



Influence of Self Consciousness, Religious Dependence and Culture on Family Planning among Health Educators in Public Secondary Schools in Bayelsa and Delta States

Okudaye, I. N. (Ph.D)

University of Delta, Agbor, Bayelsa and Delta States

ABSTRACT

This study was undertaken to investigate influence of self-consciousness, religious dependence and Culture on family planning among health educators in public secondary schools in Bayelsa and Delta states. The design adopted in this study was descriptive survey design. The population was 332 married health educators in public secondary schools in Bayelsa and Delta states. The population was 119 married health educators in 163 public secondary schools in Bayelsa and 213 married health educators in 649 public secondary schools in Delta state in 2020/2021 academic year. The researcher sampled the entire 332 health educators in Bayelsa and Delta states public secondary schools because of their fewness. The questionnaire used in this investigation was described as Self Consciousness, Religious Dependence, Culture and Family Planning Questionnaire (SCRFPQ). Out of 332 questionnaires administered 309 were returned. Married health educators in Bayelsa state public secondary schools was 107 while married health educators in Delta states public secondary schools was 202 . Items on the questionnaire were assessed with the four point's assessment scale varying from Strongly Agree (4 points), Agree (3 points), Disagree (2 points) and Strongly Disagree (1 point). Mean rating and standard deviation were utilized to respond on the three research questions. z test Statistics was utilized to examine the 3 null hypotheses formulated to direct the investigation at 0.05 levels of significance. Findings showed that influence of self-consciousness and family planning among health educators in public secondary schools in Bayelsa and Delta states were high as the ratings were high. That the influence of religious dependence , culture and family planning among health educators in public secondary schools in Bayelsa and Delta states were low as the ratings were low. That there was no significant difference on the influence of self-consciousness and family planning among health educators in Bayelsa and Delta states. That there was significant difference on the influence of religious dependence, culture and family planning among health educators in public secondary schools in Bayelsa and Delta states. It was concluded in the study that that self-consciousness influence family planning among health educators in public secondary schools in Bayelsa and Delta states were high. That religious dependence, culture do not influence family planning among health educators in public secondary schools in Bayelsa and Delta states were low as the ratings were low. That self-consciousness does not significantly differ on the influence of family planning among health educators in Bayelsa and Delta states. That religious dependence, culture significantly differs on the influence of family planning among health educators in public secondary schools in Bayelsa and Delta states. It was recommended among other that health educators in public secondary schools in

Bayelsa and Delta states should ensure that they use their self-consciousness in family planning.

Keywords: Bayelsa And Delta States, Family Planning, Public secondary schools , Health educators , Religious Dependence , Self-Consciousness, Culture.

INTRODUCTION

Family planning is acknowledged as infant spacing or birth control commenced as at 1500 Before Christ Existence and are further recognised in Mesopotamia and ancient Egypt account which recorded the placing of acacia leaves, honey and lint into the women's vagina to obstruct the gush of sperm into the uterus as one of the initial techniques of contraceptives tools. Global entrance to family planning is an individual right, focused on sex, fairness and women empowerment. In the family planning summit held in London in 2012, Nigeria made a significant obligation which spurred the Federal Ministry of Health to commence the Nigerian Family planning outline with the intention of rising utilisation of family planning to 36 % by 2018. Committee on the Discrimination against Women (2017) noted that right to health care as well as reproductive health, is a necessary obligation under the conference on the elimination of discrimination against women decided at its 20th conference to elaborate a wide-ranging suggestions on article 12 on the conference. Government's conformity with the article 12 of the conference is basic to the health of women. It necessitates governments to abolish bias against women in their right to health care services throughout their existence in the area of family planning. Duruiheoma (2017) noted that it is necessary to look at family planning further than hoarding existence but as device for making powerful citizens and growing states.

Numerous investigations have been carried out on family planning and self-consciousness, religious reliance and cultural practices among married health educators. In an investigation, Guttmacher Institute and United Nations Population Fund (2014) established that 222 million sexually energetic women in developing countries were not utilising any contemporary technique of family planning but want to shun pregnancy. In a similar study, Federal Ministry of Health (2014) ascertained that 30% of health conveniences in Nigerian were offering family planning services. Family planning which is based on scientific principles is the practices that assist married health couples to shun unnecessary births, control gap between pregnancies, and manage the occasion at which delivery happen in association to the age of parents and to decide the number of kids in a family unit. Teachers' faiths are connected with their worth (Scharlach, 2024).

In an inquiry, Mustafa, Azmat, Hameed, Ali, Ishaque, Hussain, Ahmed and Munroe (2025) ascertained that most respondents who were health educators were familiar with a number of current contraceptive techniques, but the general contraceptive utilisation was low. Awareness and utilisation of any contraceptive technique were low. Basis for inadequate utilisation of family planning and contemporary contraception integrated deficient family range, unconstructive opinions, in-law's condemnation, religious beliefs, side-effects, and inadequate access to quality health care facilities. In a similar inquest, Neuz, Neuz and Lombardo (2021) established that reliance and techniques concerning oral contraceptives persuade proper use of contraceptives. In a related investigation, Mahadeen, Khalil, Hamdan-Mansour, Sato and Imoto (2022) ascertained that awareness, approaches and performance of family planning

among female health educators in the rural southern region of Jordan revealed that there was influence of cultural circumstances desire for large families and the husband's opposition to the use of family planning. In an investigation, Dubois (1998) found that health educators require consciousness, potentials, expertise, mental understanding and academic which direct effectiveness in family planning. Access to family planning instrument or contraceptive utilization is one concealed feature of the plan Bayelsa and Delta states governments anticipate will assist to lessen motherly and child death rates.

Statement of the Problem

Professionals in pediatrics, gynecology and nutrition stated that every woman desires to space kids as a minimum two years distant to permit them cater for the desires of their newest infants for the initial two years and get well completely to confront the challenges of the subsequent pregnancy. Development specialists further noted that Bayelsa and Delta states desires to plan her inhabitants for the sake of growth. Culture, religion, environment, personal belief and other issues have been postulated as factors why family planning has remained unpopular among health educators in Bayelsa and Delta states. They have been identified as a major factor responsible for non-acceptance of family planning among health educators in Bayelsa and Delta states plays very big role in the mindset of average. There is common conviction among some of the people of Bayelsa and Delta states that kids who are heavenly sanctify should not be planned. Most male health educators do not perform family planning due to their religious belief. There are as well misleading conception on usage of family planning among married health educators in public secondary schools in Bayelsa and Delta states. Some young married health educators do not practice family planning owing to different social stigmas. Social demands to bear more kids are acknowledged as an impediment towards family planning as parents with more kids are more esteemed. Female health educators do not practice family planning due to their husband's disapproval. Attempt made to aim at male health educators through encouragement or behavioral alteration have achieved very little.

Research Questions

The following research questions were raised to guide the study.

1. What is the influence of self-consciousness and family planning among health educators in public secondary schools in Bayelsa and Delta states?
2. What is the influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states?
3. What is the influence of Culture and family planning among health educators in public secondary schools in Bayelsa and Delta states?

Research Hypotheses

The following null hypotheses were formulated to direct the inquiry and will be tested.

1. There is no significant difference on the influence of self-consciousness and family planning among health educators in public secondary schools in Bayelsa and Delta states.
2. There is no significant difference on the influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states.
3. There is no significant difference on the influence of Culture and family planning among health educators in public secondary schools in Bayelsa and Delta states.

Purpose of the Study

The purpose of the study is to investigate self-consciousness,, religious dependence, and Culture on family planning among health educators in public secondary schools in Bayelsa and Delta states and its implications for counseling practice. Specifically, the study will investigate:

1. The influence of self-consciousness and family planning among health educators in public secondary schools in Bayelsa and Delta states.
2. The influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states.
3. The influence of Culture and family planning among health educators in Bayelsa and Delta states.

REVIEW OF RELATED LITERATURE

Theoretical Framework

The theories assumed for this investigation was Fishbein and Ajzen (1975) theory of logical act and Ajzen (1991) theory of intended act **Theory of Logical Act of Fishbein and Ajzen (1975).** In their theory of logical act, Fishbein and Ajzen (1975) noted that belief do not predict human behaviours, but somewhat behavioral intentions. It is behavioural intentions which openly predict behaviour. Behavioural intent is responsibility of belief to the behaviour and individual standards. Individual standards are what the actor considers what others believes what they should do Actors and observers might explain similar behaviour in a diverse approach either for the reason that the facts available to both about the behaviour is different or for the reason that actors and observers handle similar available facts in a diverse approach.

Theory of Intended Act of Ajzen (1991):

Theory of Intended Act of Ajzen (1991) supposed that behaviours are usually not under choice presumed by the theory of logical act. The theory of intended act supported behavioural acts as fundamental in the association between judgment and acts and upheld that behavioural acts are the notion of opinion towards the behaviour and individual norms. Other significant concern noted was alleged behavioral organization. This implies the actor judgment of the acceptance or difficulty of performing the acts.

Self-Consciousness and Family Planning Among Health Educators:

In an analysis, Olubayo – Fatiregun (1992) ascertained that there was significant influence of self-consciousness,, approaches and family planning practices among health educators of Akoko Edo local government area of Edo state. In a similar study, Ickes, Bissonnette, Garcia and Stinson (2020) found that feelings of health educators towards family planning practices significantly relate with their behaviour simply when feelings actions strongly match family planning behaviour. In a related exploration, Okediji (2020) established that self-awareness, alteration in thoughts significantly relate with family planning among married health educators. In a connected examination, Bankole (2021) observed that about 25% of married health educators who had abortion, experience harsh difficulties. In a linked assessment, Hastie (2021) instituted that health educators are more prone to observe, choose and subsequently judge statistics which is reliable with their first viewpoint. In a correlated investigation, Faturoti and Omolase (2021) found that (89%) of respondents were conscious of family planning. 42 respondents or47.2%) gets statistics concerning family planning from health personnel while 21 respondents or23.6% obtain statistics from the news media. 74% of the respondents used condom. Additional finding revealed that the forms of contraceptives used

by married health educators in Nigeria were oral contraceptive (17%), Coil or I.IJ.D or Loop (9%), Condom (74%), Injectable (29%), Vasectomy (3%), Withdrawal method (30%) and Vagina foaming tablets (16%). Additional findings established that the reasons why married health educators consider family planning as mandatory was prevention of preventable pregnancy (37%) and needed family size (27%). In an associated exploration, Pepitome (2013) found that facts possess by health educators shows pre-existing consciousness, arrangement and prospect which they employ to clean and procedure inward statistics on family planning.

In a linked discovery, Nigerian Demographic Health (2023) found that unmet necessity for family planning is currently 16 % among married health educators in Nigeria. In an allied investigation, Melton (2022) ascertained that contraceptives use was limited by inadequate awareness about the effect of unconfident sexual contact. In a related investigation, Tista, Gily, Stanley, Wondwosen & Els (2023) found that extent of awareness among health educators in Jimma zone of Ethiopia was low. In an interconnected study, Ngwu, (2024) instituted that awareness of family planning significantly relate with receiving family planning practices among married health educators with elevated socio-economic position. In a correlated inquiry, Kegeles, Adler and Irwin (2024) found that the use of contraceptives significantly relate with result health educators expected. In a correlated study, Delaibatiki (2025) found that level of awareness among health educators in Taukei in Fiji and New Zealand was low.

Religious Dependence and Family Planning among Health Educators:

In the 21st century, religion persists to take debatable place on issues such as family planning. Religion entails a faith in the adoration of several powers superior than man. It is a meaningful formal of the saintly, material and a continuance of understanding by organized method. Religious variety has turn out to be a support for democratizing faith. Buddhism, Christianity, Hinduism, Islamism etc. are all equally fashionable belief structures. Religions got their might from a faith in the power of heavenly sacred being who fashioned the globe, preside over it and manage is fate. In most societies, religion is utilised as a major influencing aspect to control and uphold satisfactory approaches and actions in civilization and between the two genders. In an added study, Edgell (2022) ascertained religion significantly relate with family planning. In a related analysis, Adsera (2024) recognised that universal religiosity, religious association significantly relate with family size. In an associated investigation, Thornton (2021) discovered that there was attitudinal conservatism, pro-family worth, denomination significantly relate with family planning. In an associated examination, Igbudu, Okoedions, Peremene and Eghafona (2021) found that religious belief significantly relate with family planning practices among married Nigerian police officers in zone 5 barracks, Benin city, which is made up of Delta, Edo and Ondo states commands. In a further exploration, Ryder and Westoff (2022) established that religious variation significantly relate with family planning. In a different discovery, Wuthnow (2021) found that the outcome of denominational variation has turn down in the 20th century, alternated by cultural, open-minded or spiritual and unspiritual differences. In an additional inquest, Barrett and Ellison (2021) found that there was significant relationship between religion and family planning married persons in the United States of America.

Culture and Family Planning Among Health Educators:

Every civilisation has regulations guiding their approaches to existence. Human-beings are thoroughly educated on how to act, believe and make good judgment.. This procedure of

learning to be a good member of civilisation is enduring. This enduring procedure is called socialisation. Culture is everything civilisation believes, performs and possesses as component of that civilisation. It is social legacy that offers arrangement to existence. It is normative, educated and broaden. The normative feature of culture entails objectives that should be practiced and how we should practice them. The values that should championed, scheme of decency as well as what is immoral, disgraceful and humiliating. Culture is taught when citizens are socialized into the beliefs and regulations of a civilisation. Cultural transmission is figurative. A figure is something that symbolizes something else, even a concept. It is the approach citizens carry out things. African Charter on Human and Peoples' Right (2010) noted that the family shall be the accepted component and foundation of civilization. It shall be shielded by the state which shall guarantee its physical wellbeing, ethic and the state shall have the responsibility to aid the family which is the guardian of ethics and conventional significance recognised by the people.

Many studies have investigated the association between Culture and family planning among health educators. In a study, Lewis, Romi, Qui and Katz (2025) found that Culture significantly relate with family planning. In a similar inquiry, Brown, Coetaux, Chipoma, Manda, and Muntemba (2008) instituted that mass of the customary culture accept family planning. In a similar exploration, Pegu, Gaur, Sharma and Singh (2014) established that culture significantly relate with family planning.

METHODS

The design adopted in this study was descriptive survey design. This design is a method of gathering figures with an instrument to a sample. It a design used for the inquiry since precise statistics can be acquired for larger amount of people with a little sample. The data is collected at one point in time with intention of connecting the scenery of available circumstances. It is employ to discover association that exists between variables and permits sweeping statement across populations (Orodho, 2022).The population was 332 married health educators in Bayelsa and Delta states public secondary schools. The population was 332 married health educators in public secondary schools in Bayelsa and Delta states. The population was 119 married health educators in 163 public secondary schools in Bayelsa and 213 married health educators in 649 public secondary schools in Delta state in 2020/2021 academic year. The researcher sampled the entire 332 health educators in Bayelsa and Delta states public secondary schools because of their fewness. The questionnaire used in this investigation was described as Self Consciousness, Religious Dependence, Culture and Family Planning Questionnaire (SCRTPQ). Specialists in measurement and evaluation analyzed the questionnaire to find out whether it measures possible areas that it was intended to measure, ensures its appropriateness, completeness and accuracy. The questionnaire were scrutinised to find out if there were mistakes, errors, vague, insufficient, unreadable and immaterial answers. They also validated the questionnaire based on the purpose, research questions, research hypotheses and questionnaire items of the study. The researcher depends on the ideas of the experts to establish if items in the questionnaire were adequate representation of all the areas that were under study. The researcher also verified the items in the questionnaire to establish if an acceptable sample was obtain in terms of amount of the questionnaire. They were also verified to establish their range. The corrections made by the experts led to the final draft of the questionnaire.

To guarantee the internal consistency of the questionnaire, the investigator employed split-half method to examine the consistency of the questionnaire with piloting. 30 health educators in public secondary schools in Anambra state were administered the questionnaire utilised for the investigation to institute the dependability indicator. The internal reliability of the different aspects of the questionnaire was established. The significance of Pearson Product Moment Correlational Coefficient (r) for self-consciousness and family planning among health educators was 0.71. The significance of Pearson Product Moment Correlational Coefficient (r) for religious dependence and family planning among health educators was 0.85. The significance of Pearson Product Moment Correlational Coefficient (r) for Culture and family planning among health educators was 0.85.

The investigator with the aid of skilled research helpers in the administration of the questionnaire were in the various public secondary schools used in the investigation to administer the questionnaire to health educators who were utilised as respondents and guided them on how the questionnaire were filled. Out of 332 questionnaires administered 309 were returned. Married health educators in Bayelsa state public secondary schools was 107 while married health educators in Delta states public secondary schools was 202. Items on the questionnaire were assessed with the four point's assessment scale varying from Strongly Agree (4 points), Agree (3 points), Disagree (2 points) and Strongly Disagree (1 point). Mean rating and standard deviation were utilised to respond on the three research questions. Mean rating of 2.50 was taken as the critical level of acceptance, while mean rating below 2.50 was rejected. z test Statistics was utilised to examine the 3 null hypotheses formulated to direct the investigation at 0.05 levels of significance.

PRESENTATION OF RESULTS

Research Question 1

- What is the influence of self-consciousness and family planning among health educators in public secondary schools in Bayelsa and Delta states?

Table 4: Mean rating of Respondents on the Influence of Self Consciousness and Family Planning among Health Educators in Public Secondary Schools in Bayelsa and Delta States.

S/N	The Influence of Self Consciousness and Family Planning among Health Educators in Public Secondary Schools in Bayelsa and Delta states.	Bayelsa State Health educators				Delta State Health educators			
		N	\bar{X}	SD	Decision	N	\bar{X}	SD	Decision
1	My personal awareness of family planning will determine my accepting it.	107	4.03	0.71	+	202	3.97	0.83	+
2	My personal awareness of family planning will advance my attitude about it	107	3.95	1.05	+	202	3.93	1.17	+
3	My personal awareness of family planning will progress my attitude towards it.	107	3.87	0.91	+	202	3.88	0.78	+
4	My thoughts towards family planning methods is obligatory to my accepting it	107	3.83	1.16	+	202	3.81	1.11	+

5	My bias towards family planning methods will prepare me expressively to respond towards it.	107	3.77	0.79	+	202	3.79	1.05	+
6	My judgment towards family planning will adjust me towards the advantage of the family planning	107	3.75	1.05	+	202	3.73	0.79	+
7	The knowledge I got from earlier links with married citizens on family planning will influence my acceptance of the practice.	107	3.68	0.59	+	202	3.71	1.13	+
8	I was assisted to have positive attitude towards family planning	107	3.61	1.09	+	202	3.63	0.79	+
9	I did not accept family planning due to my inadequate knowledge about it.	107	2.49	0.76	-	202	2.41	1.12	+
10	I did not accept family planning due to its side effects	107	2.47	0.83	-	202	2.35	1.15	-
	Total	107	35.45	8.94	-	202	35.21	9.92	-
	Grand Mean		3.55	0.89			3.52	0.99	

+ = Agreed, - = Disagreed

Table 4 showed the Mean rating of respondents on the influence of self-consciousness and family planning among health educators in public secondary schools in Bayelsa and Delta States. The respondents agreed on table 1 to 8 that their personal awareness of family planning will determine my accepting it, their personal awareness of family planning will advance my attitude about it, their personal awareness of family planning will progress my attitude towards it, their thoughts towards family planning methods is obligatory to my accepting it, their bias towards family planning methods will prepare me expressively to respond towards it, their judgment towards family planning will adjust me towards the advantage of the family planning, their knowledge they got from earlier links with married citizens on family planning will influence my acceptance of the practice and there was assisted to have positive attitude towards family planning.

Using the statistics in table 4 and the mean rating from items 1 to 10, the followings were noted. The sample for Health educators in Bayelsa State public secondary schools was 107 with mean rating of 3.55 and standard deviation of 0.89 while the sample for Health educators in Delta State public secondary schools was 202 with mean rating of 3.52 and standard deviation of 0.99. Utilising the significance level of acceptance for the study as 2.50, the ratings of Health educators in public secondary schools in Bayelsa and Delta states were higher than the criterion level of acceptance. This implied that influence of self-consciousness and family planning among health educators in public secondary schools in Bayelsa and Delta states were high as the ratings were high.

Research Question 2

- What is the influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states?

Table 57: Mean rating of Respondents on the Influence of Religious Dependence and Family planning among health educators in Public Secondary Schools in Bayelsa and Delta States.

S/N	The influence of Religious Dependence and Family Planning among Health Educators in Public Secondary Schools in Bayelsa and Delta States	Bayelsa State Health Educators				Delta State Health Educators			
		N	\bar{X}	SD	Decision	N	\bar{X}	SD	Decision
1.	My religious conviction places me at disadvantaged situation in reproductive health issues.	107	3.45	0.87	+	202	3.39	0.79	+
2	My religion assumed that every pregnancy is needed	107	3.41	1.13	+	202	3.35	1.07	+
3	My religious conviction influence my acceptance of family planning practices	107	2.37	0.79	+	202	2.29	0.68	+
4.	My religious conviction held me emotionally towards accepting family planning practices.	107	2.33	1.19	+	202	2.27	1.13	+
5	My religious conviction performs a crucial function in the way I respond towards family planning	107	2.31	0.76	+	202	2.23	0.79	+
6	My religious conviction determined my acceptance of family planning practices.	107	2.28	1.09	+	202	2.21	1.19	+
7.	My religion is inflexible in its stance on family planning	107	2.25	1.10	+	202	2.18	0.79	+
8	My religion influences my behavior towards family planning methods.	107	2.21	1.04	+	202	2.13	1.08	+
9	My religion made me not to change my approaches towards family planning	107	2.11	0.75	+	202	2.06	1.05	+
10	My religion support family planning practices.	107	2.09	1.06	-	202	2.03	0.75	-
Total			24.81	24.81			24.14	24.14	
	Grand Mean		2.48	0.25			2.41	0.24	

+ = Agreed, - = Disagreed

The data in table 5 shows that using the mean rating on the influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states. The respondents who were health educators agreed on items 1 to 2 that their religious conviction places them at disadvantaged situation in reproductive health issues and their religion assumed that every pregnancy is needed.

Utilising the information in table 5 and the mean rating from items 1 to 12, the followings were noted. The sample for Health educators in Bayelsa State pubic secondary schools was 107 with mean rating of 2.48 and standard deviation of 0.25 while the sample for Health educators in Delta state pubic secondary schools was 202 with mean rating of 2.41 and standard deviation of 0.24 . Utilising the significance level of acceptance for the study as 2.50, the ratings of Health

educators in Bayelsa and Delta States *pubic* secondary schools were lesser than the criterion level of acceptance. This implied that the influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states were low as the ratings were low.

Research Question 3

What is the influence of culture and family planning among health educators in public secondary schools in Bayelsa and Delta states?

Table 3: Mean Rating of Respondents on the Influence of Culture and family planning among health educators in public secondary schools in Bayelsa and Delta States.

S/N	The influence of Culture and Family planning among health educators in public secondary schools in Bayelsa and Delta states	Delta State Principals				Health educators			
		N 107	\bar{X}	SD	Decision	N 202	\bar{X}	SD	Decision
1	Education guided my decision on family planning inspite of my culture.	107	3.43	1.13	+	202	3.39	0.85	+
2	Job opportunity guided my decision on family planning inspite of my culture	107	3.39	0.76	+	202	3.25	0.75	+
3	Side effect on family planning guided my decision inspite of my culture.	107	2.27	1.03	-	202	2.23	1.13	-
4	My culture guides me towards family planning practices	107	2.19	0.85	-	202	2.13	1.09	-
5	My culture has many rules that influence my approaches towards family planning.	107	2.15	1.15		202	2.09	0.75	
6	My culture support large family size.	107	2.13	0.79	-	202	2.07	1.09	-
7	My culture influences issues of beliefs towards family planning	107	2.05	0.85	-	202	2.05	0.91	-
8	My culture assumed that family planning has distressing side effects to person's health.	107	2.03	1.21		202	2.03	1.29	
9	My culture did not influence positively counseling given to me on family planning	107	2.01	1.10	-	202	1.87	0.75	-
10	My culture accepts family planning practices.	107	1.97	0.77	-	202	1.75	1.11	-
Total			23.62	9.64			22.86	9.72	
	Grand Mean		2.36	0.96			2.29	0.97	

+ = Agreed, - = Disagree

The data in table 3 shows that using the mean rating on the influence of culture and family planning among health educators in public secondary schools in Bayelsa and Delta states. The respondents who were male and female health educators agreed on items 1 and 2 that education guided my decision on family planning inspite of my culture and job opportunity guided my decision on family planning inspite of my culture.

Utilising the figures in table 3 and the mean rating from items 1 to 10, the followings were noted. The sample for Health educators in Bayelsa State public secondary schools was 107 with mean rating of 2.36 and standard deviation of 0.96 while the sample for Health educators in Delta State public secondary schools was 202 with mean rating of 2.29 and standard deviation of 0.97. Utilising the significance level of acceptance for the study as 2.50, the ratings of Health educators in public secondary schools in Bayelsa and Delta states were lesser than the criterion level of acceptance. This revealed that the influence of culture and family planning among health educators in public secondary schools in Bayelsa and Delta states were low as the ratings were low.

Hypothesis 1

- There is no significant difference on the influence of self-consciousness and family planning among health educators in Bayelsa and Delta states.

Table 4: z test of Significant Difference on the Influence of self-consciousness and family planning among health educators in Bayelsa and Delta States

States	N	\bar{X}	SD	Df	Level of Significance	Calculated z-Value	Critical z-Value	Decisions
Bayelsa State Health educators	107	37.58	5.6	307	0.05	1.83	1.96	Note Signif Accept Ho ₁
Delta State Health educators	202	35.28	4.8					

Significant at $0.05 < P$ level

Table 4 showed that calculated z value of 1.83 was lower than the critical z value of 1.96. As a result, the null hypothesis was accepted. This implied that there was no significant difference on the influence of self-consciousness and family planning among health educators in Bayelsa and Delta states.

Hypothesis 2

- There is no significant difference on the influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states.

Table 6: z test analysis of the Significant Influence on Influence of Religious Dependence and Family planning among health educators in public secondary schools in Bayelsa and Delta states

States	N	\bar{X}	SD	Df	Level of Significance	Calculated z-Value	Critical z-Value	Decisions
Bayelsa State Health educators	107	39.32	6.75	307	0.05	3.32	1.96	Not Signif Accept Ho ₄
Delta State Health educators	202	37.21	6.52					

Significant at $0.05 < P$ level

Table 5 signified that calculated z value of 3.32 was higher than the critical z value of 1.96. Consequently, the null hypothesis was rejected. This means that there was significant difference on the influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states.

Hypothesis 3

- There is no significant difference on the influence of Culture and family planning among health educators in public secondary schools in Bayelsa and Delta States.

Table 6: z test analysis of the Significant Difference on Influence of Culture and Family planning among health educators in public secondary schools in Bayelsa and Delta States.

States	N	\bar{X}	SD	Df	Level of Significance	Calculated z-Value	Critical z-Value	Decisions
Bayelsa State Health educators	107	39.81	7.43	307	0.05	4.38	1.96	Not Significant Accept Ho ₄
Delta State Health educators	202	37.11	6.75					

Significant at 0.05 < P level

Table 6 signified that calculated z value of 4.38 was higher than the critical z value of 1.96. Thus, the null hypothesis was rejected. This signified that there was significant difference on the influence of Culture and family planning among health educators in public secondary schools in Bayelsa and Delta states

FINDINGS

1. That influence of self-consciousness and family planning among health educators in public secondary schools in Bayelsa and Delta states were high as the ratings were high.
2. That the influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states were low as the ratings were low.
3. That the influence of culture and family planning among health educators in public secondary schools in Bayelsa and Delta states were low as the ratings were low.
4. That there was no significant difference on the influence of self-consciousness and family planning among health educators in Bayelsa and Delta states.
5. That there was significant difference on the influence of religious dependence and family planning among health educators in public secondary schools in Bayelsa and Delta states
6. That there was significant difference on the influence of culture and family planning among health educators in public secondary schools in Bayelsa and Delta states

CONCLUSION

1. That self-consciousness influence family planning among health educators in public secondary schools in Bayelsa and Delta states were high.
2. That religious dependence, culture do not influence family planning among health educators in public secondary schools in Bayelsa and Delta states were low as the ratings were low.
3. That self-consciousness does not significantly differ on the influence of family planning among health educators in Bayelsa and Delta states .
4. That religious dependence, culture significantly differ on the influence of family planning among health educators in public secondary schools in Bayelsa and Delta states

RECOMMENDATIONS

1. That health educators in public secondary schools in Bayelsa and Delta states should ensure that they use their self-consciousness in family planning.

References

- Adsera, A. (2024). Religion and changes in family-size norms in developed countries. *Review of Religious Research*, 47, 271- 286.
- African Charter on Human and Peoples' Right (2010) The importance of family. Article 18 (1) and (2)
- Ajzen, I (1991). Theory of Planned Action. *Organisational Behaviour and Human Decision Processes*, 50, 1-33.
- Bankole , A. (2021) Unwanted pregnancy and unsafe abortion in Nigeria: Causes and consequences. New York: Guttmacher Institute.
- Barrett, J. B. & D. J. Ellison (2021) Religion and Approaches Toward Family Planning Issues Among United states Adults . The National Institute of Child Health and Human Development to the Population Research Center at the University of Texas at Austin.
- Brown J; Coetaux F, Chipoma R, Manda V, & Muntemba D (2008). Characteristics of contraceptive Acceptors in United States of Americaka, Zambia. *Studies in family planning: population council*: 18 (2) 96-102.
- Committee on the Discrimination against Women (2007) Committee on the discrimination against women domestication in Nigeria: Te controversy over articles 12 and 16b. Committee on the Discrimination against Women Report.
- Delaibatiki, R. (2025). Awareness, Approaches and Practice of family planning among Taukei married health educators in Fiji and New Zealand. Thesis, Doctor of Philosophy. University of Otago.
- Duruiheoma, E. (2017) Family plaaning , birth spacing : Empowering people, developing people. A Paper Presented at the 2017 World Population Day Lecture , held in Abuja.
- Edgell, P. (2022). Religion and family in a changing society. Princeton, New Jersey: Princeton University Press.
- Federal Ministry of Health (2014) Reproductive health commodity security survey and other family planning services in Nigeria.. Federal Ministry of Health Survey.
- Fishbein, M. & Ajzen, I. (1975) Belief , attitudes , intention and behaviour: An introduction to theory and research. Reading, M. A: Addison Wesley.
- Guttmacher Institute and United Nations Population Fund (2014) Sexually energetic female health educators in developing nations who are not use modern techniques of family planning. Guttmacher Institute and United Nations Population Fund Report.
- Hastie, R. (2021) Schematic principles in human memory. *Social cognition: The Ontario symposium*. Hillside , New Jersey : Erlbaum, 39-88.
- Ickes, W; Bissonnette , V; Garcia, S & Stinson, L.L (2020) Implementing and Utilising the Dyadic interaction paradigm. *Review of personality and social psychology* 11. *Research Methods in Personality and Social Psychology*. Newbury Park , California : Sage, 16-44.
- Igbudu, U; Okoedions, S; Peremene , E & Eghafona K (2021). Religious dependence and family practices of married health educators in zone 5, police barracks in Nigeria. *Journal of social sciences*. 5; 27-34.
- Kegeles, S; Adler, N., & Irwin, D. (2024) Sexuality active adolescents and condoms: Changes over one year in awareness , approaches and use . *American Journal of Public Health* , 78(4) , 460-461.
- Lewis, R., Romi, S., Qui, X., & Katz, Y. J. (2025). Health educators classroom discipline and student misbehavior in Australia, China and Israel. *Teaching and Teacher Education*, 21(6), 729-741.
- London Summit on Family Planning (2012) A Communique issued at the end of the summit held in London in 2012
- Mahadeen, A. I; Khalil, A. O; Hamdan-Mansour, A. M; Sato, T & Imoto A (2022) Awareness, approaches and practices towards family planning among married health educators in the rural southern region of Jordan. *East Mediterranean Health Journal*, 18(6) 567-571.
- Melton, G. (2022) Adolescents and prevention of AIDS. *Professional Psychology. Research and Practice* 19(4), 403-406.

Mustafa, G; Azmat, S. K; Hameed, W. H; Ali, S. H; Ishaque, I; Hussain, H; Ahmed, A., & Munroe, E. (2015) Family planning knowledge, attitudes, and practices among married men and women in rural areas of Pakistan: Findings from a qualitative need assessment study. Syed Khurram Azmat; syedkhurram.azmat@ugent.be Received 16 June 2015; Accepted 13 August 2025 .

Neuz , A; Neuz, C & Lombardo E. (2021). Cognitive-behavioral therapy for medically unexplained symptoms: a critical review of the treatment literature. *Behavioral Therapy*. 32,537–48.

Ngwu, C. N. (2024). Consciousness, and Attitude of Family Planning among Rural Married health educators of Nsukka Local Government Area: implications for social work intervention. *Mediterranean Journal of Social Sciences*, 5(27) 32-9.

Nigerian Demographic Health (2023) Use of family planning among married health educators in Nigeria. Nigerian Demographic Health Empirical Report. Federal Ministry of Health , Abuja .

Okediji, F. O. (2020) Attitude, consciousness, and practice of family planning strategies among married married health educators in Ibadan. *West African Medical Journal* 17 (16).

Olubayo – Fatiregun, M.A (1992) Self consciousness,, approaches and practices of family planning among literate men who were health educators of Akoko Edo local government area of Edo state. *Nigerian Journal of Health Education* 1 (1) 91-98.

Orodho, A. J. (2022). *Essentials of Educational and Social Sciences Research Method*. Nairobi: Mosola Publishers.

Pegu B, Gaur BPS, Sharma N, Singh AS (2014) Awareness, attitude and practices of family planning medications among married health educators. *International Journal of Child bearing , Family planning medications, Obstetrics, and Gynecology* 3(2) 385-388.

Pepitome, A. (2013) Lessons from history of social psychology . *American Psychologist* 46 , 972-85.

Ryder, N. B., & Westoff, C. F. (2022). *Child bearing in the United States of America* Princeton, NJ: Princeton University Press.

Scharlach, T. D. (2024). These kids just aren't motivated to read: The influence of pre service teachers' beliefs on their expectations, instruction, and evaluation of struggling readers. *Literacy Research and Instruction*, 47, 158-173.

Thornton, A. (2021). Religious identity and family ideologies in the transition to adulthood. *Journal of Marriage and Family*, 69, 1227 – 1243.

Tista, T; Gily, C., Stanley L, Wondwosen K, Els L, et al. (2023) Family planning awareness, attitude and practice among health educators in Jimma zone, Ethiopia. *Ethiopia, Journal of Health Development* 19, 37-44

United Nations Population Fund (2012) *Maternal and child health : Enhancing the lives of millions of Nigerians . United Nations Population Fund Report*.

Westoff, C. F., & Ryder, N. B. (2012). *The papal encyclical and Catholic practice and approaches: United States of America, 1969. Studies in Family Planning*, 1, 1-7.

Wuthnow, R. (2021). *The restructuring of American religion: Society and faith since World War II*. Princeton, NJ: Princeton University America. *Annual Review of Sociology*, 24, 25 – 56.