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INFORMATION NEED, ACCESS, AND USE
FOR SOCIAL WELFARE AND FAMILY
PLANNING BY RURAL DWELLERS IN IDO
AND AKINYELE LOCAL GOVERNMENT
AREAS OF OYO STATE, NIGERIA.

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INTRODUCTION

Information is a resource of immeasurable value to both rural and urban dwellers. The information available to any individual per time determines to a large extent the decision such an individual will take on issues. The rural areas in Nigeria are often bedeviled with lack of basic infrastructures that could have enhanced the welfare of its inhabitants. Rural areas in Nigeria are characterised with poor roads, lack of pipe borne water, lack of standard schools and health facilities, inadequate or total lack of electricity among others. The information available to the rural man/woman cannot be compared to that of their urban counterparts. The urban dwellers enjoys regular power supply, have opportunity to attend seminars/workshops, have access to standard health facilities; all these give the urban dwellers better exposure to information compared to rural dwellers. This, without missing words will directly or indirectly affect decisions rural dweller will take on issues compared to his/her urban counterparts.

In the words of Ukachi (2010), human efforts towards attaining goals depend highly on effective communication of information, and the major ingredient that makes communication possible is information. Information is an important resource for individual growth and survival. Information is that which is transmitted by the act or process of communication (Ukachi, 2010). She further explained that it may be a message, signal or stimulus. It assumes a response in the receiving organism and therefore possessed a response potential. Information according to Osuala (2001) refers to 'facts and opinions provided and received during the course of daily life'.

Access to information is an essential condition for development. It could be said that information if well packaged and delivered for rural communities will exterminate poverty, ignorance and give enlightenment on how to achieve economic, social, educational, political and cultural objectives towards the development of the entire society. Therefore identification of the information need of rural dwellers is very important if any meaningful development is to be achieved in the rural areas.

Information need is a state or process that starts when one perceives that there is a gap between the information and knowledge available to solve a problem and the actual solution of the problem (Miranda and Tarapanoff, 2008). According to Wilson (2002) and Choo (2006), information needs is determined by: the perception of knowledge gaps or capability gaps, the inherent emotional factors linked to the existing difficulty when noticing those gaps and the situational factors linked to particular contexts and specific experiences.

Access to information is a basic fundamental right. Information is not only vital for technological, scientific and economic progress as erroneously seen by some people. It is also a medium of social transformation and communication. Therefore, in order to get people to participate fully in community development and government programmes like family planning and social welfare they must have good access to information. Information is vital to the rural dwellers in that, it will not only make for better understanding and appreciation of government programmes, it will also encourage a closer link between the initiators and beneficiaries of the developmental efforts. It is in realization of this amongst others that Idoka (2003) asserts that nothing then is important for mankind than to bring within reach all what can widen his horizon, making discoveries and literacy transformation that can make the individual a more valuable member of the society.

For the rural dwellers to be able to take full advantage of any development programme like family planning and social welfare; it is necessary therefore that their information need be identified, made available, accessible and finally be utilized in order to achieve the desired goals of the programme. The identified information need, availability and access cannot impact the lives of the people if they do not make use of this information.

Family planning as defined by World Health Organization (2011) is a conscious effort by couples to decide when to have children i.e spacing of their children. The WHO described family planning further by stating that it allows individuals and couples to anticipate and attain their desired number of children, the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

It is quite sad that despite decades of introduction of family planning in Nigeria, the fertility rate is still very high. The fertility rate in Nigeria for the year 2011 was put at 5.4 compared to Ghana and Togo whose fertility rates were put at 4.0 and 3.9 respectively by UNDP, 2011 report.

This high fertility rate has plagued the people continuously with poor living standard and this has motivated successive government to introduce several social welfare programmes to ameliorate the conditions of the rural people such programmes include Better Life for Rural Women, Directorate of Food Roads and Rural Infrastructure (DIFRRI), National Directorate of Employment Scheme, National Poverty Eradication Programme (NAPEP), Family Economic

Advancement Programme (FEAP), Women Empowerment Scheme, Anti women trafficking programmes by The National Agency for Prohibition of Traffic in Persons and Other Related Matters (NAPTIP), just to mention a few. Social welfare programmes in Nigeria is different in mode of operation when compared to the social welfare in the western countries like United Kingdom and United State of America, where there are welfare packages like, Dole (money given to citizens who are unemployed), care and aid to the aged and the injured, but such does not exist in Nigeria.

It is unfortunate that with all these identified social welfare programmes in place in Nigeria, the country is not rated among the first ten countries in Africa with high Human Development Index (HDI). Nigeria's HDI is 0.459, which gives the country a rank of 156 out of 187 countries with comparable data, the HDI of Sub-Saharan Africa as a region increased from 0.365 in 1980 to 0.463 in 2011, placing Nigeria below the regional average (UNDP, 2011).

Social welfare is defined by Merriam-Webster online dictionary (2012) as organized public or private social services for the assistance of disadvantaged groups. Social welfare from online free dictionary was regarded as the various social services provided by a state for the benefit of its citizens. Social welfare is about how people, communities and institutions in a society take action to provide certain minimum standards and certain opportunities. It is generally about helping people facing contingencies like unemployment, illness, working poor, homelessness, injury or disability, violence, divorce or separation, raising children, elderly requiring care just to mention a few.

In Nigeria, though there is no highly organized social welfare to cater for the old, sick, unemployed yet there are programmes which can cater for the social welfare of the people. Examples of such social welfare programmes are: National poverty eradication Programme, National Directorate of employment, and free health care delivery programme. Information about these two programmes (Family Planning and Social Welfare), must be available to the rural dwellers for them to take advantage of the programmes.

The rural dwellers cannot make the best use of family planning and social welfare programmes if they are not well informed of their availability. Information about these programmes will enable the rural dwellers know where, when and how to key into these programmes. Without adequate information on these programmes the initiation of these programmes will not achieve

their set objectives. Information is thus very germane to the success of these programmes because it is what is communicated about these programmes that the rural dwellers will act upon.

Objectives of the study

The general objective of this study is to investigate family planning and social welfare information needs, access and use by rural dwellers in two selected Local Government Areas of Oyo State, Nigeria. The specific objectives are to:

1. determine the socio-economic characteristics of the rural dwellers in Ido and Akinyele Local Government Areas of Oyo State;
2. determine the information needs of rural dwellers in the selected local governments;
3. find out the extent of access of rural dwellers to information on family planning and social welfare in the study area;
4. identify type of information sources used for family planning and social welfare by rural dwellers in the study area;
5. determine the frequency of the use of information sources for family planning and social welfare by the respondents.
6. identify challenges to the use of information for family planning and social welfare by rural dwellers in the study area.

METHODOLOGY

The survey research design was employed for this study. Multi-stage sampling technique was used to select respondents within the two Local Government Areas. There are 12 political wards in Akinyele LGA and 10 in Ido LGA. Two wards were randomly selected from Akinyele and three from Ido, giving a total of five wards sampled due to proximity. Forty (40) respondents were randomly selected in each of the selected five wards. This gave a sample size of two hundred respondents.

The data used for this study was collected using questionnaire. The questionnaire contained both open ended and close ended questions. The data collected were analysed using the SPSS and the result presented in tables using simple percentages.

RESULT AND DISCUSSION

Socio-economic characteristics of rural dwellers in the study area

Table 1 below showed most of the respondents, 60(51.7%) in Ido and 40(55.6%) in Akinyele LGA were female. Majority of the respondents, 43(37.1%) in Ido were between the ages 26 and 35 years old while most of those in Akinyele 34(47.2%) were between 36 to 45 years of age. Only 16(13.8%) of the respondents in Ido were between 36 and 45 years of age and only 8(11.1%) respondents in Akinyele were above 45 years old. Also, majority of the respondents from both Ido and Akinyele, 98(84.5%) and 46(63.9%) respectively were married while only 3.4% in Ido and 9.7% in Akinyele were widowed. The highest level of education of most respondents in both Ido and Akinyele LGAs was primary education with 50(43.1%) in Ido and 26(36.1%) in Akinyele, while the least of them 4.3% in Ido and 16.7% in Akinyele attended tertiary institutions.

Most of the respondents, 78(67.2%) in Ido and 46(63.9%) in Akinyele were Christians while others were Muslims. As far as the primary occupation of the respondents is concerned, 63(54.3%) respondents in Ido and 40(55.6%) in Akinyele were into trading, while only 6.0% in Ido and 1.4% in Akinyele were unskilled labourers. Monthly income of the respondents in both local government areas varied of which majority of those in Ido 71(61.2%) earned between N5,000 and N10,000 monthly while most of those in Akinyele 28(38.9%) earned between N10,000 and N15,000 naira monthly. Concerning the household size (number of people per family), majority of the respondents in Ido 80(60.9%) had less than four people per house while most of those in Akinyele 36(53.5%) had between 4 and 6 people per house. The least of the respondents in both local government areas had above 10 people per house.

Table 1 Socio-economic characteristics of the respondents

Variables		Ido		Akinyele	
		N	%	N	%
Gender	Male	56	48.3	32	44.4
	Female	60	51.7	40	55.6
Age Range (years)	15 – 25	34	29.3	12	16.7
	26 – 35	43	37.1	18	25.0
	36 – 45	16	13.8	34	47.2
	Above 45	23	19.8	08	11.1
Marital Status	Single	11	9.5	19	26.4
	Married	98	84.5	46	63.9
	Widowed	04	3.4	07	9.7
	Single Parent	05	4.3	--	--
Highest Educational Level	Non formal	35	30.2	15	20.0
	Primary	50	43.1	26	36.1
	Secondary	26	22.4	19	26.4

	Tertiary Institution	05	4.3	12	16.7
Religion	Islam	37	31.9	25	34.7
	Christianity	78	67.2	46	63.9
	Traditionalist	01	0.9	--	--
	Others	--	--	01	1.4
Primary Occupation	Farming	37	31.9	20	27.8
	Trading	63	54.3	40	55.6
	Unskilled labour	07	6.0	01	1.4
	Civil service	09	7.8	09	12.5
	Others	---	----	2	2.8
Monthly Income (₦)	< 5,000	07	6.0	2	2.8
	5,000 – 10,000	71	61.2	16	22.2
	10,000 – 15,000	19	16.4	28	38.9
	15,000	19	16.4	26	36.1
House size (no of people)	< 4	80	69.0	27	37.5
	4 – 6	16	13.8	36	55.3
	7 – 10	17	14.7	07	9.7
	> 10	03	2.6	02	2.8

Information needs for family planning and social welfare

In table 2 below, majority of the respondents, 99(85.3%) in Ido Local Government Area indicated high level of need for information on adult literacy programme while the least of them 59(50.9%) indicated side effect of family planning. As for the Akinyele LG, majority of respondents 56(77.8%) indicated child spacing while the least of them 38(52.8%) indicated usefulness of social welfare programme

Table 2 Information need for family planning and social welfare

S/n	Information need	Ido				Akinyele			
		Low		High		Low		High	
		N	%	N	%	N	%	N	%
1	Contraceptives	23	19.8	93	80.2	18	25.0	54	75.0
2	Child spacing	21	18.1	95	81.8	16	22.2	56	77.8
3	Safe period	38	32.8	78	67.2	20	27.8	52	72.2
4	Average age for woman to stop child bearing	44	37.9	72	62.1	26	36.1	46	63.9
5	Side effect	57	49.1	59	50.9	21	29.2	51	70.8
6	Poverty alleviation	37	31.9	79	68.1	23	31.9	49	68.1
7	Anti-women trafficking	31	26.7	85	73.3	20	27.8	52	72.2
8	Adult literacy programme	17	14.7	99	85.3	17	23.6	55	72.4
9	Woman empowerment	35	30.2	81	69.8	23	31.9	49	68.1
10	Free health care for pregnant woman	26	22.4	90	77.6	27	37.5	45	62.5
11	Where to access the social welfare programme	42	36.2	74	63.8	22	30.6	50	69.4
12	Usefulness of social welfare programme	14	12.1	92	87.9	34	47.2	38	52.8

Extent of access of rural dwellers to information on family planning and social welfare

Table 3 presents an analysis of the extent of access of rural dwellers to information on family planning and social welfare in Ido and Akinyele LGAs. The result of the survey revealed that family and friends were the most readily accessible information source to the rural dwellers with 82(70.7%) respondents from Ido and 46(63.9%) from Akinyele. Whereas, the cooperative society was the least accessible social welfare to the rural dwellers in Ido with just 9(7.8%) respondents while mobile phone was the least accessible information source to the dwellers of Akinyele with only 5(6.9%) respondents.

Table 3: Access to information on family planning and social welfare

S/n	Access	Ido				Akinyele			
		Accessible		Not Accessible		Accessible		Not Accessible	
		N	%	N	%	N	%	N	%
1	Family and Friends	82	70.7	34	29.3	46	63.9	26	36.1
2	Customers/ Markets	44	37.9	72	62.1	36	50.0	36	50.0
3	Town crier	15	12.9	101	87.1	6	8.3	66	91.7
4	Mobile phone	15	12.9	101	87.1	5	6.9	67	93.1
5	Cooperative society	9	7.8	107	92.2	7	9.7	65	90.3
6	Churches/mosques	41	35.3	75	64.7	7	9.7	65	90.3
7	Television	16	13.8	100	86.2	6	8.3	66	91.7
8	Newspaper / Magazine	18	15.5	98	84.5	10	13.9	62	86.1
9	Bill boards and posters	28	24.1	88	75.1	7	9.7	65	90.3
10	Hand bills / Fliers	44	37.9	72	62.1	21	29.2	51	70.8
11	Radio	60	51.7	56	48.3	37	51.4	35	48.6
12	Health extension worker	24	20.7	92	79.3	15	20.8	57	79.2
13	Extension agent	39	33.6	77	66.4	17	23.6	55	76.4
14	Hospital / Clinic	56	48.3	60	51.7	24	33.3	48	66.7
15	O.B van of Ministry of health	32	27.6	84	72.4	19	26.4	43	73.6

Types of information sources for family planning and social welfare

Table 4 below revealed the various sources of information the respondents use for family planning and social welfare which include radio and family and friends. It was shown that most of the respondents 115(99.1%) from Ido and 58(80.6%) respondents from Akinyele indicated family and friends as the mostly used sources of information for family planning and social welfare. On the contrary, town crier was found to be the least used source of information with just 7(6.0%) respondents from Ido and 1(1.4%) respondent from Akinyele. However, other sources like customers/markets, mobile phone, cooperative society, television, newspapers/magazine, billboards and posters, handbills/fliers, health extension worker, extension agents, hospital/clinics and O.B van of Ministry of Health were all rated very low.

Table 4: Information sources used for family planning and social welfare

S/n	Information sources	Ido		Akinyele	
		N	%	N	%
1	Family and Friends	115	99.1	58	80.6
2	Customers/ Markets	55	47.4	34	47.2
3	Town crier	7	6.0	1	1.4
4	Mobile phone	20	17.2	4	4.6
5	Cooperative society	12	10.3	6	8.3
6	Churches/mosques	30	25.9	39	54.2
7	Television	45	38.8	30	41.7
8	Newspaper / Magazine	25	21.6	5	6.9
9	Bill boards and posters	13	11.2	5	6.9
10	Hand bills / Fliers	13	11.2	2	2.8
11	Radio	103	88.8	55	76.4
12	Health extension worker	24	20.7	24	33.3
13	Extension agent	55	47.4	22	30.6
14	Hospital / Clinic	38	32.8	28	38.9
15	O.B van of Ministry of health	15	12.9	9	12.5

Frequency of use of information sources for family planning and social welfare

Table 5 below, 75(64.7%) of the respondents in Ido Local Government used radio on daily basis, while only 1(0.9%) of them used the cooperative on daily basis and the majority of them 64.7% never used it . In the same vein, radio was the most frequently used of the information sources among the rural dwellers in Akinyele LG with 44(66.1%) respondents while the hospital/clinic was also used daily by 24(33.3%) respondents. The least of the respondents in Akinyele used churches/mosques, cooperative society and OB van of the Ministry of Health daily (as depicted in Table 6). Other sources like health extension workers, extension agents, cooperative society, mobile phone, television and billboards/posters were never used by most of the respondents in Ido while town criers and newspapers/magazines were rarely used by most of the respondents in Akinyele LGA.

Table 5: Frequency of use of information sources for family planning and social welfare (Ido)

S/n	Variables	Frequency for Ido													
		Never		Rarely		Monthly		Twice a month		Once a week		Twice a week		Daily	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
1	Family and Friends	20	17.2	20	17.2	16	13.8	9	7.8	16	13.8	15	12.9	20	17.2
2	Customers/ Markets	33	28.4	35	30.2	23	9.8	7	6.0	5	4.3	4	3.4	9	7.8
3	Town crier	57	49.1	56	48.3	2	1.7	1	0.9	--		--		--	
4	Mobile phone	68	58.6	35	30.2	12	10.3	3	2.9	2	1.7	2	1.7	4	3.4
5	Cooperative society	75	64.7	15	12.9	9	7.8	7	6.0	3	2.9	6	5.2	1	0.9
6	Churches/mosques	40	34.5	26	22.4	24	20.7	9	7.8	7	6.0	8	6.9	2	1.7
7	Television	67	57.8	23	19.8	17	14.7	2	1.7	3	2.9	2	1.7	2	1.7
8	Newspaper / Magazine	57	49.1	56	48.3	2	1.7	1	0.9	--		--		--	
9	Bill boards and posters	75	64.7	15	12.9	9	7.8	7	6.0	3	2.9	6	5.2	1	0.9
10	Hand bills / Fliers	33	28.4	35	30.2	23	9.8	7	6.0	5	4.3	4	3.4	9	7.8
11	Radio	15	12.9	9	7.8	7	6.0	3	2.9	6	5.2	1	0.9	75	64.7
12	Health extension worker	68	58.6	35	30.2	12	10.3	3	2.9	2	1.7	2	1.7	4	3.4
13	Extension agent	67	57.8	23	19.8	17	14.7	2	1.7	3	2.9	2	1.7	2	1.7
14	Hospital / Clinic	24	20.7	9	7.8	7	6.0	8	6.9	2	1.7	40	34.5	26	22.4
15	O.B van of Ministry of health	16	13.8	9	7.8	16	13.8	15	12.9	20	17.2	20	17.2	20	17.2

Table 6: Frequency of use of information sources for family planning and social welfare (Akinyele)

S/n	Variables	Frequency for Akinyele													
		Never		Rarely		Monthly		Twice a month		Once a week		Twice a week		Daily	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
1	Family and Friends	9	12.5	7	9.7	12	16.7	5	6.9	17	23.6	5	6.9	17	23.6
2	Customers/ Markets	20	27.8	18	25.0	16	22.2	10	13.9	2	2.8	3	4.2	3	4.2
3	Town crier	25	34.7	44	61.1	3	4.2	--		--		--		--	
4	Mobile phone	31	43.1	31	43.1	5	6.9	3	4.2	1	1.4	1	1.4	--	
5	Cooperative society	9	12.5	17	23.6	17	23.6	24	33.3	2	2.8	1	1.4	2	2.8
6	Churches/mosques	5	6.9	12	16.7	19	26.4	27	37.5	3	4.2	4	5.6	2	2.8
7	Television	13	18.1	22	30.6	27	37.5	4	5.6	1	1.4	1	1.4	4	5.6
8	Newspaper / Magazine	25	34.7	44	61.1	3	4.2	--		--		--		--	
9	Bill boards and posters	5	6.9	12	16.7	19	26.4	27	37.5	3	4.2	4	5.6	2	2.8
10	Hand bills / Fliers	44	12.8	21	2.8	21	12.8	21	12.8	21	12.8	21	12.8	21	12.8
11	Radio	--		--		--		1	1.4	2	2.8	25	34.7	44	61.1
12	Health extension worker	31	43.1	31	43.1	5	6.9	3	4.2	1	1.4	1	1.4	--	
13	Extension agent	9	12.5	7	9.7	12	16.7	5	6.9	17	23.6	5	6.9	17	23.6
14	Hospital /Clinic	--		--		10	13.9	4	5.6	10	13.9	24	33.3	24	33.3
15	O.B van of Ministry of Health	5	6.9	12	16.7	19	26.4	27	37.5	3	4.2	4	5.6	2	2.8

Challenges facing the rural dwellers on the use of information for family planning and social welfare

The respondents identified certain challenges facing them on the use of information for family planning and social welfare out of which some could be classified as major. These were challenges that had a frequency of above 50% and include inadequate family planning/social welfare information centre which had 62(53.4%) respondents for Ido and 56(77.8%) respondents from Akinyele. While most of the respondents in Ido 72(62.1%) indicated difficulty in accessing information, only 50% of those in Akinyele indicated this problem. Virtually all the problems were peculiar to both Ido and Akinyele local governments except that they were more felt in Ido than Akinyele as shown in Table 7.

Table 7: Challenges facing the rural dwellers on the use of information

S/n	Challenges	Ido				Akinyele			
		Agree		Disagree		Agree		Disagree	
		N	%	N	%	N	%	N	%
1	Inadequate family planning/ social welfare information centre	62	53.4	54	46.6	56	77.8	16	22.2
2	Difficult to access information	72	62.1	44	37.9	36	50.0	36	50.0
3	Information is not timely	71	61.2	45	38.8	38	52.8	34	47.2
4	Information is not available	66	56.9	50	43.1	36	50.0	36	50.0

Discussion of findings

The aim of this study was to investigate the information need, access and use for social welfare and family planning by rural dwellers in two LGAs of Oyo State.

Socio-economic characteristics of the rural dwellers in Ido and Akinyele

The study found that there were more female respondents than male in both local governments, where most of these female were more concentrated in Ido than in Akinyele LGA. Also, majority of the respondents in Akinyele were much older than those in Ido. Where the respondents in Ido who were between the ages of 15 and 35 years old accounted for more than half 66.4% of the total respondents, those within the same age range in Akinyele accounted for only 41.7% of the total respondents. This also indicated that there were more matured respondents in Akinyele than Ido.

The study also showed that there were more married respondents in Ido (84.5%) than Akinyele (63.9%), which reflected a difference of 20.6% between the two local governments. A cursory look at the age and marital status of the respondents in both local governments indicated that majority of the respondents in Ido married at early age (starting from below 25 years) compared

to their counterparts in Akinyele, most of whom started marriage at 26 years and above. There were more respondents with tertiary education in Akinyele than Ido while those with primary education were more concentrated in Ido than Akinyele. This is to say that rural dwellers in Akinyele were more educated and exposed than those in Ido. This, however, may have an overbearing effect on their understanding and acceptance of family planning, as well as their level of social welfare. This finding was supported by Opeke (2000) that most people in the rural areas are neither adequately educated nor economically-empowered, which partly, explains their involvement in subsistence agriculture, petty trading and other artisan activities.

Christianity was the mostly practiced religion in the two local governments with more than half of the total respondents followed by Islam while only a few of them practiced other religions including traditional religion. For the primary occupation, trading was the most popular occupation among the rural dwellers in both Ido and Akinyele LGAs with only a difference of 1.3% between them. However, there were more respondents practicing farming in Ido than Akinyele while there were more civil servants in Akinyele than Ido. This could be attributed to the fact that Akinyele is one of the local governments with high proximity to Ibadan city which is the capital of Oyo State. The monthly income of most respondents in Ido Local Government Area was relatively lower compared to what most respondents in Akinyele were earning. Concerning the household size (number of people per family), majority of the respondents in Ido had less than four people per house while most of those in Akinyele had between 4 and 6 people per household. The least of the respondents in both local government areas had above 10 people per household.

The study has established a strong link between socioeconomic status and social welfare. This was aptly supported by Zaid and Popoola (2010) that the extreme between poverty and affluence is represented with the socio-economic status classification. The socio-economic status of an individual could affect the sense of fulfillment such individual derived. The researchers found that the opinion of the participants in the social status domain showed that majority felt their social status has improved since the availability of mobile telephones in the state. This finding was in support of Diso (2005:286) who stated that "Nigerian people are still dominantly peasant farmers, petty traders, middle men or commission agents". Zaid and Popoola (2010) also found out in their study that majority of the participants were farmers, traders, artisans and civil servants who have the lowest sense of fulfillment in their occupation.

Information need for family planning and social welfare

The study revealed that the rural dwellers in Ido and Akinyele Local Government Areas of Oyo State need a variety of information to support them in family planning and social welfare. Such information needs include contraceptives, child spacing, adult literacy programmes, free healthcare for pregnant women, and poverty alleviation. Others included women empowerment, anti-women trafficking, et cetera. However, it was observed that most of the information on contraceptives, adult literacy programme, usefulness of social welfare programmes, etc. was more needed in Ido than Akinyele except for needs like where to access the social welfare programme, average age for woman to stop child bearing, safe period and side effect which were more felt in Akinyele. Interestingly, information on poverty alleviation was needed the same way in both local governments as indicated by 68.1% of the respondents respectively.

The finding was empirically supported by Zaid and Popoola (2010) who identified some of the information needs of rural women in Nigeria such as income generation, best practices in farming, beneficial associations for rural women development, cooperative societies and trade groups, health management (especially on sex education, birth control and current immunization facilities), information about financial institutions, food and nutrition, vocational education for skills and trainings, community development, land rights, local politics and current news and events.

Access to information on family planning and social welfare

The finding clearly showed that only few respondents in both local governments had access to information on family planning and social welfare from sources like mobile phone, cooperative society, television, newspapers/magazine, and even television, health extension workers, as well as hospital/clinics. While family and friends, and radio were the most readily accessible to the rural dwellers in Ido, the respondents in Akinyele were able to access family and friends, customers/markets, and radio.

It is therefore worthy of note that majority of the respondent in Ido and Akinyele Local Government Areas have inadequate access to information on family planning and social welfare. This is not a good indication of rural community development in Nigeria. According to Zaid and Popoola (2010), access to and use of information will empower the rural women on a path toward financial stability which would improve their quality of life. Also, Issa, Omopupa and Salman (2011) advocated that people in rural areas whether literate or not should have access to

any kind of information which will help them to become capable and productive in their social and political obligations, to become better informed citizens generally.

Information sources used for family planning and social welfare

The result has shown that radio and family and friends were the mostly used information sources for family planning and social welfare in Ido and Akinyele LGAs. It was observed that there were more respondents in Ido than Akinyele that used these sources of information. However, in addition to this, churches/mosques was also used by most respondents in Akinyele. Meanwhile, other sources like customers/markets, mobile phone, cooperative society, television, newspapers/magazine, billboards and posters, handbills/fliers, health extension worker, extension agents, hospital/clinics and O.B van of Ministry of Health were all rated very low. The result showed that for both family planning and social welfare, the mostly used information source in Ido and Akinyele was family and friends. This could be as a result of closely knit relationship that exists in the rural areas compared to the urban areas. There is always group solidarity in the rural areas and the kinship system is strong. This view is supported by Ekong (2003).

As investigated by Hosain and Islam (2012), when the rural women need quick information, they usually ask their friends or neighbours, sometimes they use personal experience, which can be erroneous. This therefore confirms the dependability of the rural dwellers on family and friends as information source for family planning and social welfare. Nnadozie, Egwim and Ossai-Onah (2010) found that the major source of information in Nigeria's rural communities remain discussions, interaction and face-to-face oral exchanges between individuals and among groups, which confirmed the use of family and friends by the rural dwellers as found in this study.

The use of radio as a major source of information seemed to be very common among the rural dwellers. This assertion was supported by Nnadozie, Egwim and Ossai-Onah (2010) who observed that the emergence of electronic media among the community-based information agencies might not be unconnected with the fact that most people now own radio sets and watch television in their search of information.

Frequency of use of information sources for family planning and social welfare

The study found that only the radio was the information sources for family planning and social welfare mostly used by majority of the respondents on a daily basis in both Ido and Akinyele Local Government Areas of Oyo State, while other sources like health extension workers, extension agents, cooperative society, mobile phone, television and billboards/posters were never

used by most of the respondents in Ido, and town criers and newspapers/magazines were rarely used by most of the respondents in Akinyele LGA. This finding corroborates that of Omoera (2010) who discovered that most of the respondents in her study of rural Nigeria using Ebelle community in Edo state listen to radio programmes on family planning always.

The implication of this finding is that the more the rural dwellers are exposed to and used the various sources of information for family planning and social welfare, the more enlightened they become. For instance, apart from the radio which the rural people are very much accustomed to for news and current affairs, the television also forms good social companion through which they can acquire information on health and social issues.

Challenges facing the rural dwellers on the use of information

The inadequate family planning/social welfare information centre was a major challenge which was mostly experienced in both Ido and Akinyele, while that of difficulty in accessing information, untimely information and non-availability of information were more evident in Ido than Akinyele. All these identified challenges will no doubt serve as great impediments to family planning and social welfare by the respondents in Ido and Akinyele local governments. However, these problems should be taken care of by the government as soon as possible in order to help the rural dwellers meet their various information needs as far as their family planning and social welfare are concerned.

The study corroborates that of Ewhrudjakpor (2009), in which he found that family planning decision among women in Nigeria is characterised by certain socio-demographic problems. These include low education, early marriages or prolong reproduction period, chronological age and nature of settlement. Inferiority complex of women due to the patriarchal nature of families in Nigeria, reproductive or contraceptive decisions are finalised by men, the taboo on discussion of number of children to produce, and the perceived side effects of contraceptives are all underpinned by the socio-demographics of the woman herself. In addition, Hosain and Islam (2012) also found that the rural women do not have authentic and modern sources of information to meet their information needs which is a major impediment to family planning and social welfare in the rural community.

RECOMMENDATIONS

Based on the findings of this study the following recommendations were made:

1. Government should encourage the rural dwellers to acquire higher education since higher educational level was significant with both information need and use. Adult literacy programme should be strengthened where weak and introduced where it was nonexistent.
2. Financial empowerment of the rural people should be at the front burner of every developmental programme because there was a significant relationship between information use and income of the respondents. The correlation was positive which indicate higher income will translate to better information use.
3. Community radio can be explored where all necessary information are aired in a timely fashion. Information sources and information use are significant thus every avenue must be explored to improve information source because it determines information use.
4. Information centres should be provided in the rural communities where family planning and social welfare will be disseminated to the rural people in order to improve accessibility to timely information that is also relevant and valid. Such centres must be adequately staffed.