

DETERMINANTS OF CHILD BEARING DECISIONS AMONG HAUSA WOMEN IN KATSINA STATE

Ilim, Moses Msughter

Amali Sulaiman

Anifat AbduRaheem

Department of Sociology
Federal University, Dutsin-Ma
Katsina State
milim@fudutsinma.edu.ng

Abstract

While the decision and ability to give birth is natural, such decision is nonetheless influenced by distinct socio-cultural barriers particularly among Hausa women in Katsina State. This study examined how access to healthcare, education levels, cultural norms, and economic opportunities shape child bearing decisions in selected households in Katsina State. A multi stage sampling techniques where cluster sampling was first used to divide Katsina State into three (3) clusters corresponding with the senatorial districts in the state and thereafter simple random sampling was used to sample 225 respondents. Data were collected quantitatively from 225 respondents using questionnaire. Quantitative techniques of data analyses were used to analyse the resultant data. Descriptive statistic was used to examine factors that influence child bearing decisions among women. Both the Statistical Package for Social Sciences (SPSS) and Chi-square were used to establish the relationship and influence of education, income level, partners' attitude on child bearing decisions in Katsina State. The findings reveal that most women in the study area are aware of the existence of varieties of modern contraceptives and majority of them have used some of the methods to control birth. Education, and level of income ranked among the main socio-demographic factors that influence child bearing decision while partners' attitude is one of the main socio-cultural factors. The result of the tested hypotheses revealed a statistically significant relationship between partners' attitudes (p-value 0.001), level of education (p-value 0.000), and women's childbearing decisions in Katsina State. The study recommends a comprehensive approach that increases access to family planning services and reproductive health education of both women and men as well as tackling of specific cultural barriers that limit reproductive choices.

Key Words: Birth control; Child bearing decisions; Cultural norms; Partners' attitude; Socio-cultural barriers

Introduction

From a biological standpoint, a woman's body is uniquely designed to carry and nurture children. Women have the reproductive organs necessary for conception, pregnancy, and childbirth. While the act of child bearing is a woman thing, the process is a complex and multifaceted experience that has been shaped by cultural, social, and biological factors throughout history. Women have played a central role in childbearing for millennia, and their experiences have been shaped by their gender, race, class, and other social identities. With the development of modern medicine and contraception, women in some Western societies have more control over their fertility and child bearing decisions. Studies have shown that their counterparts in other parts of the world lack control over their fertility and child bearing decisions owing to some socio-cultural influence (National Demographic and Health Survey 2014).

In many African societies, men are seen as the head of households and have the final say on important decisions, such as when to have children. This can mean that women have little to no control over their own reproductive choices. According to Kriel et al (2019), even though nearly 40% of households in South Africa are headed by women, men continue to hold considerable power over women including decision to have babies or not. This is mostly related to the culturally elevated position that men have over women and men being more economically empowered. Male dominance is perpetuated through political and economic factors that hinder women's access to financial independence and therefore their capacity to access and use family planning and contraception methods and services. Patriarchal views on gendered roles are socially built and maintained within distinct cultural settings and result in women lacking autonomy to make their own decisions about child bearing. Moreover, in Most African societies including Nigeria, child bearing decisions almost entirely rest with the man and the in-laws. Women are left with very little other than to conceive and give birth whenever the man and his father and mother in-law deems it fit.

The number of children that a woman bears depends on many factors, including the age she begins childbearing, how long she waits between births, and her fecundity. Postponing first births and extending the interval between births have also played a role in reducing fertility levels in many countries (National Demographic and Health Survey NDH 2018). Birth control is very imperative because these factors have consequences. Short birth intervals, particularly those fewer than 24 months, place newborns and their mothers at heightened health risk. The median birth interval in Nigeria is 30.9 months. Studies have indicated that 25% of non-first births occur within 2 years after the preceding birth, 24-35 months after the previous birth. Relatedly, childbearing at a very young age is associated with an increased risk of complications during pregnancy and childbirth and higher rates of neonatal mortality.

The age at which childbearing commences is an important determinant of the overall level of fertility as well as the health and well-being of the mother and child. In Nigeria, the median age at first birth among women age 25-49 is 20.4 years. This means that half of women age 25-49 give birth for the first time before age 21. Seventy-five percent of women have given birth by age 25. Katsina State, located in northwestern Nigeria, and is predominantly inhabited by the Hausa ethnic group. The Hausa culture is deeply rooted in traditions and customs, and these often play a significant role in shaping reproductive health behaviors and decisions. According to Bayo (2019) the region also faces numerous challenges in maternal and child health, including high maternal mortality rates, low contraceptive prevalence, and inadequate access to quality healthcare services which may combine to influence child bearing decision among women.

It is equally important to state that while women in urban centers and in places like Lagos delay to begin childbearing, the experience for women in rural areas and those in Katsina and Zamfara is different. According NDH report (2018) women in Lagos begin childbearing 7.3 years later (24.8 years) than their counterparts in Katsina and Zamfara (17.5 years each). Relatedly, the report revealed that women with no education begin childbearing 4.5 years earlier than women with a secondary education (18.0 years versus 22.5 years). This implies that location and level of education may also have significant influence on child birth. This study however seeks to provide an understanding of the determinants influence on child bearing decisions among Hausa women in Katsina State. By examining socio-cultural, economic, healthcare access, knowledge, and policy-related factors, the study aim to inform targeted interventions that can improve maternal and child health outcomes in the region. The idea is to interrogate women and see the extent to which their bearing decisions are influenced by other factors.

Statement of the Problem

Radecki, & Beckman, (1992) conducted a study titled determinants of child-bearing intentions of low-income women: Attitudes versus life circumstances. The authors conducted multivariate analyses to show that motivation for parenting and life circumstances in addition can affect women's child-bearing intentions 88.6% of the time for nulliparous women, but 73.7% for parous women. However, data for the study is outdated and the aim was also to examine child bearing intentions not decisions influencing child birth. Kriel et. al. (2019) conducted a similar study to examined male partner influenced on contraceptive use.

While there is an array of studies into fertility decisions, a lot of them are focus on contraceptive use and the influence of push factors on decisions to use contraceptives. Kriel et. al (2019) for instance was more interested in investigating the influence of men on contraceptive use by women. This present study seeks to examine the influence of several factors particularly demographic and socio-cultural factors and how they influence decisions (not intentions) towards child bearing by women. Boutayeb (2023) also used NDH to conduct a comparative study which examined the social determinants of health and adolescent childbearing in WHO Eastern Mediterranean countries. Apart from the fact that the study is a comparative one, the respondents were adolescent and not married women. The ongoing study seeks to gather primary data from married women in the field. It is based on this that this study seeks to examine the influence of socio-demographics and cultural factors on child bearing decisions among Hausa women in Katsina state.

Research Questions

The main research question is, what is the effect of socio-demographic and cultural factors on child bearing decisions among Hausa women in Katsina state? Other specific research questions include the following:

- (a) What are the socio-demographic factors that affects child bearing decisions among Hausa women in Katsina State?
- (b) Are the Hausa women in Katsina state aware of the existence of modern family planning methods and utilize them for control birth.
- (c) What is the effect of socio-cultural factors on child bearing decision among the Hausa women in Katsina State?
- (d) What are the specific roles of male partner's involvement in child bearing decisions among Hausa women in Katsina State?

Research Objectives

- (a) To identify the socio-demographic factors that influence child bearing decisions among Hausa women in Katsina State.
- (b) To assess the level of awareness and use of modern family planning methods among Hausa women in Katsina State to control birth.
- (c) To examine the effect of socio-cultural factors on child bearing decision among Hausa women in Katsina State.
- (d) To determine the role of male partners' involvement in child bearing decisions among Hausa women in Katsina State.

Study Hypotheses

H₀. Partners' attitudes are less likely to influence women's childbearing decision in Katsina state.

H₀. Women's level of education will less likely influence their childbearing decisions in Katsina state.

H₀. Women's income level will less likely influence their childbearing decisions among Hausa women in Katsina state.

Methodology

Katsina State is located in the Northwestern region of Nigeria and shares borders with the Republic of Niger to the North, Kano State to the east, Jigawa State to the southeast, Kaduna State to the south, and Zamfara State to the west. Census data from the 2022 census pilot survey put the population of Katsina at over 10 million people. The main ethnic groups in Katsina State are the Hausa and Fulani ethnic groups. The predominant language spoken in the State is Hausa while Fulfulde and English languages are also widely used, especially in formal and educational settings.

The major urban towns in Katsina State are Katsina town (state capital), Malumfashi, Daura and Funtua. For the purpose of the study, Dutsin-Ma, Charachi, Danja towns were added to the list as a semi-urban town. The state is known for its rich cultural history and mostly agrarian economy, which is centred on raising cattle and crops like millet. The predominant religion, Islam, has a significant impact on daily life and views regarding child spacing and utilization of family planning methods.

The study population consisted of men and women of reproductive and sexually active age (15-59 years) in Katsina State. The population of Katsina state is over 10, 826,966 according to 2022 trial Census trial figures from National Population Commission (NPC). A multi-stage sampling procedure was used where a number of suitable sampling techniques were employed at different stages. In the first stage, the researcher used cluster sampling technique to divide the population of Katsina State into three clusters namely; Cluster 1 (Katsina North), Cluster 2 (Katsina Central) and Cluster 3 (Katsina South).

Two communities were selected from each of the clusters using the balloting methods which involved writing the names of the major towns in the clusters (senatorial districts) in small pieces of papers, which were squeezed and put in a small jar. The jar was thoroughly shaken after which the researcher inserts his hands to remove whichever piece of paper he touches first in the jar. This procedure was repeated in all the places visited until the required number of communities were selected. In Cluster 1 (Katsina North), Katsina and Daura towns were selected. In Cluster 2 (Katsina Central), Kankara and Dutsin-Ma were selected and in Cluster 3 (Katsina South), Malumfashi and Funtua were selected. A total of six communities were selected using simple random sampling by balloting. The local government headquarters and other rural communities in each of the local government sampled were selected.

A total of 225 men and women were purposively selected in the nine sampled areas. The targeted population for the study were men and women of child bearing age. Katsina has a large Hausa population, making random sampling which was initially contemplated logistically challenging. Purposive sampling technique on the other hand, enabled the researcher to focus on these relevant subgroups, (men and women of child bearing age) which helped us to generate richer and more nuanced data about the effect of sociocultural factors and the role of men in childbearing decisions. Moreover, purposive sampling targeted specific areas like the “majalisa” (known joints where men sit out and chit chat), markets and households. This made recruitment more manageable for the study.

The major instrument for data collection in this study was questionnaire. The questionnaires was divided into sections according to the objectives of the study. The first section covered information on the socio-demographic characteristics of the respondents. The questions and the layout of the questionnaire were designed to generate unambiguous information on. Questionnaire was the primary instrument for data collection. It was self and other administered to take care of the literate and non-literate participant who cannot read or write. Given the cultural and religious sensitivity unknown male interaction with married women among the Hausa people, female research assistants (who were fluent in Hausa and English languages) were used to help in collecting data particularly from household that restricted entry for men.

The study employed quantitative method of data analysis. Bivariate analyses were used to examine the relationship between demographic and other variables with child bearing decision among Hausa women. The Statistical Package for Social Sciences (SPSS), and chi square were used to determine the relationship between sociocultural factors and child bearing decisions.

Results and Discussion

Table 1: Socio-demographic characteristics of respondents.

Variable	F (n=225)	(%)
Age Bracket		
15-30 years	120	53.3
31-45 years	64	28.4
49-59 years	28	12.5
Above 51 years	13	5.8
Monthly Income (₦)		
Below 20,000	16	7.1
21,000-40,000	54	24.0
41,000-60,000	135	60.0
61, 000 and above	20	8.9
Marital Status		
Married	201	89.3
Divorced	8	3.6
Widowed	16	7.1
Educational Level		

Non-formal Education	83	36.9
FSLC	86	38.2
SSCE	46	20.4
Tertiary education	10	4.4

Occupation

Employed	27	12.0
Self-employed	141	62.8
Unemployed	33	14.6
Student	24	10.6

Number of Children

0.0	19	8.4
1-2	19	8.4
3-4	72	32.0
5+	115	51.2

Location

Daura	51	22.7
Dutsin-Ma	25	11.1
Kankara	32	14.2
katsina	42	18.7
Funtua	33	14.7
Malumfashi	42	18.6

Sex

Male	102	45.3
Female	125	54.7

Field Survey

All the 225 copies of questionnaire distributed, were retrieved and analyzed for the study. The results in table 1 show the socio-demographic information of the respondents. The table displays the age bracket of the respondents where majority of the respondents 120(53.3%) respondents were between the ages of 15-30 years, 64(28.4%) respondents were between the ages of 31-45 year, 28(12.5%) respondents were within the age bracket of 49-59 years, and the remaining 13(5.8%) respondents were above 51 years. In terms of monthly income, 16(7.1%) respondents earned below ₦20, 000, 54(24.0%) respondents made between ₦21, 000 – ₦40, 000, 135(60.0%) respondents earned between ₦41, 000 – ₦60, 000, and the remaining 20(8.9%) respondents earned above ₦61, 000.

The table also shows the marital status of the respondents where majority 209(89.3%) respondents were married, 8(3.6%) respondents were divorced and the remaining 16(7.1%) respondents were widowed. The educational level of the respondents shows that 83(36.6%) respondents had no formal education, majority 86(38.2%) respondents had FLSC, 46(20.4%)

respondents had SSCE and the remaining 10(4.4%) respondents had tertiary education. The table also displays the number of children the respondents have. Deducing from the table, 19(8.4%) respondents had no children, 19(8.4%) respondents had 1-2 children, 72(32.0%) respondents had 3-4 children, while majority 115(51.1) of the respondent had above 5 children. In terms of location, 51(22.7%) of the respondents were from Daura, 25(11.1%) respondents were from Dutsin-Ma, 32(14.2%) respondents were from Kankara, 42(18.7%) respondents were from Katsina, 33(14.7%) respondents were from Funtua and the remaining 42(18.7%) respondents were from Malumfashi. With regards to gender, the same table 1 above indicated that women constituted majority (54.7%) of the sampled population.

Table 2: Socio-demographic factors and child bearing decisions among Hausa women in Katsina State

Variable	F (n=225)	(%)
Does your level of income influence your childbearing decision?		
Yes	165	73.3
No	60	26.7
Do you think education influence childbearing decision among Hausa women?		
Yes	178	79.1
No	47	20.9

Multiple responses

Table 2 showcases the socio-demographic factors that influence child bearing decisions among Hausa women in Katsina State. Majority of the respondents 165(73.3%) agreed that income level influence their childbearing decision. Also, majority 178(79.1%) of the women reported that educational level determines childbearing decision among Hausa women.

Table 3 Showing Distribution of other factors that affect child Bearing Decisions among Hausa Women in Katsina State

Variables	F (n=225)	%
Occupation	16	7.1
Marital status	62	27.6
Household size	101	44.9
Age	46	20.4

Multiple responses

Table 3 indicates other determinant factors of childbearing decision to include, occupation (7.1%), marital status (27.6%), household size (44.9%) and age (20.4%).

Table 4: Awareness and use of modern family planning methods among Hausa women in Katsina State to control birth

Variable	F (n=225)	(%)
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Are you aware of modern family planning methods?

If yes, which methods are you aware of?

Contraceptive pills	51	22.7
Condoms	135	60.0
Intrauterine devices (IUD)	14	6.2
Implants	25	11.1
Have you ever used any modern family planning method to control birth?		
Yes	225	100.0

Multiple responses

Table 4 displays the result of analysis to examine level of awareness and use of modern family planning methods among Hausa women in Katsina State to control birth. Deducing from the result, all 225 (100.0%) respondents were aware of modern family planning methods. The modern contraceptive methods they are aware of include: contraceptives, pills, condoms, intrauterine devices (IUD) and implants.

Table 5: Role of male partners' involvement in child bearing decisions among Hausa women in Katsina State

Variable	F (n=225)	(%)
How involved is your male partner in childbearing decisions?		
Very involved	145	64.4
Somewhat involved	32	14.2
Not involved	48	21.4
Does your male partner support the use of modern family planning methods?		
Yes	184	81.8
No	41	18.2
If yes, what kind of support did you receive from your partner?		
Financial support	102	45.3
Emotional support	26	11.6
Mental support	17	7.6
Advice	39	17.3
Sex abstinence to avoid pregnancy	41	18.2
Have you and your male partner ever discussed family planning together?		
Yes	225	100.0

Multiple responses

Table 5 displays the result of analysis on the role of male partner's involvement in child bearing decisions among Hausa women in Katsina State. Deducing from the result, majority 145(64.4%) of the respondents agreed that their partners were very involved in childbearing

decision. Also, majority 184(81.8%) reported that their partners support the use of modern family planning methods. The respondents mentioned financial support, emotional support, mental support and advice as the support they received from their partners. About 41% of the participant in the study also mentioned that their partners sometimes avoid having sex with them to help them avoid possibility of getting pregnant. All 225 (100.0%) respondents agreed that their partners have ever discussed family planning with them.

Table 6: Partners' attitudes are less likely to influence women's childbearing decision

χ^2 (Chi square) = 14.58; df = 2; p < 0.05 (Significant)

		How involved is your male partner in childbearing decisions?			Total
		Very involved	Somewhat involved	Not involved	
Does your male partner support the use of modern family planning methods?	Count	120	32	32	184
	Yes % of Total	82.8%	100.0%	66.7%	81.8%
	Count	25	0	16	41
	No % of Total	17.2%	0.0%	33.3%	18.2%
	Count	145	32	48	225
	Total % of Total	100.0%	100.0%	100.0%	100.0%

Table 6 above displays the Pearson Chi-square analysis to test the null hypothesis (H_0) that partner's attitudes are less likely to influence women's childbearing decision in Katsina state. From the result obtained, the p-value (0.001) was found to be less than the level of significance (0.05), thus we reject the null hypothesis and conclude that partner's attitudes are more likely to influence women's childbearing decision in Katsina State.

Table 7: Women's level of education will less likely influence childbearing decisions in Katsina state

			Do you think age influence childbearing decision among Hausa women?		Total
			Yes	No	
Edu level	No formal education	Count	36	47	83
		% of Total	20.2%	100.0%	36.9%
	FLSC	Count	86	0	86
		% of Total	48.3%	0.0%	38.2%
	SSCE	Count	46	0	46
		% of Total	25.8%	0.0%	20.4%

Tertiary education	Count	10	0	10
	% of Total	5.6%	0.0%	4.4%
	Count	178	47	225
	% of Total	100.0%	100.0%	100.0%

$X^2 = 101.64$; $df = 3$; $p < 0.05$ (Significant)

Table 7 above displays the Pearson Chi-square analysis to test the null hypothesis (H_0) that women's level of education will less likely influence their childbearing decisions in Katsina State. From the result obtained, the p-value (0.000) was found to be less than the level of significance (0.05), thus we reject the null hypothesis and conclude that women's level of education will more likely influence their childbearing decisions in Katsina State.

Table 8: Women's income level will less likely influence their childbearing decisions among Hausa women in Katsina State

$X^2 = 74.66$; $df = 3$; $p < 0.05$ (Significant)

			Does your level of income influence your childbearing decision?		Total
			Yes	No	
Monthly income	below 20,000	Count	12	4	16
		% of Total	7.3%	6.7%	7.1%
	21,000-40,000	Count	54	0	54
		% of Total	32.7%	0.0%	24.0%
	41,000-60,000	Count	99	36	135
		% of Total	60.0%	60.0%	60.0%
	61,000 and above	Count	0	20	20
		% of Total	0.0%	33.3%	8.9%
Total	Count	165	60	225	
	% of Total	100.0%	100.0%	100.0%	

Multiple responses

Table 8 shows the Pearson Chi-square analysis used to test the null hypothesis (H_0) that older women's income level will less likely influence childbearing decisions among Hausa women in Katsina State. From the result obtained, the p-value (0.000) was found to be less than the level of significance (0.05); thus we reject the null hypothesis and conclude that women's income level will more likely influence childbearing decisions among Hausa women in Katsina State.

Discussion

This study examined the determinants of child bearing decisions among Hausa women in Katsina State. The study found that sociodemographic factors such as income level, level of education, occupation, marital status, household size and age influence childbearing decision. This is in line with a study conducted by Owuamanam and Alowolodu (2010) in Ondo State, where it was discovered that educated people had fewer children than the uneducated. The researchers' observation revealed that illiterates seem to keep on procreating even with observable little

resources to cater for the needs of the children. The findings of the study revealed that majority of the respondents were aware of modern family planning methods. The level of awareness however, contradicts the findings from a study that was conducted by Olubiyi, Olatunde, Biturs, Olubiyi and Jibril (2014) that few Hausa women have any knowledge about birth control. This increased level of awareness may be attributed to advances in technology and the improved awareness in the mass media.

The modern contraceptive methods they are aware of include: contraceptives, pills, condoms, intrauterine devices (IUD) and implants. This finding agrees with the report of the National Demographic Health Survey (2008) which revealed that 72 percent of all women and 90% of all men know at least one contraceptive method. Majority of the respondent have used modern family planning methods to control birth. This finding is inconsistent with earlier studies among Kanuri women in Borno state conducted by Eyayou, Berhane and Zerihun in 2004 which found that very few of the women used modern family planning methods since majority of their husbands disapproved of it.

Other argument for non-use of family planning was that God who gave the children will undoubtedly provide for them. Some of the ladies also indicated that they were not utilizing family planning since they were still young and intended to have more children. This finding also contradict the study which was conducted by Nettey et al. in 2014 and the report from NDHS in 2014 which stated that awareness of family planning was more than its use; despite the fact that most of them accepted that there are family planning clinics where they could easily access family planning services at an affordable rate (Regnier, 2011).

The findings of the study revealed that socioeconomic factors that influence the practice of home deliveries among Hausa women in Katsina State as most of the respondents have preference for home deliveries more than hospital deliveries. The findings revealed that the main reason for this preferences include: lack of access to healthcare facilities, cultural preferences, distance to health facility, cost and comfort and familiarity. This finding is in tandem with the report of the Nigerian Demographic Health Survey report (2013) that a significant proportion of mothers in developing countries deliver at home, with most births unattended by skilled personnel.

Approximately 50% of women in Nigeria underwent a minimum of four prenatal consultations during their pregnancy. Similarly, studies report that only about 38% of births in Nigeria are attended by a qualified health provider, such as a midwife, doctor, or nurse. The data from the NPC (2010) indicated a significant decrease in three of the northern states. In diverse contexts, individual factors, including maternal age, parity, education and marital status; household factors including family size and household wealth; and community factors including socioeconomic status, community health infrastructure, region, rural/urban residence, available health facilities and distance to health facilities all determine place of delivery and these factors also interact in different ways (Gabrysch & Campbell, 2009).

The study found that most of the women's partners were involved in childbearing decisions. Similarly, it was found that male partners supported the use of modern family planning methods. The supports received include: financial support, emotional support, mental support and advice. This finding agrees with the assertion of Duze and Mohammeda (2006) that the Hausa community is patrilineal in nature, with a strong male influence on many decisions concerning the household, including reproduction. This makes the attitude of the male counterpart towards family planning and the preferred number of children important determinants fertility and fecundity among the Hausas.

Conclusion

While the amount of knowledge on family planning and contraceptive methods is adequate, the actual use of contraceptives among the studied group is suboptimal. Therefore, it is necessary to provide educational and counselling programmes that are better suited to women, while also including family planning messaging targeted at men. Men's inclusion is crucial as it has been found to affect women's utilisation of maternal health services. It is important to educate majority of Hausa men on the potential consequences and effects of making poor decisions regarding maternal health. The economic challenges faced by many families, such as poverty and lack of access to resources, have deterrent effects on childbearing decisions, as families weigh the economic responsibilities of parenting.

Education emerged as a critical determinant, with higher levels of education among women often correlating with lower fertility rates. Education empowers women with knowledge about family planning methods, leading to more informed decisions regarding childbearing. Furthermore, educated women are more likely to participate in the workforce, which can delay marriage and childbirth due to career aspirations. Health-related factors, including access to healthcare services and family planning, significantly influence childbearing decisions. The availability of reproductive health services and accurate information about family planning methods can enable women to have greater control over their fertility preferences. However, limitations in access to these services and cultural resistance to family planning methods can constrain women's choices.

Most Hausa women prefer to give birth at home. This preference could predispose them to complications such as severe bleeding leading to shock, excruciating pain, vesico-vaginal fistula, and spread of infections like HIV and hepatitis and painful intercourse later. Others are burn injuries, severe hypertension, eclampsia, heart failure and subsequent death which are associated with harmful practices that occur during home delivery. There is need for education and encouragement of the women to seek adequate and appropriate healthcare services in order to reduce the rate of maternal and child mortality

Recommendations

- (a) There is need for government to collaborate with Non-governmental Organisations (NGOs) and other relevant humanitarian bodies to improve access to reproductive health services by establishing more healthcare facilities in rural areas of Katsina State. These facilities should offer family planning services, antenatal and postnatal care, as well as education on contraceptive methods.
- (b) Similarly, there is a need for government to empower both main stream and new media by sponsoring educational campaigns tailored at Hausa women in Katsina State. Such campaigns should focus on the importance of family planning, the benefits of child-spacing and the risks associated with high fertility rates.
- (c) There is need to implement programs aimed at empowering Hausa women through education and skill-building initiatives.
- (d) Men should be engaged in discussions about family planning and reproductive health.
- (e) There is also need to challenge harmful sociocultural norms and practices that may influence childbearing decisions, such as the preference for large families or the belief that women should have limited autonomy in reproductive health matters.
- (f) There is need to integrate family planning services into existing maternal and child health programs in Katsina State to help normalize discussions about contraception and provide

women with convenient access to contraceptive methods during antenatal and postnatal visits.

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