

## ABSTRACT

This study was undertaken to elicit the perception of married women on family planning programmes in Oredo Local Government Area of Edo State. Using a sample survey, a closed end questionnaire was administered to 80 married women. The sampled population were obtained from the four constituencies of Oredo Local Government Area (i.e. Oko, Ezoba, Iyaro and Ugbor).

The data collected was computed and analyzed using frequency count and simple percentage. A total of 62 respondents (77%) stated that the lack of male child will prevent them from adopting family planning. No statistically significant association was demonstrated between educational levels and the perception of family planning among the married women. Respondents aged 36-45 years (18 respondents) were more likely than those aged 18-24 years to state child spacing as a method of family planning.

The study also revealed that religious and cultural beliefs have negative effect on artificial family planning. Overall, the study shows that the identified barriers reflect opportunities for holistic interventions including need-sensitive health campaign programmes to educate women and men about reproductive health and the role they can assume in family planning.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **Backgroundof the Study**

When Western and Scientific Medicinewas born and began to develop under the gleams of Hippocrates (460 – 377 BC),one of its major point was to remove abortion and infanticide (Edelstein,1943). The Hippocratic oath thussolemnly condemned them as unethical.

Before Hippocrates, family planning has been in practice (Wikipedia, 2010). In the historical record of the Jews, Onan, son of Judah, in fulfillment of the laws of levirate marriage was to impregnate his brother Er's widow, Tamar, in order to raise offspring from the union in his brother's name (Genesis 38:8). In order to avoid raising a descendant for his late brother however, Onan spilled his semen on the ground when he went into his brother's wife, so that he would not give offspring to his brother (Genesis 38:9-10). Thus, the word Onanism was coined meaning ejaculating outside the vagina or coitus interruptus (Wikipedia, 2010).

Among Christian denominations today, there are a large variety of positions towards family planning. The Roman Catholic has disallowed artificial contraception for as far back as one can historically trace. It was also disallowed by non-Catholic Christians until 1930 when the Anglican communion changed its policy. Soon after, most Protestant groups came to accept the use of modern contraceptive as a matter of biblically allowable freedom of conscience (Flann, 1960). The only form of birth control permitted by the Roman Catholic is abstinence. Modern scientific methods of "periodic abstinence" such as Natural Family Planning (NFP) were counted as a form of abstinence by Pope Paul VI in his 1968 encyclical *Humanae Vitae* (*Humanae Vita* 1968). Meanwhile, Protestant movements such as Focus on the Family view contraception use outside of marriage as encouragement to promiscuity (Abstinence policy, 2005).

There is no ban on birth control in Hinduism ("BBC – Hindu beliefs about contraception"). Some Hindus believe that producing more children than the environment can support goes against the doctrine of the religious and moral codes of Hindus. Although fertility is important, according to the Hindus, but conceiving more children than can be supported is treated as violating the Ahimsa (non-violent rule of conduct) (Wikipedia, 2010).

Islam is considered as sympathetic to family planning. Since excessive fertility leads to proven health risks to mother and children, and/or leads to economic hardship or embarrassment to the father or inability of the parents to raise their children religiously, educationally, and socially, then Muslims would be allowed to regulate their fertility in such a way that these hardships are warded off or reduced. Such was apparently the basis for the legal opinion by Sheikh Mahmoud Shaltout, the former grand Imam of Al-Azhar (Onran,

1994).

For all this time however, childspacing was the trust of family planning for most societies. The other aspect of family planning culture is that many men still believe that their wives should not use contraceptives because of the fear that it will make their wives independent of their control, and have sex with other men. Some others are against family planning solely because they themselves know little about it, a few decry the idea of their wives talking to strangers about sex and reproduction; while others worry that contraceptive use will harm their wives' health or their own or violate their religious injunction (Population Reports, 1994); and all these will lead to alarming rate of population growth.

Nigeria is by far the most populous country in Africa and she accounts for approximately one-sixth of Africa people (Wikipedia, 2010). The Nigeria population estimate as at July 2009 was 149,229,090 (CIA World Factbook, 2009). As at 2010, the population of Nigeria rose to an estimated 152 million with a population growth rate of 2.0% (Bureau of African Affairs, 2010). The United Nations estimates that the population in 2005 was at 141 million, and predicted that it would reach 289 million by 2050 (World Population Prospects, 2006). Nigeria has just recently undergone the start of a population explosion due to high fertility rates. The United States Census Bureau projects that population of Nigeria will reach 264 million by 2050. Nigeria will then be the 8<sup>th</sup> most populous country in the world (International Data Base (IDB) – Country Rankings). Nigeria total fertility rate is 4.82 (Bureau of Africa Affairs, 2010).

In 1988, the government of Nigeria adopted the National Policy on Population for Development, Unity, Progress and self-reliance. The policy was designed amongst others to slow population growth. Limited progress was made in implementing the policy, however, and millions of Nigerians remain mired in poverty, with inadequate access to reproductive health services and the means to determine for themselves the number and spacing of their children (National Population Commission (NPC), 2004).

For living standards to rise, the rate of growth of the economy and the provision of social services would have to be much higher than the rate of population growth (National Population Policy (NPP), 2004).

Contraceptive prevalence among married women in Nigeria is low compared to other

sub-Saharan countries. Although family planning services have been available in Nigeria since the 1950s, in 2003 only 8.9 percent of married women were using modern contraceptive (NPC, 2004). It is crucial therefore, to support and promote policies, such as the National Policy on Population for sustainable development, which are aimed at ensuring effective management of the growing population, and improving the quality of life for Nigerians (NPC, 2004).

The impact of high fertility is felt at the population levels (national, sub-national, community) as well as by individuals and family (NPC, 2004). Infant mortality rates are higher when births are too close together (less than 24 months apart). In Nigeria, children born within two years of a preceding birth are twice as likely to die as those born three or more years apart (NPC, 2004). When birth are too close together, a woman's body does not have adequate time to recover from the physical stress of the previous pregnancy and childbirth, thereby reducing her chance of delivering a healthy baby. Close spacing can also reduce the number of months a mother breastfeeds her child (NPC, 2004).

This has necessitated the need for a campaign in strategic places for married women to maintain a very sensible size of family they will be able to cater, for example, variety of campaign materials are displayed on the notice or bulletin boards of some hospitals in Benin City, some are displayed on billboards and other strategic places in the state.

Oredo Local government Area being an enlightened city does not free herself from being part of the population explosion in Nigeria. Therefore, this study is to select the community to mirror the state of things in the city and determine the types of techniques of family planning the married women are using.

According to Nigeria National Reproductive Health Strategic framework and Plan (2002 – 2006), the fertility level in Nigeria remains persistently high at a national level mostly due to: negative socio-cultural beliefs and norms; negative impact of myths and rumours about family planning methods, poor access to services especially in rural areas and for specific target groups; low quality of services due to inadequate skills of providers and inadequate/irregular supply of commodities; low status of women, increasing teenage pregnancy; and lack of male involvement (Federal Ministry of Health (FMH), 2002). These also shows that some married women in the society still lack awareness of strategies

which will not only be appropriate but reliable, cheap, available and free from any side effect to the life and health of the user.

### **Statement of the Problem**

An unplanned family brings about unbudgeted responsibilities and indeed population explosion at large.

Therefore, what are the factors hindering the practice of family planning? Is it knowledge inadequacy, religious, cultural or traditional beliefs of the people?

### **Purpose of Study**

This study is aimed at eliciting the perception of married women in Oredo Local Government Area of Edo State on family planning programmes.

### **Research Questions**

1. Are there differences in the perception on family planning programmes between married women who are less than 25 years old and those who are more than 35 years?
2. Is male child syndrome a determining factor in the perception of family planning?
3. Is cultural factor a factor in the perception of family planning?
4. Is religious belief a factor in the perception of family planning?

### **Significance of the Study**

It is hoped that the findings of this study will provide necessary information that will enhance activities and programs towards the practice of family planning to be appropriately conducted.

### **Scope and Delimitation**

The scope of this study covers only married women between the ages of eighteen (18 years) to forty-five (45 years) in Oredo Local Government Area of Edo State.

### **Limitation of Study**

Due to the nature of the study topic, some married women were not readily available.

### **Definition of Terms**

**Abortion:** The deliberate termination of a foetus on purpose before its development.

**Contraceptives:** Devices used in birth control.

**Contraception:** The use of birth control device to prevent unwanted pregnancy.

**Contraceptive Prevalence:** The rate at which birth control device are put to use.

**Family Planning:** The practice of birth control, childspacing and contraceptive use.

**Population:** The total number of people living in a defined geographical area.

**Fertility Rate:** The number of children a woman had at a particular time or in a period of time.

**Total Fertility Rate:** This is the appropriate number of children a woman would have in her life time if she were to bear children at the current age-specific fertility rates throughout her reproductive years.

**Infant Mortality:** The number of deaths to children under one year of age per 1000 live births in a given year.

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