

Socio-Economic Implications of Modern Family Planning amongst Married Couples in Rivers State

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Abstract: This study investigated the socio-economic implication of modern family planning amongst couples in Rivers State. Three research questions guided the study. Descriptive survey research was adopted. The sample size of the study was 400 respondents gotten from the application of the Taro Yamane formula. Thereafter, a stratified random sampling technique was adopted in the selection of respondents across the different strata needed for the study. The respondents were classified based on the three senatorial districts in Rivers State. The study adopted a self-developed questionnaire titled; “Socio-Economic Implications of Modern Family Planning amongst Couples in Rivers State Questionnaire (SEIMFPCRSQ)”. The instrument for data collection was validated by the two experts in the department of Sociology and Measurement and Evaluation. The reliability of the instrument was determined through test-re-test method. The instrument reliability was done using test-retest method and was analysed using Cronbach Alpha, the reliability index was 0.68. Mean and standard deviation were used for analysing the research questions. The study revealed that traditional family planning method, use of contraceptives, implantable contraception, interrupted coitus (withdrawal method), barrier method (use of condoms) and male and female sterilization are the various techniques of family, also, religion belief, finance, health risk, socio-economic factors (such as social background and financial status), cultural and community norms, partner’s consent and community norms are the challenges hindering family planning techniques. The study therefore recommended that more campaign and public enlightenment programmes should be carried out on modern family planning methods, and its importance to married couples in Rivers State.

Keywords: Married-Couples, Family Planning, Socio-economic, Implications, Modern.

I. Introduction

One of the most important responsibilities of a couple is family planning. No one can deny that family planning is extremely important and that its significance cannot be overstated. Childbearing and the use of contraception are two of the most critical reproductive health decisions that many people must make in their lives (Gertner, 2009). When family decisions and choices are founded on accurate, relevant information and are medically appropriate, they are most likely to meet these standards; that is, when they are informed choices. Family planning is the process of deciding when to have children and putting those plans into action through the use of birth procedures. Through the use of contraceptive methods, a couple can space the number of years between each kid they wish to have by spacing the births of their children (Mischell, 2019). Other techniques that are

often employed include sexual education, the prevention and management of sexually transmitted illnesses, pre-conception counselling and management, and infertility management, to name just a few examples (Olaitan, 2009). Family planning, on the other hand, is frequently used as a synonym for the use of birth control. Couples who want to limit the number of children they want to have and control the time of pregnancy, commonly known as spacing of children, are the most likely to use it (Olaitan, 2009). Sterilization and pregnancy termination are two options for family planning that may be considered. A large number of resources, such as time, social support, financial support, and environmental support, are required for raising a kid using these methods. Generally speaking, family planning procedures are intended to restrict the number and spacing of children within families, primarily in order to curb population increase and guarantee that each family has equitable access to scarce resources.

Family planning is used to put strategies in place such as sexuality education, the prevention and treatment of sexually transmitted infections, pre-conception counselling, and the management of infertility, among other things. The authors of Saheed et al. (2017) go on to define family planning as educational, comprehensive medical, or social activities that enable individuals to determine the number and spacing of their children as well as the means by which this can be accomplished. In general, it includes methods and practises in addition to contraception, which is not uncommon. People who do not utilise any form of birth control plan may be unable to obtain one or may experience obstacles in obtaining one (Singh, et al. 2003). These roadblocks include a lack of understanding, religious views, cultural circumstances, economic considerations, partners' unwillingness to accept the treatment, and concerns about side effects and hazards (Khan, 2004). The initial attempts to provide family planning services were made by private organisations, and they were frequently met with fierce opposition. Clinics for family planning and health care were finally established thanks to the efforts of activists such as Margaret Sanger of the United States, Marie Stopes of the United Kingdom, and Dhanvanthis Rama Rou of India (Olaitan, 2011). Many countries have created national policies and encouraged the use of public family services in the modern era (The United Nations and World Health Organisation, 2006). The primary goal of family planning is to assist the couple in resolving the following issues: 1) avoiding undesired pregnancies; 2) regulating the intervals between pregnancies; 3) having the desired number of children; and 4) promoting a safe pregnancy and delivery of a healthy infant (Obasanho, 2018).

It was in the 1960s that the family planning programme was first implemented in developing nations in order to improve the possibilities for socioeconomic development by lowering population increase. Sub-Saharan Africa, and particularly Nigeria, which is the most populous country in Africa, has one of the world's highest fertility rates, which is primarily attributed to low use of modern contraceptive methods. High fertility translates into high population, which poses a number of challenges for the country's economic development and growth. The birth rate in Nigeria today is greater than the world average, and despite the fact that the contraceptive prevalence rate among women of childbearing age (15-49 years) has more than doubled in the last decade, it continues to be extremely low (Nwachukwu & Obasi, 2008).

With 160 million inhabitants and an annual growth rate of 3.2 percent, according to the National Population Commission (2006), Nigeria is the most populous country in Africa. As a result of this, the country is suffering exploitation due to population expansion. According to current estimates, the total fertility rate is 5.7 children per woman. Low utilisation of contemporary contraception is one of the most important predictors of high fertility in Nigeria, according to a World Health Organization report published in 2012. (WHO, 2005). It is preferred over ancient methods such as periodic abstinence and coitus interrupts that modern contraceptives, which include both hormonal

and non-hormonal methods, be used since they are more effective and are associated with lower failure rates than old methods (Mohammed, et al. 2019). Unwanted pregnancies, abortions, maternal illness and mortality are all associated with low contraceptive use, as are high rates of maternal morbidity and mortality. The use of contemporary contraceptives is an important component of maternity, new-born, and child health care, as well as other areas of public health (WHO, 2005). Nigeria has one of the highest maternal mortality ratios in the world, with 545 deaths per 100,000 live births, making it one of the most dangerous countries (Nigeria Demographic and Health Survey & National Population Commission, 2008). The usage of contraceptives among women of reproductive age is influenced by a number of different factors. Finding and identifying these elements is essential for the planning and execution of effective family planning programmes in a variety of settings.

However, according to a study on sexual habits and reproductive health in Nigeria, condoms are a fairly frequent method of birth control, with 77.9 percent of formal sector employees in one of the country's southernmost states reporting that they have ever used a condom (Usman, et al. 2016). According to a study published in 2011 on contraceptive practises, the majority of respondents were over the age of 35, with 42.3 percent engaged in trading and 50.7 percent having a secondary school education or higher. 48.5 percent defined contraception as the prevention of unwanted pregnancy, 89.5 percent had no knowledge of the side effects of contraceptives, and 52.6 percent stated that their primary source of information was from health professionals (Olugbenga-Bello, et al. 2011).

Personal decisions on the types of family planning methods to use are influenced by a wide range of factors, including the following: Effectiveness People who are not in a financial or emotional position to have children may select for the most effective method of family planning in order to avoid becoming pregnant, such as contraception. A couple or woman who takes a more casual approach to motherhood, such as not actively pursuing it but not refusing to do so, may opt for a less certain kind of contraception, such as natural family planning, to reduce the likelihood of pregnancy.

Some religious traditions, such as Catholicism, also place limits on contraception, believing that it is God's desire to bring children into the world. According to Dixon-Muller (1999), religious believers or observers may choose to avoid some techniques of family planning, such as the use of the birth control pill, in order to live their lives in accordance with the teachings of their religious beliefs or observations. Islam, like the other two Abrahamic religions, places a high importance on the family and encourages procreation, among other things. Some Muslims have drawn the conclusion that Islam does not authorise family planning as a result of these facts.

Second, some forms of contraception, such as minor surgery (such as vasectomy), require a significant investment of one's time and money when compared to other options, such as the condom or the calendar cycle methods, which are less expensive; as a result, couples choose to use them rather than other options. Couples with little financial resources face a difficult situation. One of the difficulties of family planning is obtaining the cooperation of one's partner. When selecting a birth control method, it is important to consider the preferences of one's partner. Some guys, for example, do not like the idea of having sex while using a condom. If this is the case, birth control tablets may be a better option for preventing an unexpected pregnancy, according to research conducted by the National Institute of Health (Olaitan, 2009). These variables have an impact on the decision of couples to use family planning, particularly in Rivers State, Nigeria. The aforementioned scenario resulted in an increase in the number of unwanted pregnancies, poverty, and an increase in the rate of crime in the State.

Unfortunately, despite the evident difficulties that couples have when deciding on a family planning method, there has been little research done on the subject, particularly in the Rivers State. This was the impetus for this research. To this end, the study is being conducted in Rivers State, Nigeria, in order to determine the various socio-economic implication of family planning strategies and its challenges among couples of reproductive age. The findings of this paper will be used to make necessary recommendations that will aid in the improvement of family planning practices among married couples in Rivers State.

Statement of the Problem

There have been a plethora of studies conducted on factors influencing the use of contraception among women in selected areas of Nigeria (Population Reference Bureau, 2011), but there has been little in-depth analysis of factors influencing the use of modern contraception among women of childbearing age in the country. A crucial role in population control, poverty reduction, and human development is played by effective family planning (Longwe, 2012). Reaching the United Nations Millennium Development Goals, as well as recognising the human right to reproductive choice, are both dependent on achieving this goal (Allen, 2007). The population problem in Nigeria is particularly acute in rural areas, where poverty is more prevalent and agriculture is the primary source of income (Asa, 2006). It is barely 6 percent in certain rural sections of the State of Rivers, according to the latest figures (Pranitha & John, 2005). The prevalence rate for contraceptives in Ghana is 10.7 percent, that in Tanzania is 11.7 percent, and that in Zimbabwe is 31.7 percent, according to the World Health Organization (Gambia Bureau of Statistics, 2011). Among the countries in Sub-Saharan Africa, South Africa has the greatest rates of contraceptive usage and awareness, with more than half of sexually active women taking contraception at any point in their lives (Cham, 2009). In Western and Eastern Africa, the low prevalence of contraceptives is more obvious than in Southern Africa, which has stronger socio-economic resources, a more positive attitude toward contraceptives, and higher awareness among family planning couples than Western and Eastern Africa (Pranitha & John, 2005).

Furthermore, the intricacies of decision-making between a husband and a wife frequently creates hurdles to access for both parties. A number of research have looked into the influence of social and cultural factors on the usage of contraception in Nigeria (Sirageldin, Hardee & Norris, 2018). These research have revealed the importance of the mother-in-law and the husband in the decision-making process when it comes to reproductive health. The findings of the study also revealed the role of contact between spouses in determining the usage of contraception (Kadir, et al. 2018; Salem, et al. 2009).

Despite the great benefits, family planning remains one of the most difficult and least discussed topics, particularly among men who live in a traditional and patriarchal society where men have final say on the majority of problems, including reproductive health and rights. Nonetheless, various attempts have been made to target men through activism or behavioural change tactics, although little has been accomplished in this regard. Some religious organisations also oppose the implementation of family planning policies on the grounds that children are gifts from God and that man is endowed with a divine mandate to reproduce their species without restraint. Is it possible for us to continue to accept this notion, regardless of economic realities? This presents a significant problem for married couples when it comes to making family planning decisions.

Several studies have revealed shifts in Nigerians' understanding of and attitudes regarding family planning as a result of these research. These studies, on the other hand, did not look at the relationship between views toward family planning and the difficulties that couples face while

trying to start a family. According to the Nigerian Fertility Survey conducted between 2009 and 2012, just 34% of all women claimed that they were aware of any type of family planning strategy. Some scientists purposefully avoid conducting research in this field of knowledge, most likely because of their religious or cultural ties. Family planning is considered taboo and heresy in several religious communities. The growth of unintended pregnancies and poverty among women in Rivers State are two of the long-term consequences of this legislation. In Rivers State, there is a scarcity of research on family planning and its socio-economic implications among married couples. Therefore, this study is undertaken to examine the socio-economic implications of family planning among married couples in Rivers State

Objectives of the Study

The general aim of this study is to examine various socio-economic implication of family planning amongst couples in, Rivers State. The specific objectives are:

- i. to examine various techniques of family planning among married couples in Rivers State
- ii. to examine the socio-economic challenges of family planning amongst couples in Rivers State
- iii. to explore the possible solutions to the challenges (if any) of family planning amongst couples in Rivers State

Research Questions

The following research questions are posed to guide the study:

- i. what are the various techniques of family planning among married couples in Rivers State?
- ii. what are the socio-economic challenges hindering family planning techniques in Rivers State?
- iii. what are the possible solutions to the socio-economic challenges of family planning in Rivers State?

II. Theoretical frameworks

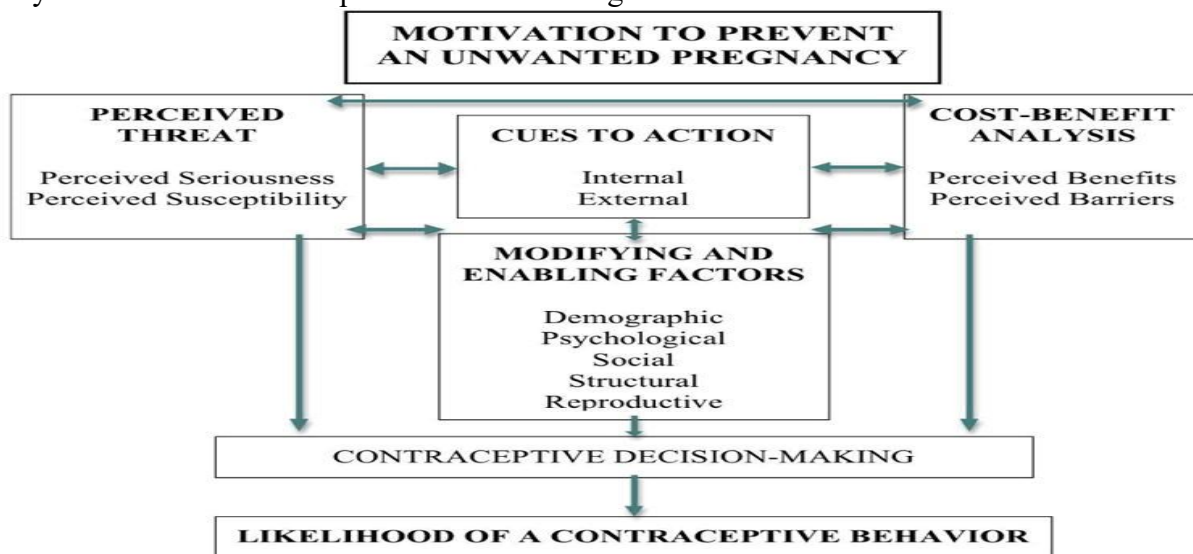
It is common in health sciences research to employ theoretical frameworks and models in order to predict and explain health behaviour, in addition to providing the foundations for bio-psycho-social and behavioural interventions aimed at improving health outcomes. Rosenstock's social cognitive model serves as the foundation for this investigation. It has been decades since social cognitive models have been applied in family planning research. Shortly after the introduction of the oral contraceptive pill (OC), reproductive health professionals called for theory-based research to clarify inconsistent findings on factors relating to poor contraceptive use and to guide the development of more rigorous study designs. This call was met with enthusiasm (Hall,2012). The Health Belief Model was born as a result of this development (HBM).

A well-tested, comprehensive social cognitive framework developed by Rosenstock and colleagues was one of the first models to be used to predict and explain variations in contraceptive behaviour in women during the 1970s and 1980s. Despite this, the HBM has only been used in family planning a few times since its inception. In a recent analysis of 14 research examining theory-based contraceptive behaviour treatments, it was discovered that none of them used the HBM as a theoretical framework.

This framework is a cognitive and interpersonal model that considers people to be rational creatures who employ a multidimensional approach to decision-making while deciding whether or not to participate in a health behaviour (Hall, 2012). For complex preventive and sick-role health

behaviours, such as contraceptive behaviour, the approach is applicable. Its components are taken from a well-established body of social psychology theory that places a strong emphasis on cognitive processes that are directed toward goal attainment (i.e. motivation to prevent pregnancy). Its constructs place an emphasis on adjustable elements rather than fixed variables, which allows for realistic interventions to be implemented to address public health issues (i.e. unintended pregnancy and sequelae).

Overall, the HBM's versatility and holistic character make it well-suited for use in a variety of situations, such as family planning, as well as with complex behaviours, such as contraceptive behaviour. Using examples from family planning literature, we will describe the HBM constructs as they are related to contraceptive behaviour in Figure 1 and the next section.



Source; Hall (2012).

Motivation to Prevent an Unwanted Pregnancy

As seen through the lens of the HBM, contraceptive behaviour is motivated by an individual's: 1) desire to avoid pregnancy and the value placed on not becoming pregnant; 2) nonspecific, stable differences between pregnancy motivations and childbearing desires; and 3) perceived ability to control fertility and reduce the threat of pregnancy through the use of contraception. It is necessary to have sufficient motivation in order to make pregnancy prevention salient and relevant, as well as to support the decision-making process about contraceptive behaviour.

Cost-Benefit Analysis

Perceived Barriers

The unfavourable implications of utilising contraceptives are referred to as perceived barriers. This dimension includes factors such as perceived side effects of hormonal contraception (e.g., weight gain or mood swings), physiological risks of hormonal contraception (e.g., blood clots), inconvenience (e.g., having to remember to take a daily pill or apply a condom during intercourse), and limited access to methods (e.g., requiring a prescription for OC refills or requiring a medical procedure for intrauterine device (IUD) insertion). All of these possible contraceptive drawbacks have been shown to discourage the use of contraception in the past (Hall, 2012).

Perceived Benefits

Perceived benefits are related to the perceived effectiveness, feasibility, and other advantages of using a contraceptive technique to avoid pregnancy when compared to the perceived barriers of using a contraceptive method to prevent pregnancy. The perceived ratio of a contraceptive's advantages to its obstacles can be determined using a cost-benefit analysis, which can then be used to decide the preferred and specific contraceptive action and technique. As an example, Wiebe, Trouton, and Dicus found that despite the discomfort, inconvenience, and up-front costs of insertion procedures that the women reported, they chose to use an IUD because of the high contraceptive efficacy, long-term convenience, and low hormonal risks associated with using an IUD, according to their findings. This construct may also incorporate benefits of a method that are not contraceptive in nature, such as health promotion (i.e. protection against ovarian cancer, uterine cancer, and anemia, improvement of menstrual symptoms and acne). Indeed, improved awareness of the full range of benefits of a hormonal therapy such as OCs has been found to promote and improve use of the method.

Cues to Action

Cues to action are internal and environmental events that cause a person to become aware of a perceived pregnancy threat and to consider using contraception to prevent the threat from occurring. If you are experiencing symptoms such as missing menses following sexual contact (internal stimulation) or contraceptive communication from the media, you should seek help from a health care practitioner as soon as possible (external stimuli). When Ndugwa and colleagues analysed a cohort of impoverished, urban, post-partum women in Africa, they discovered that the time of menstruation resumption was substantially linked with the use of contraceptives. Women who resumed menstruation in the immediate post-partum period were more likely to use a contraceptive technique within one month on average.

Modifying and Enabling Factors

In order to affect contraceptive use, modifiable or enabling factors interact with an individual's views of pregnancy and decision-making processes. This dimension encompasses a wide range of well-researched demographic, social, structural, psychological, and reproductive aspects that are predictive of contraceptive behaviour. It is divided into four categories: For example, teenagers and women from racial/ethnic minorities are more likely than their older and non-minority counterparts to experience an unwanted pregnancy as a result of contraceptive non-use or misuse than their white counterparts. The use of a highly effective contraceptive technique is less common among women who live in rural areas, have low income levels, and are uninsured than among urban women with greater socioeconomic position and insurance. Increased locus of control and knowledge of contraception are associated with successful contraceptive initiation and maintenance (Hall, 2012), whereas earlier menarche and coitarche, a greater number of sexual partners, and a history of pregnancy or abortion are associated with contraceptive misuse.

Perceived Threat

It is the perceived threat (susceptibility and seriousness) of an unplanned pregnancy and its consequences (i.e. childbirth, abortion, and parenthood) that provides the motivation to utilise contraception. This construct takes into account a person's personal views about the seriousness of becoming pregnant, which are based on a subjective appraisal of the medical and social ramifications of pregnancy and childbirth. In addition to concerns about physical changes or pregnancy difficulties, there may also be concerns about quitting school or losing a career as a result of increased child-rearing responsibilities, all of which might have an impact on the likelihood of contraceptive use. Using data from the National Longitudinal Study of Adolescent

Health, researchers discovered that the 14 percent of teenagers who had ambivalent opinions regarding the risk and importance of being pregnant had lower odds of using contraception on a consistent basis. Females with pro-pregnancy attitudes (such as positive perceptions of consequences like social embarrassment, increased stress, and parenthood responsibilities) were more likely than those with anti-pregnancy attitudes (such as negative perceptions of consequences like social embarrassment, increased stress, and parenthood responsibilities) (Hall, 2012).

III. Research Methodology

The study adopted a descriptive survey design to answer the research questions of this study. The researcher selected this design because it attempts to describe the characteristics of variables affecting the choice of family planning and its corresponding effect among couples in Rivers State Nigeria.

The population of the study consisted of two hundred and thirty-four (234) communities/towns in the twenty-three (23) local government areas in three (3) senatorial zones of Rivers State, with a population of five million, one hundred and ninety-eight thousand, seven hundred and sixteen (5,198,716) (National Bureau of Statistics, 2016). The sample size of the study was 400 respondents gotten from the application of the Taro Yamane formula. A stratified random sampling technique was adopted in the selection of respondents across the different strata needed for the study. The respondents were classified based on the three senatorial districts.

Variable	Category	Frequency	Percentage
Senatorial District of Respondents	Rivers East	130	33.2
	Rivers West	114	29.1
	Rivers South East	156	37.7
	Total	400	100.0

Source: Compiled by the researcher.

For convenient selection of sample for this study, the respondents were grouped into three strata based on the senatorial district. In Rivers East 128(33.2%) was chosen while in Rivers West and Rivers East 112(29.1%) and 145(37.7%) were chosen respectively. This number was considered enough and adequate in view of the statistical requirements, time frame and available resources for the study. Furthermore, the researcher adopted the convenient sampling technique in distributing the questionnaire to 400 respondents in the Rivers State. The instrument for the study was a self-developed questionnaire titled 'The Socio-economic implication of Family Planning among Couples in Rivers State'. The questionnaire is divided into two sections A and B. Section A will be to collect the respondent's personal data. Section B consisted of the questionnaire item designed to get detailed information on the study. Four Likert scale was employed. It contains items with 4-points rating scale of strongly agree (SA), agree (A) and Disagree (D) and strongly disagree (SD).

Strongly agree (SA)	4 points
Agree (A)	3 points
Disagree (D)	2 points
Strongly Disagree (SD)	1 point

The questionnaire was constructed to cover important details in connection with the research topic. Data in this study was basically generated from primary sources; questionnaire, observation, and secondary sources such as: newspapers, magazines, official government and institutional

publications, internet sources, journal publications. The instrument for data collection was validated by the experts in Sociology and Measurement and Evaluation Departments in Ignatius Ajuru University of Education. Their suggestions and corrections were incorporated into the final draft of the instrument. The reliability of the instrument was determined through test-retest method. The instrument was administered to a selected group of twenty (20), for which the instrument was designed for. After a three weeks interval, the instrument was re-administered, scores generated during the two administrations were correlated. The instrument yielded a co-efficient of 0.68 indicating that it is quite reliable for use of the study. For the analysis of data, the researcher adopted Mean and Standard Deviation to answer the research questions.

V. Data Presentation and Analysis

This chapter seeks to analyse data gotten from the research questionnaire to address the study's research questions and hypotheses.

Table 1. Demographic Data of the Respondents

Variable	Category	Frequency	percentage
Age	20-44	240	65.0
	45 and Above	129	35.0
Gender	Male	163	44.2
	Female	206	55.8
Educational Qualification	NCE	94	25.5
	B.Ed/B.Sc.	165	44.7
	M.Ed/M.Sc.	110	29.8
	Total	369	100.0

Field Survey, 2022

The table indicated the demography of respondents. Based on location, 240 (65.0%) respondents were of the 20-44, while 129(35.0%) were or the 45 and above. Based on gender, 163 (44.2%) respondent were male, while 206 (55.8%) were female. Based on educational qualification, 94(25.5%) were NCE holders, 165 (44.7%) were B.Ed/B.Sc degree holders, while 110 (29.8%) respondents were M.Ed./M.Sc. degree holders.

Research Questions

Research Question One: What are the various techniques of family planning available to married couples in Rivers State?

Table 4.1: Descriptive statistics of mean and standard deviation on the various techniques of family planning available to married couples in Rivers State

N=389, Criterion=2.5

S/N	Items	SA	A	D	SD	Mean	STD	Remark
1	Traditional family planning method	256	93	20	20	3.50	0.81	Agreed
2	Use of contraceptives	215	142	32	--	3.47	0.64	Agreed
3	Abortion	236	132	21	--	3.55	0.60	Agreed
4	Implantable contraception	266	113	10	--	3.66	0.53	Agreed
5	Interrupted coitus (withdrawal method)	155	183	31	20	3.22	0.80	Agreed

6	Barrier method (use of condoms)	287	87	13	1	3.70	0.54	Agreed
7	Male and female sterilization	206	173	10	--	3.50	0.55	Agreed
	Grand Mean					3.52	0.64	Agreed

Field Survey, 2022

Table 4.1 showed the various techniques of family planning among married couples in Rivers State. The table showed that traditional family planning method (Mean=3.50, Std=0.81), use of contraceptives (Mean=3.47, Std= 0.64), abortion (Mean=3.55, Std=0.60), implantable contraception (Mean=3.66, Std=0.53), interrupted coitus (withdrawal method) (Mean=3.22, Std=0.80), barrier method (use of condoms) (Mean=3.70, Std=0.54) and male and female sterilization (Mean=3.50, Std=0.55) are the various techniques of family planning in Rivers State

Research Question Two: What are the socio-economic challenges hindering family planning techniques among married couples in Rivers State?

Table 4.2: Descriptive statistics of mean and standard deviation on the Socio-economic challenges hindering family planning techniques among married couples in Rivers State

N=389, Criterion=2.5

S/N	Items	VHE	HE	LE	VLE	Mean	STD	Remark
8	Religion belief restrain some couples from adopting certain family planning method	187	172	20	11	3.37	0.71	Agreed
9	Finance is a constrain hindering the adoption of some family planning methods like voluntary sterilization,	238	131	20	--	3.56	0.59	Agreed
10	Health risk determines the choice of family planning among couples	144	185	60	--	3.22	0.69	Agreed
11	Socio-economic factors (such as social background and financial status) of the couples determines their choice of family planning	115	162	102	10	2.98	0.81	Agreed
12	Cultural and community norms determine the adoption of family planning methods by couples	164	154	41	30	3.16	0.90	Agreed
13	Partner's consent	208	111	50	20	3.30	0.88	Agreed
14	Community norms	177	141	60	11	3.24	0.82	Agreed
	Grand Mean					3.26	0.77	Agreed

Field Survey, 2022

Table 4.2 showed the socio-economic challenges hindering family planning adoption among married couples in Rivers State The table showed that religion belief (Mean 3.37, Std=0.71), finance (Mean 3.56, Std=0.59), health risk (Mean 3.22, Std=0.69), socio-economic factors (such as social background and financial status) (Mean 2.98, Std=0.81), cultural and community norms (Mean 3.16, Std=0.90), partner's consent (Mean 3.30, Std=0.88) and community norms (Mean

3.24, Std=0.82) are the socio-economic challenges hindering family planning adoption among married couples in, Rivers State

Research Question Three: What are the possible solutions to the socio-economic challenges of family planning among married couples in Rivers State?

Table 4.3: Descriptive statistics of mean and standard deviation on the possible solutions to the socio-economic challenges of family planning among married couples in Rivers State

N=389, Criterion=2.5

S/N	Items	VHE	HE	LE	VLE	Mean	STD	Remark
15	More campaign and public enlightenment programmes on modern family planning methods, importance, choices should be carried out.	155	143	40	51	3.03	1.01	Agreed
16	Every couple should be well informed about the importance of family planning's choice	164	133	51	41	3.08	0.99	Agreed
17	Religious affiliations should review and provide the counsel for couples as regards to family planning.	145	153	50	41	3.03	0.96	Agreed
18	Cultural norms should be reviewed to guide couples properly on family planning	116	161	50	62	2.85	1.02	Agreed
19	Community norms should be reviewed to re-address the challenges affecting family planning	154	101	113	21	3.00	0.95	Agreed
20	Health sectors should help make family planning easier for couples.	41	225	62	61	2.63	0.87	Agreed
	Grand Mean					2.94	0.97	Agreed

Field Survey, 2022

Table 4.3 showed the possible solutions to the socio-economic challenges of family planning among married couples in Rivers State. The respondents agreed that more campaign and public enlightenment programmes on modern family planning methods, importance, choices should be carried out (Mean=3.03, Std=1.01), every couple should be well informed about the importance of family planning's choice (Mean=3.08, Std=0.99), religious affiliations should review and provide the counsel for couples as regards to family planning (Mean=3.03, Std=0.96), cultural norms should be reviewed to guide couples properly on family planning (Mean=2.85, Std=1.02), community norms should be reviewed to re-address the challenges affecting family planning (Mean=3.00, Std=0.95) and that health sectors should help make family planning easier for couples (Mean=2.63, Std=0.87).

VI. Discussion of Findings

Various socio-economic factors hindering the adoption of family planning approaches among married couples were explored in Rivers State. The paper revealed that traditional family planning methods, contraceptive use, implantable contraception, interrupted coitus (withdrawal method), barrier method (use of condoms), as well as male and female sterilisation, are among the various techniques of family planning adopted by couples in Rivers State. This revelation is inline with Imam and Khan (2019) findings in their study entitled 'The challenges and prospects of contraceptives use among women attending family planning services in Yobe State, Nigeria', which revealed that withdrawal (coitus interrupts), the use of Oral Contraceptives (the Pills) method, and the use of female and male condoms are some of the most common methods of family planning devices among women in the study area.

The study looked into the socio-economic obstacles that prevent people from using family planning methods in Rivers State. These socio-economic challenges include religious belief, finances, health risks, socio-economic factors (such as social background and financial status), cultural and community norms, partner's consent, and community norms, among other things. It is consistent with the findings of Usman et al. (2016), who investigated "Family Planning Practices among Rural Community Women in Nigeria," which revealed that educational status, religious factor, and economic status all have an impact on family planning and the choices made by women in rural communities. The findings of this study are consistent with the findings of Imam and Khan (2019) on the challenges and prospects of contraceptives use among women attending family planning services in Yobe State, Nigeria, which revealed that women's fear of health risks, a lack of consensus among partners, cultural norms, and religious beliefs are considered to be the most significant obstacles to family planning practise, particularly the use of contraceptive methods. Female and male condoms were found to be some of the most commonly used methods of family planning devices among women in the study area. Other techniques included withdrawal (Coitus Interrupts), oral contraceptives (The Pills), and the usage of oral contraceptives (The Pills). Finally, the findings revealed that the employment of mass media campaigns to educate women about family planning devices, the use of symbols to display appropriate family planning equipment for women, and the provision of guidance and counselling in primary health care are some of the options accessible.

It was determined whether or not there were any feasible solution to the socio-economic factors militating against the adoption of family planning in the Rivers State. The paper noted that more campaigns and public enlightenment programmes on modern family planning methods, and providing counsel for couples as regards to family planning, could help in educating the public on the importance of family planning in Rivers State.

VII. Conclusion and Recommendations

The study investigated various socio-economic militating the adoption of family planning amongst couples in Rivers State. The study indicated that traditional family planning method, use of contraceptives, implantable contraception, interrupted coitus (withdrawal method), barrier method (use of condoms) and male and female sterilization are the various techniques of family planning being practices among couples in Rivers State. The paper noted some socio-economic factors militating against the adoption of family planning among couples in Rivers State such as: Religion belief, finance, health risk, socio-economic factors (such as social background and financial status), cultural and community norms, partner's consent and community norms hinders family planning techniques. Thirdly, on the way forward the paper revealed that robust campaign and public enlightenment programmes on modern family planning methods, and providing the counsel to

married couples as regards to family planning, would help in overcoming some of the obstacles associated with family planning in Rivers State.

Based on the findings of the study the following are therefore recommended among other things that:

1. Couples should adopt the best family planning method suitable to their health based on the advice of a specialist.
2. Government should carry out a robust campaign on the relevance of family planning to couples in Rivers State
3. The religious institutions should be involves in the campaign of educating the married couples on the relevance of family planning

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