

women is expected to influence their agricultural productivity. As regards education, 19.8% of the respondents had no formal education, 23.0% had primary education, 32.5% completed secondary education and 24.6% attended post secondary schools. The fact that majority (75.5%) of the respondents did not have more than secondary education implies low level of education. Low level of education may influence the capacity of the respondents to seek and utilize information as well as taking decisions relating to family planning. According to Sarah (2007) use of family planning may be affected by education. Result on household size reveals that majority of the respondents (72.8%) had more than five family members. This suggests women farmers with fairly large family size. Although large family size favours agricultural production, the attendant negative health and economic implications of raising large families may influence respondents' decisions about family planning issues. Based on involvement in social group activities, 50.8% of the respondents were involved in cooperative and thrift society, 12.7% were engaged in peer group activities, 10.3% were part of social club, while 26.2% belonged to trade society. This result implies that the respondents in the study area had opportunities to avenues through which information on family planning could be shared. This is expected to influence their decisions on family planning based on the premise that solidarity of women in rural African communities is one of their greatest source of strength (Ulin, 1992). This has implications on farmers' productivity. On cosmopolitanism, 64.3% of the respondents travelled regularly. The result suggests that majority of the women farmers had opportunities to improve their knowledge on family planning related issues in towns and cities. This is expected to influence their decisions on family planning and consequently their agricultural productivity.

Respondents' awareness of family planning methods.

Table 2 presents results on respondents' awareness of family planning methods. Results reveal that majority of the respondents were aware of a wide range of methods of family planning. Specifically, methods that recorded outstanding awareness among the respondents included abstinence (100.0%), barrier (98.4%), natural (95.2%), systemic (93.7%) and behavioural (86.5%). This may be due to the fact that these methods do not require high technical competence to understand. They are more or less

what an average individual, irrespective of level of education or cultural background could understand and possibly practice. This result provides a good platform for extension agents to activate linkage support with appropriate reproductive health practitioners with a view to assisting the women farmers in taking well informed reproductive health decisions

Table 1: Distribution of respondents based on socio-economic characteristics (n=126).

Socio economic characteristics	Freq.	Percent
Age		
≤20	4	3.2
21-30	27	21.5
31-40	52	41.2
41-50	25	20.0
> 50	18	14.3
Religion		
Christianity	80	63.5
Islam	34	27.0
Traditional	12	9.5
Marital Status		
Single	15	11.9
Married	88	69.8
Divorced	12	9.5
Widowed	11	8.7
Educational Level Attained		
No formal education	25	19.8
Primary education	29	23.0
Secondary education	41	32.5
Tertiary education	31	24.5
Household Size		
1-4	33	26.2
5-8	77	61.1
9-12	16	12.7
Social Group		
Cooperative & Thrift Society	64	50.8
Peer group	16	12.7
Social club	13	10.3
Trade society	33	26.2
Frequency of Travel		
Regularly	81	64.3
Occasionally	39	31.0
Never	6	4.6

Table 2: Distribution of respondents based on awareness on family planning methods (n=126)

Family Planning Method	Awareness (Yes)	
	Freq	Percent
Abstinence	126	100
Barrier	124	98.4
Systemic	118	93.7
Intrauterine	90	71.4
Behavioral	109	86.5
Natural	120	95.2
Sterilization	98	77.8
Rhythmic & Sympto Thermal	79	62.7

Respondents' sources of information on family planning.

Table 3 presents results on respondents' sources of information on family planning. Result reveals that majority of the respondents got information through the radio (86.5%), television (74.6%) and home video (72.2%). The result confirms the mass media, especially the radio as an important source of information in rural communities. This is also in line with the submission of Feyisetan et al, (2003) and Sarah (2007) that the availability of radio and television is essential in increasing exposure to family planning, public service messages and awareness of their availability. However 13.5% and 33.3%

claimed internet and newspaper sources respectively. This could be due to low level of education of majority of the women farmers. Meanwhile it is important to note that 69.3% and 77.8% of the respondents got to know about family planning through hospitals and health agents respectively. This is a fall out of the fact that family planning talk is usually a part of prenatal care. This is in line with WHO (2004) which noted that global strategies have used prenatal care as an entry point in the delivery of core reproductive health services, including family planning. Likewise, 80.2% and 67.5% of the respondents were aware of family planning methods through friends and neighbours respectively. This is an indication of viable social capital among women in rural communities. This confirms the submission of Ulin (1992) that the solidarity of women in rural African communities is one of their greatest sources of strength. It is also significant to observe that one half (50.8%) of the respondents were aware of the methods through extension agents. This implies a wide gap in view of the fact that extension agents are very close to the grassroots. This gap may be due to inadequate extension agents and that perhaps extension was yet to incorporate family planning messages in their packages to farmers.

Table 3: Distribution of respondents based on source of information

	YES	Often	Occasional
SOURCES	Frequency (%)	Frequency (%)	Frequency (%)
Radio	109 (86.5)	86 (68.3)	23 (18.3)
Television	94(74.6)	68 (54.0)	26 (20.6)
Internet	17 (13.5)	7 (5.6)	10 (7.9)
Home video	91 (72.2)	33 (27.8)	56 (44.4)
Newspaper	42 (33.3)	17 (13.5)	25 (19.8)
Pamphlet	66 (52.4)	38 (30.2)	28 (22.2)
Posters	60 (47.6)	21 (16.7)	39 (31.0)
Books	52 (41.3)	28 (22.2)	24 (19.0)
Hospitals	88 (69.3)	57 (45.2)	31 (24.6)
Health Agents	98 (77.8)	61 (48.4)	37 (29.4)
Friends	101 (80.2)	71(56.3)	30 (23.8)
Neighbour	85 (67.5)	43 (34.1)	42 (33.3)
Extension agent	64 (50.8)	21 (16.7)	43 (34.1)
Children	25 (19.8)	10 (7.9)	15 (11.9)

Multiple responses

Respondents' choice of family planning methods.

Table 4 presents results on respondents' choice of family planning methods. It is observed

that 42.1% of the respondents used abstinence method. This low adoption could be as a result of it requiring cooperation and commitment of both the women farmers and their spouses.

Furthermore, 31.0% of the respondents adopted the systemic method. The low use of this method may be as a result of the commitment required, side effects, lack of supplies and cost. This is in line with the findings of Hotchkiss (1999) that the cost of using pills and or injectables affect contraceptive behavior. Similarly, 34.9% of the respondents adopted the natural method. This may be due to the fact that natural method could only be practised by nursing mothers. In addition, 7.9% of the respondents adopted the sterilization method. Low adoption of this method could be attributed to the complex nature of its procedure, cost of surgery and the irreversibility of the operation in case adopters intend to have more children. More so, 30.2% of the respondents adopted the rhythmic and symptom thermal method. This could be a consequence of high understanding and commitment required for beneficial result, which may be beyond the capacity of not so educated women farmers. Lastly, only 8.7% of the respondents adopted

abortion method. This may be due to the fear of its side effect and procedure involved. This agrees with the findings of Oye-Adeniran et al (2002) that because abortion is illegal in Nigeria except to save a woman’s life, many procedures are conducted under unsafe condition and carry a substantial risk of maternal morbidity and mortality. However, 50.8% and 52.4% of the respondents adopted the barrier and behavioural methods respectively. Explanation for this could be found in the fact that condom for barrier method is readily available and cheap and does not require consulting a health care provider before use. Also behavioural method has no cost attached to its use. Non utilisation of many of the family planning methods by majority of the respondents has implication for possibility of unwanted pregnancies among the women farmers. The attendant health implications of pregnancies will have negative impact on productivity of women farmers in the study area.

Table 4: Distribution of respondents based on choice of methods.

	IN USE	FREQUENCY OF USE	
		Regular	Occasional
METHODS	Frequency (%)	Frequency (%)	Frequency (%)
Abstinence	53 (42.1)	23 (18.3)	29 (23.0)
Barrier	64 (50.8)	34 (27.0)	28 (22.2)
Systemic	39 (31.0)	21 (16.7)	21 (16.7)
Intrauterine	24 (19.0)	18 (14.3)	4 (3.2)
Behavioural	66 (52.4)	49 (38.9)	15 (11.9)
Natural	44 (34.9)	25 (19.8)	24 (19.0)
Sterilization	10 (7.9)	7 (5.6)	2 (1.6)
Rhythm& Sympto Thermal	38 (30.2)	23 (8.3)	16 (12.7)
Abortion	11 (8.7)	1 (0.8)	11 (8.7)

Multiple responses

Factors determining choice of family planning methods.

Table 5 presents results on factors determining choice of family planning methods. It is noted that a few of the factors influenced respondents’ choice of family planning methods. Specifically, results reveal factors influencing choice of family planning methods of most of the respondents to include age for abstinence (27.8%) and sterilization (5.6%) methods, ease of use for behavioural (37.3%), barrier (34.9%) and rhythm

(26.2%) methods. Other factors included culture for natural method (28.4%) and family size for systemic (20.6%) and intrauterine (16.7%) methods. It is important to note that education as a factor did not really influence the respondents in their choice of method. This may be due to the fact that many of the respondents might have been exposed to a lot of awareness and reproductive health education programmes on the radio and in their engagement with health agents, especially in various hospitals and clinics.

Table 5: Distribution of respondents based on factors determining choice of family planning methods.

Factors	Abstinence	Barrier	Systemic	Intra uterine	Behavioral	Natural	Sterilization	Rhythm & Sympto Thermal
Culture	29(23.0)	10(7.9)	2(1.6)	0(0.0)	34(2.7)	32(28.4)	0(0.0)	6(4.8)
Religion	12(9.5)	14(11.1)	7(5.6)	0(0.0)	17(13.5)	8(6.3)	0(0.0)	3(2.4)
Cost	7(5.6)	30(23.8)	19(15.1)	8(6.4)	38(30.2)	16(12.7)	2(1.6)	17(13.5)
Age	35(27.8)	36(28.6)	23(18.3)	12(9.5)	16(12.7)	0(0.0)	7(5.6)	8(6.3)
Educational background	3(6.3)	9(7.1)	12(9.5)	16(12.5)	6(4.8)	6(4.8)	3(2.4)	1(0.8)
Occupation	23(18.3)	9(7.1)	13(10.3)	5(4.0)	13(10.3)	19(15.1)	0(0.0)	2(1.6)
Location	12(6.5)	13(10.3)	20(15.9)	7(5.6)	16(12.7)	14(11.1)	0(0.0)	3(2.4)
Family size	8(6.3)	35(27.8)	26(20.6)	21(16.7)	35(27.8)	6(4.8)	5(4.0)	13(10.3)
Cosmopoliteness	7(5.6)	21(16.7)	16(12.7)	10(7.9)	11(8.7)	1(0.8)	5(4.0)	12(9.5)
Ease of use	16(12.7)	44(34.9)	22(17.5)	15(11.9)	47(37.3)	22(17.5)	5(4.0)	33(26.2)

Attitude of respondents towards family planning.

Table 6 presents results on respondents' attitude to the use of family planning. It is noted that majority of women farmers (79.4%) exhibited favourable disposition to using family planning devices. However it is important to note that the unfavourable attitude of 20.6% of the women was largely accounted for by the statements that the concept was for the rich and elite ($\bar{x} = 2.87$) and that it was not 100% effective ($\bar{x} = 2.64$). Other statements that informed the negative attitude of the women included uncooperative attitudes of their husbands and the fact that some family planning methods increases weight gain and religious objection to the practice of family planning. ($\bar{x} = 2.86$). Favourable attitude of the women farmers implies an opportunity that should be harnessed for improved reproductive health status of women farmers and consequently their agricultural productivity.

Constraints associated with respondents' use of family planning.

Table 7 presents results on constraints to the use of family planning methods. As indicated in the table, notable constraints faced by most women farmers in the study area included low level of exposure for rhythm method (51.6%) and spouse support for abstinence (46.8%). Other constraints were high cost for systemic method (32.5%) and non availability for intrauterine method (38.1%). The result is indicative of

existence some hinderances to maximization of the potential benefits of family planning by women farmers in the study area. This implies that maximisation of the benefits of family planning for improved agricultural productivity requires that efforts be made to address the identified obstacles.

CONCLUSION

The study concluded that majority of women farmers utilized a wide range of family planning methods and principally sourced information through the electronic media (radio and television), friends and health agents. Extension agents were yet to play a significant role in this direction. In spite of the constraints posed by culture, religious beliefs and availability of materials for some of the family planning methods, most women farmers were favourably disposed to using family planning.

RECOMMENDATION

Based on findings of this study and conclusion drawn above, it is recommended that:

Women in agriculture component of agricultural development programme should address the issue of family planning as part of their rural development programme for improved agricultural productivity of women farmers.

Extension service should build on the positive disposition of the women farmers to work with health care providers to maximize the productivity enhancing potentials of family planning adoption by women farmers.

Table 6: Respondents' attitudes towards family planning.

STATEMENT	SA	A	U	D	SD	SUM	MEAN
Family planning promotes good health	410	152	6	6	0	576	4.57
Family planning is against law of procreation	100	276	48	30	6	460	3.65
Family planning promotes promiscuity	100	232	84	18	8	442	3.59
Family planning allows proper care of children	200	216	33	42	0	491	3.90
Some family planning has side effect, so it is a risk	170	172	57	30	14	443	3.54
Family planning can affect future fertility	155	112	84	60	9	420	3.33
Family planning is affordable	105	232	51	40	9	437	3.50
Family planning is for the rich and elites only	80	136	72	42	31	361	2.87
Family planning is for young and old	140	152	39	44	25	400	3.17
Family planning is not 100% effective	19	110	51	80	70	330	2.64
Some family planning alters menstrual cycle	120	168	72	60	6	426	3.38
My husband does not support family planning	13	72	102	120	65	372	2.95
Family planning prevents unwanted pregnancy	180	232	42	26	5	485	3.85
Family planning encourages good standard of living	135	216	57	30	6	447	3.69
Family planning is very effective	120	236	81	22	3	462	3.73
Family planning encourages mutual relationship	140	196	78	42	2	458	3.63
Some family planning can cause increase in weight	105	252	60	44	0	231	1.83
Some family planning can cause ectopic pregnancy	80	180	117	44	4	425	3.37
My religion is against family planning	105	112	60	50	31	358	2.86

Mean score=3.00 < 3.00 = Unfavourable attitude= (20.6%); ≥ 3.00 = Favourable attitude (79.4%)

Table 7: Constraints to the use of family planning method

METHOD CONSTRAINTS	Abstinence Frequency (%)	Barrier Frequency (%)	Systemic Frequency (%)	Intrauterine Frequency (%)	Behavioral Frequency (%)	Natural Frequency (%)	Sterilization Frequency (%)	Rhythm S.T. Frequency (%)
Culture	21(16.9)	12(9.5)	5(4.0)	6(4.8)	5(4.0)	4(3.2)	21(16.7)	4(3.4)
Religion	9(7.1)	12(9.5)	7(5.6)	8(6.3)	9(7.1)	1(0.8)	11(8.7)	0(0)
Cost	2(1.6)	21(16.7)	41(32.5)	17(13.5)	3(2.4)	2(1.6)	6(4.8)	0(0)
Belief	21(16.7)	24(19.0)	30(23.8)	22(17.5)	15(11.9)	4(3.2)	49(38.9)	2(1.6)
Spouses support	59(46.8)	21(16.7)	13(10.3)	7(5.6)	34(27.0)	2(1.6)	21(16.7)	5(4.0)
Availability	1(0.8)	8(6.3)	20(15.9)	48(38.1)	5(4.0)	26(20.6)	2(1.6)	0(0)
Level of Exposure	3(2.4)	14(11.1)	18(14.3)	52(41.3)	15(11.9)	6(4.8)	9(7.1)	65(51.6)

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