Dissertation By

JEGEDE AYODELE

SAMUEL

DEI'ARTMENT o·F SOCIOLOGY

UNIVERSITY OF IBADAN,

IBADAN, NIGERIA •

FAMILY PLANNING INFORMATION SOURCES AND MEDIA EXPOSURE AMONG NIGERIAN MALE ADOLESCENTS: A CASE STUDY OF EKITI SOUTHWEST LOCAL GOVERNMENT AREA OF ONDO STATE

2 NOVEMBER 1995

FAMILY PLANNING INFORMATION SOURCES AND MEDIA EXPOSURE AMONG NIGERIAN MALE ADOLESCENTS: A CASE STUDY OF EKITI SOUTHWEST LOCAL GOVERNMENT AREA OF ONDO STATE

BY

JEGEDE AYODELE SAMUEL (Ph.D)
DEPARTMENT OF SOCIOLOGY
UNIVERSITY OF IBADAN,
IBADAN, NIGERIA.

DEDICATION

To TOLU, My Beloved Son.

TABLE OF CONTENTS

ABSTRACT

The study examined the relationship between social cultural factors and media exposure about family planning among Nigerian male adolescents. It was assumed that sociocultural factors could be impediments to Family planning information and as a result hinder receptivity to contraception. Men are considered as neglected vulnerable group in family planning programmes. Eventhough they take dominant decisions about the number of children their partners should bear in partriarchal societies they have not been properly targeted for family planning education programmes. Not until recently most family planning programmes and researches focus on women, who do not have absolute control of their fertility. Adolescents are worst off in the sense that they are repressed by parental control which usually have implication for early pregnancy and mostly lead to early departure from school. As a result this study investigated the sociocultural factors militating against male adolescents exposure to family planning. Since health centres are the major sources of information about family planning which are mostly accessible to only women we therefore assumed that men are likely to depend on outside sources for information. Hence, the quest for their preferred source of information for the improvement of the Information, Education and Communication (IEC) programme on family planning.

The study was carried out in the Ekiti southwest local government area of Ondo State. Data involved both quantitative and qualitative methods. The study population were male adolescents aged between 13 and 24 years. In all 500 male adolescents were sampled with 8 focus group disenssions conducted. Analysis of data involved both descriptive and influential method using simple percentages and chisquare statistical measure.

The study reveal that most respondents, regardless of their place of residence, are very aware of family planning

but there is differential in knowledge about it in terms of place of residence, education, marital status, occupation and age. Also there is difference in attitude toward it in these areas. Mass media (especially radio and television) are the most preferred source of information about it with more preference for radio in the rural areas and television in the urban areas. Generally the study confirmed the general hypothesis that certain sociocultural factors will hinder family planning exposure among Nigerian male adolescents.

CHAPTER ONE

1.0 INTRODUCTION

Recent trend of early pregnancies and abortion rates in Nigeria has necessitated the need to understand adolescent sexuality. Studies have shown the danger in early pregnancy as having socially economic and health consequences. Majority of abortion patients in the hospitals are adolescents 13 - 19 years (Adetoro, 1991, Archibong, 1991, Uningbe et. al., 1988, and Olukoya, 1990). Adolescent Fertility (AF) is a major problem confronting unmarried youths. Researches have shown that Nigerian youths face lack of information on sexuality education and have few options for acquiring family planning services (Barker, and Rich, 1990, and Center for population options, 1990).

Although there is dearth of literature on male adolescent fertility behaviour in Nigeria, and indeed Africa as a whole, studies have confirmed that early sexual relations were more common among men than among women (Loli, et. al., 1987). This category of people have also been confirmed not to have access to information about contraception (Muteba, 1987, Alade, 1989). Therefore, male adolescents as future sexual partners constitute a vulnerable group in Family Life Education (FLE) programme. They are likely to be affected by level of parental control as well as place of residence. Since they are more active sexually there is the possibility of seducing their female counterparts to early sexual relationship thereby resulting in unwanted pregnancy due to lack of adequate knowledge about contraception.

In order to forestal this there is need to understand how male adolescents obtain information about family planning, if any. Most studies on adolescents fertility focus on both males and females. Therefore, it becomes difficult to isolate male characteric s. This study focused on male adolescents and documents how they can be reached with family planning information. The study is

therefore divided into six chapters. The first chapter deals with introduction, statement of problem, justification of study and objective of study; literature review and theoretical framework and the hypotheses. Chapter two deals with methodology while chapter three examines knowledge, attitude, beliefs and practices related to family planning in the study area. Socio-cultural factors and family planning information exposure is discussed in chapter four while chapter five deals with action programmes, and finally summary and conclusion are presented in chapter six.

1.1 STATEMENT OF PROBLEM

Nigeria, with a population of 88.5 million, according to the National 1991/Census provisional result, is by far the most populous country in Africa with current growth rate of 3.8 percent (UNICEF, 1993). And with a projected growth rate of 3.5 percent by the year 2000 is among the most populous countries of the world (NDHS, 1990). This is due to high fertility rate which is close to 07 with birth rate of 50 and a relatively declining death rate from 25 in 1960 to 15 in 1988, as well as increasing life expectancy from 36 in 1950 to 48 in 1980 and 51 in the 1990s. Migration and distribution of population, though important features of Nigerian history, have become less important today except in terms of internal migration (rural-urban) giving rise to increase in urban population from 3.4 million in 1950 to 20 million in 1981 and 25 million in 1988 (Nwankwo, 1990) with current growth rate of 5.9 (UNICEF, 1993).

The structure of Nigerian economic and social development thus reveals serious contradictions with the population profile summarized above. Based on national income account (UNDP, 1990, 1993) for 1977, Nigeria's gross domestic product (GDP) was US $39.5 million,

the annual rate of inflation was 10.2 percent between 1980 and 1987 rising to 47 percent in 1979; the overall budget surplus or deficit as percentage of Gross National Product (GNP) was 10.35 percent in 1988 and rising to 18.03 percent in 1988; the Gross Domestice Saving (GDS) as percentage of GDP was 20; international payment of long-term debt was $569 million; the Gross International Resource (GIR) was 2.3; and the ratio of exports to imports was 0.94.

Based on Human Development Index (HDI) (UNDP, 1990), a measure of the choices and chances open to people to improve living standards, Nigeria has an index of 0.322 compared with Libya 0.657, thus ranking among the least developed countries, lying number 24 from the bottom of 130 countries. Adult literacy in Nigeria is about 62 percent for male and 31 percent for female; combined primary and secondary school enrollment ratio was 49.5 percent male and 39.5 percent female (UNICEF, 1993), the percentage of rural population is 66, rural-urban disparity (in terms of access to essential services) is 40 percent (1988). In 1985, there were over 31 million illiterates about 11 million out-of-school children and youths and educational expenditure as percentage of GDP was 1.5 in 1960 declining to 1.4 in 1986. The labour force (as percentage of total population in 1988) was 37.5, with over 68 percent in agriculture, 0.7 percent in industry and 20 percent in services (Nwankwo, 1990).

Following from this background the population and socio-economic situation in Nigeria reveal a very precarious relationship which spells a strong disorder in the overall "health" of the nation. The serious decline in Nigeria's socio-economic conditions in the face of high population growth rate gives rise to a general decline in the quality of all facets of life and living. Therefore, there is need to focus attention

on how to solve this problem and improve the standard of living of the people which can only be done through reduction in fertility rate. To do this the role of male in fertility decision making must be taken into consideration.

Involvement of males in family planning activities in Nigeria, and indeed in Africa as a whole, has not been substantial considering the high rate of early and unplanned pregnancies among female adolescents. Family planning programmes have always focused on women but definitely not male adolescents. This is why there is low acceptance of family planning services by the male folk and this thus hinders female utilization of family planning methods because their decision is subject to their husband's approval (Reubsaet, 1994). One way of getting the male folk involved is by developing programmes that will focus on them through the media. Media exposure will depend on both enabling and predisposing factors. It has been found that there is differential in media exposure between rural and urban dwellers, out-of-school and in-school adolescents and so on (Renne, 1993). This determines the level of awareness among various categories of adolescents. Therefore, in considering these disparities there is need to study how family planning messages are being received by the Nigerian male adolescents, whether educated, rural dwellers or urban dwellers, and so on. Also, there is need to know which information source they prefer most. This will help in developing population programmes that will actively involve men folk. When this is done it will enhance population decline and consequently will enhance development programmes which will be commensurate with the population.

1.2 OBJECTIVES OF STUDY

In theory, it could be argued that population and development are not necessarily as directly symbiotic, nor is the relationship as causal as portrayed in the

myths of population growth. The degree of causality between them is a function of several macro and micro-economic, sociological, political and resource factors. The position may be illustrated with two scenarios. On the one hand a high population growth rate (high birth rate, low death rate and/or migration) places great strain on available resources and could thus lead to a decline in development. On the other hand a high rate of economic growth could create condition for lowering population growth. Yet none of these scenarios is as simple as that, but in Nigeria population growth has not accompanied economic growth.

Therefore, the central thesis of this study is that any programme of social and economic background in Nigeria, such as the Structural Adjustment Programme (SAP) cannot be successfully pursued without a programme for controlling population growth since the gains of such economic reforms can easily be observed by the teeming population. Conversely, any programme that seeks to promote population control is questionable without a simultaneous modernization of the social and economic conditions of the society (e.g. through social services including information, communication and education). Therefore, in order to achieve this the study set out to:

1. Collect data on male adolescents as future sexual partners and major decision makers in matters relating to fertility and family planning in a patriarchal society like Nigeria where male dominance is culturally predominant.
2. Examine male adolescents' knowledge, attitude, beliefs and practices related to family planning.
3. Find out their fertility preferences.
4. Investigate the social and cultural factors that may influence their decision on fertility preferences.

5. Find out whether they will like to learn more about family planning methods so as to reduce fertility rate, and
6. Investigate their source of information about family planning, their level of exposure to media information and preferences for different types of media.

1.3 JUSTIFICATION OF STUDY

Studies on the role of male adolescents in fertility behaviour have not received much attention in Nigeria. It is only recently realized that man plays important role in fertility decision making and the use of family planning methods. While several studies have ascertained their role in decision making generally (Ukaegbu, 1977, Adamchack and Adebayo, 1987, Khalifa, 1988, Mbizvo and Adamchack, 1991 and Jegede, 1994a and b), many others have helped to understand their role in the fertility and family planning behaviour or process (Mustafa and Mumford, 1984; Mott and Mott, 1985; Khalifa, 1988; Mbizvo and Adamchack, 1991). These studies have concentrated on male knowledge, attitudes, beliefs and practices (KABP) related to fertility and family planning. It has been argued that the focus on men in Information, Education and Communication (IEC) campaigns in sub-sahara-African nations began for the most part in 1980s, and there seems to be a movement to expand IEC programmes and services to reach men in the future (Johnson, 1987) but there has not been much research effort directed to make adolescents who are the fathers of tomorrow and prospective sexual partners for the females. Despite the fact that family planning was introduced, sub-sahara-African nations in general still have low contraceptive prevalence and relatively high levels of fertility (Adamchack and Mbizvo, 1990).

However, as contraceptive prevalence increases, most countries appear to be on the brink of declining fertility. Nevertheless, the relationship between contraceptive use and fertility may not always be direct (Boohene and Dow, 1987; Adamchack and Mbizvo, 1990).

Nigeria has a low level of knowledge of contraception, although it has increased over the last two decades. The 1981/82 Nigeria Fertility Survey (NFS) confirmed that only 34 percent of the women had heard of any contraceptive method. Contraceptive knowledge varies greatly by urban-rural residence, region and educational attainment. Only 6 percent of married women currently using contraceptive method (3.5 percent use modern method and 2.5 percent use traditional method). Certain groups of women are more likely to use contraceptive method for example 15 percent of urban women use a method as do 15 percent of women in the southwest and 28 percent of women who have completed secondary or higher education. The level of contraceptive use is much lower among rural women (4 percent), in the northwest (1 percent) and women with no education (2 percent) (NDHS, 1990). However, a Nigerian woman will have an average of 6 children by the end of her reproductive years (excluding pregnancies lost to abortion or still birth). There are major regional and educational differences in fertility. Women in the North have, on average, one child more than women in the South (6.6 versus 5.5) and women with no education have two children more than women who have completed secondary or higher schooling (6.5 versus 4.2) (NDHS, 1990). The total fertility rate still stand at 6.6 (UNICEF, 1993). Since Nigeria has one of the highest levels of fertility in sub-saharan Africa with level of contraceptive use there is need to understand how male adolescents could be mobilized to achieve low fertility through increaseduse of contraceptive, since

they will be future sexual partners and fertility decision makers. Many studies have confirmed that male dominance do affect household decision making (Karanja, 1983, Jegede, 1994a and b) it has been established that male authority is binding on the female partner. This was the case with the Barganda of East Africa and a host of other people in west Africa where a wife acknowledges her husband's authority. This is symbolically expressed as sensitive power. Karanja has, however, argued that although men seldom use weapons against women, they possess them (or possess superior weapons) in addition to their physical strength. This thus gives men ultimate control over women. In a study in Lagos, Nigeria, Karanja found that majority of his respondents supported husbands making decisions alone on such issues as pertaining to children (Family size, birth control use, etc.). Taking this into consideration there is need to direct more attention to male adolescents in patriarchal societies if family planning programme should be successful. But in order to do this there is need to expose them to family planning messages. And their acceptance will depend on the amount and quality of information at their disposal and the source of such information.

Research and practical evidences have shown that rapid increase in human members in any family, community or country existing at a low socio-economic level, siphons an undue proportion of scarce physical, social and financial facilities and resources away from the "investments" which are so badly needed to generate significant development into "expenditure" for mere day-to-day subsistence (Nwankwo, 1990). Thus, any slow down in population increase would almost automatically (though invisibly and indirectly mean a more rational utilization and development of resources, the major one which is human resources. It can be stated

that once such a forward development momentum is achieved new social resources can be created, the older physical resources can be mobilized more rationally, while new ones requiring greater skill and organization for their use, can be tapped. And the greater the supply of known reliable physical and social resources, the less the need for payments to invest heavily in large families as a form of social insurance

Therefore, the study is significant in the sense that there has not been many studies on male adolescents fertility behaviour in Nigeria. Most studies were directed toward male adults. Also, with the current emphasis on population and development linkage there is need to explore male adolescents' fertility behaviour as an important aspect of population studies. It is assumed that if male adolescents are properly integrated into family planning programmes it will help current development policies like SAP. It should be realized that SAP cannot be most effective if the current rate of population growth rate is sustained.. Therefore, the study will address four areas of the seven specific population policy objectives as contained in the document (pages 12-13). These are summarised as follow:

1. "Promotion of awareness among the citizen of this country as to population problems and consequences on development,
2. "To provide necessary information and education on the value of reasonable family size,
3. "To educate all young people on population matters, sexual relationship, fertility regulation and family planning, and
4. "To improve demographic data collection and analysis on regular basis".

However, understanding the knowledge, attitudes, and behaviour of Nigerian male adolescents toward family planning as well as learning family planning communication experiences and family size preference will affect the design and success of family planning promotion programme in Nigeria. Hence, this study, therefore, examined their sources of information about family planning, their most preferred sources and the degree of exposure to Family Life Education (FLE) programme, and whether they would like to learn more about family planning in the future.

1.4 LITERATURE REVIEW

In recent time, Adolescent Reproductive Behaviour (ARB) has been the focus of attention in sub-saharan Africa. This is so because of the related social and reproductive health problems and the family planning needs of the population subgroup (Nichols et. al., 1985 1986, Gyepi-Garbrarh, 1985, Demographic Research Unit of Benin University, 1986, Kane et. al., 1993). Many studies have documented the social, economic and health problems that often accompany early and unplanned pregnancies all over the world (WHO, 1985, Liskin, 1985, Senderowitz and Paxman, 1985, UNO, 1989 and Kane et. al., 1993). Premarital and unplanned teenage pregnancies have been confirmed to lead to early departure from school, more limited career opportunities, or increased health risks from pregnancy complications and abortions (Akingba, 1974, Omu et. al., 1981, Oransanye, 1982, 1983, Unuigbe, et. al., 1988, Adetoro et. al., 1988, Barker and Rich, 1990, Olukoya, 1990, Adetoro, 1991, Ransome Kuti, 1991, Kane et. al., 1993, Reubsaet, 1994).

Adolescent sexuality is a problem in Africa because a large proportion of unmarried adolescents have active sex lives but do not use contraception

because of lack of information and access to family planning services (Ladipo et. al., 1984, Muteba, 1987, Loli et. al., 1987, Nnatu, 1988, Alade, 1989, CPO, 1988, 1990s, Barker and Rich, 1990).

According to a study report by the center for population option (CPO, 1990) contraceptive use among this group remains low (11 percent in Kenya) but the rate increases with age and education. It states further that many African countries ban or limit adolescents' access to contraception, especially if they are not married. As a result the research confirm that more than 50 percent of young women in sub-saharan Africa bear children before age 20. In Cote d'Ivoire, 29 percent of women aged 20-24 who had less than 7 years (of school, became pregnant before age 20. In Nigeria lack of experience in family life and knowledge of contraceptive methods, coupled with poor parental control have been found to be the major factors which place the young adolescents at risk for unwanted pregnancy (Oronsaye et. al., 1982).

Mass media play important role in information dissemination and interest stimulation about new phenomenon like family planning (Askew et. al., 1994). To enhance adequate dissemination of family planning information implementers and programme planners as well as managers need data on media centreach and preferred programme schedules by target groups in different communities. Studies have confirmed that radio, followed by posters and hand bills, usually have reached the largest percentage of women (Pineda et. al., 1978 and Bettrand et. al., 1981). According to their findings television reached fewer than 1/3 of all women. In Guatemala and Elsalvador they found that 8a.m. to 12 noon and 2 p.m. to 6 p.m. are the most popular hours of radio listening and that music, followed by news and

soap operas, are the most popular types of programme people want to listen to. During these hours people can form cues about family planning and subsequently decide to adopt it. In Nigeria it has been confirmed that reference to condoms in the popular press contribute to the formation of a popular consciousness which, along with factors of availability and education support increased use of condom in the southwestern Nigeria (Nichols et. al., 1986, Caldwell et. al., 1992, Makinwa-Adebusoye, 1992, Renne, 1993).

Language could be a very important factor in reaching people with information. Many programmes have failed because of the language used in information dissemination. In Guatemala, a large country with an ethnically diverse population, Information, Education and Communication (IEC) programmes have not reached the Indians who speak one of at least seven different languages and often do not understand spanish (Population Report, 1981). In the study of Ekiti men in Nigeria Renne (1993) found that village men learned about family planning from outside sources. In the survey of 302 village men in Ekiti only 43.4 percent reported getting information about family planning methods from the public media. The implication of this is that the remaining 56.6 percent have no access to information about family planning.

Exposure to family planning information has been found to be influenced by age (Population Report, 1981; Barker and Rich, 1992), education (Population Report, 1981, Pemberton, 1991, Renne, 1993), employment (Way and Warlaw, 1981, Norman, 1982, Moser, 1985, Renne, 1993), rural-urban dichotomy (Light Bourne, 1980, Sathar and Chidambaram, 1984, Martin et. al., 1983, UNO, 1981, 1985, Renne, 1993), parental control

(Alade, 1989, Barker and Rich, 1992), religion (Ahmed, 1976, Ringheim, 1993), and local culture (Tsafrir, 1974, Ransome Kuti, 1991, Feyisetan and Pebley, 1989, Barker and Rich, 1992, Ringheim, 1993).

A survey conducted by the AIDS Prevention Council (APC) in 1992 revealed that over 85 percent of young Nigerians obtained information about AIDS through the media (Sunday Guardian, 29 March, 1992: B4). Also Makinwa-Adebusoye (1992) noted that the mass media were the second most common source of information on contraception and reproductive health for women and men, age 20-24 in three Nigerian cities. Renne (1993) in the study of Ekiti men indicated that young men usually read newspapers and magazines. A similar finding by Barker and Rich (1992) revealed that school-age youth in the city of Zaira in northern Nigeria who were attending school got information about sexuality from popular magazines such as Ikebe Super, Lolly, and Fantasy, as well as from 'Love novels'. Generally, these findings show a common pattern of exposure. One may therefore infer that exposure is limited to married adolescents keeping the unmarried ones in the 'dark'. This according to Muteba (1987) constitute a problem for the unmarried adolescents who he described as having active sex lives but not using contraception due to lack of information about it. It is noted that not all men interviewed by the scholars indicated that they heard information about family planning through the mass media. This means that other factors may influence such accessibility.

Education has been considered a great factor determining the extent of exposure to information, as well as sources of such information. In his study Renne (1993) confirmed that young school age male adolescents read magazine and newspapers more than

those out of school. This is similar to Barker and Rich (1992) conclusion in their study in Zaria Nigeria. It is possible for school drop-outs to get information about family life but usually not always through the mass media. Most of them got their information through friends and sex partners. For instance, women have been described as the principal source of information about fertility regulation for their partners, and they are important channel of information and education about methods for men (Vernon et. al., 1989; Caldwell et. al., 1987; Ringheim, 1993). In Colombian studies of new vasectomy acceptors, the wife was the initial source of information about the procedure for one in five men (Goldsmith et. al., 1973) and was the main person influencing the decision in more than half the cases (Vernon, et. al., 1989). Communication between partners appears to be a precondition for the acceptance of sterilization (Ringheim, 1993). Therefore, since schooling is synonymous with accessibility to media information among youths, family planning information not properly channelled may not achieve its objectives. Therefore, educated male adolescents are likely to prefer mass media (Electronic and Neuospars) as source of information about Family Life Education (FLE).

The type of occupation engaged in may also determine the preferred source of information. Those engaged in white collar jobs are more likely to have access to mass media than those in agriculture and apprenticeship. This is because those working in the offices can have time to listen to radio or watch television while working in their offices or during lunch unlike those working on the farm or learning trades. Those who have no access to mass media rely on information from the people, most of which are either wrong/ or inadequate. For instance, a respondent (Mechanic/Farmer) in

Renne's (1993) study of Ekiti men indicated that "I don't use it (condoms) because what the people say about durex does not encourage me to use it. People say it can melt and I don't want anything to melt inside the vagina of my wife". On the contrary an education officer who is well educated agreed with the use of condoms/Durex. According to him "you know according to the new system now, I mean relating to the issue of children, there has been a governmental campaign in relation to that. You can use .... Durex, contraceptives and so forth". From this point of view different sources of information dissemination must be identified to target different categories of male adolescents.

Urbanization is always favourable to media exposure. With new trend of urbanization whereby young school leavers tend to migrate to urban centres accessibility to media information about Family Life Education (FLE) is easy. This is because most of the media establishments are located in the urban centres (Renne, 1993). According to Renne he found that all the cosmic-newspapers are based in Lagos. As a result the urban adolescents seems to be in better position to have access to media information than rural adolescents. The reason for this is in two parts. First the urban adolescents are more likely to create readership culture for newspapers and magazines and also have favourite programmes on radio and television unlike the rural adolescents. Secondly, finance may be a constraint to rural adolescents. Therefore, there is likely to be a wide gap between the rural and urban adolescents. It has been argued that exposure to Family Life Education (FLE) may be hindered in the rural areas by local customs parental control unlike in the urban centres.

According to Barker and Rich (1992) in traditionally functioning society, the beliefs regarding sexuality and family planning were controlled by elders and

family members. Urbanization and social change brough with it few options for replacing the traditional system". Many African countries ban or limit adolescents access to contraception, especially if they are unmarried (CPO, 1990). In the rural areas peers seem to be major source of information and on most occasion they rely on wrong information. Although some psychologists have professed that adolescents from large families may lack guidance from their parents which may partially explain the high number of pregnant adolescents in Nigeria, yet the study demonstrated the need for more information about sexuality and contraception for adolescent population (Alade, 1989). According to rural tradition, prenuptial virgnity is highly valued. A girl is protected by her family, and her early marriage usually enables her to live up to her family's expectations (Gorgen et. al., 1993). According to Gorgen, urban school girls' situation makes adherence to such family values more difficult. The same situation also applies to boys too and this makes them to have access to Family Life Education (FLE) than the rural adolescents.

In various cultural contexts, the "gatekeepers" of new technologies include village leaders, headmen, and politicians (Ringheim, 1993) and religious leaders (Ahmed, 1976). Religious leaders, particularly in the Muslim world are key figures influencing whether male methods are used (Ahmed, 1976). Studies have shown that islamic religion is conservative and always not receptive to modern social change (Nadel, 1954, Last, 1967, Abdalla, 1979, 1981). There is no clear break-off of Islamic religion from tradition (Jegede, 1994a). On the contrary Musa (1980) has confirmed that many churches in Âfrica (The Church of Jesus Christ in Madagascar, The Presbyterian Church in Blantyre, The Church of Zambia, The Church of Uganda, The Evangelical Church

in Togo, The Presbyterian Church, Nigeria, The Church of Bostiswana; the Christian Council of Ghana and The United Christian Council of Sierra Leone) have taken keen interest in the problem of adolescent fertility and have organized education programmes. This indicates that Christian adolescents are more likely to have better information about family life than muslim adolescents. This is because while the Christian church provide liberal injunction to her youths Islamic injunction tend to harden the belief of her youths. Although some Christian denominations may not support family planning methods, such as Catholic. Majority are in support and have collaborated with government in pursuing population policy. For instance, the government of Lesotho has integrated family life education programme into its formal and non-formal education programmes for adults and adolescents. A country report from Nigeria has described adolescent sexuality as a national concern (Musa, 1980).

The review reveals some important points that are worth highlighting for the purpose of this study. These are as follow:

1. that teenage pregnancies may result from seduction by male adolescents.
2. that male adolescents are more sexually active and that they start sex activity earlier than female adolescents.
3. that there is need for Family Life Education (FLE) in order to reach male adolescents with contraceptive information.
4. that mass media are the best sources of information for male adolescents.
5. that male adolescents accessibility to mass media is a function of age, education, occupation, religion, place of residence, parental control and local culture.

In conclusion these various studies suggest that adequate Family Life Education (FLE) programmes should be organized and disseminated to target population. The question now is, how best can male adolescents be reached with family planning messages without any barrier which will influence whatever action they would take at a point in time. Therefore, the next section will discuss conceptual framework of the study.

1.5 CONCEPTUAL FRAMEWORK

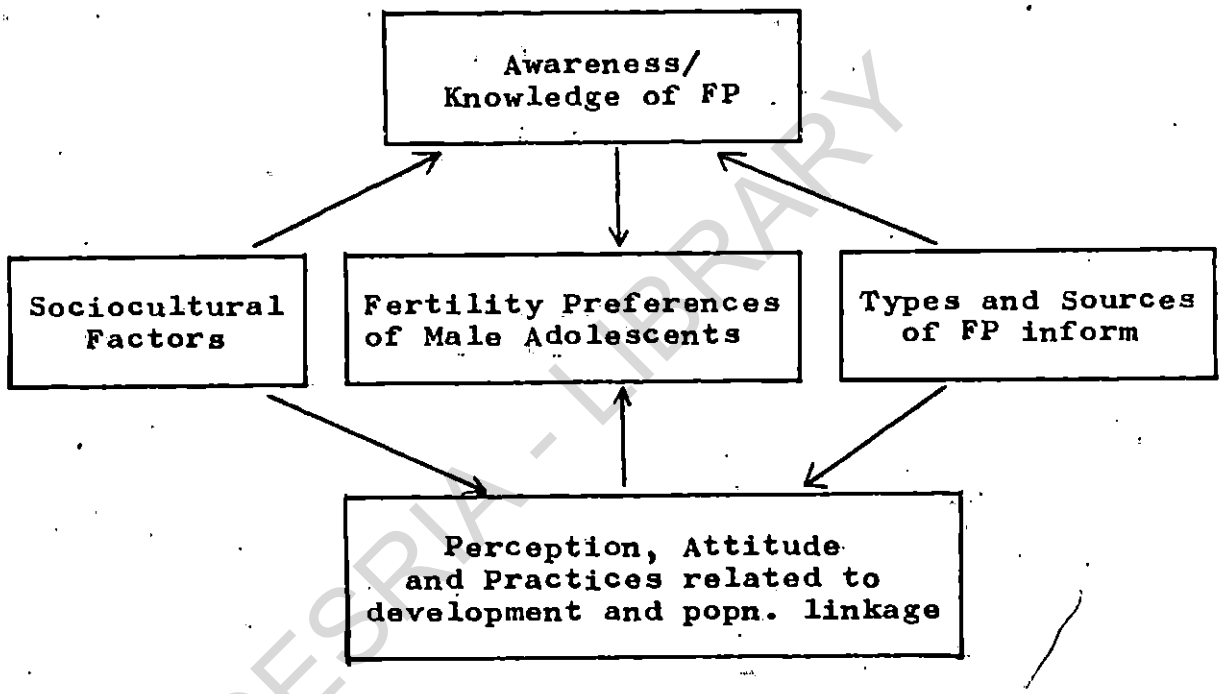
Action, according to Weber, is a unit act. For action to take place there must be an actor. Action is subjective, and can be social only when it involves more than one persons. The actor takes subjective meaning of the situation around him. He evaluated it and acts upon it. His evaluation will depend on the type of information he receives and the source of such information. Such evaluation will determine the implicit meaning of the action he takes which is central to Weber's thesis. For Weber action could be rational or non-rational.

Rational behaviour result from the actor's knowledge of the situation around him as different from the local conditions. The type and source of information received will influence his personal cognition through which he will form cue about the phenomenon. While rational behaviour tend towards modern form of behaviour non-rational favours traditional form. Therefore, the decision to accept family planning is rational.

In order to be rational traditional, form of behaviour must be altered. The alteration can only be made through public media. For an adolescent to make rational choice about family planning he must overcome sociocultural constraints. He would rationalize the benefits of family planning and be willing to use it.

Cue formation is a function of two factors - the environment and the knowledge of the programme. This relationship is shown in the diagram below.

Figure 1: CONCEPTUAL FRAMEWORK



The model shows the relationship between independent and dependent variables. Fertility preference of male adolescents depend on the awareness and knowledge about family planning, the type and source of information about it, their perception, attitude and practices toward development and population issues and their sociocultural background. Here fertility preference is the dependent variable which depends on other variables. On the other hand these other variables do affect one another. Awareness depends on the type and source of information available to the individual and his socio-cultural background. And the type and source of information one will prefer depends on level of awareness and perception of the situation as well as the sociocultural factors. Also, the type and source of information at one's disposal will influence awareness and perception, attitude and practices of the male adolescents towards family planning.

It suggests that male adolescents would take cues from family planning information received. This would influence their perception of family planning programme and their attitude towardsit. The type of information they would have access to and how they will perceive the situation would depend on their sociocultural background. Therefore, for any male adolescent to accept family planning he will have to believe that there is relationship between/self development and population.

Therefore, in order to enhance positive perception of the relationship between development and population the type and source of information disseminated are very important.

This conceptual framework is relevant to this study because acceptance of family planning is an individual action which is influenced by the environment. The relationship between the individual and various elements

of the environment are summarized in a model and their interconnectedness.

1.6 HYPOTHESES

The major hypothesis of the study states that certain sociocultural factors will influence male adolescents accessibility to family planning information sources as well as use of contraceptive and fertility preference. The minor hypotheses are stated below:

1. Male adolescents will like to play dominant role in making decisions about the number of children they would want their partners to bear in the future..
2. Male adolescents with adequate knowledge of family planning would allow their partners to use contraceptives.
3. Urban male adolescents will have better access to family planning information and favour contraception than their rural counterparts.
4. In-school male adolescents will have better access to family planning information and favour contraception more than out-of-school male adolescents.
5. Married male adolescents will be more knowledgeable about family planning and favour contraception than single male adolescents.
6. More male adolescents will prefer mass media as source of family planning information to any other source of information.

CHAPTER TWO

METHODOLOGY

2.1 PILOT STUDY

Before the preparation of the proposal for this study a pilot study was conducted in the study area. The study involves 50 male adolescents who were interviewed on the subject matter of the study to determine the appropriateness of the area for the study and the suitability of the study population. We also examined family planning programme in the area in terms of accessibility and utilization. The pilot study revealed that the level of family planning utilization was low in the area and the major factor attributed to this was communication problem. We also noted that male adolescents were the most neglected category of people in family planning programmes. Most family planning programmes deal with adolescents in general and this has not yielded proportionate progress. Therefore, on the basis of this finding we decided to isolate male adolescents for study.

2.2 PRETEST SURVEY

Before the actual commencement of this study we conducted a pretest survey of our instruments. This was to enable us ascertain the validity and reliability of the survey instruments. Also we wanted to know the response rate and ensure that respondents understand the questions. During the survey we were able to determine the response rate as well as correct questions found to be anbiguous.

2.3 THE STUDY AREA

The study was carried out in the Ekiti south west Local Government Area (LGA) of Ondo State of Nigeria. The LGA, a Yoruba speaking community is one of the

twenty-six LGAs in the state. It has a population of 134,271 according to the 1991 population census with male constituting 51.8 percent. It situates in the upland area of the state in the northern part. It is bounded in the north by Ekiti West and Ado-Ekiti LGAs, in the east by Ikere LGA, in the south by Ifedore LGA and in the west by Osun State. The LGA comprises three major towns, namely: Ilawe, the LGA headquarter, Igbara-Odo and Ogotun and numerous villages and farm settlements. The area is divided into three political constituencies between the three major towns and their surrounding villages and farm settlements as follows; Ilawe and its environs having two constituencies while Igbara-Odo and Ogotun and their surrounding villages and farm settlements constitute one single constituency. The composition of constituency was based on the population of each area. Ilawe is much more bigger in size than Igbara-Odo and Ogotun. As a result there are more Enumeration Areas (EAs) in Ilawe than Igbara-Odo and Ogotun.

The people are predominantly farmers engaing in cocaa cultivation (the major producer of cocoa in Nigeria) as well as food items like yam, maize, cassava, cocoyam, rice, plantain and so on. The major source of income in the area is cocoa which is the main cash crop apart from kolanut.

The people are well educated, in fact it belongs to an area considered to be most educated in Nigeria. Therefore, the people value education and the largest share of their income goes to education of children. This has implication for fertility control as many people want their children to be educated. Due to time spent on education late marriage is common in the area. While girls marry at between 20 and 25 most boys marry at between 27 and 30 years. Early marriage is usually

frowned at and highly discouraged because people are expected to have completed their education before marriage.

The most common form of marriage is monogamy with few proportion engaging in polygyny. This could be attributed to two factors. Firstly, the religious inclination of the people is important factor. Majority of the people are Christians, and Christianity encourage one man one wife. Secondly, people tend to engage in monogamy due to high value they have for education of their children.

They practice the extended family system with the eldest man being the head. Patrilocal pattern of residency is practiced and marriage contract is legitimized with the payment of bride price which is usually paid by the groom's family. Being a patrilineal society male dominance is predominant and as such there is high preference for male children. Inheritance is usually along male lines. Although divorce is allowed, yet marriage is relatively stable. Either of the spouse could initiate divorce. Widow inheritance is practiced and this has implication for fertility control.

The area lacks basic social amenities like roads, water, and health facilities which could have aided family planning activities. As at the time of this study the area was still battling with the problem of establishing a viable comprehensive health centre. Although the Primary Health Care (PHC) is headed by a physician, family planning programmes are still operated as a component of the PHC rather than a clinic on its own with well trained personnel.

2.4 JUSTIFICATION FOR THE CHOICE OF STUDY SITE

The area is suitable for the study for two reasons. Firstly, most adolescents engage in premarital sex due to problems of late marriage and peoples attitude to early

marriage in the area which is due to value they place on education. As a result there is high rate of unwanted pregnancies which normally results in abortion, and early departure from schools. Secondly, since the area lacks basic health facilities that could have aided family planning activities Family Live Education (FLE) is remote. The very few programmes on family planning in the area focus the entire population with no special attention for male adolescents.

2.5 THE STUDY POPULATION

The study population consists of male adolescents aged between 14 and 24 years. This include both married and unmarried male adolescents. It also include the in-school and out-of-school male adolescents. In the course of the study they were categorized into four categories, by age, and education, namely:

1. in-school male adolescents aged 14-17 years,
2. in-school male adolescents aged 18-24 years,
3. out-of-school male adolescents aged 14-17 years, and
4. out-of-school male adolescents aged 18-24 years.

The essence of this categorization was to enable us examine their knowledge, attitude and practices related to family planning in relation to age and education. It was assumed that those aged 18 years and above may have better knowledge and predisposition to family planning than those under age 18. And also that education would enhance adequate knowledge of family planning information.

2.6 SAMPLE SIZE

The sample size of the study is 500 respondents. This was considered adequate for the study for two reasons. Firstly, it represents about 1 out of every 40 male adolescents in the study area which is representative enough. Also considering the size of the grant it was

adequate for a small survey of this native. The sample were selected randomly given every male adolescents in the area equal chance of being selected as described below.

2.7 PROCEDURE FOR SAMPLE SELECTION

Sample selection was done at two levels. First, we selected 25 Enumeration Areas (EAs) out of about 127 EAs in the area on random basis from the list of EAs in the LGA. The second level of selection was the household level. Twenty households were randomly selected from the list of all identified households in each EA. An eligible household was any household where there was a male member aged between 14 and 24 years as at the time of this survey. In any EA where there were less than twenty eligible households all the identified households were automatically surveyed. The first identified male adolescent member in any household was interviewed. The individual was the sample unit.

2.8 METHODS OF DATA COLLECTION

Two main methods of data collection were employed. The two methods were Household Survey and Focus Group Discussion (FGD). The two methods complement each other and helps to ascertain the reliability of data collected.

Household Survey: The household survey involves ampl sample survey of 500 households selected randomly from the 25 EAs. This was conducted with a study guide which had already been pretested.

Four interviewers who are university graduates of the social sciences were trained, for one week, to administer the questionnaires. They participated in the pretest survey to test their ability and improve their

skill before they got to the field. They also conducted the post-survey interviews.

Questions for the household survey elicited information on respondents knowledge, attitude and practices related to sources of information about family planning, socio-economic background of the respondents, fertility preference and use of family planning methods.

Focus Group Discussion (FGD): Eight focus group discussions were conducted in both rural and urban areas. Cultural factors that inhibit use of certain methods remain unknown unless they are explored through ethnographic or focus group research (Caldwell et. al., 1987). Focus group discussions have proved to be useful for exploring the cultural aspects of acceptability of a new method. They are well adapted to gathering information and attitudes about topics that are sensitive, intensely private, or culturally taboo (Knodel et. al., 1984). Focus group discussions may help determine reasons for acceptance and discontinuation by the dropouts not revealed in a survey (Zimmerman et. al., 1990), including the diffusion of negative information about a method (Porter, 1984).

Participants were selected randomly from the study area. They were categorized into four, namely;

1. in-school male adolescents aged 14-17 years,
2. in-school male adolescents aged 18-24 years,
3. out-of-school male adolescents aged 14-17 years, and
4. out-of-school male adolescents aged 18-24 years.

The discussion sessions were organized in a conducive atmosphere in rented apartments. Each discussion session was conducted by a facilitator, a moderator and a recorder. Responses were also recorded with magnetic tape. The focus group discussions were conducted first so as to prepare protocol for the structured interview.

2.9 METHOD OF DATA ANALYSIS

Discription of Variables

Six broad groups of variables are created from the household data.

1. Social cultural background of respondents,
2. Knowledge, attitudes and use of family plannings,
3. Fertility preference,
4. Sources of information about family planning,
5. Perception of population policy, and proximate determinants of accessibility to information.

Socio Cultural Background of Respondents: This is measured by age of respondents, education, occupation, income, religious affiliation, place of residence, and marital status. These variables are indicators of the socialization environment of male adolescents. It is expected that a male adolescent's perception of family life and information sources are influenced to some extent by his social and cultural background. Boys coming from a socio-cultural background with some accessibility to family life education are likely to be receptive to family planning.

Knowledge, Attitudes and Use of Family Planning: This is measured by six variables. They are previous knowledge about family planning methods, receptivity to family planning methods, choice of method, age at first use of a method, duration of use, source of procurement and who obtained the method.

Fertility Preference: Variables in this category are number of children ever born (or parity), number of children living, fertility decision making about family planning and peoples influence of spouse's decision. These are used as controls in the analysis. In cross-sectional survey, boys from different birth cohorts are interviewed at a point in time. These boys have had

different experiences in their life-times. Boys belonging to the same birth cohort and likely to be influenced by the same events throughout their life-time. Also, boys at a certain parity may adopt behaviours and attitudes that are independent of their socio-cultural background. The effect of fertility decision making and parity may disturb relationship to be studied. To sort out the effect of sociocultural background on the dependent variables, it is pertinent to hold the effect of fertility decision-making and parity constant. As a result of the established correlation between fertility decision-making and parity, these two variables are not used simultaneously as controls in the model considered.

Source of Information About Family Planning: This is measured by the following variables. These are available source of information, ownership of radio, ownership of television, and preferred source of information.

Proximate Determinants of Accessibility to Information: Variables in this division are the knownintermediary factors through which sociocultural variables affect accessibility to family planning information. The idea is to study differentials in characteristics associated with boys practicing regular audience to radio and television and reading of newspaper/magazine and those who are irregular or not practicing audience at all.

Perception of Population Policy: In this division are variables measuring boy's perception of population plicies. These are: perceived age at marriage, availability of family planning services, family planning education, sanction against early marriage, age at last birth, number of wives per man, and abortion law. These variables are the indicators of receptivity to fertility control.

Statistical Methodology

The statistical analyses follow two main steps: firstly bivariate analyses are conducted to study simple associations between independent and dependent variables, and secondly, multivariate analyses are conducted to sort out the effect of each independent variable on the dependent variables, holding constant other variables that might influence the relationships. It is necessary to investigate further bivariate relationships through a multivariate framework because simple birvarate associations are affected by the effect of other variables.

The following variables are measured sociocultural variables which include age, education, occupation, income, religion, place of residence (rural or urban) and whether respondent live with parents or relatives. These are the independent variables. While the dependent variables include knowledge, attitude and practices related to family planning, source of information and preferred source of information about family planning, perception of family planning and fertility preference.

In the analysis all dependent variables are dichotomies. They have the value of 1 in case of occurrence and that of 0 in case of non-occurrence. Usually, the ordinary least squares method is used in studying relationships between independent variables and a dependent variable in multiple regression analysis. In the case of dichotomous dependent variable the Chi-square technique is more appropriate. The model is estimated using the maximum likelihood ratio procedure. The method maximizes the likelihood of the observed data. In order words, the method derives repeatedly the best parameters that fit the observed data.

Analysis of Qualitative Data

The FGD data was transcribed from tape and synthesized for analysis. Responses from participants were grouped according to similarities and dissimilarities of opinions. In doing this TEXTBASE ALPHA computer package was used. This package was advantageous for this type of analysis because it freed the researcher from tedious clerical tasks of cutting and pasting and excerpting, and so gave enough time to concentrate on the intellectual research tasks of the study. We developed content categories into which parts of the data (segment of text) were sorted. Everything that has to do with a certain aspect of the study was sorted into the same category, and the category would be given a name that represent that aspect. And later all segments that were sorted into the same category were printed out together, with information about each segment's location in the researcher's body of data. Finally, TEXTBASE ALPHA was used to make a list of all (unique) words used in a data file, and count the occurrence of each, it enabled us to conduct a limited traditional content analysis of our text.

In writing the report significant responses were reported vabertim in the text of the report to suport or refute important findings.

All analyses provide a single report.

SOCIAL BACKGROUND OF RESPONDENTS

Table 1: Frequency Distribution of Respondents According to their Social Background by Rural-Urban Dichotomy

CATEGORIES	RURAL		URBAN		TOTAL	
AGE IN YEARS	No.	%	No.	%	No.	%
14 - 16	60	30.0	95	31.7	155	30.9
17 - 20	66	33.0	84	28.1	150	30.8
21 - 24	75	37.0	120	40.2	195	38.6
TOTAL	201	100	299	100	500	100

(Table 1 Contd.)

CATEGORIES	RURAL		URBAN		TOTAL	
EDUCATION	No.	%	No.	%	No.	%
No Formal Education	28	13.9	29	9.7	57	11.8
Some Primary	10	5.0	10	3.3	20	4.1
Complete Primary	88	43.8	108	36.1	196	39.9
Some Secondary	10	5.0	17	5.7	27	5.3
Complete Secondary	29	14.4	60	20.1	89	17.2
OND/NCE	24	11.9	44	14.7	68	13.3
HND/University Degree	10	5.0	31	10.4	41	7.7
Others	2	1.0	-	-	2	0.5
TOTAL	201	100	299	100	500	100
OCCUPATION						
Unemployed	6	3.0	13	4.3	19	3.6
Farming	18	9.0	16	5.4	34	7.2
Teaching	10	4.8	16	5.4	26	5.1
Trading	8	4.0	22	7.4	30	5.7
Professional	4	2.0	3	1.0	7	1.5
Artisanship	80	40.0	97	32.4	177	36.2
Studentship	30	15.0	93	31.1	123	23.0
Apprenticeship	44	21.9	39	13.1	83	17.5
TOTAL	201	100	229	100	500	100
RELIGION						
Islam	28	13.9	31	10.4	59	12.0
Christianity	171	85.1	236	78.9	407	82.6
No Religion	2	1.0	32	10.7	34	5.9
TOTAL	201	100	299	100	500	100
MARITAL STATUS						
Single	158	78.6	196	65.6	354	72.2
Married	32	15.9	82	27.4	114	21.6
Divorced	4	2.0	9	3.0	13	2.5
Widower	2	1.0	-	-	2	0.5
Separated	5	2.5	12	4.0	17	3.2
TOTAL	201	100	299	100	500	100

Table 1 above shows the social characteristics of respondents according to rural urban dichotomy. The largest proportion of the respondents in both rural and urban areas are 21-24 age group (37.0 and 40.2 percent respectively). About one third of the respondents represents each of the age group in both settings. The study shows fair representation of each category of male adolescents in the study area.

As indicated earlier the study area is noted for having high value for education. Data reveal that majority (86.1 percent, 90.3 percent respectively) of the respondents have at least some primary education. Very few proportion in both areas 13.9 percent and 9.7 percent respectively have no formal education. Of the educated male adolescents majority 43.8 percent (rural and 36.1 percent (urban) completed primary education, while very small proportion have university education 5.0 percent and 10.4 percent respectively. Data on education indicate that schooling reduces with increase in the standard of education.

In both settings (rural and urban) majority if the respondents 40.0 percent and 32.4 percent respectively are artisans. This is followed by students who constitute 15 percent and 31.1 percent respectively. The least represented are professionals 2.0 percent and 1.0 percent respectively. Also a considerable proportion 21.9 percent and 13.1 percent respectively are apprentice, while a small proportion 3.0 percent and 4.3 percent respectively are unemployed. Other occupational categories are not well represented. This suggests that male adolescents are more likely to learn a trade or schooling than farming or trading.

Data show that majority of the respondents 85.1 percent and 78.9 percent respectively are Christians. Only about one tenth of the respondents are muslims in both settings. A very negligible proportion 1.0 percent and 6.7 percent respectively indicated that they practice no religion.

Majority of the respondents are single (78.6 percent and 65.6 percent respectively). Only very few proportion, 15.9 percent and 27.4 percent, respectively are married. The implication of this is that due to problem of late marriage there is likelihood that more adolescents would engage in premarital sex. *This may be due to cases of divorce and separation recorded. It was possible such marriage resulted from unwanted pregnancies which later resulted in total break up of union.

CHAPTER THREE

KNOWLEDGE, ATTITUDES AND PRACTICES RELATED TO FAMILY PLANNING

3.1 NATIONAL LEVEL SITUATION

In Nigeria knowledge of contraception remains generally low, eventhough it has increased over the last fifteen years. The National Demographic and Health Survey (NDHS, 1990) reveal that only 46 percent of women know of a contraceptive method with 44 percent having knowledge of a modern method. According to the 1981/82 Nigeria Fertility Survey (NFS) only 34 percent of women had heard of any contraception. Knowledge of contraception is however limited among men and mostly known by some married men.

Knowledge about contraception varies greatly by rural-urban residence, region, and educational attainments. In a society where majority of women still reside in rural areas and receive no education, knowledge of contraceptive methods and attitude toward their use, without heroic programme efforts, could be a slow progress (Chao, 1992). Twice as many urban as rural women know of at least one contraceptive (70 versus 36 percent). Women living in the southwest are three times as likely to know a method as those living in the Northeast (71 versus 22 percent). There is also sharp disparity in knowledge of contraception between women who have completed secondary or higher education and women with no education (91 versus 29 percent) (NDHS, 1990).

Positive attitudes toward contraception and knowledge about effective modern methods are sine qua non conditions for increase in contraceptive prevalence rate. Based on the NDHS data, only 6 percent of married women currently use a contraceptive method (3.5 percent use a modern method, and 2.5 percent use a traditional method). Although, these levels are low but reflect an increase over the past decade when only about 1 percent of Nigerian

women were using a modern family planning method. Pill, IUD and injection are the most popular modern methods among married couples with 1 percent currently married women using each of them. While abstinence (rhythm method) is the single most widely used method by over 1 per percent of married women. As in all countries in the beginning stages of fertility transition, contraception utilization rate is not likely to be universal and knowledge about effective modern contraceptive methods may be even lower especially among rural and uneducated segments of the population. For instance, 15 percent of urban women use a method, as do 15 percent of women in the southwest, and 28 percent of women who have completed secondary or higher education. The level of contraceptive use is much lower among rural women (4 percent), women in the northwest (1 percent), and women with no education (2 percent) (NDHS, 1990). Generally, 71 percent of currently married women approve contraception. The approval rate is about 10 percent in urban areas higher than rural areas. Approval rate also increases with age, but for women over 35 years of age approval rate decreases with increament of age. Regionally, 54 percent of currently married women in the northwest approve contraception compared to 80 percent in the southwest. Education has positive effect on approval rate, rising from 59 percent for women with no education to 75 percent for women with primary education and 87 percent for those with secondary education or higher education (Chao, 1992).

In traditional Nigeria, fertility is high because of high proportion of females entering into first union at early age coupled with inadequate knowledge and poor attitude of male adolescents to contraception. It has been found that only a very small proportion of currently married women are practicing family planning. More than half of those practicing family planning are for birth spacing rather than limiting births (NDHS, 1990).

Since health centres are common source of knowledge about family planning men are at disadvantage in knowing much about family planning. As a result knowledge about family planning methods among Nigerian males is very limited and this has implications for fertility control.

3.2 THE STUDY AREA SITUATION

It has been argued that knowledge about contraception is a prerequisite to its use (Renne, 1993). As mentioned earlier use of any form of contraception is a function of knowledge about it. According to Renne, through the everyday exposures, as well as through informal discussion, not only is information about contraception relayed, but their use is made more culturally acceptable. Reference to condoms in the popular press contribute to the formation of a popular consciousness which, along with factors of availability and education, support increased condoms use in southwestern Nigeria (Nichols et. al., 1986, Caldwell, orubuloye and Caldwell, 1992, Makinwa-Adebusoye, 1992).

Report of a similar study in an Ekiti Village shows a corresponding result with the use of condoms in urban areas. While many men found condoms to be benefitial, others expressed reservation about their use, often in terms of health. . . . . Perceptions of condoms is a reflection of, at another level, ambiguous attitude toward health policies generated 'from on high' (Renne, 1993). According to Bledsoe (1990) 'people do not necessarily respond to policy directives in ways outsiders might predict. African people set their own agenda for change in culturally specific ways'. While Renne's study in Ekiti suggest that the use of condoms is considered modern and hence culturally acceptable, the feeling remains that local knowledge regarding health should not be completely abandoned. According to Barber (1987) one of the primary characteristics of the popular culture generally is its

ability to express these ambiguous attitudes toward modern and traditional practice and thereby to project new ways of thinking.

In his study of 302 village men in Ekiti Renne (1993) found that 43.4 percent reported getting information about family planning methods from the public media (Newspaper, radio and television). According to him unlike women, who primarily obtained knowledge about family planning methods from maternity clinics and hospitals, men in the Ekiti village study learned about family planning through exposure to outside sources. School-age youths who were attending school said that they got information about sexuality from popular magazines, such as Ikebe Super, Lolly and Fantasy, as well as from 'love novels'.

Village men interviewed in the survey were well informed about condoms: 94.7 percent had heard of condoms and slightly over half (51.3 percent) said they had used condoms at least once in their lives. Of the 175 married men surveyed only 38 percent said they were currently using condoms, which represents 18 percent of married men without girlfriends and 48 percent married men with girlfriends. Married men therefore appear more likely to use condoms with girlfriends than wives. This however has implication for fertility control.

This report corresponds with our study with respondents having being well informed about family planning but lack adequate knowledge about family planning methods. They mostly seek information through the mass media.

3.3 GENERAL AWARENESS LEVEL OF FAMILY PLANNING

Table 2: Frequency Distribution of Respondents According to Awareness of Family Planning by Rural-Urban Dichotomy

RESPONSE	RURAL		URBAN		TOTAL	
	No.	%	No.	%	No.	%
Yes	121	60.5	236	79.1	357	69.8
No	80	39.5	63	20.9	143	30.2
TOTAL	201	100	299	100	500	100

Table 3: Frequency Distribution of Respondents According to Source of Information about Family Planning By Rural-Urban Dichotomy

SOURCE	RURAL		URBAN		TOTAL	
	No.	%	No.	%	No.	%
Radio	66	32.8	34	11.4	100	22.1
Television	25	12.4	112	37.5	137	24.9
Bolt Radio/Television	44	21.9	82	27.4	126	24.6
Newspaper	14	7.0	2	0.7	16	3.3
Cinema	2	1.0	5	1.7	7	1.3
Poster	4	2.0	4	1.3	8	1.6
Traditional	40	20.0	30	10.5	70	14.0
All	46	2.9	30	10.5	36	7.5
TOTAL	201	100	299	100	500	100

Awareness level was measured by the question "have you ever heard that there are methods used by couples to delay or prevent pregnancy?". Table 2 above above shows that there is general awareness of family planning in the study area. However, there is rural-urban difference in the level of awareness between rural and urban respondents.

While about 80 percent of the urban respondents indicated that they have heard about it only about 60 percent of the rural respondents were aware.

On the source of information table 3 shows that majority of the rural respondents heard through the radio (about 32.8 percent) while the largest proportion of the urban respondents 37.5 percent indicated that they heard through television. Although a considerable proportion of the respondents in both settings 21.9 percent and 27.4 percent respectively indicated that they heard through both radio and television, more people have access to both in the urban area than in the rural area. Also more respondents 10.5 percent in the urban area have access to all sources of information including cinema and poster than rural area 2.9 percent. Also more rural respondents 20 percent have access to traditional source than urban respondents 10.5 percent. The implication of this is that radio messages are more effective in the rural areas than any other medium while urban residents use television more than any other medium. The reason may be that since electricity is not well functional in the rural areas like urban areas people may depend more on "bush radio" that use battery. According to an FGD participant:

> "I use bush radio with battery since there is no reliable light in this community. I only watch television when I go to where there is light". (Male Adolescent aged 14-17 years, Rural, Jan., 1995).

Another stated that:

> "Only very few people can afford television in this community. Most people use bush radio. In fact, now that battery is costly only very few people can even use bush radio". (Male Adolescent, aged 19 years, Rural, Jan., 1995).

This shows that the economic conditions of the rural people do not favour the use of modern media of information. On the contrary an urban participant indicated that:

> "Most people do watch television here. Unless there is no light or there is major fault in your television people use television most of the time. I for one, I prefer television. I don't even know when I use my radio last unless when I want to play cassettes". (Male Adolescent, Aged 20 years, Urban, Feb., 1995).

Our data, therefore, indicate that awareness of family planning is influenced by the source of information available to individuals, and that accessibility to a particular source of information will depend on place of residence whether rural or urban settings. But one is not sure whether awareness level is the same as knowledge about family planning. This is therefore considered below.

3.4 KNOWLEDGE ABOUT FAMILY PLANNING METHODS

Table 4: Frequency Distribution of Respondents According to Method of Family Planning Known by Rural-Urban Dichotomy

METHODS	RURAL		URBAN		TOTAL	
	No.	%	No.	%	No.	%
Pills	44	21.9	40	13.4	84	12.7
IUD	15	7.5	9	3.0	24	5.3
Injectable	28	13.9	39	13.0	67	13.5
Surgical	2	1.0	10	3.3	12	2.7
Condoms	72	35.8	113	37.8	185	36.8
Tablets	16	8.0	44	14.7	60	11.4
Norplant	-	-	2	0.7	2	0.4
Coitus-interruptus	-	-	12	4.0	12	2.0
Traditional	24	11.9	30	10.0	54	11.0
TOTAL	201	100	299	100	500	100

$P < .05$

Table 5: Frequency Distribution of Respondents According to Family Planning Method Ever Used by Rural-Urban Dichotomy

METHODS	RURAL		URBAN		TOTAL	
	No.	%	No.	%	No.	%
Pills	27	13.4	48	16.1	75	14.8
IUD	8	4.0	15	5.0	23	4.5
Injectables	8	4.0	18	6.0	26	5.0
Surgical	-	-	10	3.3	10	1.7
Condoms	128	63.7	133	44.5	261	54.1
Tablets	4	2.0	22	7.4	26	4.7
Norplant	4	2.0	12	4.0	16	3.0
Coitus-interruptus	8	4.0	19	6.4	27	5.2
Traditional	14	7.0	22	7.4	36	7.2
TOTAL	201	100	299	100	500	100

$P < .05$

On knowledge about family planning table 4 shows that majority of the respondents (35.8 percent and 37.8 percent for urban and rural respectively) regardless of their place of residence know very much about condoms as a method of family planning.. Apart from this pills are also known to the people especially in the rural areas where a considerable proportion 21.9% indicated that they know it as a method of family planning compared to only 13.4 percent in the urban area. There was low knowledge about other methods.. Respondents show more knowledge of traditional method in the rural area 11.9 percent than urban areas 10 percent. Another significant feature of the data is that rural respondents have no knowledge of norplant and coitus-interruptus at all, while few urban respondents indicated that they know them (0.7 percent and 4.0 percent respectively).

We observed that knowledge about family planning methods influences the use of specific method. Table 3 also indicates that majority of the respondents 63.7 percent and 44.5 percent respectively stated that they used condoms. This is followed by pills 13.4 percent and 16.1 percent respectively. More people used pills in the urban area than in the rural area. This may likely be due to accessibility to chemists and drug stores. Qualitative data reveal that people have more access to condoms than any other methods. An FGD participant indicated that:

> "The most common family planning method in this area is condom. We get it to buy in the chemists, even sometimes we get it free of charge". (Male Adolescent, 18-24 years, Rural, Feb., 1995).

Another indicated that:

> "Condom is the cheapest of all family planning methods and it is easy to use. I make sure I use it always with my partner". (Male Adolescent, 18 years, Urban, Jan., 1995).

One significant feature of the data is that rural dwellers show no indication of any use of surgical method. Since this is a more sophisticated method which may or may not be reversible it may require a lot of education for its acceptance which may be lacking in the rural area. This is evident in the response of a participant who stated that:

> "I cannot allow my wife to do the surgical type because it will make her barren for life. I cannot do it myself. It can make a woman to become harlot when she knows that she can no more get pregnant". (Male Adolescent, 18-24 years, Rural, Jan., 1995).

Since knowledge is limited about other methods their use was limited in the study areas. Therefore, we conclude that male adolescents with adequate knowledge of family planning will allow their partners to use contraceptive. There is significant relationship between the methods known by respondents and the ones they use. Data show that they know more of condoms and pills and used them more than any other methods.

3.5 ATTITUDES TOWARD FAMILY PLANNING

Table 6: Frequency Distribution of Respondents According to their Attitudes Toward Family Planning by Rural-Urban Dichotomy

RESPONSE	RURAL		URBAN		TOTAL	
	No.	%	No.	%	No.	%
Agree	101	50.2	179	59.8	280	55.0
Disagree	100	49.8	129	40.2	220	45.0
TOTAL	201	100	299	100	500	100

Attitude towards family planning was measured by asking respondents whether they approve methods for delaying pregnancy. Table 5 above shows that majority of the respondents 55 percent approv of family planning. Although more of the urban respondents 59.8 percent than rural respondents 50.2% approved family planning. This shows that there is more positive attitude towards family planning in the urban area than in the rural area . Qualitative data indicate that the problem of child rearing is not much felt in the rural areas like the urban areas. Since respondents almost in the rural area split into equal halfs this indicates that most people are not receptive to family planning. According to an FGD participant from the rural area stated that: "family planning is not the problem here. It is God who gives

children". While on the other hand an urban informant indicated that "considering the enormity of child rearing this days there is need to plan one's family". The differential attitudes toward family planning in both areas may be due to differential in knowledge about family planning due to differential in accessibility to family planning information.

3.6 PRACTICES RELATED TO FAMILY PLANNING

Table 7: Frequency Distribution of Respondents According to Fertility Preference by Rural-Urban Dichotomy

FERTILITY PREFERENCE	RURAL		URBAN		TOTAL	
	No.	%	No.	%	No.	%
1 - 3	49	24.4	163	54.5	212	39.5
4 - 5	90	44.8	87	29.1	117	36.9
6 - 7	46	22.9	30	10.0	76	16.5
8 - 10	6	3.0	14	4.7	20	3.8
10 Plus	10	5.0	5	1.7	15	3.3
TOTAL	201	100	299	100	500	100

Table 8: Frequency Distribution of Respondents According to Whether they Discuss Family Planning by Rural-Urban Dichotomy

RESPONSE	RURAL		URBAN		TOTAL	
	No.	%	No.	%	No.	%
Yes	100	49.8	209	68.9	309	59.4
No	101	50.2	90	31.1	191	40.6
TOTAL	201	100	299	100	500	100

Generally, data show that respondents are more receptive to family planning in the urban areas than in the rural areas. This was measured by fertility preference

and whether respondents do discussed family planning matters. On fertility preference more than half of the urban respondents 54.5 percent indicated that they would like to have between one and three children. This is considered normal since it is less than the recommended four children per woman as stipulated by the National Population Policy. At least 48 percent of the rural respondents indicated that they prefer to have more than four children and even a considerable proportion 22.9 percent indicated about 7 children. While another significant feature of the data is that about 5.0 percent of the rural respondents indicated that they would like to have more than 10 children only a negligible proportion of urban respondents 1.7 percent so desire that number. Fertility preference is higher in the rural areas than urban areas.

On predisposition to family planning discussions, more of the urban respondents 68.9 percent indicated that they do discuss family planning matters as against 49.8 percent of the rural respondents. Majority of the rural respondents 50.2 percent indicated that they do not discuss it at all. This shows that rural people do not want to talk about family planning.

Data also reveal that significant others have more influence on rural adolescents than urban adolescents and therefore this limits their predisposition to discussing family planning matters. While majority of the rural respondents 62.7 percent indicated that they were influenced by the significant others only about 38.8 percent of the urban respondents indicated same. According to FGD participants from the rural area parents do not encourage such discussion. A participant indicated that:

> "As a young boy you cannot discuss anything like that especially when you are still living with your parents". (Male Adolescent, .17 years Rural, Jan., 1995).

On the other hand an urban participant stated that:

> "You can discuss that among your friends but most parents do not encourage it". (Male Adolescent, Aged 18 years, Urban, Feb., 1995).

We also observed that urban adolescents were able to discuss family planning because of their level of exposure through mass media quite unlike rural adolescents.

Generally, we observed that more respondents are receptive to family planning in the urban areas than rural areas and this we linked to exposure to family planning information which is lower in the rural area than urban area.

3.7 PROSPECTIVE FERTILITY DECISION MAKING AMONG MALE ADOLESCENTS

This variable was measured by asking the question whether respondents would like to discuss family planning matters with their partners in the future or would like to play dominant role. This question arises as a result of the fact that Nigeria is a patriarchal society where male dominance is prevalent. This distribution is shown below.

Table 9: Frequency Distribution of Respondents According to Role they would Like to Play in Fertility Decision Making in the Future by Rural-Urban Dichotomy

RESPONSE	RURAL		URBAN		TOTAL	
	No.	%	No.	%	No.	%
Take decision alone	145	57.2	206	68.9	351	63.1
Decide with partner	56	42.8	93	31.1	149	36.9
TOTAL	201	100	299	100	500	100

P < .05

Data show that majority of the respondents 63.1 percent indicated that they would like to take decision about the number of children they would like to have alone. Although more of the urban respondents 68.9 percent than rural respondents 57.2 percent would want to play a dominant role there is no significant difference between place of residence and preferred role. What is significant in the study is that more males would like to play dominant role in decision making regardless of place of residence. Chi-square statistical test show that the relationship is significant ($P < .05$).

Qualitative data reveal that male adolescents would like to have absolute control of their families. Although some indicated that they would like to discuss every matter including fertility preference with their partners still they still believe that the final decision should rest upon them. This shows that even where women would be involved in fertility decision making male dominance will still prevail. According to an FGD participants:

> "I would like to discuss everything in the house with my wife but as the head of the family I must take the final decision". (Out-of-school Male Adolescent, Aged 19 years, Urban, Feb., 1995).

Another participant stated that:

> "There is need to get women involved in such decisions but men should decide on the number of children he wants first before he discusses it with the woman since he is the one who would fend for the children". (In-school-Male Adolescent, Aged 15 years, Rural, Jan., 1995).

This suggests the issue of breadwinnership. Since men are regarded as the breadwinner in this society decision making about the number of children to have. Therefore, we conclude that male adolescents will like to play dominant role in making decisions about the number of children they will want their partners to bear in the future.

CHAPTER FOUR

4.0 SOCIOCULTURAL FACTORS AND FAMILY PLANNING INFORMATION EXPOSURE

4.1 PLACE OF RESIDENCE AND ACCESSIBILITY TO FAMILY PLANNING INFORMATION

Table 10: Frequency Distribution of Respondents According to Accessibility to Source of Information by Place of Residence

PLACE OF RESIDENCE		RADIO	TV	RADIO/ TV	NEWS PAPER	POSTER	CINEMA	PAS	TRAD	ALL	TOTAL
RURAL	No.	70	21	44	1	-	2	4	18	2	201
	%	34.8	10.4	21.9	0.7	-	1.0	2.0	19.0	1.0	100
URBAN	NO.	35	37	191	21	5	-	4	12	57	299
	%	11.4	12.4	64.0	7.0	1.7	-	1.3	4.0	18.9	100
TOTAL	No.	115	57	215	16	5	2	8	32	50	500
	%	23.1	11.4	43.0	3.2	1.0	0.4	1.6	6.5	9.9	100

Data reveal that there is rural-urban differential in accessibility to family planning information sources. Majority of the rural respondents 34.8 percent indicated that they have access to radio than any other medium while 64 percent of the urban respondents stated that they have access to both radio and television. More respondents in the urban area about 7 percent have access to newspapers than rural respondents 0.7 percent. Cinema seems to be more common in the rural area as 1.0 erecent of the rural respondents indicated that they have access to it against nobody with such indication in the urban area. Posters are mostly common in the urban area than rural area. On the average more respondents from the urban area 22.9 percent indicated that they have access to all sources as against 20.1 percent in the rural.

Our data support the hypothesis that urban male adolescents will have better access to family planning information and favour contraception than their rural counterparts when tested with Chi-square statistical measure. We found that there is significant relationship between place of residence and accessibility to information sources ($P < .05$). Data also show that there is relationship between source of information and use of family planning.

Qualitative data reveal that differential in access to information sources between the rural and urban respondents was due to unequal availability of the facilities. An FGD participant from the rural area indicated that:

> "We do not have opportunities of watching television here because there is no light. I only watch television anytime I go to Akure". (Male Adolescent, Aged 16 years, Rural, Jan., 1995).

On the other hand an urban participant stated that:

> "We always hear of this thing from the television. Most of the time they domonstrate how to use the condom in the television". (Male Adolescent, Aged 21 years, Feb., 1995).

There is differential in the time people do listen to radio and television between urban and rural residents. Data show that rural residents usually listen to radio in the evenings between 4 and 8 p.m. and television between 6 and 8 p.m. (40 percent and 34 percent respectively), while the urban residents indicated that they do listen to radio during the day between 11 a.m. and 3 p.m. and television in the evenings between 6 and 8 p.m. (37.8 percent and 42.5 percent respectively). Qualitative data reveal that rural residents only have time to listen to radio after a day's work while the urban residents listen to radio during working hours. This was due to differential in

occupation. While the nature of urban jobs allow people to listen to radio programmes while at work, most rural occupations are not. Also more people have more access to print media in the urban areas than rural areas. Data reveal that about 48 percent of the urban respondents indicated that they read magazines and newspapers almost everyday of the week while few rural respondents just about 27.3 percent stated that they read magazines and newspapers two times in a week. The days indicated are Mondays and Fridays. They usually get their supplies through people who were working in the urban areas and usually return to the village during weekends and also through public transport operators. According to an FGD participant in the rural area:

> "There is no newspaper vendor in this village. We sometimes get newspapers to read when our friends and relatives who are working in Akure come home for the weekend". (Male Adolescent, Aged 22 years, Feb., 1995).

Another participant also stated:

> "Some of the drivers occasionally buy magazines and newspapers when they go to Akure and we read from them. So I always go to the motorpark everyday to see if I can get papers to read". (Male Adolescent, Aged 14 years, March, 1995).

This finding is similar to the finding of Renne (1993) in his study among males in an Ekiti town where he found that urban residents have more access to print media. However, we found that radio is the most effective medium of information in the rural areas as indicated by more than half of the respondents (53.7 percent) and both television and radio were considered very effective in the urban areas by 77.6 percent of the respondents.

A very significant observation is that FGD participants emphasised the role of traditional means of communication.

These are said to be more effective in the rural areas and they are more accessible. According to an informant

> "Information is best disseminated in this community with the town crier. When there is important information the Baale will send his messanger round the town in the evening when everybody must have returned from farm. (In-school Male Adolescent, Aged 20, Rural, March, 1995).

Another participant stated:

> "When we hear from the Baale then we know that the information is true". (Out-of-school Male Adolescent, Aged 15 years, Rural, March, 1995).

Generally data indicate that people have access to different source of information depending on their place of residence. And we found that there is significant relationship between the two variables. Therefore, we conclude that urban male adolescents will have better access to family planning information and favour contraception than their rural counterparts. This is because majority of the respondents who indicated that they approved family planning 56.1 percent were urban respondents as against 43.9 percent of the rural respondents.

4.2 EDUCATIONAL STATUS AND ACCESSIBILITY TO FAMILY PLANNING INFORMATION

This was measured by school attendance as the independant variable and accessibily to family planning information as dependent variable. The frequency is set out below.

Table 11: Frequency Distribution of Respondents According to Accessibility to Source of Information by Schooling

EDUCATIONAL STATUS		RADIO	TV	RADIO/ TV	NEWS-PAPER	POSTER	CINEMA	PAS	TRAD	ALL	TOTAL
In-school	No.	55	42	134	13	4	4	-	65	38	374
	%	14.6	11.2	36.5	3.4	1.1	1.1	-	17.4	10.1	75.0
Out-of-school	No.	20	15	24	4	1	-	3	29	34	126
	%	15.5	11.5	18.9	3.1	0.9	-	2.5	23.3	26.7	25.0
Total	No.	76	57	126	16	5	2	8	106	104	500
	%	15.2	11.4	25.2	3.2	1.0	0.4	1.6	21.2	208	100

* Out-of-school includes those who did not complete either primary or secondary.

$P < .05$

Data reveal that there is differential in accessibility to family planning information between in-school male adolescents and out-of-school male adolescents. It shows that more in-school male adolescents have access to both radio and television 36.5 percent as against 18.9 percent of the out-of-school male adolescents. While majority of the out-of-school male adolescents 23.3 percent indicated that they have access to traditional source of information like the traditional 'gong' and town crier as well as community meetings only about 17.4 percent of the in-school male adolescents stated that they have access to traditional source of information. Another significant feature of the data is that there is no significant difference in accessibility to newspaper between the two groups. We, however, noted that more out-of-school male adolescents (15.5 percent) used radio than in-school (14.6 percent). They show equal accessibility to television. In-school male adolescents have more accessibility to posters and

cinema 1.1 percent than out-of-school male adolescents.

The data therefore supports the hypothesis and conclude that in-school male adolescents will have better access to family planning information and favour contraception than out-of-school male adolescents ($P < .05$).

Qualitative data reveal that schooling is functionally related to accessibility to information, it also influenced receptiveness to new idea like family planning. Data show that majority of the respondents who indicated that they have access to information 85.2 percent used one method of contraception or the other. The most commonly used method was condom and pills. The main reasons for using these methods are that they are cheaper to obtainand easier to use than others. An FGD participant indicated:

> "Condoms are very cheap and easy to use. Sometimes we get them free of charge in the school especially when they come to give talks on family planning". (In-school Male Adolescent, Aged 19 years, Urban, Feb., 1995).

Another participant stated:

> "Condom is very easy to come by than other methods of family planning. One doesn't need to go to the doctor before you can use it. It has no bad effect except that it reduces the amount of satisfaction". (Out-of-school Male Adolescent, Aged 23 years, Rural, Feb., 1995).

Schooling was found to influence the degree of rationality of respondents. Qualitative data reveal that the in-school category were more rational than out-of-school category about information they received about family planning. Since information is not an end in itself it is a means to an end, that is utilization of family planning services. We found that more in-school male adolescents tend to be rational in attitude than

out-of-school category. The reason for this was that in-school male adolescents were cosmopolitan in attitude through interaction with friends who were from different socio-economic backgrounds.

4.3 MARITAL STATUS AND KNOWLEDGE ABOUT FAMILY PLANNING

This was measured by the type of family planning methods known to the respondents. These were cross tabulated against marital status as independent variable and methods as dependent variable.

Table 12: Frequency Distribution of Respondents According to Knowledge about Family Planning Methods by Marital Status

CATEGORY	PILLS	IUD	INJ.	CONDOMS	COITUS INT.	TRAD.	TOTAL
Single	60.8	32.2	-	45.0	35.0	25.8	45.6
Married	34.3	65.5	86.7	48.3	45.0	58.1	48.0
Separated	2.4	-	-	3.3	10.0	6.5	2.4
Divorced	1.2	1.1	-	-	-	-	0.8
Widower	1.2	1.1	13.3	3.3	10.0	9.7	0.8
TOTAL	33.2	12.0	3.0	35.4	4.0	12.4	100

$P < .05$

Data show that there is significant relationship between marital status of respondents and knowledge about family planning methods. Knowledge about family planning methods was generally higher among the unmarried (single) male adolescents 45.6 percent and married category 48.0 percent. than other categories. Data show that unmarried male adolescents 60.8 percent have knowledge of pills and 45.0 percent condoms. A considerable proportion 35 percent have knowledge of coitus-interruptus and 32.2 percent Intra-uterine-Device (IUD). About 65.5 percent of married male adolescents indicated that

they have knowledge of the IUD, 86.7 percent injectibles, 48.3 percent condom and 58.1 percent traditional methods.

Although other categories - separated, divorced, and widower - were less represented in the sample, they showed little knowledge of family planning methods. The reason for this was found in the FGD when a participant indicated:

> "When someone's wife is gone or dead there is little opportunity to know anything going on around you. Most of these things are made attractive when you have a woman around you. Even if you hear about them there is no way you can use them without a woman". (Male Adolescent, Widower, Aged 20 years, Urban, Feb., 1995).

Another participant stated:

> "Since my wife left about a year ago, I do not use any condom again". (Male Adolescent, Divorcee, Aged 18 years, Rural, Feb., 1995).

However, Chi-square test of the hypothesis revealed that there is significant relationship between marital status and information sources about family planning. And hence, we conclude that married male adolescents will be more knowledgeable about family planning methods and favour contraception than single male adolescents. This is becuase married male adolescents know more than single male adolescents about family planning methods including traditional. Single male adolescents only fair well in pills and condoms which were regarded as cheap and easier to apply, while married respondents have more knowledge about IUD, Injectible, coitus-interruptus and traditional methods. Data also reveal that married respondents were more receptive to contraception. The reason for this was that there was no more parental control over the married adolescents about sex life unlike the unmarried ones. We found that parental influence prevented accessibility to information and use of any method.

4.4 MALE ADOLESCENTS PREFERRED SOURCE OF FAMILY PLANNING INFORMATION

This variable was measured by asking questions about the type of information sources they would always like to listen to for family planning information. This is a univariate set of data which was measured by simple percentage as shown in the table below.

Table 13: Frequency Distribution of Respondents According to Preferred Source of Family Planning Information

PREFERRED SOURCE	RURAL		URBAN		TOTAL	
	No.	%	No.	%	No.	%
Radio	50	24.9	51	17.1	101	20.2
Television	46	22.9	75	25.1	121	24.2
Both Radio/Television	32	15.9	109	36.5	141	28.2
Newspaper	3	1.3	10	3.4	13	2.6
Posters	10	5.0	-	-	6	1.2
PAS	14	7.0	45	15.1	59	11.6
Traditional	38	19.0	5	1.6	43	8.6
Total	8	4.0	4	1.3	12	2.4
TOTAL	201	100	299	100	500	100

P $\leq$ .05

Table 13 shows that there is differential in the sources of information about family planning preferred between rural and urban respondents. While majority of the rural respondents 24.9 percent prefer radio, the largest proportion 36.5 percent of the urban respondents prefer both radio and television together with majority 25.1 percent preferred television most as against 17.1 percent for radio. Another significant finding is that a significant proportion of the rural respondents 16.9

percent prefer traditional sources compared to 2.7 percent of the urban respondents. Generally majority of the respondents about 46 percent in both settings prefer mass media sources especially electronic media which include radio and television.

Chi-square statistical measure show that there is significant relationship between type of information sources and preference ($P < .05$). Preference was influenced by accessibility and affordability factors. Many of the rural informants complained that they have little access to newspapers 1.3 percent. The complaint about newspaper was, however, common to both the rural and urban respondents. Many of the participants complained about high cost of newspapers. According to participant:

> "Newspapers are very costly these days. I cannot afford to buy a newspaper for ₦20 and a magazine for ₦50 when I am not sure of what I will eat".
>
> (In-school Male Adolescent, Aged 14 years, Urban, Jan., 1995).

Another participant complained of availability of newspapers in the rural areas:

> "Apart from high cost of newspapers and magazines they are not available in the rural area here." (In-school Male Adolescents, Aged 17 years, Rural, Feb., 1995).

Reasons offered for preference for mass media include larger coverage than traditional sources, and adequate information dissemination. Therefore, we conclude that more males will seek family planning information through the mass media than any other source.

4.5 FACTORS FAVOURING EXPOSURE TO FAMILY PLANNING

Generally speaking factors favouring exposure to family planning are indirectly factors hindering its exposure. To facilitate distinctiveness we address the

problem by identifying critical factors and discussing their impact in the light of the available data. Therefore, the following factors are considered important for mention: schooling, marital status, and cosmopoliteness of respondents.

SCHOOLING STATUS OF RESPONDENTS

Data have shown that schooling is a favorable factor that favours exposure to family planning. We found that majority of the respondents who were schooling about 80 percent indicated that they were exposed to family planning than 46.2 percent of the out-of-school respondents. This shows that schooling enhances better exposure to modern or new innovations. In fact, most of the FGD participants indicated that they first heard about family planning in the school. We also found that the school provides avenue for interaction among peer groups through which information do flow. According to an FGD participant:

> "I learn about family planning through a friend in the school". (In-school Male Adolescent, Aged 18 years, Urban, Feb., 1995).

This shows that information in the school may not only necessarily come from the teachers and through reading of books but through other means like peer group. Since school children come from different family backgrounds children from more enlightened homes may influence their peers in many ways. This factor is also important in adoption process which is not our concern in this study.

MARITAL STATUS OF RESPONDENTS

We found that more of the married male adolescents were more exposed to family planning than single male adolescents (48 percent versus 45.6 percent), Although the marginal difference is small, yet the difference is significant ($P < .05$). Two factors are

responsible for this. Firstly, married male adolescents are have freedom of discussion about family planning matters than unmarried male adolescents, and also the influence of sex partners which is a disadvantage to unmarried male adolescents. This is also the situation with those that have separated from their partners or divorced and the widowers. This shows that sex partnership is a key factor in getting exposure to family planning as many of the FGD participants indicated that they got the devices through their partners. Data, however, show that about 53 percent and 52 percent of the rural and urban respondents respectively indicated that they got the devices through their partners. The reason adduced for this was that females get them easily from the clinics. According to an FGD participant:

> "Family planning devices are easily got from the clinics and since women always go to family planning clinics they bring them for their partners". (Out-of-school Male Adolescent, Aged 18 years, Urban, Feb., 1995).

COSMOPOLITENESS OF RESPONDENTS

Cosmopoliteness is measured by place of residence (rural or urban) and knowledge of family planning. The two variables were related together and found that there is significant relationship between them ($P < .05$). It was assumed thatrespondents who live in the urban area will be more exposed to family planning than those living in the rural area. Data reveal that more of the urban respondents 53.2 percent indicated that they have heard of family planning as against 46.8 percent of the rural respondents. This shows that urbanization enhances exposure to new programmes like family planning. The reason for this is that facilities that could have aided family planning propaganda are more available in the urban areas than in the rural areas. Many of the

rural FGD participants indicated that lack of social amenities hinders exposure to family planning whereas in the urban areas they promote family planning. According to an FGD participant from the rural area:

> "There is no electricity in this village to watch television. We depend mostly on the palace and bush radio. Now that battery is very costly we listen to radio whenever there is money to buy batteries". (Out-of-school Male Adolescent, Aged 21 years, Rural, Feb., 1995).

Apart from this more respondents from the urban areas (66.7 percent) indicated that they have access to all types of information sources as against 33.3 percent in the rural areas. This shows that the more cosmopoliteness an individual becomes the more exposed he will be to family planning.

4.6 FACTORS HINDERING EXPOSURE TO FAMILY PLANNING

As mentioned earlier factors favouring exposure to family planning indirectly hinder it. Among the various factors identified the following ones are considered major hinderances to family planning exposure. They are lack of electricity, lack of family planning clinic, poor road networks, social structure and peoples perception of family planning.

LACK ELECTRICITY SUPPLY

Lack of electricity supply was frequently mentioned by FGD participants from the rural areas as an important factor hindering exposure to family planning. Although many of them claimed that they have access to radio and television but not on regular basis. Also the most celebrated traditional methods were considered inadequate due to its limited ability to reach larger population and to disseminate information correctly. Therefore, most respondents prefer mass media sources of information to other means of information especially radio. Radio was

considered most appropriate but becomes limited due to high cost of batteries to operate it in the rural areas where there is no electricity. Therefore, due to lack of effective electronic media in the rural areas family planning exposure becomes limited. Data reveal that of the respondents who indicated that they have access to different sources of information only about 25.2 percent on the aggregate have access to radio and television.

LACK OF ADEQUATE FAMILY PLANNING CLINICS

Although this was measured mainly qualitatively but it shows that lack of family planning clinics in the rural areas hinder exposure to family planning. Since most rural dwellers depend on health workers there is tendency to neglect other source of information with high expectation from health workers. During the survey we found that there were no standard health facilities in the rural areas apart from health posts provided for more than two or three villages with only one anxilliary staff who have adequate no/knowledge of family planning. The major function of these health posts is to treat minor ailments. Most FGD participants complained about this. According to a participant:

> "Government should give us hospital here. If we have hospital we will be able to hear about all these programmes". (Out-of-school Male Adolescent, Aged 22 years, Rural, Feb., 1995).

Another stated;

> "There is no government worker to tell us about all these things like they normally do in Akure".[1] (Out-of-school Male Adolescent Aged 20 years, Rural, Feb., 1995).

This finding shows that if family planning clinics are not adequately provided people will not be properly exposed to it.

1. Akure is the capital city of Ondo State where the study was based.

Even where propaganda were made over the radio and television without practical experience of and contact with various methods it will still remain an illussion and unacceptable to people.

POOR ROAD NETWORKS

We also noted that poor road net-works in the rural areas hinder family planning information. As a result of poor road networks in the area health workers found it difficult to penetrate the area with routine outreach programme. Although the local government council provided Public Address System (PAS), this is mostly functional in the urban area. Participants indicated that the PAS only come to the rural areas on very rare occasions. According to a participant:

> "We only see the PAS van here especially when the governor is coming to the local government area or when the chairman want to visit the village". (In-school Male Adolescent, Aged 18 years, Rural, Jan., 1995).

This shows that due to poor state of roads in the area PAS van only goes to the rural areas on special occasions. This, therefore, has implication for information dissemination in the area In fact, we gathered that health workers do not wish to go to the villages. Vehicles only go to most of the villages on market days only. This discourages health workers from going to there often.

SOCIAL STRUCTURE

Another important factor hindering exposure to family planning in the study area is the social structure of the society. Data reveal that majority of the respondents 47.3 percent who indicated that they live with either parents or relatives were influenced by such significant others as against 20.1 percent who stated that they live

alone. This shows that parental control do have great impact or adolescents in exposure to family planning. Qualitative data revealed that many parents would not allow their children to discuss anything relating to family planning at home. As a result more of the respondents who lived alone 32.8 percent indicated that they discussed family planning freely as against 11.2 percent who lived with parents and relatives. On knowledge about family planning those who lived with parents or relatives have little knowledge about family planning than those living alone. Data revealed that about 35 percent of those living alone have heard of family planning as against 10.8 percent of those living with parents and relatives. Since social control is an important cornerstone of the Nigeria society every family tend to bring up their children morally upright. As a result family planning is considered as something that should be mainly restricted to adults. Most children discuss it outside the homes. An FGD participant even indicated:

> "I only watch family planning programmes whenever I go to visit my friends. My parents do not allow me to listen to such programme, instead they will ask me to go and read my books". (In-school Male Adolescent, 13-16 years, Urban, Jan., 1995).

PEOPLES PERCEPTION OF FAMILY PLANNING

Peoples perception of family planning has been a contraversial issue and this is a great hinderance to its acceptance. In most societies family planning has got negative label and many families would not want their people to have anything done with it. The way the individual will perceive a particular phenomenon will sometimes be influenced by the social environment. We however, found that most male adolescents were influenced by either their parents or relatives as mentioned above.

Of the male adolescents who claimed that they approved family planning 36.2 percent of them were not influenced by anybody as against 46.2 percent who disapprove it. This indicates that whatever action an individual would take depend on the influence of the people he lives with. Various reasons were adduced to this. Family planning was considered a misnormal for adolescents to discuss. Many parents believe that it would expose them to the world of promiscuity and render them useless. However, sex matter is considered a sacred issue in the study area which should mainly be discussed by adults. As a result all efforts are made to prevent children from gaining access to family planning information in the area.

According to an FGD participant:

> "The way people look at family planning here does not encourage people to use it freely. People believe that it encourages immoral sexual activity".
>
> (In-School Male Adolescent, aged 18-24 years, Rural, February, 1995).

Another participant, an apprentice stated:

> "It is very difficult to use family planning here because people will look at you as differently".
>
> (Out-of-School Male Adolescent, aged 18-24 years, Rural, February, 1995).

However, there was better perception in the urban area. According to a participant:

> "Before, people always look at family planning as evil but now having learnt about it in the television, many people have changed their attitude towards it. They now see it as a good thing".
>
> (In-School Male Adolescent, Aged 13-17 years, Urban, January 1995).

Another stated:

> "I think the problem with family planning is that people think that it can make someone sexually promiscuous. Personally, I

look at it that way before now but since I have more information about it, I have changed my attitude. I will encourage my partner to use it when I get married".

(Out-of-School Male Adolescent, Aged 13-17 years, Urban, January, 1995).

CHAPTER FIVE

ACTION PROGRAMMES

5.1 NEW FAVOURABLE FINDINGS ABOUT IEC

Literature have expounded a lot of findings on IEC yet the list is inexhaustive. In the course of this study we found that certain findings are relatively new and are favourable to family planning information, education and communication programmes. These findings, although limited in number, are considered useful to IEC programmes.

In this study we found that schooling is very important to IEC. Apart from the fact that information are easily disseminated through schools education help better in comprehending information. More in-school male adolescents indicated that they were exposed to family planning than their out-of-school counterparts. Schooling as a factor enables respondents to get access to source of information. Therefore, for IEC to be most effective effort should be made to expand education and increase opportunities for accessibility to schooling.

Also we found that social structure is an important factor in IEC. For any individual to take action he will be influenced by the significant others. We found that most male adolescents were influenced either by parents or relatives. Therefore, any successful IEC programme must also target the significant others. The structure of the society influences the action of the individual in certain situations. Parental control is socially required and functionally enforced for the smooth running of the society. Also respect for elders enhances control influence on the younger ones. As a result the society censors the type of information that comes into it in order to enable it discourage the ones considered pormographic. Therefore, in this study we found that successful implementation of IEC programmes will depend on the reorientation of the social structure.

We also found that perception of family planning will also help IEC programmes. Where family planning was perceived positively more male adolescents sought information about it. We also found that information seeking is synonymous with knowledge about family planning. The more knowledgeable male adolescents were the more they sought for family planning information. Data reveal that about 60 percent of the respondents indicated that they would seek more information about family planning. Of this proportion about 81.3 percent would seek information because of the advantages of family planning while about 96.3 percent of those who indicated that they would not seek information said thatthey would do so because of the negative societal value about it. Therefore, family planning information must address certain information that could convince the generality of the people and erradicate cultural beliefs about family planning.

5.2 FRESH INSIGHTS INTO HOW IEC PROGRAMMES ON FAMILY PLANNING CAN BE IMPROVED

Qualitative data have shown that Community Based Information Process (CBIP) would be most helpful to IEC programmes. In doing this it was suggested that various target groups such as the male adolescents could be organized as Community Mobilization Agents (CMAs). This is believed to having potential for easy communication with individual group. That is, this will enhance horizontal communication among equals. According to participants "male adolescents should be talked to through their peer group".

Also the art of demonstration was frequently mentioned as a good strategy. According to them male adults who is knowledgeable about family planning in the community should be asked to demonstrate to others at a gathering which should be organised on regular basis. If this is done they argued that it will remove the erroneous belief

about family planning from the society and more male adolescents would like to immitate their peers.

Although traditional forms of information have been recognized in literatures but we found that it would be enriched if family planning providers can sponsor traditional festivals through which they can propagate family planning information. According to participants family planning logo should be conscupiously displayed during the festivals. It was noted that festivals are important occasions that bring people of common origin together at a specific period of the year. Apart from this respondents argued that it will make the people feel that family planning does not go against their culture.

Also, we found that the concept, of family planning itself should be redefined to remove its 'classical' orientation. Although, some respondents have argued that African is not yet over-populated yet some indicated that idea of family is not new to the people. This concept needs to be reconceptualized for better understanding of it and acceptability. In this wise the type of information to be communicated should be something that does not aberrate the belief of the people.

5.3 MATERNAL AND CHILD HEALTH CARE AND FAMILY PLANNING

Provision of medical care during pregnancy and at delivery is considered important for the health and survival of both the mother and the child. Family planning cannot be most effective without improved health care and reduced maternal and infant mortality rates. In Nigeria there is differential in availability of Maternal and Child Health (MCH) care facilities. In the rural areas, 41 percent births were without prenatal check ups.compared to 11 percent in the urban areas. More than half of the births born to women living in northern region had no

antenatal care while 80 percent of births born in southeast and 92 percent of births in southwest received such care by their mothers during the pregnancy. For women with no education, about 48 percent of births born did not benefit from antenatal care (Chao, 1992).

One out of every five Nigerian children dies before their fifth birthday. About 43 percent of the children under five are chronically undernourished. These are more severe in the rural areas and in the north. Child mortality in rural areas is twice that of urban areas (NDHS, 1990).

Based on NDHS report preventive and curative health services are yet to reach many women and children. Most infants are delivered at home, and pregnant women receive no antenatal care and delivery unassisted about a third of the time. About 33 percent of the infants are never vaccinated, and only 30 percent are fully immunized against childhood diseases. Most young children have no access to treatment when they are ill and they remain untreated. For example, only about one-quarter of children with diarrhoea were given Oral Rehydration Therapy (ORT).

According to the NDHS report 83 percent of the Nigerian rural women live in communities where people were able to identify a facility that provides family planning services. Nonusers of family planning services live farther away from a source of family planning services than users. Thirty-seven percent of nonusers, compared to 17 percent of users, like 16kms or more from a facility that offers family planning. However, many rural nonusers (30 percent) live within 8kms of such a facility.

Family planning outreach services are much less available than maternal and child health outreaches. Only 10 percent of currently married rural women live in communities served by a health worker providing family planning outreach services, whereas, 56 percent live in communities served by a health worker providing MCH outreach services (NDHS, 1990)

CHAPTER SIX

6.0 SUMMARY AND CONCLUSION

6.1 SUMMARY

The central thesis of this study is that family planning messages are being received by Nigerian male adolescents through different sources and that there is differential in preferred source of information about family planning. This is considered to be affected by certain sociocultural factors like, age, school, knowledge of family planning, place of residence, social structure and marital status. It was assumed all these factors will influence accessibility to family planning information.

The study reveal that respondents have adequate awareness of family planning as a population programme in the area regardless of place of residence but knowledge about family planning methods was very low. Respondents have poor attitude toward family planning and practice it less. We noted that certain methods were particularly familiar to married women, these are: pills, Injectibles and IUD as well as traditional methods while condom is a widely recognised method by all respondents. Condom is the most used method by both single and married male adolescents but most married respondents indicated that they used pills, IUD and injectibles as well.

Mass media (radio, television) are the most favourable source of information. Majority of the respondents in the rural areas have better access to radio than other means while urban respondents have access to nearly all sources especially radio and television. Most rural respondents prefer radio and most urban respondents prefer radio and television. We noted that traditional source of information as mostly used in the rural areas.

We found that certain sociocultural factors may influence exposure to family planning. Data reveal that

there is significant relationship between the factors and exposure to family planning (P / .05). We therefore conclude as follow

1. that male adolescents will like to play dominant role in making decisions about the number of children they will wa their partners to bear in the future.
2. that male adolescents with adequate knowledge of family planning will allow their partners to use contraceptive.
3. that urban male adolescents will have better access to family planning information and favour contraception than out-of-school male adolescents.
4. that in-school male adolescents will have better access to family planning information and favour contraception than out-of-school male adolescents.
5. that married male adolescents will be more knowledgeable about family planning and favour contraception than single male adolescents.
6. that more male adolescents will prefer mass media as source of family planning information than any other source of information.

Qualitative data revealed that lack of electricity, poor road network, lack of adequate health facilities and social structure are the major factors hindering exposure to family planning.

6.2 CONCLUSION

Fertility remains high in Nigeria, and men exposure to family planning remains an obstacle to contraceptive use. This situation is not likely to change until there is improvement in IEC programmes. At present the level of exposure is still low thus the little exposur is hindered by sociocultural factors.

p Programmes on IEC have not been without success among women, however, and the potential demand for family planning by women is substantial compared to men.

With increased knowledge about family planning and perhaps better access to information in the rural areas, Nigerian male adolescents will like to adopt family planning.

The survey mark dramatic variations in exposure to family planning between rural and urban areas, educational status and marital status. Male adolescents who are better educated, married and living in urban area have better exposure to family planning and they are more receptive to contraception.

REFERENCES

Abdalla, I. H. (1979) "Medicine in 19th Century Arabic Literature in Northern Nigeria", Kano Studies, n.s.s. IV, 55-67.

Abdalla, I. H. (1981) "Islamic Medicine and Its Influence on Traditional Hausa Practitioners in Northern Nigeria". University of Wisconsin, Ph.D dissertation.

Abdel-Latif, and M. El-Abd. Alexandria, Egypt: Egyptian Fertility Control Society. pp. 45-56.

Adamchak, D. J. and Akinwunmi Adebayo (1987) "Male Fertility Attitudes: A Neglected Dimensions in Nigeria Fertility Research". Social Biology 34, 1: 57-67.

Adamchak, D. J. and M. T. Mtizvo (1980) "The Relationship between Fertility and Contraceptive Prevalence in Zimbabwe". International Family Planning Perspective, 16, 3: 103-106.

Adetoro, O. O.; Agah, A. (1988) "The Implications of Child Bearing in Postpubertal Girls in Sokoto, Nigeria". International Journal of Gynaecology and Obstetrics. Aug., 27(1): 73-7.

Adetoro, O. O.; Babarinsa, A. B.; Sotiloye, O. S. (1991) "Socio-Cultural Factors in Adolescent Septic Illicit Abortions in Ilorin, Nigeria". African Journal of Medicine and Medical Sciences. June 20(2): 149-53.

Afonja, S. and Pearce, T. (1986) "Social Change in Nigeria", Essex: Longman.

Ahmed, W. (1976) "Social Considerations in Sterilization in Muslim World", in Voluntary Sterilization, Vol. 3: Report from Islamic World. eds. M. F. Fathala.

Akingba, J. B. (1974) "Some Aspects of Pregnancy and Abortion in Nigerian Adolescents". Paper Presented at the World Health Organisation Meeting on Pregnancy and Abortion in Adolescence Geneva, June 24-28, 14p.

Alade, M. O. (1989) "Teenage Pregnancy in Ile-Ife, Western Nigeria". Western Journal of Nursing Research. Oct. 11(5): 609-13.

Anonymous (1979) "Muslim Congress Urges Birth Spacing". People 9(2): 36.

Archibong, E. I. (1991) "Illegal Induced Abortion - a Continuing Problem in Nigeria". International Journal of Gynecology and Obstetrics. 34(3): 261-5.

Askew, A.; Mensch, B. and Adewuyi, A. (1994) "Indicators for Measuring the Quality of Family Planning Services in Nigeria". Studies in Family Planning, 25: 5, 268-283.

Barber, C. (1987) Popular Arts in Africa. African Studies Review. 30: 1-78.

Baker, G. K. (1992) "Peer Interaction and Traditional and Modern Influences on Adolescent Sexuality in Nigeria and Kenya": Findings from Recent Focus Group Discussions. Unpublished. 30p.

Bledsoe, C. (1990) The Politics of AIDS, Condoms, and hetero-sexual relations in Africa. pp. 197-223 in Births and Power: Social Change and the Politics of Reproduction, ed. W. Handwerker. Boulder: Westview Press.

Barker, G.; Rich, S. (1990) "Adolescent Fertility in Kenya and Nigeria, a Final Report for a Study Tour Conducted June - July 1990". Washington, D.C., Center for Population Options, and the Population Crisis Committee. July 52p.

Barker, G. and S. Rich (1992) "Influence on Adolescent Sexuality in Nigeria and Kenya: Findings from Recent Focus Group Discussions. Studies in Family Planning, 23, 3: 199-210.

Bascom, William (1969) "The Yoruba of Southwestern Nigeria". New York: Holt, Rinehart and Winston.

Bertrand, J. T. (1981) "IEC Programmes in Central America". Personal Communication, Twane University, April 14.

_____ (1981) "IEC Activities as Measured by Contraceptives Prevalence Surveys". Personal Communication, Twlane University, School of Public Health and Tropical Medicine, April 6.

Boohene, E. J. et. al. (1991) "Fertility and Contraceptive use Among Young Adults in Harare, Zimbabwe". Studies in Family Planning. 22 4: 264-271.

Borgen, R.; Maier, B.; Diesfeld, H. J. (1993) Problems Related to Schoolgirl Pregnancies in Burkina Faso: Studies in Family Planning, 24:5, 283-294.

Caldwell, J. C. et. al. (1987) "The Role of Traditional Fertility regulation in Sri Lauka". Studies in Family Planning, 18 1: 1-21.

Caldwell, J. C. et. al. (1992) Fertility Decline in Africa: A New Type of Transition? Population and Development Review. 18, 2: 211-242.

Centre for Population Options (1990) "The Facts: Teenage Pregnancy in Africa. Washington, D.C., Centre for Population Options. 1p.

Chao, J. C. (1992) Population, Fertility and Child Health in Nigeria. BRD, AID, Washington, D.C.

Chaoze Cheng (1991) "A Speculative Analysis of Socio-Economic Influences on the Fertility Transition in China". Asiapacific Population Journal, Vol. 6, No. 3, Septmeber '91.

Committee on Population Options. International Clearing House an Adolescent Fertility (1988). Certificate or Pregnancy? Passages 1988 May; 8(2): 1-3.

Demographic Research Unit of Benin University (1986) "Adolescent Fertility in Africa". Report of an International Seminar in Lome, Togo, 2-10 December 1985. In Collaboration with International Development Research Center IDRC and the Ford Foundation.

Eades, J. S. (1980) "The Yoruba Today". Cambridge! Cambridge University Press.

Edmunds, M.; Paxman, J. M. (1984) "Early Pregnancy and Child-Bearing in Guatemala, Brazil, Nigeria, and Indonesia; Addressing the Consequences. Chestnut Hills, Mass., Pathfinder Fund. 20p. Pathfinder No 11.

ESCAP (July 1992) "Population Headliners". No. 208.

Family Planning International Assistance (1987) FPIA: 1987 - 1989; a Strategic Plan. New York, Family Planning International Assistance. 143p.

Feyisetan, Bamikale and Pebley, Anne, R. (1989) "Premarital Sexuality in Urban Nigeria". Studies in Family Planning 20, No. 6: 343-354.

Goldsmith, Alfredo, Echeverria and Goldberg, R. (1973) "Vascomy in Colombia: A Pilot Study". Journal of Biosocial Science, 5: 497-505.

Gyepi - Garbrah, B. (1985) Adolescent Fertility in Sub-Saharan Africa. Boston: The Pathfinder Fund.

Gyepi - Garbrah, B.; Nichols, D. J.; Kpedekpo, G. M. (1985) "Adolescent Fertility in Sub-Saharan Africa; an Overview. Boston, Massachusetts, Pathfinder Fund, 51(23)p.

Hatcher, R. A.; Kowal D.; Guest, F.; Trussell, J.; Stewart, F.; Stewart, G. K.; Bowen, S. C,; Cates, W. (1989) "Reproductive Health Around the World (Wall Chart)". Watertown, Massachusetts, The Pathfinder Fund.

IPPF Medical Bulletin, Vol. 22, No. 4, 1988.

Isichei, Patrick (1971) "Sex in Traditional Asaba". Cahiers d'Etudes Africaines, 13: 682-699.

Jegede, A. S. (1994) Sociocultural Factors Influencing the use of Expanded Programme on Immunization in the B Health Zone of Nigeria. Ph.D Thesis submitted to the University of Ibadan, Nigeria.

Jegede, A. S. (1995) Cultural Attitudes to Health and Sickness in Preventive Health Care: A Non-Economic Factor in Health Care Demand Among the Yoruba of South Western Nigeria. A Paper submitted to the Journal of Sociology of Health and Illness, University of Anglia, Norwich U.K.

Johnson, J. H. (1987) "New Ways to Deliver Family Planning Services in Sub-Saharan Africa": A Regional Conference, International Family Perspective 13, 1: 21-25.

Johns Hopkins University, "Man-New Focus for Family Planning Programmes". Population Reports, Series J, No. 33, 1986.

Kane, T. and S. Sivasubramanian (1989) "Family Planning Communication Between Spouses". Asia and Pacific Population Forum. 3, 1-2: 1-10.

Kane, T. et. al. (1993) "Sexual Activity, Family Life Education and Contraceptive Practice Among Young Adults in Banjul, The Gambia". Studies in Family Planning, 24, 1: 50-60.

Karanja, W. W. (1993) "Conjugal Decision-Making". Some Data from Lagos: Female and Male in West Africa (eds.) Oppong C. London: George Allen and UNWIN Boston Sydney.

Khalifa, M. A. (1988) "Attitudes of Urban Sudanese Men Towards Family Planning". Studies in Family Planning, 19, 4: 236-343.

Ladipo, O. A.; Nichols, D. J.; Paxman, J. M.; Delano, G.; Kelly, S. E.; Otolorin, E. O. (1983) "Sexual Behaviour, Contraceptive Practice and Reproductive Health Among the

Young Unmarried Population in Ibadan, Nigeria, Final Report. Unpublished. July 67p. Grant AID/Pha-G-1198.

Ladipo, O. A.; Nichols, D. J.; Delano, G.; Otolorin, E. O. (1984) "Reproductive Health Attitudes and Practices - Nigeria. In: Edmunds M., Paxman J. M. Early Pregnancy and Childbearing in Guatemala, Brazil, Nigeria and Indonesia: Addressing the Consequences, (Chestnut Hill, Massachusetts) Pathfinder Fund. Sep. 10-5. Pathpapers No. 11.

Ladipo, O. A. (1984) "The Utilization of Research to Gain Acceptance of Reproductive Health Services, Unpublished. 27p.

Last, M. (1967) "A note on attitude to the supernatural in the Sokoto Jihad". Journal of the Historical Society of Nigeria. Vol. IV: 3-13.

Lewis, G. L.; Way, A. A,; Smith, L.; Jr., Kumar, S. and Cornelius, R. (1979) "Contraceptive Availability Knowledge and Use in Developing Countries: A Report on the National Contraceptive Prevalence". Surveys of Costa Rica, Colombia and Thailand. Presented at the 107th Annual Meeting of the American Public Health Association, New York, November 5, 1979. 13p.

Li, Jieping and Wei Zhao (1983) "One-Child Certificate Hold Rates". Population and Economics Special Issue. pp. 137-140.

Lightbourne, B. E. (1980) "Uurban-Rural Differentials in Contraceptive Use. Voorburg, Netherlands, Internaltional Statistical Institude. (WFS Comparative Studies - Cross National Summaries No. 10) 76p.

Liskin, L. (1985) "Youth in the 1980s: Social and Health Concerns". Population Reports Series M. No. 9. Baltimore: The Johns Hopkins University.

Loli, A.; Aramburu, C.; Paxman, J. M. (1987) Adolescent Sexuality in Peru. (ia Sexualidad en ia Adolescencia en el peru.). Perspectives Internacionales en Planificacion Familiar (Special): 17-21.

Makinwa-Adebusoye, P. (1992) "Social Behaviour, Reproductive Knowledge and Contraceptive Use Among Young Urban Nigerians". International Family Planning Perspectives, 18: 66-70.

Mannell, S. (1974) Sociological Theories: Uses and Unities: Nelson.

Martin, L. G. et. al. (1983) "Co-Variates of Child Mortality in the Philippines, Indonesia, and Pakistan: An Analysis Based on Hazard Models. Population Studies, 37, 3: 417-432.

Mbvizvo, M. T. and D. J. Adamchak (1991) "Family Planning Knowledge, Attitudes, Practices of Men in Zimbabwe". Studies in Family Planning, 22, 1: 31-38.

Meredith, P. (1989) "Male Involvement in Planned Parenthood: Global Review and Strategies for Programme Development. London, England, International Planned Parenthood Federation (IPPF). 68p.

Monograph 9, Department of Demography. Australian National University, Canberra.

Morah, B. (1985) "Evaluation of the Nigerian Fertility Survey 1981-82". Voorbury, Netherlands, International Statistical Institute, WFS Scientific Reports No. 80: 56p.

Moser, K. (1985) "Level and Trends in Child and Adult Mortality in Peru. Voorbury, Netherlands, International Statistical Institute, WFS Scientific Reports, No. 77: 24p.

Mott, F. L. and S. H. Mott (1985) "Household Fertility Decisions in West Africa: A Comparison of Male and Female Survey Results". Studies in Family Planning. 16, 88-99.

Musa E. (1980) "The Churches" Story, In: Adolescent Fertility Management: A Report of the Ecumenical Forum on Adolescent Fertility Management, Swaziland 9-22 August 1980. Nairobi, Kenya, All Africa Conference on Churches, Information Department (1980): 17-28.

Mustafa, M. A. B. and S. D. Munford (1984) "Male Attitudes Towards Family Planning in Khartoum, Sudan", Journal of Biosocial Science. 16, 4: 437-450.

Muteba, M. (1987) Obstacles to Delivery of Quality Services (Obstacles a des prestations de service de qualite) In: Services d'Espacement de Naissances de Qualite en Afrique Francophone Rapport Final. Conference des experts, 11-15 Mai 1987, Abidjan, Cote d'ivoire, (Sponsored by) United States Agency for International Development (USAID). Regional Bureau for West and Central Africa Abidjan, Ivory Coast, USAID, Regional Bureau for West and Central Africa 9-12.

Nadel, S. F. (1954) Nupe Religion, London: Routledge & Kegan Paul. Ch. 5.

National Demographic and Health Survey for Nigeria 1990. Federal Office of Statistics, Lagos.

Nichols D.; Ladipo, O. A.; Paxman, J. M.; Otolorin, O. E. (1986) Sexual Behaviour, Contraceptive Practice, and Reproductive Health Among Nigerian Adolescents, Studies in Family Planning 1986 Mar./Apr.; 17(2): 100-106.

Nichols, D. et. al. (1985) "Vanguard Family Planning Acceptors in Senegal". Studies in Family Planning 16, 5: 271-278.

Nichols, D. et. al. (1986) "Sexual Behaviour, Contraceptive Practice, and Reproductive Health among Nigerian Adolescents". Studies in Family Planning, 17, 2: 100-106.

Nortman, D. L. (1980) "Empirical Patters of Contraceptive Use: A Review of the Nature and Sources of Data and Recent Findings. New York, Population Council, Center for Policy Studies Working Paper, No. 64: 45p.

Nortman, D. L. and E. Hofstatte (1980) "Population and Family Planning Programmes: A Compedium of Data Through 1978. 10th ed. New York, Population Council. A Population Fact Book, 94p.

Nortman, D. L. (1982) Measuring the Unmet Need for Contraception of Space and Limit Births. International Family Planning Perspectives. 8, 4: 125-134.

Nnatu, S. (1988) Nigeria.
In: International Handbook of Abortion, Edited by Paul Sachdev. New York, Greenwood Press. 1988. :361-70.

Nwankwo, J. I. (1990) "Population and Development in Nigeria: Myths and Realities". A Paper Presented at the National Seminar Workshop for Dissemination fo Population and Family Life Information, Educational and Communication (IEC) at Ascon, Topo, Badagry: 19th Aug. 1 Sept.

Odejide, T. O. (1986) Offering an Alternative to Illegal Abortion in Nigeria. New-Era Nursing Image International 2(2): 39-42.

Odujinrin, O. M. (1991) Sexual Activity, Contraceptive Practice and Abortion Among Adolescents in Lagos, Nigeria International Journal of Gynecology and Obstetrics. Apr.; 34(4): 361-6.

Odulana, J. (1978) Family Welfare Laws in Ten African Countries: Report of the Africa Regional Law Panel Field Trips. 1977/78, Vol. 1.
Nairobi, Kenya, International Planned Parenthood Federation, African Region. Sept. 63p.

Ojo, S. L. (1974) "Need for Liberalization of Laws Dealing with Abortion in Africa". Paper Presented at the Inaugural Conference, Population Association of Africa, University of Ibadan, Nigeria, May 10-14, 16p.

Olukoya, A. A. (1990) Views of Nigeria Women and Men on Maternal Mortality and Morbidity - Asynopsis of the Pre-Conference Consultative Meetings and Seminars. Unpublished. Sept.: 11-13. 15p.

Omu, A. E. (1981) Traditional Midwives in Nigeria (Letter). Lancet. Mar. 14; 1(8220): 620-1.

Omu, A. E.; Orosanye A. U.; Faal M. K.; Asuguo E. E.; "Adolescent Induced Abortion in Benin City, Nigeria. International Journal of Gynaecology and Obstetrics. Dec.; 19(6): 495-9.

Orosanye, A. U.; Odiase, G. I. (1983) "Attitudes Towards Abortion and Contraception Among Nigerian Secondary Schools Girls". International Journal of Gynaecology and Obstetrics. Oct.; 21(5): 423-6.

Orosanye, A. U.; Ogbeide, O.; Unuigbe, E. (1982) Pregnancy Among School Girls in Nigeria. International Journal of Gynaecology and Obstetrics. Oct.; 20(5): 409-12.

Orubuloye, I. O. (1981) Abstinence as a Method of Birth Control: Fertility and Child Spacing Practices Among Rural Yoruba Women of Nigeria. Changing African Family.

Opaneye, A. A. (1989) Promoting Maternal Health Through Family Planning in Nigeria. Journal of the Royal Society of Health. Dec.; 109(6): 206-8.

Parson, T. (1937) The Structure of Social Action. McGraw - Hill, New York.

Pineda, M. A. et. al. (1983) Family Planning Communications in Guatemala: A Nationwide Survey. Canadian studies in Population, 10: 31-47.

Pathfinder, Fund (1987) 1986 - 1987 Annual Report. Watertown, Massachusetts, Pathfinder Fund, 19p.

Pemberton, M. (1991) Developing Countries Use Music Videos to Promote Teen Sexual Restraint. Baltimore Sun. Dec. 15: 4D.

Population and Development Review. Vol. 17, No. 3. Sept. 1991.

Population Reports (1981) "Contraceptive Prevalence Surveys: A New Source of Family Planning Data". Series M. No. 5, May-June.

Population Reports (1985) "Fertility and Family Planning Surveys: An Up Date". Series M. No. 8, Sept. - Oct.

Ransome-Kuti, O. (1983) The Effect of Parity, Birth Intervals, and Maternal age on the Health of the Child. In: Del Mundo F, Ines-Cuyegkeng E., Aviado D. M. ed. Primary Maternal and Neonatal Health: A Global Concern. New York, Plenum. 53-61.

Ransome-Kuti, O. (1991) Keynote Address: DHS World Conference. Unpublished. 10p.

Reubsaet, H. (1994) Reproductive Decision-Making Among Afro-Caribeans in the Netherlands. Paper presented at the XIIIth World Congress of Sociology, Intertional Sociological Association (ISA), Bielefeld, Germany, 18-23 July.

Renne, E. P. (1993) "Condom Use and the Popular Press Nigeria". Health Transition Review. Vol. 3, No. 1: 41-56.

Ringheim, K. (1993) "Factors that Determine Prevalence of Use of Contraceptive Methods for Men". Studies in Family Planning, Vol. 24: 2. 87-99.

Sathar, Z. A. and Chidambaram, V. C. (1984) "Differentials in Contraceptive Use. Voorburg, Netherlands, International Institude. WFS Comparative Studies Cross National Summaries. No. 36: 106p.

Senderowitz, J. and J. M. Paxman (1985) "Adolescent Fertility Worldwide Concerns". Population Bulletin, 40, 2.

Smith, S. C.; Riber, J. L. (1986) Teenage Pregnancy in Africa; A Film. African Adolescent Film. Report of a Four-Country Tour Investigating the Production of a Melodrama with a Message Film for African Adolescents about Pregnancy. Columbia, Maryland, Development Through Self-Reliance iii, 48p.

Tsafrir, J. S. (1974) Pregnancy and Abortion in Adolescence in Developing Countries. Paper Presented at the WHO Meeting on Pregnancy and Abortion in Adolescence. Geneva, June 24-28, 19p.

Ugwuegbu, D. C. (1976) Attitudinal research among adolescent Nigerians regarding population control; Implications for health education. International Journal of Health Education. 19(4): 270-274.

Ukaegbu, O. A. (1977) "Family Planning Attitudes and Practices in Rural Eastern Nigeria". Studies in Family Planning, 8, 177-183.

United Nations Economic and Social Commission for Asia and the Pacific (1989); Population Research. LEADS. No. 31.

United Nations (UN) Department of International Economic and Social Affairs. Population Division (1984). "Recent levels and trends of contraceptive use as assessed in 1983". New York UN, 119p.

United Nations (UN) (1985) Women's employment and fertility: A Comparative analysis of World Fertility Survey Results for 38 developing countries. New York, UN. 96p.

United Nations Development Programme 1990. Human Development New York: UNDP.

United Nations Development Programme (1993) Human Development Report. New York: UNDP.

United Nations (UN) Population Division (1981) "Variations in the Incidence of knowledge and use of contraception: Comparative Analysis of World Fertility Survey Result for twenty developing countries".

United Nations (1989) "Adolescent Reproductive Behaviour: Evidence from Developing Countries. Vol. 2. ST/ESA/SERA/109, add. 1 New York, U.N.

UNICEF (1993) State of the World Children.

Unuigbe, J. A.; Orhue, A. A.; Oronsaye, A. U. (1988) Maternal mortality at the University of Benin Teaching Hospital Benin City, Nigeria. Tropical Journal of Obstetrics and Gynecology, 1(1): 13-8.

Unuigbe, J. A.; Oronsaye, A. U.; Orhue, A. A. (1988) Preventable factors in Abortion-related Maternal Mortality in Africa; focus on abortion deaths in Benin City, Nigeria. Tropical Journal of Obstetrics and Gynaecology. 1(1): 36-9.

Vanwinge, F. and Adamchak, D. J. (1994) A Cross-National Analysis of Socioeconomic Impacts of Maternal Mortality. Paper presented at the XIIIth World Congress of Sociology, International Sociological Association (ISA), Bielefeld, Germany, 18-23 July.

Vernon, Ricard, Ojeda, R. and Vega, A. (1989) "Operations Research on Different Approaches for Vasecotomy Service. Provision in Colombia". Final Technical Report, Association Pro-Bienestar de la Familia Colombia (PROFAMILIA) and The population council, Bogota, Colombia.

Vernon, R. Stanton, A.; Garcia, M.; Arroyo, J. J. and Rosenberg (1994) "A Test of Alternative supervision strategies for Family Planning services in Guatemala". Studies in Family Planning, 25: 4; 232-238.

Wardlaw, T.; Way, A. and Smith, L. (1982) Comparison of results of contraceptive prevalence survey in five countries with particular emphasis on knowledge, use and availability. Colombia, Maryland, Westing-house Health Systems). Contraceptive Prevalence Surveys. Reprint Series, No. 2, 35p.

Way, A. A. and J. Wardlaw (1981) "Changing patterns in the use of family planning: Evidence from a Worldwide programme of Contraceptive prevalence surveys. In American Statistical Association. Proceedings of the Social Statistical Section, Washington, D.C., American Statistical Association, pp. 482-487.

Way, A. A. and Wardlaw, T. M. (Nov. 1982) Comparative data from contraceptive prevalence surveys: knowledge, use, and availability of family planning in eight countries. Columbia, Maryland, Westinghouse health systems (Contraceptive Prevalence Surveys, Reprint Series, No. 6. p. 32p.

World Bank (1984) World Development Report, (New York, Oxford University Press, p. 266).

World Health Organization (WHO) Pregnancy and abortion in Adolescence. World Health Organisation. Technical Report Series No. 583, Geneva: WHO.

World Health Organisation (WHO). Family Health Division Maternal and Child Health Unit (1985) Reproductive Health in Adolescence: Position Paper. Unpublished. Jul. 19p. MCH/85. 12).

Zhongguo Renkou Ziliao Shouce (Handbook of Chinese Population Statistics), Beijing, China Population Information Centre, 1983) p. 85 and Global Estimates and Projections of Population by Sex and Age: 1988 Revision (New York, United Nations, 1989).

RESEARCH INSTRUMENT ANNEX II

FAMILY PLANNING INFORMATION SOURCES AND MEDIA EXPOSURE AMONG NIGERIAN MALE ADOLESCENTS

QUESTIONNAIRE

(Greetings). My name is (say your name in full). I am a teacher here in this community, but I have been sent to you by a team of researchers at the Department of Sociology, University of Ibadan. You have been selected to be interviewed on the opinion of men on Family Planning Information Sources and Media exposure in Nigeria. Past studies of family planning have concentrated on women, but we think it is also important to seek the view of men, especially adolescents, on these issues.

We very sincerely request your co-operation in completing this questionnaire accurately. your answers will be confidential, and no names, addresses or anything that could identify an individual will be used in publishing the results. Also, to ensure your privacy here we would prefer that nobody be present during the course of this interview.

We appeal to you to give your frank and honest opinion to the questions, realizing that the information you provide will help to advance knowledge and science.

Thank you for your co-operation.

Date: _____ Time: _____
Town/Village: _____ House/Compound No: _____
Household No: _____ Respondent's No: _____
Address or Description of House: _____
_____
_____
Name of Interviewer: _____
_____

SOCIOECONOMIC BACKGROUND OF RESPONDENTS

1. How old are you now (completed years)? _____.

2. Date of Birth ..... Day ..... Month ..... Year.

3. What is the highest level of School you completed?

   (1) No Schooling < > (2) Some Primary < >

   (3) Completed Pry < > (4) Some Secondary < >

   (5) Completed Secondary < > (6) OND/NCE < >

(7) HND/University < >(8) Others (Specify) < >

4. Can you read a Newspaper or Magazine in English?

(1) Yes < > (2) No. < >

5. What is your main occupation, that is, the main work you do to earn a living? _____

6. Do you work for yourself, for someone else, for the family, or do you have paid people working for you or learning a trade?

(1) Employer < > (2) Employee (Go to question 5b) < >

(3) Own-account worker < > (4) Unpaid family worker < >

(5) Unemployed < > (6) Student < > (7) Learning a trade < >

(8) No response < >

7. FOR EMPLOYEES ONLY
Do you work for the government, a large industry or business, or a small private business?

(1) Government < >

(2) Large Service Business (e.g. Banks) < >

(3) Manufacturing Industry < >

(4) Small Private Business < >

(5) Others (Specify) _____ (9) No Response < >

8. What is your income from all sources last month? ₦_____

9. What is your religion? _____

(1) Islam < > (2) Christianity < > (3) Other Specify _____

10. If christian, specify denomination _____

11. How long have you been living here? _____
Question for Rural Respondents only

12. Have you lived in big towns other than your village before?

(1) Yes < > (2) No < >

13. What is your marital status?

(1) Single < > (2) Married < > (3) Separated < >

(4) Divorced < > (5) Widowed < >

14. Are you presently living with your mother, father or relatives?

(1) With Mother only < > (2) With father only < >

(3) With both Parents < >

(4) With neither of the Parents < > (5) Relatives < >

(6) Alone < > (7) Others (Specify) _____

(9) No Response < >

15. Do other people have some influence on your sexual behaviour?

(1) Yes < > (2) No < >

16. If yes; Who? _____

17. At the time of marriage did you and your spouse discuss about the number of children to have?

(1) Yes < > (2) No < >

Fertility Preference

18. How many children do you plan to have? _____

19. How many of your children are living now? _____

20. Did you and your spouse discuss the type of family planning methods to use?

(1) Yes < > (2) No < >

21. What method? _____

Knowledge, Attitude and Use of Family Planning

22. Have you ever heard that there are methods used by couples to delay or prevent pregnancy?

(1) Yes < > (2) No < >

23. If yes, specify the methods _____

24. Would you say that you approve or disapprove using any method to delay or prevent pregnancy?

25. Married couples can delay or prevent pregnancy by using the following methods of birth control. For each of the methods listed below, I will ask you the following questions:

(A) Which one do you know? (Tick Column A)

(B) Which method have you ever used? (Tick Column B)

METHOD	A (METHOD KNOWN)	B (METHOD EVER USED)
Methods Requiring Doctor's Prescription:		
Pill		
Diaphragm/Cup		
IUD (Intra Uterine Devices)		
Injection		
Norplant		
Surgical (Vasectomy tubal ligation)		
Rythemes/Saf. Period		
Method not Requiring Doctor's Prescription		
Condom		
Jelly/Foam Tablets/Suppositories		
Goitus Interruptions		
Traditional Methods		

IF EVER USED A METHOD

26. What method of family planning did you ever use first? _____

27. How old were you when you first used a method of family planning?

28. Are you or your partner currently using any method to avoid unwanted pregnancy?

29. Which method are you currently using? _____

30. How long have you been using it? _____

31. Where do you normally obtain it? _____

32. Who obtained or brought the device, you or your partner?

(1) The Respondent < > (2) Partner < > (3) Both < >

(4) No Response < >

SOURCES OF INFORMATION ABOUT FAMILY PLANNING

33. What was your source of information about family planning? (Tick one response)

(1) Radio < > (2) Television < >

(3) Both Radio and Television < >

(4) Newspaper/Magazine < > (5) Posters/Handbills < >

(6) Village Cinema < > (7) Public Address System Van < >

(8) All of the above < > (9) No Response < >.

34. Which of these information sources do you prefer most?

35. Do you have a radio in your house?

(1) Yes < > (2) No < >

36. What time to the day would you like to listen to radio everyday? _____

37. Do you have a television in your house?

(1) Yes < > (2) No < >

38. What time of the day would you like to watch Television everyday? _____

39. How many times do you read Newspaper/Magazine in a week?

_____

40. Which medium is most effective in your community for disseminating information? _____

41. Would you like to attend meetings in order to learn more about family planning in the future?

(1) Yes < > (2) No < >

GENERAL VIEW

42-53 Tell me your level of approval or disapproval of the following:

	(1) Strongly Agree	(2) Agree	(3) No Opinion	(4) Disagree	(5) Strongly Disagree
(42) It is not good for girls to marry before the age of 18 years					
(43) Family Planning Services should be made available to all persons.					
(44) Suitable population and family planning education should be given to all adolescents.					

(45) Adult men should be given appropriate population and family planning education					
(46) Men who impregnate under aged girls (under 18 years) should be punished.					
(47) Women should not have any more children after the age of 35 years					
(48) Men should not marry more than one wife.					

(49) Government should enforce the law that girls should not marry before 18 years of age.					
(50) Population education should be introduced in secondary schools.					
(51) Family Planning should be a part of the better life for women programme.					
(52) Family planning should be advertised on Radio, T.V. and newspapers					

(53) Abortion should be legalised					

54. Do you think your knowledge of FP methods will influence your fertility behaviour?

(1) Yes < > (2) No < >

55. If Yes, Why?

56. If No, Why?

END OF INTERVIEW

Thank you for your co-operation in this study. Now that we have finished, do you have any question or comment about the subjects covered in this interview?

_____

_____

_____

Again, we assure you that all the answers you have provided are strictly confidential, and your privacy is guaranteed. Thank you.

_____

Time interview ended: _____ Duration of Interview: _____

Outcome of Interview: Degree of co-operation of the respondent:

_____

Completed: _____ Very Good: _____

Refused: _____ Good: _____

Not Completed: _____ Very Poor: _____

Poor: _____

FOCUS GROUP DISCUSSION STUDY GUIDE

1. Have you heard of family planning before now? If yes, what was your source of information? Which ones do you know?

2. Which of these information sources do you think is most effective here and why?

3. Which of the information sources do you prefer and why?

4. Do you own (a) Radio (b) Television?

5. What time of the day do you normally listen to (a) Radio (b) Television? Why do you choose this time of the day?

6. How many times a week do you read newspaper/magazines? Why?

7. What is your source of supply of the newspapers/magazines? How regular do you get it from the source?

8. Have you ~~been~~ ever participated in family planning programmes before now? When? In what capacity? Would you like to attend and learn more about family planning in the future?

9. What is your opinion about family planning?

10. What do you think about population policy of 4 children per woman in Nigeria?

11. At what age should women start bearing children?

12. At what age do you think women should stop child bearing?

13. At what age should men start child bearing?

14. At what age should men stop child bearing?

15. While realising that abortion is not part of family planning we know that people sometimes do terminate unwanted pregnancies. What is your opinion about this?

16. What do you think can be done to reduce or stop unwanted pregnancies in our society?

17. How do you think we can prevent abortion?

18. Apart from unwanted pregnancies/abortion what are other negative effects of indiscriminate sexual intercourse?

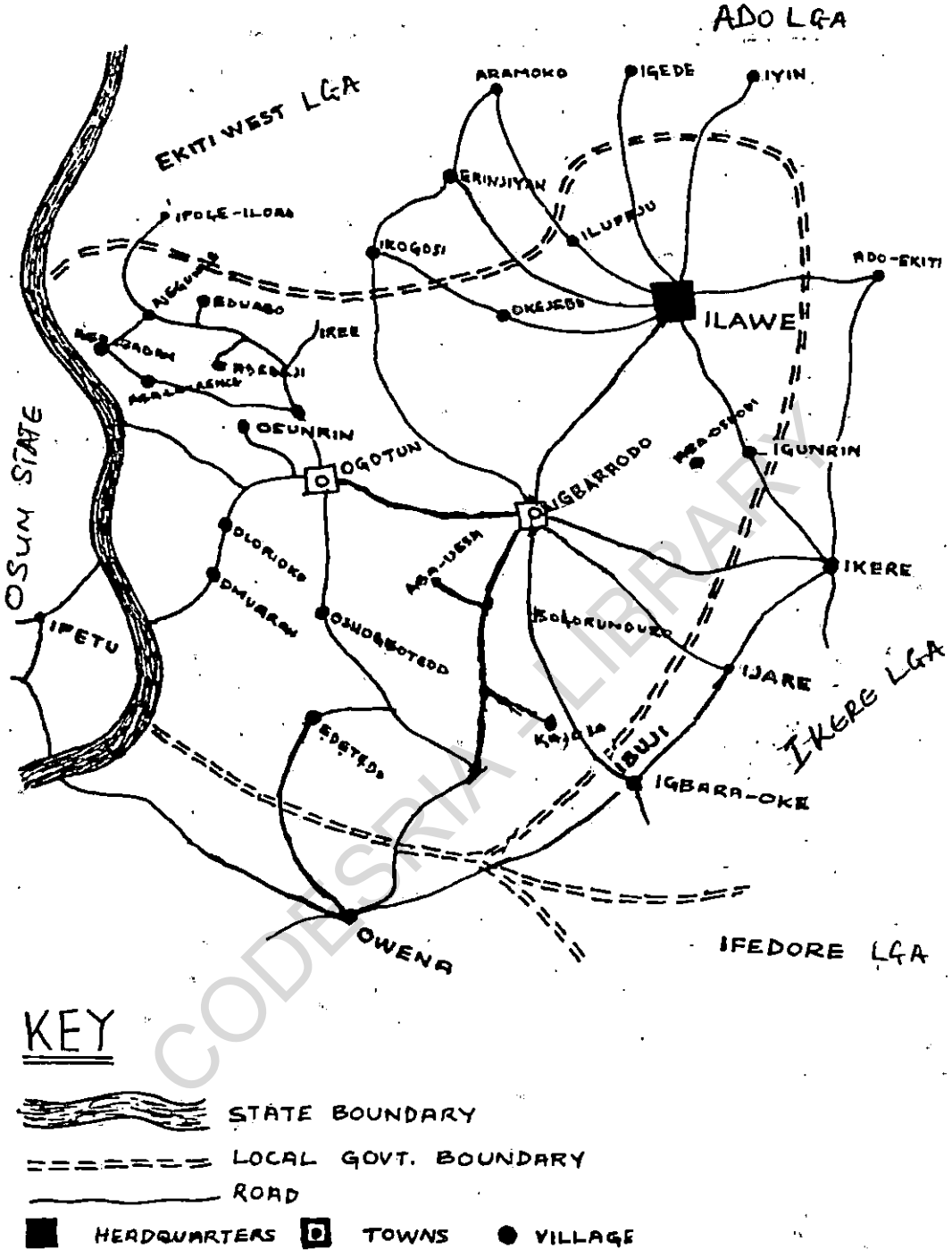
19. How do you think these can be prevented?

20. What categories of people do you think are using birth control methods? At what age should men start using family planning method?

21. Why do you think some people are not using family planning in this area?

22. What do you think can be done to help male of your age so that they will use family planning?

MAP OF EKITI SOUTH-WEST LOCAL GOVERNMENT



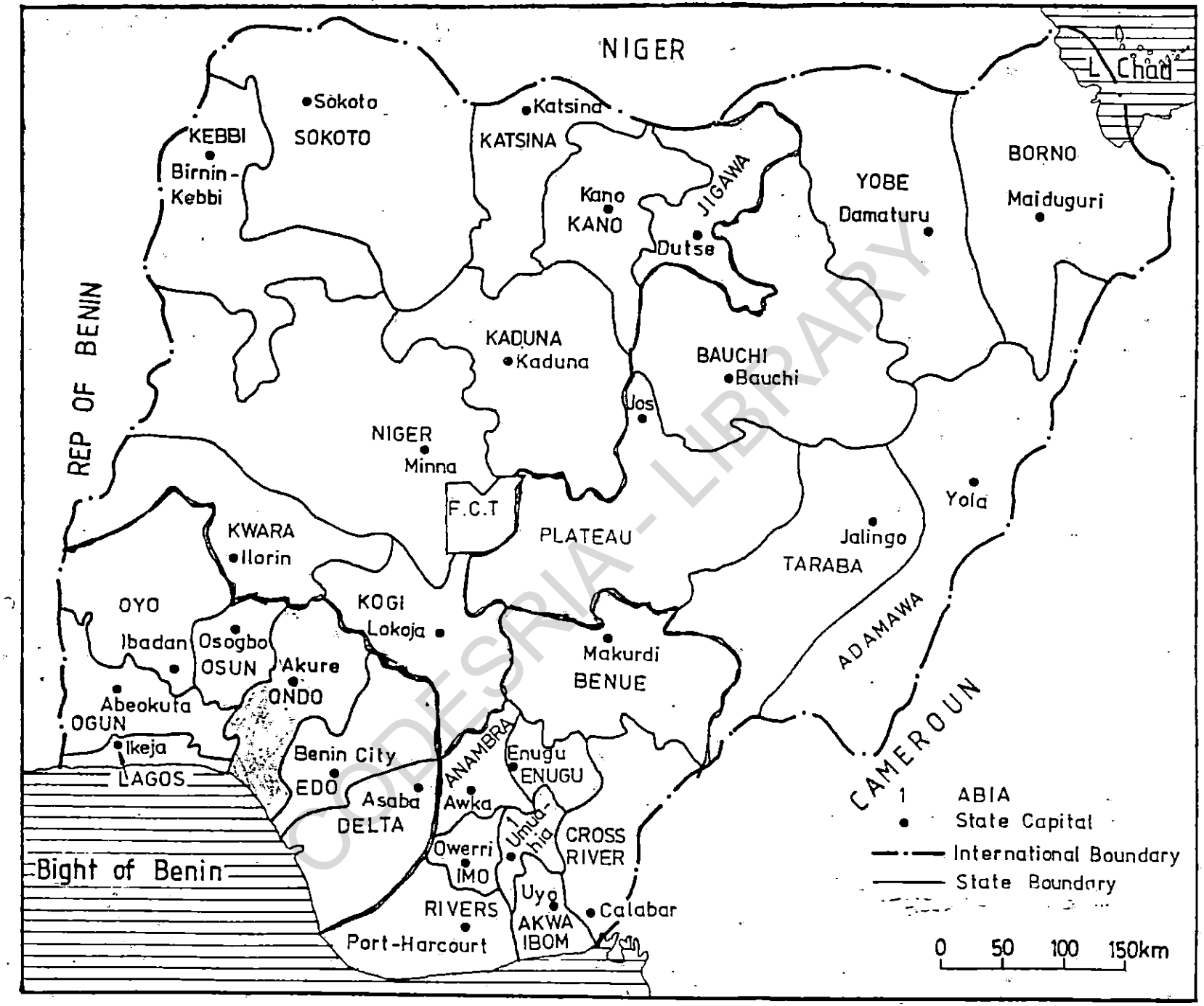
KEY

STATE BOUNDARY

LOCAL GOVT. BOUNDARY

ROAD

HEADQUARTERS TOWNS VILLAGE



Map of Nigeria Showing ~~36 States~~.

ONDO STATE
TO
ADMINISTRATIVE MAP

Source: Ondo State of Nigeria, Free Health Service for All! Supplied by the Information Service Unit, Ministry of Information, Culture, Tourism & Home Affairs.