

Determinants of Postpartum Family Planning Service Uptake Among Women of Reproductive Age in Ona-Ara Local Government Area, Oyo State, Nigeria

Joy Isioma Oboh

*Department of Nursing (Maternal and Child Health) Niger Delta University, Amassoma,
Bayelsa State*

Muideen Babatunde Olatunji

Executive Secretary, Oyo State Primary Healthcare Board

Afonja Adebola Olayemi

University of Ibadan

Fakeye Olufunmilayo Mary

Lagos State College of Health Technology, Yaba, Lagos

Aibinuomo Ayomide Oluwaseyi

Texila American University

Macaulay Oluropo Babafemi (PhD)

Lagos State College of Health Technology, Yaba, Lagos

Abstract: Introduction: This study investigates the knowledge, utilization, and acceptance of postpartum family planning services among women of childbearing age (WCBA). Postpartum family planning is crucial for enabling women to space births, thereby improving maternal and child health outcomes. Despite the known benefits, many women remain unaware of available family planning options or face barriers that prevent them from utilizing these services. Understanding the factors that influence the uptake of postpartum family planning is essential for designing effective interventions that can enhance service delivery and accessibility. By focusing on WCBA, this research aims to shed light on their specific needs and perspectives regarding family planning, which is vital for promoting informed reproductive choices and empowering women in their postpartum period.

The primary objective is to assess the level of awareness and the factors affecting the uptake of postpartum family planning methods among WCBA.

Method of Data Analysis: A cross-sectional survey was conducted involving 350 respondents, using descriptive statistics to analyze their awareness, experiences, and perceptions related to postpartum family planning services.

Results: The results indicate that 86.5% of participants received postpartum counseling, and 83.3% reported prior use of family planning methods. Currently, 70.6% are on some form of family planning, with hormonal methods at 38.2% and barrier methods at 40.4%. Key factors influencing acceptance included spousal support (56.3%), religious endorsement (57.1%), and the perceived availability of family planning commodities (65.9%). Additionally, 27% of respondents reported negative interactions with healthcare workers during family planning consultations.

Conclusion: The findings highlight significant awareness and utilization of postpartum family planning services among WCBA. However, barriers such as cultural beliefs, financial constraints, and inadequate counseling need to be addressed to improve service uptake. Targeted interventions are essential for enhancing the supportive environment for family planning, contributing to better maternal and child health outcomes.

Key words: *postpartum family planning, women of childbearing age, awareness, utilization, spousal support, maternal health.*

Introduction Family planning services refer to comprehensive medical, educational, and social interventions that allow individuals to freely determine the number and spacing of their children, as well as select the methods through which this can be achieved. According to Abdalla and Ahmmed (2017), these services are pivotal in promoting maternal and child health, empowering individuals to make informed reproductive choices. Research has demonstrated the significant impact of family planning on maternal health outcomes, particularly in preventing maternal deaths. For instance, preventing births in women with five or more children could reduce maternal mortality by 58%, and globally, family planning has the potential to prevent approximately 272,000 maternal deaths each year (Ahmed, Li, Lui, & Tsui, 2019). Furthermore, the size of a family has been identified as a crucial determinant of child nutritional status, morbidity, and mortality (Ndayizigiye, Fawzi, Lively & Ware, 2017). Contraceptive use, especially among women, is not only a health measure but also a social indicator of autonomy, fulfilling fundamental human rights related to reproductive decision-making. This empowerment is aligned with the Sustainable Development Goals (SDGs), particularly the goal to ensure universal access to reproductive health care, which extends into the postpartum period (World Health Organization, 2020).

The World Health Organization (WHO) defines Postpartum Family Planning (PPFP) as interventions aimed at preventing unintended pregnancies and closely spaced pregnancies during the first 12 months following childbirth (WHO, 2016). Research has shown that the prompt initiation of contraceptive methods during the postpartum period significantly increases contraceptive uptake and continuation, thereby reducing the risk of unintended pregnancies (Okoeguale, Osagiede, Idumwonyi & Ehigiegba, 2022; WHO, 2016). The postpartum period offers a critical window of opportunity to meet the reproductive health needs of women, especially since ovulation can resume as early as 28 days post-delivery, even before the return of menstruation (Kaydor, Ikeola, Adeoye, Tubosun & Olowolafe, 2018). Additionally, the frequent contact that women have with healthcare providers during the postpartum period—whether for postnatal care or immunization services—provides a key opportunity to integrate family planning counseling and services. Borda and Winfrey (2018) highlighted that women who wish to prevent or delay future pregnancies should ideally begin contraceptive use immediately after delivery, even before resuming sexual activity. This is especially important given that the first year after childbirth is one of the riskiest periods for closely spaced pregnancies, which can significantly affect maternal and child health (Kaydor et al., 2018).

Postpartum modern contraceptive use refers to the use of any modern contraception methods—such as oral contraceptive pills, intrauterine devices (IUDs), injectables, condoms (male or female), sterilization (male or female), and implants—commencing within the first 12 months after childbirth (Okoeguale et al., 2022). A United Nations report indicated that in 2019, among the 1.9 billion women of reproductive age (15-49 years) globally, 1.1 billion had a need for family planning, but 270 million had an unmet need for contraception (United Nations Department of Economic and Social Affairs [UNDESA], 2020). Despite global advancements, the rate of family planning need being met by modern contraceptive methods has stagnated at around 77% from 2015 to 2020. However, in the African region, this proportion saw a modest increase from 55% to 58%, signaling the need for intensified efforts in the region (UNDESA, 2020). This slow increase in contraceptive use is attributed to several barriers, including limited access to services, particularly for young, unmarried, or poorer women; fear of side effects; cultural or religious opposition; provider biases; and gender-based barriers (UNDESA, 2020).

In Nigeria, as in many other developing countries, unprotected intercourse remains the primary cause of unintended pregnancies, many of which result in unsafe abortions (Ngwu, Okoeguale, Osagiede, Ikheloa, Isabu et al., 2019). Despite the availability of family planning services, the utilization of these services remains low compared to the high fertility rate in the country. This imbalance contributes to Nigeria's rapid population growth, which is estimated to be between 2.5% and 3.0% per year. The 2018 National Demographic and Health Survey (NDHS) reported a contraceptive prevalence rate of only 17% among married women aged 15 to 49 years, with modern contraceptive use standing at 9% (Ekpenyong, Nzute, Odejimi & Abdullahi, 2018). This low uptake of modern contraceptives, despite the high fertility rates, underscores the need to intensify efforts in promoting family planning services across the country.

The high fertility and population growth rates in Nigeria are largely due to limited contraceptive use, driven by inadequate knowledge, cultural and religious opposition, and fear of side effects. A study by Ekpenyong et al. (2018) emphasized the need to expand family planning services to achieve better reproductive health outcomes for women. Additionally, programs targeted at increasing contraceptive uptake must address the socio-cultural and educational barriers that hinder women from using these services. In a midterm evaluation of the Urban Health Initiative conducted in 2012 across four Nigerian cities, significant improvements in family planning knowledge and behavior were observed. The evaluation revealed that more than 98% of men and women had knowledge of at least one family planning method by the midterm, with notable increases in knowledge in cities like Kaduna (John's Hopkins, 2019).

Despite these gains, the unmet need for postpartum family planning remains high. Estimates from 21 developing countries, including Nigeria, indicate that only 31% of women use a contraceptive method within the first two years after childbirth (Okoeguale et al., 2022). This highlights the persistence of low postpartum contraceptive uptake, despite multiple opportunities to engage with healthcare providers during antenatal and postnatal care visits. Women who deliver in healthcare facilities often fail to return for postpartum family planning services, with many becoming pregnant again within 12 months of their previous delivery. This points to a missed opportunity to address the reproductive health needs of postpartum women, which could be mitigated through better integration of family planning services during routine maternal healthcare encounters.

This study seeks to assess the factors influencing the acceptance and utilization of postpartum family planning services among women of childbearing age in Ona-Ara Local Government Area, Oyo State. By examining the level of knowledge, acceptance, and the determinants of postpartum family planning service utilization, this study aims to provide valuable insights for healthcare

providers, policymakers, and public health professionals. The findings will contribute to efforts aimed at improving maternal health outcomes, increasing contraceptive uptake, and addressing the unmet need for family planning in the postpartum period. Understanding these factors is critical for designing effective interventions that will promote safe motherhood and ensure that women are empowered to make informed decisions about their reproductive health.

Methods

Study Area

Ona-Ara Local Government Area (LGA) is one of the 33 LGAs in Oyo State, Nigeria. Located in the southwestern part of the country, Ona-Ara LGA was carved out of the larger Ibadan South-East LGA and shares boundaries with Ibadan North-East, Oluyole, and Lagelu LGAs. The administrative headquarters of Ona-Ara is situated in Akanran.

The LGA is predominantly inhabited by the Yoruba ethnic group, with its residents engaged in various occupations such as farming, trading, and small-scale businesses. Agriculture plays a key role in the local economy, with crops such as cassava, maize, and vegetables being widely cultivated. The area is semi-urban, featuring both rural and urban characteristics, with several communities and villages scattered across the region.

Ona-Ara LGA has a diverse population, consisting of people of various socio-economic backgrounds. The local government provides basic amenities such as healthcare facilities, primary and secondary schools, and a network of roads that link it to surrounding LGAs. Despite the presence of healthcare services, the uptake of essential services, including family planning, remains a challenge, primarily due to limited awareness, cultural beliefs, and socio-economic factors.

The area's proximity to Ibadan, the capital city of Oyo State, allows it to benefit from urban influences while still retaining a largely traditional and rural way of life. These characteristics make Ona-Ara LGA a suitable area for studying factors that influence the acceptance and utilization of postpartum family planning services, as the region reflects the challenges faced by many rural and peri-urban communities in Nigeria regarding reproductive health. The findings from such a study in Ona-Ara could provide valuable insights for improving family planning interventions in similar settings.

Study Design

The research adopted a descriptive cross-sectional study design, which involves collecting information without altering the environment or manipulating variables (Nageswara, 2014). This design is used to capture the current status of phenomena, describing "what exists" in relation to the variables or conditions of interest. It effectively helped to assess the factors influencing the acceptance of postpartum family planning services among the study population.

Study Population and Sample size

The study population included women of childbearing age who had given birth in Ona Ara LGA, Oyo State. Since the total population was unknown, the sample size was determined using the Cochran formula for cross-sectional studies, with a contraceptive prevalence rate of 9%, as reported by Ekpenyong et al. (2017). This formula, based on a 95% confidence interval and a 5% margin of error, resulted in a calculated sample size of 349.9, which was rounded up to 350 respondents for the study.

Sampling Procedure

The study employed a multi-stage sampling technique. In the first stage, four wards were selected out of the 11 wards in Ona Ara LGA using a balloting method for convenience. In the second stage, one health facility was randomly selected from each of the four wards chosen. Finally, in

the third stage, a minimum of 88 respondents were selected from each health facility using simple random sampling, until a total of 350 respondents was achieved.

Data Collection

Data were collected using a self-developed, structured questionnaire specifically designed for this study. The questionnaire comprised four sections: Section A collected demographic information of the respondents; Section B assessed their knowledge of post-partum family planning services; Section C evaluated the level of acceptance of post-partum family planning; and Section D examined the factors influencing acceptance of these services.

To enhance the validity of the instrument, the questionnaire underwent a rigorous review by the researcher's supervisor, leading to improvements in face and content validity. The reliability of the instrument was confirmed through the test-retest method, wherein the questionnaire was administered to women of childbearing age at a Primary Health Center in a local government area sharing similar characteristics with the target population. The resulting data were analyzed to ensure consistency.

Questionnaires were distributed to women of childbearing age in Ona Ara Local Government, Oyo State. The purpose and content of the questionnaire were thoroughly explained to respondents to facilitate accurate responses. Distribution was conducted at times convenient for the respondents, encouraging voluntary participation. All questionnaires distributed were meticulously counted and retrieved to ensure comprehensive collation and analysis of the data.

Method of Data Analysis

The data collected were analyzed using the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics, including frequency tables, charts (both pie and bar charts), and simple percentages, were employed to analyze the research questions. This analytical approach facilitated a comprehensive understanding of the respondents' demographics, knowledge levels, acceptance of post-partum family planning services, and the factors influencing acceptance. The results were presented in a clear and organized manner, allowing for effective interpretation of the findings.

Ethical Considerations

This study was conducted with ethical rigor, guided by the principles of respect, beneficence, and justice. A letter of introduction from the Community Health Officers Department Coordinator at UCH Ibadan was obtained and presented to the Primary Health Care Coordinator of Ona-Ara LGA prior to the commencement of data collection. Informed consent was sought from all respondents, ensuring they were fully aware of the study's objectives, procedures, and potential benefits. Participants were assured that their confidentiality would be maintained throughout the research process, and that their responses would be anonymized to protect their identities. The ethical considerations emphasized the importance of voluntary participation and the right to withdraw from the study at any time without any repercussions.

RESULTS

Table 1: Socio demographic Characteristics of the respondents

Characteristics	Frequency (n=350)	Percentage (%)
Age		
15-25	6	1.7
26-35	122	35.0
36-45	163	46.7
46 and above	9	2.6

Characteristics	Frequency (n=350)	Percentage (%)
Level of education		
No formal education	28	8.0
Primary	39	11.1
Secondary	186	53.1
Tertiary	97	27.8
Religion		
Christianity	242	69.1
Islam	105	30.0
Traditional	3	0.9
Occupation		
Farming	50	14.3
Business	200	57.1
Housewife	22	6.3
Student	17	4.9
Civil servant	61	17.4
Marital status		
Married	85	24.3
Single	169	48.3
Divorced	79	22.6
Co-habiting	17	4.8
Number of children		
1-2	128	36.6
3-4	169	48.3
5 and above	53	15.1

The socio-demographic characteristics of the respondents revealed that a majority of the participants (46.7%) were between the ages of 36 and 45 years, followed by those aged 26 to 35 years (35.0%). A smaller percentage of respondents fell within the 15 to 25 age group (1.7%), while those aged 46 years and above accounted for 2.6% of the study population.

In terms of educational attainment, more than half of the respondents (53.1%) had completed secondary education, while 27.8% had attained tertiary education. A smaller percentage of respondents had only primary education (11.1%), and 8.0% had no formal education.

Regarding religious affiliation, a significant proportion of the respondents identified as Christians (69.1%), with Muslims making up 30.0% of the sample, and only 0.9% of respondents practicing traditional religion.

Occupation-wise, a majority of the respondents (57.1%) were engaged in business activities, while 17.4% were civil servants, 14.3% were involved in farming, and smaller proportions were housewives (6.3%) or students (4.9%).

With respect to marital status, nearly half of the respondents (48.3%) were single, while 24.3% were married, 22.6% were divorced, and 4.8% were cohabiting.

In terms of the number of children, most respondents had between three and four children (48.3%), while 36.6% had one to two children, and 15.1% had five or more children. These socio-demographic details provide a comprehensive overview of the characteristics of the study population, which predominantly consisted of middle-aged, educated women, many of whom were engaged in business activities and had children.

Table 2: Knowledge of Post-partum Family Planning among WCBA

Variable	Yes	%	No	%	I don't know	%
Received post-partum counseling on family planning services	303	86.6	47	13.4	-	-
Family planning methods decrease sexual urge	64	18.3	242	69.1	44	12.6
Family planning methods (e.g. barrier method) prevent STIs	217	62.0	53	15.1	80	22.9
Family planning is of benefit to the mother, children, and family	317	90.6	25	7.1	8	2.3
Family planning gives room for recovery before next pregnancy	247	70.6	83	23.7	20	5.7
Family planning commodities are divided into hormonal and non-hormonal	155	44.3	86	24.6	109	31.1
Spotting is expected while on any family planning method	225	64.3	22	6.3	103	29.4
Family planning methods cause infertility	89	25.4	217	62.0	44	12.6

The data obtained on knowledge of post-partum family planning among women of childbearing age revealed that a significant majority, 86.6% of respondents, had received counseling on post-partum family planning services, while 13.4% had not. When asked if family planning methods decrease sexual urge, 69.1% disagreed, 18.3% agreed, and 12.6% were unsure. Regarding the ability of family planning methods such as barrier methods to prevent sexually transmitted infections, 62.0% affirmed this, while 15.1% disagreed, and 22.9% did not know.

An overwhelming 90.6% of the respondents acknowledged that family planning is beneficial to the mother, children, and the family as a whole, while only 7.1% disagreed, and 2.3% were uncertain. Additionally, 70.6% agreed that family planning allows a woman sufficient recovery time after childbirth before becoming pregnant again, whereas 23.7% disagreed, and 5.7% were unsure.

On the division of family planning methods into hormonal and non-hormonal types, 44.3% were knowledgeable, 24.6% disagreed, and 31.1% did not know. A notable 64.3% of respondents were aware that spotting is expected with the use of some family planning methods, while 6.3% disagreed, and 29.4% were unsure. Lastly, when asked if

Table 3: Utilization of post-partum family planning services among WCBA.

Items	Yes		No	
	Freq. (N = 350)	%	Freq. (N = 350)	%

Sexually active or have resume sexual intercourse with your spouse	211	60.3	139	39.7
Used any family planning method before	292	83.3	58	16.7
Are you currently on any family planning method	247			
		70.6	103	29.4
Methods of FP currently on (multi-choice allowed) (N = 247)				
Hormonal method (pills, inplant, injections etc)	94	38.0	–	–
Barrier methods (condoms, diaphragm, etc)	100	40.5	–	–
Fertility awareness method (calendar, circle bids etc)	42	17.0		
Emergency contraceptive method (postinor, postpil, etc.	64	25.9	–	–
Abstinence	25	10.1	–	–
Withdrawal	32	36.0	–	–
Regular visit to the family planning clinic	65	51.6	61	48.4

Among the 350 women of childbearing age (WCBA) surveyed, 60.3% (211) reported being sexually active or having resumed sexual intercourse with their spouse, while 39.7% (139) had not. Regarding prior use of family planning methods, 83.3% (292) indicated they had used a family planning method before, whereas 16.7% (58) had not. At the time of the survey, 70.6% (247) of the respondents were currently using a family planning method, while 29.4% (103) were not.

Among those currently using family planning methods (n = 247), 38.0% (94) were using hormonal methods such as pills, implants, or injections, and 40.5% (100) were using barrier methods like condoms or diaphragms. Fertility awareness methods, such as the calendar or cycle beads, were reported by 17.0% (42), while 25.9% (64) were using emergency contraceptive methods, including Postinor or Postpill. Additionally, 10.1% (25) practiced abstinence, and 36.0% (89) employed the withdrawal method as their primary form of contraception.

Regarding clinic visits, 51.6% (181) of respondents regularly attended family planning clinics, while 48.4% (169) did not engage in routine visits. These findings provide an overview of the utilization of postpartum family planning services and methods among the WCBA in the study, highlighting the diversity in contraceptive practices and varying levels of engagement with family planning services.

Table 4: Factors influencing Acceptance of Post Partum Family Planning Services

Items	Yes		No	
	Freq	%	Freq	%
Have time for follow-up visit to the family planning clinic	186	53.1	164	46.9
Husband supports family planning services	197	56.3	153	43.7
Health workers in the health facilities behave rudely during FP visits	95	27.1	255	72.9
Religion encourages the use of modern family planning services	200	57.1	150	42.9
Family planning services are prohibited or considered taboo in the community	91	26.0	259	74.0
Family planning commodities are expensive to purchase	53	15.1	297	84.9

Items	Yes		No	
	Freq	%	Freq	%
Availability of family planning methods in the health facility	230	65.7	120	34.3
Husband feels family planning interferes with childbearing	160	45.7	190	54.3
Cultural beliefs influence family planning uptake	133	38.0	217	62.0
Fear of side effects discourages family planning use	174	49.7	176	50.3
Inadequate counseling by health workers affects family planning use	108	30.9	242	69.1
Fear of infertility prevents women from seeking family planning	140	40.0	210	60.0

Table 4 presents the results indicating several factors influencing the acceptance of postpartum family planning services among women of childbearing age. A little over half of the respondents (53.1%) reported that they had time to attend follow-up visits at family planning clinics, while 46.9% did not have the time. Regarding spousal support, 56.3% of the women noted that their husbands supported the use of family planning services, whereas 43.7% reported a lack of support from their spouses.

The behavior of healthcare workers during family planning consultations was not a significant barrier for the majority of the respondents, as 72.9% reported that health workers behaved appropriately, though 27.1% experienced rudeness during their visits. Religious influence played a notable role in family planning decisions, with 57.1% of the respondents affirming that their religion encouraged the use of modern family planning methods, while 42.9% felt their religion did not.

Perceptions of family planning as a taboo within communities were relatively low, as only 26.0% of the women reported that family planning services were prohibited or considered taboo, compared to 74.0% who disagreed with this view. Financial barriers to accessing family planning services were minimal, with only 15.1% of the participants indicating that family planning commodities were expensive, while the vast majority (84.9%) considered them affordable. Additionally, the availability of family planning methods was not a significant issue, as 65.7% of respondents reported that family planning supplies were readily available at healthcare facilities. Cultural beliefs were cited as a deterrent by 38.0% of the respondents, while 62.0% did not perceive cultural factors as barriers to family planning uptake. Side effects were a more significant concern, with 49.7% of the women indicating fear of side effects as a reason for not using family planning methods, while 50.3% were not discouraged by this factor. Furthermore, 30.9% of the respondents noted that inadequate counseling from health workers negatively affected their decision to use family planning services, and 40.0% expressed concerns about infertility, which contributed to their hesitancy to adopt family planning methods.

Overall, these findings underscore a complex interaction of factors, including time constraints, spousal and religious support, community perceptions, and healthcare provider behavior, which all play critical roles in the acceptance and utilization of postpartum family planning services. Addressing these factors, particularly through better counseling, addressing misconceptions, and enhancing support systems, is essential to improving family planning uptake.

Discussion

The findings of this study demonstrate a high level of knowledge regarding postpartum family planning methods among women of childbearing age. A significant proportion of the respondents, 86.5%, reported receiving counseling on family planning services following childbirth. Furthermore, 69% disagreed with the notion that family planning methods reduce sexual desire,

while 61.9% affirmed that methods such as barrier contraceptives help prevent sexually transmitted infections. Additionally, 90.5% of the respondents acknowledged that family planning benefits not only the mother but also her children and the family at large. The majority, 70.6%, affirmed that family planning allows women to recuperate after childbirth before becoming pregnant again. Another 44.4% of the respondents correctly identified that family planning methods are divided into hormonal and non-hormonal categories, while 64.3% were aware that spotting is an expected side effect of family planning methods. Moreover, 61.9% disagreed with the belief that family planning causes infertility. These findings indicate a good level of knowledge of postpartum family planning services among the study participants. The results align with the study by Okoeguale et al. (2022), which revealed that the majority of their study population was well-informed about contraceptive methods, as nearly all participants were aware of at least one modern contraceptive method. Similarly, Owolabi et al. (2018) found that in Osogbo, Nigeria, 97% of their respondents demonstrated good knowledge of family planning and contraception methods. Ekpenyong et al. (2018) also reported nearly universal awareness of family planning services, with 99% of participants in their study having prior knowledge of contraceptive methods. Regarding the utilization and acceptance of postpartum family planning services, 60.3% of the respondents reported being sexually active or having resumed sexual intercourse postpartum, while 83.3% stated that they had previously used a family planning method. A further 70.6% were currently using some form of contraception, with hormonal methods being the most popular (38.2%), followed by barrier methods (40.4%), fertility awareness (16.9%), emergency contraception (25.8%), and abstinence (10.1%). Additionally, 51.6% of the respondents regularly visited family planning clinics, indicating a relatively high level of utilization of postpartum family planning services. These findings are partially consistent with those of Ekpenyong et al. (2018), who found that 74% of their participants were sexually active, although only 53.1% had ever used a family planning method, contrasting with the higher uptake in the present study. This study's findings also align with a survey conducted in Kano State, Nigeria, which reported a postpartum contraceptive uptake rate of 66.6% (Iliyasu et al., 2018). However, the results differ from those of Okoeguale et al. (2022), who found that fewer than one-fourth of their respondents were currently using contraceptives, and more than three-fourths (82.17%) had not used any modern contraceptive method since childbirth.

The factors influencing the acceptance of postpartum family planning services identified in this study include the availability of time (53.2%), spousal support (56.3%), healthcare worker behavior (27% reported rudeness), religious support (57.1%), affordability of family planning commodities (84.9%), and availability of family planning supplies (65.9%). These findings suggest that these factors positively influence the utilization of postpartum family planning services among the respondents. This is consistent with the findings of Olugbenga-Bello et al. (2016), who highlighted religion and family structure as significant sociodemographic determinants of contraceptive use. Additionally, it corroborates the results of Lwanga and Lemeshow (2018), who found that individual beliefs, particularly religious ones, play a critical role in contraceptive use among men and women. Furthermore, Sonia and Emmanuel (2021) reported similar factors influencing postpartum contraceptive use in their study, including side effects (51%), religious beliefs (12.9%), partner opposition (8.4%), partner absenteeism (6.4%), and a lack of awareness about family planning services (2.5%). These findings indicate that knowledge of postpartum family planning services is high among women of childbearing age, and utilization is relatively strong, particularly for hormonal and barrier methods. Various factors, including spousal support, religious beliefs, and the availability and affordability of family

planning commodities, influence the acceptance of these services. Addressing misconceptions and enhancing support from healthcare providers and spouses could further improve the utilization of postpartum family planning methods.

Conclusion

This study highlights the substantial knowledge and relatively high utilization of postpartum family planning services among women of childbearing age. The majority of respondents demonstrated an understanding of the benefits of family planning for maternal and family health, as well as knowledge of different contraceptive methods, including hormonal and non-hormonal options. Despite this, several factors such as spousal support, religious beliefs, healthcare provider behavior, affordability, and availability of commodities significantly influenced the acceptance and uptake of these services. The findings underscore the importance of targeted interventions to address the barriers to postpartum family planning uptake. Ensuring respectful and supportive interactions with healthcare providers, promoting awareness about the affordability and availability of family planning methods, and engaging spouses and religious leaders in family planning education are critical steps toward improving postpartum contraceptive use. Continued efforts to provide accurate information, dispel myths about contraception, and strengthen counseling services will be vital in promoting the sustained use of family planning services, ultimately contributing to improved maternal and child health outcomes. Further research is recommended to explore the long-term impact of these factors on family planning adherence and to assess the role of community-based interventions in enhancing the uptake of postpartum family planning services.

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