

## **An Assessment of Sources and Adequacy of Information on Family Planning in Benue State, Nigeria**

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### **Abstract**

This study sets out to identify the sources of information on family planning and determine the adequacy of such information in Benue state, Nigeria. Survey research design was employed using questionnaire as our research instrument. Findings revealed that folk songs, town announcers, churches, peer group, family, market place, school, drinking joints, health officers, folktales, mobile phones, radio and television are various sources of information on family planning available in Benue state. The study also found a low level of adequacy of information on family planning in Benue State, hence a minimal influence on the audience and the low adoption of the disseminated messages on family planning in Benue State. The study concluded that although a lot of sources of information on family planning are available in Benue State, yet such information is inadequate and does not have a significant influence, hence the low level of its adoption by the audience. The study recommended that information on family planning should be adequate and influential enough to enable Benue audience adopt family planning practices.

**Keywords:** Assessment, adequacy, information, family planning, sources.

## **INTRODUCTION**

Nigeria is the most populous country on the continent of Africa and it is among the ten most populous nations of the world. Its national population is over 140 million (Federal Republic of Nigeria Official Gazette, 2009, p. 20) and has been projected to reach 250 million by the year 2015 (Population Reference Bureau, 2004; National Population Commission, 2006). The large increase in population is mostly a function of past and present levels of fertility and mortality in the country.

The available evidence as observed by Fraser and Weisberg (1981, p. 49), and Odaman (2005, p. 94) indicates that the level of reproduction has been persistently high in the last three or four decades and still remains so at present. According to Odaman (2005, p. 94), if the nation's population is left to grow uncontrolled, the national resources will sooner or later be outstripped by the increasing demand of the growing population.

In the quest to stem the tide of unbridled population growth, the government of the Federal Republic of Nigeria in 2002 came out with a population policy paper on family planning and fertility regulation. According to the policy paper as noted by Omoera (2010, p.79), the value of family planning and child spacing on the stability and wellbeing of family shall be promoted and family services shall be incorporated in maternal and child healthcare. This is to help reduce maternal and infant mortality and mobility as well as reduce rapid population growth in the shortest possible time in order to ensure sustainable development, which can be achieved only by reducing population growth to bring it at par with the available national

resources. This, Omoera (2010, p.70) said, will invariably lead to the attainment of good quality of life and high standard of living in the country. It is perhaps because of the foregoing that the world leaders in 1974 accepted family planning as a human right of individuals and couples. Also in 1974, representative from 179 nations met in Cairo, Egypt at the international conference on population and development, and agreed to provide reproductive healthcare to all people by the year 2015 – a goal that called for countries to “meet the family planning needs of their population” and provide “universal access to a full range of safe and reliable family planning methods” (Population Reference Bureau, 2004). Article 14 (F) of the World Population Plan of Action States:

All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so; the responsibility of couples and individuals in the exercise of the right takes into account the needs of their living and future children, and their responsibility towards the community. (United Nations, 1974)

The above expression implies that information and education are also relevant for the adoption of family planning methods. Lindroos and Luukkainen (2004, p.7) contend that Nigeria is a country where modern family planning usage is one of the lowest in the world. This, as Lindroos and Luukkainen (2004) maintain, may be due to lack of useful information to those who really need the information as majority of the Nigerian populace live in the rural areas where there is poor access to modern means of communication, including the mass media.

Family planning provides the society with some socio-economic and health benefits (Odaman, 2005, p.11), “and awareness of such benefits can significantly enhance the use of contraceptives, which in turn, will reduce population growth and overtime have positive effects on national development” (p. 61). In this connection, Ugoji (2008, p. 49) provides that family planning programmes strive to prevent unwanted pregnancies, help couples limit family size so as to reduce maternal/infant mortality. Odaman (2005) further enumerates some of

the family planning methods to include the use of safe period, calendar or rhythm, oral pills, condoms, injectables, intrauterine devices (IUDS), plant and sterilization.

As regards the foregoing modern family planning methods, Oladeji (2008) contends that communication and decision making play a vital role in ensuring informed choice of family planning and reproductive health behavior (p. 93). According to Rimal (2002), effective communication/decision making allows people to seek what is best for their right to good quality healthcare (p. 76). Similarly, Koblowe (2012, p. 96) avers that communication in most healthcare settings assumes that information provision is necessary and sufficient to improve human behavior and health. However, the pattern of communication determines the effectiveness of message. Accordingly, Lee and Garvin (2003), cited in Koblowe (2012, p. 96) challenge the one-way model of information transfer, suggesting a movement from the traditional one-way monologue to information exchange based on two-way dialogue.

## **Statement of the Research Problem**

Family planning is one of the reproductive health issues that require high level of awareness and sensitization. This is due to the ever increasing “high level of reproduction in the last three or four decades which still remains so at present” (Fraser and Weisberg, 1981, p. 49; Odaman 2005, p. 94). This is also due to the fact that if the nation’s population is left to grow uncontrolled, the national resources will sooner or later be outstripped by the demand of the growing population.

The above facts attest to the fact that information on family planning matters is crucial in addressing the problem. The quest for adequate communication campaigns on family planning matters also means that sources of information exist to champion such campaigns. However, what is not known are the specific sources of information available in Benue State for family planning practice and how adequate such sources are available to the audience. This study, therefore, seeks to investigate the specific sources of information on family planning

and how such sources are adequate to beneficiaries in Benue State, Nigeria.

## **Objectives of the Study**

The broad objective of this study is to assess the information sources concerning family planning and their adequacy in Benue State, Nigeria. Specifically, however, the study seeks:

1. To identify the sources of information on family planning matters in Benue state.
2. To determine the adequacy of such sources of information on family planning matters in Benue state.
3. To examine the level of the influence of the sources of information on family planning available in Benue state.
4. To find out the level of the adoption of family planning awareness messages received from existing information sources in Benue state.

## **Research Questions**

This study is therefore guided by the following research questions:

1. What are the sources of information available in Benue State on family planning matters?
2. To what extent is information on family planning adequately provided to people in Benue state?
3. What is the level of the influence of the sources of information available in Benue state on family planning matters?
4. What is the level of the adoption of family planning methods received from the existing family planning information sources in Benue state?

## **LITERATURE REVIEW**

Information is an important resource for individual growth and survival. The progress of modern societies as well as individuals depends a great deal upon the provision of the right kind of information, in the right form and at the right time. Information is needed to be able

to take a right decision and also reduce uncertainty. A businessman needs information to be able to improve his existing business just like a specialist also needs information to be up-to-date and well informed in his area of specialization. If information is this valuable, it must be put to proper use, that is, made available to people or group of people who need it, after ascertaining the groups' information needs and information seeking behaviour (Ukachi, 2012, p.1).

Owing to the relevance of information to humanity, various programmes on family planning and reproductive health knowledge transfer have been organized in Nigeria and other sub-Saharan Africa countries. The campaigns range from school education to health care information transfer, group training and socio-cultural context of sexual health promotion (Esiet, 2002; Kirby, Laris, & Roller, 2007; Lee & Garvin, 2003; Roberts, Oyun, Batnasan, & Laing, 2005).

Communication in most health care settings assumes that information provision is necessary and sufficient to improve human behaviour and health. However, the pattern of communication determines the effectiveness of a message. Accordingly, René Lee and Theresa Garvin (2003) challenge the one-way model of information transfer, suggesting a movement from the traditional one-way monologue to information exchange based on two-way dialogue. Communication touches every sphere of human activity and informs man's actions. It operates through symbolic and verbal forms with meanings ascribed to its messages. Communication is instrumental for social interaction, control and knowledge transfer. Human involvement in health communication is therefore important for reproductive knowledge transfer to young people who are often faced with health challenges, which were unimaginable decades ago (UNICEF, 2001).

Information on family planning, therefore, comes through different sources. Nwagwu, Okoy and Isiugo-Abanihe (2011, p.139) affirmed that family planning and HIV/AIDS information awareness programs make use of many different media to reach the people. These include print media – books, posters, pamphlets, handbills; broadcast media – various programs on radio and TV stations; family – which includes parents, other parent-figures and siblings; friends and peers; and

healthcare workers in general. Others are formal and informal education activities, telephone hotlines and the internet (Ybarra et al., 2006). According to a number of researchers in different countries such as Buseh et al. (2002) in Swaziland; Nwokocho and Nwakoby (2002) in Enugu State, Nigeria; Okonta and Oseji (2006) in Delta State, Nigeria, the broadcast media seem to top the rankings in terms of their popularity as sources of family planning and HIV/AIDS and related information.

In a study of 922 high school youth in Addis Ababa, Ethiopia, Amsale et al. (2005) defined various parameters for assessing actual source use such as perceived credibility of the source, perceived appropriateness of the message, perceived accessibility of the source, perceived timeliness of the information, perceived applicability of the message and preferred source. According to the authors, the most preferred source of HIV/AIDS information for the adolescents was the radio, followed by television, with healthcare workers ranking the least. Berenson et al. (2007) have shown that the role of peers as a source of HIV/AIDS and reproductive health information to adolescents is very important and cannot be overlooked.

Nwagwu, Okoye and Isiugo-Abanihe (2011, p.138) in their study found that handbills, television and friends were the most frequently used sources. Use of handbills is related to decreasing total number of sexual partners, and reduction in the chances that the respondent has ever had sex, while the use of television relates to the increased chances of ever having sex, although it increased the current number of sexual partners and the decreasing use of condom during the last sex. Friends relate more freely concerning their sexual behavior or habits. This enables them to discuss the issues of the time they started sex, the age, the last time and the number of sexual partners that have. Increased investment in the use of handbills and use of friends could not only significantly reduce government's budget for HIV/AIDS awareness among youth but could also lead to increased effectiveness of providing the right information.

Basu (1984, p. 56) considered the low rates of contraceptive use in India, partly due to lack of adequate knowledge regarding different birth

control methods. In other words, inadequate and incomplete knowledge about the programmes and procedures of family planning are the major hindrance in its adoption by the masses especially among rural ones (Kaur and Singh 1982) which consequently favour high fertility in developing countries, like India (Basu, 1984). As far as the knowledge regarding different contraceptive measures was concerned, a high spectrum of appreciation for current modern contraceptives was observed in both areas, especially among urban respondents probably due to greater availability and accessibility of these measures in urban areas (Uddin et al., 1995). Even among modern contraceptives, condoms were by far the most commonly used measure, in both rural and urban areas.

Ozumba (2012) affirms that among the varied sources of information, mass-media, especially television, was found to be the most important informative source. Importance of television in disseminating information relating to age of marriage, birth spacing, contraceptives and safe-sex was also reported by Devi, Rastogi, and Retherford (1996). Like-wise Ramesh (1996) and Kulkarni (1998) also found that exposure to mass-media strengthens women's motivation to prevent fertility. The exposure to mass-media enlightens masses, about the pros and cons of reproduction and sexual relations. Hardee and Azahar (1995) also reported of positive attitude toward family planning among women who had greater exposure to mass-media. Apart from mass-media, magazines were the next important informative sources for urban population, indicating towards high literacy status of urban respondents. Among relatives, husbands (36%) were found to be important sources of information relating to family planning especially among urban respondents, which points towards greater compatibility among urban couples as compared to rural one.

Okwilagwe (1993) in Yusuf (2012) also identified three categories of communication media available for rural and urban people. They are:

- Interpersonal or people-based or face to face media which include, news or press conference, interviewing, speech making, public meetings, group discussions, drama, home visit, role playing etc.



- Mass media which includes radio, television, newspapers, cinema, folk theatre, billboards, magazines, etc.
- Other media (not confined to mass media) which includes, publications and loose leaflets, video (forum), film strips, slides, exhibitions and displays, bulletin board, photographs.

## **THEORETICAL FRAMEWORK**

Two theories have been chosen to guide this study. These are the Agenda-Setting Theory and Theory of Reasoned Action.

### **Agenda-Setting Theory**

The main concern of this theory is that the media help to set agenda on issues of public interest in the society. Lippman (1922) in Folarin (1998, p. 67) states that the media help to “put pictures in our heads.” This explains the power of the mass media to set the agenda and raise issues of public importance. This function is closely related to public opinion generation, since it is often the mass media that raise issues upon which public opinion is expressed. Folarin (1998) supported Lippman (1922) when he says that:

Agenda-setting implies that the mass media predetermine what issues are regarded as important at a given society. Agenda-setting theory does not ascribe to the media the power to determine what we actually think; but it does ascribe to them the power to determine what we are thinking about (Folarin, 1998, p.68)

It is true of the above quotation that the mass media alert the audience on issues of importance so that they (the audience) can take appropriate action. They set agenda for political campaigns; for instance, McCombs and Shaw (1972) believed that the mass media have the ability to transfer the salience of items on their news agenda to the public agenda. Although McCombs and Shaw as observed by E.M. Griffin (1994, pp. 377-378), first referred to the agenda - setting function of the media in 1972, the idea that people desire the media to assist in determining political reality had already been voiced by a number of current event analysis.

Folarin (1998, p.68) explicitly points out the following as the elements involved in agenda-setting:

- i. The quantity or frequency of reporting;
- ii. Prominence given to the reports - through headline display, pictures and layout in newspapers, magazines, films, graphics, or timing on radio and television.
- iii. The degree of conflict generated in the reports; and
- iv. Cumulative media - specific effects overtime (Folarin, P.68).

This theory is relevant to the study because it shows that since members of the public tend to believe and hold strongly onto the issues so emphasized in the media, the media in turn must bring out pertinent issues that are important to the growth and development of the society. This, therefore, means that sources of family planning information must dwell on salient issues that would create awareness on family planning capable of changing the reproductive behaviour of the people in the state. They must set agenda on family planning matters with a view to making members of the public change their attitude towards matters bothering on family planning in Nigeria in general and Benue State in particular.

### **Theory of Reasoned Action (TRA)**

The Theory of Reasoned Action (TRA) was developed by Martin Fishbein and Icek Ajzen in 1975. According to this theory (Ajzen and Fishbein, 1980; Fishbein and Ajzen's, (1975) performance of a given behavior is primarily determined by the strength of a person's intention to perform that behavior. The intention to perform a given behavior is in turn viewed as a function of two factors, namely the person's attitude toward performing the behavior (i.e. one's overall positive or negative feeling about personally performing the behaviour) and/or the person's subjective norm concerning the behavior (i.e. the person's perception that his or important others think that he or she should or should not perform the behavior will lead to certain outcomes) and their evaluative aspects (i.e. the evaluation of those outcomes); subjective norms are viewed as a function of normative beliefs (i.e., beliefs that a specific individual or group has regarding whether one should or should not

perform the behavior in question) and motivations to comply (i.e., the degree to which, in general, one wants to do what the referent thinks one should do). According to Westat and Annenberg School of Communication (2001) two major factors influence those intentions—a person's attitude toward the behavior and a person's subjective norms about the behaviors, or belief that the people important to the person think he or she should or should not perform the behavior. Attitudes and subjective norms are in turn influenced by behavioral and normative beliefs.

The theory is also relevant to the study because it is the theory used in campaign evaluations. It provides a platform to better measure the way the media are able to change the attitude of the people in embracing family planning practice in Benue State.

## **METHODOLOGY**

The survey research design was employed in this study. Questionnaire was therefore to elicit responses from the respondents.

The population of the study in this research work was the public of Benue State. According to Federal Republic of Nigeria official Gazette (2009), the 2006 population census results revealed that the total population of Benue state is 4,253,641 people. The breakdown of the population shows that the population of male in the State was 2,144,043 while female population was 2,109,598. Both males and females in Benue state of reproductive age constitute the population of the study.

The sample size for this study was statically determined using the following formula:

$$N = \frac{z^2 pq}{d^2}$$

According to Araoye (2004) this formula can be used where the population size is greater than 10,000 (>10,000), where:

**n**= desired sample size (where population is >10,000);

**z**= the standard deviation usually set at 1.96 since a significant level of 95% is desired;

**p**= the proportion in the target population estimated to have a particular characteristics under study);

**q**= I.O.P (that is the proportion if the population that does not share the characteristics under study);

**d**= degree of accuracy desired (usually set at 0.05).

Therefore,

$$z=1.96(\text{level of significance} = 50\%)$$

$$p = 35\%=0.35$$

$$q = (1-p)=0.65$$

$$d = (0.04)^2$$

$$n = \frac{z^2 pq}{d^2} \quad (z=1.96, d=0.04)^2$$

$$n = \frac{(1.96)^2 \times (0.35) \times (0.65)}{0.0016}$$

$$n = \frac{3.8416 \times 0.35 \times 0.65}{0.0016}$$

$$n = \frac{0.873964}{0.0016}$$

$$n = 546$$

Therefore, the sample size for this study was statically determined to be 546 (five hundred and six).

To distribute our sample size population, a multi stage sampling technique was used. First, stratified sampling technique was used to group Benue State into three main groups called strata, i.e. Zones A, B and C, after which one local government was selected from each of the strata using purposive sampling technique. The local governments purposively selected were Katsina Ala from zone A, Makurdi from Zone B and Otukpo from Zone C. The decision to select Katsina-Ala, Makurdi and Otukpo local governments stemmed from the idea that these local governments have the presence of both the traditional and modern media of communication. Besides, they are the centres of these zones.

The second step was the selection of council wards from the selected local government areas in Benue state. Here, the ballot simple random sampling technique was adopted.

The following step was the selection of the respondents. Here also, the purposive sampling was used to select 91 respondents from each of the council wards selected, bringing a total of 546 respondents selected across the state. The reason why purposive sampling was employed was that only those who were of reproductive age were sampled. Purposive sampling was therefore more convenience in arriving at the desired respondents

The instrument used for the collection of data was the questionnaire. The questionnaire instrument was divided into two sections i.e. Section A and Section B. Section A comprised three items and were on personal data about the respondents. Section B contains 10 items aimed at eliciting information on the chosen topic.

The questionnaire was administered on 546 respondents and was assisted by 2 research assistants who were already trained for the purpose.

The method used for the administration of the questionnaires was face-to-face approach. This enabled the researcher to explain to the respondents where difficulties arose. Questionnaire was filled and collected before the researcher moves to another respondent. The duration used for the whole exercise was nine days.

Data were collected through two sources – the primary and secondary source respectively. For the primary sources of data collection, questionnaire was used to help collect the available data from the respondents. In the secondary source, books, journal, periodicals and internet were used.

Data collected were analyzed through the use of tables been expressed in simple percentages.

## **RESULTS**

Out of 546 copies of the questionnaire administered, only 525 were returned and found usable. This represented 96.15% return rate which, was to a large extent higher than the 3.85% not returned. Out of the 525 returned questionnaire, 293 respondents 55.81% were male while

female were 253 (48.19%). Concerning their age bracket, 109 respondents (20.76%) were between the ages of 18-28 years, 200 (38.10%) were between the ages of 29-39 years, 151 (28.76%) were between the ages of 40-50 years, while 65 (12.38%) fell within the age range of 51 years and above. Concerning their educational attainment, 45 (8.57%) had primary education, 141 (26.86%) attained secondary education, while 339 (65.57%) attained tertiary education. This implies that male were sampled more than female (55.81%); those between the ages of 29-39 were selected more (38.10%) than those belonging to other age categories; those who attended tertiary level of education were sampled more (65.57%) than others who attended primary and secondary levels of education.

**Table 1: Sources of Information on Family Planning in Benue State.**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Folk songs	9	1.71
Town announcers	6	1.14
Churches	5	0.95
Peer group	14	2.67
Family	30	5.71
Market places	13	2.48
School	19	3.62
Drinking joints	12	2.29
Health officers	16	3.08
Folktales	15	2.67
Mobile phone (GSM)	14	2.67
Internet	7	1.33
Newspaper	15	2.86
Magazine	11	2.09
Radio	28	5.33
Television	20	3.81
All of the above	291	55.43
<b>Total</b>	<b>525</b>	<b>100</b>

Source: Field Survey, 2017

Table 1 shows the sources of information on family planning available to families in Benue state, Nigeria. Data available as seen in the table reveal that 9 (1.71%) respondents said the source through which the obtain information in family planning matters in Benue State was folk song, 6 (1.14%) said it was through town crier, 5 (0.95%)

respondents said it was through churches, 14 (2.67%) respondents said it was through peer group, 30 (5.71%) respondents said it was through family, 13 (2.48%) said it was through market places, 19 (3.62%) respondents said it was through schools, 12 (2.29%) said it was through drinking joints, 16 (3.08%) respondents said it was through health officers, 15 (2.86%) respondents went for folktales, 14 (2.67%) respondents said it was through mobile phones (GSM) 7 (1.33%) said it was through the internet, 15 (2.86%) respondents said it was through newspaper, 11 (2.09%) respondents said it was through magazine, 28 (5.33%) said it was through radio, 20 (3.81%) respondents said it was through television, while a proportion of 291 respondents (55.43%) said all of the above constituted the sources of information on family planning available in Benue State, Nigeria.

It is an indication from Table 1 that the sources of information on family planning available in Benue state of Nigeria are many. They include folk songs, town criers, churches, peer group, family, market places, schools, drinking joints, health officers, folk tales, mobile phones (GSM), Internet, newspapers, magazine, radio and television. This was attested by the majority of 291 representing 55.43% of the total respondents. That means both traditional and mass media of communication constitute principal sources of the information on family planning matters in Benue State of Nigeria. The new media are also used as sources of the information on family planning matters in Benue State as evident in the above table.

Table 2: Level of the Adequacy of Information on Family Planning Matters in Benue State, Nigeria

Source	Frequency	Percentage
To a large extent	194	36.95
To a little extent	305	58.10
Difficult to say	26	4.95
<b>Total</b>	<b>525</b>	<b>100</b>

Source: Field Survey, 2017

Table 2 sought the views of the respondents on the extent or level at which information on family planning matters is adequately provided to the people through the sources available in Benue state, Nigeria. Data as shown in the table reveal that 194 (36.95%) respondents said the extent

was large; 305 (58.10%) respondents said the extent was little; while 26 (4.95%) respondents said the extent was difficult for them to ascertain.

The finding from the above analysis indicates that the level of the adequacy of information on family planning matters in Benue State of Nigeria is poor. That means that despite the availability of the sources of family planning information, the provision of the information of family planning matters is still not enough. There is lack of information on family planning methods and practices in Benue State.

Table 3: Level of the influence of the sources of information in communicating family planning messages

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
To a large extent	187	35.62
To a little extent	320	60.95
Difficult to say	18	3.43
<b>Total</b>	<b>525</b>	<b>100</b>

Source: Field Survey, 2017

Table 3 shows the level of the efficacy of the sources of information in communicating family planning messages. Data as seen in the table reveal that 187 (35.62%) respondents said it was to a large extent; 320 (60.95%) respondents said it was to a little extent; 18 (3.43%) respondents found it difficult to comment. This implies therefore that although there are a lot of the sources of information in communicating family planning messages in Benue State, the level of their efficacy in communicating such messages or information is not significant, hence to a little extent. This goes to show that there is a problem with the way information on family planning is been communicated to the people of Benue state.

Table 4 shows the various family planning practices the Benue people of Nigeria adopted based on the knowledge gained or derived from the existing information sources in Benue state, Nigeria. Data available reveal that 93 (17.71%) said they adopted oral pills as their family planning practice based on the knowledge gained from the existing family planning information sources; 31 (5.90%) would adopt injectable method; 15 (2.86%) respondents opted for calendar method; 99 (18.86%) preferred the use of condom; 10 (1.90%) respondents wanted the use of abstinence; 8 (1.52%) respondents said it was the use



of withdrawal method; 269 (51.24) respondents said it was difficult for them to comment. It shows then that even though there are sources to provide information on family planning matters and there is information on family planning matters (though not sufficiently enough), a lot of poor people (51.24%) in Benue State refuse to practice family planning.

Table 4: Family planning methods adopted by the Benue people based on the knowledge gained from the existing sources.

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Use of oral pills	93	17.71
Injectables	31	5.90
Calendar method	15	2.86
Use of condom	99	18.86
Abstinence	10	1.90
Withdrawal	8	1.52
Difficult to say	269	51.24
<b>Total</b>	<b>525</b>	<b>100</b>

Source: Field Survey, 2017

Table 5 shows the level of consistency of family planning practice by the people of Benue State. Data available reveal that 93 (17.71%) respondents said it is to a large extent, 407 (77.52%) said it is occasionally practiced, while 25 (4.76%) said it is difficult for them to comment.

Table 5: Level of the adoption of family planning practices by the Benue people.

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Very consistent	93	17.71
Occasionally	407	77.52
Difficult to say	25	4.76
<b>Total</b>	<b>525</b>	<b>100</b>

Source: Field Survey, 2016

It means therefore that even though there is information on family planning practices in Benue state, the level of adoption is not adequate, hence low.

## **DISCUSSION**

The study has found that a lot of the sources of information on family planning matter exist in Benue state, Nigeria. These sources include folk songs, town criers, churches, peer group, family, market

places, schools, drinking joints, health officers, folktales, mobile phones (GSM), internet, newspaper, magazine, radio and television. This is evident in the majority proportion of 291 (55.43%) respondents who were of the opinion that all of the above were sources of information on family planning in Benue state Nigeria. Consequently, the result in Table 1 is used to answer research question one which sought to identify the available sources of information on family planning matters in Benue state, Nigeria to the effect that the sources of information on family planning matters include folk songs, town crier, churches, pee group, the family, market places, schools, drinking joints, health officers, folk tales, mobile phones, internet, newspaper, magazine, radio and television.

Finding from the study also reveal that there is information on family planning in Benue state but the level of the adequacy is not large enough. This is evident in Table 2 where majority proportion of 305 (58.10%) respondents attested to the fact, as against 194 (36.95%) who said it was to a large extent and 26 (4.95%) who found difficult to comment. Table 2 has therefore gone to answer research question two which sought to determine the level of the adequacy of the information on family planning matters in Benue state to the effect that the level of the adequacy of the information on family planning in Benue state is little, hence not significant.

Another finding from the study is that the level of influence of sources of information in communicating family planning related message in Benue state is low/little. This is evident in Table 2 where majority of 320 (60.95%) respondents attested to the fact. This goes to answer research question three to the effect that the level of the influence of the sources of information on family planning in Benue state.

Also found from the study is that there is low adoption of family planning practices such as use of oral pills, injectables, calendar use, use of condom, abstinence and withdrawal method in Benue state, Nigeria. This is evident in Table 4 where 51.24% of the sampled population found difficult to choose/adopt any of the family planning methods. As a result, they are inconsistent in the practice of family

planning. This is evident in Table 5 where majority of 407 (77.52%) respondents affirmed their inconsistency in the practice of family planning.

Tables 4 and 5 therefore answered research question 4 which sought to know the level of the adaptation of the family planning methods in Benue state, Nigeria to effect that the level of the adoption of family planning practices by the Benue people is low.

## **CONCLUSION**

Based on the findings in the discussion section of this study, it is therefore pertinent to finally conclude that the sources of information on family planning matters are available in Benue state and they provide information on family planning practices to the people of Benue state. However, the level of the adequacy of family planning information in Benue state is still not significant; the level of the influence of these sources is also a little. This explains why the level of the adoption of the people of Benue state to family planning practice is found to be low in the study.

## **Recommendations**

Based on the conclusion drawn, the following recommendations were reached:

1. Information, as it is said, is power. People at all time need information on different issues in the society for their daily decision making and positive attitude change. The provision for this information, therefore, is the responsibility of the media, either traditional or the modern mass media. The available sources of information on family planning should therefore provide adequate information at all time to the people on family planning practices. The information should be such that can educate people on the methods and effects of family planning and benefits of the practice. The information meant for this purpose must be persuasive to convince people to adopt the practice. Lack of adequate information will make it difficult for people to embrace the practice.

2. The media, particularly the mass and the new media must be conscious with (of) the type of the family planning information they disseminate to the people. The media should note that sexual reproductive behavioural information is meant for the old, the young and the adolescence. That means that the media must be positive and polite in disseminating sexually reproductive health (family planning) messages so that the younger ones do not apply the information in the negative way (influenced negatively). The media must filter the information they give to their people on family planning issues.
3. It was found that people have more confidence in the mass media for family planning awareness messages but the most available and accessible source of information on family planning is the family. That means that the mass media must pass family planning information adequately to the parents so that the parents are well equipped with the knowledge of family planning which they can in turn pass on adequately to their younger ones.
4. Further study is suggested to establish the challenges faced by the Benue public in accessing family planning awareness related messages or information.

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