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FORMS OF FAMILY PLANNING PRACTICES AMONG MARRIED PEOPLE IN ENUGU STATE

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Abstract

Family planning is the process of controlling the birth rate, spacing the interval of child birth and gender selection. This study was carried out to investigate forms of family planning practices in Enugu west Senatorial zone in Enugu State. Two research questions and one null hypothesis guided the study. The

study adopted descriptive survey research design. The population of this study comprised 4,260 married people. Stratified random and purposive sampling techniques were used to select 426 married people. An instrument developed by the researchers titled "forms of family planning practices" (FFPP) with a two point rating scale of agree and disagree and "attitude of male and female married people towards family planning practices'' (AMFMTFPP) was used for data collection The instrument was subjected to face and content validation. The reliability was established using Cronbanch Alpha. The result gave coefficient values of 0.73 and 0.79 for family planning practices and forms of family planning practice. The researcher administered the instrument with the help of five research assistants. The research assistants were trained on how to distribute and collect the instrument. The completed copies of the questionnaire were collected on the spot. The data were analyzed using mean, standard deviation and percentage to answer the research questions while t-test was used to test the hypotheses at .05 level of significance. . The study revealed that married people in Enugu state practice 10 out of 11 forms of family planning practices investigated. Finally the study showed that there is significant difference between the attitude of male and female married people towards family planning practices in Enugu State. Some recommendations were made among which was that government should organize free seminar/workshops in all Senatorial zones in Enugu State on the importance of family planning and the methods to limit the number of children they would have during their marriage.

Keywords: Family Planning, Family Planning Practices, Married People, Religious Ethics, Enugu State.

Introduction

Family planning is one of the most difficult and least discussed topics, particularly amongst male in a conservative and patriarchal society where men have the final decision-making power regarding most issues, including reproductive health. Nevertheless, there have been some efforts to target men through either advocacy or behavioural change interventions, but very little have been achieved. Therefore, this study need to focus on the various forms of family planning practices among married people and the gender differences in the attitude of married people towards family planning in Enugu state.

Family planning is the act where individuals who are legally married resolve to bear the number of children they can carter for through spacing, abstinence and among others. Obiageli (2002) defined family planning as a means of prevention or control of conception in order to allow a couple space their children to suit their circumstances. This definition saw family planning as a way of averting or regulation fertility to suit their needs and conditions in life by using birth control methods. Operationally, family planning is the process of controlling the birth rate, spacing the interval of child birth and gender selection. Family planning helps in combating population and consequently poverty in Nigeria as well as other developing countries in Africa. Therefore, its roles cannot be overemphasized. Healthy timing and spacing of pregnancy (HTSP) is a family planning intervention to help women and couples delay, time, space, or limit their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children regardless of the total number of children (Marston, 2005). Apart from family planning interventions, there are

various family planning practices which may be in use by married people. There are specific methods used in family planning by most married people in Nigeria. In the words of Chikwelu and Arinze (2009), the natural method of family planning has six types namely: Ovulation method (Billings), safe period method, temperature method, withdrawal method, abstinence and exclusive breast feeding method. The artificial method of birth control includes the: hormonal methods, occlusive methods, spermicidal methods, surgical methods and intrauterine devices. Some of these artificial methods of family planning have advantages and side effects. Hence, the researchers are yet to ascertain if the aforementioned family planning practices are in use by married people in Enugu state. Married people are adults that engage in the process of promoting and supporting the physical, emotional, social, financial, and intellectual development of a child from infancy to adulthood (Orubuloye & Oyeneye, 2009). Married people according to Ojo and Briggs (2002) created a positive emotional bond with infant through warm and caring with a lot of eye contact and touch. This positive emotional bond with married people and caregivers promotes the child's healthy self concepts. It is the basis of a relationship in which the child feels the parents and caregivers' love, acceptance and respect. Operationally, married people are spouse or man and woman whom are legally joined together for conjugal relationship and other personal reasons. Ojo (2013) asserted that marriage is a legal union between two persons that confers certain privileges and entails certain obligations of each person to the other. There is similar union of more than two people in polygamous marriage. According to Okolo, (2006), marriage is a union between persons that is recognized by custom or religious tradition, the state or relationship of two adults who are married. Anyanwu (2015) opined that some factors could influence practices of various forms of family planning in Enugu state. These include level of Education, gender among others.

World Health Organization (2008) stated that gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women. Onokorleye, (2004), stated that gender is commonly shared expectations and norms with a society about appropriate male and female behaviour, characteristics and roles. The researcher saw gender as cultural construct that differentiate females from males and thus defined the ways in which females and males interact with each other. It is on this ground that the researchers aimed at investigating various forms of family planning practices and the gender influence towards family planning practices among married people in Enugu west senatorial zone.

History of Family Planning

For quite some time in the past, the issue of family planning was observed secretly and not for public consumption, particularly in this part of the world where the two predominant religions tend to frown at its discussion in public. Today, however, opinions about this have changed. According to Okoye (2006), family planning started in the U.S.A with nurse, Margaret Sanger (1876- 1966), who fought a very courageous crusade against the legal system of America. She coined that phrase "Birth control" and set up a clinic for it propagation in 1916.

The Family Planning Council of Nigeria (FPCN), later called Planned Parenthood Federation of Nigeria (PPFN), was established in 1964 by some concerned private individuals towards

checking the rampant phenomenon of "child-ladies". Such unwanted pregnancies resulted in criminal abortions that were of concern to the government. In 1957, the rampancy of abortion cases caught the attention of the Marriage Guidance Council in Lagos. Later development made the federal government to establish family planning services and clinics with funds coming from the Pathfinder fund, Population Council and the International Planned Parenthood Federation (IPPF). Prior to the establishment of the clinics, records had it that Miss Edith Cate of the Pathfinder fund of U.S.A visited Nigeria in 1962. A family planning committee was consequently set up charged with the responsibilities for family planning activities and marriage counseling. It was the committee that metamorphosed into Family Planning Council of Nigeria (F.P.C.N) and later Planned Parenthood Federation of Nigeria (P.P.F.N). Although, family planning appears to be a relatively young area of study, it had long existed since the discovery that many girls of school age were losing their live through premature and unwanted pregnancies Okoye, (2006). The phenomenon still remains till date; it has however stopped being news to anyone. Today, the awareness that a large and uncontrolled population is a bane to socio-economic growth of the nation as well as the health of the citizenry has generated the quest for planned families and concerns of government to maintain it (NSO, 2004, Park, 2007).

Forms of Family Planning

According to Amaefuna (2004), there are two broad categories or methods employed, these are:

1. Natural family planning method
2 Artificial family planning method

Natural Family Planning Methods (NFP)

These are methods involves in timing sexual activities to avoid a women's most fertile time. By understanding when a woman is most fertile, married people can avoid pregnancy; Amaefuna (2004). According to Michael (2009), and Egbunam (2017) natural family planning methods are methods that rely on the monitoring of natural physiological signs and symptoms to determine the fertile period so that pregnancy could be avoided or achieved as the case may be. They are used by those who wish to avoid drugs because of their likely side effects, for religious and other reasons. Amaefuna (2004) maintains that natural family planning methods include the following:

Ovulation method (Billings)
Safe period method (fertility awareness)
Temperature method (Thermoregulatory)
Withdrawal method (coitus interrupts)
Abstinence
LAM (Lactational Amenorrhoea) or Exclusive breast feeding method

Ovulation Method

According to Okun and Dela (2004) stated that Ovulation or mucus sign method is a method devised by Billings and is based on the woman's observation of a sequence of changes in the quality of cervical mucus. The level of oestrogen in the blood affects the mucus secretion of the cervix at every point of the menstrual cycle based on follicular development in the ovaries. Soon after menstruation before follicular development, the woman experiences a feeling of dryness in her genital area. As the follicles begin to develop and produce oestrogen, the

woman experiences as sticky sensation of a cloudy or opaque, thick mucus (early pap) observed when the vulva is cleaned after urination. As the time of ovulation approaches, oestrogen concentration increases to its highest peak in the cycle, the mucus thins out, becomes slippery, and stretchy between the fingers, the clear, egg white consistency (fertile mucus). The last day of this secretion, identified retrospectively is called the 'peak' and the likely ovulation day. Following ovulation, progesterone is produced and inhibits the cervical secretion of "fertile' mucus. The secretion changes to the sticky pap-like consistently (late pap) or no mucus at all, followed by menstruation. Dereck (2000).

Spencer (2009) agreed that ovulation method of natural family planning is the avoidance of drugs and devices. Ohun and Dela (2004) disagreed that many married people do not practice ovulation method due to the demands that are placed on the sex life of married people and there are associations between failures and increased rates of congenital abnormalities. Hipu (2005) is at variance with the present finds who opined that ovulation methods rely heavily on one's ability to accordingly work and out on fertile periods each month and if not correctly judged or calculated the method has a high risk of failure. They are not suitable for women with irregular periods.

Safe Period Method or Calendar or Rhythm Method

This method according to Amobi (2001) is the oldest family planning method and is designed to predict the fertile period based on the duration of previous cycles (6 to 12 cycles). The recoding is made by subtracting 18-21 days from the shortest cycle and 8-11 days from the longest. The day's numbers that result represent the beginning of the fertile phase and the beginning of the safe phase respectively. E.g. If ones shortest cycle is 27 days and the longest is 30 days, then the fertile days will start from day 7 (27-20 = 7) and the safe days will be from day 20(30-10=20) using average. It does not take into cognizance the variations associated with ovulation and fertility. It- is obsolete and should no longer be taught as it has high failure rate even with the best of practices.

According to Amobi (2001) observed that majority of married people practiced safe period method because it doesn't require a prescription and it can be practice at home, so it's a method married people always have access to. Amaefuna (2004) supported that safe period method is good for married people because it's an all natural form of birth control and doesn't require taking synthetic hormones or inserting medical devices for pregnancy prevention. Okeye (2006) is in disagreement with safe period method because sperm live an average of three days in the body, but for some women, sperm can live in their bodies for up to seven days. This makes it difficult to plan when it's completely safe to have sex and rhythm method doesn't provide any protection against sexually transmitted infections such as HIV, Chlamydia of herpes.

Temperature Method

According to Amaefuna (2004) this used the monitoring of early morning body temperature (basal body temperature BBT). It is based on the fact that there is a shift in basal temperature from a relatively lower level during the early phase of the menstrual cycle (follicular) to a relatively higher level during the pre-ovulatory (luteal) phase.

It can be used to detect but not to predict ovulation which makes its use as a contraceptive method to be restricted to the post ovulatory period only. It requires some level of literacy to be able to read the thermometer, record the readings and interprete same.

Amaefuna (2004) conceived that temperature method does not require any doctor appointments and it comes without side effects. According to Okeye (2006) stated that the disadvantage of temperature method is the same with safe period method because it is not a particularly reliable method of birth control, especially for women with irregular cycles. Plus outside factors, such as lack of sleep, can cause a woman's temperature to vary.

Withdrawal Method (Coitus Interruptions)

Ojo and Briggs (2002) adduced that withdrawal method is the practice whereby the male partner withdraws the penis from the vagina during intercourse prior to ejaculation. It is a traditional and age long contraceptive technique in many communities especially in Africa. It has a high failure rate as some seminal fluid containing sperm may have escaped prior to ejaculation, and requires a strong willed male partner to be able to withdraw at this stage of sexual intercourse.

According to Ojo and Briggs (2002) reported that the pull at method is safe because it doesn't have any side effects. Hipu (2015) posited that withdraw method fails is because use the penis isn't pulled out before ejaculation (cumming). Many people plan on pulling out and end up forgetting or changing their minds in the heat of the moment. Some people aren't willing to do when it comes down to it.

Abstinence

This is the practice of refraining from any sexual intercourse, it is best for unmarried young people. It is practiced by all and sundry at one time or the other (Myles 2008).

Exclusive Breast Feeding Method (Lactational Amemorrhoea)

Hipu (2015) revealed that lam is based on the principle that prolactin (milk hormone) prevents ovulation due to failure of the follicles to be stimulated to grow and ripen. For LAM to be effective, breast feeding must be exclusive with no less than 8 feeds spread throughout the 24 hours of the day with at least 3 feeds during the night.LAM is effective generally only for the first 6 months of exclusive breastfeeding prior to resumption of menstruation.

According to Hipu (2015) recommended exclusive breast feeding because baby's sucking causes a mother uterus to contract and reduces the flow of blood after delivery and during lactation, menstruation ceases, offering a form of contraception. Okoye (2006) opined that exclusive breast feeding is not best form of family planning for married people because of body differences and it makes mothers have a low libido (sexual desire) which pushes them to compromise their sex life.

Artificial Family Planning Methods (AFP)

Artificial family planning methods of birth control are all manufactured devices to prevent pregnancy and to control birth.

According to Onyemelukwe, and Odigbo, (2016) the artificial family planning methods rely on the use of drugs or other artificial means to interfere with fertilization or implantation of fertilized ovum or even entry of sperm into the uterus. These methods are as follows:
Hormonal methods
Occlusive methods
Spermicidal methods
Surgical methods
Intra uterine devices (IUDs)

Hormonal Methods
Hormonal methods are the use of hormones in various combinations to achieve contraception. There are 3 major forms: oral or the pills, injectibles and the implants. Akubue (2006). Nwaora (2015) stated that hormonal methods of family planning are all highly effective and their effects are reversible. They do not rely on spontaneity and can be used in advance of sexual activity. Obiageli (2002) disagreed of hormonal methods of family planning because of the necessity of taking medications continuously and cost of the medication.

The Pills
These are oral hormonal contraceptives. Nwaora (2015) observed the 2 types: combined pills containing oestrogen and progesterone and the mini pills containing progestin only. The pack comes in 28 tablets, 21 containing active ingredients and 7 vitamins, to be taken 1 tablet daily. The first 21 tables containing active ingredients are taken first while the later 7 covers the period of the "artificial menstruation".

The Injectibles
Amaobi (2001) observed that there are hormonal contraceptives of the progestin type that are injected once every 3 months. They are medroxyprogesterone acetate (Depo-provera or DMPA) and norethindrone ananthemata (NET) They:

i. Enjoy the advantage of one in 3 months injection only as against the daily pills. Could easily be hidden from the woman's spouse.
ii. Delay the return of ovulation after stopping usage.
iii. May predispose to breast and endometrial cancer
iv. Does not however suppress lactation.

Implants
Obiageli (2002) defined these as the form of six small capsules placed under the skin of the upper arm through a small incision (cut). This could last for 5 years or longer. They could be taken out at will if need be. They are progestin-only contraceptives, and are known as Norplant, The hormonal contraceptives act by inhibiting ovulation, or implantation (abortificient) or making the cervical mucus thick and hostile hampering sperm transport into the cervix.

Side Effects

i. Nausea, weight gain, fluid retention, breast fullness or tenderness
ii. Mild headaches, sporting between periods

iii. Missed periods and problem with return of menstruation after stopping the drugs (may result to infertility)
iv. Depression, mood changes, fatigue, decreased sex drive (libido) Vaginal infections especially candidaisis
v. Acne, cholasma or the mask of pregnancy (skin darkens on the upper lip, under eyes or on forehead sun may make it worse) Serious side effects include:
vi. Gall bladder stones and/or diseases
vii. Hypertension
viii. Blood clots in the legs, pelvis, lungs, heart or brain
ix. Rarely liver rupture which is usually fatal

Advantages of Family Planning Methods

1. Easy to take, only 1 pill a day.
2. Can be used by every woman irrespective of age and educational status except combined pills which is not suitable for nursing mothers as their inhibit lactation.
3. Effectiveness is very high about 96% and above.
4. Can be used to treat menorrhagia and dysmenorrheal.

Occlusive Methods

Obiageli (2002) maintained that these are devices that prevent sperm from entering the cervix. There are the male and female devices which are:

i. **Condom:** Used by males and worn over an erect penis prior to penetration into the vagina
ii. **Diaphragm:** Inserted into the vagina to occlude the cervix
iii. The spermicidal foam, the spermicidal sponge. These are impregnated with spermicide and inserted into the vagina. The sexual movements spread them over the cervix trapping and preventing sperm entry while the spermicide kills them.
iv. Failure rate is high as insertion may be poor or their use forgotten when the sexual urge is high.
v. Spermicide makes the activity messy.
vi. Condom reduces normal body contact during intercourse and this could reduce the enjoyment of the act.
vii. The woman could react to the substance used to produce the device or to the Spermicide
viii. Predisposes to vaginal infections
ix. Condom could reduce the incidence of sexually transmitted infections (STIs)
x. Condom could tear on slip or have leakage.

According to Anugwona (2007) agreed that occlusive method of family planning is been practice by many married people because is highly effective in preventing sexual transmission of HIV, the virus that causes AIDs and reduces the risk for many STDs that are transmitted by genital fluids such as gonorrhea, Chlamydia and trichomoniasis. Obiageli (2012) opined that occlusive method of family planning can fail one if not properly use or can slip off or break during sex, and then it does not offer any protection.

Intra Uterine Devices (IUDS)

Intra Uterine Devices is a small flexible plastic frame. It often has copper wire or copper sleeves on it. It is inserted into the uterus through the vagina, (usually by a trained health personnel). Nwabara (2004).

Types

Anugwona (2007) unmediated IUDs- Lippes loop or the coil Hormone releasing IDDs for example. LNG-20 and progestaseit Copper bearing IUDs eg. Copper-T (TCu.380A). These are the commonest in use now. Each IUD has one/two strings attached to its end which lies along the vaginal wall which can be felt to ensure that the IUD is still in position. They can stay in place for up to l0 years and could be removed at will (immediately reversible). They are very effective, with little to remember.

Side Effects

i. Longer and heavier menses, bleeding or spotting in between periods
ii. Severe pelvic pains and cramps
iii. Perforation of the uterus.
iv. May fall off unknown to the woman.

According to Nwaora (2015) supported intra uterine devices because both the copper and hormonal IUD are more than 99 percent effective in preventing pregnancy which can last between five and ten years and the device can be taken out at any time by a specially trained doctor or nurse. Nwabara (2004) pointed out that intra uterine devices have small risk of infection at the time the IUD is put in and for the first three weeks and the IUD can fall out.

Spermicidal Method

These come in forms of tablets, suppositories (must dissolve for 10-30 minutes before action), creams, jellies and aerosol foaming agents. They are inserted into the vagina prior to intercourse. Tablets and suppositories may fail to dissolve completely causing friction and irritation during intercourse (Myles, 2008). Spermicidal method of family planning is been adapted by married people because it's convenient, cheap and doesn't interrupt sex Myles (2008). According to Okoye (2006) disagreed with spermicidal method of family planning because it does not provide protection from sexual transmitted infection (STIs): are not considered an effective form of contraception when used also and may produce side effects such as vaginal or penile irritation.

Surgical Methods

Amaefuna (2004) opined that these are carried out through minor incision in the abdomen whereby the fallopian tubes are tied in the female or in the scrotum for tying of the vas deferens in the male. They are permanent forms of contraception and are as follows:

Tubal ligation: the tying of the fallopian tubes in the female. This prevents the sperm from reaching the ovum in the tubes where fertilization takes place. In rare cases the suture could slip off leaving the tube patent and pregnancy may occur.

Vasectomy: The typing of the vas deference which transports sperm into the urethra. The first 20 ejaculations after the procedure could contain sperm, so married people should use other contraceptive methods for 3 months.

Akubue (2006) viewed surgical methods as effective form of family planning because vasectomy involves no hormones, it is permanent form of birth control and there are no changes in libido (sexual desire), menstrual cycle or breastfeeding. Amobi (2001) presented that surgical methods is not good in case of vasectomy, men may regret the decision later because of the decision later because of the discomfortment contracting sexually transmitted diseases.

Statement of the Problem

The concern about the consequences of rapid population growth, has made family planning inevitable. All over the world, no problem calls for urgent solution like how to control rapid population growth. The effect of rapid population growth may include the following: food shortage, shortage of land and houses, pollution, slums, scarcity of clean water, energy, unemployment, poverty, poor education facilities, low life expectancy, armed robbery, prostitution, malnutrition and diseases, infrastructural facilities, death from abortion, abandoned babies, and violence at home and on the streets. In developing countries like Nigeria, evidences of rapid population growth seemed to be manifesting. However, this tends to bring psychological and emotional stress on most married people. This scenario has provided more research on family planning by scholars. The practice of family planning methods among married people may reduce unwanted or unplanned pregnancy, mortality and morbidity associated with abortion among married people. Rapid population growth will also be minimized, thus, enhancing good health. Unfortunately, they are no known studies to the researchers that have been conducted in Enugu west senatorial zone involving forms and attitude of family planning practices among married people, especially as it concerns gender differences in their attitudes and believes. It is this gap that this study intends to fill.

Purpose of the Study

The main purpose of this study is to investigate various forms of family planning practices in Enugu west Senatorial zone in Enugu State. Specifically, the study sought to:

1. Determine the various forms of family planning practices in Enugu west Senatorial zone;
2. Find out the attitude of male and female married people towards family planning practices in Enugu west Senatorial zone;

Research Questions

The study was guided by the following research questions:

1. What are the various forms of family planning practices in Enugu west senatorial zone?
2. What is the attitude of male and female married people towards family planning practices in Enugu west senatorial zone?

Hypotheses

The following two null hypotheses were formulated and tested at .05 level of significance

HO_1. There is no significance difference between the attitude of male and female married people towards family planning practices in Enugu west senatorial zone.

Method

The study adopted the descriptive survey research design and was conducted in Enugu state, Nigeria. The population for the study consisted of 4,260 married people in Enugu west senatorial zone in Enugu state. The sample for the study consisted of 426 married people selected from the population of the study: stratified random and purposive sampling techniques were used to draw the sample. The researchers developed a self structured instruments called "forms of family planning practices" (FFPP) with a two point rating scale of agree and disagree and "attitude of male and female married people towards family planning practices'' (AMFMTFPP) with four point rating scale. The instruments has 11 items and was face validated by three experts, two from guidance and counseling and one from measurement and evaluation, all in the department of educational foundations, faculty of education, Chukwuemeka Odumegwu Ojukwu university, Igbariam campus. The internal consistency of AMFMTFPP and FFPP was ascertained using Cronbach Alpha reliability estimate. A population of 20 married people from Anambra central senatorial zone was used during the pilot study. The data collected from the pilot study was analyzed using the Cronbach Alpha reliability estimate and the reliability coefficient stood at .79 and .73 respectively, thus, indicated that the instrument was reliable and therefore used for the study. To collect data for the study, the researchers employed the assistance of five research assistants whom they trained in one day consultative meeting. 426 copies of AMFMTFPP and FFPP were able to retrieved 402 copies signifying 94.4% return of dully filled copies of the administered instrument. Mean, standard deviation and percentage were used to answer the research questions. The decision rule for the interpretation of the respondent responses is that for any item 2.50 is regarded as agree, while any item whose mean score is less than 2.50 is regarded as disagree. In analyzing the data for the null hypothesis, independent t-test was used to test the null hypothesis at 0.5 level of significance. If the calculated t-value is equal or greater than the table value the null hypothesis was rejected. If calculated t-value is less than the table value, null hypothesis was not rejected.

Data Analysis and Results

The analyzed data were presented in Table 1 and 2 in accordance with the research questions and hypothesis that guided the study.

Research Question one: What are the various forms of family planning practices prevalent in Enugu west senatorial zone?

Table 4: Frequency and Percentages on the Forms of Family Planning Practices

S/N		Agree		Disagree		
	Item Description	Freq	%	Freq	%	Decision
1	Ovulation method (Billings)	174	43.3	228	56.6	Disagree
2	Safe period method (fertility awareness)	232	80.3	79	19.7	Agree
3	Temperaturemethod (thermoregulatory)	276	68.7	126	31.3	Agree
4	Withdrawal method (coitus interrupts)	352	87.6	50	12.4	Agree
5	Abstinence	257	63.9	145	36.1	Agree

6	Exclusive breast feeding method (lactational amenorrhea)	356	88.6	46	11.4	Agree
7	Hormonal methods	344	85.6	58	14.4	Agree
8	Occlusive methods	362	90.0	40	10.0	Agree
9	Spermicidal methods	341	84.8	61	15.2	Agree
10	Surgical methods	359	89.3	43	10.7	Agree
11	Intra uterine device (IUD)	340	84.6	62	15.4	Agree

Results in Table 1 show the frequency and percentages of the various forms of family planning practices prevalent in Enugu west senatorial zone among married people. The analysis indicates that the respondents agree they adopt 10 items out of the 11 listed as the forms of family planning practices. They include: Safe period method (fertility awareness) (80.3%), temperature method (thermoregulatory) (68.7%), withdrawal method (coitus interrupts) (87.6%), abstinence (63.9%), and lactational Amenorrhea or exclusive breast feeding method (88.6%), hormonal methods (85.6%), occlusive methods (90.0%), spermicidal methods (84.8), surgical methods (89.3%) and intra uterine devices (IDDS) (84.6). However, the respondents disagree on item one Ovulation method (Billings) as a form of family planning practices.

Research Question Two: What is the attitude of male and female married people towards family planning practices in Enugu west senatorial zone?
Table 2: Mean Score of Male and Female Married People towards Family Planning Practices

Source of variation	**Male (N=191)**			**Female (N=211)**		
Attitude	$\bar{x}$	SD	Remark	$\bar{x}$	SD	Remark
Family planning practices	2.29	.31	Negative	2.41	.23	Negative

Results in table 2 reveal the mean score of 2.29 and 2.41 for male and female married people respectively. The mean scores indicate that male and female married people have a negative attitude towards family planning practices in Enugu west senatorial zone.

Hypothesis one: There is no significant difference between the attitude of male and female married people towards family planning practices in Enugu west senatorial zone.

Table 3: t-test Comparison of the Difference between the Attitude of Male and Female Married People Towards Family Planning Practices

Source of variation	N	$\bar{x}$	SD	df	t-cal	t-crit	Decision
Male	191	2.29	.31				
				400	4.46	1.96	Significant
Female	211	2.41	.23				

The result in Table 3 shows that the calculated t-value (4.46) is greater than the critical value (1.96) at alpha level of .05 and degree of freedom (df) 400. This is an indication that the difference between the attitude of male and female married people towards family planning

practices in Enugu west senatorial zone was significant. The null hypothesis therefore was rejected.

Summary of the Findings

The findings of the study are summarized as follows:

1. Married people have a negative attitude towards family planning practices in Enugu west senatorial zone.
2. Male and female married people have a negative attitude towards family planning practices in Enugu west senatorial zone. There is a significant different between the attitude of male and female married people towards family planning practices in Enugu west senatorial zone.

Ten items out of 11 listed as the forms of family planning were adopted by married people in Enugu west senatorial zone of Enugu state.

Discussion of the Findings

The discussion was done in accordance with the research questions and hypothesis that guided the study.

The results in Table 1 showed that 10 items out of 11 forms of family planning within the context of review were adopted by married couple in Enugu senatorial west. The 10 adopted are thus safe period method (fertility awareness), temperature method (thermoregulatory), withdrawal method (coitus interrupts), Abstinence, Exclusive breast feeding (lactational amenorrhea), Hormonal methods, occlusive methods, spermicidal methods, surgical methods and intrauterine devices (IUDs) while ovulation methods (Billings) was rejected. This present findings is in line with Amaobi (2001) who found that married couple used safe period method because it doesn't require a prescription and it can be practice at home. Similarly Anugwona (2007) viewed that occlusive method of family planning is been practice by many married people because is highly effective in preventing sexual transmission of HIV and reduces the risk for STDs that are transmitted by genital fluids. This finding is in disagreement with Okoye (2006) who opined that exclusive breast feeding is not best form of family planning for married people because of body difference and it make mothers to compromise their sex. Furthermore, based on the present findings, ovulation was unacceptable in Enugu west senatorial zone. This finding is in line with Okun and Dela (2004) who found that many married people do not practice ovulation method due to the demand that are placed on the sex life of married people and there are associations between failures and increased rates of congenital abnormalities.

The result of the study presented in Table 2 showed that male and female married people have negative attitude towards family planning practices. The null hypothesis of no significant difference between male and female married people towards family planning practices was rejected. This showed that the difference between the attitude of male and female married people was significant. The findings of this study are not surprising because women's education greatly influence their choice of family planning. Furthermore education of women is of great importance to their awareness of the trends of family planning Arinze (2011). The findings of this study disagree with the study of Talor (2003) and Otim (2015) who

found that male and female married people have positive attitude towards family planning practices.

Conclusion

Conclusively, based on the data collected and its analysis so far, and from the results obtained in the investigation of various forms of family planning practices towards married people; the following conclusions were made; in the view of the findings, Family planning practice in Enugu State include safe period, withdrawal, temperature methods among others. Gender is a significant factor in the attitude of married people towards family planning practices.

Implications of the Findings

The findings of the study have implication to the government. Health practitioners in government are to embrace the need for initiation of facilities needed for family planning for the benefit of the married people. Various forms of family planning had been discovered in this study; government should provide teaching aids and all the facilities needed for family planning practices.

Furthermore, the findings of this study have implications to guidance and counsellor. It would make them to advice married people on the need for them to adopt family planning in their families and avoid unwanted pregnancy and stress associated with it.

Recommendations

There is need for qualified and trained female healthcare providers, especially for long term family planning services, including IUD, at well-established health facilities instead of camps setup occasionally.

The researchers were also of the opinion that a female professional (ideally a doctor) should be made available around residential area for which people can have a quick and easy access. Researchers also emphasized that a male with training should be made available in the communities to inform men about the benefits of family planning and birth spacing.

Well targeted behavior change and communication campaigns can change the attitudes regarding birth spacing practices. These behavior change campaigns should encourage both men and women to adopt healthy birth spacing practices from the start or during the early period of marriage instead of letting them wait for completing their desired family size and then starting with contraception as is the current practice.

Moreover, there is need to involve men in healthcare programs designed to improve women's and newborns' health as they mostly influence decision-making at the household level and this will also result in active male participation and community ownership. Young, especially first time, fathers need support and empowerment.

Encouraging communication between wife and husband about family planning and birth spacing should also be part of such campaigns to promote mutual decision-making between wife and husband and make husbands responsible partners in family planning/birth spacing decisions and ease the burden of decision-making on women.

Furthermore, family planning and birth spacing interventions need to focus on alleviating fears about side-effects among men and women through effective counseling and providing adequate information to both men and women about method-related side-effects and how to manage them.

In addition, involving community leaders, religious clerics, and health workers in awareness raising campaigns can help address social cultural and religious concerns. Family planning is an activity that has a tremendous value in religious ethics. Therefore, the sacredness of human life must guide the choice of methods.

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