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The Challenge Of Family Planning Sustainability Of The 2004 National Population Policy In Nigeria

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Abstract: ***The objective of this study was to determine the sustainability of family planning in the context of the 2004 population policy in the Federal Capital Territory (FCT) of Nigeria. The study assessed people's knowledge of family planning; previous, current and future family planning and socio-economic factors that influenced their attitude to family planning. Questionnaire was administered on 1062 household heads while stepwise multiple regression was used to analyse data. Results revealed that 93% of respondents had knowledge of family planning whereas only 20.9% of married respondents used contraceptives. Results also revealed that 52.6% had previously practiced family planning before the survey whereas only 20.9% were practising during the survey; indicating that sustainability is a major challenge. However, 32.6% of those not practicing family planning indicated their intention to practice in the future. Sex, education, religion, ethnicity, income and occupation significantly influenced family planning in the FCT. In the context of 2004 national population policy, the FCT performed relatively better in contraceptive prevalence rate with 16% achieved in 2015 as against 15.1% achieved at the national level although both figures still fell below the target of 30.2% set in the 2004 population policy. The study recommended that beyond increasing family planning services, sustained re-orientation of people's mindset especially at community level to address deep seated cultural barriers is imperative.***

Keywords: ***Population Policy, Family planning Methods, Family Planning Knowledge, Contraceptives, Sustainability.***

I. INTRODUCTION

Family planning is an important behaviour in the regulation of the number and spacing of children through the use contraceptives or other methods of birth control. In other words, family planning is useful for preventing unwanted pregnancies, regulating child spacing, controlling time of birth and determining the number of children that can be born to a family (Mathu, 2005; Isah and Nwobodo, 2009). This implies that family planning is a strategic tool for limiting fertility and ultimately, for retarding population growth. At global level, contraceptive prevalence rate has increased over the years. However, it has remained relatively low in developing countries especially in sub-Saharan Africa. This situation was aptly captured by Seinfeld (2006) who posited that an average of 25% of couples in sub-Saharan Africa who desire child spacing do not use any form of contraceptives. For Nigeria, increase in contraceptives use has been very slow as the current situation cannot be described as satisfactory. The National AIDS and Reproductive Health Survey (NARHS, 2012) reported that the proportion of females using any method and a modern method of contraceptives was 13.0% and 10.0% respectively. The 2013 National Demographic and Health Survey (NDHS) indicated that family planning indices were very poor with Total Fertility Rate (TFR) of 5.5 and Contraceptive Prevalence Rate (CPR) of 15.0% (NPC and ICF, 2014). Family planning practice also shows wide regional disparities which were reported to be 24.1% for southwest, 16.4% for south-south, 11.0% for southeast, 12.4% for north central, 3.6% for northwest and 2.7% for northeast. The 2013 NDHS also reported a significant and persistent unmet need for family planning in Nigeria. The trend showed

that it was 18.0% in 1999, 17.0% in 2003, 20.0% in 2008 and 16.0% in 2013 (NPC and ICF, 2014).

The 2004 population policy was formally adopted in 2005 following the review of the 1988 population policy. The policy's main goal was to improve the quality of life and standard of living of the Nigerian population (NPP, 2004). The key demographic targets of the policy were to achieve reduction of national population growth rate of 2% or lower by 2015; reduction in Total Fertility Rate (TFR) of at least 0.6 children every five years and increase in modern Contraceptive Prevalence Rate (CPR) by at least 2% points per year. At the time the policy was adopted in 2005, TFR was 5.8 while CPR was 14.6%. Based on these targets, it was expected that by the 2015, a TFR of 4.4 and CPR of 30.2% would have been achieved. However, at the end of the policy cycle in 2015, the TFR was 5.5 while the CPR was 15.1% leaving a gap of 1.1 and 15.1% respectively (NPC and Macro, 2004; NPC, 2009; NPC, 2010 and NPC and ICF, 2014). For the FCT, TFR was 5.8 while the CPR was 16.0% leaving a deficit of 1.4 and 14.2% respectively based on national targets.

These statistics clearly indicate the inability of Nigeria to make the desired progress in meeting its CPR and TFR targets. Thus, Nigeria's population has continued to grow at an alarming rate. The United Nations (2015) has projected that at the current fertility rate of 5.7 and population growth rate of 3.2%, Nigeria's population will reach about 440 million in 2050 and this will place Nigeria third in the global population index. The apprehension that such a huge population could impact negatively on the country's resources and development has been a major source of concern. The National Population Commission (2018) has estimated Nigeria's population in 2018 to be 198 million people. Arising from this concern, the desire of government is to increase knowledge and uptake of modern family planning methods in order to generate 7.3 million women of reproductive age as new users of modern contraceptives to achieve the target of 36% CPR by December, 2018 (Federal Ministry of Health, FMOH, 2017). However, to achieve this target, it is pertinent to identify factors that are responsible for the persistent low practice of family planning in Nigeria. Although a number of studies have been undertaken in this regard (Adinma and Nwosu, 1995; Avong, 2000; Isah and Nwobodo, 2006; Adebowale et al 2013; Etokidem et al, 2016; Ofonime and Ikobong, 2016), a critical look at these studies shows that the challenges inherent in the 2004 population policy in relation to family planning have not been empirically assessed. A good number of these studies did not also examine the people's present and future desire to make use of family planning methods in the context of 2004 population policy. It is against this backdrop that the present study was carried out to assess the knowledge of family planning methods, previous and current practice of family planning and its future prospect, and the various intervening variables the attitude of people to family planning and its sustainability in the FCT.

II. METHODOLOGY

A. DATA COLLECTION

Primary data were sourced mainly through the administration of questionnaire, focus group discussions (FGDs) and scheduled interviews. The muilti-stage sampling procedure was used to select the sampled settlements and households. Questionnaire was administered on Household Heads (HHH) from 1062 households randomly selected in 64 settlements in the 6 Area Councils of the FCT (Table 1). The sample size of 1062 was considered appropriate to meet the purpose of this research and for explaining the variability of the population characteristics (Stoker, 1989; Meekyaa, 1992; Ghyoot, 1994). For the purpose of this survey, a household head is defined as a person, male or female who is socially and economically responsible for the well-being of members of his or her household and who is between 15 and 49 years for women and 15-69 years for men irrespective of their marital status.

Area Council	No of Wards	No of Selected Wards	No of Settlements in Selected Wards	No of Settlements Selected	Population of Selected Settlements	No of Households selected
Abaji	10	3	63	19	14,229	70
Bwari	10	3	28	8	44,517	219
Gwagwalada	10	3	23	7	43,704	215
Kuje	10	3	31	10	30,491	150
Kwali	10	3	30	10	19,311	95
Municipal	12	4	40	12	63,625	313
Total	**62**	**19**	**213**	**64**	**215,877**	**1062**

Source: Field Survey, 2016

Table 1: Number of households selected for questionnaire administration

B. DATA ANALYSIS

Data obtained were presented in tables, frequencies and percentages while stepwise multiple regression analysis was used to test the postulated hypothesis. Multiple regression analysis is a generalized statistical technique used to analyse the relationship between a single dependent variable and several independent variables. In this technique, non-metric variables (binary or categorical) can only be used by creating dummy variables (Hair, Black, Babin et al., 2010). In the present study, stepwise multiple regression analysis was used to determine if the adoption of family planning methods is influenced by respondents' characteristics of sex, education, religion, ethnicity, income and occupation in the FCT.

III. RESULTS AND DICUSSIONS

A. SOCIO-ECONOMIC CHARACTERISTICS

In terms of sex composition, 60.3% and 39.7% of respondents were men and women respectively. For respondents below 30 years, men aged 15-69 were 55.1% whereas women aged 15-49 years were 66.5%, indicative of very youthful and reproductive population. There were 78.4% of men and 72.7% of women married while 11.7% of women and 4.7% of men were divorced, separated or widowed.

Monogamy is the predominant type of marriage involving 74.3% of women and 70.5% of men, indicating that there were more women than men in monogamy. On the other hand, there were more men (29.5%) than women (25.7%) in polygamous marriages. Respondents' disposition based on religion shows that Christians were 55.1%; Muslims were 41.2% while traditional worshippers were 3.7%. While women (57.9%) dominated men (53.2%) in Christianity; men (43.3%) dominated women (38.0%) in Islam. Gbagyi (34.3%) was the predominant ethnic group while Bassa (8.5%) was the least represented. Men dominated Gbagyi and Bassa whereas women dominated Hausa, Igbo and Yoruba. There were more men (15.3%) than women (13.4%) that were not formally educated while there were more women (32.4%) than men (26.0%) that were educated to secondary school level. However, beyond secondary education, there were more men (40.3%) than women (29.7%), implying that more men spend longer years in school than women. There were more women (74.2%) than men (57.4%) in lower income groups whereas there were more men (41.7%) than women (25.8%) in higher income groups, indicating that men were more economically empowered than women. Civil service was the predominant occupation (30.5%), followed by trading (28.7%) and farming (19.0%). Apart from trading, all other occupations were dominated by men.

B. KNOWLEDGE OF FAMILY PLANNING METHODS

The knowledge of family planning is an important condition precedent to accessing and using suitable method in a way that is timeous and effective. Consequently, all respondents who had access to information were asked if they had knowledge of any family planning methods. The results obtained are presented in Table 2. Analysis of results indicate that 93 % of all respondents have knowledge of at least one family planning method while only 7% indicated they have no such knowledge at all. Further analysis shows that out of all respondents who have knowledge of family planning methods, 92.0% of those currently married have knowledge of family planning methods while 8.0% have no knowledge.

Respondents	Knowledge of family planning					
	Yes		No		Total	
	Freq.	%	Freq.	%	Freq.	%
All respondents	862	93.0	65	7.0	927	100
Respondents married	741	92.0	61	8.0	802	100
Respondents not married	121	48.0	130	52.0	251	100
Men married	457	92.0	41	8.0	498	100
Women married	284	93.0	20	7.0	304	100

Source: Field Survey, 2016

Table 2: Knowledge of family planning in the FCT

For respondents currently married, 92.2% of men and 93.5% of women had knowledge of family planning methods. These findings are consistent with earlier findings of the 2013 NDHS which reported that knowledge of any contraceptive method was widespread in Nigeria with 85.0% for all women and 95.0% for all men. For the FCT, it reported that 92.7% married women and 97.7% of men aged 15-49 had knowledge of at least one contraceptive method (NPC and ICF, 2014). Comparing these results, it can be concluded that knowledge of family planning methods has enjoyed high level of consistency in Nigeria. In terms of sources of information on family planning services, Table 3 shows the various sources of information for currently married men and women who had knowledge of family planning methods.

Source of Information	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Interpersonal	106	23.2	67	23.6	173	23.3
Government advocacy	177	38.7	110	38.7	287	38.7
NGO advocacy	15	3.3	9	3.2	24	3.2
Media	147	32.2	91	32.0	238	32.2
Place of worship	7	1.5	4	1.4	11	1.5
Others	5	1.1	3	1.1	8	1.1
Total	**457**	**61.7**	**284**	**38.3**	**741**	**100**

Source: Field Survey, 2016

Table 3: Sources of information on FP methods of currently married respondents

Table 3 indicates that the most common source of information was government advocacy from which 38.7% of respondents obtained information on family planning methods. Government advocacy involves dissemination of information by various government agencies such as Ministry of Health, primary healthcare agencies, hospitals and health centres, etc. This was followed by the media with 32.2% and personal sources with 23.3%. The least in terms of providing information were the NGOs and places of worship and this is because their services are mostly limited to the urban centres. The study also showed that the proportion of men and women were almost equal in terms of their sources of information. What these results have shown is that information dissemination must deploy multiple tools and strategies to achieve desired outcomes and this is important for developing strategic communication for family planning.

C. PREVIOUS AND CURRENT FAMILY PLANNING PRACTICE

In terms of family planning practice, married respondents were asked if they ever used any contraceptives at one time of the other in the last two years preceding the survey. Results obtained are presented in Table 4.

Contraceptives	Male				Female				Total				Cumulative	
	Yes		No		Yes		No		Yes		No			
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Ever used	239	52.4	218	47.6	151	53.5	133	46.5	390	52.6	351	47.4	741	100
Currently using	96	21.1	361	78.9	59	20.9	225	79.1	155	20.9	586	79.1	741	100
Future use	130	36.1	231	63.9	82	36.3	143	63.7	212	36.2	374	63.8	586	100

Source: Field Survey, 2016

Table 4: Contraceptive use by married respondents

Table 4 reveals that 52.4% of men and 53.5% of women once used contraceptives while 47.6% of men and 46.5% of women never did. Those who ever used contraceptives were then asked if they were currently using contraceptives. The result obtained showed that 21.1% of men and 20.9% of

women reported they were currently using contraceptives while 78.9% of men and 79.1% of women were not practising. For respondents who were not practising family planning, they were asked if they had any desire to practice in the future. Results obtained showed that 36.1% of men and 36.3% of women indicated the desire to use contraceptives in the future while 63.9% of men and 63.7% of women had no such desire. For respondents who were using contraceptives, they were asked to indicate the type of contraceptives they were using. The results obtained are presented in Table 5

Contraceptive	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Modern Methods	**75**	**78.1**	**46**	**77.9**	**121**	**78.1**
Pill	0	0.0	9	15.2	9	5.8
IUD	0	0.0	7	11.9	7	4.5
Injectables	0	0.0	12	20.3	12	7.7
Sterilization	4	4.2	2	3.4	6	3.9
Condom	71	74.0	8	13.5	79	51.0
Implants	0	0.0	5	8.5	5	3.2
Diaphragm	0	0.0	1	1.7	1	0.6
Others	0	0.0	2	3.4	2	1.3
Traditional methods	**21**	**21.9**	**13**	**22.1**	**34**	**21.9**
Withdrawal	13	13.5	6	10.2	19	12.3
Periodic abstinence	5	5.2	5	8.5	10	6.5
Others	3	3.1	2	3.4	5	3.2
Total	**96**	**100**	**59**	**100**	**155**	**100**

Source: Field Survey, 2016

Table 5: Contraceptive use by married respondents

Results presented in Table 5 revealed that 78.1% of married respondents used modern contraceptives while 21.9% used traditional methods. Further analysis showed that 78.1% of men and 77.9% of women used modern contraceptives while 21.9% of men and 22.1% of women used traditional methods. The most common modern method used by women was injectables (20.3%), followed by pills (15.2%) while the most common modern method used by men was the male condom (74.0%). The most common traditional method used by men (13.5%) and women (10.2%) was withdrawal, followed by abstinence with 5.2% for men and 8.5% for women.

One of the key findings revealed in this study is the wide gap between knowledge and practice of family planning. While 93.0% of married respondents had knowledge of family planning methods, only 20.9% were using any method implying serious negative attitude to family planning in the FCT. Related to this is the decline in contraceptive use when compared with previous use. In this study, 52.6% of married respondents used contraceptives prior to the survey while only 20.9% were practicing during the survey, showing a marked decline in practice and lack of sustainability. These results are consistent with a number of findings in earlier studies. A study in Southern Nigeria by Egwu (2006) has shown 88.5% knowledge of family planning methods and a negative attitude of 33.8% towards family planning. According to National AIDS Reproductive Health Survey, NARHS, (2012), while awareness was high, the proportion of women using any method and a modern method was 13% and 10% respectively. Odusina et al (2012) in their study of rural women in Ikeji Arakeji, Osun State reported that high contraceptive knowledge among the women did not translate into contraceptive use. Envuladu et al (2012) and Adeyinka et al (2015) also reported high knowledge and low use of contraceptives in Jos and southwest Nigeria respectively. NPC and ICF (2014) reported in the 2013 NDHS that while 85% of women and 95% of men had knowledge of contraceptive methods, only 15% of married women used a contraceptive method. In a study of family planning knowledge, attitude and practice among married couples in Jimma zone of Ethiopia, Talihu et al (2013) reported that high contraceptive knowledge did not match contraceptive use. Ghulam et al (2015) found in a study in rural Pakistan that knowledge of contraceptive methods was good but overall contraceptive use was very poor. In another study of family planning practice of rural dwellers in Cross River State by Etokidem et al (2017), it was established that 68.3% of respondents had used at least one family planning method while only 17.2% were currently using family planning method. The implication of these findings is that mere physical access to family planning services and contraceptive knowledge are not enough to ensure that contraceptives needs are met. Beyond access and knowledge, it is pertinent to consider effective counseling methods that would ensure contraceptive use and method switch where necessary.

An important indicator for the changing demand for family planning is the desire or intention for future use of contraceptives by non-users. In this study, 36.3% of married respondents expressed the desire or intention for future use while 63.8% were still opposed to any future use. Among those intending to use contraceptives in the future, the proportion of men was 36.1% while the proportion of women was 36.3% indicating that women had shown a slightly higher desire for future use than men. NPC and ICF (2014) also reported that the proportion of women who desire to use a method varies with number of living children they have. It therefore reported that the proportion was highest among women with one or two children and lowest among women with no living children. It is necessary to identify such future intenders and encourage them by making family planning services accessible to them to avoid their relapse into negativity.

D. DISCONTINUATION OF FAMILY PLANNING PRACTICE

In discussing reasons for discontinuing family planning, it was considered necessary to first ask respondents who ever used or were using any method to give reasons for using contraceptives in the first place. This will help in the understanding of why contraceptive use has been discontinued. The results obtained are presented in Table 6.

Reasons	Frequency	Percent (%)
Accessibility to family planning services	6	4.2
Maintain small family size	36	23.1
Spacing children	87	55.9
Cope with career demands	6	4.2

Medical advice	18	11.5
Others	2	1.1
Total	**155**	**100**

Source: Field Survey, 2016

Table 6: Reasons for contraceptive use by married respondents

Table 6 shows that 55.9% of respondents wanted to have child spacing while 23.1% wanted to maintain small family size. The other reasons given included medical advice to avoid frequent pregnancies (11.5%), access to family planning services (4.2%) and coping with career demands (4.2%). Among other (1.1%) reasons given was the need to avoid sexually transmitted infections. Based on these reasons, advocacy for family planning should go beyond mere knowledge of family planning methods to include the need to reinforce rationality and practice benefits to the individual and the community at large. Appropriate advocacy messages should be designed around these reasons to enhance sustainability of contraceptive use. Reasons given for discontinuation of contraceptive use are presented in Table 7.

Reasons	Frequency	Percent
Spouse opposition	52	8.8
Religious consideration	51	8.7
Marital challenge (divorce/separation)	41	7.0
Fear of side effect/ inconvenience	71	12.2
Lack of access /cost of family planning services	60	10.2
Desire for more children	264	45.0
Others	47	8.1
Total	**586**	**100**

Source: Field Survey, 2016

Table 7: Reasons for discontinuing contraceptive use by married respondents

Table 7 shows that 45.0% of married respondents cited the desire for more children as their reason for discontinuing family planning. Other reasons advanced included fear of side effects and inconvenience of method used (12.2%), lack of access and cost of family planning services (10.2%), spouse's opposition (8.8%), religious consideration of not rejecting children as gift from God (8.7%) and marital challenge such as divorce (7.0%). Other reasons cited by 8.1% of respondents included failure of method and discouragement from others, etc. The issue of family planning was intensely discussed during the series Focus Group Discussions (FGDs) and this gave some insight into why family planning sustainability is a serious challenge in the study area. In the one held in Kuje, a female participant said:

"People pretend a lot when it comes to family planning issues. I know the benefit of family planning but I had to stop because my spouse said we cannot reject children as they are a blessing from God. In our religion or culture, once God is mentioned, other issues cease to make any meaning"

From the male perspective, a male participant in Kwali said: *"In our culture, you lose your dignity especially among your men folk when you are childless or worse still, when you have no male child. In such a situation, the idea of family planning is set aside in search of children, particularly male children. I know someone whose wife gave birth to 9 children because he was looking for a male child who eventually came as the ninth child"*

These assertions point glaringly to the fact that although religious inhibition looks weak on the face value as reason for discontinuing contraceptive use, religious and cultural factors will continue to serve as the main undercurrents for such negative attitude towards family planning. Adeyemi et al (2015) have argued that social and cultural factors strongly influence the decision to use or not to use contraception, even when family planning services are available. Very critical in this cultural consideration are men. Therefore, while family planning programmes and services will continue to focus on women, the role of men should not be ignored. In a study of the impact of male partner awareness and support for contraceptives on female intent, Ezeanolue et al (2015) found that men's awareness of and support for modern contraceptives were considerably associated with their spouses desire to use contraceptives. This again underscores the need for men's involvement beyond what it is today. It is therefore imperative that people are encouraged to consider family planning in a more objective and holistic manner. Some of the reasons identified in this study are consistent with findings in other previous studies. Omokhodion et al (2007) identified side effect and desire for more children as reasons for non-use of contraceptives among female hairdressers in southwest Nigeria while Odusina et al (2012) also identified side effect in their study in Ikeji Arakeji in Osun state. Eko et al (2013) identified desire for more children and husband's disapproval in a study in Calabar while Umoh and Abah (2011) identified husband's disapproval among antenatal attendees in Uyo. The NPC and ICF (2014) reported in the 2013 NDHS the desire for more children, side effect, and husband's disapproval as some of the main reasons for discontinuation of contraceptive use in Nigeria. Ghulam et al (2015) identified incomplete family size, negative perceptions, in-laws disapproval, religious concerns, side effect and lack of access to quality services as reasons for not using or discontinuing family planning in rural Pakistan.

E. INFLUENCE OF SOCIO-ECONOMIC CHARACTERISTICS ON FAMILY PLANNING

As indicated in this study, the high knowledge of family planning has not been translated into practice in the study area. In addition, previous and current practice of family planning has shown serious decline and lack of sustainability. How have the socio-economic characteristics of respondents predicted their attitude to family planning? To address this question, the relationship between family planning and respondent's background characteristics was thus hypothesized as follows:

H_o: Adoption of family planning method is not influenced by sex, education, religion, ethnicity, income and occupation in the FCT.

H_1: Adoption of family planning method is influenced by sex, education, religion, ethnicity, income and occupation in the FCT.

This hypothesis was tested using stepwise multiple regression analysis. The analysis was done such that the 3 components of family planning practice considered in this

study (ever practiced family planning, currently practicing family planning method and desire for future practice of family planning method) were tested against respondents' characteristics of sex, education, religion, ethnicity, income and occupation. Results obtained in respect of those who previously used contraceptive methods are presented in Table 8.

Independent variables	Coefficients		
	B	B	t-value
Monthly income	0.267	0.245	7.812*
Education	0.187	0.126	3.952*
Religion	0.257	0.100	3.267*
Sex	0.091	0.084	2.823*
Ethnicity	0.073	0.067	2.269*
Test results			
F- value	22.884		
R	0.513		
R^2	0.263		
Constant	1.434		18.520*

Source: Survey Results, 2016
**Significant at 0.05 significance level*
Table 8: Summary of stepwise multiple regression of previous practice of family planning

The results show that out of the six variables simultaneously entered into the model, five variables (monthly income, education, religion, sex and ethnicity) were retained and they significantly explained 26.3% of the variation among those who previously practiced family planning. The Analysis of Variance (ANOVA) result revealed that those who previously practiced family planning were influenced by income, education, religion, sex and ethnicity in the FCT ($F = 22.884$, $p<0.05$). With this result, the alternate hypothesis is upheld and the null rejected. The signs of the regression coefficients show that monthly income, education, religion, sex and ethnicity of respondents are positively related to those who previously practiced family planning.

The significance of each of the predictors using t-test shows that income, education, religion, sex and ethnicity exerted significant influence on those who ever practiced family planning. Using the standardized regression weights, income (0.245), religion (0.126) and education (0.100) of respondents, were found to have brought significant changes on those who previously practiced family planning in the study area. The other two variables, sex and ethnicity of respondents though significant, brought about an infinitesimal change. The result therefore identified income, religion and education as potent factors that substantially influenced respondents who previously practiced family planning in the study area. The results obtained are consistent with the findings of Alemayehu, Lemma, Abrha et al., (2016) in Ethiopia when they found income and education to exert significant influence on the utilization of family planning methods. The increase in income was also associated with the likelihood of family planning methods utilization. The study argued that mothers who were educated were more likely to use family planning methods when compared to those uneducated. It showed that increase in educational status increases the overall status of the women, including income, decision-making power, knowledge and attitude towards family planning use and generally improves health seeking behaviour. The result reported in the present study is also in agreement with the study of Lasisi et al (2014) where income was found to be the only socio-economic variable that predicted the use of family planning. This result is also consistent with the findings of Olaitan (2011) who found that educational background and involvement of partners in decision-making significantly influenced the choice of family planning methods among couples. The result of this study is also supported by the findings of Etokidem et al (2017) who found that age, religion, occupation and ethnicity influenced those who previously practiced family planning. The role of religion in predicting attitude towards contraceptive use is well documented and in tandem with the findings of this study (Adhikari, 2010; Odusina et al, 2012; Eko et al, 2013; Alaba et al, 2017).

The second results on respondents' currently practicing family planning are depicted in Table 9.

Independent variables	Coefficients	
	B	B
Education	0.470	0.215
Occupation	0.120	0.076
Sex	0.140	0.065
Test results		
F- value	23.905	
R	0.552	
R^2	0.305	
Constant	1.691	

Source: Survey Result, 2016
**Significant at 0.05 significance level*
Table 9: Summary of stepwise multiple regression of current practice of family planning

The results revealed that out of the six variables simultaneously entered into the model, three variables (education, occupation and sex) were retained and they significantly explained 30.5% of the variation among those currently practising family planning. The Analysis of Variance (ANOVA) result indicated that current practice of family planning was influenced by respondents' education, occupation and sex in the FCT ($F = 23.905$, $p<0.05$). Similarly, the null hypothesis is rejected and the alternate accepted. The signs of the regression coefficients show that education, occupation and sex of respondents are positively related to current practice of family planning. The results show that the three extracted variables, education, occupation and sex exercised significant influence on those practising family planning. Using the standardized regression weights,

only education (0.215) of respondents was identified to bring about significant changes on those using contraceptives. The other two variables, sex and ethnicity of respondents though significant account for a small change on those practising family planning. The result thus identified education as the principal factor that influenced those currently practising family planning in the study area. The study by Adeyemi et al (2015) showed that more educated married women in Ogbomoso were using contraceptives more than married women that were not educated. The results obtained also agree with the findings of Alemayehu et al (2016) which found current use of any contraceptive method to increase with increasing monthly income and education. It is also consistent with the report of EDHS (2011) which revealed that contraceptive use increased from 13% of women in the lowest quintile to 52% of women in the highest quintile. This implies that empowering women in the areas of income, education and decision making are essential strategies to improve family planning use and betterment of health status of the community. The findings by Etokidem et al (2017) showed the influence of age and occupation on those who were practising family planning. Bunting et al (2013) have shown the effect of occupation on family planning through its relationship with fertility knowledge while the study by Etukudo et al (2016) has also shown how occupation affects family planning through its direct impact on fertility behaviour. An occupation that is very demanding such as the military will likely require family planning in order not to jeopardize career prospects especially of women. A general improvement in the living standards of people will enhance a positive relationship between occupation and family planning.

The third results, which relate to respondents who desired to practice family planning in the future, are presented in Table 10.

Independent variables	Coefficients		
	B	B	t-value
Occupation	0.183	0.115	3.705*
Monthly income	0.103	0.063	2.043*
Test results			
F- value	7.853		
R	0.421		
R^2	0.177		
Constant	1.306		30.829*

Source: Survey Results, 2016
**Significant at 0.05 significance level*

Table 10: Summary of stepwise multiple regression of desire for future family planning

The results revealed that out of the six variables simultaneously entered into the model, only two variables (occupation and monthly income) were retained and they significantly explained 17.7% of the variation in the desire to practice family planning in the future. The Analysis of Variance (ANOVA) result indicated that people's desire to practice family planning in the future were significantly influenced by respondents' occupation and monthly income in the FCT ($F = 7.853$, $p<0.05$). Consequently, the alternate hypothesis was accepted, while the null was rejected. The signs of the regression coefficients showed that occupation and monthly income of respondents were positively related to the desire to practice family planning in the future. The results showed that the two extracted variables, exercised significant influence on the desire to practice family planning in the future. Using the standardized regression weights, only occupation (0.115) of respondents was recognised to bring about noteworthy changes in people's desire to practice family planning in the future. The monthly income of respondents though significant is only accountable for a small change. The result thus identified occupation as the main factor that influences people's desire to practice family planning in the future in the study area. This result is in agreement with the findings of Melka et al (2015) in Ethiopia where women's education, women's occupation, number of living children, joint fertility related decision, having radio/TV and discussion with health care providers were found to have significant positive association with utilization of long acting and permanent contraceptive methods. It is also consistent with the findings of Hafez (2014) in Egypt where occupation (working condition), education and religion among others were found to influence future family planning use. Based on the overall results presented, it is observed that family planning practice (previously practiced, currently practicing and future practice) is influenced considerably by sex, education, religion, ethnicity, income and occupation in the FCT. Each of these factors played vital role in influencing people's disposition to family planning. The results are consistent with the findings of Egwu (2006), Lasisi et al (2014), Sileo et al (2015), Alemayehu et al (2016) and Etokidem et al (2017) who identified diverse demographic and socio-economic factors such as monthly income, education, sex, religion, ethnicity, partners' decision and occupation among others to influence the use of family planning methods.

F. THE CHALLENGE OF FAMILY PLANNING SUSTAINABILITY

Lack of family planning sustainability has been identified as a serious challenge in the study area and this can be viewed in the context of the performance of the 2004 national population policy. Performance of the 2004 national population is presented at two levels as depicted in Tables 10 and 11.

Goal	2015 Target	2015 Actual	Gap
Reduce national population growth rate by 2% or lower by 2015	2% or lower	3.2%	1.2 % point
Reduce total fertility rate by at least 0.6 children for every five years	4.4 children	5.5 children	1.1 children
Increase modern contraceptive prevalent rate by at least 2% point per year	30.2%	15.1%	15.1%

Source: National Population Commission and Health Policy Project (2015)

Table 10: Performance of the 2004 population policy at national level

Table 10 shows that all the targets set to reduce fertility and by extension, population growth rate were not achieved by

2015 as envisaged. The deficit was 1.2% for population growth rate; 1.1 children for TFR and 15.1% for CPR. At the FCT sub-national level, Table 11 gives picture of policy performance.

Goal	2015 Target	2013/2015 Actual	2015 Actual For FCT	Gap
Reduce national population growth rate by 2% or lower by 2015	2% or lower	3.2%	13.9%	11.9%
Reduce total fertility rate by at least 0.6 children for every five years	4.4	5.5	5.8	1.4
Increase modern contraceptive prevalent rate by at least 2% point per year	30.2%	9.8%	16%	14.2%

Source: NPC and HPP (2015), FCT City Population (2016)

Table 11: Performance of the 2004 Population Policy in the FCT

Table 11 shows that the performance of the 2004 population policy was below expectation. The gaps for population growth rate and total fertility rate of 11.9% and 1.4 children respectively were shown to be wider than national deficits. However, in terms of CPR, a deficit of 14.2% shows that FCT performance was better though still far below the target of 30.2%.

As revealed by this study, two factors are important in explaining the challenge of family planning sustainability in the FCT:

a. LIMITED KNOWLEDGE OF THE 2004 NATIONAL POPULATION POLICY

Knowledge of policy was analysed in terms of awareness of policy existence, goals and targets. While awareness of policy existence was used as indicator to know if respondents knew about the policy in the first place, awareness of policy goals and targets was used as indicator to determine respondent's extent of knowledge of the policy content. Table 12 shows the results obtained.

Variable	Yes		No		Total	
	Freq	%	Freq	%	Freq	%
Knowledge of policy Existence	523	49.7	530	50.3	1053	100
Knowledge of policy Goals	194	37.0	329	63.0	523	100
Knowledge of Policy Targets	308	59.0	215	41.0	523	100

Source: Field Survey, 2016

Table 12: Summary of respondent's knowledge of the 2004 population policy

Respondents were asked if they ever heard about the 2004 population policy. This was asked with the understanding that awareness of policy existence is a condition precedent to awareness of policy goals and targets. Whereas 49.7% of respondents were aware of the policy existence, 50.3% were not aware, implying they never heard about the policy at all. Although this looks fair on the face value, it is considered below expectation when viewed in terms of the number of years the policy had been in existence. Respondents who were aware of policy existence were then asked to indicate which policy goals and targets they knew. This question was deliberately kept open ended to ensure that respondent's true knowledge of policy goals and targets were tested. Results indicate that 37.0% of respondents are aware of policy goals while 59.0% were aware of policy targets. One of the key targets of the policy was to achieve increase in modern contraceptives prevalence rate by at least 2% point per year. The limited knowledge of the policy implied that most people did not understand the strategic importance of family planning to fertility decline and eventual reduction in population growth. This also implies that the stronghold of culture and religion on people's attitude to family planning will continue unabated.

b. DISCONNECTION BETWEEN THE 2004 NATIONAL POPULATION POLICY AND THE PEOPLE

Apart from the limited knowledge of the 2004 national population policy, there was also a serious disconnection between the policy and the people. As shown in this study, whereas 93% of respondents had knowledge of family planning, only 20.9% were doing family planning. This was clearly an indication of people's poor attitude to family planning and this was due their inability to connect their knowledge of family planning to the goals and targets of the policy on the one hand, and its strategic relevance to ensuring Nigeria's sustainable development on the other hand. Consequently, for most people, their family planning practice was largely incidental and not necessarily the result of deliberate pursuit of the policy goals and targets of the policy.

IV. CONCLUSIONS AND RECOMMENDATIONS

This study assessed sustainability of planning in the context of the 2004 national population policy and this was considered in terms previous, current and desire for future family planning in the Federal Capital Territory of Nigeria. The targets set by the 2004 population policy shows the importance of family planning as a strategy for retarding Nigeria's rapid population growth rate. However, results of this study have revealed that while knowledge of family planning methods was very high, contraceptives use was correspondingly very low. This largely explains why the TFR and CPR targets set by the policy were not realised by the policy's end date of 2015. The study further revealed that sustainability of family practice in is a serious challenge because of the limited knowledge of the policy and the resultant disconnection between the policy and the people. Consequently, despite implementation of the 2004 national population policy since 2005, the attitude to family planning has remained abysmal. Statistical analyses have revealed that sex, education, religion, ethnicity, income and occupation

exert profound influence on family planning practice in the FCT. In line with findings, it is recommended that muilti-media and targeted engagement strategies should be used to address this sustainability challenge and draw the attention of people to the immense benefits of contraception both to the wellbeing of individual families and sustainable development of the nation. Part of this strategy should include re-orientation of people's mindset to address deep seated cultural barriers and pursuit of sustained population education as key component of civic education in primary and secondary schools to address misconceptions about family planning at an early age. Additionally, religious and community leaders who have embraced family planning should be engaged as advocates and influencers of positive attitude to family planning at community level.

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