Article

Family planning practices among secondary school women teachers in Ekiti State, Nigeria

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Accepted 29 January, 2010

The study investigated family planning practices among secondary school women teachers in Ekiti State. The sample was 180 subjects randomly selected from four local government areas (LGA) of the 16 LGAs of the state. Simple random sampling was used to get the 180 samples for the study. A self constructed questionnaire was used to collect data. The data collected were analyzed using t-test analysis. The two hypotheses generated were tested at 0.05 level of significance. The study revealed that there was significant difference in the number of births and the use of family planning as well as in place of abode and family planning. It was recommended that family planning offices should be opened in rural areas as well as health care facilities. Also, the women should have a choice in what affects their own lives.

Key words: Family planning, t-test analysis, women teachers.

INTRODUCTION

Women want better lives for themselves, their children, their families and their communities. They want to do their best in their current roles as mothers, wives, workers and community members. Many women also want new opportunities in life-chances to learn, to make their own decisions and to have more say in the course of their own lives. Family planning is one important way that women can take control of their own lives and make more choices possible. Choices are essential to human dignity. Without choices and without opportunities, people can have little self-respect. A person imprisoned is punished by being denied choices; a person denied choices is punished even without being imprisoned.

Family planning usually helps women to prevent unwanted pregnancies and limit the number of children. This will therefore bring about healthy reproductive living. Family planning which involves two concepts; contraceptive use and family planning services, is used by couples to bring about healthy sexual relationships among them without fears of unwanted pregnancies and sexually transmitted infections (STIs) (Osakinle, 2003).

Each year, an estimated 500,000 women die of complications due to pregnancy, Herz and Measham (1987), but about 6,000 of these deaths occur in developing countries, World Health Organization (WHO, 1991).

Where poor health, frequent childbearing and little access to good medical care are a way of life, an early death is too often a women’s fate. Contraceptive use can help protect women’s lives and health by avoiding pregnancies. It is one of three crucial measures to improve maternal health: reducing the number of pregnancies, reducing the likelihood of complication during pregnancy and improving outcomes for pregnant women with complications (McCarty and Maine, 1992).

However, reducing complications and improving outcomes require access to better obstetric care, more health care for poor and rural women and improvement in women’s living standards, Herz and Measam (1987). Therefore, women who do not want to become pregnant can reduce their exposure to the risks of pregnancy and childbirth by using effective contraception (Herz and Measam, 1987; Maine et al., 1987). To this end, using contraceptive is a strategy that women themselves can adopt to protect their health (Osakinle, 2003).

Pregnancy is the main reason that women of reproductive age die at higher rates than men, Maine et al. (1987). In Matlab, Bangladesh, the mortality rate for women ages 15 to 44 was 26% greater than that for men in this age range. Some 30% of all women’s deaths between age 15 and 44 were related to childbearing. This
was a study carried out between 1976 and 1985 that is one of the few long-term, detailed examinations of maternal mortality rates and causes (Fauveau et al., 1989).

The World Health Organization (WHO) defines a maternal death as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes, WHO, (1986). Behind the direct causes of maternal mortality, obstetric complications and unsafe abortions, like the conditions of women’s lives: inadequate care during delivery, chronic disease and mal-nutrition, poverty, isolation and unwanted pregnancies. Better care would substantially reduce maternal mortality. Most maternal death appears to occur among poor women who live in remote areas. Studies in Cuba, Egypt, Indonesia, Jamaica, Tanzania and Turkey have demonstrated that maternal mortality is higher where access to a hospital is more difficult (WHO, 1986).

It appears that chronic diseases and malnutrition leave many women unable to meet the physical demands of pregnancy. For example, anemia, often a result of poor nutrition, affects about 40 to 60% of pregnant women in developing countries excluding China; more than twice the percentage in developed countries (Zahr and Royston, 1991). Malaria, sexually transmitted diseases and infectious hepatitis also cause serious problems for many pregnant women and unless treated, may kill them or their infants (Herz and Measham, 1987). A woman’s age and parity affect her chances of dying in childbirth. Health risks related to age and parity have been summarized as “the four too’s - too young, too old, too many, too close together. First births and births after the fourth are more dangerous than the second through fourth births. Women under age 18 and more dramatically, those over age 35 face greater risk than women between these ages. Of course, age and parity are not risks in themselves, they stand in for the higher likelihood of specific risks associated with age and parity (Osakinle, 2003).

Many women resort to abortion to prevent unintended births but because abortions are illegal in most developing countries, many women seek them clandestinely and undergo unsafe procedures. An estimated 10 to 20 million illegal abortions are performed worldwide annually and an estimated 100,000 to 200,000 women die as a result; about one in every 100. These deaths account for 20 to 40% of all maternal deaths (Osakinle, 2003). The majority of deaths due to abortion can be prevented, since access to effective contraceptive methods will reduce unwanted pregnancies. The procedure itself is safe if the practitioner uses safe techniques. To this end, the researcher would like to investigate the extent of use of family planning devices among women (teachers) of reproductive age in Ekiti State. To do this, two null hypotheses were generated.

Hypotheses

The following null hypotheses were generated to guide the study:

(1) There is no significant difference in the number of births among women teachers of reproductive age in secondary school and use of family planning.

(2) There is no significant difference in the place of abode among women teachers of reproductive age in secondary school and use of family planning.

METHODOLOGY

The research design for this study was descriptive survey method. The subjects consisted of reproductive age women teachers in secondary schools in Ekiti State. Ekiti State has 16 Local Government Areas but four of them were randomly selected. Also, eight secondary schools were randomly selected from among the schools in the four LGAs. A total of 200 samples were randomly selected and given questionnaires. But those of 180 samples were statistically analyzed since 20 were not correctly completed / filled.

The instrument for data collection was a self constructed questionnaire that had two sections A and B. Section A was on the bio-data of the respondents while Section B was on family planning and other reproductive related issues. It had 20 items. The instrument was judged to have face and content validity by experts in tests and measurement in the Faculty of Education, University of Ado-Ekiti. The test re-test reliability coefficient of the instrument was 0.81 obtained by using Pearson Product Moment Correlation Analysis, after the instrument was administered to women teachers of reproductive age in a school in Ondo State.

Administration of the instrument

The research instrument was administered personally with the aid of research assistants. The data collected were analyzed using t-test analysis. The hypotheses generated were tested at 0.05 level of significance.

Testing of hypotheses

Hypothesis 1

There is no significant difference in the number of births among women teachers of reproductive age in secondary school and use of family planning.

From Table 1, it could be seen that the number of women teachers that have births of 0 - 3 are 129 with a mean of 9.59 and a standard deviation of 3.64. While the number of births from 4 and above are 52. This has a mean of 6.84, a standard deviation of 4.15. The degree of freedom is 178. The t-cal (4.17) is higher than the t-table (1.96). The hypothesis is therefore, rejected. Hence, there is significant difference in the number of births among women teachers of reproductive age in secondary schools and the use of family planning in Ekiti State.

Hypothesis 2

There is no significant difference in the place of abode among women teachers of reproductive age in secondary school and use of family planning.
Table 1. T-test analysis showing number of births.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>df</th>
<th>t-cal</th>
<th>t-table</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 3</td>
<td>128</td>
<td>9.59</td>
<td>3.64</td>
<td>178</td>
<td>4.17</td>
<td>1.96</td>
</tr>
<tr>
<td>4 and above</td>
<td>52</td>
<td>6.84</td>
<td>4.15</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Table 2. T-test analysis showing place of abode.

<table>
<thead>
<tr>
<th>Abode</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>df</th>
<th>t-cal</th>
<th>t-table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>130</td>
<td>9.35</td>
<td>3.78</td>
<td>178</td>
<td>2.81</td>
<td>1.96</td>
</tr>
<tr>
<td>Rural</td>
<td>50</td>
<td>7.6</td>
<td>3.75</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

From Table 2, it could be seen that the women teachers of reproductive age in urban was 130, the mean was 9.35 and the standard deviation was 3.78. It could also be seen that those in rural was 50, mean was 7.6, standard deviation was 3.75. The degree of freedom was 178. The t-cal (2.81) is higher than the t-table (1.96). The hypothesis is therefore rejected. Hence, there is significant difference in the use of family planning and place of abode among women teachers of reproductive age in Ekiti State.

**DISCUSSION**

From the findings, it could be seen that those women in rural areas probably lack where to get family planning services compared to those in the urban areas. Also, those in the rural areas are probably faced with lack of better obstetric care, lack of better health care for poor and rural women. It appears as if the rural areas have private hospitals that the dwellers can hardly afford. Therefore, this is in support of discoveries of Herz and Measham (1987), WHO (1986) and Osakinle, (2003). Those in the urban areas tend to have access to Government hospitals and better obstetric care. They also have access to family planning office where their needs could be met; this supports the study of Herz and Measham (1987).

When women do not carry too many pregnancies, they are healthier and tend to take care of their children better. Family planning which leads to limiting the number of children gives rise to healthy reproductive living (Osakinle, 2003). Also, family planning brings about no fears of unwanted pregnancies and STI and because of child spacing, there is usually no deaths due to child bearing or unsafe abortion. This is supported by Herz and Measham (1987) and Osakinle (2003).

**Conclusion and Recommendations**

From the findings, it could be seen that women should be able to make their choices in terms of when they want to become pregnant and when they want to just have sex for pleasure. They should have access to family planning devices in all locations in the state (whether state hospitals or local government dispensaries). Family planning when used is supposed to prevent unintended pregnancies that lead to clandestine abortions that may terminate the lives of the women, but if the use is encouraged, among women both in the rural and urban places, there will be reduction in the number of deaths resulting from abortion.

Family planning devices need to be discussed among couples freely. The women are expected to have a choice in a thing that affects their lives both now and in the future.

**REFERENCES**


