THE DETERMINANT OF FAMILY PLANNING UTILIZATION AMONG WOMEN ATTENDING POST-NATAL CLINIC AT OLUKU PRIMARY HEALTH CENTRE

BY

Chiamaka Emmanuella NWAJEI

EDU2102589

BEING A PROJECT PRESENTED TO THE DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY, IN PARTIAL FULFILMENT FOR THE REQUIREMENT FOR THE AWARD OF BACHELOR OF EDUCATION DEGREE (B.ed) IN HEALTH EDUCATION

NOVEMBER, 2025

CERTIFICATION

We the undersigned hereby certify that this work was carried out by Chiamaka Emmanuella Nwajei with the Matriculation Number EDU2102589 from the Department of Health, Safety and Environmental Education University of Benin, Benin City, Nigeria In partial fulfilment of the requirements for the award of Bachelor of Education (B.Ed.) Degrees in Health Education.

Dr. (Mrs) E. B Tinbiri
Project Supervisor

Date_____

Dr. B. H Enabulele
Project Coordinator

Date_____

Dr. Mrs O.H Obasuyi
Head of Department

Date_____

DEDICATION

This study is dedicated to the almighty God for His divine mercy, love, wisdom, and understanding and strength granted throughout this study.

ACKNOWLEDGEMENTS

The researcher profound gratitude goes to the supervisor Dr Mrs E.B Timbiri , for her superb assistance and patience during the course of this study.

Additionally, the researcher express gratitude to the Head of Department, Dr. Mrs. Obasuyi and the entire personnel of the Department of Health Safety and Environmental Education.

To my parents, Mr Kelly Nwajei and Ms. Rita, my siblings David and Daniel, to my cousins Aret and Enoch, to my friends Clinton, blessing, precious, Joyce,kelvin, Humphrey and Peter, Thank you for your support and God bless you all.

TABLE OF CONTENT

ABSTRACT

This study explores the determinants influencing the utilization of postpartum family planning (PPFP) among women attending postnatal care at Oluku Primary Health Care Center in Nigeria. The primary aim is to identify the socio-cultural, institutional, and personal factors that affect women's intentions and actual use of modern contraceptive methods during the postpartum period. Understanding these factors is vital to designing effective interventions that promote reproductive health and reduce maternal and infant morbidity and mortality in the region.

The research adopts a descriptive survey design, targeting all women attending the postnatal clinic at Oluku PHC within a specified period. A structured questionnaire serves as the primary instrument for data collection, focusing on demographic variables, awareness, attitudes, and perceptions regarding family planning. Data analysis is carried out using descriptive statistics such as frequency counts, percentages, means, and standard deviations to summarize the responses and interpret the findings.

The findings suggest that socio-cultural norms, partner involvement, knowledge of contraceptive methods, and perceived service quality significantly influence postpartum family planning utilization. The study concludes that improving education, community engagement, and service quality are essential to increasing contraceptive uptake among postpartum women. Recommendations include implementing targeted awareness campaigns, integrating family planning counseling into routine postnatal services, and fostering male involvement to address cultural barriers and promote positive reproductive health outcomes.

CHAPTER ONE

INTRODUCTION

Background of Study

The period after birth is often followed by high risk of unwanted pregnancies and frustrated contraceptive desires; yet this period provides a window of opportunity for counseling women on the use of modern family planning methods. Despite frequent encounters of women with healthcare providers during this period, little attention has been given to enhancing their intention for family planning use especially in developing countries. In fact, Ross and Winfrey (2001) found out that most post partum women are at risk of getting pregnant within 7-9months after birth; followed by the return of menses and unprotected sexual exposures with only a few using any contraceptive method.

In a country that is striving to reduce the menace of high maternal deaths, provision of post natal care (PNC) should be an important and effective strategy to be adopted. Post partum family planning (PPFP)also supports the reproductive is the initiation and use of contraceptives by women shortly after delivery. Contraceptive uptake during post natal period offers a great opportunity of reducing unwanted pregnancies among women. Fewer unwanted pregnancies mean fewer pregnancy related deaths. According to Berber et al (2007), commencing family planning during the post partum period proved to lengthen birth spacing and improve maternal and infant health generally.

Uptake of modern family planning methods remains unacceptably low in Sub-Sahara Africa (SSA) and this is associated with a high incidence of unwanted pregnancies,

unsafe abortions, unplanned deliveries and maternal mortalities. The Nigerian Demographic and Health Survey (NDHS 2008) reported 14.6% and 9.7% as the contraceptive prevalence rate and the proportion of married woman using modern methods of contraception respectively. Despite availability of family planning commodities at little or no cost to the client, the 2013 NDHS report shows minimal improvement in this reproductive health indicator.

Little is currently known about intention of women particularly in Nigeria to adopt PPFP and factors associated with such intentions. Nevertheless, this information is vital to the design of strategies to increase the uptake of PPFP. Moreover, there had been dearth of information regarding intention to use PPFP although unmet need has received considerable attention from researchers. Intention to use is currently receiving recognition as an alternative to unmet need as an indicator of PPFP uptake. Intention to use now appears to be a better predictor of actual contraceptive use than unmet need. The use of PPFP in West and Central Africa has been shown to be unacceptably low compared to other regions of the world. For example, analysis of Demographic and Health Survey report from 43 countries published in 2014 by William et al revealed that post partum family planning prevalence rate at twelfth month post partum, ranged from 21.3% in Ghana (DHS2008) to as low as 5.9% in Sierra Leon (DHS 2008). Nigeria took a distal fourth position among the seven countries compared with a prevalence rate of 12.7% (NDHS 2008).

Different studies have examined post partum family planning in relation to several potential explanatory variables and factors such as antenatal service utilization, wealth index, place of residence and maternal age have been identified as strong predictors.

Statement of the Problem

In Nigeria, many women attending postnatal care services face challenges in accessing and utilizing family planning services. Despite the importance of family planning in improving maternal and child health outcomes, the utilization of these services remains low. This has contributed to high rates of unintended pregnancies, closely spaced births, and adverse health outcomes for mothers and children.

The specific problem is that the determinants of family planning utilization among women attending postnatal care services in Nigeria are not well understood. As a result, it is challenging for healthcare providers and policymakers to develop targeted interventions to improve family planning uptake and promote reproductive health among this population.

This research aims to investigate the determinants of family planning utilization among women attending postnatal care services with a focus on oluku primary health care center, in Benin City, Edo State.

Research Questions

This study aims to answer the following research questions:

1. What are the determinants of family planning utilization among women attending postnatal care services at Oluku Primary Health Care Center?

2. Does parity affect family planning utilization among women attending postnatal care services at Oluku Primary Health Care Center?
3. Does level of education determine family planning utilization among women attending post natal services at oluku primary health care?

Hypothesis

The following hypotheses will be tested at a 0.05 level of significance:

1. Parity does not significantly influence family planning utilization among women attending postnatal care services at Oluku Primary Health Care Center.
2. The level of education does not significantly influence family planning utilization among women attending postnatal care services at Oluku Primary Health Care Center.

Significance of the Study

This study on the determinants of family planning utilization investigates factors affecting family planning use among women attending post natal clinic in oluku Primary Health Care. Including income, cultural beliefs, education, healthcare access, and family opinions. It aims to guide the individuals, mothers and community leaders in improving support to reduce unplanned pregnancies and improve maternal and child health, aligning with Nigeria's goals for family health and women's empowerment.

Scope and Delimitations of the Study

The scope of this study refers to the extent and boundaries of the research. It focuses on investigating the determinants of family planning utilization. The study is delimited to women attending postnatal care services at Oluku Primary Health Care Center.

Operational Definition of Terms

Family Planning: Family planning is defined as the intentional control of the number of children or spacing between pregnancies through the use of contraceptive methods or services.

Utilization: Utilization of family planning services is the actual use of family planning methods or services by women attending postnatal care services.

Postnatal Care: postnatal care refers to the healthcare services provided to women after childbirth, typically within the first six weeks.

Determinants: Determinants of family planning utilization is the factors that influence or affect the use of family planning services or methods among women attending postnatal care.

Postpartum family planning: Postpartum family planning involes help new mothers in selecting birth control methods after childbirth, usually within the first year, to prevent unwanted pregnancies and plan the timing of future children. It focuses on ensuring the health of both mom and baby by allowing her body time to heal and reducing risks from closely spaced pregnancies.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter will review related literature under the following;

- Concept of family planning
- Determinants of family planning
- Influence of parity on family planning
- Influence of level of education on family planning
- Level of family planning use
- Summary of related literature

Concept of Family Planning

Family planning is an important component of reproductive health, allowing women to make informed decisions about their fertility and wellbeing. During the postpartum period, family planning plays a critical role in improving maternal and child health outcomes, reducing the risk of unintended pregnancies, and enhancing family wellbeing.

Efforts to regulate human reproduction are not exclusively a modern development. Throughout history, people have used methods like extended breastfeeding to space out births and balance population size with available resources. The concept of modern population control is often linked to Thomas Malthus (1766–1834), who, in (1798), introduced a theory that blamed most major social and environmental issues on the rapid population growth brought about by the Industrial Revolution. Despite being an economist and former clergyman, Malthus rejected artificial means of controlling

fertility. Instead, he promoted abstinence and believed that natural forces should be allowed to reduce the population, even if that meant the poor would suffer or die.

In the 1920s and 1930s, during a period of increased immigration and economic hardship caused by the Great Depression, twenty-six states in the U.S. introduced laws that allowed for forced sterilization. At the time, the belief in eugenics the idea of improving the population through selective reproduction became closely tied to public policy, making it hard to separate science from social control. After World War II, similar practices became more common in developing countries, while in the U.S., birth control initiatives were often used to manage immigration and reshape society. Thousands of people, particularly poor and Black individuals labeled as "unfit," were forcibly sterilized to prevent them from having children.

Well known figures like Margaret Sanger, a leader in the birth control movement, along with suffragists such as Julia Ward Howe and Ida Husted Harper, supported eugenic ideas. They believed that limiting births among the poor, minorities, and immigrants would help maintain the dominance of native born white Americans, whose birth rates were in decline. By the 1940s, the eugenics movement and birth control advocacy had become deeply connected in the U.S. Globally, fertility rates have stayed higher in less developed regions compared to industrialized ones for instance, in 1995, women in developed countries had an average of 1.9 children, while in developing nations the average was 3.6.

By the late twentieth century, fears of demographic imbalance once again began to shape reproductive policies in unequal ways. In the Global North, particularly among white, upper-class women, new reproductive technologies were developed to enhance fertility. In contrast, in the Global South, there was a push for stronger contraceptives, often directed at poor women of color. Some U.S. insurance companies continued to deny coverage for conception-related treatments well into the early twenty-first century. At the same time, countries like Sweden, France, and Japan, concerned about declining birth rates, adopted pronatalist policies aimed at encouraging women to have more children. Yet these countries also supported antinatalist initiatives abroad, promoting reduced fertility in the Global South. This reflects the persistence of uneven family planning strategies between the North and the South.

Since World War II, countries in the Southern Hemisphere often referred to as the Third World have experienced a massive population increase. In response, neo-Malthusians, who have expanded on Malthus's original ideas, have advocated for population control as a solution to global poverty, political instability, and environmental degradation. Backed by financial, technological, and ideological resources from the Northern Hemisphere, particularly from major international NGOs and governments, these efforts have increasingly targeted the poorest regions of the Global South.

Over time, the use of contraception in developing countries has grown significantly—from less than 10 percent of couples of reproductive age in the 1960s to over 50 percent by the 1990s (42 percent excluding China). Much of this expansion has

been driven by hierarchical family planning programs that start with urban elites and extend down to the rural poor. In India alone, there are an estimated 250,000 family planning workers. Each year, significant financial investments are made to promote what is often termed "contraceptive acceptance" among impoverished communities.Family planning has thus evolved into a large-scale institutional endeavor, shaped by a worldview that attributes many global challenges to the so called "population explosion," especially in the poor nations of the South.

Family planning in Nigeria has evolved since the 1960s, when organizations like the Planned Parenthood Federation of Nigeria introduced contraception to address high fertility rates (Federal Ministry of Health, Nigeria, 1988). The 1988 National Policy on Population formalized efforts to reduce population growth and improve maternal health, followed by initiatives like the Nigeria Family Planning Blueprint (2020–2024) to increase contraceptive prevalence (Federal Ministry of Health, Nigeria, 2020). Despite these efforts, the contraceptive prevalence rate remains low at 17% among married women, with postnatal women facing unique barriers due to recovery and childcare demands (NPC & ICF, 2019). Globally, family planning is recognized as a key strategy for reducing maternal mortality by up to 30%, with postnatal periods identified as critical for initiating contraception (Cleland et al., 2012; WHO, 2020). Cultural beliefs, religious norms, and limited healthcare access continue to shape utilization in Nigeria, highlighting the need for health education interventions.

Determinants of Family Planning Utilization

Family planning knowledge and access are undoubtedly shaped by the surrounding and the cultural environment, as are personal attitudes and feelings about contraception, which lead to conflicting views of sexuality and how such views might influence the use of contraception.It is not always clear what the precise relationship is between these factors and the risk of unintended pregnancy. Nevertheless they help to form the environment in which individual decisions about contraception and sexual activity occur.

Family planning utilization among postnatal women is influenced by individual, interpersonal, community, institutional, and policy level determinants. At the individual level, women's knowledge, attitudes, and perceptions significantly affect contraceptive use. Common barriers include fear of side effects (e.g. weight gain, infertility concerns), lack of awareness about postpartum fertility, and misconceptions about contraception's safety during breastfeeding (Ajayi et al., 2018). Postnatal women may delay uptake due to recovery or childcare priorities (Adanikin et al., 2019). The choice of family planning methods such as condoms, oral pills, injectables, intrauterine devices (IUDs), implants, and sterilization also influences utilization. Injectables are popular in Nigeria for their discreteness, while IUDs face resistance due to misconceptions about invasiveness (NPC & ICF, 2019).

Interpersonal factors also play an important role, where male dominance shapes reproductive decisions. Spousal approval increases contraceptive use, while partner opposition is a major barrier for postnatal women (Oyediran et al., 2019). Family and

peer influences, such as advice from mother-in-law, also affect decisions. Community level factors include cultural and religious norms, with beliefs favoring large families or religious objections (e.g., among Christian and traditional communities) creating stigma around contraception (Ogunjuyigbe & Akinlo, 2014).

Institutional factors involve access to health facilities, availability of contraceptives, and quality of counseling. Stockouts, inadequate staff training, and long wait times at primary health care centers reduce utilization, while effective postnatal counseling enhances uptake (Ankomah et al., 2013). For example, counseling on method types like implants can increase acceptance among postnatal women. Policy-level factors include initiatives like Nigeria's Family Planning Blueprint (2020–2024), which promotes subsidized services but faces implementation challenges in rural and semi-urban areas (Federal Ministry of Health, Nigeria, 2020).

In the United States being a home to a rich blend of cultural, racial, and ethnic groups, and this diversity is expected to increase in the coming years. According to the Census Bureau, by (2050), non-Hispanic whites will make up about 56% of the population, down from 76% (1990). Meanwhile, people of Hispanic origin are projected to rise to 20%, compared to 9% (1990), and the black population is expected to increase from 12% to 14% during the same period (1993). Projections indicates that by the year (2000), non-white individuals could form the majority in up to 53 of the nation's largest cities (Nestor, 1991). The effects of this growing diversity are apparent for instance some school report students speaking many different languages, with one school in suburban

Virginia noting over 36 different language groups among its pupils. This rich cultural and ethnic mix also influences knowledge and attitudes about contraception and family planning. Some immigrants come from countries where family planning systems are often better organized and offer a wider variety of contraceptive methods than those in the U.S. Many bring with them traditional practices, including the use of herbal remedies and local healers, which may not align easily with the American medical system of family planning. Some contraceptive methods common in the U.S. may be unfamiliar to immigrants from other countries. In Thailand, condoms are linked to a prominent prostitution industry, which might lead recent Thai immigrants to resist condom use campaigns in the U.S. (Healthy Mothers, Healthy Babies Coalition, 1993). Illegal immigrants face even greater challenges, as they often cannot use programs like Medicaid to help pay for healthcare, including contraceptives services.

Influence of Parity on Family Planning

This scoping review identifies two key health determinants: parity and contraceptive health services. The findings indicate that higher parity in women correlates with greater fulfillment of contraceptive needs, as discussed in seven selected articles. Research, including a study from Indonesia, shows that women with fewer births have a higher unmet need for family planning compared to those with more births (Wilopo et al., 2017). Similarly, a study in Botswana found that women with no births face greater unmet family planning needs than those with higher birth rates (Letamo & Navaneetham, 2015).

Contraceptive health services also play a critical role. Half of the reviewed articles highlight that inadequate access to these services, particularly for young women, contributes to unmet family planning needs. Barriers such as poor service quality, limited access, and infrequent visits to health facilities exacerbate this issue. Young women, in particular, face challenges due to age-related barriers and reliance on partners for accessing contraception, as noted in a Bangladesh study (Shahabuddin et al., 2016). Additionally, research from Indonesia emphasizes that midwives can significantly enhance women's willingness to seek contraceptive services, thereby increasing the fulfillment of contraceptive needs (Valenzuela-Vallejo et al., 2021).

Influence of Level of Education on Family Planning

Education enhances mothers' access to and knowledge of contraception, leading to lower fertility rates. Numerous studies show a strong link between women's education and increased contraceptive use. In Egypt, research indicates that educating women helps them manage fertility, reducing birth rates. Education empowers marginalized groups by offering more choices, though its impact on fertility via empowerment remains unexplored. Contraceptive use improves women's and children's health and survival by decreasing total births and high-risk ones, such as those at very young or old ages, thus lowering overall fertility risks. Ahmed et al. (2012) found that in 2008, contraception prevented about 44% of maternal deaths. Cleland et al. (2012) noted it averted an extra 3.7% of maternal deaths beyond fertility reduction. Delaying early pregnancies with modern methods could prevent thousands of teenage births. Family planning programs

drive fertility declines by curbing both wanted and unwanted pregnancies. Better-educated women are more likely to control their fertility choices. Thus, women's education connects to contraceptive use and fertility patterns. While many studies examine high-risk fertility drivers, the quantitative effects of women's education and contraception on such behavior in Ethiopia are unmeasured. This study explores the relationship between women's education, contraceptive use, and high-risk fertility behavior, specifically whether more years of schooling significantly reduce it in Ethiopia.

Methods of Family Planning

Contraceptive methods enable women and couples to regulate the timing and number of their pregnancies, thereby enhancing maternal and neonatal health outcomes. For women accessing postnatal care, effective family planning is crucial to avoid unintended pregnancies and achieve recommended birth spacing of at least 24 months, as advised by the World Health Organization to reduce health risks (World Health Organization, 2022). The selection of a contraceptive method hinges on factors such as efficacy, accessibility, safety during breastfeeding, and cultural preferences, all of which influence uptake among postnatal women in Nigeria.

Modern contraceptives include short-acting reversible methods, long-acting reversible options, and permanent solutions. Among short-acting methods, oral contraceptive pills are available as combined formulations or progestin-only variants, the latter being ideal for breastfeeding women as they do not affect lactation, with an effectiveness of about 91% under typical use (Trussell, 2011). Injectable contraceptives, such as depot

medroxyprogesterone acetate (DMPA), given every three months, are highly effective at over 94% and are favored in Nigeria for their convenience and privacy (Guttmacher Institute, 2017). Condoms, available for both men and women, provide protection against both pregnancy and sexually transmitted infections, achieving 82–85% effectiveness with typical use, though consistent application is necessary (Trussell, 2011). Emergency contraception, such as levonorgestrel pills taken within 72 hours of unprotected intercourse, offers a vital option for postnatal women facing method failure or unprotected sex (World Health Organization, 2022).

Long-acting reversible contraceptives (LARCs) are well-suited for postnatal women seeking prolonged contraception. Intrauterine devices (IUDs), including copper and hormonal types, offer over 99% effectiveness and can be inserted immediately after delivery or at six-week postnatal visits, providing protection for 3 to 10 years (World Health Organization, 2022). Subdermal implants, like Nexplanon, deliver progestin and maintain over 99% effectiveness for 3 to 5 years, making them compatible with breastfeeding and popular in Nigeria (Guttmacher Institute, 2017). Permanent methods, such as tubal ligation, involve surgically sealing the fallopian tubes, offering lifelong contraception with over 99% effectiveness, suitable for postnatal women who no longer wish to have children, though it requires surgical expertise (World Health Organization, 2022). Vasectomy, a sterilization procedure for male partners, is less relevant here but noted for its high efficacy (Trussell, 2011).

Traditional methods are also utilized, particularly in the postnatal period. The lactational amenorrhea method (LAM) relies on exclusive breastfeeding to suppress ovulation, achieving 98% effectiveness for up to six months if the woman's menses have not returned and the infant is under six months (World Health Organization, 2022). LAM is cost-free and widely acceptable in resource-limited settings like Nigeria. Other traditional methods, such as withdrawal and fertility awareness, are less effective in the postnatal period due to irregular cycles, with withdrawal offering only 78% effectiveness under typical use (Trussell, 2011).

Postnatal women's contraceptive choices are shaped by factors like breastfeeding, physical recovery, and the need for birth spacing. Methods such as LAM, progestin-only pills, and implants are preferred for their lactation compatibility, while IUDs and injectables provide reliable options for spacing pregnancies (World Health Organization, 2022). In Nigeria, barriers like limited access to trained providers for IUD insertion and cultural preferences for traditional methods can hinder utilization (Guttmacher Institute, 2017).

The variety of contraceptive methods reflects the multifaceted nature of family planning decisions in the postnatal period. Factors such as knowledge of options, access to postnatal care, affordability, side effect concerns, and socio-cultural influences significantly affect method choice in Nigeria (Guttmacher Institute, 2017).

Level of Family Planning Use

In Nigeria, contraceptive use and preferences vary significantly, often influenced by factors such as geographical location (urban vs. rural), geopolitical zones, and the availability of healthcare facilities. These variations are shaped by both supply and demand factors. On the supply side, challenges include limited access to family planning services, poor service quality, high costs, inadequate contraceptive supplies, a shortage of trained providers, and poor provider–client communication. As a result, many Nigerians—especially those in rural areas struggle to access modern contraceptives and effective family planning services. Even where services exist, they are frequently hampered by insufficient resources and essential equipment.

Nigeria's modern contraceptive prevalence rate remains low, with only about 12% of women aged 15–49 using modern methods like condoms, emergency contraceptive pills (ECPs), and intrauterine devices (IUDs), according to recent studies. Postnatal women, the focus of this study, often rely on PHC centers for family planning services, but their method choices vary due to availability and other factors.

The relative helplessness of women (particularly in Northern Nigeria) regarding modern contraceptive methods, parity, pronatalist attitudes, and the general preference for male children are all major influences on the use of contraceptives, according to research on factors associated with the demand for contraceptives and family planning services in household poverty, low level of education (particularly in Northern Nigeria), myths and rumors, and high fertility and consequently higher prevalence of maternal and fetal

Nigeria. Complications have also been caused by early marriages and early sexual activity initiation, particularly in northern Nigeria. In Nigeria, some popular options for contraception include:

a)Condoms

The (2003) Demographic and Health Survey (DHS) identified condoms as the most commonly known and used contraceptive method among Nigerian women of reproductive age. They are particularly popular for postpartum contraception, especially among educated women with higher numbers of children. The rise in condom use is largely attributed to extensive HIV prevention campaigns, supported by both government and nongovernmental organizations. Additionally, the widespread availability of condoms in patent medicine stores where they can be purchased over the counter without the restrictions often found in formal health facilities has further contributed to their increased use.

b) Oral Contraceptive Pills (OCPs)

In Nigeria, oral contraceptive pills are easily accessible at pharmacies, patent medicine stores, and health facilities, making them a common family planning option for women after childbirth. Among women of reproductive age, including those in the postnatal period, OCPs are the second most preferred contraceptive method—especially among young, unmarried mothers.

Despite their availability, there is still a significant lack of awareness about OCPs among postnatal women. Many hold the misconception that long-term use of the pill can lead to

permanent infertility, which discourages uptake. As a result, some women turn to unsafe options like abortion when faced with an unplanned pregnancy, rather than using reliable contraception. Furthermore, the added health benefits of OCPs—such as regulating menstrual cycles and reducing the risk of certain cancers—are not widely known among Nigerian women in the postnatal period.

C) Intrauterine contraceptive Device

The uptake of intrauterine contraceptive devices (IUCDs) among postnatal women attending clinics in Nigeria varies significantly depending on the healthcare setting and the availability of counseling services. Generally, IUCD use remains relatively low in standard postnatal care settings.

In some clinical studies, especially those conducted in private health facilities or settings where women receive structured contraceptive counseling, uptake of IUCDs has been shown to be relatively high. For instance, a study involving women who delivered in private health facilities across six southern Nigerian states found that approximately 41% accepted immediate postpartum IUCD insertion. Similarly, in a public tertiary hospital in Enugu, 36.8% of pregnant women agreed to immediate IUCD insertion after receiving information and counseling about the method—despite the fact that over 65% were initially unaware of IUCDs.

However, these figures are not representative of typical postnatal care settings across Nigeria. In broader public health facility settings, studies indicate that only about 7.8% of postnatal women are actively using IUCDs. Other contraceptive methods such as

condoms, implants, and even traditional methods like withdrawal are more commonly used. research has shown that when high-quality counseling is integrated into antenatal and postnatal services, IUCD acceptance and use can increase significantly. In one such study from southwestern Nigeria, where women received enhanced contraceptive education, IUCDs accounted for 42.3% of all modern contraceptive methods used by postpartum women. However, only 35.5% of women in that setting were using any modern

contraceptive method at all.

d) Emergency contraceptive pill

A nationwide survey in Nigeria highlighted limited understanding and varied perspectives on emergency contraception (EC). The study, conducted by the Society for Family Health, included groups such as unmarried women, female undergraduates, healthcare providers, private practitioners, and men. Only 80% of these potential EC providers had received training, with just two aware of both the correct dosage and timing for EC, and none knowledgeable about both for Postinor. The survey found 81% supported EC use, with objections stemming from religious beliefs (5%), concerns about side effects (3%), and the misconception that EC causes permanent infertility (29%). Despite Nigeria's high maternal mortality rates linked to unsafe abortions from unintended pregnancies, there are few initiatives to boost EC awareness.

In Nigeria, private medical practitioners deliver a significant share of family planning and reproductive health services. However, many are unaware of the correct brands, dosages,

and timing of emergency contraception (EC) relative to sexual intercourse. According to a 2008 study by Okonofua et al., while 79.9% of doctors accurately described EC methods, only 23% stocked EC products in their clinics, and just 13.8% utilized them. Traditional post-coital fertility control practices in Nigeria include using gin, codeine tablets, and a mixture of potash with blue, lime, and pepper seeds. In (2023) an analysis of the 2018 Nigeria Demographic and Health Survey indicated that 27% of postpartum women used modern contraceptives, but ECP use was not specifically reported. A 2014 study in urban Nigeria noted that only 6% of women aged 15–49 had ever used ECP, with under 5% using it in the past year. Low provider training (80% trained, 2% knowing correct dose/timing) suggests ECP use in postnatal clinics is likely below 5%.

e) Female sterilization

Female sterilization through tubal ligation is uncommon and often unaccepted as a contraceptive option in Nigeria. Globally, however, it is widely practiced, especially in developed countries and some developing nations in Asia and South America. In Nigeria, decisions about sterilization are shaped by factors like religion, misinformation, and traditional superstitions, which persist even among more educated community members.

The acceptability of sterilization in Nigeria and other developing countries may be affected by the high cost of managing complications. Studies in Nigeria indicate low demand for tubal ligation, though it is more commonly accepted when performed alongside another surgery, such as a cesarean section or laparotomy for uterine rupture repair. The Pomeroy's technique, done via laparotomy or mini-laparotomy (the latter

being more common), carries risks like uterine perforation, bladder or intestinal injuries, and intra-abdominal bleeding, though these complications are rare. Factors limiting acceptance include the procedure's cost, scarcity of skilled providers (particularly in rural areas), and fear of surgical risks.

Summary of Related Review

The literature on family planning utilization among postnatal women states its concepts, determinants, and usage levels. Family planning has evolved from population control to rights based approaches focusing on maternal health and contraceptive access, underscoring the need for integrated postnatal care services. Key determinants include socioeconomic, cultural, and health system factors. Higher education and income boost contraceptive use, while cultural norms and spousal disapproval often hinder uptake, especially in patriarchal communities. Limited access to contraceptives and poor counseling further reduce utilization. Postnatal care offers a key opportunity for family planning, yet service integration remains weak. Gaps include few longitudinal studies, limited data on rural or marginalized groups, and minimal focus on male involvement. This study investigates determinants of family planning use among postnatal women to address these gaps and inform targeted interventions for better maternal health outcomes.

CHAPTER THREE

METHODOLOGY

This chapter presents the research methodology used to examine the determinants of family planning utilization among women attending Post-natal care at Oluku primary health center. The methodology is discussed under the following subheadings:

- Design of the Study
- Population of the Study
- Sample Size and Sampling Techniques
- Research Instrument
- Validity of Instrument
- Reliability of Instrument
- Method of Data Collection
- Method of Data Analysis

Design of the Study

The descriptive survey design was chosen as the research methodology for this investigation. This approach is suitable since it makes it possible to gather information from a sizable population in order to describe and examine current circumstances, viewpoints, or actions without changing any of the factors. In this regard, the study aims to assess the determinants of family planning utillization among women attending postnatal care at a specific point in time. Studies in the social and behavioral sciences, where the researcher seeks to comprehend things as they naturally occur, are especially

well-suited for the descriptive survey design. The design enables a comprehensive and accurate depiction of the current state of affairs because the research focuses on students' experiences and perceptions of their school environment and how it affects their mental health.

Population of the Study

The population of the study is 58, comprising all women attending the postnatal clinic at Oluku primary health care center during the period of the study. These women are considered suitable because they are within the reproductive age group, have had recent childbirth and are potential users of family planning services.

Sample Size and Sampling Technique

The sample size for this study will be 58 postnatal women attending the postnatal clinic at Oluku health center respondents. The study adopted a consensus sampling technique, which involves all women attending the postnatal clinic at the Oluku primary health center. This approach was chosen to ensure complete representation of the population study, eliminate sampling error, and provide comprehensive data on the sociocultural factors influencing family planning use.

Research Instrument

The primary instrument for data collection in this study will be a structured questionnaire designed to gather quantitative data. The questionnaire consists of 2 sections aligned with the study variables:

Section A: This section will collect basic information about the respondents, including: Age, Gender, religion education, parity, marital, occupation.

Section B; This section will assess various research questions on socio-cultural factors such as religious beliefs, cultural beliefs, family support, socio economic and level of education in relation to family planning. These will be measured using modified Likert-scale items (Strongly Agree to Strongly Disagree) to allow respondents express their opinion clearly.

Validity of the Research Instrument

The validity of an instrument is the consistency with which an instrument measures what it sets to measure. The instrument was reviewed and validated by the project supervisor and two academic experts in the Department of Health Safety and Environmental Education, Faculty of Education. These experts examined the items to ensure they accurately measured the aims and objectives of the study. The final version of the questionnaire was developed based on their corrections and suggestions.

Reliability of the Instrument

The reliability of the research instrument is the consistency with which an instrument measures what it sets to measure. The test-retest reliability method will be employed to determine the reliability of the instrument. The questionnaire will be re-administered to the pilot group after a two-week interval to assess the stability of responses over time. Consistent results across both administrations would indicate good test-retest reliability.

Method of Data Collection

The researcher will personally distribute the questionnaires to the respondents. This approach is intended to help maintain a high response rate. The completed questionnaires by the respondents will be retrieved personally by the researcher immediately they are complete.

Method of Data Analysis

Descriptive statistics such as frequency, percentage, mean, and standard deviation will be used to analyze the responses and summarize the demographic information. The results will be presented in tables for better clarity and easy understanding.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter presents and discusses the findings of a study examining the determinants of family planning utilization among women attending the postnatal clinic at Oluku Primary Health Care Center. The analysis, which utilized descriptive statistics (mean and standard deviation) and inferential statistics (chi-square tests), reveals key insights into the factors shaping contraceptive decisions among this population. The results highlight the interplay of socio-economic, cultural, interpersonal, and access-related factors influencing family planning utilization, providing a basis for recommendations to enhance contraceptive uptake and improve reproductive health outcomes.

Research question 1: What are the determinants of family planning utilization amongst women attending post natal care services at Oluku Primary Health Care Center

Table 1: factors influencing family planning utilization

Factors influencing family planning utilization	**Mean**	**S.D**	**Criterion Mean**	**Remark**
My partners support influences my family planning decisions	3.22	0.85	2.5	Agreed
Household income significantly impacts my ability to access family planning	2.44	0.91	2.5	Disagreed
Cultural norms in my community plays a substantial role in shaping my decisions	2.71	0.93	2.5	Agreed

My religious convictions affects whether or not i utilize contraceptives	2.67	1.01	2.5	Agreed
The proximity of health care facilities determine my utilization of family planning	2.32	0.88	2.5	Disagreed
Familiarity with various family planning method inform my choices	3.12	0.77	2.5	Agreed
My partners perspective on family planning considerably influences our joint decisions	3.22	0.81	2.5	Agreed
Concerns about potential side effect deter me from using specific family planning methods	2.98	0.92	2.5	Agreed
My employment status affects the timing and method of family planning i use	2.62	0.94	2.5	Agreed
Stigma and judgement from others affects my decision to use family planning	2.71	0.97	2.5	Agreed
Poor quality of care at clinics like ling waiting time reduce my willingness to use family planning	2.86	0.94	2.5	Agreed
Community attitudes influence play a big role in my choice to use family planning	3.03	0.83	2.5	Agreed
Media campaigns (example radio,television,social media)	2.14	0.81	2.5	Disagreed
The quality of my relationship with my partner influences my family planning choices	3.24	0.82	2.5	Agreed

My anxiety and stress about family planning affects my ability to use family planning	2.52	0.95	2.5	Agreed
Grand mean	2.79			

Table one reveal that respondents agreed with the statement "my partner's support influences my family planning decisions*"* which recorded a mean score of 3.22 and standard deviation of 0.85**,** showing that partner support is a major determinant in family planning choices. They also agreed with the related statement "my partner's perspective on family planning considerably influences our joint decisions" with a mean of 3.22 and standard deviation of 0.81**,** as well as "the quality of my relationship with my partner influences my family planning choices*"* with a mean of 3.24 and SD 0.82, confirming strong partner influence. Respondents disagreed that "household income significantly impacts my ability to access family planning" (mean 2.44**,** SD 0.91), suggesting income may not be a major barrier. However, they agreed that *"*my employment status affects the timing and method of family planning I use*"* (mean 2.62, SD 0.94), indicating that employment conditions still influence their decisions.Cultural and religious factors were also influential. The statement "cultural norms in my community play a substantial role in shaping my decisions" had a mean of 2.71 and SD 0.93**,** showing agreement. Respondents also agreed that "my religious convictions affect whether or not I utilize contraceptives" with a mean of 2.67 and SD 1.01, highlighting the role of religious beliefs in contraceptive use. In addition, they agreed that "community attitudes influence play a big role in my choice to use family planning" (mean 3.03**,** SD 0.83). Respondents

demonstrated awareness-related influences, agreeing that "familiarity with various family planning methods informs my choices" with a mean of 3.12 and SD 0.77. They also agreed with the statement "concerns about potential side effects deter me from using specific family planning methods" (mean 2.98, SD 0.92), indicating that fear of side effects is a deterrent. On access factors, they disagreed with the statement "the proximity of health care facilities determines my utilization of family planning" which had a mean of 2.32 and SD 0.88, suggesting distance is not a significant barrier. Nonetheless, they agreed **that** "poor quality of care at clinics like long waiting time reduce my willingness to use family planning" with a mean of 2.86 and SD 0.94, showing service quality matters more than distance. The influence of social pressure and emotions was evident, as respondents agreed that *"*stigma judgement from others affects my decision to use family planning" *and* (mean **2.71**, SD **0.97**) and that "my anxiety and stress about family planning affects my ability to use family planning*"* (mean **2.52**, SD **0.95**). However, respondents disagreed that "media campaigns (example radio, television, social media)" influence their family planning decisions, which had a mean of 2.14 and SD 0.81, indicating limited impact of media sensitization. Overall, with a grand mean of 2.79**,** the findings show that respondents generally agree that partner influence, cultural and religious factors, knowledge and fears, emotional pressures, and the quality of care significantly shape family planning decisions, while income, media campaigns, and facility proximity are less influential.

Research question 2:Does parity affect family planning utilization amongst women attending post natal care services at Oluku Primary Health Care Center

Table 2: parity as an influence to family planning

Does parity influence family planning	**Mean**	**S.D**	**Criterion Mean**	**Remark**
Women with more children are more likely to use family planning	2.84	1.00	2.5	Agreed
Women with fewer children are less likely to consider family planning	2.72	0.94	2.5	Agreed
parity(number of children) influences the timing of family planning	3.05	0.86	2.5	Agreed
Women with higher parity(number of children) are more likely toadopt family planning	3.03	0.89	2.5	Agreed
Women with lower parity (number of children) may delay family planning because they still desire more children	2.90	0.92	2.5	Agreed
Grand Mean	2.91			

Table two findings presented indicate that respondents generally agreed that parity—that is, the number of children a woman has—significantly influences the utilization and timing of family planning. The mean values for all items range between 2.72 and 3.05, all

of which exceed the decision benchmark of 2.5, thereby suggesting consensus among respondents on the influence of parity on family planning decisions.

Specifically, the statement that women with more children are more likely to use family planning (Mean = 2.84) implies that as family size increases, the likelihood of adopting family planning methods also increases. This may be due to the desire to limit further childbearing or to space subsequent births. Conversely, the agreement with the statement that women with fewer children are less likely to consider family planning (Mean = 2.72) suggests that women at lower parity levels often still aspire to have more children, thus postponing the adoption of contraceptive measures.

Furthermore, respondents concurred that parity influences the timing of family planning (Mean = 3.05) and that women with higher parity are more likely to adopt family planning (Mean = 3.03). These findings imply that parity not only affects whether a woman adopts family planning but also when she chooses to do so. The agreement that women with lower parity may delay family planning because they still desire more children (Mean = 2.90) further supports this interpretation, highlighting the role of fertility intentions in shaping contraceptive behavior. the grand mean score of 2.91 confirms that parity exerts a notable influence on women's family planning decisions. This suggests that family planning programs and interventions should consider parity as a critical demographic factor when designing educational and outreach strategies aimed at improving contraceptive uptake and reproductive health outcomes among women.

Hypothesis 1: Parity does not significantly affect family planning utilization amongst women attending post natal care services at Oluku Primary Health Care Center

Response Category	FP (Yes) (O)	FP (No) (O)	FP (Yes) (E)	FP (No) (E)	E - O (Yes)	E - O (No)	$(E - O)^2$ (Yes)	$(E - O)^2$ (No)	$(E - O)^2 / E$ (Yes)	$(E - O)^2 / E$ (No)
1 child	5	12	9.38	7.62	4.38	-4.38	19.18	19.18	2.04	2.52
2-4 child	20	13	18.21	14.79	-1.79	1.79	3.20	3.20	0.18	0.22
5 or more children	7	1	4.41	3.59	-2.59	2.59	6.71	6.71	1.52	1.87
Total	32	26							3.74	4.61

Degree of Freedom	% (percentage)	Table x^2	Calculated	Decision
2	5% (0.05)	5.991	8.35	Rejected

Source field survey,2025

Table three indicated Since the calculated Chi square statistic of 8.35 is greater than the table value of 5.991 at a 5% level of significance with 2 degrees of freedom, and the calculated p-value of 0.015 is less than 0.05, the null Hypothesis(H_{02}) is rejected. This indicates that there is a statistically significant association between parity and use of family planning

Research question 3:Does level of education affect family planning utilization amongst women attending post natal care services at Oluku Primary Health Care Center

Response Category	FP (Yes) (O)	FP (No) (O)	FP (Yes) (E)	FP (No) (E)	E - O (Yes)	E - O (No)	(E - O)^2 (Yes)	(E - O)^2 (No)	(E - O)^2 / E (Yes)	(E - O)^2 / E (No)
No Formal Education	2	7	4.66	4.34	2.66	-2.66	7.08	7.08	1.52	1.63
Primary	6	11	8.79	8.21	2.79	-2.79	7.78	7.78	0.89	0.95
Secondary	12	7	9.83	9.17	-2.17	2.17	4.71	4.71	0.48	0.51
Tertiary	10	3	6.72	6.28	-3.28	3.28	10.76	10.76	1.60	1.71
Total	30	28							4.49	4.80

Degree of Freedom	% (percentage)	Table x^2	Calculated	Decision
3	5% (0.05)	7.815	9.29	Rejected

Source field survey,2025

Table four showed the calculated Chi square statistic of 8.35 is greater than the table value of 7.815 at a 5% level of significance with 3 degrees of freedom, and the calculated p-value of 0.026 is less than 0.05, the null Hypothesis(H_{02}) is rejected. This indicates that

there is a statistically significant association between Level of Education and use of family planning

Discussion of findings

The findings of this study underscore the complex and multifaceted nature of family planning utilization among women attending the postnatal clinic at Oluku Primary Health Care Center. The significant influence of partner involvement and relationship quality highlights the importance of recognizing family planning as a shared responsibility, rather than solely a woman's decision. This is consistent with previous studies that emphasize the crucial role of spousal communication and support in reproductive decision-making, suggesting that interventions targeting male partners could enhance contraceptive uptake.

The prominent role of knowledge and awareness of contraceptive methods in shaping family planning decisions points to the value of targeted education and awareness campaigns. The impact of media exposure on family planning decisions indicates that leveraging media platforms could be an effective strategy for disseminating information and promoting contraceptive use. Healthcare providers should consider integrating media-based educational tools into their counseling services to enhance awareness and informed decision-making.

The moderate influence of psychological factors, such as anxiety and stress, suggests that while these factors are not the primary drivers of family planning decisions, they still pose significant barriers for some women. This underscores the need for comprehensive counseling and support services that address the emotional and psychological aspects of

family planning, ensuring that women feel supported and empowered to make informed choices.

Socio-economic and cultural considerations, including household income, cultural norms, and religious convictions, also play a role in shaping family planning utilization. These factors highlight the importance of tailoring interventions to address the specific needs and concerns of different communities, rather than adopting a one-size-fits-all approach. The significance of access-related factors, such as proximity of healthcare facilities and perceived quality of care, emphasizes the need for strengthening healthcare systems and improving the quality of care to facilitate access to family planning services.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

This chapter has to do with the summary, conclusions and recommendation based on the finding

Summary

The study revealed that family planning decisions among postnatal women at Oluku Primary Health Care Center are shaped by a combination of interpersonal, socio-cultural, psychological, and institutional factors. Partner involvement and the quality of the spousal relationship were key influences, with women often considering their partners' opinions and support when making contraceptive choices, highlighting family planning as a shared responsibility (Oyediran et al., 2019).

Familiarity with different family planning methods also played a significant role, as women with greater knowledge were more likely to adopt suitable methods, emphasizing the importance of education and awareness programs in postnatal care (Ajayi et al., 2018). Although media campaigns were not seen as highly influential, direct counseling and interpersonal guidance were effective in informing decisions.

Cultural norms and religious beliefs significantly affected family planning utilization. Community expectations, societal attitudes, and personal religious convictions influenced women's choices, consistent with prior research demonstrating that cultural and religious factors can either facilitate or restrict contraceptive use in Nigeria (Ogunjuyigbe & Akinlo, 2014). Psychological factors, including stress, anxiety, and concerns about side

effects, also acted as barriers, indicating the need for counseling that addresses both emotional and informational needs (Adanikin et al., 2019).

Socio-economic and institutional considerations affected utilization to varying extents. While household income and facility proximity were not primary barriers, perceived quality of care—such as long waiting times and poor service delivery—reduced willingness to access family planning, highlighting the importance of improving healthcare services (Ankomah et al., 2013).

Parity was identified as a critical determinant. Women with more children were more likely to adopt family planning methods, while those with fewer children often delayed use due to the desire for additional offspring. Statistical analysis confirmed a significant association between parity and contraceptive utilization indicating that fertility intentions and existing family size strongly influence both the timing and type of family planning methods chosen.

Findings

The study found that:

1. Partner influence and relationship quality are key determinants of family planning utilization, emphasizing the importance of male involvement in reproductive health decisions.
2. Knowledge and awareness of contraceptive methods, as well as media exposure, play significant roles in shaping family planning decisions, underscoring the value of education and awareness campaigns.

3. Psychological factors, such as anxiety and stress, have a moderate influence on family planning utilization, highlighting the need for counseling and support services.
4. Socio-economic and cultural considerations, including household income and cultural norms, affect contraceptive uptake, indicating the importance of tailoring interventions to specific communities.
5. Access-related factors, such as proximity of healthcare facilities and perceived quality of care, influence family planning utilization, emphasizing the need for strengthened healthcare systems.
6. Parity and level of education are significantly associated with family planning utilization, suggesting the importance of considering these factors in family planning programming.

Conclusion

The study concludes that family planning utilization among women attending the postnatal clinic at Oluku Primary Health Care Center is influenced by a complex interplay of socio-economic, cultural, interpersonal, and access-related factors. To enhance contraceptive uptake, interventions should prioritize male involvement, awareness and education, and address socio-economic and cultural barriers. By adopting a comprehensive and inclusive approach, policymakers and healthcare providers can support women in making informed decisions about their reproductive health, ultimately

contributing to improved health outcomes and well-being for individuals, families, and communities.

Recommendations

1. Develop and implement comprehensive family planning programs that involve male partners and address the specific needs of women.
2. Implement targeted awareness campaigns to enhance knowledge and awareness of contraceptive methods, leveraging media platforms and community-based initiatives.
3. Provide counseling and support services that address the emotional and psychological aspects of family planning, ensuring that women feel supported and empowered to make informed decisions.
4. Strengthen healthcare systems to improve access to family planning services, including increasing the availability of contraceptive methods and improving the quality of care.
5. Tailor interventions to address the specific socio-economic and cultural barriers to family planning utilization, recognizing the diversity of women's experiences and contexts.

Suggestions for Further Study

1. Investigate the role of male partners in family planning decision-making, exploring the factors that influence their involvement and the impact on contraceptive uptake.

2. Examine the impact of cultural norms on family planning utilization, identifying strategies to address cultural barriers and promote positive change.
3. Assess the effectiveness of different awareness campaigns and education strategies in promoting contraceptive uptake, identifying best practices and areas for improvement.
4. Evaluate the quality of family planning services and its impact on utilization, identifying opportunities for quality improvement and innovation.
5. Investigate the relationship between parity and family planning utilization in different populations, exploring the implications for family planning programming and policy.

REFERENCE

Adanikin, A. I., McGrath, N., & Padmadas, S. S. (2019). Impact of male partner involvement on modern contraceptive use among married or partnered women in Nigeria. *International Perspectives on Sexual and Reproductive Health, 45*(1), 1–12.

Ajayi, A. I., Adeniyi, O. V., & Akpan, W. (2018). Use of traditional and modern contraceptives among childbearing women: Findings from a mixed methods study in two southwestern Nigerian states. *BMC Public Health, 18*, 604.

Ali MM, Cleland J. Contraceptive switching after method-related discontinuation. *Stud Fam Plann.* 2010; 41: 129–133.

Ankomah, A., Anyanti, J., Adebayo, S., & Giwa, A. (2013). Barriers to contraceptive use among married young adults in Nigeria: A qualitative study. *International Journal of Public Health Research, 3*(1), 45–53.

Barker DJ. The origins of the developmental origins theory. *J Intern Med.* 2007; 261: 412.

Cleland, J., Conde-Agudelo, A., Peterson, H., Ross, J., & Tsui, A. (2012). Contraception and health. *The Lancet, 380*(9837), 149–156.

Díaz Olavarrieta, C., Juarez, C., Garcia, S. G., Sanhueza Smith, A., & Harper, C. C. (2007). Family planning advice and postpartum contraceptive use among low-income women in Mexico. *International Family Planning Perspectives, 33*(1), 6–12.

Federal Ministry of Health, Nigeria. (1988). *National policy on population for development, unity, progress and self-reliance*. Federal Ministry of Health.

Federal Ministry of Health, Nigeria. (2020). *National family planning blueprint (2020–2024)*.

Glasier AF, Smith KB, van der Spuy ZM, et al.

Amenorrhea associated with contraception—an international study on acceptability. *Contraception.* 2003; 67: 1–8.

Goldie SJ, Sweet S, Carvalho N, Natchu UCM, Hu D. Alternative strategies to reduce maternal mortality in India: a cost-effectiveness analysis. *PLoS Med.* 2010; 7: e1000264.

Hogan MC, Foreman KJ, Naghavi M, et al. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet.* 2010; 375: 1609–1623.

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly, 15*(4), 351–377.

National Population Commission (NPC) [Nigeria] & ICF International. (2014). *Nigeria Demographic and Health Survey 2013*. NPC and ICF International.

National Population Commission (NPC) [Nigeria] & ICF Macro. (2009). *Nigeria Demographic and Health Survey 2008*. NPC and ICF Macro.

National Population Commission [NPC] & ICF. (2019). *Nigeria Demographic and Health Survey 2018*. NPC and ICF.

Ogunjuyigbe, P. O., & Akinlo, A. (2014). Influence of cultural beliefs on contraceptive use in Nigeria. *African Journal of Reproductive Health, 18*(3), 15–26.

Oyediran, K. A., Feyisetan, O. I., & Akpan, T. (2019). Male involvement in family planning: Challenges and way forward. *Journal of Family Planning and Reproductive Health Care, 45*(2), 109–118.

Ross, J. A., & Winfrey, W. L. (2001). Contraceptive use, intention to use and unmet need during the extended postpartum period. *International Family Planning Perspectives, 27*(1), 20–27.

Winfrey, W., & Rakesh, K. (2014). *Use of family planning in the postpartum period* (DHS Comparative Reports No. 36). ICF International.

World Health Organization. (2020). *Family planning/Contraception: Evidence brief*.

World Health Organization. Report of a WHO technical consultation on birth spacing: Geneva, Switzerland, 13–15 June 2005. WHO/RHR/07.1. Geneva: World Health Organization; 2007.

QUESTIONNAIRE

DEPARTMENT OF HEALTH, SAFETY, AND ENVIRONMENTAL EDUCATION

FACULTY OF EDUCATION

UNIVERSITY OF BENIN

DETERMINANTS OF FAMILY PLANNING UTILIZATION AMONG WOMEN ATTENDING POST NATAL CARE AT OLUKU PRIMARY HEALTH CENTRE

I am a final-year student in the Department of Health, Safety, and Environmental Education, Faculty of Education, University of Benin. This questionnaire is part of a research study titled "Determinants of family planning utilization among women attending post-natal care at Oluku primary health center".

This study aims to assess various determinants of family planning utilization among women attending postnatal care. Your honest answers will help provide useful information that may support better health for women attending post natal care. All responses will be treated with strict confidentiality and used only for academic purposes.

Researcher,

Nwajei Chiamaka Emmanuella

Instructions: Please answer all questions honestly. There are no right or wrong answers. Tick (✓) the option that best shows how much you agree with each statement.

Section A: Demographic Information

Please tick or write your answer where appropriate.

1. Age range: 21–25yrs ( ) 21–25yrs ( ) 26–30yrs ( ) 30yrs and above ( )
2. Marital status: Single ( ) Married ( ) Divorced ( )
3. Parity: 1 child ( ) 2—4 ( ) 5 and above ( )

4. Religion: Christianity ( ) Islam ( ) Traditional ( ) Others_____
5. Educational level: No formal education ( ) Primary ( ) Secondary ( ) Tertiary ( )
6. Occupation: Unemployed ( ) Self Employed ( ) Civil servant ( ) Student ( ) Others_____
7. Do you utilize family planning services: yes ( ) No ( )

Section B: Knowledge of family planning

Research question 1: What are the determinants of family planning

S/N	Statements	SA	A	D	SD
1.	My Partner's support influences my family planning decisions.				
2.	Household income significantly impacts my ability to access family planning services.				
3.	Cultural norms in my community plays a substantial role in shaping my decisions regarding family planning.				
4.	My religious convictions affect whether or not I utilize contraceptives.				
5.	The proximity of health care facilities determines my utilization of family planning				
6.	Familiarity with various family planning methods inform my choices.				
7.	My partner's perspective on family planning considerably influences our joint decisions.				
8.	Concerns about potential side effects deter me from using specific				

	family planning methods.				
9.	My employment status affects the timing and methods of family planning I use.				
10.	Stigma and judgement from others affects my decision to use family planning.				
11.	Poor quality of care at clinics like long waiting time reduce my willingness to use family planning.				
12.	Community attitudes play a big role in my choice to use family planning.				
13.	Media campaigns (example Radio, Television, social media) have positively influenced my decision to use family planning.				
14.	The quality of my relationship with my partner influences my family planning choices.				
15.	My anxiety and stress about family planning affects my ability to access services.				

Research question 2: Does parity influence family planning?

S/N	Statements	SA	A	D	SD
1.	Women with more children are more likely to use family planning methods				
2.	Women with fewer children are less likely to consider family				

	planning				
3.	Parity (number of children) influences the timing of family planning adoption				
4.	Women with higher parity (number of children) are more likely to adopt permanent family planning method				
5.	Women with lower parity (number of children) may delay family planning because they still desire more children				

Thank you for your participation