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Rural Women's Perceived Impact of Family Planning in Rural Communities in Edo South Senatorial District

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Abstract

The purpose of this study was to ascertain rural women perceived impact of family planning in the rural communities of Edo South Senatorial District of Edo state, Nigeria. Survey research design was used for this study and the sample size consisted of 200 respondents. To achieve this purpose, the researcher developed a questionnaire which was used as instrument for data collection. Purposive sampling procedure was employed. The Findings from the study revealed a lot about the acceptance and use of family planning practice in Edo South Senatorial District, the available family planning practice are condoms, prolonged breastfeeding, and abstinence, the level of adoption of family planning by rural women in the study area is very low. The findings from the study also indicated that rural women have a negative perception of the implementation of family planning practices, the study further revealed that family planning practice makes women healthier and can reduce maternal mortality. Based on findings from the study it is recommended among other things, that couples should be sensitized on the benefits of family planning practices and, how it can improve the quality of lives of all the members of the family by equipping them with the necessary information in order to avoid unwanted and unplanned pregnancies.

Keywords: Rural Women, Family Planning, Perceived Impact, Rural Communities

Introduction

The term rural women simply refers to women who live and work in rural areas. About 60-70 % of Nigerian women live in rural areas. Hence they make up a significant portion of the Nigerian population. The majority of rural women are illiterate and live in remote, isolated areas where there is little or no access to health information, lack of transportation, lack of professionals, and the constrain placed on them by culture is a common problem. The development of rural women must be a process focused on improving factors affecting the quality of life and standard of living of rural women while propelling their development. Family planning is a demographic policy of every nation and it is the process by which individuals anticipate the number of children he she wishes to have, including the time, choice to have no children, and the age at which they intend to have them. World Health Organization defined family planning as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods. Family planning can be classified into two based on the method adopted namely, Natural and Artificial methods. The natural methods include abstinence, coitus interruption, safe period, and lactational amenorhoea (long breastfeeding). Common artificial methods used are; condoms, injectables, pills and intra uterine contraceptive devices (I.U.C.D). Family planning is the deliberate prevention or delaying of birth by means of sexual abstinence, contraception, sterilization, abortion and prolonged breast feeding, or it is the policies, programmes, services designed to assist people in practicing birth control. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies (World Health Organization).

The perceived impact of family planning can also be referred to as the anticipated negative or positive feelings towards family planning. The positive impact of family planning can be physical, social, economic and otherwise, the goal is for the resources available to be commensurate with the number of children which in turn promotes the quality of lives of the family.

Statement of the Problem

Edo south senatorial district has seven (7) local government areas and many rural communities, these rural communities have a population of women with low incomes whose only means of survival and livelihood is farming. Some of these women are the only ones who provide for their children invariably the women are at the receiving end of the very negative consequences of too many frequent births either health wise, socio-economically and otherwise. The World Health Organization reported that approximately 810 women die every day from preventable complications related to pregnancy and childbirth globally. The organization stated further that ninety-four per cent of these deaths occurred in developing countries and about two-thirds occurring in Sub-Saharan Africa.

Objectives of Study

- 1. Ascertain the family planning programmes and practices that are available in Edo south senatorial district.
- 2. Determine the level of adoption of family planning by rural women in Edo south senatorial district.
- 3. Determine how rural women perceive the implementation of family planning in the study area.
- 4. Find out how rural women view the utilization of family planning programmes in the study area.
- 5. Find out how the use of family planning can be improved in the study area.

Research Questions

- 1. What Family Planning Programmes and Practices are Available in Edo South Senatorial District?
- 2. What is the Level of Adoption of Family Planning by Rural Women in Edo South Senatorial District?
- 3. How do Rural Women Perceive the Implementation of family Planning in Edo South Senatorial District?
- 4. What is the Perceived Impact of Family Planning on Rural Women in Edo South Senatorial District?
- 5. How Can the Use of Family Planning be improved in Edo South Senatorial District?

Methodology

The survey research design which implores descriptive

techniques was used for the study. This design was chosen because it is considered the most appropriate for the research since it require the use of sample and the result from the sample can be used to generalize the entire population.

The Population of the study is made up of women in rural communities in Edo South Senatorial District. The communities selected for this study fall into the four local governments selected for the study these include: Egor, Ikopa-Okha, Oredo and Ovia North – East.

The sample for this study consist of a total of two hundred (200) respondents selected from eight communities in Edo South Senatorial District. A break down shows that (25) respondents were selected from each of the eight (8) communities. This was done using the simple random sampling technique.

The researcher randomly selected four (4) local governments out of the seven (7) local governments that make up Edo south senatorial district and two (2) communities was selected each of local government area selected. These include; Egor local government area (Okhokhugbo and Utoka communities), Ikpoba-Okha local government area (Eyaen and Umelu communities), Oredo local government area (Obazagbon and Umegbe communities), and Ovia north-east local government area (Evboro and Iguoriakhi communities) all in Edo south senatorial district.

The instrument used for the collection of data for the study was the questionnaire titled "Rural Women Perceived Impact of Family Planning Questionnaire" (RWPFPQ). It consisted of two sections: Section A and Section B. Section A was on respondents Bio-data such as sex, age, religion, educational level name of the community etc. while section B was designed to provide answers to the research questions raised for the study. The research questionnaire was designed in the 4 point Likert scale of Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD), Available (A), and Not Available (NA). Also the researcher employed the method of direct contact with respondents to reduce the rate of incomplete responses and no return of questionnaires.

The instrument was administered by the researcher to the respondents in each of the eight communities. The questionnaire was interpreted to those who are not able to fill the questionnaires by themselves to compliment the process of data collection.

Data Presentation and Analysis

Research Question 1: What Family Planning Programmes and Practices are Available in Edo South Senatorial District?

Table 1: Distribution of Responses on the Available Family Planning Programmes in Edo South Senatorial District

S/N	Items	Mean	Remark	
1.	Condoms Use Practice/Programme	2.68	Available	
2.	Prolonged Breast Feeding	2.75	Available	
3.	Proper Drug Use and Dispensing Practice	2.39	Not Available	
4.	Injections Utilization Practice/Programme	1.51	Not Available	
5.	Abstinence Practice/Programme	2.60	Available	

Criterion Mean: 2.50

Data in Table 1 shows the distribution of responses on the available family planning programme or practices in Edo South Senatorial District. It can be seen from the Table that items I, 2, and 5 met the criterion of 2.50 and so were

considered available. Item 3 did not meet the criterion mean but was considered available because of its high mean score. This means that the available family planning programmes and practice in Edo South Senatorial District condoms use practice, prolonged breastfeeding, drugs use, and abstinence practice.

Research Question 2: What is the Level of Adoption of Family Planning by Rural Women in Edo South Senatorial District?

Table 2: Distribution of Responses the Level of Adoption of Family Planning by Rural Women in Edo South Senatorial District

S/N	Items	Weighted Response	Mean	Remark
1.	I have totally accepted family planning	400	1.99	Moderate
2.	I have accepted condom use and practice	500	2.20	High
3.	I practice prolonged breast feeding	530	2.00	High
4.	I have accepted proper drug use and dispensing practice	520	2.00	High
5.	I have accepted injection utilization practice and programme	500	2.05	High
6.	I have accepted abstinence practice	520	1.87	Moderate

Mean Benchmark: 1.00 – 1.50 Low, 1.51 – 1.99 Moderate, 2.00 – 2.50 High, 2.51 – 3.00 Very High.

On the Level of Adoption of Family Planning by Rural Women in Edo South Senatorial District, Data in Table 2 shows that item 1 and item 6 had a mean scores of 1.99 and 1.87 respectively and so were indicated as moderate, while items 2, 3, 4 and had mean scores of 2.20, 2.00, 2.00 and 2.05 respectively which means generally the level of adoption of family by rural women in Edo south senatorial district with

the Grand mean of 2.01 implies that the level of adoption of family planning by rural women in Edo South Senatorial District is high.

Research Question 3: How do Rural Women Perceive the Implementation of family Planning in Edo South Senatorial District?

Table 3: Distribution of Responses on How Rural Women Perceive the Implementation of Family Planning in Edo South Senatorial District

S/N	Items	Weighted Response	Mean	Remark
1.	Women in my community now understand what family planning is	536	2.68	Negative
2.	The cultural tenets in my community is no longer a hindrance to the implementation of family planning.	520	2.60	Negative
3.	Family planning seem too difficult to implement due to the defeat fear of side effects	532	2.66	Negative
4.	Most husbands are no longer against the implementation of family planning	514	2.57	Negative
5.	The implementation of family planning is seemingly appreciable due to sensitization and increased awareness	514	2.57	Negative
6.	Many families are now interested and practice family planning	468	2.34	Positive

Criterion Mean: 2.50

From Data in Table 3: It can be seen that items 1 to 5 met the criterion mean and were remarked as negative because the high mean score portrayed negative view of implementation of family planning, while item 6 had a mean score of 2.34 and was remarked as positive because the low mean implied a positive disposition towards the issue under discourse. This

therefore means that rural women have a negative perception of the implementation of family planning.

Research Question 4: What is the Perceived Impact of Family Planning on Rural Women in Edo South Senatorial District?

Table 4: Distribution of Responses on the Perceived Impact of Family Planning on Rural Women in Edo South Senatorial District

Remark
Not Accepted
Not Accepted
Accepted
Accepted
Accepted
Not Accepted

Criterion Mean: 2.50

Data in Table 4 shows that items 3, 4 and 5 met the criterion mean and so were accepted while items 1, 2 and 6 were not accepted for failing to meet the criterion mean. This means that the perceived impact of family planning on rural women in Edo South Senatorial District are that family planning makes women healthier, can reduce maternal mortality and

can cause infertility among women. Grand mean of 2.41 which means rural women in Edo south senatorial district have low perception on the impact of family planning.

Research Question 5: How Can the Use of Family Planning be improved in Edo South Senatorial District?.

S/N **ITEMS** Weighted Response Mean Remark 1. Women can be taught about family planning during clinics 536 2.68 Agreed 2. Husbands should be taught the benefits of family planning 510 2.55 Agreed 2.50 3. Family planning packs should be made more accessible to the people 500 Agreed The cost of obtaining modern family methods should be reduced or subsidized 520 2.60 4. Agreed 5. Issues of family planning should be discussed during community meetings 536 2.68 Agreed Family planning should be discussed during women meetings in the community 532 2.66 Agreed

Table 5: Distribution of Responses on how the Use of Family Planning can be improved in Edo South Senatorial District

Data in Table shows that all the items met the criterion mean of 2.50 and so were agreed. This means that use of family planning can be improved in Edo South Senatorial District by teaching women about family planning during clinics, teaching husbands about the benefits of family planning, increased accessibility of family planning packs, reduction in the cost of modern family planning methods, discussing family planning during community meetings and women meetings.

Findings

Findings revealed a lot about the acceptance and use of family planning in Edo South Senatorial District among rural women. In the first place, the available family planning programme and practices are condoms, prolonged breastfeeding, and abstinence. This finding corroborates that of Potts and Campbell who reported that rural women utilize mostly traditional methods such as periodic abstinence, prolonged lactation, extra-vaginal intercourse, withdrawal technique. Bongaarts, and Hodgson also reported that the available family planning methods in rural areas is mostly limited to natural and traditional methods of family planning. Similarly, reported that many rural women are reportedly reluctant to accept any artificial method of contraception.

Secondly, findings also revealed that the level of adoption of modern family planning by rural women is very low and high level of adoption natural and traditional family planning practices. In relation to this finding, Ghulam, (2015) [36] revealed that majority of women knew about some modern contraceptive methods, but the overall contraceptive use was very low.

Similarly, findings from the study also indicated that rural women have a negative perception of the implementation of family planning. This finding is supported by that of Ghulam (2015) [36] who found that majority of men and women across all regions were not using any family planning method mainly because had negative perceptions about family planning.

Furthermore, it was seen from the findings from the study that family planning makes women healthier, can reduce maternal mortality and can cause infertility among women. In line with this finding the effects of family planning are mostly anticipated health complications of modern family planning methods such as menstrual changes (heavier bleeding, amenorrhea or oligomenorrhea), changes in weight, headaches, dizziness, nausea, and cardiovascular impacts. In addition, women may harbor fears of long-term effects of contraceptive use, such as infertility and childbirth complications.

Finally, findings from the study indicates that the use of family planning can be improved by teaching women about family planning during clinics, teaching husbands about the benefits of family planning, increased accessibility of family planning packs, reduction or subsidization in the cost of modern family planning methods, discussing family planning during community meetings and women meetings. Corroborating this finding Guttmacher Institute and identified some factors that hinder the use of family planning in Nigeria to include Misconceptions about family planning methods, Spousal disapproval and domestic violence, Religious beliefs, Culture, Lack of awareness of the various contraceptive methods, Poverty, cost of services and limited access to insurance coverage, Low levels of female education, Unavailability and limited access to publicly funded family planning services, Poor quality of services, Limited knowledge and skills, and poor attitude of healthcare providers.

Conclusion

Based on the findings from the study, it is concluded that the available family planning programmes are condoms, prolonged breastfeeding, and abstinence. The level of adoption of modern family planning by rural women is very low and high for natural and traditional family practices. This is probably caused by poor implementation of the programme as evidenced by the negative perception of the women about the implementation of family planning. However, the use of family planning can be improved by teaching women about family planning during clinics, teaching husbands about the benefits of family planning, increased accessibility of family planning packs, reduction in the cost of modern family planning methods, discussing family planning during community meetings and women meetings.

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