can become promoters of the family planning program. The study also revealed that education had a significant impact on a woman's attitude towards a family planning.

Educated women were more knowledgeable, more aware, and more receptive to the use of contraceptives than ones who had little or no formal education. This result is in line with Orji and Onwudiegwu (2012) who pointed out that education not only eradicates misconceptions but also facilitates the decision-making process of women's reproductive health through it. In addition, the United Nations Population Fund (2019) noted that education equips women with the necessary knowledge that fosters the practice of healthy reproductive choices.

CONCLUSION

This investigation has illuminated the interplay of factors shaping the attitudes of women of reproductive age toward family planning in Warji Local Government Area, Bauchi State. The data showed that attitudes are the product of a matrix rather than a single determinant, with interlocking influences originating in social customs, religious doctrine, and educational attainment. Socio-cultural and religious forces emerged as the most stringent impediments. Widespread consensus in the community values large kin groups and accepts religious interpretations that frown upon contraceptive practice. Education leverage matter as well; women with more schooling display stronger pro-family-planning stances and are more likely to embrace modern contraceptive methods. The evidence therefore warrants the design of family-planning programmes that combine, in a single effort, dialogue to shift customary and doctrinal beliefs, and educational horizons, and a coordinated effort to expand the reach and the quality of contraceptive services in Warji Local Government of Bauchi State.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made to improve women's attitudes and adoption of family planning in Warji Local Government Area and similar contexts:

1. Since religion strongly influences attitudes, religious leaders should be actively engaged in family planning campaigns. Training and sensitization workshops should be organized for Imams, pastors, and traditional leaders so they can provide accurate information and dispel myths about family planning.
2. Given that husbands' opinions significantly affect women's choices, family planning interventions should target men as well as women. Community-based programs should emphasize shared responsibility in reproductive health decisions.



3. Culturally sensitive campaigns should be introduced to challenge beliefs that family planning is against tradition or that large family size signifies prestige. This can be done through community forums, peer education, and storytelling approaches that highlight the economic and health benefits of family planning.
 4. Schools and adult literacy centers should integrate family planning and reproductive health into their curricula. This will ensure that both young people and older women understand the benefits of family planning early.
 5. Mass media, health talks, and community health workers should be used to increase awareness and correct misconceptions about family planning. Messages should be designed in local languages for wider acceptance.
 6. Sustainable partnerships between government health agencies, NGOs, and international organizations (such as UNFPA and WHO) should be strengthened to ensure continuous supply of contraceptives and consistent community sensitization programs.
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