FACTORS INFLUENCING THE ATTITUDE OF WOMEN TOWARDS FAMILY PLANNING IN OROLODO COMMUNITY, OMU-ARAN, KWARA STATE

BY

ADEMOLA OLUWASEYI GRACE

20/05NSS001

AT

THOMAS ADEWUMI UNIVERSITY OKO-IRESE, KWARA STATE

AUGUST, 2025

FACTORS INFLUENCING THE ATTITUDE OF WOMEN TOWARDS FAMILY PLANNING IN OROLODO COMMUNITY, OMU-ARAN, KWARA STATE

BY

ADEMOLA OLUWASEYI GRACE

20/05NSS001

AT

THOMAS ADEWUMI UNIVERSITY OKO-IRESE, KWARA STATE

IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF NURSING SCIENCE DEGREE

AUGUST, 2025

Declaration

This is to declare that this research project titled **Factors Influencing the Attitude of Women towards Family Planning in Orolodo Community, Omu-Aran, Kwara State** was carried out by **ADEMOLA OLUWASEYI GRACE** is solely the result of the work except where acknowledged as being derived from other person(s) or resources.

Matriculation number: 20/05NSS001

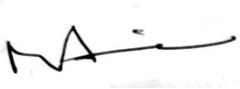
In the Faculty of Nursing Sciences, Thomas Adewumi University

Signature:  Date: 7th August, 2025

Certification

This is to certify that this research project was carried out by **ADEMOLA OLUWASEYI GRACE** with examination number **20/05NSS001** and has been examined and approved for the award of

Bachelor in Nursing Science Degree

Signature:  Date: 7/08/2025

Name: Dr. Aina, Modupe A.

(Project Supervisor)

Signature:  Date: 7/08/2025

Name: Dr. Aina, Modupe A.

(Dean of Faculty of Nursing Sciences)

Signature:  Date: 7/08/2025

Name: Prof. Adelani Tijani Date: 7/8/2025

(Chief Examiner)

Abstract

Family planning is an important aspect of reproductive health, particularly in rural communities where access and acceptance remain limited. This study assessed the knowledge, attitude, influencing factors, and barriers to family planning among women of reproductive age in Orolodo community, Omu-Aran, Kwara State. A descriptive survey design was adopted and 133 women aged 15–49 were selected using simple random sampling. Data were collected through a self-structured questionnaire covering demographic data, knowledge, attitude, influencing factors, and barriers to family planning. Analysis using descriptive statistics revealed that 72.2% respondents had good knowledge and mean= 2.93 showed positive attitudes toward family planning. Influencing factors included education, spousal support, economic status, religious beliefs, and media exposure. However, key barriers such as fear of side effects, poor health worker attitudes, cultural opposition, and lack of spousal support were identified. A significant relationship was found between knowledge and attitude towards family planning. Community health nurses should sustain regular sensitization programs to reinforce and build on the existing knowledge base among women.

Keywords: Family Planning, Knowledge, Attitude, Influencing Factors, Barriers

Dedication

With gratitude, I dedicate this research work to God Almighty, whose unwavering presence facilitated its completion. I also extend this dedication to the resilient women of Orolodo Community, whose strength, determination and support help throughout the research.

Acknowledgements

I am deeply grateful to Almighty God for His guidance and strength throughout this project work and also how far He has helped me throughout the course of study.

I extend my sincere appreciation to the management of Thomas Adewumi University, The Nursing Science Faculty whose unwavering support as been invaluable and I am particularly grateful to my Supervisor and Dean of Nursing Science Faculty, Dr. Mrs. Aina M.A, for her expert guidance and dedication, the Sub-Dean, Mr. Kolapo K.S and the Level Adviser, Mrs. Olubiyi J.I for their support.

My other Nursing lecturers, Dr. Mrs. Fashiku E.A, Mrs. Aina V.O, Mrs. Arosanyin O.O, and Mrs. Omotosho D. O also warrant special recognition and appreciation.

Also, I appreciate the Olomu of Omu-Aran and the community leaders of Orolodo community for their willingness to share their experiences and insights, which have enriched this study.

My family's unconditional support has been a constant source of encouragement and I thank my parents, Pastor and Evang. (Mrs.) Ademola A.A, and my impeccable siblings.

I also extend gratitude to all my friends, course mates, respondents, and Orolodo community at large for their encouragement and participation.

Lastly, I acknowledge the Examiners for my Project Defense, August 2025.

God bless!

Table of Content

Cover page……i

Title page……ii

Declarative page……..iii

Certification/approval page……iv

Abstract……v

Dedication……..vi

Acknowledgement……vii

Table of content……viii

List of tables……..….ix

CHAPTER ONE

1.1 Introduction……1

1.2 Background of study……..1

1.3 Statement of problem……4

1.4 Objectives of the study……..5

1.5 Research questions…….....5

1.6 Research hypothesis …….....5

1.7 Significance of the study……..6

1.8 Scope of study……..6

1.9 Operational definition of terms……6

CHAPTER TWO

Literature review

2.1 Introduction……8

2.2 Conceptual review……8

2.3 Theoretical review……19

2.4 Empirical review……...29

CHAPTER THREE

Methodology

3.1 Introduction……..35

3.2 Research design……35

3.3 Setting ……..……35

3.4 Target population……..36

3.5 Inclusion and Exclusion Criteria……...36

3.6 Sampling (size and formula) ……..……..36

3.7 Sampling technique……...37

3.8 Instruments for data collection……..37

3.9 Validity of instrument……38

3.10 Reliability of instrument……..……38

3.11 Method of data collection……38

3.12Method of data analysis……39

3.13 Ethical consideration…...…….39

CHAPTER FOUR

Results

Analysis of data and Interpretation of Result Findings……40

CHAPTER FIVE

Discussion of findings

5.1 Introduction…...……..48

5.2 Findings……...……....48

5.3 Implication of findings to Nursing.……..50

5.4 Limitation of study.…….....50

5.5 Summary of study.……...…….....51

5.6 Conclusion.…….....51

5.7 Recommendations.……...…….....52

5.8 Suggestions for further studies.……...……52

APPENDICES

Questionnaire……...……53

References.……...…….....57

Ethical approval.……...…….....60

List of Tables

Table 1: Distribution of Respondents.……....41

Table 2: Level of Knowledge of Women regarding Family Planning.…...……42

Table 3: Attitude of Women towards Family Planning…….…….....44

Table 4: Factors influencing the Attitude of Women towards Family Planning,,,,,,,,,,,,..…….45

Table 5: Barriers to Family Planning among Women……..……...46

Table 6: Pearson Product Moment Correlation (PPMC) analysis on relationship between the knowledge of family planning and attitude towards family planning.……...……..47

List of Figures

Fig. 1: Level of Knowledge of Women regarding Family Planning.……43

CHAPTER ONE

1.1 Introduction

Family planning is recognized globally as a fundamental component of public health, playing a critical role in reducing maternal and child mortality, improving the overall health and well-being of families, and supporting economic development. Despite efforts by the government and non-governmental organizations to promote family planning, certain areas still experience low uptake due to various socio-cultural, economic, and infrastructural factors. The Orolodo community in Omu-Aran, Kwara State, exemplifies such a context, where the attitudes of women towards family planning are shaped by a complex interplay of influences.

1.2 Background of Study

According to United Nations Population Fund (2022), family planning is defined as the information, means and methods that allow individuals to decide if and when to have children. This includes a wide range of contraceptives – including pills, implants, intrauterine devices, surgical procedures that limit fertility, and barrier methods such as condoms – as well as non-invasive methods such as the calendar method and abstinence. Family planning is also defined as the consideration of the number of children a person wishes to have, including the choice to have no children, and the age at which they wish to have them. Things that may play a role on family planning decisions include marital situation, career or work considerations, financial situations. If sexually active, family planning may involve the use of contraception (birth control) and other techniques to control the timing of reproduction (Maria do Céu et al., 2021).

Globally, the United Nations Department of Economic and Social Affairs, Population Division (2022) states that among the 1.9 billion women of reproductive age group (15–49 years) worldwide in 2021, 1.1 billion have a need for family planning; of these, 874 million are using modern contraceptive methods, and 164 million have an unmet need for contraception. And Family planning has helped to prevent about one-third of pregnancy-related deaths, as well as 44% of neonatal deaths. This is because timing and spacing of pregnancies – at least 2 years between births – is needed to prevent adverse pregnancy outcomes, including high rates of prematurity and malnutrition, and stunting growth in children. Spacing of pregnancies for optimal outcomes applies globally, not only in poor settings. The ability to determine whether or not to become pregnant and how many children to have has long been recognized as a human right. As agreed in 1994 by UN member states in Cairo, abortion is not to be promoted as a method of family planning, although prevention of unsafe abortion is a priority for public health. (Blumenberg et al., 2020)

In developing countries, some women and girls around the world face serious barriers to using contraceptives. The UN Population Division's estimates show that in 2020, some 257 million women in developing countries wanted to prevent or delay pregnancy but were not using one of the modern, reliable forms of contraception (Gelaw et al., 2023). Common reasons why women do not use reliable, modern contraceptives include logistical problems, such as difficulty travelling to health facilities or stock outs at health clinics, and social barriers, such as opposition by partners or families. Lack of knowledge also plays a role, with many women not understanding that they are able to become pregnant, not knowing what contraceptive methods are available, or having incorrect information about modern methods. Poorer women and those in rural areas often have less access to family planning information and services.

Certain groups – including adolescents, unmarried people, the urban poor, rural populations, sex workers and people living with HIV – also face additional barriers to family planning. This can lead to higher rates of unintended pregnancy, increased risk of HIV and other STIs, limited choice of contraceptive methods, and higher levels of unmet need for family planning. Particular attention must be paid to promoting their reproductive rights, access to family planning, and other sexual and reproductive health services. (United Nations Population Fund, 2022)

In Nigeria, the prevalence of contraception has not increased significantly. Nigeria has one of the highest rates of maternal mortality, with 545 deaths per 100,000 live births. In the meantime, research indicates that decreased contraceptive use is linked to high maternal mortality indices. Ezirim et al., (2023) quoted Igbodekwe et al., which discuss about 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. (Ezirim et al., 2023)

It is important to note that every contraceptive method has advantages and disadvantages. The mix of methods offered must cater for women's needs and preferences. Thus, it is essential that women are fully informed about them so they can make an informed decision on which method is more appropriate for their specific situation. (Ewerling et al., 2021)

Family planning is a vital component of reproductive health that has far-reaching implications for the socio-economic development and health outcomes of women and children.

The purpose of this study is to explore factors that influence the attitudes of women towards family planning in Orolodo community, where attitudes toward reproductive health may differ significantly from urban areas due to various underlying factors.

1.3 Statement of the Problem

In communities like Orolodo, situated in Omu-Aran, Kwara State, attitudes toward family planning remain a critical concern for public health. Although numerous studies have been conducted across Nigeria and Africa to assess the utilization of family planning methods, these studies are mostly national or regional and often fail to capture the unique sociocultural dynamics of specific communities.

In Orolodo, there is a noticeable gap in the literature regarding women's knowledge, attitudes, and the local factors influencing family planning uptake. Without community-specific data, reproductive health interventions may not adequately address the barriers that exist at the grassroots level.

Despite various family planning programs introduced by governmental and non-governmental organizations, there is still low adoption and inconsistent use of family planning methods among women in rural communities. Cultural beliefs, religious doctrines, educational status, economic challenges, and access to healthcare services significantly shape women's attitudes toward family planning—either positively or negatively.

In Nigeria, although the benefits of contraception are well-established, many women of reproductive age still have a limited range of options to choose from, thereby limiting their ability to fully exercise their reproductive health rights (Maitanmi et al., 2021).

Across Africa, the issue is even more pronounced, with about 33% of women having an unmet need for family planning, leading to high fertility rates and maternal mortality. Globally, an estimated 218 million women have an unmet need for modern contraception, contributing to 35% of all pregnancies being unintended (World Health Organization, 2022).

This study, therefore, seeks to fill the existing gap by investigating the factors influencing the attitude of women of reproductive age toward family planning in the Orolodo community. The findings will contribute to localized health planning, education, and culturally sensitive policies tailored to the community's specific needs.

1.4 Objectives of the Study

The board objective of this study is to investigate the Factors Influencing the Attitude of Women towards Family Planning in Orolodo Community, Omu-Aran, Kwara State.

The specific objectives are to:

1. Assess the knowledge of women regarding family planning in Orolodo community.
2. Evaluate the attitude of women towards family planning in Orolodo community
3. Identify the factors influencing the attitude of women towards family planning in Orolodo community.
4. Determine the barriers to family planning among women in Orolodo community.

1.5 Research Questions

1. What is the level of knowledge of women regarding family planning in Orolodo community?
2. What is the attitude of women towards family planning in Orolodo community?
3. What are the factors influencing the attitude of women towards family planning in Orolodo community?
4. What are the barriers to family planning among women in Orolodo community?

1.6 Research Hypothesis

There is no significant relationship between knowledge of family planning and attitude towards family planning among women in Orolodo community.

1.7 Significance of Study

This study is significant because it aims to provide a comprehensive understanding of the factors influencing women's attitudes toward family planning in Orolodo, Omu-Aran, Kwara State. The findings will be valuable for policymakers, healthcare providers, and local authorities seeking to improve reproductive health outcomes in rural communities. The study will contribute to the broader public health goals of reducing maternal and child mortality rates and promoting sustainable development three and five(good health and well-being and gender equality), on how cultural norms, economic conditions, and access to family planning services impact women's choices, ultimately empowering them to make informed decisions about their reproductive health. In addition, it will serve as a foundation to the nursing profession, other healthcare providers and the society at large for future studies and policy initiatives aimed at improving reproductive health services and education in underserved communities.

1.8 Scope of the Study

This study focuses on investigating the factors that influence women's attitudes towards family planning in the Orolodo community, located in Omu-Aran, Kwara State among women of reproductive age (15-49 years) through distribution of questionnaires to the women in the area.

Operational Definitions of Terms

1. **Family Planning:** The practice of controlling the number and timing of children through the use of contraceptive methods and reproductive health education in Orolodo community.
2. **Attitude:** The disposition or mindset that women in Orolodo hold towards family planning. This includes their beliefs, perceptions, and feelings toward contraceptive use, and whether they view family planning as beneficial or harmful to their personal, familial, or community health**.**
3. **Influencing Factors**: The social, cultural, economic, or demographic characteristics that affect women's attitude in Orolodo community towards family planning, such as age, education, income, occupation, marital status, cultural or religious beliefs, or access to healthcare services.
4. **Women:** Adult females aged 15-49 years who are residents of Orolodo community, Omu-Aran, Kwara State, and who are capable of childbearing.
5. **Orolodo Community:** A rural community located in Omu-Aran, Kwara State, Nigeria, with a defined geographical boundary and a population of women who are the focus of this study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

These studies is guided by three interconnected frameworks that include the conceptual, theoretical (Theory of Planned Behavior, Health Belief Model, and Social Ecological Model) and synthesize empirical evidence to provide a structure for understanding the complex factors influencing women's attitudes towards family planning.

2.2 Conceptual Review

2.2.1 Definition

Family planning, as defined by the World Health Organization (2023), encompasses practices that enable individuals and couples to anticipate and attain their desired number of children, and the spacing and timing of their births. This includes the use of contraceptive methods and the treatment of infertility.

In 2021, World Health Organization defined Family planning as the ability of individuals and couples to anticipate and attain their desired number of children, and the spacing and timing of their births, through the use of contraceptive methods and the treatment of involuntary infertility.

Family planning refers to the practice of controlling the number and timing of childbirths through the use of contraceptive methods and fertility treatments. It is a key element in promoting gender equality and improving health outcomes by reducing unintended pregnancies and maternal mortality. (United Nations Population Fund, 2020)

Family planning is also defined as the voluntary and deliberate practice of preventing pregnancies using methods like contraception, sterilization, and fertility awareness. It empowers individuals, particularly women, to make informed decisions about their reproductive health and future. (Kamar et al., 2022)

Attitude, in the context of this study, refers to a woman's learned predisposition to respond in a consistently favorable or unfavorable manner with respect to family planning practices. This includes her beliefs, feelings, and behavioral intentions. Glanz et al., (2022) define attitude as a complex construct involving cognitive, affective, and behavioral components.

Factors influencing attitude are the determinants that shape a woman's perspective on family planning. These factors can be broadly categorized into socio-cultural, socioeconomic, healthcare access, information and knowledge, and partner influence.

In Ororodo, the understanding and acceptance of family planning are influenced by a complex interplay of these factors. It is crucial to recognize that family planning is not merely a medical issue but is deeply embedded within the socio-cultural fabric of the community.

2.2.2 Family Planning: A Crucial Public Health Issue

Family planning is a critical public health intervention that has significant implications for maternal and child health, as well as overall community well-being. Effective family planning programs can reduce maternal mortality, prevent unintended pregnancies, and improve the health and development of children (National Population Commission (NPC) [Nigeria] and ICF, 2023).

However, in many developing countries, including Nigeria, access to and utilization of family planning services remain low. This is often due to a combination of factors, including cultural beliefs, religious norms, lack of access to quality services, and misinformation.

In Orolodo, the specific challenges related to family planning need to be understood in the context of the local community. It is essential to investigate the prevailing attitudes and identify the barriers that prevent women from accessing and utilizing family planning services.

2.2.3 Indications for Family Planning

Family planning is indicated for a variety of reasons, including:

1. **Spacing of births:** To allow women to recover between pregnancies and improve maternal and child health.
2. **Limiting family size:** To enable couples to have the number of children they desire.
3. **Preventing unintended pregnancies:** To reduce the risk of complications associated with unplanned pregnancies.
4. **Managing chronic conditions:** For women with certain health conditions, pregnancy may pose significant risks.
5. **Improving overall health:** Family planning can contribute to improved physical and mental health for women and their families.

It is important to note that the decision to use family planning should be made voluntarily and based on informed choice.

2.2.4 Family Planning Methods

Family planning methods are categorized based on their duration, effectiveness, and the manner in which they work to prevent pregnancy. These methods can broadly be grouped into temporary and permanent categories.

A. Temporary Methods

Temporary methods are used to prevent pregnancy on a short-term basis, and their effectiveness can vary depending on the method chosen. These methods can be further divided into hormonal methods, barrier methods, intrauterine devices (IUDs), and natural methods.

1. Hormonal Methods

These methods release hormones that prevent ovulation, thicken cervical mucus, or thin the lining of the uterus to prevent pregnancy. Hormonal methods are very effective when used correctly.

- **Oral Contraceptives (Birth Control Pills)**

    i. **How they work**: Contain synthetic hormones (estrogen and progestin) that prevent ovulation and thicken cervical mucus.

    ii. **Advantages**: High effectiveness when used consistently, reversible, regulates menstrual cycles, and reduces menstrual cramps.

    iii. **Disadvantages**: Must be taken daily, possible side effects (nausea, headaches, mood changes), may not be suitable for women with certain health conditions (e.g., blood clots).

    iv. **Effectiveness**: 91% effective with typical use.

- **Contraceptive Injections**

    i. **How they work**: Injectable forms of progestin (e.g., Depo-Provera) are administered every 3 months, preventing ovulation.

ii. **Advantages**: Long-lasting (3 months per shot), discreet, no daily action required.

iii. **Disadvantages**: Can cause irregular bleeding, may lead to weight gain, requires a healthcare provider for injection.

iv. **Effectiveness**: 94% effective with typical use.

Contraceptive Implants

i. **How they work**: Small rods containing progestin are inserted under the skin, releasing hormones to prevent ovulation.

ii. **Advantages**: Long-lasting (3–5 years), low-maintenance, discreet, and highly effective.

iii. **Disadvantages**: Requires medical intervention for insertion and removal, potential side effects include irregular bleeding and hormonal changes.

iv. **Effectiveness**: Over 99% effective.

2. Barrier Methods

Barrier methods physically block sperm from reaching the egg. These are non-hormonal and are among the most commonly used methods.

- **Condoms (Male and Female)**

i. **How they work**: Male condoms are worn over the penis, while female condoms are inserted into the vagina, both creating a barrier to prevent sperm from entering the uterus.

ii. **Advantages**: Available without a prescription, provides protection against sexually transmitted infections (STIs).

iii. **Disadvantages**: Must be used every time during sexual intercourse, can break or slip off, may reduce sensitivity.

iv. **Effectiveness**: 85% effective with typical use for male condoms; 79% for female condoms.

- **Diaphragm and Cervical Cap**

i. **How they work**: These are dome-shaped devices inserted into the vagina to cover the cervix, preventing sperm from entering the uterus. They are typically used with spermicide.

ii. **Advantages**: Reusable can be inserted in advance of intercourse, hormone-free.

iii. **Disadvantages**: Requires fitting by a healthcare provider, must be used with spermicide, not as effective as other methods.

iv. **Effectiveness**: 88% effective with typical use for the diaphragm.

3. Intrauterine Devices (IUDs)

IUDs are small T-shaped devices inserted into the uterus to prevent pregnancy. There are two types: hormonal and copper.

- **Hormonal IUD (e.g., Mirena)**

i. **How they work**: Releases a small amount of progestin, which thickens cervical mucus and prevents sperm from reaching the egg.

ii. **Advantages**: Long-lasting (3–5 years), effective, and reversible.

iii. **Disadvantages**: Insertion requires a healthcare provider, possible side effects like irregular bleeding or hormonal changes.

iv. **Effectiveness**: 99% effective.

- **Copper IUD (e.g., Paragard)**

i. **How they work**: The copper in the IUD is toxic to sperm, preventing them from fertilizing an egg.

ii. **Advantages**: Hormone-free, long-lasting (up to 10 years), highly effective.

iii. **Disadvantages**: Periods may become heavier and more painful, insertion requires a healthcare provider.

iv. **Effectiveness**: 99% effective.

4. Natural Methods

Natural methods rely on understanding and tracking fertility signals in the body to prevent pregnancy. These are less reliable than other methods and require careful attention.

- **Fertility Awareness Methods (FAM)**

i. **How they work**: Involves tracking a woman's menstrual cycle, monitoring basal body temperature, cervical mucus, or ovulation to predict fertile days.

ii. **Advantages**: No medications or devices required, can be used to achieve or avoid pregnancy.

iii. **Disadvantages**: Requires regular monitoring, less effective than other methods, no protection against STIs.

iv. **Effectiveness**: 76% effective with typical use.

- **Withdrawal Method (Pull-out Method)**

i. **How it works**: Involves the male partner withdrawing before ejaculation to avoid sperm entering the vagina.

ii. **Advantages**: No cost, no medication or devices required.

iii. **Disadvantages**: Requires self-control, no protection against STIs, and higher failure rates.

iv. **Effectiveness**: 78% effective with typical use.

B. Permanent Methods

Permanent methods are designed for individuals or couples who no longer wish to have children. These methods are considered highly effective but are non-reversible.

Sterilization (Tubal Ligation and Vasectomy)

- **Tubal Ligation (Female Sterilization)**

i. **How it works**: A surgical procedure where a woman's fallopian tubes are blocked or sealed, preventing eggs from reaching the uterus.

ii. **Advantages**: Permanent, highly effective, no ongoing costs or maintenance.

iii. **Disadvantages**: Requires surgery, irreversible, potential risks or complications associated with surgery.

iv. **Effectiveness**: 99% effective.

- **Vasectomy (Male Sterilization)**

    i. **How it works**: A surgical procedure where the vas deferens (the tubes that carry sperm) are cut or sealed to prevent sperm from being released during ejaculation.

    ii. **Advantages**: Permanent, highly effective, minimal recovery time.

    iii. **Disadvantages**: Requires surgery, irreversible, does not protect against STIs.

    iv. **Effectiveness**: 99% effective.

Family planning methods offer various options that cater to different needs and preferences. The choice of method depends on factors such as personal health, lifestyle, convenience, and whether a person desires a permanent solution or temporary contraception. By understanding the different temporary and permanent methods, individuals and couples can make informed choices about their reproductive health and family planning needs.

2.2.5 Benefits of Family Planning

Family planning offers numerous advantages for individuals, families, and communities. It allows couples to determine the number and timing of their children, leading to healthier pregnancies and improved maternal and child health outcomes. By enabling women to space pregnancies, family planning reduces the risks associated with short birth intervals, such as low birth weight and infant mortality. (World Health Organization, 2023)

Access to family planning also empowers women by providing them with control over their reproductive health, which can lead to increased educational and economic opportunities. Additionally, family planning contributes to poverty reduction and sustainable development by improving health outcomes and reducing healthcare costs.

Furthermore, family planning plays a critical role in preventing unintended pregnancies, which can reduce the incidence of unsafe abortions and related health complications (United Nations Population Fund, 2022).

2.2.6 Risks and Barriers to Family Planning

Despite the many benefits, there are several risks and barriers associated with family planning. Some contraceptive methods may cause side effects, such as weight gain, mood changes, or headaches. Cultural and religious beliefs in some communities may discourage the use of family planning, creating social pressure against it. Additionally, access to quality family planning services is limited in certain areas, especially in rural or under-resourced regions. Misinformation and myths about contraceptive methods can also prevent people from using them, as false beliefs about side effects or effectiveness spread. Lastly, partner opposition, particularly from male partners, can hinder a woman's ability to make decisions about her reproductive health.

2.2.7 Incidence of Family Planning Practices

1. Global Perspective:

Globally, family planning is a significant public health issue, especially in developing countries, where population growth continues to outpace available resources. According to the World Health Organization (2020), over 214 million women in low- and middle-income countries have an unmet need for modern contraception. Family planning helps reduce maternal and child mortality, promotes women's health, and supports economic development by reducing poverty through smaller family sizes.

2. Nigeria's Perspective:

In Nigeria, family planning has become a critical public health issue as the country continues to experience rapid population growth. According to the National Population Commission (NPC, 2021), the population of Nigeria is projected to reach over 400 million by 2050, making it the third most populous country in the world. Despite various family planning initiatives by the Nigerian government and non-governmental organizations, Nigeria's contraceptive prevalence rate remains relatively low at about 17%, compared to other African countries like Egypt (54%) and Kenya (58%).

Several factors contribute to this low rate, including cultural and religious beliefs, socio-economic factors, and the lack of accessible healthcare services in rural areas. For instance, in northern Nigeria, where the influence of religion and cultural practices is stronger, family planning remains less accepted.

3. Kwara State Perspective:

Kwara State, located in the north-central region of Nigeria, has a population of over 3 million people. Family planning in Kwara State faces many of the same challenges seen in the broader Nigerian context. According to the Kwara State Ministry of Health (2020), there is a growing recognition of the need for family planning services to help reduce the state's population growth and improve maternal and child health. However, contraceptive prevalence remains low in rural areas, especially in communities with limited healthcare infrastructure and high illiteracy rates.

In Kwara State, the government has worked with NGOs and international organizations to promote family planning through outreach programs, but cultural and religious beliefs still significantly influence the acceptance of contraception in many communities.

2.3 Theoretical Review

The Theoretical Framework/review provides a structured approach to understanding family planning through lenses of the *Theory of planned behavior (TPB) Health Belief Model (HBM) and Social Ecological Model (SEM*) that provides complementary insights into the factors influencing women's attitudes toward family planning in rural communities like Orolodo, Omu-Aran, Kwara State. These theories help explain how individual beliefs, social influences, and broader community and societal structures can shape women's decisions regarding contraceptive use.

2.3.1. Theory of Planned Behavior (TPB)

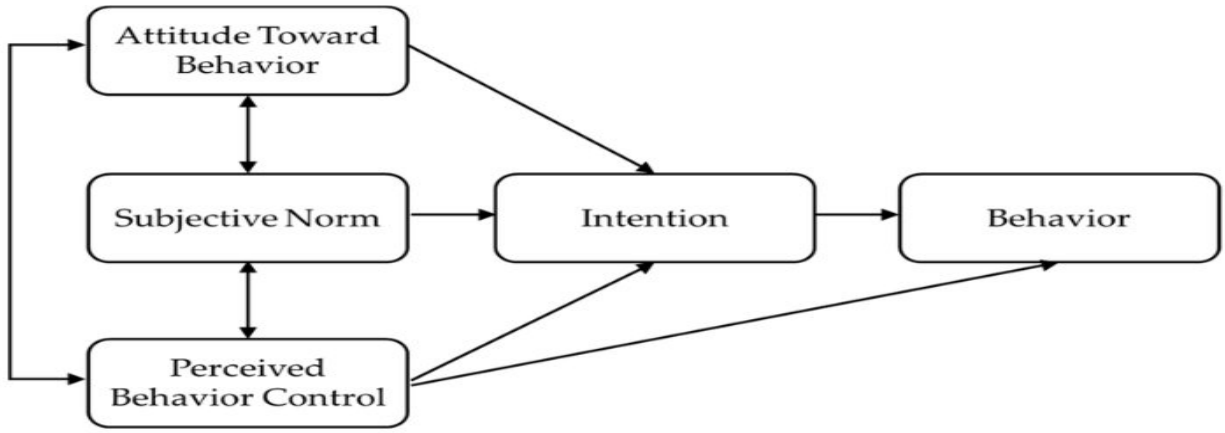
The Theory of Planned Behavior (TPB), developed by Icek Ajzen in 1991, is one of the most influential theories for understanding human behavior, particularly in the context of health behavior. Chukwueke et al., (2021) used Theory of Planned Behavior to study factors influencing contraceptive use in Nigeria. The research showed that social norms and individual attitudes toward contraception were significant predictors of contraceptive uptake in rural communities. These findings can be directly applied to understanding women's attitudes in Orolodo.

Theory of Planned Behavior posits that behavior is driven by behavioral intentions, which are influenced by three key components:

1. Attitude Toward the Behavior (ATT): A person's positive or negative evaluation of engaging in a behavior (e.g., using contraceptives for family planning).

2. Subjective Norms (SN): The perceived social pressure or support for performing a behavior. In rural communities, women's decisions may be heavily influenced by cultural and family expectations regarding family planning.

3. Perceived Behavioral Control (PBC): The individual's perception of how easy or difficult it is to perform the behavior. This relates to accessibility, affordability, and the individual's perception of control over family planning choices.



Theory of planned behavior (TPB) framework, adapted from [20]. ResearchGate 2020

Application to Family Planning:

- Attitude: Women's positive or negative attitudes toward contraceptive use in Orolodo will determine how likely they are to adopt family planning methods. Positive attitudes might include the belief that family planning improves health outcomes, while negative attitudes might be tied to cultural taboos or fears of side effects.

- Subjective Norms: In many rural Nigerian communities, social norms significantly influence women's choices. For example, if the community, religious leaders, or family members oppose contraception, it will likely influence a woman's decision, even if she is personally in favor of it.

- Perceived Behavioral Control: Rural areas may present challenges in terms of access to health services, availability of contraceptive methods, and the financial cost involved. If women in Orolodo community perceive that these obstacles are too great, it could reduce their likelihood of using family planning methods.

Nursing Implications:

The **Theory of Planned Behavior (TPB)** emphasizes that behavior is influenced by attitudes, subjective norms, and perceived behavioral control. Nurses can use this theory to guide interventions aimed at improving attitudes and increasing the adoption of family planning methods among women in Orolodo community.

1. **Attitude Modification**: Nurses can provide women with accurate, culturally sensitive, and positive information about the benefits of family planning (e.g., improved maternal health, economic stability, and better quality of life). By addressing misconceptions and highlighting the positive outcomes of family planning, nurses can help shift negative attitudes towards family planning.

    - **Implication**: Nurses can offer individual or group counseling to educate women about contraceptive methods, dispel myths, and promote the personal and societal benefits of family planning.

2. **Addressing Subjective Norms**: In rural settings, social norms play a significant role in shaping behavior. Nurses can engage with community leaders, family members, and husbands to promote positive attitudes toward family planning, thereby altering the subjective norms that may discourage contraceptive use.

- **Implication**: Nurses should facilitate community-based outreach programs, conduct home visits, and involve male partners in family planning education to challenge harmful cultural norms and create a supportive environment for women's health decisions.

3. **Enhancing Perceived Behavioral Control**: Women may not use contraceptives due to perceived barriers such as cost, lack of access, or fear of side effects. Nurses can work to reduce these barriers by facilitating access to affordable contraceptives, providing reassurance about side effects, and ensuring women feel empowered to make informed choices.

    - **Implication**: Nurses can provide practical assistance by helping women access contraception, guiding them through the process of obtaining services, and offering support for overcoming perceived barriers (e.g., transportation, financial support, or education about available methods).

2.3.2. Health Belief Model (HBM)

The Health Belief Model (HBM), developed by Rosenstock in the 1970s, is a widely-used psychological model that focuses on how individual perceptions of health risks and benefits affect their health behaviors. Nwafor et al., (2023) examined factors influencing contraceptive use among Nigerian women, applying the Health Belief Model to understand how perceptions of susceptibility, severity, and barriers impacted family planning attitudes. The study revealed that while women acknowledged the benefits of family planning, significant barriers (such as cultural resistance and limited access to healthcare) remained major obstacles. This model has been used

extensively to predict and understand health behaviors like family planning. Key components of Health Belief Model include:

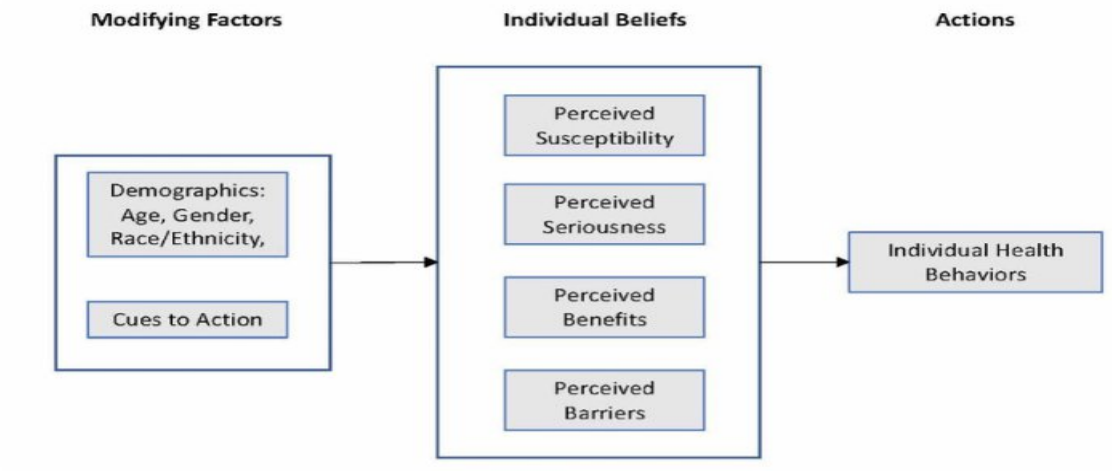
1. Perceived Susceptibility: The belief about the likelihood of experiencing a health issue (e.g., unintended pregnancy).

2. Perceived Severity: How serious the individual believes the consequences of an action (e.g., unintended pregnancy) to be.

3. Perceived Benefits: The belief in the effectiveness of a behavior (e.g., using contraception) to reduce the perceived risk.

4. Perceived Barriers: The perceived obstacles to adopting the behavior, such as the cost of contraceptives, lack of information, or community opposition.

5. Cues to Action: Triggers that prompt the behavior, such as educational campaigns, advice from healthcare providers, or personal experiences.



Health Belief Model (HBM). ResearchGate 2022

Application to Family Planning:

- Perceived Susceptibility & Severity: Women in Orolodo community who understand that they are at risk of unintended pregnancies and the negative consequences of not using family planning (e.g., financial strain, maternal health risks) are more likely to adopt family planning methods.
- Perceived Benefits: If women believe that family planning methods improve health outcomes (e.g., reduced maternal mortality or child health improvements), they may be more likely to use contraceptives.
- Perceived Barriers: The barriers to using family planning methods in rural areas like Orolodo community may include financial constraints, limited access to healthcare, fear of side effects, or cultural resistance. Overcoming these barriers is essential for improving family planning uptake.
- Cues to Action: Health interventions, community discussions, or local health worker encouragements can act as cues to action, motivating women to consider using contraceptives.

Nursing Implications:

The **Health Belief Model (HBM)** focuses on an individual's perceptions of health risks, the benefits of taking action, and the barriers that may prevent the adoption of health behaviors. In the context of family planning, nurses can apply this model to influence how women in Orolodo community perceive the risks of unintended pregnancies and the benefits of contraceptive use.

1. **Perceived Susceptibility & Severity**: Nurses can help women understand the risks associated with unintended pregnancies (e.g., maternal health risks, financial strain, and adverse effects on children's health). They can highlight how family planning helps mitigate these risks and improve overall health and wellbeing.
    - **Implication**: Nurses can use health education materials that demonstrate the risks of not using family planning (e.g., statistics on maternal mortality, unintended pregnancies) and help women realize their vulnerability to these issues.
2. **Perceived Benefits**: Nurses can promote the benefits of using family planning, such as better control over reproductive health, improved maternal and child health, and better financial stability. Providing concrete evidence of how family planning has positively impacted other women's lives can enhance the perceived benefits.
    - **Implication**: Nurses can share success stories, case studies, or testimonials from other women who have used family planning methods successfully, reinforcing the positive outcomes of using contraception.
3. **Perceived Barriers**: The model suggests that overcoming perceived barriers is crucial for adopting new health behaviors. Nurses can help women identify and address common barriers to contraceptive use, such as fear of side effects, lack of knowledge, or limited access to contraceptive methods.
    - **Implication**: Nurses can provide information on the different types of contraceptives available, address concerns about side effects, and support women in overcoming logistical or financial barriers to accessing family planning services.

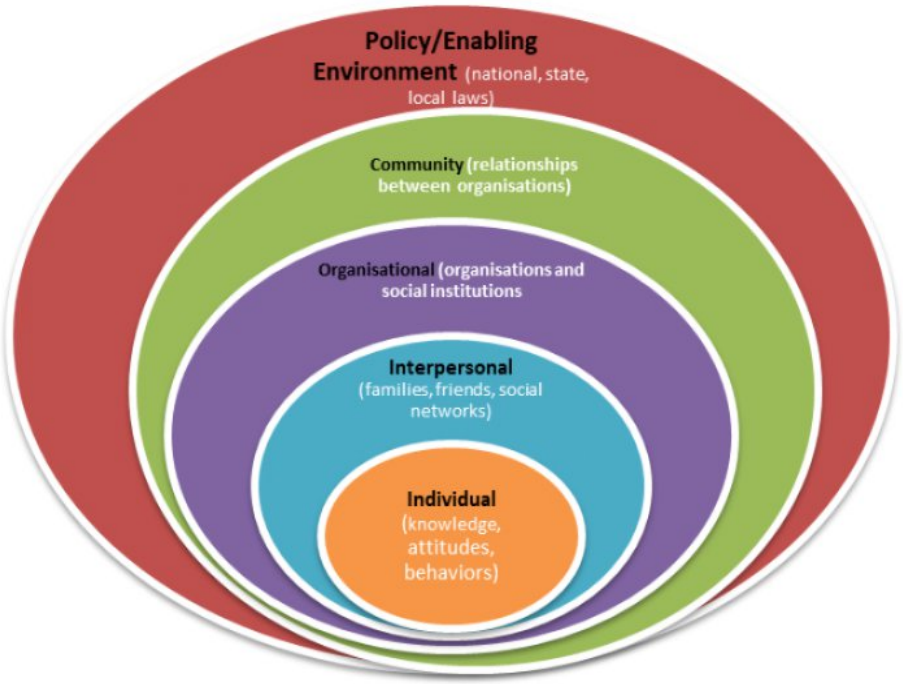
4. **Cues to Action**: Cues to action, such as reminders or health interventions, can trigger the adoption of family planning behaviors. Nurses can implement regular health checks, family planning counseling sessions, and reminder systems to encourage women to take action.
    - **Implication**: Nurses can set up regular follow-up visits or phone calls to remind women about their contraceptive choices, ensuring that they stay engaged with family planning programs.

2.3.3. Social Ecological Model (SEM)

The Social Ecological Model (SEM), introduced by Bronfenbrenner in 1979 and later adapted for health behaviors, suggests that behavior is influenced by multiple levels of factors, ranging from individual-level to broader societal-level influences. Olaosebikan et al., (2021) used the Social Ecological Model framework to understand family planning adoption in rural Nigerian communities. The study highlighted how individual attitudes, family dynamics, and community-level resources (such as local health clinics) all played significant roles in shaping contraceptive use. Social Ecological Model posits that interventions should consider all layers of influence to effectively change behavior.

The key levels of influence in the Social Ecological Model are:

1. Individual Level: Knowledge, attitudes, beliefs, and behaviors of the individual.
2. Interpersonal Level: Relationships with family, peers, and social networks.
3. Community Level: The role of community organizations, local healthcare systems, and social norms.
4. Societal Level: Broader cultural, economic, and policy factors that influence health behaviors.



Social Ecological Model framework, EduPolicy 2020

Application to Family Planning:

- Individual Level: Personal knowledge and beliefs about contraception strongly influence a woman's decision to adopt family planning methods. In rural communities like Orolodo, women's attitudes may be shaped by their education, previous experiences, and access to health information.

- Interpersonal Level: Family peers, and close relationships play a critical role. In Orolodo community, a woman's decision to use family planning might be influenced by the opinions and support of her husband, mother-in-law, or close friends.
- Community Level: In rural settings, community-level factors such as local healthcare access, availability of contraceptives, and community leaders' support for family planning can significantly impact women's family planning choices.
- Societal Level: Broader societal factors, including government policies, healthcare funding, and cultural attitudes toward family planning, will influence women's access to contraception and their overall attitudes toward its use.

Nursing Implications:

The **Social Ecological Model (SEM)** posits that behavior is influenced by multiple levels, from individual factors to broader societal and cultural influences. Nurses can use this model to create multifaceted interventions that address the individual, interpersonal, community, and societal factors affecting women's attitudes toward family planning.

1. **Individual Level**: Nurses can assess women's knowledge, attitudes, and beliefs regarding family planning and provide tailored education. For instance, some women may have misconceptions about the side effects of contraceptives, while others may lack knowledge about the benefits.
    - **Implication**: Nurses should engage in one-on-one counseling and education to correct misconceptions, provide accurate information, and empower women to make informed decisions about family planning.

2. **Interpersonal Level**: Family and social networks significantly influence women's decisions. Nurses can involve family members, especially husbands and mothers-in-law, in family planning education sessions to reduce resistance and promote support for women's reproductive health choices.

    - **Implication**: Nurses can facilitate family-centered education programs or home visits where the entire family is included in discussions on the benefits of family planning.

3. **Community Level**: Nurses can collaborate with local community leaders, religious groups, and other stakeholders to address cultural beliefs and norms that may discourage family planning. Establishing support from these community figures can foster an environment conducive to family planning adoption.

    - **Implication**: Nurses can work with community leaders and influencers to change harmful cultural norms and create local health initiatives that support family planning education and access.

4. **Societal Level**: Nurses can advocate for policies and initiatives that improve access to family planning services, especially in rural areas where healthcare infrastructure may be limited. They can also work to raise awareness about the need for government investment in reproductive health services in rural communities.

    - **Implication**: Nurses can participate in advocacy efforts to ensure that family planning services are integrated into the public health system, and that women in rural areas have access to affordable and quality contraception.

2.4 Empirical Review

2.4.1 Factors Influencing Family Planning Services among Rural Women in Nigeria

This research was conducted by Ezirim et al., 2023 on the factors influencing family planning services among rural women in Nigeria

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. First, a random selection of rural communities in the Surulere Local Government area 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.

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 in Nigeria.

2.4.2 Family Planning Knowledge, Attitude and Practice among Women of Reproductive Age in Nimule Payam, South Sudan

This research was conducted by Drici et al., (2021) on Family Planning Knowledge, Attitude and Practice among Women of Reproductive Age in Nimule Payam, South Sudan

Purpose: The purpose of this study was to examine family planning Knowledge, Attitude and Practice (KAP) among women of reproductive age in Nimule Payam, South Sudan.

Method: The study used a descriptive cross-sectional design and quantitative approach to explore family planning knowledge, attitude and practice among women of reproductive age in Nimule Payam. The study population consisted of 6,621 women of reproductive age in the Bomas of Anzara (1,930), Jalei(,1521), Olikwi (1,536) and Nimule Central (1,634). A sample size of 342 was determined from the population using the formulae of Leslie. Stratified simple random sampling was employed through a researcher administered structured questionnaire to

collect data from the respondents. The data was cleared, coded and analyzed using EPI-INFO version 7 to generate descriptive statistics and the results were presented in tables.

Results: The study revealed that women of reproductive age in Nimule Payam had high 273 (79.82%) level of family planning knowledge, good 233 (68%) family planning practices and positive attitude towards family planning. The positive attitude towards family planning was because majority 270 (78.97%) believed family planning was safe to use, could not cause infertility 252 (73.82%), cancer 264 (76.93%) and future abortion 251 (73.36%). The respondents also generally agreed that 319 (93.07%) family planning could prevent unwanted pregnancy. However, the majority of the respondents acknowledged that the practice of family planning was against their God/Allah 268 (78.31%) and culture 229 (67.03%).

Unique contribution to theory, practice and policy: The study found that women of reproductive age in Nimule Payam had a high level of family planning knowledge, a fairly positive attitude with a moderate number practicing family planning methods. Increased sensitization of the respondents and their partners on family planning is required to improve their attitude and practice. Future studies should focus on the factors influencing the Knowledge, Attitude and Practice of family planning methods among women of reproductive age in Nimule Payam.

2.4.3 Factors Influencing the Attitude of Women toward Family Planning Method in Nigeria

This research was conducted by Ibrahim et al., (2022) on the Factors Influencing the Attitude of Women toward Family Planning Method in Nigeria.

Family planning is one of the services that has positive influence on the social welfare and health of the mothers and directly contributes to reduction of maternal morbidity and mortality. Family

planning is a major health issue in Africa and it has degenerated more into socioeconomic problems like poverty, overpopulation, delinquent children, and so on. Studies have shown that family planning is safe to use but this has remains obscure to most women in developing countries such as Nigeria. Fewer numbers of women have knowledge and access to family planning but majority of Nigerians failed to adopt the habit as a result of many factors such as education, age, culture, religion, income, and health status which influence their attitude toward family planning among others. Social Action Theory was used as the theoretical guide in examining the behavior, attitude, and perception of women toward family planning as well as to give a clear knowledge about the importance of family planning on individual, family, and society at large. This chapter reveals that population explosion, malnutrition, and diseases such as HIV (and other diseases) are trending in Nigeria. Hence, it was recommended that every health worker should engage more in community-based awareness and enlightenment on the utilization of family planning; also, there is a need to intensify information dissemination and educational campaigns through the media. Furthermore, importance should be placed on modern contraceptives.

2.4.4 Knowledge and Attitudes towards Family Planning Acceptance among Women

This research was conducted by Brotobor et al., (2021) on knowledge and attitudes towards family planning acceptance among women

The introduction of family planning and the increasing availability of safer and more effective methods of preventing pregnancy have permitted people around the world to exercise their choice, make responsible decisions with respect to their reproduction and enjoy the benefits of family planning. Uncontrolled population growth has been a problematic issue all over the world. Although efforts to control fertility in Africa are being vigorously pursued, few results

have been recorded. Therefore, this study seeks to assess the knowledge and attitude of women towards the acceptance of family planning.

Method: This study used a community-based descriptive cross-sectional quantitative design to obtain data on the knowledge and attitude towards acceptance of family planning among women who reside in the Ujoelen community in a southern part of Nigeria. Two hundred and eighty-eight (288) women were selected using multistage sampling. In the first stage, the women were grouped in clusters, and simple random sampling was used in the second stage. All the 288 questionnaires were retrieved and analyzed.

Results: This study showed that all of the pregnant women were aware of at least one method of family planning. Almost all women surveyed (97.2%) had a positive attitude towards the practice of family planning methods, and 70.1% reported having used any of the contraceptive methods.

Conclusion: The knowledge and attitude of mothers towards acceptance of family was good. There was a positive attitude towards the usage of the family planning methods. This was achieved as a result of the health education by the healthcare workers at the clinic. Therefore, in order to achieve the desired outcome for the goal of family planning, there is a need to sustain health education on family planning and investigate other factors contributing to population overgrowth in Nigeria.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines the research design, setting of the study, target population, sampling technique, data collection instruments, validity and reliability of instrument, method of data collection, method of data analysis and ethical consideration used to investigate the Factors Influencing the Attitude of Women towards Family Planning in Orolodo Community, Omu-Aran, Kwara State.

3.2 Research Design

A descriptive design of survey type was used in this study. The purpose for the study is to investigate the factors influencing the attitude of women towards family planning in Orolodo Community, Omu-Aran, Kwara State.

3.3 Setting of the Study

This study was conducted in Orolodo Community, a residential area located within Omu-Aran, the headquarters of Irepodun Local Government Area in Kwara State, Nigeria. Omu-Aran is situated in the North-Central geopolitical zone of Nigeria and is predominantly occupied by the Yoruba ethnic group, particularly the Igbomina subgroup. It is known for its peaceful environment, strong traditional institutions, and a blend of rural and semi-urban features.

Orolodo community is a relatively small but densely populated area within Omu-Aran. The community comprises mostly low- to middle-income households, with a population that includes artisans, traders, civil servants, farmers, and small-scale business owners.

A significant portion of the adult population is female, many of whom are of reproductive age. The community faces challenges related to underdeveloped infrastructure, limited healthcare services, and access to education. Women in the community often have limited access to modern family planning methods due to long travel distances to health centers, low financial resources, and a lack of health education.

Overall, Orolodo presents a unique setting for studying the factors influencing women's attitudes toward family planning, as it combines rural living, cultural traditions, limited healthcare access, and socioeconomic challenges.

3.4 Target Population

The target population for this study includes 200 women of reproductive age (15-49 years) residing in Orolodo community, Omu-Aran, Kwara State.

3.5.1 Inclusion Criteria

1. Only women within the reproductive age range (15 to 49 years) were considered, as they are the primary focus of family planning services.
2. Participants had to be permanent residents of Orolodo community, having lived there long enough to be familiar with local health services and cultural practices.
3. Only women who provided informed consent were included, ensuring that participation was voluntary and based on an understanding of the study's purpose.

3.5.2 Exclusion Criteria

1. Women outside the reproductive age range (below 15 or above 49 years) were excluded, as they fall outside the focus group for family planning services.
2. Non-residents of Orolodo community were not included, to ensure the study reflected the attitudes and experiences of the local population.
3. Women with cognitive or psychological conditions that could hinder understanding or accurate response were excluded, to maintain the reliability and validity of the data collected

3.6 Sampling (Size and Formula)

Using Slovin's formula,

n= N/1+N e^2

Where;

n is the sample size

N is the population size

E is the margin of error

Calculation:

The population size (N= 200)

Margin of error (e= 0.05) (for ±5%)

Using the formula, **n= N/1+N e^2**

n= 200/1+200(0.05)2

n= 200/1+200(0.0025)

n= 200/1+0.5

n= 200/1.5

n=133.3

n~133

Therefore, the sample size for this research was **133 women of reproductive age (15-49 years)** residing in Orolodo community, Omu-Aran, Kwara State.

Attrition Rate

$$\text{Attrition Rate (\%)} = \frac{\textit{numbers of participants who dropped out}}{\textit{total number of participants recuirted}} \times 100$$

Attrition Rate (%) = 0/133×100 = 0%

This indicates a **0% attrition rate** and a **100% response rate**, which reflects the effectiveness of the data collection process and participant engagement.

3.7 Sampling Technique

For this research, the sampling technique employed is simple random sampling. Questionnaires for data collection are distributed to women of reproductive age (15-49 years) residing in Orolodo community, Omu-Aran, Kwara State.

3.8 Instrument for Data Collection

For this study, a self-structured questionnaire was developed to gather data from women of reproductive age (15-49 years) residing in Orolodo community, Omu-Aran, Kwara State.

The questionnaire consists of five sections, each designed to explore specific factors influencing women's attitudes towards family planning.

Section A collect demographic information about the participants. This section includes questions regarding age, marital status, educational level, occupation, income, and family size. The demographic data help categorize participants and analyze how these factors may influence their attitudes and decisions regarding family planning. **Section B** focuses on the level of knowledge of women regarding family planning in Orolodo community. It assesses the level of knowledge and understanding women have about family planning methods, including whether they have received formal education on family planning. **Section C** assessed the attitude of women towards family planning in Orolodo community. **Section D** focused on the factors influencing the attitude of women towards family planning in Orolodo community. **Section E** explores the barriers to family planning among women in Orolodo community.

3.9 Validity of the Instrument

The face and content validity of the instrument was established by the expert in the field of health, the questionnaire was subjected to thorough scrutiny by the project supervisor who made a constructive modification and amendment before distributing the questionnaire to the subjects.

3.10 Reliability of the Instrument

Reliability of the instrument was determined through a pilot study involving 15 women of reproductive age who met the inclusion criteria but were not included in the main sample. The pilot was conducted to pretest the clarity, structure, and consistency of the questionnaire.

Responses from the pilot study were analyzed using Cronbach's Alpha to assess the internal consistency. A coefficient value of 0.78 was obtained and considered acceptable, indicating that the items reliably measured the intended construct.

3.11 Method of Data Collection

For this study, a self-structured questionnaire was distributed to the selected women of reproductive age (15-49 years) in Orolodo community. These questionnaires were given to the participants to ensure they can complete them without undue pressure. Clear instructions on how to fill out the questionnaire was provided to ensure accurate, consistent responses and also their participation was voluntary.

3.12 Method of Data Analysis

The study employed descriptive statistics to analyze the data gathered from the questionnaires. The findings were presented in the form of numerical values, frequency tables, pie chart and percentages, calculated to provide a clear representation of the data while Pearson Product Moment Correlation (PPMC) was used to test the hypotheses.

3.13 Ethical Considerations

The purpose of this study was clearly communicated and ethical approval was obtained from the appropriate authorities, the Olumo of Omu-Aran Kwara state, Faculty of Nursing Science, Thomas Adewumi University and the respondents, the women of reproductive age (15-49 years) in Orolodo community were also informed, to ensure mutual understanding before distributing the questionnaire. Respondents were not compelled to provide answers and were encouraged to share their perspectives based on their knowledge of the topic and confidentiality was assured.

CHAPTER FOUR

Data Analysis and Interpretation of Result Findings

This chapter deals with the analysis of the data obtained from the copies of the questionnaire administered to the respondents on the study titled "Factors Influencing the Attitude of Women towards Family Planning in Orolodo Community, Omu-Aran, Kwara State". 133women participated in the study. The 133 responses were validated by checking for irregularities, incompleteness and inappropriate responses. The analysis is divided into four sections; the demographic variables, analysis of research questions and test of hypothesis and discussion of the findings. The analysis is carried out with the aid of Statistical Package for Social Sciences (SPSS) version 25.

Section A: Demographic Data Presentation

Table 1: Table showing the Distribution of Respondents

Age	**N**	**Percent (%)**
15 – 24 years	23	17.2
25 – 31 years	43	32.1
32 – 38 years	52	38.8
39 – 49 years	16	11.9
Total	**133**	**100%**
Marital status		
Single	14	10.4
Married	99	73.9
Divorced/separated	13	9.7
Widowed	8	6.0
Total	**133**	**100%**
Educational level		
No formal education	15	11.2
Primary education	2	1.5
Secondary education	44	32.8
Tertiary education	73	54.5
Total	**133**	**100%**

Occupation	**N**	**Percent (%)**
Trader	54	40.3
Civil servant	38	28.4
Artisan	21	15.7
Unemployed	21	15.7
Other	0	0
Total	**133**	**100%**
Religion		
Christianity	69	51.5
Islam	63	47.0
Traditional	2	1.5
Total	**133**	**100%**
Have you ever used any family planning method?		
No	43	32.1
Yes	91	67.9
Total	**133**	**100%**
Source of Information on Family Planning		
Health workers	53	39.6
Friends/relatives	51	38.1
Media	25	18.7
Religious organization	1	.7
Others	4	3.0
Total	**133**	**100%**

Table 1 presents the frequency distribution of respondents. It was revealed that 23 (17.2%) were aged between 15–24 years, 43 (32.1%) were within the age range of 25–31 years, 52 (38.8%) were aged 32–38 years, and 16 (11.9%) were 39 – 49 years. Regarding marital status, 14 respondents (10.4%) were single, 99 (73.9%) were married, 13 (9.7%) were divorced or separated, and 8 (6.0%) were widowed. In terms of educational level, 15 respondents (11.2%) had no formal education, 2 (1.5%) had primary education, 44 (32.8%) had secondary education, and 73 (54.5%) attained tertiary education. For occupation, 54 respondents (40.3%) were traders, 38 (28.4%) were civil servants, 21 (15.7%) were artisans, and another 21 (15.7%) were unemployed, while no respondent selected "Others." Concerning religion, 69 respondents

(51.5%) identified as Christians, 63 (47.0%) as Muslims, and 2 (1.5%) practiced traditional religion. When asked if they had ever used any family planning method, 91 (67.9%) responded "Yes," while 43 (32.1%) said "No." As for their sources of information on family planning, 53 respondents (39.6%) cited health workers, 51 (38.1%) mentioned friends or relatives, 25 (18.7%) indicated the media, 1 (0.7%) referenced religious organizations, and 4 (3.0%) selected other sources.

Section B: Answering of Research Questions

Descriptive statistics of frequency counts and percentages; and measure of central tendency was used to answer all research questions generated for the study.

Research Question 1: What is the level of knowledge of women regarding family planning in Orolodo community?

Table 2: Table showing the Level of Knowledge of Women Regarding Family Planning

	Items	Level of Agreement		Correct (%)
		True	False	
1	Family planning helps to control the number and spacing of children	126 (94.0%)	8 (6.0%)	94.0%
2	Condoms and oral pills are examples of family planning methods	124 (92.5%)	10 (7.5%)	92.5%
3	Family planning is only for women	61 (45.5%)	73 (54.5%)	54.5%
4	Family planning can help reduce maternal mortality	111 (82.8%)	23 (17.2%)	82.8%
5	All family planning methods are permanent	30 (22.4%)	104 (77.6%)	77.6%
6	Natural family planning methods are unreliable	75 (56.0%)	59 (44.0%)	56.0%
7	Family planning can only be practiced after childbirth	71 (53.0%)	63 (47.0%)	47.0%
8	Family planning methods can be accessed at primary health centers	118 (88.1%)	16 (11.9%)	88.1%
9	Some family planning methods have side effects	115 (85.8%)	19 (14.2%)	85.8%
10	Family planning increases the chances of infertility	75 (56.0%)	59 (44.0%)	44.0%
	TOTAL			**72.2%**

Benchmark: 0 – 59% = Poor knowledge; 60 – 100% = Good knowledge

Fig. 1: **Level of Knowledge of Women Regarding Family Planning**

The level of knowledge of women regarding family planning in Orolodo community is indicated in table 2. With 72.2% correct score on question elicited to measure knowledge, it is inferred from the table that women have good knowledge regarding family planning in Orolodo community.

Research Question 2: What is the attitude of women towards family planning in Orolodo community?

Table 3: Table showing the Attitude of Women towards Family Planning

S/N	Items	Mean	*SD*
1	I use health facilities that promote family planning	3.11	.762
2	I encourage other women in my area to attend family planning sessions	2.87	.937
3	I support my friends when they decide to use family planning	2.99	.893
4	I attend scheduled appointments for family planning services	2.93	1.052
5	I collect educational materials on family planning when offered	3.04	.921
6	My partner must accompany me to the clinic for family planning services	2.63	1.223
7	I ask health workers about available family planning methods	3.16	.959
8	I delay medical consultations even when advised to consider family planning	2.44	1.154
9	I actively participate in community talks on family planning	3.01	.897
10	I follow the instructions given to me during family planning counseling	3.20	.830
	TOTAL	**2.93**	**0.96**

Threshold: Mean (X) < 2.50 = Negative attitude; Mean (X) ≥ 2.50 = Positive attitude

Table 3 indicates attitude of women towards family planning in Orolodo community. The table shows that all the items received a mean score within the benchmark of 2.44 – 3.20 with "I follow the instructions given to me during family planning counseling" having the highest mean score of $\bar{x}$ = 3.20 and "I delay medical consultations even when advised to consider family planning" with lowest mean score of $\bar{x}$ = 2.44. Based on the value of the Grand Mean (2.93out of 4.00 maximum value obtainable) which falls within the decision value for ***Positive attitude,*** it can be inferred that the women have positive attitude towards family planning in Orolodo community.

Research Question 3: What are the factors influencing the attitude of women towards family planning in Orolodo community?

Table 4: Table showing the Factors Influencing the Attitude of Women towards Family Planning

	Items	Mean	*Std*	Rank
1	My religious beliefs affect my attitude towards family planning	2.96	.933	2nd
2	My husband supports the use of family planning	2.78	1.014	5th
3	My culture discourages family planning	2.48	1.135	8th
4	I am influenced by the media's portrayal of family planning	2.50	1.009	7th
5	My previous experience with side effects affects my view	2.41	1.091	10th
6	Advice from health workers affects my decisions	3.21	.767	1st
7	The availability of methods affects my attitude	2.57	1.100	6th
8	My economic situation influences my attitude	2.93	.833	4th
9	Fear of infertility influences my attitude	2.42	1.184	9th
10	My level of education influences my attitude	2.96	.817	2nd

Table 4 shows the mean and rank order of the factors influencing the attitude of women towards family planning. Advice from health workers is ranked first with mean score of 3.21, religious beliefs is ranked second with mean score of 2.96, level of education is also ranked second with mean score of 2.96, economic situation is ranked fourth with mean score of 2.93, husband supports is ranked fifth with mean score of 2.78, availability of methods is ranked sixth with mean score of 2.51 and media's portrayal of family planning is ranked eight with mean score of 2.50.

Research Question 4: What are the barriers to family planning among women in Orolodo community?

Table 5: Table showing the Barriers to Family Planning among Women

	Items	Mean	*Std*	Rank
1	Fear of side effects discourages me from using family planning	3.29	.681	1st
2	Lack of spousal support is a barrier for me	3.25	.760	3rd
3	I find family planning services too expensive	2.42	1.112	9th
4	I face cultural opposition to using family planning	2.66	1.130	5th
5	Religious teachings discourage me from family planning	2.44	1.093	8th
6	My community does not support family planning	1.96	.871	10th
7	Poor attitude of health workers is a barrier	3.02	.845	4th
8	Long waiting time at clinics discourages me	3.29	.724	1st
9	I do not use family planning because of religious taboos	2.64	1.079	6th
10	I am afraid of being judged for using family planning	2.57	1.153	7th

Table 5 shows the mean and rank order of the factors influencing the attitude of women towards family planning. Fear of side effects is ranked first with mean score of 3.29, Long waiting time at clinics is also ranked first with mean score of 3.29, Lack of spousal support is ranked second with mean score of 3.25, Poor attitude of health workers is ranked fourth with mean score of 3.02, cultural opposition is ranked fifth with mean score of 2.66, religious taboos is ranked sixth with mean score of 2.64 and fear of being judged is ranked seventh with means score of 2.57.

Hypotheses Testing

Hypothesis One: *There is no significant relationship between knowledge of family planning and attitude towards family planning among women in Orolodo community*

Table 6: Table showing the Pearson Product Moment Correlation (PPMC) analysis on Relationship between Knowledge of Family Planning and Attitude towards

Variable	**N**	**Mean**	***SD***	**Pearson Correlation**	**p-value**	**decision**
Knowledge of Family Planning		2.75	.48			
	134			.812	.019	Rejected
Attitude towards Family Planning		2.52	.50			

Family Planning
Sig. p<0.05

Table 6 shows the association between knowledge of family planning and attitude towards family planning. The correlation coefficient (r) is 0.81; p-value is 0.01. The correlation coefficient of r= 0.81 indicates that there exists a high and positive relationship between the knowledge of family planning and attitude towards family planning. Also, the significant value of 0.01 is lesser than the critical alpha value of 0.05. Hence, the null hypothesis is rejected. Therefore, there is significant relationship between knowledge of family planning and attitude towards family planning among women in Orolodo community Omu-Aran, Kwara state.

CHAPTER FIVE

Discussion of Findings

5.1 Introduction

This chapter presents the summary, conclusion and recommendation on the factors influencing the attitude of women towards family planning in Orolodo Community, Omu-Aran, Kwara State.

5.2 Findings

Research question one determined the level of knowledge of women regarding family planning. Result from the analysis revealed that women have good knowledge regarding family planning in Orolodo community. This implies that participants agreed that family planning helps to control the number and spacing of children, condoms and oral pills are examples of family planning methods, family planning can help reduce maternal mortality, natural family planning methods are unreliable, family planning methods can be accessed at primary health centers and some family planning methods have side effects.This finding aligns with the study of Drici et al. (2021), which revealed that 79.82% of women in Nimule Payam, South Sudan had a high level of knowledge about family planning. Similarly, Ezirim et al. (2023) found that 91.55% of rural women in Nigeria were aware of at least one modern family planning method.

Research question two inquired the attitude of women towards family planning in Orolodo community. It was revealed that women have positive attitude towards family planning. This implies that women use health facilities that promote family planning, ask health workers about available family planning methods, follow the instructions given to me during family planning counseling, actively participate in community talks on family planning, collect educational materials on family planning when offered, support my friends when they decide to use family planning and attend scheduled appointments for family planning services.

The positive attitude of women in Orolodo community towards family planning is in tandem with the findings of Brotobor et al., (2021), where 97.2% of women surveyed showed positive attitudes toward family planning. Likewise, Okoli et al., (2024) reported that 85% of women in Abuja held favorable attitudes towards contraceptive use, reinforcing the trend of growing acceptance among women in different regions.

Research question three explores the factors influencing the attitude of women towards family planning. Study findings revealed that advice from health workers, religious beliefs, level of education, economic situation, husband supports, availability of methods and media's portrayal of family planning were the factors influencing the attitude of women towards family planning. This finding corroborates the study of Ibrahim et al. (2022), which identified education, religion, income, and spousal support as major determinants of women's attitudes towards family planning in Nigeria. Also, Chukwueke et al. (2021) found that social norms and media portrayal significantly influenced contraceptive use among rural women which aligns with the Orolodo findings highlighting advice from health workers, economic factors, and media influence as key drivers.

Research question four sought to ascertain the barriers to family planning among women in Orolodo community. The major barriers identified include fear of side effects, long waiting time at clinics, lack of spousal support, poor attitude of health workers, cultural opposition, religious taboos and fear of being judged. This finding aligns with the study of Ezirim et al., (2023), which revealed that fear of side effects, healthcare provider attitudes, and cultural resistance were major barriers to family planning in rural Nigeria. Similarly, Drici et al., (2021) reported that religious and cultural opposition discouraged practice, despite high knowledge levels echoing the same barriers reported in this study.

Hypothesis 1 revealed that there is significant relationship between knowledge of family planning and attitude towards family planning among women in Orolodo community. This implies that information and awareness strongly shape perception and openness to family planning. When women are well-informed about the benefits, safety, and variety of family planning methods, they are more likely to adopt a favorable attitude, which may translate into more willingness to use them. This suggests that knowledge is a foundational factor in changing health behavior and that increasing access to accurate and context-sensitive information can positively influence attitudes toward family planning. This finding tallies with Nwafor et al., (2023), who demonstrated that knowledge levels significantly influenced women's attitudes toward contraceptive use, as shaped by their perceived risks and benefits.

5.3 Implication of Findings to Nursing

1. The finding that women in Orolodo community possess good knowledge about family planning suggests that nurses should consolidate this by delivering continuous, detailed, and up-to-date information on family planning during outreach and antenatal sessions.
2. The positive attitude demonstrated by women implies that nurses can leverage this acceptance by promoting community role models and peer education where misconceptions can be addressed.
3. The identification of key influencing factors indicates that nurses must adopt a multi-sectoral and culturally competent approach when engaging communities.
4. The barriers identified imply that nurses must advocate for client-centered care, promote respectful communication, and help reform service delivery to be more efficient and empathetic.

5.4 Limitations of the Study

1. The study was restricted to one community, limiting generalizability to other populations.
2. Respondents' answers may have been influenced by social desirability bias, especially on sensitive issues like family planning.
3. The study did not include perspectives of health workers, partners, or religious leaders who also influence family planning decisions.

5.5 Summary of the Study

Family planning has been revealed to improve reproductive health, empowering women and reducing maternal and child mortality. Despite its benefits, many women especially in rural Nigerian communities like Orolodo, Omu-Aran still face challenges in accessing and accepting modern contraceptive methods. These challenges stem from socio-cultural norms, limited awareness, and access barriers. This study therefore explores the factors influencing women's attitudes toward family planning in Orolodo, aiming to understand the local dynamics shaping reproductive choices.The first chapter of this study has discussed research problems, objectives of the study, research questions, research hypothesis, significance of the study, scope of the study and operational definition of terms. Chapter two dealt with literature review that encompasses the concept of family planning, family planning methods, risks and barriers to family planning, Theoretical review and empirical review.

Chapter three dealt with research methodology. It was divided to research design, setting of the study, population, sample size, sampling techniques, instrument for data collection, reliability of the instrument, method of data analysis and ethical consideration. The study made use of descriptive to achieve the objective of the study. The instrument used to elicit information from the respondents was a structured questionnaire. The result obtained from data analysis was present in tables in Chapter four.

5.6 Conclusion

This study has shown that women in Orolodo community of Omu-Aran, Kwara State possess both good knowledge and positive attitudes towards family planning indicating strong foundational awareness. However, despite this, several social, cultural and systemic barriers remain that hinder the full adoption of family planning practices. The presence of key barriers such as fear of side effects, poor treatment by health workers and cultural opposition suggests that addressing family planning requires not only health education but also broader engagement with social systems and service improvements.

5.7 Recommendations

The following recommendations were made from the results obtained in this study and they include:

1. Community health nurses should sustain regular sensitization programs to reinforce and build on the existing knowledge base among women.
2. Faith-Based Organizations should collaborate with healthcare providers to align religious teachings with medically sound family planning messages to strengthen positive attitudes.
3. Local government authorities should provide economic empowerment programs and education to support informed and autonomous health decisions.
4. Health facility managers should improve service delivery by reducing waiting times, training staff on respectful communication, and addressing fears and side effects with empathy and clarity.

5.8 Suggestion for Further Studies

1. Future study should explore the perspectives of male partners and community leaders on family planning.
2. Larger number of respondents could be used in other studies as a means to ensure generalization of results.
3. Future studies could conduct a comparative study between communities with varying religious or cultural practices to assess differences in family planning attitudes.

APPENDIX

FACTORS INFLUENCING THE ATTITUDE OF WOMEN TOWARDS FAMILY PLANNING IN OROLODO COMMUNITY, OMU-ARAN, KWARA STATE

Research Questionnaire

Introduction:

Dear Respondents,

I am conducting research on the factors influencing the attitude of women towards family planning in Orolodo Community, Omu-Aran, Kwara State. Your responses will be used exclusively for this study and academic purposes and will remain confidential. I greatly appreciate your honest and thoughtful participation.

Thank you,

ADEMOLA, Oluwaseyi Grace

Section 1: Demographic Information

1. Age: 18–24 [ ]; 25–31 [ ]; 32-38[ ]; 39– 49 years[ ]
2. Marital status: Single [ ]; Married [ ]; Divorced/Separated [ ]; Widowed [ ]
3. Educational level: No formal education [ ]; Primary [ ]; Secondary [ ]; Tertiary [ ]
4. Occupation: Trader [ ]; Civil Servant [ ]; Artisan [ ]; Unemployed [ ]; Other (Specify) _____
5. Religion: Christianity [ ]; Islam [ ]; Traditional [ ]
6. Have you ever used any family planning method? Yes [ ]; No [ ]
7. Source of Information on Family Planning: Health workers [ ]; Friends/relatives [ ]; Media [ ]; Religious institutions [ ]; Other (Specify) _____

Section 2: Knowledge Regarding Family Planning

Kindly tick (√) the option that is most applicable to you from section 2, using the option: True or False

S/N	Items	TRUE	FALSE
1	Family planning helps to control the number and spacing of children		
2	Condoms and oral pills are examples of family planning methods		
3	Family planning is only for women		
4	Family planning can help reduce maternal mortality		
5	All family planning methods are permanent		
6	Natural family planning methods are unreliable		
7	Family planning can only be practiced after childbirth		
8	Family planning methods can be accessed at primary health centers		
9	Some family planning methods have side effects		
10	Family planning increases the chances of infertility		

Section 3: Attitude towards Family Planning

Kindly tick (√) the option in front of each item that is most applicable to you from section 3, using the keys: SA --Strongly Agree, A --Agree, D ---Disagree and SD ---- Strongly Disagree

S/N	Items	SA	A	D	SD
1	I use health facilities that promote family planning				
2	I encourage other women in my area to attend family planning sessions				
3	I support my friends when they decide to use family planning				
4	I attend scheduled appointments for family planning services				
5	I collect educational materials on family planning when offered				
6	My partner must accompany me to the clinic for family planning services				
7	I ask health workers about available family planning methods				
8	I delay medical consultations even when advised to consider family planning				
9	I actively participate in community talks on family planning				
10	I follow the instructions given to me during family planning counseling				

Section 4: Factors Influencing Attitude towards Family Planning

Kindly tick (√) the option in front of each item that is most applicable to you from section 4, using the keys: SA --Strongly Agree, A --Agree, D ---Disagree and SD ---- Strongly Disagree

S/N	Items	SA	A	D	SD
1	My religious beliefs affect my attitude towards family planning				
2	My husband supports the use of family planning				
3	My culture discourages family planning				
4	I am influenced by the media's portrayal of family planning				
5	My previous experience with side effects affects my view				
6	Advice from health workers affects my decisions				
7	The availability of methods affects my attitude				
8	My economic situation influences my attitude				
9	Fear of infertility influences my attitude				
10	My level of education influences my attitude				

Section 5: Barriers to Family Planning

Kindly tick (√) the option in front of each item that is most applicable to you from section 4, using the keys: SA --Strongly Agree, A --Agree, D ---Disagree and SD ---- Strongly Disagree

S/N	Items	SA	A	D	SD
1	Fear of side effects discourages me from using family planning				
2	Lack of spousal support is a barrier for me				
3	I find family planning services too expensive				
4	I face cultural opposition to using family planning				
5	Religious teachings discourage me from family planning				
6	My community does not support family planning				
7	Poor attitude of health workers is a barrier				
8	Long waiting time at clinics discourages me				
9	I do not use family planning because of religious taboos				
10	I am afraid of being judged for using family planning				

References

- Adeleye, E., et al. (2021). Challenges of family planning implementation in rural Kwara communities: A case study of Orolodo. *African Journal of Health Research, 11*(3), 44-51.
- Blumenberg, C., Hellwig, F., Ewerling, F., & Barros, A. J. D. (2020). Socio-demographic and economic inequalities in modern contraception in 11 low- and middle income countries: An analysis of the PMA2020 surveys. *Reproductive Health, 17*(1), 82-95. https://doi.org/10.1186/s12978-020-00931-w
- Brotobor, D., Igbinoba, A. O., & Okonofua, F. E. (2021). Knowledge and attitudes towards family planning acceptance among women in Ujoelen community, Nigeria. *African Journal of Reproductive Health, 25*(3), 45-54.
- Chukwueke, C. E., Obidike, P. O., & Madu, C. (2021). Factors influencing contraceptive use among Nigerian women: A review of the Theory of Planned Behavior. *Journal of Social Health, 34*(2), 45-55. https://doi.org/10.1016/j.jsh.2021.01.003
- Drici, L. E., Modi, B. O., & Lukwago, L. (2021). Family planning knowledge, attitude and practice among women of reproductive age in Nimule Payam, South Sudan. *East African Journal of Public Health, 18*(2), 112-125.
- Ewerling, F., McDougal, L., Raj, A., Ferreira, L. Z., Blumenberg, C., Parmar, D., & Barros, A. J. D. (2021). Modern contraceptive use among women in need of family planning in India: An analysis of the inequalities related to the mix of methods used. *Reproductive Health, 18*(1), 173-186. https://doi.org/10.1186/s12978-021-01220-w
- Ezirim, E. O., Omole, O. R., Akwuruoha, E. M., Ejikem, P. I., & Airaodion, A. I. (2023). Factors influencing family planning services among rural women in Nigeria. *International Journal of Research and Reports in Gynaecology, 6*(1), 54-66.
- Gelaw, K. A., Atalay, Y. A., & Gebeyehu, N. A. (2023). Unintended pregnancy and contraceptive use among women in low- and middle-income countries: Systematic review and meta-analysis. *Contraception and Reproductive Medicine, 8*(1), 55-67. https://doi.org/10.1186/s40834-023-00255-7
- Glanz, K., Rimer, B. K., & Viswanath, K. (2022). *Health behavior: Theory, research, and practice* (5th ed.). Jossey-Bass.
- Ibrahim, M. T., Hassan, A. L., & Mohammed, S. K. (2022). Factors influencing the

attitude of women toward family planning methods in Nigeria: A comprehensive review. *Nigerian Journal of Family Planning, 15*(2), 78-89.

- Kabir, H., Saha, N. C., Oliveras, E., & Gazi, R. (2023). Association of programmatic factors with low contraceptive prevalence rates in a rural area of Bangladesh. *Reproductive Health, 10*(31), 78-91.

- Kamar, A. K., Suleiman, H. I., & Pate, M. A. (2022). Definition and scope of family planning in contemporary Nigeria. *West African Journal of Medicine, 39*(4), 234-241.

- Kanku, T., & Mash, R. (2020). Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality, and contraception in Taung. *South African Family Practice, 52*(6), 125-132.

- National Population Commission (NPC). (2021). *Nigeria Population Report.* National Population Commission of Nigeria.

- National Population Commission (NPC) [Nigeria], & ICF. (2023). *Nigeria Demographic and Health Survey 2023: Key indicators report*. NPC and ICF.

- Nwafor, F. N., Okeke, L. I., & Okechukwu, M. S. (2023). Factors influencing contraceptive uptake among rural Nigerian women: An application of the Health Belief Model. *Journal of Family Planning and Reproductive Health, 49*(1), 1-8. https://doi.org/10.1136/jfprh-2022-101234

- Olaleye, A., et al. (2022). The role of traditional and religious beliefs in family planning decisions among women in rural Kwara State, Nigeria. *Journal of Community Health and Development, 18*(2), 112-118.

- Olaosebikan, O. A., Aluko, A. O., & Adewale, O. O. (2021). A social ecological perspective on family planning adoption in rural Nigeria. *African Journal of Reproductive Health, 25*(4), 67-78. https://doi.org/10.29063/ajrh.25.4.2021.1

- Ten Have, H., & Patrão Neves, M. do C. (2021). Family planning (See fertility control).

In *Dictionary of Global Bioethics* (pp. 511). Springer. https://doi.org/10.1007/978-3-030-54161-3_251

- United Nations Department of Economic and Social Affairs, Population Division. (2022). *World Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method.* UN DESA/POP/2022/TR/NO. 4. https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2023/Feb/undesa_pd_2022_world-family-planning.pdf

- WHO. (2020, June 15). *Family Planning/Contraception.* World Health Organization. https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception

- World Health Organization. (2023). *Family planning/contraception.* Retrieved from https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception