

Factors Influencing Family Planning Services among Rural Women in Nigeria

ABSTRACT

Aim: This study aimed to investigate factors influencing family planning services among rural women in Nigeria.

Methodology: This study employed a cross-sectional, descriptive, and analytical research design to examine the factors that influence the use of family planning services among rural women in Nigeria using Oyo State as a case study. The target population for this study was women 15 years and older. A multi-stage sampling technique was used to select the participants. Firstly, a random selection of rural communities in the Surulere local government area was conducted, followed by a systematic sampling of households within those communities. Finally, eligible women from the selected households were invited to participate in the study. In all, three hundred (300) women were recruited for the study.

Results: A total of 300 questionnaires were administered to respondents and they were all retrieved. Out of these, 296 were valid. This was due to irregular, incomplete, and inappropriate responses to some questionnaires. The results showed that the majority of the respondents had heard of family planning (95.61%), with social media being the most common source of information (30.07%). Knowledge of family planning methods was high, with 91.55% of respondents being aware of at least one method. Condoms were the most known method (53.34%). The majority of respondents (69.93%) believed that family planning is important, with child spacing being the most cited benefit (56.38%). Fear of side effects was the primary reason for not using family planning services (65.63%). The quality of family planning services and healthcare providers' attitudes were perceived as varied. While 20.61% rated the quality as excellent, 30.07% rated it as poor, and 7.76% rated it as very poor. Healthcare providers were perceived as very supportive by 19.26% of respondents, while 28.38% viewed them as not very supportive, and 13.85% as not supportive at all.

Conclusion: From the findings of this study, factors influencing family planning services among rural women in Nigeria, include knowledge, attitudes, cultural beliefs, accessibility, and quality of services. Efforts should be made to address these factors to improve the uptake of family planning services and promote reproductive health among rural women.

Keywords: Cultural beliefs; family planning; rural women; side effects

1. INTRODUCTION

About two-thirds of unintended pregnancies in developing nations are thought to involve teens and women who don't use contraception [1]. According to a 2014 report, 225 million women in developing countries lacked access to certain

services such as contemporary birth control [2]. The increase in contraceptive use has not kept up with population growth and the rising desire for smaller families, which are the main causes of the minimal change in the total over the past ten years. Such a sizable unmet need has significant health implications. In developing

countries, an estimated 74 million unintended pregnancies happen annually, with the vast majority involving women who use no contraception or a traditional method. If the need for modern contraception were to be satisfied among those who were supposed to be using it but aren't, fifty-two million of these unplanned pregnancies could be avoided, preventing 70,000 deaths of women from pregnancy-related causes [2].

The prevalence of contraception has not increased significantly in Nigeria [3]. Nigeria has one of the highest rates of maternal mortality, with 545 deaths per 100,000 live births [4]. In the meantime, research indicates that decreased contraceptive use is linked to high maternal mortality indices. Igboekwe et al. [5], examined the use of contraceptives using data from the 2008 National Demographic and Health Survey that were nationally representative. They discovered that the overall rate of current contraceptive use was 13.2%, while the rate for modern methods was 9.4%. Family planning could prevent up to one-third of maternal deaths by enabling women to put off having children, space out their births, avoid unintended pregnancies and abortions, and stop having children once they have the number of children they want [6].

Contraception is the use of various tools, substances, methods of sexual interaction, or surgical procedures to avoid getting pregnant [7]. They are commonly known as birth control techniques. Programs can decrease unwanted births and unsafe abortions by assisting women in avoiding pregnancies and improving maternal and child health [2]. The reduction of poverty and the slowing of population growth are two additional development goals that these gains can help with [8]. The global development agenda now places a high priority on enabling women to follow their pregnancy preferences. Recent strategies have called for addressing the unmet need for modern contraception, which occurs when women want to prevent pregnancy but are not using any method or a conventional one. The most well-known of these programmes

is Family Planning 2020, a global partnership established in 2012 that seeks to increase the number of people using modern contraceptives in the world's 69 poorest countries [9].

The use of contraceptives by women of childbearing age is significantly influenced by a number of factors. For the design and implementation of effective family planning programs, these factors must be identified [10]. There are many factors that prevent adolescents from using modern contraceptives, according to numerous studies conducted in Sub-Saharan Africa. These obstacles include a lack of knowledge about contraceptives, anxieties about side effects, and unsupportive or harmful influences from partners and family members, among others [11]. Family members put pressure on women, particularly female teenagers, to get pregnant because they are unsure of whether the adolescent will still be fertile after using contraceptives. Other people also disagree with contraception for religious reasons [11].

The use of contraceptives has also been linked to socioeconomic status, knowledge of contraceptives, attitudes towards contraceptive-related issues, residential area, educational level, counselling received regarding contraceptives, attitudes of contraceptive providers, and cultural values, beliefs, and norms [12]. When they had an unintended pregnancy in 2012, more than one-third of American women who weren't using a contraceptive method claimed that they didn't think they could get pregnant [13]. It was the most frequently cited reason given by women for not using contraception, and there was no appreciable difference in the percentage of women who cited this reason according to age, marital status, or income. Never-married sexually active women seem to be somewhat less worried about side effects and health hazards than married women. In Ghana, studies have shown that many educated, urban women avoid hormonal methods due to concerns about side effects, which are also prevalent among married women [14]. The use of modern

contraceptives was positively correlated with improvements in the standard of care, particularly among young and less educated women, according to a promising study from Kenya [15].

The lack of use of contraceptives among women is also attributed to factors such as poverty, ignorance of contraceptives, and infrequent sex [16]. In religious communities where children are seen as gifts or blessings from God, using contraception has been difficult for decades [16]. This is mostly true of Catholics and Muslims, who view the use of contraceptives as permission for impermissible or extramarital sexual activity or indiscriminate sexual behaviour [16].

According to studies conducted in Africa, many healthcare professionals have unfavourable attitudes against prescribing contraception to unmarried teens. For instance, a study conducted in Uganda revealed that the majority of the providers had negative attitudes towards the provision of contraceptives for young people and were either unprepared or reluctant to do so [17]. As a result, they imposed age limitations and consent demands that were not supported by evidence [17]. The perception that providing contraceptive services to women encourages sexual promiscuity and that by limiting access to services, service providers were protecting both the client and society is cited as a primary factor in their reluctance to do so [17]. This study was therefore designed to assess the factors influencing family planning services among rural women in Nigeria.

2. RESEARCH METHODOLOGY

2.1 Research Design

This study employed a cross-sectional, descriptive, and analytical research design to examine the factors that influence the use of family planning services among rural women in Oyo State, Nigeria. The target populations for this study were women of 15 years and older, living in the Surulere local government area (LGA) of Oyo State, Nigeria. A multi-stage sampling technique was used to select the

participants. **First**, a random selection of rural communities in the LGA was conducted, followed by a systematic sampling of households within those communities. **Then**, eligible women from the selected households were invited to participate in the study. In all, three hundred (300) women were recruited for the study.

2.2 Data Collection and Analysis

A structured questionnaire was administered to the selected participants to collect information on their socio-demographic characteristics, knowledge of family planning services, attitudes and perception towards family planning, access to and utilization of family planning services, and any barriers encountered. The questionnaire was developed based on relevant literature and pre-tested to ensure its validity and reliability. Data collection was carried out between September and December 2022. Data were analyzed using descriptive statistics and the results were presented in frequency tables.

2.3 Ethical Consideration

A number of ethical guidelines, such as informed consent, confidentiality, and data protection, were followed during the research's execution. The participants who could write provided written informed consent, while the ones who couldn't write provided verbal informed consent. For minors (those under the age of 18), informed consent was acquired from their guardians. The minors were also properly told about the study and informed that it was their choice whether or not to participate.

3. RESULTS

A total of three hundred (300) questionnaires were administered to respondents and they were all retrieved. Out of these, two hundred and ninety-six (296) were valid. This was due to irregular, incomplete, and inappropriate responses to some questionnaires. These 296 questionnaires were cleansed for analysis. The results of the demographic distribution of respondents are presented in Table 1. Age

distribution indicates that a substantial proportion of respondents (37.50%) were between 30 and 39 years old, followed by those in the 40-49 age group (28.04%). The least represented age group was below 20 years, with only 7.43% of the respondents. Regarding marital status, the majority of respondents were married (65.88%), while single individuals accounted for 13.85% of the sample. Separated or divorced individuals and widowed respondents accounted for 11.15% and 9.12% of the sample, respectively. In terms of education, most respondents had completed secondary education (57.09%), followed by those with tertiary education (30.74%). Respondents with primary education and no formal education were the least represented, with 9.80% and 2.36%, respectively. With regard to occupation, more than half of the respondents were self-employed (51.35%), followed by civil servants (20.61%) and students (14.86%). The unemployed accounted for 13.18% of the sample. The number of children reported by respondents varied significantly. The most common category was having 3-4 children (44.59%), followed by 1-2 children (20.61%) and 5 or more children (18.58%). Respondents with no children accounted for 16.22% of the sample.

A majority of the respondents have heard of family planning (95.61%) and know about various family planning methods (91.55%). Most

respondents first heard about family planning services through social media (30.07%) and rated their overall knowledge of family planning services as good (48.99%) (Table 2). Most respondents believe that family planning is important (69.93%), with child spacing being the most recognized benefit (56.38%). A majority of the respondents believed that family planning has side effects (93.24%), some respondents identified cultural or religious beliefs in their community that discourage the use of family planning services (21.62%). Many respondents felt comfortable discussing family planning with their partner/spouse (71.28%) and reported that their spouse/partner approves of family planning (63.51%) (Table 3). Most respondents reported that family planning services are somewhat accessible (44.59%), with cost being the primary barrier to access for those who find it not very accessible or not accessible at all (57.73%). A majority of respondents have used some family planning methods (80.41%), with condoms being the most common method (55.41%). Fear of side effects is the main reason for not using family planning services (65.63%). Most respondents rated the quality of family planning services in their community as poor (30.07%) and perceived healthcare providers as not very supportive (28.38%) (Table 4).

Table 1: Demographic Distribution of Respondents

Demographic information	Frequency (n = 296)	Percentage (%)
Age (in years)		
Below 20	22	7.43
20-29	43	14.53
30-39	111	37.50
40-49	83	28.04
50 and above	37	12.50
Marital Status		
Single	41	13.85
Married	195	65.88
Separated/Divorced	33	11.15
Widowed	27	9.12
Level of Education		

No Formal Education	7	2.36
Primary Education	29	9.80
Secondary Education	169	57.09
Tertiary Education	91	30.74
Occupation		
Unemployed	39	13.18
Civil Servant	61	20.61
Self Employed	152	51.35
Student	44	14.86
Number of Children		
0	48	16.22
1 – 2	61	20.61
3 – 4	132	44.59
5 or more	55	18.58

Table 2: Knowledge and Use of Family Planning Services

Variable	Frequency	Percentage (%)
Have you heard of Family Planning?		
Yes	283	95.61
No	13	4.39
If Yes, where did you first hear about family planning services?		
Family/Friends	58	19.59
School	29	9.80
Health Facility	41	13.85
Radio/Television	57	19.27
Social media	89	30.07
Others	22	7.43
What are your sources of information about family planning services? (Select all that apply) (n = 388)		
Health workers	75	19.33
Friends/relatives	42	10.82
Radio/Television	68	17.53
Social media	161	41.49
Printed materials	31	7.99
Other	11	2.84
Do you know about any family planning methods?		
Yes	271	91.55
No	25	8.45
Which family planning methods do you know? (You can select more than one option) (n = 553)		
Contraceptive Pills	104	
Intrauterine Devices (IUD)	76	
Condom	295	
Injectable Contraceptives		
Implants	12	

Natural methods (e.g. rhythm method)	39	
Sterilization	11	
Others	16	
How would you rate your overall knowledge of family planning services?		
Excellent	59	19.93
Good	145	48.99
Fair	79	26.69
Poor	13	4.39

* = Multiple Responses

Table 3: Attitude and Perceptions towards Family Planning

Variable	Frequency (n = 296)	Percentage (%)
Do you believe that family planning is important?		
Yes	207	69.93
No	87	29.39
Not sure	02	0.68
What do you think are the benefits of using family planning services? (Select all that apply) (n = 525)		
Improved maternal health	29	5.52
Child spacing	296	56.38
Financial stability	137	26.10
Reduced child mortality	54	10.29
Others	09	1.71
Do you believe that family planning has side effects?		
Yes	276	93.24
No	08	2.70
Not sure	12	4.05
Are there any cultural or religious beliefs in your community that discourage the use of family planning services?		
Yes	64	21.62
No	190	64.19
Not sure	42	14.19
Do you feel comfortable discussing family planning with your partner/spouse?		
Yes	211	71.28
No	49	16.55
Not applicable	36	12.16
Does your spouse/partner approve of family planning?		
Yes	188	63.51
No	70	23.65
Not applicable	38	12.84

* = Multiple Responses

Table 4: Access and Utilization of Family Planning Services

Variable	Frequency (n = 296)	Percentage (%)
How accessible are family planning services in your community?		
Very Accessible	119	40.20
Somewhat Accessible	132	44.59
Not very Accessible	34	11.49
Not Accessible at all	11	3.72
If family planning services are not very accessible or not accessible at all, what are the main reasons? (You can select more than one option) (n = 97)		
Distance to the health facility	11	11.34
Lack of Transportation	09	9.28
Cost of Services	56	57.73
Unavailability of preferred method	15	15.46
Others	06	6.19
Have you ever used any family planning method?		
Yes	238	80.41
No	58	19.59
Which family planning methods have you used? (You can select more than one option) (n = 527)		
Contraceptive Pills	98	18.60
Intrauterine Devices (IUD)	18	3.42
Condom	292	55.41
Injectable Contraceptives	74	14.04
Natural methods (e.g. rhythm, withdrawal)	88	16.70
Sterilization	08	1.52
Others	37	7.02
What are the main reasons for not using family planning services? (Select all that apply) (n = 96)		
Lack of knowledge	09	9.38
Fear of side effects	63	65.63
Partner's disapproval	12	12.50
Cultural/religious beliefs	04	4.17
Other	08	8.33
How often do you use family planning methods?		
Regularly	85	28.72
Sometimes	89	30.07
Rarely	64	21.62
Never	58	19.59
How would you rate the quality of family planning services in your community?		
Excellent	61	20.61
Good	78	26.35
Fair	48	16.22
Poor	89	30.07

Very Poor	20	7.76
How would you describe the attitude of health care providers towards clients seeking family planning services in your community?		
Very Supportive	57	19.26
Somewhat Supportive	64	21.62
Neutral	50	16.89
Not very Supportive	84	28.38
Not Supportive at all	41	13.85
Do you think the health workers in your community are knowledgeable and skilled in providing family planning services?		
Yes		
No		
Not sure		
Have you experienced any form of discrimination or judgement from health workers when seeking family planning services?		
Yes		
No		
Not applicable		
Do cultural or religious beliefs in your community influence the use of family planning services?		
Yes	67	22.64
No	117	39.53
I don't know	112	37.84
Do you feel there is a stigma associated with using family planning services in your community?		
Yes	161	54.39
No	135	45.61

* = Multiple Responses

4. DISCUSSION

This study was focused on assessing the factors influencing family planning services among rural women in Oyo state, Nigeria. The demographic distribution of the respondents showed that most respondents are aged between 30-39 years (37.50%), married (65.88%), with secondary education (57.09%), and self-employed (51.35%). Most respondents have 3-4 children (44.59%) (Table 1). This broad age distribution indicates a significant representation of different age groups, which could enhance the reliability and generalizability of the study results. This suggests that the sample was skewed towards the working-age population, which may be more likely to participate in such research due to their increased access to information and resources. A similar study conducted in Bauchi State

reported that most of their respondents are between 25 and 34 years of age [18].

The breakdown of marital status (table 1) provides a diverse perspective on the research topic, as individuals from different marital statuses may have varied experiences and perspectives. The results highlight that the majority of respondents were in committed relationships, potentially signifying a higher level of stability and support in their lives. This is similar to the findings of Agunbiade [19] who reported that 76.5% of the respondents were married when she studied the factors affecting the utilization of family planning among women attending selected health centers in Ile Ife, Osun state, Nigeria.

In this study, the findings on educational level indicate that the participants were relatively

educated, which may have implications for their level of knowledge, awareness, and understanding of family planning services. The distribution of respondents according to their occupation (table 1) suggests that they had a diverse range of occupations (with those who are self-employed being the highest), which could be reflective of the broader community and may help to ensure that the findings are more widely applicable. This occupational diversity allows the research to capture a variety of work-related experiences and perspectives, which could be relevant to determining the factors influencing family planning services among the respondents. This corresponds to the findings of Akokuwebe and Ojo [20], who reported that most of their respondents were self-employed when they studied the factors influencing the acceptability of family planning among women in rural communities in Ife central local government area, Osun state, Nigeria.

The results of this present study revealed that an overwhelming majority of the participants (95.61%) had heard about family planning services (table 2), indicating a high level of awareness among rural women in Oyo State. This is a positive finding indicating widespread awareness of family planning services in this population, which could contribute to health promotion and better reproductive health outcomes. This is consistent with studies conducted in other parts of Nigeria where the awareness of family planning services among women is generally high [21,22]. The high level of awareness might be attributed to various information sources, including family/friends, schools, health facilities, radio/television, and social media.

Interestingly, the study found that social media was the primary source of information about family planning services for 30.07% of the participants who had heard of family planning. This finding aligns with the increasing influence of social media as a source of health information worldwide [23]. It is essential for policymakers and health organizations to capitalize on this trend and utilize social media to disseminate

accurate information on family planning services effectively. On the other hand, this finding indicates that the majority of rural women in Oyo State rely on non-professional sources for their knowledge about family planning, raising concerns about misinformation and misunderstanding. It also suggests that there may be a need to strengthen the role of health professionals and formal education in disseminating accurate information about family planning.

The study also identified that 91.55% of the participants knew about different family planning methods. This is consistent with the findings of Akokuwebe and Ojo [20], who observed that 90.8% of their respondents knew about different family planning methods when they investigated the factors influencing acceptability of family planning among women in rural communities in Ife central local government area, Osun state, Nigeria.

The most commonly known method of family planning in our study was condoms (53.34% of the total responses). This corresponds to the findings of Omole et al. [24] who reported that condom was the most used form of birth control in the Surulere local government area of Oyo State, Nigeria. Akokuwebe and Ojo [20] also reported similar results for women in rural communities in Ife central local government area, Osun state, Nigeria. However, very few participants in this present study were aware of more long-term and effective methods such as implants (2.17%) and sterilization (1.99%). This suggests a potential knowledge gap and highlights the importance of comprehensive education about all available family planning methods to ensure that women can make informed decisions that best suit their needs and circumstances.

In terms of the overall knowledge of family planning services, the majority of participants rated their knowledge as either good (48.99%) or fair (26.69%). Only 19.93% of the participants considered their knowledge to be excellent. This finding indicates that despite the high level of

awareness and knowledge of some family planning methods, there is still room for improvement in the overall knowledge of family planning services among rural women in Nigeria.

Enhancing the knowledge of family planning services is crucial for rural women to make informed decisions about their reproductive health, and it has been found to be associated with increased contraceptive use [20]. Therefore, efforts should be made to expand the reach of family planning education and services in rural areas, targeting not only women but also their partners, families, and communities. This could involve using various channels such as community health workers, radio and television programs, and social media platforms to disseminate information on the full range of family planning methods available, their benefits, side effects, and potential complications.

The results of this study on the factors influencing family planning services among rural women in Oyo State, Nigeria, revealed important insights into the attitudes and perceptions towards family planning services in the studied population (table 3). Almost 70% (69.93%) of respondents believed that family planning is important, indicating a general awareness and understanding of the significance of family planning in their lives. This finding is encouraging as it indicates a positive attitude towards family planning, which is a vital factor in the utilization of family planning services. However, this also highlights that nearly 30% (29.39%) of respondents do not share this belief, which might be attributed to a lack of awareness, misconceptions, or cultural and religious factors. This suggests a need for further educational interventions to increase awareness and understanding of the benefits of family planning.

When it comes to the perceived benefits of using family planning services, child spacing emerged as the most recognized benefit, with 56.38% of respondents selecting it. This corresponds to the findings of Apanga and Adam [25] who reported

that 96% of their study population accessed family planning for the purpose of child spacing. This is consistent with the general understanding that family planning services are essential for ensuring healthy intervals between births, contributing to better maternal and child health [24]. Other perceived benefits included financial stability (26.10%), reduced child mortality (10.29%), and improved maternal health (5.52%). These responses suggest that the primary motivation for using family planning services is to manage the timing and number of children, with economic considerations also playing a significant role. However, it is concerning that only a small percentage of participants recognize the potential benefits to maternal health and child mortality. This indicates a need for comprehensive education and sensitization programs to inform women about the full range of benefits associated with family planning services.

A significant majority (93.24%) of respondents believed that family planning has side effects, indicating a potential barrier to the adoption of family planning services. This is consistent with the findings of Kassim and Ndumbaro [26] who reported that most women identified side effects as one of the factors affecting the use of family planning in Tanzania. This perception might discourage women from using these services, even if they understand the benefits. This finding underlines the need for healthcare providers to provide clear and accurate information about potential side effects and how they can be managed.

The role of cultural and religious beliefs in the use of family planning services was also explored. While 64.19% of respondents reported no cultural or religious beliefs in their community that discourage the use of family planning services, 21.62% reported the presence of such beliefs, and 14.19% were unsure. This finding indicates that cultural and religious factors may still influence the use of family planning services in the studied area and need to be considered when designing interventions to promote family planning. Kassim and Ndumbaro [26] study also

reported similar results. It suggests that any interventions to promote family planning must be culturally sensitive and involve religious and community leaders to be effective.

Communication between partners emerged as an essential factor in the use of family planning services. The majority of respondents (71.28%) felt comfortable discussing family planning with their partner or spouse, and 63.51% reported that their spouse or partner approved of family planning. This is consistent with the results of Okezie [27] who reported that 86% of husbands in the study's population accepted family planning when he investigated the factors influencing attitude and uptake of family planning services among women of childbearing age in Egbedore local government area of Osun state, Nigeria. However, this contradicts the findings of Apanga and Adam [25] who reported that 90% of women in Talensi District of Ghana did not access family planning services due to opposition from their husbands. In this present study, 16.55% of respondents did not feel comfortable discussing family planning, and 23.65% reported that their spouse or partner disapproved of family planning. These findings highlight the importance of promoting open communication between partners and addressing the concerns of both individuals to facilitate the successful adoption of family planning services. This finding suggests that the role of men in family planning decisions is significant and highlights the need to engage men in family planning education and awareness efforts.

In this study, accessibility to family planning services was generally perceived to be moderate, with 40.20% of participants reporting that services were very accessible and 44.59% reporting that they were somewhat accessible. However, 11.49% and 3.72% of participants considered family planning services not very accessible or not accessible at all, respectively. Among those who experienced challenges accessing family planning services, the main barriers were the cost of services (57.73%), distance to the health facility (11.34%), and

unavailability of preferred methods (15.46%). This highlights the importance of addressing financial and logistical barriers to ensure that all women in the region have equal access to family planning services.

A majority of participants (80.41%) reported having used family planning methods in the past. This is consistent with the results of Okezie [27] who reported that 98% of the study's population has used family planning methods when he studied the factors influencing attitude and uptake of family planning services among women of childbearing age in Egbedore local government area of Osun state, Nigeria.

The most common methods of family planning utilized in this present study were condoms (55.41%), natural methods (16.70%), contraceptive pills (18.60%), and injectable contraceptives (14.04%). This is consistent with a recent study by Omole et al. [24] who observed that the residents of Surulere local government area of Oyo State, Nigeria mainly used condoms as a method of birth control.

The reasons for not using family planning services in our study were primarily fear of side effects (65.63%), partner's disapproval (12.50%), and lack of knowledge (9.38%). This is consistent with the findings of Agunbiade [19] who reported that women attending health centers in Ile Ife, Osun state, Nigeria did not use family planning services due to fear of side effects (80.2%), partner's opposition (63.5%), lack of knowledge (42.3%), etc. These findings emphasize the need for comprehensive education and awareness campaigns to address misconceptions about family planning methods and to encourage open communication between partners.

In terms of frequency, 28.72% of participants used family planning methods regularly, while 30.07% used them sometimes and 21.62% rarely. About 19.59% of participants reported never using family planning methods. This indicates that there is still room for improvement in the consistent use of family planning services among rural women in Oyo State.

Participants' perceptions of the quality of family planning services were mixed. While 20.61% rated the services as excellent and 26.35% as good, a significant proportion (30.07%) considered them poor, and 7.76% rated them as very poor. Similarly, the attitude of healthcare providers towards clients seeking family planning services was seen as not very supportive (28.38%) or not supportive at all (13.85%) by a substantial number of participants. These findings underline the necessity of improving the quality of care and fostering a supportive environment for clients seeking family planning services.

Cultural and religious beliefs were reported to influence the use of family planning services by 22.64% of participants, while 39.53% did not believe these factors played a role. A notable 37.84% of participants were unsure about the influence of cultural or religious beliefs on the use of family planning services. Moreover, 54.39% of participants felt that there was a stigma associated with using family planning services in their community. These results suggest that efforts should be made to address cultural, religious, and social barriers that may discourage women from utilizing family planning services. Recent studies have reported similar findings [28-30].

5. CONCLUSION

This study on the factors influencing family planning services among rural women in Oyo State, Nigeria, demonstrates that multiple factors play significant roles. Age, marital status, education level, and occupation, along with the number of children already in the family, appear to influence the knowledge, attitudes, and access to family planning services. Although there is a relatively high level of awareness about family planning services among rural women in Oyo State, Nigeria, the sources of their knowledge and their understanding of the various methods available are areas of concern. Similarly, notable challenges, including misconceptions about side effects, cultural and religious beliefs, and a lack of awareness about

the full range of benefits of family planning were observed. This study suggests that while the majority of the participants had access to and utilized family planning services, there are several barriers that need to be addressed to improve uptake. These barriers include the cost of services, fear of side effects, partner disapproval, quality of care, societal beliefs, and stigma. These barriers also served as factors influencing family planning services among the participants of this present study.

6. RECOMMENDATIONS

Based on the findings from the study the following recommendations are made:

- i. **Awareness and Knowledge Building:** Although a high percentage of respondents (95.61%) have heard of family planning, only 19.93% rated their knowledge as excellent. Therefore, intensified educational programs and interventions are needed to improve the knowledge and understanding of family planning services. These programs should focus on disseminating information through social media (30.07%) and radio/television (19.27%), as they are significant sources of information on family planning services.
- ii. **Addressing Misconceptions:** A significant percentage of respondents believe that family planning services have side effects (93.24%). There is a need for educational initiatives to correct misconceptions and provide factual information on the benefits and potential side effects of family planning methods.
- iii. **Encouraging Open Discussion:** While 71.28% of respondents felt comfortable discussing family planning with their partners, only 63.51% of partners approved of family planning. It is recommended to encourage open and candid discussions about family planning within households and couples. Such discussions could lead to shared

- decision-making and increased utilization of family planning services.
- iv. **Increasing Accessibility:** Only 40.20% of respondents found family planning services very accessible, with cost (57.73%) being a significant barrier. Therefore, efforts should be made to make these services more affordable and accessible, especially for those living in remote areas.
 - v. **Improving Quality of Services:** The quality of family planning services was rated as poor by 30.07% of the respondents. Therefore, it is essential to improve the quality of these services. This could be achieved by enhancing the skills and knowledge of health workers, improving the attitude of healthcare providers towards clients, and ensuring that a variety of family planning methods are available.
 - vi. **Addressing Cultural and Religious Beliefs:** 22.64% of respondents reported that cultural or religious beliefs influence the use of family planning services. Therefore, interventions should consider these beliefs when designing and implementing family planning programs.
 - vii. **Stigma Reduction:** Over half of the respondents (54.39%) felt that there is a stigma associated with using family planning services. Therefore, strategies should be developed to reduce stigma and promote positive perceptions of family planning in the community.

These recommendations, if implemented, could significantly improve the utilization of family planning services among rural women in Oyo State, Nigeria. Further research is also needed to understand why some of these barriers persist and how they can be effectively addressed.

7. LIMITATIONS OF STUDY

The study is limited by the sample size, which may not be representative of the entire

population. The study is also limited by the self-reporting nature of the questionnaire, which may be subject to social desirability bias.

REFERENCES

1. Mbizvo MT, Zaidi S. Addressing critical gaps in achieving universal access to sexual and reproductive health (SRH): the case for improving adolescent SRH, preventing unsafe abortion, and enhancing linkages between SRH and HIV interventions. *International Journal of Gynecology & Obstetrics*, 2020; 110, S3-S6.
2. Singh S, Darroch JE, Ashford LS. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*, New York: Guttmacher Institute. 2014.
3. Olugbenga-Bello AI, Abodunrin OL, Adeomi AA. "Contraceptive Practices among Women in Rural Communities in South-Western Nigeria," *Global Journal of Medical Research*, 2021; 11(2), 2011.
4. Nigeria Demographic and Health Survey. National Population Commission and ICF micro, Calverton, MD 0705, USA 2018.
5. Igbodekwe FC, Oladimeji O, Oladimeji KE, Adeoye IA, Akpa OM, Lawson L. Utilisation of Modern Contraceptive among Women of Childbearing Age in Resource Constraint Setting: Evidence from 2008 National Demographic and Health Survey in Nigeria. *Journal of Health Science*, 2014; 4(3): 72-78.
6. Lori Ashford, Donna Clifton, and Toshiko Kaneda, *The World's Youth 2006* (Washington, DC: Population Reference Bureau, 2006).
7. Omole OR, Ezirim EO, Abali IO, Ejikem PI, Okeh DU, Eweputanna LI, Otuka OAI, Airaodion AI. Assessment of the causes and effects of induced abortion among women of reproductive age. *EC Nursing and Healthcare*. 2023; 5(4): 103-115.
8. Canning D, Schultz TP. The economic consequences of reproductive health and family planning, *Lancet*, 2022; 380(9837): 165-171.

9. Gaetano M, Lutuf A, Zaake D, Annika J. Predictors of Contraceptive Use Among Female Adolescents in Ghana. *Afr J Reprod Health March*. 2014; 18(1): 102
10. Kabir H, Saha NC, Oliveras E, Gazi R. Association of programmatic factors with low contraceptive prevalence rates in a rural area of Bangladesh," *Reproductive Health*, 2023; 10(31):78-91.
11. Williamson LM, Parkes A, Wight D, Petticrew M, Hart GJ. Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research. *Reprod Health*, 2019;6(3), 1-12.
12. Kanku T, Mash R. Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. *South African Family Practic*, 2020;52(6):125-132.
13. Mosher WD, Jones J, Abma JC. Intended and unintended birth in the United States: 1982-2010, National Health Statistics Report No. 55, Hyattsville, and MD: National Center for Health Statistics, 2012.
14. Machiyama K, Cleland J. Unmet need for family planning in Ghana: the shifting contributions of lack of access and attitudinal resistance, *Studies in Family Planning*, 2014; 45(2):203-226.
15. Tumlinson K, Okigbo CC, Speizer IS. Quality of care and contraceptive use in urban Kenya, *International Perspectives on Sexual and Reproductive Health*, 2015; 41(2):69-79.
16. Gipson JD, Hirz AE, Avila JL. Perceptions and practices of illegal abortion among urban young adults in the Philippines: a qualitative study. *Studies in family planning*, 2021; 42(4), 261-272.
17. Ahanonu EL. Attitudes of Healthcare Providers towards Providing Contraceptives for Unmarried Adolescents in Ibadan, Nigeria. *Journal of Family and Reproductive Health* 2013;8(1):89-97.
18. Ekpenyong MS, Nzute AI, Odejimi O, Abdullahi AD. Factors influencing utilisation of family planning services among female of reproductive age (15-45 years) in Bauchi local government area, Bauchi state. *Nursing and Palliative Care*. 2018; 3(2): 1-6
19. Agunbiade FB. Factors affecting the utilization of family planning among women attending selected health centers in Ile Ife, Osun State, Nigeria. *Texila International Journal of Nursing* 2017; 3(2):1-8
20. Akokuwebe ME, Ojo OA. Factors influencing acceptability of family planning among women in rural communities in Ife central local government area, State, Nigeria. *Ibadan Journal of the Social Sciences*. 2016; 14(2):250-261.
21. Uwaezuoke IOA, Uzochukwu BSC, Nwagbo DFE, Onwujekwe OE. Determinants of teenage pregnancy in rural communities of Abia State, South East Nigeria. *Journal of College of Medicine*. 2014; 9(1): 28-33.
22. Alenoghena I, Yerumoh S, Momoh AM. Knowledge, attitude and uptake of family planning services among women of reproductive age group attending outpatient clinic at a tertiary health institution in Edo State, Nigeria. *J Public Health Epidemiol*. 2019;11:63-70
23. Msovela J, Kessy AT, Mubyazi GM. Access to family planning information and contraception methods use among Tanzanian men: a cross-sectional study in Kibaha District. *J Epidemiol Prev Med*. 2016;2(2):1-6
24. Omole OR, Iwuoha EC, Okeh DU, Ejikem PI, Otuka OAI, Ezirim EO, Abali IO, Chikezie K, Eweputanna LI, Airaodion AI. Awareness and perception on exclusive breastfeeding as a birth control method among pregnant women attending antenatal clinic in rural communities. *Merit Journal of Research in Medicine and Medical Sciences*. 2023; 11(2):059-067.
25. Apanga PA, Adam MA. Factors influencing the uptake of family planning services in the Talensi District, Ghana. *Pan Afr Med J*. 2015;20:10.
26. Kassim M, Ndumbaro F. Factors affecting family planning literacy among women of childbearing age in the rural Lake zone, Tanzania. *BMC Public Health*. 2022;22:646.

27. Okezie P. Factors influencing attitude and uptake of family planning services among women of childbearing age in Egbedore local government area Osun state. Archives of Medicine, 2022; 14 (8): 001-012.
28. Andeskebtso AY, Ugochukwu NJ. Impact of Socio-economic Factors on Women's Family Planning Decisions in Taraba State, Nigeria. Jalingo Journal Of Social And Management Sciences. 2023;4(4):262-75.
29. Agbana RD, Michael TO, Ojo TF. Family planning method discontinuation among Nigerian women: evidence from the Nigeria demographic and health survey 2018. Journal of Taibah University Medical Sciences. 2023;18(1):117-24.
30. Ojih SE, Adeyeye B, Onoja IB, Adesina E, Omole F, Kayode-Adedeji T. Cultural Practices and Adoption of National Family Planning Communication Campaigns on Select Ethnic Groups in Nigeria. InHealthcare 2023; 11(4): 495

UNDER PEER REVIEW