



Contents lists available at BioMedSciDirect Publications

International Journal of Biological & Medical Research

Journal homepage: www.biomedscidirect.com



Original Article

The practice of traditional family planning among rural kanuri communities of northeastern Nigeria

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ARTICLE INFO

Keywords:

Contraception
Traditional family planning
Beliefs
Couples
Africa

ABSTRACT

Background: Sub-Saharan Africa has one of the highest fertility rates in the world, which is promoted by the low utilization of modern contraceptive methods. Yet, many communities have traditional methods of family planning that pre-date the introduction of modern contraceptives. Objective: To obtain the extent of knowledge about traditional family planning methods practices among the Kanuri tribe and reasons for using the traditional methods as opposed to modern methods. Methods: The study applied the qualitative research method. In-depth interviews and Focus Group Discussions were used as data collection methods. Analysis was done using Open Code Version 2.1 computer software. Results: Children are highly valued and desired irrespective of their sex among the Kanuri tribe. However, it is an abomination among Kanuri women to have closely repeated pregnancies; a phenomenon they termed *konkomi*. Other reasons for child spacing are related to child welfare and maternal well-being. Methods for child spacing include prolonged breastfeeding (*Nganji Yaye*), ornaments in various forms and shapes, spiritual invocations and dried herbs (*Nganji Yandeye*). Few Kanuri women practice modern method of family planning. Some reasons given by women for not using modern contraceptives were those of husbands' opposition, fear of delay in return to fertility and damage to the reproductive systems. Conclusion: There is the need for government and development partners to extensively engage the tribe by community enlightenment and sensitization to accept the modern contraceptives; which is more effective, safe and reliable. There is also the need to conduct research on some of the herbs for their possible active ingredients and use as a modern contraceptive.

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1. Introduction

In Africa, ideological tradition exalts the need for many children to increase family's prestige in the community, reinforce tribal lineage, provide source of labor and social security in old age. Also most Africans generally avow to have "as many children as God provides," an attitude that translates into a fertility rate of over six (6) children per woman. [1] However, deeper insight into African

culture demonstrates that African parents never accept all of the pregnancies provided "by God." This is demonstrated by lower fertility rates than what they should be without the practice of family planning.

Family planning can be defined as a way of living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision-making by individuals or couples in order to pin the number, timing and spacing of the children that they want, so as to promote the health and welfare of the family group, and contribute to the advancement of the society. [2] Basically, there are two major methods of family planning-the traditional and modern methods. Attempts to control increase in population

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started from the early men. Evidence from medical history indicates that our forefathers did space their children through traditional means, and it has been observed that traditional methods of family planning had been handed down either verbally or in writing from generation to generation as far back as the Stone Age. [3] Therefore, family planning is as old as man himself.

Before the introduction of modern methods, Africans had methods of fertility regulation. Nigerian culture includes many myths, rituals and the use of herbs in attempts to regulate women's fertility. Although many of these traditional methods of family planning have no harmful effects on a woman's health, some however, do have dangerous or counterproductive effects. [4] In addition, the complete effectiveness of many of the traditional methods has remain doubtful. [4]

The Kanuri tribe is found in the Lake Chad basin occupying areas in Nigeria, Republic of Chad and the Republic of Niger. However, the greater number of the tribe lives in Borno state of Nigeria. Kanuri men are polygamous and can marry up to four wives in order to form large families. Children are highly valued and desired irrespective of their gender as both sexes fill a very crucial gap in the social and cultural life of a Kanuri family. Like in many African tribes, the desire to have many children is not directly translated to welcoming all births in close succession. However, contraceptive use prevalence is very low in the area generally; with only 6.5 percent of married women using any contraceptive method. [5]

It was therefore postulated that the study population would have a high level of awareness of traditional methods of family planning. We aimed to obtain an insight into the extent of knowledge about their traditional family planning methods practices and reasons for using the traditional methods as opposed to modern methods; this would serve as a guide to program planning and implementation for general acceptance of modern contraception as a way of life

2. Materials and Methods

A qualitative study using key informants interviews and Focus Group Discussions (FGD) were conducted from December 2007 to June 2008 in three local government areas of Borno state, Nigeria. Key informants were recruited using heterogeneous and snowball sampling techniques. Interviews were made in Kanuri language and tape-recorded. Tape-recorded interviews were later transcribed word for word. A contact summary note was written for each interview to summarize each encounter and to look for saturation and gaps. The interview and contact summary notes

2.1. Study areas

The Kanuri tribe is found in the Lake Chad basin and the greater number of the tribe lives in Borno state of Nigeria. Borno state covers an area of 69,436 sq kilometers and the population of the state was 4,151,193 - (64.37% rural populace - 35.63% urban

populace). [6] The major languages spoken in the area include Kanuri and Hausa, while English is the official language of communication. Predominantly the inhabitants are Muslims.

Available statistics show that the reproductive health situations in this area are the worst compared to any part of Nigeria. [7] The Crude birth rate was 43.60 per 1,000, gross fertility rate 183 per 1,000 and maternal mortality ratio of 1,549 per 100,000 live births. [7] The National HIV/AIDS and Reproductive Health Survey (NARHS) of 2003 found only 2% of women in this region using modern contraceptive. [8]

For the purpose of this study, Jere, Nganzai and Monguno Local Government Areas (LGAs) were selected by the team of researchers out of the eight local governments inhabited predominantly by the Kanuri in Borno state. The selection was purposively with approval from the state Ministry for local government and chieftaincy affairs.

2.2. Study design

This was a cross-sectional descriptive study. In this regard, multiple target groups were targeted in order to triangulate research findings and FGD as well as key informant interviews were conducted. In all, two different types of instruments were administered in each of the three local government areas selected. In each local government area two communities were randomly selected based on population, remoteness and high concentration of Kanuri people. In each of the six communities FGD and key informants interviews were conducted. The FGD targeted male and female youth between the ages of 15 – 35 years and members of community based organizations or non-governmental organizations, while the key informants' interview targeted Community stakeholders e.g. Religious leaders/teachers, traditional leaders, the wives of the traditional leaders, medical personnel, women leaders and community development officers in the LGA. In each of the communities, the FGD consisted of five people as follows

- 1) FGD with five (5) men (ages between 15 and 35 years).
- 2) FGD with five (5) women (ages between 15 and 35 years).
- 3) FGD with five (5) male members of civil society organizations.
- 4) FGD with five (5) female members of civil society organizations.
- 5) Five (5) key informant interviews with male community stakeholders.
- 6) Five (5) key informant interviews with female community stakeholders.

In order to avoid gender bias in responses, the interviewers were of the same sex with the respondents. Privacy was guaranteed by conducting the interviews either in separate

classrooms or under the trees in quiet locations free from diversions. Verbal informed consent was received from each respondent after explaining the purpose of the study, that participation in it was voluntary, and that information provided will be kept confidential.

2.3. Data management

The transcribed and translated text document was entered into Open Code Version 2.1 computer software for handling qualitative data and for coding and code sorting. Codes were categorized according to the major themes of the research question. Data were reduced to get the overall sense of the data following the main themes of the study.

3. Results

3.1. Characteristics of the study population

A total of 84 interviews were conducted; with a total of 180 respondents from all the communities. Male to female ratio was 1:1. Most male respondents were polygamous. Only 38 of the respondents were educated up to secondary school level. All the respondents were Muslims

3.2. The Fertility Culture and the need to regulate

Children are highly valued and desired irrespective of their sex. The Kanuris believe that any sex of the child does not matter as it is a gift from God; and so is a blessing to the family. Having many children is considered as insurance against high child mortality that is highly prevalent in the area. The ideal family size according to most of the respondent was sixteen (16) children. A middle-aged man remarked, "I have now six children from two wives. In order to have up to 40 children I have to marry up to four wives."

The desire to have many children is not directly translated to welcoming all births in close succession. It is an abomination among Kanuri women to have closely repeated pregnancies; a phenomenon they termed *konkomi* in *kanuri* language. The Kanuris give a space of 2 – 3 years between children in order to properly raise one child before the second child is born. A middle-aged woman said, "In Kanuri culture, we do not give birth to children one over the other in a row. If I have a child this harvest season, the next child would be after another two harvest seasons. I give birth only after the last child starts to walk and play by itself". Child spacing is strongly believed to help mothers regain their strength after delivery.

The age at first marriage in the Kanuri communities was mostly at fifteen years. Widespread practice of child spacing do not allow women to have as many children as they want, but child birth to many women continued up to their late forty or even early fifty years. Only menopause and ill-health could also prevent a woman from having children.

3.3. Traditional fertility regulation methods

Kanuri mothers breastfeed their children for two or more years. Non-practice of breastfeeding is believed to cause compromised child growth, ill-health and death. The advantage of breastfeeding for the prevention of pregnancy is well perceived and utilized in Kanuri community. Prolonged breastfeeding (*Nganji Yaye*) for prevention of pregnancy is widely practiced in all the communities. Other methods for child spacing among the Kanuri women include amulets in various forms and shapes (*e.g. guru; laya etc*) which are tied to various part of the woman's body including the waist and arms, spiritual invocations (on materials like padlock). These are kept in the room or even under the bed of the couple. Other materials used included dried herbs (*Nganji Yandeye*). The dried herbs (*Nganji Yandeye*) are imported from far places as Saudi Arabia. *Nganji Yandeye* is soaked in water and drank by the woman after her menses. This according to Kanuris will prevent the woman from getting pregnant till her next menses.

Kanuri men are fully involved in traditional child spacing. In a FGD with men in one of the communities, a man confessed on how he provided traditional contraception to his wife.

Said he: "There was a time when my wife had frequent pregnancies. Then, I got one traditional child spacing medicine from Saudi Arabia (Mecca) called *NGANJI YANDEYE* in Kanuri. I put it in water and gave it to my wife to drink after her period has gone, since then she has been using it".

But coitus interruptus was mentioned by very few respondents, while other natural methods such as sexual abstinences were not mentioned at all. However it is a norm in Kanuri culture for couples to resume sexual intercourse around 40 days postpartum.

3.4. Preference to traditional family planning

Sixty three percent (63.4%) of female respondents practice traditional family planning. Few female respondents practice modern methods of family planning. The reasons given by women were those of husbands' opposition, fear of delay in return to fertility, damage to the reproductive systems (especially the uterus) and some believe that modern contraception was introduced to reduce the population of Muslim nations. The key informants viewed the low patronage to modern contraceptives to illiteracy, poor attitude of health workers and some side effects

4. Discussions

The Kanuri tribe is polygamous as in many African communities and one of the reasons for polygamy is to have many children. Teenage marriage is common amongst the Kanuri ethnic group. The age at first marriage for most Kanuri women is fifteen years. This is an early age of marriage compared to the Nigerian national median age of marriage, which is around 17.0 years for

women. [9] The reasons behind early marriage according to other studies in the region include to avoid bringing 'shame' to the family in the form of unwanted pregnancy, [10] to reduce adultery, prevent pre-marital sex, to allow them grow in their marital homes, already matured and Islam permits. [11]

The desire to have many children is not directly translated to welcoming all births in close succession. Widespread practices of spacing do not allow women to have as many children as they want. Traditionally the Kanuri women practice child spacing in the way other women in tropical Africa do. [4] This study has identified various factors that restrict the Kanuri couples from having the number of children they always desired. These factors include concern for child welfare especially related to child feeding practices as it has been the case in Ethiopia and Bangladesh, [12, 13] concern about the deterioration of maternal health due to closely spaced births as in Ethiopia and Bangladesh [14] and cultural believe that successive and frequent pregnancies (*komkomi*) leads to early death of the lactating baby or the mother or both of them.

Kanuri couples widely practice traditional contraception methods to prevent pregnancy in ways similar to the tribal societies of India. [15] Prolonged breastfeeding, *Ngaji yaye* as branded among the Kanuris, is a factor that accounts for long birth intervals in tropical Africa. [16] This method of contraceptive is more reliable and efficient than the more conservative less reliable methods like the ornaments (*guru; laya etc*), spiritual invocations (*on things like Padlock*) and dried herbs. However, the *Nganji Yandeye*, dried herbs imported from Saudi Arabia might contain some active contraceptive ingredients but there is the need to identify and purify such active ingredients.

5. Conclusion

In conclusion, this study has found and documented that traditional family planning is common among the Kanuri tribe, the most patronized traditional methods of family planning and reasons why they dislike the modern contraceptives. Consequently, there is the need for government and development partners to extensively engage the communities by community enlightenment and sensitization to accept the modern contraceptives. There is also the need to have a comprehensive research on some of the herbs such as the *Nganji Yandeye* for their possible active ingredients and use as a modern contraceptive.

Acknowledgement

This study has been sponsored by Development Research and Project Center (dRPC), Kano Nigeria, and therefore we are very grateful to Dr Yahaya Hashim (PhD) and Dr Judith-Ann Walker (PhD) for not only the financial support but also the initial conception of the idea and the technical advice offered for the success of the work. We are also grateful to Barr. Lawan Mustapha, Hajja Gana Ali, Abba Sidi Jidda and Zainab Mohammed Adam for dedicating their valuable times in organizing the focus group discussions and collecting other data.

Conflict of interest: No conflict of interest

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