

## **Awareness and Utilization of Family Planning Techniques Among Rural Women-in-Agriculture in Ibarapa North Local Government Area of Oyo State, Nigeria.**

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### ***Abstract***

*With a population growth rate of two to three percent every year, Nigeria's population is expected to continue to skyrocket. Effort has been made to address the problem, but to no avail, as several government campaigns aimed at encouraging people to have smaller families have failed. On these premises, this study investigated the awareness and utilization of family planning techniques among women in Ibarapa North Local Government Area of Oyo State. Data were collected from one hundred and twenty respondents selected for the study. Collected data were analyzed using frequencies, percentages, mean and standard deviation. The result of the study revealed that respondents get information on family planning majorly from family planning and health workers, mass media and religious bodies. The study also showed that women in the area were aware and adopted various family planning techniques ranging from use of condom, abstinence to prolonged breast feeding. Factors hindering adoption of family planning technique were found to be promiscuousness, high initial cost, weight increase, general weakness of the body and cultural values. The study therefore recommended empowerment of agricultural extension agents and more awareness through mass media, religious bodies and socio-cultural organisation to sensitize people especially women on the importance of family planning to their well being and sustainable livelihood.*

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***Keywords:*** awareness, utilization, family planning technique, rural women.

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### **Introduction**

Around the world, resilient and resourceful rural women contribute in a multitude of ways through different livelihood strategies to sustain and support their families. They constitute a significant proportion of the labor on their family farms— whether producing for household consumption or for enterprise or both (UNIFEM, 2005). Typical rural women activities include producing agricultural crops, tending animals, processing and preparing food, working for wages in agricultural or other rural enterprises, collecting fuel and water, engaging in trade and marketing, caring for family members and maintaining their homes (State of Food in Agriculture (SOFA) Team & Doss 2011). In nutshell, rural women often manage complex households and pursue multiple livelihood strategies.

With regards to involvement of women in agriculture, Technical Centre for Agriculture and Rural Cooperation (CTA, 1993) reported that women in Africa make up more than one-third of

the farming work force. In the same vein, United Nations (1986) reported that 4-10 agricultural workers in the world were women. In another report by Fresco (1998) rural women accounted for 70 percent of agricultural workers, 80 percent of food producers, and 60-90 percent of them engage in marketing and food processing. Prakash (2003), reiterated that women provide much of the labour for farming starting from land preparation to harvest, and they are almost responsible for operation such as storage, handling, stocking, processing and marketing. Thus, the involvement of women in rural agricultural activities cannot be underestimated as they play vital roles in food production chain and food security, and these roles are fundamental to agricultural and rural development in Sub-Saharan Africa (Okunlola & Owoade, 2016).

Meanwhile, inspite of engaging in various agricultural production activities, women are also involved in child bearing. An interesting aspect of this is that they combine their home chores with various on-farm and off-farm operations they are involved in successfully to sustain the household (Okunlola & Owoade, 2016). In other words, women apart from being a veriatable source of labour force for agricultural industry, also constitutes an important part of food production activities either as farmers, distributors or processors, and they combine their roles as mothers and wives with households' labourers and social production workers.

Unfortunately, the perennial stress which the unique roles of childbearing and child care ascribed particularly to women biologically and socially affect their productive potential as labour force. This was affirmed by Baksh, Newmann, Paolisso, Trostle & Jasen (1994) cited in Okeowo & Olujide (2014) 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. Becker (1991) stated that the cost of women's time is a major part of the cost of producing and rearing children.

Furthermore, World Bank (1996) observed that consistent child bearing reduces life expectancy and productivity not only at household's level but also in the informal and formal economic sector. On the other hand, Family Health International (1995) and World Bank (1996) observed that delayed pregnancy by increasing family planning use among rural women could save lives and increase the time women devoted to agricultural activities. Interestingly, many women especially in the rural areas, who desire to delay or stop child-bearing probably for health reasons or to increase agricultural output cannot make basic choices about whether and when to become pregnant.

Moreover, presently, Nigeria is the world's seventh largest country in terms of population and also one of the fastest growing. With a population growth rate of 2.60 percent and the fertility rate of 5.67 children per woman, Nigeria's population is expected to continue to skyrocket, and by 2050, Nigeria's population is expected to exceed 400 million ([www.worldometer.info](http://www.worldometer.info)). However, the Nigerian government has made some effort to address the problem, but to no avail. It has made contraceptives free but many still do not have access to them and, in a religious society like Nigeria, their use is often frowned upon. Again, several government campaigns have aimed at encouraging people to have smaller families, but these have failed as well and are at odds with Nigerian cultural values of large families and polygamous lifestyles as a sign of prestige.

Meanwhile, Isaiah (2007) cited in Wole-Alo, Sunmola & Adesida (2016) family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and

responsible decisions by individuals and couples in order to promote the health and welfare of the family group, and this contributes effectively to the social development of a country. The utilization of family planning service does more than enable women to limit family size. Engender Health (2004) stated that it safeguards individuals' health's rights to improve the quality of life for women, their partners and children. United Nation (1995) opined that reproductive right affords all couples and individuals the right to decide freely and responsibly the number and spacing of their children.

Therefore, Okeowo and Olujide (2014) stated that 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 productivity in terms of their efforts on the farm. Thus, 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. In the same vein, Federal Ministry of Health (2001) reported that to a greater extent rural women health problems and low life expectancy are often aggravated by uncontrolled fertility, and it was reported that complications at child birth is the major cause of maternal mortality among rural residents in Nigeria. And this was further attributed to non-accessibility and non-availability of family planning method information and facilities.

On this background this research work intended to answer the following pertinent questions with regard to awareness and utilization of family planning methods among women-in-agriculture in Ibarapa North area of Oyo state Nigeria.

1. What are the personal characteristics of the rural women in the study area?
2. Are the rural women in the study area aware of the various available modern family planning methods?
3. What are the sources of information to rural women on family planning methods in the study area?
4. What are the types of family planning method utilized by women in the study area?
5. What are the factors hindering the utilization of family planning methods among rural women in the study area?

## **Methodology**

The main economic activities of women in the rural communities of Oyo state are farming, agro-allied businesses, including processing and marketing of produce (Yahaya, 2002). Hence, this study was carried out in Ibarapa North Local Government Area of Oyo state, South-Western Nigeria, a community with over 60 percent population in the rural areas (Oladapo, Ogundele and Akindele, 2012). It has three major towns namely Ayete, Tapa and Igangan and many surrounding villages. Its headquarter is located in Ayete. Ibarapa North Local Government has an area of 1,218km<sup>2</sup> and a population of one hundred and one thousand and ninety two (National Population Commission, NPC, 2006). The major occupation of the people in the Local Government Area is farming, but people engage in other occupations like trading, artisans,

teaching and civil service. Ibarapa North Local Government is bounded in the south by Ibarapa central Local Government, in the west by Imeko/Afon Local Government of Ogun State, in the East by Ibarapa East Local Government and in the North by Iwajowa and Iseyin Local Governments.

The population of the study is all women farmers of child bearing age range of 18 and 45 years. Multistage random sampling technique was used. In the first stage, Ibarapa North Local Government was divided into four zones namely Ayete, Tapa, Igangan and Ofiki. Stage two involved selection of one ward from each zone while stage three involved random selection of thirty respondents from each selected ward to give a total of one hundred and twenty respondents for the study. The instrument for data collection is interview schedule. The interview schedule was designed to obtain information from the respondents. The items were constructed to identify the personal characteristics of the respondents such as age, marital status, family size, religion, educational attainment, their sources of information on family planning, awareness of rural women on family planning methods, types of contraceptive utilized as well as factors hindering the use of family planning techniques among women in the study area.

The women source of information on family planning was measured by asking the respondents to tick various sources of information available to them. Responses on the types of family planning method utilized by the respondents were captured using a 3 point scale of frequently utilized, occasionally utilized and not utilized with score 3, 2 and 1 respectively. Hence, utilization scores were thus calculated for the respondents. A four point Likert scale of strongly agreed, agreed, disagreed and strongly disagreed with scores of 4, 3, 2 and 1 respectively was employed to capture the responses of the respondents on the factors hindering their utilization of family planning methods. Mean value of each item was calculated and they were ranked based on the obtained mean values. Descriptive statistical tools such as frequency count, percentages, means and standard deviation were used to analyze the data.

## Result and discussion

**Table 1: Demographic characteristics of the respondents (n=120)**

Variables	Frequencies	Percentages	Inference
<b>Age</b>			<b>Average age: 29years</b>
18-24	30	25.0	
25-31	55	45.8	
32-38	20	16.7	
39-45	15	12.5	
<b>Marital Status</b>			<b>Dominant marital status: Married</b>
Single	20	16.6	
Married	86	71.7	
Divorced	05	4.2	
Separated	00	00	
Widow	09	7.5	
<b>Religion</b>			<b>Dominant religion: Islam</b>
Christianity	47	39.2	
Islam	61	50.8	
Traditional	12	10.0	

<b>Family size</b>			<i>Average family size: 9.25</i>
3-7	32	26.7	
8-12	74	61.7	
13-17	14	11.6	
18 and above	00	0.0	
<b>Educational level attained</b>			<i>Average years of education 8.23 years</i>
No formal education	25	20.8	
Primary education	40	33.4	
Secondary education	33	27.5	
Tertiary education	22	18.3	

Source: *Field survey, 2018*

Table 1 showed that majority 70.8 percent of the respondents were between the ages of 18-31 years while 29.2 percent of them were between the ages of 32-45 years. The average age of the respondents was found to be approximately 29 years. this showed that early marriage is a norm in the area and may be responsible for the high family size. Most of the respondents 71.7 percent of the them were married, 28.3 percent of them were singles. On the religion of the respondents, 50.8 percent of them were of Islamic religion, 39.2 percent were Christians while 10 percent of them were traditional believers. This may be responsible for the large family size as most of the muslims in the area believe their religion permits them to marry more than one wife. With regard to family size, 61.7 percent of the respondents have between 8-12 family members, 26.7 percent of them have 3-7 family members while 11.6 percent have 13-17 family members. Average family size was also found to be 9.25. On educational level attained by the respondents, majority 33.4 percent has primary education, 27.5 percent has secondary education, 20.8 percent has no formal education while only 18.3 percent of them has tertiary education. The average years of education was found to be 8.23 years. few years spent in school by women may be responsible for preponderance of early marriage in the area.

**Table 2: Distribution of respondents by source of information on family planning**

Source	Frequency	Percentage
Health center	30	15.2
Friends/ Neighbour	25	12.8
Church/mosque	15	07.7
Husband	16	08.2
Radio	22	11.2
Television	18	09.2
Newspaper	10	05.1
Family planning workers	40	20.4
Market	20	10.2

*Multiple responses were recorded*

Source: *Field survey, 2018*

From table 2 above, it was indicated that majority of the respondents obtained information on

family planning from family planning and health workers in maternities and hospitals (35.6 %) and mass media (25.5%). Other sources of information were friends/neighbours (12.8 %), markets in and around the area (10.2%), husband (8.2%) and religious bodies (7.7%).

**Table 3: Distribution of respondents according by awareness of various family planning techniques**

Family planning method	Aware	Not aware
Pills	90(75.0%)	30(25.0)
Prolonged breast feeding	104(86.7)	16(13.3)
Diaphragm	85(70.8)	35(29.2)
Condom	112(93.3)	08(06.7)
Injectable	82(68.3)	38(21.7)
Spermicides	74(61.7)	46(38.3)
Safe Period	93(77.5)	27(22.5)
Withdrawal	96(80.0)	24(20.0)
Tubal ligation	37(30.8)	83(69.2)
Vasectomy	42(35.0)	78(65.0)
Abstinence	108(90.0)	12(10.0)
Intra uterine device	77(64.2)	43(35.8)

Source: *Field survey, 2018*

*Percentages in parenthesis*

Table 3 above indicated the most talk about family planning method in terms of awareness. The popularity ranges from condom (93.3%), abstinence (90%), prolong breast feeding (86.7%), observance of safe period (77.5%), pills (75%), diaphragm (70.8%), vasectomy (35%) to tubal ligation (30.8%). This is in concordance with the findings of Okeowo & Olujide (2008) that tubal ligation and vasectomy are not popular and commonly used in Nigeria because they are expensive and perceived to be complicated

From table 4 below, the respondents indicated that they are frequently utilizing condom, pills, withdrawal, safe period, prolonged breast feeding and abstinence with 66.7%, 62.5%, and 55.0% 53.3%, 53.3% and 52.5% respectively. This agrees with Okeowo and Olujide (2008) that these methods were cheap to purchase and they were even given out free to women at various health centres in their villages by the government or non-governmental organizations (NGOs). Tubal ligation and vasectomy are not utilized by women in the study area. This may be as a result of the fear of these women to lose part of their body or because of the expensiveness of the methods.

**Table 4: Distribution of respondents on the utilization of family planning techniques**

Family planning methods	Frequently utilized	Occasionally utilized	Not utilized	Mean	STD	Rank
Pills	75(62.5)	36 (30.0)	09 (07.5)	2.55	0.6300	2 <sup>nd</sup>
Prolonged breast feeding	64 (53.3)	38 (31.7)	18 (15.0)	2.38	0.7569	3 <sup>rd</sup>
Diaphragm	09 (7.5)	28 (23.3)	83 (69.2)	1.38	0.6289	10 <sup>th</sup>



Condom	80 (66.7)	28 (23.3)	12 (10.0)	2.56	0.6924	1 <sup>st</sup>
Injectable	12 (10.0)	30 (25.0)	78 (65.0)	1.45	0.6689	9 <sup>th</sup>
Spermicides	30 (25.0)	37 (30.8)	53(44.2)	1.81	0.8055	8 <sup>th</sup>
Safe Period	64 (53.3)	32 (26.7)	24 (20.0)	2.33	0.7986	6 <sup>th</sup>
Withdrawal	66(55.0)	33 (27.5)	21 (17.5)	2.38	0,748	3 <sup>rd</sup>
Tubal ligation	00 (0.00)	00 (0.00)	120 (100.0)	0.00	0.00	Not utilized
Vasectomy	00 (0.00)	00 (0.00)	120 (100.0)	0.00	0.00	Not utilized
Abstinence	63(52.5)	35 (29.2)	22(18.3)	2.34	0.7742	5 <sup>th</sup>
Intra uterine device	37 (30.8)	28 (23.3)	55 (45.9)	1.82	0.9060	7 <sup>th</sup>

Source: *Field survey, 2018*

*Percentages in parenthesis*

The table 5 below shows the responses of the respondents on the factors hindering their utilization of family planning techniques. All the factors highlighted had mean above the benchmark mean of 2.50. This is an indication that all these factors affect utilization of family planning techniques in the study area. Ranked with their mean, the result of the study revealed that use of family planning techniques promotes promiscuity, cost is involved in utilizing family planning techniques, family planning is associated with health risk were ranked first, second and third respectively. Family planning is against religious belief and use of contraceptives increase weight was ranked fourth and fourth. Use of family planning techniques is a means of controlling population was ranked sixth, it makes me weak and feel sickly was ranked seventh, it is against my cultural belief was ranked eighth while lack of adequate information about family planning techniques and that utilization of family planning techniques causes rise in blood temperature were ranked ninth and tenth respectively.

**Table 5: Distribution of respondents according to the factors hindering their utilization of family planning techniques**

Factors	SA	A	D	SD	Mean	STD	Rank
Family planning is associated with health risk	60(50.0)	35(29.2)	16(13.3)	09(07.5)	3.22	0.9300	3 <sup>rd</sup>
It is against my religious belief	58(48.3)	35(29.2)	18(15.0)	09(07.5)	3.18	0.9508	4 <sup>th</sup>
It is a mean of controlling population	58(48.3)	32(26.7)	19(15.8)	11(09.2)	3.14	0.9993	6 <sup>th</sup>
I don't have adequate information about it	38(31.6)	53(44.2)	17(14.2)	12(10.0)	2.98	0.9099	9 <sup>th</sup>
It is against my cultural belief	48(40.0)	27(22.5)	25(20.8)	20(16.7)	3.03	0.5238	8 <sup>th</sup>
It promotes promiscuity	66(55.0)	34(28.3)	08(06.7)	22(18.3)	3.37	0.6823	1 <sup>st</sup>

Cost is involved	60(50.0)	40(33.3)	16(13.3)	04(03.4)	3.30	0.8225	2 <sup>nd</sup>
Use of contraceptives leads to increase in body weight	52(43.3)	46(38.3)	14(11.7)	08(06.7)	3.18	0.8967	4 <sup>th</sup>
Use of contraceptives causes rise in blood pressure	32(26.7)	48(40.0)	27(22.5)	13(10.8)	2.83	0.9457	10 <sup>th</sup>
It makes me weak and feel sickly	54(45.0)	38(3.7)	16(13.3)	12(10.0)	3.12	0.9847	7 <sup>th</sup>

Source: *Field survey, 2018*

*Percentages in parenthesis*

### **Conclusion and recommendation**

The result of this study concluded that majority of the respondents are between the ages of 18-31 years and that most of them are married. The respondents obtained information on family planning majorly from family planning and health workers and mass media. The study also revealed that the popular family techniques in the area in terms of awareness and adoption are condom, abstinence, prolonged breast feeding, pills and diaphragm, while vasectomy and tubal ligation are not utilized at all by women in the studied area.

### **Needed Actions**

Based on the findings of this study the following recommendations were made.

- Government should use the mass media to promote small family size, but it should not dictate family size. In this regard emphasis should be on the benefits of family planning with respect to the well being of the mother, household and society at large
- Agricultural extension agents, especially women extensionist, should be engaged and empowered to actively disseminate health information to the farmers as this will improve farmers access to family planning information and knowledge.
- Educational programmes especially adult literacy should be resuscitated to educate women and so as to improve their knowledge and adoption of various innovations being brought to them. As education has been found to increase adoption of innovation
- Population, sex and family life education should be introduced early in schools. This will enlighten students at various levels on the importance of family planning and guide against early pregnancy.
- The government also needs to adopt population policies encouraging the lowering of fertility levels. For instance, providing education through the secondary and prevocational education level free of charge, as educated women will normally lower their fertility and family size. In the same vein, women access to tertiary education should be improved through award of scholarships and subsidized school fees as this will encourage young women to spend more years in school and discourage early marriage which is very common in the studied area.
- Universal health coverage programme of the federal government of Nigeria through Basic Healthcare Provision Fund should be more funded and massively extended to the remote areas of the country to improve access of rural populace, especially women, to basic health care and family reproductive health facilities.
- Finally, any family planning campaign and or awareness to be carried out in the area should not only targeted at women but men should be actively involved. This becomes



imperative as women in the area by their culture cannot alone determine the number and spacing of the children.

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