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Original Research Article

Use of Birth Control Measures in Reducing Manday Losses of Rural Women in Fishing Communities of Lagos State, Nigeria

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Abstract: Good health is an asset to fisheries sector, as healthy people are more productive than people with health challenge. Fisheries contribute to rural women economic empowerment through income generation in the fishing communities. However, the productive capacity of the fish processors is threatened by multiple births and maternal mortality. Hence, this study was carried out to assess the use of birth control measures in reducing manday losses among rural women in the fishing communities of Lagos State, Nigeria. Purpose and simple random sampling technique were used to select three hundred and thirty-one respondents in the coastal areas. Data were analysed with chi-square and linear regression analysis. Results of the study showed that most of the respondents (70.1%) did not use traditional, natural and modern methods of birth control measures. But, it was reported that manday losses reduced to less than 30 days from 41 days after use of Birth Control Measures. Linear regression showed that significant relationship existed between use of birth control measures and manday losses at 1% level of significance ($\beta = 0.37$, $p = 0.01$) at $p < 0.05$ level of significance. Also, there is significant relationship between challenges to birth control measures and manday losses ($\chi^2 = 23.46$, $df = 4$, $p = 0.01$) at $p < 0.05$ level of significance. It is recommended that sensitization on the benefits of birth control measures should be continuously carried out by Health Care Providers, Extension agents and media.

Keywords: use, birth control measures, manday losses, rural women, fishing communities.

INTRODUCTION

Women are the back bone of the development of rural and national economies such that 80% of the agricultural production comes from rural women; they are the major producers of food, earners of household income, custodians of knowledge and contributing close to 70% of agricultural workforce. Women have always been active economic agents (African Development Bank Group, 2015). They are active at the home front, in trade, in technical service delivery, agriculture and agro allied services, artisanship and every areas of human endeavour. (Enete and Amusa, 2010; Phumaphi, 2011; and African Development Bank Group, 2015) attested to the contributions of women to agriculture development in Africa. Women play pivotal role in sustainable development in rural communities (Ugboma, 2014). In many African countries, women are increasingly breaking the traditional barrier of being a 'full housewives' and they are taking up the roles of breadwinners that had traditionally been the domain of the menfolk. In the coastal areas of African, women are predominantly engaged in artisanal fish processing. FAO (2008) estimated that over 60 percent of the fish supply to domestic and regional markets, as well as export-oriented processing units, is of artisanal origin. Small-scale fish processing support approximately 84 million people employed in jobs associated with fish processing, distribution and marketing. FAO (2010) reported that fisheries make an important contribution to the animal protein supplies of many communities in both the industrialized and developing world. Despite the socio-economic roles of women in agricultural development and in particular artisanal fish processing, their reproductive health has not been given much attention. Researchers have also not conducted empirical studies in this regard. Meanwhile, women in the rural areas of African countries have always been encouraged to have many children leading to deterioration of women's health and over population of the continent. Sub-Saharan Africa countries including

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Nigeria have been projected to have the highest proportion of population growth due to high rate of fertility (Nettey *et al.*, 2015). Nigeria cannot oppose population control to ensure healthy living of her citizenry. Mothers, who mostly bear the brunt of unplanned maternity in terms of damaged health and even death need to be given due consideration. The country has one of the highest mortality rates in the world (NPC, 2010). Okemakinde, Adewuyi and Alabi (2013) stated that the importance of birth control practices prompted government of Nigeria to establish the National Policy on Population Control which targeted at improving the standards of living and the quality of life of the people in the country. The policy focuses at preventing premature death and illness among vulnerable groups of mothers; achieving an effective child spacing through reduction of birth rates using birth control measures that are compatible with the attainment of economic and social goals of the nation. Sensitization and campaigns on the use of birth control measures have now become a necessity to improve rural women reproductive health and productivity. Birth control would have significant effect on these factors and thus a good policy option. Though Nigeria government has been intensifying efforts on family planning campaign in the urban areas, similar considerations have not been given to the artisanal fish processors in the remote coastal areas of the country. Consequently, birth control practices have been very low in the affected areas which have led to the increasing cases of illness, manday losses and maternal deaths. The need to promote good reproductive health of women is based on the truism that good health would reduce manday losses and increase women productivity. It is against this background that this study examined the use of birth control measures in reducing manday losses among rural women in the fishing communities of Lagos State, Nigeria.

Objectives of the Study

The broad objective of this study is to assess the use of birth control measures in reducing manday losses of rural women in the fishing communities of Lagos State, Nigeria while the specific objectives are to:

- describe the socio-economic characteristics of fish processors in the study area;
- examine the use of various birth control measures in the study area;
- estimate the manday losses before and after the use of birth control measures among the fish processors in the study area;
- identify challenges to the use of birth control measures among the fish processors in the study area.

Hypotheses of the Study

The following hypotheses were stated in null forms:

- H_{01}: There is no significant relationship between the use of birth control measures and manday losses of artisanal women fish processors in the study area.
- H_{02}: There is no significant relationship between challenges to birth control measures and manday losses in the study area.

RESEARCH METHODOLOGY

Description of the Study Area

This study was conducted in Lagos State, Nigeria because of its riverine nature and the fishing activities in the coastal areas. There are twenty Local Government Areas (LGAs) and 57 Local Council Development Areas (LCDAs) in Lagos State. The state was created on May 27th, 1967, and was the capital of Nigeria until 1976. It is referred to as the 'Centre of Excellence'. The state covered a total of 3,939km^2 of land. It spans the Guinea coast of the Atlantic Ocean for over 180km, from the Republic of Benin on the west to its boundary with Ogun State in the east. It extends approximately from latitude $6^0$2North to $6^0$4 North and from longitude 2^0 45 East. Of it is about 787sq. Km and 22 per cent is water.

Sampling Procedure and Sample Size

The study population was artisanal women fish processors in Lagos State, Nigeria. Both purposive and simple random sampling techniques were used to select respondents for the study.

In the first stage, two zones out of three geographical zones in Lagos State were purposively selected based on the coastal nature of the areas. These are Far-East and West zones. In the second stage 5 major blocks in the two selected zones were purposively selected. These are Badagry, Epe-Eredo, Ilaje, Magbon, and Ajah. The third stage followed selection used by Ogbonna *et al.*, (2017). Two fishing communities from each of the selected blocks were randomly selected to make 10 fishing communities. The communities selected are Ilaje, Gberefu, Ilaje, Kofigame Ebute Chief, Epe, Badagry, Ifolu, Akodo, and Oniyanrin. Final stage involved proportional selection of 14% fish processors from each of the selected fishing communities to arrive at 331 respondents for this study.

Table 1: Sampling technique and sample size

State	Zones	Coastal areas	Fishing Communities	Population of fish processors	14% selected fish processors
Lagos	Far Eastern	Magbon	Ifolu	249	35
			Akodo	230	33
		Ajah	Oniyanrin	228	30
			Ilaje	256	36
		Epe-Eredo	Epe	235	34
			Ebute-Chief	246	35
	Western	Badagry	Badagry	238	31
			Gberefu	180	38
		Ilaje	Ilaje 1 &2	244	34
			Kofigame	250	35
Total	**2**	**5**	**10**	**2,356**	**331**

Source: Federal Department of Fisheries, Lagos (2015) cited in Ogbonna *et al.*, (2017)

Validity and Reliability Test

This study used primary data which were collected through the administration of structured interview guide to the artisanal fish processors using face to face method. The instrument was subjected to validity and reliability test. The instrument for data collection was validated using face and content validity with the help of experts in the field of agricultural extension and reproductive health. This ensured appreciable coverage of the objectives in the study. The reliability of the research instrument was tested using test re-test method in order to determine if the instrument was consistent with its measure. In addition, reliability coefficient of the instrument was estimated through Pearson Product Moment Correlation (PPMC). The reliability coefficient was 0.85, and the instrument is adjudged to be reliable for the research work.

Measurement of Variables and Data Analysis

Socio-economic variables measured at ratio level are age of the respondents, number of children, monthly income, years of experience in fish processing while educational status, marital status, and family type were nominally measured. Awareness of BCM was measured as Aware (1) and Not aware (0) but use of BCM was measured on a 3-point rating scale of Always used (3), Sometimes used (2), and Never used (1). Also, manday losses were measured as number of days the respondents absent at work. Challenges were conceptualized as serious constraint (3), minor constraint (2) and not a constraint (1) and ranked based on the degree of severity. Descriptive statistics, chi-square and regression analysis were used for the objectives and hypotheses.

RESULTS AND DISCUSSION OF THE FINDINGS

Description of Socio-economic characteristics of the respondents

From the results in Table 2, it was found that highest proportion (48%) of the respondents were above 41 years of age followed by 31.4% in the age range of 31 – 40 years and 16.9% were 21 – 30 years. But, very few (3.6%) were not up to 20 years old. The mean age was 40.1 years. This finding is an indication that the respondents are still in the child-bearing age bracket. According to the findings of Ahmed-Adamu (2012) in a study conducted in Kaduna State, Nigeria most women in age bracket 20 – 39 years are in active reproductive stage. The results showed that 63.7% and 15.7% of the respondents had primary and secondary education respectively which indicates the respondents can read and write. Education promotes *awareness, adoption and full use of contraceptives Sub-Saharan African (SSA) countries. This is in line with the position of Anaman and Okai, (2016) that women with sound education have knowledge of birth control methods and ways to access them compare to women with less education.* About 20.5% did not have formal education. Moreover, 88.8% of the respondents were married and the remaining (11.2%) were separated. Findings of Oyediran *et al.,* (2016) in the coastal areas of Lagos State, Nigeria have revealed that majority (79.2%) of fish processors are married. According to *Omoare et al., (2015)* and Oyediran *et al.,* (2016) some level of responsibilities are conferred on married people such as provision of food, clothing and housing. More than half (53.5%) were Christians, 42.6% were practicing Islam and 3.9% were into traditional religion practice. This shows the dominance of Christians' faithful in the study areas. Going by these findings, the religion practice would affect the decision of respondents to use birth control measures since all religion bodies oppose the use of birth control measures. In the holy Bible, "God instructed man in the Book of Genesis that 'man should go and replenish the earth". On this premise, the priests preach against birth control measures. In corroboration of this report, Ahmed-Adamu (2012) found out that Muslim women in rural part of Northern Nigeria reject family planning on religion ground. So also, 29% had spent 11 – 15 years in fish processing, 35% had spent 16 – 20 years and 12.4% had spent more than 21 years. The average year of experience was 16.06 years. This finding shows that the respondents are not new in fish processing going by their years of experience. Year of experience is a key determinant of success in fish business sector (Omoare *et al.,* 2015). Results further showed that close to sixty percent (59.8%) were from nuclear family, 35.6% were polygamy; and 4.5% were extended family. Economic hardship, education and civilization have made people in the rural areas of

Nigeria to adopt nuclear family system unlike in the olden days when polygamy prevailed. Though women from polygamy are not likely to use birth control measures because they want to have as many as possible children their counterparts in the nuclear family would adopt birth control measures with ease. These findings are in consistence with previous findings of Ahmed-Adamu (2012) that most polygamous family goes against the use of birth control measures in Nigeria. Also, results in Table 2 showed that the mean number of children was 4. Majority (63.4%) of the respondents had less than 4 children and 36.6% had 5 – 9 children. The number of children is not too large going by the 1988/89 recommendation of 4 children per family by the Federal Government of Nigeria. It is a custom in the rural areas of Nigeria for a family to have many children because the number of children shows the strength of a family. This position is supported by Oyediran (2017) that large family provides cheap labour for agricultural production and that household size is an important index in any rural development intervention.

Table 2: Socio-economic characteristics of the respondents (n = 331)

Socio-economic variables	Frequency	Percentages	Mean	Std. Dev.
Age (years)				
Less than or equal to 20	12	3.6		
21 – 30	56	16.9		
31 – 40	104	31.4	40.1	9.91
41 and above	159	48.0		
Educational attainment				
No formal education	68	20.5		
Primary education	211	63.7		
Secondary education	52	15.7		
Marital status				
Married	294	88.8		
Separated	37	11.2		
Religion				
Islam	141	42.6		
Christianity	177	53.5		
Traditional practice	13	3.9		
Fishing experience (years)				
Less than 10	78	23.6		
11 – 15	96	29.0		
16 – 20	116	35.0	16.06	7.04
21 and above	41	12.4		
Family type				
Nuclear	198	59.8		
Extended	15	4.5		
Polygamy	118	35.6		
Number of children				
Less than 4	210	63.4	4	2
5 – 9	121	36.6		

Source: Field Survey, 2018; Std. Dev. = Standard Deviation

Use of Birth Control Measures (BCM)

Results on the use of birth control measures were presented in Table 3 which showed that many of the respondents never used herbs (40.2%), amulet (51.7%), waist band (73.7%), incision (65.3%), concoction (73.7%), concocted ring (45%) and hung bottled concoction (78.9%) as a birth control measure. The implication is that fish processors did not use traditional methods because of its low efficacy. This finding supports report of Gaur *et al.*,., (2008) that traditional methods have been associated with high failure rates and many rural women are reportedly reluctant to accept any traditional method. Results further showed that natural birth control measures were never used for Basal Body temperature (86.4%), Cervical Mucus Membrane (95.2%) and Breast Feeding (78.2%). But, Safe period (45.9%) and Withdrawal method (54.7%) were sometimes used by the respondents. This finding is an indication of low use of natural birth control measures in the study areas. Previous findings of Olugbenga-Bello *et al.*, (2011) revealed low use of natural birth control measures among women in rural communities of southwest, Nigeria. In a similar vein, the use of modern (hormonal) birth control measures revealed that about fifty percent of the respondents always used Combined Oral Contraceptives (49.8%) and Injectable Contraceptives (44.4%). These results revealed high utilization of Combined Oral Contraceptives and Injectable Contraceptives. This finding is an indication that pills

and injectable were the common methods of modern contraceptives used in the study area. Contraceptives implants (57.1%), Contraceptives ring (100%) and skin patches (87.6%) were never used in the study areas. Report of United State Agency for International Development (2009) has shown that Contraceptive use is low among women of reproductive age in Nigeria. Results showed that almost all the respondents never used Intra-uterine contraceptives (IUCDs) (84.9%), and Copper T shaped IUD (paraGard) (100%). So also, none of the respondents used Hormonal IUD (mirena) (100%), Tubal Ligation (female sterilization) (100%), and Tubal Implants (100%). The implication is that fish processors did not support the use of Intra-uterine contraceptives and voluntary surgical contraception method in the study areas. Ahmed-Adamu, (2012) stated that women oppose the use of modern contraceptives because of the report of side effects on users, such as sterility, cancer, high blood pressure, weight gain or loss, or fear of untimely death. Paradoxically, 70.1% of the respondents always used condoms. On the other hand 98.2% never used Cervical caps, 97% never used Diaphragms, and 96.4% never used Spermicides (foam jelly, foaming tab, and sponge). It can be inferred from these findings that most of the respondents did not use traditional, natural and modern methods of birth control measures. Izugbara *et al.*, 2009) and Nyengidiki and Allagoa (2011) have reported low utilization of family planning in Nigeria. Medical experts, community health officers and extension agents should enlighten the fish processors on the advantages of the modern birth control measures.

Table 3: Distribution according to the use of birth control measures (n = 331)

Types of Birth Control Measures	**Level of Use (Total)**				
	Always Used	**Sometimes Used**	**Never Used**	**Mean**	**Std.Dev.**
Traditional Method	**F(%)**	**F(%)**	**F(%)**		
Use of Herbs (powdered)	121(36.6)	77(23.3)	133(40.2)	1.29	0.66
Amulet (ifunpa)	70(21.1)	90(27.2)	171(51.7)	1.02	0.16
Waist Band (igbadi)	69(20.8)	18(5.4)	244(73.7)	1.07	0.31
Incision (gbere)	68(20.5)	47(14.2)	216(65.3)	1.06	0.26
Concoction (aseje)	58(17.5)	29(8.8)	244(73.7)	1.06	0.30
Concocted ring(oruka ere)	105(31.7)	77(23.3)	149(45.0)	1.09	0.40
Hung Bottled concoction(agbeko)	40(12.1)	30(9.1)	261(78.9)	1.02	0.14
Natural Method					
Basal Body temperature (BBT)	34(10.3)	11(3.3)	286(86.4)	1.06	0.30
Cervical Mucus Membrane	05(1.5)	11(3.3)	315(95.2)	1.11	0.37
Safe Period (rhythm method)	138(41.7)	152(45.9)	41(12.4)	1.75	0.83
Breast Feeding (amenorrhea method)	15(4.5)	57(17.2)	259(78.2)	1.22	0.48
Withdrawal method (coitus interruption)	48(14.5)	181(54.7)	102(30.8)	1.69	0.77
Modern Methods					
Hormonal					
Combined Oral Contraceptives e.g ordinary piles, emergency contraceptives.	165(49.8)	10(3.0)	156(47.1)	1.71	0.90
Injectable Contraceptives	147(44.4)	56(16.9)	128(38.7)	1.82	0.93
Contraceptives implants, (implanon)	59(17.8)	83(25.1)	189(57.1)	1.27	0.65
Contraceptives Ring (nuva ring)	0(0.0)	0(0.0)	331(100.0)	1.22	0.60
Skin Patch	0(0.0)	41(12.4)	290(87.6)	1.14	0.47
Intra-uterine contraceptives (IUCDs)					
Copper T shaped IUD (paraGard)	0(0.0)	50(15.1)	281(84.9)	1.22	0.60
Hormonal IUD (mirena)	0(0.0)	0(0.0)	331(100.0)	1.01	0.16
Voluntary surgical contraception					
Vasectomy (Male sterilization)	0(0.0)	0(0.0)	331(100.0)	1.01	0.13
Tubal Ligation (female sterilization)	0(0.0)	0(0.0)	331(100.0)	1.00	0.09
Tubal Implants	0(0.0)	0(0.0)	331(100.0)	1.08	0.33
Barrier Method of contraception					
Condoms (male and female)	232(70.1)	70(21.1)	29(8.8)	1.88	0.89
Cervical caps	0(0.0)	06(0.0)	325(98.2)	1.07	0.33
Diaphragms	0(0.0)	10(3.0)	321(97.0)	1.03	0.22
Spermicides (foam jelly, foaming tab, sponge)	0(0.0)	12(3.6)	319(96.4)	1.02	0.16

Source: Field Survey, 2018. Std. Dev. = standard deviation; *multiple responses recorded
Figures in parenthesis are percentages; ≥ 2 = High level of utilization, < 2 = Low level of utilization

Effects of Birth Control on Manday Losses

Results in Table 4 revealed that most (91.8%) of the respondents recorded more than 41 manday losses before the introduction of Birth Control Measures (BCM). On the opposite, all (100%) the respondents maintained that manday losses reduced to less than 30 days after use of Birth Control Measures. It implies that manday loss was very high before the use of Birth Control Measures compared to after the use of Birth Control Measures. These findings could be attributed to the lesser frequency of carrying pregnancy and reduced abortion/burden of raising many children which allows for improved reproductive health and productivity of the fish processors in the study area.

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Table 4: Effects of birth control on manday loss (n = 331)

Effect of BCM	**Before use of BCM**	**After use of BCM**
Manday losses	**F(%)**	**F(%)**
Less than 30	13(3.9)	313(100.0)
31 – 40	14(4.2)	0(0.0)
41 and above	304 (91.8)	0(0.0)

Source: Field Survey, 2018. Values in parenthesis are in percentages

Challenges to the Use of Birth Control Measures

Results in Table 5 showed that the most serious constraint was fear of side effect (83.7%). This finding is supported by Asekun-Olarinmoye *et al.*, (2013) that fear of side effects affects the use of birth control measures in Nigeria. Meanwhile, more than eighty percent of the respondents indicated that sexually inactive due to contraceptive use (98.2%), inadequate availability of contraceptives (94.6%), indiscipline in following prescriptions (87.3%), indiscipline in sexual relationship (86.7%), and non-qualified personnel recommending birth control measures (84.6%) were minor constraints. Also, 71% and 44.7% of the respondents described lack of funds to purchase and religious belief as minor constraints respectively. The implication is that fear of side effect is major barrier to the use of birth control measures among the fish processors in the study areas.

Table 5: Distribution based on Constraints militating against contraceptive use (n = 331)

Constraints	**Serious Constraint**	**Minor Constraint**	**Not a Constraint**	**Rank**
Indiscipline in following prescriptions	0(0.0)	289(87.3)	42(12.7)	4th
Indiscipline in sexual relationship	0(0.0)	287(86.7)	44(13.3)	5th
Inadequate availability of contraceptives	0(0.0)	313(94.6)	18(5.4)	3rd
Non-qualified personnel recommending birth control measures	0(0.0)	280(84.6)	51(15.4)	6th
Lack of funds to purchase	36(10.9)	235(71.0)	60(18.1)	7th
Fear of side effect	277(83.7)	54(16.3)	0(0.0)	1st
Sexually inactive due to contraceptive use	0(0.0)	325(98.2)	06(1.8)	2nd
Religious belief about its use	0(0.0)	148(44.7)	183(55.3)	8th

Source: Field Survey, 2018. Values in parenthesis are in percentages

Hypotheses Testing

Test for Relationship between Use of Birth Control Measures and Manday Losses

Results of linear regression in Table 6 showed that significant relationship existed between use of birth control measures and manday losses at 1% level of significance ($\beta = 0.37$, $p = 0.01$). The implication is that for 1% increase in the use of birth control measures, manday losses will reduce by 37%. So also, the R-Square showed that 65.35% variation in manday losses was as a result of explanatory variable used in the model (use of birth control measures). The significant of F-statistic (28.50) affirmed that the null hypothesis (H_{01}) in the sample remained rejected at 1% level of significance. That is, null hypothesis that "*there is no significant relationship between the use of birth control measures and manday loss of artisanal women fish processors*" is rejected.

Table 6: Linear regression of relationship between use of birth control measures and manday losses

Variables	**Unstandardized Coefficient**		**Standardized Coefficient**	**t**	**Significance**
	β	**Std. Error**	**Beta**		
Constant	102.42	12.85		7.97	0.00
Use	21.09	7.41	0.37	2.85	0.01*
F – statistics	28.50				
R^2	61.96				
Adjusted R^2	65.35				
Prob(F-Statistics)	0.00				

Source: Field Survey, 2018; *= Significant at 0.01 level

Test of relationship between challenges to the use of Birth Control Measures and manday losses

Results of chi-square presented in Table 7 showed that there are no significant relationships between indiscipline in following prescriptions (χ^2 = 8.31, df = 4, p = 0.30), indiscipline in sexual relationship (χ^2 = 3.19, df = 4, p = 0.12), non-qualified personnel recommending birth control measures (χ^2 = 2.04, df = 4, p = 0.36), and manday losses at $p < 0.05$ level of significance. The implication is that these challenges did not pose serious barrier to the use of birth control measures and did not contribute to manday losses. On the other hand, results showed that significant relationships existed between inadequate availability of contraceptives (χ^2 = 23.46, df = 4, p = 0.01), lack of funds to purchase (χ^2 = 25.11, df = 4, p = 0.04), fear of side effect (χ^2 = 46.82, df = 4, p = 0.00), sexually inactive due to contraceptive use (χ^2 = 29.39, df = 4, p = 0.01), religious belief about its use (χ^2 = 25.02, df = 4, p = 0.01) and manday loss at $p < 0.05$ level of significance. It can be said that these challenges affected the use of birth control measures and contributed to the manday losses of the fish processors. Based on the significant of variables tested, the null hypothesis that *"there is no significant relationship between challenges to birth control measures and manday losses"* is rejected.

Table 7: Relationship between the challenges to birth control measures and manday losses

Constraints	χ^2	df	p-value	Sig.
Indiscipline in following prescriptions	8.31	4	0.30	NS
Indiscipline in sexual relationship	3.19	4	0.12	NS
Inadequate availability of contraceptives	23.46	4	0.01	S
Non-qualified personnel recommending birth control measures	2.04	4	0.36	NS
Lack of funds to purchase	25.11	4	0.04	S
Fear of side effect	46.82	4	0.00	S
Sexually inactive due to contraceptive use	29.39	4	0.01	S
Religious belief about its use	25.02	4	0.01	S

Source: Field Survey, 2018; S - Significant at $p < 0.05$ level of significance

CONCLUSION

It was established that the respondents are within child bearing age, had some level of formal education, and have lot of experience in fish processing. However, the use of traditional, natural and modern Birth Control Measures was very low among respondents. Manday losses reduced from 41 days to less than 30 days after the use of Birth Control Measures. Major challenges to the use of Birth Control Measures are fear of side effect and religious belief about its use. Linear regression revealed that use of birth control measures has significant relationship with manday losses at $p < 0.05$ level of significance. Chi-square results showed that there is significant relationship between challenges to birth control measures and manday losses at $p < 0.05$ level of significance.

RECOMMENDATIONS

Based on the findings of this study, it is hereby recommends that:

- Sensitization on the benefits of birth control measures should be continuously carried out by Health Care Providers, Extension agents and media;
- The issue of side effects should be looked into by the medical experts and come up with lasting remedies;
- Birth control measures should be made available and affordable to the rural women;
- Religion bodies should be sensitized on importance of family planning and not to discourage followers from using birth control measures.

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