

**DEVELOPMENT AND VALIDATION OF MEETING UNMET NEED
PROGRAMME FOR FAMILY PLANNING IN BENUE STATE OF
NIGERIA :IMPLICATIONS FOR CONSELLING**

**ONYEMOWO CATHERINE OGWUCHB
BA(HONS) PHIL (UNN) PGDE (A.B.U). M.ED(G/C) |(UJ)
PGED/UJ/11151/99**

**A THESIS IN THE DEPARTMENT OF ARTS AND
SOCIAL SCIENCES EDUCATION, FACULTY OF
EDUCATION, SUBMITTED TO THE SCHOOL OF
POSTGRADUATE STUDIES, UNIVERSITY OF JOS, IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE AWARD OF DEGREE OF DOCTOR OF
PHILOSOPHY IN EDUCATION GUIDANCE AND
COUNSELLING OF THE UNIVERSITY OF JOS**

MAY 2007

DECLARATION

I, Onyemowo Catherine Ogwuche hereby declare that this work is the product of my own research efforts, undertaken under the supervision of Professor Yakubu Akaya Mallum and has not been presented elsewhere for the award of a degree or certificate. All sources have been duly distinguished and appropriately acknowledged.

**ONYEMOWO CATHERINE OGWUCHE
PGED/UJ/11151/99**

CERTIFICATION

This is to certify that this thesis has been examined and approved for the award of the degree of Doctor of PHILOSOPHY in EDUCATIONAL GUIDANCE AND COUNSELING

Professor F.D Kolo External Examiner

Date:

Dr. O.P. Elaigwu (Reader) Internal Examiner

Date:

Prof. Y. A. Mallum Supervisor

Date:

Mrs. Mary, P. Haggai HOD. Arts and Social Science Education

Date:

Professor (Mrs) C.A. Andzayi Dean, Faculty of Education
Professor, U.A.Ibanga Dean, School of Postgraduate Studies

ACKNOWLEDGEMENT

This research work was successfully completed with the help, cooperation and contribution of a good number of people, courtesy, therefore, requires that I acknowledge their assistance towards the realization of this academic aspiration. My God and my All, I thank You for protection, direction and for seeing me through the challenges of my academic years.

I am particularly indebted to Professor Yakubu A. Mallum, my thesis supervisor for his valuable guidance, patience and kindness throughout the period of this research. May God Almighty reward him abundantly.

Special mention must be made of Dr. Nanram B. Longbap, Dr. (Mrs.) Christiana A. Ugodulunwa and Professor Timothy Oyetunde, who offered tremendous insight in the preparation of this work. Their comments served as reliable guide for the work. I am also grateful to them for putting up with challenges from within and from without, for the immeasurable patience and understanding displayed by them in the course of the study.

Special thanks go to my husband, Mr. Joseph Anebi Ogwuche and my children, their patience and endurance which made this study a reality are highly appreciated. May the Lord reward and bless them.

I am highly indebted to my brothers, Dr. and Mrs. Alexander and Victoria Adulugba who provided moral and financial support and my Late brother Chief Daniel Adah Adulugba. Though the Chief did not live to see the fruit of his encouragement, I remain grateful to him for his indebible contributions which have added to the realization of this research study. The contribution of his wives and other relations are also acknowledged.

I also appreciate the assistance of friends, Ms. Bridget Onyilo, Josephine Attah, Vom Shorn and her staff, Dr. (Mrs.) Victoria Ayuba, Mr. Emmanuel I. Iyala and his staff, Mrs. Laran Deshi, Tabitha Dashe and Dr. Ali Obe.

I acknowledged the help I received from late Professor Catherine Ameh - Anege and her husband. May the Lord reward them abundantly and receive their souls in His bosom.

I owe much gratitude to the' members of the different panels, especially Dr. Matthew Sule, staff and students of the Faculty of Education and Postgraduate school for their input and encouragement at every stage of the research proposal. I acknowledge the useful contribution of Prof. Andrew Ekoja, in the analysis of the research data. Special mention must be made of principals and students of sampled schools, CASSON members, Benue State Chapter as well as Doctors,

Nurses and other staff of the various hospitals, clinics, public organizations and research assistants for their contribution towards the realization of this work. I would not fail to acknowledge the cooperation and assistance received from the Ministry of Education headquarters Makurdi for granting me study leave. I thank the management and staff College of Education Oju for their support and encouragement throughout the period of the study.

I Thank all those who typeset the work. May the Lord bless them. May the Lord bless and reward all those whose names cannot be mentioned here, who in one way, or the other contributed to the successful completion of this research.

Onyemowo Catherine Ogwuche
May, 2007

DEDICATION

This thesis is dedicated to women who lost their lives in the course of childbirth, who wished to avoid pregnancy but failed to obtain family planning protection.

TABLE OF CONTENTS

	Page
TITLE PAGE.....	I
DECLARATION	II
CERTIFICATION	III
ACKNOWLEDGEMENT	IV
DEDICATION	VII
TABLE OF CONTENTS	VIII
LIST OF TABLES	XII
LIST OF FIGURES	XIV
LIST OF APPENDICES	XV
ABSTRACT.....	XVI

CHAPTER ONE INTRODUCTION

1	BACKGROUND OF THE STUDY	1
2	STATEMENT OF THE PROBLEM	9
3	PURPOSE OF THE STUDY	11
4	RESEARCH QUESTIONS.....	11
5	RESEARCH HYPOTHESES	12
6	THEORETICAL FRAMEWORK	13
7	SIGNIFICANCE OF THE STUDY.....	17
8	DELIMITATIONS OF THE STUDY	20
9	OPERATIONAL DEFINITION OF TERMS	20

CHAPTER TWO REVIEW OF RELATED LITERATURE

2.1	HISTORICAL DEVELOPMENT OF FAMILY PLANNING IN NIGERIA	22
2.2	REASONS FOR UNMET NEED	26
1	Difficulties with access to methods and quality of services...	28
2	Health concerns and side effects	31
3	Lack of information	35
4	Opposition from husbands, families and communities ...	39
5	Little perceived risk of pregnancy... ..	45
2.3	DATA SOURCES FOR UNMET NEED SUBGROUPS	47
1	Unmarried young people	48
2	Newlyweds	49
3	Postpartum women.....	50
4	Postabortion case	51

5	Dissatisfied users	52
6	Unmet need levels by women's characteristics ...	53
2.4	AN OVERVIEW OF STUDIES ON ADDRESSING UNMET NEED	56
5	UNMET NEED FOR FAMILY PLANNING, IMPLICATIONS FOR COUNSELLING	61
6	DEVELOPMENT OF MEETING UNMET NEED PROGRAMME	68
2.7	SUMMARY OF LITERATURE REVIEW	75

CHAPTER THREE METHODS AND PROCEDURE

1	RESEARCH DESIGN	78
2	POPULATION and sample	79
1	Population	79
2	Sample - - - - -	80
3.3.	SAMPLING TECHNIQUE	81
3.3.2	Sampling Techniques	85
3.4.	INSTRUMENT FOR COLLECTING DATA	90
1.	Description of Instruments	91
2.	Description of the WMUNQ Instrument	91
3.	Description of Counsellors Meeting Unmet Need Questionnaire (CMUNQ)	94
4.	Description of Student's Meeting Unmet Need Questionnaire (SMUNQ).....	95
3.4.5	The Meeting Unmet Need Programme (MUNP) Adaptation	96
3.5.	VALIDATION OF INSTRUMENTS	98
1.	Reliability of instruments... ..	99
2.	Training programme Implementation	101
6.	PROCEDURE FOR DATA COLLECTION	107
7.	DATA ANALYSIS METHOD	108
3.7.1.	Computer facilities	109

CHAPTER FOUR RESULTS AND DISCUSSION

4.1	RESEARCH QUESTIONS... ..	110
1	Research question one	110
2	Research question two	114
3	Research question three	118
4	Research question four	122
5	Research question five	125
4.2	RESEARCH HYPOTHESES	128

4.2.1	Research hypothesis one	128
-------	-------------------------	-----	-----	-----	-----

2	Research hypothesis two				
3	Research hypothesis three				
4	Research hypothesis four				
130		132		134	

**CHAPTER FIVE
SUMMARY OF FINDINGS, RECOMMENDATIONS AND
CONCLUSION**

1	SUMMARY OF FINDINGS	...	...	.....	137
2	CONCLUSION	.....	.....	.....	139
3	RECOMMENDATIONS	...	...	.....	140
4	SUGGESTIONS FOR FURTHER STUDIES...			.....	144
5	CONTRIBUTION TO KNOWLEDGE	...		.....	145
	REFERENCES	...	...	.....	147

LIST OF TABLES

TABLE	Page
1. Married Women with Unmet Need, 1985-1995	
Summary of Treatment Programme ...	
Percentage Responses of Counsellor's, Student's and Women's on the Adequacy of the Objectives of a Formalized Unmet Need Programme for Family Planning	112
Percentage Responses of Women's, Counsellor's and Student's on Adequacy of Curriculum Contents of a Formalized Unmet Need Programme for Family Planning.....	115
Raw and Mean Scores of Women in Unmet Need Knowledge Test Given to Determine the level of their Performance	119
Percentage Responses of Rural and Urban Dweller's Attitude towards Unmet Need Programme	123
Frequency Counts and Percentage of Problems Militating Against Implementation of Unmet Need Programme for Family Planning	126
Results of Chi-square (X^2) Test of Difference in Women's, Counsellor's and Student's Perception of Instructional Objectives	129
Expected and Observed Frequency of Counsellor's, Student's and Women's Having Positive and Negative Opinions Towards Curricular Contents of Unmet Need Programme for Family Planning, Data Analysis Using Chi-square Test.....	131
The Mean Scores for Experimental and Control Groups Before and After Treatment.....	133
Results of Chi-square (X^2) on Attitude of a Formalized Unmet Need Programme for Family Planning A Two-Variable Test Characterized by 2 x 2 Table	135

APPENDICES

APPENDIX:

A1	A Letter Requesting Experts to Validate Women's Meeting Unmet Need Questionnaire (WMUNQ)		
A2.	Women's Meeting Unmet Need Questionnaire (WMUNQ)		
A3.	Counsellor's Meeting Unmet Need Questionnaire (CMUNQ)		
A4.	Student's Meeting Unmet Need Questionnaire (SMUNQ)		
A5.	Interview Schedule...		
Bl.	Mean Scores of Women's Meeting Unmet Need Knowledge Test (WMUNKT)		
B2.	The Implemented Meeting Unmet Need Programme for Family Planning	...	186
B3.	Curriculum for Meeting Unmet Need Programme for Family Planning		190
B4	Letter of Introduction	... ..	195
B5	List of Schools with Number of Students by Zone, LGA and Location	...	196

ABSTRACT

The purpose of the study was to develop and implement unmet need programme for family planning in the Benue State of Nigeria. The specific objectives of the study were to: determine the objectives and contents of meeting unmet need programme for Benue State and implement it in Benue State; determine the counselling implications of meeting unmet need programme; and determine if a significant difference exists between the mean scores of counselled and non-counselled women in meeting unmet need knowledge test to be administered before and after treatment. To achieve this objective, an experimental design was used to obtain the relevant data. To ascertain effectiveness of the programme, improve and sustain it in the state, five (5) research questions and four (4) hypotheses were formulated, answered and tested in the course of the study. A sample population of 600 respondents, consisting of 100 women, 80 counsellors and 420 students was used for the study. They were drawn from the three educational zones of the state. Data were collected using a questionnaire, a test and interview schedule. The data collected were analysed using mean, frequency counts, chi-square and t-test for unrelated sample. The specific findings of this study were the overwhelming acceptance by all the groups of the respondents on what should constitute the programme objectives and content materials and that there was a significant difference in the performance of experimental and control groups. The former performed better than the latter which was perhaps due to the effect of counselling. Equally revealed was that cultural setting, fear and ignorance about contraceptive use and lack of personnel training among others would constitute problems to effective implementation of the unmet need programme. The obvious implications of these findings are that effort be made to create awareness, counsel and give needed information on the benefits of family planning. This means that immediate implementation of meeting unmet need programme would help improve quality of life, control population growth which affects school work leading to examination malpractice, corruption and underdevelopment. Further implications are that if the objectives of the programme are to be achieved, policy decisions from government as well as concerted efforts from organizations, groups and individuals must be made. Basic knowledge in family planning, will provide a tool for societal transformation.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY.

As a developing country, Nigeria is facing many challenges. Among these challenges is the social menace of unmet need for family planning among female adolescents in secondary schools and women at large. How to curtail the menace and its consequences on these people has been the concern of professional guidance counsellors. Unmet need often leads to none or low contraceptive use, undesirable pregnancies, school drop-outs, child dumping, illegal induced abortions, Human immune virus/sexually transmitted infections (HIV/STIS) and the consequent high rate of maternal and child morbidity in the country.

However, investigations relating to contraceptive use in developing countries showed poor results, WHO, UNICEF and UNFPA (2000) showed that in Benue State, the contraceptive prevalence rate (CPR) is very low, estimated at 13% for married women, the total fertility rate (TFR) is 5.5 children per woman and the risk of maternal death is 1.16; These facts compared unfavorably with developed countries where the CPR is high, the TFR has declined to 1.6 and maternal death risk is 1.2800. The millennium development goals (MDGS) call for three quarters reduction in maternal mortality and two-thirds reduction in child mortality by 2015. Meeting unmet need is critical for the attainment of these goals.

The term unmet need refers to married women who say that they would prefer to avoid or postpone childbearing but who are not using any method of contraception. Many sexually active unmarried women, adolescents and users whose methods are unsafe, ineffective or unsuitable and women with mistimed or unwanted pregnancies probably have unmet need as well. Women with unmet need are classified into two categories: limiting and spacing births (see Table 1) Those who want to have no more children are considered to have an unmet need for limiting births. While those who want more children but not for at least two more years have an unmet need for spacing.

Table 1: Married Women with Unmet Need, 1985-1995

Country and year of survey	Number with unmet need (in millions)	% of NWRA unmet need			% of MWRA using contraception		
		Total	need		Total	contraception	
			Spacing	Limiting		Spacing	Limiting
Pakistan 1990-91	5.7	32	17	15	12	2	10
Indonesia 1991	4.4	14	8	6	5	19	31
Bangladesh 1994	4.1	18	10	8	45	11	34
Nigeria 1990	3.9	22	17	5	6	3	3
Mexico 1987	3.1	24	11	13	53	14	39
Brazil 1986	3.0	13	15	5	66	18	48
Philippines 1993	2.5	26	13	13	40	9	31

MWRA = Married women of reproductive age

Source: DHS tabulation, Westoff and Bankole (1995),

Westoff and Ochoa (1991)

Population Reports.

Table 1 shows levels of unmet need, as a percentage of all married women of reproductive age in Nigeria is 22%. In a similar vein, Westoff and Bankole (1995) and Westoff and Ochoa (1991) had shown that for ten years only 17% women had unmet need for spacing birth, while 5% had unmet need for limiting birth. They further observed that only 3% each of married women of reproductive age use contraception for spacing and limiting births. This development is yet another scourge in the system that leads to overpopulation, low standard of living and development.

Nigeria lags far behind United Kingdom and other developed countries in the proportion of need that is satisfied. The percentage of married women aged 15 – 44 years who use any contraceptive method ranges from 5% in Nigeria to 83% in United Kingdom. As the use of contraception increases, the total fertility rates decreases, as does human suffering index for the nation. This is also true for the rate of infant mortality and maternal ratio (Hartcher, Kowai and Guest, 1989).

There is therefore, a need to identify factors responsible for unmet need for family planning. Through surveys, interviews and other various empirical researches, Westoff et al (1991 and 1995) revealed that women have a number of reasons for unmet need and unintended pregnancies. For instance, women who worry about contraceptive side effects and face opposition from husbands. Others lack information and access to satisfactory services. Other factors for

unmet need are traditional beliefs favouring high fertility, religious barriers and lack of male involvement, which have weakened meeting unmet programme intervention. Family planning has received little attention at individuals, social and policy levels due to other competing priorities.

In response to the global and national yearning for educational sector to bail women and adolescents from the menace of unmet need, Piotrow, Kincaid, Rimon and Rimehart (1994) posited that programme needs to be developed which can serve more people and serve them better (see appendices B2 & B3). The main objective of the unmet need programme is to enhance contraceptive use. According to Robey, Ross and Bhushan (1996, p.3) unmet need programme aims primarily at:

Understanding the various reasons for unmet need, based on qualitative research and survey data; determining the size and composition of the unmet need sub subgroups by analyzing survey findings and other data; identifying high-priority subgroups that the programme will best able to reach; and designing and deliver information and services to meet the specific needs of each selected group.

An unmet need programme is a strategy through which family planning education is dispensed to women, illiterates, rural and urban dwellers, the poor and adolescent population who are at the risk of unwanted pregnancies, Human Immune Virus/Sexually transmitted infections (HIV/STIs) and other reproductive ill-health.

Unmet need can be a powerful concept for family planning programme, it is based on women's own statements in answer to survey questions. It identifies the group most likely to be interested in contraception but not already using contraception. It poses a clear challenge to reach and serve these women.

The concept of unmet need points to the gap between some women's reproductive intentions and their contraceptive behaviours. In doing so, it poses a challenge to family planning programmes; to reach and serve the millions of women whose reproductive attitude resemble those of contraceptive users but who, for some reasons or combination of reasons, are not using contraception (Sinding and Fathalla, 1995).

The implication of this development is that unless attitudes are changed, women's reproductive intentions and their contraceptive behaviours in family planning cannot improve because attitudes have a causal link between these variables, Ellis (1980), Skinner (1953), Krumboltz, Thoresen, Hosford and Barbara, 1960 and Smith (2004). These behaviour theorists have found that women's attitude toward family planning are culprit, since according to them, affective characteristics determined learning and account for educational achievement, women with negative/poor attitudes towards family planning have low contraceptive prevalence rates.

Hatcher (1989) had explored the relationship between family planning and unmet need. From his observation of contraceptive use in developing countries, he concluded that the increased use of contraceptives parallels a decrease in the rate of population growth and an increase in the quality of life. Population growth creates problems in Nigeria and other developing countries. In Nigeria, as a result of population growth, social services in such sectors as health, education, housing, employment, food, transport as well as sanitary services are very low. As Olufemi (2003, p.4) succinctly put it, the pressure of population increases in numbers mainly seen in Nigeria, compounds enormously the task she faces. Possibly 80 percent of the children in Nigeria have some degree of malnutrition. Millions will spend their lives uneducated, unemployed or underemployed, ill-housed and without access to the most elementary health-care, welfare and sanitary services. There is shortage of food supply thus leading to imbalance diet both on the part of the infants and expected mothers. For children to grow into healthy, able adults, they need good start in life, they need to be born healthy into the family that can give them care and attention. Unchecked population is the major causal factor.

Developed and sophisticated nations of the world are sensitive to this dangerous trend, consequently have chosen to have few children by using contraception. They have in turn access to disproportionately large share of the world's resources. Furthermore, maternal and child mortality are lower in developed countries of the world. The implication of this seems to be that Nigeria needs to make more concerted efforts towards, the establishment of quantitative and qualitative family planning services that will provide a tool for population control. Family planning will help government plan in relationship to the number of people to be served, thus improve the standard of living and quality of life of people.

Furthermore investigators, have identified family planning as an intervention for improving the quality of life in general and that of women in particular. Ministries of health noted that early, repeated and frequent pregnancies negatively affect the nutritional status of women and contribute to physical exhaustion, susceptibility to infections and early ageing. They emphasized the need to address unmet need for family planning in particular and birth spacing in general in order to improve quality of life of African women (WHO et al, 2000). Effective implementation of unmet need programme in Nigeria presents a formidable challenge. The need, therefore, to respond to the worsening unmet need situation provides an implication for counselling.

In views of Okpede (1991) & Gargara (1998) for the guidance programme to justify its existence within the scheme of the educational programme, it must be oriented towards accomplishing tasks and the performance of functions not otherwise accomplished. In doing this, it must provide services not formally made available in the conventional school programme and it must constitute a source of inspiration and direction for couples, students and community. This, the guidance personnel could do, through the dispensation of information, appraisal, counselling and follow-up services directed towards the amelioration and/or prevention of personal social problems. In an attempt to meet up with these strenuous tasks and challenges, guidance strengthens and adds meaning to the regular educational experiences in helping beneficiaries make progress in different spheres of life. It is only by so doing that counsellors would have answered Denga's (1983) call on them to charge out of their traditional career attachment to other areas of personality adjustment necessary for the physical, mental and emotional equilibrium of the Nigerian child and others, such a call is both timely and desired especially in this area of unmet need for family planning. Typified by values or customs, and obstacles, many of the women in unmet need group have resorted to abortions, unintended and unwanted pregnancies among others leading to avoidable health risks which often

lead to death. The result of such has of course been traumatic in the lives of such women and the society.

The persistent low contraceptive prevalence rate and high fertility among sexually active women and its consequences call for a yearning for unmet need programme in Benue state. It is against this background that this research study intends to develop and implement a formal meeting unmet need programme for family planning. The result of this is expected to enhance contraceptive prevalence rate and reduce high fertility rate among women and adolescents.

1.2 STATEMENT OF THE PROBLEM

Ever since the implementation of meeting unmet need programme, there have been questions as to the effectiveness of the programme in increasing contraceptive prevalence rate and reduction of high fertility among young female adolescents in schools and women in larger society. Research studies show that a good number of women of reproductive age have unmet need for family planning Westoff and Bankole (1995) and Westoff and Ochoa (1991), for example, showed that out of 3.9 million women with unmet need, between 1985 and 1995 only 3% each of married women of reproductive age used contraception for spacing and limiting births.

In addition to low contraceptive use among women and adolescents in secondary schools, there are indications of negative/poor attitudes among

the recipients. Researches by Ellis (1980), Skinner (1953) Krumbolt, Thoresen, Hosford and Barbara (1960) and Smith (2004) indicated that a great number of recipients of meeting unmet need programme manifested negative and poor behaviors in schools and outside the schools. This behaviour in both rural and urban schools and city are on the increase. This has caused a lot of concerns to the state government and all stakeholders in the study areas.

The foregoing problems have exposed the illiterates, rural and urban dwellers, the poor and adolescent population to high risk of unwanted pregnancies, Human Immune Virus/Sexually Transmitted Infections HIV/STIs and other reproductive ill-health (WHO, 2000). According to WHO, this is a sad and an alarming signal in the state, which desires the attention of all concerned.

Similarly, traditional beliefs favouring high fertility, religious barriers and lack of male involvement have weakened the implementation of the programme. This state of affair gives the impression that meeting unmet need programme is implemented without the required impact. Questions have been raised about women's low contraceptive prevalence rates in the society and the impressive researches that have been carried out on the implementation of programme (Odimegwu, 1996, Ojo (1995) Farsoun, Khoury and Underwood (1996). Unfortunately, none of these has addressed the problem encountered in the implementation of the programme,

adequacy of its objectives and contents and the effect of academic achievement in Meeting Unmet Need Knowledge Test as they relate to behaviour of the recipients. From this angle, the problem of this study could be stated as follows: is the meeting unmet need programme fulfilling its specifically stated objectives and implementation of a formalized meeting unmet need programme at the secondary school levels and society at large?

1.3 PURPOSE OF STUDY

The main purpose of this study was to develop and implement meeting unmet need programme for family planning in Benue State. Specifically, the study was intended to achieve the following objectives:

1. To determine the objectives and contents of a formal meeting unmet need programme for family planning, and implement it in Benue State;
2. To determine the counselling implications of meeting unmet need programme;
3. To determine if a significant difference exists between the scores of counselled and non-counselled women in meeting unmet need knowledge test to be administered before and after treatment;

1.4 RESEARCH QUESTIONS

This study was designed to provide answers to the following research questions:

1. How adequate are the curricular objectives of a formal meeting unmet need for family planning for Benue state?
2. Which content materials are considered adequate for a formal meeting unmet need programme for family planning?
3. What is the performance profile of women in a formal meeting unmet need knowledge test before and after treatment?
4. What are the rural and urban dweller's attitudes towards the implementation of a formalized meeting for family planning?
5. Which problems are encountered by counsellors in the implementation of a formal meeting unmet need programme for family planning?

1.5 RESEARCH HYPOTHESES

To guide this study, the following null hypotheses are postulated:

1. There is no significant difference between the positive and negative opinions of women, counsellors and students involved in this study concerning the objectives of a formal meeting unmet need programme for family planning.
2. There is no significant difference between the positive and negative opinions of women, counsellors and students regarding the curricular content of a formal meeting unmet need programme for family planning.

3. There is no significant difference in the mean scores of the counselled and non-counselled women in meeting unmet need knowledge test administered before and after treatment.
4. Rural and Urban dwellers are not significantly, different in their attitudes towards the implementation of a formalized meeting unmet need for family planning.

1.6 THEORETICAL FRAMEWORK

There is theoretical psychological counselling under-pining which explains why people act in different ways; people's behaviour or actions have been assessed from a variety of theoretical perspectives. This study has a number of frameworks which includes, Rational-Emotive Therapy (RET) by Ellis, Behavioural Therapy by Skinner and Behavioural Therapy by Krumboltz, Thoresen, Hosford and Barbara.

Uba (1980) has defined theories as man's nature, which help to describe, explain and predict his behaviour. Thus, people's behaviours or actions are explained by their attitudes to situations. In essence, people's beliefs form the basis of their attitudes towards objects or situations.

The theories of attitude are embedded in the field of psychological counselling. The Rational-Emotive Therapy (RET) by Ellis, for instance, postulates that people usually become upset by their acquisition of irrational thoughts, beliefs and philosophies, and that for them to restore

happiness to their lives, they need to radically change the illogical ideas which disturb them. The Ret theorist is of the opinion that one can only free oneself of emotional disturbances through intellectual powers.

Emotion and thinking are among his major features. Ellis then proceeds to state twelve irrational and illogical ideas held by individual which often lead to self-defeat and neurosis. He believes that irrational thinking can be changed through a cognitive re-orientation.

Uba (1969) reveals that the Ret counsellor's role and techniques will be to examine the client's self-defeating catastrophic logic with a view to helping him to eliminate the entrenched belief about himself and the world. The main purposes of Ret counselling are to demonstrate to the client that self-statements are the sources of disturbances and the re-evaluation of his self-talk is sure fire method of attaching and removing any emotional problems.

When applied to the present study, the implication is that to change attitude of women with an unmet need would require more than just knowing what they believe and the nature of their attitude towards the behaviour. It would require an investigation into factors, which lie outside their control. As a result, Ret is a limiting theoretical framework for the present study. Consequently, the Behavioural Therapy by Skinner (1953) tries to account for this dimension. The basic assumption is that

environmental conditions mould our behaviors, in other words environmental factors or situations account for certain behaviors. That is, individuals are inclined towards engaging in the performance of actions which they consider their neighbours to be participating. The implication is that people who find themselves in an environment where family planning is not accepted and practiced, the tendency is to do the same. However, the acceptance and rejection of an idea or behaviour may be predicted or dictated by forces within the environment. The theory of behaviour therapy appears to be inadequate in the present research. It does not matter to the clients whether others engage in the act or not, it has to take their willingness to try. There is the need to influence the client's will to engage in that behaviours or interest. A theory which can spur the individual client to learn an adaptive behaviour of interest, is therefore, required.

The behavioural theory by Krumboltz and associates seems to hold water for the study. It states that man begins life not as innate good or bad but like a Lockan tabular rasa on which nothing has been written or stamped. Man reacts to stimuli encountered in the environment. Heredity and environment shape behaviour and form the person. Man has both negative and positive habits, both of which are learned.

Regarding the role of counsellors, the proponents of this theory view counsellors as role models, serving as aids to the clients in the learning process. Arranging condition for clients to learn adaptive behaviour so that they can cope with their problems and clients according to them have to learn to resolve their differences, (Bulus, 1988, p. 144).

Krumboltz and associates have much interest in the application of learning principles to complex practical situations. They have pointed out the various forms of reinforcements used in social control. They, more than any social theorists are aware of the importance of culture and environment on the learning process of human beings. In particular, they noted the effects of culture on learned drives in the various culture, as well as the differences among individuals within a culture.

As long as the tendency of deviating from the normal norms in man is traced to the society and environment, the same have the capacity and responsibility to design programme(s) to redeem him from his predicaments. The theorists in their positions have viewed man from these stand points.

The counsellors as helping professionals can justify their professionalism by designing programme such as meeting unmet need which aims at assisting women and students by preventing them from unmet need for family planning.

It follows that application of Behavioural counselling, if articulated intends to effect changes, and shape the behaviors of women and secondary students regarding meeting unmet need for family planning. In view of these observations, this study applies this theory in an attempt to promote behaviour change in Benue State, to learn adaptive behaviour in meeting unmet need for family planning.

1.7 SIGNIFICANCE OF THE STUDY

It is expected that the findings of this study will be of benefit not only to couples but also to counsellors, government and the society as a whole. The results of the study will among others help the individual couple to: improve family well-being. Couples with fewer children are better able to provide them with enough food, clothing, housing and schooling; protect themselves from unwanted, high-risk pregnancies and unsafe abortions; save the lives of children by helping women space births, care for their families by providing a better life for them; Family planning has positive influence on the outcome of pregnancies, the survival, health and development of children, the survival, health, and reproductive potential of childbearing women and the general well-being of families.

The counsellors are also expected to find the results of this study useful. As models of behaviour, counsellors will be better informed and

equipped with counselling strategies in counselling the young adults in issues relating to family planning situations and in other related matters in order that they learn to cope with their own problems in ways that are self-satisfying and socially acceptable. Also, the results of the study will assist counsellors in their efforts to help married couples and individuals to see the need to use family planning for psychological, physical and social reasons in irrespective of culture and personal views.

This study is again, expected to be of great use to government. Since it is the duty of government to control population growth, she will see the need to put in effect national population policies that will effectively control population growth through voluntary fertility regulation methods. In addition, the results will reveal to government the need to organize seminars, workshops and conferences that will bring together appropriate personnel that will highlight the issue of family planning, provide awareness, provide solutions to problems facing family planning in the society as well as providing family planning education and counselling in schools and non-school sittings.

It is expected that the results of this study will be of great help to students, especially female adolescence and school principals in reducing incidences of abortion, unwanted and mistimed pregnancies; hence the principals could have more time to devote to other relevant functions

because cases of indiscipline associated with reproductive misbehaviour will be minimized. This is likely to enhance academic performance. If students are properly counselled on reproductive matters and avoid premature pregnancies which in turn causes a lot of psychological and emotional instabilities, then, they are likely to concentrate on their studies; which is a prerequisite for development and better life.

The results of the study will also be of much importance to the society. The society stands to benefit from the outcome of the study, among others:

help government to understand how, where and when the population growth can emerge; thus, development plans can be made in relationship to the number of people to be served; the health benefits to men, women and children can result in a more productive labour force; the number of unplanned pregnancies resulting in abortions can be reduced, thereby decreasing the proportion of hospital supplies and staff strength used to treat women with incomplete septic abortions; help nations develop. In countries where women are having fewer children than their mothers did, people's economic situations are improving faster than in most other countries.

In fact the significance of this study to the society can be appreciated for instance, when summarized in the words of Bhushan

(1996, p.2) if couples have fewer children in the future, the world's current population of 5.9 billion people will avoid doubling in less than 50 years. Future demands on natural resources such as water and fertile soil will be less. Everyone will have a better opportunity for a good life.

1.8 DELIMITATIONS OF THE STUDY

This study focuses on the development and implementation of a formal meeting unmet need programme for family planning and is limited to Benue State of Nigeria. The study population is limited to SS1 students of post primary institutions. This is because it is at this stage that the adolescents experience bottled tensions and emotions, which predispose them to pre-marital sexual pregnancies. SS2 and SS3 students were not covered in this study. Even though other approaches for constituting the content of unmet need programme for family planning programme may exist, this study adopted the guidelines suggested by Piotrow (1994) in a study titled meeting unmet need: New Strategies, in Population Reports, Series J, No. 43. In fact, it is this guide that served as a crystalizing point toward a proper handling of this study.

1.9 OPERATIONAL DEFINITION OF TERMS

Words and concepts convey meanings as used by the author in the context of this research, the following terms and concepts are operationally defined and are to be understood as such:

Unmet Need: This concept is used here, to refer to married women who say that they would prefer to avoid or postpone childbearing but who are not using any method of contraception.

Family Planning: In this study, it is defined as practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, controlling time at which birth occurs in relation to ages of the parents and determining the number of children in the family.

Rural Location: This concept refers to a country side rather than the town or city. Generally, there is lack of basic amenities, such as good roads, water and health facilities.

Urban Location: This refers to a place of resident of the respondent. It is a city or town, where social or basic amenities are present.

Implementation: This concept refers to a tool or instrument that is used for a particular purpose. Here unmet need programme is used to persuade women to use family planning services.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

In this section, attempts are made to review pertinent views and opinions related to the present study, with the aim of locating the problem of the research within the body of existing knowledge. In reviewing related literature on the issue of meeting unmet need for family planning in Benue State, the topic has been broken down in the following sub-themes as presented below: Historical development of family planning programmes in Nigeria, reasons for unmet need, and an overview of studies on unmet need. The other sub-themes that will also be treated in this section include: unmet need for family planning, implication for counselling, development of meeting unmet need programme and summary of literature review.

2.1 HISTORICAL DEVELOPMENT OF FAMILY PLANNING IN NIGERIA

Family planning is voluntary decision to use or not to use contraception, when and whether to have or not to have a child/children. Almost in every society or culture, people have contemplated family planning while others have actually practiced some form of family planning.

In 1950s according to Ojo (1995), the modern family planning started in Nigeria, known as the Planned Parenthood Federation of Nigeria (PPFN). It is the successor to the Family Planning Council of Nigeria which was established by a few public spirited Nigerian medical and social welfare professionals as a result of the spate of undesirable pregnancies, child dumping, illegal induced abortions and the consequent high rate of maternal and child morbidity in the country (Bhushau, 1996).

In 1957, the establishment of the Family Planning Council of Nigeria became necessary because of the incidence of two tragic cases of septic abortions in Lagos, which attracted considerable media publicity. In reaction, the Lagos Marriage Guidance Council set up a committee to study the need for modern family planning programmes in the country. The committee's report revealed that illegal abortions were rampant in the country among both married and unmarried women with undesired pregnancies. Furthermore, it identified and recommended the need for modern family practice as a way of stemming the negative trend. Consequently, the first family planning clinic was opened in Lagos in 1958 by the Marriage Guidance Council. The clinic was however, short-lived because of inadequate funding and support.

In 1962, however, Edith Gate, a representative of the Pathfinder Fund held consultation with the National Council of Women's Societies

(NCWS) in Nigeria to revive the setting up of modern family planning services in the country. Following the consultation, a family planning committee was set up in the country with responsibilities for family planning activities and marriage counselling. With financial assistance from Pathfinder Fund, Population Council and International Planned Parenthood Federation (IPPF), the committee later re-established family planning clinics in Lagos to provide family planning counselling and contraceptive services.

In 1964, the Family Planning Committee became Family Planning Council of Nigeria which was later renamed the Planned Parenthood Federation of Nigeria (PPFN) in 1978, following an internal re-organization.

In 1982, the family planning was integrated with the midwifery curriculum at the school of midwifery UTH, Ibadan.

In February, 1988, a national policy on population was drafted and approved by the Federal Government of Nigeria with specific goals and objectives.

In 1991, the Federal Ministry of Health in collaboration with the Pathfinder International acting on behalf of USAID organized a family planning curriculum development workshop to upgrade the capabilities of the Community Health Officer (CHO) and community health extension

workers. This enabled the family planning service and information to be spread at all four community zones, under the Planned Parenthood Federal of Nigeria.

Today, Nigeria joins other developing nations of the world in their effort to reduce or lower their population growth rates. They began to establish family planning programmes, which gave emphasis to research on human reproduction among its activities and requested for an establishment of programme of work in the area of human reproduction. Consequently, the society has a great responsibility to help clients find themselves and develop outlooks on life that are consistent with our democratic philosophy enshrines in the national policy on population and that will give couples and individuals a sense of security in reproductive matters. Unmet need strategy is one of such approaches to curtail family planning obstacles in Nigeria.

Against this background of emotional upheavals and other developmental problems, World Bank, (WB) as reported by Bhushan (1996, p.144) concluded that: Society must enlist the necessary support to enable couples and individuals to cope with the stresses involved and foster adequate policies, programmes, and services to meet the special needs of the clients.

2.2 REASONS FOR UNMET NEED

Discovering why women with unmet need do not use contraception is not easy. Large-scales quantitative surveys such as the Demographic and Health Surveys (DHS) and Family Planning and Reproductive Health Surveys (FP/RHS) (1990) have considerably improved our understanding of the concept of unmet need. They explored only the main reason for unmet need. However, while most women probably have a number of reasons according to Robey, Ross & Bhushan (1996) these reasons may change or may not be well defined. Moreover, many women may be reluctant to tell a survey-taker their real reasons. They explained, that when interviewed indepth, women with unmet need are much more likely to cite their husbands' opposition as a reason for not using contraception than is apparent from survey responses.

Thus, interest has grown in conducting more small-scale, qualitative studies that use indepth interviews and focus-group discussions to reveal attitudes, interest and values that help to explain unmet need (Bongaarts, 2002:p.16). The implication of this seems to be that the nation needs to make more concerted efforts towards family planning education of the young and older Nigerians. Basic knowledge in family planning will provide a tool for societal transformation.

Ross (1996) observed that the DHS questionnaire used since 1990s asks women with an unmet need who say that they do not intend to use contraception their main reason for not intending to do so. On the other hand, Ross stated that the DHS does not now ask women who do intend to use contraception why they are not already using it. This is a substantial omission because one-quarter and three-quarters of women with unmet need say that they intend to use contraception.

Simmons (2003) posited that nearly two of every non-intenders queried in 24 DHS surveys since 1990 give reasons that fit one of these categories. Lack of access to contraceptive services, health concerns, lack of information and opposition from husbands. The mix of these reasons differs by whether unmet need is for limiting or spacing (Ross, 2000).

The persistence of unmet need today in Nigeria warrants any effort to contend the problem. It demands looking inward and explore techniques that can go a long way to curtail the problem. It is in an attempt to respond to such call that this research study emerges.

Effort is hereby made to review professional literature to bring to lime light the reasons for unmet need for family planning. It is hoped that this effort will serve as a crystalizing point toward a proper handling of the problem.

2.2.1 Difficulties with Access to Methods and Quality of Services

Past studies from Nigeria (Wolowyna and Njogu, 1992; Dodoo & Ajiboye, 2001; and Ojo, 1995); the United States of America (Robey, Ross and Bhushan, 1996) and the United Kingdom (United Nations and the Population Council, 2001) showed that in Nigeria unmet need is greatest among two groups that have the least access to family planning programmes. These are rural women and women with little or no education. For these women and others access appears to be a persistent problem. Studies by Njogu & Odimegwu (1995) indicated that the percentage of women who cite lack of access as the main reason for not using contraception is higher among women who have never used a contraceptive method than among those who have tried contraception.

Today, in the words of Robey (1996:p.11) as family planning services have become widely available in many countries, however, recent studies using DHS data report that the distance to a source of contraception as measured by how far the average person lives from the nearest service site, now has little relationship to the level of unmet need in the country. As Dodoo & Ajiboye (1993) had contended, even if distance to any service may not be important to unmet need, lack of access to people's preferred methods and services can be a formidable obstacle. For instance, in a study of unmet need in South Korea, Ahn,

Rhee, Jung and Kong (2004) noted that, since family planning services has been available virtually throughout the country for more than 20 years, lack of services no longer explains unmet need. Dissatisfaction with the available contraceptive methods is more important (Ahn, Rhee, Jungi and Kong, 2004). In Nigeria the picture is not different. In a recent study Ajiboye (2005) observed that little of considerable interest in contraception for spacing births is being met because the family welfare programme gives little attention to temporary methods such as oral contraceptives. Also, injectables are not available.

Satisfying people's various contraceptive needs requires a range of contraceptive methods. Therefore, the more contraceptive methods available in a country, the lower the level of unmet need. In a study of DHS data from 44 countries, Bhushan (1996) found that, for each additional contraceptive method that is widely available in a country, contraceptive prevalence increases by an average of 3.3 percentage points. More than half of increase, comes from meeting unmet need. This study takes into account the effects of economic development by using each country's score on the UN Human Development Index as a factor in the analysis.

This view is not significantly different from that of Wolowyna, Njogu and Odimegwu (1995) who explained that wide distribution of

each new contraceptive method in Nigeria, raises contraceptive prevalence by six percentage points. However, they failed to examine how much of the increase came from meeting unmet need.

Studies by Ainsworth (1995) indicated that in addition to lack of preferred methods, various other costs limit access to family planning. Many potential clients do not use contraception because of monetary, psychological, physical and time-related costs. Similarly, analysing DHS data, Bongaarts & Bruce (2000) observed that difficulties obtaining adequate services that can be used without undue personal costs psychological costs, travel time, monetary outlay, and so forth, are reasons for much unmet need in Nigeria.

On the quality of services, several researchers, Ainsworth (1995), Ahn, Rhee, Jungi and Kong; (2004), Odimegwu (1995) and Bhushan (1996) among others have agreed that poor-quality services, or expectation of poor services in Nigeria keep some women from using family planning. Some have been poorly treated at family planning clinics or have had problems with services. Sometimes, lack of supplies in clinics causes women to discontinue contraceptive use. Other women do not go to clinics because they fear modern medicine and are suspicious of service providers (Odimegwu, 1995, p.16).

2.2.2 Health Concerns and Side Effects

In many developing countries concerns about health and contraceptive side effects cause much unmet need (Ainsworth, 1985,p.16 & Odimegwu, 1995,p.14). According to them, these concerns come from a variety of sources, including women's own experiences with using contraception, experiences of friends, and the rumours that often result as these experiences are told and retold throughout communities.

In the views of Casterline, Perez and Biddlecom (1996) most women with unmet need who cite a health concern about a particular method have never used that method themselves. Sometimes they have heard about medical problems that others experienced using contraception. In a study, Odimegwu (1995) observed that women provide interviewers with detailed, often graphic descriptions of the health risks of using contraception, for instance, of women who had been hospitalized because IUDs were incorrectly inserted. In Nepal women with unmet need told interviewers that they feared sterilization because they knew of women who died of sepsis following sterilization procedures (Westoff & Pebley, 1994,p.17).

Sometimes people's fears are based on rumours. For example, in a study among Opialu women in Benue, Ojo (1995) found that almost all had heard alarming stories and often fantastic rumours about harmful

side effects. Similarly, in Kenya women in focus-group discussions spoken of pills accumulating into life-threatening masses in the stomach and other bizarre effects thought to accompany contraceptive use (Robey, 1996). Reasoning in similar manner, Ross (1996) writing on unmet need in Nepal, stated, some women said that they would not consider sterilization because it was said to cause weakness and so require additional nutritious foods that they could not afford.

Rumors often have a basis in reality. Thus several reasons can combine to contribute to unmet need for instance, poor-quality services or methods that may lead to real health problems that in turn, become the basis for exaggerated rumours, which are spread and believed by many people who have little direct knowledge of contraception.

Another factor which contributes to unmet need, is discontinuation of family planning methods. In a study, Ali & Cleland (1995) found that many woman have discontinued contraceptive use, not because they wanted to become pregnant, but because they experienced side effects and health problems attributed to contraceptives. Supporting this trend of thought Ross (1996) in an analysis of DHS data from six countries, had found that health concerns, including side effects, were the most common reasons for discontinuation, even more common than desire for another child.

According to Bhushan (1996) in developing countries, as much as one fifth of unmet need follows discontinuation due to side effects. Other research works support such findings. For example, in Nepal research by Ali et al (1995) found that 15% of women in the unmet need group had discontinued use, because of side effects or health concerns. In Benue most women who discontinued using contraceptive did so because they experienced side effects, and could not find a different method (Ojo, 1995). In Ghana health concerns and side effects were by far the most common reasons given for discontinuation among women who had used oral contraceptives but had stopped coming to family clinics (Odimegwu 1995). In the words of Farsoun, Khoury and Underwood (1996,p.24) in Jordan, women in focus- group discussions spoken of modern contraception mainly in terms of their side effects and health risks, they cited effects and health risks. Participants cited few examples of trouble-free use of IUDS or oral contraceptives, for example.

Discontinuation often leads to unwanted pregnancies. For example, in the Ghana study nearly half of the women who had discontinued use became pregnant within 32 months, and more than one- third of these pregnancies were unintended. Some 39% of these unintended pregnancies were aborted (Farsoun, et al, 1996).

Many women really have concerns about contraceptives side effects and health risks (Casterline et al; 1996). Many use contraception despite these reservations, however, because they see it as preferable to becoming pregnant. For instance in a study in Mexico, (Pick & Collado, 1996,p.9) have found that IUD users accepted side effects, including heavy bleeding, as the price of avoiding unwanted pregnancy. Similarly, in Bangladesh women often spoke of the perceived dangers of contraceptive use but as one woman told interviewers, " we opt for family planning along with its problems. It is better than to have a child" (Westoff et al. 1994,p.7).

On the other hand, in view of Ajiboye (1996), other women, however, would rather risk an unintended pregnancy than use contraception, especially when they lack information about health effects on health. For example, in a study in India, he observed that women said that they did not know the health risks of using contraception and could not afford to risk becoming ill. Supporting this observation, Ross & Robey (1996) reported that in Kenya many women said that the risks of contraceptives were unfamiliar compared with the well-known risks of pregnancy and childbirth.

In their study of reasons for unmet need, Bongaarts & Bruce (1995,p.31) had recommended providing access with quality as the main

programme response. They emphasized improving people's knowledge of contraception and its side effects and involving more men. Even though these submissions seem to offer solutions to the problem at hand, however, they are deficient as they fail to outline the content items of the programme. It is this deficiency that this study sets out to remedy.

2.2.3 Lack of Information

Lack of information is another important reason for unmet need. Women who are aware of many contraceptive methods, know where they can be obtained, understand their side effects, and know how to use them are less likely to have unmet need. Bhushan (1996,p.13) in a study using DHS findings stressed that the more contraceptive methods that women know, the lower their level of unmet need. In a similar study in the Dominican Republic, for instance, Bhushan (1995) observed that among women who knew three methods or fewer, unmet need is more than twice as high, at 35%, as among women who know six methods or more at 14%. Also in a study using DHS data from Egypt and controlling for the effect of other factors on contraceptive use, he found that women who knew of more contraceptive methods were less likely to have unmet need.

However, whether or not a woman knows of just one contraceptive method makes little difference to unmet need. In most developing

countries, especially outside sub-Saharan Africa, a large majority of people are aware of at least one contraceptive method, not only contraceptive users but also women with unmet need (Casterline *et al*; 1996). As might be expected, lack of awareness of any contraceptive method is most likely to explain unmet need in a country with little contraceptive use, as in Benue, Nigeria. This is because, if a woman does not know about contraception itself, she cannot cite other reasons for not using it, such as lack of availability or side effects.

In the views of Casterline (1996) just knowing that methods exist may not be enough information for many women. In-depth studies showed that many women may be aware of at least one, and often several, contraceptive methods, but they often do not know how the methods work, what their side effects are, how to obtain them, how much they cost, whether their use can be kept private, and other aspects that may affect the decision to use contraception. Supporting this line of thought, Janowitz, Anderson and Morris (1990) observed that even when women give interviewers such reasons for non use as dislike of contraception, fear of side effects, or belief that they cannot get pregnant, these reasons suggest a lack of information about reproduction and contraception. In the words of Casterline (1996,p.20) in interviews, many women who are not using family planning "seem overwhelmed,

and therefore demoralized, by what they do not know about contraception". In a study, using DHS data and a knowledge index for 12 countries, Bongaarts and Bruce (1995) stated that along with other reasons, lack of sufficient knowledge may contribute to more than two-thirds of all unmet need. They further observed that in general, the level of unmet need is lower in countries where this knowledge index is higher. In five of the six sub-Saharan countries studied in Peru, more than half of women with an unmet need could not mention even one method, identify its source, and discuss its side effect.

These observations of course, should not be assumed to be of relevance to other societies alone, for right here in Benue, Nigeria, Odimegwu (1995) & Ojo (1995) had all concluded that to use contraception, women must not only know about the existence of contraception itself but also what services are offered where and when. Studies had shown that the more women find contraception to be available, the more likely they are to use it. In general, women with unmet need perceive family planning services to be less accessible than do contraceptive users (Bhushan, 1996). In a study in Nepal, using World Fertility Survey data (WFS) Rodriguez (1999) had shown that the level of unmet need for limiting in Nepal is lower among women who know of a nearby service delivery outlet than among those who know only a distant

outlet. Similarly, in a study in South Korea, Teachman, Isui and Hogan (2003) found that 85% of women who did not know where to obtain contraceptives had unmet need. By comparison, 45% of women who say that they know a source have unmet need. Perhaps perceived availability is more important to the level of unmet need than is women's education or residence.

From the review of relevant literature, evidence showed that scholars within and outside Nigeria are of the opinion that meeting unmet need programme can enhance contraceptive use. Hence, Ahn, Rhee, Jung and Kong (2004) recommended shifting some resources from service delivery to information, education and communication. The implication of this development is that information, education and communication must be improved in order to overcome unmet need. However, while recommending information as a suitable ingredient for meeting unmet need for family planning, Ahn, Westoff and Bankole, Rhee, Casterline, Bongaarts among other researchers failed to outline a programme of action. None came up with a guideline of how unmet need programme can achieve the set objective. It is against the backdrop of this gap or deficiencies that this study sets out to correct.

2.2.4 Opposition from Husbands, Families and Communities

As Moni (1995,p.15) had noted, a woman may have unmet need for family planning because of the high social cost of challenging the opposition from her spouse or anyone else in her social influence group. He explained, in Trishal, Bangladesh, women with unmet need are more likely than contraceptive users to oppose family planning themselves, and they also are more likely to say that their husbands oppose it and that the community oppose it.

The reality of unmet need in Nigeria has been established, what remains is to seek for the co-operation of husbands and others at the family level and the provision of programme at the professional level, that will provide solutions to the problem.

In the views of Ogunleye and Njogu (2003), Casterline and Perez (1996) many women do not use contraception because their husbands oppose. In seven sub-Saharan countries contraceptive use among women whose husbands disapprove of family planning averages only one-third as much as among women whose husbands approved (Bongaarts, 1995).

Biddlecom, Casterline and Perez (1996,p.33) indicated that only a minority of all wives and husbands appear to disagree about using contraception. Nevertheless, these couples probably make up a substantial share of couples with unmet need. In a study, Odimegwu

(1995) reported that among women who stopped using contraception for reasons other than having another child, 12% had stopped because their husbands wanted another child or had forced them to discontinue for another reason. Similarly, Ogunleye (2003) found that the husbands of women with unmet need are much more pronatalist than the husbands of contraceptive users. When husbands want to have more children than their wives, the preferences of the husbands usually prevail.

Men's reasons for opposing family planning vary. Some want more children. Others oppose contraception, even if they do not want to have more children, because they worry that their wives might be unfaithful if protected from pregnancy. Others are jealous that male physicians would examine their wives. Still others want to control their wives' behaviour, have religious objections or fear side effects of contraception (Ogunleye, 2003, Dadoo, 1995 and Chidi and Kalu, 1996). Similarly, in the views of Bhushan (1996) husband's attitudes may affect not only whether or not wives use contraception but also the choice of a method and how long it is used. With regards to religious objections, Rogers (1993) wrote that the Catholics condemn the practice of contraception as a vice against nature, attitude whose influence still plays a large role in determining personal behaviour and public policy in the Catholic Communities. In fact, Pope John Paul VI reaffirmed his Church's position in his 1968 encyclical,

Humanae Vitae, in which he stated that each and every marriage act must remain open to the transmission of life. However, the researcher is of the view that unmet need in family planning does not contradict the Church's stand. The Catholic faithful can have unmet need for family planning. They can equally use natural family planning methods. What they object to, is artificial methods of contraception.

Pointing out husbands' opposition further, Bongaarts (1996,p.16) observed that husbands' opposition can have serious consequences. For instance, in Guatemala one woman told researchers that she has been using oral contraceptives without her husband's knowledge, but when her husband discovered them, "he told me that I was using them because I have a lover. But I was doing it because I wanted to avoid suffering. But his beatings are greater than that". In Tamil Nadu, India, Ravindran (2003) reported that women whose husbands oppose contraceptive use "many resort to abstinence under one pretext or another and, if pregnant, resort to a backstreet abortion rather than face disapproval and discredit".

Consequently, in addition to information and education, husbands as a way of making the programmes more successful, Bongaarts *et al* (1995) had recommended involving men more. It is an attempt to close the gap that exists between research findings and implementation of

such discoveries that this study becomes very relevant against the background of recommendations by Nigerian professionals in the field of counselling psychology.

Family planning is facing obstacle at the women's level too. Women with unmet need are much less likely than contraceptive users to believe that their husbands approve of family planning. In a study in Botswana, Ravindran (1993) found that only 47% of women with an unmet need think that their husband approve of family planning compared with 82% of contraceptive users. In Pakistan the difference is even more striking, 32% compared with 83%.

Also, women with unmet need are much less likely than contraceptive users to have talked with their husbands about family planning. For instance, in Ghana only 44% of women with unmet need had discussed family planning with their husbands in the preceding year compared with 72% of contraceptive users. In India the level of unmet need for limiting births is significantly lower among couples who have discussed family planning than among those who have not, but discussion made little difference to unmet need for spacing (Rama Rao & Townsend; 1995). The researcher is of the view that these findings do not indicate whether discussion leads to contraceptive use or vice versa. It may be that, when women use contraception, they are more likely to

discuss family planning with their husbands. It could also be, that discussion makes it more likely that women can use family planning with their husbands' cooperation.

The situation in Benue Nigeria is not different. So much effort, energy and money have been spent on programmes and facilities in order to control fertility, but to no avail. Instead, there are reports of high rate of population growth, which is becoming more complex for family planning to handle. Against this background, it is pertinent that Nigerian government reconsiders her efforts and explores other programmes that may yield better results. That approach, according to Bhushan (1996) is meeting unmet need programme hence the need to organise this present study.

Furthermore, commenting on opposition, Dixon-Mueller & Germain (1995) posited that opposition can also come from families and communities. Although less important than husband's opposition, lack of support by extended families and community leaders also prevents some women from using contraception. Supporting, Casterline *et al* (1996) observed that women with unmet need are less likely than contraceptive users to consider contraception socially acceptable. Similarly, in the views of Bongaarts *et al* (1995) in Kenya and Nigeria mothers-in-law prevent some women from using contraception because they think that it would

weaken the control of the husband's family or that their daughters-in-law should not expect anything different from their own experience.

Westoff *et al* (1994) reported that in most countries religious opposition is not an important reason for unmet need. However, in a few surveyed countries, including Bangladesh, Nigeria, Pakistan and Senegal, religious opposition is one of the main reasons that women give in the DHS. In each of these four countries more than 10% of women with unmet need who do not intend to use contraception cite religious objections. In a similar study in Irishal, Bangladesh, Westoff *et al* (1994,p.16) had observed that only about half of women with unmet need think that their religion approve of family planning compared with nearly three quarters of contraceptive users. This explains why in this particular study, the views of the various religious sets are to be taken into consideration in the identification of the content items for the meeting unmet need programme. In this way, issues that are unaccepted to the various religious groups can be avoided in implementing the programme.

Based on a review of literature over the past decades, Ogunleye (2003), Dodoo (1993), Ajiboye *et al.* (1996). Dixon-Mueller *et al.* (1995) and Bhushan (1996) who concluded that by encouraging communication between spouses and involving men more in family planning programmes

can be more successfully. While most couples agree on reproductive matters, husbands who oppose contraception or worry about side effects often prevent their wives from using it. They further concluded that programmes can be more successful if they reach beyond the conventional boundaries of service to operate on cultural and familial factors that limit voluntary contraceptive use. Women in an unmet need group need freedom, information, service and education that will transform them from non-contraceptive users to contraceptive users. They need information that will prepare them socially and economically to assume their responsible positions in the society. They need assistance to handle problems relating to fertility. Many women resort to unmet need due to ignorance, lack of coping skills to life problems, reaction to imposition of husband's and cultural values among other reasons. Against this background, there is the need for professionals to implement programme that would help women with unmet need cope with fertility problems. It is an attempt to implement such a programme that the justification for this study lies.

2.2.5 Little Perceived Risk of Pregnancy

When a woman thinks or believes that she is not likely to become pregnant, she is not likely to be interested in contraception. In a study, in the Philippines, Westoff *et al.* (1994:10) observed that women with

unmet need are much less likely than contraceptive users to think that they can ever become pregnant. They reported that in interviews some spoke of treatment they had tried in order to conceive, while others said that they rarely have sexual relations or are too old to conceive. In their words, "these women concede a certain risk of becoming pregnant but consider it too small to justify the various costs and inconveniences of contracepting".

According to Robey (1996) women with unmet need for limiting births are much more likely than potential spacers to think that they face little risk of pregnancy, probably because most women with unmet need for limiting are older. Among limiters who do not intend to use contraception, they find that 32% say that they are not exposed to the risk of pregnancy compared with only 15% among spacers.

While many women may be right about their inability to conceive, other women face a risk of unintended pregnancy because they do not understand the menstrual cycle or do not know about reproductive physiology in general (Charpie-Dubrit, 1991). Similarly, in a study among Jamaican students, Ejiro (1994) found that the answers most frequently chosen to all questions about reproduction is "I don't know". Also in Nigeria, in a study of women who have had abortions, Ejiro (2003,p.16) reported that virtually none can identify the "safe period" of the month.

The foregoing citations are indeed clear manifestations of ignorance or lack of knowledge of contraception, on the part of women. Indeed, where such become inevitable, certain suggestions are made. But what seems not settled is what happens when the public women and youth are not told anything about family planning or contraception, what are the anticipated results of such findings on the women? These questions do not appear settled as per Ejiro's and other's submissions. This is an omission which this study intends to correct.

The submissions of Ejiro and colleagues are indicative of the fact that any programme on meeting unmet need can only be successful if the contents are responsibly selected, and the programme is delivered in a straightforward manner. That is why a lot of variables have to be taken into consideration when selecting the contents of meeting unmet need programme. This is indeed an instrumental admonition and guide to this researcher.

2.3 DATA SOURCES FOR UNMET NEED SUBGROUPS

In the views of Robey *et al.* (1996,p.26) it is quite pertinent to deal with the issue of basic group. They contended that for programme purposes it is valuable to identify the total number of women with Unmet need (for either spacing or limiting), not just the percentage of all women that the Unmet need group represent. The number can be derived from

data in a DHS. Data from some DHS and other national surveys also can be used to estimate unmet need for rural and urban areas or administrative divisions, thus pointing to areas where the level of unmet need is above average.

Data is client centred. These surveys, DHS and FP/RHS have collected comparable information on fertility and family planning in more than 50 developing countries through interviews with representative samples of women, and recently in some countries, of men as well.

The implication of these data to this study is obvious. The likelihood of many women to fall victim of unmet need is certain. The need therefore to provide information and services that can be used to serve as preventative; or that can be used to remedy One out if already fallen as well as to help offset the effects of such a fall on the individual becomes apparent. It is against this background that this study becomes relevant.

2.3.1 Unmarried Young People

According to Population Reports (1995,p.25) in the developing world as a whole, the 15 – 19 age group, including both women and men, is close to 10% of the total population, as is the 20 – 24 age group. In each country the absolute number in the young age groups can be multiplied by the percentage who are unmarried in order to estimate the

number of unmarried young people. Most of these people probably are not sexually active, but surveys such as the DHS often estimate the percentage who are. While unmarried women are not included in conventional estimates of unmet need, most unmarried women probably do not want to become pregnant. By providing information and services to those in this group who are sexual active, family planning programmes can help avoid many unintended pregnancies.

Bongaarts & Bruce (1995) in their study of reasons for unmet need had urged that programmes pay more attention to the special needs of unmarried youth who have been excluded from most measurement of unmet need and from most family planning programmes activity. They concluded that programmes can be more successful if they reach beyond the conventional boundaries of services to operate on the cultural and familial factors that limit voluntary contraceptive use.

These observations are indeed expressions of the need for adolescent sex education which of course has to be followed up by a thought on the design of the programme that could allow for the meeting of such needs, hence the need for this present study.

2.3.2 Newlyweds

In the opinion of Bhushan (1996,p.3) while few newlyweds immediately desire family planning, they are an easily identifiable group

for whom family planning education is important. Without such education, many soon will have an unmet need. Furthermore, providing information about contraception at this time can help them overcome shyness about reproductive matters, promote spousal discussion of family planning, and encourage them to space their second birth at least two years, after the first one. The number of marriages annually can be found in official statistics. An alternative estimate is the number of women arriving each year at the mean age at marriage. Along with Robey *et al.* (1996) other works of Westoff *et al.* (1995) and Ahn (1997) and Adjei (2001) who concluded by recommending that perhaps emphasis on communication may reduce the incident of unwanted pregnancies.

2.3.3 Postpartum Women

According to Bhushan (1996,p.26) this group is a key audience for Unmet need programme. The number of births annually provides a basis for estimating its size. The number of births comes from the best estimates available of the total population size and the crude birthrate. This number can be adjusted by the proportion seen by trained personnel (or in established delivery facilities), an estimate that may come from the Ministry of Health and also from DHS. Some countries have additional information on the proportion seen prenatally or postnatally.

In Nigeria, the desire to have so many children to remain socially accepted was reported by Mogbo (2002) to be the principal motivating factor for seeking to have large family size. In a more recent study in Imo by Orisakwe, cited in Guardian (2002,p.26) it was discovered that having children is a way of life. Indeed, women who have 10 children or more are highly revered and when they talk, women who haven't had as many children listen. They are honoured with a special ceremony, Ewu-ukwu, to thank their Chi (god) for giving them the strength to have as many children. Bhushan (1996) therefore along with Mogbo (2002) & Orisakwe (2002) recommended that meeting unmet need programme for family planning might be a way to reduce incidences of unwanted and risky pregnancies and other wanton accompanying consequences such as high maternal and mortality rates among Nigerian women and children.

The implication of these observations is that the prevalence of incidences of risk of unwanted pregnancies and their consequences could be curbed through the introduction of meeting unmet need programme in Nigerian society.

2.3.4 Postabortion Cases

Bhushan (1996,p.27) further pointed out the incident of abortion. In his views the number of abortions and menstrual regulation procedures can be estimated to the extent that these women are seen in

established facilities either for legal procedures or for treatment of complications after unsafe procedure. Contraceptive services should be offered in either case. Official counts may indicate the number of women who can be reached through healthcare facilities. National estimates may be derived from an estimate of the abortion rate or ratio, which can be applied to the estimated numbers of women or pregnancies, respectively.

In Nigeria, Coeytaux (1993,p.9) reported that abortion statistics have been described as indicating the "ultimate Unmet need for family planning". Only a minority of women having abortion have used effective contraception.

2.3.5 Dissatisfied Users

In a study, Ali & Cleland (1995,p.27) observed that everywhere, some current users of each contraceptive method would prefer a different method. Dissatisfaction with a particular method leads some women to discontinue contraception even though they do not want to become pregnant. Estimates of the number of dissatisfied users can be based on survey data and other information about preferred methods, side effects, and problems with particular methods. The fact that the availability of contraceptive method enhances the use of family planning is obvious. This is because results of studies have found it so. For instance, Bhushan (1996,p.21) was very implicit about this when he

noted that in many countries, offering more methods to couples and individuals would probably reduce Unmet need, particularly when combined with improvements in service quality.

2.3.6 Unmet Need Levels by Women's Characteristics

Further more on the issue of who has Unmet need, Westoff and Bankole (1995,p.17) found that levels of Unmet need vary substantially according to women's demographic and social characteristics such as their age and education. in the same vein Ojo (1993) observed that there are important differences among women with Unmet need, he explained, whether their interest is in limiting or spacing births, and to use contraception. According to Ross (1996) knowing which women are likely to have unmet need and the characteristics of these women can help design meeting unmet need programme. He reported that the major source of comparable information on unmet need by women" characteristics is the DHS, prepared by Westoff & Bankole for 27 countries surveyed between 1990 and 1994 and that by Westoff & Ochoa, for 25 countries surveyed between 1985 and 1990.

In same study, Westoff and Bankole (1995) had identified several important characteristics associated with unmet need among married women. These include time since previous birth, age, number of children, education, and place of residence whether rural or urban. Commenting

on time since previous birth, Ross & San (1996) remarked that fecund, sexually active women who do not use contraception are likely to have frequent pregnancies, whether they want to or not. Thus the levels of unmet need are highest among women who have given birth within the last three years. The level of unmet need drops dramatically as the interval since a woman's last birth lengthens. Freedman (1993) shared Ross et al opinion when he opined that most women with unmet need have given birth within the previous 12 – 23 months, only a few have birth interval of more than 48 months. He explained that women classified as having long interval since their last birth probably are less fecund and less sexually active than others with unmet need.

In the views of Westoff and Bankole (1995) clear relationships exist between women's age and level of unmet need when unmet need is divided into its spacing and limiting components. Most unmet need among younger women is for spacing because younger women still want to have more children. On the contrary, among older women most unmet need is for limiting birth because older women have had as many children as they want, and often more (Westoff and Bankole 1995,p.17). They explained that unmet need for limiting typically peaks among women in their late thirties or early forties and then declines in the 45 – 49 age group. What is implicit in these opinions is that meeting unmet need

programme will help women understand family planning in the society, possessing the pre-requisite for a mature, happy and competent personalities who will be able to contend with life challenges.

Another factor which affects contraceptive use is the number of children. In Nigeria and in most developing countries of the world, almost all married women want to have children, immediately after marriage and want to have as many as possible (Mogbo, 2002). Thus among childless couples there is almost no unmet need for spacing and limiting birth (Westoff and Bankole 1995).

On the relationship of unmet need with education, Bhushan (1995) was of the view that there are two patterns of unmet need, in developed countries better educated women have somewhat less unmet need than women with little or no education. In the contrast, in developing countries such as Benue, Nigeria and Ghana, levels of unmet need are about the same regardless of women's education level. This argument exhibits flaws as Ojo & Odimegwu (1995) had stated that better educated women in Nigeria are more interested in avoiding pregnancy than women with little or no education. In all situations or circumstances, less educated women and women with no education face more obstacles to using contraceptive than more educated women.

In another development, Westoff *et al.* (1991) and Westoff *et al.* (1996) stated that in most countries unmet need is greater in rural areas than in urban areas. In sub-Saharan countries, however, they have found that unmet need is either greater in urban areas or about the same as in rural areas. However, they concluded that in Nigeria, the pattern of unmet need by residence probably reflects the greater interest in avoiding pregnancy among urban residents than among rural dwellers.

These reviews have shown that education, location and other factors can influence the use of family planning. Therefore, one of the aims of this study will be to determine the extent to which education and location can help contraceptive prevalence.

2.4 AN OVERVIEW OF STUDIES ADDRESSING UNMET NEED

Studies from Nigeria and other countries (Njogu, 1993; Dodoo, 1993; Ojo, 1993; Barkat, Howlader, Khuda and Bose, 1999) had shown that research is underway to explore how programmes can best address unmet need for family planning. They reported that prototype studies are being conducted in Bangladesh, Gujarat State of India and Vietnam. They expressed further that each study draws upon survey data and other national statistics, focus-group discussions, indepth interviews with clients, and discussions with programme staff.

According to Ross (1996,p.29) the Bangladesh study is intended to deepen understanding of unmet need and to help policy makers develop guidelines for allocating field workers' time among various activities. Beginning with the national estimate of 4.4 million women with unmet need, the study has made estimates for the rural and urban sectors and, separately, for Chittagong Division, the area where unmet need is highest as a percentage of the population (Barkat, Howlader, Khuda and Bose, 1999).

Barkat *et al.* (1999) further observed that the study uses the CHAID Computer Software to identify women's characteristics that are most closely associated with unmet need and to identify audience segments. The study found that, among married women of reproductive age with unmet need, about half intended to use contraception within the next 12 months. The same percentage were nonusers who did not currently have unmet need but nonetheless intended to use contraception within 12 months. The absolute numbers were about equal for the two groups of intenders, as well. Contrary to expectations that almost all intenders would already have large families, the researchers found that about 40% of all intenders had no children or just one child.

In the views of Ross (1996) the Gujarat study focuses on the state level to propose recommendations for consideration at the national level.

The government of India cancelled national acceptor targets as of April 1996 and is looking for new indicators of programme performance. Adopting an unmet need approach might help programmes establish more client-oriented approaches and choose meaningful indicators, given that about 31 million married women in India have unmet need.

Also a panel study has been conducted to trace changes in unmet need between 1989 and 1995. In two districts researchers conducted 751 researches on women who had been interviewed in the baseline 1989 study. They reinterviewed these women to compare women who had unmet need for limiting births with women who wanted another child. Preliminary findings indicate that about 60% of women with unmet need in 1989 were unable to avoid unwanted pregnancies during the subsequent 6-year period, and 30% had two births or more.

This submission is centred on recommendations or proposals; even though the submissions are deficient in that they do not mention those content items that should make up the programme for meeting unmet need that schools should implement. This research study is an attempt to fill the gap.

The Vietnam study is concerned particularly with the limited contraceptive mix currently offered: the IUD use is virtually the only modern family planning method widely available. Not surprisingly, the

level of IUD use is among the highest in the world, at one-third of all couples, but another one-sixth have stopped using the method and have only limited alternatives (Ross, Barkat, San and Visaria, 1996). Largely as a result, unmet need is estimated at about 35%, among the highest levels in the world (Phai, Knodel, Cam and Xuyen, 1996). In addition, to using survey and census data and official statistics, the researchers are interviewing 49 couples in depth (98 spouses, interviewed separately).

Ross *et al.* (1996) had further reported that broadening the method mix in Vietnam would go a long way to reducing levels of unmet need, but doing so requires changes in national policies and administrative procedures. A broader method mix also would require training for family planning officials, supervisors, and workers as well as more communication to the public about contraceptive method choices.

While recommending contraceptive methods for reducing levels of unmet need, Ross et al (1996) have failed to explain how this objective can be achieved. It is this shortcoming that this study intends to correct.

In other studies, in Nepal, Heckert (1995) and Ajiboye, Chidi and Kalu, (1996) had observed that a national communication strategy, designed and implemented with technical assistance from Johns Hopkins Population Communication Services, is based on identifying women with unmet need and responding to their reasons for unmet need. Results of

this project, which began implementation in 1995 and are planned for three years, will guide similar efforts elsewhere, Nigeria inclusive.

Other relevant research underway includes a multi-country study of factors underlying unmet need, being conducted in Ghana, Pakistan, and Zambia, following the initial study in the Philippines by Casterline and Colleagues, with support from the Rockefeller Foundation. Also, the Demographic and Health Survey Project is conducting an in-depth study of unmet need in Egypt. The International Centre for Research on Women (ICRW) is conducting similar research in India. Each of these studies seeks to understand the reasons for unmet need through analysis of focus-group discussion, in-depth interviews, & survey data (Casterline, 1996).

The persistence of unmet need today in Nigeria may not be unconnected with current plausible programme embark upon to contend the problem. It requires us to look inward and explore more potent programmes that can go a long way to curtail the problem with a high degree of success.

The prevalence of unmet need for family planning deserves a formal meeting unmet need programme to contend with the menace.

2.5 UNMET NEED FOR FAMILY PLANNING, IMPLICATIONS FOR COUNSELLING

In Nigeria, researches by Ajiboye, Chidi and Kalu (1996) indicated that the effects of unmet need on men and women place them at the risk of development. Intervening to check the effects of unmet need is not only for the psychological well-being of these people but also to prevent a possible health problem. Counsellors need to provide appropriate information, services and support to this group of people. Many couples in Nigeria, encounter the psychological feelings of anxiety, pain, depression and the fear of untimely and risk of unwanted pregnancies, all of which require the services of a counselling psychologist.

Counselling has been described as an applied art that seeks to change behaviour of an individual. It is a learning process in which individuals learn about themselves, their personal relationships and behaviour that promote their personal development. It is an assistance given to individuals to attain a sense of identity. It focuses on helping individuals to cope with developmental tasks such as self-concept, or self-actualization. Attention is given to clarifying the individual's assets, skills, strengths, weakness and personal resources (Shertzer & Stone, 1980).

Counselling is subsumed under guidance, it is one of the services under guidance, which is the broader term and which may be defined as

the process of helping individuals to understand themselves, their surroundings and those with whom they come into contact. This definition implies that through guidance individuals come to know who they are as individuals, understand clearly the nature of their persons, experience their world, the total surroundings and the people with whom they interact more deeply and completely. In this way they will become more effective, more fully functioning, more productive and happier human beings (Shertzer & Stone, 1976).

Consequently, counselling has a great responsibility to help men and women especially to overcome unmet need and give them a sense of security. Accordingly, Hueze et al (1997) viewed contraceptive counselling as a two-way process of communication by which one person helps another to identify his or her reproductive health needs and make the appropriate decisions concerning contraception. This is characterized by an exchange of information and ideas, discussion and deliberations.

In views of Bhushan (1996) counselling helps clients choose and continue to use correctly the best family planning methods for them. The best method is one that is safe for the client and one that the client wants to use.

A counselling programme is based on the conviction that education should be a process deliberation. This process should make the client

capable of choosing and achieving her own ends to set goals, work purposely towards their achievement, and assume full responsibility for her own choices. Thus, Durojaiye (1980) posited that the main concern of the guidance counsellor is to facilitate freedom to help the client develop as a self confident and self-directed person. Through the use of modern psychology, counselling strives to foster in education the development of strategies of action which will lead to rational decision making and purposeful behaviour throughout life.

In the light of the above, Hecher (1995) viewed counselling as crucial. Through counselling providers help clients make and carry out their own choices about reproductive health and family planning. Good counselling makes clients more satisfied, helps them use family planning longer and more successfully.

In this way, counselling service is a facilitator of one's normal development. Since the ultimate goal of counselling is self-discipline, self-direction, self-growth and self-development. Oladosu (1996,p.12) once remarked that many non-users of contraception turn out to be misfit, not because their interest was misjudged but because of external circumstances, among which are uncertainty about childbearing intentions or not having a clear view of the number of children they want to have because of opposition.

This is seen in the light of Meekers & Oladosu's (1996) attestation that as individuals approach and enter into the contraceptive stage, two major transitions become, evident. Namely, the transition of the individual from non-contraceptive user to contraceptive user and the transition of society from a traditional to modern contraceptive culture.

Notably, both of these transitions pose challenges which women with unmet need are obliged to meet. Counselling as a helping profession becomes very relevant in the light of these circumstances if individuals who live in this social milieu are to live a healthy life (Dodoo, 1993).

Robey *et al.* (1996) observed that significant problems which the women with unmet need have to face are lack of information, inadequate access to good – quality family planning services, worry about health and side effect and opposition from husbands or others. The prevention and cure of these problems constitute implications to counselling. The preventive role or task of the counsellor aims at trying to prevent the occurrence of these problems. Counsellors employ different guidance techniques here. At the school level or stage educational guidance will necessarily be preventive. Counsellors will need to assume preventive role by introducing young adults to family planning education, healthy habits, establishing goals and clarification of self-concept (Bhushan, 1996).

Meekers *et al.* (1996) opined that at the community level, counselling is aimed at both preventive and curative roles. Personal-social guidance will here be directed towards establishing a positive self-concept. Developmental guidance is the major focus at this level, with self-concept development, clarification of values, utilization of fantasies and tolerant look at other people's ideas.

In short, a well established guidance and counselling programme can help prevent unmet need for family planning programmes. Successful remedies usually depend on understanding/causes of unmet need.

Just as sex-education counselling is more appropriate for the unmarried adolescents yet in schools, so also is contraceptive counselling most relevant for women with unmet need for the sole purpose of attaining health, life of excitement devoid of unmet need (Gagara, 1998).

An elaborate contraceptive counselling programme offers itself suitable to enable the attainment of this goal, thus fulfilling and responding to the challenge posed by unmet need. Bhushan (1996) summons counsellors to come out of their well known traditional career and other attachments to other equally viable area of personality adjustment necessary for both the physical and emotional balance of the Nigerian Women.

To meet the challenge, the counsellor has the following major roles:

- (i) Counselling with unmarried young people, newly weds, postpartum women, women with post abortion cases, dissatisfied family planning method users.
- (ii) Consulting and advising men and women, and
- (iii) Co-ordinating, by means of case conferences, the collection of information, organization of workshops, giving of talks on issues relating to unmet need and liaison with outside agencies in the solution of problems and other services.

The counsellor's work may be divided in several activities:

- i. Consultant to men and women (clients) with regard to family planning needs (for example, appropriate information, education and communication).
- ii. Consultant to clients when they have problem(s).
- iii. Counselling group or individual over problems listed above.
- iv. Co-ordinating case – conferences with clients and liaison with staff of outside agencies in the solution of problems.
- v. Recommending different planning family methods where current users of each contraceptive method experience problems or dissatisfaction.

From the aforementioned principles of counselling, one can deduce that counselling is aimed at averting the occurrence of the problem and as well as proffering solutions to problems when they occur. On this note, the undertask of counsellors in proffering solution to the problem of contraceptive prevalence cannot be overemphasized as counselling focuses on society's expression of concern for the individuals. Therefore, the implication is that unmet need for family planning can be addressed through the goals in counselling which include psychoanalytic; therapeutic goal i.e. reforming of individual character and awakening intellectual awareness; existential counselling goals that is, expansion of self-awareness, client or person centered therapy, this involves helping individual towards attainment of greater degree of independence and integration and many more (Robey *et al.* 1996).

What is implicit in these opinions is that counselling can be taken to refer to the teaching of responsible use of contraception, problem-solving skills and decisions-making.

The foregoing citations are indeed clear manifestations of implications unmet need has for counselling. For example, Ojo (1993) observed that family planning education is crucial in helping the Nigerian youth and couples put an end to child abandonment, child abuse, unwanted and risk of unwanted pregnancies as well as abortion. The

need to explore ways of providing solutions to these problems will be the focus of the present study.

2.6 DEVELOPMENT OF MEETING UNMET NEED PROGRAMME

As a director of Operations, World Bank, for years and later as a director for family planning promotion, Population Reports, Baltimore, John Hopkins School of Public Health, Piotrow (1994) developed an unmet need programme that is widely accepted in family planning worldwide.

According to Piotrow (1994) to develop and implement an unmet need programme, as in many other service delivery and communication efforts, it is best to follow a process. A process for developing an unmet need programme consists of four steps:

1. Analysis
2. Strategic design
3. Implementation
4. Monitoring and evaluation.

According to Piotrow (1994), this implies that programme development is a four stage process which entails specification of objectives, contents, implementation and evaluation. These steps are discussed below.

Objectives

Piotrow (1994) stated in clear terms the objectives of unmet need for family planning. He opined that since unmet need is intended to achieve an aim, the objectives of unmet need are to be stated as a result of a consideration of the clients themselves, set of values and contemporary life in the larger society.

The formulation of objectives has to be done in the best way possible so as to serve as a practical guide to action; and Piotrow considers the problem of stating objectives in a way to be helpful in selecting the content and in guiding instruction. Like Tyler (1950,p.32) cited in Piotrow, he (Piotrow) reviewed three ways of approaching the problem and adapts a fourth. In the first place, one has to specify things the instructor is expected to do. Piotrow argued that the problem of an objective stated in the form of activities to be carried on by the instructor lies in the fact that there is no way of judging whether these activities should really be carried on. They are no ultimate purpose of the programme and are not, therefore, really the objectives.

Secondly, one can do it by making a list of concepts and topics of content that are to be dealt with. Piotrow regarded such specifications as general and unnecessary objectives, because they do not indicate what clients are expected to do with these elements.

Thirdly, one can state general pattern of behaviour like developing socially accepted attitudes. Piotrow argued that it is unlikely that such patterns of behaviour generalize and that it is necessary to specify the content to which the behaviour applies.

This third approach is concentrating on whether client's behaviour is acceptable. Confirming this, Piotrow (1996,p.20) stated that since the purpose of unmet need is not to have the instructor perform certain activities but to bring about significant changes in the clients' pattern of behaviour, it becomes important to recognize that any statement of objectives of the programme should be a statement of changes expected to take place in clients.

From the foregoing, Piotrow offers his own solution to the problem in the following manner; the best way of stating objectives is to state them in terms which identify both the kind of behaviour to be attained in the client and where the behaviour is to be exhibited.

In reality, therefore, the objectives underlying the planning of any programme is expected to be drawn in the form of expected behavioural changes by the learner so that people can identify such changes after the programme has been implemented. Piotrow (1994,p.23) stated one can know and describe the type of behaviour the client is expected to acquire, if he sees it.

The programme needs several kinds of information in order to formulate objectives. The data sources as indicated by Piotrow include:

1. Representative sample survey
2. Focus groups and in-depth interviews
3. Panel and longitudinal surveys
4. Field experiments.

Data collected can be subjected to screening by the use of relevant set of values or professionals in the field. When objectives have been carefully identified or outlined, the next stage is the selection of the content of the programme.

Selection of Programme Content

In the content, Piotrow (1994,p.23) stated one has to think and decide the conditions that are likely to be employed to achieve the set goals and objectives of the programme. This has to do with drawing up of programme content, being the identification of those concepts, principles, ideas, incidences etc. that would be taught to the learner as a panacea to the realization of predetermined objectives (Okpede, 1991).

The selection of content materials is to be guided by such variables as the needs, interests and aspirations of both the learner and the society in which the programme is to be implemented.

No matter how carefully selected the content might be, objectives can only be realized if such contents are properly evaluated (or put across to the learner). It is only then that one can know whether the objective is achieved or not. Implementation approach forms the next stage to be discussed.

Implementation

In implementing an unmet need programme, planners are expected to spell out in clear terms the modalities adopted in transmitting the content of the programme to the clients. The programme can respond to the needs of clients offering appropriate information and services to them.

Implementing the programme does not necessarily require new activities but rather improving and refocusing existing activities. For example, it may be necessary to train service providers in new skills in counselling and in working more effectively with the clients. Implementation should be based on the objectives and content stages to ascertain whether or not such predetermined objectives are being realized. That is the stage of evaluation.

Evaluation

Planners at this stage have to determine whether the set objectives of the programmes are achieved. Here, the programmes determine

whether the stated goals, and objectives are valid or need improvement. Piotrow (1994,p.:26) emphasized the importance of this stage when he said; to measure progress in meeting unmet need, a programme ideally would identify a group of women with unmet need and follow its members over time. This approach is being tested in a panel study in Gujarat, India, which is tracing changes in the unmet need status of women who were first interviewed in 1989.

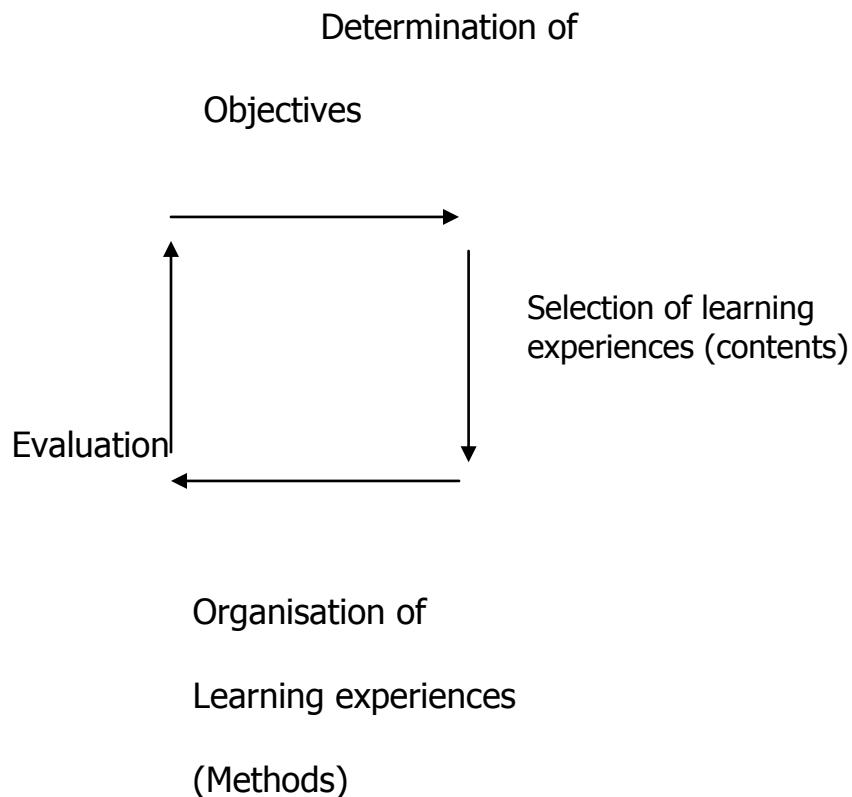


Fig: I TYLER'S PROGRAMME MODEL

SOURCE: Piotrow (1994, p.14) Population Reports.

2.7 SUMMARY OF LITERATURE REVIEW

Previous reviews in areas related to the present study revealed that women with unmet need face serious impediments to using contraception. Such obstacles are inadequate access to good quality family planning services, worry about health, lack of information and opposition from husbands. This situation does not enhance national development, therefore calls for change.

Studies in Nigeria (Wolowyna and Njogu, 1992), Dodoo and Ajiboye (1993) & Ojo (1995) had shown that in Nigeria access to good quality family planning services appears to be a persistent problem. In view of advantages of family planning, the Federal Government of Nigeria, included family planning in the 4th National Development Plan of 1981-1985, in an attempt to reduce population growth and make life meaningful.

Ainsworth (1995), Odimegwu (1995), Casterline, Perez and Biddlecom (1996) had recorded concerns about health and contraceptive side effects which prevent women from using contraception. These researchers and other concerned citizens are asking whether family planning programme is achieving the expected goals, for which it is included in the national plan.

Piotrow (1995) has questioned the adequacy of the content of unmet need programme with regards to the application of contraceptive prevalence needed for a desired fertility change later in life.

Bhushan, Ross and Robey (1996) and Casterline (1996) stated that the programme fails to state what should constitute the anticipated role of the counsellor and the objectives of such a programme. This study is an attempt to implement an appropriate programme for meeting unmet need for family planning. Bongaarts & Bruce (1995) observed that though certain approaches used by family planning agencies are appropriate in the development of attitudes and values however they are not emphasised. Sinding (1995), Stover (1995) and Bhushan (1996) researched on the importance of linking family planning with other services. This study is necessitated by the fact that no such studies have been carried out in this area.

Previous reviews on issues such as religion, educational level, location and gender revealed that the variables affect the use of contraception in many environments. Since published results of such studies have not been carried out in an unmet need programme, one cannot tell the extent to which women's attitude to contraceptive use will be affected by the variables.

It is evident from above that studies conducted have established the advantages and disadvantages in the unmet need programme. However, none of these studies conducted, cared to find out whether attitude to contraceptive use has been changed. As good as these studies are, as contained in the review made herein, there are still very fundamental issues left untouched by these earlier researchers. Among these are the issues of what should constitute the anticipated role of the family counsellor? What should constitute the objectives and content of such a programme?

It is an attempt to provide answers to such questions as these that the need for this study lies, with the aim of producing meeting unmet need programme for family planning. Although earlier cited studies address some aspects of the present study, the approach to the programme and the issue of promotion of attitudinal change make the present study different from the earlier ones.

CHAPTER THREE

METHODS AND PROCEDURE

This section of the research outlined the methods and procedures to be followed in obtaining data, which were used in answering the research questions and testing the hypotheses. The section discussed the research design, population and sample, sampling technique, instrument for collecting data, validation, method of data collection and data analysis method.

3.1 RESEARCH DESIGN

This study adopted the true experimental randomized pre-test, post-test control design. According to Nwankwo (1983), the experimental research investigates possible cause and effect relationship by exposing one or more experimental groups (s) to one or more treatment conditions and comparing the results to those of one or more control groups (s) not receiving the treatment.

The participants in this study were randomly assigned to two groups thus:

- Group I - Was exposed to treatment (Test)
- Group II - Control (No treatment).

In this study group 1, was the treatment group while group 2 served as the control group.

RO_1 X_1 O_2 Group 1, Test

RO_3 X_2 O_4 Group 2, Control

Where R = random assignment of respondents to treatment group;

O_1 O_2 O_3 O_4 = Pre-test observation

O_2 O_4 O_6 O_8 = Post-test observation

X_1 = Test on counselling programme

X_2 = Control.

3.2 POPULATION AND SAMPLE

3.2.1 Population

The population of this study was made up of all women, counsellors and all senior secondary one (SS1) students in Benue state. This is because women were major users of family planning services and also they bore the consequences of unmet need for family planning.

The counsellors were directly involved in the dispersion of the meeting unmet need programme, counsellors in respective schools were in charge of the school guidance and counselling units.

The choice of SS1 students was necessitated by the fact that at this level, the students develop interest in the opposite sex. They experience emotions and bottled tension that exposed them to premarital sex that often results in premarital pregnancies

3.2.2 **Sample**

Within the population, a sample of 600 women, counsellors and students located in three educational zones of the state was randomly selected and utilized for the study. The zones from which the sample was selected were located in rural and urban areas.

3.3 **Sampling techniques**

Purposive sampling technique was adopted in the selection of 10% (60) women out of the 600 population used for the study. The women in this study were selected by the use of a test to meet the requirement of this study and were screened and purposively selected into experimental and control groups.

The participants in this study were selected after administering and scoring the test used as pre-test, women's meeting unmet need knowledge test (WMUNKT) (Appendix A2). Between 30 and 35 women from the three educational zone, rural and urban locations were identified to have negative and positive behaviour toward contraceptive use. But in order to have equal number of participants in each group, a screening

interview was conducted using a random sampling procedure through which 30 of the women per group who met the requirement were selected.

Assignment of women to groups.

The women were purposely assigned to two group experimental and control groups. The selection was based on pre-test scores on WMUNKT, earlier mentioned and on the basis of established cut-off marks for the test.

3.4 INSTRUMENTS FOR COLLECTING DATA

In this study, the researcher adopted and modified various instruments where relevant. Specifically, information and data used in this study were obtained through the use of primary and secondary sources.

The primary and empirical sources of data collection for the purpose of this research study include, the questionnaire, testing and the interview.

3.4.1 Description of Instruments.

The instruments used for this study are listed and described below:

1. Women's meeting unmet need questionnaire (WMUNQ);
2. Counsellor's meeting unmet need questionnaire (CMUNQ).
3. Student's meeting unmet need questionnaire (SMUNQ)

3.4.2 Description of the Meeting Unmet Need Questionnaire (MUNQ)

The meeting unmet need questionnaires were in three sets according to the category of the respondents, namely, the women (WMUNQ), counsellor (CMUNQ) and student's (SMUNQ).

3.4.3 Description of the WMUNQ Instrument

The instrument for women (WMUNQ) consisted of five sections A – E (see appendix A2). Section A had seven items, which required respondents to tick the response with which they agreed. These items were based on background information which were considered relevant to the study. The section solicited for personal data, which helped the researcher to know the respondents' sex, age, religious background, marital status, location, educational qualification and tribe.

In sections B and C, the objectives and contents of the meeting unmet need programme were outlined. Fourteen objectives, and twenty contents items respectively generated through the procedure described below, were stated and respondents required to indicate the extent to which each of these items helped in achieving the objectives and content curriculum of the meeting unmet need programme.

Each statement in the sections was given a five-point scale with numerical values corresponding with the degree of acceptance by respondents. If, for example, a respondent totally agreed that a particular

objective or content was helpful in achieving the objectives, he simply ticked the point marked VA (very adequate). If he completely disagreed with the statement, he ticked the point marked VI (very inadequate). In between these two extreme points, provisions were made for other degrees of agreement and disagreement. The assigned scale and their numerical values were as follows:

VA (Very Adequate)	–	4
A (Adequate)	–	3
IA (Inadequate)	–	2
VI (Very inadequate)	–	1
NO (No opinion)	–	0

The very adequate rating was taken as favourable view, while the negative was considered as unfavourable.

SECTION D:

This section sought to collect data on exams administered before and after treatment in unmet need knowledge test. The respondents were provided with thirty multiple choice items and answers. The respondents were then required to select and circle the most appropriate answer to each question.

SECTION E

This section set out to find out the attitude of women towards contraceptive use. The women's Attitude section consisted of a total 10 statements drawn mostly from the review of related literature and the results of brainstorming with women, counsellors and students in and around Makurdi. The statements were written in simple and straight forward language to suit the level of intended respondents. The statements were aimed at identifying the dispositions of women, how they felt, what they thought and how they behaved towards the implemented programme. The scale was constructed along the lines of likert summated ratings. Likert scale is preferred to other methods because it is known to be the most relevant for theories of attitudes in attitude patterning (Ozaji, 1989). It is also known to provide more precise information about a respondent's degree of agreement and disagreement with an attitude objective.

The scale was a five-point scale SA, A, U, D, SD, with value corresponding with the degree of acceptance by the respondents. Strongly agree had a value of four while strongly disagree was scored zero. There were favourable and negative statements in the scale. Because the items were 10, the maximum expected score was 40 while 0

was the minimum. It was interpreted that the higher one's score was, the more favourable one's attitude was towards contraceptives.

SECTION D

3.4.4 Description of Counsellors Meeting Unmet Need Questionnaire (CMUNQ)

The counsellors Meeting Unmet Need Questionnaire (CMUNQ) (see Appendix A3) consisted of four (4) sections A – D. Sections A – C were drawn in the same pattern as that of the women's questionnaires.

SECTION E

This section sought to specify problems encountered by counsellors in the implementation of the unmet need programme. Respondents were expected to tick the appropriate value expressing their opinion using the likert scale.

SA (Strongly Agree)	–	4
A (Agree)	–	3
D (Disagree)	–	2
SD (Strongly Disagree)	–	1
UD (Undecided)	–	0

The strongly agree was taken as favourable views while the negative was considered as unfavourable. The opinion of respondents on attitude in implementation of meeting unmet need programme and any

suggestion for modifications to the implementation were also sought in this section.

3.4.5 Description of Student's Meeting Unmet Need Questionnaire (SMUNQ)

The students Meeting Unmet Need Questionnaire (SMUNG) (see Appendix A4) consisted of three (3) sections A – C. Section A solicited for personal information on age range, sex, religion and school location. Sections B and C as in the rest of questionnaires consisted of items suggested for inclusion in the objectives and contents of meeting unmet need programme. There were 43 items in this section.

Development Porcedure of MUNQ.

To develop the meeting unmet need questionnaire (MUNQ) an extensive review of some relevant literature was undertaken. This included the study of various text books, reports, magazines, journals and studies both from within and outside Nigeria. This was aimed at identifying material in the areas of objectives and contents, and exams used in meeting unmet need programme and other related programmes. The objectives and contents of MUNQ curriculum, incorporated in the study, was drawn from meeting unmet need: New strategies (1994).

The next step involved discussion with counsellors, and students of some senior secondary schools as well as medical doctors, women,

nurses, and health-care providers in and around Makurdi. This exercise was considered important to identify from these important groups of local population what objective and content items they considered important to be included in the instrument.

The third step brought together the items generated from the selected groups and those adapted from the literature to see how relevant or irrelevant they were to the Nigerian situation.

3.4.6 The Meeting Unmet Need Programme (MUNP) Adaptation

The meeting unmet need programme is the promotion of attitudinal change invested by Piotrow (1994) to persuade young unmarried American Handicapped women to see the need to use contraception. The programme structure was based on Tyler's programme model (1994). Piotrow was the first to apply the programme to family planning education, based on his programme on the four components of analysis, strategic design, implementation and monitoring and evaluation.

In other words, the MUNP must specify the size and composition of the unmet need subgroups and the desired information and services to the recipients. These in essence are the steps which make up the MUNP.

Rationale for the Adaptation of Meeting Unmet Need programme (MUNP)

The content of the MUNP according to Piotrow (1994) had to be adapted for the purpose of the present study. The purpose of Piotrow's study was different from the present one. His study was aimed at educating handicapped young unmarried women to see the need to use contraception, whereas, the present study was aimed at educating SSS I and women in Nigeria to change their negative attitudes towards contraceptive use. Hence, the content of the steps which made up the programme had to be adopted to suit the purpose of the present study in the following ways:

The recipients for this study were SSS I students and married women and not unmarried young handicapped, women as in Piotrow's programme. Piotrow's work was meant to provide a theoretical framework for attitude change whereas, this study provided empirical evidence for attitude change. Thus while the programme's nomenclature and the number of steps were adapted, the contents of the steps would be entirely adapted to suit the aims of the present study.

3.5 VALIDATION OF THE INSTRUMENTS

3.5.1 CONTENT VALIDATION

In order to establish the content validity and worthiness of the instruments used in the present study, the drafts of the instruments were subjected to content experts scrutiny (Appendix A1). Since the

questionnaire contents were mostly derived from the development programme based on counselling, existing records of Piotrow (1994) and other secondary sources, it was thought that experts from the content area and the thesis supervision were capable of making judgment on the appropriateness of the instruments. The experts were provided with the area of contents, instructional objectives and recommended methods of instructions and were requested to give their expert opinion on the language, relevance and suitability of the present research items for the study. The result is presented in Appendix B1. They were specifically requested to indicate the appropriateness, comprehensiveness and clarity of the language of the test items in meeting the demands of the meeting unmet need programme for family planning. This effort to ensure the content validity of the instrument is in line with Kerlinger's (1973) observation that the usual process for certifying the content validity of an instrument is to subject it to the scrutiny of relevant judges.

3.5.2 Reliability of Instruments

Reliability question concerned with the degree of stability and consistency promise of a measuring instrument in performing the job for which it is intended (Nwoye (1985). The instruments were therefore pilot tested in the Educational Zone C of Benue State. The decision to use the educational zone C was informed by the fact that many people from

different tribes could be found there. The zone can, therefore be regarded as a central focus of the entire state.

To do this, 50 senior secondary (SS1) students drawn from 6 senior secondary schools (3 urban and 3 rural) from four Local Government areas within the educational zone were selected and the questionnaire administered on them. The internal consistency coefficient for both the SMUNQ and CMUNQ instruments were established by the use of Cronbach-Alpha method. This in fact established the homogeneity of items of the instruments. The coefficient alpha of 0.74, 0.73, 0.75 and 0.76 for the instruments were obtained. The WMUNQ, CMUNQ, SMUNQ and MUNQ had coefficient of 0.74, 0.73, 0.75 and 0.76 respectively.

The coefficient of internal consistency obtained using cronbach coefficient alpha method were .73, .75, .77 and .76 for WMUNQ, CMUNQ, SMUNQ and the MUNQ in that order. The coefficient reliability for all the instruments were high. It was therefore ascertained that the instruments were reliable.

3.5.3 Training programme Implementation

The intervention programme involves the application of meeting unmet need objectives and content materials of the implemented programme. The objectives and contents of the programme (Appendices B2 -3) were used to counsel (treat) the married women in the unmet

group who were randomly selected from the three educational zones of the state. Sixty (60) women were randomly assigned to two groups experimental and control.

The experimental group was exposed to counselling. The need for them to use family planning. The counselling programme consisted of fourteen sessions of 1 hour each spread over fourteen weeks with one session per week, fifth week was used to post-test both experimental and control groups. The summary of the content of the treatment programme is presented in the table below:

Table 2: Summary of Treatment Programme.

Sessions	Duration	Exp. Group 1	Control Group 2
1 1 st week	1 hour	Definition of unmet need: directed at helping women understand the term and reasons for unmet need as well as women in major categories or groups of unmet need.	NT
2 2 nd week	1 hour	Decision making: directed at helping subjects develop capacity for dialogue to guide the decision process whether or not to use contraception. Types of decision making and importance of decision-making were explained.	NT

3 3 rd week	1 hour	Health risk reduction: directed at helping women to understand why it was necessary to use family planning, factors associated with unprotected sex.	NT
4 4 th week	1 hour	Facts about HIV/AIDS and other STIs: directed at helping women understand ways of staying free of these diseases and ways they were spread.	
5 5 th week	1 hour	Inadequate awareness: directed at helping women to understand the concept of information as "keys" to informed reproductive choice, factors influencing women's' child bearing patterns.	NT
6 6 th week	1 hour	Contraceptive methods: directed at helping the women distinguish between one and the other methods and functions and side effects of each method. Examples of methods of contraceptive methods, how to handle and where to obtain methods were explained by the counsellor. Women explained in their words what contraceptive method was and mentioned types	

		of contraceptive methods.	
7 7 th week	1 hour	Misconception and attachment to cultural beliefs: directed towards dispensing negative thoughts or attitudes towards the use of contraception. Women were taught the consequences of such misconceptions and attachment to cultural beliefs. Women mentioned consequences of misconception and types of cultural beliefs that prevented them from the use of contraceptive methods.	NT
8 8 th week	1 hour	Effective communication: directed at helping women to understand the importance of communication with sex partner to facilitate the use of contraception, the use of which would help control population growth. Women mentioned some disadvantages of population growth.	NT
9 9 th week	1 hour	Population control and family planning: directed at making women see and understand the relationship between population control and family planning. Importance of family planning	NT

in controlling population growth were enumerated. Related questions were asked and answered.

10 10 th week	1 hour	Unavailability of family planning services: directed at helping women identify family planning services and explanation of consequences of unavailability of family planning services. Counsellor highlighted dangers of unavailability of family planning services.	NT
11 11 th week	1 hour	Lack of motivation: directed at helping women to understand the importance of motivation on the part of sex partners and government and others in the use of family planning. Women listed factors that could lead to lack of motivation in their communities and how such factors could be overcome.	
12 12 th week	1 hour	Opposition from husband: directed at helping women understand opposition from husband, and effects of such opposition. Women were taught that involvement of men, are keys to	NT

contraceptive use. Women stated ways of convincing husbands to allow wives use contraceptive methods.

13 13 th week	1 hour	Family planning method: directed at helping subjects, understand the advantages of family planning. Counsellor explained the results of correct use of contraceptive methods and how family planning served as keys to better health, life and development.	NT
14 14 th week	1 hour	Training of personnel: directed at helping women understand the primary of purpose of training. This involved distinguishing between trained and untrained personnel and why it was necessary to train personnel to dispense the programme contraceptive methods.	
15 15 th week	30 minutes	Posttest	Posttest

NT = Not treated

3.6 PROCEDURE FOR DATA COLLECTION

The data for this study were collected through the administration of the instruments. Official's permission was obtained from the principals of sampled schools, officers-in-charge of hospital, family planning offices, business centers, social welfare officers and religious institutions (Appendix B4) etc. before the administration of the instruments. The questionnaires were administered to all classes of respondents.

The instruments were administered to the respondents face to face using the Direct Delivery Technique (DDT) by researcher herself and the three researcher field assistants who took part in pilot study. The respondents were instructed on how to fill the questionnaires and were guided through in each number. This was to explain clearly, whatever and whenever the respondents did not understand any question in order to avoid misinterpretation. The researcher with the help of her assistants collected back quickly the questionnaires at the end of answer sessions.

The interview schedule was administered to the respondents with Permission from concerned authorities. The interview schedule was given only to the women and counsellor respondents to fill on the sport within 20 minutes. Responses were scored after collection. Respondents were asked not to look into each other's paper with intention to copy responses. Questions were read out to the illiterate respondents with

responses recorded. Also some respondents were interviewed in a face-to-face encounter using oral dialogue based on items in the interview schedule. Altogether one hundred and eighty (180) respondents were interviewed on the whole. Respondents were assured of confidentiality of the information supplied. The researcher did the interview herself and leading or probing questions were asked. The researcher was patient, attentive and listened carefully throughout the period of the interview. The researcher thanked all the respondents that participated at the end of the exercise for giving their time and energy.

3.7 DATA ANALYSIS METHOD.

Analysis of data was based on answering research questions raised and hypotheses formulated. The five scales (i.e strongly agree, agree undecided and disagree and strongly agree) were grouped into three. Thus strongly agree and agree were used to represent positive responses, undecided represented no decision, while disagree and strongly disagree represented negative responses. Where items demanded yes or no answers, the figure of acceptances and rejections under such columns were converted to percentages to represent the total opinion poll per construct. Other scales were treated alike.

The mean, frequency counts, percentages, chi-square and t-test were used analyzing data relevant for answering the questions raised and

testing the hypotheses. The rationale for using this group of statistical measure is informed by the fact that they allow one to decide if the observed frequencies are essentially equal to or significantly different from the predicated frequencies of a theoretical model.

Hypotheses 1, 2, and 3 were tested using chi-square (χ^2) test. Chi-square was used because it is a test statistics used when data are expressed in response frequencies and in discrete form such as in this study.

Similarly hypothesis 4 was tested by using t-test. The t-test was used because it was a test that showed the difference between the means of any two independent sample groups.

3.7.1 Computer Facilities

The computer programmes used for analysis of the data was the Statistical package for social sciences (SPSS). Data were coded by the researcher while the actual running of the programme for the data analyses was carried out by experts in the University of Agriculture, Makurdi.

CHAPTER FOUR

RESULTS AND FINDINGS

This research work was designed towards developing and implementing an unmet need programme for use in secondary schools in Benue state. Consequently, the chapter presents the data obtained in the study and their analyses on the basis of the research questions and hypotheses which were formulated to guide the study. The results of the study are discussed and interpreted below:

4.1 RESEARCH QUESTIONS

4.1.1 Research Question One

How adequate are the curricular objectives of a formal meeting unmet need programme for family planning?

To answer this question, women, counsellors and students were requested to indicate the extent to which the curricular objectives of the formalized meeting unmet need programme are adequate for achieving the objectives of the curriculum. Data collected were analysed by the use of frequency counts and percentages. Thus Yes answer is used to represent positive responses, while no answer is used to represent negative responses. Respondents' perception percentage scores of 40% - 100% points are considered being adequate, while percentages scores less than 40% points are considered as being inadequate for the

achievement of the stated objectives. The results of analysis are presented in Table 3.

Table 3: Percentage Responses of Counsellor's, student's and Women's on the Adequacy of Objectives of a formalized unmet Need Programme for Family Planning.

S/n		Women		%		Counsellors			%		Students			%	
		Yes	%	No		Yes	%	No		Yes	%	No			
1	To space birth	29	96.6	1	3.3	18	90	2	10	48	96	2	4		
2	To slow population growth	26	86.6	4	13.3	15	75	5	25	33	66	17	4		
3	To limit child bearing to the healthiest age	21	70	9	30	17	85	3	15	38	76	12	24		
4	To aid decision making	26	86.6	4	13.3	12	60	8	40	39	78	11	22		
5	To help people avoid sexually transmitted infections STIs and HIV/AIDS	26	86.6	4	13.3	14	70	6	30	44	88	6	12		
6	To improve family well being	26	86.6	4	13.3	16	80	4	20	42	84	8	16		
7	To protect girls and other women from unwanted, high-risky pregnancies and unsafe abortion problems	28	93.3	2	6.6	13	65	7	35	45	90	5	10		
8	To save the live of children by helping women space births, care for the family by providing a better live for them.	26	86	4	13.3	15	75	5	25	44	88	6	12		
9	To prevent child abuse and child abandonment.	28	93	2	6.6	18	90	2	10	48	96	2	4		
10	To help parents and individuals manage their economic pursuits and social status without much difficulties	21	70	9	30	13	65	7	35	42	84	8	16		
12	To help students develop a sound and stable personality.	24	80	6	20	11	55	9	45	37	74	13	26		
13	To help couple who currently desire pregnancy	26	86.6	4	13.3	15	75	5	25	29	58	21	42		
14	To help send daughters to school	21	70	9	30	15	75	5	25	49	96	2	4		

Table 3 shows that the percentage responses of the women, counsellors and students to each item of objective areas ranged from 58-95%. The results in the table show that the women, counsellors and students perceived all the objective areas of unmet need programme for family planning as adequate for the attainment of the desired objectives of the programme in secondary schools. The little variability in the percentage of 86-96% shows a homogenous perception among the women, counsellors and students. The decision is that the objectives of the unmet need programme for family planning are adequate for achievement of the curricular objectives in unmet need programmes.

The finding is in agreement with Westoff and Bankole's (1995) conclusion that unmet need programme has become a preventive strategy as against control measures. This view is further supported by Bhushan (1996) who posited that unmet need programme is primary preventive approach to the management of unmet need problem in Benue state. He further stated that unmet need programme for family planning acts as a preventive measure. This indicates that women, counsellors and students see unmet need programme as very important in reducing population growth and preventing HIV/AIDS, unwanted pregnancies as well as child abuse and child abandonment. Since the adage, which says prevention is better than cure, it can be deduced from the responses of women,

counsellors and students that unmet need programme for family planning involves a lot of advantages, in its effort to discourage low contraceptive prevalence and high fertility among women, a measure well attested as competent by Piotrow (1999). Piotrow further stated that with enough support from parents, counsellors, teachers as well as peer groups, meeting unmet programme would help the young people make informed sexual decisions, avoiding STIs and unintended pregnancies.

Similarly Ojo (1995) posited that the objectives of the programme if well executed or dispensed with the support of the beneficiaries, would surely change their negative attitude and behaviour towards contraceptive use, which in turn would enhance good health, quality of life and development.

4.1.2 Research Question Two

Which content materials are considered adequate for a formal meeting unmet need programme for family planning?

Research question two was answered by the women, counsellors and students. The data obtained from the responses of these respondents were analysed using frequency counts and percentages. The results are presented in Table 4.

Table 4: Percentage Responses of Women's, Counsellor's and Student's on Adequacy of Curriculum Contents of a formalized Unmet Need Programme for Family Planning.

S/N		Women			Counsellors			Students		
		Yes	%	No	Yes	%	No	Yes	%	No
1	Lack of information	30	100	-	20	100	-	50	100	-
2	Communication difficulties	25	83.3	5	19	95	1	34	68	16
3	Lack of access to good family planning services	30	100	-	20	100	-	50	100	-
4	Official and cultural barriers	25	83.3	5	10	50	10	39	78	1
5	Health risk reduction	30	100	-	20	100	-	50	100	-
6	Strategies of increasing contraceptive prevalence	30	100	-	20	100	-	50	100	-
7	Abortion problems	29	96.6	1	14	70	6	43	86	7
8	Family life and parenthood education	20	66.6	10	14	70	6	35	70	15
9	Population control and family planning.	30	100	-	20	100	-	50	100	-
10	AIDS/STDS prevention control	0	100	-	20	100	-	50	100	-
11	Decision making and problem solving skills	27	90	3	13	65	7	38	76	12
12	Environmental issues in family planning	26	86.6	4	16	80	4	39	78	11
13	Contraceptive methods	30	100	-	20	100	-	50	100	-
14	Myths and misconceptions about family planning.	30	100	-	20	100	-	0	100	-
15	Concept, of unmet need in family planning	27	90	3	15	75	5	41	82	9
16	Coping with stress and frustration	28	93.3	2	18	90	2	34	68	16
17	Setting realistic life goals	24	80	6	11	55	9	35	70	15
18	Value clarification	29	96.6	1	17	85	3	39	78	11
19	Responsibility to the society	29	93.3	2	16	80	4	40	80	10
20	Strategies of contraceptive prevalence	27	90	3	17	85	3	43	86	7

Evidence from Table 7 indicate that women, counsellors and students have shown a massive support for the items in the curriculum content of a formalized meeting unmet need programme for family planning. The results in the table show that the three categories of the respondents perceived all the curriculum content areas of the programme as adequate and could achieve the stated objectives of unmet need programme in secondary schools. The responses of the women, counsellors and students to each item of the content of unmet need programme ranges from 50% to 100% which indicate a homogenous perception among the women, counsellors and students. The decision is that the content materials of the programme are adequate for the attainment of the curricular objectives in unmet need programme for family planning.

This finding is in agreement with that of Piotrow (1999) who stated that a good programme must involve selection of appropriate learning experience that is guided toward the interest and aspiration of both learner and the society. This position was supported by Bhushan (1996) who posited that this calls for ideas or principles that when taught the learner, the stated objectives can be achieved.

Although the women's, counsellor's and student's opinions about the adequacy of the curriculum content in achieving the objectives are homogenous, the point raised by Ojo (1995) and Piotrow (1999) that the

knowledge of the content of the unmet need programme cannot help women adequately for a long time, should be taken seriously. For instance, they noted that contraceptive used was introduced in Nigeria decades ago without making a desired impart in the lives of many women, has implication for this study. As long as reasons for unmet need are not given the desired attention and purpose of contraceptive use are not understood by women and adolescents, content curriculum cannot achieve the desired goal. Women and adolescents must be guided, or directed to take the right steps towards contraceptive use. The point is in consonance with the observation of the proponent of Rational Emotive Bbehaviour therapy, Ellis (1980) who stated that counsellors must teach or guide individuals to identify their own self-defeating thoughts, beliefs and actions and replace them with more effective, life enhancing ones. Individuals, couples and students must reorganise their thinking and remove the basic cause of difficulties and replace negative attitude with positive attitude in contraceptive prevalence.

The truth of the matter is that unmet need for family planning poses challenges to man in many areas of life. For instance, unmet need, Ojo (1995) noted leads to ugly consequences including health risks, denial and deprivation. For such difficulties to be overcome, Ellis (1980) concluded, behaviour must be changed, contraception must be used to

enhance quality of life and development. This researcher is of the opinion that if these items included in the content curriculum are taken seriously and judiciously dispensed, the programme objectives must be achieved.

In tables 1 and 2, the underlying basis for this study has been the conclusions of Ogunlere (2003), Okpede (1991), Ojo (1995), Odimegwu and Piotrow (1994) that the need for a broad, meaningful programme of a formalized meeting unmet need programme that would be offered in a broad sense of education that would emphasis open, honest and objective study of unmet need for family planning through the school's guidance and counselling services, could not be overemphasized.

The researcher has observed that any attempt to come up with an acceptable and valid curriculum content of any programme such as meeting unmet for family planning for proper education of women and adolescents, cannot ignore the services of guidance counselling. A counselling programme is based on the conviction that education should be a process deliberation. This process should make the client capable of choosing and achieving his/her own ends to set goals, work purposely towards their achievement and assume full responsibility for his/her own choices, hence the main concern of the guidance counsellor is to facilitate freedom to help the client develop as a self confident and self-directed person.

4.1.3 Research Question Three

What is the performance profile of women in a formal meeting unmet need knowledge test administered before and after treatment?

Research question three was answered by women in the unmet need experimental group. The women were divided into experimental and control groups (See Appendix B1). The data obtained from their responses were analysed using mean.

The results of the analysis are presented in table 5.

Table 5: Raw and Mean Scores of Women in Unmet Need Knowledge Test Given to Determine the level of their Performance.

		Raw score X	_Mean X
Respondents	No		
Treatment Group	30	2284	96.13
Control Group	30	1215	40.5

Table 5 shows that from the an expected total score of 3499 in the unmet need knowledge test designed to ascertain the level of performance of women in experimental and control groups, the experimental group scored 2284 representing a mean score of 96.13. While the control group scored 1215 representing a mean score of 40.5. The decision is that experimental group performed better than the control group.

There is a clear difference in the performance of the two groups. The performance of the experimental group could be attributed to the counselling received before and after treatment. The implication of this state of affairs is that if the unmet need programme is handled and implemented well, women are likely to be freed from shackles of ignorance or being victims of unmet need for family planning.

This finding is in line with that of Bhushan (1996) who stated that many women have never tried contraception because they did not know enough about it, while others have discontinued because they did not receive proper counselling about side effects. In either case, programmes can help overcome these obstacles through counselling.

This finding implies that counsellors should make extra effort to implement and sustain the unmet need programme or the programme

may become ineffective. In this case, counsellors should aim and work towards the success of the programme.

The counsellors, students and women have shown homogenous opinions or views over the adequacy of the objectives and content materials, the ball is now in counsellors' court to show interest and determination to implement and sustain the programme for the betterment of the society. The women's attitude is expected to change in positive manner. Robey (1996) asserted that if the programme is handled or disseminated properly by the counsellors, the gains of the programme would be numerous. The main objectives of any programme is to mprove behaviour.

The above statement points to reality of life. The programme is aimed at protecting adolescents from premarital pregnancies, abortion and other ugly consequences that may result to premature death and other undersirable ill-health. This point is in agreement with WHO's (2000) conclusion that unprotected sex involves susceptibility to infections. It is an obvious fact that if counselling is properly done in schools and society at large, women will know more about contraception. WHO asserted that lack of information is an important reason for unmet need. Women who are aware of many contraceptive methods, know where they can be obtained, understand their side effects, and know how

to use them are not likely to have unmet need. Consequently, counselling has a great responsibility towards the achievement of the objectives of unmet need programme.

4.1.4 Research Question Four

What are the rural and urban dweller's attitudes towards the implementation of a formatized meeting unmet programme for family planning?.

Research question four was answered by women. The data obtained from responses of the women were analysed using frequency counts and percentages. The results are presented in Table 6.

Table 6: Percentage Responses of Rural and Urban Dweller's attitude towards Unmet Need Programme.

S/No	Rural	Yes	%	No	%
		No			
1.	I use family planning to improve my standard of living.	29	97	1	3.3
2.	I feel that without family planning,I cannot send my children to school.	28	93.3	2	7
3.	The use of family planning makes me uncomfortable	28	93.3	2	7
4.	Family planning promotes health in diversity	30	100	-	-
5.	Use of family planning involves side effects which must be avoided	26	87	4	13.3
	Urban				
1.	Family planning contradicts cultural beliefs	29	97	1	3.3
2.	Family planning is an interesting programme	26	87.7	4	13.5
3.	My feeling is that family makes me a better person.	29	97	1	3.3
4.	Family planning attracts opposition from family members, as far as I am concerned.	24	80	6	20
5.	My religion objects to family planning	28	93.3	2	7

Table 6 shows that women generally considered all the items posed as relevant, hence their positive attitude towards the programme. The percentage scores of the women from rural and urban areas range from 80% to 100%. The positive attitude may be due to many factors. Such factors include enlightenment campaign mounted by counsellors, family planning providers, and increase number of women acquiring formal education.

This positive reaction to contraceptive use, as observed by Piotrow (1990) and Ojo (1996) was that family planning plays a key role in providing information and services that help people make informed reproductive choices and use contraception safely and effectively which in turn saves life and improve standard of living. These findings have helped or assisted in debunking the fears of some people who presumed that knowledge about family planning services and their effects on young people will increase sexual tendencies.

Contrary to this position, researchers for instance Robey et al (1996) recommended the immediate inclusion of unmet programme in secondary school curriculum to help students overcome their ignorance as well as to help clarify misconceived assumptions and misinformation in family planning.

4.1.5 Research Question Five

Which problems are encountered by counsellors in the implementation of a formal meeting unmet need programme?

This research question was answered by the counsellors. The data procured from the responses of this group were analysed by the use of frequency counts and percentages (%). The results are presented in Table 7.

Table 7: Frequency Counts and Percentage of Problems Militating Against Implementation of Unmet Need Programme for Family Planning.

	Impediments	No of Respondents	%
1	Cultural setting, fear and ignorance about contraceptive use	19	95
2	Inadequate awareness on the part of couples	18	90
3	Poverty and religious inclinations	16	80
4	Lack of motivation by the government	18	90
5	The practice of polygamy, and birth competition in polygamous homes	19	95
6	Inability of couples to come to consensus on the issue of family planning.	17	85
7	Ill-presentation of family planning programmes, coupled with attendant indoctrination on the side of populace	17	85
8	Illiteracy, greed, and lack of adequate education	16	80
9	Lack of manpower training	20	100
10	Promotion of promiscuity among adolescents, early marriage and communication barrier	16	80

Table 7 reveals that the counsellors generally identified ten factors as problems militating against the implementation of unmet need programme for family planning. The problems include cultural setting, fear and ignorance about contraceptive use, inadequate awareness on the part of couples, poverty and religious inclinations, lack of motivation by the government, the practice of polygamy and birth competition in polygamous homes, inability of couples to come to consensus on the issue of family planning among others.

100% of the counsellors indicated the problem of lack of manpower training as acute. It is true that selection of appropriate learning experience and motivation positively influence teaching and learning. However, the quality of teachers (i.e. counsellors) and their determined efforts cannot be overemphasized in the success of any implemented educational programme such as unmet need. Rama Rao & Townsend (1995) posited that the quality and services of counsellors would definitely determine success of such an educational programme. Giving credence to the importance of counselling services in planned programme, Ojo (1995) described the counsellors as the main focus of change, the models of behaviour in the teaching and learning process and the major determinant of quality in the educational system. Government, according to Ojo, can ensure the success of the programme

by employing qualified counsellors in secondary schools. Quality of staffing constitutes a corner stone of any educational pursuit as it is also the most important single factor in the school programme. The implication is that counsellors can actualize or mar a planned programme at the implementation stage (Robey and Bhushan, 1996). Such dispositions are ascertained by a number of counsellor – related factors like their educational qualification, numerical strength among other factors.

4.2 HYPOTHESES

4.2.1 Hypothesis One

There is no significance difference between the positive and negative opinions of women, counsellors and students involved in this study concerning the curricular objectives of a formal meeting unmet need programme for family planning.

The hypothesis was tested using chi-square (X^2) test. The results are presented in Table 8.

Table 8: Results of Chi-Square (X^2) Test of Difference in Womens, Counsellors and Student's Perception of Instructional Objectives

	(1)	(2)	(3)	(4)	(5)
Cells	Fo	Fe	Fo-fe	(fo-fe) ²	<u>(fo-fe)²</u> fe
I	353	337.8	15.2	231.04	0.68
Ii	203	225.2	-22.2	492.84	2.19
Iii	570	563	7	49	0.087
Iv	67	82.2	-15.2	231.04	2.81
V	77	54.8	22.2	492.84	8.99
Vi	130	137	-7	49	0.36
$X^2 = \sum (fo - fe)^2$					
Fe			= 15.12		

Critical value 5.99

df = 2

df = 2 under 0.05 alpha level of significance

Table 8 shows that the calculated chi-square (X^2) value of 15.12 is greater than critical value of X^2 5.99 under df 2, 0.05 alpha level. Since the calculated value is greater than the critical or table value, the decision is to reject the null hypothesis in favour of an alternative hypothesis. Implication of this analysis is that there is a true or significant difference between the positive and negative opinions of women, counsellors and students in the objective of a formal meeting unmet need programme, in Benue state. The women, counsellors and students perceptive instructional objectives, teaching and learning outcome of unmet need programme for family planning as very adequate.

4.2.2 Hypothesis Two

There is no significant difference between positive and negative opinions of Women, Counsellors and students regarding curricular content of a formal meeting unmet need programme for family planning.

The hypothesis was tested using chi-square (X^2) test. The results of the analysis are presented in Table 9.

Table 9: Expected and Observed Frequency of Counsellors, Students and Women Having Positive and Negative Opinions Towards Curricular Contents of Unmet Need Programme for Family Planning, Data Analysed Using Chi-Square Test.

	(1)	(2)	(3)	(4)	(5)
Cells	Fo	fe	fo-fe	(fo-fe) ²	$\frac{(fo-fe)^2}{fe}$
I	592	505.8	86.2	7430.44	14.69
Ii	334	337.2	-3.2	10.24	0.030
Iii	760	843	-83	6889	8.17
Iv	8	94.2	-86.2	7430.44	78.87
V	66	62.8	3.2	10.24	0.163
Vi	240	157	83	6889	43.87
$X^2 = \sum \frac{(fo - fe)^2}{fe}$					
= 131					

Calculated $X^2 = 131$

Critical $X^2 = 5.99$

df = 2 under 0.05 alpha level of significance.

Table 9 shows that the calculated chi-square (X^2) value of 131 is greater than critical value of 5.99 under df 2, 0.05 alpha level. Since the calculated is greater than the critical or table value, the decision is to reject the null hypothesis in favour of an alternative hypothesis. Implication of this analysis is that there is significant difference in the positive and negative opinions of counsellors, students and women. They regard the curricular content of unmet need programme as very adequate.

4.2.3 Hypothesis Three

There is no significant difference in the mean scores of the counselled and non-counselled women in meeting unmet knowledge test administered before and after treatment.

The hypothesis was tested using t-test. The results of the analysis are presented in Table 10.

Table 10: The Mean Scores for Experimental and Control Groups Before and After Treatment.

		Mean score Before Treatment	Means scores after Treatment	Variance
Respondent	No			
treatment Group	30	42.5	76.13	83.36
Control Group	30	40	40.05	18.28

t – test computed at α - level of significant = 0.05 and df= 58. Number of observation = 30

Calculated value (t cal) = 19.39

Critical value (t crit) based on two – tailed test i.e. $\frac{\alpha}{2}$ or 0.025 =

2

Since this is a two – tailed test of $\frac{\alpha}{2} = 0.025$

The table value or critical value at the df= 58 is 2.

Table 10: shows that the calculated value (t_{cal}) is higher than the critical value (t_{crit}), therefore the null hypothesis is rejected hence $H_1 \mu_1 \neq \mu_2$. Since the calculated or table value of t is higher than the critical value of t , the decision is that the null hypothesis is rejected. Implication in this finding is that there is significant mean difference between the performance of counselled and non-counselled women after treatment. This finding implies that the mean difference is not by chance.

4.2.4 Hypothesis Four

Rural and Urban dwellers are not significantly different in their attitudes towards the implementation of a formalized meeting unmet need programme for family planning.

The hypothesis was tested using chi-square (X^2). The results of the analysis are presented in Table 11.

Table 11: Result of Chi-Square (X^2) On Attitude of a formalized meeting unmet Need Programme for Family Planning A Two-Variable Test Characterized By 2 x 2 Table

	(1)	(2)	(3)	(4)	(5)
Cells	Fo	fe	fo-fe	(fo-fe) ²	$\frac{(fo-fe)^2}{fe}$
I	47	46.92	0.08	0.0064	0.000136
Ii	45	45.08	-0.08	0.0064	0.000142
Iii	4	4.08	-0.08	0.0064	0.00156
Iv	4	3.92	0.08	0.0064	0.00163
$X^2 = \sum \frac{(fo - fe)^2}{fe}$					
= 0.00346					

α level of significant = 0.05

df = 1

X^2 crit = 3.84

Table 11 shows that $df = 1$ and α - level of significant of 0.05, The calculated chi-square (X^2) is less than the table value or the critical value i.e. $X^2 \text{ cal} < X^2 \text{ crit}$.

Consequently the null hypothesis (H_0) is not rejected .

The difference between the observed frequency and expected frequency is not a true significant difference but by chance as a result of sampling error. Implication in this finding is that the attitude of rural and urban dwellers are not different towards unmet need programme for family planning. There is no significant different in their attitude towards the unmet need programme for family planning.

CHAPTER FIVE

SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

This chapter presents a summary of the major findings, based on the results and findings necessary recommendations are made. It also examines the implications of the findings to unmet need programme for family planning. A brief review of issues of significant importance are here made to avoid over repetition of what has already been discussed in the proceeding chapter.

5.1 SUMMARY OF FINDINGS

The study was designed towards formulating an unmet need programme for use in secondary schools in Benue state. Such an exercise has become important in view of low contraceptive prevalence rate, high fertility and unmet need among married women, adolescents in secondary schools and other groups of women. The study critically examined unmet need, curriculum objectives and contents, staffing and women's performance profiles in unmet need knowledge test.

The five research questions and four hypotheses that guided the study are the themes around which the study has been organized. The following answers were provided to the research questions.

1. The objective areas of unmet need programme are adequate for achieving the objectives of the programme.
2. The content areas of unmet need programme are also adequate for achieving the objectives of the programme.
3. The performance profiles of women in experimental group in unmet need knowledge test was generally good.
4. The attitude of rural and urban dwellers towards the formalized meeting unmet need programme for family planning was positive.
5. Counsellors identified ten (10) factors that militated against effective implementation of the unmet need programme.

These include cultural setting, fear and ignorance about contraceptive use, inadequate awareness, lack of manpower training among others.

The results of hypotheses tested showed that:

1. There was significant difference in the positive and negative opinions of women, counsellors and students in the curricular objectives of a formal meeting unmet need programme for family planning.
2. There was also significant difference in the positive and negative opinions of women, counsellors and students regarding

the curriculum content of unmet need programme as very adequate.

3. There was significant difference between the mean performance of counselled and non-counselled women after treatment
4. There was no significant difference in the attitude of rural and urban dwellers towards the formalized meeting unmet need programme for family planning.

5.2 CONCLUSION

Innovations are expected to bring about positive changes. The unmet need curriculum, like any other curricular, must bring about positive change in recipients if it is not faulty. This was the most important factor that motivated this study to promote attitudinal change among recipients. Specifically, the study needs to:

To obtain the views of women, counsellors and students on the adequacy of the objectives and content materials of meeting unmet need programme to determine the effectiveness of the implemented unmet need programme in Benue state.

To find out the attitude of rural and urban dwellers towards formalized meeting unmet need programme.

To find out the mean performance of the women in unmet need knowledge test administered before and after treatment.

To find out problems militating against effective implementation of the unmet need programme for family planning.

5.3 RECOMMENDATIONS

The following recommendations are made, based on the findings and conclusions of the study.

1. To have any meaningful solution to the findings that the unmet need curriculum are adequate and relevant for attaining the objectives of the programme, despite the problems at hand, would require tracing of steps. This will enable planners and administrators to identify and remove any error, seeking out and implementing the policies and practices that have worked effectively in other circumstances and seek to make them work in present circumstance.

At present many Nigerian children are going through systems of education that are products of hasty decisions. This is proved in series of changes in educational systems and policies without proper administration to test the strength and weakness of such systems. The end result is that these children were exposed to many difficulties, hardships, denials, and above all indiscipline. These ugly situations have resulted into negative behaviours including unmet need and its attendant consequences. Since in the practical working out of details of unmet need programme, one is in the area where competence and

authority belong to education authorities, ministry of education should give a helping hand to counsellors and other relevant professionals to offer their expertise in this area. The education authorities in local, state and national levels should empower school counsellors and relevant agencies to contribute to the implementation of the programme by permitting social justice, training in civic virtues and the basis of national and international understanding among the recipients of the unmet need programme. The training of the recipients should be the centre focus of the school, government and public at large. Furthermore, if the millennium development goals are to be met, a new orientation is required in the implementation unmet need programme for family planning). The new orientation is needed to checks lapses and update content matters for consideration of present changes in the society. This phenomenon will help in bringing about tools that would readily provide answers to social problems such as unmet need for family planning of an ever changing society as Nigeria.

2. From the general opinion of the respondents, sampled, there are cultural setting, fear and ignorance about contraceptive use. The situation is bound to affect teaching and learning negatively. It is, therefore recommended that counsellors and NGOs should organize seminars or enlightenment campaigns against cultural values generally

and cultural values favouring the practice of polygamy, birth competition in polygamous homes, large family sizes as well as religious inclinations.

Others include fear and ignorance about contraceptive use. Enlightenment campaigns will enable women and adolescents to be aware and use contraception without the fear of side effects and ridicule by community members.

The current practice, for example where many women and adolescents are left without meeting their need for family planning education, cannot help them tackle their reproductive problems. Meeting unmet need for family planning should be a life long affair that should continue throughout life. The truth of the matter, is that family planning education is needed in addition to other forms of formal education. In this era of HIV/STIs, life poses new questions, hitherto unfamiliar problems and fresh challenges. If one does not have family planning education, it will be impossible to attain good health and development.

3. The lack of manpower training also features prominently among problems identified as militating against the effective implementation of unmet need in secondary schools. The quality of counsellors affects the implementation of the unmet need programme. The ministry of education in conjunction with other relevant organisations should recruit more qualified and experienced counsellors and health providers who are

professionally qualified and trained in the dispensation of the programme. Those who are already employed should be sent for further training. They should be offered opportunity for self-improvement and professional growth. Counsellors with Nigeria Certificate in Education (NCE) are advised to go for degree programmes in Guidance and counselling(G&C), while those who hold first degree in guidance and counselling are advised to go for post-graduate degree.

4. The present practice where any teacher can be appointed as career masters/mistresses and therefore, in position to dispense programmes such as unmet need programme, should be discouraged. Government and other relevant agencies should ensure that only qualified and experienced counsellors handle the implementation of unmet need programmes in secondary schools. This trend is consistent with the findings of Bruce (1990, P.19) that academic qualification and professional training of personnel have a significant impact on achievement and behaviour.

5. One of the major findings concerns the cognitive acquisition of reproductive education and affective/behavioural life of the women. The positive relationship shown between the two means that the positive attitudes of the women toward meeting unmet need programme for family planning should, under normal circumstances, depict their high

moral standard and low fertility behaviour overtly. The implication is that when a woman's attitude to contraception is positive, her performance would be high and this would reflect in her exams. This is the point put forward by Ojo (1995, p. 122) when he observed that family planning programmes help people make informed reproductive choices and use contraception safely and effectively. Counsellors as models of behaviour should try to inculcate the habit of contraception in the women and adolescents to make them develop positive attitude towards the use of contraception and hence enhance high contraceptive prevalence rates.

5.4 SUGGESTIONS FOR FURTHER STUDIES

The following areas are suggested for further study which may enhance knowledge relating to similar investigation.

1. The results of this study show a danger signal in the area investigated. Therefore, thorough, funded researches be done in other states of the federation in order to confirm the result obtained from the present study.
2. Because of the problem of manpower training, it is necessary that research activities on the training of suitable personnel for unmet need programme for family planning be carried out.

3. It is suggested that researches into the causes and remedies of inadequate awareness of the programme on the part of couple be investigated
4. It is further suggested that a research be conducted to compared the implementation of unmet need programme with other related programme like social studies.

5.5 CONTRIBUTION TO KNOWLEDGE

The present study is a novelty that has been carried out aimed at throwing light on the state of contraceptive use in Benue state. Its unique approach is the implementation of unmet need programme for Benue state as well as the demonstration of efficacy of the programme in enhancing the use of contraception.

The findings of the study should serve as a guide for counsellors in senior secondary schools by providing them with information about how they are supposed to implement the unmet need programme. The use of Women's unmet need knowledge test (WUNKI), for example is new. It depicts the common attitude of some women to contraception which allows the researcher to observe the reaction pattern of women to reproductive issues. This can help counsellors in a broad spectrum assessment of knowledge to justify the integratedness of the programme. Through the results of this investigation, it has further been revealed that

family education is really not effective our society. In other words, unmet need is greatly experienced. This trend indicates a danger signal for Nigerian society and shows that a lot more needs to be done on the issues raised if the expected objectives of unmet need programme for family planning in secondary schools are to be achieved.

REFERENCES

- Ahn, K. C. (1997). *Unmet need for contraception in Sri Lanka*. "International Family Planning Perspectives" 17(4): 123-130.
- Ahn, K. C., Rhee, K. Y., Jungi, B. Y, & Kong, J.J. (2004). The "unreached" in family planning: A case study of the Republic of Korea. *Asia-Pacific Population Journal* 2(2), 23-44.
- Ajiboye, I.K. T. (1996). *Quality of care in family planning services delivery in Kenya: Clients' and providers' perspectives*. Final report. Nairobi, Moh. and Pc.
- Ajiboye, I.K. T., Chidi, I. & Kalu, O. (1996). *Social factors associated with abortion*, Lagos: University press.
- Ali, A. (1996). *Fundamentals of research in Education*, Meks Publishers (Nig), P.M. B. 5039 Awka, Anambra State.
- Ali, M. & Cleland, I. (1995). Contraceptive discontinuation in six developing countries: A cause-specific analysis. *International Family Planning Perspectives* 21(3): 92-97.
- Anderson, J. E. & Morris, L. (1990). Fertility differences and the need for family planning services in five Latin American Countries. (ENG. Summary in FRE). *International Family Planning Perspectives* 7 (1): 16-21.
- Awotunde, P.O. & Ugodulunwa, C.A. (Eds). (2004). *Research Methods in education*. Jos: Fab Anieh (Nig) Ltd.
- Barkat, A., Howlader, S. R., Khuda, B. E. & Rose, M.L. (1999). *Family planning unmet need in Bangladesh: Basis for prototype family planning programme*. Washington, D.C.: University Research Corp.
- Bhushan, I. (1995). *Contraceptive use and unmet need: A micro-economic model and its application to Egypt*. Doctoral dissertation, Johns Hopkins University, Baltimore.

- Bhushan, I. & Robey, B. (1996). Family planning programmes and population control. *An international survey*. New York, Basic Books, 291-303.
- Bhushan, I., Ross, J. A. & Robey, B. (1996). *Understanding unmet need*. Baltimore: Johns Hopkins school of public health/centre for communication programmes.
- Biddlecom, A. E., Casterline, J. B. & Perez, A. E. (1996, May). Men's and women's views of contraception: A study in the Philippines. Paper presented at the annual meeting of the Population Association of America, New Orleans, Louisiana.
- Blackman, J. & Champion, J. D. (1974). *Methods and issues in trial research*. Canada: John Wiley and Sons Inc.
- Bongaarts, J. (1995). *Measuring the unmet need for contraceptive. Reply to Westoff*. *Population and Development Review* 18(1): 126-127.
- Bongaarts, J. & Bruce, J. (1995). *The Kap-gap and the unmet need for contraception*. *Population and Development Review* 17 (2): 293-373.
- Bongaarts, J. & Bruce, J. (2000). *The causes of unmet need family planning* 26 (2): 57-75.
- Bongarts, J. (2002). *Population policy options in the developing world*. New York, Population Council. (Working papers No.59) 31.
- Boot, I. N. (1995). Implications of unmet need of family planning for policy and demographic impact: Denver Colorado.
- Bulatao, R.A. (1994). *Reflection on unmet need*. Unpublished Doctoral thesis, University of Florida, Florida.
- Bulus, I. (1988). *Essentials of counselling theories*. Enugu: ABIC Books publishers.
- Bulus, I. (1990). "Guidance practice in Nigeria. Jos: Ehindero, Nigeria Ltd.

- Casterline, J. B., Perez, A.E. & Biddlecom, A.E. (1996). *Factors underlying unmet need for family planning in the Philippines*. New York: Population Council.
- Charpie- Dubrit, M. (1991). *Contraception in a time of sexually transmitted disease*. 111 (2): 133-139.
- Chidi, I. & Kalu, O. (1996). *Promoting family planning through mass media in Nigeria: Campaigns using public service announcements and national logo*. Baltimore, Johns Hopkins school of public health, centre for communication programmes (IEC field report No.5)
- Coeytaux, F. (1993). *Abortion: The ultimate unmet need*. In Senanayake, P. & Kleiman, R. L. (Eds) *Family planning meeting challenges: promoting choices. The proceedings of the IPPF family planning congress*, New Delhi, (701-708) New York: Parthenon Publishing.
- Denga, D.I. (1983). Dejuvenilizing secondary schools in Nigeria through behavioural counselling techniques. *The Counsellor* 4 (1): 29-34.
- Denga, D.I. & Ali, A. (1983). *An introduction to research methods and statistics in education and social sciences*. Jos: Savanna Press Limited.
- Dixon-Mueller, R. & Germain, A. (1995). Unmet need from a woman's health perspective. *Unmet needs, planned parenthood challenges*. 1995/1: 9-12.
- Dodoo, F.N.A. & Ajiboye, I.K.T. (1993). Family planning: A base to build on for women's reproductive health services, in Koblinsky, M. Timyan, J., & Gay, J. (Eds). *The health of women: A global perspective*. Boulder, Colorado, (105-131) Westview Press.
- Dodoo, F.N.A. & Ajiboye, I.K.T. (Eds). (2001). *The world fertility surveys: Current status and findings*. Population Reports, Series M, No 3, (32) Baltimore, Johns Hopkins School of Public Health, Population Information programme.
- Dodoo, F.N.A. (1993). *The couple KAP gap: Implications for family planning. In developing countries* (Unpublished) p. 20.

- Dodoo, F.N.A. (1995). *Unmet demand for contraception Vs unmet demand for appropriate contraception*. A paper presented at the 120th Annual Meeting of the American Public Health Association (pp 16-17), Washington.
- Durojaiye, M.O. (1980). *Psychological guidance of school child*. London: Evans Brothers Ltd.
- Ebel, R.L. (1972). *Essentials of educational measurement*. Englewood Cliffs: Prentice Hall.
- Ebo, E. (1987). *Population policy: A management system to reduce obstacles*. Population, Sahel.
- Ejiro Emuveyan, E. (1994). *Profile of abortion in Nigeria*. Paper presented at the conference on unsafe abortion and post abortion family planning in Africa, Mauritius.
- Ejiro Emuveyan, E. (2003, March). *A growing challenge: Addressing "Unmet need"*. Network 15(1): 5-8.
- Ellis, C.A. (1980). *Theories of personality behaviour*. Chicago: University Press.
- Farsoun, J.A., Khoury, B.O. and Underwood, D.A. (1996). The effect of operations research on programme changes in Bangladesh. *Studies in family planning* 27(2): 76-87.
- Fathalla, M. F., Allan, R., Cythia, M.O. and Indriso (1990). *Family planning*. The Parthenson publishing group Inc. 120 Mill road, Park Ridge, New York: 07656, USA.
- Freedman, R. (1993). The contribution of social science research to population policy and family planning effectiveness. *Studies in family planning* 18 (2) 57-82.
- Gagara, N.L. (1998). *Development and validation of drug education counselling programmes for Nigerian secondary schools*. Unpublished Doctoral dissertation, University of Jos, Jos.

- Gardner, R., Blackburn, U. O. & Upadingay, M. P. H. (Eds) (1999). Closing the condom gap. Population reports, series H. 28. Baltimore: Johns Hopkins school of public health, Population information programme.
- Goldenberg, J.B. & Goldenberg, F.E. (1980). *Family planning for life: experiences and challenges*. New York: Bantan books Inc.
- Hatcher, I., Kowal, W.T. and Guest, O.S. (1989). Determinants of reproductive change in a traditional society. San Francisco: University Press.
- Heckert, K.A. (1995). *Interpersonal communication: The unifying factor in the evolution of the redline strategy*, Nepal p.6.
- Huezo, C.M. & Carignan, C.S. (1997). *Medical and services delivery guidelines for family planning*./PPF international office, Regents college, Inner circle, Regents Park, London NW1 4NS, England.
- Kalu, I. S. (1996). Implications of unmet need of family, planning for policy and demographic impact. Colorado.
- Kalu, S. I. & Chidi, O. M. (1996). The availability of family planning and maternal and child health services. Columbia.
- Kerlinger, F.N. (1973). *Foundations of behavioural research*. New York: Rinehart and Wilson Inc.
- Krumboltz, J.D., Thoresen, C.E., Hosford M.C. & Babara S. (Eds) (1996). *Behavioural counselling cases and techniques* London. University Press.
- Lande, M. O. (1995, August). The impact of mass media family planning promotion on family planning in a sub-saharan African country. Paper presented at Annual meeting of the population Association of America. Colorado.
- Mallum, Y. A. (1992). *Women education in Plateau state, Nigeria: A challenge to counselling*. Unpublished Doctoral dissertation, University of Jos, Jos.

- Malthus, J. E. (1996). *Techniques of population analysis*. New Jersey: Wiley and Sons Inc.
- Martin, M. I. & Juared, S. O. (1999). Impact of education on fertility. Washington, D. C.: Wiley and Sons, Inc.
- Mbiti, J. I. (1977). *Introduction to African religion*. London: Heinman.
- Meekers, D. & Oladosu, M. (1996). *Spousal communication and family planning decision making in Nigeria*. University park, Pennsylvania, Pennsylvania State University. Population research institute.
- Mogbo, I.N. (2002). *Problems of implementation of family planning in Enugu & Anambra States of Nigeria*: Unpublished Doctoral dissertation University of Jos, Jos.
- Moni, L. (1995). Estimating the need for family planning services among unwed teenagers. *Family planning perspectives* 6(2) 91-97.
- Mueller, B.O. & Germain, O.D. (1990). Family planning programmes: Efforts and results, 1972-94. *Studies in Family Planning* 27(3) 137-147.
- National Population Activities (NPA) (1994). *The challenges of population in Nigeria*. Lagos, Nigeria.
- Njogu, M.O. & Odimegwu, D.O. (1995). *The measurement of unmet need for family planning in developing countries*. Belgium.
- Njogu, W. (1993). *The availability of family planning and maternal and child health services Lagos*: University press.
- Nwoye, A. (1985). *Introduction to counselling psychology*. Jos: Fab Anieh Nigeria Ltd.
- Odimegwu, O.A. (1995). Factors that determine prevalence of use of contraceptive methods for men. *Studies in Family Planning* 24(2): 87-99.
- Odimegwu, O.A. (1996). *Family and gender issues for population policy*. University Press: Ibadan.

- Ogunlere, O.V. & Njogu, W. (2003). Men and family planning in Nigeria. *Journal of Family Planning Welfare* 35 (1): 3-11.
- Ogunlere, O.V. (2003). The unmet need for birth control in five developing countries. *International Family Planning Perspectives* 10 (3): 173-181.
- Ojo, O.E. (1993). Missinformation, mistrust, and mistreatment: Family planning among Nigerian market women. *Studies in Family Planning* 25(4): 211-221.
- Ojo, O.E. (1995). *Family planning attitude in Kenya*. Macumilian. Lagos.
- Ojo, O.E. & Odimegwu, O.A. (1995). Mass media family planning promotion in three Nigerian cities. *Studies in Family Planning* 21(5): 265-274.
- Okpede, D.O. (1991). *Development and validation of a sex education counselling programme for Nigeria*. Unpublished doctoral dissertation, University of Jos, Jos.
- Oladosu, M. (1996, May). *Meeting the challenge of unmet need for family planning in Nigeria*. In Senanayake, P. & Kleinman, R.L. (Eds). *Family planning: Meeting challenges; Promoting choices*. New York.
- Olufemi, K.O. (2003). Family planning roles in control of four high risk pregnancies as perceived by market women in Abeokuta South Local Government Area of Ogun State. *Journal of education focus* 21 (1) 8-13.
- Orisakwe, S. (2002, September, 17). In some ethnic groups in Nigeria, *Women who give birth to many children are recognized and honoured*. *The Guardian Newspaper*. p. 20.
- Ozaji, E.D. (1989). Effects of cognitive and affective intervention measures on attitude of students/teachers towards the blind. Unpublished Ph.D. thesis, University of Jos.

- Phai, N.V., Knodel, J., Cam, M.V. & Xuyen, H. (1996). Fertility and family planning in Vietnam: Evidence from the 1994 Inter-censal Demographic survey. *Studies in Family Planning* 27(1): 1-17.
- Picks, S., & Collado, M.E. (1996). *Factors affecting the safe provision of IUDs in resources-poor setting: A community based in Mexico*. Paper presented at the Annual Meeting of the Population Association of America, New Orleans, Louisiana.
- Piotrow, B. V. (1994). Strategies for family planning promotion. Washington, D. C. World Bank. (World Bank technical paper No.223) p.56.
- Piotrow, P.T., Kincaid, D.L., Rimon, J.G. & Rinehart, W. (1994). *Family communication: Lessons for public health* (Draft).
- Population Reports. (1995). *Opportunities for women through reproductive choice*. Population information programmes, centre for communication programmes. Johns Hopkins University, School of Public Health III Market place, Suite 310, Baltimore, Maryland 21202, USA.
- Rama Rao, S. & Townsend, I.W. (1995). *Unmet need and the situation of women in India*. (summary paper). Paper presented at the Annual meeting of the Population Association of America, San Francisco 12 p.
- Ravindra, T.K.S. (1993). *User's perspective on fertility regulation method*. Economic and Political Weekly, pp 2508-2512.
- Robey, B., Ross, J. & Bhushan, I. (1996). *Meeting unmet need: New Strategies*. Population Reports, Series J, No. 43. Baltimore, Johns Hopkins School of Public Health, Population Information Programme.
- Rodriguez, G. (1999). Family planning availability and contraceptive practice. *Family planning perspectives* 11 (1): 51-70.
- Rogers, E.M. (1993). *The innovation decision process*. In *Diffusion of innovation*. (3rd ed.) New York: Free Press.

- Rosenfield, A. & Fathala, M.F. (1990). The F.I.G.O. Manual of Human Reproductive. Vol. 3: 48-50, *reproductive health global issues*. The Parthenson Publishing Group Inc. 120 Mill Road, Park Ridge, NJ 07656 USA.
- Ross, J.A. (1994, May). *Programme implementation of the unmet need approach*. Paper presented at the Annual Meeting of the Population Association of America, Miami, Florida.
- Ross, J.A. (1997). The question of access. "*Studies in Family Planning*," 26(4): 241-242.
- Ross, J.A. (2000). Family planning programmes: Efforts and results 1972-94. *Studies in family planning* 27 (3): 137-147.
- Ross, J.A. & San, B.P. (1996). Unmet need in Vietnam: who needs what and when? *Social biology* 43 (3-4).
- Ross, J.A., Barkat, A., San, B.P. and Visari, L. (1996, May). *Pototype action programmes for Bangladesh, India, and Vietnam*. Paper presented at the Annual Meeting of the Population Association of America, New Orleans, Louisiana.
- Shertzer, B. & Stone, S.C. (1976). *Fundamentals of counselling*. Boston: Houghton Mifflin.
- Shertzer, B. & Stone, S.C. (1980). *Fundamentals of guidance*. Boston: Houghton Mifflin.
- Simmons, R. (2003). *Women's lives in transition. A qualitative analysis of the fertility decline in Bangladesh*: In Simmoro, R. & Mita, R. (E.eds) *Women's status and family planning in Bangladesh: An analysis of focus group data*. Final report. New York: Population Council, p. 31-64.
- Sinding, S. & Fathalla, M.F. (1995). *The great transition*. Populi, p. 18-21.

- Sinding, S.W. (1995). *Population: Progress and challenges*. In United State Agency for International Development (USAID). Office of population, partnership, opportunities and challenges: A vision for the future. Summary of proceedings: 1994 Cooperating Agency Meeting, February 22-25, 1994 (Washington, D.C.) USAID, p. 1: 18-1:28.
- Skinner, I.O. (1989). *Behavioral techniques*. USA: University Press.
- Stover, J. (1995). *Unmet need in Egypt, Morocco and Jordan: What do we really know about reasons for non use of contraception?* Glastonbury, Connecticut, Futures Group, 22 p.
- Teachman, J.D., Tsui, A.O. & Hogan, D.P. (2003). Perceived availability of contraceptives and family planning. *Human organization* 42 (2): 123-131.
- Tuckman, R.W. (1992). *Conducting educational research*. New York: Harcourt Brace Jovanorch Inc.
- Tyler, R.W. (1949). *Basic principles of curriculum and instruction*. Chicago: University Press.
- Uba, A. (1989). *Theories of counselling and psychotherapy*. Patrice continental press Apata Ganga, P. O. Box 11397, Ibadan.
- United Nations and Population Council (2001). *World contraceptive use*. New York.
- United Nations and Population Fund (UNPF) (1996). *Notice on the resource requirements for population programmes in the years 1995-2015* (Unpublished).
- Upadhyay, M. P. H. & Robey, B. (1999). Why family matters. Population reports, series j, No. 27. Baltimore, Johns Hopkins school of public Health, Population information programme.
- Westoff, C.F. (1992). Measuring the unmet need for contraception: Comment on Bongaarts. *Population and Development Review* 18(1): 123-125.

- Westoff, C.F. & Bankole, A. (1995). The potentials demographic significance of unmet need. *International Family Planning Perspectives* 22 (1): 16-20.
- Westoff, C.F. & Ochoa, L.H. (1991). *Unmet need and the demand for family planning*. Columbia, Maryland, Institute for Resources Development. Macro International. (Demographic and Health Surveys Comparative Studies No.5) 43 p.
- Westoff, C.F. & Pebley, A.R. (1994). *The Measurement of unmet need for family planning in developing countries*. In Ross, J.A. & McNamara, R. (Eds). 11-36. *Survey analysis for the guidance of family planning programmes*. Liege, Belgium, Ordinal.
- WHO, UNICEF and UNFPA. (2000). Repositioning family planning in reproductive Health Services Framework for accelerated action 2005 – 2014. South Africa WHO. 12 P.
- Wolowyna, O. & Njogu, W. (1992). *Implications of unmet need of family planning for policy and demographic impact: A comparative analysis of large countries*. Paper presented at the Annual Meeting of the Population Association of America, Denver.
- Wolowyna, O., Njogu, W. & Odimegwu, O.A. (1995). The mass media and family planning in Kenya. "*International Family Planning Perspectives*" 21(1): 26-31.

APPENDIX A1
A LETTER REQUESTING EXPERTS TO VALIDATE WOMEN'S
MEETING UNMET NEED KNOWLEDGE TEST (WMUNKT)

Department of Arts and Social
Science Education,
University of Jos,
P.M.B. 2084,
Jos, Plateau State.

Prof/Assoc. Prof/Dr.
U.F.S.
Prof. Y.A. Mallum
(Supervisor)
University of Jos.

Sir/Ma,

A Request for Assistance to Validate an Unmet Need Knowledge Test

You are by this letter requested to kindly assist me in validating the attached Women's Unmet Need Knowledge Test.

You are to kindly indicate at the end of each test how the argument addresses the contents of the programme and its objectives, by circling the number that represents your decision. Use the following key.

Strongly Agree
Agreed
Undecided
Strongly Disagreed
Disagreed.

Your general comment on the suitability of the test for the intended purpose will be highly appreciated, please.

Thanks,
Yours faithfully,

Ogwuche, O.C. (Mrs.)

APPENDIX A2

WOMEN'S MEETING UNMET NEED QUESTIONNAIRE (WMUNQ)

Dear Respondents,

This research is designed to find out why many women do not use contraception even though they want to avoid pregnancy. This is known as unmet need for family planning. Your honest answers to the questions and statements that follow will go a long way to solve this problem. All information given here will be treated as confidential and for research purpose only, so feel free to participate in the exercise. In section 'A' below, you are requested to fill in personal information in the space provided, read each statement carefully and tick (✓) options that appeal to you.

SECTION A: Respondents personal data

1. Sex: a) male [] b) female []
2. Age: a) 18-26 [] b) 27-35 [] c) 36 years and above []
3. Religion: a) Catholic [] b) Non- Catholic []
4. Marital status: a) Married [] b) Single []
5. Location: a) Urban [] b) Rural []
6. Educational level: a) First school leaving certificate [] b) Above school leaving certificate [] c) No Education []
7. Tribe: a) Tiv [] b) Idoma [] c) Others:.....

SECTION B**KEY TO RESPONSES**

- VA - Very Adequate
 A - Adequate
 IA - Inadequate
 VI - Very Inadequate
 NO - No Opinion

Under listed are statements of objectives for meeting unmet need programme in Benue State, Nigeria. Please (✓) in the option that most represents your opinion.

S/N		VA	A	IA	VI	NO
1	To space birth					
2	To slow population growth					
3	To limit child bearing to the healthiest age					
4	To aid decision making					
5	To help people avoid sexual transmitted infection STIS and HIV/AIDS					
6	To improve family well being					
7	To protect our girls and other women from unwanted, high risky pregnancies and					

unsafe abortions

- 8 To save the lives of children by helping women space births, care for their family by providing a better life for them.
 - 9 To prevent child abuse and child abandonment.
 - 10 To help youth to attain self-actualization in the society.
 - 11 To help parents and individuals manage their economic pursuits and social status without many difficulties.
 - 12 To help students develop a sound and stable personality.
 - 13 To help couple who currently desire pregnancy.
 - 14 To help send daughters to school
-

SECTION C

Listed below are statements of programme contents for meeting unmet need programme for family planning in Benue secondary schools.

Please tick (✓) the column that most appeals to you.

S/N		VA	A	IA	VI	NO
1	Lack of information					
2	Communication difficulties					
3	Lack of access to good family planning services					
4	Official and cultural barriers					
5	Health risk reduction					
6	Strategies of increasing contraceptive prevalence					
7	Abortion problems					
8	Family life and parenthood education					
9	Population control and family planning					
10	AIDS and STDS prevention counselling					
11	Decision-making and problem solving skills					
12	Environmental issues in family planning					
13	Contraceptive methods					
14	Myths and misconceptions about family planning					
15	Concept of unmet need in family planning					
16	Coping with stress and frustration					

- 17 Setting realistic life goals
 - 18 Value clarification
 - 19 Responsibility to the society
 - 20 Strategies of contraceptive prevalence
-

SECTION D

Listed below are attitudinal items obtained from meeting unmet need programme for family planning. All that is required is read through each of the items and tick (✓) the column that most appeals to you, using the following five point scale.

1. Strongly Agree (SA)
2. Agreed (A)
3. Disagree (D)
4. Strongly Disagree (SD)
5. Undecided (UD)

S/NO		Response				
		SA	A	UD	D	SD
1	I use family planning to improve my standard of living					
2.	I feel that without family planning, I cannot send my children to school					
3.	The use of family planning methods makes me uncomfortable.					
4.	Family planning promotes health in diversity					
5.	Use of family planning involves side effects which must be avoided.					
6.	Family planning contradicts cultural beliefs.					
7.	Family planning is an interesting programme					
8.	My feeling is that family planning makes me a better person.					
9.	Family planning attracts opposition from family members, as far as I am concerned.					
10	My religious set objects family planning					

SECTION E

Listed below are multiple choice items and answers to women's meeting unmet knowledge test given to determined mean performance of women in experimental and control groups. Please select and circle the most appropriate answer to the question.

1. Unmet need can be defined as:
 - (a) Pregnant women using methods of contraception
 - (b) A women's desire to use contraceptive method which is not embarked upon by action.
 - (c) Women who are pregnant and not interested in using contraception
 - (d) All of the above
 - (e) Non of the above
2. Women use family planning to:
 - (a) Space birth
 - (b) Relieve anxieties
 - (c) Get excitement
 - (d) Escape punishment
 - (e) None of the above
3. What is the essence of family planning?
 - (a) To get rich and peace
 - (b) To slow population growth
 - (c) To enhance population growth
 - (d) To relieve pains
 - (e) For excitement and pleasure
4. Family planning can accomplish one of the following:
 - (a) Can bring about success in areas of life
 - (b) Relieve you of anxieties
 - (c) Limitation of pain to certain areas of the body

- (d) Limit child bearing to the healthiest age (e) All of the above.
5. Family planning aids decision making
- (a) False (b) Not sure (c) True (d) Don't know
6. Family planning improves family welfare
- (a) True (b) False (c) Not sure (d) Don't know
7. Which of the following protects women from unwanted pregnancies?
- (a) Planning and management (b) Planning and decision-making
- (c) Planning and execution of certain programmes
- (b) Family planning services (e) Family and planning
8. Does family planning save the lives of children by helping women space births?
- (a) Yes (b) No (c) Don't know (d) Not sure
9. Family planning prevents child abuse and abandonment
- (a) No (b) Not sure (c) Yes (d) Don't know
10. Family planning helps youth and others attain self-actualization
- (a) False (b) Not sure (c) Don't know (d) True
11. People oppose contraceptive device for the following reasons, except one:
- (a) Religious inclination (b) Contraceptive side effects

- (c) Contraception is not in our culture (d) Attachment to cultural beliefs (e) Lack of counselling about contraceptive methods.
12. Contraceptive education can best be disseminated by one of the following:
- (a) Church (b) Home (c) Mass media communication
(d) Farm settlement (e) None of the above.
13. Contraceptive use is not popular in Nigeria for the following reasons.
- (a) Because of high rate of divorce
(b) Because of attachment to colonial beliefs
(c) Because of lack of access to good family planning services
(d) Lack of training of the mind (e) None of the above
14. Which of the following suggestions can help overcome contraceptive problems in our society today?
- (a) Do not talk about contraception in public places and in schools.
(b) Reduce the number of contraceptive methods on sales
(c) Encourage family planning education in schools.
(d) Reduce the number of women using contraceptive methods.
(e) All of the above.
15. The benefits of family planning include:

- (a) Reduction of sexually transmitted infections.
 - (b) Limiting of child bearing to the healthiest age.
 - (c) Slowing population growth (d) Provision of family welfare
 - (d) All of the above.
16. Couple(s) with large family size hardly give their children good education and feeding.
- (a) True (b) False (c) Not sure (d) Don't know
17. Contraceptive use seems to be associated with:
- (a) Fears about contraceptive side effects
 - (b) Poor clients education about family planning methods
 - (c) Lack of trained personnel about contraceptive side effects
 - (d) All of the above
18. A woman can be motivated to attend family planning clinic when:
- (a) She is assured of good family planning services
 - (b) She has information
 - (c) She is counselled about contraceptive side effects
 - (d) All of the above
19. Family planning can help in setting realistic goals.
- (a) False (b) Not sure (c) Don't know (d) True
20. Who uses family planning?

- (a) The elderly (b) Way word people (c) Lunatic (d) Educational counsellors only (e) Men and women
21. Family planning helps in value clarification
- (a) True (b) No (c) Not sure (d) Don't know
22. All the following, except one, are methods of contraception.
- (a) The injectables (b) The pill (c) The cocaine (d) Condom
 - (b) Sterilization
23. Why do people use contraceptive devices?
- (a) To prevent pregnancy and sexually transmitted diseases
 - (b) To relieve anxieties (c) For excitement and pleasure
 - (d) To escape punishment (e) None of the above.
24. Family planning helps families to send daughters to school:
- (a) True (b) False (c) Not sure (d) Don't know
25. Family planning assists parents manage their economic pursuits and social status without much difficulties.
- (a) True (b) False (c) Not sure (d) Don't know
26. Family planning implies health risk reduction
- (a) False (b) True (c) Not sure (d) Can't tell
27. Contraceptive education helps in nation building.
- (a) Don't know (b) Not sure (c) True (d) False

28. Family planning education helps an individual cope effectively with life problems
- (a) True (b) False (c) Don't know (d) Not sure
29. Population control is the most important target of family planning.
- (a) Not true (b) Not sure (c) True (d) Don't know
30. The consequences of non prevalence of family planning include:
- (a) Myths and misconception about family planning
- (b) Lack of information (c) Communication difficulties
- (d) Official and cultural barriers (e) All of the above.

APPENDIX A3
COUNSELLOR'S MEETING UNMET NEED QUESTIONNAIRE
(CMUNQ)

Dear Respondents,

This research is designed to find out why many women who are sexually active do not use contraception even though they want to avoid pregnancy. This is known as unmet need for family planning. Your honest answers to the questions and statements that follow will go a long way to solve this problem. All information given here will be treated as confidential and for research purpose only, so feel free to participate in the exercise.

In section 'A' below, you are requested to fill in personal information in the spaces provided and indicate your choice by a tick (✓)

SECTION A:

Respondents Personal Data.

1. Sex: a) Male [] b) Female []
2. Age: a) 15-19 [] b) 20-24 [] c) 25-29 [] d) 30 years and above []
3. Religion: a) Catholic [] b) Non- Catholic []
4. Marital Status: a) Married [] b) Single []
5. Location: a) urban [] b) Rural []

6. Educational level: a) First school leaving certificate [] b) Above first school leaving certificate [] c) No education []
7. Tribe: a) Tiv [] b) Idoma [] c) Other tribes

SECTION B

KEY TO RESPONSES

- VA - Very Adequate
- A - Adequate
- IA - Inadequate
- VI - Very Inadequate
- NO - No Option

Under listed are statements of programme objectives for meeting unmet need programme in Benue State, Secondary schools. Please (√) in the option that most represents your opinion.

S/N		VA	A	IA	VI	NO
1	To space birth					
2	To slow population growth					
3	To limit child bearing to the healthiest age					
4	To aid decision making					
5	To help people avoid sexual transmitted infection STIS and HIV/AIDS					
6	To improve family well being					
7	To protect our girls and other women from unwanted, high risky pregnancies and unsafe abortions.					
8	To safe the lives of children by helping women space births, care for their family by providing a better life for them					
9	To prevent child abuse and child abandonment.					
10	To help youth to attain self-actualization in the society.					
11	To help parents and individuals manage their economic pursuits and social status without much difficulties					
12	To help students develop a sound and stable personality.					
13	To help couple who currently desire pregnancy.					
14	To help send daughters to school.					

SECTION C

Listed below are content materials for inclusion in meeting unmet need programme for family planning in Benue secondary schools. Please tick (✓) the column that most appeals to you.

S/N	VA	A	IA	VI	NO
1	Lack of information				
2	Communication difficulties				
3	Lack of access to good family planning services				
4	Official and cultural barriers				
5	Health risk reduction				
6	Strategies of increasing contraceptive prevalence				
7	Abortion problems				
8	Family life and parenthood education				
9	Population control and family planning				
10	AIDS and STDS prevention counseling				
11	Decision-making and problem solving skills				
12	Environmental issues in family planning				
13	Contraceptive methods				

- 14 Myths and misconceptions about family planning
 - 15 Concept of meeting unmet need for family planning
 - 16 Coping with stress and frustration
 - 17 Setting realistic life goals
 - 18 Value clarification
 - 19 Responsibility to the society
 - 20 Strategies of contraceptive prevalence
-

SECTION D

Indicate with a tick (✓) the extent to which you consider the following factors as problems militating against the effective implementation of meeting unmet need programme for family planning.

Using the scale:

Strongly Agree (SA)

Agree (A)

Disagree (D)

Strongly Disagree (SD)

Undecided (UD)

S/N	SA A UD D SD
1	Cultural setting, fear and ignorance about contraceptive use
2	Inadequate awareness on the part of couples
3	Poverty and religious inclinations
4	Lack of motivation by the government
5	The practice of polygamy and birth competition in polygamous homes
6	Inability of couples to come to consensus on the issue of family planning
7	Ill-presentation of family planning programmes, coupled with attendant indoctrination on the side of populace
8	Illiteracy, greed, and lack of adequate education
9	Lack of personnel training
10	Promotion of promiscuity among adolescents, early marriage and communication barrier.

Please provide brief answers to the following:

1. In your opinion, what is the attitude of the women to the programme?
2. Any other suggestion for modification to the programme?

APPENDIX A4**STUDENT'S MEETING UNMET NEED QUESTIONNAIRE (SMUNQ)**

Dear Respondents,

This research is designed to find out why many women do not use contraception even though they want to avoid pregnancy. This is known as unmet need for family planning. Your honest answers to the questions and statements that follow will go a long way to solve this problem. All information given here will be treated as confidential and for research purpose only, so feel free to participate in the exercise. In section 'A' below, you are requested to fill in personal information in the space provided, read each statement carefully and tick (✓) options that appeal to you.

SECTION A: Respondents personal data

1. Sex: a) male [] b) female []
2. Age: a) 15-19 [] b) 20-24 [] c) 25 -29 []
3. Religion: a) Catholic [] b) Non- Catholic []
4. School location.....

SECTION B**KEY TO RESPONSES**

- VA - Very Adequate
 A - Adequate
 IA - Inadequate
 VI - Very Inadequate
 NO - No Option

Stated below are statements of programme objectives for meeting unmet need programme in Benue state secondary schools. Please tick(✓) the option that most represents your opinion.

S/N		VA	A	IA	VI	NO
1	To space birth					
2	To slow population growth					
3	To limit child bearing to the healthiest age					
4	To aid decision making					
5	To help people avoid sexual transmitted infection STIS and HIV/AIDS					
6	To improve family well being					
7	To protect our girls and other women from unwanted, high risky, pregnancies and					

unsafe abortions

- 8 To save the lives of children by helping women space births, care for their family by providing a better life for them
 - 9 To prevent child abuse and child abandonment.
 - 10 To help youth to attain self-actualization in the society.
 - 11 To help parents and individuals manage their economic pursuits and social status without much difficulties
 - 12 To help students develop a sound and stable personality.
 - 13 To help couple who currently desire pregnancy.
 - 14 To help send daughters to school.
-

Under listed are content areas extracted from meeting unmet need programme, kindly indicate the extent they help to achieve the stated objectives. Please tick (✓) the column that appeals to you most.

S/N		VA	A	IA	VI	NO
1	Concept of family planning					
2	Lack of information					
3	Communication difficulties					
4	Lack of access					
5	Health risk reduction					
6	Official and cultural barriers					
7	Strategies of increasing contraceptive use					
8	Misconception and negative attitudes towards the programme.					
9	Social and moral implications of family planning					
10	Benefits of family planning					
11	Pregnancy problems					
12	Contraceptive devices					
13	Abortion problems					
14	The concept of child abandonment/child					

abuse

- 15 The problem of venereal disease
 - 16 Kinds of contraceptive methods
 - 17 Moral and religious issues in family
planning
 - 18 Population education
 - 19 Social consequences of non-use of
contraceptives
 - 20 Factors to be considered in choosing a life
partner
 - 21 Dating/courtship behaviour
 - 22 Divorce and its consequences
 - 23 Decision making skills
 - 24 Value clarification
 - 25 Problems solving skills
 - 26 Mental health education
 - 27 Physical, social, psychological and spiritual
needs of mankind
 - 28 Maternal morbidity and mortality issues
 - 29 Family planning, housing and family size
 - 30 Family life education and literacy.
-

APPENDIX A5
INTERVIEW SCHEDULE

Dear Respondents,

This research is designed to find out why many women do not use contraception even though they want to avoid pregnancy. This known as unmet need for family planning programmes. Your honest answers to the question and statements that follow will go a long way to solve this problem. All information given here will be treated as confidential and for research purpose only, so feel free to participate in the exercise.

In section 'A' below, you are requested to fill in personal information in the space provided. Read each statement carefully and tick (✓) options that appeal to you.

SECTION A: Respondents Personal Data.

1. Sex: a) Male [] b) Female []
2. Age: a) 15-19 [] b) 20-24 [] c) 25-29 [] d) 30 years and above []
3. Religion: a) Catholic [] b) Non- Catholic []
4. Marital Status: a) Married [] b) Single []
5. Location: a) urban [] b) Rural []
6. Educational level: a) First school leaving certificate [] b) Above first school leaving certificate [] c) No education []
7. Tribe: a) Tiv [] b) Idoma [] [] c) Other tribes

SECTION B**KEY TO RESPONSES**

SA - Strongly Agree

A - Agree

UD - Undecided

D - Disagree

SD - Strongly disagree

Indicate with a tick (✓) the extent to which you consider the factors stated below as problems militating against the effective implementation of the above stated contents of the programme.

S/N	SA	A	UD	D	SD
1	Religious objections.				
2	Fears about contraceptive side effects				
3	Poor client's education and counselling about family planning methods				
4	Age of the client				
5	Place of residence unsuitable to contraceptive use				
6	Attachment to cultural beliefs and myths about family planning				
7	Lack of trained/qualified personnel				
8	Misconception and negative attitude towards the programme				
9	Unavailability of family planning services				
10	Spousal veto contest				

Specify

others:.....

.....

.....

APPENDIX B1**MEAN SCORES OF WOMEN'S UNMET NEED KNOWLEDGE TEST
(WUNKT)**

Item No	Exp Grp	Control Grp
	Score	Score
1	78	40
2	55	29
3	61	32
4	89	47
5	77	41
6	73	39
7	68	36
8	56	30
9	79	42
10	89	47
11	82	43
12	89	47
13	82	43
14	59	39
15	75	42

16	80	41
17	77	47
18	89	45
19	85	42
20	75	39
21	79	42
22	90	48
23	74	39
24	66	35
25	69	36
26	74	39
27	83	43
28	78	41
29	77	41
30	76	40

$$\Sigma \underline{X}_1 = 2284$$

$$\underline{X}_1 = 76.13$$

$$\Sigma \underline{X}_2 = 1215$$

$$\underline{X}_2 = 40.5$$

APPENDIX B2

**THE IMPLEMENTED MEETING UNMET NEED PROGRAMME FOR
FAMILY PLANNING**

SECTION A:

The Objectives of the Programme

To space birth

To slow population growth

To limit child bearing to the healthiest age

To aid decision making

To help people avoid sexual transmitted infection STIS and HIV/AIDS

To improve family well being

To protect our girls and other women from unwanted, high risky pregnancies and unsafe abortions

To safe the lives of children by helping women space births, care for their family by proving a better life for them.

To prevent child abuse and child abandonment

To help youth to attain self-actualization in the society.

To help parents and individuals manage their economic pursuits and social status without much difficulties

To help students develop a sound and stable personality

To help couple who currently desire pregnancy

To help sent daughters to school.

SECTION B

The Contents of the Programme

Lack of information

Communication difficulties

Lack of access to good family planning services

Official and cultural barriers

Health risk reduction

Strategies of increasing contraceptive prevalence

Abortion

Family life and parenthood education

Population control and family planning

AIDS AND STDS prevention counselling

Decision-making and problem solving skills

Environmental issues in family planning

Contraceptive methods

Myths and misconceptions about family planning

Concept of unmet need in family planning

Coping with stress and frustration

Setting realistic life goals

Value clarification

Responsibility to the society

Strategies of contraceptive prevalence

SECTION C

The Roles of the Counsellor

Provision of information on contraception side effects.

Counselling on facts and myths about family planning health.

Provision of privacy for client counselling and procedures.

Provision of information including counselling on pregnancy, breast feeding, contraceptive use and infertility.

Provision of appropriate information on the range of family planning methods, their advantages and disadvantage, cost and the location of services and supplies.

Counselling to ensure that clients understand what is said to help them make decision.

Counsel on socio-cultural and religious aspects of contraceptive use.

Make follow ups and referrals.

Treating client with respect.

SECTION D

The Impediments against Implementation of the Programme

Religious objectives.

Fears about contraceptive side effects.

Poor client's education and counselling about family planning methods.

Age of the client.

Place of residence unsuitable to contraceptive use.

Attachment to cultural beliefs and myths about family planning.

Lack of trained/qualified personnel.

Misconception and negative attitude towards the programme.

Unavailability of family planning services.

Spousal veto contest.

SECTION E

Strategies of Programme Evaluation

Decline of unmet need for family planning.

Achievement of reproductive goals.

Follow up of ex-unmet need members.

Change in aggregate level of unmet need.

Rise in contraceptive use

Survey of opinion.

APPENDIX B3**CURRICULUM FOR MEETING UNMET NEED PROGRAMME FOR
FAMILY PLANNING**

S/N	Topic	Objectives	Content Outline	Method/ Activities	Material/ Instructional	Evaluation
1	Decision Making	<ul style="list-style-type: none"> - Be able to explain decision as a process - Be able to identify factors that affect decision making. - State the importance of decision making 	<ul style="list-style-type: none"> - What is decision making? - Factors that influence decision making; - Types of decision making; - Importance of decision making. 	<ul style="list-style-type: none"> - Brainstorming - Case study questions and answers 	<ul style="list-style-type: none"> - A chart showing a list of daily activities. - Any two items for women to choose from e.g. a better and misery life. 	<ul style="list-style-type: none"> -Ask the following questions - What is decision making; What are types of decision we make daily? - What are factors influencing our decisions?
2	Concept of	- Explain what	- Definition of	Case study.	- A chart	- List two

	unmet need for family planning	unmet need for family planning is. - List the two categories of unmet need. mention some reasons for unmet need.	unmet need for family planning. - Major categories of unmet need and reasons for unmet need.	Questions and answers participatory	showing a man and his wife with many miserable children. Counselling manual	categories of unmet need. - Mention 3 reasons for unmet need.
3.	Health risk reduction	- Mention factors associated with unprotected sex - Discuss the advantages of family planning methods.	What is risk reduction? - When is it necessary to use family planning methods?	- Story telling - Case study - Questions and answers.	- Towards an AIDS free generation AIDS is real - flip charts.	- Mention two advantages of family planning methods.
4.	Facts about HIV/AIDS and other STIs.	Participants will be able to explain and distinguish between	The concept of HIV/AIDS and other STIs. - How the body is infected.	Questions and answers case study - Story telling	-A chart showing AIDs patients - Towards	List two ways HIV/AIDS is spread. What is the

		<p>HIV/AIDs and STIs.</p> <p>- List ways they are spread.</p> <p>- Mention 2 signs.</p>			<p>an AIDs free generation</p>	<p>different between HIV and AIDs.</p>
5	Inadequate awareness	<p>-Participants will be able to explain factors influencing women's childbearing patterns.</p>	<p>The concept of information as a key to informed reproductive choice</p>	<p>- Questions and answers</p> <p>- Case study</p> <p>-Story telling</p>	<p>Chart showing difference between enlightene d and unenligh tened individuals.</p> <p>- Toward population control.</p>	<p>- Mention three factors influencing women's childbearin g patterns.</p> <p>-What is the difference between educated and uneducated women in the use of</p>

						family planning.
6	Contraceptive methods	-Be able to explain contraceptive methods - Be able to distinguish between one and other methods To explain functions of each methods	Contraceptive methods. -Examples of contraceptive methods. -How to handle contraceptive methods. -where -to obtain contraceptive methods.	-Explanatory -Participatory -Questions and answers	A chart showing various methods	Explain in your own words What is contracepti ve method? Mention three (3) types of contracepti ve methods.
7.	Misconception and attachment to cultural beliefs	- Be able to define misconception and cultural beliefs. - Mention consequences of	- Rumours - Examples of rumours - How to handle rumours and cultural beliefs.	- Questions and answers - Role play - Story telling. - Case study. - Explanation - effects	Education for responsibl e behaviour among women. Contracept	Mention three (3) consequenc es of misconcepti on. Mention two (2)

		misconception and attachment to cultural beliefs.			ive effects poor services	cultural beliefs that prevent women from use family planning.
8.	Effective communication	-Be able to define communication - Be able to identify the importance of communication in any relationship -Be able to identify basic elements of effective communication	-What is effective communication? -Key to effective communication	-Role play -Discussion - Questions and answers	A chart of husband and wife given messages	Mention three (3) types of communication you know. What is effective communication.
9.	Population control and	-Be able to explain	- What is population	-Participatory - Discussion	-Picture of a person	-Ask the following

	family planning	<p>population control and family planning.</p> <p>- Identify the relationship between population control and family planning</p> <p>Be able to identify importance of family planning in controlling population growth.</p>	<p>control?</p> <p>- Family planning key to population growth.</p>	- Questions	<p>enjoying life.</p> <p>-Poster of family sending daughters to school.</p>	- Why do people control population? What is family planning.
10	Unavailability of family planning services	-Be able to explain unavailability of family planning services.	<p>- Reasons for unavailability of family planning services.</p> <p>- Consequences of unavailability</p>	<p>-Questions and answers</p> <p>- Discussion.</p> <p>- Story</p> <p>-telling</p>	- Picture of a big crowd of people.	<p>Ask the following:</p> <p>-What is unavailability of family planning</p>

		-Be able to identify family planning services.	of family planning services		fighting over basic amenities	services? -What are two (2) dangers of unavailability of family planning services?
11	Lack of motivation	-Be able to define the word lack of motivation. - Be able to identify the importance of motivation in contraceptive use. -Be able to identify basic elements of lack of motivation.	What is lack of motivation? Types of lack of motivation keys to non-use of contraceptive methods.	-Brainstorm - Role play -Case study. Questions and answers.	-Lack of motivation unlimited. List of what government ought to do to encourage use of family planning	List five (5) factors that lead to lack of motivation in your community.

12	Opposition from husband	-Be able to explain opposition from husbands. -Be able to identify role of husbands in contraceptive use.	-What is opposition from husbands. - Involvement of men keys to contraceptive use.	-Teaching - Participatory - Role play - Case study.	Picture of husbands fighting or beating wives over use of contraception.	How can you practically convince husband to allow wives use family planning.
13	Family planning benefits	-Be able to describe advantages of family planning. -To discuss results of correct use of contraception	-What are the benefits of family planning. -Family planning keys to better health, life and development.	- Case study - Questions and answers - Role play.	- Chart showing evidence of good living.	Mention five (5) advantages of family planning.
14	Training of personnel.	-Be able to explain training of personnel - Able to describe	- Introduction of lesson - Definition of training. - When it is	- Questions - Role play - Explanation - Case study	-Picture of training manual	What do you understand by the term training of

		primary purpose of training.	necessary to train.			personnel? -What are the differences between a trained and untrained person?
15	Value clarification	-Explain value clarification - Distinguish between negative and positive self concept.	-Value clarification -Examples of individual's assets, skills, strengths, weakness and resources.	- Explanation - Questions - Role play - Case study -Participatory.	-Education for developmental tasks.	- Define value - Clarification. -How can a person appreciate himself or herself?

APPENDIX B4

LETTER OF INTRODUCTION

Department of Arts and
Social Science Education,
University of Jos,
P.M.B. 2084,
Jos – Plateau State.

The Principal,
Sir/Ma,

Letter of Introduction

The bearer of this letter – Mrs. Ogwuche, O. C. is a Ph.D. student, currently researching into the implementation of Meeting Unmet Need Programme for Family Planning in Benue State: Counselling Implications.

The objective is to create awareness on contraceptive use in the State. Kindly allow her to administer her questionnaires and have access to relevant documents in your institution in order to accomplish this task.

Thanks.

.....

Prof. Y.A. Mallum

Project Supervisor

.....

Mrs. Mary P. Haggai

HOD Arts and Social Science Education

APPENDIX B5

**LIST OF SCHOOLS WITH NUMBER OF STUDENTS BY ZONE,
LGA AND LOCATION**

Educational Zone	Name of LGA	Name of school	Location	No. of Students
A	Gboko	Queen of the Rosary Sec. Sch.	Urban	50
	Gboko	Fed. Govt. Girls' College.	Urban	50
	Vandeikya	Our Lady of Apostles Girls' Sec. Sch.	Rural	50
	Katsina-Ala	Government College	Rural	50
	Katsina-Ala	N.K.S.T. Sec. Sch.	Rural	50
	Vandeikya	Our Lady of Apostles Girls' Sec. Sch.	Rural	50
B	Makurdi	Govt. Model College	Urban	50
	Makurdi	Govt. Sec. Sch. North Bank	Urban	50

	Gwer	Anglican Sec. Sch. Aliade	Rural	50
	Makurdi	Govt. Sec. Sch. NASME	Urban	50
	Gwer West	Mount Lasalle	Rural	50
	Gwer	Mt. St. Michael Aliade	Rural	50
	Makurdi	Mt. St. Gabriel Sec. Sch.	Urban	50
C	Oju	St. Monica Sec. Sch.	Rural	50
	Otukpo	Govt. Model Sec. Schl.	Urban	50
	Otukpo	St. Francis College	Urban	50
	Okpokwu	Govt. Sec. Sch. Aidogodo	Rural	50
	Otukpo	St. Francis College	Urban	50
	Otukpo	Fed. Govt. Sec. Sch. Otobi	Urban	50
	Okpokwu	Ekenobi High School	Rural	50
	Total			1,000