



The Knowledge of Married Men and Women about Family Planning Practices in Ekiti State, Nigeria

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Abstract

The study investigated knowledge of married men and women about family planning practices and the relationship between location and family planning practices in Ekiti State. Descriptive research of the survey design was used. The population for the study included all the married men and women in the 16 local Government Areas of Ekiti State. The sample used was 1,200 respondents selected from the 16 local Government Areas of Ekiti State, using multistage sampling procedure. The instrument used for the study was a questionnaire designed by the researcher titled “Knowledge, Attitude and Family Planning Practices Questionnaire” (KAFPPQ). The instrument was validated by the researcher’s supervisor and experts in the field of English Language, Guidance and Counselling and Tests, Measurement and Evaluation. Split-half reliability method was used to ascertain the reliability of the instrument. A reliability coefficient of 0.82 was obtained and this is high enough to judge the instrument reliable. The instrument was administered by the researcher and trained research assistants in the Local Government Areas selected. The data generated were analysed using frequency counts, percentages and correlation analysis. The result showed that the knowledge of family planning practices was very high among the married men and women in Ekiti State and that there is relationship between location of married men and women and the practices of family planning in Ekiti State. Based on the findings, it was recommended that the Nigeria government, especially Ekiti State and other part of the country should improve on the existing strategies in propagating the practice of family planning among married men and women.

Keywords: Knowledge, Family Planning, Practice, Married Men, Married Women.

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INTRODUCTION

Family Planning refers to the practices that help individuals or married men and women to avoid unwanted births, regulate the intervals between pregnancies, control the time at which births occurs in relation to the age of parents and determines the number of children in the family (Delano, 2008). Nigeria is the most populous country in Africa, with more than 150 million people; it also has a high annual rate of population growth (3.5%) and a total fertility rate of 6.0 lifetime births per woman (Federal Office of Statistics, Nigeria Demographic and Health Survey, 1990). In response to these and other serious demographic and health issues, the Nigerian government put into effect a national population policy that called for a reduction in the birthrate through voluntary fertility regulation methods compatible with the nation's economic and social goals (Federal Government of Nigeria, National Population Policy for Development, 2012).

During 1992 – 1993, information, education and communications campaigns were launched to change Nigerians' attitudes toward family planning, and thereby increase their contraceptive use (Delano, 2008). The campaign was based on evidence that family planning messages can influence contraceptive behaviour. The high fertility rate leading to the rapid growth of country's population appears to be a major hindrance towards the development of the nation.

The various methods of family planning can be categorized as; the traditional methods, which involves the use of native objects such as charms, amulets, rings, keys, fluid from dead bodies and others, while the modern methods involve the introduction and uses of contraceptives such as pills, injectable, intrauterine devices, implants and others for family planning purposes (Delano, 2008). Other classifications may include barrier, chemical, natural or surgical. Modern methods such as pills, condoms, injectable, intrauterine devices, implants, etc. appear to be the commonest and mainly advertised form of family planning, but it appears that most Nigerian married men and women are non-contraceptive users. Some of the reasons for the low rate of contraceptive practice according to Ikechebelu, Ikechebelu and Obiajulu (2005), range from factors such as "the fear of side effects, husband's objection, religious and cultural prohibitions, etc."

It appears that the task of addressing unmet need for contraception is not set as immediate objective. Attitudes towards fertility regulation, knowledge of birth-control methods, access to the means of fertility regulation and communication between husband and wife about desired family size seems to be very essential for effective family planning. Various factors governs the acceptance of contraception e.g. religion, number of sons in the family, age of married men and women, education of husband and wife, location of the married men and women, socio-economic status of married men and women and gender.

Use of family planning appears to be higher in urban than rural areas. Urban-rural difference in the adoption of contraception appears to be very high, the highest in Sub Saharan Africa (Gage, 1995), where the rate is more than twice as high as among urban than among rural in all surveyed countries. The observed variation in contraceptive use by place of residence may be attributed to differences in the availability of such social services as education, information about family planning, access to family planning and health care services.

The urban poor in developing countries are expected to increase significantly in number over the next 25 years, such that the balance of population in developing countries will shift from predominantly rural to mostly urban (Panel on Urban Population Dynamics, 2003). The greatest increases will occur in Asia and Africa, with the most significant increases in urban growth in the smaller, secondary cities rather than large urban centers. One of the implications of this change in population is the massive increase expected in the

number of urban poor. The World Bank estimates that worldwide 30% of poor people live in urban areas, by 2020 the proportion is projected to reach 40% and by 2035 half of the world's poor people are projected to live in urban areas (Ravallion, 2001). The urban poor in slum areas face additional health penalties that may erase the urban health advantage. Generally urban residents have higher standards of living and better reproductive health than rural residents, however, the spatially concentrated urban poor, those in urban slums and squatter settlements, show levels of health that are significantly worse than their rural counterparts (PUPD, 2003). In addition, the reproductive health of the urban poor can be worse in smaller cities: unmet need for family planning is 25% in cities with less than 100,000 inhabitants, and 15% in cities with a population between 500,000 to 1 million (PUPD, 2003). While large urban areas have a marked advantage in the provision of amenities and services, the smaller urban areas are significantly underserved. The urban poor in smaller urban cities are in a distinctly inferior position relative to other urban residents in terms of access to basic amenities (electricity, clean water, sanitation and adequate health care). They are also underserved in terms of access to reproductive health services compared with their counterparts living in larger cities (PUPD, 2003). Given that the greatest increase in population is expected to occur in the smaller cities of developing countries, increased poverty rates and worsening reproductive health can be expected in secondary cities of developing countries. Researchers often neglect to investigate the health and service issues of the population in smaller cities (PUPD, 2003). Therefore, greater research attention needs to be directed at the health issues of the urban poor, particularly those in secondary cities, who will form a group of increasing numerical and policy significance as urbanization increases (Hewett and Montgomery, 2001).

The average distance to a reproductive health facility in rural areas is larger than that to urban areas which makes access to services for rural women without transportation or funds extremely difficult (National Institute of Population Studies (NIPS) and ICF International, 2013). It is also noteworthy that despite the large government infrastructure of primary, secondary, and tertiary care facilities in many areas throughout the country, as well as a Lady Health Worker (LHW) program, more than 70% of the population seeks healthcare through the private sector (National Institute of Population Studies (NIPS) and Macro International, 2006). There is lack of basic health facilities in respective rural areas/villages of Nigeria, especially in Ekiti State. As a result of these, majority of men and women prefer to go to private hospitals/clinics if they could afford it owing to the perceived availability of various facilities. Moreover, it is interesting to note that indifferent approaches to family planning still strongly prevail in rural areas of Ekiti State. Persistent problems of accessibility, affordability, and unavailability of the doctors prevailing in the rural/village areas of Nigeria (Osakinle, 2010).

RESEARCH RATIONALE

Most researchers and policy makers before now appear to have focused mainly on women in their studies of family planning issues with little or no reference to their male partners thereby underestimating the role of men as the custodian, family heads and major decision makers in the family. Reasons such as partners' objection, religious prohibition, poor knowledge, location and side-effects of some of the modern methods may be seen to be the cause of poor usage. This attitude can create much problem for fertility control in the country and may be the reason why population is growing rapidly as a result of high birth rates, more importantly, the health of mother and child may be danger because of poor intervention from government. Therefore, the need for the knowledge about the practice of family planning for married men and women is of paramount importance.

In addition, sexual health of married men and women in Ekiti State appears to be affected by communication problems in the health care centers which may be due to the fact that many married men and women have a low level of information and the fact that they are shy to express themselves appropriately on the issues that relate to sex. All of these problems inevitably lead to a lower quality of care in sexual health. Also, most maternal death in Ekiti State and any other part of Nigeria appears to have been associated with unsafe abortions resulting from unwanted pregnancies, high rate of infant and childhood mortality, miscarriages or foetal wastages are problems associated with short birth interval. Furthermore, even though most married men and women have knowledge of family planning, they appear to lack adequate skills to practice them effectively in fertility regulation, most especially those in the rural areas of Ekiti State. So, married men and women must be educated about the types of family planning available and how to practice them for effective fertility regulation.

Research Question

The under listed research question guided the study:

- What is the level of knowledge of married men and women about family planning practices in Ekiti State?

Hypotheses

The following hypotheses directed the study:

- There is no significant relationship between knowledge and family planning practices among married men and women in Ekiti State.
- There is no significant relationship between location and the knowledge of family planning practices among married men and women in Ekiti State.

METHODS

Descriptive research design of the survey type was used. The population for the study comprised all the married men and women in the 16 local government areas of Ekiti State with respect to location. The sample used for the study comprised 1200 respondents that were selected from the 16 local government areas of Ekiti State. Multistage sampling technique was used in selecting the respondents. The first stage is the use of balloting technique to select six local government areas out of the 16 local government areas. This was done by writing each local government in a sheet of paper, squeezing the paper and after thorough mixing; one was picked at a time until the total of 6 Local Governments were picked. At the second stage, simple random sampling technique was used to select four towns or villages from each of the 6 selected Local Government areas. Lastly, stratified random sampling technique was used to select married men and women based on location. The questionnaire was distributed to married men and women in the churches, mosques, and local communities. It should be noted that only married men and women were selected to participate in the study.

A self-designed questionnaire titled “Knowledge, Attitude and Family Planning Practices Questionnaire” (KAFPQ) was used. The instrument has two sections, A and B. Section A provided bio-data information. Section B contained items that give a measure of the variables that possibly influence the use of family planning by married men and women.

Respondents were asked to respond to items by choosing Yes or No. Their responses thereafter were scored 1 and 2 respectively. The respondents were asked to respond to other items in accordance with the options provided by the researcher. The scores obtained by each respondent were totaled to measure the knowledge of family planning practices by married men and women in Ekiti State. The instrument was given to experts in English Language, Guidance and Counselling and Tests, Measurement and Evaluation to ascertain the validity of the instrument. Split-half reliability method was used to ensure the reliability of the instrument. This was done by administering 40 copies of the instrument on respondents in another Local Government different from the six Local Government areas selected. The scores generated were divided into odd and even, and the two halves were correlated using Pearson Product Moment Correlation Analysis and later subjected to Spearman Brown Prophecy formula. A reliability coefficient of 0.82 obtained at 0.05 level of significance showed that the instrument is reliable. The Instrument was administered by the researcher and other research assistants that were trained by the researcher in the Local Government Areas that were selected. The data generated were analysed using descriptive and inferential statistics. Descriptive statistics of frequency counts and percentages were used to answer the research question while hypotheses 1 and 2 were tested using Pearson Product Moment Correlation analysis at 0.05 level of significance.

RESULTS

Research Question One: What is the level of knowledge of married men and women about family planning practices in Ekiti State?

The first analysis was carried out to determine the knowledge of married men and women about family planning practices in Ekiti State. Responses on the knowledge of married men and women about family planning practices in Ekiti State were obtained and subjected to statistical analysis involving frequency counts and percentages as presented in

Table 1: Distribution of Respondents by Knowledge about Family Planning Practices in Ekiti State (N=1200)

Item	Responses	Freq.	%
Have you ever heard of family planning?	Yes	1010	84.2
	No	190	15.8
How do you first get to know about family planning?	Media	190	15.8
	Friends & Relations	353	29.4
	Hospital/Health Centers	301	25.1
	Journals/Magazines	356	29.7
Have you ever heard about any contraceptive method?	Yes	982	81.8
	No	218	18.2
Have you ever heard about sexually transmitted infections like HIV?	Yes	1091	90.9
	No	109	9.1
Did you get any education about sexual health and contraceptive methods before you got married?	Yes	1091	90.9
	No	109	9.1
Injectable contraceptives were the most commonly used family planning method.	Yes	764	63.7
	No	436	36.3
Health care providers are the primary source of family planning information.	Yes	1198	99.8
	No	2	.2
Family planning consists of “child spacing”	Yes	1199	99.9
	No	1	.1
Family planning consists of “prevention of pregnancy”.	Yes	1198	99.8
	No	2	.2

To you, is condom use as a family planning method?	Yes	1198	99.8
	No	2	.2
To you, is injectable contraceptive a family planning method?	Yes	1091	90.9
	No	109	9.1

Table 1 presents married men and women knowledge of family plans in Ekiti State. The result show that 84.2% of the respondents have heard about family planning out of which 15.8% heard from media, 29.4% friends and relations, 25.1% heard from hospitals, while 29.7% heard from journals/magazines. The result further showed that 81.8% heard about any contraceptive method while 90.9% respectively have heard about sexually transmitted infections like HIV and had education about sexual health and contraceptive methods before they got married. Similarly, 63.7% saw injectable contraceptive as the most commonly used family planning method, 99.8% agreed that health providers are the primary source of family planning information, 99.9% knows family planning as child spacing, 99.8% respectively knows family planning as prevention of pregnancy and that condom use is a family planning method while 90.9% also believed injectable contraceptive to be family planning method.

Hypothesis One: There is no significant relationship between knowledge and family planning practices among married men and women in Ekiti State.

In order to test the hypothesis, scores on knowledge and family planning practices were computed and subjected to Pearson Product Moment Correlation Analysis at 0.05 level of significance. The result is presented in Table 2.

Table 2: Pearson Product Moment Correlation Analysis showing the Relationship between Knowledge and Family Planning Practices

Variable	N	Mean	S.D	r-cal	r-tab	p-value	Result
Knowledge	1200	1.22	.098				
Family planning Practice	1200	1.44	.154	0.308*	0.073	.006	Significant

*P<0.05.

Table 2 showed that 'r' calculated value (0.308) was greater than the table value (0.073) at 0.05 alpha level. The null hypothesis was therefore rejected. This implies that increase in the knowledge of family planning simultaneously increase the practice of family planning among married men and women in Ekiti state. Therefore, there is significant relationship between knowledge and family planning practices among married men and women in Ekiti State.

Hypothesis Two: There is no significant relationship between location and the knowledge of family planning practices among married men and women in Ekiti State.

In order to test the hypothesis, scores on location and the knowledge of family planning practices were computed and subjected to Pearson Product Moment Correlation Analysis at 0.05 level of significance. The result is presented in Table 3.

Table 3: Pearson Product Moment Correlation Analysis Showing Relationship between Location and the Knowledge of Family Planning Practices among Married Men and Women in Ekiti State

Variable	N	Mean	S.D	r-cal	r-tab	p-value	Result
Location	1200	4.08	1.844				
Knowledge of family planning Practice	1200	1.217	.098	.093*	0.073	.001	Significant

*P<0.05

Table 3 showed that 'r' calculated value (0.093) was greater than the table value (0.073) at 0.05 alpha level. The null hypothesis was therefore rejected. This implies that increase or decrease in the geographical civilization simultaneously increase or decrease the knowledge of family planning practice among married men and women in Ekiti State. Therefore, there is significant relationship between location and knowledge of family planning Practice among married men and women in Ekiti State.

DISCUSSION

Findings show that the knowledge about family planning practices is very high among the married men and women in Ekiti State and this was made possible through sources of information such as journals/magazines teachings about family planning practices followed by information gotten from friends/relations, hospitals/health centers and mass media. This could be as a result of the rate at which married men and women read newspapers, listen to radio, visit health centers and get themselves involved in social networking sites like Facebook, Twitter, LinkedIn, etc. This result is similar to other studies such as Avong (2009) study relating to the reproductive health issues of Atyaps people in Kaduna State in which higher percentage of those interviewed knew one form of family planning or the other. Ijadunola and Afolabi (2010), in the study carried out at Ile Ife, discovered that higher percentage of the respondents were aware of family planning methods. Also Orji, Adebemro, Akinniranye, Ogunbayo and Oyebadejo (2007) discovered that most of the respondents interviewed in Ile Ife, on spousal communication on family planning as a safe motherhood options in sub-Saharan African communities, were aware of family planning methods with women and men knowing at least one method or the other.

The result showed significant relationship between knowledge and family planning practices among married men and women in Ekiti State. Increase in the knowledge of family planning may increase practice because it is from knowledge that the practice could be ascertained. Married men and women who have better knowledge of family planning practices could have better idea of the type to choose anytime they need to practice family planning. In contrary to this finding, Gbolahan and James (2001) revealed that most married men and women have better knowledge about contraceptives, especially condom and oral contraceptives, less than half of them practice one form of contraception or the other. Similarly, Avong (2009) discovered that higher percentage of people in Kaduna metropolis knew one form of family planning or the other, yet majority do not practice.

The result similarly shows significant relationship between location and knowledge of family planning Practice among married men and women in Ekiti State. This implies that increase in the geographical civilization simultaneously increase the practice of family planning among married men and women in Ekiti State. It also implies that increase or decrease in the geographical civilization simultaneously increases or decreases the knowledge of family planning practice among married men and women in Ekiti state. This could be

because of availability of health centers, pharmacists, educated friends and family as well as better and functioning network to interact on social Medias in urban areas. Location is very important because married men and women in rural areas may find it difficult to access family planning information and therefore affecting their knowledge of family planning methods. NIPS and ICF International (2013) found that the average distance to a reproductive health facility in rural areas is larger than that of urban areas which makes access to services for rural married men and women without transportation or funds extremely difficult. Osakinle (2010) also found that there is lack of basic health facilities in respective rural areas/villages of Nigeria, especially in Ekiti State and as such majority of men and women prefer to go to private hospitals/clinics if they could afford it owing to the perceived availability of various facilities. She further noted the persistent problems of accessibility, affordability, and unavailability of the doctors prevailing in the rural/village areas of Nigeria.

CONCLUSION

Based on the findings of this study, it was concluded that the high level of awareness of family planning methods do not give a corresponding encouragement to married men and women in practising family planning methods, location of married men and women play major role in their decision to practise family planning methods.

Recommendations

Based on the findings of the study, the following recommendations are offered:

- The Nigeria government should improve on the existing strategies in propagating the practice of family planning among married men and women. This can be done by the encouragement of male involvement alongside their wives, hospitals/health centres should be organized such that both men and women can receive services on reproductive health issues for effective practices of family planning to be achieved.
- Educational forums should be set up for married men and women through social welfare programmes where they will receive useful teachings and messages that will make them shift focus away from looking forward to having many children. In as much as people cannot be made to disregard the importance of culture and religion in reproductive health issues, community and religious leaders should be encouraged and be involved by government to teach messages that will encourage people to have fewer number of children and where possible, relevant portions of the sacred books like the Bible and Quran should be emphasized during religious preaching so as to enlightened and change the resistant behaviours people had on reproductive health issues.

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