

Knowledge, Attitudes, and Practices of Modern Family Planning Among Women of Reproductive Age in Egbeda Local Government Area, Ibadan, Oyo State"

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Abstract: Introduction: Developing countries face rapid population growth due to high fertility rates and low contraceptive prevalence. Nigeria exemplifies this challenge with a high maternal mortality rate and low contraceptive use. Unintended pregnancies, often resulting from inadequate contraceptive measures, contribute significantly to maternal and child mortality. Family planning is a critical intervention that can prevent these outcomes by enabling individuals and couples to anticipate and achieve their desired number of children, thereby improving maternal and child health. Understanding the knowledge, attitudes, and practices surrounding family planning among women of reproductive age is crucial for developing targeted interventions to enhance contraceptive uptake and overall reproductive health.

Objectives: This study aims to assess the knowledge, attitudes, and practices of modern family planning among women of reproductive age in Egbeda Local Government Area, Ibadan, Oyo State.

Method of Analysis: A structured questionnaire was administered to 250 women aged 18 and above using simple random sampling. Data were analyzed using SPSS version 21, employing descriptive statistics and chi-square tests for hypothesis testing, with a significance level set at $P < 0.05$.

Results: Awareness of modern family planning methods was high (100%), with primary sources being family and friends (56.2%), health workers (28.1%), and media (10.7%). Specific methods recognized included male condoms (100%), implants (96.0%), pills (90.0%), and injectable (89.9%). Benefits of family planning such as preventing unwanted pregnancies (93.2%), child spacing (96.8%), preventing sexually transmitted diseases (92.0%), improving family health

(76.0%), and reducing family size (80.0%) were well understood. Perceptions of modern contraceptives were generally positive, with 86.0% considering them safe and 90.0% effective. Social acceptance varied, but most respondents (72.0%) were open to using modern contraceptives if accessible. Male involvement in family planning decisions was strongly supported (80.0%). The need for more education and awareness programs was emphasized by 80.0% of respondents.

Conclusion: While awareness of modern family planning is high, actual usage lags, especially for methods like male condoms. There is a clear understanding of family planning benefits, but access issues, cultural beliefs, religious beliefs, and misinformation remain barriers. Enhancing education, improving access, and addressing cultural concerns are essential for better family planning uptake.

Keywords: Family planning, contraceptive use, reproductive health, Egbeda LGA, maternal health.

Background

Developing countries are characterized by rapid population growth, typically due to high fertility, high birth rates, and low contraceptive prevalence rates (Oyedokun, 2007). In Sub-Saharan Africa, the rate of population growth is significantly higher compared to the rest of the world (USAID/HPI, 2007). Consequently, the number of people requiring health, education, and basic infrastructure, among other public benefits, is enormous. This, in turn, demands substantial resources and personnel, potentially hindering the realization of the Millennium Development Goals (HPI, 2007). The International Conference on Population and Development in 1994 affirmed the importance of providing family planning within a rights-based framework as part of a comprehensive set of services to meet individual reproductive health needs while addressing broader development concerns (Okech et al., 2011). Promoting family planning in countries with high birth rates can reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of child mortality (Akani et al., 2008). Unintended pregnancy poses a major challenge to reproductive health, with approximately 210 million women worldwide becoming pregnant each year, 36% of which are unplanned and/or unwanted (PRHC, 2003; WHO, 2004). Nigeria currently has a high rate of maternal mortality, with around 40% of these maternal deaths attributed to complications from unsafe abortions resulting from unwanted pregnancies (Adewale, 1992; Omo-Aghoja et al., 2009). The fertility rate in Nigeria stands at 5.7 children per woman (Adebimpe et al., 2012), and the contraceptive prevalence rate was found to be low at 13% in 2008, with only a minimal increase of 3% by 2013, which is significantly lower compared to other countries like the US and Pakistan (Adebimpe et al., 2012).

The overall goal of the National Policy on Population for Sustainable Development, launched in February 2005 by the Federal Government of Nigeria, was based on the principle that achieving a higher quality of life for people today should not jeopardize the ability of future generations to meet their own needs (NPC, 2004; Adebowale et al., 2013). The program's main targets included reducing the national population growth rate to 2% or lower by 2015, decreasing the total fertility rate by at least 0.6 children every five years by encouraging child spacing through family planning, and increasing the contraceptive prevalence rate for modern methods by at least two percentage points per year through the use of family planning (Adebowale et al., 2013). Increasing access to family planning services could address the unmet need for family planning, thereby reducing the risk of maternal deaths, slowing population growth, and decreasing the

costs associated with meeting Millennium Development Goals, such as achieving universal primary education (Moreland and Talbird, 2006). Family planning services offer various benefits at the household, national, and global levels. They allow individuals to influence the timing and number of births, likely saving children's lives. By reducing unwanted pregnancies, family planning services can decrease the injury, illness, and death associated with childbirth, abortions, and sexually transmitted infections (STIs), including HIV/AIDS (Okech et al., 2011; Hawkins et al., 1995). Furthermore, family planning contributes to reducing population growth, which subsequently leads to poverty reduction, environmental preservation, and decreased demand for public goods and services. Despite the widespread awareness of contraception in Nigeria, there has been no proportional increase in the adoption of contraceptive measures, indicating that other variables influence contraceptive uptake in the country (Adebimpe et al., 2012).

In Africa, as many as one in five women have an unmet need for family planning, and just 36% of married or in-union women were using contraception in 2017 (UN, WFP, 2017). The prevalence of contraceptive use in Sub-Saharan Africa increased at a much slower pace, reaching only 25% in 2015. Unmet need in 2017 was highest (above 20%, double the world average) in Eastern Africa, Middle Africa, Western Africa, and Melanesia, Micronesia, and Polynesia, where contraceptive prevalence ranged from 20% in Western Africa to 43% in Eastern Africa (UN, WFP, 2017).

Despite the availability and recognized benefits of family planning services, Nigeria continues to experience high fertility rates and low contraceptive use (Adebimpe et al., 2012). The contraceptive prevalence rate was only 13% in 2008, with a minimal increase to 16% by 2013, much lower than in many other countries (Adebimpe et al., 2012). This low uptake of family planning contributes significantly to the high rates of unintended pregnancies, unsafe abortions, and maternal mortality (Adewale, 1992; Omo-Aghoja et al., 2009). The fertility rate in Nigeria is 5.7 children per woman, contributing to the rapid population growth that strains health, education, and infrastructure systems (Adebimpe et al., 2012). There are several factors hindering the effective utilization of family planning methods, including lack of accessibility to contraceptive methods, minimal knowledge of contraceptive methods, fear of side effects, social and religious sentiments, and provider bias (WHO FP factsheet, 2018; Jahan et al., 2017). Many women of reproductive age have little or incorrect information about family planning methods, and even when they know some contraceptive names, they often do not know where to get them or how to use them properly. Additionally, negative attitudes toward family planning, fueled by false and misleading information, further impede its use (Olugbenga-Bello et al., 2011; Oyedokun, 2007).

Understanding the knowledge, attitudes, and practices related to modern family planning among women of reproductive age in Egbeda Local Government Area, Ibadan, Oyo State, is crucial for developing targeted interventions that can improve family planning uptake and ultimately enhance maternal and child health outcomes. Family planning services offer various benefits at the household, national, and global levels. They allow individuals to influence the timing and number of births, likely saving children's lives. By reducing unwanted pregnancies, family planning services can decrease the injury, illness, and death associated with childbirth, abortions, and sexually transmitted infections (STIs), including HIV/AIDS (Okech et al., 2011; Hawkins et al., 1995). Promoting family planning can also contribute to reducing poverty, preserving the environment, and decreasing the demand for public goods and services. Effective family

planning services have been documented to reduce child mortality rates by 20% or more, particularly in developing countries with numerous socio-economic challenges (Lasis, Bassey, Ita & Awoyemi, 2014). Moreover, preventing unplanned pregnancies reduces maternal illness and pregnancy-related fatalities, and delaying pregnancies in young girls who face increased health risks from early childbearing provides significant health benefits (WHO, 2023).

Despite these advantages, Nigeria's family planning uptake remains low (Adeleye, Akoria, Shuaib & Ogholo, 2010). Identifying and addressing the barriers to effective utilization of family planning methods is essential for formulating interventions that can promote contraceptive prevalence and improve maternal and child health status (USAID, 2008; Amentie, Abera & Abdulahi, 2015). Furthermore, Nigeria's population is growing at an alarming rate, with the population expected to have reached 213 million in 2021. The country's population grew at a rate higher than 2% between 1965 and 2021, with the largest rise occurring in 2020 (2.58%) (Kamar, 2022). High birth rates and lowering mortality rates contribute to this rapid population growth, impacting public welfare, health, education, and the environment (Adewole, 2012). Family planning is one of the most effective methods to avert unintended pregnancies and reduce rapid population growth, allowing individuals to anticipate and have their desired number of children by spacing births (WHO, 2014).

Thus, addressing the knowledge, attitudes, and practices related to family planning among women in Egbeda Local Government Area is vital for enhancing family planning utilization, which is necessary for the attainment of national health and development goals. Improved family planning uptake can reduce maternal and child mortality rates, prevent unwanted pregnancies, and contribute to sustainable population growth and economic development.

METHODS

Study area

Egbeda Local Government Area (LGA) is located in northeastern Ibadan, Oyo State, Nigeria. As one of Ibadan's eleven LGAs, it blends urban and semi-urban environments, making it ideal for demographic studies. Covering about 191 square kilometers, Egbeda LGA has experienced significant population growth due to natural increase and migration. The area is densely populated with a diverse demographic, including Yoruba, Igbo, Hausa, and other ethnic groups. According to the National Population Commission, Egbeda's population exceeds 300,000, with a notable proportion being women of reproductive age, making it pivotal for studying reproductive health behaviors and family planning practices. Economic activities in Egbeda LGA are diverse, with commerce, agriculture, and small-scale industries prominent. The area hosts bustling markets, educational institutions, healthcare facilities, and public services supporting the local economy and influencing socioeconomic factors that impact family planning practices. Healthcare in Egbeda LGA includes primary health centers, private clinics, and hospitals, although challenges with infrastructure and personnel affect access to quality family planning services. Educational access varies, influencing knowledge and attitudes towards family planning. Higher education levels often correlate with better awareness and contraceptive use. The cultural and religious diversity of Egbeda LGA, with Christianity, Islam, and traditional religions practiced, significantly influences family planning acceptance and use based on cultural beliefs and religious doctrines. Egbeda LGA's infrastructure includes a network of roads facilitating movement, though some areas face accessibility challenges, impacting family

planning service delivery. Social dynamics are characterized by strong community ties and social norms shaping reproductive health behaviors, essential for culturally sensitive family planning interventions. Studying Egbeda LGA provides insights into modern family planning among diverse women of reproductive age. Understanding these factors informs targeted interventions to enhance family planning uptake and reproductive health outcomes in Egbeda and similar regions across Nigeria and other developing areas.

Sample size and sampling technique

After creating a free listing, the names of the blocks of households were entered into an Excel spreadsheet. Using simple random sampling without replacement, the principal investigator selected 10 blocks. In each selected block, the basic sampling unit was a household. Households were selected systematically by standing in the middle of the block and spinning a pencil to determine the direction. The direction indicated by the pencil was followed, and every household in that direction was included in the study. In each block, 10 households were selected. Within each selected household, one woman aged 18 or older was chosen to participate. The questionnaire was administered by an interviewer. If the eligible woman refused to consent to the study, she was excluded, and the next household was considered. The minimum sample size was determined to be 250 using the formula: $N = Z^2pq/d^2$ (Verulava et al., 2019).

Instrumentation

A self-developed, pre-tested structured questionnaire was used to collect data from the respondents in Egbeda Local Government Area. The questionnaire was designed based on the study objectives, research questions, and a thorough review of relevant literature, including adaptations from questionnaires used in previous studies on similar topics. The questionnaire was divided into sections according to the study objectives, with an additional section for the demographic profile of the respondents.

The first section contained closed-ended questions focusing on the demographic profile of the respondents. The second section included questions aimed at assessing the general knowledge about family planning among women of reproductive age. The third section addressed the attitudes of these women towards family planning, while the fourth section explored their practices regarding family planning within the selected facilities.

To ensure the questionnaire's clarity and comprehensibility, it was pre-tested among women of reproductive age in Lagelu Local Government Area. Necessary corrections were made to improve the clarity and understanding of the questions. Validity was ensured by developing the instrument in line with the study objectives and reviewed literature. Additionally, the questionnaire incorporated elements from instruments used in similar studies to enhance its relevance. It was reviewed by research experts, subjected to peer review, and received input from the researcher's supervisors to prevent ambiguity, conflicting opinions, and other potential issues.

Reliability was established through pre-testing with 25 women of reproductive age in Lagelu Local Government Area in Ibadan, using the test-retest method. The reliability analysis, conducted with SPSS version 21, employed Cronbach's Alpha to confirm the consistency and reliability of the instrument.

Method of Data Analysis

The collected data were sorted, coded, and analyzed using the Statistical Package for Social Sciences (SPSS) version 21. Descriptive statistics, including percentage/frequency tables and charts, were used to present the categorical variables. Inferential statistics, specifically the chi-square test, were employed to test the hypotheses and determine the associations between independent and dependent variables. The significance level was set at $P < 0.05$, with chi-square tests conducted to identify significant associations at this threshold.

Ethical Consideration

Ethical approval for this study was secured from the Oyo State Ministry of Health Research Ethics Committee prior to data collection. Written informed consent was obtained from each participant before conducting interviews. Confidentiality was strictly maintained to protect the identities of respondents. The benefits and objectives of the study were clearly communicated to the participants, and all gathered information was securely stored on a password-protected laptop.

RESULTS

Table 1: Sociodemographic Characteristics of the Respondents

Variables	Frequency	Percentage
Age (years)		
Less than 25	16	6.4
26-35	91	36.4
36-45	105	42.1
46-55	38	15.1
Mean±SD	40.5±8.761	
Marital status		
Married	209	83.6
Separated	41	16.4
Years in marriage		
Less than 5	62	24.7
5-10	117	46.8
11-15	71	28.4
Parity		
2	115	46.0
3	70	28.0
4	65	26.0
Educational status		
No formal education	49	19.6
Primary	18	7.2
Secondary	138	55.2
Tertiary	45	18.0
Occupation		
Teaching	60	24.0
Trading	65	26.0
Unemployed/housewife	62	24.8
Civil servant	63	25.2
Tribe		
Yoruba	167	66.8

Igbo	67	26.8
Hausa	16	6.4
Religion		
Christian	159	63.6
Muslim	86	34.4
Traditional	5	2.0
Family setting		
Monogamy	197	78.8
Polygamy	53	21.1
Household size		
Less than 3	99	39.6
4-6	86	34.4
More than 6	65	26.0

The study surveyed a total of 250 women within the reproductive age range, and their sociodemographic characteristics were meticulously documented. The age distribution showed that the majority of the respondents (42.1%) were aged between 36-45 years, followed by 36.4% who were within the 26-35 age group. A smaller proportion of the participants were less than 25 years old (6.4%) and between 46-55 years old (15.1%), with a mean age of 40.5 years (SD = 8.761). Regarding marital status, a significant majority (83.6%) of the respondents were married, while 16.4% were separated. In terms of years in marriage, 24.7% had been married for less than 5 years, 46.8% for 5-10 years, and 28.4% for 11-15 years.

When examining parity, 46.0% of the respondents had two children, 28.0% had three children, and 26.0% had four children. Educationally, more than half of the respondents (55.2%) had completed secondary education, 18.0% had tertiary education, 19.6% had no formal education, and 7.2% had only primary education. Occupationally, the respondents were distributed among several categories. Trading was the most common occupation (26.0%), followed closely by those working as civil servants (25.2%) and teaching (24.0%). Additionally, 24.8% were unemployed or identified as housewives. Ethnically, the majority of the respondents were Yoruba (66.8%), with Igbo (26.8%) and Hausa (6.4%) also represented. In terms of religion, 63.6% identified as Christian, 34.4% as Muslim, and a small minority (2.0%) practiced traditional religions. Family settings showed that 78.8% of the respondents were in monogamous relationships, whereas 21.2% were in polygamous settings. Household size varied, with 39.6% having less than three members, 34.4% having 4-6 members, and 26.0% having more than six members.

These sociodemographic characteristics provide a comprehensive overview of the respondents, highlighting the diversity in age, marital status, years in marriage, parity, education, occupation, ethnicity, religion, family setting, and household size. This detailed profile is essential for understanding the context and potential influences on the knowledge, attitudes, and practices regarding family planning among these women.

Table 2: Respondents Knowledge of Modern Family Planning

Variables	Frequency	Percentages
Ever Heard about Modern Family planning before now ?		
Yes	250	100.0
No	0	0.00
If yes, from where		
Health worker	84	28.1

Family/friends	168	56.2
Media	32	10.7
Seminar	15	5.0
Which Modern Family planning method are you aware of?		
Female condom	205	77.0
Diaphragm	23	7.7
IUCD	38	12.7
Implant	245	96.0
Male condom	250	100.0
Injectable	233	89.9
Pill	236	90.0
Family planning methods are used		
1. To Prevent unwanted pregnancy		
Yes	233	93.2
No	17	6.8
2. For Child Spacing		
Yes	242	96.8
No	8	3.2
3. For Preventing Sexually Transmitted Diseases		
Yes	230	92.0
No	20	8.0
4. For improving the good health of the family		
Yes	190	76.0
No	60	24.0
5. For reducing family size		
Yes	200	80.0
No	50	20.0

Table 2 presents the respondents' knowledge of modern family planning methods and their understanding of the purposes served by these methods. All 250 respondents indicated they had heard about modern family planning methods. Among those aware, the primary sources of information were family and friends (56.2%), followed by health workers (28.1%), media (10.7%), and seminars (5.0%). The awareness of specific methods varied: male condoms were universally recognized (100%), while implants (96.0%), pills (90.0%), and injectables (89.9%) also showed high recognition. When asked about the purposes of family planning methods, the majority understood their use for preventing unwanted pregnancies (93.2%), child spacing (96.8%), preventing sexually transmitted diseases (92.0%), improving family health (76.0%), and reducing family size (80.0%). These findings indicate a comprehensive awareness and understanding of modern family planning methods and their diverse benefits among the surveyed population.

Table 3. Attitude and perception of respondents towards modern Family planning methods

Variables	Frequency	Percentage
How important do you think family planning is for		

the well-being of individuals and families?		
Very Important	160	64.0
Somewhat Important	70	28.0
Neutral	15	6.0
Not Important	5	2.0
Do you believe that family planning methods contribute to improving the quality of life?		
Strongly agree	140	56.0
Agree	80	32.0
Disagree	20	8.0
Strongly disagree	10	4.0
How safe do you perceive modern contraceptive methods to be?		
Very safe	120	48.0
Safe	95	38.0
Unsafe	25	10.0
Very unsafe	10	4.0
How effective do you think modern contraceptive methods are in preventing unintended pregnancies?		
Very effective	145	58.0
Effective	80	32.0
Not effective	15	6.0
Indifferent	10	4.0
Do you consider modern contraceptive methods to be convenient to use?		
Very convenient	110	44.0
Convenient	90	36.0
Inconvenient	40	16.0
Very inconvenient	10	4.0
Is it socially acceptable in your community for women to use modern contraceptives?		
Yes, very acceptable	130	52.0
Partially acceptable	80	32.0
Not acceptable	25	10.0
I don't know	15	6.0
How comfortable do you feel discussing family		

planning with your partner or spouse?		
Very comfortable	100	40.0
Comfortable	90	36.0
Uncomfortable	45	18.0
Very uncomfortable	15	6.0
Would you be open to using modern contraceptives if they were easily accessible to you?		
Yes	180	72.0
No	70	28.0
Are there any concerns or fears you have regarding the use of modern contraceptives?		
Yes	150	60.0
No	100	40.0
What factors do you think discourage people from using modern family planning methods?		
Lack of access	100	40.0
Cultural beliefs	80	32.0
Religious beliefs	40	16.0
Misinformation	30	12.0
Should men be equally involved in decisions regarding family planning methods?		
Yes definitely	200	80.0
No definitely Not	50	20.0
How likely are you to use or continue using modern contraceptive methods in the future?		
Very likely	140	56
Likely	80	32
Unlikely	20	8.0
Very unlikely	10	4.0
Do you think there should be more education and awareness programs about family planning in your community?		
Yes definitely	200	80.0

Table 3 provides insights into the attitudes and perceptions of respondents towards modern family planning methods. The majority of respondents acknowledged the importance of family planning for individual and familial well-being, with 64.0% considering it "Very Important" and 28.0% "Somewhat Important". Regarding the contribution of family planning methods to improving quality of life, 88.0% either "Strongly Agree" (56.0%) or "Agree" (32.0%).

In terms of safety, 86.0% of respondents perceived modern contraceptive methods as either "Very Safe" (48.0%) or "Safe" (38.0%). Similarly, 90.0% believed these methods are effective in preventing unintended pregnancies, with 58.0% rating them as "Very Effective" and 32.0% as "Effective".

Regarding convenience, opinions varied, but a majority (80.0%) found modern contraceptives either "Very Convenient" (44.0%) or "Convenient" (36.0%). Social acceptance varied with 52.0% finding it "Very Acceptable" and 32.0% "Partially Acceptable". Discussions about family planning with partners were mostly comfortable for 76.0% of respondents, with 40.0% feeling "Very Comfortable" and 36.0% "Comfortable".

A significant majority (72.0%) expressed openness to using modern contraceptives if easily accessible, while concerns were noted by 60.0% regarding their use. Factors perceived to discourage usage included lack of access (40.0%), cultural beliefs (32.0%), religious beliefs (16.0%), and misinformation (12.0%).

Respondents largely supported male involvement in family planning decisions (80.0%) and expressed likelihood (88.0%) to use or continue using modern contraceptive methods in the future. Additionally, 80.0% believed there should be more education and awareness programs about family planning in their community, highlighting a perceived need for enhanced public health initiatives.

Table 4: Practice of modern Family planning methods by the respondents

Variable	Frequency	Percentage
Which modern family planning method(s) have you used in the past year?		
Birth control pills	40	16.0
Condoms	90	36.0
Injectables	30	12.0
IUCD	50	20.0
Implant	20	8.0
Sterilization(Vasectomy/Tubal ligation	15	6.0
None	5	2.0
How often do you use your chosen family planning method?		
Everytime	120	48.0
Once in a while	80	32.0
Every 6 months	20	8.0
Once and then I need to renew it	25	10.0
Not applicable	5	2.0
How satisfied are you with your current family planning method?		

Very satisfied	120	48.0
Satisfied	70	28.0
Neutral	20	8.0
Not satisfied	60	24.0
Do you experience any side effects from your family planning method?		
Yes	130	52.0
No	120	48.0
Have you received counselling or information about your family planning method from a healthcare provider?		
Yes before starting the method	90	36.0
Yes, regularly during use	60	24.0
No, I have not received any counselling or information	50	20.0
Not applicable	20	8.0
How often do you discuss family planning with your partner?		
Often	130	52.0
Sometimes	70	28.0
Rarely	30	12.0
Never	20	8.0
If applicable, who initiated the decision to use the current family planning method?		
Myself	120	48.0
My partner	40	16.0
Both myself and my partner jointly	70	28.0
Healthcare provider	20	8.0
How confident are you in the effectiveness of your current family planning method?		
Very confident	110	44.0
Confident	70	28.0
Neutral	20	8.0
Not confident	50	20.0
Would you recommend your current family planning method to others?		
Definitely yes	100	40.0
Probably yes	70	28.0
Not sure	30	12.0
Probably not	30	12.0
Definitely not	20	8.0

Table 4 provides an overview of the practices related to modern family planning methods among the respondents. It shows that condoms were the most commonly used method in the past year, with 36.0% of respondents reporting their usage, followed by birth control pills (16.0%), IUCD (20.0%), injectables (12.0%), and implants (8.0%). A smaller proportion reported using

sterilization methods (6.0%), while 2.0% indicated they had not used any modern family planning method in the past year. Regarding frequency of use, nearly half of the respondents (48.0%) reported using their chosen family planning method every time, while 32.0% used it once in a while, and 10.0% used it once and then renewed it. A smaller percentage (8.0%) indicated they used their method every 6 months, and 2.0% found it not applicable.

Satisfaction levels varied, with 48.0% of respondents being very satisfied with their current family planning method, 28.0% satisfied, and 24.0% either neutral or not satisfied. A slight majority (52.0%) reported experiencing side effects from their family planning method. Healthcare provider involvement in counseling and information dissemination was reported by 36.0% before starting the method and 24.0% regularly during use, while 28.0% indicated they had not received any counseling or information. Communication about family planning with partners was frequent for 52.0% of respondents, sometimes for 28.0%, rarely for 12.0%, and never for 8.0%. When asked about the initiation of the decision to use the current family planning method, 48.0% stated they initiated it themselves, 28.0% jointly with their partner, 16.0% by their partner alone, and 8.0% by a healthcare provider. Confidence in the effectiveness of the current family planning method varied, with 44.0% feeling very confident, 28.0% confident, and 20.0% either neutral or not confident. Lastly, 68.0% of respondents indicated they would recommend their current family planning method to others, with 40.0% saying "Definitely yes" and 28.0% "Probably yes", while 20.0% were unsure or would not recommend it. Overall, the table highlights the diversity in practices, satisfaction, communication, and confidence levels regarding modern family planning methods among the surveyed respondents.

DISCUSSION

All 250 respondents indicated they had heard about modern family planning methods. This is inline with the findings of similar studies which shows a high level of knowledge and awareness of modern Family planning amongst women of reproductive age (Umoh and Abah 2011; Otoide et al 2001; Adeyinka et al 2015; Oyedokun, 2007). Among those aware, the primary sources of information were family and friends (56.2%), followed by health workers (28.1%), media (10.7%), and seminars (5.0%) indicating that informal channels plays a significant role in disseminating information about familyplanning, followed by the formal sources like healthcare providers and seminars. In a study by various studies, a contrary result was observed where massmedia was shown to be the most common source of information about family planning/contraception in Nigeria (Adeyinka et al 2015; Duru et al 2011; Sedgh et al 2006). The awareness of specific methods varied: male condoms were universally recognized (100%), while implants (96.0%), pills (90.0%), and injectables (89.9%) also showed high recognition. This is also inline with studies by Adeyinka et al where over 70% of the respondents were familiar with male condoms as one method of family planning. Studies have shown that the use of condoms has not been commensurable with its awareness, although there has been a slight increase in the use of condoms for dual protection in the past two decades according to (Santelli et al 2006; Pazol 2010).

The majority understood the role of family planning in preventing unwanted pregnancies with 93.2% acknowledging this purpose, similarly almost all the respondent understood modern family planning as a means of child spacing 96.8%, preventing sexually transmitted diseases was also widely recognized with 92.0% indicating awareness of this aspect of family planning, Also 76.0% of the respondents stated that family planning aids in improving family health and

80.0% attested to the fact that modern family planning helps in reducing family size. These findings indicate a comprehensive awareness and understanding of modern family planning methods and their diverse benefits among the surveyed population.

The majority of respondents acknowledged the importance of family planning for individual and familial well-being, with 64.0% considering it "Very Important" and 28.0% "Somewhat Important". Regarding the contribution of family planning methods to improving quality of life, 88.0% either "Strongly Agree" (56.0%) or "Agree" (32.0%). This is in line with findings of Tuloro et al 2006 where the majority of the respondents considered the family planning as very important in improving individual and familial wellbeing.

In terms of safety, 86.0% of respondents perceived modern contraceptive methods as either "Very Safe" (48.0%) or "Safe" (38.0%). Similarly, 90.0% believed these methods are effective in preventing unintended pregnancies, with 58.0% rating them as "Very Effective" and 32.0% as "Effective". This is similarly inline to a study by Olugbena-Bello, 2013 where there was mixed sentiments with 33.4% agreeing and 20.4% strongly agreeing that contraceptives are ineffective. Regarding convenience, opinions varied, but a majority (80.0%) found modern contraceptives either "Very Convenient" (44.0%) or "Convenient" (36.0%). Social acceptance varied with 52.0% finding it "Very Acceptable" and 32.0% "Partially Acceptable". Discussions about family planning with partners were mostly comfortable for 76.0% of respondents, with 40.0% feeling "Very Comfortable" and 36.0% "Comfortable".

A significant majority (72.0%) expressed openness to using modern contraceptives if easily accessible, while concerns were noted by 60.0% regarding their use. Factors perceived to discourage usage included lack of access (40.0%), cultural beliefs (32.0%), religious beliefs (16.0%), and misinformation (12.0%).

Respondents largely supported male involvement in family planning decisions (80.0%), this is in line with the study by Olugbenga-Bello 2013, where it was opined that any method of family planning should involve the husbands and male counterparts. The role of male partners in the success of female reproductive health in Nigeria and Africa as a whole cannot be overemphasized. Exclusion of men from active involvement in reproductive health issues represents a lack of appreciation of the social reality of daily living in most developing societies, particularly in Africa. (Olugbenga-Bello 2013). The use of contraception has been associated with husband/partner's support (Odushina et al 2012). and expressed likelihood (88.0%) to use or continue using modern contraceptive methods in the future. Additionally, 80.0% believed there should be more education and awareness programs about family planning in their community, highlighting a perceived need for enhanced public health initiatives.

Condoms were the most commonly used method in the past year, with 36.0% of respondents reporting their usage, followed by birth control pills (16.0%), IUCD (20.0%), injectables (12.0%), and implants (8.0%). A smaller proportion reported using sterilization methods (6.0%), while 2.0% indicated they had not used any modern family planning method in the past year. Regarding frequency of use, nearly half of the respondents (48.0%) reported using their chosen family planning method every time, while 32.0% used it once in a while, and 10.0% used it once and then renewed it. A smaller percentage (8.0%) indicated they used their method every 6 months, and 2.0% found it not applicable.

Satisfaction levels varied, with 48.0% of respondents being very satisfied with their current family planning method, 28.0% satisfied, and 24.0% either neutral or not satisfied. A slight

majority (52.0%) reported experiencing side effects from their family planning method. Healthcare provider involvement in counseling and information dissemination was reported by 36.0% before starting the method and 24.0% regularly during use, while 28.0% indicated they had not received any counseling or information. Communication about family planning with partners was frequent for 52.0% of respondents, sometimes for 28.0%, rarely for 12.0%, and never for 8.0%. When asked about the initiation of the decision to use the current family planning method, 48.0% stated they initiated it themselves, 28.0% jointly with their partner, 16.0% by their partner alone, and 8.0% by a healthcare provider. Confidence in the effectiveness of the current family planning method varied, with 44.0% feeling very confident, 28.0% confident, and 20.0% either neutral or not confident. Lastly, 68.0% of respondents indicated they would recommend their current family planning method to others, with 40.0% saying "Definitely yes" and 28.0% "Probably yes", while 20.0% were unsure or would not recommend it. Overall, the table highlights the diversity in practices, satisfaction, communication, and confidence levels regarding modern family planning methods among the surveyed respondents.

CONCLUSION AND RECOMMENDATION

The findings show a high awareness of modern family planning methods among women of reproductive age, with primary information sources being informal channels like family and friends, followed by health workers and media. Despite this awareness, there remains a gap between knowledge and actual usage, particularly for methods like male condoms. This highlights the need for interventions to bridge this gap. Respondents demonstrated a clear understanding of the benefits of family planning, such as preventing unwanted pregnancies, child spacing, preventing sexually transmitted diseases, improving family health, and reducing family size. The importance of family planning for individual and familial well-being is widely recognized. While modern contraceptive methods are generally perceived as safe, effective, and convenient, social acceptance and comfort in discussing family planning with partners vary. Most respondents are open to using modern contraceptives if accessible, though concerns about access, cultural beliefs, religious beliefs, and misinformation persist. There is strong support for male involvement in family planning decisions and a high likelihood of using modern contraceptive methods in the future.

The findings indicate a need for more education and awareness programs about family planning in the community to enhance public health initiatives. Improving access to information and addressing cultural and religious concerns can further support the effective use of modern family planning methods.

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