African Journal for the Psychological Studies of Social Issues

Volume 15 Numbers 1 & 2 April and September, 2012 Edition

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Journal of the African Society for THE PSYCHOLOGICAL STUDY OF SOCIAL ISSUES C/O Dept. of Psychology, University of Ibadan, Nigeria.

KNOWLEDGE AND PERCEPTION ABOUT FAMILY PLANNING AMONG WOMEN IN SELECTED RURAL COMMUNITIES OF IBADAN,

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ABSTRACT

Family planning has become a major strategy of population control both at the national and global level. Yet, population growth in Nigeria remains high especially in rural areas due partly to lack of adequate knowledge and poor perception about the need to utilize family planning methods. The study seeks to examine the knowledge and perception of women from selected rural areas in Ibadan about family planning. The Health Belief Model and Social Action Theory guided the explanation of the understudied phenomena. The study adopted a qualitative and quantitative approach which included a survey of 136 randomly selected mothers from 5 rural communities in Ibadan, 15 IDI', 5 KIIs and 5 FGDs. The Statistical Package for Social Sciences was utilized in analyzing the quantitative data, while the qualitative data were analyzed using content analysis.

Findings revealed that although the sources of awareness were many, very few women had adequate knowledge about family planning methods. The study also revealed that women perceived family planning as a welcomed strategy to control population and make mothers healthy and strong after child birth, however, fear of pushing their husbands outside and increased promiscuity as well as the perceived negative side effect such as stomach aches, bodily complications, menstrual maladjustment, infertility, were the major barriers that affected women's expected behavioral changes towards family planning in the study areas. Also, family planning was also perceived as a woman's thing which makes men feel uncomfortable with it and hardly encourage their wives to practice. Most women preferred condom use and abstinence in planning their family only when their husbands suggested or approved.

The study recommends family planning methods be taught both in orthodox and traditional health centres. It also recommends that women are adequately educated to participate significantly in decisions regarding family planning especially in the rural part of Nigeria. It was also recommended that family planning programmes be intensified to incorporate the male folk and improve people's knowledge and perception on the benefits of contraceptive use in order to achieve the desired behavioral change towards family planning in rural areas.

Key words: Family planning, Contraceptive use, knowledge, perception, Perceived side effect.

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INTRODUCTION/STATEMENT OF PROBLEM.

The importance of considering the well-being of woman in development planning is widely supported by United Nations and many of its agencies. Boserup, (1970) observed that women are both beneficiaries and potential contributors to the development process and active efforts to meet their needs should be considered a national priority, most especially their reproductive health issues. The National Council for Women Society (NCWS) Beijing conference action, 1995 and the Associations for Reproductive and family Health (AFRFH, 2002) have all dvocated the right of every women to a fulfilling reproductive health care system and safe parenthood.

Unfortunately, women in most rural areas do not have a say when it comes to family planning issues and reproductive health care as they are still dependent on their spouses and are lack economical empowerment (Olutayo, 2005). More so, the lack of adequate knowledge regarding the family planning methods poses more challenges to this will make it difficult for them to relate the benefit of these methods to their husbands who are rarely carried along with the family planning issue. Onsuzi (2009) revealed that many rural women have been threatened, abused, beaten and sometimes overpowered when it comes to sexual play and matter that concerns family planning measures. In particular, available data indicates that Nigeria currently has one of the highest rate of maternal mortality in the world. This is also evident as 40% of these maternal deaths are due to complications of unsafe abortions, which abortion is a response to an unwanted pregnancy that could have been prevented by effective contraceptive and family planning measures (Ozumba et al, 2005). Yet, Nigerian's contraception prevalence rate is less than 13%, while the situation has further compounded by the persisting challenge of high fertility rate of about 5.8% and an annual growth rate of 2.8% in the phase of a large population size of over 140 million persons.

Furthermore, despite the intense programmes and efforts by Nigerian government and various Non-Governmental Agencies to reverse the trend, there has been little evidence to suggest a systematic improvement at these indicators. Primary prevention, based on reducing the numbers of risk pregnancy stage through effective contraceptive, is said to be an important approach to resolving the problem. Adetona, (2008) opined that the use of

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contraception has not been well consolidated in Nigeria, with evidence from recent Demographic Health Survey (DHS) date indicating that only 13 percent of sexually active Nigerian women currently practice effective contraception. Part of the reasons for the poor use of contraception in Nigeria, as an effective means of family planning include the persisting pre-natalist culture of the people, religious doctrines which discourage use of contraception, men's attitude towards family planning, women's fear of contraceptive side-effects, poor availability and distribution of contraceptives. Omo-Agboja et al 2009 noted that the perception that contraception could lead to infertility in latter life is one of the reasons that discourages Nigerian women from using contraceptives. Also, many women as revealed by Abanihe (1994) expressed that the fear of losing their husband to other women most especially in a rural setting where polygyny is predominant will be a major factor that limit women's access to family planning programmes.

Although there been numerous publications on contraceptives and other family planning methods for over two decades past, contraceptive use is still low in many developing countries, including Nigeria, where 23.7% of currently married women are yet to use one (NPC, 2009) While culture, poverty and poor access have been widely understood as a militating factor against their use, studies presenting women's self identified barriers are relatively few. Much attention is given to eliciting client's knowledge and utilization gaps regarding family planning methods, but specific attention to eliciting their knowledge gaps regarding the benefits of family planning is often deficient. (USAID, 2008: Abanihe, 1994). Thus, studies that will bring to limelight the knowledge and perception of women about family planning especially in rural areas become necessary in providing basis for planning intervention programmes on the control of population explosion.

OBJECTIVES OF STUDY

The general objective of this study is to examine the knowledge and perception of women towards family planning in the rural Ibadan metropolis. The specific objectives are to:

Examine women's knowledge about the types of family planning methods

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Examine the perception of women about family planning

Document the most preferred and utilized family planning methods in the selected rural communities of Ibadan metropolis

CONCEPT OF FAMILY PLANNING

The issue of family planning all over the world has attracted attentions due to its importance in decision making about population growth and development issues. The World Health Organization (2001) defined family planning as the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies and bringing about unwanted babies, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of the parents and determining the number of children in the family. As further observed by (Onokerhoraye, 1997), family planning as the provision of birth prevention information services and appliances. It also involves teaching men and women about their bodies and teaching them how to operate births usually with contraceptives but sometimes also with abortion or sterilization. Hatcher et al (1997) opined that family planning is now seen as human right basic to human dignity. Hatcher et al (1997) further showed that family planning helps women protect themselves from unwanted pregnancies. As a result many women's lives have been saved from high-risk pregnancies and unsafe abortion (Huezo and Carignan 2007). Nevertheless, different types of family planning methods have been identified as put forward by (Olorunfemi, 2001 and Orobuloye 2002). These are:-

Sexual Abstinence

Abstinence was the main method of fertility regulation practiced in most traditional societies. These include pre-marital, post-partum and terminal abstinence. Pre-marital sexual abstinence is abstinence which expects a lady to be a virgin until the bridal night when consummation of marriage is expected to take place. Pre-marital sexual abstinence guarantees against virgin births in many pre-literature societies.The second type of abstinence which has implications for fertility rate is *(post- partum)* abstinence. It occurs between births and frequently with breastfeeding. *(Post Partum)*

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abstinence is widely known and practiced in many traditional societies in Africa and Asia, and it is most effective means of child-spacing in these societies. The duration varies from one society to another, and nowadays varies within each society, from one individual to another. In the past, the duration was up to three years among many African populations. There is now evidence that the duration has become shorter, and shorter, and that it is more prolonged in the rural than in the urban areas, and among the uneducated than educated people.

Terminal abstinence begins when a woman has completed her family size and has decided to stop having children. Recent investigations in African and Asia have shown that the most common reasons given for the beginning of terminal abstinence are usually associated with old age, not wanting any more children and becoming a grand-mother. In additional societies terminal abstinence starts before menopause and becomes significant by the time a woman attains 45 years of age. Other types of abstinence include: Intra-reproductive abstinence other than continuous abstinence from birth, and abstinence during pregnancy and menstruation. These last two have very little effect on fertility.

The impact of various types of abstinence as means of fertility regulation has diminished. In the past, most people believed that sexual relationship is only for having babies, and that romantic love was immoral and sinful. The situation has changed; the advent of modern methods of contraception has increased the desire for sex for love and for pleasure.

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Contraception

Contraception means stopping conception, and the mechanisms for achieving this is contraceptive use. The various forms of modern contraceptives are: Chemical methods, Mechanical Methods, medical abortion, Condom (both male and female condom), Intra-uterine devices (IUD) (loop or coil), Grafenberg or other rings, Diaphragm or dutch cap. Others include, Surgical methods which include Female and male sterilization.

The introduction on a wide-scale of two effective and relatively safe contraceptive techniques, the pill and the intra-uterine contraceptives, contributed significantly in many countries in stimulating interests in fertility regulation, family planning and population control. Thomson and Potts (1999) view contraceptive

devices as the pills, the condom of women and all the various forms of jellies and creams which can easily be obtained from chemist shops in most of the developing countries, while methods such as the IUD, · diaphragm or dutch cap and mechanical methods can easily be obtained from doctors, hospitals and family planning clinics.

It is now evident that the use of traditional methods such as abstinence has declined in many parts of the developing world, while the adoption of modem methods of contraception has increased by many folds, in recent years. The changes are due partly to availability of effective and safe contraceptive techniques, particularly the pill and the intra-uterine devices, and mostly to the increasing desire for romantic love, sex for love and pleasure, and above all, the changing role and status of women in many of these societies (Williams, 1991).

Health Belief Model

The health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviors by focusing on the attitudes and beliefs of individuals. The HBM was developed in the 1950s as part of an effort by social psychologists in the United States Public Health Service to explain the lack of public participation in the health screening and prevention programmes (Denison, 1996; Rosenstock et al, 1994). Since then, the HBM has been adopted to explore a variety of long and short term health behaviors, including sexual risk behaviors, personal safety among others. The key variable of the HBM are as follows:

Perceived Threat: This consists of two parts: perceived susceptibility and perceived severity of a health condition. Perceived susceptibility involves one's subjective perception of the risk of contracting a health condition, while perceived severity entails feelings concerning the seriousness of contracting an illness or of leaving it untreated (including evaluations of both medical and clinical consequences and possibly social consequences). The perceived severity as the model entails could be applied to women attitude towards family planning as women are likely to display positive attitude towards family planning when there is a perceived threat to their health with another pregnancy.

Perceived Benefits: This is the belief of effectiveness of strategies designed to reduce the threat of illness. The perceived benefits of

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family planning by women will encourage and motivate them to practice family planning generally and specific method dependent on the benefits they perceive in that particular method. Such will go a long way too to affect their attitude towards such methods as well as family planning in general.

Perceived Barriers: These talks about the negative consequences that may result from having particular health problems, including physical, psychological, and financial demands. Such barriers as fear of infertility, fear of losing their husbands to other women outside, fear of being promiscuous, delayed fertility and other perceived negative sides effect of the contraceptives will cause women not only to have negative attitude towards family planning but also debar them from practicing it.

Cues to Action: Events, either bodily (e.g, physical symptoms of a health condition) or environmental (e.g, media publicity) that motivate people to take action towards family planning.

Other variable include diverse demographic, socio-psychological, and structural variables that affect an individual's perceptions and thus indirectly influence health-related behavior. Self-efficacy is the belief in being able to successfully execute the behavior required to produce the desired outcomes. The implication is that women with high self-efficacy will be able to defend and present the essence of family planning based more on adequate knowledge about it. They will also express themselves with regards to whatever bothers them, such as family planning, desired number of children, sex and other reproductive health issues. This is necessary due to the fact that women usually suffer silently from several social vices such as sexual abuse, rape, torture, abandonment and societal patriarchy as well as preventing them from enjoying reproductive health such as family planning.

Social Action Theory

The concept was primarily developed in the non-positivist theory of Max Weber to observe how human behaviors relate to cause and effect in the social realm. For Weber, sociology is the study of society and behavior and must therefore look at the heart of interaction. The theory of social action, more than structural functionalist positions, accepts and assumes that humans vary their actions according to social contexts and how it will affect other people; when a potential reaction is not desirable, the action is modified accordingly.

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For Weber, on the theory of social action, as it relates to the phenomenon of family planning and involvement of women is reproductive health, behavior is the arch-type of action. He tries to emphasize one of the uses of Verstehen (interpretative understanding) which is the process by which sociologist attempt to gain access to the meaning of actor. In defining action as human behavior, agent sees the actor as subjectively meaningful. Weber emphasizes the motive present, the mind of the actor which is the cause of the act. Thus if we see a coupe together as being engaged to each other or we heard about their closeness or interactions, then we may immediately recognized the act (Direct Verstehen). In other words placing emphasizes on meaningful behavior and rational behavior means that in family planning and reproductive health there is an evidence of a meaningful behavior and more so, a rational behavior on the parts of the two people getting involved. This means that rationality in most cases tends to pay major role towards perception about family planning.

Conceptual Framework:

The fig below explains the socio-economic status and the knowledge and perception of utilizing family planning methods. Women's socio-economic status which is reflected in their level of education, level of income and occupation influence their knowledge with regards to family planning methods, the perceived benefits or advantages and the perceived disadvantages or side-effects. Educated women have been observed to have higher knowledge of family planning methods (Korra 2002). The higher the knowledge of people about family planning methods, the more they will have idea about the advantages and possible disadvantage of side-effects of family planning methods. This will not only affect their attitude towards the methods, but also influence their utilization of family planning methods/contraceptive use, their fertility rate and the size of family they will have in the long run as reflected in the figure below. Furthermore, peoples, culture, desired family size, husband's expectation and availability of family planning methods are being influenced by their socio-economic status and this further influences the knowledge of women and their perception towards family planning and also influence contraceptive use. The socio-economic status as illustrated by the figure below influences and is being influenced by peoples perceived benefits to taking action regarding

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family, perceived severity of ill-health or health condition of having more children and perceived self-efficiency of practicing family planning methods. These factors influence and are also influenced by the culture of the people, desire for large family size, husband's perception and the availability of family planning methods. However, the knowledge and perception of a people are very paramount in the decision making process regarding it hence the popular saying, "knowledge is power"

These will generally influence the practice of family planning methods especially among rural women who are usually less exposed and are involved in farming activities where they feel that given birth many children is added advantage to them.

Conceptual frame work

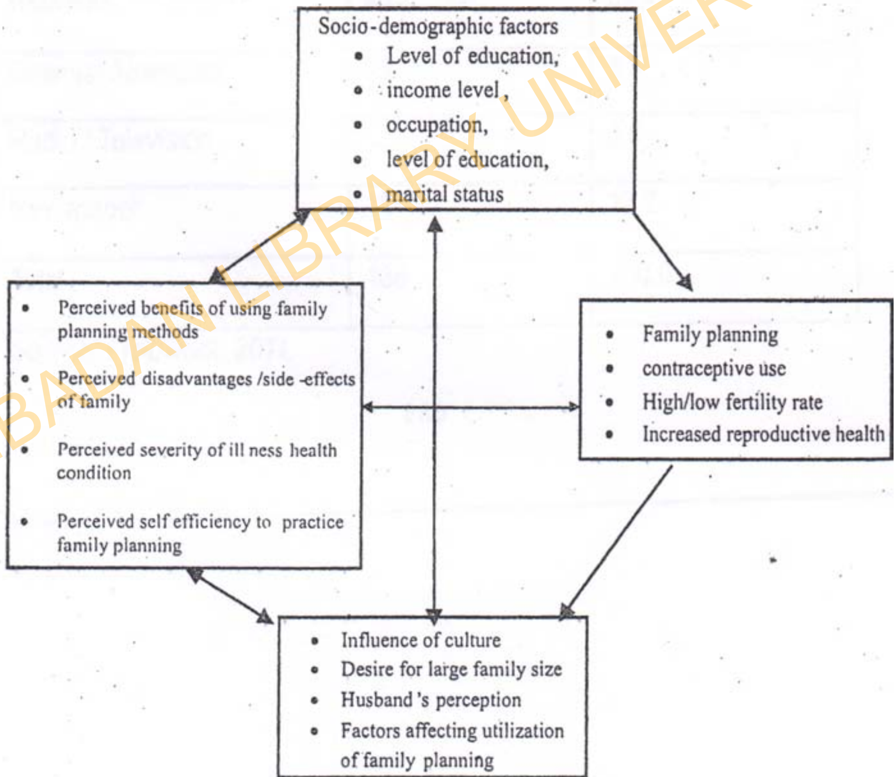

Fig 1; Conceptual framework of the Health Belief Model and the Social Action theory explaining the knowledge and perception of women about family planning.

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DISCUSSION OF FINDINGS

Socio-demographic Characteristics of Respondents.

In examining the knowledge and perception of women about family planning, the socio-economic characteristics of the women were analyzed. Findings from the study revealed that half of the women had at least had primary education and while only 16 percent have tertiary education, however, over 35 percent of these women are full time house wives, only 35 percent are traders while as few as 7.4 percent are civil servant. Also half of the women as low as earned N10, 000 and N20, 000 per month, while almost a quarter of them, earned less than N10, 000. Only about 15 percent earned between N21, 000-N30, 000 monthly and about 12 percent only earned above N31, 000. The socio-economic characteristic of the women studied are therefore generally low when their level of income and occupation are compared with their number of children (Irobi 2007). Also, majority were observed to fall within their fecund ages of 20-39 as over 90 percent of them fall within these age ranges. This goes to show the reduced rate of early marriage especially in this era of globalization among some rural areas of the southern part of Nigeria over 40 percent of the women are in polygamous marriages and have not less 6 children each.

KNOWLEDGE AND PERCEPTION ABOUT FAMILY PLANNING

Table 2: Sources of Awareness

Sources of Awareness	Frequency	Percent
Doctors/Nurses	61	44.9
Relatives / Friends	40	29.4
Chemist Attendants	05	3.6
Radio / Television	12	8.8
Newspaper	18	13.2
Total	136	100.0

Source: Fieldwork, 2011.

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From the table 2 above, majority of the women in the study area are fully aware of the sources where they can have or have had knowledge about family planning. It further shows that 44.9 percent of them have the knowledge of family planning through Doctors/ Nurses while 29.4 percent of the women sources of knowledge are from relative / friends. The media sources also add to their knowledge as indicated by the women show 8.8 percent got the information from the radio/ television, while 13.2 percent said it is through newspapers. Only 3.6 percent said their source of awareness is through chemist attendants all around Ibadan core areas.

Although, the findings showed that the sources of awareness were very high among the women in the study area, few women interacted confidently like people who were knowledgeable family. This however corroborates the work of Adetona (2008), who opined that Nigerian women have not always preferred the family planning measures and thereby making the awareness level to be very low in the society. Whereas, this study revealed that it is rather appalling as many of the women still do not good knowledge and awareness of the family planning measures. This is however obvious in the interviews. Most of the respondents were only talking about abstinence condom and pills are measures through which family. An interviewed woman in one of the sessions revealed thus:

> *Well I do not think that this family planning issue concerns me now. But I know that if we don't want to have a baby, I breast feed my last child for a long time, we can use condom or we will not do at all or we can take preventive drugs to stop it.*

Another interviewed woman supported the above view and confirmed the fact that rural women within this studied area are less knowledgeable about family planning methods stated thus:

> *The major family planning methods I know are condom use, abstinence, breast feeding, and withdrawal, abortion and control pills. That is all that I know about the control of children or family planning and that is when my husband ask that we go it because I do not know how many children he wants us to have oh.*

It was also observed that most of the women who were involved in family planning had to do it with the approval of their husbands and the methods used are usually decided by the husbands after the matrons must have made the options available hence the knowledge of family planning methods were not selected out of the understanding of the methods, but dependent of the matron's discretion and husbands approval. This was confirmed by a response from an interviewed woman who responded thus:

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> *My husband normally uses condom anytime he does not want me to get pregnant especially if we are sure we are not ready. However when we finished given birth to all our 7 children, the matron advised that we needed to do family planning. My husband decided I should be coming for the monthly injection. It was then I knew that aside from condom, abstinence, pills, abortion, injection is also part of the way to stop pregnancy. (Married woman 35/IDI/July 2010)*

Perception about family planning

The responses from the In-depth interviews and Focus Group Discussions conducted among women in the study area revealed that family planning and reproductive health measures have been perceived as one of the major means of reducing large family size. It is not just about a means of reducing large family size, but also a means to fully take care of safe delivery and post natal care. While it is generally believed that family planning is good, the result of this research reveals a diverse perception about family planning. She maintained that:

> *The only acceptable indication for use of contraceptives among women should be on health grounds, if repeated pregnancies would pose serious health problems to mothers. She maintained that as for me. I do not use any contraceptives. When my husband says he wants to do I have no objection, because we are many.*
> *(Married Woman/IDI/38years/June 2011.*

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The above response shows that women may be ready to risk their lives and continue to give birth in order not to lose or annoy their husband. This goes to show the level of depending of men on their husbands. This is in line with Abanihe, (1994) who observes that the fear of losing their husband to other women most especially in a rural setting where polygamy and polygamy is predominant will be a major factor that limits women access to family planning programmes in the society. Further observation also reveals that most women in the study area had early marriages and thus had higher fertility and tendency to give birth too many children. Majority do not even perceive the need to space properly in between their children, rather they have a wrong view that only women who no longer want to give birth require family planning. According to a woman she maintained:

> *I am second wife to my husband and within four years of my marriage I have given birth to three children and even now I am still young because I have not reach twenty-eight. I still want to give birth to few more children as my husband wants it. Hence I feel that family planning is not meant for people like me but for those who have finished given birth (Woman/IDI/38years/June 2011)*

Many other women interviewed maintained that family planning is a good program, most especially in this hard economic situation. However, the idea about the ideal number of children a couple should have is still questionable in a country that is besotted by such high population, poverty and unemployment challenges. During the FGD, a woman maintained obviously that:

> *Family planning program is good and it is a welcome development. However, family planning should be done when a person as given birth to at least 5-6 children as it is only those that give birth, that own the world.*
> *(Married woman/33years/FGD/June 201).*

Some negative perceptions were also obvious in the interview sessions with some women as their response revealed that most of these women in the area are not comfortable with family planning. A woman responded by saying:

> *I am an intermittent childbearing woman, Even if I have finished given birth, I will not allow any body or advise anyone to take family planning because men are dangerous may have other children outside when they know that you are on family planning (Married woman /IDI/43years/June 2011.*

Another respondent also added:

> *We have heard about family planning more than 5 years most especially at the hospital among friends, and on Radio and Television. But its practicability of is very scary. (Woman/IDI/33years/June 2011)*

Further probe into the perception of women about family planning as revealed by the respondent showed that the issue of family planning has exclusively being reserved as women's affairs and once there husband does not support them, they feel uncomfortable about the acceptance of the techniques. According to a respondent maintained that:

> *Most family planning methods and program efforts are focused on women and men often feel uncomfortable and unwelcomed in the family planning clinics that are oriented to women. Men would not want to be talking about family planning, because it is regarded as a public figure. (Married woman/IDI/43years/June 2011.*

In another interview, with a woman, she maintained that:

> *The whole idea of family planning came into existence, because of the need to reduce the population of the country. No other benefit is attached to the family planning issues. In fact we are not*

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too sure whether the program is an attempt to make us infertile (Married woman/IDI/43years/June 2011.

The discussion above reveals that although some women agreed to the importance of family planning, it has been perceived to be a woman's thing. Thus, the above responses supports Danforth (1999) views which indicated that overwhelming reliance on female method has led to the assumption on the part of many women and men that contraception is only for women. This resulted in women being the most family planning providers who may sometimes not involve men because of another perception or belief that men want large families to proof their virility.

MOSTLY USED AND PREFERRED FAMILY PLANNING METHODS.

The issues of family planning measures restrain women most of the time from surrendering their bodies for such reproductive exercise commonly practiced in the society. Though, scholars have advocated for the right of every women to a fulfilling reproductive health care system and safe parenthood. Thus, the need to identify types of family planning method mostly used and preferred by women is therefore examined as part of the objective of this study.

Finding revealed as obvious in the table below that the most used and preferred method of family planning is condom as 46.3 percent of the women surveyed used and preferred condom. The next mostly used method is abstinence as 19.1 percent fell into this category of family planning method. Furthermore, 7.4 percent each of the women surveyed used Injectables and IUD.

Table 3. Respondents methods mostly used for family planning

Methods mostly used for family planning	Frequency	Percent
Abstinence	26	19.1
Coitus interruption	06	4.4
Injectables	10	7.4
Condom	63	46.3
Nar plant	03	2.2
IUC / OCP	10	7.4
Others	11	8.4
Total	136	100.0

Source: Fieldwork, 2011.

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These methods of condom use and abstinence as indicated by respondents are the mostly used and preferred by family planning adopted by the women in the traditional core areas of Ibadan due to the fact that men decide to use the condom to prevent pregnancy and it is comfortable to use. However, all indication has pointed to low level educational background which limits them from getting used to the new or latest methods of family planning such as neo plant, IUC / oral contraceptives, coitus interruption and other methods of family planning identified by respondents in the study area. In addition, the analysis on In-depth interview confirmed that contraceptives uses are still low in many developing countries including Nigeria, where 23.7% of currently married women had ever used one. Over the past four decades, there have been numerous married women and other family methods. In the area, the most widely used and preferred method of family planning are condom, withdrawal method, contraceptive pills, oral pills and sometimes female sterilization. The respondent:

> *In this community, most of the women are protected by female sterilization, though I prefer to use condom and oral pills. I started using the oral pills when the nurse told me that, other method of family planning would cause me irritation and sometimes vomiting.*
> *(Married woman/IDI/32years/June2011).*

However, contrary to this view, a woman stated:

> *I don't jeopardize my husband love for anything, not even with the usage of condom, because I know he does like it. So I prefer the withdrawal method because he likes it and some other times, I take pills*
> *(Married woman/IDI/32years/June2011).*

Other respondent opined that condom is the simplest and most preferred form of family planning techniques to use. According to a trader selling maize at, she added:

> *My husband cannot do without having sex, even when am pregnant or after a month or 3 month of delivery, he likes demanding for sex and the only means I can prevent another pregnancy is to use condom, because I can't force him, otherwise he could go to marry another person.*
> *(Married woman/IDI/32years/June2011).*

All the respondent maintained that they could accept the use of contraceptives such as IUD, and female sterilization provided they have given birth to about 4-6 children. A lady who has been married for seven years expressed thus:

infertility, desire for pregnancy, high level of promiscuity and fear of side effect are the major reasons why women hardly utilize the

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advance family planning measures in the rural areas of Ibadan. It is however obvious from many other responses that the study, that male or husband factor also determines the preferred and most use family planning methods. Hence although, the issue of child bearing has been exclusively regarded as women's domain, the needed reproductive healthcare is not accrued to them, because their husband has the final say. Thus, the support and involvement of men (husband) in family planning was examined in a discussion. A respondent at the FGD maintained that:

> *Few men like using condoms because it is seen as a barrier to sexual enjoyment rather than prevention. There has never been a time my husband agreed to use condom, even if am menstruating and he needs sex, he will just close his eyes and do the thing. (Young married women/24years/FGD/June, 24, 2011).*

Others added and revealed that condom is an inconvenient method of family planning and some men will try all the pranks they can to ensure that they do not use condom. A woman expressed thus:

> *My husband is a very cunning man, if you asked him, let us use condom, he will say, he does not know where they are selling it, despite the fact that virtually all the chemist shop in our areas has it. But if you now tell him that you will go and buy it yourself, then you get on his nerves (Married woman/IDI/32years/June2011).*

The above response shows the stress that women go through in order to please their husband and also supports some views of other researchers like Onsuzi (2009), who maintained that many rural women have been threatened, abused beaten and sometimes overpowered when it comes to sexual play and matters that concerns family planning measures. The contradictions that arises from sexual perception or side effect also restrains women from surrendering their bodies for reproductive exercise, which they know might produce unpalatable consequences when they consider synchronizing nurturing of a baby (reproductive role) with their household chores (Adekanye, 2004).

Further analysis also revealed that preference for male children also make men refuse their wives to practice family planning and give birth to more children. For instance a woman noted that:

> *In 2009, I want to get sterilized, but my husband wanted another son. He said "Since we have three daughters, we should have three sons". Unfortunately for him I gave birth to another female and up till now He (my husband) as not allowed me to go for family planning.*

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SUMMARY OF FINDINGS

The study gave an insight into knowledge and perception of women towards family planning in Ibadan, Oyo State focusing on the rural areas like Oja-Oba, Beere, Mapo, Oje, and Ita-merin areas of Ibadan. A total numbers of two hundred households were randomly selected out of which one hundred and thirty-six available married women were surveyed. Also in-depth interview, key informant interviews and focus group discussion were conducted among married women and health personnel's such are nurses, pharmacists and matrons in the selected regions.

Findings on the demographic characteristics of respondents revealed that half of the women have just primary education and are full time house wives. Also more than 90 percent of the women fall with the ages of fall within the ages of 20-39 years which is obviously their active reproductive ages. The study also revealed that over 50 percent of the women have 6-8 children in a family, this implies that women in the rural areas of Ibadan have high fertility rate.

Majority of the respondents said the source of their knowledge is from hospitals-nurses/doctors, as well as mass media such television, radio just to mention a few. However, there was observed low knowledge regarding the methods of family planning. Also, the findings revealed majority of the women resulted to condom usage (46.3%) and abstinence from sexual intercourse (19.1%) as the most widely preferred and used method of family planning measures used by the women in the study area. IUD, oral contraceptive due to other new methods such as oral contraceptive, coitus interruption, and in-plants were also identified for usage but due to low level of educational background of the women, it is rarely being used in Ibadan. This was corroborated by the works of Adetona (2008), who confirms that the use of contraceptive has not been well constructed in Nigeria, most especially in the core rural areas.

In the analysis, women self perceived side-effects of family planning that were been identified as a serious problem to family planning interventions in our society. Over twenty nine percent of women exercised fear of fertility to be major side-effects of family planning interventions in the society. This according to Omo-Agboja et al (2009), observes the family planning or contraceptive usage to include persisting pre-marital culture of people, religious doctrines which discourages the use of contraception among women and their attitudes is affected by side`effect such infertility in latter life. The

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result of the regression showed there is association between socio-economic characteristics of women such as income, occupation, marital status and their acceptance of family planning in the rural areas of Ibadan.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are put forward. This includes:

1. Government and other necessary stake holders should support and encourage modern and traditional health personnel to provide effective and efficient educational and counseling intervention that will contribute to improving the knowledge and perception of clients both male and female to contraceptive usage.
2. Family planning program should be intensified to improve people's knowledge of contraception and reduce their fear of its methods. Men and women need better information about the usage of contraceptives and the side effects to expect once they do adopt a method.
3. Family planning methods should be taught at both orthodox and traditional health centres. This will require that traditional birth attendants (TBAs) be trained adequately on family planning methods.
4. Government should sponsor programs that will improve the knowledge and perception of men toward family planning so they can be instrumental in encouraging their wives to practice family planning.

CONCLUSION

There is no doubt that population explosion is one of the contributing factors to underdevelopment in any nation. It is therefore pertinent to encourage men and women to effectively utilize family planning measures in order to the society from the menace of unsafe abortions and persisting challenges of high fertility rate in Nigeria. It is also important for association of family and reproductive health to play a role in bringing about increase in the knowledge of family planning methods and encourage positive behavioral changes among men regarding their responsibilities in this matter. More education programmes that will adequately carry the men along should be supported to improve the knowledge of men and women with regards to family planning and contraceptive use.

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