



## KNOWLEDGE AND UTILIZATION OF FAMILY PLANNING SERVICES AMONG WOMEN OF REPRODUCTIVE AGE IN ILISHAN COMMUNITY HEALTH CENTER, OGUN STATE

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**ABSTRACT:** *Nearly one in ten women of reproductive age worldwide has an unmet need for family planning. Although contraceptive usage has increased globally, sub-Saharan Africa has recorded the lowest usage of contraceptives worldwide, with Nigeria, the country with the highest population in Africa still recording a low prevalence of contraceptive usage. This descriptive survey assessed the knowledge and utilization of family planning services among 85 women attending a comprehensive health centre in Ogun State. Data analysis was done with Statistical Package for Social Sciences (SPSS) version 26 and hypotheses were tested using chi-square. Findings revealed the level of knowledge on family planning was above average as 55.8% demonstrated good knowledge; however, utilization of family planning services was below average as 55.8% showed inadequate utilization. While significant association was found between the utilization of family planning and the number of children per household, ( $\chi^2=8.649, p = 0.034$ ), no significant association was found between knowledge of the respondents and their utilization of family planning services ( $\chi^2=0.828, p = 0.730$ ), and also between knowledge of the respondents and their educational level ( $\chi^2=4.303, p = 0.116$ ). Although the level of knowledge in this study was above average, there is still room for improvement even as the knowledge did not translate into adequate utilization of family planning services. This calls for more advocacy and interventions to combat this trend. This will hopefully improve contraceptive prevalence while aligning Nigeria with the Sustainable Development Goal of providing universal access to reproductive health services by 2030.*

**KEYWORDS:** Contraceptive, Family Planning, Women.



## INTRODUCTION

Family Planning (FP) involves the control of the world's population with respect to the available food, economic and other resources of the world. It includes contraception, infertility management, genetic counselling, sex selection, evaluation of abortion as a means of population control (Duru et al., 2018). Developing countries of the world are faced with a myriad of socio-economic setbacks among which is the issue of population explosion (Essien et al., 2018). According to the United Nations Development Programme (UNDP) 2015 report, the underlying cause of most socio-economic malaise in third world countries is uncontrolled population growth. In almost all regions of the world, contraceptives are used by the majority of women in the reproductive age range (15-49 years) who are married or in a union. In 2017, 63 per cent of women worldwide were using some form of contraception. Contraceptive use was above 70 per cent in Europe, Latin America and the Caribbean, and Northern America, while being below 25 per cent in Middle and Western Africa (United Nations, Department of Economic and Social Affairs, [UNDESA] 2017).

FP is the conscious effort of individual and couples to attain their desired number and spacing of their children through the use of contraceptives (Essien et al., 2018) FP is defined by World Health Organization (WHO,2006) as “a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couples in order to promote health and welfare of family groups and thus contribute effectively to the social development of a country-

Globally, the prevalence of contraceptive use has been increasing but the unmet need for contraception still remains a problem (United Nations Development Programme [UNDP] ,2015). The essential aim of family planning is to prevent unwanted pregnancies. A proper family planning can reduce the maternal mortality by reducing the number of pregnancies, abortions and the proportions of births at risk (Qazi et al., 2019). Although Nigeria remains the most populous country in Africa and 7th in the world with an estimated population of 198 million people having potentials of becoming the 3rd most populous country in the world by 2050 (UNDP, 2015); however, according to World Bank (2016) report, Nigeria has one of the lowest rates of contraceptive prevalence (20.4%) as effort to slow down population growth and reduce maternal and child mortality rate through family planning has not yielded desired result. However,

According to Essien et al. (2018), a number of studies have sought to investigate the issues bordering on low contraceptive uptake in Nigeria and elsewhere in Africa. For instance, Okeono and Olujide (2014) examined the critical role of knowledge in promoting contraceptive uptake among rural women in Ogun State, Nigeria. The study confirmed a strong link between awareness level and utilization of family planning levels in its findings. Studies by Ackerson and Zielinski (2017) revealed low utilization of modern contraceptives in more than ten countries of Sub-Saharan Africa largely due to a lack of trust in western medicine and poor knowledge of family planning techniques. However, the Nigerian 2015 Demographic and Health Survey (NDHS, 2015) revealed otherwise. The survey indicated that out of 85% and 95% of women and men who reported knowledge of contraceptive methods, only 15% reported usage.

A thorough understanding of socio-demographic determinants, knowledge, attitude and practice of family planning is essential to know the reasons for these unmet needs, for better



understanding of the situation and to help the Government in formulation of appropriate policies (Agrawal et al., 2019). This prompted the researchers to conduct this research in a bid to understand the knowledge and utilization of family planning services among women of reproductive age in Ilishan community health center, Ogun state.

### **Statement of the Problem**

Statistics have shown that 1.1 billion of the 1.9 billion women of reproductive age (15-49 years) living in the world in 2019 have a need for family planning and 190million of these women who want to avoid pregnancy do not use any contraceptive. While the low and lower-middle income countries record the highest need for family planning services, sub-Saharan Africa houses most of the women of reproductive age who want to avoid pregnancy but are not using any contraceptive (UNDESA, 2019). This calls for concern even as contraceptive usage which is currently lowest in sub-saharan Africa (27.8%) is expected to increase to 32.9% over the next decade (UNDESA, 2020).

Socio economic factors, behavioral change and lack of reproductive health services are contributing factors to the increase in unintended pregnancy and leads to several maternal complications especially lack of knowledge and access to contraceptive methods and reproductive health service will have profound impact on every mother who do not want to have children (Yazdkhasti et al., 2015).

Nigeria has a population of 177.5 million as at 2014, and is currently the 9th largest country in the world as well as the most populous black nation in the world with natural growth rate of 2.4%, and total fertility rate of 5.7 (6.2 among rural dwellers when compared to 4.7 in urban dwellers). Countries with large population density relative to available resources like Nigeria, suffer tremendously from high fertility rates. High fertility rates are strongly associated with poor utilization of family planning services leading to inadequate spacing between births, which in turn is associated with high infant mortality and maternal mortality which is prevalent in the country. Nigeria is ranked 187th out of 191 as the country with one of the poorest health indicators in the world. An estimated 600,000 maternal deaths related to pregnancy occur worldwide each year, of this a total of about 52,900 maternal deaths occur in Nigeria. This is approximately 10% of maternal deaths globally, despite the fact that Nigeria is only 2% of the world population (Duru et al., 2018). It is against this backdrop that the researchers aimed to assess the knowledge and utilization of family planning services among women of reproductive age in Ilishan community health center, Ogun state.

### **Objective of the study**

This study assessed the knowledge and utilization of family planning services among women of reproductive age in Ilishan Community Health Center, Ogun State. The specific objectives of the study are to:

- assess the knowledge of women of reproductive ages in Ilishan Community Health Center on family planning services.
- assess the level of utilization of family planning services among women of reproductive ages
- identify the factors influencing the utilization of family planning services



## Research Hypothesis

- There is no significant relationship between the knowledge and utilization of family planning services among women of reproductive ages.
- There is no significant relationship between the utilization of family planning services and number of children per household within the community.
- There is no significant relationship between women's educational level and knowledge of family planning services.

## METHODOLOGY

### Research Design

A descriptive survey was done to assess the knowledge and utilization of family planning services among women of reproductive ages in Ilishan Community Health Center, Ogun State.

### Target Population

The target population for this study were women of reproductive ages between 18 to 45 years attending Ilishan Community Health Center, Ogun State at the time of conducting this study.

### Sample Size

The sample size was determined using the formula by Yamen (1967) formula to select the participants that best represent the entire population of women attending Ilishan Community Health Center;

$$n = \frac{N}{1 + N(e)^2}$$

n= required sample size

N=population of women attending Ilishan Community Health Center= 110

e=degree of tolerance at 5%.

$$n = \frac{110}{1 + 110(0.05^2)}$$

$$n = \frac{110}{1 + 110 (0.0025)}$$

$$n = \frac{110}{1 + 0.275}$$

$$n = \frac{110}{1.275}$$

$$n = 86.3$$



Therefore, 86 respondents were recruited for this study using a convenience sampling technique.

### **Validity and Reliability of the Instrument**

Extensive literature review was done to ensure content validity. Face validity was ensured by the researcher and other experts in the field of maternal and child health. The reliability of the questionnaire was ascertained by administering 10 copies to women of reproductive age at Babcock University Teaching Hospital for Cronbach's alpha which showed 0.77 and it was considered reliable enough and acceptable.

### **Method of data collection**

A well-structured questionnaire was designed to obtain information from the women attending Ilishan Community Health Center on their knowledge and utilization of family planning services available within the community. Prior to data collection, the participants were addressed on the purpose of the research and a verbal consent was sorted from each of the participants. The research was carried out on the major clinic days with about 2-3 visits so as to meet up to the target sample size. All data collection was done by one of the researchers and assisted by trained research assistants whose skills in conducting the proposed research were vetted before going to the field. Each participant was given a questionnaire to fill which comprised obtaining their socio-demographic variables, assessing their level of knowledge, utilization and factors affecting utilization of family planning services.

### **Instrumentation and Data Analysis**

The instrument for data collection was a well-structured questionnaire and the data obtained were cleaned and coded. Analysis was done using the 26<sup>th</sup> version of Statistical Package for the Social Sciences (SPSS). Descriptive analysis and inferential statistics (chi square) were used in analyzing characteristics of the participants and in providing answers to the research questions of the study.

### **Ethical Consideration**

Ethical approval was obtained from the Babcock University Health Research Ethics committee (BUHREC) with reference number- BUHREC 455/20 dated November 25, 2020, purpose of the research was explained to the participants and consent was sought and gained. The questionnaire was then administered by the researchers to the consenting participants.



## RESULTS

**Table 1: Socio-demographic data of respondents (N=86)**

Variables	Frequency	Percentage (%)	
Age in years	15-25years	46	53.5
	26-35years	26	30.2
	36-45years	10	11.6
	Above 46years	4	4.7
Highest level of education	No formal education	2	2.3
	Secondary	54	62.8
	Tertiary	30	34.9
Marital status	Single	18	20.9
	Married	66	76.7
	Divorced	2	2.3
Religion	Christianity	70	81.4
	Islam	12	14.0
	African traditional religion	4	4.7
Occupation	Civil servant	26	30.2
	Trading	42	48.8
	full housewife	4	4.7
	Others	14	16.3
Average monthly income in Naira	Below 30,000	68	79.1
	in30,000-60,000	12	14.0
	61,000-90,000	2	2.3
	Above 90,000	4	4.7
Number of children per household	None	22	25.6
	per1	34	39.5
	2-3	14	16.3
	More than 3	16	18.6
Age at first pregnancy	Less than 18years	12	14.0
	19-30years	64	74.4
	31-43years	10	11.6

Table 1 shows that majority of the respondents 46 (53.5%) are between ages 15-25, 54 (62.8%) had secondary education, 66 (76.7%) are married, 70 (81.4%) are Christians, 42 (48.8%) are traders, 68 (79.1%) earn below 30,000 naira as their average monthly income, 34 (39.5%) have just 1 child per household and 64 (74.4%) are aged between 19-30years at first pregnancy.

**Table 2: Knowledge of family planning services (N=86)**

Variables	Yes (%)	No (%)	I don't know (%)
The basic conditions for human pregnancy includes the following; sperm, ovum, uterus, genital tract	74 (86.0)	6 (7.0)	6 (7.0)
Pregnancy is likely to occur few days before or after menstruation	60 (69.8)	14 (16.3)	12 (14.0)
Family planning can also be called birth control	74 (86.0)	6 (7.0)	6 (7.0)
Is abortion a means of family planning?	12 (14.0)	70 (81.4)	4 (4.7)
Only the woman should take responsibility when it comes to family planning	18 (20.9)	58 (67.4)	10 (11.6)
Oral contraceptives can lead to infertility and disturbance of menstrual cycle	38 (44.2)	20 (23.3)	28 (32.6)
Do oral contraceptives have any side effects?	34 (39.5)	26 (30.2)	26 (30.2)
The use of mifepristone and vaginal douching are both means of emergency contraceptive methods	32 (37.2)	14 (16.3)	40 (46.5)
The most efficient family planning methods for women in reproductive age is the natural methods	42 (48.8)	18 (20.9)	26 (30.2)

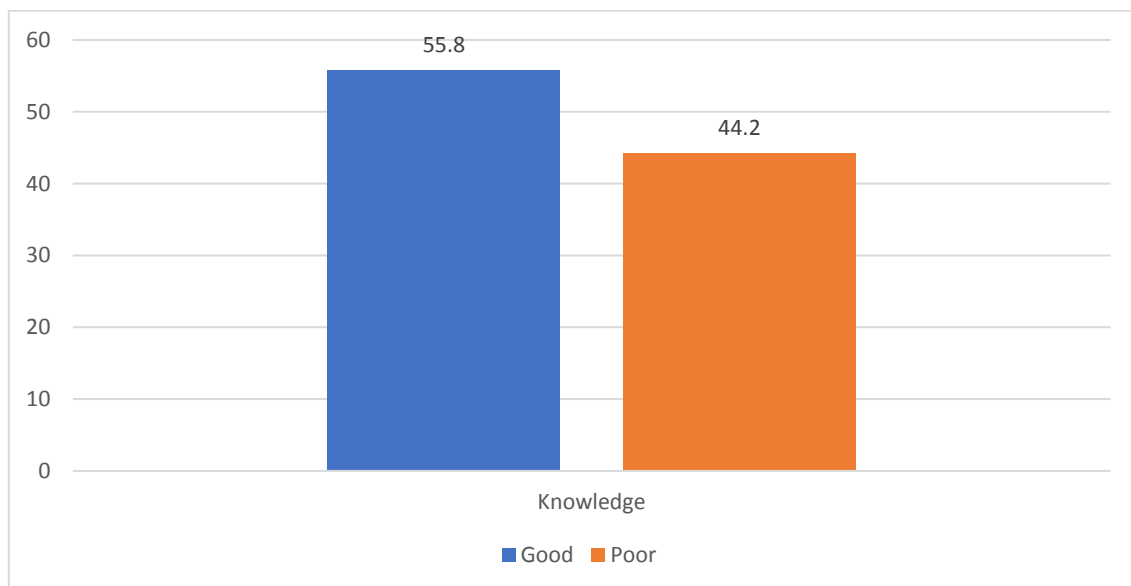
Table 2 shows that regarding the knowledge of family planning services, 74 (86.0%) identified that the basic conditions for human pregnancy includes the following; sperm, ovum, uterus, genital tract, 60 (69.8%) identified that pregnancy is likely to occur few days before or after menstruation, 74 (86.0%) identified that family planning can also be called birth control, 70 (81.4%) identified that abortion is not a means of family planning, 38 (44.2%) accept that oral contraceptives can lead to infertility and disturbance of menstrual cycle, 34 (39.5%) identified that oral contraceptives have side effects, 40 (46.5%) did not know if the use of mifepristone, and vaginal douching are both means of emergency contraceptive methods and 42 (48.8%) identified that the most efficient family planning methods for women in reproductive age is the natural methods.



### Knowledge scale summary

Value	Score	Frequency	Percent (%)
Mean score = 5.55±1.3	< 6	38	44.2
	≥ 6	48	55.8
Total		86	100.0

The knowledge scale summary above indicates the level of knowledge with a mean score of 5.55±1.3. Respondents with score above the average ( $\geq 6$ ) displayed good knowledge. However, respondents with scores below the average ( $< 6$ ) displayed the poor level of knowledge.



**Figure 1: Overall knowledge of family planning service**

Figure 1 shows that the majority of the respondents 48 (55.8%) displayed good knowledge of family planning while 38 (44.2%) displayed poor knowledge of family planning.



**Table 3: Utilization of family planning (Contraceptive) services (N=86)**

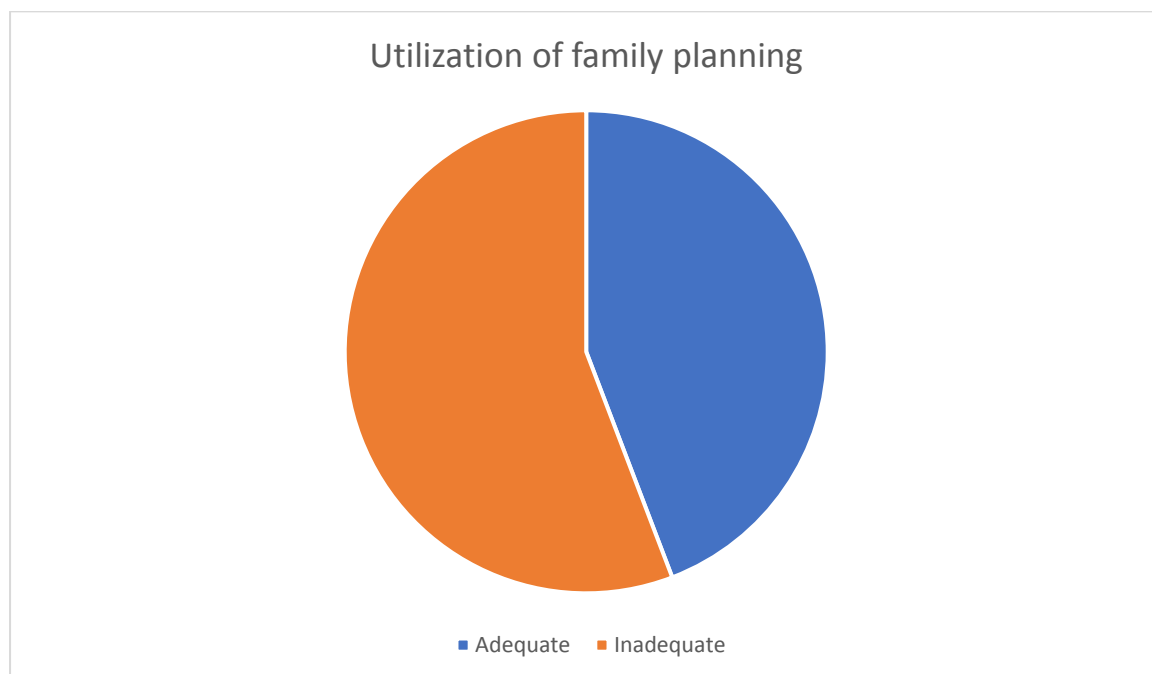
Variables		Frequency	Percentage (%)
Do you make use contraceptives every time when you do not intend to get pregnant	Yes	36	41.9
	No	50	58.1
I use different types of contraceptives	Yes	14	16.3
	No	72	83.7
My current method of contraceptive changes from time to time	Yes	32	37.2
	No	54	62.8
Do you practice traditional/alternative contraceptive methods such as withdrawal method infertility period, use of herbs and breastfeeding	Yes	26	30.2
	No	60	69.8
Did you use contraception during your first sexual behaviour	Yes	26	30.2
	No	60	69.8
	Condom	40	46.5
Which contraceptive method have you ever made use of	Oral contraceptive pills	14	16.3
	Withdrawal	12	14.0
	Intrauterine device	4	4.7
	Others	16	18.6
Have you ever had any unwanted pregnancy with your sex partner	Yes	24	27.9
	No	62	72.1
	None	34	39.5
How many times do you or your sex partner have unwanted pregnancy	Once	32	37.2
	Twice	12	14.0
	>three times	8	9.3

Table 3 shows that regarding the utilization of family planning (contraceptives services), 50 (58.1%) do not make use of contraceptives when they do not intend to get pregnant, 72 (83.7%) do not use different types of contraceptives, 54 (68.2%) do not change their contraceptives from time to time, 60 (69.8%) do not practice traditional/alternative contraceptive methods such as withdrawal method, infertility period, use of herbs and breast feeding, 60 (69.8%) did not use contraception during their first sexual behavior, 40 (46.5%) have used condom before, 62 (72.1%) have never had an unwanted pregnancy with their sex partner and 34 (39.5%) have never had unwanted pregnancy with their sexual partner.

### Utilization scale summary

Value	Score	Frequency	Percent (%)
Mean score = 3.44±1.01	< 3	48	55.8
	≥ 3	38	44.2
Total		86	100.0

The knowledge scale summary above indicates the level of utilization with a means score of 3.44±1.01. Respondents with score above the average ( $\geq 3$ ) displayed adequate utilization. However, respondents with score below the average ( $< 3$ ) displayed inadequate utilization.



**Figure 2: Overall utilization of family planning**

Figure 2 shows that the majority of the respondents 48 (55.8%) had inadequate utilization of family planning while 38 (44.2%) displayed adequate utilization of family planning.

**Table 4: Factors affecting the use of family planning services (N=86)**

	Strongly agree (%)	Undecided (%)	Disagree (%)
I thought the occasional sex could not lead to pregnancy	44 (46.5)	16 (18.6)	26 (30.2)
I thought contraceptive methods were too expensive to buy	32 (37.2)	16 (18.6)	38 (44.2)
I was worried about the side effects	58 (67.4)	12 (14.0)	16 (18.6)
My religion forbids it	36 (41.9)	16 (18.6)	34 (39.5)
I didn't prepare the pills or tools for the unwanted pregnancy	42 (48.8)	22 (25.6)	22 (25.6)
My partner does not approve of it	22 (25.6)	16 (18.6)	28 (32.5)
Getting contraceptives was inconvenient	32 (37.2)	20 (23.3)	34 (39.5)
I thought it would spoil the fun during sexual intercourse e.g. use of condoms	46 (53.5)	14 (16.3)	26 (30.2)
I don't know which one to choose	36 (41.9)	26 (30.2)	24 (27.9)
The ones I have tried did not work	32 (37.2)	26 (30.2)	28 (32.5)
Too much waiting at the clinic	22 (25.6)	30 (34.9)	34 (39.5)
It affects my health when I use it	42 (48.8)	22 (25.6)	22 (25.6)

Table 4 shows that regarding the factors affecting the use of family planning services, 26 (30.2%) strongly agree that they thought occasional sex could not lead to pregnancy, 30 (34.9%) disagree that they thought contraceptive methods were too expensive to buy, 34 (39.5%) agree that they are worried about the side effects of the contraceptives, 26 (30.2%) disagree that their religion forbids it, 32 (37.2%) agree that they did not prepare the pills or tools for the unwanted pregnancy, 22 (25.6%) strongly agree that their partner does not approve of it, 30 (34.9%) disagree that getting contraceptives was inconvenient, 28 (32.6%) agree that they thought it would spoil the fun during sexual intercourse, 26 (30.2%) are undecided in deciding which contraceptive to choose, 26 (30.2%) are undecided on the ones they tried which did not work, 30 (34.9%) are undecided on the length of waiting time at the clinic and 28 (32.6%) strongly agree that it affects their health when they use it.



**Table 5: Association between knowledge and utilization of family planning services among women of reproductive ages**

		Knowledge		$\chi^2$	Df	P-value
		Good (%)	Poor (%)			
Utilization	Adequate	22 (45.8)	16 (42.1)	0.730	1	0.828
	Inadequate	26 (54.2)	22 (57.9)			
<b>Total</b>		<b>48 (100.0)</b>	<b>38 (100.0)</b>			

Table 5 shows that there is no association between the knowledge of the respondents and their utilization of family planning services, with a p-value  $>0.05$  (0.828,  $\chi^2=0.730$ ). Therefore, the researchers fail to reject the null hypothesis.

**Table 6: Association between utilization of family planning services and number of children per household within the community**

		Utilization		$\chi^2$	Df	P-value
		Adequate (%)	Inadequate (%)			
Number of children per household	None	10 (26.3)	12 (25.0)	8.649	3	0.034
	1	12 (31.6)	22 (45.8)			
	2-3	4 (10.5)	10 (20.8)			
	More than 3	12 (31.6)	4 (8.3)			
<b>Total</b>		<b>38 (100.0)</b>	<b>48 (100.0)</b>			

Table 6 shows that there is a significant association between the utilization of family planning and their number of children per household, with a p-value  $<0.05$  (0.034,  $\chi^2=8.649$ ). Therefore, the null hypothesis is rejected.

**Table 7: Association women's educational level and knowledge of family planning services**

		Knowledge		$\chi^2$	Df	P-value
		Good (%)	Poor (%)			
Level of education	No formal education	0 (0.0)	2 (5.3)	4.303	2	0.116
	Secondary	28 (58.3)	26 (68.4)			
	Tertiary	20 (41.7)	10 (26.3)			
<b>Total</b>		<b>48 (100.0)</b>	<b>38 (100.0)</b>			

Table 7 shows that there is no association between the knowledge of the respondents and their educational level, with a p-value  $>0.05$  (0.116,  $\chi^2 = 4.303$ ). Therefore, the researchers fail to reject the null hypothesis.

## DISCUSSION

Majority of the respondents were between the of ages 15-25 which was in line with findings from studies of Joshi et al. (2020), Egenti et al. (2019) but contrary to findings from studies such as Duru et al. (2018), Alhassan (2018), Essien et al. (2018), Seifu et al. (2020). Also, most of the participants from the study had secondary education as compared to tertiary education which was in agreement with findings from Duru et al., (2018), Essien et al., (2018), Alege et al. (2016) but at variance with the findings from Alhassan (2018), Joshi et al. (2020). Most of the participants were married which agreed with results reported by Duru et al. (2018), Alhassan (2018), Abdu (2018), Essien et al. (2018). Also, the majority of the study participants were practicing Christians which agreed with studies such as Duru et al. (2018), Alenoghena et al. (2019) but disagreed with Abdu (2018), Joshi et al. (2020). In terms of occupation, majority were traders, while in terms of monthly income some earned below 30,000 naira as their average monthly income with majority having no income in agreement with Duru et al. (2018), Alhassan (2018), Abdu (2018), Alege et al. (2016). Many of the participants have just 1 child per household in agreement with findings from Joshi et al. (2020) but disagreed with Hussain and Lefta (2020). Lastly, most of the study participants were between the ages of 19-30years as at first pregnancy.

### Knowledge of Family Planning Services

Findings from this study revealed that the majority of the respondents displayed good knowledge of family planning with most of the participants agreeing that family planning prevents pregnancy. This is similar to findings reported in studies of Duru et al. (2018), Joshi et al. (2020), Alenoghena, et al. (2019), Essien et al. (2018), Egenti et al. (2019), Seifuet al., (2020), Alegeet al. (2016) where majority of the study participants also had good knowledge of family planning methods but different from findings reported by Alhassan (2018), Hussain and Lefta (2020), Waniet al., (2019), Kanyangeet al. (2017) where the participants only had a good attitude towards use of family planning services.



Majority of the participants chose the natural methods of family planning as the most effective means for family planning. Also, most of the participants agreed that family planning is the same as birth control. Some of the women believe that use of oral contraceptives can lead to infertility and other side effects while majority of the women do not see abortion as a method of family planning. Most of the women do not know if vaginal douching is a means for emergency family planning.

Most of the participants had good knowledge of the anatomy of the female reproductive system and physiology of pregnancy. This might be responsible for the good knowledge of family planning services shown by the women. This agreed with the findings by Kanyange et al. (2017).

### **Utilization of Family Planning Services**

The findings from this study show that majority of the respondents reported inadequate utilization of family planning with most of the respondents utilizing condoms which is in line with findings reported by Ackerson and Zielinski (2017), Duru et al. (2018), Joshi et al. (2020), Egenti et al. (2019), Wani et al. (2019), but at variance with the findings of Alege et al. (2016), Kanyange et al. (2017) in which 6 out every 10 women utilize family planning services. Most of the study participants also reported not using alternative/traditional means of family planning such as withdrawal method, infertility period etc. which agreed with findings reported by Alhassan (2018), Alege et al. (2016) where majority of its participants were using modern family planning methods.

As already observed, the utilization of family planning services is relatively low among the participants. Only a small percentage of the women use contraceptives when they do not wish to get pregnant, while many of the women prefer to stick to one method of family planning which agreed with Alege et al. (2016). The participants also refuse to change their family planning methods from time to time. Majority of the participants also fail to use contraceptives (condoms) during their first sexual intercourse. Condom is still the most common method of family planning utilized by the participants, followed by oral contraception pills, then withdrawal method while intrauterine device was the least used by the participants. This agreed with findings from another study by Alege et al. (2016) but disagreed with the findings of Hussain and Lefta (2020), Alege et al. (2016), Kanyange et al. (2017) where oral contraceptives and injectables were the most commonly used methods of family planning.

### **Factors affecting Utilization of Family Planning Services**

Findings from this study show that regarding the positive and inhibiting factors affecting the use of family planning services, Some of the participants strongly agreed with family planning services because they thought occasional sex could not lead to pregnancy which agreed with studies such as Olakojo (2012), some stated that their reason for not utilizing the services was because they thought contraceptive methods were too expensive to buy which agreed with same findings reported by Egenti et al. (2019), Hussain & Lefta (2020), Owoyemi et al. (2020). Another set of participants agreed that they were worried about the side effects of the contraceptives of which was similar to findings reported by Egenti et al.(2019), Ackerson and Zielinski (2017), Seifu et al. (2020), Danladi et al. (2020), Kanyange et al. (2017). Some of the participants also indicated that their religion did not forbid the use of family planning services which agreed with findings by Sundararajan et al. (2019) but contradicted the findings



of Seifu et al. (2020), Danladi et al. (2020), Owoyemi et al. (2020). A few of the respondents claimed that they do not have any preparation for unwanted pregnancy. Some of the respondents also indicated that their partner does not approve of family planning which contradicted the findings of Seifu et al. (2020), Danladi et al. (2020), Kanyange et al. (2017) in which the husband of the women agreed with use of family planning services and also emphasizes the role of family members in use of family planning services. A fraction of the participants disagreed with getting contraceptives as inconvenient, a similar finding to that of Seifu et al. (2020), many of the participants also believed that family planning services would spoil the fun during sexual intercourse. Some of the participants' reason for not utilizing family planning services was because they were undecided on which contraceptive to choose. Some of the reasons for this indecision given were failure of previous method selected, the length of waiting time at the clinic, and the effect of family planning services on their health when they use it; which agreed with findings by Kanyange et al. (2017), Owoyemi et al. (2020). This contradicts the findings of Alege et al. (2016) where most of its participants already had a method of family planning (injectables) in mind.

### Test of Hypotheses

- Hypothesis one states that there is no association between the knowledge of the respondents and their utilization of family planning services. The  $\chi^2$  statistic revealed that this is true since the  $p$ -value was greater than 0.05. This implies that despite the good knowledge of family planning services shown by the participants, this did not reflect in their utilization of the various family planning services as validated by comparing the percentage of the study participants who demonstrated good knowledge of family planning services to the percentage of those who actually utilize these services. This finding was similar to those observed in other studies such as Abdu (2018), Alenoghena et al. (2019), Hussain and Lefta (2020) but was at variance with findings of Seifu et al. (2020), Wani et al. (2016) where it was observed that the knowledge of family planning methods was significantly associated with its utilization.
- Hypothesis two states that there is no association between utilization of family planning services and number of children per household within the community. The  $\chi^2$  test revealed that this is not true since the  $p$ -value was less than 0.05. This implies that women who utilized the family planning services had a fewer number of children per household as validated by comparing the percentage of participants who utilize family planning services to the number of children per household. This agreed with results from other studies such as Egenti et al. (2019), Seifu et al. (2020) where the participants who utilized family planning services had fewer numbers of children but disagreed with Hussain and Lefta (2020), Owoyemi et al. (2020) where this was insignificant but rather focused on years of marriage, wish of the husband and the desire to have more children.
- Hypothesis three states that there is no association between the women's knowledge of family services and their educational level. The  $\chi^2$  test revealed that this is true since the  $p$ -value was greater than 0.05. This implies that women's knowledge about family planning services was not influenced by their educational level. This was in agreement with findings from Alege et al. (2016) where only few of the participants stated education as source of knowledge of family planning services but contradicted the findings from other studies such as Egenti et al. (2019), Seifu et al. (2020), Owoyemiet al. (2020), Kasa et al.(2018), where high level of education was responsible for the good knowledge of family planning services.



## IMPLICATION FOR RESEARCH AND PRACTICE

The low level of utilization found in this study highlights the need for more research on the effectiveness of intervention studies aimed at improving the uptake of FP services while addressing the various factors associated with the uptake of the service. Similarly, an important key towards achieving optimal utilization of family planning services is attaining an overall change in the behavior and attitude of women towards FP services. Women empowerment and education are many of the few methods which will provide women with an adequate means and voice to make their own decisions when it comes to utilization of FP services. Similarly, nurses, midwives, other health professionals, non-governmental and religious organizations should embark on more aggressive mobilization with a view to achieving attitudinal change and subsequent improvement in utilization of family FP services.

## CONCLUSION

This study revealed that there is good knowledge of family planning services among women of reproductive age but in spite of the good knowledge, the utilization of family planning services was still relatively poor. It was observed that many of the factors surrounding the poor utilization of these services were as a result of poor socioeconomic status, religion and lack of education. However, a good knowledge of family planning services is to be taken as an indication of better things to come. Therefore, efforts which will encourage the use of family planning among women need to be promoted.

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