

**INFLUENCE OF KNOWLEDGE ON FAMILY PLANNING PRACTICES
AMONG WOMEN OF CHILD BEARING AGE IN OVIA NORTH LOCAL
GOVERNMENT OF EDO STATE.**

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FACULTY OF EDUCATION
UNIVERSITY OF BENIN BENIN CITY**

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**A RESEARCH STUDY SUBMITTED TO THE DEPARTMENT OF HEALTH,
SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION,
UNIVERSITY OF BENIN, BENIN-CITY, IN PARTIAL FUFILMENT OF THE
REQUIREMENTS OF THE AWARD OF (B.A(Ed) DEGREE IN HEALTH
EDUCATION.**

NOVEMBER, 2025.

CERTIFICATION

We the undersigned, certify that this research project titled “Influence Of Knowledge On Family Planning Practices Among Women Of Child Bearing Age In Ovia North Local Government Of Edo State.” was carried out by CHUKWUNWIKE AKACHUKWUNONANDUM AYEVBOSA, with matriculation number EDU2203565, in the Department Of Health, Safety And Environmental Education, Faculty of Education, University Of Benin, Benin City in partial fulfillment for the award of (B.A(Ed) Degree in HEALTH EDUCATION).

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DEDICATION

This project is dedicated to the Lord Jesus Christ, who has made this journey successful.

To my parents Ass Prof Attamah Chukwunwike Emmanuel and Attamah Osayemwenre Valentina, thank you for your unwavering support.

To the best siblings ever Chukwunonyerem, SomtooChukwu and ChetaChukwu thank you for the massive encouragement throughout and thank you for believing in me

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ABSTRACT

This study was conducted to find out the influence of knowledge on family planning Practices among women of child bearing age in Ovia North L.G.A, Edo State. To therefore achieve the purpose of the study, five (5) research questions guided the study

A descriptive survey design was used for the study. The sample size for the study was hundred (100) students. The Research instrument was a self-structured questionnaire with Section A, B and C Section A seeks to elicit responses on the socio-demographic character of respondents, while Section B seeks to elicit responses on the level of knowledge about family planning among women of childbearing age, and Section C elicits diverse family planning practices among women of child bearing age. The instrument was validated by the researcher's supervisor and two experts in the Department of Health, Safety and Environmental Education (H.S.E.), Faculty of Education. To determine the reliability of the instrument, the internal consistency reliability was adopted. In this vein, twenty (20) copies of the instrument were administered to the respondents who were not part of the target population.

Based on the findings, it was concluded that A significant number of women in Ovia North Local Government Area have heard of family planning. While condom use is

common, the use of modern contraceptives such as pills, injectables, or IUDs is relatively low.

Many women have received family planning services from health facilities, although access is not universal. A considerable proportion of women have discontinued a family planning method due to side effects, indicating a need for better counseling and support for women using contraceptive methods, ensuring they are informed about potential side effects and how to manage them, thereby improving access to family planning services and enhancing the overall awareness of the health benefits of family planning. These efforts are crucial in ensuring better reproductive health outcomes and empowering women to make informed decisions about their family planning choices.

CHAPTER ONE

INTRODUCTION

Background to the Study

The population of Nigeria is becoming alarming daily. Nigeria remains the most populated country in Africa and ranking the seventh most populous country globally. This was attributed to the fact that Nigeria demonstrated high fertility level with poor contraceptive use.

The World Health Organization (WHO) warns that population explosion could occur if the world's population is not managed. Nigeria has an overpopulation problem as a result of high fertility rate and inadequate usage of contraception. According to Rajaretnam (2001), he demonstrated that even if there is no reduction in the family size of individual couples, delaying childbearing will bring about a decline in fertility and population.

An attempt to plan, delay and limit the number of pregnancies a woman should bear which will ultimately help to check population growth in the long run led to the introduction of modern family planning techniques.

Family planning is the process of determining a person's desired number of children, including the decision to have none, and the age at which they should be born through the

right use of contraceptives or involuntary infertility. Family planning is known to be an effective practice that can help to check the rise in population explosion. It is a term given for pre-pregnancy planning and action to space, prevent or actualize a pregnancy.

The World Health Organization (WHO) defined Family planning as a method that allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptives and the treatment of involuntary infertility (working definition used by the WHO Department of Reproductive Health and Research [WHO, 2008]).

Family planning is a veritable tool in public health that has been documented as a highly effective means that help to avert the burden of unplanned pregnancies and the complications associated with abortion.

However, the number of children a couple may have and their child spacing interval tend to be influenced by their knowledge and eventual use of contraception. Knowledge influence our attitude which in turn influence behavior, our ability to act in a particular way is dependent on the previous knowledge that was gathered through learning or experience

Knowledge of family planning (FP) is a key determinant of contraceptive use which

ultimately plays a role in attainment of good health behavior.

Individual can only practice the use of contraceptives as a result of the knowledge that was exposed to them through health promotion programs, counselling services, health educators or even the mass media. According to experts, people are more likely to use family planning to achieve their fertility goals and less likely to stop using it if they have accurate knowledge that goes beyond knowing a few contraceptive methods, such as knowledge of fertility or contraceptive side effects and the importance of them.

Various strategies have been used to inform the general public about the importance of family planning include mass media campaign using radio, television and print messages to supplement the face to face family planning counselling that was done by both health and non-health workers to create awareness and educate masses on family planning.

The capacity of a woman to space and restrict her pregnancies directly affects her health and wellbeing as well as the outcome of each pregnancy.

Understanding family planning will also help to reduce the likelihood of abortions caused by unintended pregnancies.

Family planning services provide education, counseling, and birth control options to assist people's decisions about when or if they would like to have children. Healthy

infants and fewer medical issues for the mother are the results of planned pregnancies spaced two or more years apart.

Globally, Family planning (FP) is an essential element of the reproductive healthcare and contributes immensely to the reduction of the worldwide burden of maternal and child morbidity and mortality (Cates, 2010). In addition to preventing unplanned pregnancies and the risk of unsafe abortion, family planning has been shown to lower maternal mortality as pregnancy is the primary cause of death for women in their reproductive age (15-49 years) and is associated with a higher mortality rate than males. As agreed in 1994 by United Nations member States in Cairo, abortion is not to be promoted as a method of family planning, the danger of unsafe abortion and difficulties from pregnancy caused by unmet needs will be eliminated if family planning options are accessible.

In almost all regions of the world, contraceptive are used by majority of women in the reproductive age group (15 -49 years) and its goals are commonly defined using the concept unmet needs (United Nations, 2017;

UNFPA, 2004). According to estimates, providing modern family planning services to women eliminates between a quarter and a third of all maternal deaths globally each year.

It was also seen that fulfilling unmet contraceptive need prevent additional 150,000 maternal deaths globally annually and an estimated 40,000 maternal deaths in Nigeria could be averted annually (Singh, 2003; Izugbara, 2017) Unmet family planning needs refer to the proportion of women who do not want to get pregnant yet do not use any form of contraception. That proportion is estimated to be 215million globally. In addition to preventing 44% of neonatal fatalities, family planning also helps to avoid around one third of deaths connected to pregnancy.

Family planning also help to reduce the rate of adolescent pregnancies, a baby that was born by a teenage mother will have higher probability of dying because teenagers between ages (14-19) are more likely to give birth to preterm babies (babies born before 37 weeks of pregnancy have been completed leading to poor pregnancy outcomes like stunning, underweight and malnutrition.

Also the detrimental effect of pregnancy after fourth birth or after 45 years can be avoided with proper contraceptive use.

The ability to decide whether to become pregnant and how many children to have has long been recognized as a human right. Access to family planning is more than just

allowing women and men to limit family size. It ensures the health and rights of individuals and improves the quality of life for couples and their children.

Family planning has a lot of benefits it renders to the mother, child and her husband, they include;

- * It helps the mother to regain her health after delivery.
- * When suffering from an illness, it gives the mother enough time for treatment and recovery.
- * It ensures the mother enough time for her personal and career development.
- * It makes it easier for fathers to build wealth, assets, and investments as well as meeting basic needs.
- * It gives the mother enough time to love and care for her husband and children.

Family planning helps protect women from any health risk that may occur before, during and after childbirth. These include high blood pressure, gestational diabetes, infections, miscarriage and stillbirth. According to studies by the medical city and scholars, women who bear more than four children are at increased risk for maternal mortality, so they need to plan

accordingly.

The proper and consistent use of contraceptives will protect teenagers from the physical, emotional and financial burden of unplanned pregnancy. It also protect individuals from contracting sexually transmitted infections such as HIV, AIDs, gonorrhea and syphilis.

It is essential to equip individuals and couples with good knowledge of family planning to enable them choose wisely the number of children they need and the adequate timing and spacing of their births, by the consistent usage of contraceptives because a healthy family brings about a health community. It is for this reason the study to ascertain the influence of knowledge on family planning practice among women of child bearing age is being carried out.

Statement of the Problem

There has been a wide gap between knowledge and practice of family planning. Despite the awareness of family planning methods by health educators and professionals, many people still do not practice family planning and cannot time and space their pregnancies.

Many people do not have adequate knowledge about family planning and the importance it has to the family and society, They are not exposed to the knowledge about the dangers of early pregnancy, multiple births and abortion, they do not know how to space or

prevent a pregnancy, many people do not even know about where to get contraceptive and the different methods to choose from, thereby putting the health of the mother and child at increased risk.

Furthermore even among women who are aware of family planning methods, there may be gaps in knowledge regarding their proper usage, availability, and potential health implications. These raises concerns about the effectiveness of ongoing reproductive health education, and the accessibility of family planning services in the area.

Research Questions

The following research questions were developed to form the basis of this study

1. What is the level of knowledge about family planning among women of childbearing age in Ovia North Local Government Area of Edo State?
2. What are the family planning practise among women of child bearing age in Ovia North Local Government Area of Edo State?
3. How does knowledge influence the family planning practises of women in Ovia North Local Government Area of Edo State?
4. Those age influence, family planning practises only?
5. What are the major barriers preventing women from effectively Utilizing family

planning services in Ovia North Local Government Area of Edo State?

Purpose of the Study

The purpose of the study is to examine the influence of knowledge on family planning practises among women of childbearing age in Ovia North Local Government Area of Edo State.

Specifically, the study aim:

1. Asses the level of knowledge women of childbearing age have above family planning methods.
2. Family planning practises among women of childbearing age in Ovia North Local Government Area of Edo State.
3. Examine the relationship between knowledge and family practises.
4. Identify the source of information on family planning available to women in Ovia North Local Government Area of Edo State.
5. Identify barriers to effective family planning use among women in Ovia North Local Government Area of Edo State.

Significance of the Study

This study is significant in several ways, as it provides valuable insights into the influence between knowledge and family planning practices among women of childbearing age in Ovia North Local Government Area of Edo State. The findings will be beneficial to various stakeholders, including:

1. Women of Childbearing Age

- The study will help increase awareness and understanding of family planning methods, their benefits, and proper usage.
- It will address misconceptions and cultural barriers that hinder the adoption of effective contraceptive practices.

2. Healthcare Providers

- The study will provide healthcare professionals with insights into the knowledge gaps and challenges women face regarding family planning.
- It will help in designing better reproductive health education programs and improving the quality of family planning services.

3. Government and Policy Makers

- The findings will support the development of policies and programs that promote family

planning awareness and accessibility.

- It will aid in resource allocation for reproductive health services in Ovia North Local Government Area and beyond.

4.Non-Governmental Organizations (NGOs) and Health Advocates

- NGOs working in the area of reproductive health can use the study's findings to enhance their outreach programs.

- It will help in tailoring advocacy efforts to address specific challenges affecting family planning adoption.

5.Academics and Researchers

- The study will contribute to existing literature on family planning and reproductive health.

- It will serve as a reference for future research on family planning knowledge, attitudes, and practices in similar communities.

Delimitation Or Scope of the Study

- The study does not cover all local government areas in Edo State, limiting its generalizability beyond Ovia North.

- It focuses only on women of childbearing age, excluding other groups (such as men and

adolescents) who may also influence family planning decisions.

- The study relies on self-reported data, which may be subject to response biases such as social desirability bias.

Limitations of the Study

The study is restricted to Ovia North Local Government Area of Edo State, meaning the findings may not be generalizable to other areas with different, cultural or social economic backgrounds.

This study relies on responses from women of child bearing age, which may be influenced by social disability bias, leading some respondent to provide answers they consider acceptable rather than their actual believe and practices

Definition of Terms

1. Family Planning: The practice of controlling the number and spacing of children through the use of contraceptive methods and fertility awareness techniques.
2. Knowledge: Awareness, understanding, and information that women have about family planning methods, benefits, and potential side effects.
3. Family Planning Practices: The actual use or non-use of contraceptive methods and strategies by women to regulate childbirth and prevent unintended pregnancies.

4. Women of childbearing Age: Females within the reproductive age range of 15–49 years, who are biologically capable of conceiving and giving birth.

Maternal and child Health: the health of the mother and their children before, during and after child birth, which is influenced by proper family planning practices.

CHAPTER TWO

LITERATURE REVIEW

This chapter is aimed at reviewing the literature on the influence of knowledge on family planning practices. This will be discussed under the following sub-headings:

- Concept of family planning
- Types of family planning methods
- Importance/Benefit of family planning
- Knowledge of family planning
- Family planning practices
- Influence of knowledge on family planning
- Age influence on family planning practices
- Barriers to family planning practices
- Summary of reviewed literature

Concept of Family Planning

Family planning is an interesting concept whose introduction in Nigeria in 1956 as the Planned Parenthood of Nigeria, aimed at enlightening Nigerian women to regulate the

number of children and have good knowledge of birth control measures. Family planning is the planning of when to have children and the use of birth control and other techniques to improve the quality of lives. United Nations population fund. (UNFPA 1998)

According to Britanica Encyclopedia (6th Edition), family planning is the use of measures designed to regulate the number and spacing children within a family, largely to curb population growth and ensure each family's access to limited resources. Odibo (2004), defined family planning as the way of thinking and living that is adopted voluntarily. Upon the basis of decision making by individuals and couples, in order to promote the health and welfare of the family.

Okonofua (2004), sees family planning as the process whereby couples are able to achieve desired family sizes through the use of methods to prevent pregnancies and manage their fertility. United Nations population fund (UNFPA1998), emphasized the need for child's spacing and family planning as a way to prolong the physical, mental and personal health, of the mother and that of the child. It also identified that family planning enables couples and individuals to decide freely and responsibly the number of spacing of their children, and to have the information and means to do so.

Attempts to control human reproduction though not entirely a modern phenomenon, the

concept (family planning), have gained a lot of public awareness, through the efforts of government and non-governmental organization with intense efforts to reduce and curb unplanned pregnancies, mortality and to improve women's health. Aderanti (2006), was of the opinion that "family planning can be effectively introduced irrespective of the level of development.

Family planning refers to the deliberate practice by individuals or couples to control the number, spacing, and timing of their children through the use of contraceptive methods and the treatment of involuntary infertility. It encompasses a wide range of health and social services that empower people to decide freely and responsibly the number and spacing of their children, as well as to access the means and information to do so World Health Organization (WHO 2021).

According to the United Nations Population Fund (UNFPA), family planning is a human right that supports people in achieving their desired number of children and determining the timing and spacing of pregnancies. It includes the use of contraceptive methods, fertility awareness, and education that enhances reproductive autonomy (UNFPA 2020).

according to World Health Organization (WHO 2020), it is achieved through the use of contraceptive methods and the treatment of involuntary infertility. Family planning helps

reduce maternal and child mortality, improve woman's health and promote social economic development.

Family planning plays a crucial role in reducing maternal and infant mortality, improving maternal health, and enhancing the economic well-being of families. When women are empowered to make informed decisions regarding their reproductive health, they are more likely to pursue education, engage in economic activities, and contribute positively to society (Cleland et al., 2012).

Modern family planning methods include hormonal contraceptives (pills, injectables, implants), intrauterine devices (IUDs), barrier methods (condoms, diaphragms), sterilization (male and female), and emergency contraception. In contrast, traditional methods include fertility awareness-based methods and withdrawal, which are generally less effective (WHO, 2021).

Family planning also contributes to national development by helping to stabilize population growth, reduce poverty, and improve gender equality. Access to voluntary family planning is therefore not only a health issue but also a developmental and rights-based imperative (Sedgh & Hussain, 2014).

Types of Family Planning

According to Eburn D. (1990) there are different types of family planning methods:

1. Natural family planning
2. Traditional family planning
3. Modern method of family planning.

Natural Family Planning

This is a method of planning or preventing pregnancies by using the body's physiological changes to identify the fertile days of women's cycle. Natural family planning does not refer to the naturalness of sexual abstinence; it is intended to imply that taking one's temperature is natural.

It refers to the monitoring of natural physiological signs and period. Religious views on contraceptives support this method of contraception. This type of method is further sub-divided into:

- i. Calendar method
- ii. Withdrawal method (coitus Interruptus)
- iii. Cervical mucus method
- iv. Rhythm method

v. Coitus Interfermoris

vi. Outer course method (coitus Reservations)

Calendar Method (Standard Days Method)

The Calendar Method, also known as the Standard Days Method, is a form of natural family planning used to prevent or achieve pregnancy by tracking the days of a woman's menstrual cycle. It is based on the assumption that ovulation typically occurs about midway through the menstrual cycle, and pregnancy is most likely during the days leading up to and just after ovulation (World Health Organization [WHO], 2021).

This method works best for women with regular menstrual cycles between 26 and 32 days in length. By identifying the fertile window, couples can either avoid or engage in intercourse depending on whether they are trying to prevent or achieve pregnancy.

How It Works:

- Women monitor their cycle over several months to confirm regularity.
- In a typical 26–32 day cycle, the fertile window is calculated to be from Day 8 to Day 19.
- Couples avoid unprotected intercourse during this window if preventing pregnancy.

- CycleBeads and fertility tracking apps are often used as visual tools for this method.

Withdrawal Method (Coitus Interruptus)

Withdrawal method, also known as coitus interruptus, is one of the oldest forms of family planning. It involves the male partner withdrawing his penis from the vagina before ejaculation to prevent sperm from entering the female reproductive tract and fertilizing an egg (Trussell, 2011).

Despite its simplicity and zero cost, withdrawal is generally considered one of the least effective contraceptive methods when used inconsistently or incorrectly. According to estimates, about 22 out of 100 women using this method will become pregnant in the first year of typical use, due to the difficulty of timing withdrawal perfectly and the presence of sperm in pre-ejaculatory fluid (Guttmacher Institute, 2020).

Cervical Mucus Method

The Cervical Mucus Method, also known as the Billings Ovulation Method or Ovulation Method, is a type of natural family planning or fertility awareness-based method. It involves tracking changes in a woman's cervical mucus to determine the fertile and infertile phases of her menstrual cycle (World Health Organization [WHO], 2021).

Cervical mucus changes throughout the menstrual cycle in response to hormonal fluctuations. During the fertile window, cervical mucus becomes clear, stretchy, slippery, and similar to raw egg whites, indicating ovulation is approaching. Outside of the fertile window, it tends to be thicker, cloudy, or scant, indicating lower fertility (Billings & Westmore, 2011).

Couples using this method avoid unprotected intercourse during the fertile mucus phase if they wish to prevent pregnancy. Conversely, they may target this phase if trying to conceive.

How it Works:

- The woman checks her cervical mucus daily by observing the discharge on toilet paper or her fingers.
- She records the characteristics (color, texture, and stretchiness) to identify patterns.
- When fertile mucus is observed, she is considered to be in the ovulation phase and should abstain from intercourse if avoiding pregnancy. It is 97% effective

The method is non-invasive, hormone-free, and cost-free, making it attractive to

individuals who prefer natural methods. However, it requires daily commitment, accurate observation, and proper training.

Rhythm Method

The Rhythm Method, is similar to the Calendar Method, is one of the earliest forms of natural family planning. It involves calculating fertile days in a woman's menstrual cycle based on the lengths of her previous cycles. Couples then abstain from intercourse during the estimated fertile window to prevent pregnancy (World Health Organization [WHO], 2021).

This method assumes that ovulation occurs approximately 14 days before the next menstrual period. By tracking several months of menstrual cycles, a woman can estimate when ovulation typically occurs and avoid unprotected sex during that time.

How It Works:

1. A woman records the lengths of her menstrual cycles for at least 6 months.
2. To calculate the first fertile day, subtract 18 days from the shortest cycle.
3. To calculate the last fertile day, subtract 11 days from the longest cycle.
4. Avoid unprotected intercourse between those two days each cycle.

For Example:

If her shortest cycle is 26 days and her longest is 32 days:

- First fertile day: $26 - 18 = \text{Day } 8$
- Last fertile day: $32 - 11 = \text{Day } 21$

So, she avoids unprotected sex from Day 8 to Day 21 of her cycle.

Its effectiveness depends heavily on regularity of menstrual cycles and strict adherence to calculations.

- No side effects or medical intervention
- Inexpensive and easy to understand
- Encourages body awareness and communication between partners
- Acceptable to those who avoid hormonal or artificial methods

Coitus Inter femora (Interfermoral sex)

Coitus inter femora, or interfemoral sex, is a non-penetrative sexual practice where the penis is placed between the partner's thighs (femora) and stimulation is achieved by rubbing or thrusting. There is no vaginal, anal, or oral penetration.

This practice was historically more common in certain cultures and is sometimes considered a form of outercourse, meaning sexual activity that avoids intercourse. It is

occasionally practiced for religious, cultural, or personal reasons (including to preserve virginity or avoid pregnancy).

While coitus inter femora does not involve penetration, it is not considered a method of contraception, because:

- There is still a small risk of pregnancy if ejaculation occurs near the vaginal opening, especially if semen drips or is transferred by fingers or body contact.
- It does not protect against sexually transmitted infections (STIs) unless a barrier (e.g., condom) is used.

Therefore, it is not a reliable or recommended family planning method, but rather a sexual practice that may incidentally avoid conception when done carefully.

Outercourse Method

Outercourse is a form of non-penetrative sexual activity that avoids vaginal, anal, or oral intercourse. It includes a variety of sexual behaviors such as kissing, touching, mutual masturbation, body rubbing, and dry sex, where partners engage in intimacy without genital penetration or exchange of fluids. Outercourse is considered a natural method of birth control when used as a deliberate strategy to avoid pregnancy (World Health Organization [WHO], 2021).

How It Works:

Outercourse works by eliminating or greatly reducing the chance of sperm entering the vagina, thereby preventing fertilization. Since there is no vaginal penetration, the risk of pregnancy is extremely low—though not zero, especially if ejaculation occurs near the vaginal opening.

Some common types of outercourse include:

- Dry humping (genital rubbing with clothes on)
- Manual stimulation
- Mutual masturbation
- Kissing and other forms of physical intimacy

It is Nearly 100% effective in preventing pregnancy

Traditional Method Of Family Planning

Traditional birth control methods are practices, beliefs or customs handed down from one generation to another. All over

the years man has always made efforts to control the population. The traditional medicine men prescribed and operated some methods of family planning. The mode of action may vary from one herbalist or locality to another herbalist who may refuse to disclose the

mode of action of the methods.

Classification Of Traditional Methods Of Family Planning

The traditional birth control methods are classified into two parts

1. The non-appliance methods
2. The appliance methods

1. **The non-appliance methods** are those methods that do not need the attention of the traditionalist or herbalist, but are administered by self.

They include:

- **Abstinence:** Abstinence is the practice of deliberately avoiding sexual intercourse to prevent pregnancy. It is one of the oldest and most effective traditional methods of birth control when practiced consistently and correctly. In both medical and cultural contexts, abstinence is often promoted as a completely natural and non-appliance method of family planning.
- **Virginity:** Virginity, defined as the state of never having engaged in sexual intercourse, is not a method of birth control in the scientific sense, but it is often regarded culturally or socially as a means of preventing pregnancy. In many traditional societies, virginity

especially female virginity is valued and upheld as a symbol of purity, morality, and self-control, and by extension, as a guarantee of abstinence before marriage.

- In cultures where virginity is strongly emphasized, delaying sexual debut until marriage is seen as a way to avoid unintended pregnancy, sexually transmitted infections (STIs), and social stigma.

- Virginity may be protected through strict upbringing, religious teachings, and cultural rites that discourage premarital sex.

•Prolonged Lactation:Prolonged lactation refers to the cultural or intentional practice of extending breastfeeding for an extended period after childbirth, often beyond six months, as a way to delay the return of fertility and prevent another pregnancy. This method is rooted in traditional knowledge and is used in many communities where modern contraceptive methods may be less accessible or culturally less acceptable.

Prolonged breastfeeding aids child's survival and adequate spacing of births. It was believed that intercourse during

breast-feeding could result in the mixture and contamination of the breast milk by the sperm/semen which could cause the death of the infant.

- **Physical Exercise:**Physical exercise is sometimes believed in traditional settings to

influence fertility, either by delaying ovulation, preventing conception, or “flushing out” sperm after intercourse. However, it is important to note that physical exercise is not a scientifically recognized or reliable method of birth control. Various exercises like jumping up and down were adopted to dislodge the sperm and prevent its entry through the cervix.

- **Douching:** Douching is the practice of rinsing or flushing the vagina with liquids, often a mixture of water, vinegar, salt, herbs, or other substances, usually done after sexual intercourse. In many traditional settings, it is believed to prevent pregnancy by washing out semen before it can fertilize an egg. However, douching is not an effective or safe contraceptive method.

2. The Appliance Methods: These methods involve various preparations made by the traditional healer or herbalist, and it is only given on request

Examples include the following:

- **Waist Band**

This is a form of leather band worn around the woman's waist during sexual intercourse.

- **Scarification Marks**

The herbalists prevent pregnancy by making several incisions at least more than several

on the supra pubic or spinal region of either the male or female and a specially prepared substance in the form of powder is applied which is absorbed into the blood stream thereby preventing pregnancy the black powder could be applied every 3 months on the incisions on the moons veneers of the woman and the powder is prepared from used burnt menstrual cloth of the woman.

- **Wooden Doll**

A wooden doll is placed under the pillow of the woman during coitus it is assumed that the spirit of the wooden doll will prevent pregnancy.

- **Ring**

A ring mounted with native concoction is to be worn every time by the woman.

- **Locked Padlock**

A locked padlock with incantation that it should remain locked throughout the period the couple do not want pregnancy.

- **Specific vegetable**

A specific vegetable is cooked for only the woman to eat

- **Abortions**

This can be carried out by using the following methods

- a. KAUN (Potash):Potassium sulphate dissolved in water to be taken orally immediately after coitus
- b. Salt: is used for douching by the woman after coitus
- c. Lime Juice: this is taken immediately after coitus and can also be used for vaginal douching

Modern Methods Of Family Planning

There are several forms of modern contraceptive available nationwide recommended for birth control, and these methods include:

- Barrier method of birth control
- Hormonal method of birth control

Barrier method of birth control: The barrier method of birth control refers to contraceptive techniques that physically prevent sperm from reaching the egg, thereby avoiding fertilization and pregnancy. These methods are non-hormonal, reversible, and can be used on demand, making them suitable for people seeking temporary contraception.

The various forms of this method are:

- Condom

- Intrauterine Contraceptive device
- Spermicide
- **Condom:** A condom is a widely used barrier method of contraception designed to prevent pregnancy by stopping sperm from entering the uterus. It is also the only form of contraception that provides dual protection against both pregnancy and sexually transmitted infections (STIs).

There are two main types of condoms:

1. Male Condom

- A thin sheath made of latex, polyurethane, or polyisoprene worn over the erect penis during intercourse.
- It physically blocks sperm from entering the vagina.
- Often lubricated and may contain spermicide for added effectiveness.

Effectiveness:

- 98% effective with perfect use
- Around 85% effective with typical use due to human error (e.g., slippage or breakage)

2. Female Condom

- A pouch made of nitrile or polyurethane, inserted into the vagina before intercourse.

- It lines the vaginal canal and prevents sperm from reaching the cervix.
- Has flexible rings at both ends to keep it in place.

Effectiveness:

- 95% effective with perfect use
- Around 79% effective with typical use

Method of Usage

- Roll the rim of the condom all the way to the bottom of the penis
- Leave about ½ inch of the empty space on the tip to hold the semen
- After coitus hold the condom as you withdraw the penis, taking care not to spill semen near the opening of the partners vagina
- The penis should be withdrawn immediately after ejaculation because if the erection is loose, the condom can slip off and pregnancy can result.

Advantages of Condoms:

- Prevents both pregnancy and STIs, including HIV
- Non-hormonal no systemic side effects
- Available without prescription
- Inexpensive and portable
- Can be used with other contraceptive methods (e.g., withdrawal, spermicides)

Disadvantages of Condom

- Must be used correctly every time
- Can break or slip if not used properly
- Some people may be allergic to latex or lubricants
- May reduce sensitivity or spontaneity for some users

Intrauterine Contraceptive device(IUCD):

An Intrauterine Contraceptive Device (IUCD), also known as an Intrauterine Device (IUD), is a small, T-shaped plastic device inserted into a woman's uterus by a trained healthcare provider to prevent pregnancy. It is one of the most effective long-acting reversible contraceptives (LARCs) and can provide protection for 3 to 10 years, depending on the type.

Types of IUCDs

1. Copper IUCD (Non-Hormonal)

- Example: Copper T380A (commonly known as Copper-T).
- Wrapped with copper wire, which is toxic to sperm.
- Prevents fertilization by:
- Releasing copper ions that immobilize sperm.
- Inducing an inflammatory reaction in the uterus that makes it hostile to sperm

and eggs.

- Duration: Up to 10 years
- Effectiveness: Over 99% with correct placement

2. Hormonal IUCD (Hormonal IUD)

- Brand examples: Mirena, Skyla, Kyleena, Liletta
- Releases a low dose of progestin (levonorgestrel).
- Prevents pregnancy by:
- Thickening cervical mucus (blocking sperm)
- Thinning the uterine lining (preventing implantation)
- Inhibiting ovulation in some users

- Duration: 3 to 8 years (depending on brand)
- Effectiveness: Over 99%

Advantages of IUCD:

- Highly effective and long-lasting
- Reversible fertility returns quickly after removal
- Does not interfere with sexual activity
- Suitable for women who cannot use hormonal methods (in case of copper IUCD)
- No daily action required, unlike pills or condoms
- Hormonal IUCDs can reduce menstrual bleeding and cramps

Disadvantages of IUCD

- Requires professional insertion and removal
- Initial cost may be high (though cost-effective over time)
- May cause cramping or discomfort during/after insertion
- Copper IUCDs may lead to heavier periods and more cramps
- Rare risk of expulsion, perforation, or infection
- Does not protect against STIs

Suitability:

- Best for women seeking long-term birth control
- Suitable for breastfeeding mothers
- Not ideal for women with pelvic inflammatory disease, uterine abnormalities, or

certain infections

Spermicide

Spermicide is a chemical substance used to prevent pregnancy by killing or immobilizing sperm before they can reach the egg. It is often used alone or in combination with other barrier methods like condoms, diaphragms, or cervical caps to enhance their effectiveness.

How Spermicide Works:

- Spermicide contains active ingredients (most commonly nonoxynol-9), which destroy the sperm's outer membrane or make the sperm immobile, thereby preventing fertilization.
- When inserted into the vagina before intercourse, it creates a barrier against sperm and helps reduce the likelihood of pregnancy.

Forms of Spermicide:

1. Creams
2. Gels
3. Foams
4. Vaginal inserts (tablets)
5. Sponge (which contains spermicide)

Each form is applied into the vagina, typically 10 to 15 minutes before intercourse, and works for about 1 hour after insertion.

How to Use Spermicide:

1. Read the instructions on the product for proper dosage and insertion.
2. Apply spermicide deep into the vagina (e.g., with an applicator for creams or gels).
3. Wait for 10-15 minutes for the spermicide to take effect before engaging in sexual intercourse.
4. Reapply spermicide if having intercourse multiple times within the same hour.

Effectiveness:

- Typical Use: 71-82% effective in preventing pregnancy when used alone

- Perfect Use: 85-95% effective when used correctly.
- Its effectiveness is greatly enhanced when used with other barrier methods (e.g., condoms or diaphragms).

Advantages of Spermicide:

1. Non-prescription: Available over-the-counter without a doctor's prescription.
2. Easy to use: Simple and accessible, with various forms to choose from.
3. Immediate protection: Provides instant contraceptive protection once inserted.
4. No hormonal side effects: A non-hormonal method suitable for women who want to avoid hormonal birth control.
5. No interference with sexual activity (when used properly).
6. Can be used alongside other contraceptive methods for added effectiveness.

Disadvantages of Spermicide:

1. Lower effectiveness when used alone compared to other methods like hormonal contraception or IUDs.
2. Irritation: Some people may experience vaginal irritation or allergic reactions to the chemicals, such as itching or burning.

3. Increased risk of urinary tract infections (UTIs) in some women.
4. No protection against STIs: Does not protect against sexually transmitted infections (STIs), so it is recommended to combine with a condom for dual protection.
5. Need for reapplication if having multiple instances of intercourse.

Hormonal Methods of Birth Control

The hormonal method of birth control was pioneered by a team of researchers in the 1950s, but it is most famously associated with:

Dr. Gregory Pincus

- An American biologist and one of the key figures in developing the first oral contraceptive pill.
- He worked in collaboration with Dr. John Rock, a gynecologist, and Margaret Sanger, a birth control activist.
- The research was funded by Katharine McCormick, a wealthy philanthropist and women's rights advocate.

Together, this team developed and introduced Enovid, the first FDA-approved birth control pill, in (1960) in the United States. This marked the beginning of the widespread use of hormonal contraception for women.

Hormonal birth control methods work by altering a woman's hormone levels to prevent pregnancy. These methods typically involve synthetic forms of the hormones estrogen and/or progestin, which help prevent ovulation, thicken cervical mucus (to block sperm), and thin the uterine lining (to prevent implantation).

Types of Hormonal Birth Control Methods:

1. Oral Contraceptive Pills (OCPs)

- Combined Pills: Contain estrogen and progestin.
- Progestin-Only Pills (Mini-Pills): Suitable for women who cannot take estrogen

(e.g., breastfeeding mothers).

- Effectiveness: ~91% with typical use.
- Taken Daily at the same time.

2. Contraceptive Patch

- A thin patch worn on the skin that releases estrogen and progestin.
- Worn for 1 week at a time, replaced weekly for 3 weeks, with a break on the 4th

week.

- Effectiveness: ~91% with typical use.

- Example: Xulane

3. Contraceptive Injection

- An injection of progestin given every 12 weeks.
- Works by preventing ovulation and thickening cervical mucus.
- Effectiveness: ~94% with typical use.
- Example: Depo-Provera

4. Vaginal Ring

- A flexible ring inserted into the vagina that releases estrogen and progestin.
- Worn for 3 weeks, removed for 1 week.
- Effectiveness: ~91% with typical use.
- Example: NuvaRing

5. Hormonal Implant

- A small rod implanted under the skin of the upper arm.
- Releases progestin continuously for 3 to 5 years.
- Effectiveness: Over 99%
- Example: Nexplanon

6. Hormonal Intrauterine Device (IUD)

- A T-shaped plastic device inserted into the uterus that releases progestin.
- Works for 3 to 8 years, depending on the brand.
- Effectiveness: Over 99%
- Examples: Mirena, Kyleena, Skyla, Liletta

General Advantages Of Hormonal Methods

1. Highly effective
2. Regulates menstrual cycles
3. Reduces cramps, acne, and heavy bleeding
4. Reversible: fertility returns after stopping use
5. Some may protect against certain cancers (e.g., ovarian, endometrial)

General Disadvantages Of Hormonal Methods

1. May cause side effects: nausea, weight changes, mood swings, headaches
2. No protection against STIs
3. Requires consistency (e.g., daily pill-taking, timely injections)
4. Slight increased risk of blood clots (mainly with estrogen-containing methods)

Contraceptive pills

Contraceptive pills, also known as oral contraceptives or birth control pills, are medications taken by mouth daily to prevent pregnancy. They are one of the most common and effective hormonal methods of contraception.

Types of Contraceptive Pills:

1. Combined Oral Contraceptive Pills (COCs):

- Contain two hormones: estrogen and progestin.
- Prevent pregnancy by:
 - Inhibiting ovulation (no egg is released)
 - Thickening cervical mucus (blocks sperm)
 - Thinning the uterine lining (prevents implantation)
- Taken daily for 21 or 28-day cycles (with or without placebo pills).

2. Progestin-Only Pills (POPs) or “Mini-Pills”:

- Contain only progestin, no estrogen.
- Primarily work by thickening cervical mucus and sometimes stopping ovulation.
- Must be taken at the same time every day for maximum effectiveness.
- Suitable for breastfeeding women or those who cannot take estrogen.

Effectiveness:

- Perfect use: Over 99% effective
- Typical use: Around 91% effective, due to missed pills or incorrect use

Advantages Of Contraceptive Pills

- Highly effective when used correctly
- Regulates menstrual cycles and reduces cramps
- Can reduce acne, PMS, and ovarian cysts
- Reversible fertility returns quickly after stopping
- Non-invasive and easy to use

Disadvantages Of Contraceptive Pills

- Must be taken daily at the same time
- May cause side effects like nausea, mood changes, breast tenderness, spotting
- No protection against STIs

Who Should Avoid Contraceptives:

- Women over 35 who smoke
- Those with history of blood clots, breast cancer, liver disease, or uncontrolled

hypertension

Examples of Common Brands:

- Combined Pills: Microgynon, Yaz, Diane-35, Marvelon
- Progestin-Only Pills: Cerazette, Micronor, Noriday

Surgical Methods of Birth Control (Sterilization)

Surgical methods of birth control, also known as sterilization, are permanent contraceptive procedures intended for individuals or couples who do not wish to have children in the future. These methods involve a one-time surgical intervention to block or cut reproductive pathways in either the male or female body.

Types of Surgical Methods

Surgical birth control, also called sterilization, includes several procedures designed to permanently prevent pregnancy. These methods are divided into two main categories based on gender: female sterilization and male sterilization.

A. Female Surgical Methods (Female Sterilization)

1. Tubal Ligation (“Tying the Tubes”)

- The fallopian tubes are cut, tied, or sealed to prevent eggs from reaching the uterus.

- Can be done through:
- Laparoscopy (minimally invasive, uses a small camera)
- Minilaparotomy (small abdominal incision, often after childbirth)
- Most common form of female sterilization.

2. Tubal Implants (Hysteroscopic Sterilization)

- A small coil is inserted into each fallopian tube through the vagina and uterus.
- Causes scar tissue to form, blocking the tubes.
- Note: This method (e.g., Essure) has been discontinued in many countries due to

safety concerns.

3. Salpingectomy

- Complete removal of the fallopian tubes.
- Provides permanent sterilization and may reduce the risk of ovarian cancer.
- Sometimes performed alongside other surgeries like a C-section.

B. Male Surgical Method (Male Sterilization)

1. Vasectomy

- A minor surgery where the vas deferens (tubes that carry sperm from the testicles)

are cut and sealed.

- Prevents sperm from being released during ejaculation.
- Often done under local anesthesia and is less invasive than female sterilization.

Optional (but not standard birth control):

2. Hysterectomy (Not a contraceptive method per se)

- Surgical removal of the uterus.
- Permanently prevents pregnancy but usually done for medical reasons, not just

birth control.

Advantages Of Surgical Methods

- Permanent and highly effective
- Does not interfere with sexual function or hormone levels
- Cost-effective over time

Disadvantages Of Surgical Methods

- Irreversible or difficult to reverse
- Requires a surgical procedure, with some risk of complications (e.g., infection, bleeding)

- Does not protect against STIs
- Psychological effects for some individuals who later regret the decision

Importance/Benefits of Family Planning

The World Health Organization (WHO) emphasizes that family planning is crucial for the health and human rights of individuals.

According to WHO(2022), family planning allows people to attain their desired number of children and determine the spacing of their pregnancies, which is achieved through the use of contraceptive methods and treatment of infertility ¹.

According to World Health Organization (WHO 2023) stated the importance of access to contraception, citing that 257 million women of reproductive age have an unmet need for contraception. The organization works to promote contraception by producing evidence-based guidelines, developing quality standards, and providing pre-qualification of contraceptive commodities.

However, the importance of family planning cannot be over emphasize as it's listed below;

1. **Reduces Maternal and Child Mortality:** Family planning helps prevent high-risk pregnancies, especially in adolescents and older women, and those spaced too closely together. Proper birth spacing reduces complications and improves survival rates. World Health Organization (WHO, 2020) states that access to contraceptives can reduce

maternal deaths by up to 30% and child deaths by about 10%.

2. Empowers Women and Enhances Education: Family planning allows women to choose if and when to have children, enabling them to complete their education and pursue economic opportunities. According to UNFPA (2021), family planning is a key driver in promoting gender equality and empowering women.

3. Improves Family and Community Wellbeing: Couples can better plan finances, resources, and parenting, leading to healthier and more prosperous households. Smaller families often experience better nutrition, education, and living standards. USAID (2020) highlights that family planning contributes to poverty reduction and improves household economic stability.

4. Prevents Unsafe Abortions: When women lack access to contraceptives, they may resort to unsafe abortions, which are a major cause of maternal death.

Guttmacher Institute (2022) notes that 45% of all abortions globally are unsafe, and family planning could reduce these significantly.

5. Helps Control Population Growth: Effective family planning supports sustainable development by reducing pressure on healthcare, education, housing, and natural resources. The United Nations Population Division (2021) reports that family planning

helps stabilize population growth, supporting economic and environmental sustainability.

Knowledge of Family Planning

Knowledge of family planning is a critical determinant of its acceptance and use among women and couples in Nigeria. According to Obi (1996), while general awareness of family planning methods is relatively high among Nigerian women, there is often a gap between awareness and comprehensive understanding of contraceptives. This gap leads to misconceptions, mistrust, and inconsistent use of family planning methods. For instance, many women are aware of contraceptive pills and injections but may not understand how they function, their possible side effects, or how to manage those side effects effectively.

Okonofua (2004) emphasized that family planning knowledge should not only be measured by awareness of contraceptive names, but also by the depth of understanding of their advantages, disadvantages, and proper application. He noted that many Nigerian women rely on rumors from peers or community members, which often leads to exaggerated fears about infertility, weight gain, or cancer associated with contraceptive use. This indicates that knowledge dissemination is often inaccurate or incomplete.

Ijadunola et al. (2007), in their study in Ondo State, observed that although more than 80% of women surveyed had heard about modern contraceptives, only about 40% could

describe the correct method of usage. Similarly, Ezeh (2015) found that women who had access to health workers and health education programs were significantly more likely to have correct and positive knowledge of contraceptives. This demonstrates the crucial role of healthcare professionals and mass media campaigns in shaping accurate knowledge.

Furthermore, Ada (2019) explained that the rapid expansion of mobile technology and social media in Nigeria has created new opportunities for disseminating family planning knowledge, especially among adolescents and young adults. However, misinformation remains a problem, as unverified claims spread faster than evidence-based knowledge. Hence, knowledge of family planning in Nigeria is widespread but often shallow, emphasizing the need for structured reproductive health education in schools and communities.

Family Planning Practices

Family planning practices in Nigeria are shaped by socio-cultural, economic, and religious contexts. According to Feyisetan (2000), despite high levels of awareness, the practice of modern family planning remains relatively low, with many Nigerians relying instead on traditional or natural methods such as prolonged breastfeeding, abstinence, or herbal remedies. These practices are often influenced by cultural values that favor natural

or traditional remedies over biomedical solutions.

Aderanti (2006) argued that family planning practices are strongly shaped by cultural acceptability. In rural areas, for instance, women may practice withdrawal, abstinence, or lactational amenorrhea because modern methods are either unavailable or viewed with suspicion. By contrast, urban women, who have greater access to hospitals and pharmacies, are more likely to adopt modern methods such as pills, injectables, condoms, and intrauterine devices (IUDs).

Okereke (2010), in a study conducted in Southeastern Nigeria, observed that prolonged lactation remains a popular traditional method of child spacing, but its effectiveness is limited beyond six months postpartum. He further noted that modern contraceptive practices were more common among educated women, while uneducated women relied more heavily on traditional and natural methods.

According to Babalola & Fatusi (2009), media campaigns and community-based health interventions significantly increase the adoption of modern contraceptive practices. They found that women exposed to radio and television campaigns on family planning were twice as likely to practice modern methods compared to those who had not been exposed.

Ijadunola (2007) similarly reported that women who received counseling at antenatal

clinics were more likely to adopt postpartum family planning practices.

Influence of Knowledge on Family Planning

Several studies have demonstrated a strong relationship between knowledge and contraceptive use. Obi (1996) noted that lack of correct knowledge often leads to low uptake of family planning services, as women may hold exaggerated fears about infertility or other complications. Okonofua (2004) added that informed couples are better positioned to adopt contraceptives effectively because they understand both the benefits and limitations of various methods.

Feyisetan & Casterline (2000) emphasized that exposure to health education and mass media campaigns significantly influences contraceptive behavior. They found that women who participated in community health education sessions were more likely to adopt modern contraceptives than those who did not. Similarly, Ijadunola et al. (2007) argued that access to accurate information was directly correlated with increased uptake of family planning, particularly among younger women who are more receptive to educational messages.

According to Ezeh (2015), knowledge not only increases uptake but also improves consistency in use. Women who understand how to manage side effects are less likely to

abandon contraceptives prematurely. Conversely, lack of knowledge contributes to discontinuation and mistrust in modern methods. Ada (2019) also emphasized the role of knowledge in dispelling myths, such as the belief that contraceptives cause permanent infertility or congenital abnormalities.

Age Influence on Family Planning Practices

Age is another critical factor influencing family planning behavior in Nigeria. According to Okonofua (2004), adolescents and young women often underutilize family planning services due to stigma, lack of youth-friendly health services, and limited autonomy in decision-making. Young women are also more prone to unintended pregnancies because they are less likely to negotiate contraceptive use with partners.

Feyisetan (2000) observed that older women, especially those above 35 years, are more receptive to family planning as they seek to limit family size and avoid high-risk pregnancies. Younger women, on the other hand, are more likely to adopt short-term methods such as condoms and pills, while older women prefer long-acting methods such as injectables, implants, and sterilization (Ezeh, 2015).

According to Babalola & Fatusi (2009), age also influences exposure to information. Younger women are more likely to receive knowledge from peers, social media, and

schools, while older women rely more on health facilities and community health workers.

This variation in sources of information often affects the type of methods used.

Okereke (2010) noted that age-related differences are further reinforced by cultural expectations. In some Nigerian communities, younger women are encouraged to have many children early in marriage, while older women are expected to space or limit further births. Thus, age significantly determines both the type of method used and the likelihood of adopting family planning practices.

Barriers to Family Planning Practices

Despite awareness and availability, many barriers continue to hinder the adoption of family planning in Nigeria. Okereke (2010) identified cultural and religious opposition as major factors, particularly in northern Nigeria where large families are socially valued. Similarly, Babalola & Fatusi (2009) emphasized that male dominance in reproductive decision-making often prevents women from independently accessing contraceptives.

Obi (1996) argued that fear of side effects is one of the most persistent barriers. Many women discontinue contraceptives due to perceived risks such as infertility, excessive bleeding, or weight changes, even when such effects are temporary or manageable. Ada (2019) added that myths and misconceptions, such as the belief that contraceptives cause

birth defects, remain widespread.

Ezeh (2015) noted that infrastructural challenges, such as long distances to health centers, high costs, and frequent stockouts of contraceptive supplies, further limit access in rural areas. In addition, lack of trained personnel and unfriendly attitudes of health workers discourage women from returning for services.

Okonofua (2004) stressed that government policy and funding constraints remain barriers to sustainable family planning services. Although Nigeria has adopted policies supporting family planning, implementation gaps persist due to inadequate budget allocations and weak supply chain systems.

Summary Of Reviewed Literature

This chapter has reviewed various scholarly works, research findings, and authoritative sources related to family planning and the factors influencing its practice among women of reproductive age. The concept of family planning was explored in depth, establishing it as a critical tool for promoting maternal and child health, economic development, and gender empowerment.

Different family planning methods traditional, natural, barrier, hormonal, and surgical were discussed, highlighting their characteristics, advantages, and limitations. The review

also identified key factors influencing family planning practices, such as educational level, cultural and religious beliefs, socioeconomic status, access to healthcare, knowledge and awareness, partner influence, and fear of side effects. These factors were backed by citations from WHO, UNFPA, academic journals, and national surveys.

Findings from the literature affirm that knowledge is a significant determinant of contraceptive uptake and use. Women who are well-informed about contraceptive options and their benefits are more likely to adopt family planning methods. However, misconceptions, cultural barriers, and limited access to services often hinder effective utilization.

CHAPTER THREE

METHOD OF THE STUDY

This chapter is concerned with the research design procedure, method and technique employed by the researcher to collect and analyze data for the study. They are outlined in the following sub-headings;

- Research Design
- Population of the Study
- Sample and Sampling techniques
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Administration of the Instrument
- Method of Data Analysis

Research Design

The research design adopted for this study is the descriptive survey research design. It is a research design in which a group of people or items are studied by collecting and analyzing data from only a few individual considered to be representative of the entire

group (Oni, 2012).

Population of the Study

The population of the study comprise of all women of childbearing age in Ovia North Local Government Area of Edo State. According to data from the European Commission's Joint Research Centre, the estimated population of Ovia North-East Local Government Area in Edo State was 217,461. The study will be carried out in Ovia North-East Local Government Area of Edo State, Nigeria. The LGA has both urban and rural communities, with multiple health centres (about 43 PHCs and two hospitals). The population is engaged largely in farming, petty trading, and civil service, making it a mix of literate and semi-literate respondents.

Category	Facility Name	Location/Notes
Hospitals (Secondary/Tertiary)	Pastor Chris Oyakhilome Teaching Hospital (formerly Igbinedion University Teaching Hospital)	Okada
	District Hospital	Ekiadolor
	Primary Health Care Centres (PRIMARY HEALTH CARE CENTRESs)	
Utoka Primary Health Centre	PHC	Utoka
Ite Primary Health Centre	PHC	Utoka
Uhiere Primary Health Centre	PHC	Uhiere
Owan Primary Health Clinic	Primary clinic	Uhiere
Oviguette Primary Health Centre	PHC	Uhiere
Ofitabe Primary Health Centre	PHC	Uhiere
Odighi Primary Health Centre	PHC	Uhiere
Aihuobabekun Primary Health Centre	PHC	Uhiere
Utese Primary Health Centre	PHC	Uhen
Uhen Health Post	Health post	Uhen
Olumoye Health Post	Health post	Uhen
Ogbesse Health Post	Health post	Uhen
Egbeta Primary Health	Primary clinic	Uhen

Clinic		
UNIBEN Medical Centre	Clinic	Oluku
Oluku Primary Health Centre	PHC	Oluku
Iguosa Health Post	Health post	Oluku
Ekosodin Primary Health Centre	PHC	Ekosodin
Okokhuo Primary Health Clinic	Primary clinic	Okokhuo
Iguhoro Health Post	Health post	Okokhuo
Ugbokun Primary Health Centre	PHC	Okada East
Oghobahon Primary Health Centre	PHC	Okada East
Iyanomo Health Post	Health post	Okada East
Isiuwa Health Post	Health post	Okada East
Iguiye Primary Health Centre	PHC	Okada East
Okada Primary Health Centre	PHC	Okada West
Iguomon Health Post	Health post	Okada West
Oghede Primary Health Centre	PHC	Oghede
Obazua Primary Health Centre	PHC	Oghede
Iguogie Health Post	Health post	Oghede
Ogua Health Post	Health post	Ofunwengbe
Ughoton Health Post	Health post	Oduna

Ugbinen Health Post	Health post	Oduna
Oduna Primary Health Centre	PHC	Oduna
Gelegele Health Post	Health post	Oduna
Eghudu Health Post	Health post	Oduna
Ugbogiobo Health Post	Health post	Isiuwa
NIFOR Maternal & Child Health Centre	MCH centre	Isiuwa
Evboneka Health Post	Health post	Isiuwa
Obagie Health Post	Health post	Iguoshodin
Iguoshodin PHC	PHC	Iguoshodin
Iguadolor Health Post	Health post	Iguadolor

Authors compilation (2025)

Sample and Sampling Technique

The target population will consist of **women of reproductive age (18–45 years)** residing in Ovia North-East LGA. These are the women directly concerned with family planning decisions and practices. The sample for the study consisted of 100 random selected women attending Central Hospital in Ovia North Local Government Area of Edo State. The method that will be employed for selecting participants is the simple random selection method.

Research Instrument

The research instrument that was used in this study is a self-structured questionnaire that sought information on the Influence of knowledge on family planning practice by women of child bearing age in Ovia North Local Government Area of Edo State. The questionnaire consists of four sections A, B, C and D.

Section A elicit information from the women as regards to their demography.

Section B of the questionnaire is designed to collect data on the knowledge on family planning practices.

Section C elicit information about the practice of family planning.

Section D elicit information on the reasons for not using family planning methods. .

Respondents were required to indicate their responses using a dichotomous scale with two possible options: *Yes* or *No*. For the purpose of analysis, a *Yes* response was assigned a score of 2, while a *No* response was assigned a score of 1. The criterion mean will be 1.5

Validity of the Instrument

To validate instrument, the researcher gave a draft questionnaire to her project supervisor as well as two experts in the department of Health, Safety and Environmental Education (HSE)in the faculty of education, University of Benin, Benin City. Taking into

consideration their judgment and corrections and effect to be made to erase any form of ambiguity.

Reliability of the Instrument

The reliability of the instrument was determined using the internal consistency approach, specifically the Cronbach's alpha coefficient. The questionnaire was administered to 20 respondents who were not part of the main study sample. Their responses were analyzed using the Cronbach's alpha statistic to determine the degree to which items within the instrument consistently measured the same construct.

Administration of the Instrument

The questionnaire will be administered personally by the researcher to the women who voluntarily agreed to be part of the study. The researcher visited the selected hospitals and got permission of the appropriate hospital authority to administer the copies of the questionnaire to the respondents, and the instrument was collected on the spot upon completion of the questionnaire by the respondents.

Method of Data Collection

Copies of the questionnaires will be administered and collected by the researcher and two other assistants. The researcher and her assistance ensured that the questionnaires

were rightly filled and all questions filled correctly before statistical analysis.

Method of Data Analysis

The data will be analysed using frequency counts, mean, and standard deviation for the research questions raised. The criterion mean will be at 1.5. The formulated hypotheses will be analysed using inferential statistics of T-test

CHAPTER FOUR

PRESENTATION OF RESULT AND DISCUSSION OF FINDINGS

Introduction

This chapter deals with the analysis of data as well as the presentation and discussion of results according to the response from the questions formulated

Demographics of Respondents

This section contains a descriptive analysis of the socio-demographic data drawn from the sampled respondents. The socio-demographic variables include the, gender, age.

Table 4.1: Respondents Demographic Profile

SN	Variable	Option	Frequency	Percentage (%)
1	Gender	Female	100	100.0
		Total	100	100.0
2	Age	16-19	46.0	46.0
		20-24	51.0	51.0
		24-above	3.0	3.0
		Total	100	100.0

Source; Field Survey, 2025

The demographic profile of the respondents, as shown in Table 4.1, provides insights into the gender and age distribution. All respondents (100%) were female. Regarding age, the majority of respondents were between the ages of 20 to 24, representing 51% of the total sample. The second largest group was individuals aged 16 to 19, making up 46% of the

respondents. A smaller portion, 3%, were aged 24 and above.

Research Question 1; What is the level of knowledge about family planning among women of childbearing age in Ovia North Local Government Area of Edo State?

Table 2; Descriptive statistics of frequency showing the level of knowledge about family planning among women of childbearing age in Ovia North Local Government Area of Edo State

S/N	ITEMS	YES Freq. (%)	NO Freq. (%)
1	Have you ever heard about family planning?	98 (98)	2 (2)
2	Do you know that family planning helps to prevent unwanted pregnancies?	92 (92)	92 (8)
3	Are you aware that family planning methods can help space children?	91 (91)	91 (91)
4	Do you know that there are both temporary and permanent methods of family planning?	86 (86)	14 (14)
5	Have you heard of modern contraceptive methods such as pills, injectables, implants, or IUDs?	78 (78)	22 (22)
6	Do you know that the use of condoms can help prevent sexually transmitted infections (STIs) in addition to pregnancy?	89 (89)	11 (11)
7	Are you aware that traditional methods such as withdrawal or calendar method exist for family planning?	80 (80)	20 (20)
8	Do you know that family planning services are available at health centers in your community?	71 (71)	29 (29)
9	Have you ever received information about family planning from a health worker?	65 (65)	35 (35)
10	Do you believe that family planning is beneficial to the	58	42

	health of both mother and child?	(58)	(42)
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Source; Field Survey 2025

The data from Table 2 reflects the level of knowledge about family planning among women of childbearing age in Ovia North Local Government Area of Edo State. A large majority of the respondents, 98%, reported having heard about family planning, indicating a high awareness of the concept. Furthermore, 92% of the women knew that family planning helps to prevent unwanted pregnancies, and 91% were aware that it can be used to space children. In terms of understanding different types of family planning methods, 86% of the respondents knew that both temporary and permanent options exist, while 78% were familiar with modern contraceptive methods such as pills, injectables, implants, or IUDs. Additionally, 80% of the women knew about traditional methods like withdrawal or the calendar method.

The survey also highlighted that 89% of the respondents were aware that condoms not only help prevent pregnancy but also protect against sexually transmitted infections (STIs). While 71% knew that family planning services are available at health centers in their community, 29% were unaware of this. Regarding the dissemination of information, 65% of the women had received information about family planning from a health worker,

but 35% had not. Finally, 58% of the respondents believed that family planning is beneficial to the health of both mother and child, although 42% did not share this view. This suggests that while most women are knowledgeable about family planning, there is still a need to increase understanding, particularly regarding the health benefits and the availability of services in their local health centers. The data, sourced from a field survey conducted in 2025, provides valuable insights into the current level of awareness and knowledge about family planning among women in this region.

Research Question 2; What are the family planning practise among women of child bearing age in Ovia North Local Government Area of Edo State?

Table 3; Descriptive statistics of frequency showing the family planning practise among women of child bearing age in Ovia North Local Government Area of Edo State

S/N	ITEMS	YES Freq. (%)	NO Freq. (%)
11	Have you ever practiced any form of family planning?	70 (70)	30 (30)
12	Do you currently use any family planning method?	57 (57)	43 (43)
13	Have you ever used modern contraceptive methods such as pills, injectables, implants, or IUDs?	41 (41)	59 (59)
14	Have you ever used condoms as a method of family planning?	75 (75)	25 (25)
15	Do you use traditional methods of family planning such as withdrawal or calendar method?	69 (69)	31 (31)
16	Have you ever received family planning services from a health facility?	66 (66)	34 (34)
17	Have you ever stopped using a family planning method because of side effects?	80 (80)	20 (20)
18	Do you discuss family planning with your partner before practicing it?	91 (91)	9 (9)
19	Have you ever changed from one family planning method to another?	50 (50)	50 (50)
20	Do you practice family planning regularly to	87	13

	prevent unwanted pregnancies?	(87)	(13)
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The data in Table 3 provides insights into the family planning practices among women of childbearing age in Ovia North Local Government Area of Edo State. A majority of the respondents, 70%, reported having ever practiced some form of family planning, while 30% had not. In terms of current practices, 57% of the women were actively using some form of family planning method, while 43% were not.

When asked about specific methods, 41% of the women had used modern contraceptive methods such as pills, injectables, implants, or IUDs, while 59% had not. A higher proportion, 75%, had used condoms as a method of family planning, and 69% had employed traditional methods such as withdrawal or the calendar method.

In relation to healthcare services, 66% of the women had received family planning services from a health facility, while 34% had not. Additionally, a significant 80% of the respondents had stopped using a family planning method at some point due to side effects, indicating a notable concern over adverse reactions. Despite this, 91% of the respondents discussed family planning with their partner before making decisions, reflecting a high level of communication and shared decision-making regarding family planning.

Half of the women (50%) had changed from one family planning method to another, while the other half had not. However, 87% of the respondents practiced family planning regularly to prevent unwanted pregnancies, while 13% did not follow a consistent family planning routine. This data, gathered from a field survey in 2025, offers a comprehensive view of the family planning practices, revealing both the high prevalence of family planning use and the challenges faced by women, such as side effects and the need for method changes.

Discussion of Findings

The findings from the field survey conducted in 2025 provide valuable insights into the level of knowledge and practices regarding family planning among women of childbearing age in Ovia North Local Government Area of Edo State. The results of the first research question, which examined the level of knowledge about family planning, revealed that the majority of respondents were highly aware of family planning concepts. Specifically, 98% of the women had heard about family planning, with 92% understanding that it helps prevent unwanted pregnancies, and 91% recognizing its role in spacing children. This strong knowledge of family planning correlates with similar findings from Nigerian studies, such as those by Adeyemi and Ilesanmi (2021), who

found that awareness of family planning is widespread among Nigerian women, although their study highlighted gaps in knowledge about specific methods. Furthermore, like the results from Ovia North, their research identified the importance of modern contraceptive methods but also noted that access to these services remains a challenge for many women.

In addition to general awareness, the knowledge of specific family planning methods was notable. About 86% of the respondents were aware of both temporary and permanent methods, while 78% had heard of modern contraceptives like pills, injectables, implants, and IUDs. However, while awareness was high, the survey also found some knowledge gaps, such as only 58% of women believing in the health benefits of family planning for both the mother and child, which mirrors findings from Akinmoladun et al. (2022), who observed that while most women were familiar with family planning, many still lacked sufficient understanding of its health implications. This suggests a need for more education on the health benefits of family planning and its role in maternal and child health.

When it comes to the second research question about the family planning practices of women in the region, the findings indicate that while a majority (70%) of women have

practiced some form of family planning, there were significant variations in the types of methods used. For instance, 75% of respondents had used condoms, while 69% had employed traditional methods like withdrawal or the calendar method. This mirrors the findings of Fadare et al. (2021), who noted that while modern contraceptives were gaining popularity in Nigeria, traditional methods remained widely used, particularly in rural areas. Additionally, 41% had used modern contraceptive methods, such as pills or IUDs, indicating a shift toward more formalized methods, though access and education about these methods could still be improved.

A key finding from this survey was that 66% of the women had received family planning services from a health facility, which aligns with the findings of Adebowale et al. (2022), who noted that healthcare services were increasingly accessible in urban and semi-urban areas of Nigeria. However, the report also highlights some challenges, such as the 80% of women who had discontinued a method due to side effects, reflecting a concern echoed in several Nigerian studies regarding the discontinuation of contraceptive methods due to perceived or actual side effects (Fadare et al., 2021). This finding points to the need for better counseling and follow-up care for women using family planning services.

Another significant finding was the high level of communication between partners, with

91% of women discussing family planning with their partners before making decisions. This suggests a positive trend towards shared decision-making in reproductive health, which is an essential aspect of family planning practices. Similar trends were observed in the study by Akinmoladun et al. (2022), who found that involving male partners in family planning decisions led to more consistent use and better outcomes. Despite these positive practices, the survey also revealed some challenges, such as the 43% of women who were not currently using any family planning method, and the 50% who had switched methods at some point, reflecting the ongoing need for personalized family planning services and continuous education. These findings are in line with Adeyemi and Ilesanmi's (2021) study, which emphasized the need for flexible and adaptable family planning methods to cater to the diverse needs of women.

In conclusion, while the level of knowledge and the use of family planning methods among women in Ovia North Local Government Area of Edo State is relatively high, there are still several areas that require attention. These include increasing awareness of the health benefits of family planning, improving access to modern contraceptives, addressing side effects, and ensuring better communication and support for women in their family planning decisions.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

This study explored the influence of knowledge on family planning practises among women of childbearing age in Ovia North Local Government Area of Edo State. Five (5) research questions guided the study, The study reviewed literature on the concept of family planning practises among women of childbearing age, The study adopted the descriptive survey research design. The population of the study consisted of women attending Hospital in Ovia North Local Government Area of Edo State, the stratified random sampling technique was used to select 100 women. The instrument for data collection was a structured questionnaire, The instrument was administered by the researcher to the respondents, the data collected was collated and analyzed using descriptive statistics. The findings of the study were as follows;

Findings

1. A significant number of women in Ovia North Local Government Area have heard of family planning.
2. While condom use is common, the use of modern contraceptives such as pills,

injectables, or IUDs is relatively low.

3. Many women have received family planning services from health facilities, although access is not universal.
4. A considerable proportion of women have discontinued a family planning method due to side effects, indicating a need for better counseling and support.

Conclusion

This study provides valuable insights into the knowledge and practices regarding family planning among women of childbearing age in Ovia North Local Government Area of Edo State. The findings reveal a high level of awareness of family planning methods, with many women knowledgeable about the benefits of family planning, such as preventing unwanted pregnancies and spacing children. However, there is a notable gap in the use of modern contraceptives, with many women relying on condoms or traditional methods instead.

In terms of family planning practices, the study found that while many women have practiced family planning and received services from health facilities, a significant number have discontinued methods due to side effects. This highlights the need for better counseling and support for women using contraceptive methods, ensuring they are

informed about potential side effects and how to manage them.

The study also emphasizes the importance of improving access to family planning services and enhancing the overall awareness of the health benefits of family planning.

These findings suggest that while there is strong knowledge of family planning, efforts must be made to promote the consistent use of modern contraceptives and provide better support systems to address the challenges women face. These efforts are crucial in ensuring better reproductive health outcomes and empowering women to make informed decisions about their family planning choices.

Recommendations

Based on the findings, the following recommendations are proposed:

1. Efforts should be made to increase access to modern contraceptive methods, such as pills, injectables, and IUDs, especially in rural areas where their use is lower.
2. There should be enhanced counseling and support services for women using family planning methods, addressing concerns about side effects and promoting consistent and correct usage.
3. More comprehensive and targeted education on family planning, including its health benefits, should be integrated into community outreach programs and

health services.

4. Health facilities should be equipped to offer more consistent family planning services and ensure that women are aware of these services and their benefits.

Suggestions for Further Studies

To further advance knowledge in this field, future studies could consider the following:

1. Future studies could investigate how different forms of family planning education impact the adoption and consistent use of modern contraceptives among women.
2. Research should further explore why women discontinue certain contraceptive methods, particularly the role of side effects, and how these can be mitigated.
3. Further research could look into the level of male involvement in family planning decision-making and its impact on contraceptive use and reproductive health outcomes.
4. Future studies could assess the effectiveness of communication between health workers and women in improving the adoption and consistent use of family planning methods.

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APPENDIX

OUTPUT TABLE FROM SPSS S

Statistics

		GENDER	AGE
N	Valid	100	100
	Missing	0	0

Frequency Table

GENDER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	FEMALE	100	100.0	100.0	100.0

AGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-19	46	46.0	46.0	46.0
	20-24	51	51.0	51.0	97.0
	24-above	3	3.0	3.0	100.0
	Total	100	100.0	100.0	

Frequency Table

Have you ever heard about family planning?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	2	2.0	2.0	2.0
	YES	98	98.0	98.0	100.0
	Total	100	100.0	100.0	

Do you know that family planning helps to prevent unwanted pregnancies?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	8	8.0	8.0	8.0
	YES	92	92.0	92.0	100.0
	Total	100	100.0	100.0	

Are you aware that family planning methods can help space children?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	9	9.0	9.0	9.0
	YES	91	91.0	91.0	100.0
	Total	100	100.0	100.0	

Do you know that there are both temporary and permanent methods of family planning?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	14	14.0	14.0	14.0
	YES	86	86.0	86.0	100.0
	Total	100	100.0	100.0	

Have you heard of modern contraceptive methods such as pills, injectables, implants, or IUDs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	22	22.0	22.0	22.0
	YES	78	78.0	78.0	100.0
	Total	100	100.0	100.0	

Do you know that the use of condoms can help prevent sexually transmitted infections (STIs) in addition to pregnancy?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	11	11.0	11.0	11.0
	YES	89	89.0	89.0	100.0
	Total	100	100.0	100.0	

Are you aware that traditional methods such as withdrawal or calendar method exist for family planning?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	20	20.0	20.0	20.0
	YES	80	80.0	80.0	100.0
	Total	100	100.0	100.0	

Do you know that family planning services are available at health centers in your community?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	29	29.0	29.0	29.0
	YES	71	71.0	71.0	100.0
	Total	100	100.0	100.0	

Have you ever received information about family planning from a health worker?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	35	35.0	35.0	35.0
	YES	65	65.0	65.0	100.0
	Total	100	100.0	100.0	

Do you believe that family planning is beneficial to the health of both mother and child?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	42	42.0	42.0	42.0
	YES	58	58.0	58.0	100.0
	Total	100	100.0	100.0	

Frequency Table

Have you ever practiced any form of family planning?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	30	30.0	30.0	30.0
	YES	70	70.0	70.0	100.0
	Total	100	100.0	100.0	

Do you currently use any family planning method?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	43	43.0	43.0	43.0
	YES	57	57.0	57.0	100.0
	Total	100	100.0	100.0	

Have you ever used modern contraceptive methods such as pills, injectables, implants, or IUDs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	59	59.0	59.0	59.0
	YES	41	41.0	41.0	100.0
	Total	100	100.0	100.0	

Have you ever used condoms as a method of family planning?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	25	25.0	25.0	25.0
	YES	75	75.0	75.0	100.0
	Total	100	100.0	100.0	

Do you use traditional methods of family planning such as withdrawal or calendar method?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	31	31.0	31.0	31.0
	YES	69	69.0	69.0	100.0
	Total	100	100.0	100.0	

Have you ever received family planning services from a health facility?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	34	34.0	34.0	34.0
	YES	66	66.0	66.0	100.0
	Total	100	100.0	100.0	

Have you ever stopped using a family planning method because of side effects?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	20	20.0	20.0	20.0
	YES	80	80.0	80.0	100.0
	Total	100	100.0	100.0	

Do you discuss family planning with your partner before practicing it?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	9	9.0	9.0	9.0
	YES	91	91.0	91.0	100.0
	Total	100	100.0	100.0	

Have you ever changed from one family planning method to another?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	50	50.0	50.0	50.0
	YES	50	50.0	50.0	100.0
	Total	100	100.0	100.0	

Do you practice family planning regularly to prevent unwanted pregnancies?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	13	13.0	13.0	13.0
	YES	87	87.0	87.0	100.0
	Total	100	100.0	100.0	

