



## Factors Influencing Non-Utilization of Modern Methods of Family Planning Among Couples in Paikon-Kore, (FCT) Nigeria

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**Abstract:** Sex is one of the psychological needs of every human being, but sex without caution leads to plan less family, demographic problems and a lot of social phenomena. A family without planning breeds several social vices. Non-utilization of family planning is a global phenomenon caused by several factors. Hence, this survey research embarks on the examination of factors influencing non-utilization of modern methods of family planning among couples in Paikon-kore Community, Abuja. Literature pertinent to the study was reviewed. This explorative study employed both quantitative (survey) and qualitative (in-depth interview) methods to source for raw data from 1500 couples in the community. The findings of the study revealed that religious, education, cultural factors, level of exposure, employment status and so on influence the practice of family planning in Nigeria. The study concluded that family planning among couples in Nigeria is safe, if it is aware and well used. Several factors hinder the use of modern methods of family planning in Nigeria. At the end, the study recommended that more awareness campaigns should be created through workshops and seminars by government and medical practitioners should enhance education and re-orientation of couples about family planning and education curriculum should be built to increase peoples' level of knowledge on it.

**Keywords:** Awareness, Culture, Education, Family Planning, Non-utilization, Religion.

**Word Counts:** 207

## **Introduction**

One of the basic psychological needs of human beings is sex. Incessant sex within couples without precaution has led to so many vices in Nigeria and beyond. In order to curtail these social vices in the country, there is need for family planning. The major instrument for population policy is family planning. Globally, family planning is promoted as a mechanism to address the productive health needs of men and women. Family planning is a practice by which couple(s) space the number of years between each child they want to give birth to and reduce the number of their children through the use of contraceptive methods. Family planning practices help couples to avoid unwanted pregnancies, regulate the intervals between pregnancies, control the time of birth in relation to the age of parents and determine the number of children in the family.

Awareness of birth control methods is therefore the logical first step necessary for their use by couple(s), since intensity of awareness is related to the available information and experience, the extent of use of birth control method is also dependent on the intensity of awareness of these methods. It is worthy to note that the level of awareness usually precedes the use of family planning. Factors influencing the awareness of family planning are: location, medical advice, empowerment, education of the benefactors, age, economic factors as well as socio - cultural factors. While the utilization of family planning depends on some factors surrounding the couples such as: poor living standard, religious beliefs, accessibility to medical centers, level of income, socio – cultural factors, level of awareness, decision making power, among many others.

The implications of not using family planning are always hazardous because it will bring about over population in a society and other aftermath service effects. In a society that is characterized with over-population, there will be high rate of crime, prostitution and many other social vices. And at the end, this over-population will lead to food scarcity, job scarcity, malnutrition, poverty and survival of the fittest, child mortality, no child spacing and host of others. It is on this background that this study aims to examine the factors influencing the non-utilization of modern methods of family planning among the people (couples) in Paikonkore community in Nigeria.

## **Statement of Problem**

The issue of family planning in term of its awareness and utilization is a global phenomenon. Several people have interest in planning their family, but it is either they are not aware due to several factors, or some are very much aware of it, but they avoid family planning due to personal and religious reasons. Yet, level of education has a lot to do on the issue of family planning in Nigeria. Religious reasons, traditional belief and other reasons serve as the back - up to couples not being aware and not using family planning. Islam for example believes that, “family planning is prohibited and that one should marry a woman whose family has more children”. It is also believed in Islam that more children own by a woman, the more her Ummah (Muslim brotherhood) will grow. While in Christian, it is believed that, God created man and woman, and commanded them to multiply. With these religious injunctions, most couples in Nigeria are holding unto it and disregard family planning. This has turned out to be

socio-economic and demographic problems in Nigeria, which Paikon-kore happens to be included.

Contrarily, some couples are aware of family planning, but they are not using it, because the tradition or patriarchal culture that the husband has the final says in the family. This brings about argument in deciding the approval of family planning among husband and wife. This is a major constraint as women in Nigeria cannot take decisions for themselves without the approval of their husbands who are regarded as the head of the family. Therefore, it makes women more unlikely to use contraceptives, if their husband disagrees even though they are aware of family planning methods. While some couples are aware, but do not know the type to use and/or who to discuss such kind of confidential family affairs with. Awareness goes along with education, studies have shown that the rural couples in developing countries e.g. Nigeria are mostly uneducated compared to developed world. Therefore, family planning method to use is not known to couples within the rural settlement because they lack information or are ignorant of modern method of contraceptives. In addition, some of the people in Nigeria are aware and also utilize family planning, but they misuse or unable to carefully follow the family planning instruction guide due to several factors. Hence, this study examines the factors influencing the non-utilization of modern methods of family planning among couples in Paikon-kore, Abuja Nigeria in order to establish what, how and why they do not utilize it.

### **Aim and Objectives of the Study**

The broad aim of the study is to examine the factors influencing the non-

utilization of modern methods of family planning in Nigeria. While, the specific objectives are to:

- i. Identify the methods of family planning in Nigeria.
- ii. Examine the factors causing the non-utilization of modern methods of family planning among couples in Nigeria.

### **Brief Literature Review**

The definition of family planning is approached in different ways by different authors. These various approaches either overlap or are observable in agreement with one another as what family planning should mean based on the writer's perspective and social context. Family planning refers to the use of contraception and other methods of birth control to regulate the number, timing, and spacing of human births. Samuel (2010), defined family planning as the practice that helps individuals or married couples to attain certain objectives, such as avoiding unwanted pregnancies, bringing about wanted babies at the right time, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of parents and determining the number of children in the family. Thus, family planning is a means of reproductive health (Ngwu, 2014).

Family planning helps in empowering the couples living in poverty, through enabling them to have fewer children and reduces the tension of competition of available resources at the household and prevents Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV) through the promotion of contraceptives, such as condom thereby preventing unwanted pregnancies among HIV positive married women therefore averting

mother to child transmission of the disease. Planning of the family and implementing the plans is based on mutual understanding and pure voluntary on the part of the couple. Family planning is self-imposed discipline by husband and wife in order to be healthy, wealthy, happy and at the same time contributing to social welfare, national progress and world peace at large. High fertility rate can be reduced through the awareness and utilization of family planning. Family planning simply means the propensity or tendency of having intercourse without the result of pregnancy. Thus, one did not abstain from sex, yet nothing like pregnancy for the period of time the couples want. Thus, it is a conscious attempt by couples to space birth to guarantee health of the mother and child or children. Invariably, it results into birth/fertility control (Alana, 2017).

### **Concept of Contraceptive**

Contraception involves the use of various drugs, devices, agents, sexual practices, or surgical procedures to prevent conception or pregnancy (Koc, 2000). Reshma (2015) asserts that, contraception is a method of family planning that hinders the survival of infants, as it supports birth control or spacing and reduces high risk pregnancies. This means that, in achieving adequate birth spacing, it could significantly reduce child mortality by 20 per cent or more, particularly in developing countries of the world with numerous socio-economic problems (WHO, 2001). However, Nigeria will be a beneficiary of contraception because it is considered to be an underdeveloped nation; hence it will make the population to be reasonably managed by the government of Nigeria.

Somba, Mbonile, Obure, and Mahande, (2014) viewed contraceptive as family planning method which comprises the used of both scientific and traditional techniques such as injections, pills, condoms, spermicidal, Intra-Urine Devices (IUD), diaphragm, virginal rings and other methods for protection against sexually transmitted infections (Fawcett, Owens, and Ply, 2012). The use of family planning also aids in the prevention of sexually transmitted diseases in Nigeria. It could thereby be deduced that non-awareness and/or non-utilization of family planning enhances the high rate of sexually transmitted diseases and high population in Nigeria.

### **Types/Methods of Family Planning**

There are two major types/methods of family planning. These are: Traditional family planning methods and Modern family planning methods. These methods can be sub-divided as follows:

#### **A. Traditional Method of Family Planning**

Several traditional family planning methods pre-dated the emergence of modern methods of family planning. Before the advent of condoms and hormone-altering drugs, couples utilized primitive methods for preventing conception. Traditional methods have several methods and among these are:

- i. Oral Medication: Oral medication is a route of administration where a substance is taken through the mouth. In line with family planning, it is contraceptive taken that prevents pregnancy. Ojusanya (1984) asserted that, it involves the use of salt, alum, vinegar, lemon juice, washing soap and potassium solution which is usually taken orally by the woman immediately after coitus. It is believed that the sperm will be excreted by the kidney and passed to

the urine. This type of pregnancy prevention is mostly taken by uneducated couple(s) because some educated couple(s) will never agree to all the processes involved in oral medication because they believe the method is unscientific in nature.

- ii. **Virginal Ring Insertion and Amulet:** Ring in this case is used as a contraceptive material otherwise known as virginal ring. Vaginal ring is a flexible, transparent, plastic ring. It is placed in the vagina where it releases two hormones (estrogen and progesterone). The vaginal ring is a form of contraception for women. A vaginal ring is a contraceptive ring which sits inside the vagina and it stops ovaries from releasing an egg each month. The vaginal ring is inserted into the vagina on the first day of a woman's menstrual cycle and stays in there for three weeks in a row and is then removed while the woman has her period (Hanson, Burke and Anne, 2010). On the other hand, Ojusanya (1984) described an amulet as an object whose most important characteristic is the power ascribed to it to protect its owner from getting pregnant. It also protects against getting harm. Potential amulets include gems, especially engraved gems, statues, coins, drawings, pendants, rings, plants, animals, and even words in the form of a magical spell or incantation to repel evil or bad luck. Amulet is also for the protection of pregnant women against infertility and miscarriage, and of newborn children against "the evil lilit" on the eve of the ritual circumcision. The negative side of amulet is that difficult rules are ascribed to it in order to make it effective and most couples find these rules difficult to follow, Hanson et al.

(2010). The pictures below depict a vaginal ring.

Figure1: Vaginal Ring



Source: Hanson, et al. (2010) and WHO, (2016)

- iii. **Incisions and Concoction:** The contraceptive incision is a form of a cut, especially done by a scalpel or similar medical tool. It is done for women. Incision according to Mobalanle (2005) the woman must not be pregnant or at risk of pregnancy when implant is inserted. Incision contraceptive losses its potency to menstruation as it does not last for more than a year. It is done on the woman private part. Concoction on the other hand, means a mixture of things, especially drinks or medicines. Abiodun (2015) refers to concoction as a mixture of substances with unproven efficacy, such as salt and hot water, soft drinks, a local brand of analgesic known as Alabukun, Lime and Potash. He further noted that, these concoctions were highly efficacious as after-sex contraceptives. If unprotected sex happens, instantly, there are some drugs like Lime and "Alabukun" taking at the same time with a mixture of cold "7UP" (a brand of carbonated drink) to wash the womb. However, concoction can be sum up to be a type of contraceptive with mixture of various herbs, animal, mineral substances, and so on to avoid pregnancy in accordance with the belief of a culture (group of people), it does not necessarily need qualified personnel to run the medication and no certain kind of standard is followed. Hence,

this difference makes it hard to be used by most couples, especially urbanized couples.

**iv. Waist Beads:** Beads are huge traditional symbols to represent many values and among these values are the protections against pregnancy. Albert (2014) believes that, beads are used for traditional ceremony, music without beads is incomplete. He also asserted that, family planning method is promoted by the use of beads. Women wear beads to inform their husband that she is in her menses and she is not in the right time for sex. The signal of abstinence is achieved through the use of beads. Husband respect the beads when sited on the woman's waist and they will not force their wife to sex, while knowing she is in her menses. However, it is obvious that this method will be very effective, if only the husband will not force his wife to sex and not every man has that ability to subdue their hunger for taste just by seeing beads around his wife's waist especially when they are drunk (Albert, 2014). Hence, it is difficult to practice.

**v. Abstinence from sex:** This is the avoidance of sexual intercourse among married couples for a particular period of time. Samuel (2010) believes that, abstaining from sex is the commonest and most effective traditional family planning method which can also prevent sexually transmitted infections and HIV/AIDS provided it is strictly and honestly practiced. However, it is obvious that this method will be very effective, but the vital question is how long would they abstain from sex when sex is one of human's

psychological needs. Hence, it is difficult to practice.

## **B. Modern Methods of Family Planning**

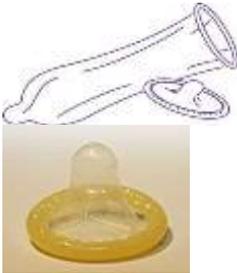
Modern methods of family planning are the contemporary type of birth control that is totally different from the traditional aspect. These are divided into two categories, namely: Temporary method of family planning and Permanent method of family planning. They are discussed as follows:

**1. Temporary Modern Method of Family Planning:** As the name implies, these methods are not permanent, rather it only prevents pregnancy for very short period of time. The temporary modern methods of family planning include the followings:

- i. **Male Condom:** Condom is a flexible skin sleeve made of latex or other impermeable material such as sheep-skin (durex) worn over an erect penis during intercourse as a contraceptive or as a way to prevent the spread of STIs. In the same vein, Samuel (2010) posits that condom is a thin tube that the man puts over his penis and this obstructs the sperm from getting to the egg. Samuel (2010) further stated that, it should be well inspected before and after use to detect any perforation by blowing air into it. Idowu and Akinsanya (2016) argue that, some people do not like the use of condom because they are allergic to latex rubber or its lubricant. Also, it is also not 100% guaranteed as it is only effective to the level of 85 – 97% to prevent pregnancy. Ngwu (2014) concluded that, many urban couples used condom (male) more than the other devices. However, sex is a sensational experience and

the use of male condom did not allow the enjoyment of the natural sensitive friction of copulation. Hence, despite its effectiveness, some couples are not interested in using it to prevent pregnancy or as a means of family planning (Alana, 2017).

Figure 2: Male condom



Source: Hanson, et al. (2010).

**ii. Diaphragm (Female Condom):**

This is like the male condom as contraceptive, but it is inserted in the woman's vagina to cover the cervix. The diaphragm has proved itself very reliable as it covers the mouth of the uterus (womb) completely, and it is used with contraceptive cream/jelly. It is used when a woman wants to have sex and prevent pregnancy (Idowu and Akinsanya, 2016: 98). The diaphragm is a thin rubber and basin-shaped cup stretched over a collapsible metal ring designed to cover the cervix or mouth of the vagina and prescribe a flitting diaphragm. The spermicidal cream or jelly is smeared on the side of the diaphragm that rests on the cervix. The diaphragm acts as a barrier to keep the sperm from entering into the cervix. The contraceptive jelly kills the sperm in the vagina. Diaphragm also protects against Sexually Transmitted Infections (STIs). The diaphragm has the disadvantage of

slipping off during intercourse without the person not being aware of its absence. However, the failure of the female condom to prevent against unwanted pregnancies and STIs usually result from inconsistency/incorrect use with every act of sex for greatest effect varies (Idowu and Akinsaya, 2016: 98). The diagram below depicts a female condom (diaphragm).

Figure 3: Female condom



Source: Hanson, et al. (2010).

**iii. Withdrawal Method:** This involves removing the penis from the vagina before ejaculating. Thus, ejaculation should be away from the introitus. However, it requires extreme self-control on the part of the man. The man controls his emotion so as not to reach a climax during intercourse. Mobalanle, (2005) asserted that, the method is very unreliable as a small amount of semen may escape or ejaculation may occur unexpectedly. Not all men can control this and it could lead to emotional disturbances and psychological complication. Thus, the woman find their own sexual responses upset. However, the withdrawal method demands the sudden removal of the penis from the vagina. This process makes sex uninteresting, unsecured, dangerous to prevent unwanted pregnancy and STIs.

**iv. Spermicide:** This is a contraceptive substance that destroys sperm and it is inserted vaginally prior to intercourse to prevent pregnancy.

Bartman, Stolpen, Pretorius and Malamud (2001), believe that as contraceptives, spermicide may be used alone. However, the pregnancy rate experienced by couples using only spermicide is higher than that of couples using other methods. Therefore, it is usually combined with contraceptive barrier methods such as: diaphragms, condoms, among others. Combined methods are believed to result in lower pregnancy rates than either alone. Some people are allergic to the spermicide and it irritates at times. The tube of the spermicide is shown below:

Figure 4: Spermicide



Source: World Health Organization, (2016).

- v. Pills (Oral contraception):** This is very effective and the reliable. The pills prevent ovulation and consequently obstruct contraception. Pills enable women to control their fertility with ease and little or no upset while still enjoying their sexual act maximally. The side effects include: not given birth again, irregular menstrual periods, nausea, over-weight, instar-menstrual bleeding and fluid retention. In most cases, these pills are taken continuously for a period of 21 days within a month. The most danger is that it could be forgotten to be used due to one reason or the other (Alana, 2017). Some samples of the oral contraceptives are displayed below:

Figure 5: Oral Contraceptives

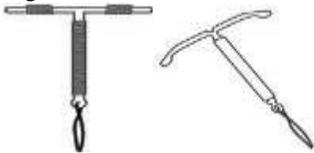


Source: World Health Organization, (2016)

- vi. Injectable (implants):** Injectable contraception is a form of contraception that is injected into a muscle (usually buttock or upper arm) to stop pregnancy by releasing progestogen into the body. Progestogen is a hormone which works by stopping the release of ripe eggs by the ovary (ovulation), making the mucus (sticky fluid) at the opening of the uterus thicker so sperm cannot get through and changing the lining of the uterus so a fertilized egg cannot take hold. It is very effective method of contraception (99.7%) and it is usually effective for three months. This means it needs to be given regularly at 3 months' interval to maintain effectiveness. This can prevent pregnancy for up to 5 years and it is suitable for women who want to avoid pregnancy, breast feeding, among others (Opalaye, 1985). Notably, injections and implants are useful for women who have problem of remembering to take their oral pills or who run into problem using other kinds of birth control method.
- vii. Intra Uterine Devices (IUDs):** The IUD is a small, often T - shaped device that is inserted by

well – trained medical personnel into a woman’s uterus to prevent pregnancy for up to 4 – 5 years. The types of IUDs are; No hormonal copper IUD, IUD with progestogen, among many others. The major disadvantage is that of heavy bleeding during menstruation (Noone, 2000). IUD is used for preventing implantation of fertilized ovum in the uterus by insertion of a spring like coil of plastic or metal of varying shapes into the uterus by qualified person. Besides the pains experienced, there are some discomforts noticed during menstruation. In addition, IUD could fall out of some women and in that wise it causes pain, discomfort, heavy bleeding during a period and sometimes serious problems, but except that, it is the simplest and most economical method. The samples of Intra Uterine Devices (IUDs) are shown below:

Figure 6: Intra Urine Devices



Source: World Health Organization, (2016).

#### viii. Emergency Contraceptive Pills

**(ECPs):** This simply refers to a situation after having an unprotected sex, then it is possible to use pills within 72 hours (3 days) of the intercourse. Trussell, Elizabeth, Cleland and Kelly (2014), described Emergency Contraceptive Pills as drugs that are intended to disrupt or delay ovulation or fertilization which are necessary for pregnancy. Emergency Contraceptive Pills and

abortion pills are not the same. They also concluded that, Emergency Contraceptive Pills work by preventing or delaying ovulation and therefore preventing pregnancy, not by abortion. Gemzell-Danielsson, Kristina, Rabe, Thomas, Cheng, and Linan (2013), identify types of emergency contraceptive pills as: Combined estrogen and progestin pills, progestin-only (levonorgestrel) pills, and anti-progestin (ulipristal acetate or mifepristone) pills. However, the major implication of this method is if these pills are abused or constantly use, it affects the body system and at time damage the womb permanently.

#### ix. Rhythm/menstrual Calculation:

This method of contraceptive according to Trussell (2011) estimates a woman’s likelihood of fertility based on a record of previous menstrual cycles. The method requires to keep accurate records of menstrual cycles, and to abstain from unprotected intercourse, when couples are not ready. Therefore, this method is not very sure to prevent pregnancy, but it has advantage of not costing anything. It is more likely to work for a woman whose periods come very regularly, more or less every 28 days. However, it needs to be used with other applicable method. In addition, about 12 – 14 days of a female period begins; she is considered to be most fertile. This is when she ovulates (release egg). This period is mostly likely for her to get pregnant. This period is known as the dangerous period because there is no sure way to

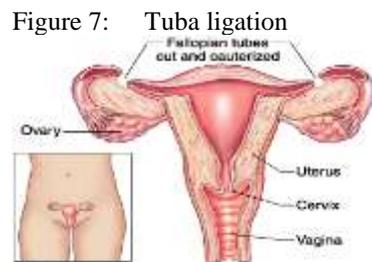
know when a woman will ovulate. So figuring out when to have sex to avoid pregnancy can be very difficult, if not possible. Five (5) - Seven (7) days before her period and Five (5) - Seven (7) days after her period are considered as safe period. Though, in this regards, individual differences is considered (Alana, 2017).

- x. **Natural Method of Prolonged Breast Feeding:** This is another method of temporary method of family planning and it is the most widely used without the woman even realizing its effects. Thus, while a woman is breast feeding her baby, she is less likely to conceive especially when breast milk is the only food for her baby. The woman's body naturally produces a substance which prevents pregnancy. In addition, of course breast feeding gives the baby a healthy and stuart in life. The chance of the woman becoming pregnant is much greater after 4 to 6 months when the baby begins to get food in addition to the breast milk. Even then, breast feeding can help prevent pregnancy, if she breast feeds frequently both day and night (exclusively) and gives breast milk as the main food (Idowu, 2005, cited in Alana, 2017).

**2. Permanent Method of Family Planning:** This method involves minor surgical operation and it is usually done by professional medical personnel. The permanent methods are more effective for preventing pregnancy than the temporary methods. The decision to proceed with a permanent method should only be made if the couples or a person is absolutely sure that no more

children. Under this permanent method of family planning, both the men and women can be sterilized. The permanent method can be divided into the following:

- i. **Tubal Ligation:** This method is used for the females. This could also be called "Tuba tie". It is a contraceptive device by which the fallopian tubes are cut and tied separately with small part cut off during surgical minor operation. This procedure blocks the path between the ovaries and the uterus. Hence, the woman cannot conceive again because the fallopian tubes are tired. According to Trussell (2011), the sperm cannot reach the egg to fertilize it and the egg cannot reach the uterus. The reliability rate is 100%. It provides for fullest sexual enjoyment since there is no fear of unwanted pregnancy. But it entails permanent sterility since the tie is irreversible and irrevocable. Also, it is not good for a woman who is suffering from diabetes, heart diseases or clothing discord, serve malnutrition, obesity and so on (Idowu, 2005, cited in Alana, 2017).

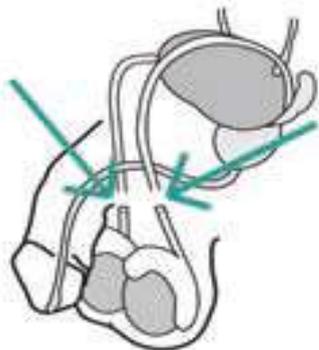


Source: Source: World Health Organization, (2016).

- ii. **Vasectomy:** Vasectomy is a surgical procedure for male sterilization or permanent

contraception. Trussell (2011) belief this operation is done where by a small vasectomy deference is cut off and the separated ends are tied. It is a surgical procedure that consists in cutting the tubes that carry sperm. This procedure blocks the path between the testes and the urethra due to which the sperm cannot leave the testes and hence cannot reach the egg. Vasectomy does not interfere with sexual desire, erection, ejaculation, orgasm and sexual pleasure. However, the method is irreversible and it leads to permanent impotence. Also, it is not for a man suffering from diabetes, heart disease or clothing disorders, inguinal, hernia, obesity and enlarged or painful testicles (Idowu, 2005, cited in Alana, 2017).

Figure 8: Vasectomy



Source: World Health Organization, (2016).

### **Factors Influencing Non-Utilization of Modern Methods of Family Planning in Nigeria**

Researchers have shown that there are number of factors influencing the utilization of family planning among married couples. Hence, Duze and Muhamed (2006) posited that variety of factors might influence the non-

utilization of modern methods of family planning among couples and these factors among others include:

#### **i. Non-Awareness of Modern Family Planning Methods by Couples:**

Awareness of family planning methods is the logical first step necessary for their use by couples. It is worthy to note that a certain level of awareness usually precedes the use of a particular family planning method (Undelikwo, Osonwa, Ushie and Osonwa, 2013). Despite the high level of general awareness of birth control methods, the use of more complicated methods was rare. The majority of young couples who were aware of birth control methods received information from friends. However, awareness obtained from friends about the use and practices of contraception are often misleading as they contain a lot of misinformation, distortion, falsehood, misconception, and often times self-centered. Hence, it has led to non-utilization or failure in many practices in Nigeria. To Samuel (2010), health workers were the major source of information on emergency contraception in Nigeria. According to Oyediran, Ishola and Feyisetan (2002), there was a low level of awareness of contraceptives in city slums of Nigeria, due to the fact that residents lived in poor conditions with low level of education and therefore did not appreciate contraceptive knowledge as compared to those who are rich and educated.

Longwe, Huisman and Smits (2012), posited that there is evidence that family planning messages through media play an important role in increasing the knowledge of family planning methods and through this, increased awareness also including their acceptance and use, especially in those areas where the literacy level is low. Ngwu (2014)

established that in Nigeria, mass media and social networks played important roles in disseminating contraceptive knowledge and women transformed this knowledge into behaviour that would help to reduce fertility. The main sources of awareness about contraception include - parents, spouse, books, magazines, friends, teachers and other mass media. It is only what the couples are aware about that they utilized.

**ii. Level of Education:** According to Sebastian (2014), the determinants of family planning use among women of reproductive age in Nigeria found out that women with no formal education were significantly less likely to use modern family planning relative to those with some formal education. Similarly, women whose partners had no formal education were also significantly less likely to practice modern family planning. Therefore, informal education also has influence on the non-utilization of modern family planning. Hence, the utilization depends on the level of socialization. Educational factor is one of the major factors influencing the awareness and utilization of modern birth control methods. This was because education increases people's responsiveness and understanding of modern birth control methods (Ngwu, 2014). Furthermore, maternal education has once been linked with reduction of child mortality among rural dwellers. Women's education enhances their capability and also their reproductive rights to decide freely and responsibly the number, spacing and timing of their children and to have other necessary information regarding reproductive rights. Women with low level of education have many children and a few of them practices modern methods of

family planning when compared to women that have high level of education.

**iii. Proximity to the Medical Centers and Facilities:** Sebastian (2014) observes that, family planning facilities/methods availability showed greater odds of influencing family planning use compared to method non-availability. Therefore, the proximity of the family planning facility and medical centers have a lot to do with the utilization of modern method of family planning methods. Lwelamira, et al. (2012) observed that, the distance to nearest health facility can impede the acceptability and utilization of modern methods of family planning among married women. Reshma (2015) argued that, poor access to health care centers negatively affect the utilization of modern methods of family planning services, as some of the health care centers may be geographically be inaccessible. Access to family planning services is determined by physical and logistical factors.

**iv. Socio-Economic Status:** Elhers, Kabeer, Ziyane and King (1999) posited that, low socio-economic status of African women puts them in a situation where they are dependent on their husbands for financial support. They therefore, cannot independently decide on the number of children required in their families, the use of contraceptives, the husbands' use of condoms, nor about the husbands' polygamous marriages and/or extra-marital affairs. Women's low socio-economic status puts them in a submissive role, where they lack self-confidence, assertiveness and self-value. Husbands might have to grant their wives permission to use contraceptives. The higher the woman's socio-economic status, the more

assertive she becomes and the more she can enjoy her reproductive rights. Women who are not earning an income or who earn smaller incomes falling below the breadline will always depend on their husbands for support, therefore forfeiting the right to decide about the reproductive issues generally, and the use of contraceptives specifically (Troskie and Raliphada - Mulaudzi, 1999).

**v. Religion: Religion** is one of the factors which affect the pattern of contraceptive use as method of family planning. Islamic women for example tend to let men decide on the number of children required; such women are unlikely to use contraceptives. Also, the Roman Catholic Church is opposed to many birth control methods and are very rigid in their views of family planning. Thus, the strong religious desire for more children prevented married women from using family planning. In addition, Ngwu (2014) shows that, children come from God and therefore, there is no need planning or controlling fertility. In Nigeria, religion has been identified as one of the determinant factors that affect family planning practices (Alana, 2017). However, based on religion kicking against family planning among married couples, it has shown that religion is a strong setback of family planning in Nigeria.

**vi. Culture of the land:** The level of affiliation of an individual to his/her cultural beliefs influence childbearing behaviour, and thus also contraceptive usage and/ or non-usage. In many Nigeria cultures, husbands pay bride prize in the form of money, or a particular kind of gift to the bride's family. Men because of this payment, they regard their wives as possessions that they have bought. Women end up

not being able to decide on the number of children desired nor about use of contraceptives. In some circumstances the men can claim back his pride price if a wife fails to bear children (Ngwu, 2014). In polygamous marriages, the wife with most children is likely to be the husband's favourite wife. Women in this kind of a marriage are not likely to use contraceptives, if they are competing to be the husband's favourite with the largest number of children, (Ekundayo, 1985). In this instance, even adolescents might not be willing to use contraceptives since they know the values, culture and beliefs about children in their societies. It implies that culture poses a barrier to the use of contraceptives.

**vii. Residential Location:** Couples with urban background had slightly better level of awareness than rural. Longwe, et al. (2012) posited that, urbanization influences family planning awareness and utilization. According to them, women living in rural areas tend to use fewer contraceptives and have more children than their urban counterparts. Sub-Saharan African countries, like Nigeria still show very high fertility rates in rural areas, whereas fertility in the cities has decreased considerably (Tadesse and Headey, 2012). However, there is still a gap to point out the reasons why some couples in the urban settlement still refuse to practice family planning while among rural settlement some couples still watch the number of children they procreate.

**viii. Lack of Consensus between Husband and Wife (Lack of Communication):** Khan and Patel (2005) observed that, studies in many developing countries of the world have shown that men often dominate in taking important decisions in the family,

including reproduction, family size and contraceptive use. Ogunjuyigbe (2002) opined that, inter-spousal communication in Nigeria is also a factor in the adoption and sustained use of family planning. Lwelamira, Mnyamagola and Msaki, (2012) noted that, the unawareness of husbands towards family planning methods, modern contraceptive and lack of spousal consent on family planning could impede the acceptability and utilization of modern family planning. This implies that male involvement is important in the awareness of family planning, as well as, its adoption, usage and continuation. However, this argument does not justify in every human society and it depends on the cultural setting of the communities. For instance, a matriachical society does not recognize the approval or consent of the men.

**ix. Employment Status:** Ngwu (2014), identified employment status as a major influence on the use of birth control methods as it related to urban working women who were busy following professional development path and were less likely to produce children as compared to non - professional women based in rural areas. Similarly, women whose husband had no good and lucrative jobs were also significantly less likely to practice family planning compare to women whose husband had good jobs (Alana, 2017).

### **Methodology**

This study centered on the factors influencing non-utilization of modern methods of family planning and its implications among the couples in Nigeria, and it chose Paikon-kore Community Gwagwalada Area Council, Abuja Nigeria as the case study area. This study adopts both quantitative and

qualitative methods of research. The qualitative method seeks to get data from the field using In-depth Interview (IDI). While, the quantitative methods embrace calculation as it gives systematic knowledge, that allows and relies on empirical inducement in collecting data using Survey (questionnaire) as it involves large population and therefore makes use of sample to get statistical information from the large respondents. The nature of the research is explorative as it seeks for first-hand-information from the field as this kind of study requires. The research design is both analytical and descriptive in nature. The target population of the study was the married couples (indigene and non-indigene) living within Paikon-kore community. Multi-stage sampling techniques were employed to select the sample in stages from the Community, Wards, Streets, Households to the Individual respondent.

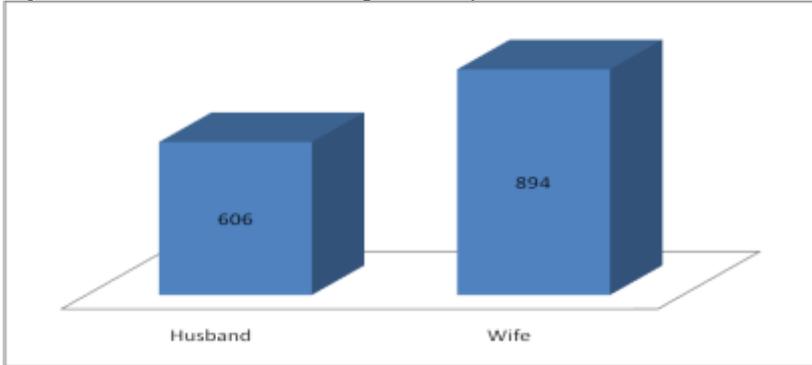
One Thousand Five Hundred (1,500) respondents were scientifically selected for the quantitative data collection and Fifteen (15) respondents were purposively selected for the qualitative data collection, which included the community leaders/health workers. The methods of data collection employed in the study were survey (questionnaires) and In-Depth Interview (IDI). The data collected from the field were analyzed with combination of qualitative and quantitative methods of data analysis. The quantitative data collected using questionnaires will be organized, processed, coded and analyzed with descriptive statistics method in form of frequency count and percentage. With the aid of frequency tables, graphics or/and charts. The qualitative data collected using In-Depth interview (IDI) were jotted down (or recorded, where

allowed) gathered, transcribed, organized and analyzed using verbatim reporting.

**Findings**

The data collected from the field both quantitative and qualitative data were analyzed and presented as follows:

Figure 9: Distribution of Respondent by Gender



Source: Fieldwork, 2017.

Figure 9 above revealed the gender of respondents. Wives have the higher frequency than husbands according to the figure above. Husbands that responded were 606 (40.4%); while Wives were 894 (59.6%). The reason for this margin is not far-fetched from the fact that Husbands considered family planning to be female issues. In addition, Husbands finds it disgusting and difficult to talk about family planning to some member of the society except, if it is official in most times by medical practitioners and peer group.

Also, this study involved people of the following ages: Below 16 years (71), 16 – 25 years (434), 26 – 35 years (511), 36 – 45 years (248), 46 – 55 years (171), Above 55 years (59), and 6 respondents did not respond to any of the age brackets. These are the groups that are more sexually active and produce more children. Therefore, their participation in the study gave it more edge and advantages. While the people that fell on 46 years old and above have more experience to share on family planning. With reference to the number of

children, 80 respondents had no children, 417 respondents have 1 to 3 children, 491 respondents have 4 to 6 children and 512 respondents have more than 6 children. With the level of economic challenges/recession in Nigeria, many children should be discouraged with the aid of family planning. This is glaring from the above as 1,003 (66.9%) among the respondents have at least 4 children.

Furthermore, the involved 984 (65.6%) Muslims, 481 (32.1%) Christians and 35 (2.3%) Traditional religion worshippers. We can therefore infer that, there are more Muslims in Paikon-kore community with particular reference to couples than Christians. In the other hand, the fear of God/Allah in both the Muslim and Christians will deter couples away from family planning. This reason for the wide margin could be inferred that Paikon-kore is a Muslim dominated Community. However, the religions will help us to understand the position of religion on family planning in Nigeria.

Table 1: Distribution of Respondents by Educational Status

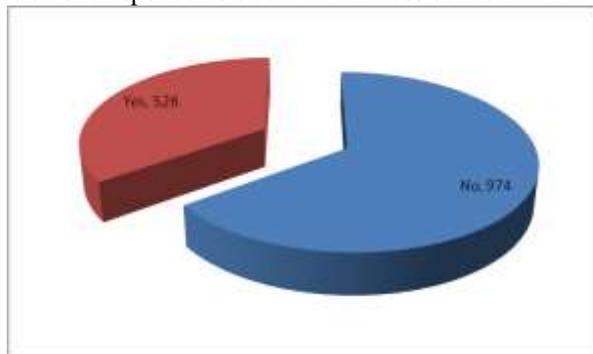
Educational Status	Frequency	Percentage (%)
No Formal Education	331	22.1%
Primary Education	412	27.5%
SSCE	552	36.8%
Undergraduate	153	10.2%
Graduate	47	3.1%
Postgraduate	5	0.3%
Total	1,500	100%

Source: Fieldwork, 2017.

Table 1 above, highlights the respondents' educational status. 331 (22.1%) respondents have never attended any formal education, 412 (27.5%) attended Primary school, 552 (36.8%) were SSCE holders, 153 (10.2%) respondents were Undergraduate, while 47 (3.1%) were Graduate, and Postgraduate were 5 (0.3%). This shows that the respondents are not adequately literate as a greater percentage of them 1,295 (86.3%) had

secondary education and below. And the remaining 205 (13.7%) respondents had above secondary education and there is likelihood that they do not have their education in Gwagwalada metropolis. The reason for this is not far-fetched as the area is dominated with high level of illiteracy and educational value-system is still very poor. Hence, as stated in the literature review, high level of illiteracy will make them neither to be aware nor not utilize family planning.

Figure 10: Distribution of Respondents on the Awareness of Modern Family Planning



Source: Fieldwork, 2017.

Figure 10 highlights the respondents' status on the awareness of modern methods of family planning. 974 (64.9%) of the respondents were not aware and 526 (35.1%) were aware of the modern methods of family planning.

Findings from an In – Depth interview conducted, it was said that:

People especially couples (women) got to know (aware) about family planning through seminars and crusades organized by Medical Practitioners brought to our community in Paikon-kore

(IDI, Community leaders, 17/08/2018).

Respondents that were aware of family mentioned their source to be their family/relatives, friends, doctors/nurse (medical practitioners), mass media, work/seminar, and so on. In an In – Depth interview conducted on the source of family planning, affirmed that:

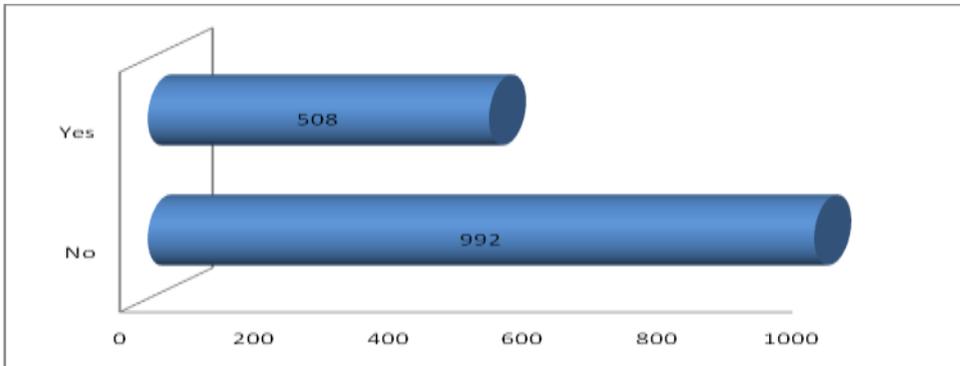
The source of family planning came from my mum. She is a medical practitioner at the same time. She enlightens me and my wife on the aftermath effects of not practicing family planning and as well as, the positive side of it (IDI, Community leaders, 17/08/2018).

In another In-depth interview with one of the respondents, it was said that:

The source of knowledge about family planning came from mass media. Wazobia Fm Abuja is one of the source of my knowledge about family planning, because they speak Pidgin - English which is very understanding to me on the issue (IDI, Community leaders, 17/08/2018).

From the analysis above, it was clearly seen that majority of the couples are aware of family planning and they also state their source of awareness of family planning. However, the study reveals that awareness and the source of awareness about family planning do not justify its usage. There are several other factors that can determine the use of family planning than the awareness.

Figure 11: Distribution of Respondents by the Use of Modern Family Planning Methods



Source: Fieldwork, 2017.

Figure 11 highlights that, 508 (33.9%) said Yes; while 992 (66.1%) said No that they are not using the modern methods of family planning. From the analysis above, it was clearly revealed that majority of the couples are not practicing modern methods of family planning. This is due to factors like culture of the people, religion among other factors.

When asked about who taught them (couples) on how to use family planning

methods in an in - depth interview, it was said by a respondent that:

I was taught how to use the safe period of family planning by a medical Practitioner. Since my husband was complaining of not enjoying sex with me while on condom. Though a friend gave me the hint about calculating my safe and dangerous period, but I went further to a doctor to confirm if it actually work or not (IDI, Community leaders, 17/08/2018).

The study revealed that, it is believed that schools, spouse and medical practitioners are the reliable places where couples are been taught about family planning. The involvement of medical practitioners among these reliable places where family planning knowledge is gotten from the couples of Paikon-kore community confident about family planning, because they

considered medical practitioners (hospitals and clinics) a better place of knowledge about family planning acquisition than other places, reason because couples in Paikon-kore believed that medical practitioners (hospitals and clinics) are recognized by the Federal Government of Nigeria. Other sources include: peers, parents, in-laws and so on.

Table 2: Distribution of Respondents on the most used Method of Family Planning

Method of Family Planning	Frequency	Percentage (%)
Condom	226	15.1%
Withdrawal Method	104	6.9%
Spermicidal	19	1.3%
Pills (Oral Contraception)	15	1.0%
Injectible (Implants)	27	1.8%
Intra Uterine Devices (IUDs)	8	0.5%
Emergency Contraceptive Pills (ECPs)	31	2.1%
Rhythm (Menstrual Calculation)	27	1.8%
Prolonged Breast Feeding	38	2.5%
Tuba Ligation (Female)	8	0.5%
Vasectomy (Male)	5	0.3%
No Response	992	66.1%
Total	1,500	100%

Source: Fieldwork, 2017.

The above table revealed that 495 (33.0%) among the respondents who utilize modern methods of family planning engaged in temporary methods. Among these respondents 226 (15.1%) and 104 (6.9%) respondents used condom and withdrawal methods respectively. In the same vein on the permanent methods, 8 (0.5%) and 5 (0.3%) respondents used tubal-ligation

and vasectomy respectively. 992 (66.1%) respondents did not give any response to the question. The implication is that majority of the couples in the study are not using modern methods of family planning due to their low level of awareness. Therefore, there is still need for publicity on it.

Table 3: Distribution of Respondents on Factors Encouraging Couples to Use the modern method of Family Planning

Factor of Utilization	Agreed	Disagreed
Level of Exposure	863 (57.5%)	637 (42.5%)
Culture of the land	210 (14.0%)	1,290 (86.0%)
Government Policy	871 (58.1%)	629 (41.9%)
Medical Advice	1,053 (70.2%)	447 (29.8%)
Educational Level	867 (57.8%)	633 (42.2%)
Financial Status	850 (56.7%)	650 (43.3%)
Religious Affiliation	311 (20.7%)	1,189 (79.3%)
Health Status	848 (56.5%)	652 (43.5%)

Source: Fieldwork, 2017.

Table 3 highlights the distribution of respondents in regards to factors encouraging couples to use family planning in Paikon-kore community. The above table revealed glaringly that culture of the community and religions being practiced are the major factors discouraging the use of modern family planning in Nigeria. While, the other factors like the level of exposure, government policies, medical advice, high level of education, financial status, health of the couple encourage the use of the modern methods of family planning in the family.

The other factors aside from culture and religion hindering the effective use of family planning methods among couples in Paikon-kore community gotten from in – depth interview:

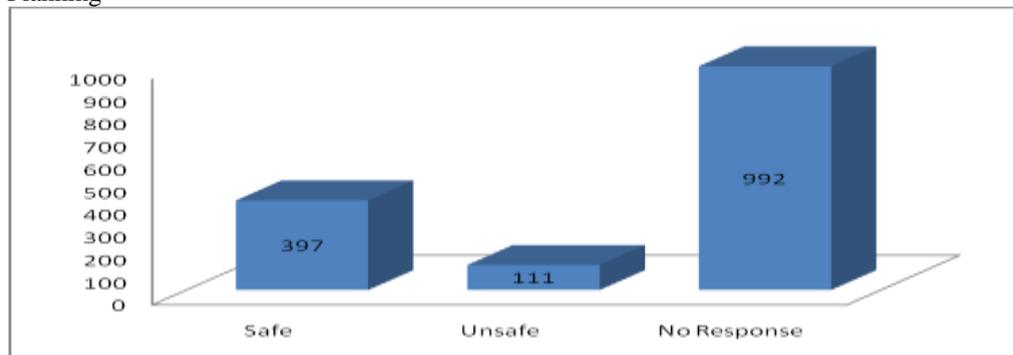
Historical background, competition between friends and families in regards to numbers of children given birth to especially male children and if in a situation they do not have a male child in the

course of child birth they continue giving birth and hoping to give birth to a male child, through this many children were born and in the course of this activities the issue of family planning is not regarded either traditional or modern type. These factors mentioned are among the core existing factors (culture and religion) contributing to the factors preventing couples from utilizing family planning (IDI, Community leaders, 18/08/2018).

Furthermore, during an in-depth interview it was gathered that:

Farmers in those days give birth to scores of children just to help them in farming activities and after harvest the children were asked to sell the crops in order to make money for the family. It is the same trend that most farmers are still following till today. That is, most farmers are found not utilizing family planning methods (IDI, Community leaders, 18/08/2018)..

Figure 12: Distribution of Respondents on how they feel Using Modern Methods of Family Planning



Source: Fieldwork, 2017.

Figure 12 highlights the respondents' in regards to how they feel using modern methods of family planning. Out of 1500 respondents involved in the study, 397 (26.5%) confessed that they felt safe when using family planning, and 111 (7.4%) respondents was of contrary view and admitted that with family planning they felt unsafe when using it. From the analysis above, the result is crystal clear that majority of couples that have used family planning methods testify that the use of family planning is safe to them. Lastly, the bulk of 992 (66.1%) respondents gave no response; may be as result of their non-utilization due to their non-awareness of the modern methods of family planning. The implication is that there are still more to be done for people to understand the relevance of the modern family planning system in Nigeria.

### Conclusion

In this study, a critical look was taken on the factors influencing non-utilization of family planning among couples in Paikon-kore community. Obviously, Nigerian couples are saddled with the task of given birth to children after marriage which is the primary reason for marriage in a typical African setting. However, if the birth rate is not controlled, population of Nigeria may

grow at sky-rocket rate that the economic factors cannot catered for. Hence, the need for family planning arises, but there are a lot of factors hampering the awareness and utilization of the modern methods of family planning in Nigeria. Religious affiliation and Culture have created a very bad impression about family planning in Paikon-kore community. These factors are perceived to be hostile to the issue of family planning. It must be noted, however, that other factors like level of exposure, doctor/nurse (medical practitioner) advice, educational level and so on, are doing well in terms of creating the awareness and utilization of family planning in Paikon-kore community.

The research revealed that the reduction of awareness and use of family planning in Paikon-kore community is attributed to the issue of low quality of education in the community. Also, low level of employment among couples in the community serve as factor militating against the use of family planning. According to the outcome of the study, couples are aware of family planning, but the traditional methods of family planning is well known by couples in the community, reason because they value their tradition so much. In same

regard, couples in the community use more traditional methods of family than the modern methods, due to their culture negative perspective on modern methods, distance to health centers, due processes in health centers. The distance to health centers from the community couples intending to utilize modern family planning methods are discouraged.

In addition, mass media through radio (Wazobia Fm Abuja) serve a source in the spread of awareness of family planning and also how to use the methods of family planning, while couples that are still attending schools are informed in their various schools. With all these source of family planning mentioned above, family members/Relatives and friends also informed other members of the community who are not aware. At the end of it all what determine and who use the knowledge gotten from these sources is been spelt out by factors like religion, culture, employment status, educational status, level of exposure, government policy among several others. Finally the study concluded that, there are still a lot to be done to ensure the awareness and encourage the utilization of modern methods of family planning in Nigeria.

### **Recommendations**

Based on the findings and conclusion, the study offers the following recommendations:

Firstly, majority of couples in the study are aware of family planning, but many are not aware of the modern methods of family planning. Couples need quality and fundamental re-socialization, re-orientation and re-education about family planning. Thus, it requires religion and culture to create the awareness and encourage couples to use

family planning methods in Nigeria. Also, medical practitioners during seminars and mass media advertisements on family planning, the message should be targeted on creating awareness and utilization of the modern methods of family planning to couples in rural areas and urban areas in order to know the type of methods that will suit their body system in order to prevent any future negative effects. This will not only motivate the couples to use family planning, but will prevent unnecessary cost and damages. Giving birth to scores of children in order to farm works, hard labour jobs among other physical strength jobs will not help the Nigeria people. The Nigeria government should create job opportunities, enhance small scale entrepreneurship and encourage gender equality. These will engage the youths and others, and there will be no time for frivolities. There is need for economic emancipation of youths in Nigeria.

Men should be (inclusively) targeted and taught about family planning where they are seen the most. Teaching men about family planning could save the women arguments when means of family planning are to be used. Men could help with remembering information when emergency contraceptives are to be used. Men should be viewed as partners and potential clients with their own sexual and reproductive needs, as they hold a dominant role in decision-making, regarding fertility and sexual relations and many other issues that shape gender relations and directly affect women. If men were included in contraceptive education efforts this could improve communication within relationships and foster respect and shared responsibilities pertaining to the reproductive health

processes. The Nigeria government should also put more effort in building more schools especially in the rural areas. This development will go a long way in educating the young generation about the bad effect of over-population and the remedy to control it is by controlling or regulating child birth. By the time such ideology is planted in primary and secondary schools pupils and students by the time they advance

their study in the university they will not be a novice about the modern methods of family planning and this knowledge will help them in their family and government should encourage and improve value of education. Finally, all hands should be on deck to make sure that modern methods of family planning are practiced by couples in order to control over-population and its aftermath effects in Nigeria.

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