

**NURSING RESEARCH:
EVOLUTION AND PROCESS**

Proceedings of the

**INTERNATIONAL CONFERENCE ON NURSING
RESEARCH**

(FOR THE AFRICAN REGION)

ORGANISED BY

DEPT. OF NURSING UNIVERSITY OF IBADAN

IN COLLABORATION WITH

NATIONAL ASSOCIATION OF NIGERIAN
NURSES & MIDWIVES

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NURSING RESEARCH:

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JULY 20 – 24 1992

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	i	<u>PAGE</u>
Table of Contents		i
Preface		iii
Organizing Committee		iv
<u>SECTION A</u>		
Welcome Address by Professor O. Akinyele Deputy vice-Chancellor, University of Ibadan		1
Opening Address by Mr. J. Bankole, Commissioner for Health, Oyo State, Ibadan, Nigeria ..		4
✓ Evolution of Nursing Research and the Global Trends by Dr. (Mrs.) R. A. Olade ..		8
<u>SECTION B</u>		
<u>Evolution of Research and the Trends in other Professions</u>		
The Development of Educational Research: Problems and Trends by Professor J. T. Okedara ..		26
The Development of Research in the Basic Sciences: Its Implication for the Health Professions by Dr. Modupe O. Oresgun,		41
The Evolution of Epidemiological Research by Dr. W. C. Asuzu		49
<u>SECTION C</u>		
<u>The Research Process</u>		
Role of Nursing Research and Overview of Process by Dr. (Mrs.) A. O. Okunade		61
Identifying Problems and Planning for Nursing Research by Mrs. A. B. Ofi		85
Designing the Nursing Research by Mr. E. O. Oladele		101
Communicating Nursing Research by Mrs. P.O. Bakare		114
✓ Critiquing and Facilitating the Utilization of Nursing Research by Dr. (Mrs.) R. A. Olade ..		137
Evolution of Research in the Social Sciences by Mr. Dele J. Jegede		150

<u>SECTION D</u>	<u>PAGE</u>
<u>Presentation of Research Studies</u>	
The Clinical Performance of Nigerian Nursing Student: The Challenge to Nurse Education by Dr. C. G. Ugochukwu	166
Knowledge and Attitude of Educated Young Adults towards Sickle Cell Disease by Miss C. C. Muonagor	181
Attitudes of Selected Professionals towards the Placement of Nursing Education in Tertiary Institutions by Mrs. Eyo E. Ekpenyong ..	191
Knowledge, Attitudes and Practices of Doctors and Nurses in Government Family Planning Centers towards Natural Family Planning by Mrs. C. C. Asuzu ..	207
Clients' Perception of Health Workers Attitudes as it affects Utilization of Modern Health Workers by Mrs. B. M. Ohaeri	227
 <u>SECTION E</u>	
Communique	249
List of Presenters	252
List of Participants	253

TITLE: KNOWLEDGE, ATTITUDES AND PRACTICES OF DOCTORS AND NURSES
IN GOVERNMENT FAMILY PLANNING SERVICE CENTRES TOWARDS
NATURAL FAMILY PLANNING

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Abstract

This study was carried out in seven family planning clinics in Ibadan metropolis to explore the knowledge, attitude and paractices of doctors and nurses towards natural family planning.(N.F.P.)

A 23 item questionnaire was pretested for content validity and reability. The questionnaire was then administered to the total population of service givers (61) in the centres, out of which (50) subjects responded. Major findings were that doctors and nurses were not adequately knowledgeable about family planning. None of the respondents have ever given any N.F.P. services but would 38 of them ~~will~~ like to give such services if given the opportunity. Twelve of the respondents have complete negative attitudes towards Natural family planning.

In view of these findings, it is proposed that the various schools should improve their curricula in N.F.P. so ^{that} their graduands will be adequately equipped with the knowledge of N.F.P.

Nurses and doctors already giving services ⁱⁿ family planning clinics should do an ⁱⁿ⁻ service education in N.F.P. inorder to make their knowledge of family planning complete.

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An Abstract of a paper presented at the international conference on Nursing Research, at the Department of Nursing, College of Medicine, University of Ibadan, Nigeria. 20th - 24th July 1992.

KNOWLEDGE, ATTITUDES AND PRACTICES OF
DOCTORS AND NURSES IN GOVERNMENT FAMILY
PLANNING SERVICE CENTRES TOWARDS NATURAL
FAMILY PLANNING.

INTRODUCTION

Family planning is known world wide and spoken much about in our contemporary times. Family planning as a reproductive or procreation, culture for the health and welfare of the family has been practiced by all human societies for all times (Kippely, 1985). Family planning was defined as a way of thinking and living that is adapted voluntarily upon the basis of knowledge, attitudes and responsible decision making by individuals and couples in order to promote the health and welfare of their family (CliveWood 1973) and was reported by Amkpoto, (1985). A careful evaluation of this definition shows that family planning is basically a culture. It has a lot to do with the knowledge that the health workers give to the people. The primary objective of family planning is the promotion of health and welfare of the family however, there are specific family health uses which have been variously articulated. In Nigeria the National health policy of 1986 identified four objectives of family planning one of which is proper spacing of pregnancy and birth children to ensure their survival and wellbeing, such birth spacing practices had been so well developed within our own Nigerian cultures that until about 1950, it was difficult to see any babies spaced less than two years apart.

There are two basic approaches to family planning on the global scene. These two approaches are Artificial family planning or contraceptive and the Natural Family Planning or prelife approach. There are different methods within these approaches. In Artificial family planning, there are barrier methods, intra-uterine and the hormones etc. while within the Natural family planning approach, there are the Rhythm, the strict temperature method, the Billings and the Symtho-thermal methods. Both approaches, even though sharing the same general objectives of the promotion of Health and welfare of health and welfare of the family level, they differ greatly in the fundamental attitudes and also differ in the emphasis they give to the specific health objectives of the family. Some people may prefer one approach over the other because of their beliefs and values and or of the advantages of one approach over the other. Jick and associates (1981) stated there is a growing population who prefer NFP because of hazards of Artificial family planning. As Nurses and doctors should have positive attitude towards Natural Family planning in order to meet the need of this growing population of individuals and couples.

Literature Review

Natural Family Planning is prolife and non contraceptives. It is explicit and specifies itself in regard of its nature, important value bases and attitudes as well as its individual methodologies as stated by various authors such as John and ^(Sheila) Kippley (1980), Nafziger (1988), Nona Aguilar, (1989) and Hunger R & Fuller R. (1991).

Natural Family Planning is also explicit about its mechanism for bringing about the birth spacing limitation, conception prevention and birth achievement ends. Artificial family planning is quite different from Natural family planning although they could both be used to achieve the same health service objectives such as birth spacing and limitations.

Some of the specific value and attitudinal differences between Natural family planning and contraception as discernable from authors such as Billings, (1981) and Kippley 1989 are as follow. Natural family planning promotes both concetion and non conceptions as the individual couples may freely desire in the pursuit of their family's health and wellbeing objectives in contract contraception or artificial family planning as its name clearly says promotes only avoidance or complete prevention of conception. Natural Family Planning promotes a wholesome and posture attitude to conception and humanlife in general even when conception is being postponed through its use or avoided. This is the reason why is called prolife while ,ontracception treats conception as unwanted. Furthermore Nektural Family Planning promotes an over all healthy and positure attitude to human births and population as basic group asset that are to be properly managed, promoted and planned and not to be unduly minimised while on the other hand Artificial Family Planning programmes have contra attitude to human birth and population and ofte sees them as things to be drastically controlled by coercing the desired behavior through the power of state. Manipulating the incentives and discentives to achieve the desired regulation are often use in this regard (Berelson, 1974). Olukoya and John (1989) found out in their study that the actual method ever used by people to pursue their need for family planning was abstinence. Globally speaking, the philipines is the country that has the highest Natural Family Planning prevalence among the world population and it was seconded by PERU. The population in this countries preferred it because of medical safety, absence of side-effects its effectiveness and the support from their husbands although they identified abstinence as a difficulty (Laing, 1987). Srilanka has achieved the lowest fertility rate of 26% per 1000 live births with the use of natural family planning programmes as reported by (Cardiwal et al, 1987).

Natural Family Planning may be defined as the approach to family planning that is based on knowledge of the signs and symptoms of fertility and infertility inherent in the human body and attitude of openness and constant positivity to human life, conception family life, chastity, marital faithfulness as well as to human population and responsible decision making by married couples in regard to sexual intercourse in order to promote the health and wellbeing of their family group.

In practice Natural Family Planning involves the learning and keeping of the chart of fertility and infertility in the woman since the adult man is technically fertile all the time after puberty. This chart is the basis for determining and executing their family's plan in regard of childbirth. There are upto date four methods of Natural Family Planning and one subsidiary method as contrasted with a crude and total abstinence. The four methods are according to their historical developments and scientific content are: The Rhythm method, the strict temperature method, the Billings and the syntho-thermal. The last two methods are the contemporary methods of Natural Family Planning.

Ecological breast feeding is a subsidiary method of Natural Family Planning. It differs from mere traditional breast feeding in that it attempts to do everything that the former did, irrespective of the changed present day circumstances of nursing mothers whose occupation may not allow her a traditional breast feeding as ordinarily practiced. Practices such as expressed breast milk are done for feeding the babies at such times when mother and baby could not be together. Ecological breast feeding is backed up by Natural Family Planning monitoring and charting so as to confirm that it is producing its concomitant infertility status. This allows coitus to take place between couples at the time. When breast feeding no longer maintaining infertile status they can fall back to any of the full Natural Family Planning methods.

The Rhythm Method: was the earliest method of Natural Family Planning to which two physicians Knaus in Austria and Ogino in Japan made initial great

contributions in the 1920's. In this method following the past six to twelve menstrual period. The fertile period of the couple for the succeeding cycles are calculated as the days between the shortest cycle minus 21 days to the longest cycle minus 10 days. This method is very obsolete now although it is very popular in philipines and PERU.

Strict temperature Method: which relied on only measuring of early morning waking temperature of the woman. Hill, Brand was the first to use basal body temperature as an indicator of fertility in 1934. This method is based on recognition of the physiological "thermal shift." This is the temperature that follows ovulation from the evening of the third day of a full temperature shift the lady becomes infertile absolutely until the next menstrual period. This method has a prolonged period of abstinence for birthspacing and may be more difficult to be used by an average couple.

Billings Method: This method was previously called ovulation method. It was developed in Australia by Doctor J. Billings. It relies solely on cervical mucus produced by the cervix under the influence of various menstrual hormones as monitored subconsciously at the vulva only, as the women walks about during the day. This mucus is also examined for at each urination. By so doing a woman is able to identify fertility and infertility periods.

The Sympho-thermal Method: was first developed and taught by Gillies and Breault. It involves the use of all the signs and symptoms of fertility, the checking of temperature signs and the observation of cervical mucus. It also involves a physical examination of cervix itself and monitoring of menstrual molimina. Symphothermal method is the most sophisticated method of Natural Family Planning with best success either way.

The emphasis of Natural Family Planning in the success evaluation of the individual methods is based on their method-related successes, that is the success or failures achievable with the methods when they are used as has been scientifically ascertained. The method effectiveness of the two modern methods is Natural Family Planning ranges between 97-100% and 99-100% for Billings and Sympho-thermal methods respectively.

In Nigeria, there is only one study about the knowledge, attitude and practice of doctors and nurses towards Natural Family Planning. This was conducted by a private medical practitioner in Ondo State. It revealed that 4(10%) out of 38 such medical practitioner interviewed knew anything worthwhile about Natural Family Planning. None of them was giving services in Natural Family Planning. Ajibade, (1990) in his study found out there was a great preference of natural family planning methods to contraceptives by morocommunity in Kwara State.

In this study it was therefore decided to evaluate the knowledge level, the attitude as well as the services given by doctors and nurses in government family planning institutions in Ibadan metropolis in relation to Natural Family Planning.

CONCEPTUAL FRAME WORK

This study is based on value system model by Rokeah (1973) and on Kings Interpersonal Model.

Rokeah, (1973) states that value is an enriching belief that specific mode of conduct or end state of existence is personally or socially preferable to an opposite or converse mode of conduct or end state of existence. Hence values are standards that guide on going activities and value systems are also used in setting conflicts and making decision. Values lies at the heart of the universe of human behavior. Value system means collection of things that are desirable and which influence the life and health of individuals. Deciding on the approach of family planning to use depends on so much on ones value and belief in life as value is very vital in decision making. If individual couples and society value Natural Family Planning as their approach of choice for Family Planning they will use it no matter its short coming. The values motivates them to use it properly.

Kings interpersonal model Kings (1971) states that man is a social system through interpersonal relationships in terms of perception which influences his life and health. Perception is a way in which an individual interpretes reality and the five senses are applied in doing that, Interpersonal relationship are developed during interactions and it involves communication based on perception, judgement, action reaction, transaction feedback.

Natural Family Planning involves, interactions, communication at the family level for one to achieve better result which will affect their health status. If husband and wife do not interact well, maintain openness and respect for each other their Family Planning method will not work for them. Furthermore the perception of individuals, families and community of health care givers and interactions between them either discourage or encourages the use of any approach of family planning.

Purpose of the Study

The objective of this study is to describe the level of knowledge, Attitude and practice of doctors and Nurses in the area of Natural Family Planning with the ultimate aim of providing appropriate recommendations to the family planners which will help them to improve in the type of services that they provided.

Significance of the study

This study is important at this time because there seems to be more focus on the artificial family planning while Natural Family Planning is relegated to the background. It will be appropriate therefore to know the level of their knowledge and their views about natural family planning.

Research Questions

1. Do service givers in government hospital have adequate knowledge about Natural Family Planning?
2. What are the attitudes of nurses and doctors towards Natural Family Planning?
3. Do the government Family Planning givers believe that their attitude of service in Family Planning influence the attitude of their clients?
4. Are there any difference in the Knowledge Attitude and Practice of nurses and doctors to some of the important issues in this study?
5. Do they mix up the two approaches of Family Planning?

RESEARCH DESIGN

The study is a descriptive one involving all the government Family Planning centres in Ibadan metropolis. A 50% sample or 7 of the 14 centres was selected by simple random sampling as the sample turned out, it included centres owned by all the threatiers of government, Federal, State and Local governments centres. All the doctors and nurses in these seven centres were studied due to the limited number of the candidates.

The study instrument was self administered anonymous questionnaire which was developed and pretested among some doctors and nurses in the University College Hospital who were not going to be used for the study. The questionnaire was slightly modified from the findings of the pretest. Thereby ensuring its validity and reliability.

In administering the questionnaire in each of the centres studied, the head of the unit was met and the purpose and nature of the study was explained to her and any other staff present at the time.

The number of questionnaires for all the ^{staff employed} as service givers in the centre was left for them to fill at their earliest conviniences.

In some centres up to four visits were made before a reasonable number of the questionnaires were recovered.

DATA ANALYSIS

Of the 61 questionnaire distributed, only 50 could be recovered for this analysis that is 82% response rate. The ages of the respondents ranged from 25 to 55 years and the highest age frequency among the workers was between the ages of 30 and 34 years. Forty four (44) of them had been married while six were never before. All the service givers were christians except one of the nurses who was a muslim.

Table 2 shows the responses of the respondents regarding the objectives and principles that had variously been indicated to be involved in family planning in their own opinions Birth spacing was the most important objective of family planning to the subjects as shown by this table. However all the objectives were highly favoured by the respondents.

Table 3 shows the results of the correspondents in relation to many of the KAP items in family planning. As many as 9 respondents (18%) believe that family planning is a new concept in human life and that people never planned their families in the past: obviously these are people who identified Family Planning with contraception only since this is the only thing new about Family Planning.

In item 2 of table 7 35 (70%) of the people claim to have been trained in Natural Family Planning, further question showed that they were trained by the same organisation that trained them for Artificial Family Planning. As has been well documented, promoters of Artificial Family Planning do not usually know much about Natural Family Planning and each time they are compelled to talk about it, they usually do so only to discredit it (Kippley 1986, Espinosa, 1980). None of these centres displayed any Natural Family Planning posters or books as would be the case with Natural Family Planning giving service centres inspite of the ^{fact} that their services are mainly in contraception, as many as 23 (46%) of the workers report that

they see. Clients request for Natural Family Planning. Although 20 (40%) of the subjects claimed to give services in Natural Family Planning, only 12 (24%) of them could list the individual methods of Natural Family Planning only two could list the individual methods accurately namely the Rhythm, strict temperature method Billings method and the symphothermal methods in their ascending order of development and scientific superiority and validation. Those in Table 4 twelve of the respondents indicated that they will definitely not give services in Natural Family Planning. All the 12 gave reasons why they did not want to give services, such a reason as "it does not work"

Table 5 shows the opinion of the respondents as to the perceived influence of their own attitude on the attitudinal responses of their Family Planning clients, the type of service that they are likely or will be able to give as well as the success which they be able to achieve in giving such services. Quite a sizeable number of the respondents over 20% on each item do appreciate the impact of their attitudes as service providers on these three aspects of family planning service.

Table 6 express some of the defferences in the doctors and nurses attitudes while 5 of the 13 doctors behave that abortion is part of family planning only 3 (8%) of the nurses believe it so with the ($P = 0.05$; $x^2 = 26.5946$). This difference is statistically significant. On the other hand while 12 (92%) of the doctors will like to give services in Natural Family Planning, only 27 (73%) of the nurses would want to do so.

Tables

Table I. Distribution of the respondents according to their expectation of family planning

Objectives	Applies	Doesn't Apply	Don't Know
Family Health and Welfare	47(94%)	1(2%)	2(4%)
Informed consent and personal freedom	46(92%)	1(2%)	3(6%)
Assistance to have children	45(90%)	2(4%)	3(6%)
Spacing of Birth of children	49(98%)	1(2%)	0
Postponement or Avoidance of pregnancy	48(96%)	2(4%)	0
Limiting Family Size as determined by family	48(96%)	2(4%)	

Table 2: Responses of the subjects in relation to knowledge, Attitude and Practice regarding Family Planning.

K/P ITEM	YES		NO		DON'T KNOW	
	No	%	No	%	No	%
1. Family Planning is a new concept	9	18%	40	80%	1	2%
2. Had training in NFP	35	70%	15	30%	0	
3. Trained by an NFP Organisation	1	2%	49	98%	0	
4. Knows of clients request of NFP.	20	40%	27	54%	3	6%
5. Family Planning is synonymous with contraception	25	50%	23	46%	0	
6. Abortion is included in F.P.	8	16%	35	70%	7	14%
7. Knows of couples using N.F.P.	23	46%	27	54%	0	
8a. Can list N.F.P. methods fairly correctly	12	24%	30	60%	0	
b. Can list N.F.P. methods accurately	2	4%				
9. Gives services in N.F.P.	20	40%	30	60%	0	
10. Believes NFP and AFP should serve the same purposes	33	66%	7	14%	10	20%
11. Will like to give services in NFP.	38	70%	12	24%	0	
11b. Will not like to give services in NFP	12					
12. Professional School Curriculum for NFP training is adequate	22	44%	18	36%	5	10%

Table 3: Reason for not wanting to give services in NFP.

Reasons	No	%
1. NFP does not work	2	4%
2. Demands too much discipline people	11	22%
3. Consumes too much time of the service giver	2	4%
4. It is religion and does not buy its values	1	2%

Table 4: Opinions of the respondents as to the influence of their own attitudes on those of the clients, the services they give and the success of the services.

Opinion	Yes	No	Don't Know
Service givers attitudes			
1. Influence clients attitude	40(80%)	6(12%)	4 (8%)
2. Influence the services they give	35(70%)	7(4%)	8 (16%)
3. Influence success of whatever services they give.	40(80%)	4(8%)	6 (12%)

Table 5: Comparison of doctors and Nurses attitude to two vital items of this study.

ITEM	YES		NO		DON'T KNOW	
	DOCTORS	NURSES	DOCTORS	NURSES	DR.	NURSES
1. Abortion is part of F.P.	5(38%)	3(8%)	8(62%)	26(70%)	0	8(22%)
2. Will like to give NFP services	12(92%)	27(73%)	1(8%)	10(27%)	0	0

No of doctors - 13

No of Nurses - 37

DISCUSSION

This discussion will be presented according to major research questions.

Do service givers in government hospital have adequate knowledge about Natural Family Planning?

One of the findings of this study is the lack of knowledge of doctors and nurses about Natural Family Planning. This was made evident in their responses to some of the Knowledge Attitude and Practice items on Table 2.

About 18% of the respondents thought that Family is a new concept in human culture and of course family planning is not a new concept in family life, it has been on for a long time. People practiced family planning even in the olden days, the difference is that their methods may be crude Family Planning in the olden days in this Nigerian Culture was dominantly prelife. Introduction of contraception into it has been in the recent past. This is in agreement with value system by Rekeach, (1973) when he stated that values are standards that guide on going activities and that value is at the heart of human behaviour. Riches, (1990) as well as Kippley (1985) have clearly stated that Family Planning has been a human culture of antiquity.

Further more, the respondents could not list reasonably the methods of Natural Family Planning, only 24% of these service givers can list in any reasonable manner. the different methods of Natural Family Planning and even within the 24% their listing were incomplete or with reasonable defects. In actual fact only two respondents gave accurate listing of Natural Family Planning.

Another point to further illustrate their lack of knowledge is in their believe that Natural Family Planning and artificial family planning should serve or serve the same purpose. This was shown in (Table 2 item 10) where 66% of them said that both Natural Family Planning and Artificial

Family Planning serve the same purpose natural family planning and Artificial Family Planning do not serve the same purpose, there are some attitudinal and value differences in the both approaches.

Based on the prevailing level of ignorance about authentic Natural Family Planning, as many as 44% of the respondents (in table 2 item 12) think that their various professional schools curricula in Natural Family Planning is inadequate. The main reason of the inadequate training may be that the organization proting Natural Family Planning in this country is culturally opposed to prelife culture as well as Natural Family Planning. Espinosa (1980), Billings (1981), Golden (1981).

Do the government family planning service givers believe that their attitude influence the attitude of the charity?

The service givers believe that their attitude influence the attitude of the people, the services giver and the success of their services. Over 70% of the respondents appreciated the impact of their attitudes as service providers on these aspects of family planning see Table 4. As such if a doctor or a nurse has a negative or positive attitude towards Natural Family Planning, it will definitely affect the attitude of the users of Natural Family Planning. This is also in agreement with Kings (1971) interpersonal model in which he states that man is a social system through interperonal relationships in terms of perception which influences his life and health. In other wards, the perception of family planners towards Natural Family Planning affects the utilization positively or Negatively as the case may be.

Twelve of the respondents have completely negative attitude towards Natural Family Planning and they will not like to give services in Natural Family Planning "because it does not work" But it has been exposed in many literature that when Natural Family Plann- ing is used by two matured and mutually self responsible man and woman, it has a very high success rates judged on method-effectiveness rates

Billings and Westmore (1982), Kippley (1988). Based on these parameters effectiveness of the two modern methods of Natural Family Planning are the same range as the best modern contraceptives method, short of sterilization. However, more respondents have positive attitude towards Natural Family Planning 38 of them will like to give services in Natural Family Planning. As such their is need to provide them with adequate knowledge so that they can service to those clients who come for Natural Family Planning services.

The differences between doctors and nurses in some Knowledge Attitude and Practice items. 5 of the 13 doctors belief that abortion is part of family planning while 3 of the nurses believe so too. This difference is statistically significant with a χ^2 of 6.5949 and $P < 0.05$. That means that the probability that the difference has occurred by chance is less than 5% on the other hand while 12 (92%) of the doctors will like to give services in Natural Family Planning, only 26 (70%) of the nurses will want to do so.

Abortion issue is a sensitive one and that explains why they gave various answers. Whether abortion could be used in family planning or not depends on one owns values and believes in life.

Another funding is that even though the Government Family Planning clinics call themselves by the broad name of family planning clinics, they in actual fact give services in Artificial Family Planning. The services and counselling they give are focussed on contraception

Recommendation

1. In view of these findings, it is proposed that the various Schools should improve their curricula in Natural Family Planning so their graduates will be adequately equipped with the knowledge of Natural Family Planning

2. Nurses and doctors already giving services in Family Planning Clinics should do an inservice educations in Natural Family Planning in order to make their knowledge of family planning complete.

3. User couples should be used in teaching Natural Family Planning.

Limitation of the Study

This study is only limited to half of the family planning centres in Ibadan. It would have been more appropriate to study the whole centres. As culture and values differ in different communities in Nigeria it would have been more revealing to study all the towns in Nigeria. As such this study can not be generalised to all the towns in Nigeria. Financial and Time factor were major handicap towards doing a total population study, which would have been more :

Implication:

There is need for more enlightenment and training of natural family^{ed} planning so that they can give services to the identified population.

Conclusion

The research was based on studying the knowledge, attitude and practice of doctors and nurses towards natural family planning. The study found out that doctors and nurses demonstrated lack of adequate knowledge of Natural Family Planning. Their attitudes were however more positive than Negative towards Natural Family Planning inspite of the knowledge lack as more people will like to give services in Natural Family Planning.

Some recommendations have been made to see that Natural Family Planning is properly taught.

Generalisation may not be possible because of the limitation of the sample size and locations. The researcher is therefore suggesting that semiler studies be carried out in all the centres of family planning in Nigeria and secondly searching into the actual practices of doctors and nurses in Natural Family Planning.

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