

Rural Women and Family Planning Use in Selected Communities in Oye Local Government Area, Ekiti State, Nigeria

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Abstract: Family planning is a program that supports the rights of women and girls to freely choose for themselves, how many children they want to have. Nigeria population was estimated at around 190.88 million people and 410.6 million people by year 2050 all things being equal. Nigeria is currently the most populous country in Africa and the 7th most populous nation in the world and projected to be the third country with highest population. Annual population increase is 4.5 million and estimated annual growth rate of 3% per annum. This rapid population growth is alarming and it is primarily sustained by the fertility level in the country. At the moment, Nigeria Total Fertility Rate is 5.5, which is one of the highest TFR in Africa, such rapid population growth and high TFR demand attention. This study is therefore carried out to investigate the family planning practice, knowledge, types and reasons for not using family planning among rural women in Oye and Ilupeju communities in Ekiti State with a view to making necessary recommendations that would improve family planning practices. The cross-sectional study was carried out in Oye and Ilupeju communities in Ekiti State. The target population was women of reproductive age 15 and above in Oye and Ilupeju communities. A convenience sampling technique was used to select the respondents. All data were statistically analyzed, using statistical package for social sciences and statistical test of significance was performed with chi-square test. A total of 200 respondents participated in the study. The main determinant of the use of family planning in Oye and Ilupeju communities is spouse decision making, and most of the respondent have heard and use more than one method of family planning. Indication shows that spouse decision making influences the use of family planning in Oye and Ilupeju communities in Ekiti. Conclusively, recommendation is thereby made for more awareness of men towards the use of family planning in Oye and Ilupeju communities.

Keywords: Nigeria, family planning, total fertility rate, population growth, fertility level

I. INTRODUCTION

Rural women are active agents in economic and social change. Yet they are, in many ways and to various degrees, constrained in their roles as farmers, producers, investors, caregivers and consumers. They play crucial roles ensuring food and nutrition security, eradicating rural poverty and improving the well-being of their families. However, they continue to face serious challenges as a result of gender-based stereotypes and discrimination that systematically deny them equitable access to opportunities, resources, assets and

services. Moreover, they are key agents for development because of their catalytic role in the achievement of factors critical to sustainable development. But limited access to credit, health care and education are among the many challenges they face. These are further aggravated by the global food and economic crises and climate change.

In this case, empowering rural women is essential, not only for the well-being of individuals, families and rural communities, but also for the overall economic productivity, given women's large presence in the agricultural workforce worldwide. While family planning are the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception or voluntary sterilization.

Family planning refers to the use of modern contraception and other methods of birth control to regulate the number, timing, and the spacing of human births. The term "family planning" was only applied to this ageless phenomenon when the social effects of abandoned babies, clue to illegal abortions and problem of large poor families began to bother sociologist, health workers, governments etc.

The United Nation (UN) through an agency, the world health organization (WHO) has championed the publicity campaign for the introduction and development of modification. However, family planning is not seen by all as a humane or necessary intervention. It is an arena of contestation within broader social and political conflicts involving religious and cultural injunctions, patriarchal subordination of women, social class formation, and global political and economic relations.

Recent study findings (Etukudo, 2014) have consistently shown that fertility level is uncontrollably high in rural areas. This is because women continue to give birth to many children as their spouses demand, under condition of absolute poverty, poor feeding and nutrition, other inadequacies in basic social amenities. The reason for many children in these areas includes the need for 'lineage elongation, old age security, social obligation, among others' (Akpan, et, al, 2011). In Nigeria, family planning programs have been mainly directed at women. Most people in rural areas still believe large number of children is equivalent to large economic power. It is important to take note that family planning is not

just for stopping child bearing but it is also for child spacing. In Nigeria, research has shown that over population has been one of the major problems of economic development, whereby the population is more than the available resources. (Etukudo and Inyang, 2014). In Sub-Saharan Africa, in particular Nigeria, which is the most populous country in Africa, has one of the highest fertility rates in the world, promoted mainly by low utilization of modern contraceptive methods, with high fertility translations into high population, raising various challenges for economic growth and developments in the country. In Nigeria today, the birth rates are higher than the world average, although, the contraceptive prevalence rate among women of child bearing age (15-49 years) has doubled during the last decade, it still remain very low.

However, a common birth control method in Nigeria, as reported in a research on sexual practices and reproductive health, is condom with 77.9% of formal sector workers in one of the south western Nigerian states, reported to have ever used condom. A study published in 2011 on contraceptive practices showed that most of the respondent were in the age of 35 years and above, with 42.3% engaged in trading 50.7% having a secondary school highest education level, 48.5% defining contraception as prevention of unwanted pregnancy, 89.5% not having any idea of contraceptives side effects and 52.6% having their main source of information to be through health personnel. Another research on contraception among women of reproductive ages published in 2012 reported 8.8% of respondents currently use condom as their contraceptive method, while 3.1% use injections, 3.0% use IUD, 3.0% use pill and 0.1% use female condom . The outcomes of a 2014 study on awareness and attitude of family planning among rural women showed that 50.5% of the respondents were within age 30-39 years, 30.9% having senior secondary school certificate educational qualification, 37.0% being petty traders, 56.0% reported religious beliefs as reasons for lack of adoption of family planning while 44.0% reported lack of knowledge as reasons (Ndubuisi.et al. 2014). Likewise, Usman et al. (2016) in a family planning services utilization study observed that 49% of the respondents have their highest level of education to be secondary school certificate, 94% have heard about family planning services, 70% reported religious norms as constraints to the use of family planning practices while 60% and 65% reported fear of side effect and husband decision as constraint respectively.

With a large unmet need for family planning and a low contraceptive prevalence rate, Nigerians are still having more children than planned and at a shorter than desired birth intervals (WHO, 2013).

II. LITERATURE REVIEW

Population growth has been a problematic issue all over the world. Consequently, many developed countries have approved and resorted to birth control or family planning. Family planning according to the United Nations Population

Funds Activities (UNPFA 2001) is a recognized basic human right that enables individuals and couples to determine the number and spacing of their children.

The World Health Organization (WHO, 2013) stated that family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. This is achieved through the use of contraceptive methods. 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 outcome of each pregnancy. In effect, family planning is the regulation and control of the rate of child birth by individuals, both married and unmarried.

In developing nations like Nigeria, children are valued as they not only demonstrate the masculinity of the men but equally provide the extra useful hands in communities where agriculture is the major source of income. Besides, aged parents and extended family relations depend on their children for maintenance at old age. Hence, they are reluctant to limit birth.

The rapid population growth made Nigerian former Military Head of State, Babangida promulgated that each family should have only four children. (Anyanwu et. al (2013). Consequently, the mass media started awareness campaigns on the consequences of having many children. Family planning clinics were also established in Government owned hospitals especially in the urban areas of the country. This however, did not achieve much result due to cultural and religious inclinations of the multifarious ethnic groups that make up Nigeria.

Report from Okediji (2003) however showed that women want to have fewer children than they actually have. In other words, women are more sensitive to family planning than their male counterparts since they bear the burden of childbearing and rearing with the attendant house chores and probable break down in health.

With a population of approximately 170 million, Nigeria is the most populous nation in Africa, and the seventh most populous in the world. Both the annual population growth rate of 3.2% and a total fertility rate of 5.5% per woman rank among the highest in the world. Nigerian women have approximately one more child than they would want. With this, the total fertility rate is 15% higher than what it would be if all unwanted births were avoided. The 2013 NDHS indicated that the median age at first birth among women aged 25-49 years was 20.2 years; among women who had a live birth in the 3 years preceding the survey, the median duration of insusceptibility to pregnancy was 12.6 months. An earlier study recorded a differential in mean age at first birth among rural dwellers in south- western Nigeria (20.8+3.7 years) and urban dwellers (23.2-5.1 years). Another study also found that 26.9% of girls in Ogaja and Obudu Local Government Areas of Cross River State of Nigeria had already given birth before their 20th birthday.

Comparatively, the Ghana Demographic and Health Survey, 2008 showed that the median age at first birth for all women aged 25-49 years was 20.7 years. In the United State of America, the mean age at first birth is reported to be 25.8 years. (Etokidem et al. 2017).

Contraceptive prevalence in Nigeria is one of the lowest in the world. In addition, the Nigeria Demographic and Health Survey (NDHS, 2008) recorded a prevalence of 13% and a corresponding marginal rise to 15% (NDHS, 2013). Overall the NDHS, 2013 noted that although 85% of Nigerian women and 95% of Nigerian men report having knowledge of a contraceptive method, only 15% of currently married women use a contraceptive method, with an unmet need for family planning of 16% among married women.

A related research in Ilorin, Kwara State, Nigeria found that, although all 600 respondents were aware of contraceptives, only 25.4% had used one form of contraceptive method or another.

This was lower than the 52.5% respondents who had used one form of contraception or another in Uyo, Nigeria. (Etokidem et al 2017)

One of the key determinants of contraceptive use in Nigeria is female education. In a study in Osun State, Nigeria, it was found that respondents' educational status, occupation of the partner, communication with the spouse regarding contraceptive use, and approval of a contraceptive method were significant determinants of use of at least one modern contraceptive. Rural women are known to show reluctance towards of modern methods of family planning. A study in rural western Kenya found that rural women had low perception regarding modern family planning services offered by community health workers. It has been documented that the total fertility rate in some Nigeria rural communities is higher than that in urban communities (6.2 versus 4.7), a situation that has been made worse by low contraceptive prevalence in rural communities. Unexpected or unplanned pregnancy poses a major public health challenge in women of reproductive age, especially in developing countries like Nigeria. More than 200 million women in developing countries would like to delay their next pregnancy or even stop bearing children altogether (Singh et al,2003), 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. These barriers include lack of awareness, lack access, religion, cultural factors, opposition to use by partner and fear of side effects of contraceptives (Abiodun and Balogun, 2009). In Nigeria, unintended intercourse is the primary cause of unwanted pregnancies, and many women with unwanted pregnancies decide to end them by abortion (Otoide et al, 2001). Since abortion is illegal in Nigeria (unless medically recommended to save a mother's life) many abortions are carried out in an unsafe environment. The consequences of these clandestine abortion are grave and can

be life threatening, often leads to maternal death. Abortions account for 20%-40% of maternal death in Nigeria (Oriji, 2009).

Referencing the Theoretical Underpinnings of Family Planning Methods in Nigeria

Theory of Planned Behaviour (TPB) is a psychological theory that links beliefs and behaviour. The concept was proposed by Icek Ajzen (1991) to improve on the predictive power of the theory of reasoned action by including perceived behavioural control. It is one of the most predictive persuasion theories. It has been applied to studies of the relations among beliefs, attitudes, behavioural intentions and behaviours in various fields such as advertising, public relations, advertising campaigns and healthcare.

TPB proposes thus:

- *Behavioral beliefs and attitude toward behavior:* Behavioral belief: an individual's belief about consequences of particular behavior. The concept is based on the subjective probability that the behavior will produce a given outcome.
- *Normative Beliefs and Subjective Norms:* Normative belief: an individual's perception of social normative pressures, or relevant others' beliefs that he or she should or should not perform such behavior.
- *Control beliefs and perceived behavioral control:* Perceived behavioral control: an individual's perceived ease or difficulty of performing the particular behavior. Control beliefs: an individual's beliefs about the presence of factors that may facilitate or impede performance of the behavior. The concept of perceived behavioral control is conceptually related to self-efficacy.
- *Behavioral intention and behavior:* Behavioral intention: an indication of an individual's readiness to perform a given behavior. Behavior: an individual's observable response in a given situation with respect to a given target. This theory states that attitude towards behavior, subjective norms, and perceived behavioral control together shape an individual's behavioral intentions and behaviors.

Research Questions

The following research questions are formulated to guide the study.

- i. What is level of the knowledge and awareness of family planning by women in selected communities in Oye Local Government, Ekiti State, Nigeria.
- ii. What is the level of contraceptives use by women in selected communities in Oye Local Government, Ekiti State, Nigeria.
- iii. What are the types of family planning methods known to the women in selected communities in Oye Local Government, Ekiti State, Nigeria.
- iv. What are the factors associated with low

contraceptive usage by women in selected communities in Oye Local Government, Ekiti State, Nigeria.

Objectives

The primary objective of this study therefore is to empirically analyze family planning practices, obtain the values and norms that influence the knowledge and the reason for not using family planning, among rural women of reproductive age in Oye and Ilupeju communities in Oye local government area of Ekiti state, Nigeria, with a view to making necessary recommendations that would help improve family planning practices.

The specific objectives are:

- i. To ascertain the knowledge and awareness of family planning among women in selected communities in Oye Local Government, Ekiti State, Nigeria.
- ii. To examine the prevalence of contraceptive use by women in selected communities in Oye Local Government, Ekiti State, Nigeria.
- iii. To investigate the types of family planning methods available to women in selected communities in Oye Local Government, Ekiti State, Nigeria.
- iv. To examine the factors associated with low contraceptive usage by women in selected communities in Oye Local Government, Ekiti State, Nigeria.

III. METHODOLOGY

Questionnaires were used in collecting data. This method of data collection lends itself for collecting specific information from the respondents to aid in deriving solution to research problem. It consists of questions related to purpose of the study and research questions or hypothesis to be tested.

A semi structured questionnaire i.e. individualized self-questionnaires with open and close ended questions will be used, which will be administered by the married women in Oye and Ilupeju Ekiti communities. The questionnaire will consist Section A: Socio demographic data, section B: level of awareness and knowledge, Section C: who takes decision, Section D: does religious and cultural values affect the use of family planning. Section E: does educational status affect family planning.

IV. FINDINGS AND DISCUSSIONS

The analysis of the study was done in line with the research questions raised for this project work. The selected characteristics and other demographic variables such as age, religion and educational attainment, were presented using simple percentage frequency and dependent variable was cross tabulated using Chi-Square test to validate the hypothesis.

Table 1: Background Characteristics of Selected Women in Selected Communities in Oye Local Government Area of Ekiti State

Age of respondent	Frequency	Percentage
18-22	35	17.9
23-27	37	18.9
28-32	25	12.8
33-37	26	13.3
38-42	24	12.2
43-47	18	9.2
48-52	31	15.8
Total	196	100
Marital status of respondent	Frequency	Percentage
Married	168	84
Divorced	16	8
Widowed	8	4
Separated	8	4
Total	200	100
If married how many wives does your husband have	Frequency	Percentage
One	166	84.7
Two	24	12.2
Three	6	3.1
Total	196	100
Number of children	Frequency	Percentage
less than or equal 4	158	79.4
more than four	41	20.6
Total	199	100
Level of Education	Frequency	Percentage
No education	1	0.5
Primary	4	2
Secondary	33	16.5
Higher	162	81
Total	200	100
Religion of Respondent	Frequency	Percentage
Christian	182	91
Muslim	18	9
Total	200	100
Occupation of Respondents	Frequency	Percentage
Unemployed	53	26.6
Self-employed	77	38.7
Employed	67	33.7

Others	2	1
Total	199	100
Where do you reside	Frequency	Percentage
Oye	126	63
Ilupeju	74	37
Total	200	100

Source: Field Work, 2019

Table 1 presents percentage distribution of selected women shows that majority of the selected women (18.9%) were within ages 23-27 years. As it was seen that women within ages 18-22 had (17.9%) and 28-32 years had percentage of (12.8%) with (13.3%) age 33-37 years and 38-42 years had (12.2%) while age 43-47 and 48-52 took (9.2%) and (15.8%) respectively. Also the percentage distribution of selected women by marital status shows that majority of the selected women who are married took the lead among marital status of respondent. As it was shown that married women took (84%) while those divorced were (8%) and widowed were (4%) while separated also took (4%). This implies that selected sampled populations are more of married women which will really help to evaluate their knowledge and practice of family planning. Out of the married women (84.7%) of their husbands had one wife, while (12.2%) had two wives, followed by (3.1%) of their husbands who had three wives. The table above shows that (79.4%) of the respondents had maximum of 4 children and (20.6%) had more than four children. Also the percentage distribution of selected women by educational status shows that majority of the selected women (81%) had attained higher education and Secondary education (16.5%) and (2%) of the respondents goes to primary school as remaining 0.5% had no formal education. This implies that selected sampled populations are intellectual individuals who are graduates from universities, polytechnics and colleges of education a key factor that could be assumed to influence their taught and attitude toward family planning. The religion affiliation of selected shows that majority of the selected women practices Christianity. As it was exposed that (91%) of the sampled respondents are Christians while those who are Muslims were 9%. Also the occupation of sampled women revealed that majority were self-employed (38.7%) while public worker (33.7%) and those that are unemployed were (26.6%) those who works as artisan were one out of ten. This implies that selected sampled populations are predominantly practices Christianity religion who are self-employed. The frequency distribution table shows the location of the respondents, it was disclosed that (63%) of the respondents lives in Oye community while (37%) of the respondent lives in Ilupeju community, it can be deduced that majority of the respondents lives in Oye community.

Table 2: Analysis of Results and Findings by Research Questions

<i>Have you ever heard of family planning</i>	<i>Frequency</i>	<i>Percentage</i>
Yes	194	97.5
No	5	2.5
Total	199	100.0
<i>What do you understand about family planning</i>	<i>Frequency</i>	<i>Percentage</i>
A service offered to women to control the number of children	153	76.5
Not having any more children	8	4.0
Having children at a time convenient for a couple	39	19.5
Total	200	100.0
<i>Please check as appropriate any contraceptive methods you ever heard of.</i>	<i>Frequency</i>	<i>Percentage</i>
Condom	38	19.1
IUD(Intra-urine device	5	2.5
Injectables	5	2.5
Calendar method/Rhythm	8	4
Surgical method	1	0.5
Abstinence(staying away from sex)	5	2.5
multiple response	96	48.2
none of the above	9	4.5
Total	199	100
<i>Which of these methods have you used</i>	<i>Frequency</i>	<i>Percentage</i>
Condom	45	22.7
Pills	34	17.2
Withdrawal method	21	10.6
IUD(Intra-urine devce	6	3
Injectables	8	4
Calendar method/Rhythm	9	4.5
Surgical method	1	0.5
Abstinence (staying away from sex	10	5.1
multiple response	33	16.7
none of the above	31	15.7
Total	198	100
<i>Are you currently using any method of family planning</i>	<i>Frequency</i>	<i>Percentage</i>
Yes	118	59.3
No	81	40.7
Total	199	100.0
<i>Do your spouse know about the family method you are using</i>	<i>Frequency</i>	<i>Percentage</i>
Yes	133	67.5
No	51	25.9
Skip	13	6.6
Total	197	100.0

<i>If the answer to the above question is NO why</i>	<i>Frequency</i>	<i>Percentage</i>
Skip	185	92.5
Menopause	9	4.5
Separated	6	3
Total	200	100
<i>who decides which methods to use</i>	<i>Frequency</i>	<i>Percentage</i>
My husband	13	6.6
My self	30	15.2
Both of us	95	48.2
Skip	59	29.9
Total	197	100.0

Source: Field Work, 2019

Table 2 presents the results on the knowledge of sampled women in selected communities in Ekiti state. As indicated, 97.5%) percentages of selected women disclosed that they have actually heard of family planning before and contraceptive methods while (2.5%) of the respondent have not heard about family planning. This implies that majority of the respondent knows what family planning is all about. It was also disclosed that majority of selected women understand family planning as a service offered to women to control the number of children(76.5%) while those who said family planning is having children at a time convenient for a couple was (19.5%) and only (4.0%)of the women said it is a means of not having any more children. Also, the percentage distribution of family planning methods ever heard by sampled women disclosed that majority of the women have ever heard of more than one method before (48.2%) while those that have heard about condoms were (19.1%) while those that ever heard of other methods were few. Also, the percentage distribution of family planning methods used by sampled women disclosed that majority of the women have used condom(22.7%) while those that have using pills were (17.2%) while those that are using more than one method were (16.7%) and those that are using other methods were few. This implies that condom has prominent used among women than other methods. The table indicates that, more than half of the selected women is currently using contraceptives (59.3%), followed by (40.7%) that are not using any contraceptives. We can deduce that contraceptive prevalence is on the average in the community. The percentage distribution of sampled women also disclosed that majority of the women actually informed their spouse about the family planning methods they are using as (67.5%) said "YES" and (25.9%) said "NO" while (6.6%) of the respondents skip the question. Out of the selected women that do not inform their husband about the family planning methods they are using, (4.5%) are not using any contraceptives because they are menopausal while 3% are separated.The percentage distribution of who decides which methods to use revealed a gender balance as most of the women disclosed that the responsibility is for both party and

not only husbands or themselves only as it was confirmed that majority of sampled women said "both of us" with 48.2%, while those women who opined it should be themselves are 15.2% leaving husband to be 6.6%. And 29.9% of the respondents skip the question.

Table 3: The distribution of factors influencing the choice of family planning

	<i>Frequency</i>	<i>Percentage</i>
<i>Lack of knowledge is a reason for not practicing family planning</i>		
Strongly agree	22	11.1
Agree	47	23.6
Neither agree nor disagree	58	29.1
Disagree	56	28.1
Strongly disagree	16	8
Total	199	100
<i>Children is a blessing and their birth should not be prevented or controlled</i>		
Strongly agree	22	11.1
Agree	32	16.1
Neither agree nor disagree	39	19.6
Disagree	70	35.2
Strongly disagree	36	18.1
Total	199	100
<i>My religion is against me using any method of family planning</i>		
Strongly agree	15	7.5
Agree	19	9.5
Neither agree nor disagree	24	12.1
Disagree	92	46.2
Strongly disagree	49	24.6
Total	199	100
<i>Family planning is evil because it is God that gives children</i>		
Strongly agree	5	2.5
Agree	14	7
Neither agree nor disagree	33	16.5
Disagree	90	45
Strongly disagree	58	29
Total	200	100
<i>Family planning methods can be harmful to the body</i>		
Strongly agree	22	11.1
Agree	47	23.6
Neither agree nor disagree	58	29.1
Disagree	56	28.1
Strongly disagree	16	8
Total	199	100
<i>Educational status will determine if any one accepts family planning</i>		

Strongly agree	34	17
Agree	55	27.5
Neither agree nor disagree	35	17.5
Disagree	55	27.5
Strongly disagree	21	10.5
Total	200	100
<i>Love for large family is my reason for not using family planning</i>		
Strongly agree	13	6.5
Agree	14	7
Neither agree nor disagree	18	9
Disagree	107	53.5
Strongly disagree	48	24
Total	200	100
<i>Having many children is to please my husband</i>		
Strongly agree	8	4
Agree	11	5.5
Neither agree nor disagree	26	13.1
Disagree	89	44.7
Strongly disagree	65	32.7
Total	199	100
<i>Family planning is against my cultural belief</i>		
Strongly agree	6	3
Agree	7	3.5
Neither agree nor disagree	13	6.5
Disagree	105	52.5
Strongly disagree	69	34.5
Total	200	100
<i>What is your opinion about family planning</i>		
	<i>Frequency</i>	<i>Percentage</i>
Prevention of pregnancy	46	26.3
To get desire family size	96	54.9
Sexual gratification	7	4
Family planning is not advisable	10	5.7
More awareness on family planning	16	9.1
Total	175	100

Source: Field Work, 2019

From the percentage distribution above, it has been disclosed that 23.6% of the respondents agreed while 28.1% disagreed that lack of knowledge is a reason for not practicing family planning, also 35.2% disagree and 16.1% agreed that children is a blessing and their birth should not be prevented or controlled. The table also indicates that 46.2% disagreed while fewer respondents agreed 9.5% that religion is against using of family planning methods. For instance, 45% of the respondents disagreed and only 7% agreed that family planning is evil, because it is God that gives children. This

implies that the majority of the respondent believes that the practice of family planning is advisable.

Moreover, 23.6% agreed while 28.1% disagreed that family planning can be harmful to the body. Also 27.5% of the respondents both agreed and disagreed that educational status will determine if any one accepts family planning. We can deduce that educational status can be a determining factor on the practice of family planning. Furthermore, 53.5% disagreed and only 7% agreed that love for large family is their reason for not using family planning. Also 44.7% of the respondent disagreed while 5.5% agreed that having many children is to please their husband. Also 52.5% of the respondent disagreed and only 3.5% agreed that family planning is against their cultural beliefs. The table above shows that 54.9% of the respondent see family planning as a means of controlling family size, and 26.3% see family planning as prevention of unwanted pregnancy while only 4% see family planning as a means of sexual gratification but 5.7% said family planning practice is not advisable and 9.1% opines that there should be more awareness on the use of family planning.

Consequently, the study examined the knowledge and perception of women toward family planning. The main aim of this study is to investigate the practice of family planning in Oye and Ilupeju communities in Oye local government, Ekiti state, to examine the types of family planning methods and the reasons for not using family planning among women in Oye and Ilupeju communities in Oye local government in Ekiti State, Nigeria.

From the Univariate level of analysis, findings have shown that majority of the selected women (18.9%) were within ages 23-27 years. As it was seen that women within ages 18-22 had (17.9%) and 28-32 years had percentage of (12.8%) each while 33-37 years had (13.3%) and 38-42 years had (12.2%) 43 & above took (9.2%) and (15.8%). That majority of the selected women who are married took the lead among marital status of respondent. As it was revealed that married women took (84%) while those divorced were (8%) and widowed were (4%) while separated also took (4%). The result shows that in educational status of the selected respondents, shows that majority of the selected women (81%) had attained higher education and Secondary education (16.5%) and (2%) of the respondents goes to primary school as remaining 0.5% had no formal education. The religion affiliation of selected shows that majority of the selected women practices Christianity. As it was exposed that (91%) of the sampled respondents are Christians while those who are Muslims were 9%. According to the occupation distribution of sampled respondents, it was revealed that majority were self-employed (38.7%) while public worker (33.7%) and those that are unemployed were (26.6%) and those who works as artisan were one out of ten.

More so, the result indicated that 97.5% of women in Oye and Ilupeju communities in Ekiti state have heard of family

planning, and it was disclosed that majority of the women have heard of more than one method as at the time of interview with (48.2%) while those that have heard about condoms were (19.1%) while those that ever heard of other methods were few. It was disclosed that majority of the women have used condom (22.7%) while those that have used pills were (17.2%) and those that are using more than one method were (16.7%). This implies that condom has prominent used among women than other methods. It was deduced that majority of selected women understood family planning as a service offered to women to control the number of children(76.5%) while (19.5%) said family planning is having children at a time convenient for couples and only (4.0%) of the women reported family planning as a means of not having any more children. But it was noticed that 59.65 of the women actually make use of contraceptives.

To ascertain if cultural belief affect the use of family planning, this researcher found that 52.5% of the respondent disagreed and only 3.5% agreed that family planning is against their cultural beliefs. The percentage distribution of who decides which methods to use revealed a gender balance as most of the women disclosed that the responsibility is for both party and not only husbands or themselves only as it was confirmed that majority of sampled women said “both of us” with 48.2%, while those women who opined it should be themselves are 15.2% leaving husband to be 6.6%. The result shows that 54.9% of the respondent see family planning as a means of controlling family size, and 26.3% see family planning as prevention of unwanted pregnancy while only 4% see family planning as a means of sexual gratification but 5.7% said family planning practice is not advisable and 9.1% opines that there should be more awareness on the use of family planning.

At the bivariate level of analysis, result has shown a great association between spouse decision making and the use of family planning (chi-square value 99.132 with $p=0.000$). This means that spouse decision making is a basic factor in the use of contraceptive. A test on the factors that influences the use of family planning on educational status has (chi-square value $\chi^2=2.878$, $p=0.411$). This revealed according to the generated result that there is no relationship between the use of family planning and educational status of women in Oye and Ilupeju communities. In a quest to identify factors that influences the attitude of women to family planning, a test was done on cultural belief which has shown according to the generated result that there is no relationship between cultural belief of women and the use of family planning in Oye and Ilupeju communities (chi-square value $\chi^2=1.214$, $p=0.876$).

Thus the study has been able to confirm that spouse decision making among the three selected factors is a determinant factor that influences the practice of family planning among women in Oye and Ilupeju communities, while education and cultural belief are not determinant factor that influences the practice of family planning among women in Oye and Ilupeju communities.

V. CONCLUSION

Family planning programs are meant to support the rights of women and girls to freely choose for themselves regarding child bearing. Family planning measures are designed to regulate the number and spacing of birth within a family, largely to curb population growth and ensure that each family has access to limited resources. Consequently, the primary interest of this study was to examine married women in Oye and Ilupeju communities in Ekiti, State, Nigeria in order to ascertain their level of knowledge and awareness regarding family planning methods.

Likewise, a secondary interest of this was to evaluate the types of family planning methods, reasons for not using family planning and the factors influencing the choice of family planning method.

VI. RECOMMENDATIONS

The findings of this study show that women are knowledgeable about family planning, but their level of usage depends on spouse decision, therefore. There is the need for education and awareness for men towards family planning.

In the light of the forging, the following suggestions are put forward as a way out of the problem.

- Men should be educated towards the use of family planning.
- Provision of fully equipped and functioning health centers with well-trained health professionals.
- Public enlightenment and availability of contraceptive to the women at affordable rate.
- The government at all levels and non-governmental organisations (NGO) should get involved in creating awareness of the need for family planning.

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