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Perception and Utilization of Family Planning among Rural Farmers in Ondo State, Nigeria

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Authors' contributions

This work was carried out in collaboration between all authors. Author BOA designed the study, wrote the protocol and supervised the work. Author AMA carried out all data collection and performed the statistical analysis. Author KEO managed the analyses of the study. Authors MAA and BOA wrote the first draft of the manuscript. Authors KEO, BOA and MAA managed the literature searches and edited the manuscript. All authors read and approved the final manuscript.

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ABSTRACT

The study examined perception and utilization of family planning among rural farmers in Ondo state. The study spanned between June 2013 to February 2014. Seventy (70) respondents were selected using snow balling sampling technique. The data collected was analyzed using descriptive statistics and inferential statistics. Findings from the study revealed that 72.9% of the respondents were females while 27.1% of them were males. The mean household size was 6 persons where 80 percent had a household size of between 3-6 persons. The respondents attested that they were all aware of family planning through locally organized campaign by health workers, media and personal knowledge. The study showed that 99.5% of the respondents had access to health facilities. The results established that only 32% of the respondents had adopted family planning while 68% attested that they have never adopted family planning. The respondents agreed that

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family planning prevents large family size, helps mothers to regain their strength before the next birth and protects the health of the mother. The study recommends that family planning programmes should be organised and supervised by an experienced medical experts.

Keywords: Farmers; perception and family planning.

1. INTRODUCTION

Family planning is the planning of when to have children (U.S Dept. of Health and Human services, 1977) and the use of birth control and other techniques to implement such plans. Family planning services are defined as educational, comprehensive, medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. Raising a child requires significant amount of time, resources, social, financial, and environmental efforts and family planning services can help assure that resources are available [1].

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy [2]. Other techniques commonly used include; sexuality education, prevention and management of sexually transmitted infections, preconception counseling and management, and infertility management. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy (also known as spacing children).

Nigeria is the most populous country in Sub-Saharan Africa, with more than 160 million people. The annual population growth stands at 3.5% and the total fertility rate is 6.0 lifetime births per woman [3]. This has posed a major health and economic challenges to the nation. Households with many children are more likely, overtime, to become poor and less likely to recover from poverty than families with only few children [4,5]. Furthermore, children from large families are usually less well-nourished and less well educated than those from smaller families. It was in view of this that Nigeria adopted its first population policy in 1988, titled "National policy

on population for development, unity progress and self-reliance".

2. PROBLEM STATEMENT

Despite the numerous measures put in place by government at all tiers to sensitize citizens on the need for family planning, most Nigerian population still do not practice it. This may be because of lack of knowledge about the advantages that are attached to family planning or due to some other factors. Compatible with the nation's economic and social goal, is to make family planning information and services accessible to every household in the nation as a way of controlling population explosion and fostering equitable distribution of resources [6,7]. The reasons why the policy targets are not being met include poor diffusion of information, weak programming, inadequate resources, weak institutional framework and a lack of strategic planning.

Around the world, more women are using contraception, but in developing countries around the world the figure is low [8], especially in Africa, the figure is still below 30% [9]. Like in Nigeria, half the 75 larger low-income and lower-middle income countries (mainly Africa), contraceptive practices remain low while fertility, population growth and unmet need for family planning are high. The cross-cutting contribution to the achievement of the millennium development goals makes greater investment in family planning in these countries compelling. Therefore this study was designed to examine Perception and Utilization of Family Planning among Rural Farmers in Ondo State.

3. OBJECTIVES AND HYPOTHESIS OF THE STUDY

The general objective of the study was to examine farmers' perception about family planning services in Ondo state. The specific objectives were to:

- i. examine the level of awareness and preference on family planning information,

- ii. identify the various family planning methods used by the respondents, and
- iii. examine respondents' perception about the use of family planning services

H₀₁: There is no significant relationship between socio-economic characteristics and the use of family planning

4. RESEARCH METHODOLOGY

The study was carried out in Ondo State. The state is bounded in the North by Ekiti and Kogi states, in the east by Edo state, on the west by Osun and Ogun states and in the south by the Atlantic Ocean (Fig. 1). Ondo state is located entirely within the tropics. The tropical climate of the state is broadly of two seasons: rainy season (April-October) and dry season (November-March). A temperature throughout the year ranges between 21°C to 29°C and humidity is relatively high. The state has eighteen Local Government Areas. The ethnic composition of Ondo State is largely from the Yoruba subgroups of the Akoko, Akure, Ikale, Ilaje, Ondo, and Owo peoples. Ijaw minority (such as Apoi and Arogbo) and Ilaje populations inhabit the coastal area.

Two (2) Local Governments were randomly selected for the study. They were Owo and Akure-north Local Governments. Thereafter, random sampling was used to select five (5) communities from each of the Local

Governments making a total of ten (10) communities. Lastly, using snowballing sampling technique, seven (7) respondents were selected from each community resulting to a total of 70 respondents.

Primary data was collected and used for this study. To collect primary data, a well structured, validated and pre-tested questionnaire containing both closed-ended and open-ended questions developed to collect relevant information from respondents with the help of trained enumerators. To ascertain the content appropriateness of the instrument of data collection, face and content validity was carried out by giving out the questionnaire to experts in the field to ascertain the content appropriateness of the instrument.

Test- retest method was used to ascertain the reliability of the measuring instrument. This was done by administering the questionnaire two times in 2 randomly selected communities which are close to the chosen communities for the study. Thereafter the results of the two administrations were correlated and the correlation coefficient (R^2) was 0.74 indicating that the instrument was reliable. The data analytical tools used in this study included both descriptive and inferential statistics. Descriptive statistics Such as frequency distribution means and percentages were used in the presentation

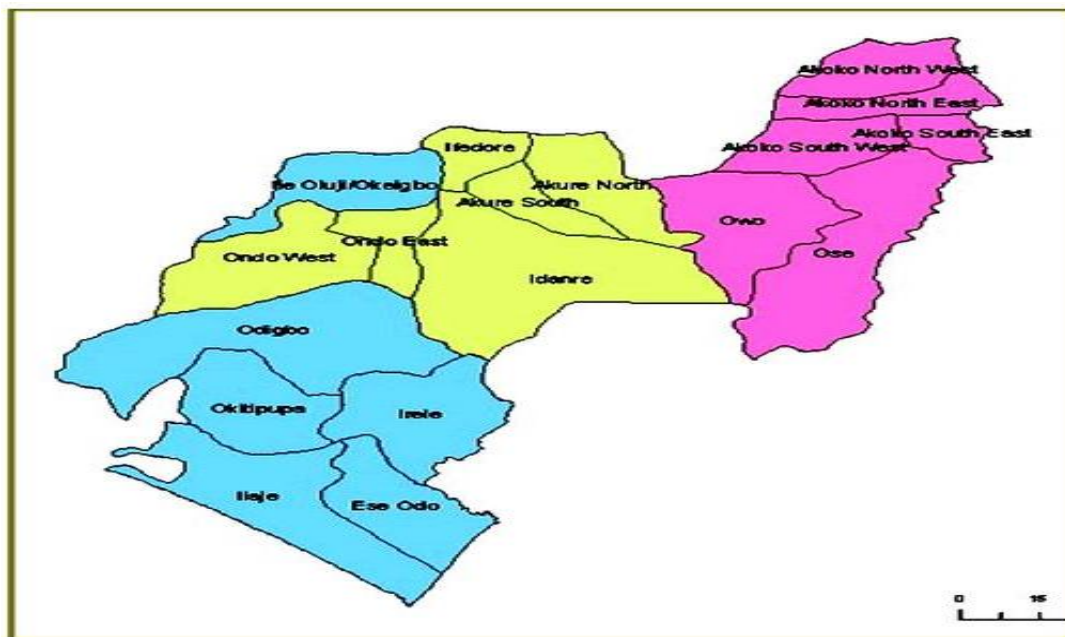


Fig. 1. Map showing the study area

of the findings. Inferential statistics such as Chi-Square was used to test the hypothesis of the study.

5. RESULTS AND DISCUSSION

5.1 Socio Economic Characteristics of the Respondents

Findings from the study as shown in Fig. 2 below revealed that 72.9% of the respondents were females while 27.1% of them were males. This trend follows from the fact that the focus of the study was on women. More than half (84.4%) of them were below 50 year with majority falling into the age categories of (30-39 years). The study revealed that about 88.5% of the respondents were married, 5.7 were singles while only 2.9% of them were divorced. The mean household size was 6 persons where 80% had a household size of between 3-6 persons and 12.9 percent had a household size of between 7-10 persons. The study showed that close to half (46.8%) of the respondents had primary school education, about 12.7 had secondary education but 15.9% of the farmers had no formal education. The literacy level of the respondents could have significant influence on the use of family planning and level of information they have about family planning. Furthermore, findings showed that 83% of the respondents were farmers by primary occupation. Other primary occupation in the study area includes trading (10.6%), civil servants (3.6%) and artisan (2.8%).

5.2 Awareness about Family Planning

The respondents attested during the focus group discussion conducted in the community that they were all aware of family planning. This implies that respondents had access to information about family planning in the study area (Fig. 4).

5.3 Respondents' Sources of Information about Family Planning

Respondents' sources of information about family planning ranges from locally organized campaign by health workers (50%), media (21 percent), personal knowledge (13 percent), friends and relatives (9 percent) to newspaper (7 percent). This result is consistent with the findings of [10,11] that the most predominant source of family planning information is the institutional or health care centres.

5.4 Accessibility of Health Centers to Respondents

The study as presented in Fig. 5 below revealed that 99.5% of the respondents had access to health facilities in the community where 54.% described their accessibility to health facilities has been very good , about 29% described claimed it was excellent while 10 % said it was good but only 0.5% of the respondents described their accessibility has been very poor. Related study carried out in Ikwuano Local Government Area (LGA) of Abia State indicated that rural people had a very good access to information about contraceptives that could be used for family planning from health centers [12].

5.5 Adoption of Family Planning and Methods used by Respondents

The results from the study as shown in Fig. 6 below showed that 32% of the respondents had adopted family planning while 68% attested that they have never adopted family planning. This trend shows that the use of family planning among the respondents is relatively low despite that all (100%) of the respondents of the respondents had heard about family planning through one medium or the other (Figs. 3 and 4). The trend corroborates the assertion that the acceptance rate of family planning in Nigeria is still low, as revealed by FOS [13-15]. Findings from this study also showed that methods of family planning employed by respondents in the study area ranges from use of pregnancy control pills (42.9%), use of condoms / cervical caps (27.9%), natural family planning (17.2%).

5.6 Respondents' Perception about the use of Family Planning

The study established as presented in Table 1 that the respondents agreed that family planning prevents large family size (\bar{X} : 4.44), helps mothers to regain their strength before the next birth (\bar{X} : 4.24), protects the health of the mother (\bar{X} : 4.20), helps couple to prepare for their children (\bar{X} : 4.05) and leads to a better society (\bar{X} : 3.80). It is hope that with this level of perception of the respondents about family planning they may begin to take positive steps towards the adoption of family planning. Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary

infertility. This finding supports the assertion that a woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy [2]. Findings further showed that the respondents were undecided if family planning

helps protect the health of children (\bar{X} : 3.27) and whether it leads to a happy home (\bar{X} :2.97). Also, the respondents disagreed that family planning leads to the abandonment of wives (\bar{X} : 2.10) and that it is very accessible (\bar{X} :1.80).

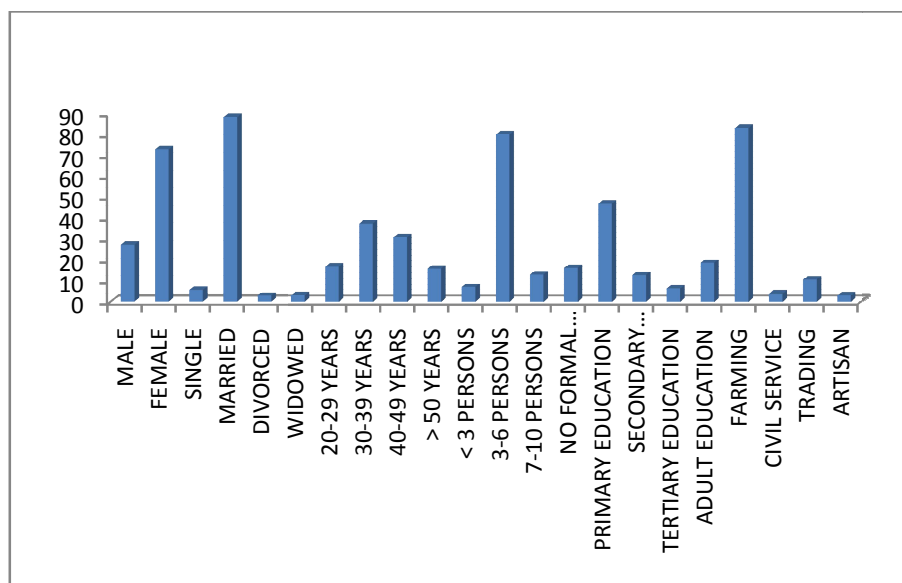


Fig. 2. Socio economic characteristics of the respondents

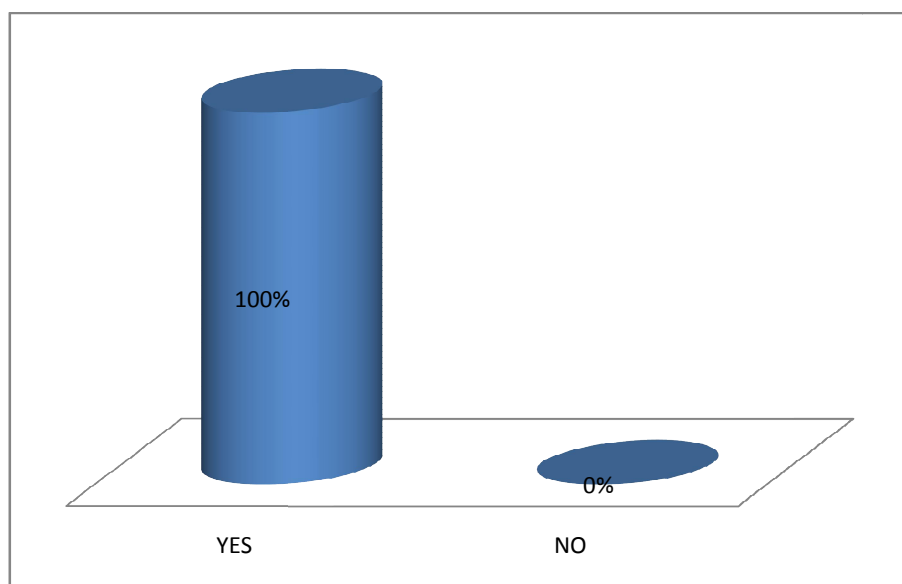


Fig. 3. Awareness about family planning

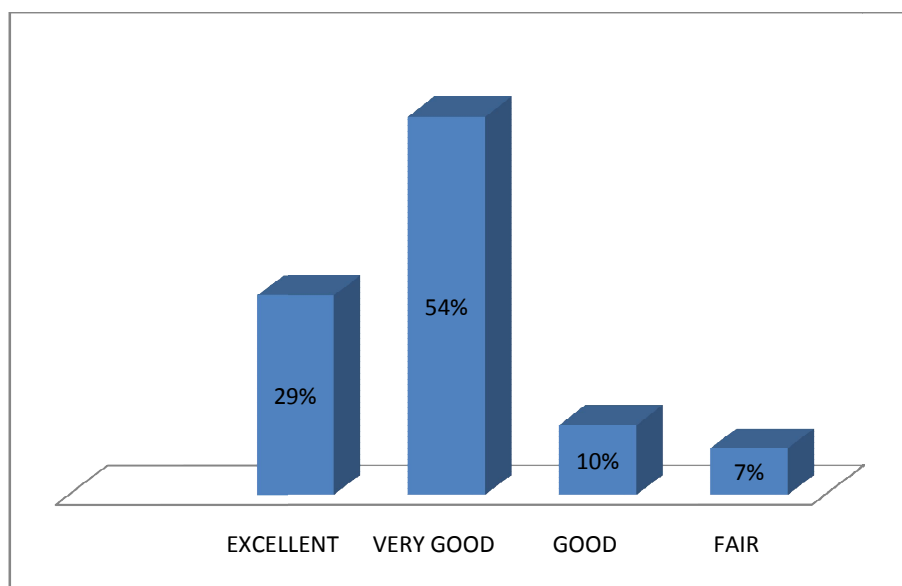


Fig. 4. Sources of family planning information

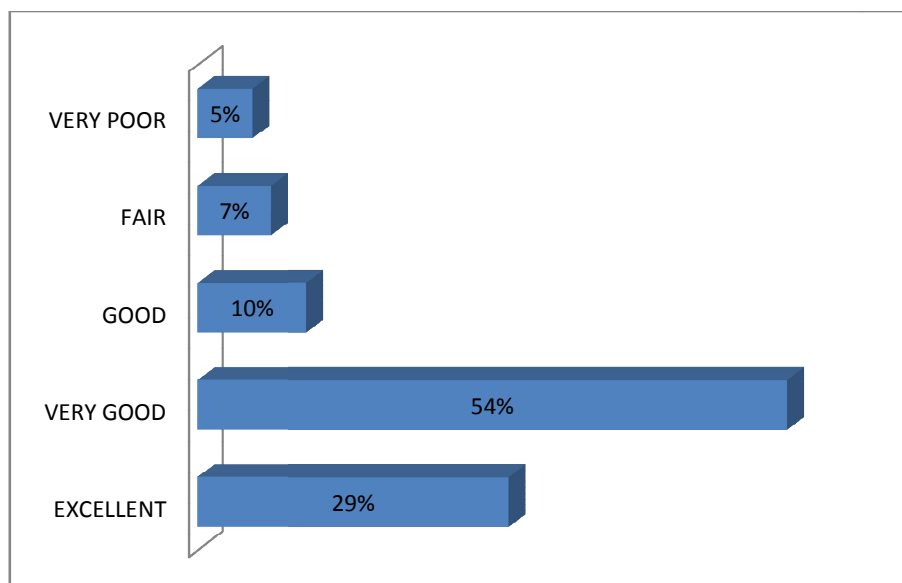


Fig. 5. Accessibility of health centers to respondents

5.7 Result of Chi-square Statistic (χ^2)

5.7.1 Relationship between the Socio-economic Characteristics of Respondents and their Perception about Family Planning

The results from the study as presented in Table 2 below established that there was a significant

relationship between sex, age, marital status, household size, educational status and respondents' perception about family planning. But there was no significant relationship between the primary occupation and respondents' perception about family planning. This shows that sex, age, marital status, household size, educational status of the respondents has effects on their adoption of family planning.

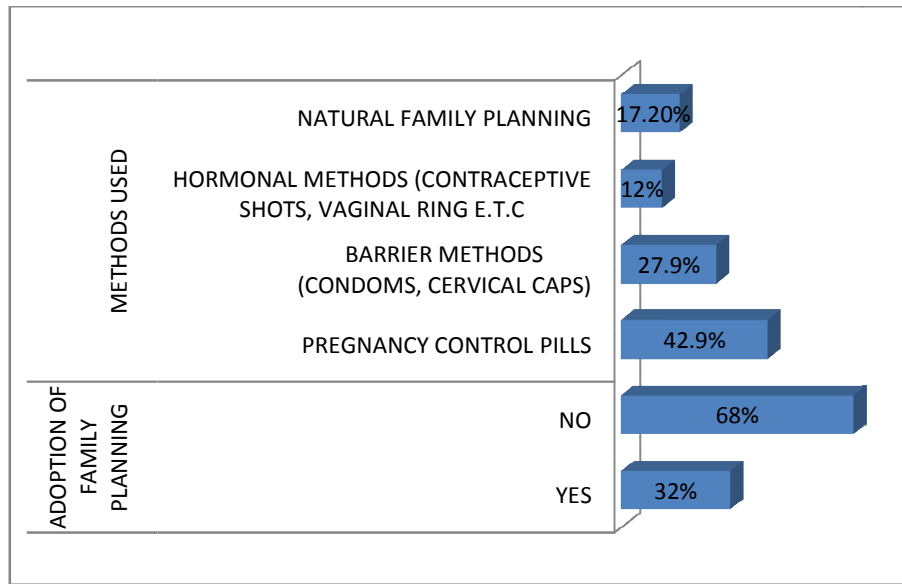


Fig. 6. Adoption of family planning and methods used by respondents

Table 1. Perception about the use of family planning among the respondents

S/N	Statement	SA F (%)	A F (%)	UD F (%)	D F (%)	SD F (%)	Mean
1	It prevents a large family size which strains couple's relationship	43(61.4)	21(30.0)	-	6(8.6)	-	4.44
2	It helps the mother to regain her strength before the next baby	41(58.6)	17(24.3)	-	12(17.1)	-	4.24
3	It protects the health of the mother	37(52.9)	16(22.9)	14(20.0)	-	3(4.3)	4.20
4	Helps couples to prepare for their children	35(50.0)	15(21.4)	13(18.6)	3(4.3)	4(5.7)	4.05
5	It helps create a better society	38(54.3)	11(15.7)	3(4.3)	5(7.1)	13(18.6)	3.80
6	Family planning helps a couple becomes responsible parents	12(17.1)	34(48.6)	14(20.0)	7(10.0)	3(4.3)	3.64
7	It protects the health of children	12(17.1)	26(37.1)	8(11.4)	17(37.1)	7(10)	3.27
8	It leads to a happy home	6(7.1)	9(18.6)	37(52.9)	13(12.9)	5(8.6)	2.97
9	It improves standard of living	11(15.7)	7(10.0)	20(28.6)	23(32.9)	9(12.9)	2.82
10	It leads to conflicts between husband and wife	18(25.7)	10(14.3)	-	24(34.3)	28(25.7)	2.80
11	It causes loss of confidence between a husband and a wife	14(20.0)	2(2.9)	13(18.6)	18(25.7)	23(32.9)	2.51
12	It allows better opportunities for children	3(4.3)	19(27.1)	23(32.9)	24(34.3)	1(1.4)	2.39
13	It is less-expensive	12(17.1)	38(54.1)	19(77.1)	1(1.4)	-	2.22
14	It helps avoid complications at child birth	25(35.7)	31(44.3)	5(7.1)	6(8.6)	3(4.3)	2.13

S/N	Statement	SA F (%)	A F (%)	UD F (%)	D F (%)	SD F (%)	Mean
15	It leads to abandonment of wives	9(12.9)	5(7.1)	-	26(37.1)	30(42.9)	2.10
16	it enables proper child spacing	24(34.3)	35(50.0)	8(11.4)	3(4.3)	-	1.92
17	Family planning helps to control the number of children	39(55.7)	21(30.0)	2(2.9)	5(7.1)	3 (4.3)	1.80
17	is very accessible	25(35.7)	39(55.7)	5(7.1)	1(1.4)	-	1.80

< 1.5 = strongly disagree; 1.5 – 2.49 = disagree; 2.5 - 3.49 = Undecided; 3.5 – 4.49 = agree; 4.5 – 5= strongly agree

Table 2. Relationship between the Socio-economic characteristics of respondents and their perception about family planning

Socioeconomic characteristics	Calculated X ²	Tabulated X ²	Degree of freedom	Level of significance
Sex	21.309	18.517	5	Significant
Age	105.071	93.870	115	Significant
Marital status	14.512	13.721	15	Significant
House hold size	24.859	23.439	25	Significant
Educational status	10.50	9.59	30	Significant
Major occupation	17.15	21.782	20	Not significant

Level of significance P=0.05

6. CONCLUSION AND HEALTH AND FAMILY PLANNING RECOMMENDATIONS

Family planning is very important in building a happy family and it contributes to the country's development. Family planning is a preparation for responsible parenthood. Parents who want to have harmony among family members need to plan the number of children they can support and take care of well. This study has provided empirical data on the use of family planning in the study area which can help policy makers and planners in future planning. It has established that the farmers in the study area were aware of family planning and family planning methods and quite a few of them have adopted family planning attesting that family planning prevents large family size, helps mothers to regain their strength before the next birth and protects the health of the mother. It was recommended that accurate and complete information should be provided by health workers, allowing women and men to select freely a family planning method that suits their needs. Also, couples should be sensitized and encouraged to support their partners when there is the need for planning so that one will not hinder the other.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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