



INFORMATION COUNSELLING METHOD AND FAMILY COUNSELLING AMONG MOTHERS IN CROSS RIVER STATE, NIGERIA

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ABSTRACT: *This study was undertaken to investigate the Information counselling method and family planning method among mothers in Cross River State, Nigeria. Two research questions were drawn and two null hypotheses were generated to direct the variables under study. Also, relevant literature was reviewed in line with the research objectives with most of the literature supporting the theoretical framework. An ex-post facto design was adopted for the study. The selection was done through the sampling and purposive sampling techniques. The reliability estimate of the instrument was established through the Cronbach Alfa reliability method. One-way analysis of variance (ANOVA) was the statistical analysis technique adopted to test the hypotheses under study. All hypotheses were subjected to testing at a .05 level of significance. From the data analysis, the researcher investigated the research and offered that in agreement with the study that pregnancy is one of the most critical and unique periods in a woman's life cycle likewise, the researcher found that: Information counselling method and Family planning counselling methods are life-saving means for mothers to be safe during the course of pregnancy, childbirth and motherhood. The discussion revealed that information counselling methods and safe motherhood practices and use constructs from established counselling methods and safe motherhood practices on women of reproductive age.*

KEYWORDS: Counselling, Research, Safe Motherhood and Recommended Information and Family Planning Methods



INTRODUCTION

Safe motherhood means ensuring that all women have access to information and services they need to go through pregnancy and childbirth safely. It includes education on safe motherhood practices, such practices may have been crude in the olden days. Still, they existed to save mothers and children from avoidable mortality and morbidity (which in some cases culminated either in the deaths of the mother or the child or both). This could occur in any part of the country of the world. However, differentials exist. The death of mothers in the journey of birthing poses anguish to those who are dear to them as they experience distress after an unsafe delivery. The researcher was stirred up by the deaths of mothers, injuries and fatality that have continuously plagued women of reproductive age in her locality despite existing measures. This has left behind a litany of tears and anguish among families bereaved of loved ones. The women in the family are the succorers of their homes, carers, home keepers, friends confidants, financial supports and home enablers.

Information counselling method provides an important opportunity to improve maternal understanding of care during and after pregnancy. Communication is often insufficient concerning maternal health. This research investigated how information counselling ensures safe motherhood practices through intervention on quality of counselling and maternal understanding of care for mothers and newborn babies. Ojifinni and Ibisomi, (2020) defined preconception counselling as specialised care targeted at women of reproductive age before pregnancy to detect, treat or counsel them about pre-existing medical and social conditions that may militate against safe motherhood practices and positive pregnancy outcomes. Ojifinni and Ibisomi, (2020) studied preconception counselling care practices in Nigeria, it was a descriptive qualitative study using forty-one in-depth interviews and 10 focus group discussions. (MAXQDA, 2018) was also used. The result revealed that participants stated that there is no defined preconception counselling in the health centres used by the women and structures and guidelines for preconception care in the country.

The above findings, also disclosed that there were no premarital information counselling services by religious bodies and HIV/ STD education within the secondary school system and that there was a need to provide structure and guidelines for preconception care services in the country. The study also told that there is a dire need to implement preconception counselling, premarital information counselling in centres and the implementation of HIV/STD counselling in secondary schools.

Zimmerman and Yihdego (2019) studied the effect of integrating maternal information counselling services and family planning counselling services on postpartum family planning behaviour in Ethiopia it was a longitudinal study, and the statistical instrument used was the weighed parametric survival analysis with Weibull distribution to assess the effect of receipt of postpartum counselling. The finding disclosed that approximately 60% of postpartum women in low and middle-income countries are not using contraceptive methods and noted that significant gaps remained in the delivery and postnatal period.

On their part, Ojifinni and Ibisomi, (2020) defined preconception counselling as specialised care targeted at women of reproductive age before pregnancy to detect, treat or counsel them about pre-existing medical and social conditions that may militate against safe motherhood practices and positive pregnancy outcome. Ojifinni and Ibisomi, (2020) studied preconception counselling care practices in Nigeria, it was a descriptive qualitative study using forty-one in-



depth interviews and 10 focus group discussions. (MAXQDA, 2018) was also used. The result revealed that participants stated that there is no defined preconception counselling in the health centres used by the women and structures and guidelines for preconception care in the country.

However, the researcher noted in the study that postpartum women do not receive family planning counselling and did not use contraceptive methods, which resulted in the mistimed conception and risky pregnancy for mothers in that study area. Counselling during pregnancy or soon after birth includes encouraging mothers and their families to start a nurturing, caring and responsive relationship with their infant. Economou, Kolokotroni and Paphiti-Demetriou, (2021) a methodological study with longitudinal design among 586 mother-infant dyads, as part of the “BrEaST Start in Life” project. BSES was assessed 24–48 h after birth and in the first month. Breastfeeding status was assessed at the clinic, on the 1st, 4th and 6th months. The association between BSES and breastfeeding was estimated in logistic regression models and its diagnostic ability in ROC analysis.

Results revealed that mean = 3.55 (SD = 0.85), BSES was moderate, and lower among Cypriot women, primiparas and those who delivered by Cesarean Section (C/S). In the absence of community support structures or programmes in Cyprus, the prevalence of breastfeeding remains low. This suggests a need for policy, educational and community support interventions, including the systematic use of the BSES scale as a screening tool to identify those at higher risk for premature BF discontinuation. American Academy of Pediatrics (2012). Breast milk is the optimal source of infant nourishment and addresses the physiological and psychological requirements of the newborn during the first months of life. Numerous studies confirm the short- and long-term beneficial effects of breastfeeding for both infant and mother. Horta BL, Victora CG. Long-term effects of breastfeeding: a systematic review. Geneva: World Health Organisation; 2013.

In a study on the influence of education on safe motherhood practices by Namasivayam, Dehury and Prakash (2021), it was observed that in association with prenatal counselling and immediate postnatal support counselling with early initiation of breastfeeding in Uttar Pradesh, India. Findings communicated the significant association of prenatal counselling and postnatal support counselling immediately after birth with improving early initiation of breastfeeding irrespective of place of delivery. The researchers' findings aired that prenatal counselling and postnatal counselling support early initiation of breastfeeding irrespective of place of delivery.

Similarly, Akman, Tüzün, Uzuner, Başgul and Kavak (2010) posited the influence of prenatal counselling. The finding stated that individual counselling in the third trimester would increase postpartum contraceptive use to a greater extent than only providing an educational leaflet on postpartum contraceptive choice in Marmara University Hospital. Pregnancy is one of the most critical and unique periods in a woman's life-cycle Fataye et al (2019).

Akman, Tüzün, Uzuner, Başgul and Kavak (2010), in an empirical study of the population of 180 third trimester pregnant women of mean age of 28.3 years who were attending Marmara University Hospital for prenatal care enrolled, participants were followed-up at 6-9 months postpartum and found low antenatal counselling. The research discovered that there was no statistically significant difference in postpartum contraception use between the control and intervention groups in this study population. It was, therefore, concluded that prenatal counselling was not superior to educational leaflets for increasing the use of effective and modern postpartum contraception. Innumerable recent pieces of literature have pointed out the



lack of adequate birth preparedness counselling as a critical factor behind the sluggish progress toward the maternal target in laggard countries (Jhpiego, 2004) and (Thind, Meh, and Ryan 2019).

Family planning counselling method and safe motherhood practices among women of reproductive age.

In most parts of the world, pregnancy and delivery are precarious and traumatic experiences which in some cases culminate the deaths of either the mother or the child or both. The concept of safe motherhood is as old as human existence. From time immemorial mothers, fathers, family relations, and organised settings have engaged in one form of safe motherhood practice or the other.

The role of family planning counselling is to support the woman and their partners in choosing the method of family planning that best suits them and to support them in solving any problems that may arise with the selected method. Women have the sole right to decide on family planning, the type, and the method suitable for them, but unfortunately, some women are still unaware of this right and the fact that family planning saves lives. The family planning counselling method is the counsel women receive from the family the counsellor and skilled health provider. Zafar, Samia and Mohammed (2011) defined family planning as a mode of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decisions by couples and individuals in order to promote the health and well welfare of female groups. Family planning counselling availed women of the opportunity to decide when to have children, the number of children to have and the spacing of birth. Guttmacher Institute (2012) defined contraceptive counselling as the exchange of information on contraceptive methods based on an assessment of the client's needs, preferences, and lifestyle to support decision-making as per the client's intentions. This includes the selection, discontinuation or switching of a contraceptive method.

Guttmacher, (2012) clarified that family planning counselling involves the control of the world's population with respect to available food, economic and other resources of the world. It includes encouraging women to be involved in contraception counselling, infertility management counselling, genetic counselling, sex selection counselling and the evaluation of abortion as a means of population control. Yaya, Idriss-Wheeler and Uthman (2021) produced that the determinant of unmet need for family planning in Gambia and Mozambique: has implications for women in low-middle-income countries the unmet need for family planning (FP) constituted a major challenge for the prevention of unintended pregnancies and associated health and psychological morbidities for women. Statistics from Demographic and Health Surveys in the Gambia (2013) and Mozambique (2011) with a sample population were 23,978 women. The explanatory variables were measured using binary logistic regression models. Results informed that the prevalence of unmet need for FP was 17.86 per cent and 20.79 per cent. For Gambia and Mozambique respectively. Findings showed that there was room for improvement in both countries and that the unmet need for FP in Gambia and Mozambique was better than the Sub-Saharan African average (25 per cent) and also there is room for improvement in both countries.

Doctor, Nichana, Salimu and Abdusalam, (2018), the study found that the maternal mortality ratio for the Northeast region of Nigeria in 2013 was 6.7 per cent as compared to the National figure of 5.5 per cent (NPC, 2014). A cross-sectional descriptive study with structured



questionnaires with close-ended questions was administered to 1627 married men who had at least one wife younger than 25 years in communities in Nigeria's northern states of Kaduna and Katsina. Babalola and Fatusi (2005) observed the low rate of contraceptive counselling in the Northwestern region of Nigeria, he affirmed that participants were women of reproductive age (18-49 years) regardless of marital status.

Regional disparities in non-use of modern contraceptives and unmet needs were analysed by descriptive and multivariate regression methods. *Result* of the pooled sample of 79,656 participants from 2003, 2008, and 2013, 88.6 per cent reported not using any modern methods, and 13.5 per cent reported having an unmet need for contraception. and the unmet need for family planning counselling among married women of reproductive age was only 17.5 per cent in the Northeast and 12.0 per cent in the Northwest regions.

In a study conducted by Stars (2006), it was revealed that the country which has a fertility rate of 5.281 per woman in 2020 with 576 mortality per 100,000 live births. This data, as confirmed by World Perspective (2019) showed that Nigeria is the fourth highest birth mortality on earth having up to 262,000 deaths of babies each year. Statistics revealed that Nigeria has a population of 177.5million as of 2014. Global Health Estimate (2016) presented that natural growth rate of 2.4 per cent, and a total fertility rate of 5.7 per cent (6.2 per cent among rural dwellers when compared to 4.7 among urban dwellers and also that countries with large population density relative to available resources like Nigeria suffer tremendously from high fertility rates. The researcher noted that likewise, countries like India and other poorer underdeveloped nations are poor in natural resources.

Global Health Estimate (2016) stated that fertility rates were strongly associated with poor counselling or family planning counselling and services. This leads to the inadequate spacing between births, which in turn is associated with high infant and maternal mortality. This is prevalent in Nigeria as submitted by Ibnouf (2017). He stipulated that the natural rate of 2.4 per cent and total fertility rate of 5.7 per cent among rural dwellers is high. Global Health Estimate (2016) revealed that Nigeria is ranked 187th out of 191 as the country with one of the poorest health indicators in the world (WHO, 2019). The situation of fertility burst among rural dwellers is high though family planning counselling is necessitated by the incremental fertility rate, lack of family planning counselling is still prevalent in these areas.

Related findings by Guttmacher Institute (2012); WHO, (2019); and Sinai, Nyenwa and Oguntunde (2018) estimated that 600,000 maternal deaths related to pregnancy occurred worldwide each year. Of this, a total of about 52,900 maternal deaths occurred in Nigeria. This is approximately 10 per cent of maternal deaths globally, despite the fact that Nigeria is only 2 per cent of the World's population (WHO, UNDP, 2005). In line with the above, family planning and information counselling methods have remained consistently low in Nigeria over a long period of time (Smith, 2018). Marked rural-urban differences in family planning use had been reported in several studies. According to the 2013 Nigerian National Demographic Health Survey (NDHS, 2013), the contraceptive prevalence in rural areas was quite lower than in the urban, at 9 per cent and 21 per cent respectively (Anderson, 2006). This is buttressed by Sinai, Nyenwa and Oguntunde (2019) who found that in 2013, only 2.7 per cent and 3.6 per cent of married women aged 15-49 years in North-East and North-West regions of the country, respectively were using a modern contraceptive method. The total fertility rate for the North-West region of Nigeria in 2013 was 6.7 per cent compared to the national figure of 5.5 per cent. National Population African and Population and Health Research Centre (2018) adjoined that



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Sinai, Nyenwa and Oguntunde (2019) observed that in 2013, only 2.7 per cent and 3.6 per cent of married women aged 15-49 years in the North-East and North-West regions of the country, respectively were using a modern contraceptive method. WHO, UNDP (2005) averred that family planning counselling is a necessary means of preventing population 'burst' in Nigeria and further reiterated that a woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13 when not counselled on preventing unwanted pregnancy and contraceptive usage.

Statistics in Yaya, Idriss-Wheeler and Uthman (2021) revealed that nearly 15 per cent of the pregnancies nationwide (in Nigeria) each year are unplanned and the occurrence is far more prevalent among women under the ages of 25 years or with low-income status. Lack of emotional and financial preparation often derived from unplanned parenthood has subsequently led to a serious burden on the surrounding family members and the nation as a whole. Family planning is defined by the World Health Organisation (Zafar, Samia and Mohammed (2011) as a mode of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decision by individuals and couples in order to promote the health and welfare of family groups and thus contribute effectively to the social development of the country. In an empirical study conducted by Sinai, Nyenwa and Oguntunde (2011) carried out a study in North-East and North-West regions of Nigeria.

The study was designed to provide programmatic recommendations for intervention to increase contraceptive use in Nigeria. A cross-sectional study by Sinai, Nyenwa and Oguntunde (2011) with a population of 1624 married women younger than 25 years and 1,627 men married to women younger than 25 years in Kaduna and Katsina states in Northern Nigeria, the result showed that half of the female respondents had no need for contraception because they were either pregnant or desiring a pregnancy at the time of the survey. Doctor, Nichana, Salimu and Abdusalamin (2018), the study found that the maternal mortality ratio for the Northeast region of Nigeria in 2013 was 6.7 per cent as compared to the National figure of 5.5 per cent (NPC, 2014). a cross-sectional descriptive study. Structured questionnaires with close-ended questions were administered to 1627 married men who had at least one wife younger than 25 years in communities in Nigeria's northern states of Kaduna and Katsina. Babalola and Fayosi (2009) observed the low rate of contraceptive counselling in the Northwestern region of Nigeria, he affirmed that participants were women of reproductive age (18-49 years) regardless of marital status.

Regional disparities in non-use of modern contraceptives and unmet needs were analysed by descriptive and multivariate regression methods. *Result* of the pooled sample of 79,656 participants from 2003, 2008, and 2013, 88.6 per cent reported not using any modern methods, and 13.5 per cent reported having an unmet need for contraception, and the unmet need for family planning counselling among married women of reproductive age was only 17.5 per cent in the Northeast and 12.0 per cent in the Northwest regions.

Findings in NPC (2014) divulged that low contraceptive counselling use prevalence coexisted in the regions because married women in Northern Nigeria appear to want many children and therefore do not wish to use contraceptives. It is stated that the lack of family planning counselling and non-use of contraceptives among married women in Northern Nigeria due to their desire to have many children is due to low contraceptive counselling. It is important to



help women and their partners to gain increased control over their reproductive health. One of the main ways you can do this is through counselling on family planning methods during late pregnancy, postpartum and post-abortion periods (Geneva: [World Health Organization](#), 2013; [World Contraceptive Use 2016](#); United Nations Department of Economic and Social Affairs Population Division 2016). El-Hamri (2010) further expounded on the poor usage of contraceptives. He pointed out that women who use contraceptives are considered promiscuous and men who allow their wives to use contraceptives are considered weak in the Northern region of Nigeria (Ankoma, Anyanti, Adebayo and Guva, 2013). Iliyasu and Galandan (2010) observed that very little use of traditional methods of contraceptives is in place on the other hand almost 13 per cent of women had perceived no need for family planning counselling service because they only had sex infrequently or because they believed that breastfeeding or postpartum amenorrhea protected them from getting pregnant.

Family planning counselling is seen as a continuous process that the counsellor provides to help clients and people in his community make and arrive at informed choices about the size of their family (i.e. the number of children they wish to have). Omo-Aghoja (2009), in an expository study, observed that based on available data Nigeria has one of the highest rates of maternal mortality in the World. Sedgh (2006), likewise averred that Nigeria's contraceptive prevalence rate is less than 13 per cent and that the situation is further compounded by the persisting challenge of a high fertility rate of about 5.8 per cent and an annual growth rate of 2.8 per cent in the face of a large population about 140 million persons.

In recent decades, fertility has declined only slightly from a Total Fertility Rate (TFR) of 6.3 births per woman in 1981-82, to 6.0 in 1990 and 5.7 in both 2003 and 2008, according to findings of the Demographic and Health Surveys (DHS) (National Population Census, NPC and ORC Macro, 2004). Gotmark and Anderson, (2020) averred that the World population is expected to increase greatly this century, thereby aggravating, current problems related to climate health, food, security, biodiversity, energy and other vital resources.

Family planning counselling is important because it allows women more control over their childbearing and helps them achieve their desired birth spacing and family sizes. Hutchinson, Anaba and Abeprogunde, (2021) offered that Northwestern Nigeria faces a situation of high fertility rate and low contraceptive usage, driven in large part by high fertility norms, pronatal cultural and religious beliefs, and misconceptions about contraceptive methods.

Sonfield, (2011) opined that the use of family planning services is estimated to prevent 1.6 million unintended pregnancies each year. Ensuring access for all people to their preferred contraceptive methods advances several human rights including the right to life and liberty, freedom of opinion and expression and the right to work and education, as well as bringing significant health and other benefits. The use of contraception prevents pregnancy-related health risks for women, especially for adolescent girls, and when births are separated by less than two years, the infant mortality rate is 45% higher than it is when births are 2-3 years apart and 60% higher than it is when births are four or more years apart [4]. It offers a range of potential non-health benefits that encompass expanded educational opportunities and empowerment for women, and sustainable population growth and economic development for countries.



Research Questions

Based on the stated problems, the investigation sought to provide answers to the following questions:

1. To what extent does the information counselling method influence safe motherhood practices among women of reproductive age?
2. To what extent does the family planning counselling method influence safe motherhood practices among women of reproductive age?

Hypotheses

1. There is no significant influence of information counselling methods on safe motherhood practices among women of reproductive age.
2. Family planning counselling method does not significantly influence safe motherhood practices among women of reproductive age.

RESULT AND DISCUSSION OF STATISTICAL ANALYSIS

The main independent variables for this study were:

Information counselling method;

Family planning counselling method;

TABLE 1: Summary data and one-way ANOVA of the influence of information counselling method on safe motherhood practices among women of reproductive age (N=586)

Information counselling method.	N	\bar{x}	SD		
Low– 1	166	35.1807	3.06948		
Moderate– 2	256	36.5508	3.18658		
High – 3	164	36.4207	2.87572		
Total	586	36.1263	3.12165		
Source of variance	SS	Df	Ms	F	Sig of F
Between group	208.768	2	104.384	11.081	.000
Within group	5491.888	583	9.420		
Total	5700.655	585			

* Significant at .05 level, p-value =.000, df= 2, 586.



TABLE 2: Fishers' Least Significant Difference (LSD) multiple comparison analysis of the influence of information counselling method on safe motherhood practices among women of reproductive age.

LSD

(I)information counselling method	(J)information counselling method	Mean Difference (I-J)	Std. Error	Sig.
Low	Moderate	1.37006(*)	.30585	.000
	High	-1.24001(*)	.33792	.000
Moderate	Low	1.37006(*)	.30585	.000
	High	.13005	.30698	.672
High	Low	1.24001(*)	.33792	.000
	Moderate	-.13005	.30698	.672

* The mean difference is significant at the .05 level.

The result of the analysis in Table 6 showed that women whose information counselling method was low were significantly different in their safe motherhood practices among women of reproductive age from those whose information counselling method was either moderate or high. Also, women whose information counselling method was moderate were significantly different from those who were high in safe motherhood practices among women of reproductive age.

Family counselling method among women of reproductive age in Cross River State

TABLE 3: Summary data and one-way ANOVA of the influence of Family planning counselling method on safe motherhood practices among women of reproductive age (N=586)

Family counselling method	N	\bar{x}	SD
Low – 1	163	35.1718	3.06432
Moderate– 2	262	36.5458	3.18699
High – 3	161	36.4099	2.87331
Total	586	36.1263	3.12165

Source of variance	SS	df	Ms	F	Sig of F
Between group	207.571	2	103.785	11.015	.000
Within group	5493.085	583	9.422		
Total	5700.655	585			

* Significant at .05 level, p-value =.000, df= 2, 586.



The result in Table 2 revealed that the calculated F-value of 11.015 is higher than the p-value of .000 at a .05 level of significance with 2 and 586 degrees of freedom. With this result, the null hypothesis was rejected. This result, therefore, implied that the family planning counselling method has a significant influence on safe motherhood practices among women of reproductive age. Since the family planning counselling method had a significant influence on safe motherhood practices among women of reproductive age, a post hoc analysis was employed using Fishers' Least Significant Difference (LSD) multiple comparison analysis.

TABLE 4: Fishers' Least Significant Difference (LSD) multiple comparison analysis of the influence of Family planning counselling method on safe motherhood practices among women of reproductive age

LSD

(I)Family planning counselling method	(J) Family planning counselling method	Mean Difference (I-J)	Std. Error	Sig.
Low	Moderate	-1.37402(*)	.30621	.000
	High	-1.23816(*)	.34107	.000
Moderate	Low	1.37402(*)	.30621	.000
	High	.13586	.30738	.659
High	Low	1.23816(*)	.34107	.000
	Moderate	-.13586	.30738	.659

* The mean difference is significant at the .05 level.

The result of the analysis in Table 3 showed that women whose family planning counselling method was low were significantly different in their safe motherhood practices among women of reproductive age from those whose family planning counselling method was either moderate or high. Also, women whose family planning counselling method was moderate were significantly different from those who were high in safe motherhood practices among women of reproductive age.

DISCUSSION OF FINDINGS

This section is devoted to the discussion of the findings of the hypotheses formulated to direct the study. This discussion is presented hypothesis by hypothesis.

Information counselling methods and safe motherhood practices among women of reproductive age revealed in the first hypothesis that there was a significant influence of information counselling methods on safe motherhood practices among women of reproductive age in the study area. The findings of this hypothesis are in line with the view of Kifle, Azale and Gelaw (2017) who revealed that maternal health care service seeking of women was found as; antenatal care 74.3 per cent (95 per cent CI; 72.5, 76.14), attending institutional delivery 28.7 per cent (95 per cent CI; 26.8, 30.6) and postnatal care 22.6 per cent (95 per cent CI; 20.84,



24.36). The research from the findings discovered that antenatal attendance was high but that women who delivered in the facility were low in the delivery institutions.

Also, in consonance with the findings of Ojifinni and Ibisomi, (2020) described the information counselling method as specialised care targeted at women of reproductive age. The finding is also corroborated by the finding of Namasivayam, Dehury and Prakash (2021) who observed that in association with prenatal counselling and immediate postnatal support counselling with early initiation of breastfeeding in Uttar Pradesh, the researcher noted that perhaps in the finding of Namasivayam, Dehury and Prakash (2021) that with prenatal counselling and immediate postnatal support counselling the women might be provided with satisfactorily early initiation of breastfeeding and bonding with their new borne.

Family planning counselling method and safe motherhood practices among women of reproductive age: findings on this variable unfolded that the second hypothesis revealed that there was a significant influence of Family planning counselling method on Safe motherhood practices among women of reproductive age.

Similarly, in Sonfield, (2013) and Sonfield (2011) the researcher noted that the findings are also corroborated by Stidham (2011) and Barero (2000) who likewise noted that inadequate use of family planning counselling methods and other related services is associated with higher sexually transmitted diseases (STDs) and cervical cancer rates and higher morbidity and mortality rates for mothers. They concluded in the empirical study that the family planning counselling method prevents mistimed pregnancy and unwanted pregnancies.

CONCLUSION

The study disseminated that information and family planning counselling method is significantly associated with the choices women make in terms of the control they had over their childbearing that help them achieve their desired birth spacing and family sizes. Mothers' safe motherhood practices substantially influence their wellbeing, longevity and fetal health status when practices are put in place to ensure safety, mother and fetuses are safe and this influences the overall well-being of the nation as a whole.

The government should implement a mechanism for subsidising care and associate it with a cost-sharing system. This would place the country on the path to achieving universal health coverage in improving the physical, mental and social health of mothers, their babies and their households.



REFERENCES

- Akman, M., Tüzün, S., Uzuner, A., Başgul, A. & Kavak, Z. (2010). The influence of prenatal counselling on postpartum contraceptive choice. *J Int Med Res.* 2010 Jul-Aug;38(4):1243-9. doi: 10.1177/147323001003800405. PMID: 20925996.
- American Academy of Pediatrics. Breastfeeding and the use of human Milk. *Paediatrics.* 2012;129:e827–41.
- Ankoma A. A. & Guva P (2013). Maternal and child under-nutrition: Global and regional exposures and health consequences. *Lancet.* 19; 371(9608):243-60.
- Babalola O. & Fayosi A. (2009). Determinants of use of maternal health services in Nigeria – looking beyond individual and household factors. *BMC Pregnancy and Childbirth*, 9(1), 43. *February 15, 2018*: Project Coordinator, *Women and Health Initiative*, Harvard T.H. Chan School of Public Health.
- Barero, N. (2000). MotherCare's Community Assessments: Understanding family and community behaviours and practices. *Mothercare Matters* 8.3-4.
- Economou, M., Kolokotroni, O. & Paphiti-Demetriou, I. (2021). The association of breastfeeding self-efficacy with breastfeeding duration and exclusivity: longitudinal assessment of the predictive validity of the Greek version of the BSES-SF tool. *BMC Pregnancy Childbirth* 21, 421. <https://doi.org/10.1186/s12884-021-03878-3>
- El Hamri, N. (2010). Approaches to family planning in Muslim communities. *Journal of Family Planning Reproductive Health Care*, 36(1), 27-31.
- Fataye S. K, Okonofua N & Ntoimo M. (2019). Severity and cost of unsafe abortion complications treated in Nigerian hospitals, *International Family Planning Perspectives*, 2008, 34(1):40–50.
- Global health estimates (deaths by cause, age, sex, by country and by region 2000-2006; and life expectancy, 2000-2016) Geneva; World Health Organization;2018.
- Guttmacher Institute (2012). Facts on publicly-funded contraceptive services in the United States. Washington, DC: Guttmacher Institute.
- Hutchinson S, Anaba P. & Aberprogunde O. (2021). Education and the use of maternal health care in Thailand, *Social Science & Medicine*, 1996, 43(4):459–471
- Iliyasu K. & Galandan A. (2010). Maternal mortality in Nigeria: the real issues, *African Journal of Reproductive Health*, 1997, 1(1):7–13.
- Jhpiego (2004) Maternal and Neonatal Health. Monitoring Birth Preparedness and Complication Readiness, Tools and Indicators for Maternal and Newborn Health. Johns Hopkins, Bloomberg School of Public Health, Center for Disease control. doi: 10.1186/s3568-016-0142-3.
- Kifle, D., Azale, T. & Gelaw, Y. A. (2017). Maternal health care service seeking behaviours and associated factors among women in rural Haramaya District, Eastern Ethiopia: a triangulated community-based cross-sectional study. *Reprod Health* 14, 6. <https://doi.org/10.1186/s12978-016-0270-5>.
- Namasivayam, V., Dehury, B. & Prakash, R. et al.(2021). Association of prenatal counselling and immediate postnatal support with early initiation of breastfeeding in Uttar Pradesh, India. *Int Breastfeed J* 16, 26. <https://doi.org/10.1186/s13006-021-00372-6>.
- National Population Commission and ORC Macro. (2018). Nigeria demographic and health survey 2003. Maryland: Calverton.
- Nichana-Salimu, S. & Abdulsalam-Anibilowo, M. (2018). Health facility delivery in sub-Saharan Africa: successes, challenges, and implications for the 2030 development agenda. *BMC Public Health* 765 <https://doi.org/10.1186/s12889-018-5695-z707/132>.



- NDHS (2013). Final report: The DHS program. National Population Commission - NPC/Nigeria and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria: NPC/Nigeria and ICF International. Available at <http://dhsprogram.com/pubs/pdf/FR293/FR293.pdf>.
- National Population Commission and ORC Macro. (2014). Nigeria demographic and health survey 2003. Maryland: Calverton.
- Ojifinni, O. O. & Ibisomi, L. (2020). Preconception care practices in Nigeria: a descriptive qualitative study. *Reprod Health* 17, 172. <https://doi.org/10.1186/s12978-020-01030-6>
- Omo-Agboja, L.M., Omo-Agboja, V.W., Omo-Agboja C. O., Okonofua, F.E., Agbedo, O., Umeri, C., Feyi-Waboso, Onowhakpor, E.A. & Inikon K. A. (2009). Factors associated with the knowledge, practice and perceptions of contraception in rural southern Nigeria. *Ghana Medical Journal*, 43(3), 115–121.
- Sedgh, B.A., Oye-Adeniran, B., Adewole, I.F., Seigh, S. & Hussian, R. (2016). Unwanted pregnancy and associated factors among Nigerian women. *International Family Planning Perspective*, 32(4), 175-184.
- Singh, S., Doyle, P., Campbell, O. M., Mathew, M. & Murthy, G. V. S. (2016) Referrals between Public Sector Health Institutions for Women with Obstetric High Risk, Complications, or Emergencies in India—A Systematic Review. *PLoS ONE* 11(8): e0159793. <https://doi.org/10.1371/journal.pone.0159793>
- Smith, C. J., Kramer, R. J., Myhre, G., Forster, P. M., Soden, B. J. & Andrews, T. (2018). Understanding rapid adjustments to diverse forcing agents. *Geophysical Research Letters*, 45(21), 21.
- Sonfield, A., Kost, K., Gold, R. B. & Tiner L. B. (2011). The public costs of births resulting from unintended pregnancies: National and state-level estimates. *Perspectives on Sex Reproductive Health*, 43 (2), 94-102.
- Sonfield, A., Hasstedt, K., Kavanaugh, M. L. & Anderson, R. (2013). The social and economic benefits of women's ability to determine whether and when to have children. New York: Guttmacher Institute.
- Stars, A. M. (2006). Safe motherhood initiative: 20 years and counting. *Lancet*, 368(9542), 1130-2. systematic analysis by the un maternal mortality estimation Inter-Agency group. *Lancet* 2016;387:462–74. doi:10.1016/S0140-6736(15)00838-7 pmid:<http://www.ncbi.nlm.nih.gov/pubmed/26584737>.
- Stidham, H.K., Mooceau, C. & Trusell, J. (2012). Discouraging trends in reproductive health service use among adolescent and young adult women in the United States of America 2012-2008. *Human Reproduction*, 26 (9), 2541-8.
- Thind, C. A. & Ryan, B. *et al.* (2019). Levels and determinants of maternal mortality in northern and southern Nigeria. *BMC Pregnancy Childbirth* 19, 417 <https://doi.org/10.1186/s12884-019-2471-8>.
- United Nations Department of Economic and Social Affairs Population Division (2016).
- World Health Organization (2019). World health statistics overview 2019: Monitoring health for the SDGs, sustainable development goals. World Health Organization. <https://apps.who.int/iris/handle/10665/311696>. License: CC BY-NC-SA 3.0 IGO
- United Nations Development Programme (UNDP 2005). Progress Report 2: Increase of Sexual Culture of Population (Safe Sex) in Nigeria.
- World Perspective Use (2016). United Nations Department of Economic and Social Affairs Population Division (2016) Integrating Family Planning and Maternal and Child Health Care: Saving Lives, Money, and Time Population Reference Bureau.



-
- Yaya, S., Idriss-Wheeler, D., Uthman, O.A. (2021). Determinants of unmet need for family planning in Gambia & Mozambique: implications for women's health. *BMC Women's Health* 21, 123 (2021). <https://doi.org/10.1186/s12905-021-01267-8>
- Zafar, I. M., Samia, H., Muhammed, Z. R. & Athar, M, (2011). Contraceptive knowledge, attitude and practice among parous women attending gynaecological and obstetrics outdoor of Shaikh Zayed hospital, Rahim yar Khan. Retrieved May 10, 2013 from 03009689829jcpssp.pk/archive/2011/Dec2011/21.pdf.
- Zimmerman, L. A., & Yi, Y., Yihdego, M. (2019). Effect of integrating maternal health services and family planning services on postpartum family planning behaviour in Ethiopia: results from a longitudinal survey. *BMC Public Health* 19, 1448 <https://doi.org/10.1186/s12889-019-7703-3A>.