

**EXPLORINT THE EFFECTS OF MEDIA CENSORSHIP  
ON FREEDOM OF EXPRESSION IN NIGERIA: A STUDY  
OF MID LAND FM IN KWARA STATE**

*BY:*

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## **CERTIFICATION**

This project has been read and approved by the undersigned on behalf of the Department of Mass Communication, Institute of Information and Communication Technology, Kwara State Polytechnic, Ilorin in partial fulfilment for the award of Higher National Diploma (HND) in Mass Communication.

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## **DEDICATION**

This project specially dedication to Almighty God for His love, protection, guidance and supports for me especially in my academic career. Also, to my beloved parents for their care and full support during my course, may Almighty God bless them abundantly (AMEN).

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the study

The world's population has increased quickly since the 1960s, approaching 7 billion now. According to forecasts, the population will reach 8, 9 and 10 billion by 2023, 2041, and 2083, respectively (Richard *et al.*, 2017). After South Korea, China, Europe, Rwanda, the Democratic Republic of the Congo (DRC), and Kenya, Nigeria is the seventh most densely populated nation in the world, with a population now estimated at 218 million or more, or 2.64% of the world's total population (Worldmeter: Nigeria Population, 2022).

Family planning, according to the World Health Organization (WHO), is a method that enables people and couples to plan for and have the number of children they want, as well as the spacing and timing of their births. In contrast to Iqbal (2013), who argued that family planning does not imply the absence of children but rather that it is only concerned with low rates of reproduction and nothing unnatural or inhumane, the United Nations Population Fund (UNFPA, 2001) views family planning as a basic human right that enables individuals and couples to decide the number and spacing of their children.

There are several stories and schools of thought on how family planning has changed throughout time. Family planning is credited to American nurse Margaret Sanger, who on October 16, 1916, in the Brownsville neighborhood of Brooklyn, New York, at 46, Amboy Street, opened the first birth control clinic in response to her concern about the numbers of abortions and fatalities. Her clinic was later closed down by the government and she was arrested for distributing information on contraception. She was freed after protests by American women and further requests, allowing

her to carry on with her groundbreaking work. She established the American Birth Control League in 1921; it eventually changed its name to the Planned Parenthood Federation of America-The First Birth Control Clinics in the United States and England (First birth control clinics, 2013).

In Nigeria, traditional methods of family planning are as good as man and has been in existence from time immemorial. The country first started to adopt contemporary family approaches in the 1950s. The first family planning clinic in Lagos was established in 1958 by a Marriage Guidance Council, with Dr. Adeniyi Jones in charge of the Ministry of Health managing the clinic at the time, which was located at the Lagos City Council. Later, the National Council for Women Societies in Lagos took over management of the family council(Family planning issues in Nigeria, 2019).

In order to support family planning in Nigeria, the Nigerian government released its first national population strategy in 1988, which was then updated in 2004. In example, "lower the number of children a woman is expected to have in her lifetime, presently above six, to four per woman" was a crucial component of the population program. (NPC & ICF International, 2014; NPC & Macro, 2004) Furthermore, seminars on family planning had been held in Nigeria. The biennial conference which is currently the fifth of its type started in 2010, the fourth edition was held from 7th to 9th November, 2016 with the theme: "Family Planning in Nigeria: The Journey So far" while the latest was the fifth one was lasted from December 3rd to December 6th, 2018 (Family Planning Conferences in Nigeria, 2018).

The implementation of family planning programs is formally approved by both general public and the government. The intentions for creating awareness on family planning campaigns in mass

media is to show a clear pattern for delivering effective information about the family programs. This program supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have by giving women and girls access to contraceptives by 2020 (Family Planning2020, 2015). Hence, the ongoing backdrop would be directed on the study of influence of mass media campaign on family planning among Civil Servants in Kwara State.

## **1.2 Statement of the Problem**

Today, there is an urgent situation facing over “200 million women and girls in developing countries who want to delay, space or avoid becoming pregnant,” yet who “are not using effective methods of contraception” (Sinding, 2008; London Summit, 2012).

The World Health Organisation & Johns Hopkins Bloomberg School of Public Health (2018) validated that universal access to effective contraception ensures that all people can avoid the adverse health and socioeconomic consequences of unintended pregnancies and have a satisfying sexual life. A woman’s ability to space and limit her pregnancies has a direct impact on her health and wellbeing as well as the outcome of each pregnancy (Kio, Agbede, Olayinka, & Ojinni, 2016).

Seminal works such as Belaid, Dumont, Chaillet ,Zertal , De Brouwereand Hounton, (2016) systematic review on demand generation for family planning and Shen and Han’s on entertainment education for health communication each provide critical guidance for health workers seeking to increase health education and autonomy through mass media-scale approaches (Shen & Han, 2014). A recent study using data obtained from the Demographic and Health Surveys (DHS) Program to analyze the association between mass media exposure and contraceptive use in sub-Saharan Africa found that individuals exposed to mass media communication regarding family

planning had 1.93 times the odds of using contraception than those who were not exposed to mass media messages (95% confidence interval (CI) = 0.75, 2.14) (Babalola, Figueroa & Krenn, 2017). Randomised controlled trials (RCTs) have been conducted to measure the impact between mass-media interventions and health education and outcomes (eg, HIV testing, child survival) yet none have specifically focused on outcomes specific to family planning and contraception (Berg & Zia, 2013; Sarrassat, Meda, Ouedraogo, Some, Bambara & Head, 2015).

To conclude with, Chukwuedozie, Clifford, Ijeoma and Chidiebere (2016) investigated the relationship between access to mass media messages on family planning and use of family planning in Nigeria but they primarily focused on every married couples in Nigeria with different careers. Therefore, this study is set to cover the gap by unveiling the influence of mass media campaigns on family planning among civil servants in Kwara State.

#### **1.4 Objective of the Study**

The general objective of this study is to investigate the influence of mass media campaign on family planning among Civil Servants in Kwara State. Specifically, objectives of the study would be to:

Determine the level of exposure to mass media campaign of family planning practices among Civil Servants in Kwara State.

Determine the most preferred medium used for campaign about family planning among Civil Servants in Kwara State.

Examine the perception of civil servants in Kwara State on family planning. Mass media Campaign.

Evaluate mass media campaign on family planning adoption among Civil Servants in Kwara State.

### **1.5 Research Questions**

The questions to guide this research would be:

What is the level of exposure to mass media campaign of family planning practices among Civil Servants in Kwara State?

Which is the most preferred medium used for campaign about family planning among Civil Servants in Kwara State.?

What is the perception of civil servants in Kwara State on family planning Mass media Campaign?

What is mass media campaign have on family planning adoption among Civil Servants in Kwara State.?

### **1.6 Significance of the Study**

The significance of the study indicates to whom the study will be meaningful to and provides some indications of its value to others. This study will serve as hindsight for the women, both young and old to have adequate information about the usefulness of mass media to transmit family planning information to the masses. This study would also be used to assist the public to

have broad knowledge the kinds and strategies of family planning campaign among the Civil Servants in Kwara State. Finally, the study will eventually be used as source of information retrieval by the future researcher who would be interested in conducting further research on similar topic.

### **1.7 Scope of the Study**

The scope would be limited to family planning campaign by the mass media; other campaigns would not be treated or considered. Moreover, civil servants in Kwara State are included in this study for proper delimitation. Thus, other respondents in Kwara State apart from civil servants will not be considered in this study

### **1.8 Operational Definitions of Terms**

**1. Evaluation:** This refers to the significance, worth, or condition of usually by careful appraisal and study

**2. Family Planning:** It denotes the association or initiation on actions and processes of birth control, usually done to prevent pregnancy and establishing a reproductive life plan.

**3. Mass Media Campaign:** this refers to the technological intervention procedures that use a set of organized communication activities to produce specific results or effects in a relatively large number of individuals, usually within a specific period of time.

**4. Civil Servants:** This is classified as the people or group of individual(s) working in the government or country's departments and is usually under the payroll of the local, state or federal government.

## **CHAPTER TWO**

### **THEORETICAL FRAMEWORK AND LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter consists of the related matters that will aid the understanding of the influence of mass media campaign on family planning among Civil Servants in Kwara State. The chapter is sectioned into three different parts, to include reviews and discussion on theories, conceptual and empirical studies.

#### **2.2 Conceptual Review**

In order to have an in-depth understanding of this project work, it has become imperative to have a conceptual review of some important terms used in this work and also to do some scholarly reviews of this concepts. Some of the concepts used in this work are as follows:

Family Planning

Perception of Family Planning

Attitude towards Family Planning

Mass Media Health Messages

Mass Media Campaign

##### **2.2.1 Family Planning**

Family planning is an important strategy in promoting maternal and child health. It improves health through adequate spacing of births and avoiding pregnancy at high-risk maternal ages and parities. WHO (2018) defined family planning as the ability for individuals and couples

to attain their desired number of children and plan the spacing and timing of their births through use of contraceptive methods. Family planning (FP) is defined as a way of thinking and living that is adopted voluntarily upon the bases of knowledge, attitude, and responsible decisions by individuals and couples (Oyedokun, 2017).

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods (Gaur, Goel&Goel, 2018). Family planning deals with reproductive health of the mother, having adequate birth spacing, avoiding undesired pregnancies and abortions, preventing sexually transmitted diseases and improving the quality of life of mother, fetus and family as a whole (Handady, Naseralla, Sakin & Alawad, 2015).

Family planning has been identified by the World Health Organisation (WHO) as one of the six essential health interventions needed to achieve safe motherhood and by United Nations Children Fund (UNICEF) as one of seven strategies for child survival. Both women's and men's use of contraception has been going on for centuries. Traditional methods such as coitus interruptus is described in the Bible, periodic abstinence was used in ancient India and the precursor to the condom was used by the Egyptians back in 1350 BC.

Visaria (2015) stated that family planning programme has evolved through a number of stages, and has changed direction, emphasis and strategies; during the first decade of its existence, family planning was considered as a mechanism aimed at improving the health of mothers and children than a method of population control.

There are five different groups of family planning methods including, barrier methods, hormonal methods, emergency contraception, intrauterine methods, sterilization (Planned Parenthood Federation of America, 2016). Barrier Methods are designed to prevent sperm from

entering the uterus. Types of barrier methods include: male and female condoms and diaphragms. Condoms prevent pregnancies as well reduce the risk of spreading sexually transmitted diseases (STDs). Diaphragms are shallow, flexible cup made of latex or soft rubber that is inserted into the vagina before intercourse, blocking sperm from entering the uterus (Allen, 2004).

American College of Obstetricians & Gynecologists, (2011) submitted that other barrier methods include cervical caps, contraceptive sponges and spermicides. These are also barriers to sperm reaching uterus. Hormonal methods of birth control use hormones to regulate or stop ovulation and prevent pregnancy. Ovulation is the biological process in which the ovary releases an egg, making it available for fertilization. Hormones can be introduced into the body through various methods, including pills, injections, skin patches, transdermal gels, vaginal rings, intrauterine systems, and implantable rods.

National Center for Biotechnology Information (2015) averred that depending on the types of hormones that are used, these pills can prevent ovulation; thicken cervical mucus, which helps block sperm from reaching the egg; or thin the lining of the uterus. Health care providers prescribe, monitor, and administer hormonal contraceptives. Intrauterine methods; An IUD is a small, T-shaped device that is inserted into the uterus to prevent pregnancy. A health care provider inserts the device. An IUD can remain and function effectively for many years at a time. After the recommended length of time, or when the woman no longer needs or desires contraception, a health care provider removes or replaces the device.

There are two types of intrauterine method; Copper IUD which acts by releasing a small amount of copper into the uterus, causing an inflammatory reaction that generally prevents sperm from reaching and fertilizing the egg. The hormonal IUD releases a progestin hormone into the

uterus. The released hormone causes thickening of the cervical mucus, inhibits sperm from reaching or fertilizing the egg, thins the uterine lining, and also may prevent the ovaries from releasing eggs (Food and Drug Administration, Office of Women's Health, 2011).

Sterilization is a permanent form of birth control that either prevents a woman from getting pregnant or prevents a man from releasing sperm. This procedure is performed by health care provider and usually involves surgery. These procedures usually are not reversible. Sterilization includes; sterilization implants which is a nonsurgical method for permanently blocking the fallopian tubes (Conceptus, 2012). Also, tubal ligation which is a surgical procedure involving the cutting, tying or sealing of the fallopian tubes to block the path between the ovaries and the uterus is preventing sperms from reaching the egg.

Vasectomy is a surgical procedure that cuts, closes, or blocks the vas deferens hence blocking the path between the testes and the urethra blocking sperm from leaving testes (National Library of Medicine, MedlinePlus, 2012).

Knowledge of Family Planning According to Bankowski & Bryant (2017), knowledge refers to the capacity of acquiring, retaining and using information which is a mixture of comprehension, experience, discernment and skill. Knowledge within the context of this study refers to what the research subjects know about natural family planning, how they first come to be aware about natural family planning and the various methods of natural family planning known to them. Knowledge is a familiarity, awareness, or understanding of someone or something, such as facts, information, descriptions, or skills, which is acquired through experience or education by perceiving, discovering, or learning.

Knowledge can refer to a theoretical or practical understanding of family planning. The use of any family planning method depends on the person's knowledge of the different family planning methods available and the willingness of both spouses to participate in the family planning programmes. The sources of information are also important because they determine, to some extent, the numbers and characteristics of people reached, the quality and quantity of information diffused, and the effect which information may have on recipients (Gadalla, 2013).

The majority of African men know at least one family planning method, either modern or traditional. In a number of countries, such as Egypt, Morocco, Kenya, Rwanda and Zimbabwe, knowledge of family planning among men is nearly universal (Olumide, 2016). Knowledge of family planning, family planning methods, and related issues comprise an essential component of the decision to using a contraceptive method. Individuals with higher levels of knowledge about family planning and family planning methods are more likely to be using contraceptives than those with lower level of such knowledge (MacCorquodale, 2015).

### **2.2.2 Perception of Family Planning**

Perception can be defined as the process by which someone becomes aware, understands and interprets something. This proves that men and women can be influenced even more by their perception of community norms than by their personal preferences concerning their ideal number of children and contraceptive use (Russell & Pratt, 2015).

Russell and Pratt (2015) further stated that since individuals hear a lot of health programmes on radio every day, information processing goes through some perceptual defenses, which are the elective attention, selective perception and selective retention. It allows them to “sort” the information received depending on their own beliefs, values and attitudes. If the radio

health messages hold the interest of the individual, he/she will most likely think about the message, keep it in memory and that can result to adherence to family planning.

Alade (2012) noted that all the determinants of family planning correlated significantly with married peoples' perception of family planning except child spacing with moderate relationship. Perception of parents-mother or father goes a long way to ascertaining the level of family planning practice acceptability in the family. Husbands are major determinants of whether to adopt family planning practice or otherwise going against number of living children as a variable for adopting family planning, (Dauda&Apuke, 2016).

Belch and Belch (2014) defined perception as the process by which organisms interpret and organize sensation to produce a meaningful experience of the world. It is an individual process and depends on internal factors such as person's experiences, beliefs, moods, attitude, needs and expectations. The perceptual process is also influenced by the characteristics of a stimulus. According to Fennell (2017), perception is a mental process that involves an effort made by an individual to select, organize and interpret radio health messages input to create a meaningful picture of the subject, event, proposition, etc.

Fundamentally, perception has a relationship with how individuals create opinions about radio health messages offered by health practitioners, which they engaged in or not. Then, it is very important that individuals have good perceptions of radio health messages, especially on family planning since it will have a direct impact on their decision making process (Fennell, 2017).

### **2.2.2 Attitude towards Family Planning**

Attitude refers to inclinations to react in a certain way to certain situations; to see and interpret events according to certain predispositions, or to organize opinions into coherent and

interrelated structure (Bankowski & Bryant, 2017). In this study, attitude refers to the views and opinions of the couples or research respondents on natural family planning methods: whether they find it acceptable or not; whether they support, like and encourage it or not. Attitudes are not gained by birth, they are learned and adopted by experiences and culturally gained during socialization. Essentially, the identification of attitudes that affect the use of the family planning method by individuals is an important factor contributing to the scheduling of family planning services (Abimbola, 2016).

The basis of most attitudes depends on childhood development and is generally acquired through direct experience, reinforcement, imitation and social learning. The most important feature is that once they have developed, they are very resistant to change (Oyedokun, 2015). Studies conducted in different countries have found that most women know the methods of family planning but do not practice it. This is due to the fact that they have a negative and prejudiced attitude toward modern methods. It is known that positive or negative attitude affects the use of family planning method, so, it is important to examine the current attitudes and determinants in order to spread the choice of effective method (Oyedokun, 2015).

Notably, individuals' attitudes for family planning methods are influenced by some characteristics, such as economic factors, socio-cultural factors, environmental factors, location, age, educational, traditional beliefs, religion, family type and level of knowledge (Oyedokun, 2015). Further to this, many anthropologists have insisted that reproductive behavior or decisions made in relation to family planning is not only decided by economic factors, but also affected by socio-cultural factors such as fertility preferences or values related to having children. Likewise, political issues such as national population policy or reproductive health programmes, are also influential matters. Subsequently, anthropologists emphasize that it is very important to understand

what social, cultural or structural factors may shape peoples' thoughts and behaviors (Ofonime & Ikobong, 2015).

#### **2.2.4 Mass Media Health Messages**

Health communication is a broad term that means different things to different people. Scholars have defined and described health communication from different perspectives. This is because like most concepts, there is no universal definition but perspectives that define health communication. Sixsmith (2017), defines health communication as the study and use of communication strategies to inform and influence individual and community decision that enhance health. It encompasses health promotion, health protection, disease prevention and treatment, and is pivotal to the overall achievement of the objectives and aims of public health. According to Akinfeleye (2016), health communication basically could be described as the form of communication disseminated by the mass media for adequate health care delivery office. Hence, it will be right to assert that media health communication is the dissemination of health information by the media in order to influence people's' health choice and improve their health literacy for sustainable health development.

As a concept, media health communication seeks to: increase audience knowledge and awareness of health issue, influence behaviours and attitudes towards a health issue, demonstrate healthy practices, demonstrate the benefits of behavior changes to public health outcomes, advocate a position on a health issue or policy increase demand or support for health services, and argue against misconceptions about health (Akinfeleye, 2016).

Radio health messages consist of speech, music or other sounds. These sounds are either live or prerecorded. Live sounds are broadcast at the same time they are produced and include

words spoken by announcers. Pre-recorded sounds are not broadcast when first produced. They are stored on tapes and broadcast later. Almost all the music and most commercials/advertisements are prerecorded (Uyeh, 2017). According to Gaur *et al.* (2018), there are different strategies for health communication. These methods include campaigns, entertainment advocacy, media advocacy, new technologies, and interpersonal communication. All these strategies are used to enhance effective dissemination of health-related issues.

## **2.4 Empirical Report Review**

This section presents the previous research conducted by previous authors on that mass media and family planning. Ukaegbu and Efetabor (2019) investigated the influence of Family Planning Media Programmes on the Knowledge, Attitudes and Practices of Residents of Enugu Metropolis. The study evaluates mass media coverage of family planning programmes and population control, with focus on married men and women in Enugu metropolis. Accordingly, the Survey research methodological approach was adopted. In consonance with the above statistics, the population for this research is 289,066. A sample size of 400 was taken using Taro Yamane's formula. Evidence from research data, therefore, indicates that Media coverage of family planning programmes has not caused families in Enugu metropolis to adopt population control measures.

Research finding shows that educated people are more prone to accepting family planning messages from the news media than uneducated people. The researchers conclude that the research findings are in conformity with the research objectives and assumptions earlier made. Based on the research findings and the conclusions drawn, the researchers recommend that medical

professionals should be sent to the rural areas to educate them more on the need for family planning, if possible in their dialect for proximity.

Joseph, Charlotte, Emmanuel and Anthony (2022) examined the Influence of Mass Media on Contraceptive Use in Nigeria: A Secondary Analysis of 2013 Nigerian National Demographic and Health Survey. This study is aimed at evaluating the influence of media exposure on contraceptive use among Nigerian women. The materials and methods used was a weighted analysis of data from the 2013 Nigerian Demographic and Health Survey that included 38,948 women aged 15–19 years using STATA software, version 12.0 SE (Stata Corporation, TX, USA) to investigate the influence of media exposure on contraceptive use among Nigerian women using logistic regression models.

A study by Dana (2018) indicated that mass media-delivered family planning campaigns have a positive impact on family planning behaviors. Effect sizes were consistent with previous research on the impact of mass mediated campaigns. In the study titled “The impact of mass media-delivered family planning campaigns in developing countries: A Meta-analysis”, the Meta-regression analysis also indicated that for women, mass media family planning campaigns that included an entertainment-education component were positively related to family planning behaviors as well as campaigns that prompted subsequent interpersonal communication with healthcare workers.

## **2.5 Theoretical Framework**

### **2.5.1 Social Cognitive Theory (SCT)**

It's important to note that the effectiveness of mass media campaigns on family planning may vary depending on cultural, socioeconomic, and contextual factors. Evaluating the impact of specific campaigns and their alignment with these theories can provide insights into their success and inform future efforts.

Social Cognitive Theory (SCT), also known as Social Learning Theory, was developed by psychologist Albert Bandura in the mid-20th century (Manstead, & Parker, 1995). Bandura first introduced the core concepts and principles of SCT in the 1960s and further expanded and refined the theory over decades. Social Cognitive Theory according to Krcmar (2019) has had a significant impact on psychology, education, and other fields, providing valuable insights into how individuals learn, develop, and change their behavior. It has informed the design of interventions, programs, and campaigns aimed at behavior change and skill development.

Social Cognitive Theory according to Snyder (2007) is highly relevant to understanding the influence of mass media campaigns on family planning. This theory as noted by Bandura (2004) emphasizes the role of observational learning, social influences, and cognitive factors in shaping individual behavior. When applied to mass media campaigns on family planning, Social Cognitive Theory suggests that these campaigns can have a significant impact by influencing individuals' attitudes, beliefs, and behavioral intentions through several key mechanisms (Hutchinson, Anaba, Abegunde, Okoh, Hewett, & Johansson, 2021).

By incorporating these mechanisms and strategies aligned with Social Cognitive Theory, (Sinai, Omoluabi, Jimoh, and Jurczynska, 2020), mass media campaigns on family planning can

effectively shape individuals' attitudes, beliefs, and behavioral intentions. They can increase knowledge, reduce stigma, enhance self-efficacy, and provide positive role models, ultimately contributing to the adoption of family planning practices and the promotion of reproductive health.

## **CHAPTER THREE**

### **METHOD OF THE STUDY**

#### **3.1 Introduction**

This chapter focuses on research design, research method, population of the study, samples technique and sample size, Data gathering instruments, validity and reliability of study, method of data collection as well as method of data analysis was discussed.

#### **3.2 Research Design**

This study adopted a quantitative research design as the study will be gathering data from respondents and analyse it using figures. A quantitative research involves collecting and analysing numerical data (Asika, 2012).

#### **3.3 Research Method**

The study adopted survey research method. Survey research method focuses on a representative sample derived from the entire population of study (Asika, 2012).

#### **3.4 Population of the Study**

Population refers to the total number of human beings, objects or issues that form a particular group (Asika, 2012). The population for this study was the entire civil servants in Kwara State. According to Head of Service, (HOS) Mrs. Susan Modupe Oluwole, Kwara State

Government has 21,487 civil servants. Therefore, the total population of civil servants in Kwara State is 21,487

### 3.5 Sample Size and Sampling Technique

In this study, the researcher adopted the simple random sampling. To get the actual sample size for the study four ministries out the 20 ministries in Kwara State were selected using simple random sampling technique. The four ministries are; Ministry of Health, Ministry of Tertiary Education, Ministry of Women Affairs and Ministry of Science and Technology. To select the actual number of respondents needed in each department for the sample size, ratio 1:3 was used to select the respondents

**Table 3.4.1**

Listed Ministries	Number of Civil Servants	Percentage (%)
Ministry of Health	625/3	208
Ministry of Tertiary Education	500/3	167
Ministry of Science and Technology	205/3	68
Ministry of Women Affairs	385/3	128
<b>Total</b>	<b>1,715</b>	<b>571</b>

Therefore, 571 respondents were used as the sample size for this study.

### **3.6 Research Instrument**

The research instrument for this study is questionnaire. According to Resnik (2018) a questionnaire is a means of eliciting the feelings, beliefs and experience or attitude of some sample of individuals. It could be structured or unstructured. Therefore, questionnaire is the most appropriate instrument for this study. The questionnaires consist of five sections A, B, C and D.

### **3.7 Method of Administration of the Research Instrument**

The research instrument was administered to the respondents through self-administered questionnaire in which the researcher waited till the respondents finished attempting all the questionnaires and the questionnaires were retrieved immediately.

### **3.8 Method of Data Analysis**

Data gathered through questionnaire were presented descriptively using percentages, tables, and frequency count. Special Package for Social Science (SPSS) version 23 was used to analyse the data and later the results were explained for clarity.

The researcher also checked for errors in data imputation which affected the output of the study. The errors were corrected to avoid flaws in the result of the study.

