

Original Research Article

Perception of Rural Farmers about Family Planning in Ondo State

Abstract

The study examined perception of rural farmers about family planning in Ondo state. Seventy (70) respondents were selected using accidental sampling technique. The data collected was analyzed using descriptive statistics and inferential statistics. Findings from the study revealed that 72.9 percent of the respondents were females while 27.1 percent of them were males. The mean household size was 6 persons where 80 percent had a household size of between 3-6 persons. All (100 percent) of 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 percent of the respondents had access to health facilities. The results established that only 32 percent of the respondents had adopted family planning while 68 percent attested that they have never adopted family planning. The respondents agreed that 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.

1.0 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 (Expenditures on Children by Families, 2007).

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 (World Health Organization, 2013). 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). Family planning may encompass sterilization, as well as abortion (Katz, *et al.*, 2007).

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 (Ottong, 2010). 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 (Ajakaiye and Adeyeye, 2001;

Orbeta, 2005). 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”.

Compatible with the nation’s economic and social goal, an important goal of this policy 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. (Golibert *et al.*, 2009; Chinweike 2010). 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 (Mazumder *et al.*, 2001), especially in Africa, the figure is still below 30% (Bankole *et al.*; 2009). Therefore this study was designed to answer the following questions:

1. do respondents have access to family planning information,
2. what various family planning methods used by the respondents
3. what is respondents’ perception use of family planning services

Objectives

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

- 1 examine the level of awareness and preference on family planning information,
- 2 identify the various family planning methods used by the respondents,
- 3 examine respondents’ perception about the use of family planning services

Hypothesis

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

Justification of the Study

Family planning is very important in building a happy family and it contributes to the country’s development. The concept of family planning is responsible parenthood and contraception. 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.

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. 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 21⁰c to 29⁰c 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. Three Local Governments were randomly selected for the study. They were Owo, Akure-north and Ifedore Local Governments, using accidental sampling technique, 70 respondents were selected to constitute the sample. The data collected was analyzed using descriptive statistics and inferential statistics.

Socio Economic Characteristics of the Respondents

Findings from the study revealed that 72.9 percent of the respondents were females while 27.1 percent of them were males. This trend follows from the fact that the focus of the study was on women. More than half (84.4 percent) of them were below 50 year with majority falling into the age categories of (30-39 years). The study revealed that about 88.5 percent of the respondents were married, 5.7 were singles while only 2.9 percent of them were divorced. The mean household size was 6 persons where 80 percent 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 percent) of the respondents had primary school education, about 12.7 had secondary education but 15.9 percent 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 percent of the respondents were farmers by primary occupation. Other primary occupation in the study area includes trading (10.6 percent), civil servants (3.6percent) and artisan (2.8 percent).

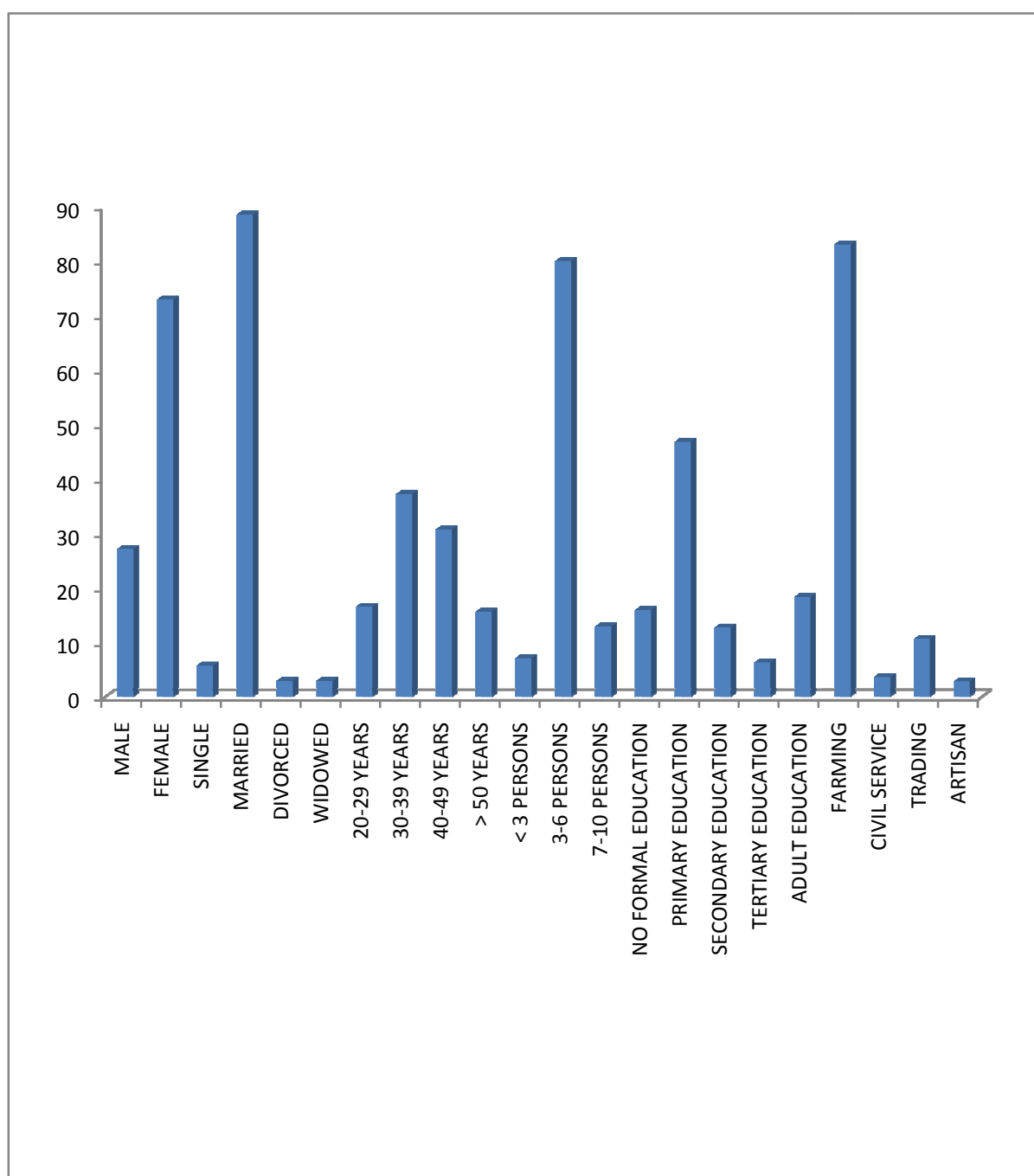


Figure 1: Socio Economic Characteristics of the Respondents

Awareness about family planning

All (100 percent) of the respondents attested during the focus group interview 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 (Figure 3).

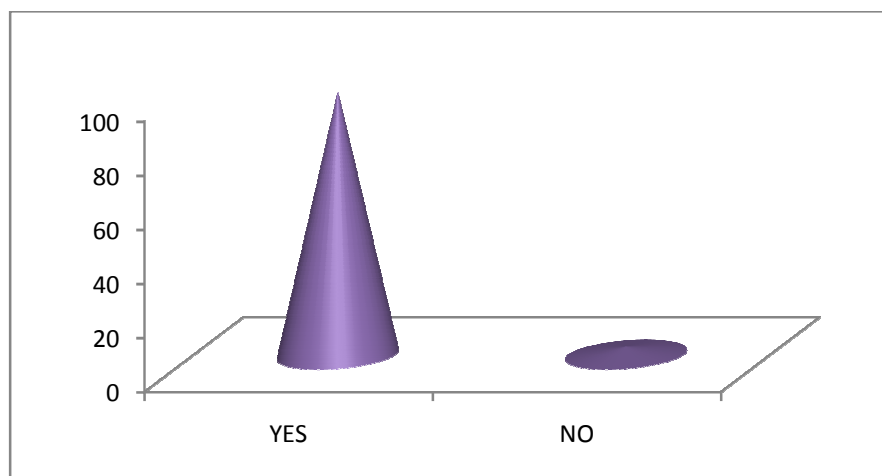


Figure 2: Awareness about family planning

Respondents' Sources of Information about Family Planning

Respondents' sources of information about family planning ranges from locally organized campaign by health workers (50 percent), media (21 percent), personal knowledge (13 percent), friends and relatives (9 percent) to newspaper (7 percent). This result is consistent with the findings of Anyanwu *et al.* (1998) and Zafar *et al.* (2003b) that the most predominant source of family planning information is the institutional or health care centres.

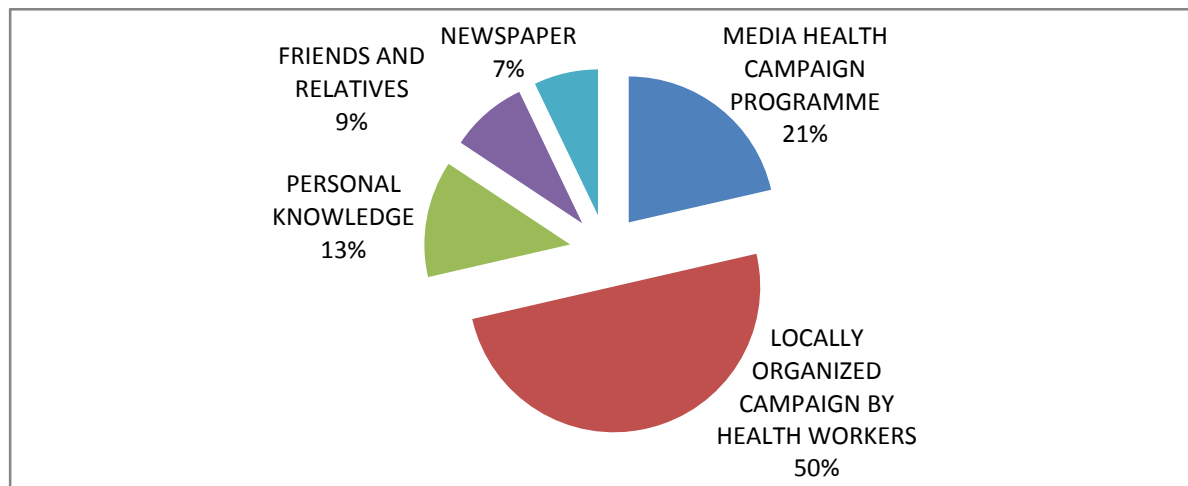
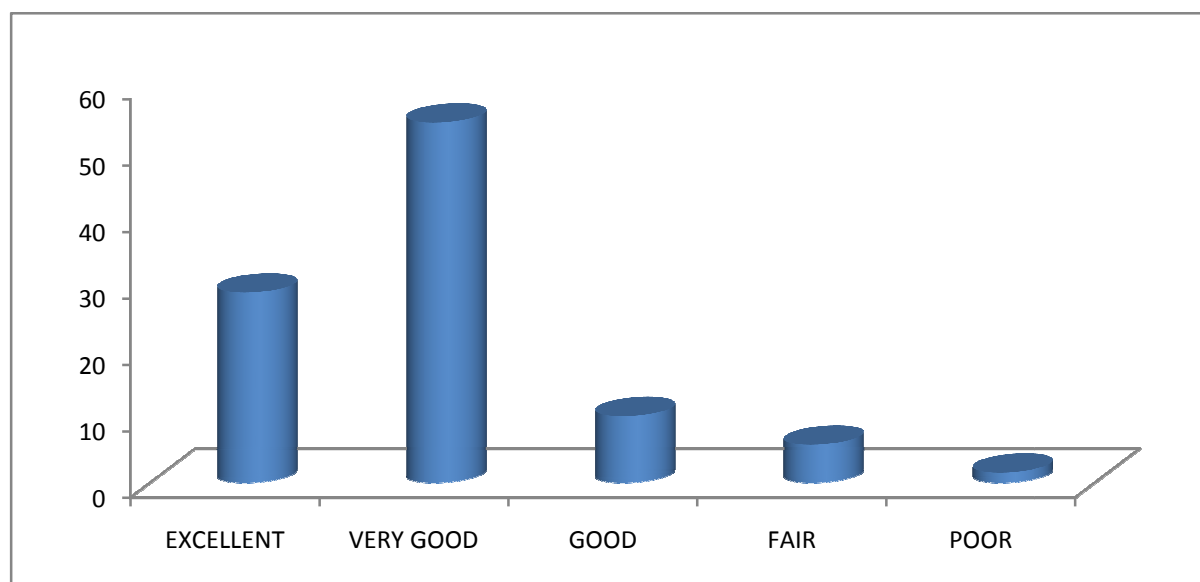


Figure 3 Sources of family planning information

Accessibility of Health Centers to Respondents

The study revealed that 99.5 percent of the respondents had access to health facilities in the community where 54.2 percent described their accessibility to health facilities has been very good , about 28.6 percent described claimed it was excellent while 10 percent said it was good but only 1.5 percent 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

125 people had a very good access to information about contraceptives that could be used for family
 126 planning from health centers (Okezie *et al.*, 2010).
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 129 **Figure 4: Accessibility of Health Centers to Respondents**

130 **Adoption of Family Planning and Methods used by Respondents**

131 The results from the study showed that 32 percent of the respondents had adopted family
 132 planning while 68 percent attested that they have never adopted family planning. This trend
 133 shows that the use of family planning among the respondents is relatively low despite that all
 134 (100 percent) of the respondents of the respondents had heard about family planning through one
 135 medium or the other (Figure 2 and 3). The trend corroborates the assertion that the acceptance
 136 rate of family planning in Nigeria is still low, as revealed by FOS (1994, 1997, and 2000).
 137 Findings from this study also showed that methods of family planning employed by respondents
 138 in the study area ranges from use of pregnancy control pills (42.9 percent), use of
 139 condoms/cervical caps (27.9 percent), hormonal control and natural family planning (17.2
 140 percent).

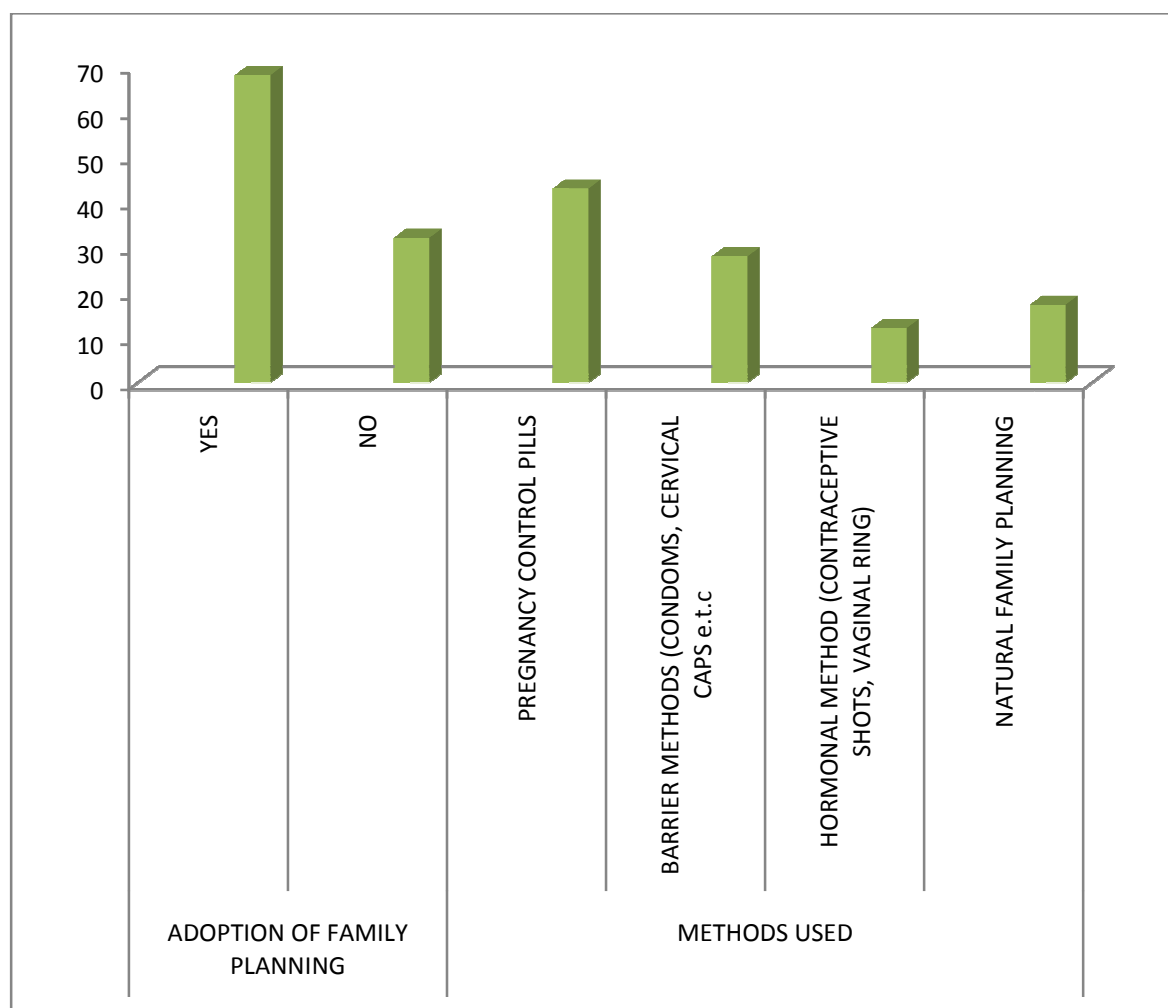


Figure 5: Adoption of Family Planning and Methods used by Respondents

Respondents' Perception about the use of Family Planning

The study established 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. 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 (WHO, 2013). Findings further showed that the respondents were undecided if family planning helps protects 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).

159 **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
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

160 < 1.5 = strongly disagree; 1.5 – 2.49 = disagree; 2.5 - 3.49 = Undecided; 3.5 – 4.49 = agree; 4.5 – 5
 161 = strongly agree

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164 **Result of Chi-Square Statistic (χ^2)**

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

The results from the study as presented in Table 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.

Table 1: 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 $P=0.05$

Recommendations

1. Family planning services should be of the highest quality possible. High-quality contraceptive care involves providing women and men with safe and appropriate methods to meet individuals' and couples' needs at every stage of their reproductive lives. Accurate and complete information should be provided, allowing women and men to select freely a method that suits their needs.
2. Family planning programmes should be organised and supervised by an experienced nurse, mid-wife or doctor and maximum use should be made of qualified or experienced local staff, so that clients will not have complications as a result of wrong application or use of the method.
3. Couples should be more sensitized and encouraged to support their partner when there's the need for family planning, so that one will not hinder the other.

Conclusion

The study has established that the farmers in the study area were aware of family planning and family planning method and quite a few of them has 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.

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