

## PERCEPTIONS OF MARRIED WOMEN ON THE USE OF CONTRACEPTIVE PILLS IN MINNA METROPOLIS

**ALIYU Bello Mohammed, PhD**

aliyubellomohammed@yahoo.com

Department of Sociology, Ibrahim Badamasi Babangida University,  
Lapai Niger State

### **Abstract**

*The current prevalence rate for contraceptive use in Nigeria is very low in spite of the high rate of sexual activity and widespread awareness of the various contraceptive methods among Nigerian couples. As a result there are many unintended pregnancies and illegal abortions contributing to a high maternal mortality ratio, which seems to indicate a large unmet need for contraceptive use. The research was conducted among married women in Minna metropolis. Multi stage sampling techniques was adopted for the study, 100 questionnaires were administered on women currently married. Seven FGD sessions with 56 women and nine IDI sessions with the heads of health facilities were conducted. The findings of the study revealed that; high level of awareness on contraceptive use among women. The study showed the higher the level of education of a woman the more her usage of contraceptive. Majority of the couples have negative attitude towards contraceptive use based on negative consequence of modern contraceptives. It also revealed that religious belief and economic status are major determinant factors that influence contraceptive use. The study recommends that the awareness programmes should emphasize on reducing fear of women on the consequence of contraceptive. The government and development partners should subsidize the cost of contraceptive in public health centres and men as husband should support and encourage their wives to accept and use contraceptive in family planning.*

**Keywords:** Perception, contraceptive, family planning, awareness and utilization

### **Introduction**

Birth control, also known as contraception and fertility control, is a method or device used to prevent pregnancy. Universal access to family planning is a human right, central to gender equality and women's empowerment, and a key factor in reducing poverty and achieving the Sustainable Development Goals (SDGs). Gender equality, women's health, child survival and HIV prevention are benefit of family planning. For adolescents, improved access to comprehensive sexuality education and modern contraception increases opportunities throughout their lives, including for higher levels of education, fewer pregnancies, a later and healthier start to childbearing, and greater ability to engage in income-producing activity (United Nation Population Fund, 2012). Despite the enormous benefits of family planning services, the uptake of the service still remains low in developing countries. This has resulted into high rates of unwanted pregnancies, unplanned deliveries, unsafe abortions and maternal mortalities (Eliason et al., 2013). An analysis of 172 developing countries reveals that contraceptive could reduce maternal death by 44%. Satisfying unmet need for contraception could prevent another maternal death by 29% (Ahmed, Quingfeng, Lie, & Tsui, 2012). Globally; among 55 million pregnancies 40% were unplanned in 2012. Of these, abortion (50 %), unplanned birth (38%) and maternal death (13%) related to complication of abortion (Sedgh, Singh, & Hussain, 2014).

The current prevalence rate for contraceptive use in Nigeria is approximately 11% – 13% (Family for Safe Health, 2016). This rate is very low in spite of the high rate of sexual activity and widespread awareness of the various contraceptive methods among Nigerian couples. As a result there are many unintended pregnancies and illegal

abortions contributing to a high maternal mortality ratio, which seems to indicate a large unmet need for contraceptive use. Unexpected or unplanned pregnancy poses a major public health challenge in women of reproductive age, especially in developing countries. 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 (Family for Safe Health, 2016). More than 200 million Married women in developing countries would like to delay their next pregnancy or even stop bearing children altogether, but many of them still rely on traditional and less effective methods of contraception or use no method at all. Those who do not use any contraceptive method may lack access or face barriers to using contraception (Ahmed, Quingfeng, Lie, & Tsui, 2012).

Nigeria has one of the highest maternal mortality ratios in sub-Saharan Africa, and ranks as the country with the second highest number of maternal deaths in the world, with illegal and unsafe abortions contributing 20% – 40% of about 60,000 maternal deaths that occur yearly in Nigeria. Similarly, the rate of induced abortions is a good indicator of the current state of medical care and contraceptive use in any country. Among Nigerian women of reproductive age, one in seven (14%) have tried to have an abortion, and one in 10 (10%) have actually ended an unwanted pregnancy, suggesting up to 760,000 induced abortions annually (World Health Organization, 2015)

The use of modern contraceptive methods translates into the prevention of unwanted pregnancy and subsequent abortions. If contraceptive use in the population increases among Nigerian women who are sexually active, there will be a significant reduction in unwanted pregnancies and abortions leading to reduced maternal mortality. Research in Nigeria indicates that more than 60% of married women with an unplanned pregnancy are not using any form of contraception (Sedgh, Singh, & Hussain, 2014).

This research highlights the awareness and attitude of couple towards contraceptive use and practice in Nigeria, and the need for Nigeria to generate a political priority and a will to make a change in maternal health indicators, with the ultimate goal of providing direction to guide changes towards unintended pregnancies and illegal abortions contributing to a high maternal mortality ratio as it affects contraceptive use. The paper assessed the attitude of married women in Minna metropolis toward the use of contraceptive.

### **Literature Review**

Contraceptives Utilization by women of reproductive age is affected by so many factors which includes; education, religious belief, occupation, income and dominance of men in decision making. Bogue (1967) stressed in his essay title "what are the motives for or against contraception in various cultures?" that education is the most crucial social factor influencing contraception. He said that it breaks the barriers of tradition which might favour high use of contraceptive. Education which has been known to be inversely related to contraceptive use, changes the behaviour of individuals. It also delays the age of marriage and hence shorten the reproduction period of woman. Education could as well make the use of contraceptive method effective. In the same vein, a man's level of education was significant predictor of his wife's contraceptive attitudes (Isiugo 1994). In his own study, Abanihile reported that men with primary or secondary education were about twice as likely and these with a higher education were nearly three times as likely as those with no formal schooling to want no more children. Education therefore has a far-reaching impact on family life

and family size preference to Nigerian couples. Closely related to this work of Okedeji (1986) in which he stresses on the analysis, attitudes, knowledge and practice of contraception techniques among a sample of 1,700 married women in Ibadan. The study shows that knowledge and practice of contraception is highly related to one's level of education and economic factors.

Similarly, in 2011, researchers analyzed data from 1,010 couples in Ghana demographic and health survey, it was found that both married women and men who were more likely to approve of contraception; Women's contraceptive attitudes were related to their level of education and as well as that of their husbands. Married women's contraceptive attitudes were influenced by both their fertility preferences and the educational level of their husbands. A man's education and fertility preference have significant effect on his wife's contraceptive attitudes. The researchers concluded that programmes that target men are needed to reduce fertility.

The study of the relation of income to fertility supports the income fertility differentials. This means that income is least among those having large families and greatest among those with small families. That is fertility varies with income and high fertility on one hand and high income and low fertility on the other hand. On the financial stand of the people especially men. Muluos (1968) carried out a study on the attitude of people toward contraception in East Africa, and he was of the view that financial difficulties is seen to be among the most universal reasons for acceptance of contraception, the motive concern especially men. In fact, economic consideration undoubtedly influences a couple's opinions and decisions about family size and there is no economic reason that men should want more children than women (Cain, 1998). He also found that many men and women in developing countries still expect to derive some economic benefits from their children. They therefore view their children as sources of security in their old age. This expectation however may be stronger among women than men since women usually have fewer earning opportunities and often outlive their husbands, (Shain and Jannings 1980) perhaps even more relevant the financial responsibilities of raising children fall more heavily on the man in many societies. As a result, not only in developing countries but also in developed world, economic reasons were found to be most frequently expressed motive in favour of family limitation.

Furthermore, Wilson *et al* (1985) findings on a study carried out on the fertility of America women, asserted that contrast between fertility was sharp for each occupational group. For all the occupational groups, fertility was lower in urban area and higher in the rural residential area. For instance, according to the findings of the study, professionals, technical and kindred workers fertility rate was 1.7 in urban areas while it was 3.0 in the rural areas. Whelpton in his study found out that the higher the proportion of a population employed in industry, the lower its fertility ratio. He continued by saying that farm labourers in the United States have more taste for children than the managers if compared to officials and proprietors. According to him, the fertility rates of managers, officials and proprietors in the urban areas in 1950 was 1.9 while that of labourers in rural areas was 3.6. Similarly in a book edited by Melvin and Shin, (1961) in occasions where comparison between the rural and urban dwellers was computed in relation to what constitute the ideal family size the rural dwellers considered that the ideal family consist of four children, in the urban areas, three children are considered desirable.

Apart from these men are dominant decision makers, within urban Nigerian families including matters relation to reproduction and family size (Isiugo, 1994). In a survey of more than 3000 Nigerian couples he found that the country's male-dominant and patrilineal traditions encourage large families. Men and women agreed that men generally decide whether the couple will have sexual relations, the duration of post-partum abstinence and whether the couple will practice contraception or not. Although 43% of men and 50% of women said that their family size was a joint decision, 33% of men and 25% of women reported that husbands had more influence in such decisions. Furthermore, overwhelming majority of both male and female respondents (more than 90%) each said that Nigerian men wanted more children than their wives wanted (Isiugo,2007). Also, Bertrend, Magnani and McDonald (1995) reported that in Zaire, where polygamy is illegal about 80% of currently married men have more than one wife. Marital dissolution is common. Among those currently married with one wife, 66% have fathered a child with a woman other than their current wife.

Cleland, Verral and Vaessen (1983) reported that differences among countries socio-economic groups are greater. Both men and women often express preference for more sons than daughters. The American traditional family structure typically places reproductive decisions in the hand of the husband and economic burden mainly on the shoulder of the wife (Caldwell &Orubuloye, 1999). Thus when contraceptive decisions are made, there are likely to be surreptitious decisions by the wife alone or unilateral one go by the husband. Much of the recent research on mates in the sub-Saharan region has focused on contraceptives knowledge, attitude and practices with less attention being directed to male nuptiality and fertility pattern and how they share perspective on contraception.

Also according to Rogers (1973) communication strategies can be tremendously beneficial to people's attitude towards the use of contraceptives when they are linked face to face with interpersonal and mass media communication. Piotrow, Coleman and Rimon (1987: 23) stated that more and more people throughout the world have access to radio, television, audio tapes and video tapes. In fact, the potential for conveying ideas and information through the mass media is dramatically increasing today. As a result, many contraceptive programmes can now reach large audience through the mass media, at the same time; they reach the individual and couples face to face through various service providers.

It is important to point out that most men are aware of contraceptive. In a contraception survey carried out in Ilorin, 2006. The result revealed that about 92% of all men ages 20 and above know of at least one method of contraceptive the use of condom being the most widely recognized Olawepo & Okeware, 2006). Similarly, in contraception survey carried out in Egypt in 1980, 89% of husbands knew of at least one modern methods of contraception (Hallouda, Cochrane &Farid, 1982). Furthermore, in a survey carried out in Lagos, men were more aware of male methods than female methods (Traud 1978) among one group over 90% had heard of condom, 75% of withdrawal and 59% of oral contraceptives (Olukoya 1985).

### **Theoretical framework**

Ajzen and Fishbein formulated in 1980 the Theory of Planned Behaviour (TPB). The theory of planned behaviour is a theory which predicts deliberate behaviour, because behaviour can be deliberative and planned. The TPB states that behavioural achievement depends on both motivation (intention) and ability (behavioural control). It distinguishes between three types of beliefs-behavioural, normative, and control. The

TPB is composed of six constructs that collectively represent a person's actual control over the behaviour.

- Attitude - This refers to the degree to which a person has a favourable or unfavourable evaluation of the behaviour of interest. It entails a consideration of the outcomes of performing the behaviour.
- Behavioural intention - This refers to the motivational factors that influence a given behaviour where the stronger the intention to perform the behaviour, the more likely the behaviour will be performed.
- Subjective norms - These refer to the beliefs about whether most people approve or disapprove of the behaviour. It relates to a person's beliefs about whether peers and people of importance to the person think he or she should engage in the behaviour.
- Social norms - These refer to the customary codes of behaviour in a group or people or larger cultural context. Social norms are considered normative, or standard, in a group of people.
- Perceived power - This refers to the perceived presence of factors that may facilitate or impede performance of behaviour. Perceived power contributes to a person's perceived behavioural control over each of those factors.
- Perceived behavioural control - This refers to a person's perception of the ease or difficulty of performing the behaviour of interest. Perceived behavioural control varies across situations and actions, which result in a person having varying perceptions of behavioural control depending on the situation. This construct of the theory was added later, and created the shift from the Theory of Reasoned Action to the Theory of Planned Behaviour.

This theory is also used in evaluation studies. Other usages of the model include: voting behaviour, disease prevention behaviour, birth control behaviour (Jaccard and Davidson, 1972).

Theory of Planned Behaviour (TPB) explains the perception of women of productive age currently married in a Minna Metropolis in the use of contraceptive pills as family planning device. The women perception either favourable or unfavourable in the use of contraceptive pills is function of outcomes of performing the behaviour; motivational factors influencing the behaviour; the belief about whether people approve or disapprove of the behaviour especially husband and access to maternal health service in health facilities.

### **Methodology**

The study a cross sectional survey design in nature and it adopted quantitative and qualitative methods to collect data. Multi-stage sampling techniques were used to sample the respondents for the study. The population of the study was women age 15 – 49 years married at the time of the study. One hundred (100) questionnaires were administered. Seven FGD sessions with 56 women and nine IDI sessions with the heads of health facilities were conducted. The first stage involved the splitting of the metropolis into wards. The second stage was sampling streets in each of the sample wards, while the third stage was selecting the households from the sample streets. The major survey instrument was questionnaire, complemented by IDI.

### **Findings and discussion**

**Table 1:** Percentage Distribution of Respondents on Awareness of Contraceptive

Awareness	Frequency	Percentage
Yes	96	73.8
No	34	26.1
<b>Total</b>	<b>130</b>	<b>100.0</b>

Source: Field Survey, 2017

From the table 1 above, 73.8% have heard and are aware of contraceptives, while 26.1% of the respondents were not aware of contraceptives. This implies that majority of couples in Minna Metropolis are aware of contraceptives. The findings were supported by the FGD sessions conducted which showed that majority of the women are aware of contraceptive in the study area. In all the FGD sessions, most of the study participants claimed to be aware of contraceptive. In one of the FGD sessions in rural area, a participant had this to say:

“I am aware of contraceptive because we are informed by the health personnel during post natal in the clinic”

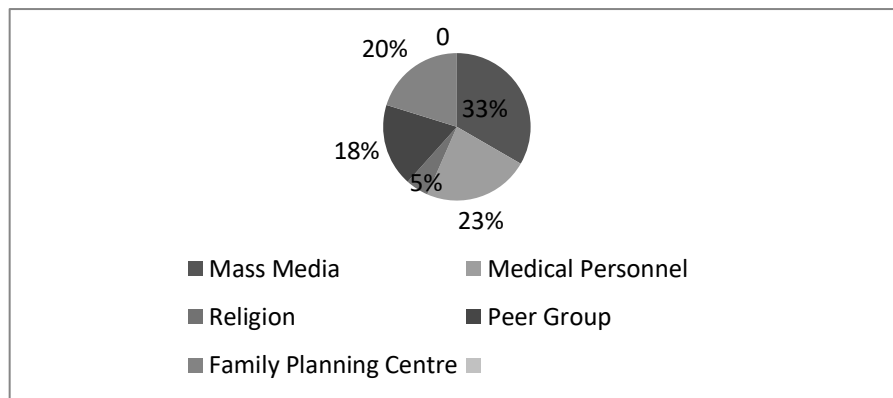
**Figure 1:** Sources of information on contraceptive

Figure 1 above depicts the respondent's sources of information on contraceptive, 33.3% got the information through mass media, 23.2% got theirs through medical personnel at the health center and 18.2% of the respondents got it through peers group, 5.1% through religious leaders, while 20.2% got the information through family planning center. This indicates that source of information on contraceptive use in Minna metropolis is mostly from the mass media.

**Table 2:** Distribution of Respondents on Their Attitudes towards Contraceptive

Attitude	Frequency	Percentage%
Positive	88	67.6%
Negative	42	32,3
<b>Total</b>	<b>130</b>	<b>100.0</b>

Source: Field Survey, 2017

Table 2 above shows that 67.6% of the respondents showed positive attitudes towards contraceptive while 32.3% of the respondents showed negative attitude towards the use of contraceptive.

**Table 3 : Distribution Of Respondents On Use Of Contraceptive**

Use of contraceptive	Frequency	Percentage%
Yes	49	44.6
No	81	62.3
<b>Total</b>	130	100.0

**Source: Field Survey, 2017.**

Table 3 above shows that 44.6% respondents showed that they use contraceptive, while 62.3% respondents showed that they don't use contraceptive. The implication is that not all the women, who are aware of the methods, are actually using them due to one reason or the other. The above data shows that there is poor attitude of women in the study area on the use of contraceptive. The reasons for not using contraceptive were further explored in FGD sessions conducted. During the FGDs, study participants were asked reasons for not using contraceptive. Most of them maintained that economic (poverty), cultural practice and the side effects of the drugs and devices used for family planning on the health of women were the major reasons given for not accessing family planning service in facilities. Below are comments of participants in most of the sessions.

A female participant had this to say:

I am aware of the contraceptive but I'm not using it. My husband prohibited me from using any family planning method. He said our religion completely prohibits the use of contraceptive to reduce family size or spacing in between births.

Further comments by another female participant on the issue:

I am aware of contraceptive but don't use it to plan my family. The reason for not using it is because of the side effect. The side effects include excessive bleeding during menstruation, irregular menstruation and delay in conception of pregnancy. So that is why most women in this village don't use any family planning method.

Commenting further, another female participant had this to say:

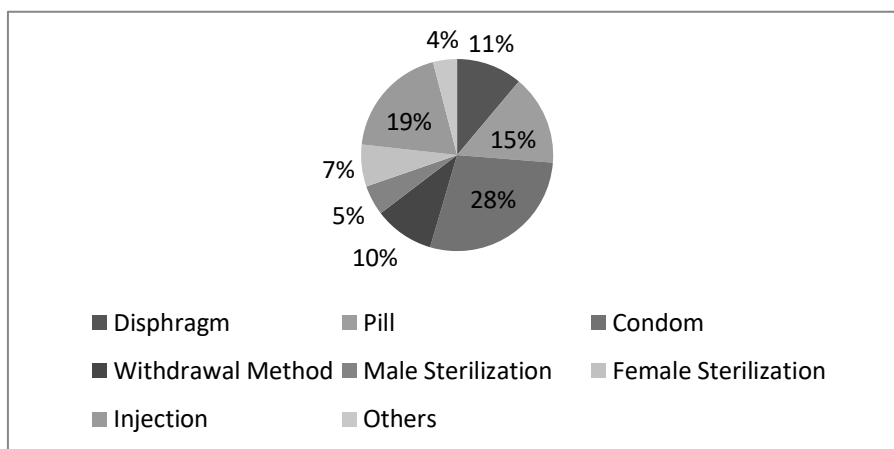
I am aware of the contraceptive but I'm not using it. When you visit a health facility for family planning service, the health workers would ask you to pay money and I don't have money to pay for the service.

To assess the use of contraceptive by women of productive age in the study area, IDI participants were asked questions on the attitude of women to use of family planning service in health facilities. Most of the IDI participants in all the sessions held rated the attitude of women in their communities as poor to the use of family planning services. Most participants said women often complaint of economic (poverty) and cultural factors and side effects of the drugs and devices used for family planning as hindering their access to family planning service in health facilities. One of the study participants had this to say:

Women in this community are aware of contraceptive. Most of them don't like coming here for the service, they complained of no money to pay or prohibited by their husbands while others complained of side effects of the devices used for family planning.

This is typical of the expressions by other IDI participants on the subject.

The above findings corroborate the submission of Onwudiegwa (2003) that part of the reasons for the poor use of modern contraceptive in Nigeria includes poverty, cultural belief and practice, the poor availability and distribution of contraceptive and women fear of contraceptives side effects. In particular, the perception that the use of family planning could lead to infertility in later life is one of the most important reasons given by Nigeria women.



**Figure 2: Type of Contraceptive method used**

Figure 2 reveals that 11.1% used diaphragm method, 15.1% used pill method, 28.3% used condom, 10.1% used withdrawal method, 5.1% used male sterilization method, 7.1% used female sterilization method, 19.2% used injection method, while 4.0% used other methods. This indicates that majority of couples mostly use condom method.

**Table 4: Distribution of Respondents' Decision Making on Use Contraceptive**



<b>Decision</b>	<b>Frequency</b>	<b>Percentage%</b>
Husband	22	16.9
Wife	31	24.6
Both of you	56	43.0
Friend	16	12.3
Relative	5	3.8
<b>Total</b>	<b>130</b>	<b>100.0</b>

**Source: Field Survey, 2017.**

Table 4 above shows that 16.9% of decisions were taken by husband on use of contraceptive, 24.6% were taken by wives to access contraceptive, 43.0% of the decision were jointly taken by husband and wife, 12.3% were taken by friends while 3.8% were taken by relatives. This result implies that decisions making is an important variable in access and usage of contraceptive in the study area. In the study area, men play a significant role in health seeking behaviour of their household; they are major makers of decision in the family and by extension on health issues of every member of the family. This result corroborates the submission of Adamu (2010) that power relationship within the household affects women's health decision and access to health facilities. She argues that decision about women's health and their children are not decision women take independently, which means that women's access and usage to contraceptive depends on husband's consent. In most Sub-Sahara African societies, men are at the apex of family and societal hierarchy. They play notable roles in every aspect of sexual and reproductive dynamics, from timing of intercourse and contraceptive use, to antenatal care and place of delivery (Isiugo-Abanihe; 2003). Erinsho (1998) observed these significant roles of men in health seeking behavior of women in some Nigerian ethnic groups. He noted that:

Nigerian women in some ethnic groups will not seek immediate help from health care agents when they are about to deliver babies unless they obtain the formal permission from their spouses (Erinsho, 1994).

**Table 5: Distribution of Respondents' Frequency of Contraceptive Usage**

<b>How often</b>	<b>Frequency</b>	<b>Percentage%</b>
Weekly	42	32.3
Monthly	19	14.6
Bi-annually	25	19.2
Annually	34	26.1
Daily	10	7.6
<b>Total</b>	<b>130</b>	<b>100</b>

**Source: Field Survey, 2017**

Table 5 above reveals that 32.3% said weekly, 14.6% said monthly, 19.3% said bi-annually, 26.1% said annually, while 7.7 said daily. The statistics indicated that most respondents preferred long time contraceptives. During the FGDs, study participants were asked reasons for using long term contraceptive. The participants were of the opinion that they are more effective, reliable and guide against forgetfulness in administration of contraceptive. One of the study had this to say;

“I preferred the long term contraceptive because you don't have to be taking drug every day which sometime you may even forget to take it, which may result to unplanned pregnancy”

**Table 6: Distribution of respondents on effectiveness of contraceptive**

<b>How effective</b>	<b>Frequency</b>	<b>Percentage%</b>
Very effective	49	37.6
Not effective	57	43.8
I don't know	24	18.4
<b>Total</b>	<b>130</b>	<b>100</b>

**Source: Field Survey, 2017.**

Table 6 above shows that 37.6% of the respondents said it is very effective, 43.8% said it is not effective, while 18.4% said they have no idea about the effectiveness of contraceptive use. This show that majority of the couples said the method of contraceptive use is not effective.

**Table 7: Distribution of respondents on number of children**

<b>No of children</b>	<b>Frequency</b>	<b>Percentage%</b>
1	22	16.9%
2	36	27.6
3	44	33.8
More than 3	28	21.5
<b>Total</b>	<b>130</b>	<b>100.0</b>

**Source: Field Survey, 2017.**

Table 7 above shows that 16.9% of the respondents has a child, 27.6% have two children only, 33.8% have three children, while 21.5% have more three children. This indicates that majority of the respondents have three and above children.

**Table 8 Distribution of Respondents on their Opinion on which Factor has More Influence on Couples Attitude towards Contraceptive Use**

<b>Factor</b>	<b>Frequency</b>	<b>Percentage%</b>
Government polices	17	13
Poverty	26	20
Educational	50	38.4
Cultural belief	27	20.7
All of the above	10	7.6
<b>Total</b>	<b>130</b>	<b>100.0</b>

**Source: Field Survey, 2017**

Table 8 above shows factor influencing couple attitude towards the use of contraceptive, 13% of respondents said government policies, 20% said poverty, 38.4% said education, 20.7% said cultural belief, while 7.6% agreed to all. This result indicates that education factor has more influence on couple's attitude towards the use of contraceptive in Minna metropolis.

### **Discussion of Findings**

This finding is corroborated with the study carried out by Okedeji (2011) in which he stresses the analysis, attitudes, knowledge and practice of contraceptive techniques among a sample of 1,700 married women in Ibadan. The study shows that knowledge and practice of contraceptive are highly related to one's level of education and economic factors.

As regard the level of awareness on the use of contraceptive among couples in Minna metropolis. The findings revealed that majority of the couples in the study area were informed about contraceptive use and they mostly got information on contraceptive use on regular basis through mass media. These findings is supported by Rogers (2015) communication strategies can be tremendously beneficial to people's attitude towards the use of contraceptives when they are linked face to face with interpersonal and mass media communication. The attitude of couples towards contraceptive use in Minna metropolis shows that majority of the couples had negative attitude towards contraceptive use. The refusal of contraceptive use among married couple in the study area is supported by Cain (2012) he found that many men and women in developing countries still expect to derive some economic benefits from their children. They therefore view their children as sources of security in their old age. The findings also revealed the likely benefits of contraceptive use among couples in Minna metropolis. Majority of the married couples indicates that contraceptive use help in managing family size and also help to reduce the cost of child rearing among the married couples in the area of study. Also, findings from respondents as to factors influencing couple's attitudes towards contraceptive in Minna shows that government policies does not influence contraceptive use and findings shows that religious belief and economic status are major determinant factors that influences contraceptive use in Minna Metropolis. This result is supported by Shain and Jannings (2010) perhaps even more relevant the financial responsibilities of raising children fall more heavily on the man in many societies. As a result, not only in developing countries but in also in developed world, economic reasons were found to be most frequently expressed motive in favour of family limitation.

### **Conclusion and Recommendations**

This study has been able to illustrate from the literature reviewed and data collection, the level of awareness and attitudes of couples towards contraceptive use. The paper tried to discuss people's opinion and their attitude towards various methods of contraceptive use and who they thought has the final say in utilization of contraceptives. Educational attainment on its own has also been shown to have great effect on couples' use of contraceptive. With higher levels of education, people tend to react positively to the use of contraceptives.

These findings have led us to agree with the findings of Cold and Igun (1970), that "what has happened so far has been largely an urban phenomenon and has been concentrated among the better off and the educated". Hence, it was concluded that a well designated and coherent family planning programme which have the lower class and rural members of the society as its target should be adopted in Nigeria i.e give more focus in order to ensure wide spread of the programme.

Based on the findings, the following recommendations were made. It is strongly recommended that contraceptive programmes should intensify awareness via the mass media especially radio, to improve people's knowledge on contraceptives use, information and to reduce their fear of methods. Men and women need better information about the usage of contraceptives and what side effects to expect once they

adopt the method. Family planning programmes should also provide health education to adolescents (men and women) including information on sexuality, responsible parenthood, sexual behaviours, reproduction and contraception, sexually transmitted diseases and gender roles. The government could make health services friendly by involving men and ensuring confidentiality, privacy and respect, and by providing the high quality information necessary for informed consent especially in traditional environment like ours.

Family planning programmes need to be implemented in two (2) phases in Nigeria. In the first phase, emphasis should be placed more on information dissemination and this should be directed at motivating the people to change their attitudes favourably towards contraceptive use especially the illiterate ones.

Also, men should give their wives total support, and free hand to practice family planning. This is because it was reliably gathered from the study that most men would not take it lightly with their wives to use or practice family planning methods without their knowledge and consents. No matter the level of education, the respondents (majority) still feels negative about a woman using family planning methods without the knowledge of their spouse. However, this constitutes the major hindrance to effective family planning programmes in Nigeria. This needs to be discouraged among men, through establishment of trust with their partners.

However, information dissemination on contraceptive use could be spread better through the mass media, posters and movies etc. in addition, health workers such as mid-wives and nurses should assist in impacting basic knowledge of reproduction and conception to the women visiting their clinics for maternal care and also their husbands who may occasionally assist them to the hospital.

In the second phase, successful implementation of the first phase will minimize unfavourable comments about the programme. During the phase family planning clinics should be sited in all parts of the country (especially in the rural areas) rather than being concentrated in the cities, and birth control services should be made available to the people.

The family planning agencies such as the Planned Parenthood federation, and other family planning clinics should advertise their services more, so that people in the rural areas could be aware of their existence. In addition, government hospital and even private hospitals throughout the country should create separated departments for family planning where contraceptive use and advice could be given to needy couples.

For couples that have low education, it is recommended that all health center and health workers should pay special attention to encourage and educate the couples about the values and benefits of the contraceptives use and let them know the consequences of giving birth without control as it will be detrimental to their finances. However, government seems to be coercive in nature, but fertility will be greatly reduced if they are implemented. This calls for active support from the government for family planning rather than the type of support expressed in the second and third National Development plan, and even the four children per women legislation which leave the men untouched. Furthermore, government needs to consider more importantly in the "vision 20,2020" programmes, the roles of family in any government programmes when it comes to issues of fertility but we need to realize the fact the both sexes play major role on the issues especially men. Therefore, measures should be taken to control the attitudes of couples towards contraceptive use (positive attitudes).

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