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Full Length Research Paper

Farmers' Attitudes Toward Family Planning Programmes in Selected Rural Communities of Imo State, South-Eastern Nigeria

B.I. Isife; C.O. Albert and M.C. Isaiah

Department of Agricultural Economics and Extension,Rivers State University of Science and Technology, Port Harcourt, Nigeria

Corresponding author: benisife@yahoo.com

Abstract

The study examined the attitudes of farmers toward family planning programmes in Ehime Mbano Local Government Area of Imo State, Nigeria. A total of 50 married couples were purposively selected from five community health centres in the study area. Data were collected from the respondents using interview schedules. Mean scores and t-test were applied for data analysis. The study revealed that injectable contraceptives, condom, natural fertility awareness, lactational Amenorrhea, combined oral contraceptives and abstinence were the kinds of family planning programmes available to the people. The use of condom was most adopted by the people. T-test results showed that the farmers' levels of awareness and adoption of the family planning methods were statistically insignificant (P>0.05), respectively. Factors affecting the farmers' adoption of recommended family planning methods include: lack of awareness, religious belief and custom, reduction of sexual urge and inadequate health personnel. The study recommends, among others, that churches and other social organizations should educate and sensitize their members on the benefits of family planning as these measures stand a better chance of convincing their members.

Keywords: Farmers' Attitudes, Family Planning Programmes, Imo State, Nigeria

Introduction

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 (Isaiah, (2007). Because most farmers in Nigeria live with meager financial resources, effective family planning is better to sustain good living. According to Sweet (1992), family planning is the arrangement /spacing and limitation of the children in a family, depending upon the wishes and social circumstances of the parents. Family planning, therefore is a step towards better living and development of individuals, family and the nation. This is also a means of handling one of the twenty-one problems in marriage (Nkwocha and Jossy, 2002).

Family planning has been applied to solve the problem of unwanted pregnancies in our families. Unwanted pregnancies can cause great disaster. In recent survey of live births, Ekine (1999) found that 81.3% have been unwanted pregnancies among the single young girls, while 31.3% were unwanted pregnancies among the married ones. Also, the author discovered that monthly attendance at the family clinic is about 2% less than the population of the ante-natal clinic. Most of the rural people believe in the African culture which permits the separation of the mother and her child from the father for a long period of time, following child birth in order to

Table 1.Kinds and Awareness levels of Family Planning Methods/Programmes by the Respondents

Family Planning Programme	Level of Awareness			Remark
	Male	Female	$\bar{x}$ of $\bar{x}$	
Injectable contraceptive	3.25	4.00	3.62	Aware
Use of condom	3.60	3.50	3.55	Aware
Female sterilization	1.80	2.50	2.15	Aware
Natural fertility awareness	3.24	3.60	3.42	Aware
Norplant Implants	1.00	2.00	1.50	less Aware
Intrauterine device	2.30	2.60	2.45	Less Aware
Vasectomy	1.00	1.50	1.25	Less Aware
Lacational Amenorrhea	2.60	3.30	2.90	Aware
Combined Oral Contraceptive	3.80	3.98	3.87	Aware
Projestin	1.30	2.00	1.65	Less Aware
Vaginal Method	2.50	2.80	2.65	Not Aware
Abstinence	3.50	4.00	3.25	Aware

Figures in the table are mean scores

provide good nutritional period for tvee mother and child, and a total abstinence from sexual intercourse for the mother. But the father can meet with other women. In order to correct this, the Planned Parenthood Federation of Nigeria (PPFN), a Nigerian member of the International Planned Parenthood Federation (IPPF), was set up with the main objectives of protecting the health of mothers and children, encouraging the building up of healthy and happy families, and enabling couples to have matrimonial sexual relationship as often as they can without fear of unwanted pregnancy (PPFN, 1993). To achieve the stated objectives of PPFN, several family planning programmes were designed and implemented in the rural communities through cottage hospitals, clinics and non-governmental organizations interested in family health care delivery services.

Purpose of the Study

The aim of this study was to examine the attitude of the people of Ehime-Mbano in Imo State, who are mainly farmers, toward family planning programmes. Specifically, the study sought to identify the kinds of family planning programmes available, sources of information or awareness about family planning methods, adoption levels and factors limiting the adoption of the recommended family planning methods by the people or couples in the study area.

Methodology

The study was undertaken in five (5) communities purposively selected out of ten (10) communities that have Health Centres in Ehime Mbano LGA of Imo State. The communities include: Ezeoke Nsu, Oriagu Nsu, Nzerem, Umunuma and Agbaghara Nsu. From each of these communities, 5 male and 5 female farmers were randomly selected, respectively. This made ten (10) farmers from each community, giving a total of 50 respondents. The five communities were specifically selected because their Health Centres had good family planning clinics and programmes; they organized workshops for the community members more than other Health Centres that were not studied. Besides, the selected communities had more full-time farmers than those not selected. Data were collected from the respondents using interview schedules. The data were analysed by the use of mean scores derived from 4-point Likert scale, and hypothesis tested using t-test statistic.

Results and Discussion

Kinds of Family Planning and Awareness levels of the Farmers.

Table 1 shows the modern family planning programmes or methods and mean responses, showing the level of awareness by the respondents. This was based on 3.00 minimum acceptable mean values for positive responses. Twelve family planning methods were identified as known to the respondents (male and female farmers). Programmes such as vasectomy, female sterilization, progestin, norplant implant and intrauterine device had low level of awareness among the respondents with mean values of less than 2.50. However, injectable contraceptive, use of condom, natural fertility awareness, lactational amenorrhea and abstinence recorded high level of awareness by the farmers. The table also suggests that the female farmers were more aware of the

Table 2. Respondents' sources of Information about Family Planning Programmes

Sources	Male	Female	$\bar{x}$ of $\bar{x}$
Health Personnel	2.52	3.80	3.16
Extension agents	1.80	2.40	2.10
Fellow farmers	1.00	2.05	1.52
Friends and neighbours	2.65	3.00	2.82
Schools	1.00	1.50	1.25
Churches	2.00	3.50	2.25
Markets	1.00	1.60	1.30
Community Meetings	1.00	1.00	1.00
Town Criers	1.00	1.00	1.00
Radio	3.20	1.80	3.36
Television	2.00	1.00	1.90
Newspapers	1.80	1.00	1.40
Students	1.00	1.00	1.00
Relations from the cities	2.00	3.60	2.80

Figures in the table are mean scores

Table 3. Respondents' Adoption levels of the Family Planning Methods/Programmes

Method	Adoption level			Remark
	Male	Female	$\bar{x}$ of $\bar{x}$	
Injectable contraceptives	1.00	3.00	2.00	Reject
Female sterilization	1.00	1.00	1.00	Reject
Use of condom	3.00	2.50	2.75	Accept
Natural fertility awareness	1.80	2.80	2.30	Reject
Norplant implant	1.00	1.00	1.00	
Intrauterine devices	1.00	1.00	1.00	Reject
Vasectomy	1.00	1.00	1.00	Reject
Lactational Amenorrhea	1.00	3.00	2.00	Reject
Combined Oral contraceptives	1.00	3.50	2.25	Reject
Progestin	1.00	1.00	1.00	Reject
Vaginal method	1.00	1.00	1.00	Reject
Abstinence	1.50	2.50	1.57	Reject

Figures in the table are mean scores

family planning programmes than the male farmers. The difference could be because the females attend clinic, especially ante-natal, from where they get more information or knowledge than the males.

Respondents' Sources of Information/Awareness about family planning programmes

The sources of awareness of modern family planning methods/progrmmes are enumerated in table 2. The table shows that the respondents agreed on the following sources: health personnel, friends and neighbours, radio and relatives from the cities. Other sources such as churches, meetings, markets, schools, newspapers and town criers were not regarded as effective means of creating awareness among the respondents. The accepted source of friends and neigbhours, confirms Ojoko (2000), and Isife and Ofuoku (2008) assessment on how innovations could be disseminated. The authors stated that the most effective channel of creating awareness among farmers, especially the illiterates in the rural areas, is through friends and neighbours.

Adoption levels of the Family Planning Programmes

Table 3 shows the respondents' levels of adoption of the recommended family planning programmes. The study

Table 4. Factor Affecting the Respondents' Adoption of the Family Planning Programmes.

Factors	Acceptance scores			Remark
	Male	Female	$\bar{x}$ of $\bar{x}$	
Prohibition by custom	2.60	3.00	2.80	Accept
Negative effect on health	4.00	4.00	4.00	Accept
Condom reduces sexual desire	3.50	3.50	3.50	Accept
Poor financial resources	2.70	2.60	2.65	Accept
Lack of awareness	3.00	3.50	3.25	Accept
Against religious belief	2.85	3.00	2.97	Accept
Inadequate health personnel	2.75	2.80	2.77	Accept
Dislike of methods	3.00	3.50	3.25	Accept

Figures in the table are mean scores

Table 5. T-test results of levels of awareness and adoption of Family Planning Programmes between the male and Female Respondents.

	Sex	N	Mean	S.D	D.F	Decision Rule
Awareness	Male	12	2.49	0.96	22	t-cal=1.36
	Female	12	2.98	0.63		t-tab=2.074
						P>0.05
Adoption	Male	12	1.32	0.49	22	t-cal=1.77
	Female	12	1.94	0.93		t-tab=2.074
						P>0.05

established that the use of condom was the most commonly adopted method by the farmers/couples. However, injectable contraceptives, abstinence, natural fertility awarness, lactational amenorrhea and combined oral contraceptives were popular among the female farmers. This could be because of the level of awareness the females obtain from the ante-natal clinics (Isaiah, 2007).

Factors Affecting the Adoption of Family Planning Programme

Table 4 indicates the factors militating against the use of and/or adoption of modern family planning programmes by farmers in the study area. The factors include: dislike for the methods, custom, religious belief, lack of awareness, inadequate health personnel, poor financial resources and the fear of the negative side effects on their health. Ogunleye (1994) identified poverty and under development as two factors affecting clients' acceptance of family planning programmes.

Table 5 shows that the levels of awareness and adoption of the family planning programmes between the male and female farmers were not statistically significant. Even though that the couples were exposed to different sources of information/awareness, the study has established that they shared ideas and took decision together in their families, especially on crucial issues concerning family planning.

Conclusion and Recommendations

Modern family planning programmes were not adopted by the farmers because of the peculiar characteristics that equally affect the adoption of other innovations in the rural areas. These include lack of finance, custom and religious belief and fear of side effects. The situation appears unlikely to change because of the belief of respondents about the negative side effects of some family planning programmes/methods, while the positive side effect were not considered which includes having the number of children respondents can comfortably care for spacing children to increase longevity of the mother, among others. The positive effects are more than the negative effects, and so they should be encouraged to adopt modern family planning programmes. The people need to be assured of their health afterwards through emphasis of the positive effects. Family planning drugs and accessories should be subsidized or possibly given free to couples who have shown interest to adopt the programmes. This is to encourage more participation of the rural people in the programmes. Family planning lectures should be conducted in health centres and maternity homes and made compulsory on ante-natal

days for pregnant women. This is necessary since the use of mothers, especially pregnant women, had shown to be effective in creating awareness. The churches should assist in sensitizing and educating their members on the benefits of family planning as they could be listened more than any other person or bodies.

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