

Volume 3, Number 2 December 2018)

Nigerian Journal of Library and Information Science



# Nigerian Journal of Library and Information Science

**Volume 3 Number 2  
December 2018**

**ISSN: 0331-9199**

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# **Awareness and Use of Family Planning Information by Women in Abeokuta South Local Government Area of Ogun State, Nigeria**

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## **1.0 Abstract**

*Family planning is a comprehensive medical and social practice which enables individuals to determine easily the number and spacing of their children and to select the means of its achievement. The information on the knowledge of family planning services is referred to as family planning information (FPI). Failure to use FPI often results in problems such as unwanted pregnancy, unsafe abortions, infants and maternal deaths, rapid population growth and sexually transmitted infections; among others. To avoid these problems, awareness of FPI is paramount but rather it appears to be low. The government, medical practitioners and the media are really bothered about the seeming apathy and unenthusiastic awareness of FPI by women. It is against this background that this research examined the awareness and use of family planning information by women in Abeokuta South Local Government Area of Ogun State, Nigeria.*

*Descriptive survey design was adopted for the study; simple random and accidental sampling techniques were used to select the sample size of 250*

women of child bearing age (15-49 years). Questionnaire was the chief research instrument and data was analysed using descriptive statistics of frequency counts and percentages for the four research questions. Findings showed that some of the respondents were using family planning methods while many were not because of fear of side effects, lack of awareness, and partner's disagreement; among others. Awareness of FPI was found to be average but the level of use was low. The study therefore recommended that awareness of family planning information must be encouraged, quality of education and health-care services should be improved, and adequate funding should be ensured for procurement of required tools and equipment.

**Key Words:** Awareness, Use, Family Planning Information, Women.

## 2.0 Introduction

Family planning is a means of controlling one's sexuality and maintaining personal quality of life. The purpose of family planning is to empower individuals, particularly couples to plan for the number of children they need and make decisions on the appropriate timing and spacing of their births. Family planning practices help individuals or couples to avoid unwanted pregnancies, regulate the intervals between pregnancies, control the time of birth in relation to the age of the parents and determine the number of children in the family (Isah and Nwobodo, 2009). However, many are not aware or do not have access to family planning and its services and when it is available it may be of poor ser-

vices, therefore many women do not have the means and power to make decisions about family planning. These are therefore prone to reproductive health challenges such as unwanted pregnancies, maternal and infant deaths, unsafe abortion, rapid population growth, sexually transmitted diseases, and so on. Awareness of FPI influences the attitude and acceptance of family planning services. To embark on effective family planning one has to get accurate information.

Unexpected or unplanned pregnancy causes a serious public health challenge in women of reproductive age in developing countries. Lack of information from considered principal sources of FPI (radio, television, government hospital, private hos-

pital, electronic media, print media, internet, religious organisation, interpersonal discussion, traditional doctor, libraries) and services are the key barriers that affect access to and utilisation of FPI in most Sub-Saharan African countries such as Nigeria and this is resulting in rapid population growth and poor economy. National Population Commission (2017) revealed that there is not enough information on family planning. It therefore posited that uncontrolled population growth is recognised as the single most important impediment to national development. Promotion of family planning, especially in countries with high birth rates, has the potential to reduce poverty, hunger, and avert 32 % of all maternal deaths and nearly 10 % of childhood deaths. Having fewer healthier children can reduce the economic burden on poor families, allow them to invest more in each child's care and schooling, and thus help break the cycle of poverty (UNFPA, 2005).

Information is germane in all aspects of human existence. It leads to right decision making, sound judgment, transformation and change. It reduces

uncertainties and risks by serving as a base for competence improvement, a vital input in the development of strategy formulation and so on. Information therefore serves as the main ingredient for productive living in all areas of life such as career, health, business, home keeping, family life, etc. However, it is only with the right information that you can make a right decision. All information on family planning services, its benefits and contraindications are referred to as family planning information; it is the right information that every citizen that is of reproductive age should have because it is an important factor in having a meaningful reproductive life; its absence may affect the nation as a whole as it is rightly said that a healthy nation is a wealthy nation. Lack of knowledge of family planning information (FPI) benefits can be a critical barrier to eventual uptake of FP services.

Adhikari, Soonthorndhada and Prasartkul (2009) in a study of unintended pregnancy among currently pregnant married women in Nepal maintained that almost 210 million women become pregnant annually worldwide, out of whom, 75-80 mil-

lion (35.7-38%) women experience unintended pregnancy, and approximately 42-46 (>50%) millions of these unintended pregnancies are terminated. The government of Nigeria is acquainted with the importance of family planning information to the well-being of its people and is therefore working tirelessly to promote it. This, however, has not brought about the anticipated results. Apart from this, the equipment and supports have not been adequately tapped as unwanted pregnancies continue to ravage the lives of women, rapid population growth wrecks national development, sexually transmitted diseases are rampant and poverty still persists. In Nigeria, the rate at which our population grows is alarming; it is at the rate of 3.3 % per annum (FGN, 2014). Is it because people are not aware or they are misinformed and therefore are not using FPI? It is against this background that this study examined the awareness and use of family planning information among women in Abeokuta South Local Government Area of Ogun State, Nigeria.

### 3.0 Literature Review

The question mark on the state of health of women persists as a number of them do not practice family planning and therefore are battling with unwanted pregnancies. Some others go through unhealthy situations such as abortion, sexually transmitted diseases which often lead to premature infant and maternal death. The uncontrolled fertility can result into rapid population growth and acute economic recession. It has been estimated that of the 210 million pregnancies that occur annually worldwide, about 80 million (38%) are unplanned, and 46 million (22%) end in abortion (Monjok, Smesny, Eka-bua and Essien, 2010). Women are always at a disadvantage due to their little or no awareness of family planning information and services. Some that are aware are misinformed about the available options because they are not always exposed to adequate contraceptive information. According to Omoera (2010), it has been found that though there was a high level of awareness about family planning in a rural community in Nigeria as a result of a media campaign, the adoption of the new family planning methods remains low. Ma-

lini and Narayanan (2014) submitted that even though some women are aware of the availability of family planning services, they are not properly informed about the various forms of family planning methods and how they work. Major causes of women's challenges are lack of awareness of proper and current information about family planning methods, fear of side effects, poverty, lack of cooperation by husbands, poor access to health care providers, religion, etc. The low uptake of the modern methods was attributed to the desire of the average rural Nigerian household for large family size, and the need to have more male children. In a study of knowledge, attitude and practice of family planning among married women attending primary health centre in Sudan by Handady, Naseralla, Hassan, Awad, Mohamed and Alawad (2015), various reasons accounted for why women were not using contraceptives. According to the study, 22% women were worried about side effects, 14% wanted more children, and 5.5% were opposed to family planning because of their husbands' influence in choosing contraceptive

method. Apanga and Adam (2015) affirmed that this low adoption of modern family planning methods evident in rural Nigeria is also consistent with the findings of other works in Ghana and Nigeria.

The effort to control human reproduction is not a new event. History revealed that human beings have engaged in both pro and anti-natal practices to enhance social welfare and family planning. World Health Organisation (WHO) 2015 stated that family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility. Family planning involves two concepts: contraceptive use and family planning services which are used by couples to bring about healthy sexual relationships among them without fears of unwanted pregnancies and sexually transmitted infections (Osakinle, 2003). Ringheim and Gribble (2009) and Lordson (2012) further shed light on the role of the two concepts. The latter opined that family planning can be said to be child spacing. He

added that it is a practice whereby prescribed orthodox medicines are used to prevent pregnancy while the previous child grows and the mother's body system recovers sufficiently. Ringheim and Gribble (2009) also noted that contraception helps individuals to choose when to have children, prevents unintended pregnancies, averts maternal and child deaths and prevents abortions.

Samuel (2010) defined family planning as the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, bringing about wanted babies at the right time, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of parents and determining the number of children in the family. As indicated by Samuel (2010), family planning services include counselling, education, preconception care, screening and laboratory tests. Family planning methods include abstinence, natural family planning, hormonal contraception, barrier, sterilisation etc. Sonfield, Hasstedt and Gold (2014) posited that the availability of family planning serv-

ices allow individuals to achieve desired birth spacing and family size which facilitate improved health outcomes for infants, children, women, and families.

Awareness of information and its subsequent use of family planning services would lead to opportunities to utilise the available knowledge to control child birth and prevent sexually transmitted diseases. Lack of knowledge and misconceptions about family planning have been strongly linked with non-use of family planning methods (Apan-ga and Adam, 2015). Information awareness is described as the amount of time between the availability of new information and the time at which the user acknowledges or consumes this information. With information and the ability to discuss specific concerns, clients are better prepared to make the decisions that are right for them (Slupik, 2008). Information awareness will reduce uncertainty and enable people to identify alternative solution to problems; adequate provision of information will also enable them to acquire more knowledge. Cleland, Stan, Alex, Anibal, Anna and Jolene (2012) opined that the benefits of modern contraceptives to

women's health, including non-contraceptive benefits of specific methods, outweigh the risks.

Women like any other individual group need information for their development in all aspects of life such as career, housekeeping, health, contraception, etc. They also need information on family planning to prevent rapid population growth, unwanted pregnancy, unsafe abortion, child and maternal mortality, sexually transmitted diseases and poor economy. The determination and aim of controlling childbirth and ensuring a better and healthy life has also been a concern to women because of lack of adequate awareness of FPI. Okello (2007) submitted that access to and adequate use of information may prevent the rural women from indiscriminate use of drugs.

Information is a significant and indispensable raw material for right decision making and a fundamental resource in today's society which connects people and thought together. The word information is derived from the Latin word *informare* which means giving shape to something (Devarajan and Pulkuthiel, 2011). In this century,

for any system to function efficiently and effectively, information must be employed as its backbone even of the human system. Owusu-Ansah in Anunobi and Udem (2014) defined information as factual data, ideas, and other knowledge emanating from any society that are identified as being of value, sometimes gathered on a regular basis, organised in some fashion, transmitted to others, and used in some meaningful way. The need for information is a necessity in all areas of human life. Information needs of individuals determine the kind of information to be searched for. Therefore, awareness of the right information will lead to its use, if one is interested in such information. The use of FPI has really helped people to take crucial decisions on delicate issues such as health that need critical attention. Without relevant information, there may be danger in the way of life of many people.

Family Planning Information has different sources which include radio, television, social media, government hospitals, friends, etc. In a study of Assessment of knowledge, attitude and utilisation of long acting



family planning method among women of reproductive age group in Mizan-Aman Twon, Bench-Majizone, South West Ethiopia in 2016; out of 731 participants, majority of them 707 (96.7%), were aware about modern family planning. Of these respondents who have had information about modern family planning methods, 692 (98.15%) of them had information/awareness about long acting family planning methods and 470 (68.1%) heard message through mass media. From 707 (96.7%) study participants who have had information about modern family planning methods, 312 (44.1%) heard from health professionals, followed by 192 (27.1%) who heard from mass media, 121 (17%) who heard from relatives, and 82 (11.6%) who heard from their husbands.

Despite the enormous efforts of the government in promoting the use of family planning, the idea has not yet driven home the expected success in Nigeria as it is in advanced nations and up till now the available resources are not sufficiently engaged. This may be as a result of low awareness and use of family planning information.

#### 4.0 Methodology

This study adopted descriptive survey design. Its four objectives were to:

- i. examine the level of awareness of family planning information by women 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;
- iii. determine the attitude of women towards the use of family planning information in Abeokuta South Local Government Area of Ogun State; and
- iv. find out the factors that cause rapid population growth and unwanted pregnancies among women in Abeokuta South Local Government Area of Ogun State.

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, which constituted the population of the

study, was 68,398 (National Population Commission, 2006). Twelve (12) of the 15 wards have a health centre each. A simple random sampling technique was used to select 5 out of the 12 health centres. A total sample size of 250 women was drawn from the total population of 68,398 women using accidental sampling technique; because they are homogeneous group and are not easily found in the same location. Therefore any first 50 of the women was selected from each health centre using accidental sampling technique. The return rate was 239 (96%). The instrument adopted for the study was the questionnaire and data was analysed

using the Statistical Package for Social Science (SPSS). Descriptive statistics of frequency counts and percentages were used to analyse the four research questions.

## 5.0 Results and Discussion

In this section, data analysis and discussion are carried out.

### 5.1 Demographic Characteristics of the Respondents

The demographic characteristic of respondents namely: age, level of education, marital status, religion, occupation, number of children, family types and monthly income are discussed.

**Table 1: Demographic Characteristics of the Respondents**

<b>Age Distribution of Respondents</b>		
<b>Age-Range</b>	<b>Frequency</b>	<b>Percentage</b>
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
<b>Distribution of respondents by level of education</b>		
<b>Education</b>	<b>Frequency</b>	<b>Percentage</b>
No formal education	1	0.4
Primary	64	26.8
Secondary	126	52.7
Tertiary	48	20.1
Total	239	100.0

<b>Distribution of respondents by marital status</b>		
<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	88	36.8
Married	142	59.4
Divorced	9	3.8
Total	239	100.0
<b>Distribution of respondents by religion</b>		
<b>Religion</b>	<b>Frequency</b>	<b>Percentage</b>
Christianity	94	39.3
Islam	126	52.7
Traditional	19	8.0
Total	239	100.0
<b>Distribution of respondents by occupation</b>		
<b>Occupation</b>	<b>Frequency</b>	<b>Percentage</b>
Civil servant	49	20.5
Artisan	77	32.2
Self-employed	113	47.3
Total	239	100.0
<b>Distribution of respondents by number of children</b>		
<b>Number of children</b>	<b>Frequency</b>	<b>Percentage</b>
None	80	33.5
2 - 4	158	66.1
5 and above	1	0.4
Total	239	100.0
<b>Distribution of respondents by family type</b>		
<b>Family type</b>	<b>Frequency</b>	<b>Percentage</b>
Monogamy	196	82.0
Polygamy	43	18.0
Total	239	100.0
<b>Distribution of respondents by monthly income</b>		
<b>Monthly income</b>	<b>Frequency</b>	<b>Percentage</b>
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 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 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 are in their reproductive age as most of them must have got married. Those 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 some of those in that category might have been in the menopausal age while those of 51 years and above have already reached the menopausal age.

The educational qualification of respondents is equally presented in the Table 1. 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 worshippers. The Table as shown implies that there were more Muslims than Christians among the respondents. The Table on the distribution of respondents by occupation revealed 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 Table revealed that majority of the respondents 158 (66.1%) had between 2 and 4 children, 80 (33.5%) had no child while the remaining 1 (0.5%) had 5 children and above. This implies that majority of the respondents have between 2 and 4 children. Distribution of respondents by family type revealed that majority of the respondents 196

(82.0%) were from monogamous family and the remaining 43 (18.0%) were from polygamous family. This showed that the study had more respondents from monogamous families than from the polygamous families.

The Table on distribution of respondents by monthly income revealed that some of the respondents 73 (30.5%) earned between N50, 000 and N100, 000 as monthly income, 66 (27.6%) earned N100, 000 and above while 61 (25.5%) earned

less than N30, 000 while the remaining 39 (16.4%) earned between N30, 000 and N50, 000 as monthly income. This implies that majority of respondents were in N50, 000 and N100, 000 monthly income range.

## 5.2 Research questions

The study had four research questions. The data on each of the questions is presented in this section.

### ***Research question 1: What is the extent of awareness of family planning information to women in Abeokuta South Local Government?***

Table 2: Awareness of family planning information to women in Abeokuta South Local Government

<b>Heard any information about family planning methods</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	181	75.7
No	58	24.3
Total	239	100
<b>Have been using family planning methods</b>		
1 - 2 years	54	22.59
3 - 5 years	15	6.28
6 - 9 years	12	5.02
10 years and above	30	12.55
Not using	128	53.56
Total	239	100
<b>Having attended formal training/seminar on usage of family planning</b>		

Yes	68	28.5
No	153	64.0
No response	18	7.5
Total	239	100.0
<b>Awareness that family planning information is available in the following sources</b>	<b>Yes</b>	<b>No</b>
Government hospital	181 (75.7%)	0 (0.0%)
Private hospital	177 (74%)	27 (13.2%)
Electronic media	135 (56%)	64 (26.8%)
Print media	122 (51%)	72 (30.1%)
Internet	140 (58.6%)	66 (27.6%)
Religious Organisation	129 (54%)	67 (28.0%)
Interpersonal discussion with neighbours	143 (59.8%)	53 (22.2%)
Traditional doctor	120 (50.2%)	70 (29.3%)
Libraries	127 (53.1%)	67 (28.0%)

Table 2 revealed the respondent's perceived awareness of family planning information by women in Abeokuta South Local Government Area as follows: 181 (75.7%) of the respondents have heard information about family planning while 58 (24.3%) have not. 54 (22.59%) had 1 to 2 years of usage of family planning methods, 15 (6.28%) had 3 to 5 years of usage of family planning methods, 12 (5.02%) had 6 to 9 years of usage, 30 (12.55%) had usage experience of 10 years and above, while 128 (53.56%) were not using it at all.

68 (28.5%) of the respondents have attended formal training or seminar on usage, 153 (64.0%) had never, 18 (7.5%) gave no response. From the trend of the response, it implies that the majority of the respondents 181 (75.7%) have heard about family planning information. An appreciable number 111 (46.44%) have been using it over the years, while some 128 (53.56%) were not using it at all. Majority of the respondents have never attended any formal training or seminar on usage while majority of the respondents, 181 (75.7%),

ranked availability of family planning information at the government hospital as the highest source of FPI. Awareness on the sources of FPI is as follows: 181 (75.7%) government hospital, 177 (74%) private hospital, 135 (56%) electronic media, 122

(51%) print media, 140 (58.6%) Internet, 129 (54%) religious organisations, 143 (59.8%) interpersonal discussion with neighbours, 120 (50.2%) traditional doctor, and 127 (53.1%) libraries.

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

**Table 3: Importance of 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)	-	-

The results on research question 2 are regrouped into three namely: Agree which stands for the responses under Strongly Agree and Agree, Disagree which captures the responses under Strongly Disagree and Disagree while the third which is Undecided remains as it is. Table 3

reveals that majority of the respondents agreed variously on the importance of family planning. 220 (92%) agreed that family planning controls the timing and spacing of human birth, 208 (87%) agreed that it prevents infant mortality, 203 (85%) picked safe motherhood

as its importance. To 202 (84.5%), family planning prevents rapid population growth; to 184 (77%), it enhances good standard of living; to 168 (70.3%), it prevents unwanted pregnancy. Comparatively, limited number of the respondents disagreed respectively that fami-

ly planning empowers the poor (61 (25.5%)), exposes sexually transmitted diseases (16 (6.7%)), prevents unwanted pregnancy (12 (5.0%)), prevents rapid population growth (11 (4.6%)), enhances good standard of living (11 (4.6%)) and prevents infant mortality (5 (2.1%)).

**Research Question 3: What is the attitude of women towards the use of information on family planning?**

**Table 4: 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 contraception because of fear of side effects	12 (9.4)	13(10.2)	-		
Not using contraception because of lack of awareness	7 (5.5)	5 (3.9)	4(3.1)		
Don't prevent if partner disagrees	12(9.4)	12 (9.4)	4 (3.1)		
It is sinful	3(2.3)	5 (3.9)	11 (8.6)		
Desire many children to earn more care	10 (7.8)	8(6.3)	9 (7.0)		
It is expensive	3 (2.3)	10 (7.8)	-		

For the purpose of analysis, the responses of the respondents are regrouped into two. True stands for the responses under

True, Very True and Occasionally True; while the second which is Undecided remains as it is. Table 4 reveals the attitude of the



respondents as follows. 111 (46.44%) are currently using a method of family planning, 25 (19.6%) are not using family planning method because of fear of side effects, 16 (12.5%) are not because of lack of awareness, and 28 (21.9%) are not because their partners disagreed.

In the same vein, 19 (14.8%) are not using family planning method because it is sinful, 27 (21.10%) are not because they desire many children to earn more care while 13 (10.10%) are not using family planning method because it is expensive.

**Research Question 4: What are the factors that cause rapid population growth and unwanted pregnancy?**

**Table 5: Factors causing 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/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 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)

To analyse this research question, the respondents' responses are regrouped into three namely: Agree, which captures the responses under Strongly Agree and Agree; Disagree, which captures the responses under Strongly Disagree and Disagree; and Undecided, which remains as it is. Table 5 reveals that majority of the respondents agreed that low level of education (170 (71.1%)), high fertility rate (146 (61.1%)), lack of knowledge and benefits of family planning (138 (57.7%)), polygamy (136 (56.8%)), husband/sexual partner's disagreement (109 (45.5%)), lack of awareness (105 (43.9%)), poverty (101 (42.3%)); among others, are factors that cause rapid population growth and unwanted pregnancy respectively. Co-

versely, some respondents disagreed that: lack of access to health providers (125 (52.3%)), far distance to health centres (101 (42.2%)), illiteracy (96 (40.2%)), and religion (95 (39.7%)), among others are factors that cause rapid population growth and unwanted pregnancy among women in Abeokuta South Local Government Area of Ogun State.

### Discussion of Findings

This study has attempted to assess the awareness and use of family planning information by women in Abeokuta South Local Government Area of Ogun State, Nigeria and discuss its findings in relation with other similar researches.

The result of this study revealed that 181 (75.7%) of the respondents have heard information on family planning while 58 (24.3%) have not. This findings is higher than that of another study in Nigeria by Oye-Adeniran, Adewole, Umoh, Oladokun, Gbadegesin and Ekanem (2006) which reported that many of the respondents (67.1%) were aware of family planning and almost all of them (95%) were already using family planning. The result of that study is higher than the percentage of use in a study of family planning practices of rural community dwellers in cross River State, Nigeria by Etokidem, Ndifon, Etowa and Asuquo (2017) where 50 (17.2%) respondents were using at least one family planning method and 198 (68.3%) respondents had used at least one family planning method at some point in time.

In this study, 68 (28.5%) of the respondents have attended formal training or seminar on usage, 153 (64.0%) had never and 18 (7.5%) gave no response. This implies that the majority of the respondents have heard about family planning information, some have

been using it over the years, majority have never attended any formal training or seminar on the usage while majority of the respondents 228 (95%) ranked availability of family planning information at the government hospital as the highest. Majority of the respondents claimed that family planning information is available in the following sources, government hospital (95%), private hospital (74%), electronic media (56%), print media (51%), Internet (58.6%), religious organisation (54%), interpersonal discussion with neighbours (59.8%), traditional doctor (50.2%), and libraries (53.1%). Conversely in Etokidem, Ndifon, Etowa and Asuquo (2017) however, majority of the respondents (78.9%) obtained information about family planning from health care providers, 40.8% from television, 35.8% from newspapers, 53.2% from radio while 28.7% obtained it from training workshops. This is different from another study on "Assessing the use of family planning information among farming households in Nigeria: Evidence from Ogun State" by Babalola, Babalola and Oladimeji (2012) in

which 22% of the respondents had heard about family planning information via electronic source (either on the radio or TV), 2% through the print source (newspaper, journals, magazines, books etc.), 33% heard about it from their friends and relatives (personal source), 35% heard from the health centre while 8% of the respondents were not aware of family planning.

This current study revealed that FPI has several importance as the majority of the respondents 220 (92%) agreed that family planning controls the timing and spacing of human births, 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. To 187 (77%) respondents, it enhances good standard of living, while 168 (70.3%) agreed that it prevents unwanted pregnancy. This corroborates the findings of Alege, Matovu, Ssensalire and Nabiwemba (2016) who reported that knowledge of family planning methods was nearly universal with (98.1%). However, 196 (35%) maintained that

they strongly disagreed of its benefits and 83 (15%) agreed that family planning information when adopted would benefit the parent, infant and improve their economy. On the consequences of family planning, 209 (37%) of the respondents strongly agreed that family planning has negative effects while 97 (17%) believed that family planning was free from any health hazard.

This is however at variance with the findings of Etokidem, Ndifon, Etowa and Asuquo (2017) on the benefits of FPI where majority of the respondents indicated that it was highly beneficial. 132 (44.1%) maintained that it puts limitation of the number of children one should bear, 156 (52.2%) agreed that it enhances spacing and timing of child birth, 101 (33.8%) praised its ability to prevent unwanted pregnancies, 37 (12.4%) appreciated its prevention of sexually transmitted diseases, 134 (44.8%) saw it as positive birth control measure, while 76 (25.4%) regarded it as a means of assisting families to anticipate and attain the desired number of children.

On attitude of women towards the use of FPI which

was the focus of Research question 3, findings showed that some of the respondents were using family planning while some were not. This study found that minority of the respondents were into family planning use. The finding is in accordance with the Nigeria Demographic and Health Survey (NDHS, 2013) which reported that only 15% of currently married women use a contraceptive method. Further findings from the study showed that some were not using any family planning method on the ground of various reasons. The reasons granted include fear of side effects (47.3%), lack of awareness (31%), because partner disagreed (51.1%), because it is sinful (33.6%), because they desire many children to earn more care (50.7%), and because it is expensive (23.1%). This corroborates the findings of 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) in which the major reasons for not using contraceptives were side effects (44.4%), and desire to have children (23.2%). Other reasons were husband's objec-

tion, cost of contraceptives and religious beliefs.

Research question 4 focused factors that cause rapid population growth and unwanted pregnancy. Majority of the respondents revealed that factors that cause rapid population growth and unwanted pregnancy range from 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%), to poverty (42.3%). Whereas a contrary result was recorded in a study of a community-based survey of 2,093 women aged 15 - 49 years about the factors associated with unwanted pregnancy, it was conducted in eight states of Nigeria in 2002 - 2003. The results indicated that 28% of women reported having an unwanted pregnancy and of that 28%, half reported having attempted to end their last unwanted pregnancy. Forty-three percent of the women who sought abortion did so because they were either not married, too young, or still in school. Of the women who were not practicing contraception, 44% said they were una-

ware of family planning services, 22% submitted that they did not have access to contraceptive services, contraceptive services were too expensive, or they were afraid of side effects. As such, at the time of that survey, 27% were at risk of unwanted pregnancy and almost 50% were unaware of contraceptive methods.

### Conclusion

In conclusion, it was discovered that awareness of family planning information was relatively average but the level of use was low. Inadequate level of awareness, the fear of side effects, and partner's disagreement were the most prevalent reasons claimed for non-use. Occurrence of rapid population growth and unwanted pregnancies can be reduced by stepping up awareness. Adequate health education in the form of seminars and symposium should be carried out by health workers among women of child bearing age to dissipate fears and encourage greater contraceptive use. Aside these, provision of sufficient funds and required equipment by the government; training and retraining of health providers; and male,

parents, teachers and traditional leaders' involvement in increasing the level of compliance with family planning information will be of great value and, as such, highly required.

### Recommendations

The following recommendations are made by this study.

1. There should be intensified awareness campaign on family planning information by all levels of government and health providers among women.
2. A positive change of attitude of women towards using family planning information is recommended so as to enjoy the various benefits of family planning to the maximum.
3. Parents, traditional, religious and community leaders should educate their wards and attendants on reproductive health to prevent the occurrence of unwanted pregnancy and rapid population growth.



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