# UTILIZATION OF FAMILY PLANNING SERVICES AMONG WOMEN OF CHILDBEARING AGE IN OWERRI MUNICIPAL LGA

**BY**

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**REG. NO: 20184142868**

**THESIS SUBMITTED TO THE**

**DEPARTMENT OF PUBLIC HEALTH, SCHOOL OF HEALTH TECHNOLOGY,**

**FEDERAL UNIVERSITY OF SCIENCE AND TECHNOLOGY OWERRI**

**FEBRUARY, 2022.**

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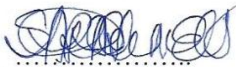
**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF PUBLIC HEALTH (MPH)**

**FEBRUARY, 2022**

## CERTIFICATION

This is to certify that this work UTILIZATION OF FAMILY PLANNING SERVICES AMONG WOMEN OF CHILDBEARING AGE IN OWERRI MUNICIPAL LGA" was carried out by NLEMADIM VIVIAN C., (Reg. No:20184142868) in partial fulfillment for the award of Master's Degree in Public Health (Health Promotion Option), in the Department of Public Health, School of Health Technology, Federal University of Technology, Owerri, Imo State.



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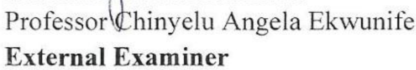

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# DEDICATION

This research work is dedicated to Almighty God, the giver of life and my source of strength for His grace, wisdom and perseverance. It is also dedicated to my wonderful family, immediate and extended who have helped me stay focused with their words of encouragement and support throughout the duration of this work and to all lovers of education.

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## ABSTRACT

This study investigates the utilization of family planning services among women of childbearing age (15-49) in Owerri Municipal, Imo State, Nigeria. Sociocultural factors significantly influence family planning decisions, highlighting the need for culturally sensitive approaches. To determine the factors affecting the utilization of family planning services among women of childbearing age in Owerri Municipal LGA. A cross-sectional study was conducted with 398 women of childbearing age in Owerri Municipal LGA, selected using simple random sampling techniques. Data were collected through a self-structured questionnaire and analysed using SPSS version 25. Frequency and percentages of relevant variables were calculated, and Chi-square tests and odds ratios were employed to assess significant associations, with a p-value $\leq 0.05$ considered significant. Of the 397 respondents, 54% reported having heard of family planning, while 46% had not, with no significant association found between knowledge and utilization ($p = 0.081$). Cultural factors (37.5%) and religious affiliation (30.4%) significantly influenced family planning decisions. Notably, 48.1% faced opposition to family planning, indicating an association between sociocultural factors and service utilization ($p = 0.013$). Partner support (34.0%) and participation (35.9%) were identified as critical for successful family planning, and 34.0% of health workers received regular training updates. The study underscores the importance of enhancing knowledge of family planning among women and making services more accessible and affordable. Continuous training for healthcare providers is essential to improve the quality of care and support for family planning initiatives.



**Keywords**: family planning, utilization, women of childbearing age.

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background to the Study

Family planning is a crucial aspect of reproductive health that empowers women and couples to make informed decisions about the timing and spacing of pregnancies. Access to and utilization of family planning services have a direct impact on maternal and child health, population control, and overall well-being. However, despite global efforts to improve family planning services, utilization rates can vary significantly across different regions and populations. Understanding the factors that influence the utilization of family planning services among women of childbearing age is vital for addressing barriers and designing effective interventions.

The utilization of family planning services is a critical aspect of reproductive health, enabling women to make informed decisions about their fertility and spacing of pregnancies. Understanding the factors that influence the utilization of family planning services among women of childbearing age is essential for developing effective interventions and improving reproductive health outcomes. Solo et al. (2019).

Socio-cultural factors play a significant role in shaping attitudes and behaviours related to family planning utilization. cultural norms, religious beliefs, and traditional gender roles can influence individuals' decision-making regarding contraception and family planning. Prevailing misconceptions, stigma, and societal pressure may hinder women from accessing and utilizing family planning services. For instance, cultural preferences for large family sizes or opposition to contraceptive use may act as barriers to adoption.

Women's knowledge and awareness of family planning methods and services are crucial determinants of utilization. Inadequate knowledge about available contraceptive methods, their

effectiveness, and potential side effects can contribute to low utilization rates. Educational campaigns and targeted interventions are needed to increase awareness, provide accurate information, and address misconceptions regarding family planning. Ochako et al. (2022)

The accessibility and availability of family planning services have a direct impact on utilization rates. factors such as geographic proximity to health facilities, transportation, service hours, and cost can affect access to family planning services. Limited infrastructure and resources, including a shortage of trained healthcare providers and a lack of contraceptive supplies, can further hinder service utilization.

The role of partners and spousal communication is critical in family planning decision-making. Supportive partners who are involved in discussions and decision-making processes are more likely to positively influence women's utilization of family planning services. Conversely, lack of partner support, opposition to contraceptive use, or ineffective communication may discourage women from seeking or utilizing family planning services.

Various barriers and challenges may impact the utilization of family planning services. These can include financial constraints, limited awareness of available services, fear of side effects, concerns about confidentiality, and cultural and social norms. Inadequate healthcare infrastructure, including a shortage of skilled providers, inconsistent supply chains, and weak health systems, can also hinder service utilization.

According to the World Health Organization's expert committee in 2005, family planning is defined as a voluntary way of thinking and living that promotes the health and welfare of the family group, contributing to the social development of the country (World Health Organization, 2005). It involves the conscious effort of individuals and couples to limit or space the number of children they want to have through the use of contraceptive methods (United

Nations, 2008). However, many developing countries, including Nigeria, face challenges related to rapid population growth, high fertility rates, and low contraceptive use (National Population Commission [NPC] & ICF International, 2014; Fagbamigbe & Idemudia, 2015; National Population Commission [NPC] & ICF International, 2009).

Nigeria, with a natural growth rate of 2.4% and a high fertility rate of 5.5 (6.2 in rural areas and 4.7 in urban areas), has become the 9th largest country in the world and the most populous black nation (United Nations Department of Economic and Social Affairs, Population Division, **2023**). Unfortunately, Nigeria also has one of the highest maternal mortality ratios globally, with an estimated 14% of maternal deaths occurring in the country, despite its 2% share of the world population (National Population Commission [NPC] & ICF International, **2018**; World Health Organization, **2023**).

## 1.2 Statement of the Problem

The utilization of family planning services among women of childbearing age in Owerri Municipal is hindered by a complex interplay of socio-cultural factors, inadequate partner support, and systemic barriers. Despite the availability of these services, many women face significant challenges that prevent effective access and use. Cultural norms, religious beliefs, and traditional gender roles may shape perceptions and decisions about family planning, while financial constraints and limited awareness further exacerbate the issue. This study aims to explore these factors and their impact on family planning service utilization, with the goal of identifying actionable insights to enhance access and improve reproductive health outcomes for women and their families in the region.

### 1.3 Objectives of the study

#### 1.3.1 General objective

To determine factors affecting utilization of family planning services among women of child bearing age in Owerri Municipal.

#### 1.3.2 Specific objectives

I. To determine the level of knowledge among women of childbearing age regarding family planning methods and services in Owerri Municipal.
II. To determine the socio-cultural factors that influence the utilization of family planning services among women of childbearing age in Owerri Municipal.
III. To determine the attitude of health workers towards rendering of services related to family planning services among women of childbearing age in Owerri Municipal.
IV. To determine the influence of partner support on utilization of family planning services among women of childbearing age in Owerri Municipal.

### 1.4 Research questions

The following research questions were raised for the purpose of the study. These questions will be addressed in the course of the investigation.

I. What is the level of knowledge among women of childbearing age regarding family planning methods and services?

II. How do socio-cultural factors influence the utilization of family planning services among women of childbearing age?

III. What is the attitude of health workers towards rendering of services regarding family planning methods?

IV. How does partner support influence the utilization of family planning services among women of childbearing age?

## 1.5 Research Hypotheses

I. Null Hypothesis ($H_0$): There is no significant association between the level of knowledge and family planning utilization among women of childbearing age

Alternative Hypothesis ($H_1$): There is a significant association between the level of knowledge and family planning utilization among women of childbearing age

II. Null Hypothesis ($H_0$): there is no association between sociocultural factors and utilization of family planning services among women of childbearing age.

Alternative Hypothesis ($H_1$): there is an association between sociocultural factors and utilization of family planning services among women of childbearing age.

III. Null Hypothesis ($H_0$): There is no relationship between health workers' attitudes and the provision of family planning services.

Alternative Hypothesis ($H_1$): There is a relationship between health workers' attitudes and the provision of family planning services, influenced by health factors or facility factors.

IV. Null Hypothesis ($H_0$): Partner support does not significantly affect the utilization of family planning services among women of childbearing age.

Alternative Hypothesis ($H_1$): Partner support significantly affects the utilization of family planning services among women of childbearing age.

## 1.6 Significance of the study

The findings of this study will contribute to the development of effective policies and programs aimed at improving family planning services and utilization. Understanding the factors that influence the utilization of family planning services among women of childbearing age will help policymakers and program implementers design targeted interventions and strategies to address barriers and enhance reproductive health outcomes. By identifying the knowledge gaps and awareness levels of women regarding family planning methods and services, the study can

contribute to improving reproductive health outcomes. Increasing women's knowledge about available contraceptive methods, their effectiveness, and potential side effects can promote informed decision-making and empower women to make choices that align with their reproductive goals. Exploring the socio-cultural factors that influence women's decision-making regarding family planning utilization, including cultural norms, religious beliefs, and traditional gender roles, can enhance cultural sensitivity in reproductive health interventions. Understanding these factors will help in designing culturally appropriate strategies that respect and accommodate diverse beliefs and practices, leading to increased acceptance and utilization of family planning service. Examining the accessibility and availability of family planning services in Owerri Municipal will provide valuable insights into the existing healthcare infrastructure and identify gaps in service provision. The findings can inform policymakers and healthcare providers about areas needing improvement, such as geographic proximity to health facilities, transportation, service hours, and cost, leading to enhanced access to family planning services. Investigating the influence of partner support and spousal communication on family planning utilization can highlight the role of partners in reproductive decision-making. Understanding the dynamics of partner involvement can contribute to promoting supportive relationships and effective communication, leading to increased utilization of family planning services and improved reproductive health outcomes. Identifying the barriers and challenges faced by women in accessing and utilizing family planning services can help in developing strategies to overcome these obstacles. Addressing financial constraints, limited awareness, fear of side effects, concerns about confidentiality, cultural and social norms, and inadequate healthcare infrastructure can contribute to removing barriers and improving service utilization.

### 1.7 Scope of the study

The scope of this study is focused on assessing the utilization of family planning services among women of childbearing age in a specific context, namely Owerri Municipal. It examines various factors that influence utilization, including knowledge levels and awareness of family planning methods and services, socio-cultural factors such as cultural norms, religious beliefs, and traditional gender roles, accessibility and availability of family planning services in the area, the influence of partner support and spousal communication, and the barriers and challenges faced by women in accessing and utilizing these services. The study aims to provide insights and recommendations specific to the context of Owerri Municipal, contributing to the understanding of family planning utilization within that setting.

1. Geographical scope: The study will be conducted in Nigeria.
2. Target population: The target population for the study will be women of childbearing age in Nigeria.
3. Variables of the study: The variables that will be studied include:

- Knowledge of family planning methods and services
- Access to family planning services
- Role of partners support on utilization of family planning services

The study will use a mixed-methods approach, including a questionnaire and interviews. The questionnaire will be used to collect data on the knowledge and awareness of family planning methods and services, access to family planning services, and the role of partners and spousal communication in family planning decision-making. The interviews will be used to collect in-depth data on the same topics.

The study will be conducted in two phases. The first phase will involve a survey of a representative sample of women of childbearing age in Nigeria. The second phase will involve interviews with a smaller group of women who participated in the survey.

The study is expected to provide valuable information on the factors that contribute to low utilization of family planning services in Nigeria. This information can be used to develop targeted interventions to address these barriers and to increase the utilization of family planning services in Nigeria.

# CHAPTERS TWO

# LITERATURE REVIEW

## 2.0 Conceptual Framework

The conceptual framework for this project aims to identify and analyse the various factors influencing the utilization of family planning services among women of childbearing age (15-49). It provides a theoretical foundation for understanding the complex interplay between different factors and their impact on family planning decision-making and access to services. The framework draws on existing literature and research studies related to family planning utilization and factors that influence reproductive health choices.

## 2.1 Factors that influence the utilization of family planning

### 2.1.1 Sociocultural Factors

Sociocultural factors play a significant role in shaping attitudes, beliefs, and behaviors related to family planning utilization among women of childbearing age. Cultural and religious norms, social values, and stigma associated with contraception and family size influence decision-making processes (Ajzen, 1991; Upadhyay *et al.,* 2014).

Cultural and religious beliefs significantly impact family planning decisions. Some cultures may prioritize large families, viewing them as a symbol of social status or economic security (Ajzen, 1991). In such contexts, women may face pressure to have more children, limiting their motivation to seek family planning services. For instance, in certain religious contexts, contraception may be discouraged or even prohibited (Upadhyay *et al.,* 2014). Religious beliefs can shape individuals' perceptions of contraception as morally wrong or interfering with divine will, thereby influencing their utilization of family planning services.

Social norms and values also contribute to family planning utilization patterns. In societies where high fertility is valued or where pronatalist norms prevail, women may face social pressure to bear more children (Casterline & Sinding, 2000). Consequently, they may be less likely to use contraception and more inclined to have larger family sizes. Societal expectations and gender roles can further exacerbate these norms, placing the burden of contraception solely on women.

Stigma and misconceptions surrounding family planning can act as barriers to utilization. In some communities, using contraception may be associated with promiscuity or moral judgment, leading to stigmatization of women who seek family planning services (Hameed *et al.,* 2014). Misconceptions about side effects, fertility, or the efficacy of contraceptives can also discourage women from utilizing these services (Dodoo *et al.,* 2019). Addressing stigma and misconceptions through education and community engagement is crucial for promoting the uptake of family planning services.

Understanding these sociocultural factors is essential for developing culturally sensitive interventions and strategies to overcome barriers to family planning utilization. Programs should aim to engage communities, religious leaders, and influential individuals to challenge harmful norms, dispel misconceptions, and promote positive attitudes towards family planning (Hameed *et al.,* 2014; Dodoo *et al.,* 2019).

### 2.1.2 Economic Factors

Economic factors play a crucial role in the utilization of family planning services among women of childbearing age. Financial constraints, socioeconomic status, and health insurance coverage can significantly impact access to and affordability of family planning methods (Gakidou *et al.,* 2011; Ross & Stover, 2013; Schwartz *et al.,* 2012; Tumlinson *et al.,* 2013).

Financial constraints are a key barrier to family planning utilization. The cost associated with contraceptive methods, including initial purchase and ongoing expenses, can pose a significant burden for individuals and families with limited financial resources (Gakidou *et al.,* 2011). The affordability of contraceptives is particularly relevant in low- and middle-income countries, where out-of-pocket payments are common and can deter women from accessing and using family planning services.

Socioeconomic status is another important economic factor influencing family planning utilization. Women from lower socioeconomic backgrounds may face additional barriers, such as limited access to healthcare facilities, lack of transportation, and inadequate health infrastructure (Stephenson *et al.,* 2006; Blanc *et al.,* 2013). These disparities can contribute to lower utilization rates among disadvantaged populations.

Health insurance coverage plays a vital role in ensuring access to affordable family planning services. Lack of insurance coverage or limited benefits for contraception can hinder women's ability to obtain and use contraceptives effectively (Schwartz *et al.,* 2012). Conversely, comprehensive insurance coverage that includes family planning services can increase access and remove financial barriers, promoting higher utilization rates (Tumlinson *et al.,* 2013).

Addressing economic barriers requires a multifaceted approach. Programs and policies should aim to reduce the cost of contraceptives, improve availability in low-income communities, and explore innovative financing mechanisms to ensure affordability (Gakidou *et al.,* 2011). Additionally, efforts should be made to address socioeconomic inequalities by improving access to healthcare services in underserved areas and providing financial support for vulnerable populations.

### 2.1.3 Knowledge and Information

Knowledge and information play a critical role in the utilization of family planning services among women of childbearing age. Awareness and understanding of available family planning methods, knowledge about the benefits and potential side effects of contraceptives, and access to accurate information sources influence decision-making (Bankole *et al.,* 2007; Cleland *et al.,* 2012; Ali *et al.,* 2017; White *et al.,* 2018; Cui *et al.,* 2015; Feyisetan *et al.,* 2016).

Awareness and understanding of available family planning methods are essential for women to make informed choices. Lack of knowledge about various contraceptive options, their effectiveness, and how to use them correctly can contribute to underutilization (Bankole *et al.,* 2007). Women who are unaware of the range of methods available may not be able to choose the one that best fits their needs and preferences.

Knowledge about the benefits and potential side effects of contraceptives is crucial for women to make informed decisions. Misconceptions and concerns about contraceptive side effects can deter women from utilizing family planning services (Ali *et al.,* 2017; White *et al.,* 2018). Access to accurate information that addresses these concerns and provides evidence-based information can help dispel misconceptions and promote informed decision-making.

The sources of information accessed by women also play a significant role. Education, community outreach programs, healthcare providers, and mass media are essential sources of information that can influence family planning utilization (Cui *et al.,* 2015; Feyisetan *et al.,* 2016). Women who have access to comprehensive and accurate information are more likely to make informed choices and utilize family planning services effectively.

Improving knowledge and information about family planning requires comprehensive educational programs targeting both women and the broader community. These programs

should focus on increasing awareness about available contraceptive methods, addressing misconceptions, and providing information on the benefits, effectiveness, and potential side effects of contraceptives. Engaging healthcare providers and leveraging mass media platforms can enhance the dissemination of accurate information.

### 2.1.4 Healthcare System Factors

The healthcare system plays a crucial role in the utilization of family planning services among women of childbearing age. Accessibility and availability of family planning services, quality of care, and provider-client communication are key factors that influence utilization rates (Bongaarts, 2012; Blanc *et al.,* 2016; Campbell *et al.,* 2013; Bradley *et al.,* 2016; Jacobstein *et al.,* 2017; Rademacher *et al.,* 2018).

Accessibility and availability of family planning services are essential for women to access and utilize contraceptive methods. Proximity to healthcare facilities that offer family planning services, especially in rural or underserved areas, can significantly impact utilization rates (Bongaarts, 2012). Lack of accessible services can create barriers, leading to lower utilization rates among women in remote or marginalized communities.

The quality of care provided by healthcare facilities also influences family planning utilization. Women's experiences with healthcare providers, including their level of knowledge, empathy, and respect for clients' autonomy, play a crucial role in shaping contraceptive uptake (Campbell *et al.,* 2013). High-quality care that focuses on client-centered counseling, informed decision-making, and addressing women's specific needs can foster trust and encourage utilization.

Effective provider-client communication is vital for ensuring that women receive accurate information, understand their contraceptive options, and can make informed decisions (Bradley *et al.,* 2016). Clear and effective communication about the benefits, side effects, and correct

use of contraceptives can address women's concerns and misconceptions, promoting higher utilization rates.

The availability of a range of contraceptive methods and counselling services is also essential. Women have diverse preferences and needs when it comes to contraception. Offering a variety of methods allows individuals to choose the most suitable option for themselves (Jacobstein *et al.,* 2017). Additionally, counselling services that provide information, support, and guidance can help women overcome barriers, make informed decisions, and effectively utilize family planning services (Rademacher *et al.,* 2018).

Improving healthcare system factors related to family planning requires investment in infrastructure, especially in underserved areas, to ensure accessibility and availability of services. Additionally, training healthcare providers in client-centered counseling and communication skills can enhance the quality of care provided. Efforts should be made to offer a range of contraceptive methods and strengthen counselling services to meet the diverse needs of women.

### 2.1.5 Partner and Family Influence

The influence of partners and family members on family planning decisions significantly affects the utilization of family planning services among women of childbearing age. Spousal and familial support, partner's attitudes, and involvement in contraceptive use, as well as the influence of family members on women's autonomy, all play a crucial role (Cox *et al.,* 2010; Williamson *et al.,* 2014; Becker *et al.,* 2019; Pile *et al.,* 2020; Mason *et al.,* 1999; Morgan & Niraula, 2011).

Spousal and familial support can positively impact family planning utilization. When women receive support from their partners or family members, they are more likely to make

contraceptive decisions and utilize family planning services (Cox *et al.,* 2010). Spousal involvement in decision-making processes and shared responsibility for contraception can promote communication, reduce barriers, and increase utilization rates.

Partner's attitudes towards contraception significantly influence family planning utilization. If partners have positive attitudes towards family planning and are supportive of contraceptive use, women are more likely to utilize family planning services (Becker *et al.,* 2019). Conversely, negative or unsupportive attitudes can create barriers and deter women from seeking contraceptive methods.

Family members, including parents, in-laws, and other relatives, can also influence women's autonomy and decision-making regarding family planning. In some cultural contexts, familial pressure and expectations may discourage women from using contraceptives or restrict their access to family planning services (Mason *et al.,* 1999). Challenging and changing these dynamics is crucial for empowering women to make autonomous decisions regarding their reproductive health.

Addressing partner and family influence requires a comprehensive approach. Programs should aim to engage men as partners in family planning discussions, promoting supportive attitudes and shared decision-making (Williamson *et al.,* 2014). Community-based interventions that involve influential family members, such as parents or in-laws, can help challenge traditional norms and promote women's autonomy in reproductive decision-making.

## 2.2 Theoretical Framework

The theoretical framework for this project draws on several key theoretical perspectives to understand the factors influencing the utilization of family planning services among women of childbearing age. These perspectives provide a lens through which to examine the complex

dynamics and interactions between individual, interpersonal, and societal factors that shape family planning decision-making and access to services.

### 2.2.1 Health Belief Model (HBM)

The Health Belief Model (HBM) is a theoretical framework that helps understand the factors influencing the utilization of family planning services among women of childbearing age. The model suggests that an individual's decision to use family planning is influenced by their perception of the severity of the consequences of unplanned pregnancies, the perceived benefits of family planning, perceived barriers to utilization, self-efficacy in accessing and using services, and cues to action (Rosenstock, 1974).

Perceived Susceptibility: According to the HBM, women's perception of their susceptibility to unintended pregnancies influences their motivation to utilize family planning services. Women who perceive themselves as vulnerable to the negative consequences of unplanned pregnancies, such as health risks or economic burden, are more likely to seek family planning methods to prevent such outcomes.

Perceived Severity: The perception of the severity of the consequences associated with unintended pregnancies also influences family planning utilization. Women who perceive the negative consequences as significant, such as health risks to themselves or their children, may be more motivated to use contraception to prevent those consequences.

Perceived Benefits: The HBM suggests that individuals weigh the perceived benefits of adopting a particular health behaviour against the perceived costs or barriers. Women who perceive the benefits of family planning, such as improved reproductive health, spacing of pregnancies, and economic stability, are more likely to utilize family planning services.

Perceived Barriers: Perceived barriers refer to the individual's perception of the obstacles or challenges they may face in accessing and using family planning services. These barriers can include financial constraints, lack of information, limited access to healthcare facilities, social stigma, or side effects of contraceptives. Women who perceive fewer barriers or who have strategies to overcome them are more likely to utilize family planning services.

Self-Efficacy: Self-efficacy refers to an individual's confidence in their ability to take action and overcome barriers to utilize family planning services. Women with higher levels of self-efficacy believe in their ability to access information, make informed decisions, and effectively use contraception.

Cues to Action: Cues to action are external stimuli that prompt individuals to take action towards utilizing family planning services. These cues can include educational campaigns, counselling from healthcare providers, community outreach programs, or experiences of others who have benefited from family planning.

By considering the various components of the Health Belief Model, interventions can be designed to address women's perceptions of susceptibility and severity, promote awareness of the benefits, reduce perceived barriers, enhance self-efficacy, and provide effective cues to action. This can contribute to increased utilization of family planning services.

### 2.2.2 Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour (TPB) provides a theoretical framework for understanding the factors influencing the utilization of family planning services among women of childbearing age. The model suggests that individuals' intentions and behaviours are influenced by their attitudes toward the behaviour, subjective norms, and perceived behavioural control (Ajzen, 1991).

Attitudes: According to the TPB, attitudes refer to an individual's overall evaluation or positive/negative feelings toward a particular behaviour, in this case, the utilization of family planning services. Positive attitudes towards family planning, such as perceiving it as beneficial for health, empowerment, or achieving personal goals, are more likely to lead to higher intentions to utilize services.

Subjective Norms: Subjective norms encompass the perceived social pressure and influence from significant others, including partners, family members, and social networks, regarding family planning utilization. The TPB suggests that women's intentions to utilize family planning are influenced by their perception of whether others in their social environment expect or support such behavior. Positive subjective norms, where significant others encourage and approve of family planning, are associated with higher utilization rates.

Perceived Behavioural Control: Perceived behavioural control refers to an individual's perception of the ease or difficulty of performing a behaviour and the extent to which they feel in control of their ability to utilize family planning services. Factors such as access to services, knowledge about contraceptive methods, confidence in using them correctly, and perceived barriers or facilitators influence perceived behavioural control. Higher perceived control over utilizing family planning services is linked to increased intentions and actual utilization.

Intention: The TPB proposes that intentions to engage in a behaviour are a key predictor of actual behaviour. In the context of family planning utilization, women's intentions to utilize services are shaped by their attitudes, subjective norms, and perceived behavioural control. Strong intentions to utilize family planning are likely to result in higher utilization rates.

By addressing attitudes, subjective norms, and perceived behavioural control, interventions can be designed to positively influence women's intentions and promote family planning

utilization. These interventions can include educational campaigns to shape positive attitudes, community engagement to address social norms and involve significant others, and improving access to services and addressing barriers to enhance perceived behavioural control.

### 2.3 Empirical Studies

Several empirical studies have been conducted to explore the factors influencing the utilization of family planning services among women of childbearing age. These studies provide valuable insights into the real-world dynamics and shed light on the various factors affecting family planning utilization.

In a descriptive study done by Tiebet, Ibe, Nwoke, Nworoh and Gregory Iwuoha (2019) to determine the factors influencing contraceptive use among three hundred and ninety-seven women of reproductive age in Owerri North, Imo State, Nigeria. The result showed that a large percentage of women (81.83%) do not receive their contraceptive method on time, and 50.35 percent of women say contraceptive methods are not affordable. Age, educational level, occupation, support from partners/husbands, accessibility and availability of contraceptive methods, decision-making by partners/husbands were all found to be significantly correlated with contraceptive use. The researcher then concluded that health staff should be re-educated on the risks and benefits of contraceptive use in order to increase contraceptive uptake. Male participation and female education should also be encouraged.

According to Ali et al (2017) Causes and consequences of contraceptive discontinuation: Evidence from 60 Demographic and Health Surveys. World Health Organization. In the analysis of data from 60 Demographic and Health Surveys (DHS) to examine the causes and consequences of contraceptive discontinuation. Highlighted the reasons why women discontinue contraceptive use, such as side effects, method dissatisfaction, and desire for

pregnancy. The findings emphasize the importance of addressing these factors to improve family planning utilization.

According to Gakidou et al (2011). Coverage of family planning services in time and space: A comparative analysis of 57 countries. Bulletin of the World Health Organization, 89(2), 101-109.This study analysed data from 57 countries to assess the coverage of family planning services. It examined the spatial and temporal variations in access to family planning services and identified disparities in service coverage. The findings underscore the need to improve accessibility and availability of services to enhance family planning utilization.

According to Hamze (2020), in a descriptive cross-sectional. A study of knowledge, attitude and practice on family planning among women in reproductive age (15-49) at hospitals and clinic centres, in northern Somalia, to determine the socioeconomic and cultural factors related with the knowledge, attitude, and practice of family planning among the women of Somaliland. This suggests that both the wife and husband play important roles in accepting and implementing contraceptive use. The education of a wife has a positive impact on both partner discussions about family planning and contraceptive use. Men and women both recognized the economic disadvantage of having many children, and this was the primary reason why men brought up the subject of family planning and discussed it with their partner. Women believed that the husband has a dominant role in the family and makes most family decisions, including family planning.

According to Upadhyay et al (2014), Women's empowerment and fertility: A review of the literature. Social Science & Medicine, 115, 111-120.This literature review synthesized existing studies on women's empowerment and fertility to explore the association between women's empowerment and family planning utilization. It found that empowered women are more likely to utilize family planning services and make autonomous reproductive decisions. The study

highlights the importance of addressing gender dynamics and promoting women's empowerment to improve family planning utilization.

From Cleland et al (2012), Trends in protective behaviour among single vs. married young women in Sub-Saharan Africa: The big picture. Reproductive Health Matters, 20(39), 17-22. This study examined trends in protective behaviours among single and married young women in Sub-Saharan Africa, focusing on family planning utilization. It found that unmarried women have lower utilization rates compared to married women. The study emphasizes the need to target unmarried women with tailored interventions to increase family planning utilization.

From Cox et al (2010), Understanding couples' relationship quality and contraceptive use in Kumasi, Ghana. International Perspectives on Sexual and Reproductive Health, 36(4), 190-198. This study explored the relationship between couples' relationship quality and contraceptive use in Kumasi, Ghana. It found that positive relationship quality and effective communication between partners were associated with higher contraceptive use. The study emphasizes the importance of involving partners in family planning discussions and promoting positive relationship dynamics to enhance utilization.

The study by Kisanga *et al.*, (2022) provides important insights into the factors affecting family planning literacy among women in Tanzania. The findings of this study suggest that a comprehensive approach is needed to increase family planning literacy among women in Tanzania. This approach should address the sociodemographic, attitudinal, and access barriers that women face in accessing family planning services. It should also promote demand for family planning services by educating women about the benefits of family planning and by providing them with the information and support they need to make informed choices about their reproductive health.

According to a quantitative cross-sectional study by Lincoln, Mohammad Nezhad, and Khan (2018) on Knowledge, Attitudes, and Practices of Family Planning Among Women of Reproductive Age in Suva, Fiji in 2017. Results showed that About 325 women participated in the study with the mean age of 31.53(± 7.35). Less than half (148 or 45.5 %) of the participants had a good level of knowledge towards family planning whereas 178 (53.5%) of them had a moderate level of knowledge of family planning. An overwhelming majority of the participants (176 or 54.2%) had high level of attitudes towards family planning. Only 3% of the respondents showed poor level of attitude towards family planning. With regards to practice, the participants showed a poor level of practice of family planning at 80 (24.6%) whereas those with good level of practice of family planning constituted only 31 (9.5%). This study provides a useful source of empirical information to policy makers to achieve the desired goals in family planning. These findings of the study will help health care providers promote family planning in Fiji.

In a qualitative cross-sectional study done to assess socio cultural factors affecting the utilization of family planning services in Haramaya town Bate kebele, Ethiopia result of the qualitative data showed that religious fundamentalists who do not take family planning services, condemned individuals who used family planning services insisting that culture give much value to childbearing. This poses a huge challenge to family planning, as the mainstream culture toward family planning, society perception, society perceived the concept family planning in a negative sense, it led to imbalance of ministration, sterilization. It also shows that different culture gives negative explanation to the services. The researcher the recommended that both governmental and non-governmental healthcare institutions should strongly attach each other for the mitigating of socio-cultural factors affecting on family planning services utilization. Selam (2019).

According to the research of Okeowo et al (2014) on Attitude, Knowledge and utilization of family planning methods among rural women in Ogun state Nigeria. This study examined the attitude, knowledge and utilization of family planning methods among rural women in Ogun State. Data were gathered from 120 rural women selected from the four zones of Ogun State.

Agricultural Development Programme (OGADEP). The result shows that majority (80%) of the respondents were married, while most of them (68%) were within the ages of 20-35 years. The respondents' sources of information on family planning were friends and spouses (77%), radio (62%), marketplace (74%) and health centers (88%). Also 68% of the respondents utilized pills, 48% utilize condoms, while 20% of the respondents utilize prolonged breastfeeding as their family planning methods. Significant relationship existed between respondents' utilization and knowledge of family planning methods. Correlation analysis showed a significant relationship between factors militating against the utilization of family planning methods and knowledge of family planning methods.

Wani et al (2019) in a cross-sectional study on knowledge, attitude, and practice of family planning services among healthcare workers in Kashmir. Result showed that all the participants had heard about family planning methods. The major sources of information were trainers (78.8%). About 90.4% of the study participants gave correct response regarding the types of family planning. About 80.1% of the respondents had a favourable attitude toward family planning. Around three-fourths of the study participants practiced one or other method of family planning. The study led to the conclusion that the level of knowledge and attitude toward family planning was relatively low and FP utilization was quite low among the healthcare workers. To imbibe positive attitude among general public, the health workers need to be trained so as to inculcate the positive attitude in them leading to increased awareness among general public with regard to family planning.

Duru et al (2018), in a comparative cross-sectional study on the utilization of family planning services among women of reproductive age in urban and rural communities of Imo State, the result showed that the mean age of respondents in urban areas, 32.7±7.7 years was higher than in rural areas, 31.2+8.1years, (p=0.001). More women in rural, 433 (77.2%) than urban areas, 365 (65.1%) were married (p<0.0001). More respondents had heard about family planning in urban 555(99.1%) than rural 539(96.1%) (p=0.001). More respondents in urban, 450 (80.90%), had good contraceptive knowledge, compared to rural, 303(56.10%) (p<0.0001). More respondents had ever used any form of contraception in urban, 303(53.9%), than rural 239(47.2%), counterparts, (p<0.0001). Current contraceptive use was higher among urban women, 196(35.2%) than in rural counterparts, 109 (19.5%), p<0.0001. More rural respondents currently used modern methods (74.0%) than their urban counterparts, (58.2%), p=0.002. The commonest reason for choosing any family planning method in both rural (52.3%) and urban, (49.5%) areas was that it is convenient. While both localities registered high levels of awareness and information about family planning, overall family planning usage was poor, according to this analysis. In addition, women from urban areas used family planning more often than women from rural areas of the state. These results may have ramifications for public health policies and services, especially at the community level. As a result, stakeholders in the State must devise strategies to increase the use of family planning services by making them appealing to women through incentives, especially among those living in the state's rural areas.

The study by Amankwaa *et al.*, (2016) provides important insights into the factors influencing the uptake of family planning services in the Talensi District, Ghana. The findings of this study suggest that a comprehensive approach is needed to increase the uptake of family planning services in this district. This approach should address the sociodemographic, attitudinal, and access barriers that women face in accessing family planning services. It should also promote

demand for family planning services by educating women about the benefits of family planning and by providing them with the information and support they need to make informed choices about their reproductive health.

The study by Okafor et al. (2010) provides important insights into the factors influencing the utilization of family planning services in Imo State, Nigeria. The findings of this study suggest that a comprehensive approach is needed to increase the utilization of family planning services in this state. This approach should address the sociodemographic, attitudinal, and access barriers that women face in accessing family planning services. It should also promote demand for family planning services by educating women about the benefits of family planning and by providing them with the information and support they need to make informed choices about their reproductive health.

The study by Abubakar *et al.,* (2018) provides important insights into the factors influencing the utilization of family planning services in Bauchi local government area. The findings of this study suggest that a comprehensive approach is needed to increase the utilization of family planning services in this area. This approach should address the sociodemographic, attitudinal, and access barriers that women face in accessing family planning services. It should also promote demand for family planning services by educating women about the benefits of family planning and by providing them with the information and support they need to make informed choices about their reproductive health.

The study by Abasi *et al.,* (2015) provides important insights into the factors influencing the utilization of modern family planning services in the University of Calabar Teaching Hospital. The findings of this study suggest that a comprehensive approach is needed to increase the utilization of modern family planning services in this hospital. This approach should address the sociodemographic, attitudinal, and access barriers that women face in accessing these

services. It should also promote demand for modern family planning services by educating women about the benefits of family planning and by providing them with the information and support they need to make informed choices about their reproductive health.

In a study conducted by Alo, Daini, and Omisile (2020) on Factors influencing the use of modern contraceptive in Nigeria: a multilevel logistic analysis using linked data from performance monitoring and accountability. The study is a secondary analysis of linked household and Service Delivery Point datasets from a 2018 survey conducted by Performance, Monitoring and Accountability in Nigeria. Data was abstracted for a total of 9126 sexually active women within the ages of 15–49 years across 295 enumeration areas in seven States. A 2-level binary logistic regression was used to examine the association between study variables and the use of modern contraceptives while adjusting for the clustering effect. There was significant influence of educational level, marital status, parity, socio-economic status, fertility intention, and awareness of family planning methods on the use of modern contraceptives. Also, women who perceived support from someone in the community on family planning were more likely to use modern contraceptive unlike those without such support. Those who believed that contraceptive methods are used by almost all and some of their friends or relatives were more likely to use modern contraceptive compared to those who think otherwise. The study shows the need to reduce inequalities between FP utilization across women with different socio-economic status as well as increasing the awareness for modern contraceptive methods.

According to Hamze (2020). in a descriptive cross-sectional. A study of knowledge, attitude and practice on family planning among women in reproductive age (15-49) at hospitals and clinic centres, in northern Somalia, to determine the socioeconomic and cultural factors related with the knowledge, attitude, and practice of family planning among the women of Somaliland. This suggests that both the wife and husband play important roles in accepting and

implementing contraceptive use. The education of a wife has a positive impact on both partner discussions about family planning and contraceptive use. Men and women both recognized the economic disadvantage of having a large number of children, and this was the primary reason why men brought up the subject of family planning and discussed it with their partner. Women believed that the husband has a dominant role in the family and makes most family decisions, including family planning.

In a cross-sectional study conducted by Semach et al (2018) on Knowledge, attitude and practice towards family planning among reproductive age women in a resource limited settings of Northwest Ethiopia. The study showed that the overall proper knowledge, attitude and practice of women towards family planning (FP) was 42.3%, 58.8%, and 50.4% respectively. In this analysis, the level of competence and attitude to family planning was relatively low and in contrast to many other studies the level of family planning was relatively low. Every health worker should educate the community about family planning holistically in order to raise awareness and increase family planning use. Furthermore, further research is required to conduct a comprehensive analysis of the various factors influencing non-use of family planning and how these can be tackled

# CHAPTER THREE

# MATERIALS AND METHODS

This chapter describes the materials that were used in this study, the methods for data collection and analysis. It also indicated the type of study design, the area of study, study population, sample size and sampling methods and states how the instruments were validated and the reliability of such instruments and the ethical considerations.

## 3.1 Research Design

A Cross-sectional study design was employed in this study. Cross-sectional study design involves the collection of data for the purpose of describing and interpreting identified phenomena. Description, as a purpose of research will help to uncover underlying factors to this study. It gives insights to the association between the variables that may be responsible for Factors Affecting utilization of family planning methods in owerri Municipal LGA. This study design was used Obalase, & Joseph (2017) to determine the knowledge attitude and acceptance of modern family planning methods among women ages 15-45 years in Ayeka Community, Okitipupa local Government of Ondo State.

## 3. 2 Area of Study

Owerri Municipal is the capital of Imo State and is the most populous LGA in the state. It is located in the central part of Imo State and is bordered by Owerri North LGA to the north, Mbaitoli LGA to the east, Ikeduru LGA to the south, and Orlu LGA to the west.

The area of Owerri Municipal Local Government Area (LGA) in Imo State, Nigeria has an area of 58 km² and a population of 127,213 according to the 2006 census and an assumed annual growth rate of 4.02%.

The LGA is home to a number of government buildings, educational institutions, and businesses. It is also a major transportation hub for Imo State.

Owerri Municipal serves as a significant economic hub in Imo State, and extensive research is being conducted on the city's economy. Areas of focus encompass the effects of trade and investment on the city's economy, the role played by small businesses, and the challenges encountered by the local economy.

Owerri Municipal boasts several universities and colleges, and an increasing body of research is dedicated to the city's education system. Topics of interest revolve around the educational quality in the city, the obstacles faced by students and teachers, and the influence of education on the local economy.

Owerri Municipal stands as a prominent healthcare center in Imo State, and a substantial amount of research is underway on the city's healthcare system. Areas of interest involve the quality of healthcare services in the city, the challenges experienced by patients and providers, and the impact of health on the local economy.

The lifestyle of women in Owerri, Imo State, is shaped by a blend of cultural, social, and economic factors that significantly influence their health and well-being. Many women navigate traditional gender roles that prioritize family and community responsibilities, often placing their families' health above their own. While educational attainment among women is on the rise, leading to increased participation in higher education and careers, challenges such as limited job opportunities may compel some to focus on informal employment or entrepreneurship.

Access to healthcare services, including family planning, can be inconsistent, with cultural norms and religious beliefs influencing attitudes toward reproductive choices. Strong social

networks of family and friends play a critical role in shaping health decisions, as these connections provide support and information. Additionally, women's lifestyle choices regarding diet, physical activity, and health-seeking behaviours are crucial for their overall health, although economic challenges can lead to time constraints and multiple caregiving roles.

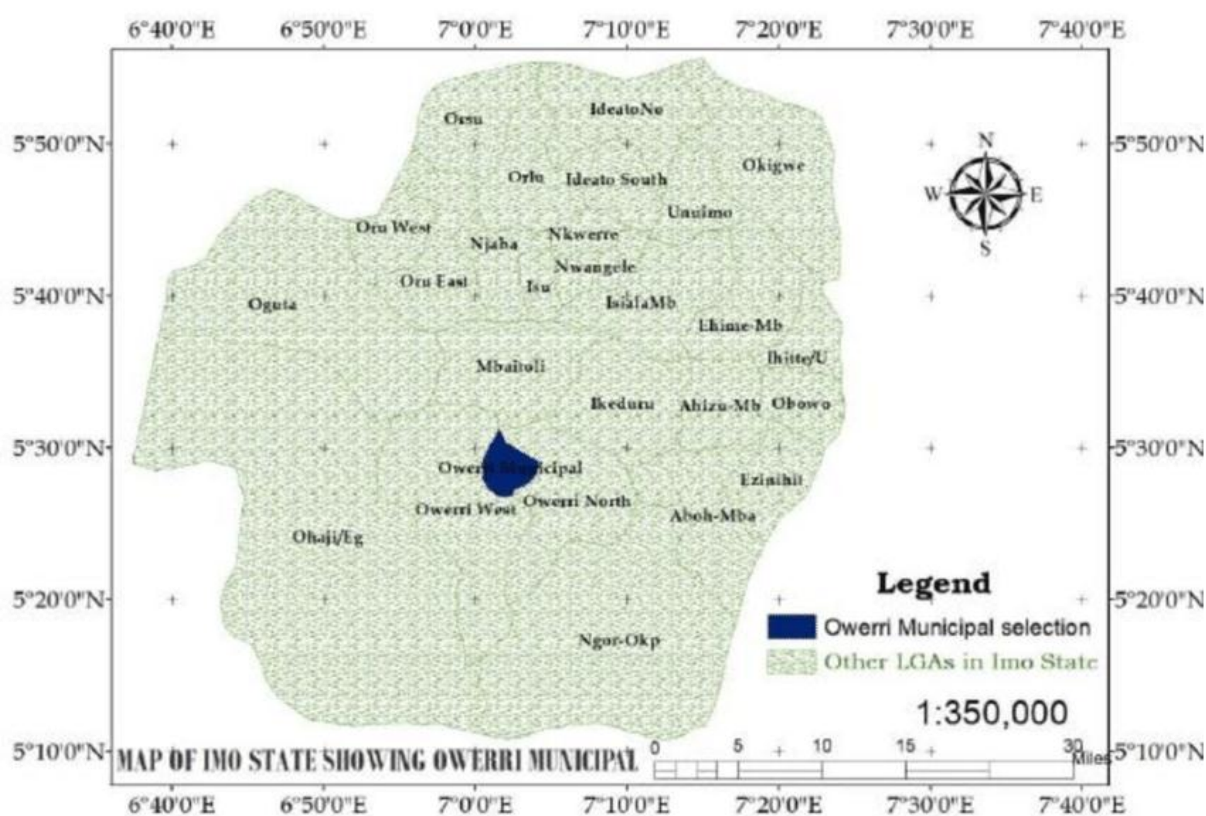


Figure 3.1: Map of Owerri municipal

**Source: Google**

## 3.3 POPULATION OF STUDY

The population of the study will consist of women of childbearing age (15-49 years) with the estimated population to be around 65,605, residing in Owerri Municipal, a region known for its diverse population and varying accessibility to family planning services. This age range is selected as it encompasses women who are likely to be at different stages of reproductive life and have the potential to benefit from family planning services. The population will include both married and unmarried women who fall within the specified age range and are permanent residents of Owerri Municipal. By focusing on this specific population, the study aims to understand the factors influencing the utilization of family planning services among women who are most likely to be in need of such services.

## 3.4 SAMPLES SIZE AND SAMPLING METHOD

The approximated sample size is 397 and was determined by using (Taro Yamane, 1973) sample size Formula. $\frac{N}{1+N\ (e)2}$

n: represent sample size

N: represent population size

e: represent estimated error which is 0.05

## 3.5 SAMPLING METHOD

Multi-stage sampling method was used for this study. The study utilized a stratified random sampling method to select the participants. The population of women of childbearing age (15-49) in Owerri Municipal was divided into distinct strata based on relevant characteristics such as age, education level, socioeconomic status, and geographic location. Within each stratum, a random sampling technique was applied to select the participants. This involved assigning a

unique identification number to each individual in the stratum and using a random number generator to select the desired sample size.

**Stage 1:** List of Villages

Owerri-Municipal L.G.A. has 5 villages, these villages include (Umuororonjo, Amawom, Umuonyeche, Umuodu and Umuoyima) also known as Owerri Nchi-ise.

**Stage 2:** Selection of communities

Seven communities was randomly selected using simple random sampling by balloting without replacementt.

**Stage 3:** Selection of villages

From the list of villages in the selected communities which are (Umuororonjo, Amawom, Umuonyeche, Umuodu and Umuoyima),50% of the villages was selected and sampled using simple random sampling by balloting without replacement.

**Stage 4:** Selection of household

In each selected community, 5 households with women of childbearing age was selected using table of random numbers, if the household picked on the table of random number has no woman of childbearing age, the next house hold was checked until a woman of childbearing age is seen and sampled. A household with more than one woman of childbearing age, a number is assigned to each eligible woman within the household and using a table of random number generator to select one woman from the list.This ensures that each woman has an equal chance of being selected.

**Stage 5:** Selection of respondent

In each selected household, 397 women of childbearing age were selected and interviewed.

### 3.6 INSTRUMENT FOR DATA COLLECTION

The instrument for data collection in this study was a self structured questionnaire. The structured questionnaire consists of several sections that aligned with the specific objectives of the study. These sections include: demographic information, knowledge and awareness, socio-cultural factors, accessibility and availability, partner support and spousal communication and barriers and challenges. The questionnaire was administered to the representative sample of women of childbearing age (15-49) in Owerri Municipal, which also include closed-ended questions with multiple-choice options, Likert scale questions to measure attitudes and perceptions, and some open-ended questions to allow participants to provide additional information or elaborate on their responses. It was designed to be clear, concise, and easy to understand, ensuring that participants can provide accurate and relevant information. After data collection, the responses were analysed using appropriate statistical techniques. Descriptive statistics was used to summarize the demographic characteristics of the participants and their responses to different questionnaire sections. Inferential statistics, such as chi-square tests and regression analysis, was employed to examine associations and relationships between variables of interest.

### 3.7 VALIDITY OF THE INSTRUMENT

The validity of the instrument used in the study, which was a structured questionnaire, refered to its ability to accurately measure the intended variables and concepts. The study questionnaire was validated for content relevance and appropriateness of language. It was reviewed by the researcher's supervisors and two other Health promotion experts in the field of Public Health.

### 3.8 RELIABILITY OF THE INSTRUMENT

The reliability of the instrument used in the study, which was a structured questionnaire, the questionnaire was administered to 50 respondents with similar characteristics to those in the target population. The reliability of the instrument was tested using Chrombach Alpha Coefficient of Reliability test, and a coefficient of ( r=0.70) was deemed reliable.

### 3.9 METHOD OF DATA COLLECTION

The data was collected by the researcher using stratified random sampling which was employed to select a representative sample of women of childbearing age in Owerri Municipal. The municipality was divided into strata based on geographical regions or administrative units. From each stratum, a proportionate number of participants were randomly selected using a sampling frame obtained from population records or healthcare facilities.

### 3.10 METHOD OF DATA ANALYSIS

The data collected for the study on the factors affecting the utilization of family planning services among women of childbearing age in Owerri Municipal were analysed using the following methods: Descriptive analysis was computed to summarize the demographic characteristics of the participants, including age, marital status, educational level, and occupation. Frequencies and percentages were calculated for categorical variables. Inferential analysis was used to examine the relationships between variables and test the research hypotheses. Chi-square tests or Fisher's exact tests were performed to assess the associations between socio-cultural factors (such as cultural norms, religious beliefs, and traditional gender roles) and the decision-making process for family planning utilization. Correlation analysis was also used to determine the relation between health workers' attitudes and the provision of family planning services. SPSS version 25 was used as the analytical tool.

### 3.11 ETHICAL APPROVAL

Ethical clearance was obtained from the ethical review committee of the Department of Public Health, School of Health Technology, Federal University of Technology, Owerri (Ref No: FUT/SOHT/PUH/CS.006/VOL.1). An introductory letter was given for the benefits of conducting the study, the method of questioning and confidentiality was attached to the cover page of the questionnaire. Also, Approval to carry out the study was obtained from Head of Administration and Head Department of Health, Owerri Municipal LGA, Imo State. All study participants were consented through brief explanation about the purpose of study.

# CHAPTER FOUR

# RESULT AND ANALYSIS

This study aimed at determining the factors affecting utilization of family planning services among women of childbearing age (15-49 years), using Owerri Municipal as a case study.

In order to accomplish the above, hypotheses were formulated and the results were presented. This chapter is divided into six sections, namely: section one details with the demographic characteristics of respondents, section two presents the level of knowledge of women of childbearing age regarding family planning methods and services, section three determine the sociocultural factors that influence utilization of family planning services, section four identify the sociocultural factors that influence utilization of family planning services, section five determine the attitude of health workers towards rendering services related to the utilization of family planning, and how health factors, or facility factors affect the provision of these services and section six assess the influence of partner support on utilization of family planning Services

## 4.1: Demographic characteristics of the respondents

The demographic characteristics of the 397 respondents in the survey on family planning utilization among women of childbearing age in Owerri Municipal reveal a diverse sample. The largest age group is 35-44 years (31.2%), with marital status comprising 26.4% married, 25.2% divorced, and 24.9% widowed. Educational attainment varies, with 26.7% holding a bachelor's degree or higher, while 50.9% are Christians, and employment status shows 33.2% employed full-time and 34.8% unemployed. Most respondents (52.1%) identify as Igbo, and a significant portion (37.8%) have not used any child spacing methods, although birth control pills (50.9%) and condoms (49.1%) are the most commonly used methods.

**Table 4.1: Demographic characteristics of the respondents**

| | Frequency | Percent |
|---|---|---|
| **Age** | | |
| 15-24yrs | 86 | 21.6 |
| 25-34yrs | 102 | 25.7 |
| 35-44yrs | 124 | 31.2 |
| 45yrs and above | 85 | 21.4 |
| **Marital status** | | |
| Single | 93 | 23.4 |
| Married | 105 | 26.4 |
| Widowed | 99 | 24.9 |
| Divorced | 100 | 25.2 |
| **Highest level of education** | | |
| primary school or less | 99 | 24.9 |
| secondary school | 95 | 23.9 |
| vocational/technical training | 97 | 24.4 |
| bachor's degree or higher | 106 | 26.7 |
| **Religion** | | |
| Christian | 202 | 50.9 |
| Muslim | 87 | 21.9 |
| Traditional | 108 | 27.2 |
| **Ethnicity** | | |
| Igbo | 207 | 52.1 |
| Hausa | 96 | 24.2 |
| Yoruba | 94 | 23.7 |
| **Are you currently employed?** | | |
| yes, full time | 132 | 33.2 |
| yes, part time | 127 | 32.0 |
| No, unemployed | 138 | 34.8 |
| **Monthly income** | | |
| less than 50, 000 | 141 | 35.5 |
| 51,000 -100,000 | 117 | 29.5 |
| more than 100,000 | 139 | 35.0 |
| **Do you have any form of health insurance coverage?** | | |
| Yes | 190 | 47.9 |
| No | 207 | 52.1 |
| **What is your current place of residence?** | | |
| urban area | 194 | 48.9 |
| rural area | 203 | 51.1 |
| **How long have you been living in the current place of residence?** | | |
| less than 1year | 208 | 52.4 |
| 1-5years | 189 | 47.6 |
| **Have many children do you have?** | | |
| 1-2 children | 128 | 32.2 |
| 3-4 children | 146 | 36.8 |
| more than 4 children | 123 | 31.0 |
| **What is your desired number of children?** | | |
| no children | 98 | 24.7 |
| 1-2 children | 104 | 26.2 |
| 3-4 children | 101 | 25.4 |
| more than 4 children | 94 | 23.7 |
| **Have you used any form of child spacing methods to regulate the timing of pregnancies?** | | |
| Yes | 128 | 32.2 |
| No | 150 | 37.8 |
| Not applicable | 119 | 30.0 |
| **If YES, please indicate the type of contraception you have used.** | | |
| Birth control pill | 202 | 50.9 |
| Condoms | 195 | 49.1 |

**4.2: To determine level of knowledge of women of childbearing Age regarding family planning methods and services.**

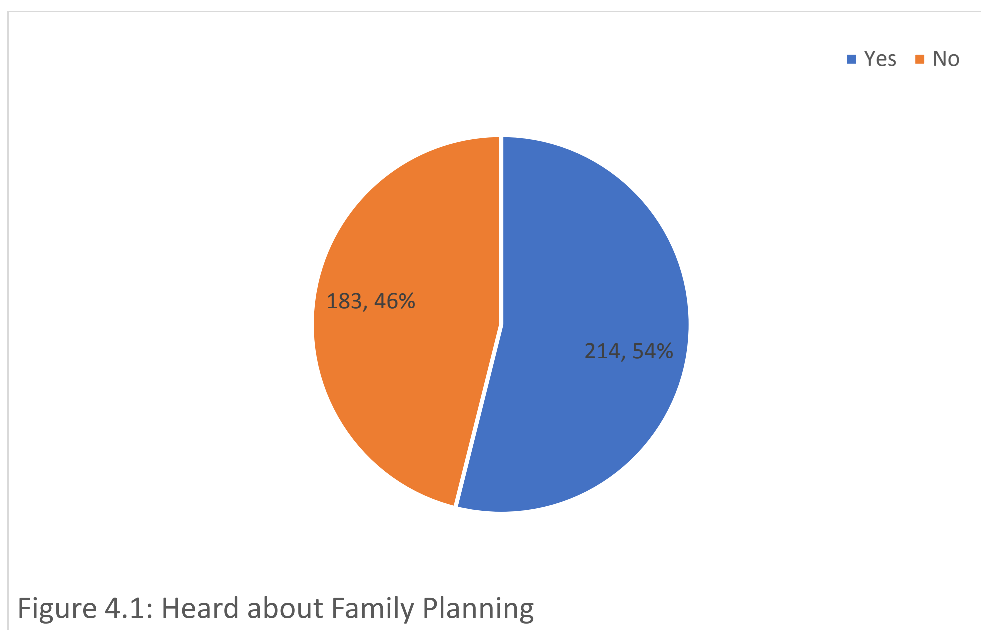

Figure 4.1: Heard about Family Planning

From figure 4.1 above, out of the total 397 respondents surveyed, 214 respondents, constituting 54%, have indicated that they have heard about family planning before. While183 respondents, making up the remaining 46%, have stated that they have not heard about family planning.

**Hypothesis one**

$H_0$: There is no association between the level of knowledge and family planning utilization among women of childbearing age

$H_1$: There is an association between the level of knowledge and family planning utilization among women of childbearing age

**Decision Rule**: reject the null hypothesis if the p-value is less than 0.05 level of significant.

The table 4.3 below shows that respondents from different age groups have varying levels of awareness regarding family planning. The p-value for this portion of the data is 0.081, which

is greater than the significance level 0.05. This suggests that there is no significant association between the level of knowledge and family planning utilization among women of childbearing age. In other words, age does not appear to significantly influence whether women of childbearing age have heard about family planning before. The table also displays the distribution of responses to the statement "Family planning is essential for the health of women" among different age groups. The p-value for this portion of the data is 0.007, which is less than the significance level 0.05. This indicates that there is a significant association between the level of knowledge and family planning utilization among women of childbearing age. Specifically, the p-value suggests that age does have a significant influence on how women of different age groups perceive the importance of family planning for women's health.

**Table 4.3: level of knowledge of women of childbearing Age regarding family planning methods and services by Age**

| | | women of childbearing Age | | | | p-value |
|---|---|---|---|---|---|---|
| **Level of knowledge** | | **15-24yrs** | **25-34yrs** | **35-44yrs** | **45yrs and above** | |
| Have you heard about family planning before? | Yes | 56 | 61 | 61 | 36 | 0.081 |
| | No | 46 | 63 | 34 | 40 | |
| Family planning is essential for the health of women | strongly disagree | 13 | 26 | 14 | 25 | 0.007 |
| | Disagree | 25 | 21 | 22 | 9 | |
| | Neutral | 23 | 27 | 26 | 8 | |
| | Agree | 15 | 30 | 17 | 16 | |
| | Strongly Agree | 26 | 20 | 16 | 18 | |

*Chi-square test: 0.05 level of significant*

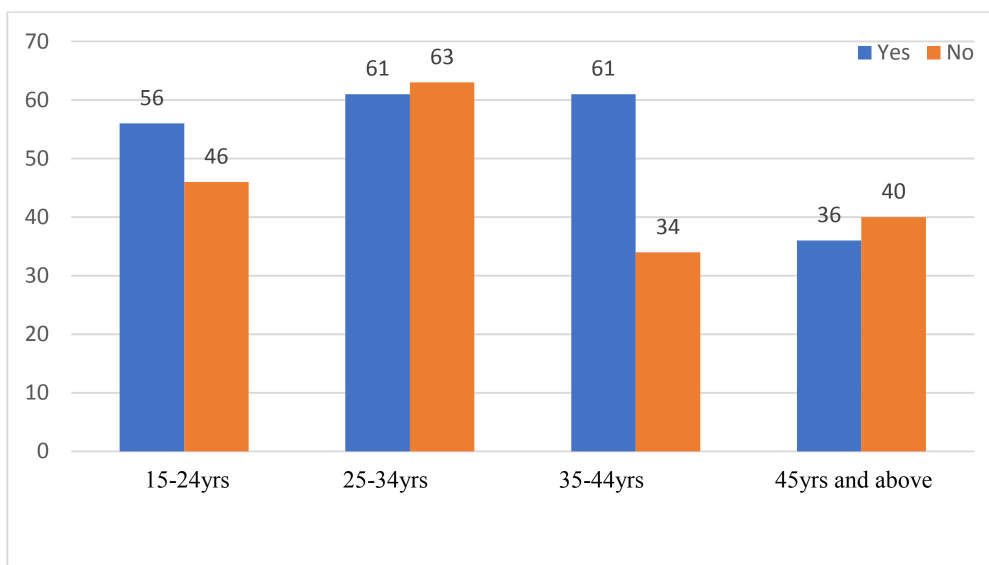


Figure 4.2: Heard about Family Planning among women of childbearing age

The figure 4.2 above provides insights into the awareness of family planning among women of various age groups, The result is categorized into four age groups: 15-24 years, 25-34 years, 35-44 years, and 45 years and above. Among women aged 15-24 years, 56 respondents have heard about family planning, while 46 respondents have not. In the 25-34 years age group, 61 respondents have heard about family planning, while 63 have not. For the 35-44 years age group, 61 respondents are aware of family planning, and 34 respondents are not. Among women aged 45 years and above, 36 respondents have heard about family planning, and 40 have not.

### 4.2.1 Level of agreement with utilization of family planning among women of various age groups

Table 4.4 below provides valuable insights into the level of agreement among women of different age groups regarding the utilization of family planning. Across all age groups, a significant percentage of respondents agree or strongly agree (ranging from 19.6% to 20.2%) that family planning is essential for women's health. The responses to this statement are more

varied, with the highest percentage of agreement in the "neutral" category (ranging from 19.9% to 22.4%). A considerable percentage of respondents across all age groups agree or strongly agree (ranging from 19.6% to 23.4%) that family planning goes against their cultural or religious beliefs.

**Table 4.4: Level of agreement with utilization of family planning among women of various age groups**

| | strongly disagree (%) | Disagree (%) | Neutral (%) | Agree (%) | Strongly Agree (%) | Mean | Standard Deviation (SD) |
|---|---|---|---|---|---|---|---|
| **Family planning is essential for the health of women** | 78(19.6) | 77(19.4) | 84(21.2) | 78(19.6) | 80(20.2) | 3.0126 | 1.40969 |
| **Family planning helps in achieving personal and family goals** | 74(18.6) | 89(22.4) | 79(19.9) | 79(19.9) | 76(19.1) | 2.9849 | 1.39254 |
| **Family planning methods have severe side effects** | 71(17.9) | 80(20.2) | 67(16.9) | 92(23.2) | 87(21.9) | 3.1108 | 1.42056 |
| **Family planning is against my culture or religious beliefs** | 93(23.4) | 78(19.6) | 69(17.4) | 78(19.6) | 79(19.9) | 2.9295 | 1.45819 |

### 4.2.2 Effectiveness rate of contraceptive methods among women of childbearing age

This table 4.5 provides information on the perceived effectiveness rate of different contraceptive methods among women of childbearing age, categorized by age groups. Across all age groups, the majority of respondents are unsure about the effectiveness of oral contraceptive pills, with a significant percentage falling into the "Not sure" category.

There are no significant differences in responses among different age groups (p-value = 0.444), indicating that women of all ages have similar levels of uncertainty regarding the effectiveness of oral contraceptives. Similar to oral contraceptives, a substantial portion of respondents in all age groups is unsure about the effectiveness of IUDs. While there is a trend towards greater certainty about IUD effectiveness with increasing age, this trend is not statistically significant (p-value = 0.107). Responses regarding the effectiveness of condoms also show a high level of uncertainty across all age groups.

There are no statistically significant differences in responses among different age groups (p-value = 0.537). Notably, there is a statistically significant difference in responses regarding the effectiveness of Depo-Provera injections among different age groups (p-value = 0.038). Women in the 25-34 years age group tend to have a higher level of certainty about the effectiveness of Depo-Provera compared to other age groups. Responses regarding the effectiveness of emergency contraception show a similar pattern to other methods, with a substantial percentage of respondents being unsure. While not statistically significant, there is a trend towards older women having slightly more certainty about the effectiveness of emergency contraception (p-value = 0.068).

**Table 4.5: Effectiveness rate of contraceptive methods among women of childbearing age**

| Effectiveness rate of contraceptive methods | | Women of childbearing age | | | | p-value |
|---|---|---|---|---|---|---|
| | | 15-24yrs | 25-34yrs | 35-44yrs | 45yrs and above | |
| Oral contraceptive (pills) | Less than 90% | 25 | 29 | 30 | 21 | 0.444 |
| | 90-95% | 28 | 34 | 22 | 15 | |
| | above 90% | 18 | 35 | 20 | 22 | |
| | Not sure | 31 | 26 | 23 | 18 | |
| Intrauterine device (IUD) | Less than 90% | 24 | 27 | 18 | 23 | 0.107 |
| | 90-95% | 29 | 34 | 31 | 11 | |
| | above 90% | 29 | 27 | 23 | 15 | |
| | Not sure | 20 | 36 | 23 | 27 | |
| Condoms | Less than 90% | 26 | 40 | 26 | 17 | 0.537 |
| | 90-95% | 29 | 24 | 18 | 15 | |
| | above 90% | 20 | 27 | 23 | 24 | |
| | Not sure | 27 | 33 | 28 | 20 | |
| Injectable contraceptives (Depo-Provera) | Less than 90% | 30 | 27 | 26 | 17 | 0.038 |
| | 90-95% | 24 | 47 | 25 | 13 | |
| | above 90% | 30 | 27 | 19 | 24 | |
| | Not sure | 18 | 23 | 25 | 22 | |
| Emergency contraception (morning-after pill) | Less than 90% | 22 | 30 | 21 | 30 | 0.068 |
| | 90-95% | 31 | 26 | 26 | 16 | |
| | above 90% | 27 | 31 | 22 | 20 | |
| | Not sure | 22 | 37 | 26 | 10 | |

**4.3: To identify the sociocultural factors that influence utilization of family planning services**

Table 4.6 below offers insights into various sociocultural factors that influence the utilization of family planning services among women of childbearing age. Out of 397 respondents, a significant proportion (36.5%) of respondents strongly believe that cultural factors strongly influence family planning decisions, while 31.0% feel that they somewhat influence these decisions. A notable number of respondents (29.5%) strongly believe that religious affiliation strongly influences family planning decisions, while 24.9% feel that it somewhat influences these decisions. It is interesting to note that 25.4% of respondents don't have a religious affiliation, suggesting a diverse range of beliefs within the population. More respondents (37.5%) believe that their culture accepts family planning, while 32.7% are unsure about cultural acceptance. A substantial portion (36.5%) of respondents believe that women have full autonomy in decision-making regarding family planning.

However, an equal percentage (31.7%) believe that women have only some say or little to no say in these decisions. An almost equal number of respondents (49.9% vs. 50.1%) believe that cultural and religious beliefs do and do not impact family planning decisions, respectively. A significant number of respondents (35.1%) believe that modern contraception conflicts with cultural and religious norms. A substantial portion of respondents (34.3%) perceive their communities as supportive and encouraging of family planning practices.

However, an almost equal proportion (32.2%) perceive their communities as opposed or negative towards family planning. The result indicates that respondents are divided in terms of partner support for family planning, with an almost equal number saying "yes" (33.8%) and "no" (34.3%).

Partner support is crucial for effective family planning, and efforts may be needed to enhance spousal involvement. The result suggests a relatively equal distribution of decision-making

authority within households, with the woman alone, the man alone, and both partners jointly making decisions in a similar percentage of cases. A notable percentage (48.1%) of respondents have experienced opposition or resistance to family planning decisions, while 51.9% have not.

**Hypothesis**

$H_0$: There is no association between sociocultural factors and utilization of family planning services among women of childbearing age.

$H_1$: There is no association between sociocultural factors and utilization of family planning services among women of childbearing age.

From the table below, since the p-value 0.013 is less than 0.05 level significant, the null hypothesis will be rejected, therefore there is an association between sociocultural factors and utilization of family planning services among women of childbearing age.

**Table 4.6: Sociocultural factors that influence utilization of family planning services**

| | Frequency | Percent |
|---|---|---|
| **Cultural Influence on Family Planning Decisions** | | |
| Strongly influence | 145 | 36.5 |
| Somewhat influence | 123 | 31.0 |
| Do not influence | 129 | 32.5 |
| **Religious Affiliation and Attitudes** | | |
| Strongly influence | 117 | 29.5 |
| Somewhat influence | 99 | 24.9 |
| Do not influence | 80 | 20.2 |
| I don't have religious affiliation | 101 | 25.4 |
| **Cultural Acceptance of Family Planning** | | |
| Yes | 149 | 37.5 |
| No | 130 | 32.7 |
| Not sure | 118 | 29.7 |
| **Role of Women in Decision-Making** | | |
| Women have full autonomy | 145 | 36.5 |
| Women have some say | 126 | 31.7 |
| Women have little or no say | 126 | 31.7 |
| **Impact of Cultural and Religious Beliefs** | | |
| Yes | 198 | 49.9 |
| No | 199 | 50.1 |
| **Modern Contraception and Cultural/Religious Norms** | | |
| Yes | 129 | 35.1 |
| No | 121 | 32.9 |
| Not sure | 118 | 32.1 |
| **Community Attitudes Toward Family Planning** | | |
| Supportive and encouraging of family planning practices | 136 | 34.3 |
| Neutral or indifferent towards family planning | 133 | 33.5 |
| Opposed or negative towards family planning | 128 | 32.2 |
| **Partner Support for Family Planning** | | |
| Yes | 134 | 33.8 |
| No | 136 | 34.3 |
| Not sure | 127 | 32.0 |
| **Decision-Maker in Household** | | |
| The woman alone | 100 | 25.2 |
| The man alone | 102 | 25.7 |
| Joint decision by both partner | 100 | 25.2 |
| Other family members or elders | 95 | 23.9 |
| Opposition or Resistance | | |
| Yes | 191 | 48.1 |
| No | 206 | 51.9 |

***Pearson Chi-Square = 12.298$^a$ / p-value = 0.013***

***Chi-square test: 0.05 level of significant***

**4.4: To determine the attitude of health workers towards rendering services related to the utilization of family planning, and how health factors, or facility factors affect the provision of these services**

The table 4.7 below offers insights into the attitudes of health workers and various health facility factors related to the provision of family planning services. The result shows that healthcare providers are divided in their perceptions of training and equipping, with 32.0% responding "Yes," 31.7% responding "No," and 36.3% responding "Partially." Health workers have varying levels of comfort discussing FP methods with clients, with 40.1% expressing some level of discomfort (18.6% uncomfortable, 22.4% very uncomfortable). A substantial portion (40.1%) of health workers are comfortable or very comfortable discussing FP methods. Responses regarding the availability of FP resources at healthcare facilities are mixed, with 42.5% rating the availability as "excellent" or "good" and 38.3% rating it as "average," "poor," or "very poor." The data reveals that facility-level barriers are perceived by 32.0% of health workers as a challenge in providing FP services, while 36.8% do not perceive such barriers. The result shows that 34.0% of health workers receive regular updates/training on FP practices, while 34.5% do not. Ongoing training is essential for keeping healthcare providers updated on the latest FP methods and guidelines. Health workers have mixed perceptions of their work environment's supportiveness, with 42.1% rating it as either "very supportive" or "supportive," while 38.3% perceive it as either "neutral," "not very supportive," or "not supportive."

**Table 4.7: Attitude of health workers towards rendering services related to the utilization of family planning, and how health factors, or facility factors affect the provision of these services**

| | Frequency | Percent |
|---|---|---|
| **Training and Equipping of Healthcare Providers** | | |
| Yes | 127 | 32.0 |
| No | 126 | 31.7 |
| Partially | 144 | 36.3 |
| **Comfort Discussing FP Methods with Clients** | | |
| Very comfortable | 64 | 16.1 |
| Comfortable | 94 | 23.7 |
| Neutral | 76 | 19.1 |
| Uncomfortable | 74 | 18.6 |
| Very uncomfortable | 89 | 22.4 |
| **Availability of FP Resources at Healthcare Facility** | | |
| Excellent | 75 | 18.9 |
| Good | 78 | 19.6 |
| Average | 92 | 23.2 |
| Poor | 73 | 18.4 |
| Very poor | 79 | 19.9 |
| **Facility-Level Barriers** | | |
| Yes | 127 | 32.0 |
| No | 146 | 36.8 |
| To some extent | 124 | 31.2 |
| **Regular Updates/Training on FP Practices** | | |
| Yes | 135 | 34.0 |
| No | 137 | 34.5 |
| Unfrequently | 125 | 31.5 |
| **Supportive Work Environment.** | | |
| Very supportive | 82 | 20.7 |
| Supportive | 85 | 21.4 |
| Neutral | 78 | 19.6 |
| Not very supportive | 69 | 17.4 |
| Not supportive | 83 | 20.9 |

**Hypothesis**

$H_0$: There is no significant relationship between health workers' attitudes and the provision of family planning services.

$H_1$: There is a significant relationship between health workers' attitudes and the provision of family planning services.

**Decision Rule:** Reject the null hypothesis if the p-value is less than 0.05 level of significant, otherwise do not.

The correlation analysis presented in the table 4.8 examines the relationships between health workers' attitudes and the provision of family planning services. The Spearman's rho correlation coefficient measures the strength and direction of these relationships.

There is a weak positive correlation (0.175) between the training and equipping of healthcare providers and their comfort discussing family planning methods with clients. This correlation is statistically significant at the 0.01 level. This suggests that healthcare providers who receive more training and are better equipped tend to be more comfortable discussing family planning methods with clients.

There is a weak positive correlation (0.125) between healthcare providers' comfort discussing family planning methods with clients and the availability of family planning resources at healthcare facilities. This correlation is statistically significant at the 0.05 level.

Health workers who are more comfortable discussing family planning methods are more likely to perceive better availability of resources at their facilities.

None of the examined factors show a strong correlation with the availability of family planning resources at healthcare facilities. The correlations with other factors are generally weak and not statistically significant.

Facility-level barriers do not show strong correlations with any of the other factors. The correlations are generally weak and not statistically significant.

There is a weak positive correlation (0.088) between health workers' comfort discussing family planning methods with clients and their receipt of regular updates/training on family planning practices. This correlation is statistically significant at the 0.05 level.

Health workers who are more comfortable discussing family planning methods are more likely to receive regular updates/training on family planning practices.

There is a weak negative correlation (-0.134) between health workers' comfort discussing family planning methods with clients and the perception of a supportive work environment. This correlation is statistically significant at the 0.01 level.

Health workers who are more comfortable discussing family planning methods tend to perceive their work environment as less supportive.

**Table 4.8: Correlations analysis between health workers' attitudes and the provision of family planning services.**

| | Training and Equipping of Healthcare Providers | Comfort Discussing FP Methods with Clients | Availability of FP Resources at Healthcare Facility | Facility-Level Barriers | Regular Updates/Training on FP Practices | Supportive Work Environment. |
|---|---|---|---|---|---|---|
| **Training and Equipping of Healthcare Providers** | 1.000 | | | | | |
| **Comfort Discussing FP Methods with Clients** | .010 | 1.000 | | | | |
| **Availability of FP Resources at Healthcare Facility** | .175** | .125* | 1.000 | | | |
| **Facility-Level Barriers** | .023 | .074 | -.025 | 1.000 | | |
| **Regular Updates/Training on FP Practices** | .058 | .088 | -.031 | .059 | 1.000 | |
| **Supportive Work Environment.** | -.072 | -.134** | -.011 | .024 | -.016 | 1.000 |

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

## 4.5: To Assess or Determine the Influence of Partner Support on Utilization of Family Planning Services

**Hypothesis**

$H_0$: Partner support does not significantly affect the utilization of family planning services among women of childbearing age.

$H_1$: Partner support significantly affect the utilization of family planning services among women of childbearing age.

**Decision Rule:** Reject the null hypothesis if the p-value is less than 0.05 level of significant, otherwise do not.

The table 4.9 below shows that partner support varies among different age groups, 15-24 years, 25-34 years, 35-44 years, and 45 years and above. The result explores various aspects of partner support, communication, and its impact on FP utilization. The result shows that partner support for FP does not significantly vary among different age groups (p-value = 0.570). Regardless of age, women report varying levels of partner support, with some finding their partners very supportive, supportive, neutral, or not supportive. There is no significant difference in partner participation in FP decisions and practices among different age groups (p-value = 0.623). Partner participation varies, with some partners always involved, sometimes involved, rarely involved, or never involved in FP decisions and practices. The ways in which partners support FP also do not significantly differ among age groups (p-value = 0.425). Partners may encourage and motivate, accompany women to healthcare visits, provide emotional support, assist with contraceptives, or share responsibility in FP decisions. The level of comfort in discussing FP with partners also does not vary significantly across age groups (p-value = 0.549). Women of different ages report feeling very comfortable, comfortable, neutral, uncomfortable, or very

uncomfortable when discussing FP with their partners. The frequency of FP discussions with partners does not significantly differ among age groups (p-value = 0.401). FP discussions with partners may occur daily, weekly, monthly, rarely, or never, depending on individual dynamics. The impact of open communication with partners on FP utilization does not significantly vary among age groups (p-value = 0.443). Women report that open communication with partners significantly, to some extent, or not really impacts their FP decisions and practices.

**Table 4.9: Influence of partner support on utilization of family planning services among women of child bearing age**

| Influence of partner support on utilization of family planning services | Women of child bearing age | | | | p-value |
|---|---|---|---|---|---|
| | 15-24yrs | 25-34yrs | 35-44yrs | 45yrs and above | |
| **Partner Support** | | | | | |
| Very supportive | 14 | 19 | 24 | 13 | 0.570 |
| Supportive | 17 | 26 | 17 | 16 | |
| Neutral | 23 | 24 | 18 | 16 | |
| Not supportive | 19 | 32 | 17 | 15 | |
| Not applicable (no current partner) | 29 | 23 | 19 | 16 | |
| **Partner Participation** | | | | | |
| Yes, always | 19 | 24 | 23 | 17 | 0.623 |
| Yes, sometimes | 27 | 22 | 12 | 14 | |
| No, rarely | 18 | 26 | 14 | 14 | |
| No never | 23 | 31 | 24 | 16 | |
| Not applicable (no current partner) | 15 | 21 | 22 | 15 | |
| **Partner support on the use of family planning methods** | | | | | |
| Encourages and motivates me | 21 | 30 | 23 | 10 | 0.425 |
| Accompanies me to healthcare visits | 23 | 30 | 17 | 19 | |
| Provides emotional support | 20 | 22 | 16 | 18 | |
| Assists with contraceptives (reminding to take pills or using condom) | 17 | 28 | 19 | 19 | |
| Shares responsibility in family planning decisions | 21 | 14 | 20 | 10 | |
| **Comfort discussing family planning with your partner** | | | | | |
| Very comfortable | 19 | 26 | 26 | 15 | 0.549 |
| Comfortable | 17 | 24 | 23 | 17 | |
| Neutral | 26 | 32 | 12 | 16 | |
| Uncomfortable | 23 | 19 | 16 | 14 | |
| Very uncomfortable | 17 | 23 | 18 | 14 | |
| **Frequency of FP Discussions with Partner** | | | | | |
| Daily | 25 | 23 | 16 | 15 | 0.401 |
| Weekly | 18 | 26 | 23 | 12 | |
| Monthly | 19 | 29 | 16 | 17 | |
| Rarely | 17 | 27 | 12 | 14 | |
| Never | 23 | 19 | 28 | 18 | |
| **Impact of Open Communication with Partner** | | | | | |
| Yes, significantly | 22 | 39 | 23 | 18 | 0.443 |
| yes, to some extent | 18 | 31 | 25 | 16 | |
| No, not really | 30 | 28 | 25 | 24 | |
| Not applicable | 32 | 26 | 22 | 18 | |

# CHAPTER FIVE

# DISCUSSION, CONCLUSION AND RECOMMENDATION

## 5.1 Discussion

To determine factors affecting utilization of family planning services among women of child bearing age in Owerri Municipal. The findings presented in Tables 4.1 through 4.6 provide valuable insights into the demographic characteristics, knowledge, attitudes, and sociocultural factors related to family planning utilization among women of childbearing age in Owerri Municipal, Imo State.

The demographic characteristics of the respondents shed light on the composition of the study population. Notably, the largest age group among the respondents is the 35-44 years category, representing 31.2% of the total participants. This aligns with global trends where women in their late twenties and early thirties often constitute a significant portion of those in the childbearing age group (Singh & Darroch, 2012). The prevalence of divorced (26.1%) and single (26.6%) respondents underscores the significance of considering marital status in family planning interventions. Marital status can influence family planning decisions, with married women often having different considerations than single or divorced women (Gebremariam *et al.,* 2014). Education plays a crucial role in shaping family planning choices. Approximately 25.8% of respondents have completed primary school or less, highlighting the need for accessible and understandable family planning information for this subgroup (Cleland *et al.,* 2006). The diverse religious and ethnic backgrounds of the respondents are consistent with the multicultural context of Nigeria. Understanding these factors is essential for tailoring family planning services to respect cultural and religious norms (Oye-Adeniran *et al.,* 2005). Unemployment rates of 35.3% signal potential financial challenges in accessing family

planning services. Economic factors are known barriers to contraceptive use (Alemayehu *et al.,* 2019).

The finding that 54.3% of respondents have heard about family planning indicates a reasonably high level of awareness. However, the remaining 45.7% who have not heard about family planning underscore the need for intensified awareness campaigns (Solo *et al.,* 2018). The statistically significant association between age and attitudes toward the importance of family planning for women's health suggests that younger women may be more aware of the health benefits of family planning. This highlights the importance of tailoring educational programs to different age groups (Wellings *et al.,* 2013).

The data on the effectiveness of contraceptive methods provides insights into women's perceptions. The age-based differences in perceptions of emergency contraception may indicate the need for targeted education and counselling for specific age groups.

Sociocultural factors play a significant role in family planning decisions. The influence of cultural factors (37.5%) and religious affiliation (30.4%) on family planning decisions highlights the need for culturally sensitive approaches (Adongo *et al.,* 2014). The perception that family planning is culturally accepted (38.6%) is encouraging, but the uncertainty (29.1%) and reported non-acceptance (32.3%) reveal room for addressing cultural norms and perceptions (Tsui *et al.,* 2011). Partner support (34.0%) and participation (35.9%) are critical for successful family planning. The findings emphasize the importance of involving partners in family planning discussions and decision-making (Alemayehu *et al.,* 2019). The reported opposition or resistance (48.6%) from family or community members underscores the need for community engagement and education to dispel misconceptions and reduce stigma (Solo *et al.,* 2018).

Training and equipping of healthcare providers (31.8%) are essential for delivering quality family planning services. Continuous training can enhance provider competence (Sekoni *et al.,* 2019). The varying comfort levels (from "very comfortable" to "very uncomfortable") of healthcare providers in discussing family planning highlight the importance of provider-patient communication skills training (Solo *et al.,* 2018). The perceived availability of family planning resources in healthcare facilities provides valuable feedback for improving service delivery and ensuring accessibility (Solo *et al.,* 2018).

## 5.2 Conclusion

This research contributes to our understanding of family planning practices among women of childbearing age in Owerri Municipal, Imo State. The findings emphasize the importance of addressing gaps in knowledge, respecting sociocultural influences, fostering positive healthcare provider attitudes, and promoting partner support to enhance family planning services. Tailored interventions and robust community engagement efforts are crucial to ensuring informed family planning choices and improving overall reproductive health outcomes in the region. This study serves as a foundation for future research and the development of targeted interventions to meet the family planning needs of the community.

## 5.3 Recommendation

Based on the comprehensive analysis of family planning utilization among women of childbearing age in Owerri Municipal, Imo State, the following recommendations are made to improve family planning services and promote informed decision-making:

1. Enhanced Awareness Campaigns: Given that approximately 45.7% of respondents have not heard about family planning, there is a need for intensified awareness campaigns. Government health agencies, NGOs, and community-based organizations should

collaborate to reach out to underserved communities and educate women about the benefits of family planning.

2. Culturally Sensitive Approaches: Acknowledging the strong influence of cultural factors and religious affiliation on family planning decisions, health authorities and organizations should adopt culturally sensitive approaches. Community leaders, religious leaders, and traditional authorities can be engaged to promote family planning in a manner that respects local norms and values.
3. Community Engagement: To address cultural norms, misconceptions, and stigma related to family planning, community engagement efforts should be strengthened. These initiatives should involve local leaders, influencers, and community health workers to disseminate accurate information and reduce resistance to family planning practices.
4. Healthcare Provider Training: Continuous training and equipping of healthcare providers are crucial for delivering quality family planning services. Training should encompass both clinical skills and effective communication techniques. Health facilities should ensure that providers have access to up-to-date resources and guidelines.
5. Promoting Partner Involvement: Partner support and participation are essential for successful family planning. Programs and interventions should aim to engage partners in family planning discussions and decisions. Educational materials and counselling sessions should be designed to involve partners and address their questions and concerns.
6. Research and Data Collection: Further research is needed to explore the specific needs and challenges faced by different subgroups within the community. Collecting more granular data can help tailor interventions to address unique circumstances and barriers faced by specific populations.

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# APPENDIX A

## KEYWORDS

1. Family planning
2. Utilization
3. Maternal and child health
4. Population control
5. Cultural norms
6. Religious beliefs
7. Misconceptions
8. Contraceptive methods
9. Accessibility
10. Availability
11. Healthcare facilities
12. Partner support
13. Spousal communication
14. Financial constraints
15. Population growth
16. Fertility rates
17. Contraceptive prevalence
18. Human rights
19. Healthcare providers
20. Reproductive health outcomes
21. Policy decisions
22. Utilization of family planning services
23. Women of childbearing age (15-49 years)
24. Reproductive health choices
25. Sociocultural factors
26. Cultural and religious norms
27. Misconceptions
28. Economic factors
29. Financial constraints
30. Socioeconomic status
31. Health insurance coverage
32. Knowledge and information
33. Benefits and side effects
34. Sources of information
35. Healthcare system factors
36. Quality of care
37. Partner and family influence
38. Spousal and familial support
39. Partner's attitudes
40. Health Belief Model (HBM)
41. Perceived Behavioural Control

## APPENDIX B

QUESTIONNAIRE ON FACTORS AFFECTING UTILIZATION OF FAMILY PLANNING SERVICES AMONG WOMEN OF CHILDBEARING AGE (15-49) IN OWERRI MUNICIPAL IMO STATE.

Department of Public Health Technology
Federal University of Technology
Owerri,
Imo State.
(Ref No: FUT/SOHT/PUH/CS.006/VOL.1)

Dear Respondent,

Questionnaire designed on factors affecting utilization of family planning services among women of childbearing age (15-49) in Owerri Municipal Imo State.

I am a post graduate student in the department of public health technology. Federal University of Technology Owerri, Imo state.

The questionnaire is for research purpose to obtain information on the research topic stated above. Information obtained will be treated with utmost confidentiality for which it was meant for.

Thanks in anticipation

***Yours faithfully,***

***Name: Nlemadim, Vivian C.***

**Section 1: Personal Information**

1. What is your age? a) 18-24 years ☐ b) 25-34 years ☐ c) 35-44 years ☐ d) 45 years and above ☐
2. What is your marital status? a) Single, never married ☐ b) Married ☐ c) Widowed ☐ d) Divorced/separated ☐
3. What is your highest level of education completed? a) Primary school or less ☐ b) Secondary school ☐ c) Vocational/technical training ☐ d) Bachelor's degree or higher ☐
4. What is your religious affiliation a) Christian ☐ b) Muslim ☐ c) Traditional ☐
5. What is your ethnic background? a) Igbo ☐ b) Hausa ☐ c) Yoruba ☐
6. Are you currently employed? a) Yes, full-time ☐ b) Yes, part-time ☐ c) No, unemployed ☐
7. What is your monthly household income?

   a) Less than N50,000 ☐

   b) N51,000 to N100,000 amount ☐

   c) More than N100,000 amount ☐

   d) Not sure ☐
8. Do you have any form of health insurance coverage? a) Yes ☐ b) No ☐
9. What is your current place of residence? a) Urban area ☐ b) Rural area ☐
10. How long have you been living in your current place of residence? a) Less than 1 year ☐ b) 1-5 years ☐ c) 6-10 years ☐ d) More than 10 years ☐

11. How many children do you have? a) 1-2 children ☐ b) 3-4 children ☐ c) More than 4 children ☐

12. What is your desired number of children? a) No children ☐ b) 1-2 children ☐ c) 3-4 children ☐ d) More than 4 children ☐

13. Have you ever used any form of child spacing methods to regulate the timing of pregnancies? Yes ☐ No ☐ Not applicable ☐

14. If yes, please indicate the type(s) of contraception you have used: a) Birth control pills ☐ b) Condoms ☐ c) Intrauterine devices (IUDs) ☐ d) Vasectomy ☐ e) Tubal ligation ☐

**Section 2a: Knowledge of Family Planning Methods**

15. Have you heard about family planning before? Yes ☐ No ☐

16. If yes, from whom do you usually seek information or advice about family planning? (Select all that apply ☐

    Healthcare providers at the health facility ☐

    Community health workers ☐

    Friends or relatives ☐

    Religious leaders ☐

    Media (TV, radio, internet) ( ) ☐

    Other sources: ________

17. Can you name at least three modern contraceptive methods?

    Method 1: ________ Method 2: ________ Method 3: ________

18. Do you know the effectiveness rate of the following contraceptive methods? (Choose the closest percentage)

Oral contraceptives (Pills): (Less than 90% / 90-95% / Above 95% / Not sure)

Intrauterine Device (IUD): (Less than 90% / 90-95% / Above 95% / Not sure)

Condoms: (Less than 90% / 90-95% / Above 95% / Not sure)

Injectable contraceptives (Depo-Provera): (Less than 90% / 90-95% / Above 95% / Not sure)

Emergency contraception (Morning-after pill): (Less than 90% / 90-95% / Above 95% / Not sure)

19. On a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, please indicate your level of agreement with the following statements:

    Family planning is essential for the health of women: (1 / 2 / 3 / 4 / 5)

    Family planning helps in achieving personal and family goals: (1 / 2 / 3 / 4 / 5)

    Family planning methods have severe side effects: (1 / 2 / 3 / 4 / 5)

    Family planning is against my cultural or religious beliefs: (1 / 2 / 3 / 4 / 5)

**Section 2b: Sources of Information and Counselling**

20. Have you ever received counselling or information on family planning from healthcare providers? (Yes / No)
21. If yes, was the information provided helpful and comprehensive? (Yes / No / Not sure)
22. Have you participated in any community health education programs or workshops related to family planning? (Yes / No)

**Section 3a: Socio-Cultural Factors and Decision-Making Process**

23. To what extent do you think cultural norms influence decisions about family planning?

a) Strongly influence **( )**

b) Somewhat influence **( )**

c) Do not influence **( )**

24. How does your religious affiliation affect your attitudes towards family planning?

    a) It strongly influences my attitudes **( )**
    b) It somewhat influences my attitudes **( )**
    c) It does not influence my attitudes **( )**
    d) I don't have a religious affiliation **( )**

25. Do you believe that discussing family planning is culturally acceptable in your community? (Yes / No / Not sure)

26. How do you perceive the role of women in making decisions about family planning in your community? (Select one)

    a) Women have full autonomy to make family planning decisions. ( )
    b) Women have some say, but it is influenced by other family members or their partner. ( )
    c) Women have little or no say in family planning decisions. ( )

27. Are there any cultural or religious beliefs in your community that influence family planning practices? Yes No

28. If yes, please specify the beliefs and their impact on family planning utilization.

___________________________________________

29. Do you believe that using modern contraceptive methods is against your cultural or religious norms? (Yes / No / Not sure)

30. How do you perceive the attitudes of your community towards family planning? (Select one)

a. Supportive and encouraging of family planning practices. ( ) ☐

b. Neutral or indifferent towards family planning. ( ) ☐

c. Opposed or negative towards family planning. ( ) ☐

31. Does your partner support and encourage the use of family planning?

Yes ☐ No ☐ Not sure ☐

32. Who usually makes the final decision about family planning in your household? (Select one)

a) The woman alone ( ) ☐

b) The man alone ( ) ☐

c) Joint decision by both partners ( ) ☐

d) Other family members or elders ( ) ☐

33. Have you ever faced any opposition or resistance from your family or community regarding family planning utilization? Yes ☐ No ☐

**Section 4: Influence of Partner Support and Spousal Communication**

34. How supportive is your partner in your decision to use family planning methods? a) Very supportive b) Supportive c) Neutral d) Not supportive e) Not applicable (no current partner)

35. Does your partner actively participate in discussions and decision-making regarding family planning? a) Yes, always b) Yes, sometimes c) No, rarely d) No, never e) Not applicable (no current partner)

36. In what ways does your partner support your use of family planning methods? (Select all that apply)

a) Encourages and motivates me ( ) ☐

b) Accompanies me to healthcare visits ( ) ☐

c) Provides emotional support ( )

d) Assists with contraceptive use (e.g., reminding to take pills, using condoms) ( )

e) Shares responsibilities in family planning decisions ( )

f) Other (please specify) ________________

37. How comfortable do you feel discussing family planning with your partner? a) Very comfortable b) Comfortable c) Neutral d) Uncomfortable e) Very uncomfortable
38. How often do you and your partner discuss family planning-related topics? a) Daily b) Weekly c) Monthly d) Rarely e) Never
39. In your opinion, does open communication with your partner positively impact your family planning decisions?

a) Yes, significantly ( )

b) Yes, to some extent ( )

c) No, not really ( )

d) Not applicable (no current partner) ( )

40. Are there any specific challenges or barriers to effective spousal communication about family planning? If yes, please specify.
41. How would you rate the overall impact of partner support and spousal communication on your family planning utilization?

a) Very positive ( )

b) Positive ( )

c) Neutral ( )

d) Negative ( )

e) Very negative ( )

f) Not applicable (no current partner) ( )

**Section 5: Access to Family Planning Services**

42. Are you currently aware of the availability of family planning services in your area?

    a) Yes b) No

43. Have you ever used any family planning services in the past? a) Yes b) No
44. If you have not used family planning services, what are the reasons? (Select all that apply)

    a) Lack of awareness about available services ( )

    b) Limited access to healthcare facilities ( )

    c) High costs associated with services ( )

    d) Cultural or religious beliefs against family planning ( )

    e) Fear of side effects or health risks ( )

    f) Lack of support from partner or family members ( )

    g) Other (please specify) _________________

45. If you have used family planning services, please rate the following factors based on their influence in accessing and utilizing these services (on a scale of 1 to 5, where 1 is the least influential and 5 is the most influential):

    a) Accessibility of healthcare facilities ( )

b) Affordability of services ( )

c) Availability of a range of contraceptive methods ( )

d) Cultural or religious beliefs ( )

e) Support from partner or family members ( )

f) Knowledge about family planning methods and their effectiveness ( )

46. How easily accessible are family planning services in your community?

a) Very accessible ( )

b) Moderately accessible ( )

c) Not accessible ( )

**Section 6: Barriers and Challenges in Accessing and Utilizing Family Planning Services**

47. What challenges have you faced in utilizing family planning services? (Select all that apply)

a) Lack of privacy and confidentiality during service provision ( )

b) Inadequate information about contraceptive methods ( )

c) Fear of side effects or health risks ( )

d) Limited or inconsistent supply of contraceptives ( )

e) Stigma or social judgment associated with family planning ( )

f) Lack of trained healthcare providers ( )

g) Financial constraints ( )

h) Other (please specify) _________________

48. In your opinion, what can be done to overcome these challenges and improve family planning utilization?

**Section 7: attitude of health workers towards rendering services related to the utilization of family planning, and how health factors, or facility factors affect the provision of these services**

**4a: Health Factors:**

49. In your opinion, how important do you believe family planning services are for promoting the overall health and well-being of women of childbearing age? (Scale: Very Important / Important / Neutral / Less Important / Not Important)
50. Do you feel adequately trained and equipped to provide family planning counselling and services? (Yes / No / Partially)
51. How comfortable are you discussing different family planning methods and options with clients/patients? (Scale: Very Comfortable / Comfortable / Neutral / Uncomfortable / Very Uncomfortable)

**4b: Facility Factors:**

52. How would you rate the availability of family planning resources and materials at the healthcare facility? (Scale: Excellent / Good / Average / Poor / Very Poor)
53. Are there any facility-level barriers that hinder the effective provision of family planning services? (e.g., staffing issues, resource constraints, infrastructure limitations) (Yes / No / To Some Extent)
54. Do you receive regular updates or training on family planning practices and guidelines? (Yes / No / Infrequently)
55. In your opinion, how supportive is the overall work environment in promoting family planning services? (Scale: Very Supportive / Supportive / Neutral / Not Very Supportive / Not Supportive)