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**Folk Media, Family Planning
Communication and Contraceptive Use
in Rural Nigeria**

EDIOMO-UBONG E. NELSON*, ANIEKAN S. BROWN** AND
NSIKANABASI W. UDOFIA***

Abstract

This paper examines the relevance of folk media in promoting family planning in local communities, using a community-based family planning project in Akwa Ibom State of Nigeria as a reference point. The project engaged trained Traditional Birth Attendants (TBAs) as folk media system in disseminating information on the cost and benefits, and clinics offering family planning services, and to encourage the adoption of contraceptive methods by women in the community. Drawing lessons from this project, this paper argues that the use of TBAs as folk media system leverages on their trust and popularity in local health matters to enable family planning programmes surmount socio-cultural obstacles in contraception among rural women. It also facilitates men's participation in contraception-related decision making and guarantees access to services in culturally-responsive ways. To guarantee sustainability and local acceptability, family planning programmes should utilize indigenous or folk media systems relying on local cultural themes and symbols.

Key Words: Community, Folk Media, Family Planning, Health Promotion, TBAs, Rural Nigeria

Introduction

It is now common knowledge that family planning programmes can positively affect contraceptive behaviour and fertility (Bawah, Akweongo, Simmons and Philips, 1999). It has also been established that properly designed and implemented family planning programmes can have positive effects even in adverse social and cultural settings. This has been demonstrated with remarkable results from family planning programmes implemented in diverse settings such as in Bangladesh (Phillips, Simmons, Koenig and Chakraborty, 1988) and Ghana (Cleland, Philips, Amin and Kamal, 1994). Studies (Vazzar, Adongo, Binka, Philips and Debpuur, 1995; Bawah, Akweongo, Simmons and Philips, 1999) have also shown that the success of family planning programmes are due in large measure to their design. Strategic designs enable programmes to mobilize local

*Ediomo-Ubong Nelson is a lecturer in the Department of Sociology/Anthropology, University of Uyo, Uyo, Akwa Ibom State, Nigeria

**Aniekan Brown is a lecturer in the Department of Sociology/Anthropology, University of Uyo, Uyo, Akwa Ibom State, Nigeria

***Nsikanabasi Udofia is a lecturer in the Department of Sociology/Anthropology, University of Uyo, Uyo, Akwa Ibom State, Nigeria

resources in order to bring information and services to the target population. Aligning family planning programme with local community structure helps in generating community support and acceptance which is central to the success and the sustainability of the programme.

One striking insight from available evaluation research is that effective communication is germane to the success of family planning programmes. This is so because the adoption of contraception involve changes in attitudes and behaviour and such decisions are made in the light of adequate and appropriate information on contraceptive methods. Although contraception decision making does not conform perfectly to the process described by conventional rational choice models, it is nevertheless a fact that information delivered through appropriate communication channels remains critical to success in the promotion of contraception. This partly explains the strong interest within population policy and family planning programme circles, in the potential impact on contraceptive behaviour and reproductive preferences of mass media messages that try to inform and motivate people on the methods and advantages of regulating fertility.

The application of the mass media to influence fertility is a natural extension of the basic idea that the media can inform and motivate people, even about such a complex subject as their reproductive means and goals (Westoff and Rodriguez, 1995). Consequently, mass mediated communication interventions have become an important part of internationally-supported programs aimed at reducing fertility levels in the developing world. However, there is as yet insufficient evidence showing that mass media strategies have had any significant influence on fertility behaviour. While some studies have linked media campaign with increased contraceptive awareness and practice (Lande and Geller, 1991), others indicate that a significant proportion of women still have unmet needs for family planning services despite widespread awareness resulting from mass media-driven family planning programs, suggesting that awareness is not enough in promoting the adoption of family planning methods (Rowley, 1986), and that other considerations such as the gender relations of contraception and fear of side-effects must be addressed.

Furthermore, exposure to mass media across a population is usually not even. As Westoff and Rodriguez (1995) aptly point out, these constraints imply socio-economic connections with exposure to the media and family planning messages. Poor rural communities, characterized by precarious living conditions and limited exposure to the mass media, are therefore poorly served by mass media-driven family planning programs. Besides all these, in most local communities reproductive behaviour is regulated by socio-cultural norms, beliefs and institutions, which often constrain the adoption of family planning services. Thus, changes in some aspects of the social structure is integral to the promotion of family planning and programs must adopt strategies that are responsive to these concerns.

In this paper, we initiate discussion on the potentials "folk media" in promoting family planning services among local populations. Folk media is "any form of endogenous communication system, which by virtue of its origin from, an integration into a specific culture, serves as a channel for messages in a way and manner that requires the utilization of the values, symbols, institutions and ethos of the host culture through its unique qualities and attributes" (Ansu-Kyeremeh, 1998). It includes story-telling, puppetry, proverbs, visual arts, drama, role play, concerts, gong beating, dirges, songs, drumming and dancing, instructions and advice-giving. Ong (1982) argues that folk media have evolved as grassroots expression of the values and life-styles of the people. Their capacity for effecting behaviour change and for encouraging the adoption of innovations, such as contraceptive methods, is partly due to their originality and the people's trust in the sources and bearers of the message.

The use of folk media in the promotion of family planning services is very useful in information dissemination and in motivating people towards the adoption of contraceptive methods. It exploits the institutions and values of the community, building the trust and confidence that the people have in specific sources of information. In this paper, we discuss the use of folk media in family planning promotion with reference to a community-based family planning project where Traditional Birth Attendants (TBAs) are employed as channels for disseminating information and motivating local people to adopt contraceptive methods. This was informed by their roles in maternal and child health matters in the local community, the popularity, patronage and trust they enjoy in the community and the need for channels of communication that use appropriate cultural themes and symbols.

Theoretical Background

The field of development communication has been dominated by behaviour change paradigm. This paradigm posits that traditional practices are constraints to development, and that information is needed to promote behaviour change in order to enhance social development. Modernization theorists, such as McLelland (1961) and Hagen (1962), argue that social structures are shaped by individual personalities, and that traditional personalities are resistant to innovation, anti-modern and anti-development. The solution to this problem is to instill modern values and encourage the adoption of innovations through information and communication technology. In other words, communication and information dissemination could improve literacy and enable people to break free from the constraints of traditional culture.

Further developments, particularly the emergence of the 'diffusion of innovation' theory formulated by Rogers (1962; 1983), led to the view that while the media was of great importance in the creation of awareness, interpersonal communication was the link between media outputs and individual decision to adopt innovations. This development in communication theory drew from Katz and Lazarsfeld's (1955) 'opinion leader theory', which states that information flow from media to the populace is mediated by opinion leaders, who constitute the inter-personal loop in the communication cycle. In contrast to media-centered theories, which suggested a direct relationship between the media and the masses, the opinion leader theory posited that interpersonal relations were crucial in channeling and shaping opinion. Media audiences rely on the opinion of members of their social networks for the reception, validation and acceptance of information, and not solely on the mass media.

This development gave rise to the view that exposure to the mass media and interpersonal communication were both necessary to induce changes in behaviour. The importance of inter-personal networks in the dissemination of innovation was further addressed by the success of extension workers in agricultural development projects (Mornik, 1988). But the importance of interpersonal networks in communication campaigns still remain a marginal consideration in development communication studies. This is particularly true of the health communication field which is still undergirded by an individual-reductionist logic despite the growing recognition of the role of social factors in the promotion and adoption of healthy life-styles.

As a behaviour change strategy, health promotion was developed in the United States. In this approach, health problems are treated as the result of life-styles that are inimical to individual well-being. Health promotion interventions seek to promote changes in harmful behaviour patterns through the dissemination of appropriate information on health and life-style. It focus on changes in individual behaviour and overlooks the institutional and community factors that influences health and well-being. It also ignores the social conditions that encourage the adoption of unhealthy behaviours thereby depoliticizing the question of health behaviour. It is therefore individual-

centered, neglecting the social context within which individual health behaviour takes place. In response to these shortcomings, recent health promotion programs have considered both individual and social factors affecting human health and well-being.

Health education is that aspect of health promotion that is concerned with exposing individuals and groups to learning experiences that facilitate the adoption of healthy behaviours (Glanz, Lewis and Rimer, 1990). It was initially dominated by conventional educational approaches that are based on behaviourist assumptions emphasizing information transmission and acquisition as the key to changes in beliefs, attitudes and practices. Current health education campaigns emphasize environmental factors and adopt different strategies such social marketing, community mobilization and peer education. But there is need to locate the instrumentalities and resources of communication within the community framework in order to ensure that health information takes local symbols and systems of meaning into account. This will facilitate local acceptance, ownership and sustainability of health programs.

Fertility Rate and Family Planning in Nigeria

Nigeria, the famous giant of Africa, is a vast, populous and multi-ethnic country located in the western region of the continent. Sixty four percent of Nigeria's population lives in rural areas, while the balance (36%) lives in urban centers. A land mass of 923, 770 km², and a population of over 140 million people makes Nigeria a territorially expansive country and one of the most populous in the world. Nigeria's population is reportedly one of the fastest growing in the world. The annual rate of population growth in Nigeria is estimated at 2.6%, which means that Nigeria's population has the potential of becoming the fifth largest in the world by 2050 (US Bureau of Census, 2001).

In 1998, the National Population Policy was formulated to guide efforts aimed at stemming population growth and mitigating its negative impacts on national welfare and development. This policy document has as one of its key goals the reduction of high birth rates through voluntary fertility regulation methods. Modern fertility regulations or birth control methods have helped women around the world to avoid over 400 million unwanted pregnancies, saving their lives from high risk pregnancies and unsafe abortions (Weeks, 1999). They are part of internationally promoted family planning programmes, which involves the provision of birth prevention information and services to women of reproductive age. Contraceptives use by Nigerian women rose from 1 percent in 1981 to 11 percent in 1994, and declined to 7 percent in 1995 (FOS, 1997). A 1998 demographic and health survey report documents a 5 percent rate use of contraceptives among Nigerian women.

Many factors are responsible for the low use of contraceptive methods in Nigeria. These include difficulties in obtaining contraceptives and shortage of trained service providers. Others are cost, disapproval of spouse, as well as religious and cultural beliefs related to reproduction. In rural Nigeria, the ideal family size ranges from seven to nine children, with boys in the majority. Women are often pressurized by the family to bear many children. This pressure is further intensified by the high level of infant and child mortality in rural areas. Ignorance of modern contraceptives, which is due largely to the low literacy level of most rural women, also has adverse effects on the use of contraceptives. Unaware of the types, procedures and benefits of using modern contraceptive methods, most women avoid it for fear of perceived negative outcomes.

Fear of negative consequences of contraceptive use ranks highest among the factors restricting its adoption by rural women in Nigeria (Nwachukwu & Obasi, 2008). These fears arise from "unfounded rumours relating to the methods than from (women's) actual experiences with it" (Ibid). However, it appears that the most formidable obstacle to the adoption of contraceptive methods by women is ignorance due to lack of accurate and comprehensive information on the types of methods available, benefits and effects, cost

and service location. Data from National Demographic and Health Surveys, conducted between 1990 and 1999, consistently show that majority of rural women lack adequate knowledge of modern contraceptives and cannot judge between the appropriateness or otherwise of contraceptive methods (NPC, 2000).

Since the 1980s, the government and Non-Governmental Organizations (NGOs), especially those working in local communities, have mounted programmes seeking to increase knowledge of family planning among rural women. These programmes often utilize television, radio and the print media (including posters, brochures and leaflets) to transmit the message. But these communication channels are only effective in reaching the educated class, who have access to these facilities and can understand messages presented in English Language. Poor, illiterate women who do not have television and radio sets or understand its messages, have not been well served by these means (Pairs, 2001). Yet the burden of unmet need for contraceptive services is highest among these group of women (Westoff & Bankole, 1995), making them the actual target of family planning communication. In what follows, we discuss family planning promotion in a local community, beginning with a description of the community context.

Children and Culture in the Local Community

The people of Nsit Ibom belong to the eastern Ibibio sub-group. They are mostly traders and subsistent farmers, who cultivate different types of food crops such as cassava, yam, plantain, maize and cocoa yam. Kinship is based on patri-lineages, where descent is traced from the male line to a known ancestor. As in other patri-lineal societies of Africa, the father is primarily a disciplinarian and the culturally acknowledged head of the household or nuclear family (Charles, 2005). Social organization is based on the principle of segmentary lineage system, where there is no hierarchical or centralized socio-political structure. Membership in a descent group is the only basis of social rights, including rights to succession, property inheritance and residence.

Lineage groups are segmented into minimal lineage (*idip ete*) (either monogamous or polygamous), minor lineage (*ufok*) and maximal lineage (*ekpuk*). The minimal lineage, which is the nuclear family type, consists of a man, his wife and children. Local proverbs and idioms attribute progeny to the man, to the effect that children come from the loins of the father. The minor lineage or 'ufok' consist of an aggregation of a number of inter-related minimal lineages. The 'ekpuk' is an aggregation of all the minimal lineages in the community with a common ancestry. The survival of the lineage group and the larger community depends on the procreative capacity of its members.

Children are accorded a pride of place in the social structure. This is evident in the status they occupy within the lineage structure. In the lineage group, children possess the rights of succession and inheritance of property from their parents. In this case biological descent, rather than age criterion, becomes the basis for the definition of the child. Furthermore, *Abasi Eyeyen*, the local deity responsible for the protection of the children of the lineage daughters born into other lineages (Udo, 1982), is accorded significant recognition within the pantheon. Children, the product of legitimate marital union between a man and a woman, are acknowledged throughout the communities as guarantors of the stability and continuity of the lineage group. This is why married couples are expected to perpetuate the lineage group through procreation. For example, a man who has just taken a wife is told: *kuyak ufok uso utire ke idem* ('don't allow your father's lineage to end with you').

In the past, children grew up within the collectivist structure of the lineage-based family and the age-grade system, where rights were accorded based on membership in the lineage and on one's status within the age-grade system. In the family, whose composition we have already described, everyone had the right and the obligation to educate the younger members. A child's progress was monitored by all family members.

According to their position in the age hierarchy, each person put his or her experience and ability at the service of the growing child. The 'sons' and 'daughters' of the extended family constituted a system of age classes inside this unit and were given, both individually and collectively, on various occasions and under different circumstances, the knowledge and skills needed to get along in life.

Children are regarded as gifts from God. They are the pride of their parents and a source of status and respect in the community. It is common to hear the people say that *eyen ado idorenyin ini iso* ('children are the hope of tomorrow'). Such local expressions capture the futuristic value of children in the local culture. Children are expected to care for their parents in the latter's old age. This expectation is expressed in the saying, *ayin odo okot udubok*, ('when a child grows up, he/she will take care of you (parent)'). But children were also esteemed for their importance in the present. They were regarded as social security and economic assets because they provide labour for agricultural and domestic work.

In a study of child rearing practices among the Ibibio, Uyoata (2006) points out that Ibibio people project themselves into the future through their children. They regard their children as those who will perpetuate their name after they have passed on. This is why childless couples are often chided for allowing their fathers name to fade into oblivion after their lifetime. Children are said to be incarnates of their forbears or ancestors. This belief is reflected in some of the names parents give to their children, such as *eka-ette* (grand-mother) and *ette-ette* (grand-father), which invokes cherished memories of loving relations and affirm the belief in reincarnation, which is part of the religious and cosmological worldview of the people.

In the past, having many children was largely normative among the Ibibio, due partly to high level of infant and child mortality. In such a situation, people preferred to have many children so that even if many of them die, there will still be enough of them to perpetuate the lineage group and provide labour for agricultural production. Although contemporary socio-economic conditions have made large families economically unviable, and current efforts to control fertility through modern contraceptives have led to decline in the number of children, the people still pride themselves in having many children. The success of a marriage is judged by the number of children produced by the union and marriages have been dissolved on account of childlessness. Social pressures on men to take another wife often increases where the present wife is barren.

Among the Ibibio, barren women (*ada*) are treated with contempt. They are liable to divorce or eviction by in-laws when the husband dies. Barrenness is often attributed to witchcraft (*ifot*), curse (*isuno*), adultery and/or pre-marital promiscuity (*efibe*) on the part of the woman. Rarely are men culpable in the failure of a marital union to produce children. In the past, barrenness was said to be reversible by local herbalists and spiritualists, who used medications concocted with herbs and roots to 'cleanse' a woman's womb. Today, many barren women go to prayer houses and spiritual healing homes seeking prayers and revelations that will reverse their condition. Prophets and spiritualists who claim to have power to deal with infertility are very popular throughout Ibibio land.

The cultural value on children and procreation is a formidable barrier to the adoption of contraceptive methods in this community. Men openly resist family planning. They regard it as a western ideology that contradicts local cultural beliefs, and is imposed on them by government to prevent them from having many children. Women share these beliefs, and therefore refuse to adopt contraceptive methods. Those who use contraception were afraid that their secret use will be discovered by their spouses in due course and that this may lead to divorce. Promoting contraceptive methods in this context required a communication strategy that is responsive to these socio-cultural beliefs and practices which militate against family planning.

Family Planning Promotion: An Example

Family planning programmes are designed to reduce natural population increase. They involve the adoption of modern contraceptive methods to prevent unwanted pregnancy. This enable married couples to decide when to have a child and how many children to have ultimately. Family planning is an important part of the national population policy of Nigeria, and its promotion is informed by the need to arrest the growth of the population, which is currently estimated at 2.9 percent (NPC, 2008). The policy targets an 80 percent increase in the utilization of voluntary fertility regulation methods by Nigerian women. To meet this target, there is need to provide the people with accurate and adequate information on the types of contraceptive services available, costs and benefits of contraceptive methods and where to access such services (Ayangade, 1990). Such information will enable couples to make informed decisions about the number of children they desire to have and the age gap to allow between their children.

Currently, the mass media (television, radio, posters and handbills) are the major means of disseminating information on family planning services in Nigeria. As demonstrated in the previous section, media-centered health communication programmes may not deliver expected impacts in terms of increasing the rate of adoption of family planning services in local communities. Apart from such problems as low literacy level, particularly in rural communities, and limited access to television and radio sets, and other media of mass communication, most media-driven family planning awareness programmes reflect the values of the middle class professionals who create them. They rarely consider the concerns of the local people who are the potential beneficiaries of the programs. These and other factors have kept many local women from adopting family planning services. Little wonder that less than 30 percent of women in rural Nigeria currently use modern contraceptives (NPC, 2008).

TBAs as Folk Media System

Between 2006 and 2008, the corresponding author consulted for a local NGO on a family planning project in Nsit Ibom Local Government Area, Akwa Ibom State. The project engaged TBAs as folk media system for the dissemination of information on contraceptive methods. TBAs assist pregnant women in child delivery and provide other maternal health services. Most TBAs acquire midwifery skills through apprenticeship with a more experienced TBAs. The majority of TBAs are illiterate women. Majority of them are traders and subsistence farmers. According to Adesina (1993) manage pregnancy and child birth by massaging the abdomen, washing the womb or vulva before delivery and using herbal preparations, which contain muscle relaxant properties, to ease difficult labour and facilitate safe delivery. They are also adept in obstetric and pediatric care, in diagnosing and confirming pregnancy and in ascertaining the position of the growing fetus.

TBAs play an important role in the dissemination of information on family planning services and in promoting its adoption among local populations (Etukudo, 1999). They live in the same communities with the people, enjoy considerable trust and they play important roles in community health matters. They educated local women on the need to space their children, the benefits of child spacing, types of methods they could use, costs and location of services. Using TBAs to communicate family planning messages and to motivate people to adopt contraceptive methods significantly increased the number of women using family planning services in the local communities during the period of the programme. This is supported by data from evaluation surveys conducted at the end of the project in three purposively selected communities where the project was implemented (see Table 1).

Table 1: Increase in utilization of contraceptive methods (n= 120 per community)

Communiti es	Month before project		Month after project	
	#	%*	#	%*
Afaha Offiong	24	28.8	67	80.4
Mbiokporo	18	21.6	83	99.6
Ikot Nya	36	43.2	71	85.2

Source: Evaluation Survey, 2009

The use of TBAs as folk media in promoting family planning services greatly enhanced the success and sustainability of the programmes referred to above. It built on inter-personal channels of communication, which have been shown to be effective in information dissemination and motivation towards behaviour change. Since the messages were delivered through trusted channels and in ways that demonstrated respect for local cultural beliefs, values and authority structures, they were widely accepted and this is evident in increase in the number of women adopting contraceptive methods in the communities. It also helped in overcoming the major problems affecting family planning programmes in local communities such as:

Traditional Beliefs and Values

Studies (Pittin, 1983; Caldwell and Caldwell, 1981) show that socio-cultural factors prevent women from adopting contraceptive methods. These factors include preference for large number of children, fears over women's reproductive autonomy and poor communication between women and their husbands on family size aspirations and child spacing. Indeed, many rural women hold very negative views regarding contraception. This is often the case where the woman has no alternative vocation or source of worth available to her or when she sees her children as a source of labour and social and economic security. This is often the case where women lack access to land and other economic resources. Odutan (1976) argued that Nigerian women are socialized to be deeply interested in their homes and their reproductive achievements and to regard procreation as the chief goal of marriage, and they view contraception as a threat to their status and social security.

Family planning programmes must adopt strategies that can address these barriers to guarantee success. Using folk channels of communication such as TBAs to disseminate information on child spacing and family planning is one of such strategies. Since they are trusted by the local people, TBAs can persuade local women to embrace family planning by adopting appropriate contraceptive methods. Their effectiveness in getting local women, and their spouses, to adopt family planning is enhanced by their roles as advisers on family matters and adjudicators in disputes between couples. Family planning communication by TBAs therefore forms part of their community roles. TBAs advise women on child spacing, follow up to ensure that they make the decision to adopt contraceptive methods, and provide needed support to enable them access these services. The ambience of trust, persuasion and support provides the needed impetus for the adoption of family planning services by local women.

Gender Issues in Contraceptive Use

The introduction of family planning in traditional African societies generated widespread fears characterized by extreme forms of gender inequality. In some Sub-Sahara Africa societies, husbands prefer larger families as opposed to their wives preference for smaller ones (Bankole and Singh, 1998). These differential in preferences often generate

conflicting feelings about family planning. Most women are afraid to ask their husband for permission to use a contraceptive method. If they adopt family planning without their husband's consent, they worry about being discovered (Biddlecom and Fapohunda, 1998). Among the Yoruba people of southwestern Nigeria, women fear that they may be forced to leave their matrimonial home if they are caught using a contraceptive method (Renne, 1993). Some worry that a contraceptive's side effects will expose their secret use to their husbands (Rutenberg and Watkins, 1997). Similarly, disagreement between husbands and wives over family planning carries a high social cost, including violence, divorce, or the husband "bringing in" another wife (Blanc, Brent and Anastasia, 1996).

In the communities where the aforementioned project was implemented, there were seldom any communication between spouses over family planning prior to the project. Men openly resisted women's use of contraceptive methods, expressing fears that it will encourage them to indulge in extra-marital sex. The use of contraceptive methods was seen as a threat to men's control over women and reproduction. It also aroused fears that women may become independent and eventually exercise other rights such as participation in household decision making. TBAs allayed these fears by involving men in family planning decision making. They met with the women and their husbands to give advice on child spacing and family planning, and worked with them to reach decisions favourable to the adoption of contraceptive methods.

Involving men in decision making on family planning demonstrated respect for their status as household heads. It also allayed their fears regarding women's autonomy and tendency towards infidelity since the decision to adopt contraceptive methods were not initiated by their wives, but by a trusted 'outsider' (TBAs). In this way, folk communication pivoted by TBAs produced changes in men's attitude to contraception and promoted family planning in a manner that did not infringe on local cultural values and household decision making structures. It did not eliminate male resistance to family planning altogether. But it succeeded in reaching a good number of men with critical family planning information and provided a basis for making informed decision regarding family size and child spacing.

Husband's Approval for Contraceptive Use

In the history of family planning services in Nigeria, there has been a perennial problem of obtaining husband's consent before women are allowed to utilize services. Women who visit family planning clinics are usually given consent forms to be completed and signed by their husband's, and returned before they are served. This requirement has prevented many women from using family planning services, because men rarely give their consent to the use of family planning by their wives for afore mentioned reasons. Furthermore, most women do not discuss family planning issues with their husbands for fear of negative reactions. This has encouraged many women to use family planning services without their husbands' knowledge (what Pittin (1992) described as the 'husband's problem'). TBAs addressed this problem by dealing with spouses, rather than with women alone. Women who used family planning services did so with the full consent of their husbands, who were part of the decision making process.

Conclusion

Family planning programmes have historically suffered from poor communication strategies for reaching local populations with information and promoting the adoption of contraceptive methods. Traditional clinic-based and media-driven approaches do not address such socio-cultural barriers as absence of communication on family size between husbands and their wives, male resistance to family planning, and preference for many children. In this paper, we've discussed the relevance of folk media systems in communicating family planning messages and promoting contraceptive use in local

communities. Drawing lessons from a community-based family planning project carried out in Nsit Ibom LGA, we demonstrated that using TBAs as folk media system can be effective in promoting family planning services among local populations in a culturally-sensitive manner that guarantees local acceptability and sustainability. This strategy enable interventions to circumvent socio-cultural barriers by involving men in decision making and encouraging spouses to plan their families through persuasive communication within an ambience of trust. To guarantee success, family planning programmes needs to utilize community-based media, including inter-personal channels that use cultural themes and symbols, to deliver family planning messages, motivate their audience and facilitate changes in cultural attitudes towards family planning.

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