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Contraceptive Information and Security: The Need for Digital Inclusion among Rural Women in Kano State, Nigeria

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ABSTRACT

Despite the advances in medical technology that facilitate improvement in health services and family planning, the developing countries including Nigeria are still experiencing rapid population growth largely due to high birth rate. Promotion of family planning services in these countries aimed to ensure contraceptive information and security (the opportunity to choose, obtain and use) which will help to address the problem of high birth rates associated with poverty and hunger, maternal deaths, infant and child mortality, unintended pregnancies, social exclusion as well as tackling the challenges of reproductive health. This paper examined the level and sources of contraceptive information and security among rural women in Kano state, Nigeria. The paper adopted a quantitative methodology, which involved questionnaire application to 400 married women by means of purposive sampling. The study used frequency distribution tables to present and analyze their responses. The study revealed that the major sources of contraceptive information among the rural women are friends and husbands (mostly for traditional methods). Others are clinics, school and radio (for modern methods). Most of the women using the services have no choices and end up obtaining non-qualitative services largely due to non-availability of contraceptives all the time and limited access to media and digital services that provide the right opportunity. The paper suggested that the use of media especially radio and television should be emphasized to sensitize people on the use and effectiveness of modern methods of family planning. Provision of mobile network across the villages will further spread the information and afford them to receive messages and packages as well as use internet to be better informed about family planning services. Digital inclusion will also help the women to seek clarification, make informed decisions, locate where to obtain the services and use it according to specifications.

Keywords: Family planning, contraceptive, information, contraceptive security, digital inclusion.

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INTRODUCTION

Contraceptives and other family planning services have been described as the organized efforts to assure couples who want to limit their family size and space their children have access to contraceptive information and services as well as guide them to obtain and use them as needed. The practice of family planning permits sexual intercourse between couples with little or no risk of conception and birth. Couples wishing to plan their childbearing for several reasons may utilize the services. The desire to have smaller family size and birth spacing, enhance maternal health, fear of health complication, educational need, and age at marriage are some of the common reasons for family planning across the world depending on the region (PRB, 1994; Barbara, 1997, Ashford, 2008).

Unfortunately, despite the advances in medical technology that facilitate improvement in health services and family planning, Nigeria is lag behind and is characterize by rapid population growth largely due to high birth rate. Promotion of family planning services in Nigeria will ensure contraceptive information and security (the opportunity to choose, obtain and use) which will help to address the problem of high birth rates associated with poverty and hunger, maternal deaths, infant and child mortality, unintended pregnancies, social exclusion as well as addressing the challenges of reproductive health.Within Nigeria, researches indicated low contraceptive prevalence among rural women compare to their urban counterpart. There are many reasons behind this scenario, among which include socio-cultural factors, irregular supply of drugs, and lack of digital inclusion.

Family planning is an essential element of public health services with the potential to dramatically improve lives (Cates, 2010). In fiscal year 2016 alone, U.S. international family planning assistance had potentially reach 27 million women and couples with contraceptive services and supplies, and prevent 6 million unintended pregnancies, 2.3 million induced abortions, and 11,000 maternal deaths (Guttmacher, 2016).

In most surveys in Nigeria, findings indicate very high fertility. All NDHS findings for example, indicates the total fertility rate at 5.6 or 5.7 showing very high fertility associated with other negative indices such as high rates of maternal mortality, infant mortality, incidence of morbidity as well as other demographic parameters. This scenario can be detrimental to meaningful socio-economic development. Population action international (1993, 23) stressed, “Rapid population growth impedes economic growth and makes it more difficult to achieve meaningful development in education, environmental quality and health”. World Bank (1990, 8) reports, “Economic growth in Sub-Saharan Africa has lagged behind population growth”. One of the essential components of the National Policy on Population for Sustainable Development is to increase the contraceptives prevalence rate for modern methods by at least 2% every year (NDHS 2008, 5).

Against this background, qualitative and faster contraceptive information as well as contraceptive security is necessary. Contemporarily, in most nations the use of media houses, social media channels, text messages and other information and communication technology devices is rapidly growing. Unfortunately, most rural women in developing nations like Nigeria lack digitally inclusion and consequently lack instant and faster health and family planning information and services. Most of them are not enjoying media services, mobile network services and other electronics and ICT services. These women lack the capacity to use the services where they exist. This scenario contributes to slow rate of contraceptive information to help the women have an informed decision about contraceptives and its security. Although past studies acknowledged high level of familiarity to family planning in

Nigeria, digital inclusion can improve faster contraceptive information, enhance its access, promote instant service delivery and avail contraceptive security.

Research Objectives

The following are the objectives of this study:

i. Identify the sources of information about contraceptives among rural women in Kano state.
ii. Identify the contraceptive security among rural women.
iii. Identify the role of digital devices in contraceptive information and security among users
iv. Identify the need for improved digital inclusion in contraceptives information and security

LITERATURE REVIEW

Family Planning is described as the "organized efforts to assure couples who want to limit their family size and space their children have access to contraceptive information and services and are encouraged to use them as needed" (Simmons 1986: 175). Individuals or couples wishing to plan their childbearing for several reasons, which may include the desire to have smaller family size and birth spacing, health status of the mother, fear of health complication, educational need of the family, and age at first marriage, may utilize family planning. (Population Reference Bureau(PRB), 1994; Barbara, 1997, Ashford, 2008).

The growing use of family planning around the world gives women and couples the ability to choose the number and spacing of their children. Policy makers and family planning providers are increasingly aware that modern contraceptive offers tremendous benefits through improved reproductive health and economic wellbeing (Gribble, 2010). Contraceptive security therefore becomes a priority not only because of the health and economic benefits of family planning, but also because of changes in demographic trends. United Nations (2009) submit that. The number of women of reproductive age is increasing at a rapid pace. In 2005, it was estimated that globally there were 1.7 billion women ages between 15 to 49 years. By 2020, that number was estimated to reach 1.9 billion. Responding to the family planning needs of this growing number of women requires a tremendous global family planning effort with real budget implications. Ross, Stover and Adelaja (2005) complimenting the above, highlighted that: "Approximately 16.5 percent of married women in Sub-Saharan Africa between ages 15 and 49 were using modern forms of contraception. By 2020, use of modern methods is expected to rise to 24.3 percent among married women in the region."For Stover (2000):

Achieving contraceptive security requires coordination among the many elements of family planning programmes, including funding, procurement, supply chain and services. Underlying factors that contribute to the success and sustainability of these programmes efforts are an enabling policy environment, political commitment and effective policies. A supportive policy environment includes not only the formulation and implementation of appropriate policy and the allocation of sufficient resources, but also a broad political consensus that the family planning programme is necessary for the wellbeing of individuals, families and society.

In Nigeria, the number of people in need of health, education, economic and other services is large and increasing, which, in turn, means that the amount of resources, personnel, and infrastructure required to meet MDGs is also increasing (USAID, 2008). Also, "high rates of

population growth are largely the result of frequent childbearing or high fertility- often corresponding with a large unmet need for family planning" (p16). Complementing this view, World Health Organization (1993: 6) revealed that:In recent decades, there have been tremendous advances in the development of safer and more effective contraceptives, and in the provision of affordable and accessible family planning services. Yet, still millions of individuals and couples around the world are unable to plan their families as they wish. It is estimated that over 120 million couples do not use contraceptives, despite wanting to space or limit their childbearing.

It is also claim that the development of family planning methods has made it easier and safer for women to avoid unintended pregnancies. According to Bongaarts (1995) tremendous progress has been made in the area of family planning services since the 1960s. Prior to the 1960s, it was limited to, withdrawal and other ineffective traditional methods.

Family planning program in Iran is one of the most successful programs worldwide because they are considered to have made a substantial contribution to the health of women and children. With the use of cell phone network and other information system, they were able to cover additional 17,000 villages (K. Yusika et al, 2020). The results of the study found that in several countries all contraceptive users have a cell phone, where the SMS system had a stronger connection to clinical services. Iran women who have cell phones are higher using modern contraceptives compared to women who do not use cell phone (Apoorva J and Julianne W, 2019). Abigail R. G. et al (2018) Submit that:Cell phone ownership for contraceptive users in Burkina Faso is very important for research, where knowledge about contraception and intervention uses cellular technology".

For Frank J. et al (2018):

Literature on the use of technology based reminders in providing health care services via text messages, or short message services found that almost all SMS reminders help approve patient medication complains and appointment reminders.

In addition, researchers report the many benefit of using SMS reminders, including ease of use, been relative inexpensive, and sending messages that are fast, automatic and acceptable to the public.The expansion of family planning services has been controversial in some countries. In addition, there have been a number of obstacles to their use. Many women report that they fear adverse health effects from specific methods. Some others women want to practice family planning, but are dissuaded by their husband's disapproval, their limited decision-making powers, or family pressures to have more children (Miller et al., 1999: 13). Yet some demographers credit family planning programs by 40% to 50% of the fertility decline in less developed countries since the 1960s (Bongaarts, 1995: 23).Ashford (2008:1) submits that:

The ability to decide freely and responsibly the number and spacing of one's children are recognize internationally as a human right. There is no best method of family planning, because women and couples may prefer different methods, and may change their preference over time according to their individual circumstances.

Hence, informed decision over family planning methods is encouraged. Potential users must know the methods, their cost, benefit and side effects. Yet family planning as a human right should be seen from the context of socio-cultural arrangements of people and societies ability to organize resources and services for the realization of individual potentialities.

In many parts of the world, women do not have the decision-making power, physical mobility, or access to material resources to seek family planning services. Women's use of contraceptives is often strongly influence by spousal or family support of, or opposition to, family planning. Recent research in northern Ghana found that women who choose to practice contraception risked social ostracism or familial conflict (Adongo et al., 1997: 789-804). In some areas, women need their husband's permission to visit a health facility or to travel unaccompanied, which may result in limited use of contraceptives. The lack of good transportation and communication networks in the rural areas of less developed countries limits access to health care, schools and jobs. Women from a low income household also have less access to family planning and other health services that might allow them to have fewer and healthier children (Gelbert et al, 1999: 27).Population Reference Bureau(2008) reports that:

Modern contraceptive use has risen steadily over time in most of the developing world. In some countries in sub-Saharan Africa, however, the adoption of family planning has been slow (such as in Senegal) or it has leveled off in recent years (such as in Kenya).

With this differential utilization of family planning methods, it is certain that some socioeconomic factors are working to facilitate or hinder the acceptance of family planning methods. This however makes some countries more accommodating than others do.

The course of present and future fertility will be largely influenced by what people know, think and do regarding family size and family planning. Awareness, access and use of family planning in particular are essential, especially when cultural practices permit.

Among the major Nigerian ethnic groups, men dominate familial and social relations, including production and reproduction. The husband, according to Abanihe, (1994: 150) " whose obligation generally is to his descendants and ancestry, decides and dictates most things and his wife is expected to abide by his spoken decisions or perceived wishes". He further stressed, "a wife is expected to bear many children as her contribution to the continuity and viability of her husband's line." Discussions between spouses on sexual matters, family planning or number of children are still rare in Nigeria, especially in rural areas and among the Muslim population.

Socio-cultural norms and religious beliefs influence people reproductive health choice. In a study in Pakistan, researchers found that 76% of husbands and 66% of wives feared that God would become angry if they practice family planning (Population Council, 1997:61). The family planning method may challenge bio-cultural beliefs. For example, women in some societies believe it is healthy to menstruate monthly, and therefore refuse to use injectable contraceptives that often result in irregular bleeding, spotting, or amenorrhea (no monthly bleeding) (Makundi, 2001: 17).

Fear, rumours, and myths about family planning methods can prevent women from seeking services. In one survey in Indonesia, clients believed that they could only get the truth about side effects from friends or relatives (Adongo et al, 1997). Rumours and myths about family planning may raise potential client concern about the side effects, safety, and effectiveness of different methods. In Kenya, one study participant said that using oral contraceptive can cause blood to flow out of the nose and mouth, and can cause delivery of children with two heads or no skin (Rutenberg and Watkins, 1997 as cited in the Population Reference Bureau (2002:2).

METHODOLOGY

The research is quantitative and rural married women of Kano state constitute the target population of this research. This is because the research wants to examine their source of contraceptives information and its security as well as look into digital inclusiveness in relation to the women. The sampling frame consists of the rural married women in Kano state. Moreover, since the focus of the research is on rural women, the researcher exempted eight local government of Kano metropolitan, namely Dala, Kano Municipal, Nassarawa, Fagge, Tarauni, Gwale, Kumbotso, and Ungogo.There are 36 local government Areas in Kano state for the purpose of this research and through multi-stage sampling, the study selected five local government areas namely Gezawa, Rano, Tudunwada, Danbatta and Tsanyawa. The total sample size for the study is 400 respondents and the researcher used questionnaire for data collection. All questions administered to the respondents are the same and used simple language to avoid ambiguity.Finally, the researcher used frequency distribution tables and percentaging method to analyze and present the data collected.

RESULTS AND DISCUSSION

Table 1: Socio-demographic characteristics of respondents (n = 400)

Variables	Frequency (n)	Percentage (%)
Age, years		
15-19	18	4.5
20-29	67	16.75
30-39	199	49.75
40-49	116	29.0
Education Level		
Primary	114	28.5
Secondary	90	22.5
Tertiary	52	13.0
None of the above	144	36.0
Occupation		
House wife	283	70.75
Farmer	21	5.25
Self employed	34	8.5
Civil servant	62	15.5
Religion		
Christian	31	7.75
Muslim	369	92.25
Tribe		
Hausa/Fulani	386	96.5
Others	14	3.5

In this study, 452 women were involved but selected only 400 women who are married and responded adequately to the research questionnaire. From the data collected, 18 (4.5%) of the respondents are within the ages of 15 to 19 years, while 67 (16.75%) are within the range of 20 to 29 years. Majority of the respondents 315 (78.75%) ranged from 30 to 49 years. This is in line with expectation as women in this group have experience multiple births and therefore want either space or limit birth.On educational level, 114 (28.5%) have primary education, while 144 (36%) have no formal education. Only 90 (22.5%) have secondary education and 52 (13%) recorded with tertiary education. This also agreed with the pattern in rural areas.

Most rural women do not attend formal school, where they attended it usually stop at primary and secondary levels.

Because of the low level of education, most rural women are housewives. From the data collected, 283 (70.75%) of the respondents are merely housewives with no economic activity other than that of the extended family work at farm. The remaining 117 (29.25%) are either engage in petty trading, farming or civil service.

From the data collected, the religion and tribe of the respondents agreed with the expected pattern. The predominant of people in Kano state are Hausa/Fulani and Muslim especially in the rural areas. From the data 369 (92.25%) and 386 (96.5%) reported Muslim and Hausa/Fulani respectively.

Table 2: Contraceptive information among the respondents (n = 400)

Variables	Frequency (n)	Percentage (%)
Are you aware of Contraceptives/Family Planning?		
Yes	400	100.0
No	0	0.0
What is your first source of information?		
Television	0	0.0
Radio	22	5.5
Phone call	0	0.0
Text messages	0	0.0
Browsing	0	0.0
Social media	0	0.0
Friends/husband	193	48.25
School	29	7.25
Clinic	156	39
Church/Mosques	0	0.0
Types of contraceptives information obtained		
Traditional methods	143	35.75
Modern methods	231	57.75
Both methods	26	6.5
Which of the two methods is more accessible and affordable?		
Traditional methods	372	93.0
Modern methods	28	7.0
Don't know	0	0.0

From the data collected, all the respondents are aware of contraceptives or family planning as they popularly known. On the first source of information about contraceptives, 193 (48.25%) mentioned friends and their husband while 156 (39%) mentioned clinic. Only 29 (7.25%) mentioned school and 22 (5.5%) mentioned radio. A good number of the respondents 143 (35.75%) have their first information on traditional methods while 231 (57.75%) mentioned modern methods and 26 (6.5%) mentioned both methods. As expected, most of the respondents 372 (93%) believed that traditional methods are more accessible and affordable. Only 28 (7.0%) mentioned modern methods. It can be deduced that while there is high awareness about contraceptives, majority believed that traditional methods are more accessible and affordable. Similarly, there is serious gap in term of the use of digital devices to obtained information about contraceptives and related services. The respondents mention only four sources (friends, clinic, school and radio). The use of digital related channels as

first source of information is almost absent. Above all, a good number are aware of traditional methods that are less reliable with high rate of failure.
One respondent aged 28, explain that:

A friend of mine in our neighbors told me about a traditional service provider in a nearby villages while complaint to her about my desire to have a space of at least two years. She encouraged me to contact the man and obtain a method more so it does not cost much.

Another respondent aged 34, stressed that:
I have heard of the modern method in Rano town during one naming ceremony I attended, they told me to contact one nurse through her phone number. Since I came back here I did not have the opportunity to get more detail about it. We don't have network signal here, no television to watch such programme as we have no electricity here. So I keep using traditional ways.

Table 3: Contraceptive security among rural women

Variables	Frequency (n)	Percentage (%)
Have you ever use rural clinics to obtain contraceptives? (n = 400)		
Yes	348	87.0
No	52	13.0
Are you currently using the facility to obtain contraceptives? (n = 348)		
Yes	184	52.87
No	164	47.13
What are the reasons behind non- usage of the facility currently? (n = 164)		
Distance	4	2.44
High cost	33	20.12
Irregular supply of contraceptives	121	73.78
High rate of failure	3	1.83
Lack of proper guidance	3	1.83
What can you say about contraceptives security in rural clinics? (n = 348)		
Excellent	8	2.30
Good	129	37.07
Fair	188	54.02
Poor	23	6.61
How can you rate the availability of contraceptives in the rural clinics? (n = 348)		
Above average	8	2.30
Average	129	37.07
Below average	211	60.63

From the above table, 348 (87%) respondents have used rural facilities to obtain contraceptive while only 52 (13%) have not used the facilities. This means that the respondents have good knowledge of contraceptive availability and services in rural areas. On the current usage of the facilities, only 184 (52.87%) respondents are still using rural facilities to obtain contraceptives. While 164 (47.13%) are no longer obtaining contraceptives in rural facilities. Majority of the respondents 121 (73.78%) complain of irregular supply of contraceptives (no contraceptives security). Only few 43 (26.12%) mentioned distance, high cost, high failure rate and lack of proper guidance. Similarly, 23 (6.61%) scores contraceptive security as poor, while 188 (54.02%) said it is fair. Only 137 (39.37%) are satisfied with the security of contraceptives in rural clinics. In the same direction, 211 (60.63%) said the availability of contraceptives is below average while 129 (37.07%) said it is average, only 8

(2.30%) said it is above average. This means that the respondents are not satisfy with the contraceptives security among rural women. Given this scenario, 47.13% of the respondents that have use rural facilities for contraceptives are no longer using the facilities currently because of no contraceptives security. The choice of methods is limited among users based on the responses of the women interviewed. Majority of the women to space their births but are using traditional methods based on the information they got from the neighborhood. Others that have information about the modern methods complaint about the supply of the contraceptives, which in most cases affected their choice of methods.
A respondent aged 25 highlighted her experience:

I am living in Rano town and myself and some of my friends want obtain and use a method but may be unavailable here. Some of us are using injections, as other methods are not available here. Some of our colleagues used to obtain their desired method from Kano city. Even the supply of the injection is not stable, sometime we have that of two months and on another appointment, we get that of three months duration. All the same, the workers are trying their best, so also the providers.

Table 4: The need for digital inclusion among rural women for contraceptive information and security

Variables	Frequency (n)	Percentage (%)
Did you ever use digital devices to obtain contraceptives or other family planning services? (n = 400)		
Yes	113	28.25
No	287	71.75
If yes, what are the devices used? (n = 113)		
Radio	64	56.64
Television	0	0.0
Mobile phone	49	43.36
If no, what are the challenges? (n = 287)		
Lack of facilities e.g. Network	58	20.21
Lack of mobile phone	77	26.83
Lack of capacity	86	29.96
All of the above	66	23.0
What other places do you obtain services apart from rural clinics (n = 400)		
City facilities	42	10.5
Private health practitioners	116	29.0
Traditional service providers	104	26.0
No other places	138	34.5

The Role of Media and Digital Devices in Contraceptive Information and Security among Users is been recognized the world over.Among the 400 respondents, there are traces of using media and digital devices for contraceptives information and services. As shown above, 113 (28.25%) women used digital devices for contraceptives, 64 radio and 49 mobile phone. Yet still others, mentioned radio programme as their source of information. Some of these respondents maintained regular listening to radio programme specifically for family planning purposes. Others use their handsets for either browsing about a method, subscribing to a package and regularly obtaining messages on family planning or calling a health personnel for one clarification or the other about a method.

A respondent aged 27 explain that:

I first heard about family planning through a radio programme, I told my husband and he quickly used his handset and browsed about it. From there we got all the information about the method we are using. We used to contact a service provider based in Kano from time to time, for one information or the other. We subscribed to one package in one of our network providers where we used to get messages and tips about family planning and other health matters.

About 287 (71.78%) women could not use digital devices because of digital exclusion.Lack of network 58 (20.21%), lack of mobile phone 77 (26.83%), lack of capacity 86 (29.96%) and combination of the all 66 (23.0%) are the common factors behind the scenario. Few of the respondents travel to the city to obtain contraceptives while others used private chemist, and traditional service providers.From the narrations of the respondents, the need for media and digital devices in contraceptive information and security is visible. Majority of the respondents lives in villages where use of digital devices is not possible. Lack of electricity inhibits the use of television and radio among the people of the area. The use of handset to browse for information about contraceptives, make call or seek for information from health personnel or service provider is not possible due to lack of network signal in the villages. Above all there is lack of capacity where the digital facilities exist.

This concurred with the result of NDHS 2013 results:
Level of exposure to mass media, especially exposure to the print media, is low in Nigeria. Nine percent of women read a newspaper, 35 percent watch television, and 39 percent listen to the radio at least once a week. Only 7 percent of women have access to all the three media at least once a week. There is also a wide gap in exposure to mass media according to place of residence, the proportion of urban women who read a newspaper at least once a week is 15 percent, as compared with 5 percent among rural women. Urban women are much more likely than rural women to watch television once a week (55 percent versus 21 percent).

MAJOR FINDINGS OF THE STUDY

Arising from discussion and analysis of data collected through respondents, the study has the following findings:

1. Majority of women using contraceptives in rural Kano state are within the age range of 30 to 49 years. Most of them are housewives with no source of income and have either primary education or no formal education.
2. That majority of rural women got information about traditional contraceptives through their friends and husbands. Others got the right information on modern methods through clinics, school and radio programme.
3. That there is differential opportunity on acquiring information about modern contraceptives among the women. Those living in the town are more opportune to know about the modern contraceptives than those living in the villages. Those living in the town are more socially included with facilities like electricity that facilitates the use of radio and television as well as the present of network signals that allow the use of other digital devices for information.
4. That the opportunity of rural women to make informed decision based on choice and use contraceptives is limited. Those in the villages lack media and network services among others and at the same time do not get regular supply and wide varieties of contraceptives.
5. That many among the respondents are no longer patronizing clinics due to irregular supply of contraceptives of their choice. If reported to clinics, most end up using a

method against their choice. On this note, they rate the services fair and below average.

6. That women living in the town benefitted greatly from media and digital devices. These gadgets assisted in knowing about a method, seek for more clarification as well as help the women in making decision about choosing, obtaining and using the contraceptives. The rural women lack this opportunity and therefore patronize any alternative available like traditional service providers, local chemist and home base services by health personnel.
7. That radio is the most widely digital device used by rural women. Challenges identified in this regard include lack of facilities like network, mobile phone and lack of capacity to use digital devices by rural women. On this note, only few have ever use digital device for contraceptive services.
8. That there is urgent need for media and digital inclusion for the rural women in order to address the social exclusion and improve healthy life among them.

CONCLUSION

Contraceptives and family planning services were the instruments through which people use to achieve objectives of reproductive health through birth spacing or limitation, reducing poverty, maternal and infant mortality as well as check population explosion. Information is power as it is the basis of making right decision whether as an individual or as a government. Therefore, the availability of contraceptive information especially of qualitative nature has been established to be very vital in this regard. Planning for contraceptive information and security is necessary towards achieving the objectives of National Policy on Population for Development in Nigeria.

Media and digital exclusion is common features of our rural areas and to a large extends help to create differential opportunity among women in contemporary Nigeria. Information about quality health services, including contraceptive are grossly inadequate. Women are generally misguided over healthy life, including contraceptives. Digital network and gadgets that make information faster and available are generally absent. This further make life unbearable, misguided and lack quality and direction. Media and digital inclusion is presently used to advance health and healthy life the world over and this opportunity can be used to improve the life of rural women.

RECOMMENADTIONS

The study provides the following recommendations:

1. The National Campaign Programme towards family planning awareness and utilization as envisaged by the National Policy on Population for Sustainable Development should be implemented to its logical conclusion, to ensure wider information for potential users.
2. The use of media especially radio and television should be emphasized to sensitize people on the use and effectiveness of modern methods of family planning. A strategy should be evolved for a conference for Community Based Organizations, Youth leaders, traditional rulers, traditional service providers and religious groups with a view to discuss issues relating to health especially reproductive health and family planning so that a more proper understanding can be achieve and common stand developed.
3. The family planning centers located in the remote areas should be equipped with personnel and available drugs. It should also be made to have normal operation to avoid traveling to far distance by women in order to obtain prompt family planning services.

4. Husbands should be encouraged to sponsor and permit their wives to access and utilize family planning methods. This should be done under proper guidance with a view to promote reproductive health, infant and maternal survival.
5. Since education is a powerful factor towards positive attitude to health care system including family planning, Government should commit itself towards its Universal Basic Education scheme with a view to ensure access to basic education for all. This will facilitate faster understanding of health care issues, access and utilization.
6. Digital and social exclusion should be seriously addressed by government and service providers. Social amenities, mobile network and other media facilities should be squarely provided to improve life at local level.

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