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## **Women's Perception on Family Planning in Edo South Senatorial District**

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### **Abstract**

This study was conducted to determine the perception of women in the Edo South Senatorial District towards family planning. Five research questions were raised to enable the achievement of the purpose of the study. The descriptive survey research design was adopted for the study. The Population of the study is made up of women in rural communities in Edo South Senatorial District, while the sample for the study consisted of two hundred (200) respondents selected using the simple random sampling technique. The major instrument employed for the collection of data for the study was the questionnaire. The instrument was validated using the expert's judgment approach while the Cronbach Alpha procedure was used to determine its reliability. An index of 0.76 was obtained indicating that the instrument was reliable. Mean statistics was used for data analyses. Findings from the study revealed that the available family planning programmes are condoms, prolonged breastfeeding, and abstinence, the level of adoption of family planning by rural women is very low and that the use of family planning can be improved by organized enlightenment programmes for women about family planning during clinics, teaching husbands about the benefits of family planning, increased accessibility of family planning packs, reduction in the cost of modern family planning methods, discussing family planning during community meetings and women meetings. Based on the findings and conclusions from the study, it was recommended that Government agencies, NGOs, and Organisations should encourage women to participate in family development programmes in order to enable them gain clearer understanding of family planning and what they stand to benefit from it. Government and non-governmental organisations working in rural communities should adopt and where necessary adapt the suggestions of the community people in order to improve the family planning and development in rural communities.

**Keywords:** perception, women, family planning, Edo south senatorial district

## **Introduction**

Family planning is a demographic policy of every nation and it is the process by which individuals anticipate the number of children he/she wishes to have, including the time, choice to have no children, and the age at which they intend to have them. Family planning is the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of various methods. The importance of family planning is clear from its benefits to individuals, as well as to families, communities, and societies. Family planning serves three critical needs: it helps couples avoid unintended pregnancies, it helps to space children and even select the sex of babies and addresses the problem of STDs, reduces the rate of infertility. Long term goals of family planning, according to, Alege, Galla, Matovu and Nabiwemba (2018), include to; educate individuals and families about reproductive health; raise the level of maternal and child health by teaching modern and medical ways of avoiding unintended pregnancy; prevent maternal deaths by protecting women's health; ensure that babies are born and live well, prevent high-risk and unwanted pregnancies, provide medical assistance to those who want to have children and educate individuals about family planning methods.

These benefits are reflected in the federal government's continued recognition of the contribution of family planning and reproductive health to the well-being of Nigerians. Another objective of family planning is to increase responsible sexual behavior and to enhance the use of condoms among sexually active persons. Family planning is the deliberate prevention or delaying of birth by means of sexual abstinence, contraception, sterilization, abortion and prolonged breast feeding, or it is the policies, programmes, services designed to assist people in practicing birth control. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies (World Health Organization, 2019). Family planning can be classified into two based on method adopted namely, Natural and Artificial methods. The natural methods include abstinence, coitus interruption, safe period, and lactational amenorrhoea (long breastfeeding). Common artificial methods used are; condoms, injectables, pills and Intra Uterine Contraceptive Devices (IUCD).

In sub-Saharan Africa, governments generally expressed little interest in family planning before the 1990s with notable exception of Botswana, Kenya, Ghana, and South Africa (May, 2017). In the 1990s the AIDS epidemic in large parts of the African continent put constraints on government investments on family planning. In Asia and Latin America, many women wanted families of modest size. Studies confirmed women's willingness to accept contraceptives, thus providing the Scientific Foundation for the Family Planning Movement

subsequently. From the late 1960s onward substantial fundings from international sources became available to governments that were willing to start family planning programmes. The availability of new methods of family planning (the pill, IUCD, and new methods of sterilization) made the mass distribution of contraceptives more affordable and easier to implement.

In Nigeria, a study carried out by Bankole and Audam (2019) show that the annual birth rate ranges between 2.5 to 2.8% which is above replacement rate. This finding portends danger for developmental aspirations and, shows that only few people embrace the use of family planning and family planning techniques. According to Anunobi and Udem (2020), some of the reasons for the low utilization of family planning includes religious beliefs, husband's dominance, health concerns and fear of side effects. These are, however, the most commonly expressed reasons for the low utilization, and for discontinuing the use of modern family planning. Adeleye, Akoria, Shuiab and Ogholoh (2020) outlined culture, poverty and poor access as some of the factors militating against the use and acceptance of family planning among rural women.

The rejection of family planning by rural women in Nigeria has become a contentious problem. This may be due to factors such as ignorance, illiteracy, traditional values, norms and misconceptions about family planning among rural women which, according to, Bankole and Audam (2019), can lead to low uptake of family planning programme. Women in rural areas see family planning as a myth and their involvement in modern family planning method is low, as family planning require the acceptance and cooperation of all parties involved especially the husband who in many cases do not show any level of interest. Rural women prefer their own natural and traditional methods of family planning, because many of the natural or traditional methods of family planning is passed down to them by their parents especially the use of herbs and leaves.

Another factor is the level of education of women. Rural women's attitudes and perception about family planning are generally influenced by their level of education (Magadi & Curtis 2023). The reason for this can be explained by the inability of the women to access and understand information on modern family planning methods. Also, the fears expressed by rural women are based on exaggerated rumors or health misinformation on the impact of family planning on increased body size and other bodily harm. Improving women's access to continuous education and constant exposure may significantly increase the use of family planning and reduce unassociated fears.

The primary task of family planning programmes is to offer women and couples easy access to a wide range of affordable, reliable, and high-quality family planning methods and related services. To achieve this objective, many countries have built service delivery networks that include hospitals, health and

family planning centers, work-based clinics, mobile medical and paramedical units, community-based distribution, and commercial outlets. In Nigeria, family planning methods are usually provided at low cost or for free. Hence this study is aimed to understudy the level of family planning adoption and the challenges against its wide acceptance in the Edo South Senatorial District despite the myriad of benefits associated with family planning.

### **Statement of the Problem**

Edo south senatorial district has seven local government areas and many rural communities, these rural communities have a population of women with low incomes whose only means of survival and livelihood is farming. Generally, rural communities are characterized by poor health infrastructure, bad roads with little and poor means of effective communication with the outside world and so information access is difficult. According to Ozoya (2019), 70% of all death cases due to pregnancy in rural areas because people do not have access to variety of modern family planning methods. This forms the basic reasons for low utilization of family planning programmes. Other reasons include religion, culture or traditional concerns and the possible side effects which are often over emphasized.

It is also known that in Edo South Senatorial District, where cultural traditions and socioeconomic shifts intertwine, women's voices on family planning remain muted, misunderstood, and often sidelined by policy and program design. Despite the availability of modern family planning methods, utilization rates lag, maternal health outcomes lag, and unmet needs persist, suggesting a critical gap not just in access, but in perception. Yet, little is known about how women in this region truly perceive family planning, different beliefs, fears, and aspirations that shape their shape choices of family planning, also how do cultural norms, partner dynamics, and health-system experiences influence their willingness to adopt or reject different family planning methods? This study contends that without uncovering and addressing these perceptual barriers, interventions risk remaining ineffective, thereby perpetuating cycles of unintended pregnancies and health risks. Thus, the problem lies in the urgent need to illuminate and understand the nuanced perceptions of women toward family planning in Edo South Senatorial District, to inform policies and programs that are culturally resonant and woman-centered.

### **Purpose of the Study**

The main purpose of this study is to determine the perception of women in Edo South Senatorial District towards family planning. Specifically, this study seeks to:

1. ascertain if family planning programmes are available in Edo South Senatorial district.
2. determine the level of adoption of family planning by rural women in Edo South Senatorial district
3. determine how rural women perceive the implementation of family planning in Edo South Senatorial district.
4. find out how rural women view the utilization of family planning programmes in Edo South Senatorial district.
5. find out how the use of family planning can be improved in Edo South Senatorial district.

### **Research Questions**

The following research questions were raised to guide the study

1. Which family planning programmes are available in Edo South Senatorial district?
2. What is the level of adoption of family planning by rural women in Edo South Senatorial district?
3. How do rural women perceive the implementation of family planning in Edo South Senatorial district?
4. How do the rural women view the utilization of family planning programmes in Edo South Senatorial district?
5. How can the use of family planning be improved in Edo South Senatorial district?

### **Methodology**

#### **Design of the Study**

The survey research design which implores descriptive techniques was used for the study. This design was chosen because it is considered the most appropriate for the research since it require the use of sample and the result from the sample can be used to generalize the entire population.

#### **Population of the Study**

The Population of the study is made up of women in rural communities in Edo South Senatorial District.

#### **Sample and Sampling Procedure**

The sample for this study consists of a total of two hundred (200) respondents selected from eight communities in Edo South Senatorial District. A break down shows that twenty-five (25) respondents were selected from each of the eight (8) communities. This was done using the simple random sampling technique. The

communities selected for this study are under the four local governments selected for the study, these include Egor, Ikopa-Okha, Oredo and Ovia North – East. The researcher randomly selected four (4) local governments out of the seven (7) local governments that make up Edo south senatorial district and two (2) communities were selected from each local government. The selected Local Governments Areas (LGA) include; Egor LGA (Okhokhugbo and Utoka communities), Ikpoba-Okha LGA (Eyaen and Umelu communities), Oredo LGA (Obazagbon and Umegbe communities), and Ovia north-east LGA (Evboro and Iguoriakhi communities) all in Edo South Senatorial District.

### **Instrument for Data Collection**

The instrument used for the collection of data for the study was the questionnaire titled “Rural Women Perceived Impact of Family Planning Questionnaire” (RWFPQ). It consisted of two sections: Section A and Section B. Section A was on respondents Bio-data such as sex, age, religion, educational level name of the community etc. while section B was designed to provide answers to the research questions raised for the study. The research questionnaire was designed in the 4 point Likert scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD), and a 2 point scale of Available (A), and Not Available (NA). Also, the researcher employed the method of direct contact with respondents to reduce the rate of incomplete responses and no return of questionnaires.

### **Validity of the Instrument**

To determine if the instrument is capable of measuring what it is designed to measure, the face and content validity and expert’s judgment approach was employed. These experts include two experts in the Department of Adult and Non-Formal Education and one other expert from Measurement and Evaluation, Faculty of Education, University of Benin. Their comments were considered in the final production of the instrument.

### **Reliability of the Instrument**

To determine the reliability of the instrument, the Cronbach Alpha was implored. In this regard the instrument was administered on a sample of 25 respondents so as to obtain an alpha value. The process yielded an index of 0.76, which implies that the instrument was reliable

### **Method of Data Analysis**

Data emanating from the study was analysed using mean statistics. The analyses were done using SPSS version 27. The criterion mean for decision making for

research questions 1, 3, 2 and 5 was 2.50, while that of research question 2 was 1.00 – 1.50 Low, 1.51 – 1.99 Moderate, 2.00 – 2.50 High, 2.51 – 3.00 Very High.

## Presentation of Results

### Research Question 1: Which Family Planning Programmes are Available in Edo South Senatorial District?

Table 1: Mean Score Analysis of the Available Family Planning Programmes in Edo South Senatorial District

S/N	Items	Mean	Remark
1.	Condoms	2.68	Available
2.	Prolonged Breast feeding	2.75	Available
3.	Drugs	2.39	Not Available
4.	Injections	1.51	Not Available
5.	Abstinence	2.60	Available

Criterion: 2.50

Data in Table 1 shows the distribution of respondents on the available family planning programme in Edo South Senatorial District. It can be seen from the Table that items 1, 2, and 5 met the criterion of 2.50 and so were considered available. Items 3 and 4 did not meet the criterion mean but was considered available because of its high mean score. This means that the available family planning programmes in Edo South Senatorial District condoms, prolonged breastfeeding, drugs, and abstinence.

### Research Question 2: What is the Level of Adoption of Family Planning by Rural Women in Edo South Senatorial District?

Table 2: Mean Score Analysis of the the Level of Adoption of Family Planning by Rural Women in Edo South Senatorial District

S/N	Items	Weighted Response	Mean	Remark
1.	I have totally accepted family planning	400	1.99	Moderate
2.	I do not believe in family planning	500	2.20	High
3.	Children are gifts from God and should be received whenever they come	530	2.00	High
4.	Family planning is not good for me	520	2.00	High
5.	I don't have need for family planning	500	2.05	High
6.	I cannot make use of any type of family planning	520	1.87	Moderate

Mean Benchmark: 1.00 – 1.50 Low, 1.51 – 1.99 Moderate, 2.00 – 2.50 High, 2.51 – 3.00 Very High

On the Level of Adoption of Family Planning by Rural Women in Edo South Senatorial District, Data in Table 2 shows that items 1 and 6 had mean scores of 1.99 and 1.87 respectively and so were indicated as moderate, while items 2, 3, 4 and 5 had mean scores of 2.20, 2.00, 2.00 and 2.05 respectively. Since the high means scores implies a negative position in relation to the items, it means that the level of adoption of family planning by rural women in Edo South Senatorial District is low. However, responses to acceptance and usage of family planning implies knowledge, some form of compliance and a seeming positive disposition towards family planning.

**Research Question 3: How do Rural Women Perceive the Implementation of family Planning in Edo South Senatorial District?**

Table 3: Mean Score Analysis of the How Rural Women Perceive the Implementation of Family Planning in Edo South Senatorial District

S/N	Items	Weighted Response	Mean	Remark
1.	Women in my community do not understand what family planning is	536	2.68	Agreed
2.	The cultural tenets in my community is against the implementation of family planning.	520	2.60	Agreed
3.	Family planning will be difficult to implement due to fear of side effects	532	2.66	Agreed
4.	My husband is against the implementation of family planning	514	2.57	Agreed
5.	The implementation of family planning is low because of lack of sensitization	514	2.57	Agreed
6.	My religion warns me against use of family planning	468	2.34	Not agreed

Criterion Mean: 2.50

From Data in Table 3: It can be seen that items 1 to 5 met the criterion mean and were remarked as negative because the high mean score portrayed negative view of implementation of family planning, while item 6 had a mean score of 2.34 and was remarked as positive because the low mean implied a positive disposition towards the issue under discourse. This therefore means that rural women have a negative perception of the implementation of family planning.

**Research Question 4: What is the Perceived Impact of Family Planning on Rural Women in Edo South Senatorial District?**

Table 4: Mean Score Analysis of the Perceived Impact of Family Planning on Rural Women in Edo South Senatorial District

S/N	Items	Mean	Remark
1.	Family planning improves women's quality of life.	2.39	Not Accepted
2.	Family planning increase chances of conception in women	2.30	Not Accepted
3.	Family planning makes women healthier	2.50	Accepted
4.	Family planning can reduce maternal mortality	2.42	Accepted
5.	Family planning can cause infertility among women	2.65	Accepted
6.	Family planning can reduce poverty level in the family	2.22	Not Accepted

Criterion Mean: 2.50

Data in Table 4 shows that items 3, 4 and 5 met the criterion mean and so were accepted while items 1, 2 and 6 were not accepted for failing to meet the criterion mean. This means that the perceived impact of family planning on rural women in Edo South Senatorial District are that family planning makes women healthier, can reduce maternal mortality and can cause infertility among women.

**Research Question 5: How Can the Use of Family Planning be Improved in Edo South Senatorial District?**

Table 5: Mean Score Analysis of the how the Use of Family Planning can be Improved in Edo South Senatorial District

S/N	ITEMS	Weighted Response	Mean	Remark
1.	Women can be taught about family planning during clinics	536	2.68	Agreed
2.	My husband should be taught the benefits of family planning	510	2.55	Agreed
3.	Family planning packs should be made more accessible	500	2.50	Agreed
4.	The cost of obtaining modern family methods should be reduced	520	2.60	Agreed
5.	Issues of family planning can be	536	2.68	Agreed

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discussed during community meetings			
6. Family planning can be discussed during women meeting	532	2.66	Agreed

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Criterion Mean: 2.50

Data in Table 5 shows that all the items met the criterion mean of 2.50 and so were agreed. This means that use of family planning can be improved in Edo South Senatorial District by teaching women about family planning during clinics, teaching husbands about the benefits of family planning, increased accessibility of family planning packs, reduction in the cost of modern family planning methods, discussing family planning during community meetings and women meetings.

### **Discussion of Findings**

Findings from the study have revealed a lot about the acceptance and use of family planning in Edo South Senatorial District. In the first place, the available family planning programmes are condoms, prolonged breastfeeding, and abstinence. This finding corroborates that of Blanc, Sian and Trevor (2022) who reported that rural women utilize mostly traditional methods such as periodic abstinence, prolonged lactation, extra-vaginal intercourse, and withdrawal technique. Alege, Galla, Matovu and Nabiwemba, (2018) also reported that the available family planning methods in rural areas is mostly limited to natural and traditional methods of family planning.

Secondly, findings also revealed that the level of adoption of family planning by rural women is very low. Corroborating this finding, Ghulam, Azmat, Ali Safdar, Hussain, Ahmed, and Erik, (2019). revealed that majority women knew about some modern family planning methods, but the overall family planning use was very low.

Similarly, findings from the study also indicated that rural women have a negative perception of the implementation of family planning. This finding is supported by that of Ghulam et al (2019) who found that majority of men and women across all regions were not using any family planning method mainly because they have negative perceptions about family planning.

Furthermore, it was seen from the findings from the study that family planning makes women healthier, reduce maternal mortality and can cause infertility among women. In line with this finding, Tafese, Woldie and Megerssa (2023) posited that the effects of family planning are mostly anticipated health complications of modern family planning methods such as menstrual changes (heavier bleeding, amenorrhea or oligomenorrhea), changes in weight, headaches, dizziness, nausea, and cardiovascular impacts. In addition, women may harbor fears of long-term effects of family planning use, such as infertility and childbirth complications.

Finally, findings from the study indicated that the use of family planning can be improved by teaching women about family planning during clinics, teaching husbands about the benefits of family planning, increased accessibility of family planning packs, reduction in the cost of modern family planning methods, discussing family planning during community meetings and women meetings. Corroborating this finding, Likhaan, (2022) and Guttmacher African Institute for Development Policy (2018) identified some factors that hinder the use of family planning in Nigeria to include misconceptions about family planning methods, spousal disapproval and domestic violence, religious beliefs, cultural, lack of awareness of the various family planning methods, poverty, cost of services and limited access to insurance coverage, low levels of female education, unavailability and limited access to publicly funded family planning services, poor quality of services, limited knowledge and skills, and poor attitude of healthcare providers.

### **Conclusion and Recommendations**

Based on the findings from the study, it is concluded that the available family planning programmes are condoms, prolonged breastfeeding, and abstinence. The level of adoption of family planning by rural women is very low. This is probably caused by poor implementation of the programme as evidenced by the negative perception of the women about the implementation of family planning. However, the use of family planning can be improved by teaching women about family planning during clinics, teaching husbands about the benefits of family planning, increased accessibility of family planning packs, reduction in the cost of modern family planning methods, discussing family planning during community meetings and women meetings. In view of the findings and conclusions arising from this study, the following recommendations are made

- Agencies and organizations in charge of family planning should sensitise couples about other family planning programmes to enable them have a wide array of options to choose from.
- Government agencies should encourage women to participate in family development programmes in order to enable them gain clearer understanding of family planning and what they stand to benefit from it.
- Government through its agencies should design policies that would help improve the acceptance and implementation of family planning among women in rural communities
- Non-Governmental Organisations (NGOs), stakeholders and agencies/associations especially those working in rural communities should intensify efforts organizing enlightenment programmes for women about the long and short term benefits of family planning
- Government and non-governmental organisations working in rural communities should adopt and where necessary adapt the suggestions of the

community people in order to improve the family planning and development in rural communities.

## References

- Adeleye, O. A., Akoria, O., Shuiab, Z & Ogholoh, O. (2020) Barriers and knowledge of benefits regarding family planning methods among women attending antenatal clinics in a Southern Nigerian Community. *Asian Journal of Medical Sciences* 2(4), 12-28
- Alege, S., Galla, J., Matovu, S. S. & Nabiwemba, E. (2018). Knowledge, source and use of family planning method among women aged 15-49 year uganda a cross-sectional study. *Pan African Medical Journal*; 24(39), 25-32
- Anunobi, C., & Udem, K. O. (2020). Information literacy competencies: a conceptual analysis. *Journal of Applied Information Science and Technology*, 7(2), 29-39
- Bankole. A., & Audam, A. (2019). Fertility preferences and contraceptive use among couples in sub-Saharan Africa. *African population Studies*, 25(2), 173-188.
- Blanc, A K., Sian L.C., & Trevor N.C (2022). Monitoring contraceptive continuation: links to fertility outcomes and quality of care. *Studies in Family Planning* 33(2), 29-41
- Ghulam S. K., Azmat, H., Ali Safdar, I. M., Hussain, W., Ahmed, A. & Erik, M. (2019). Family planning knowledge, attitudes, and practices among married men and women in rural areas of Pakistan: findings from a qualitative need assessment study. *International Journal of Reproductive Medicine* 25(3), 56-59
- Guttmacher African Institute for Development Policy (2018). *Costs and Benefits of Investing in Contraceptive Services in Sub-Saharan Africa*. In. New York: Guttmacher Institute.
- Likhaan, K. (2022). *Facts on Barriers to Contraceptive use in the Philippines*. New York, USA: Likhaan and Guttmacher Institute.
- Magadi M. A., & Curtis S.L (2023). Trends and determinants of contraceptive Choice in Kenya. *Journal of Anthropological Issues* 1(1), 15-25
- May J. (2017). Knowledge, Attitude and practice of family planning, a study of Tezuvillage, Manipur, India. *International Journal of Biology and Anthropology* 23(1), 56-69
- Ozoya, M. I. (2019). Rural women and household food security in Esan West Local Government Area of Edo State, Nigeria. *Journal of African Health Science* 10(1)51-63.
- Tafese F, Woldie M, & Megerssa, B. (2023). Quality of family planning services in primary health centers of Jimma Zone, Southwest Ethiopia. *Ethiopian Journal of Health Sciences* 23, 23-29.
- World Health Organization, (2019). *Trends in Maternal Mortality: 1990 to 2015*. Geneva, Switzerland. Switzerland.