

Awareness and Utilisation of Family Planning Among Postpartum Women in Ondo State, Nigeria

Olubukola Esther Abiodun-Ojo (RN, M.SC)

Afe Babalola University, Ado-Ekiti

Oluwatosin Blessing Alo (RN, BNSC)

National Open University of Nigeria

Oluwatoyin Olajumoke Akinyemi (RN, M.SC)

EKSUTH College of Nursing Science

Olajumoke Ileola Dele-Alonge (RN, M.SC)

Chrisland University, Owode-Abeokuta, Ogun State

Julius Olatade Maitanmi, (RN, PhD)

BABCOCK University, Ilisan-Remo Ogun State

Bukola Titilope Maitanmi (RN, PhD)

BABCOCK University, Ilisan-Remo Ogun State

engineersam2003@gmail.com

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ABSTRACT: *This study investigates the awareness and utilisation of family planning among postpartum women attending postnatal clinics in selected health centers in Ifedore Local Government, Ondo State. The objectives include determining sources of information, examining common methods used, and assessing knowledge, utilisation, and perceived attitudes of workers regarding family planning. A descriptive design was employed, and the target population comprised women aged 15 to 49, 1 week–12 months postpartum, accessing child health services from three selected health centers. The sample size of 234 was determined using Cochran’s formula, with data collected through a self-structured questionnaire. Validity and reliability were ensured through expert assessment and a pilot study. Analysis using SPSS 27.0 involved percentages, tables, and chi-square tests. The findings revealed commendable understanding of family planning services among women of reproductive age, although utilisation remained inadequate. Factors contributing to this included low socioeconomic status, religious beliefs, and limited education. Despite these challenges, the study highlights the potential for positive outcomes in the future, emphasizing the importance of comprehensive understanding of family planning services. Recommendations include enhancing community education on the benefits of smaller families and women empowerment, promoting gender balance, and emphasizing immediate initiation of family planning postpartum in healthcare settings. These initiatives aim to address barriers and promote the use of family planning methods among women in the study area.*

KEYWORDS: Awareness, Utilisation, Family Planning, Postpartum Women

INTRODUCTION

Globally, maternal health issues persist as significant concerns. Pregnancy and childbirth are the primary factors contributing to illness and death among women of reproductive age, according to the World Health Organization's Maternal Mortality report for 2020. This issue is reiterated in the third Sustainable Development Goal, which aims to decrease the worldwide maternal mortality ratio to below 70 per 10,000 and guarantee widespread availability of sexual and reproductive healthcare services, including comprehensive family planning information, education, and the incorporation of reproductive health into national strategies and programmes by 2030 (Sustainable Development Goals, 2020).

Worldwide, the population is growing at an accelerated rate due to advancements in medicine and illness control. Conversely, affluent nations have experienced a decrease in population growth due to intentional strategies aimed at having fewer children, accomplished via the use of birth control procedures. In contrast, many poor and undeveloped countries continue to have high birth rates (Akinyemi et al., 2018). As on the United Nations medium-variant forecast, the worldwide fertility rate is projected to reach 2.2 live births per woman by 2050 and 1.9 by 2100. By 2050, the fertility rate in sub-Saharan Africa is expected to decrease to 3.1 births per woman, and by 2100, it is forecast to further decline to 2.1 births per woman. In 1990, the number of women in their reproductive years who use contraception has significantly increased compared to now. In 2019, globally, 49 percent of women between the ages of 15 and 49 were using contraception, which marks a rise from 42 percent in 1990 (United Nations, Department of Economic and Social Affairs, [UNDESA] 2020).

According to Ameyaw et al. (2019), in Africa, the nations with the lowest rates of contraceptive usage also have the greatest fertility rates, as well as the highest rates of newborn, child, and maternal death. The fertility reduction in sub-Saharan Africa has exhibited a comparatively gradual pace and has been delayed in comparison to other geographical areas. In 1950, the total fertility rate exceeded 6.0 live births per woman in Eastern and South-Eastern Asia (6.1), Northern Africa and Western Asia (6.6), Oceania (6.2), and sub-Saharan Africa (6.5). The total fertility rate in Eastern and South-Eastern Asia decreased from 6.0 to 4.0 live births per woman during a span of 24 years, namely from 1950 to 1974. In contrast, Northern Africa and Western Asia saw a similar fall in fertility, although it took only 19 years, from 1974 to 1993. On the other hand, Oceania witnessed a reduction in fertility over a longer period of 35 years, from 1968 to 2003. Based on the United Nations' projections for 2020, it is estimated that it may take 34 years for the fertility rate in sub-Saharan Africa to decrease from 6.0 to 4.0 live births per woman, specifically from 1995 to 2029. Although the fertility rate in sub-Saharan Africa was higher than other regions in 2019, several countries in this area have experienced significant declines in total fertility in recent years. From 2010 to 2019, sub-Saharan Africa had significant declines in the total fertility rate in 7 out of the top 10 countries: Chad, Ethiopia, Kenya, Malawi, Sierra Leone, Somalia, and Uganda (United Nations, 2020).

The utilisation of contraceptive methods had a rise in all areas from 1990 to 2019. The prevalence of contraceptive use among women of reproductive age in sub-Saharan Africa witnessed a rise from 13% in 1990 to 29% in 2019. Similarly, in Oceania, the usage increased from 20% to 28%, in Western Asia and Northern Africa from 26% to 34%, in Central and Southern Asia from 30% to 42%, and in Latin America and the Caribbean from 40% to 58%.

By 1990, all regions except for Northern America and Europe had already achieved a contraceptive usage rate exceeding 50 percent. In Northern America and Europe, the usage rate increased from 57 percent in 1990 to 58 percent in 2019. In Eastern Asia and South-Eastern Asia, the rate increased from 51 to 60 percent. In Australia and New Zealand, the rate increased from 56 to 58 percent. The source of this information is the United Nations (UN) in the year 2020.

An negative correlation exists between the utilisation of contraceptives and the level of fertility. Countries characterised by a significant number of women utilising contraception tend to have reduced levels of reproduction. The link, which was seen in both 1990 and 2019, has undergone changes throughout time. In 2019, sub-Saharan African nations exhibited higher fertility rates compared to other areas across all levels of contraception usage (Ameyaw et al., 2019).

Contraceptive usage and fertility are also impacted by additional variables. The prevalence of contraceptive techniques within a community significantly influences fertility rates, as certain methods, such as long-acting and permanent ones, exhibit higher efficacy in preventing conception compared to others (Gbenga-Epebinu & Ogunrinde 2020). Aside from social and economic factors, several crucial factors that influence the fertility rate in a population are: the frequency of abortion, the length of time after childbirth when a woman is not able to conceive due to breastfeeding and abstaining from sexual activity, the occurrence of secondary infertility, and the percentage of the population that is married, in a relationship, or sexually active (Gbenga-Epebinu et al., 2020; Ameyaw et al. 2019).

Anticipated expansion in the adoption of contemporary contraceptive methods is projected to result in more declines in fertility rates. Consequently, this trend is likely to significantly decelerate population growth, particularly in sub-Saharan Africa. Nevertheless, in order to attain the expected reductions in fertility rates, it is imperative to persist in efforts towards gender parity and the empowerment of women. This can be achieved by enhancing male involvement in family planning, advocating for female education, eradicating all manifestations of violence and prejudice against women, abolishing early, coerced, and child marriages, and guaranteeing women's equal access to employment opportunities, social safeguards, and political engagement (Anate, 2021).

In order to fulfil the goal of ensuring that everyone has access to sexual and reproductive health services, information, and education by 2030, it is necessary to provide more assistance for family planning. This may be achieved by implementing efficient government policies and initiatives. The International conference on population and development (ICPD) Programme of Action established a commitment by Governments to facilitate the fulfilment of reproductive objectives for couples and individuals. Additionally, in the 2030 Agenda for Sustainable Development, global leaders made a vow to ensure that no one is excluded or neglected. In order to fulfil these obligations, it is imperative to adequately address the need for family planning by allocating resources and ensuring universal availability of reproductive and healthcare services (UN, 2020).

Nigeria boasts the highest population in Africa and ranks sixth globally, with a population exceeding 200 million according to the United Nations Population Prospect (UNPP), 2022. The United Nations projects that Nigeria's population will reach around 401.31 million by the

year 2050. As per the United States Census Bureau, Nigeria's population is projected to exceed that of the United States by 2047, reaching 379.25 million. This will make Nigeria the third most populous country in the world, according to the USAID (2019).

The primary factors driving Nigeria's population increase include early marriages, elevated birth rates, and limited availability of family planning services (Maitanmi et al., 2021). The birth rate in Nigeria stands at approximately 37 births per 1000 individuals. Despite the Nigerian government's efforts to control population growth by providing free contraception for the past decade, the population growth rate has not decreased. As a result, current projections estimate that Nigeria will have over 390 million residents by 2050.

The primary objective of family planning is to avoid unintended pregnancies. Effective implementation of family planning strategies can significantly decrease maternal mortality rates by reducing the frequency of pregnancies, abortions, and high-risk births (Qazi et al., 2019). Consequently, it can be inferred that Nigeria's elevated rates of maternal, infant, and child mortality may be attributed, at least in part, to the limited utilisation of family planning services. From an economic perspective, family planning assists in mitigating the financial and emotional responsibilities associated with motherhood. Households with a reduced number of offspring who are in good health have the ability to allocate additional resources towards ensuring their children have sufficient provisions such as nourishment, clothes, shelter, and educational prospects.

The utilisation of contemporary contraceptive methods is widely recognised as a crucial intervention in attaining national and international objectives, as it has demonstrated efficacy in diminishing mother and child mortality and morbidity (Gbenga-Epebinu et al., 2020). Pregnancy and delivery are the primary causes of illness and death among women of reproductive age, making maternal health issues a significant worldwide concern (Essian et al., 2018). Empirical evidence has demonstrated that promoting timely prenatal care visits, hospital births, postnatal care, and the adoption of contraceptives are crucial factors in enhancing maternal well-being. Contraceptives are a crucial element of primary health care and a fundamental aspect of ensuring safe motherhood. They have a vital role in decreasing the morbidity and mortality rates of both mothers and newborns by preventing unplanned pregnancies and ensuring sufficient time between births (Essien et al., 2018). A tightly spaced birth interval would pose a threat to the lives of the mother, the newborn, and the older sibling. If a mother falls pregnant quickly after giving birth, she has a higher likelihood of experiencing difficulties such as miscarriage, excessive bleeding after childbirth, and a deficiency of red blood cells (anaemia). Additionally, the newborn may experience low birth weight and/or be born prematurely. Furthermore, the index kid, who has already been born, may experience insufficient care and assistance, resulting in increased susceptibility to diseases and malnutrition (Trussell & Guthrie 2018). Most women often resume sexual activity within a few weeks after giving birth. The duration of postpartum infertility in women is widely diverse and influenced by several factors, such as breastfeeding status. Ovulation can transpire despite the absence of the mother's menstrual cycle and may transpire as early as 25 days after childbirth. The likelihood of ovulation happening prior to the return of menstruation rises as time progresses (Duru et al, 2018).

Postpartum family planning (PPFP) aims to avoid unwanted and closely spaced births within the initial 12 months after giving birth (Maitanmi et al., 2021). Unfulfilled requirements may result in unforeseen and accidental pregnancies, hence heightening the likelihood of unfavourable health consequences for both the mother and the newborn (Azif & Pervaiz, 2019). WHO has advised that there should be a 24-month gap between a live delivery and attempting the following pregnancy in order to minimise the likelihood of negative consequences for the mother, foetus, and newborn (WHO 2018).

Having access to and possessing information about family planning are factors that can predict the use of family planning services (Gbenga-Epebinu & Ogunrinde 2020). Family planning services in Nigeria are available at all levels of healthcare, including basic, secondary, and tertiary care, ensuring accessibility for the population. Multiple studies have indicated that there is sufficient awareness about family planning, however this is mostly observed among urban inhabitants and women with at least a secondary level of education (Obina et al, 2022). Consequently, the lack of sufficient awareness about family planning among the rural population, which constitutes 80% of the total population, increases the probability of not utilising the available services.

Several research have aimed to examine the factors behind the poor use of contraceptives in Nigeria and other African countries. In their study, Maitanmi et al. (2021) investigated the level of awareness and usage of family planning services among women in the reproductive age group at the Ilishan community health clinic in Ogun State, Nigeria. The study demonstrated that women of reproductive age had a commendable understanding of family planning services. However, despite this favourable knowledge, the utilisation of such services remains relatively inadequate. The inadequate use of these services was attributed to variables such as low socioeconomic level, religious beliefs, and limited education. Ackerson and Zielinski's (2017) studies uncovered a significant underutilisation of contemporary contraceptives in over ten Sub-Saharan African nations. This is mostly attributed to a lack of confidence in Western medicine and inadequate awareness of family planning methods. In Nigeria, the contraceptive prevalence rate (CPR) is quite low, being at 17% among presently married women aged 15-49 years. Out of this percentage, 12% rely on contemporary contraceptive methods, while 5% opt for traditional methods, as reported by the Nigeria Demographic and Health Survey in 2018.

In their study on awareness and use of contraceptives among post-partum women in a rural community, Anate et al. (2021) determined that all the respondents were aware of contraceptive techniques. The prevalent forms of contraception include male condoms, implants, injectables, and tablets. Just 125 individuals, accounting for 38.5% of the respondents, reported utilising a contemporary form of contraception. The multivariate analysis revealed that expressing a desire to have further children and possessing a strong understanding of family planning were both influential factors in the use of postpartum services.

An exploratory questionnaire evaluated the understanding and utilisation of family planning services among 85 female individuals receiving care at a comprehensive health facility in Ogun State. The results indicated that the degree of information regarding family planning was higher than normal, with 55.8% of participants demonstrating excellent knowledge. However, the use of family planning services was lower than usual, as 55.8% of participants exhibited insufficient utilisation (Maitanmi et al., 2021).

As per the findings of the Ondo state primary health care researcher, Ifedore family planning statistics (2021) revealed that the projected target for family planning in the year was approximately 13,000. However, only 5473 women aged between 15-49 years actually utilised family planning services. The most prevalent method of contraception employed by these women was injectables. The primary factors contributing to the poor adoption of family planning among women in this region are lack of knowledge and apprehension over the potential adverse effects of contraception.

In the Ifedore Local Government of Ondo State, Nigeria, the researcher found that a significant number of postpartum women in the community have a short birth interval. Additionally, it was observed that some of these women who seek family planning services at the health facility do not do so promptly. Consequently, they unknowingly become pregnant again before visiting the health facility for family planning, and this is typically detected through a pregnancy test. Currently, family planning is ineffective as many postpartum women are unwilling to continue their pregnancies due to the stigma associated with short birth intervals (4, 5, 6 months after giving birth). Consequently, they choose to undergo abortions, which can lead to additional complications and ultimately contribute to a high maternal mortality rate in the country.

It is for this purpose that the researchers aim at assessing the knowledge and utilisation of family planning services among postpartum women attending postnatal clinic in selected health centres in Ifedore local government, Ondo state. The broad objective of this study is to investigate awareness and utilisation of family planning among postpartum women attending post-natal clinic in selected health centres of Ifedore Local government of Ondo State. The specific objectives are to;

1. determine sources of information about family planning at Ifedore local government, Ondo state;
2. examine common methods used by respondents for family planning at Ifedore local government, Ondo state; and
3. examine knowledge, utilisation of family planning and perceived attitude of workers by respondents at Ifedore local government, Ondo state.

Research Hypotheses

H₀₁: There is no significant effect of factors influencing utilisation of family planning by respondents

H₀₂: There is no significant relationship between awareness and utilisation of family planning

METHODOLOGY

Descriptive design was used to assess the awareness and utilisation of family planning among postpartum women attending postnatal clinic in selected health centres at Ifedore local government, Ondo state. Ondo State is a state located in the south-western geopolitical zone of Nigeria. According to the National Population Commission (2006) census, Ifedore LGA has an area of 295km² and a population of 59,256. The LGA has 7 wards and there are 12 primary

health centres (PHCs) which offer antenatal and post natal services, deliveries, immunization clinics, and family planning services.

The target population for this study was women of reproductive ages between 15 to 49 years who were 1 week–12 months postpartum and who were accessing child health services (post-natal care, immunization and treatment) from three (3) selected health centres in Ifedore local government, Ondo state at the time of conducting this study. The sample size was determined using the Cochran's formula (1977). A standard normal deviate of 1.96, prevalence of use of modern contraceptives from a similar study in rural Lagos State among postpartum (38%) Anate, (2021) and a margin of error of 5% were imputed into the formula to give sample size of 234. Simple random sampling technique was used for selection of respondents. The first stage was the selection of PHCs, which involved selection of 3 out of the 12 PHCs in Ifedore local government area using a simple random sampling method by balloting. The second stage involves selection of respondents by systematic random sampling method. The sample size was divided equally across the 3 randomly selected PHCs, thereby allocating 72 participants to each PHC. The instrument used in this study was a self- structured questionnaire which was divided into four sections. Section A assess the socio-demographic data of the respondent while section B assess the level of knowledge of postpartum women on family planning. Section C assess the level of awareness of postpartum women on family planning, section D determine the level of utilisation of family planning among postpartum women, and Sections E identify the factors influencing postpartum women for utilizing family planning at postnatal clinic.

The face and content validity of the instrument was ascertained by experts of tests and measurement and nursing. The pilot study was conducted among the postpartum women attending clinic at the general hospital, Igbara-oke, Ondo state, questionnaire was administered to twenty-three (23) postpartum women, being ten percent (10%) of the total population to ascertain the reliability of the instrument. Data collected were analysed using Kuder-21 which yielded reliability coefficient value of 0.87

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 with the target sample size. Data collection was done by the researchers. Each participant was given a questionnaire to fill which comprised their socio-demographic variables, assessing their level of awareness, utilisation and factors affecting utilisation of family planning services.

The questionnaire was sorted manually after they have been properly filled by the respondents. Analysis was done using the 27th version of Statistical Package for the Social Sciences (SPSS) and findings were properly represented using percentages, tables, while the hypotheses generated were tested using chi-square at 0.05 level of significance.

RESULTS**Table 1: Socio-demographic characteristics of the respondents**

Characteristics	Items	Frequency	%
Age (years)	Less than 18	0	0.0
	18 – 30	156	66.7
	31 – 43	69	29.5
	44 and over	9	3.8
Marital status	Married	229	97.9
	Single	5	2.1
	Divorced	0	0.0
	Others	0	0.0
Religion	Christianity	178	76.1
	Islam	56	23.9
	Traditional	0	0.0
	Others	0	0.0
Occupation	Student	16	6.8
	Civil servant	56	23.9
	Self-employed	150	64.1
	Unemployed	12	5.1
Level of education	No formal	6	2.6
	Primary	30	12.8
	Secondary	117	50.0
	Tertiary	81	34.6
Tribe	Yoruba	183	78.2
	Igbo	23	9.8
	Hausa	4	1.7
	Others	24	10.3
Parity	1 – 2	127	54.3
	3 – 4	93	39.7
	5 – 6	10	4.3
	7 or more	4	1.7
Awareness of family planning	Yes	223	95.3
	No	11	4.7

Table 1 showed that 156 (66.7%) of the respondents age lies between (18 – 30 years), 229(97.9%) of the respondents are married, 178(76.1%) of the respondents are Christians, 150(64.1%) of the respondents are Self-employed, (11750.0%) of the respondents have secondary education, 183(78.2%) of the respondents are from Yoruba ethnic group, 127(54.3%) of the respondents had between 1 to 2 children, finally, 223(95.3%) of the respondents aware of family planning. It can be deduced for the above analysis that, the average age of the study population is 18 – 30 years, which means the respondents are within the reproductive age, another valuable information from the analysis is that, majority of the respondents are married, which invariably mean that the respondents are in best position to answer the questions of this research study, in other hand the majority of the respondents are from Yoruba ethic group, this inform that, the study was carried out in Yoruba dominated Community.

Objective 1: Sources of information about family planning at Ifedore local government, Ondo state

Table 2: Sources of information about family planning (n = 223)

Source	Frequency	%
Health personnel	199	89.2
Friend	18	8.1
TV/Radio	2	0.9
Internet	3	1.3
Others	1	0.4

Table 2 shows that majority of the respondents 199 (89.2%) heard about family planning from health personnel in hospitals and health centres, 18(8.1%) of the respondents heard from friends, 2(0.9%) of the respondents heard from the televisions/Radio, 3(1.3%) of the respondents heard on the internet, while 1(0.4%) of the respondents heard from other sources.

Objective 2: Common methods used by respondents for family planning at Ifedore local government, Ondo state

Table 3: Common methods used by respondents for family (n = 223)

Method	Frequency	%
Male condom	12	5.4
Female condom	0	0.0
Diaphragm	2	0.9
Injectables	22	9.9
Intrauterine devices	3	1.3
Implants	77	34.5
Pills	16	7.2
Others	4	1.8

Table 3 revealed that, 12(5.4%) of the respondents use male condom, 22(9.9%) of the respondents use injectable, also 77(34.5%) of the respondents use implants, while, 16(7.2%) of the respondent use pills method. It can be deduced from the analysis above that, the prominent methods used for family planning by the respondents are; male condom, injectable, pills and implants, while other methods are rarely used.

Objective 3: Knowledge, utilisation of family planning and perceived attitude of workers by respondents at Ifedore local government, Ondo state

Table 4: Knowledge, utilisation of family planning and perceived attitude of workers by respondents (n = 223)

Item	Groups	Frequency	%
Knowledge	Good	160	71.7
	Poor	63	28.3
utilisation	Yes	96	43.0
	No	127	57.0
Attitude of workers (perception)	Good	72	32.3
	Poor	151	67.7

Table 4 revealed that, 160(71.7%) of the respondents have good knowledge of utilisation of family planning, while 127(57.0%) of the respondents said yes to the utilisation of family planning, 151(67.7%) of the respondents showed positive attitude toward utilisation of family planning. Based on the analysis in the Table 4.4, it can be confirmed that, the respondents in the study area have good knowledge and positive towards attitude utilisation of family planning.

Hypothesis 1: There is no significant effect of factors influencing utilisation of family planning by respondents

Table 5: Chi-Square significant effect of factors influencing utilisation of family planning by respondents

Factors	Categories	utilisation		χ^2	p-value
		No (%)	Yes (%)		
Age (years)	18 – 30	89 (60.1)	59 (39.9)	8.347	0.015*
	31 – 43	37 (56.1)	29 (43.9)		
	≥ 44	1 (11.1)	8 (88.9)		
Marital Status	Married	123 (56.4)	95 (43.6)	1.108	0.292
	Single	4 (80)	1 (20)		
Religion	Christianity	99 (58.2)	71 (41.8)	0.481	0.488
	Islam	28 (52.8)	25 (47.2)		
Occupation	Unemployed	19 (76)	6 (24)	4.167	0.041*
	Employed	108 (54.5)	90 (45.5)		
Education	No formal	1 (25)	3 (75)	4.656	0.019*

	Primary	13 (46.4)	15 (53.6)		
	Secondary	69 (62.7)	41 (37.3)		
	Tertiary	44 (54.3)	37 (45.7)		
Tribe	Yoruba	100 (57.5)	74 (42.5)	1.315	0.725
	Igbo	10 (47.6)	11 (52.4)		
	Hausa	3 (75)	1 (25)		
	Others	14 (58.3)	10 (41.7)		
Number of children	1 – 2	85 (70.2)	36 (29.8)	19.590	<0.0001*
	3 – 4	38 (42.2)	52 (57.8)		
	5 – 6	3 (37.5)	5 (62.5)		
	≥ 7	1 (25)	3 (75)		
Socioeconomic Status	High Status	31 (72.1)	12 (27.9)	4.982	0.026*
	Low Status	96 (53.3)	84 (46.7)		
Access to Services	No Access to service	98 (56.6)	75 (43.4)	0.029	0.016*
	Yes, Access to service	29 (58)	21 (42)		
Knowledge	Poor	33 (52.4)	30 (47.6)	0.748	0.387
	Good	94 (58.8)	66 (41.3)		
Stigma and Discrimination	Poor	96 (63.6)	55 (36.4)	8.374	0.004*
	Good	31 (43.1)	41 (56.9)		
χ^2 = Chi-square; * = significant at $p < 0.05$					

Table 5 revealed that age is statistically significant different with p-value of (0.015) which is less than (0.04) this means that, people with the age bracket of reproductive age may tend to have family planning, while those that are above or below may not border or concern about the family planning. Also, marital status and religion were not statistically significant different, however, occupation and education were significantly different, with the p-value of (0.041) and (0.019) respectively, it can be established from this fact that, higher the level of education is the more social the person will be. Individual the secondary or tertiary education, will know the benefit to drive from family planning the healthy family living.

Going further from the analysis in the table 5, tribe does not statistically significant different, while number of children of children is statistically significant different with p-value of (0.0001), it can be inferred from this point that, an individual with 6 -7 children may not care or worry about the family planning, while a couple with just only 1 or 2 children will be concerned about the family planning, in order to prevent excess children that they will not be able to cater for. In addition, Socioeconomic Status revealed that, there is significant different with p-value of (0.026), this shows that individual with high economic status will tend to acquire family planning, while low economic status individual will disdain family planning.

Finally, access to services, knowledge, stigma and discrimination were also statistical significant different.

Since p-value is less than (0.05), we reject H₀, and then concluded that there is significant effect of factors influencing utilisation of family planning by respondents

Hypothesis 2: There is no significant relationship between awareness and utilisation of family planning

Table 6: Relationship between awareness and utilisation of family planning

Awareness	Utilization		χ^2	p-value
	No (%)	Yes (%)		
No	11 (100)	0 (0)	8.030	0.005*
Yes	127 (57)	43)		

*significant at $p < 0.05$

Since p-value is less than (0.05) which is (0.005), the null hypothesis is rejected and then conclude that, there is significant relationship between awareness and utilisation of family planning.

DISCUSSION OF FINDINGS

The majority of the participants A total of 156 respondents, accounting for 66.7% of the sample, fell between the age range of 18 to 30 years. This aligns with the results reported by Duru et al. (2018) and Essien et al. (2018), but contradicts the findings of Maitanmi et al. (2021), Obalase, and Joseph (2017). Out of the respondents, 229 (97.9%) are married, which aligns with Akintoye's (2020) assertion that married women are mostly engaged in family planning. Furthermore, the majority of the study's participants had secondary education rather than higher education, aligning with the conclusions of Duru et al. (2018) and Essien et al. (2018), but differing with the findings of Alhassan (2018) and Joshi et al. (2020).

Based on the analysis above, it can be inferred that the average age of the study population is between 18 and 30 years. This indicates that the respondents are within the reproductive age range. Another important finding from the analysis is that a majority of the respondents are married. This suggests that the respondents are well-suited to answer the questions of this research study. Additionally, the majority of the respondents belong to the Yoruba ethnic group, indicating that the study was conducted in a Yoruba-dominated community.

The study's findings indicate that a significant proportion of the respondents exhibited a high level of understanding regarding family planning. The majority of the participants concurred that family planning serves as a means to avoid pregnancy and facilitate the spacing of children. These results align with the findings of Duru et al. (2018), Maitanmi et al. (2020), Wodaynew and Bekele (2021), and Essien et al. (2018), which also observed that most participants had a strong understanding of family planning methods. However, these findings differ from those reported by Alhassan (2018), who found that participants only displayed a positive attitude towards utilising family planning services.

The study revealed a significant lack of utilisation of family planning among the respondents, despite their considerable knowledge on the subject. These findings align with previous studies conducted by Maitanmi et al. (2021) and Obalase & Joseph (2017). Only a small number of respondents engage in family planning more than six weeks after giving birth. The most frequently used methods are implants, injectables, and male condoms, which aligns with the findings reported by Ackerson and Zielinski (2017), Duru et al. (2018), Joshi et al. (2020), and Anate et al. (2021).

The findings of this study demonstrate the positive and hindering aspects that impact the utilisation of family planning services. Several participants expressed strong support for family planning services due to their belief that engaging in occasional sexual activity could result in unplanned pregnancies, which aligns with the findings reported by Maitanmi et al. (2021). On the other hand, some participants cited the high cost of contraceptive methods as their reason for not utilising these services. Others expressed concerns about potential side effects. Additionally, some participants believed that it was too early to start using family planning immediately or a few weeks after giving birth, especially if they were breastfeeding and had not yet resumed their menstrual cycles. Furthermore, the unavailability of husbands was identified as a barrier by certain respondents, which is consistent with the findings reported by Ayotunde et al. (2022). Additionally, several individuals expressed that their religious beliefs did not prohibit the use of family planning services, aligning with the conclusions published by Maitanmi et al. (2022) and Abraham et al. (2021), but contradicting the findings of Seifu et al. (2020). Additionally, certain participants expressed that their partners disapprove of family planning, which contradicts the findings of Seifu et al. (2020). The study revealed that the husbands of the women agreed with the utilisation of family planning services and emphasised the involvement of family members in the utilisation of such services..

Implication of the Study

The study's findings reveal a significant lack of utilisation, underscoring the necessity for further investigation into the efficacy of intervention studies targeting the enhancement of FP service uptake, while simultaneously addressing the several issues linked to service utilisation. Likewise, a crucial factor in maximising the effectiveness of family planning services is the attainment of a comprehensive transformation in women's behaviour and attitude towards these services. Women empowerment and education are two effective strategies that enable women to have the necessary resources and agency to independently make decisions on the utilisation of family planning services. Likewise, nurses, midwives, and other health professionals, together with non-governmental and religious organisations, should engage in more proactive efforts to promote a shift in attitudes and thereby enhance the use of family planning services.

CONCLUSION

This study unveiled that women of reproductive age possess a commendable understanding of family planning services. However, despite this favourable level of knowledge, the utilisation of such services remains somewhat inadequate. The inadequate use of these services was attributed to variables such as low socioeconomic level, religious beliefs, and limited education. Nevertheless, the level of understanding regarding family planning services remained somewhat inadequate. The inadequate use of these services was attributed to

variables such as low socioeconomic level, religious beliefs, and limited education. Nevertheless, possessing a comprehensive understanding of family planning services might be regarded as a promising sign of positive outcomes in the future. Hence, it is imperative to support initiatives that would foster the use of family planning methods among women.

Recommendations

The community's education on the significance of having fewer families and the empowerment of women should be enhanced. This may be achieved by promoting gender balance and strengthening the community's attitude towards the role and status of women within households and society as a whole. This will enhance their engagement in domestic decision-making, encompassing matters pertaining to reproduction and the use of contraceptives. Healthcare providers should emphasise to postpartum women, upon their arrival at the clinic, that family planning may be initiated immediately after delivery.

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