Broadcast Media in Family Planning Matters in Rural Nigeria:
The Ebelle Scenario

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ABSTRACT This study examined the effectiveness of the broadcast media, specifically radio and television in creating and disseminating family planning information on matters of number and spacing of children in rural Nigeria, using Ebelle community in Igueben Local Government Area of Edo State as a study case. To achieve the set task, the paper employed the survey questionnaire method to gather data. Out of the 140 questionnaires administered, 100 were retrieved and analysed, using descriptive statistics. In the end, the study revealed that radio and television, through certain programmes, have helped in the dissemination of relevant information on family planning in rural settings just as they have purportedly done in urban centres in Nigeria. Hence, the paper recommended that the broadcast media should be massively deployed to disseminate relevant messages on issues such as contraceptive alternatives, distended family size, female genital mutilation, “area boys” cultism in the streets, sexually transmitted infections, malnutrition, among others, that have the potentials of destroying family hood. Ultimately, the redress of these challenges would redound to the cohesion and progress of the average rural family in Nigeria.

INTRODUCTION

Giving birth is something in which mankind and animals are equal....But rearing the young, and especially educating them for many years is something which is a unique gift and responsibility of a man. It is for this reason that it is important for human beings to put emphasis on caring for children and the ability to look after them properly, rather than thinking only about the number of children and the ability to give birth. For it often happens that man’s ability to give birth is greater than their ability to bring up the children (Julius Neyerere cited in Centre for Disease Control 1983).

The above dictum could not have been more germane than in a 21st century Africa where many families grapple with the challenges of malnutrition, infant mortality, road accidents, armed robbery, sexually transmitted diseases, maternal mortality, kidnapping, unemployment, hunger, civil strife, among others. One of the subtle but most frightening of all is the issue of maternal mortality which incidentally is one of the biggest problems facing the developing areas of the continent, including Nigeria. In fact, Lindroos and Luukkainen (2004), in the Antenatal Care and Maternal Mortality in Nigeria, were moved to ask a rhetorical question that if maternal mortality is about 800 - 1100/100 000 like it is in Nigeria, in a country where the population is over 120 million it means about 54 000 deaths every year. That is only a bit under 10% of all maternal mortality cases in the world per year.

Raphael (2008) corroborates the foregoing statistics as he asserts that Nigeria’s maternal mortality rate is the second highest in the world, after India - 1,100 maternal deaths per 100,000 live births. The country is home to 2 percent of the global population, but 10 percent of all maternal deaths take place there. Only about 60% of pregnant women have access to prenatal care in Nigeria and even fewer have access to family planning. These sad and scary statistics have been blamed squarely on the Nigerian government’s inability to provide access to information on family planning and contraception, two issues very closely related to maternal death (Centre for Reproductive Rights, CRR, and the Women Advocates Research and Documentation Centre, WARDC 2008). Clearly, the health benefits of family planning associated with child spacing and the use of specific methods can play a major role in protecting the lives of infants, children, women and the family as a whole on the continent of Africa.

However, Nigeria is the most populous country on the continent and among the ten most populated nations of the world. Its national population is about 140 million and has been projected to reach 250 million by the year 2015 (Population Reference Bureau, PRB 2004;
National Population Commission 2006). The large increase in size of the population is mostly a function of past and present levels of fertility and mortality in the country. In Nigeria, child spacing or the timing of every birth, including the first and last, can improve the likelihood of survival and of good physical and emotional health for the entire family at all stages of life. All available evidence indicates that the level of reproduction has been persistently high in the last three or four decades and still remains so at present (Fraser and Weisberg 1981; Odaman 2005).

If the nation’s population is left to grow uncontrolled, the national resources will sooner or later be outstripped by the increasing demand of the growing population. This was probably the fear Kishindo (1995) expressed about the Malawian experience when he observed that Malawi’s population has been growing at the rate of 3.7% during the 1977-87 intercensal period, compared to 2.9% during the 1966-77 intercensal period and that if the population continues to grow at that rate, it would double in 19 years. Although the influx of refugees from the Mozambican civil war contributed significantly to the rapid population growth, the 3.2% annual growth, when Mozambican refugees are excluded, is still high in the context of the country’s natural resources.

Earlier, the University of Malawi/UNFPA (1987) reported that attempts were made in the 1960s to introduce family planning services in Malawi but were abandoned following misunderstandings between Ministry of Health officials on the one hand and the public on the other. The public then viewed family planning as a disguised attempt at birth control, which ran counter to traditional cultural values which stress the value of children to society. It is probably this state of things that made Kishindo (1995) to argue that the success of family planning in Malawi will largely depend on the active involvement of men since it is men as husbands and brothers who ultimately control women’s fertility. Therefore, Kishindo suggested that family planning programmes whether through radio or television media or other means should target both men and women.

In the quest to stem the tide of unbridled population growth, the government of the Federal Republic of Nigeria in 2002 came out with a population policy paper on family planning and fertility regulation. According to the policy paper, the value of family planning and child spacing on the stability and well-being of family shall be promoted and family services shall be incorporated in maternal and child health care. This is to help reduce maternal and infant morbidity and mortality as well as reduce rapid population growth in the shortest possible time in order to ensure sustainable development which can be achieved only by reducing population growth to bring it to per with the available national resources. This will invariably lead to the attainment of good quality life and high standard of living in the country. It is perhaps because of the foregoing world leaders in 1974 accepted family planning as a human right of individuals and couples. Article 14 (F) of the World Population Plan of Action states that:

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

Though there is a growing interest with the intense efforts of the government to popularize the use of modern family planning methods by integrating it into maternal and child health in Nigeria, it seems many people still do not apply family planning methods. Lindroos and Luukkainen (2004) contend that Nigeria is a country where modern family planning usage is one of the lowest in the world. This may be due to lack of useful information to those who really need the information as a majority of the Nigerian populace live in the rural areas where there is poor access to modern means of communication including the mass media.

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

Further, Odaman (2005) enumerates some of
the family planning methods to include the use of safe period, calendar or rhythm, oral pills, condoms, injectables, intrauterine devices (IUDs), Norplant and sterilization. As regards the foregoing modern methods, Oladeji (2008) contends that communication and decision-making play a vital role in ensuring informed choice of family planning and reproductive health behaviour. Effective communication/decision making allows people to seek what is best for their own health and to exercise their right to good quality health care (Rimal et al. 2002).

In the same vein, it has been argued that the mass media, especially radio and television have been quite effective in creating family planning awareness in urban Nigeria. Perhaps, this is because the urban dwellers have greater access to the mass media. According to a survey of predominantly urban areas, about 90% of all urban house-holds have radios and about 60% own televisions in Nigeria (Information, Education and Communication, IEC, July 1996) and the likelihood that people living in urban areas would readily have access to family planning information as purveyed through radio and television media is high. But to make this level of family planning awareness effective among the generality of Nigerians, the mass media should have a hold in the rural areas where a larger number of the people live.

The spread of television and radio, the rise of an independent press, and increasing literacy rates in many countries offer new opportunities for family planners and other health care organizations to inform the public and reach opinion leaders (Piotrow et al. 1994). Making the most of these opportunities requires skill in helping the news media cover family planning. While examining the knowledge and practice of family planning methods among the currently married adolescent women (CMAW) in India, Dhingra et al. (2010) found that television and magazines were the major accessible sources of information on family planning to couples.

Since 1972, the average family size in developing countries has dropped from about six or seven children per woman to about three children. This trend has saved millions of lives and provided additional benefits to women and children who when healthy can achieve greater levels of education and empowerment (International Planned Parenthood Federation, PPF 1992). Despite the gain, contraceptive use is still low and needs high usage in some of the world’s poorest and most populous places, including Nigeria. At least, three in 10 pregnancies are unintended in some regions, and millions of couples are still unable to effectively choose the number and timing of their children. Moreover, some developing countries (such as Bangladesh) that have not substantially reduced their fertility levels in recent decades are in danger of seeing their development or progress halted or slowed. These challenges are immense, but not insurmountable. The past 50 years demonstrate that successful family planning programmes can be developed even under difficult circumstances. For example, the one child per family policy in the Peoples Republic of China, however draconic has helped to check birth rate and population explosion and the country is arguably better for it.

The use of safe, voluntary contraception is also accepted worldwide. In 1994, representatives from 179 nations met in Cairo, Egypt at the international conference on population and development and agreed to provide reproductive health care to all people by the year 2015—a goal that called for countries to “meet the family planning needs to their population” and provide “universal access to a full range of safe and reliable family planning methods” (Population Reference Bureau, PRB 2004). Diachronically, family planning methods, among other social issues have engaged the interest of media researchers. Aikhenomia (1999) remarks that:

Researchers in the field of mass communication at one time or the other have conducted researches to study the influence of a given idea or practice via the mass media, through a sociocultural structure. Also systematic inquiries have been conducted about the attitudes of receivers or audience towards such practice.
Most studies on mass media campaigns are emphatic on the issue of the people’s attitude in terms of the degree of reception and adoption of a particular idea, programme or innovation. According to Akinfeleye (1989), attitude formation and attitude modification precede behavioural change or modification for the achievements of the desired goals. He further states that for a modification of attitude and behaviour, an effective communication must be presented and articulated before there can be any useful mobilization. However, when communicating with the rural dwellers, the problem of the appropriate medium to be used arises.

Broadcasting has come to mean the communication of news, instruction and entertainment by radio or television. Before the invention of wireless telegraph, however, the term broadcasting was mainly an agricultural term. It meant the free scattering of seeds as against careful planting in drills and rows. The parable of the sower in the new testament of the Holy Bible may not be superfluous at this juncture. It states that some of his seeds fell on good ground and did well, some of them fell on stony ground or on the way side or among thorns and were wasted. When considering radio and television, everything put out by these powerful media is like seeds. True as the parable of the sower, some minds are closed up that nothing new can enter and establish a place. This may be true of some rural dwellers. Most of them are regulated by solid entrenched socio-cultural norms, ethos and values. They believe so much in taboos, but a proper and proficient use of the broadcast media can be useful in the opening up of the minds of the rural dwellers through certain subtle means.

In this connection, Babalola (1986) states that broadcasting transcends the barriers of literacy and it reaches all the people without discrimination except those imposed by the people’s own selective will. Among literate persons, it is believed that broadcast messages have immediacy, which the print message lacks. Broadcast messages are of course easily forgotten but their impact continues to exercise an influence at the subconscious level. Indeed, a broadcast message tends to have greater mass appeal and this arguably makes it more effective for reaching the grassroots.

However, Nwuneli (1984) considers the forgoing positions as mere rhetoric. He contends that because of Nigeria’s large size, it is impossible to mobilize the entire population through centralized directives. He suggested the decentralization of communication for meaningful change to take place at the local level. He stressed the need for the village level communicator recruited among the people of the rural areas for more effective communication with the rural dwellers. His argument is also borne out of the contemplation that people are more responsive if they participate in decision-making and have a stake in a particular project. In other words, the decentralization of information would involve the use of smaller, less expensive and less cumbersome mass media technologies. For instance, cassettes and video tapes on Land Rovers could be used to reach isolated communities with the campaign messages, thereby creating intercommunication among the people and feedback to the government or development agents.

Moemeka (1981, 1989) has made the point that development whether at the socio-economic or socio-political levels is not an easy task because it involves several variables or factors. To him, development communication (which also subsumes family planning issues) is not merely a matter of transmitting information about raising aspirations or how things can be done better by using available facilities. It is much more than the exchange of problem solving information. It also involves the generation of psychic mobility or empathy, raising aspiration, teaching of new skills and encouragement of local participation in development activities using different strategies (Moemeka 1981). Therefore, to develop a people, especially those in the rural areas, a panoply of communication strategies including community radios and televisions must facilitate the exchange of information needed to enhance the improvement of the people in socio-economic or socio-political terms.

Without prejudice to any of the methodologies, it is instructive to note that the entire range of communicative dynamics are considered an important vehicle for disseminating information about family planning in a continent (Africa) where a larger percentage of the population live in the rural areas. In Nigeria and elsewhere, governmental agencies (GAs) as well as non-governmental organizations (NGOs) have
deployed a number of means to communicate family planning information to the populace. GAs and NGOs like the Federal Ministry of Health (FMH), the Action Health (AH), Women Health and Action Research Centre (WHARC), Society for Family Health (SFH), Women Advocates Research and Documentation Centre (WARDC), Planned Parenthood Federation of Nigeria (PPFN) and many others have one time or the other used the broadcast media to get across family planning information and services to the generality of the people. Family planning and advancement programmes such as “Flavours” (radio), “One Thing at a Time” (radio), “African in Progress” (radio), “Story Story” (radio), “Wetin Dey” (television) and “The Widow” (television) are currently on air in most parts of Nigeria. It is by means of these platforms we examine how effective radio and television media have been in communicating family planning messages to rural dwellers, using Ebelle community in Edo State, Nigeria as a case study.

MATERIALS AND METHODS

Design: This study adopted the survey design to find out how effective radio and television programmes have been in communicating family planning information in Ebelle community. The design is considered appropriate because the study will essentially focus on people. Survey has been adjudged by Wimmer and Dominick (1986) as a good means of measuring behaviour in a large population. It involves asking a set of questions on various aspects of a subject to which selected members of the population are requested to react to. Similarly, Anwulworah (1986) states that survey research method is one in which a group of people or items are studied by collecting and analyzing data from only a few people on items considered to be representative of the entire group.

Setting: This study was carried out in Ebelle, Igueben Local Government Area of Edo State, Nigeria. Ebelle is a sprawling community along Uromi-Agbor expressway, with a government run medical facility and a number of privately owned hospitals that provide medical services, including family planning services. Aside from some primary and secondary schools, broadcast signals of radio and television stations such as EBS radio and television, DBS radio and television, ITV radio and television, among others, which air the programmes being used as platforms, are readily and easily received by people in this community. Hence, it is expected that the people can make informed opinions about family planning related issues that are addressed in programmes such as “Flavours”, “One Thing at a Time”, “African in Progress”, “Wetin Dey”, “Lifeline”, “The Widow” and “Story Story”.

Participants: A total number of 100 married respondents, both male and female participated in the study. They represent the entire adult population of child bearing ages of Ebelle community. 39 (39%) respondents are males while 61(61%) respondents are females. 28 (28%) respondents are between the ages 18-28 years, 52 (52%) respondents are between 29-38 years, 13 (13%) respondents are within the age bracket of 39-48 years while 7(7%) respondents are within the age bracket of 49-above. 43 (43%) respondents hold WACE certificate, 31 (31%) respondents have OND/NCE, and 19(19%) respondents hold HND/BA/BSC, while 7(7%) respondents possess other qualifications.

Instrument: The instrument used to draw responses from the participants was a structured questionnaire designed by the researcher. It comprised of two sections. Section A drew information on the respondents’ demographic variables while section B consisted of items that sought to know how effective radio and television media have been in communicating family planning messages to Ebelle people. The 8 items on this section of the questionnaire were based on a simple response format which ranged from “yes” to “no”. The responses were basically counted for all respondents, i.e., there were no total scores for respondents, but total item scores.

Procedure: A total of 140 questionnaires were distributed in the five major quarters of Ebelle (Eguare, Idumowu, Okuta, Ologhe and Okpujie). The sampling method deployed was stratified random sampling. This is because each of the quarters was considered as a stratum. The questionnaires were administered in home-steads, market places, government offices, hospitals, churches, petrol stations and bus stations in the community over a period of six days. 100 properly answered questionnaires were retrieved.
from the field. The remaining 40 constituted those that were not properly answered or those the researcher could not retrieve due to the exigency of time. In the end, 100 questionnaires were used for analysis.

**Analysis:** The data collected were analysed using descriptive statistics such as frequency tables and percentages.

**RESULTS**

The results show that a majority of the respondents have access to radio and television sets and can make informed comments about family planning matters.

Table 1: Possession and access to radio and television sets

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Statements</th>
<th>Responses</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you own or have access to a radio set</td>
<td>Yes</td>
<td>88</td>
<td>88.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>12</td>
<td>12.0</td>
</tr>
<tr>
<td>2</td>
<td>Do you own or have access to a television set</td>
<td>Yes</td>
<td>54</td>
<td>54.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>46</td>
<td>46.0</td>
</tr>
</tbody>
</table>

Table 1 show that 88 (88%) respondents own or have access to radio sets while 12 (12%) respondents do not. 54 respondents representing 54% own or have access to television sets while 46 (46%) respondents do not.

Table 2: Respondents’ regularity of listenership/viewership of radio and television programmes which address family planning matters

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Statements</th>
<th>Responses</th>
<th>Frequency</th>
<th>%</th>
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<tbody>
<tr>
<td>3</td>
<td>Do you regularly listen to radio programmes such as “Flavours”, “One Thing at Time”, “Africa in Progress”, among others, which dwell on family planning related matters.</td>
<td>Yes</td>
<td>89</td>
<td>89.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>11</td>
<td>11.0</td>
</tr>
<tr>
<td>4</td>
<td>Do you regularly watch television programmes such as “Wetin Dey” “The Widow”, among others, which dwell on family planning related matters.</td>
<td>Yes</td>
<td>73</td>
<td>73.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>27</td>
<td>27.0</td>
</tr>
</tbody>
</table>

Table 2 shows that 89 (89%) respondents listen to radio programmes which treat family planning issues always while 11 (11%) respondents claim that they do not. 73 (73%) respondents regularly watch similar programmes on television always while 27 (27%) respondents do not.

Table 3: Respondent’s comprehension of language used on radio and television

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Statements</th>
<th>Responses</th>
<th>Frequency</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Do you understand the language used to communicate family planning programmes on radio and television</td>
<td>Very well</td>
<td>66</td>
<td>66.0</td>
</tr>
<tr>
<td></td>
<td>A little well</td>
<td>34</td>
<td>34.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

Table 3 shows that 66 (66%) respondents claim to understand the language used on radio and television very well, while 34 (32%) respondents claim to understand the language a little and none of the respondents do not understand the language used on radio and television programmes. This shows that there is a high level of literacy in the village despite being a rural community.

Table 4: Respondents’ awareness of family planning concepts and their level of effectiveness

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Statements</th>
<th>Responses</th>
<th>Frequency</th>
<th>%</th>
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<tr>
<td>6</td>
<td>Would you say the radio and television messages have increased your awareness of family planning concepts and methods</td>
<td>Yes</td>
<td>84</td>
<td>84.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>16</td>
<td>16.0</td>
</tr>
<tr>
<td>7</td>
<td>Have you ever adopted any/some of the modern family planning strategies described or advised in radio and television messages</td>
<td>Yes</td>
<td>57</td>
<td>57.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>43</td>
<td>43.0</td>
</tr>
<tr>
<td>8</td>
<td>Do you agree that these family planning methods as described/portrayed on radio and television are effective</td>
<td>Yes</td>
<td>65</td>
<td>65.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>35</td>
<td>35.0</td>
</tr>
</tbody>
</table>
have used some of the family planning strategies while 43 (43%) respondents have not. 65 (65%) respondents believe that the family planning methods are effective while 35 (35%) respondents do not agree.

**DISCUSSION**

The results obtained from the study indicate that many of the respondents either own or have access to radio and television sets. A clear majority of them regularly listen to/watch radio/television programmes that dwell on family planning matters. This attaches credence to the view of Piotrow et al. (1994) that the spread of television and radio, the rise of an independent press, and increasing literacy rates in many countries offer new opportunities for family planners and other health care organizations to inform the public and reach opinion leaders. However, the respondents’ listenership to radio programmes is far more than their viewership of television programmes with regard to family planning and related matters. The implication of the above is that among the broadcast family, the radio could be a more potent source of mass information and mass education than even its sister medium, the television, in rural Nigeria. This is probably borne out of the peculiarity of circumstances of many rural communities where scathing poverty and power outages reign supreme.

The result also suggests that the respondents understand and are comfortable with the language used in purveying the family planning information to them. This is probably why the respondents’ awareness level as regards subsisting family planning concepts and methods is very high. The implication, therefore, is that there is a high level of awareness about family planning matters in Ebelle community. In addition, respondents are also of the viewpoint that the methods and strategies for child spacing and number of children to be born are effective. Yet, the study reveals that there is a sharp fall in the number of respondents who adopt these new strategies. Perhaps, the attitude of the average rural Nigerian toward questions that border on family planning information, especially with regard to the adoption of strategies of spacing children and checking family size, sex and other matters is responsible for this.

Most Nigerians, especially those living in the rural settings see it as a taboo to count the number of their children. They also find it extremely difficult to openly talk about sex and other family related issues. This scenario reminds us of the Malawian experience where Kishindo (1995) suggested the active involvement of men in family planning programmes because they ultimately control women’s fertility and determine the limits of cultural taboos. If this view is granted, concerted effort must be made to include men and women as targets of family planning programmes purveyed through radio or television media or other effective means in rural Nigeria.

**CONCLUSION**

Family planning matters are arguably still very thorny and sensitive in Africa, particularly in Nigeria, the most populous black nation on earth. Although, the Nigerian government has since accepted family planning as a necessary ingredient of socio-economic development; an important social/health measure which contributes to the well-being of mothers, children as well as fathers, this study reveals that many people, especially in the rural settings, have not taken to the adoption of modern family planning methods such as the use of contraceptives (condoms, birth control pills, avoiding sex during the woman’s known fertile periods, injectables, intrauterine devices (IUDs), Norplant and sterilization, among others) to check family size and space child bearing as purveyed on certain radio and television programmes. This may not be unconnected with some archaic laws, cultural practices and religious doctrines that compel a majority of people, especially the rustics to keep sealed lips about issues relating to child bearing, number of children and other family matters.

In fact, trite clichés such as “our fathers said we don’t count our children”, “it is God almighty who blesses us with children who are we to challenge that” are common expressions among rural Nigerians. Many of them, especially the male folks even go to the ridiculous extent of arguing blindly that children come from God and nothing should be done to interfere with procreation. This is ostensibly because of the strong belief that children are the mortars that bind couples together. While this view is not entirely wrong, it has precipitated a situation
where many husbands refuse to countenance the use of contraception by their wives since contraceptive technology allows women to be promiscuous “without being caught”, i.e., no pregnancy would result from extramarital affair. What could be farther from the truth?

RECOMMENDATIONS

The foregoing perceptions and views must change if local communities in Nigeria hope to effectively grapple with the challenges of distended family size, female genital mutilation, “area boys” cultism in the streets, sexually transmitted infections, HIV/AIDS, malnutrition, child abuse, among others, which are threatening to tear down families in rural as well as urban areas. This study suggests that the radio and television media are a critical component of effecting this much desired change. It is on the strength of the fact that the broadcast media have played and would continue to play a key role in spreading the messages of family planning to the rural dwellers that the following recommendations are made:

i. Broadcast media/family planning programmers and other stakeholders including the government should find a way of skirting round the problem of the non-adoption of effective family planning methods and strategies among rural Nigerians. The radio and television programmes designed to achieve this objective must emphasize that family planning is by choice, not by chance. In other words, families should give birth to the number of children they can emotionally, financially, physically and psychologically take care of. More so, the increasing use of radio and television media in rural areas as a way of reducing the level of ignorance or incidence of misapplied family planning methods must be encouraged.

ii. The peculiarities of rural communities in Nigeria in terms of language, norms, prejudices and other predisposing factors should be considered in the design of family planning programmes on radio and television media.

iii. This study is obviously delimited to Ebelle community. Therefore, there is the need to carry out similar surveys in other rural settings across Nigeria as a way of generating a more representative empirical statistics on the impact of the broadcast media in the provision of family planning information.

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