

Use of Traditional Family Planning Methods among Women of Child Bearing Age in Kwande LGA of Benue State, Nigeria

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Abstract: The family planning use has a multiplicity of health benefits such as preventing unplanned pregnancies, ensuring child spacing, reducing maternal and child mortality. In recent years, there has been an improvement in the provision of health facilities. Despite the improvement in science and technology that accompanied the establishment of the family planning unit across the state. With all these efforts, it has been observed that many women of childbearing age still cling to traditional family planning. This study also seeks to identify the socio-demographic characteristics of women that mostly use traditional family planning, various traditional family planning methods they use, the reasons for the preference of traditional family planning and the perceived effects of the traditional methods. The structured questionnaire was used to elicit information from 387 respondents and 50 participants for the in-depth interview to compliment the information from the quantitative data. The quantitative data involving descriptive and inferential statistics (Pearson correlation) was applied to interpret the result using SPSS. The study also revealed that women of childbearing age mostly used herbal medicine as a family planning method. In addition, the study revealed that effectiveness and trust of the method, no side effects, low cost as well as the availability of the method are the factors influencing the usage of traditional family planning in the area. The result of the study revealed that women of different educational qualification effectively utilized traditional family planning methods. This means that the educational qualifications of women have no significant influence on the use of traditional family planning method. The study recommends among others that women of childbearing age should be enlightened on the effect of modern family planning. The government should intensify its effort in making family planning units closer to the women. In addition, government and Non-governmental organisation should sponsor advanced research in the area to ascertain the effectiveness of the traditional family planning for better outlook, policy-making and implementation.

Keywords: Family planning; traditional family planning; Kwande LGA.

I. INTRODUCTION

One of the greatest challenges facing Nigeria today is the problem of population control. It is estimated by the national population commission that the Nigerian population is a bit

higher than 198 million people based on reports from April 2018 (Nigerian finder, 2019). This report also showed that the urban population was growing at 6.5% per year. Though population growth is not tied strictly to increased birth rate, birth control plays a significant role in checking increased population density of nations. Population health awareness is an integral aspect of managing a growing population, thus governments around the world workout health policies, among other frantic efforts to maintain the health of various categories of their population. For instance, the fifth Millennium Development Goal sought to reduce the maternal mortality ratio (MMR) by $\frac{3}{4}$ by 2015. To achieve this goal, adequate knowledge of maternal health is a prerequisite (Butawa, Tukur, Idris, Adiri, & Taylor, 2010).

Kwande local government is significantly rural, thus men and women in the local area have little or less formal education. They rely mostly on customary (traditional) practices since there are only a few formal institutions. Their attitude and awareness on health-seeking as well as approaches to health including maternal and paternal health are significantly drawn from their perception of the available health practices, especially in the areas of access and affordability (Butawa, et al (2010). However, the physical presence and operation of orthodox health and medical facilities within and around their communities' shape their utilisation of family planning methods and practices. These institutions have socialised Kwande populace on practicable population health methods and aide in addressing their health problems. Moreover, Butawa, et al (2010, Anyanwu and Eskey, 2013, Ayyuba and Asma'u 2018) assume that higher (formalised) education is strongly correlated with improved maternal health knowledge. In this sense, the more females of childbearing age are enlightened, the better their disposition towards the utilization of any birth control method.

The family planning use has a multiplicity of health benefits such as preventing unplanned pregnancies, ensuring child spacing, reducing maternal and child mortality. In recent years, there has been an improvement in the provision of

health facilities. Despite the improvement in science and technology that accompanied the establishment of the family planning unit across the state. With all these efforts, it has been observed that many women of childbearing age still cling to traditional family planning. Ethnographers at different times studied various primitive tribes in the first stage of development (Stone age, iron age etc.) and discovered that among these peoples, various taboos, different socio-cultural and mystical practices guided the relationship between women and men. According to Seregély, 1981, at this period in the history of mankind, the connection between the birth of a child and intercourse was not even suspected and the arrival of the child was attributed to the will of gods or idols. Anyanwu and Esky, (2013), Ayyuba and Asma'u (2018) defined traditional methods of birth control as the practice, beliefs or customs handed down from one generation to another aimed at preventing pregnancy.

With respect to the practice of contraception, there have been many methods which can be considered as the early forerunners of modern birth control and the basic concept of most of them still guide the idea of contraception today. Presumably, the first men and women to practice birth control had the same motive as do many couples or individual today. They also wanted to be relieved of the constant confinement of pregnancy, the burden of feeding and caring for new babies at short intervals (Anyanwu and Esky, 2013, Ayyuba and Asma'u 2018).

The availability of numerous family planning methods in the country today has not addressed the issue of increased population growth. Thus the Nigerian population is growing at a faster pace 6.5% yearly, and in time this would lead to even greater challenges. Another problem etching this study is the mere fact that most Nigerian women have experienced side effects caused by the use of modern orthodox family planning methods (Anthony and Akpan 2018). These methods have brought countless health complications for urban and rural women, other than severe the purpose of maintaining a health female genre, they have brought untold difficulties for subsistent health among women. These among others necessitate the use of traditional family planning (Anthony and Akpan 2018). However, with the increasing use of this method to control birth and child spacing in the area, researchers have a focus on the use of modern family planning, with little emphasis on the use of traditional family planning. This study set to fill the void by exposing more on the common practice of traditional family planning among rural women in Ushongo LGA of Benue State for proper documentation. This can go a long way to equip or be of help to WHO, the government in developing effective health policies.

Various methods of traditional family planning

The practice of family planning is not alien to the people. This can be seen from the numerous examples which date even back before the written history of mankind. We can, however,

do not know whether the various practices were performed strictly for religious, mystical or superstitious reasons. We can, however, accept, that the idea and practice of limiting the growth of the population existed already in prehistoric times. These methods were used in the various parts of the world depending on their Social and cultural attitude and belief. A few of them are still in use among various people today. They form what is now known as the traditional method or traditional medicine (Anyanwu and Ezegbe, 2013).

In Europe at this time, women ate different types of seeds and leaves so that their chemical components would help to reduce fertility. These include eating castor oil seeds, Ricinus seeds, willow leaves etc. In some cases, sticky substances were smeared on the genitals (earwax of animals, peppermint oil, honey, etc.) Men also wore sheaths over their penis to prevent pregnancy (Anthony and Akpan 2018). These sheaths were made of different materials from the animal bladder, intestines, and other membranes. Abortion was also employed as a means of contraception. Women drank herbal preparations, saps from trees, or roots insertion of different herbs into the cervix with the sole aim of induced abortion. in North Carolina, Indian women chewed parsley on four successive days to become infertile, while Indians of Mexico abstained from intercourse for 9 days after menstruation.

The women in some Africa countries abstained from sexual intercourse for several days after menstruation. In Tiv, Dahomey is now known as the Republic of Benin, West Africa, before intercourse, women plugged the vaginal cavity with roots to prevent the entry of sperm. The physicians of Kwaflogo district in Central Africa reported the stuffing of the posterior part of the vagina with bits of cloth and herbs as contraception. This was discovered by accident treating some serious complications arising from the practice (Alaka, 2011, Etokiden and Asuquo 2019).

As in many parts of the world, different types of traditional methods of family planning are being used in Nigeria. Alaka (2011), Olugbenga (2011), Etokiden and Asuquo (2019), Clementine and Jacquiline(2012), Ayyuba and Asma'u (2018) among others classified traditional methods of contraception broadly into two groups. These are:

- The Appliance Methods
- The Non-Appliance Methods

The Appliance Methods

These involve specific preparations by herbalists or traditional healers and dispensed to individuals. Appliance Methods could be herbal preparation taken orally by the woman. This is often administered in the form of specially prepared stew, herbal tea, or chewing stick. The preparation apart from being taken by the woman could be taken, on behalf of the woman, by domestic animals or placed at a circular road as a sacrifice to be consumed by the spirits to prevent conception.

Injectable (scarification): This is provided in the form of scarification administered by the herbalist. Seven to twenty-

one incision are made on the suprapubic or spinal region of the male or female, followed by the application of specially prepared substance presumed to get absorbed through the bloodstream as a long-acting method of contraception.

Barrier Method

Barrier method consists of both the physical and sperm-killing agents.

Physical Barrier: Of all the traditional methods used, the most sophisticated was the use of a device whose mode of action was similar to the diaphragm or cervical cap. It was in a form of mechanical barrier inserted in advance of intercourse to prevent sperm from entering the cervix. This method that has survived to this day and used widely was the shell of half lime where the flesh was scooped out, and its cup shape used as a cervical cap to prevent the sperm from gaining entry through the cervical os. Another physical method used by African women is vagina plug made of grass-seaweed, dried figs, leaves etc.

Another barrier method used similar to condom and worn by men and women were bladder of goat used to cover the vagina or the penis. It is amazing to state that primitive people in South America still use this method today while the men/young boys have added a wooden funnel shape to cover the penis (CNN September 2006).

Sperm-Killing Agents: Various substances believed to kill sperm were also inserted into the vaginal cavity. Some of these are honey, vinegar and lemon juice. They may be used alone or in combination with the physical barrier method.

Invisible Barrier Method: In addition to the methods mentioned above, traditional medicine goes a step further, by invoking the supernatural powers to prevent pregnancy. Various practices were performed for religious, mystic or superstitious reasons. Methods used include charms worn by men and women. These consist of a metal finger ring, waistbands, pendants, amulets made from leopard or snakeskin believed to have a supernatural effect to prevent pregnancy. Another method is the use of incantation to conjure up forces on a parrots feather (teso' in Yoruba) or on the locked padlock ('akaraba' in Yoruba) to act on a girl or women's vaginal canal resulting in spasmodic effect and preventing entry or penetration of the penis into the vagina.

In addition to these practices, there was a proliferation of magical customs which included the inhalation of the breath of camels, wearing of various charms, placing some insects on the woman's abdomen, making incisions and drinking concoctions such as drinking of water in which a dead man had been washed.

Non-Appliance Method

These are traditional methods of birth control that do not need the attention of herbalists and are self-administered. They include:

Abstinence

This is the avoidance of sexual intercourse. It is the commonest and most effective pregnancy prevention method which can also prevent sexually transmitted infections and HI V/AIDS provided it is strictly and honestly practised. It is recognized as a method that has always been used since man was created and became aware of the need to prevent pregnancy in order to space or limit the number of children. This method has always been influenced by culture and religion. This includes the following:

Cultural Emphasis on Virginity

The importance placed on virginity, traditionally and culturally, prevents girls from engaging in sex until they are married. Defiance of this custom brings shame and dishonour to the girl and her family. Hence, it is considered a pride to retain virginity until marriage and prevent unwanted.

Abstinence with Prolonged Lactation

This aids child's survival through uninterrupted and prolonged breastfeeding. It is believed that intercourse during breastfeeding could result in contamination of breast milk by sperm and ill-health which could cause the death of the infant.

Avoiding Sex during Menstruation

It is not only considered unhygienic but also regarded as a taboo for sexual intercourse to take place during the menstrual period. It is believed that if the traditional taboo is violated, the woman will deliver an albino. This, of course, is unfounded but may have helped in checking unintended/unwanted pregnancies.

Polygamy

Having more than one wife allows the nursing mother to abstain from intercourse as she can be isolated from her husband, thus, permitting uninterrupted breastfeeding. It also prevents unintended and unwanted pregnancy. Polygamy make it possible for the husband to satisfy his sexual urge with another wife who is not a nursing mother.

Taboo of Incest

Sex with Blood relations is forbidden culturally, religiously and considered shameful for biologically/blood-related individuals to have sexual relations with each other. In some cultures, those involved would be exposed and ridiculed. Such persons were usually forced to relocate out of shame.

Physical Exercises

Long before the advent of modern methods of birth control, African women realizing that sperm was responsible for pregnancy adopted various exercises in an attempt to dislodge the sperm and prevent its entry through the cervical os.

Douching

This may be effective in killing sperm where chances of getting pregnant are slim as it takes less than 90 seconds for

sperm to gain entry into the cervical os. Hot plain water with or without concentrated solutions of salt, alum, vinegar, lemon, potassium or caustic soda has been reportedly used by women. This is dangerous and some of these solutions have resulted in vaginal stenosis (narrowing of the vagina), synaesthesia, permanent sterility or even death.

Abortion

Abortion has also been used as a means of birth control. The traditional method adopted includes Oral administration of a herbal tea prepared from the root of Momordica character. Application of hot fermentation, tight abdominal binder around the suprapubic region or insertion of abortifacient into the cervix to cause dilation of cervix thus causing forceful expulsion of uterine content. Douching with hot saline or other weak herbs are also used or chewing the stick of Momordica character to stimulate contraction and expulsion of uterine content. The most gruesome method is the douching with caustic soda or blue which causes severe burning or sloughing of the birth canal and sometimes death of the victim rather than aborting the pregnancy.

II. METHODS

The study is a quantitative and an ethnographic study which sets to evaluate the knowledge, and utilization of traditional family planning methods among rural women in Kwande local government of Benue state. The preference of this study design is due to the nature and subject matter of the enquiry knowledge and utilisation of traditional methods of family planning, and the units of analysis rural women in Kwande. The target population refers to all women in Kwande, however for the purpose of this study, 400 married women of child bearing age in four districts were selected using Tayo Yamene’s formula for sample determination and fish bowl method respectively. Method of data collection for the study was the structured questionnaire, in-depth interview, and focus group discussion with various women (mothers and wives). These methods are preferred because most of the women are non-literate, since they have no formal education. Moreover, the study is concerned with ethnic traditional family planning practices. Method of analysing collected data was the descriptive, comparative and interpretive methods.

III. RESULT

Table 1: socio- demographic data of respondents

item	Frequency	Percent
age		
18-30	102	26.4
31-40	134	34.6
41 above	151	39.0
Total	387	100.0
occupation		
farming	223	57.6
business	93	24.0

	civil servant	23	5.9
	student	48	12.5
	Total	387	100.0
educational qualification			
	non-forma	96	24.8
	primary	101	26.1
	secondary	136	35.1
	post secondary	54	14.0
	Total	387	100.0
income per month			
	below, 21,000	241	62.3
	21,000-100000 (middle)	96	24.8
	100000 above (high)	50	12.9
	Total	387	100.0

Source: Field work, 2019

The data in the table shows the socio demographic data of the respondents. The data indicated that 26.4% (102) belong to 18-30 years, 34.6% (134) fall within the age range of 31-40 years, and 39.0% (151) belong to the age range of 40 above. This implies that the respondents are matured enough to provide answer to the topic under investigation. The row data on the occupation of the respondents indicate that majority were farmers 57.6 % (223), 24.0% (93) were business women, civil servant constitute 5.9% and students make up 12.5 % (48). The data on the educational qualification of the respondents shows that 24.8% (96) have non-formal education, those with primary education constitute 26.1% (101), 35.1% (136) obtained secondary education and 14.0 (54) have post secondary education. The data on the monthly income of the respondents indicate that majority earned 62.3% (241) earned below 21,000, 24.8 (96) earned from 21,000 to 100000 and 12.9 % (50) earned from 100000 above. The implication of this data is to provide information on the type of respondents that participated in the study.

Table 2: responses on the type of traditional family planning use in Kwande LGA

Question	Frequency	Valid Percent
Have you or your relative use tradition family planning to control birth?		
	yes (387)	100.0
If yes, which method of traditional family planning you used?		
herbal preparation	125	32.3
sperm killing traditional agent	31	8.0
use of charm	86	22.2
abstinence from sex	69	17.8
avoiding sex during menstruation circle	76	19.7
Total	387	100.0

When did you start using traditional family planning?			
	after modern method of family planning failed	103	26.6
	when I want to prevent pregnancy	284	73.4
	Total	387	100.0
How do you know of the traditional family planning?			
	relative	204	52.7
	mass media	81	20.9
	personal observation	102	26.3
	Total	387	100.0

Source: field work, 2019

The data in the table shows that all the respondents were using traditional family planning. It is evident in the table on the type of traditional family planning method shows that majority of the respondents 32.3% (125) used herbal preparation, 22.2 % (86) used charm, 19.7% (76) avoid sex within the ovulation period, 17.8% (69) abstained from sex for a particular period and 8.0% (31) used sperm killing traditional agent.

This section deals with the presentation of interview with the respondents. Findings from both FGDs and interviews also confirmed that there is existence of traditional method of family planning in the area with the use of herb by the traditional doctors. One of the focus group discussants maintained that:

When I wanted to stop child bearing, I was inform of a traditional herbal practitioner that control birth. I therefore went there, one faithful day. I explained to him that I want to stop child bearing for some time. He asked me the numbers of years I want to stop from giving birth. I told him three years. The man mixed herbs in a small calabash and give me to drink. I drank the medicine and didn't give birth for three year thereafter, I went back and he gives me the medicine that I can conceive. I drank the medicine and I conceived and give birth to a boy. The medicine is very effective. And in this community that is the most use method women are practicing. The method has no said effect. One of the women even said: the medicine even makes her fat, shining and beautiful. Another woman also said: the medicine make me active and sound. Another woman who previously used modern and traditional method said: when I was using modern family planning I experience stomach pains and that make me to stop using it. I use this traditional method without experiencing any side effect. I therefore prefer using this traditional medicine for child spacing and birth control (FGD, 2019).

In another FGD session the discussant averred that:

One of the women said:

I went to a traditional medicine practitioner (woman but name not relevance), I told her I want to stop child bearing. She mixed the herbs and give me to drink. I drank it. She gave me

some condition that I should not eat Furum (local water melon) to make the medicine effective. But any time I want to get pregnant, I should eat it. I abide by the instruction and I did not get pregnant for five years. When I wanted to conceived, I ate the "Furum" and became pregnant again. She said: the medicine was very effective. To be frank, I have never experience any side effect (FGD, 2019).

In the e third interview session one of the respondent also said:

I am aware of the traditional family planning and I have used it to prevent pregnancy. According to her, she consulted a traditional herbal man to give her medicine that can prevent her from getting pregnant. The man mixed herbs in a molded pot and give me to take it home with instruction to be follow. I then took it home, boiled it and drank for three days which was the number of years I wanted to rest as he instructed. I did not give birth for three years. She said with a smile that: after three years I followed the instruction and I conceived again and give birth to a baby boy, look at him playing there. She further said: I have not experience any side effect after taking the medicine (FGD, 2019)

The respondent in the fourth FGD with women, one of the women said:

I know of the existence of the traditional family planning and I have used it to stop child bearing. According to her, she has ten children and she visited a traditional herbal man to give her medicine that can stop her from giving birth again. She said: The man gave me powder herbs on my right hand side and asked me to lick. I licked it as he instructed. He then give me on my left hand side and asked me to lick, I repeated the same. The medicine was so effective and since then I have never get pregnant since then. In response to the side effect of the medicine she answered: I have not identified ant side effect of the medicine (FGD, 2019).

Table 3: Reason for the use of traditional family planning

option	percent	frequency
it is cheaper	30	7.8
it has no side effect	256	66.1
side effect of modern method	79	20.4
my husband insisted on traditional method	10	2.6
it is more accessible and available	22	5.7
Total	387	100.0

Source: field work, 2019

The data in the table concerning the reason for the use of the method shows that majority of the respondents 66.1% (256) use it because it has no side effect, 20.4 % (79) prefer this method because of the side effect of the modern method, 7.8 % (30) use it because it was cheaper, 5.7% (22) said they used

the method because it was more accessible and their husband insisted on it respectively.

In the Fifth session during FGD: The women were asked if they have ever use family planning and they said: Yes, we have use, and one of the women said:

I even use both the hospital before but because of the side effect, I decided to use the traditional method that my husband directed me to use. According to her, she consulted a traditional herbal woman and she asked me what my favourite vegetable is? I told her my favourite vegetable is Aswer (sorrel). She then prepared “Aswer” (sorrel) and gave me to eat. I ate it and said to me: this is your last time of eating “Aswer”, any time u eat it, you will be pregnant immediately, and as long as I don’t ate it, I will never conceive. I followed the instruction and my demand was effective up till now. She also said: the medicine has no side effect in any way, and I far prefer it to the so called hospital method of family planning, that has many side effect (FGD, 2019)

Table 4: effectiveness of traditional family planning

		Frequency	Percent
how effective is the traditional family planning method			
	not effective	69	17.8
	effective	111	28.7
	very effective	209	54.0
	Total	387	100.0
Do you experience any side effect of traditional family planning?			
	no	325	84.0
	yes	60	16.0
	Total	387	100.0

Source: Field work, 2019

The table shows the perceive effectiveness of traditional family planning method shows that majority of the respondents 82.7% (320) said the method is effective and very effective jointly, while 17.8 % (67) said that it is not effective. The evidence as presented in the table shows that the respondents did not experience any side effect.

Table 5: correlation between Educational qualification and the use of traditional family planning

		When did you start using traditional family planning?		value	Asymp . Std. Error ^a	Approx. Sig.
		after modern method of family planning failed	first time I want to prevent pregnancy			
educational qualification	non-formal	12	84	.189	.093	.056
	primary	52	49			

	secondary	74	62			
	post secondary	40	14			
	Total	178	209			

The table test the hypothesis using Pearson correlation. The result shows a significant influence of the educational qualification and when women use traditional family planning in Kwande local government of Benue state, Nigeria. This is because the significance value .056 < than calculated value .189. As evident in the table, women of different educational qualification utilises traditional family planning method. In addition, it can be infer that more educated women utilised traditional family planning methods after the modern method failed, while less educated women use traditional family planning as their first attempt.

IV. DISCUSSION OF THE FINDINGS

The finding of the study revealed the traditional family planning method has been utilised by the women of child bearing age in the area. The study revealed that the common types of traditional family planning used by the women are the herbal preparation and the charm. It is evident in the study that majority of the respondents 32.3% (125) used herbal preparation, 22.2% (86) used charm. This study aligned with the one carried out by Alaka (2011), Olugbenga (2011), Clémentine Rossier and Jacqueline Hellen (2012) who in their various study identified herbal preparation and charm as traditional family planning methods.

The study also found in respect to the reason for the use of the traditional family planning method that majority of the women 66.1% (256) utilised this method because it has no side effect, 20.4 % (79) prefer this method because of the side effect experienced with the modern method. The finding is in tandem with the study by Ayyuba and Asma’u (2018), Etokiden; Ndifon; Etowa and Asuquo (2019) who found that the traditional family planning has no side effect, and the the side effect experience with the modern method scare women from utilising the method. Other reasons attributed with the use of this method include it accessibility, availability and cheaper. This also tallies with the finding of Etokiden; Ndifon; Etowa and Asuquo (2019) who also identified accessibility and availability of the traditional family planning method in the rural area.

The finding of the perceive effectiveness of the traditional family planning method shows that majority of the respondents 82.7% (320) said the method is effective and very effective jointly, while 17.3 % (67) said that it is not effective. This implies that the effectiveness of the method influence women to patronize the traditional family planning method in Kwande local government. The study corresponded with that of Olugbenga-Bello, Abodunrin, Adeomi (2011), Etokiden; Ndifon; Etowa and Asuquo (2019), Alaka Malwade Basu (2011), who also found that the traditional family planning

method was effective among the rural women and that make them to utilised it.

The study found in the test the hypothesis using Pearson correlation that there is a significant influence of educational qualification and when women use of traditional family planning in Kwande local government of Benue state, Nigeria. As evident in the study women of different educational qualification utilises and effectively practice traditional family planning method in area. This finding differs with the one of Anthony Idowu; Oladele, and Wilson Akpan (2018), Etokiden; Ndifon; Etowa and Asuquo (2019), Ayyuba and Asma'u (2018) among others who found that traditional family planning method was mostly utilized by the women with non-formal or lower educational qualification. It can be inferred that women of different categories of educational attainment utilized traditional family planning in Kwande local government of Benue state, Nigeria.

V. CONCLUSION AND RECOMMENDATIONS

The study indicates that the Knowledge, Attitudes and Utilization of Traditional family planning among Rural Women in Kwande LGA is at increase. This means that many of them use herbal medicine from the community herbal doctor for birth control. The study revealed that the women get jittery and afraid with the side effect experienced in the use of modern method of family planning and therefore cling to the alternative method. It has been discovered that belief on the side effect of the modern method scare women from using it, hence the traditional method they belief in is the best method they prefer.

VI. RECOMMENDATIONS

Arising from the above, it is recommended that:

1. The government and non- governmental organization should intensify their enlightenment campaign to rural women on the best practices of family planning method.
2. More research should sponsor by government or Non- governmental organization to ascertain the effectiveness of traditional family planning for effective policy and complementation.
3. If the traditional family planning method is found to be effective, it should be incorporated into orthodox medical care for effective health service delivery.

AUTHORS' CONTRIBUTIONS

This work was carried out in collaboration between all authors. Author Iorkosu, T.S wrote both the first and second draft of the manuscript, while author Alugwa, E.D designed the study and managed the literature searches. Author Anum, O.J and Dooior D.T collected the data from the respondents and analysis. All authors read and approved the final manuscript.

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