

## **ATTITUDE, KNOWLEDGE AND UTILIZATION OF FAMILY PLANNING METHODS AMONG RURAL WOMEN IN OGUN STATE, NIGERIA**

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### **ABSTRACT**

*This study examined the attitude, knowledge and utilization of family planning methods among rural women in Ogun State. Interview schedule was designed to obtain data from the respondents (rural women). Data were gathered from 120 rural women selected from the four zones of Ogun State Agricultural Development Programme (OGADEP). The data collected were analyzed using inferential statistics and descriptive statistics such as frequency count, percentages and mean. The result shows that majority (80%) of the respondents were married, while most of them (68%) were within the ages of 20-35 years. The respondents' sources of information on family planning were friends and spouses (77%), radio (62%), market place (74%) and health centers (88%). Also 68% of the respondents utilized pills, 48% utilize condoms, while 20% of the respondents utilize prolonged breastfeeding as their family planning methods. Significant relationship existed between respondents' utilization and knowledge of family planning methods. Correlation analysis showed a significant relationship between factors militating against the utilization of family planning methods and knowledge of family planning methods.*

**Keywords:** Knowledge, Utilization, family planning, rural women

### **INTRODUCTION**

Reproductive roles and productive functions played by rural women are so closely linked that they cannot be considered independently (Chatterjee, 1991). This assertion must have been informed by the remark of Malthus (1978) who said that agricultural productivity and birth rates are inter-related and the findings of Doss (1999) who discovered that child bearing status of women affects household labour availability for agriculture.

The above claims confirm the fact that perennial stress and unique roles of child-bearing and childcare ascribed particularly to women, biologically and socially, affect their productive potential and labour supply. This is an affirmation of the observation made by Baksh, Newmann, Paolisso, Trostle and Jasen (1994) that pregnant and lactating women contribute significantly less income

generating labour over two years than other women, which was attributed to less time devoted to labour intensive activities such as farming. Also, World Bank (1996) observed that consistent child bearing reduces productivity not only at household's level but also in the informal and formal economic sector.

Nigeria is the most populous country in Africa, with a population figure of 166.2 million as at 2012. It also has a high annual rate of population growth of 3.5% and a total fertility rate of 6.0 life time births per woman. The National Demographic and Health Survey (2003) indicated infant mortality rate at 109 per 1000 live births and maternal death at 828 per 100,000 live births.

As observed by Becker (1991), the cost of women's time is a major part of the cost of producing and rearing children. Many women especially in the rural areas, who desire to delay or stop child-bearing probably for health reason or to increase agricultural output cannot make basic choices about whether and when to become pregnant because of their limited knowledge about such issues hence they continue to procreate.

Women are active food producers. At the World Summit of Food and Agricultural Organization (FAO, 1996), the world leaders specify that the role of women in agriculture and food security cannot be over emphasized. In their opinion, emphasis on the role of women in agriculture would enable the creation of political, social and economic environment required for the eradication of hunger and poverty (Prakash, 2003).

If the efforts and abilities of the rural women regarding food production are recognized worldwide, it is of utmost importance to know the attitude of rural women to family planning which is an integral component of reproductive health. Since reproductive health issues and activities; particularly family planning directly impacts on the rural women in terms of their efforts on the farm, their health, childbearing episode and the number of children they want to have amongst other related issues should be of interest to all and sundry, this is because of what it would offer the rural women who are on the farm.

As in every developing nation, rural women in Nigeria carry largely avoidable burden of poor health related to closely spaced pregnancies and child birth. In spite of various arguments based on public health issues and human rights calling for a strong focus on sexual and reproductive health, the concept of comprehensive reproductive health is still insufficiently understood and utilized among rural women. There are millions of rural women who are not using contraceptives in spite of the expressed desire to space or limit the number of birth (Okelade, 1999).

### **Objective of the Study**

The general objective of the study was to assess the knowledge and utilization of family planning methods among rural women in Ogun State.

The specific objectives were to:

- (1) describe selected personal characteristics such as (age, marital status, religion, educational qualification) of the rural women in the study area.
- (2) identify rural women's sources of information on family planning.
- (3) determine the awareness and identify the type of contraceptive method utilize by rural women in the study area.
- (4) identify factors militating against the utilization of family planning methods among rural women.

### **Hypotheses of the Study**

The hypotheses of the study are stated in null form.

- Ho<sub>1</sub>: There is no significant relationship between the sources of information (such as radio, television, friends, spouses, etc.) and knowledge of rural women on family planning methods.
- Ho<sub>2</sub>: There is no significant relationship between utilization and knowledge of rural women on family planning methods.
- Ho<sub>3</sub>: There is no significant relationship between factors militating against the utilization of family planning methods and knowledge of rural women.

## **METHODOLOGY**

### **Area of the study**

The study area was Ogun State. Ogun State is in South West Nigeria and was created on the 3<sup>rd</sup> of February, 1976. Ogun State has a total land area of 17,0814km square extending between latitudes 6°30 and 79°54 and longitudes 280° and 460°E. Ogun State is bounded by Lagos State in the South, North by Oyo and Osun states and in the East by Ondo State, West by Republic of Benin. The state has a total population of 3,728,098 people with females accounting for 1,880,855 which constitute 50.45% of the total population while males account for 1,847,243 of its people, National Population Commission (NPC) (2007).

The state is divided into four (4) agricultural zones namely, Abeokuta, Ilaro, Ikenne and Ijebu-Ode, by the Ogun State Agricultural Development Programme (OGADEP, 2006) based on agro-ecological lines. The study covered women of child bearing age range of 18-50 years. Multi-stage random sampling method was used; Samples were drawn from women who are of child bearing age i.e from 18yrs to 50 yrs from the zones of OGADEP. The first stage involved selection of the four zones of OGADEP namely: Abeokuta, Ilaro, Ikenne and Ijebu-Ode zones. Stage two involved the selection of one local government each from the 4 zones making 4 local government

areas. Stage three involved randomly selecting 2 villages each from the four local government areas, which gave a total of 8 villages. The last stage involved the selection of 15 respondents from each village therefore making a total of 120 respondents. See table 1 below.

**Table 1: OGADEP Zones and their Local Government Areas**

Zones	L.G.A.	Selected L.G.A.	Selected villages
Ikenne	Ikenne, Sagamu, Obafemi-Owode, Remo North	Obafemi Owode	Odo Ijesha, Aberuagba
Ilaro	Yewa North, Yewa South, Imeko Afon, Ado odo-Ota, Ipokia	Ado odo-Ota	Igbesa, Oloparun
Abeokuta	Odeda, Abeokuta North, Abeokuta South, Ifo, Ewekoro	Odeda	Opeji, Ijemo Fadipe
Ijebu-Ode	Ogun Waterside, Ijebu East, Ijebu North, Ijebu-Ode	Ogun Waterside	Abigi, Iwopin

Source: OGADEP Village listing (2006)

An interview schedule was designed to obtain information from the respondents (rural women) about demographic and non-demographic characteristics. The items were constructed to identify the knowledge of rural women that influence their utilization of family planning methods. The items included in their instrument were questions to measure demographic characteristics including age, marital status, family size, religion, educational attainment and non-demographic characteristics such as sources of information on family planning, types of contraceptive methods adopted and utilized, factors militating against the use of family planning methods among rural women and knowledge of rural women on family planning methods.

The rural women knowledge about various methods of family planning was measured by asking respondents to tick appropriate options to some knowledge test questions in the interview schedule, their response will be scored as follows: True response =1, False response will be =0 The respondents was asked to indicate various sources of information available to them about family planning by ticking various sources of information available to them.

Types of family planning method utilized by the respondents was measured on the basis of 3 point scale ranging from "Always utilize" = 2, "occasionally utilize" = 1, "do not utilize" = 0. Hence, utilization scores were thus calculated for the respondents. Trained enumerators were used in the collection of primary data; this was done with the assistance of the staff of the primary health centers in each zone. Descriptive statistics, such as frequency count, percentages and means, were used. Also, hypotheses were tested using Pearson's Product Moment Correlation.

## RESULTS AND DISCUSSION

### Selected personal characteristics

The result in Table 2 revealed that the respondents' highest age range falls between the age brackets of 31-35 years. This is because the age range of 31-35 years is still within the child bearing age, so also (0.8%) of the respondents' age falls between 46-50 years; this can be attributed to the fact that the age range is close to menopause stage.

**Table 2: Frequency Distribution of Respondents according to their selected personal characteristics**

Selected personal characteristics	Frequency	Percentage (%)
<b>Age Range</b>		
Less than 30	37	30.7
31-35	51	38.2
36-40	22	19.2
41-45	09	7.5
46-50	01	0.8
<b>Marital Status</b>		
Single	5	4.2
Married	96	80.0
Divorced	7	5.8
Separated	3	2.5
Widow	9	7.5
<b>Educational level</b>		
No formal education	15	12.5
Adult literacy	9	7.5
Primary education	44	36.7
Secondary education	51	42.5
Tertiary education	1	0.8
<b>Religious affiliation</b>		
Christianity	52	43.3
Islam	46	38.3
Traditional	22	18.4
<b>Household size</b>		
2	3	2.7
3	17	15.2
4	27	22.3
5	22	19.6
6	29	20.6
7	9	8.0
8	10	8.9
9	3	2.7

Source: Field Survey, 2008

As revealed in Table 2, most of the respondents (80.0%) are married, 2.5% of the respondent are divorced while 4.2% are single. However, the use of family planning method is common among the married people because they are still in the business of child bearing (Omu, 1986). About 4.2% of the respondents that are single attested to the fact that they use family planning method in order to prevent unwanted conception before they marry.

Being literate enables the rural women to obtain useful information from magazines, radio and other sources. Table 4 also revealed that a high proportion of the farmers (87.2%) had completed one form of formal schooling, while 12.5% of the respondents had no formal education, hence use of contraceptives increases with the increase in the level of education (Scribner 1995).

Majority of the respondents (81%) had less than 6 children making up their family size. 17% of the respondents had between 7-9 children. It implies that some respondents are not using the various types of family planning methods or that they are not aware of it. However, the family size of the respondents is important to this study because it will help to check the utilization of family planning methods.

### **Respondents' Distribution According to Awareness of Family Planning Methods**

Awareness was measured by asking the respondents to indicate either they were aware or not aware of the various contraceptives types such as (waistband, pills, pendant). Majority of the respondents were aware of the various types of family planning methods such as waistband, pills, condoms, spermicides. Table 3 shows that 95% of the respondents were aware of condom, while 60% of the respondents were not aware of Tubal ligation and vasectomy, respectively. This is because Tubal ligation and vasectomy are expensive to use and they are not commonly used in Nigeria.

**Table 3: Frequency Distribution of Respondents by the various family planning methods they are aware of**

S/N	Family planning methods	Awareness Yes (1)	Awareness No (0)	No Response
1.	Waistband	109(90.8)	8(6.7)	3(2.5)
2.	Armband	104(86.7)	13(10.8)	3(2.5)
3.	Pendant	93(77.5)	23(19.2)	4(3.3)
4.	Prolonged breastfeeding	115(95.8)	5(4.2)	-
5.	Scarification	110(91.7)	8(6.7)	2(1.6)
6.	Pills	114(95.0)	4(3.3)	2(1.6)
7.	Intra uterine device (IUD)	91(75.8)	26(21.7)	3(2.5)
8.	Diaphragm	79(65.8)	39(32.5)	2(1.6)
9.	Condom	108(90.6)	11(9.2)	1(0.8)
10.	Norplant implant	64(53.3)	56(46.7)	-
11.	Tubal ligation	45(37.5)	73(60.6)	2(1.6)
12.	Vasectomy	46(38.3)	72(60.6)	2(1.6)
13.	Injectables	73(60.8)	43(35.8)	4(3.3)
14.	Spermicides	73(60.8)	43(35.8)	4(3.3)
15.	Safe period (rhythm)	107(89.2)	10(8.3)	3(2.5)
16.	Abstinence	109(90.8)	8(6.7)	3(2.5)
17.	Coitus-interruptus (withdrawal)	108(90.0)	9(7.5)	3(2.5)

Source: Field Survey, 2008

\*Figures in parenthesis are in percentages (%)

### Distribution of Respondents According To Their Sources of Information on Family Planning Methods

As shown in Table 4, churches/mosques, market places, spouses, friends were sources of information on family planning available to the respondents. However, 38.2% of the respondents received information on pills from health centres and health workers, 11% of them received information on pills from radio while 30.3% of the respondents received their source of information on pills from churches, mosques, and market places. Also 38.3% of the respondents received their sources of information on injectables from health workers, followed by magazines (14.2%), and radio (4.2%) respectively.

The result further showed that sources of information on armband, waistband and pendant were mostly disseminated by spouses, friends and market places as represented by 14.2%, 11.7% and 14.2% of the respondents respectively. The result further showed that sources of information on condoms and safe period (35%) and (50%) of the respondents got their sources of information on condoms and safe period from the health centres in their locality respectively.

**Table 4: Distribution of respondents according to their sources of information on family planning methods**

S/N	Sources of information	Waist band	Arm Band	Pendant	Prolonged breast Feeding	Sacrific ation	Pills	Intra uterine device	Diap hrag m	Condom	Norpl ant impla nt	Total Tubal legation	Vasecto my	Inject a-bles	Sper midal	Safe perio d	Absti- nence	Coitus Interrupt us
1	Radio	6(5.0)	1(1.8)	-	2(1.7)	2(1.7)	11(9.2)	9(7.5)	8(6.7)	15(12.5)	7(5.8)	4(3.3)	6(5.0)	5(4.2)	2(1.7)	3(2.5)	5(4.2)	2(1.7)
2	Television	4(3.3)	1(1.8)	1(1.8)	2(1.7)	3(2.5)	11(9.2)	11(9.2)	9(7.5)	14(11.7)	8(6.7)	4(3.3)	4(3.3)	3(2.5)	5(4.2)	8(6.7)	8(6.7)	4(3.3)
3	Newspaper / magazines	7(5.8)	9(7.5)	7(5.8)	11(9.2)	5(4.2)	16(13.3)	10(8.3)	10(8.3)	16(13.3)	10(8.3)	6(5.0)	8(6.7)	17(14.2)	17(14.2)	21(17.5)	25(20.8)	25(20.8)
4	Health centre	2(1.7)	2(1.7)	1(1.8)	14(11.17)	14(11.17)	41(39.2)	45(37.5)	40(33.3)	42(35.0)	41(34.2)	29(24.2)	29(24.2)	46(38.3)	46(38.3)	60(50.0)	45(37.5)	38(31.7)
5	Spouses	12(10.0)	21(17.5)	21(17.5)	18(15.0)	27(22.5)	5(4.2)	7(5.8)	4(3.3)	3(2.5)	-	1(8)	1(8)	-	-	2(1.7)	9(7.5)	17(14.2)
6	Friends	14(11.7)	24(20.0)	25(20.8)	29(24.2)	33(27.5)	10(8.3)	7(5.8)	4(3.3)	6(5.0)	2(1.7)	1(8)	1(8)	1(8)	3(2.5)	6(5.0)	6(5.0)	6(5.0)
7	Market place	13(10.8)	17(14.2)	17(14.2)	18(15.0)	5(4.2)	3(2.5)	3(2.5)	1(8)	1(8)	-	-	-	-	-	-	1(8)	1(8)
8	Churches/ Mosques	5(4.2)	3(2.5)	2(1.7)	4(3.3)	1(8)	-	-	-	-	-	-	-	-	-	-	-	-
9	Others	2(1.7)	2(1.7)	-	-	-	-	2(1.7)	1(8)	-	-	-	-	-	-	-	-	-
10	Spouses and market	10(8.3)	6(5.0)	4(3.3)	2(1.7)	3(2.5)	-	-	-	-	-	-	-	1(8)	-	-	-	-
11	Spouses and friend	19(15.8)	11(9.2)	8(6.7)	4(3.3)	3(2.5)	2(1.7)	1(8)	1(8)	2(1.7)	1(8)	1(8)	-	1(8)	-	-	-	-
12	Friends/ market place	5(4.2)	3(2.5)	4(3.3)	-	3(2.5)	3(2.5)	1(8)	-	-	1(8)	1(8)	-	1(8)	-	1(8)	-	-
13	Health centre and market	1(8)	1(8)	3(2.5)	2(1.7)	1(8)	2(1.7)	-	2(1.7)	-	2(1.7)	-	-	-	1(8)	2(1.7)	2(1.7)	-
14	Radio & newspaper	2(1.7)	-	-	1(8)	-	-	-	-	1(8)	-	-	1(8)	2(1.7)	3(2.5)	1(8)	1(8)	2(1.7)
15	Newspaper s spouse &	5(4.2)	1(8)	1(8)	5(4.42)	2(1.7)	2(1.7)	1(8)	1(8)	-	-	-	-	-	1(8)	2(1.7)	2(1.7)	1(8)



	market place																	
16	Market/ Mosque	291.7)	3(2.5)	4(3.3)	2(1.7)	1(.8)	2(1.7)	1(.8)	1(.8)	1(.8)	1(.8)	1(.8)	1(.8)	1(.8)	1(.8)	1(.8)	1(.8)	1(.8)
17	Television/ Health	1(1.8)	-	-	1(.8)	-	1(.8)	1(.8)	1(.8)	1(.8)	-	-	-	-	-	-	-	-
18	Radio & Market place	-	-	-	1(.8)	1(.8)	-	-	-	-	-	-	-	-	-	-	-	-
19	Spouse and church/mosque	-	-	-	1(.8)	1(.8)	1(.8)	-	-	-	-	-	-	-	-	-	-	-
20	Radio & Health centre	-	-	-	-	-	1(.8)	-	-	-	-	-	-	-	-	-	-	-
21	Radio & Television	-	-	-	-	-	2(1.7)	2(.17)	-	1(.8)	-	-	-	-	-	1(.8)	-	-
22	Television, Magazine & Friends	-	-	-	-	-	1(.8)	1(.8)	1(.8)	1(.8)	-	-	-	-	-	-	-	-

Source: Field Survey, 2008

\*Figures in parenthesis are in percentages (%)

### Frequency Distribution of Respondents by their Utilization of Family Planning Methods

Table 5 shows that majority (68%) of the respondents always utilized pills as their contraceptive, while 40% and 26.7% of the respondents always utilized condoms and prolonged breastfeeding respectively, this is because these method were cheap to purchase and they were even given out free to respondents at the various health centres in their villages by the government or non-governmental organizations (NGOs). Tubal legation (93%) and Vasectomy (92%) family planning methods were not being utilized by the respondents, this is because the methods are expensive to use and they are not commonly available in their locality.

**Table 5: Frequency distribution of Respondents according to their utilization of Family Planning Methods**

Source: Field Survey, 2008 \*Figures in parenthesis are in percentages (%)

S/N	Family planning methods	Always utilized (2)	Occasionally utilized (1)	Do not utilized (0)	No Response
1.	Waistband	10(8.3)	48(40.0)	55(45.8)	7(5.8)
2.	Armband	14(11.7)	39(32.5)	61(50.8)	6(4.9)
3.	Pendant	8(6.7)	33(27.5)	73(60.8)	6(4.9)
4.	Prolonged breastfeeding	32(26.7)	54(45.0)	29(24.2)	5(4.1)
5.	Scarification	28(23.3)	40(33.3)	48(40.0)	4(3.3)
6.	Pills	68(56.7)	29(24.2)	20(16.7)	3(2.5)
7.	Intra uterine device (IUD)	13(10.8)	31(25.8)	70(58.3)	4(3.3)
8.	Diaphragm	3(2.5)	18(15.0)	94(78.3)	5(4.1)
9.	Condom	48(40.0)	38(31.7)	28(23.3)	6(4.9)
10.	Norplant implant	4(3.3)	6(5.0)	106(88.3)	4(3.3)
11.	Tubal legation	2(1.7)	2(1.7)	112(93.3)	4(3.3)
12.	Vasectomy	3(2.5)	1(.8)	111(92.5)	4(3.3)
13.	Injectables	12(10.0)	29(24.2)	75(62.5)	4(3.3)
14.	Spermicides	4(3.3)	30(25.0)	77(64.2)	9(7.5)
15.	Safe period (rhythm)	23(19.2)	69(57.5)	21(17.5)	7(5.8)
16.	Abstinence	20(16.7)	64(53.3)	30(25.0)	6(4.9)
17.	Coitus-interuptus (withdrawal)	16(13.3)	62(51.7)	34(28.3)	8(6.6)

### Frequency Distribution of Respondents According To the Factors Militating Against Their Utilization of Family Planning Methods

Factors militating against the utilization of family planning methods are categorized into health, religions, social, political and economic factors as shown in Table 6 which revealed that reduction in weight (74%), causes migraine (63) are the health side effects experienced by the respondents while majority of the respondents (77%) believed that family planning is believed to promote promiscuity, (83%) of the respondents revealed that family planning is a means of controlling population. Other factors militating against family planning utilization is that family planning causes reduction in the family labour size (82%) as revealed by the respondents, (73%) of the respondents revealed that family planning methods are expensive to get. According to Omu and

Unnigbe (1986), major reasons for women not using contraceptives were spousal opposition, religious values and fear of side effects.

**Table 6: Frequency distribution of respondents according to the factors militating against their utilization of family planning methods**

S/N	Health Factors	Yes	No
a.	Do you have any ailment such as cancer etc.	22(18.3)	91(75.8)
b.	Contraceptives makes blood pressure go up	94(78.3)	25(20.8)
c.	Increase in weight is experienced	88(73.3)	31(25.8)
d.	Contraceptives usage makes me look sickly and weak	61(50.8)	56(46.7)
e.	Does it causes hypertension	60(50.0)	58(48.3)
f.	It causes migraine	75(62.5)	44(36.7)
g.	Contraceptive uses makes one prone to urinary infection	72(60.0)	47(29.3)
S/N	Religious Factors	Yes	No
a.	It is against my religious beliefs	81(67.5)	38(31.7)
b.	Family planning is believed to promote promiscuity	92(76.7)	27(22.5)
c.	It is believed that family planning is used to control population, is against my religious belief	73(60.8)	45(37.5)
S/N	Social Factors	Yes	No
a.	A means of controlling population	100(83.3)	19(15.8)
b.	Use of family planning methods is against the norms and culture of my village	90(75.0)	28(23.3)
c.	Family planning is not accepted in my marital life setting	72(60.0)	46(38.3)
d.	Use of family planning promotes promiscuity	68(56.7)	51(42.5)
S/N	Political Factors	Yes	No
a.	Is a means of controlling population	83(69.2)	37(30.8)
b.	Means of reducing tribal population	73(60.8)	47(39.2)
c.	It is a government sponsored initiative	62(51.7)	55(45.8)
d.	It is an imperialist ideas	64(53.3)	54(45.0)
S/N	Economic Factors	Yes	No
a.	Family planning is costly to do	87(72.5)	33(27.5)
b.	I cannot afford contraceptives	70(58.3)	49(40.8)
c.	Contraceptives is not easily accessible in my locality	61(50.8)	58(48.3)
d.	Family planning is a luxury	70(58.3)	48(40.0)
e.	Contraceptives reduces family labour size	98(81.7)	22(18.3)

Source: Field Survey, 2008

\*Figures in parenthesis are in percentages (%)

### Frequency Distribution of Respondents According To Their Knowledge of Family Planning Methods

The knowledge of family planning among the respondents varies as revealed in Table 7 65% of the respondents experienced drastic increase in weight while 25% affirms that injectable family planning method stops the production of fertile eggs. 53% of the respondents showed that pills (contraceptives) usually prolong their time of conception. Some other respondents (73% and 62%) revealed that from their knowledge of family planning, they usually experience fatigue and they experience irregular menstrual periods whenever they used contraceptives. 65% of the

respondents indicated that the use of condoms makes them loose interest in sexual intercourse, while 65% of the respondents indicated that the use of contraceptives usually reduces the effects of antibiotics drug they are using. However, the responses by majority of the respondents indicated that they have knowledge of different family planning methods.

**Table 7: Frequency distribution of respondents according to their knowledge of family planning methods**

S/N	Knowledge indicators	True	False
1.	Injectables stop the production of fertile eggs	30(25)	75(62.5)
2.	My weight is drastically reduced due to the contraceptive am using	99(82.5)	16(13.3)
3.	My blood pressure goes up	90(75.0)	25(20.8)
4.	Increase in weight is experienced	78(65.0)	38(31.7)
5.	Am prone to thrombosis (pile)	55(45.8)	50(41.7)
6.	There's risk of an entopic pregnancy	59(49.2)	45(37.5)
7.	Sedatives and pain killers also reduce the effect of the contraceptives	66(55.0)	41(34.2)
8.	The effect of pills is that it usually prolongs my time of conception	64(53.3)	48(40.0)
9.	I don't usually enjoy sexual intercourse with the use of condom	73(60.8)	29(24.2)
10.	IUD or coils are usually painful to insert	30(25.0)	32(26.7)
11.	IUD causes pelvic inflammatory disease	38(31.7)	30(25.0)
12.	Use of contraceptive pills makes my period to be irregular	74(61.7)	30(25.0)
13.	My partner does not approve my usage of waistband	63(52.5)	40(33.3)
14.	Use of arm band contraceptive make me loose appetite for food after the sexual intercourse	62(51.7)	38(31.7)
15.	Diaphragm are usually painful during intercourse	48(40.0)	32(26.7)
16.	Prolonged breastfeeding makes my breast painful	70(58.3)	41(34.2)
17.	Prolonged breastfeeding makes my period to rush at irregular times	64(53.3)	46(38.3)
18.	Injectables contraceptives usually makes my vision to be blurred after taking the injection	59(49.2)	47(39.2)
19.	I usually miscalculate my safe period which has not made the method appropriate and okay for me	79(65.8)	31(25.8)
20.	Norplant implant contraceptive use makes me experience migraine	51(42.5)	35(29.2)
21.	My partner is not usually good at coitus interruptus (withdrawal) method	86(71.7)	30(25.0)
22.	I cannot totally abstain from sexual intercourse with my partner	89(74.2)	29(24.2)
23.	A condom makes me lose interest in sex	78(65.0)	39(28.3)
24.	I cannot use antibiotics drugs because it reduces the effects of the contraceptive pills am using	78(65.0)	34(28.3)
25.	I experience fatigue anytime I use contraceptive pills	87(72.5)	26(21.7)

Source: Field Survey, 2008; \*Figures in parenthesis are in percentages (%)

**Hypothesis One** - There is no significant relationship between the sources of information (such as radio, television, friends, spouses, market place) and knowledge of rural women on family planning methods.

Table 8 showed that there is no significant relationship between sources of information ( $r = 0.18$ ,  $p = 0.06$ ). This could be attributed to the fact that most of the messages passed to the respondents contained the same message content.

**Table 8: Correlation between sources of information and knowledge of the respondents on family planning methods**

Variable	r-value	p-value	Decision
Sources of information	0.18	0.06	Not Significant

Source: Field Survey, 2008

**Hypothesis Two** - There is no significant relationship between the utilization and knowledge of rural women on family planning method.

Table 9 revealed that there is a significant relationship between the utilization of family planning methods and knowledge of family planning ( $r = 0.31$ ,  $p = 0.01$ ). The implication is that respondents' utilization of family planning methods is greatly dependent on the knowledge they have about the various family planning methods.

**Table 9: Correlation between utilization and knowledge of the respondents on family planning methods**

Variable	r-value	p-value	Decision
Utilization	0.31	0.01	Significant

Source: Field Survey, 2008

**Hypothesis Three** - There is no significant relationship between factors militating against the utilization of family planning methods and knowledge of rural women.

Table 10 showed that there is a significant relationship between factors militating against the use of family planning by the respondents ( $r = 0.19$ ,  $p = 0.03$ ) and their knowledge on family planning methods. The result implies that the various side effects such as health factor (contraceptive use causes increase in weight, contraceptive use causes migraine) and some other factors such as spousal disposition has a negative effect on the knowledge and utilization of family planning utilization.

**Table 10: Correlation between factors militating against the utilization of family planning methods and knowledge of rural women**

Variable	r-value	p-value	Decision
Militating factors	0.19	0.03	Significant

Source: Field Survey, 2008

### CONCLUSION AND RECOMMENDATIONS

It is concluded that majority of the rural women in Ogun State were young and married adults with secondary education. Most of these women were aware that prolonged breast feeding, contraceptive pills, coitus interruptus, condom and safe period calculation can be used as family planning methods. Reliable sources (health personnel) were being utilised for information on family planning, which gave them adequate knowledge of the subject and consequently led to high utilisation of family planning methods among them. Many of them thus always used adequate family planning methods such as contraceptive pills and condom. However, relatively

high proportion of these women depended on uncertain family planning methods such as safe period calculation and coitus interruptus. Major reasons why family planning is not as popular as it ought to be among these women were the stereotypes that contraceptive pills make blood pressure go up, family planning promotes promiscuity, family planning is against the culture and reduces household labour.

### **Recommendations**

1. The study showed that adequate information is one of the factors influencing the utilization of family planning methods. The study therefore recommended that family planning providers should provide accurate, unbiased and essential information about the various contraceptive methods. This would remove the problem of both real and imagined side effects of helping women to make informed choices.
2. Women's educational level is still generally low in the rural areas and knowledge was found to be positively correlated with contraceptive utilization. The study therefore recommended that policies that would encourage and enhance girl-child education should be enforced in the rural areas of Nigeria. Among other factors that influence contraceptive use such as age, number of children born, sources of information, education is the only variable that could easily be manipulated by policy makers to achieve a desired increase in contraceptive use.
3. The study revealed that spousal approval was the major reason for use of contraceptive methods. It is without doubt that men wield considerable influence in the use of contraceptives and their acceptance and involvement in family planning utilization would provide a big push for the use of family planning methods among women. This study recommended that, the male population be fully integrated in the family planning programmes.
4. The establishment of Guidance and Counselling Unit (GCU) should be given prominence in all the available health centres or clinics located in the rural areas of the State. Aside this, the family planning unit of the health centres or clinics should have a qualified professional that will be able to handle the issue of health guidance and health counselling.

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