

**ATTITUDE OF COUPLES TOWARDS FAMILY PLANNING IN EHIME MBANO
LOCAL GOVERNMENT IMO STATE****Ibebuikwe J. E.*, Nwokike G. I. and Duru A. A.**

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ABSTRACT

This is a research on attitude of couples towards family planning in Ehime Mbanjo Local Government Area. The reason for the study is to determine attitude of couples towards family planning, to ascertain their attitude towards family planning, to identify factors leading to poor attitude towards family planning and to know their level of acceptance of family planning. Related literature were reviewed, descriptive survey research design was utilized. Multi stage sampling technique was adopted in the selection of subjects. The instruments used in the collection of data were self developed, structured and valid questionnaire. Copies of the questionnaire were administered on face to face basis to the respondent by the researcher. The data collected was analyzed and presented using tables, percentages and bar chart. The finding of the study showed that couples have high knowledge but negative attitude towards family planning, factors contributing to the poor attitude was religion, culture, poverty and low level of education. These factors contributed to low level of acceptance of family planning, recommendations were made based on the findings.

KEYWORDS: Attitude, couples, family planning, Ehime Mbanjo Local Government Imo State.**INTRODUCTION**

Family planning implies the ability of individuals and couples to anticipate and attain their desired number of children by spacing and timing their births. It is achieved through the use of contraceptive method and treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcomes of each pregnancy. The term "family planning" does not mean abortion. Family planning reduces the need of women to have "unsafe abortion" in addition to reinforcing people's rights to determine the number and spacing of their children (World Health Organization, 2011).

The services are offered by gynecologists, the primary care physicians, midwives and other staff trained to offer such services. Failure to plan the family may lead to unwanted pregnancy, abortions, ill-health, social problems and overpopulation. One of the tasks of the family is reproduction. Reproduction is one of the characteristics of living things, but reproduction without provision for the newborn children will lead to starvation, poor growth, sickness, economic hardship and premature death. To prevent these problems from befalling children, women and family, there is need to plan the family planning services.

Nigeria had a population of 170,507,539 in July 2013 and an annual growth rate of 2.5%. The misconception about family planning has resulted in high abortion rate of 25 per 1000 women aged 15-44 years (Stephen *et al.*, 2018).

The immediate need to control the high fertility rates among women in the rural part of Nigeria has attracted the interest of scholar in the academic world. Lots have been done by international agencies and other stakeholders to encourage the use of family planning methods among women both in rural areas of developing countries including Nigeria (Taiwo, 2012).

AIM

The aim of the study was to determine the attitude of couples towards family planning in Ehime Mbanjo L.G.A Imo state.

MATERIALS AND METHODS**Research Design**

The descriptive survey was used for the study. The study was to determine the attitude of parents towards family planning in Ehime- Mbanjo L.G.A.

Setting/Description of Study Area

Ehime Mbanjo is a local government area in Imo State, Nigeria.

Target population

The target population for the study consists of all the child bearing age parents (20-40) in 29 existing communities in Ehime Mbano L.G.A.

The accessible population for the study consisted of all the child bearing age parents from the 5 randomly drawn communities.

Sample

The sample for the study comprises all the 248 randomly child bearing age parents from five randomly drawn communities in Ehime Mbano L.G.A

Sampling Technique

This is known as a sample, and the selection of components of the sample that will give a representative view of the whole.

Multiple-stage sampling procedure was used by the researcher multi-stage sampling involves selection various stages before finally picking sample for study.

Stages 1: child bearing age parents in Ehime Mbano L.G.A were clustered into 29 villages.

Simple random sampling by balloting with replacement was used in drawing out 4 communities.

Stage 2: The researcher made use of proportionate sampling. In each of the randomly drawn communities were listed out.

Proportion for 2:3 was used in selecting the villages for the study for example, a town with 1-4 villages, two villages was sample 5-9 villages, and three villages were sampled. On the whole village were used.

Stage 3: The Subject was stratified into male and female.

Stage 4: Non probability (non-chance selection) was used in selecting 98 males and 150 females from the twelve villages.

Instrument for data collection

Structured questionnaires were the major instruments or data collection. The questionnaires were developed by the researcher after review of related literature and from personal experience.

The questionnaires were in five sections. Section A contains six questions based on personal data of the subjects. Section B,C,D and E contains 12 questions base on the objective of the study.

Validity of the Instrument

Validity refers to the degree to which an instrument accurately measures what it intends to measure (Yue, 2016). The self developed questionnaires were validated by the project supervisor and two other lecturers in the

department of nursing science in Imo State University Owerri. The valuator were asked to examine the items of the instrument to justify the relevance in terms of content, appropriateness in language used and its ability to elicit accurate information that will enable the researcher to, answer the research questions. Modification was made following observation from the validators.

Reliability of the Instrument

Reliability refers to the degree to which an instrument yields consistent results (Yue2016). To test the variability of the instrument test, retest was used. 15 copies of questionnaires were printed and distributed among 15 child bearing age parents in Umuna Orlu L.G.A which was not part of the study population. After 6 days, another 15 copies were also distributed among the same child bearing age parents in Umuna Orlu L.G.A. A pretest results were tailed and analyzed using person product moment co-relation coefficient. It yielded a high positive correlation of 0.94, indicating that the instrument is highly reliable.

Method of Data Collection

The instrument as administered on face to face basis to the subjects by the help of executive members of 5 villages used for the study, which was done after permission was gotten.

Distribution and collection lasted for one week. Out of 248 copies of the questionnaire distributed, four were lost leaving 244 copies representing 98% for data analysis.

Method of Data Analysis

Data collection was analysis using descriptive statistics of frequency, percentage and charts.

Ethical Consideration

Research ethics were maintained by obtaining a written permission which was gotten from the head of Department of the school which was taken to the head of the towns in Ehime Mbano L.G.A for permission to conduct for the study.

They were assured of total confidentiality of information that will be obtained from them to protect their privacy. Informed voluntary consent was gotten from the respondents. The rights of the subject were respected; the culture and custom of the respondents were also respected.

RESULTS

Table 1: Respondent's Age Distribution.

Age Group	N	(%)
< 26	75	30.24
26 - 30	83	33.47
31 - 35	67	27.02
36 - 35	23	9.27
50 and above	0	0
Total	248	100

Source: Field Work, 2018.

The result in table 1 shows the age distribution of the participants in the study. The result presents that the age group between 26 - 30 years (33.47%) were the highest participants in the study, followed by those aged less than 26 years (30.24%), then the age group 31 - 35 years of age(27.02%) and the least participants falling into the age group of 36 – 35 years of age accounting about 9.27% of the population studied. This indicates that the participants studied were matured women studied. See figure 1 for a graphical representation of the result.

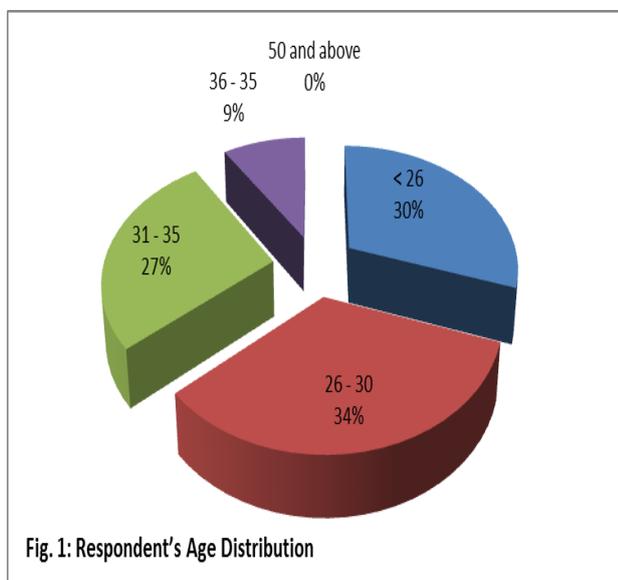


Fig. 1: Respondent's Age Distribution

Table 2: Gender Distribution of the study.

Gender	N	(%)
Male	92	37.1
Female	156	62.9
Total	248	100

Source: Field Work, 2018

The result in table 2 presents the gender distribution of the participants. The study showed that female participants constituted the highest respondents (62.9%) followed by male participants (37.1%). See a graphical illustration of this presentation in figure 2 below.

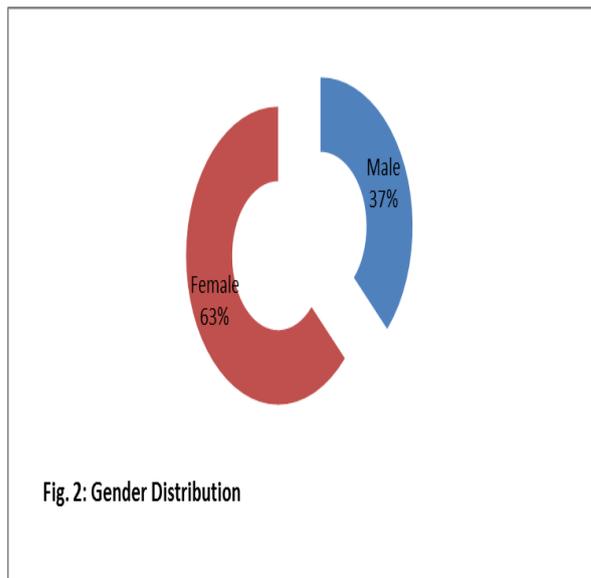


Fig. 2: Gender Distribution

Table 3: Educational Attainment of Respondents.

Educational Attainment	N	(%)
Primary	57	22.98
Secondary	126	50.81
Tertiary	38	15.32
None	27	10.89
Total	248	100

Source: Field Work, 2018

Table 3 presents the highest educational attainment of the respondents. The result showed that the participants were mostly respondents with secondary school certificates (50.81%), followed by respondents with primary school certificates (22.98%), then about 15.32% with tertiary degree while the least participants were those with no educational qualification (10.89%). See a graphical representation of the result in figure 3 below.

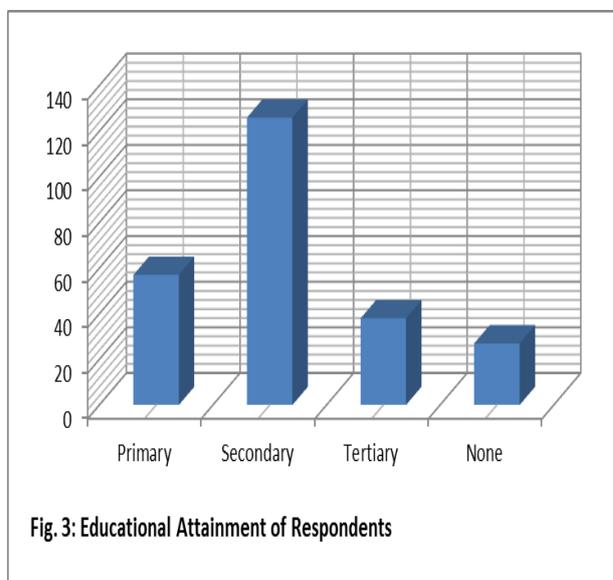


Fig. 3: Educational Attainment of Respondents

Table 4: Respondent's Religion Distribution.

Religion	N	(%)
Anglican	68	27.42
Roman Catholic	49	19.76
Pentecostal	77	31.05
Methodist	39	15.73
Others	15	6.05
Total	248	100

Source: Field Work, 2018

The result in table 4 presents respondents' religion denomination. The result shows that there were more participants that are Pentecostal (31.05%) that participated in the study followed by the Anglicans (27.42%), then Roman Catholic (19.76%), Methodist (15.73%) and the least participants (6.05%) indicated others. See chart in figure 4 below for a graphical representation of the result.

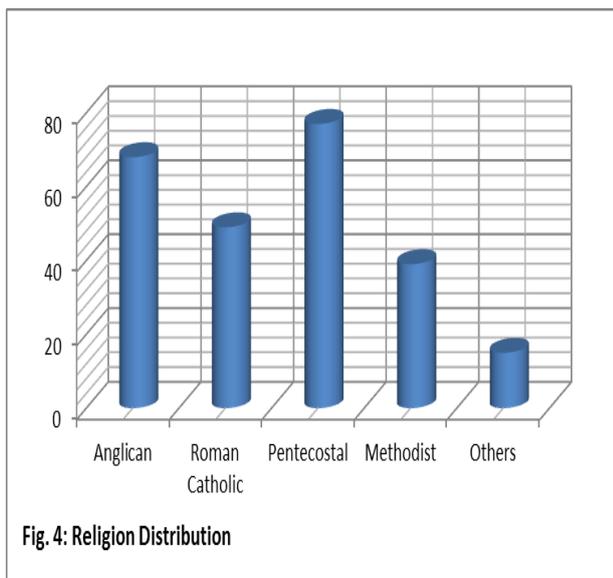


Fig. 4: Religion Distribution

Table 5: Respondent's Occupation Distribution.

Occupational Distribution	N	(%)
Trader	54	21.77
Civil Servant	71	28.63
Farmer	82	33.06
Student	37	14.92
Any other	4	1.61
Total	248	100

Source: Field Work, 2018

Table 5 presents the occupational distribution of the respondents. The result showed that the participants were mostly farmers (33.06%), followed by civil servant (28.63%), then about 21.77% traders while about 14.92% were students and the rest of the participants (1.61%) indicated others. See a graphical representation of the result in figure 5 below.

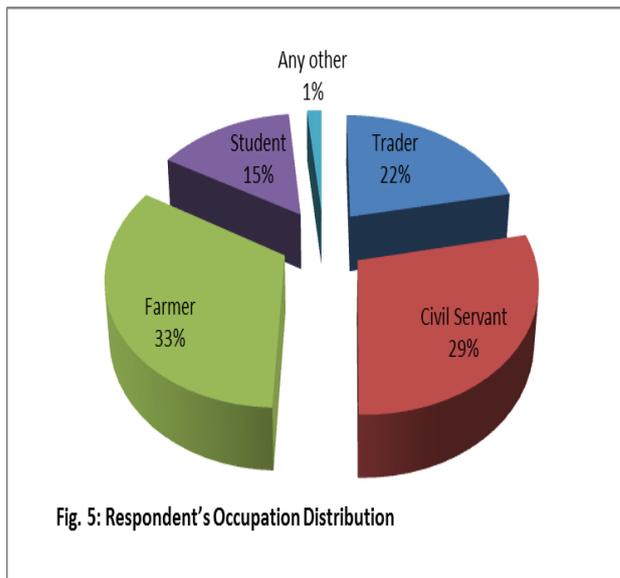


Fig. 5: Respondent's Occupation Distribution

Table 6: Respondent's Parity.

No. of child	N	(%)
1 - 2	89	35.89
3 - 4	134	54.03
5 and above	25	10.08
Total	248	100

Source: Field Work, 2018

The result in table 6 presents the respondents' responses on parity which indicates the number of children they have. The result shows that majority of the respondents that participated in the study has within 3 - 4 children (54.03%), followed by about 35.89% that reported are having 1 - 2 children while 10.08% reported having 5 and above children. The chart in figure 6 presents a graphical representation of the result.

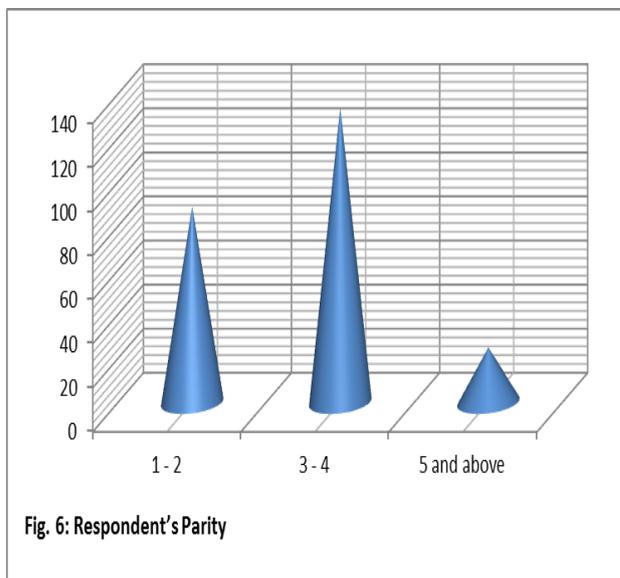


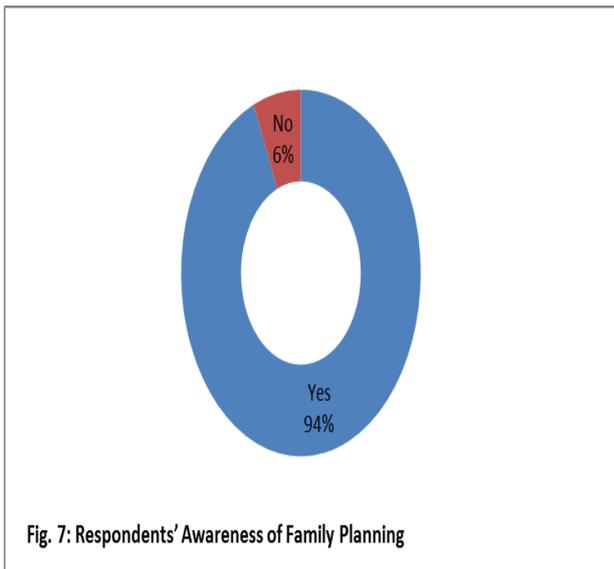
Fig. 6: Respondent's Parity

Table 7: Respondents' Awareness of Family Planning.

Items	N	(%)
Yes	232	93.55
No	16	6.45
Total	248	100

Source: Field Work, 2018

The result in table 7 presents the respondents awareness of family planning. The result reports that 232 (93.55%) of the study are aware of family planning. while only 16 (6.45%) of the respondent reported not being aware. Figure 7 below presents a graphical representation of the result.

**Table 8: Respondents' source of information of family planning.**

Source of Information	N	(%)
Radio/TV	71	28.63
Newspaper	9	3.63
Medical Personnel	86	34.68
Friends/Relatives	66	26.61
No idea	16	6.45
Total	248	100

Source: Field Work, 2018

The result in table 8 presents the respondents' view on source of family planning information. The result discloses that the knowledge of family planning among couples were obtained mostly from medical personnel (34.68%), followed by Radio/TV programme (28.63%), then friends/relatives (26.61%) and the least channel is newspaper (3.63%). The rest of 6.45% of the participants are of the opinion that there is no idea of family planning. See a graphical representation of this result in figure 8 below.

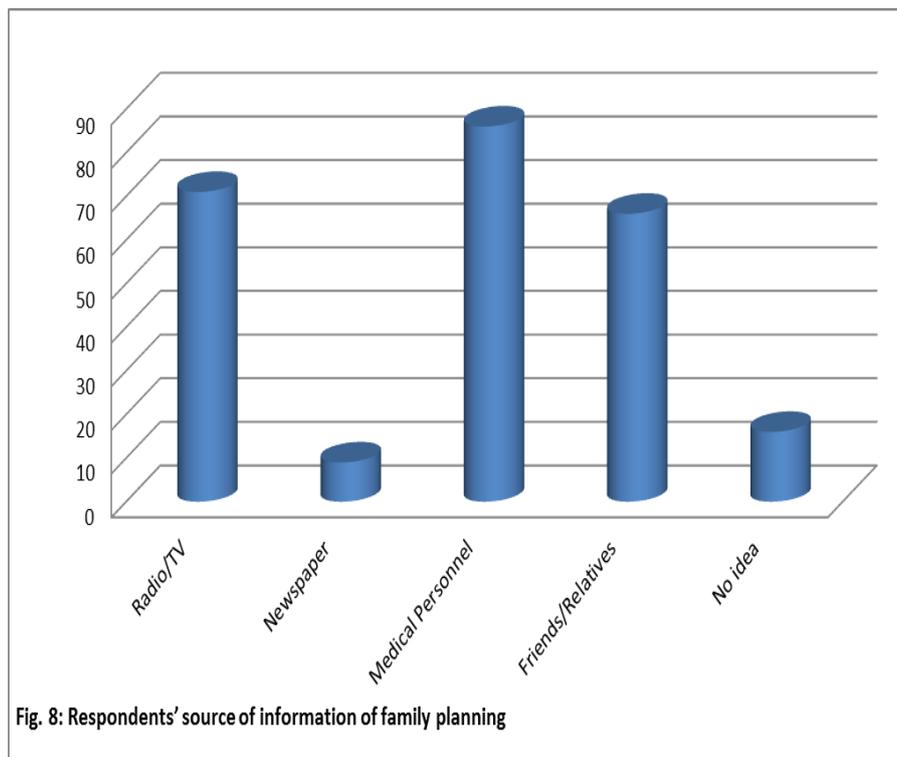


Table 9: Respondents' view on family planning practice.

Items	N	(%)
Yes	163	65.73
No	85	34.27
Total	248	100

Source: Field Work, 2018

The result in table 9 presents the respondents' view on their family planning practice. The result discloses that the majority of the respondents (65.73%) practice family planning while the rest of 34.27% do not. See figure 9 for a graphical representation of this result.

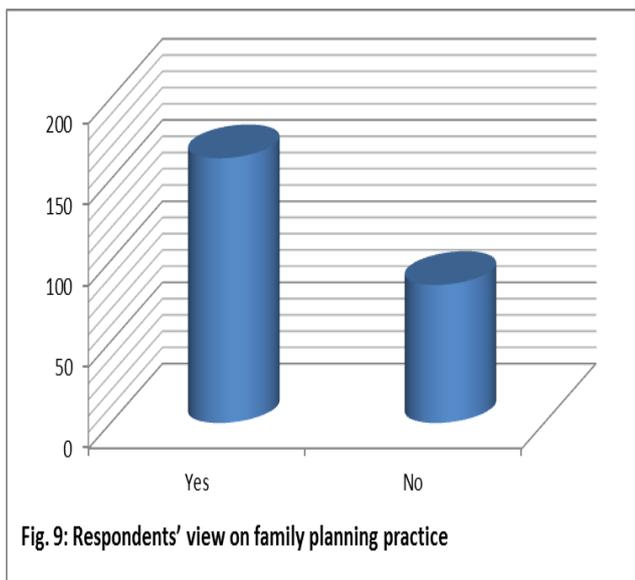


Fig. 9: Respondents' view on family planning practice

Table 10: Respondents' reasons behind not practicing family planning.

Reasons	N	(%)
Religious Belief	33	38.82
Desire for more children	14	16.47
Spouse rejection	27	31.76
Gender preference	11	12.94
Total	85	100

Source: Field Work, 2018

The result in table 10 presents respondents' reasons behind not practicing family planning. Only about 85 (34.27%) of the participants reported that they don't practice family planning. These respondents that reported not practicing family planning gave their reasons as religious belief (38.82%), followed by spouse rejection (31.76%), then desire to have more children (16.47%) and gender preferences (12.94%). See a graphical representation of the study in figure 10 below.

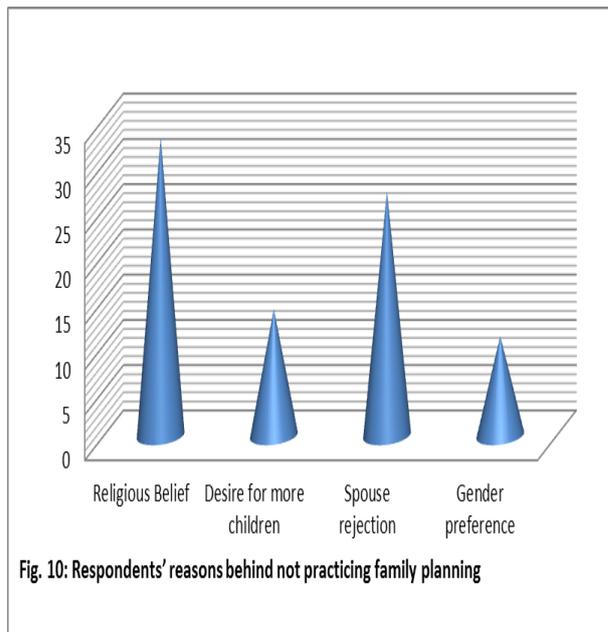


Fig. 10: Respondents' reasons behind not practicing family planning

Table 11: Respondents' reasons behind practicing family planning.

Reasons	N	(%)
Limited No. of Children	84	51.53
Finance	67	41.1
Spouse Preference	12	7.36
Total	163	100

Source: Field Work, 2018

The result in table 11 presents respondents' reasons behind practicing family planning. About 163 (65.73%) of the participants reported that they practice family planning. These respondents that reported practicing family planning gave their reasons as interested in limited number of children (51.53%), followed by finances (41.1%), and finally spouse preferences (7.36%). See a graphical representation of the study in figure 11 below.

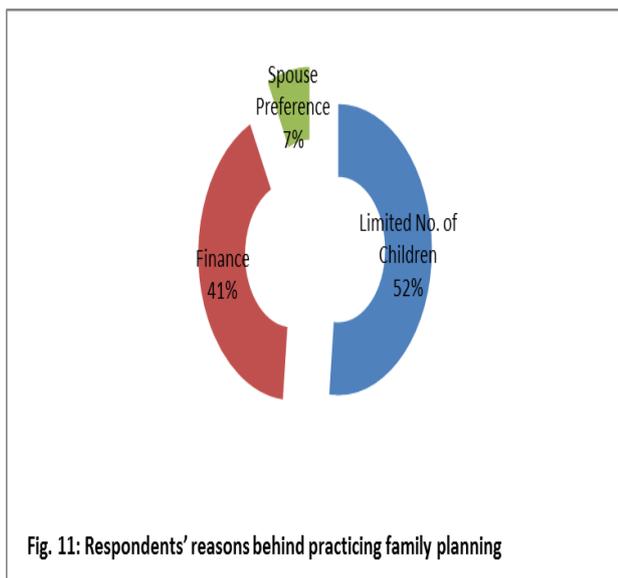


Fig. 11: Respondents' reasons behind practicing family planning

Table 12: Method of family planning familiar to respondent.

Methods of Family Planning	N	(%)
Sterilization	6	3.68
Oral pills	67	41.1
Condoms	84	51.5
Depo-provera	2	1.23
Intra-uterine contraceptive devices	1	0.61
Diaphragm	3	1.84
Total	163	100

Source: Field Work, 2018

The result in table 12 presents method of family planning familiar to respondent. The result shows that condoms (51.5%) use is the most family planning practice among couples in Ehime Mbano and oral pills (41.1%). Sterilization (3.68%), depo-provera (1.23%), diaphragm (1.84%) and intra-uterine contraceptive devices (0.61%) are the least practice methods in the study area. See figure 12 for a graphical representation of the presentation.

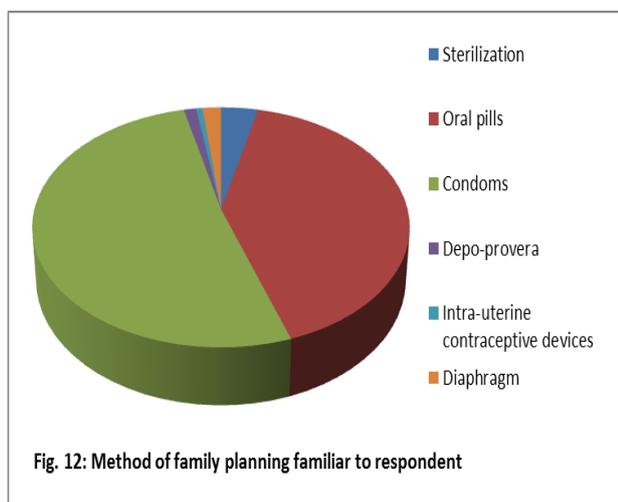


Fig. 12: Method of family planning familiar to respondent

Table 13: Factors that can lead to poor attitudes towards family planning.

Factors hindering practice	N	(%)
Culture	24	9.68
Religion disapproval	36	14.5
Poverty	101	40.7
Low level of education	87	35.1
Total	248	100

Source: Field Work, 2018

The result in table 13 presents the factors that can lead to poor attitudes towards family planning. The result presents that the major factor that can lead to poor attitudes towards family planning is poverty (40.7%) followed by low level of education (35.1%). Religion approval (14.5%) and culture belief (9.68%) were the least factors that can lead to poor attitudes towards family planning. See a graphical representation of the result in figure 13 below.

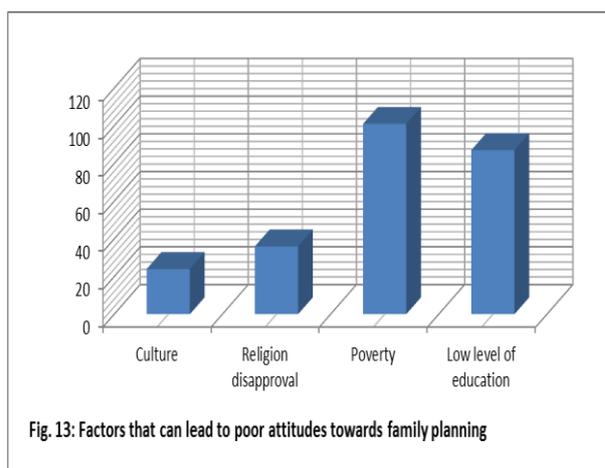


Fig. 13: Factors that can lead to poor attitudes towards family planning

Table 14: The effect of family planning practice.

Family Planning Practices Effect	N	(%)
Not too many children that cannot be catered for	147	59.3
Population explosion	76	30.6
Chemical tendencies	0	0
Sexual immorality leading to multiplication of STDs	25	10.1
Total	248	100

Source: Field Work, 2018

The result in table 14 presents the effects of family planning practice. The result reports that the majority of the respondents viewed that it helps in reducing the idea of too many children that cannot be catered for (59.3%) and also reduces population explosion (30.6%) and finally, reduces sexually immorality leading to multiplication of STDs (10.1%). See a graphical representation of the result in figure 14.

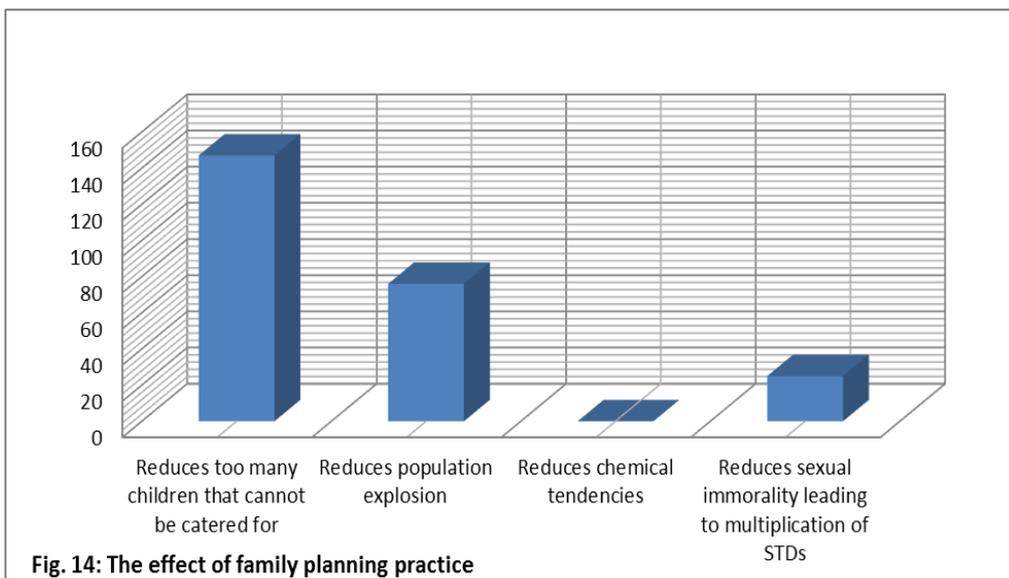


Table 15: Level of Family Planning Acceptance.

Level of Family Planning Acceptance	SA	A	D	SD	Mean	Std. Dev.
Family planning should be promoted	109	113	23	3	3.32	0.692
Involvement of men in family planning method is important	106	134	0	8	3.36	0.653
Family planning is a practice	123	108	17	0	3.43	0.619
			Grand		3.37	0.376

Source: Field Work, 2018

The result in table 15 presents the cost of level of family planning acceptance among couples in Ehime Mbano. The result discloses a grand mean of 3.37 and standard deviation of 0.376 which indicates that most of the couples in Ehime Mbano accepted the practices of family planning. The respondents agreed to the facts that family planning is a practice (3.43 ± 0.619), involvement of men in family planning method is important (3.36 ± 0.653) and family planning should be promoted (3.32 ± 0.692).

Table 16: Availability of Family Planning Services.

Items	N	(%)
Yes	212	85
No	36	15
Total	248	100

Source: Field Work, 2018.

The result in table 16 presents the availability of family planning services in the locality. The result shows that 212 (85%) agreed that family planning clinics are very close to them while the rest of 36 (15%) disagreed. See figure 15 for a graphical representation of the result.

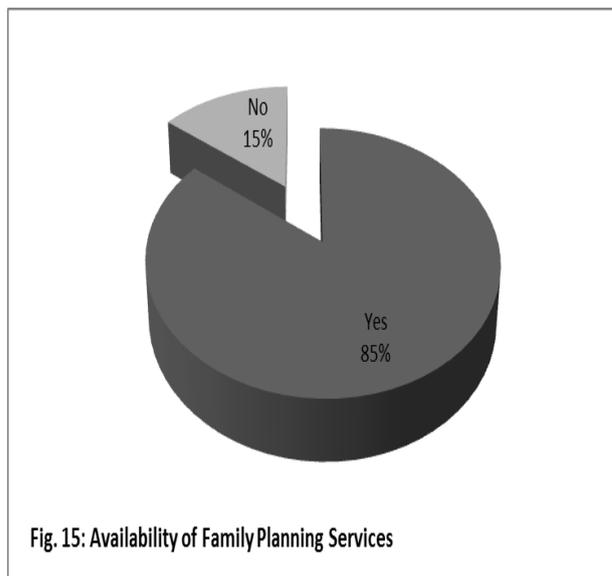


Table 17: Distance between family planning clinics and services posing a problem.

Items	N	(%)
Yes	49	20
No	199	80
Total	248	100

Source: Field Work, 2018

The result in table 17 presents respondents opinion on distance between family planning clinics and services posing a problem against acceptability of the services.

The result shows that 199 (20%) disagreed that distance between family planning clinics and services pose a problem against acceptability of the services while the rest of 49 (20%) agreed. See a graphical representation of the result in figure 16 below.

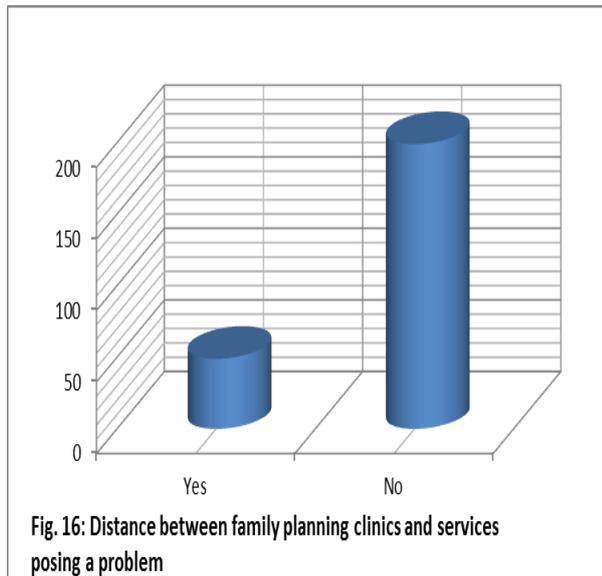


Fig. 16: Distance between family planning clinics and services posing a problem

DISCUSSION

The study established that there exists high level of awareness among couples on family planning and majority practices family planning in the study area. Knowledge of family planning among couples was obtained mostly from medical personnel, followed by Radio/TV programme, then friends/relatives and the least channel is newspaper. Few that do not practicing family planning gave their reasons as religious belief followed by spouse rejection then desire to have more children and gender preferences while those that practice family planning gave their reasons as interested in limited number of children followed by finances and finally spouse preferences. Condoms use is the most family planning practice among couples in Ehime Mbano followed by oral pills. Sterilization, depo-provera, diaphragm and intra-uterine contraceptive devices are the least family planning practice used in Ehime Mbano. This finding agrees with the findings of African Health Science (2014) whose reports showed that the dwellers studied were ignorant, had poor quality services and lack awareness. The study also supported Owolabi, Goon and Seekoe (2017) whose findings showed that the women studied in the selected hospitals had good knowledge of family planning and its practices.

The study finding discloses that factor that can lead to poor attitudes towards family planning is poverty followed by low level of education as the major factors. Religion approval and culture belief were the least factors that can lead to poor attitudes towards family planning. Respondents viewed family planning to help in reducing the idea of too many children that cannot be carter for and also reduces population explosion and

finally reduces sexually immorality leading to multiplication of STDs. This study is in line with the findings of Owolabi *et al.* (2017) whose findings showed that the education qualification of women of child-bearing age is associated with their attitude to family planning. Education is a form of enlightenment and it has an influence on the attitude to family planning. Their study discloses that these women in the selected hospitals had good knowledge of and attitudes to family planning and applied good practices. Namazzi (2013) also reported that health workers had limited skills for effective FP service provision. This which is a factor that could also contribute to poor attitude towards family planning.

The findings from the study showed that majority of the respondents agreed to the facts that family planning is a practice, involvement of men in family planning method is important and family planning should be promoted. This finding did not support Owolabi *et al.* (2017) whose findings showed that the most commonly used method reported by our sample was the IUCD. Their study showed that almost all the participants were knowledgeable about family planning and contraception and all of them practised it. The study also supports the findings of Namazzi (2013) which discloses that in their study, majority of mothers were interested in using family planning methods in future which indicates how far they have accepted family planning amongst them.

The findings from the study showed that majority of the respondents agreed that family planning clinics are very close to couples and do not pose a problem against acceptability of the services as the distance between family planning clinics and services is accessible therefore being available and accessible for couples in the study area. This finding supported Namazzi (2013) reports that although modern methods were available in most of the facilities, health workers had limited skills for effective FP service provision.

CONCLUSION

Firstly, there is a high level awareness among couples on family planning and majority practices family planning in the study area.

Secondly, the study found that factor that can lead to poor attitudes towards family planning is poverty followed by low level of education as the major factors.

Thirdly, Family planning is a practice, involvement of men in family planning method is important and family planning should be promoted.

Finally, Family planning clinics are very close to couples and do not pose a problem against acceptability of the services as the distance between family planning clinics and services is accessible therefore being available and accessible for couples in the study area.

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