

*University of Ibadan
Distance Learning Centre*



**INTERNATIONAL
JOURNAL OF
DISTANCE EDUCATION**
(IJODE)

Volume 6, 2018

**A JOURNAL OF THE UNIVERSITY OF IBADAN,
DISTANCE LEARNING CENTRE**

***INTERNATIONAL JOURNAL OF DISTANCE
EDUCATION (IJOE)***

Copyright © 2018. University of Ibadan,
Distance Learning Centre, Ibadan

All Rights Reserved

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or any means, electronic, mechanical photocopying, recording or otherwise, without the prior written permission of the copyright holder.

Published June 2018 by:
University of Ibadan
Distance Learning Centre
Ibadan
Nigeria

ISSN: 0795- 0065

CONTENTS	Pages
Notes on Contributors	xv - xvi
Editorial	xvii-xix
ARTICLES	
<p>Open and Distance Education: Unending Search for Quality Assurance and Its Challenges</p> <p>Amos Oyesoji Aremu</p>	1-13
<p>Mass Higher Education Through Open and Distance Learning in Nigeria: A Positional Paper</p> <p>D. E. Okurame¹ and M. S. Ajayi²</p>	14-28
<p>Active Learning Methodology: A Strategic and Constructive Initiative for Fostering Students' Engagement in Open, Distance And E-Learning</p> <p>Ojokheta, Kester Osegba</p>	29-50
<p>Towards Effective Administration of Distance Learning Education Programme (DLEP) In Nigerian Institutions of Higher Learning</p> <p>Olayemi. J. Abiodun-Oyebanji</p>	51-69
<p>Language Experience on Reading Performance Among Pupils with Learning Disabilities in Nigeria</p> <p>M. S. Eniola¹ and Raufu Ademola Salami²</p>	70-83
<p>Impact of Basic Science Instructional Strategies on Functional Independence of Pupils with Mild Intellectual Disability in Ibadan, Nigeria</p> <p>Esther O. Oyefeso¹ and Oyundoyin, J. O.²</p>	84-103

<p>Pre-Service Teachers' Perceptions Of, And Attitudes To, Blended Learning in Biology Programmes</p> <p>Adedamola A. Kareem</p>	104-118
<p>Promoting Entrepreneurship Education in Nigerian Universities for Sustainable Development and Human Capital Management</p> <p>Oyetakin Akinrotimi Iyomo</p>	119-136
<p>The Influence of Study Habits and Lecturer-Related Factors on The Academic Performance of Undergraduate Students of University of Africa, Bayelsa State, Nigeria</p> <p>Chinelo Blessing Oribhabor</p>	137-152
<p>Assessment of School-Based Counselling in Edo State Public Secondary Schools</p> <p>Iyamu Ikponmwen Florence</p>	153-168
<p>The Roles of Counsellors on Sexual Risk-Taking Behaviour for Sustainable National Change</p> <p>George Olatunbosun Michael</p>	169-181
<p>Attitude of Women Towards the Use of Family Planning Information in Abeokuta South Local Government Area of Ogun State, Nigeria</p> <p>Afusat Olaide Akinsanya¹ and Clement Adeniyi Akangbe²</p>	182-203
<p>Self-Esteem, Parenting Styles and Teacher-Student Relationship as Correlates of Truancy Among Secondary School Students in Oyo, Oyo State Nigeria</p> <p>Mariam Igeabubi Adams¹ and Abdulfatai Adekunle Owodunni²</p>	204-223

<p>Factors Determining Delinquent Behaviour Among Secondary School Students in Shagamu Local Government Area of Ogun State, Nigeria</p> <p>Oluwole, D.A.¹, Solanke, V.T²., and Oluwole, A.R³.</p>	224-248
<p>An Omnibus View of Dehumanisation: A Glimpse into Gender Inequality</p> <p>Bakare Azeez Oluwatoyin</p>	249-274
<p>Òkè-Ìtáṣẹ̀: A Source of Spiritual Revitalization and Economic Transformation</p> <p>Oláléyẹ Samuel Káyòdẹ́</p>	275-296

ATTITUDE OF WOMEN TOWARDS THE USE OF FAMILY PLANNING INFORMATION IN ABEOKUTA SOUTH LOCAL GOVERNMENT AREA OF OGUN STATE, NIGERIA

— A. O. AKINSANYA¹ and C. A. AKANGBE Ph.D² —

Salawu Abiola Memorial Library, Moshood Abiola Polytechnic, Ojeere Abeokuta, Ogun State. akinsanyaafusat@gmail.com

Department of Library, Archival and information Studies

University of Ibadan, Ibadan, Nigeria.akangbeclem@gmail.com

Abstract

Women of child bearing age need information for their development in all aspects of life. One of such crucial information they require for optimum living is family planning information (FPI). Effective use of FPI, however, depends on the attitude of women towards it. It has been established that women's poor attitudes towards FPI, as a result of many many factors, have caused accelerated increase in population growth, high rate of unwanted pregnancies, increased sexually transmitted diseases, and illegal abortion, among others. It is against this background that this research examined the attitude of women towards the use of family planning information in Abeokuta South Local Government Area of Ogun State, Nigeria. Descriptive survey design was adopted for the study and systematic random sampling technique was used to select the sample size of 250 women of child bearing age (15-49 years) in Abeokuta South Local Government Area of Ogun State, Nigeria. Questionnaire was the main research instrument and data was analysed using descriptive statistics such as frequencies and percentages for the three research questions. Results showed that most of the respondents have heard about family planning information, some have adopted it while others did not because of fear of its side effects, lack of awareness and partner's disagreement. Awareness of FPI was found to be average but its level of use was low.

Keywords: Attitude of women, unwanted pregnancies, health centres, family planning information.

Introduction

The world is beset with the challenge of rapid increase in population, especially in developing countries such as Nigeria, where women are confronted with many factors that influence their attitude towards the use of family planning information. Through their limited or lack of awareness of information for right and safe reproductive health decision making and care free sexual relationships, they give birth indiscriminately and are, therefore, at a serious reproductive health risk as different kinds of diseases are damaging their lives. Some of them experience unwanted pregnancies, others commit unsafe abortion while some are infected with sexually transmitted diseases. The resultant effects of these are rapid population growth, untimely maternal or infant deaths, poor socio-economic and national development, poverty, etc. (Wang, 2012). All these challenges are costly for the government and health officers to maintain and control despite all efforts geared towards their eradication. The use of family planning information can drastically mitigate all the problems mentioned above if properly adhered to (Federal Government of Nigeria, 2014).

The galloping rate at which the population of Nigeria grows is distressing. Population Reference Bureau (2015) declared that Nigeria has a population of 182 million people which makes it the most populous country in Africa and the seventh most populous country in the world. Socio-economic development is regressing causing serious poverty while the health of women is retrogressing as diminishing health cases such as unwanted pregnancies, unsafe abortion, untimely maternal and infant deaths, and sexually transmitted diseases are rampant in our society. These unpleasant consequences are largely due to inadvertence towards the use of family planning information.

A nation without adequate information will subject her citizens to ignorance and deny them access to rudiments for right decision making and transformation. Owusu-Ansah in Anunobi and Udem (2014) defined information "as factual data, ideas, and other knowledge emanating from any society that is identified as being of value, sometimes gathered on a regular basis, organised in some fashion, transmitted to others, and used in some meaningful way". This implies that information is power, and it is required for making informed decisions but only the right information has the

potentiality to lead to transformation. Women need information in virtually every aspect of life such as house-keeping, health, psychology, self-empowerment, child bearing, child nursing, and child training. Of all these factors, family planning information is the most crucial as this involves issues on child bearing and planning, contraception and family health. A few numbers of women use family planning information in developing countries. In Nigeria, only 15 percent of Nigerian women are using any form of family planning (Obinna, 2017).

Though the use of family planning information by women of child bearing age depends on their attitude towards it, it is bothersome that an average Nigerian woman is compelled by many factors that prevent its use. Many of them want to use safe and operational family planning methods because it is their right (Asghar, Maann, Zafar and Ali, 2010), but are unable to do so because they lack the required awareness of, and access to, family planning information and services. Awareness of family planning information through media and education plays important roles in increasing the use of family planning services especially in those areas where literacy level is low (Dhingra et al., 2010). Major sources of information about family planning in Nigeria are friends, siblings, radio, television, newspapers, magazines, school lectures, workshops, seminars, and health workers (Abiodun and Balogun, 2009).

A study in Jordan addressed issues that related to the health of Jordanian women in rural areas and attempted to understand these women's family planning needs. The study revealed that women in rural areas of the southern region of Jordan had incomplete knowledge about the concept of family planning and some women (8.7%) stated that they did not know what family planning referred to. In addition, 8.4% of them claimed never to have heard about any method of avoiding pregnancy. The United Nations Population Fund (UNFPA) estimated that approximately 225 million of the world's women require and yet lack access to family planning information and services (United Nations Population Fund, 2014).

Family planning is a programme that allows people to make conversant choices about their sexual and reproductive health. It is described as the service that permits individuals to achieve anticipated birth spacing and family size, and enhances improved health outcomes for infants, children, women, and families

(Sonfield, Hasstedt and Gold, 2014). Family planning programme comprises contraceptive services, pregnancy testing and counseling, pregnancy-achieving services including preconception health services, basic infertility services, sexually transmitted diseases services, broader reproductive health services, patient education and counseling, breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and human immunodeficiency virus (HIV) prevention education, counseling, testing, and referral (Gavin and Pazol, 2015). It also serves as the key to decelerating rapid population growth and the subsequent detrimental impacts on the economy, national and regional development events and environmental issues (USAID, 2011).

The support of husbands and communities is another challenge militating against the use of family planning. The implication of this challenge is that the decision making on family planning use, at times, depends on husbands who engage in polygamy as this is a function of the socio-cultural customs that accompany masculinity and social status with families of large size. This and other similar studies show strong male influence in the overall family outlook (Rutaremw, Kabagenyi, Wandera, Jhamba, Akiror, and Nviiri, 2015). Some women play along with their husbands' opinions and communal beliefs by putting up the attitude of giving birth to many children (Oyedokun, 2007). This attitude leads to unfortunate issues of mother or child mortality, unwanted pregnancies, unsafe abortion, etc. which can easily be curbed through the implementation of family planning services. UNFPA estimated that meeting the unmet need for family planning around the world can prevent as many as 24 million abortions, 70,000 maternal deaths and 500,000 infant deaths (United Nations Population Fund, 2014). Besides, it was established that men desire to have more children than women. Therefore, men do not like to approve the use of contraceptives and this lack of sexual right, especially in Nigeria where women have no choice except to obey their husbands; instructions as regards use of contraception needs a redress. United Nations Population Fund (UNFPA, 2017) opined that access to safe, voluntary family planning is a human right and that family planning is central to gender equality and women's empowerment; it is also a key factor in reducing poverty.

One of the key determinants of contraceptive use in Nigeria is female education. In a study in Osun State, Nigeria, it was found that respondents' educational status, occupation of the partner, communication with the spouse regarding contraceptive use and approval of a contraceptive method were significant determinants of use of at least one modern contraceptive method (Oyedokun, 2007). In a related study from rural Kenya, it was found that a rural woman's level of education was inversely associated with her level of unmet need for family planning (Nyauchi and Omedi, 2014). Educated women are more likely to understand and appreciate why they should have fewer children to whom they can provide better education than women who were uneducated. The education of the spouse was also likely to increase the probability of contraceptive use by a woman (Oyedokun, 2007).

In a study on Barriers to utilisation of modern methods of family planning amongst women in a community in South-South of Nigeria by Utoo (2012), it was found out that non-use of family planning methods (24.2%) resulted from husband's opposition. In another study in rural Ghana, it was found that perception of partner's acceptability was a strong predictor of intention to use postpartum family planning (Eliason and Baiden, 2013). This is similar to the 35% of respondents in another study by Omideyi (2011) on contraceptive practice, unwanted pregnancies and induced abortion in Southwest Nigeria in which the respondents indicated that they did not use any family planning method because "my partner would not agree." Most Nigerian societies are patriarchal in nature and men have the dominant voice in most household matters, including health issues.

Researches on attitudes towards family planning are always connected to religion. Some women do not practice family planning because of religious beliefs (Barray, 2012). There is no identical position on contraception within each of the main religious groups on notions of fertility and procreation within the kinfolk; they possess diverse views as considered by followers, religious leaders and scholars. None of them supports the aim of a childless marriage or use of contraception outside of the marriage contract. In Islamic countries including Saudi Arabia, the use of contraceptives is still low (Farheen, 2013) and this could be attributed to the traditions of Islamic society for having many children. In a comprehensive study on the knowledge of, attitude

to and practice of contraception and the associated socio-demographic factors among Qatari married women aged 18-49 years, a representative sample of 1130 respondents, by Arbab, Bener and Abdulmalik, (2011) some women did not use contraceptive methods because of their husband's objection (7.0%) or for medical reasons (6.4%). Few women also did not use contraceptives as they considered it to be against their religious beliefs (3.0%). Considering its significance, family planning information can be used to avoid unplanned pregnancies, reduce complications, injury, maternal mortality and can also protect women from high-risk pregnancies, unsafe abortion, reproductive tract infection (RTI) and sexually transmitted infections (STIs) including HIV/AIDS (Moronkola, Ojediran, and Amosu, 2006).

Despite the fact that some people, especially in developing countries, are aware of family planning services and the corresponding efforts of government to sustain the programme; they still have an inactive attitude towards the use contraceptive, which in turn leads to different unhealthy issues including rapid population growth and unwanted pregnancies. But having the understanding of the reasons behind the non-adoption is germane to proffer necessary solution and to curb the menace thereby promoting healthy nation and productive economy. It is against this background that this study was carried out to assess the attitude of women towards the use of family planning programme in Abeokuta South Local Government Area of Ogun State.

Objectives of the Study

The core objectives of this study were to:

- i. investigate the attitude of women towards the use of family planning information in Abeokuta South Local Government Area of Ogun State;
- ii. find out the importance of family planning information to women in Abeokuta South Local Government Area of Ogun State; and
- iii. find out the factors that cause rapid population growth and unwanted pregnancies among women in Abeokuta South Local Government Area of Ogun State.

Research Questions

- (1) What is the attitude of women towards the use of family planning information?
- (2) What is the importance of adopting family planning information by women in Abeokuta South Local Government?
- (3) What are the factors that cause rapid population growth and unwanted pregnancy?

Methodology

This study adopted descriptive survey design. The population of the study comprised women of childbearing age (15 – 49 years) in 15 wards of Abeokuta South Local Government Area of Ogun State. The total number of women of reproductive age group in the Local Government was 68,398 (National Population Commission, 2006). Therefore, the population of the study was 68,398.

Sample and sampling technique

Systematic random technique was adopted to select the sample size and every 274th woman was selected and included in the sample size of the study. Therefore, a total sample size of 250 women was drawn from the total population of 68,398 women. The instrument adopted for the study was the questionnaire and data were analysed using the Statistical Package for Social Science (SPSS). Of the 250 copies of the questionnaire administered, 239 (95%) were returned and used for the study. Descriptive statistics such as frequencies and percentages were used to analyse the three research questions.

Results

Demographic Characteristics of the Respondents

The demographic characteristic of respondents (age, level of education, marital status, religion, occupation, number of children, family types and monthly income) are presented as follows:

Table 1: Demographic characteristics of the respondents

Age distribution of respondents		
Age-range	Frequency	Percentage
15 - 30	131	54.8
31 - 40	88	36.8
41-50	19	8.0
51 and above	1	0.4
Total	239	100.0
Distribution of respondents by level of education		
Education	Frequency	Percentage
No formal education	1	0.4
Primary	64	26.8
Secondary	126	52.7
Tertiary	48	20.1
Total	239	100.0
Distribution of respondents by marital status		
Marital status	Frequency	Percentage
Single	88	36.8
Married	142	59.4
Divorced	9	3.8
Total	239	100.0
Distribution of respondents by religion		
Religion	Frequency	Percentage
Christianity	94	39.3
Islam	126	52.7
Traditional	19	8.0
Total	239	100.0

Distribution of respondents by occupation		
Occupation	Frequency	Percentage
Civil servant	49	20.5
Artisan	77	32.2
Self employed	113	47.3
Total	239	100.0
Distribution of respondents by number of children		
Number of children	Frequency	Percentage
None	80	33.5
2 - 4	158	66.1
5 and above	1	0.4
Total	239	100.0
Distribution of respondents by family type		
Family type	Frequency	Percentage
Monogamy	196	82.0
Polygamy	43	18.0
Total	239	100.0
Distribution of respondents by monthly income		
Monthly income	Frequency	Percentage
N100,000 and above	66	27.6
N50,000 - N100,000	73	30.5
N30,000 - N50,000	39	16.4
Less than 30,000	61	25.5
Total	239	100.0

Table 1 shows that out of the 239 respondents, the majority of the respondents 131 (54.8%) were within 15 and 30 years of age, 88 (36.8%) respondents were within 31 and 40 years of age, while 19 (8.0%) respondents were within ages 41 and 50 years. Only 1 (0.4%) of the respondents was 51 years and above. Age segregation is necessary because for the respondents between 15 – 30 years, many women were in their reproductive age as most of them must have got married. Those respondents between the ranges of 31 – 40 years have all given birth except few who suffered late marriage or delay in pregnancy. By 41 – 50 years, the percentage is diminishing. This is because those women in that category might have been in the menopausal age, while those women of 51 years and above have already reached the menopausal age.

The educational qualification of respondents is equally presented in the Table 1 above. The highest number of respondents 126 (52.7%) had secondary education. This was followed by those with primary education who were 64 (26.8%). The respondents with tertiary education were only 48 (20.1%). The table on the distribution of respondents by marital status revealed that majority of the respondents 142 (59.4%) were married while 88 (36.8%) were single and the remaining 9 (3.8%) were divorced. These respondents cut across all the selected health centres. This implies that there were more married women than single women. The distribution of respondents by religion revealed that 126 (52.7%) were Muslims while 94 (39.3%) were Christians and the remaining 19 (8.0%) were traditional worshipers. The table as shown implies that there were more Muslims than Christians among the respondents.

The distribution of respondents by occupation reveals that majority of the respondents 113 (47.3%) were self-employed, while 77 (32.2%) were artisans and the remaining 49 (20.5%) were civil servants. On the number of children, the finding revealed that majority of the respondents 158 (66.1%) had between 2 and 4 children, 80 (33.5%) had none and the remaining 1 (0.5%) had 5 and above. This implies that majority of the respondents have between 2 and 4 children. Distribution of respondents by family type reveals that majority of the respondents 196 (82.0%) were from monogamous family and the remaining 43 (18.0%) were from polygamous family. This shows that the study had more respondents from monogamous families than from the polygamous

families. The distribution of respondents by monthly income reveals that some of the respondents 73 (30.5%) earned between N50, 000 and N100, 000 monthly income, 66 (27.6%) earned N100, 000 and above while 61 (25.5%) earned less than N30, 000 and the remaining 39 (16.4%) earned between N30, 000 and N50, 000 monthly income. This implies that majority of respondents were in N50, 000 and N100, 000 monthly income range.

Research Questions

The study fielded three research questions which are answered in this section:

Research Question 1: What is the attitude of women towards the use of family planning information?

Table 2: Attitude of women towards the use of family planning information

Attitude	Very True N (%)	True N (%)	Occasionally True N (%)	Not True N (%)	No Response N (%)
Currently using a method of family planning	73 (30.5)	38 (15.9)	-	96 (40.2)	32 (13.4)
Not using contraceptive because of fear of side effects	55 (23.0)	58 (24.3)		120 (50.2)	6 (2.5)
Not using contraceptive because of lack of awareness	32 (13.5)	24 (10.0)	18 (21.0)	157 (65.7)	8 (3.3)
Do not prevent if partner disagrees	53 (22.2)	51 (21.4)	18 (7.5)	109 (45.6)	8 (3.3)
It is sinful	11 (4.6)	23 (9.3)	47 (19.7)	151 (63.2)	7 (2.9)
Desire many children to earn more care	44 (18.4)	37 (15.6)	40 (16.7)	110 (46.0)	8 (3.3)
It is expensive	10 (4.3)	45 (18.8)	-	176 (73.6)	8 (3.3)

For research question 1, the responses of the respondents are grouped into two: The first group is True, which stands for the responses under True, Very True and Occasionally True while, the second category which is Undecided, remains as it is. Table 2 reveals that some of the respondents claimed that the attitude options are 'True' with the following figures: 111 (46.4%) were using a method of family planning, 113 (47.3%) were not using family planning method because of fear of side effects, 74 (31%) were not using family planning method because of lack of awareness, 122 (51.1%) were not using family planning method because partner disagreed, 81 (33.6%) were not using family planning method because it is sinful, 121 (50.7%) desired many children to earn more care, and 55 (23.1%) were not using family planning method because it is expensive. The remaining respondents claimed that the attitude options were 'Not True' as 120 (50.2%) were not using family planning methods because of fear of side effects, 157 (65.7%) were not using family planning method because of lack of awareness, 109 (45.6%) were not using family planning method because partner disagreed, 151 (63.2%) were not using family planning method because it is sinful, 110 (46.0%) desired many children to earn more care and 176 (73.6%) were not using family planning method because it is expensive and few others gave no response to attitude options.

Research Question 2: What is the importance of adopting family planning information by women in Abeokuta South Local Government?

Table 3: Importance of adopting family planning information

Importance	Strongly Agree N (%)	Agreed N (%)	Undecided N (%)	Disagree N (%)	Strongly disagree N (%)
Controls the timing and spacing of childbirth	192 (80.3)	28 (11.7)	19 (8.0)	-	-
Empowering people	100 (41.8%)	54 (22.6%)	24 (10.0)	39 (16.3)	22(9.2)
Prevention of infant mortality	135 (56.5)	73 (30.5)	26 (10.9)	5 (2.1)	6 (2.5)
Good standard of living	135 (56.5)	49 (20.5)	44 (18.8)	11 (4.6)	-
Prevention of sexually transmitted diseases	136 (56.9)	32 (13.4)	59 (24.6)	6 (2.5)	6 (2.5)
Exposes sexually transmitted disease	113 (47.3)	45 (18.8)	65 (27.2)	11 (4.6)	5 (2.1)
Enhances safe motherhood	135 (56.5)	68 (28.5)	36 (15.0)	-	-
Prevents rapid population growth	202 (84.5%)	-	-	-	-
Prevents unwanted pregnancy	168 (70.3%)	-	-	-	-

For the research question two, the responses given by the respondents are grouped into three: 'Agree' stands for the responses under Strongly Agree and Agree, 'Disagree' captures the responses under Strongly Disagree and Disagree, while the third category which is 'Undecided' remains as it is. Table 3 reveals that

majority of the respondents 220 (92%) agreed that family planning controls the timing and spacing of human birth, 208 (87%) agreed that it prevents infant mortality, 203 (85%) agreed that it enhances safe motherhood, 202 (84.5%) agreed that it prevents rapid population growth, 187 (77%) agreed that it enhances good standard of living, while 168 (70.3%) agreed it prevents unwanted pregnancy. Minimal number of the respondents disagreed with the importance of family planning as 61 (25.5%) disagreed that it empowers the poor, 16 (6.7%) disagreed that it exposes sexually transmitted diseases, 12 (5.0%) disagreed that it prevents unwanted pregnancy, 11 (4.6%) disagreed that it prevents rapid population growth, 11 (4.6%) disagreed that it enhances good standard of living, while 5 (2.1%) disagreed that it prevents infant mortality.

Research Question 3: What are the factors that cause rapid population growth and unwanted pregnancy?

Table 4: Factors that cause rapid population growth and unwanted pregnancies

Factors	Strongly Agree N (%)	Agree N (%)	Undecided N (%)	Disagree N (%)	Strongly Disagree N (%)
Lack of awareness of family planning information	100 (41.8)	5 (2.1)	52 (21.8)	18 (7.5)	64 (26.8)
Lack of access to health providers	11 (4.6)	43 (18.0)	60 (25.1)	52 (21.8)	73 (30.5)
Husband or sexual partner's disagreement	34 (14.1)	75 (31.4)	61 (25.6)	52 (21.8)	17 (7.1)
Polygamy	34 (14.1)	102 (42.7)	56 (23.5)	30 (12.6)	17 (7.1)
Religion	16 (6.7)	67 (28.0)	61 (25.5)	35 (14.6)	60 (25.1)
Language barrier	43 (18.0)	41 (17.2)	90 (37.6)	36 (15.1)	29 (12.1)
Lack of access to information	60 (25.1)	40 (16.7)	64 (26.8)	37 (15.5)	38 (15.9)
Illiteracy	52 (21.8)	48 (20.1)	43 (18.0)	74 (31.0)	22 (9.2)
Poverty	69 (28.9)	32 (13.4)	73 (30.5)	27 (11.3)	38 (15.9)
High fertility rate	79 (33.1)	67 (28.0)	74 (31.0)	2 (0.8)	17 (7.1)
Low level of education	99 (41.4)	71 (29.7)	55 (23.0)	5 (2.1)	9 (3.8)
Social and economic development	45 (18.8)	42 (17.6)	89 (37.2)	25 (10.5)	38 (15.9)
Far distance of health centre	48 (20.2)	33 (14.0)	56 (23.6)	44 (18.4)	57 (23.8)
Lack of knowledge of benefits of family planning	66 (27.6)	72 (30.1)	65 (27.0)	19 (7.9)	17 (7.1)
Lack of government incentives	45 (18.8)	47 (19.7)	66 (27.6)	17 (7.1)	64 (26.8)

For research question three, the responses of the respondents are grouped into three: 'Agree' stands for the responses under Strongly Agree and Agree while 'Disagree' captures the responses under Strongly Disagree and Disagree. The third category which is 'Undecided' remains as it is. Table 4 above reveals that majority of the respondents agreed that low level of education (71.1%), high fertility rate (61.1%), lack of knowledge of benefits of family planning (57.7%), polygamy (56.8%), husband or sexual partner's disagreement (45.5%), lack of awareness (43.9%), and poverty (42.3%) are factors that cause rapid population growth and unwanted pregnancy respectively. A number of respondents disagreed that lack of access to health providers (52.3%), far distance to health centres (42.2%), illiteracy (40.2%), religion (39.7%) are factors that cause rapid population growth and unwanted pregnancy among women in Abeokuta South Local Government Area of Ogun State.

Discussion of Findings

Our finding on Attitude of women towards the use of information on family planning information reveals that some of the respondents were using family planning, while some were not. Of all the respondents, 46.4 per cent were currently using a method of family planning. This finding was lower than the percentage of women in the study on Knowledge, Sources and Use of family planning methods among women aged 15 – 49 years in Uganda: a cross-sectional study by Alege, et al, (2016) who revealed that in the overall, 62.2% of the women reported that they were currently using a family planning method. Our study also reveals that some respondents were not using any family planning method due to a number of reasons which include fear of side effects, lack of awareness, partners' disagreement, and belief that it is sinful. This corroborates the findings of Ghulam (2015), which has established that reasons for not using family planning and modern contraceptives include incomplete family size, negative perceptions, disapproval, religious concerns, side-effects, and lack of access to quality services. This is also in line with another study conducted in Iraq on knowledge, attitude and practice of family planning among women in Basrah city South of Iraq by Ebrahim and Muhammed (2011), which revealed that the main reasons for not using contraceptives were due to their side effects, the desire to have children, husbands' objection, cost of contraceptives and

religious beliefs, respectively. In the same vein, another study on awareness, use of, and barriers to, family planning services among female university students in Lesotho by Oluwasanmi (2011), over half of the participants (52.5%) considered that the costs of family planning services were acceptable, but 19.2% considered it slightly too expensive.

In our current study, it was revealed that FPI has several importance as the majority of the respondents agreed that family planning controls the timing and spacing of human births, prevents infant mortality, enhances safe motherhood, prevents rapid population growth, enhances good standard of living, and prevents unwanted pregnancy. These corroborate the findings of Oluwasanmi's (2011) study in which majority of the respondents indicated that importance of family planning is: control of birth and child spacing, prevention of unplanned or unwanted pregnancy, improvement of standard of living, protection of mothers' health, protection of children's health, fostering love withpeace, engenders closer relationship, etc.

In Arbab, Bener and Abdulmalik's (2011) study on prevalence, awareness and determinants of contraceptives use among Qatari women, it was also revealed that most of the women who currently used contraceptives identified child spacing as the most common reason for using contraceptives. Very few women used contraceptive because they did not want to have more children, while some used contraceptives on physicians' advice.

On factors that cause rapid population growth and unwanted pregnancy, findings from our study show that low level of education to high fertility rate, lack of knowledge of benefits of family planning, polygamy, husband or sexual partner's disagreement, lack of awareness, and poverty were factors that caused rapid population growth and unwanted pregnancy. These findings are in tandem with those of the study carried out by Arbab, Bener and Abdulmalik (2011) on prevalence, awareness and determinants of contraceptives use in Qatari women which associated education with attitude to contraception as more illiterates (12.0%) and primary school-educated women (21.5%) were not in favour of contraception compared to women with secondary school (5.6%) or college (14.8%) education. Whereas a contrary result was recorded in a study conducted on contraceptive use and attitudes amongst female college students

in the USA by Bryant (2009) which revealed that children between ages 20 and 24 have one of the highest rates of unplanned pregnancies. The study also indicated that 53.3% did not use contraception (Bryant 2009:14). Two reasons given for the pregnancies were contraceptive failure or incorrect use of contraceptives (Bryant 2009:16). In another study of barriers to adoption of family planning among women in Eastern Democratic Republic of Congo, most women (80%) had a good perception about FPI along with a strong desire to space their pregnancies in the future.

Conclusion

This study has shown that one of the major reasons for the occurrence of rapid population growth, unwanted pregnancies and child or mother mortality among women in our society may not be as a result of the unawareness of family planning information but their attitude towards it. It has also been established that attitude of women of child bearing age is influenced by so many factors ranging from partners' disagreement, illiteracy, religious beliefs, poverty, the idea that women do not have a say, to fear of side effects and superstitions that are seriously held in conformity to the culture of the land, all these are leading to low or non-use of FPI. The study also claimed that FPI is germane in our society as it controls the timing and spacing of human birth, enhances safe motherhood and good standard of living, and also prevents infant mortality, rapid population growth, and unwanted pregnancy.

Recommendations

In order to eradicate and totally control the occurrence of rapid population growth, unwanted pregnancies and child or mother mortality in our society, the following recommendations are made:

- i. There must be a comprehensive awareness creation through seminars, symposia and media.
- ii. The government should provide sufficient funds and required equipment for training and retraining of health providers, with the involvement of traditional, communal and religious leaders to increase compliance with family planning information requirements.
- iii. The government should set up libraries and health centres in the strategic areas to meet the various needs of the people

and provide quality education for them at all levels, and improve the quality of health-care services by recruiting more qualified health care personnel.

- iv. Parents, traditional, religious and community leaders should be involved in educating women of child bearing age to prevent reproductive health challenges, maintain productive economy and foster national wellness.
- v. Men should be involved in receiving education on FPI.

IBADAN UNIVERSITY LIBRARY

References

- Abiodun, O. M. & Balogun, O. R. (2009). Sexual activity and contraceptive use among young female students of tertiary educational institutions in Ilorin, Nigeria. *Contraception*. 2009; 79:146-149.
- Alege, Stephen Galla; Joseph, Matovu; Simon, Ssensalire & Nabiwemba, Elizabeth (2016). Knowledge, Sources and Use of Family Planning Methods among Women Aged 15-49 Years in Uganda: A cross-sectional study. *Pan African Med 14 Journal*; 24(39). Available online @<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC/4992376>.
- Anunobi, C. & Udem, K. O. (2014). Information Literacy Competencies: A Conceptual Analysis. *Journal of Applied Information Science and Technology*, 7(2) 64- 80.
- Arbab, A., Bener, A. & Abdulmalik, M. (2011). Prevalence, awareness and determinants of contraceptive use in Qatari women. *East Mediterr Health J*. 2011, 17: 1-Google Scholar.
- Asghar, K., Maann, A. A., Zafar, M. I. & Ali, T. (2010). Practicing of women reproductive health rights: A road map for HIV prevention. *Pak. J. Nutr.*, 9: 250-254.
- Babalola, D. A., Babalola, Y. T. & Oladimeji, A. A. (2012). Assessing the use of family planning information among farming households in Nigeria: Evidence from Ogun State. *Asian Journal of Rural Development*. 2012; 2(2): 40-46. ISSN 1996-336X/ DOI: 10.3923/ajrd.2012.40.46. *Science Alert Journals*. 2012. *Knowledge Review*, Malaysia.
- Bayray, A. (2012). Assessment of male involvement in family planning use among men in south eastern zone of Tigray, Ethiopia. *Scholarly Journal of Medicine*, 2 (2): 1- 10
- Bryant, K. D. (2009). Contraceptive use and attitudes among female college students. *Journal of ABNF* 20(1), 12-16. PMID: 19278182.
- Obinna, C. (2017). Family Planning: Uganda's Success, Lesson for Nigeria. Available online@<http://www.vanguardngr.com/2017/05/family-planningugandas-success-lesson-nigeria> Democratic Republic of Congo.
- Dhingra R. (2010). Attitude of couples towards family planning. *Journal of Human Ecology*. 30(1):63-70.

- Ebrahim, S. & Muhammed, N. (2011). Knowledge, attitude and practice of family planning among women in Basrah city South of Iraq. *MBU*. 29(1,2): 70-76. 2011; 22: 178-87.
- Eliason, S. & Baiden, F. (2013). Factors influencing the intention of women in rural Ghana to adopt postpartum family planning. *Reprod Health* 2013; 34:1-8.
- Farheen, A. (2013). Ever use of contraceptives among women attending primary health care centers at Abha, Saudi Arabia. *International Journal of Current Research and Review*, 5: 26.
- Federal Government of Nigeria (2014). Nigeria Family Planning Blueprint (Scale-Up Plan). Abuja: Federal Ministry of Health available on @ www.health.gov.ng/doc/Nigeria%20FP%20B_print.pdf.
- Gavin, L. & Pazol, K. (2015). Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2015. *MMWR Morb Mortal Wkly Rep* 2016; 65:231-234. DOI: <http://dx.doi.org/10.15585/mmwr.mm6509a3>.
- Ghulam, (2015). Family Planning Knowledge, Attitudes, and Practices among Married Men and Women in Rural Areas of Pakistan: Findings from a Qualitative Need Assessment Study. *International Journal of Reproductive Medicine*, <http://dx.doi.org/10.1155/2015/190520>. Available online @<https://www.hindawi.com/journals/ijrmed/2018/190520/15>.
- Moronkola, O. A., Ojediran, M. M. & Amosu, A. (2006). Reproductive health knowledge, beliefs and determinants of contraceptives use among women attending family planning clinics in Ibadan, Nigeria. *African Health Sciences*, 2006, 6:155-159.
- National Bureau of Statistics (NBS) (Tanzania), ICF Macro. *Tanzania Demographic and Health Survey 2010*, Dar es Salaam, Tanzania. Tanzania: NBS and ICF Macro; 2011. pp. 67-72.
- Nyauchi, B. & Omedi, G. (2014). Determinants of unmet need for family planning among women in rural Kenya. *Afr Pop Study Supply*. 2014; 2:999-1008.
- Oluwasanmi, (2011). Awareness and use of and barriers to family planning services among female university students in Lesotho.

- Omideyi, A. K. (2011). Contraceptive practice, unwanted pregnancies and induced abortion in Southwest Nigeria. *Global Public Health*, 2011; 6 (Suppl):1S52-72.
- Oyedokun, A. O. (2007). Determinants of contraceptive usage: Lessons from women in Osun State of Nigeria. *J Human Soc Sci*, 2007; 1:1-14.
- Population Reference Bureau, (2015). 2015 world population data sheet with a special focus on women's empowerment. www.prb.org/pdf15-world-population-data-sheet_eng.pdf (accessed 15 May 2018).
- Rutaremwana, G., Kabagenyi, A., Wandera, A., Jhamba, T., Akiror, E. & Nviiri, H. (2015). Predictors of modern contraceptive use during the postpartum period among women in Uganda: A population-based cross sectional study. *BMC Public Health*. 15:262.
- Sonfield, A., Hasstedt, K. & Gold, R. B. (2014). *Moving Forward: Family Planning in the Era of Health Reform*. New York: Guttmacher Institute.
- United Nations, Department of Economic and Social Affairs. 2015. Trends in Contraceptive Use Worldwide. Accessed on 06 March 2018 at <http://www.un.org/en/development/desa/population/publications/pdf/family/trendsContraceptiveUse2015Report.pdf>.
- USAID. (2011). "Family Planning". Available at. http://apps.who.int/iris/bitstream/10665/44028/1/9780978856373_eng.pdf. Accessed 13th May, 2018.
- Utoo, B. T. (2012). Barriers to utilisation of modern methods of family planning amongst women in a community in South-South of Nigeria. *Trop J. Obstet Gynaecol*. 2012; 29:66-70.
- Wang, C. (2012). History of the Chinese Family Planning program:1970-2010. *Contraception* 2012; 85:5639.doi:10.1016/j.contraception.2011.10.013OpenUrl.