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IMPACT OF MODERN CONTRACEPTIVES AMONG WOMEN OF CHILDBEARING AGE IN ILORIN WEST LOCAL GOVERNMENT AREA, KWARA STATE, NIGERIA

ADESHINA, A.O

Department of Community Medicine and Public Health, Faculty of Basic Medical Sciences, Al-Hikmah University, Ilorin, Nigeria.
Hadeshinasamad2@gmail.com

OLAOGUN FUHAD ADEDAYO

Department of Community Medicine and Public Health, Faculty of Basic Medical Sciences, Al-Hikmah University, Ilorin, Nigeria.
Fuhadolaogunadedayo@gmail.com

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ABSTRACT

The study assesses the prevalence of family planning among women of child bearing age in Ilorin West Local Government Kwara State, Nigeria. To achieve this purpose, descriptive cross sectional survey design was used. The population includes women of child bearing age in Ilorin West Local Government Kwara state. The sample size is one hundred and fix (105) women of child bearing age selected using multistage sampling procedures of stratified, simple random sampling techniques. The instrument for data collection was a structured questionnaire developed by the researchers. One hundred and fix (105) questionnaires were distributed to the respondents. The data collected were statistically analyzed using descriptive statistics of frequency, percentage, and chi square to test run the research hypothesis. The research revealed that social sources such as friends or relatives accounted for 17.1%, while community outreach programmes contributed 11.1%, reflecting a lesser impact from grassroots efforts. When asked to rate their knowledge, 38.1% of respondents described it as good and 28.6% as average, suggesting a generally moderate understanding. The most cited reasons included fear of side effects (11.4%), cultural or religious beliefs (7.6%), and partner or spousal disapproval (6.7%). A smaller proportion pointed to lack of knowledge (5.7%) and other miscellaneous reasons (3.8%). Since the calculated value of $\chi^2 = 14.05$ is greater than the critical value of 7.81, we reject the null hypothesis (H_0) and accept the alternative hypothesis (H_1). It is on these bases that the study concludes that it is evident that awareness and knowledge of modern contraceptives among women of reproductive age in Ilorin West Local Government Area are relatively high. From the conclusions made, the study recommends that healthcare providers should intensify sensitization campaigns through both clinical and community-based channels to increase accurate knowledge of family planning.

Keyword: Maternal, Family Planning, Women, Child bearing age

Introduction

Contraceptive use, particularly modern contraceptive use, remains prominent in demographic and health literature because of its numerous health benefits to women and families such as preventing unintended pregnancies, promoting healthy birth spacing, reducing maternal deaths, and enhancing development goals (Cates, 2018). Modern contraceptives, including oral pills, injectables, intrauterine devices (IUDs), implants, condoms, and emergency contraceptives, have revolutionized family planning. Their adoption is recognized as a fundamental strategy in achieving sustainable development goals, particularly in reducing maternal and child mortality, alleviating poverty, and promoting gender equality (WHO, 2022). However, there is a paucity of studies focusing on the dynamics of contraceptive use among women in advanced reproductive age.

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Despite these benefits, the uptake of modern contraceptives among women of childbearing age varies significantly across regions, influenced by sociocultural, economic, and educational factors. In developing countries, access to modern contraceptives remains a challenge due to limited availability, insufficient awareness, and prevailing cultural norms (UNFPA, 2023). In Nigeria, the contraceptive prevalence rate remains low, with only 12% of women aged 15–49 utilizing modern contraceptive methods (NPC, 2022). This low rate is attributed to misconceptions about side effects, lack of male partner support, inadequate healthcare infrastructure, and financial constraints. Women in advanced reproductive age (18–40 years) deserve research attention because pregnancies among them are high-risk with higher likelihood of adverse outcomes (Ahmed *et al*., 2018). This research will look into this gap and find answers to the ambiguous questions that have been arising.

The use of modern contraceptives is fundamental to achieving better health outcomes for women, children, and families. This study is justified because understanding the impact of modern contraceptives is vital for reducing maternal and child mortality rates. According to WHO (2022), effective use of modern contraceptives can prevent nearly one-third of maternal deaths by reducing unintended pregnancies and unsafe abortions. Furthermore, modern contraceptives are linked to broader socioeconomic benefits, such as improved educational and economic opportunities for women. This research provides a foundation for designing culturally sensitive and evidence-based family planning programs.

The main purpose of this study is to determine the prevalence of family planning among women of childbearing age in Ilorin West Local Government Area, Kwara State, Nigeria. Specifically, the study sought to: examine the level of awareness and knowledge of modern contraceptives; assess the rate of utilization; identify the socio-cultural, economic, and healthcare-related factors influencing use; and evaluate the impact of modern contraceptives on maternal and child health outcomes.

The concept of modern contraceptives refers to scientifically developed methods designed to regulate fertility and prevent unintended pregnancies. These methods are categorized into hormonal (pills, injectables, implants, hormonal IUDs), barrier (condoms), intrauterine (IUDs), and permanent (tubal ligation, vasectomy) solutions (Cleland *et al*., 2020). Modern contraceptives are more reliable than traditional methods due to their scientific basis and technological advancements (UNFPA, 2023). Family planning is achieved through the use of contraceptive methods and the treatment of infertility (Alkema *et al*., 2023).

The term "women of childbearing age" describes women biologically capable of conceiving and bearing children, generally defined as 15 to 49 years (WHO, 2021). This classification is crucial for developing targeted interventions in family planning, maternal health, and reproductive rights, facilitating monitoring of contraceptive prevalence, fertility rates, and maternal mortality ratios (UNFPA, 2020).

The utilization of modern contraceptives varies globally. In developed countries, contraceptive prevalence is high due to widespread availability and strong healthcare systems (WHO, 2022). However, in Nigeria, only 12% of women use modern contraceptives (NPC, 2022). Age, education, and socioeconomic status significantly affect use; younger women and those with limited education are less likely to use contraceptives due to lack of knowledge and misconceptions (Cleland *et al*., 2020).

Several factors influence modern contraceptive use. Socio-cultural factors include cultural norms favoring large families, patriarchal restrictions on women's autonomy, and religious opposition (Cleland *et al*., 2020; UNFPA, 2023). Educational factors show that women with higher education are more likely to understand contraceptive benefits (NPC, 2022). Economic factors include the cost of contraceptives and transportation, which can be prohibitive for low-income families (WHO, 2022). Healthcare-related factors include inadequate infrastructure, limited supplies, and negative attitudes among healthcare workers (Cleland *et al*., 2020).

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Modern contraceptives have transformative effects, including reduction in maternal and child mortality by enabling women to space pregnancies, contribution to socio-economic development by enabling women to pursue education and employment, promotion of gender equality by enhancing women's autonomy, and help in managing population growth (Cleland *et al.*, 2020; UNFPA, 2023; WHO, 2022).

Accessing modern contraceptives remains challenging due to socio-cultural barriers (cultural norms favoring large families), economic barriers (cost of contraceptives and transportation), and logistical barriers (limited supplies, inadequate trained providers, negative staff attitudes) (Cleland *et al.*, 2020; UNFPA, 2023; WHO, 2022).

Empirical studies have examined contraceptive use widely. Adeyemi (2018) found that while 54% of women were aware of family planning methods, only 36% used them. Chigbu and Onwere (2017) discovered that only 28% of rural women used modern contraceptives due to fears and misconceptions. Kaggwa, Diop, and Storey (2008) highlighted that community attitudes shape women's decisions, with higher usage where family planning is openly discussed. Adewuyi and Adefemi (2016) found prevalence rates ranging from 15% in remote areas to 58% in urban centers. Obisesan, Adeyemo, and Fakokunde (2019) revealed that 82% of urban women had knowledge of modern contraceptives, with 60% active users, concluding that urbanization positively influences uptake.

The theoretical framework guiding this study is the Health Belief Model (HBM), developed by Hochbaum (1958) and modified by Rosenstock (1974). The HBM explains health behaviors based on individual perceptions of susceptibility, seriousness, benefits, barriers, and cues to action (Gale *et al.*, 2012). The model suggests that preventive action is taken when individuals perceive they are susceptible to a disease and that the disease would have severe implications (Cockerham, 2022). In this study, the HBM helps explain factors that drive or hinder contraceptive behavior. Understanding perceived susceptibility, severity, benefits, and barriers related to contraception allows policymakers to design interventions that increase contraceptive uptake. Cues to action like media campaigns can reinforce messages and encourage women to use modern contraceptives.

Methodology

Study Area

This research was conducted at three selected primary health centers (Adewole, Oloje, and Agbo-Oba) in Ilorin West Local Government Area (LGA), Kwara State, Nigeria. Ilorin West LGA is located in the north-central geopolitical zone of Nigeria, with its headquarters at Oja Oba. The LGA has an estimated population of 161,690 inhabitants and comprises districts including Oloje, Adewole Road, Agbo-Oba, and Surulere Road. The target population consisted of all women of childbearing age attending the selected primary health centers.

Research Design

A descriptive survey research design was adopted for this study. This design was chosen because it allows for systematic gathering and analysis of data to describe existing conditions (Best & Khan, 2018).

Population of the Study

The target population comprised all women of childbearing age attending the selected primary health centers in Ilorin West LGA.

Sample and Sampling Technique

A multistage sampling technique was employed. In Stage I, four wards were purposively selected from Ilorin West LGA. In Stage II, a simple random sampling method was used to select 105 respondents. In Stage III, a stratified random sampling technique was applied to ensure representation across different socio-economic and educational strata.

Research Instrument

A structured questionnaire was used for data collection. The instrument consisted of two sections: Section A elicited information on respondents' personal data (age, religion, marital status), while Sections B to E contained questions addressing the research objectives.

Method of Data Collection

Questionnaires were administered directly by the researcher. Each respondent was given 20 minutes to complete the questionnaire, and all forms were

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collected immediately to prevent data loss. Data collection was completed over four days.

Validity of Instrument

The questionnaire was reviewed and corrected by the researcher's supervisor to ensure that all items adequately addressed the research objectives.

Reliability of Instrument

A pretest was conducted using 20 respondents outside the study area. The questionnaire was administered twice at a two-week interval to assess consistency.

Method of Data Analysis

Data were analyzed using descriptive statistics, including frequency tables and simple percentages.

Ethical Approval

Ethical approval was obtained from the University's Ethical Committee. All participants were briefed on the purpose of the study, assured of confidentiality, and informed consent was obtained from each participant.

Result

Table 4.1: Socio-Demographic Characteristics of Respondents

S/N	Item	Response Options	Frequency (n)	Percentage (%)
1	Age of the respondents	25 – 30	33	31.43%
		31 – 35	45	42.86%
		36 – 40	27	25.71%
2	Marital Status	Married	65	61.9%
		Single	30	28.6%
		Divorced	10	9.5%
3	Educational Level	Non-Formal Education	8	7.6%
		Primary Education	20	19.0%
		Secondary Education	42	40.0%
		Tertiary Education	35	33.4%
4	Employment Status	Unemployed	27	25.7%
		Self-employed	38	36.2%
		Employed	40	38.1%
5	Number of Children	None	22	21.0%
		1 – 2	30	28.6%
		3 – 4	33	31.4%
		5 and above	20	19.0%

The majority of respondents are aged 25–35 years (74.29%), with most being married (61.9%). In terms of education, over 73% have secondary or tertiary education, while only 7.6% have no formal education. Regarding employment, 74.3% are either employed or self-employed. Most respondents have 1–4 children (60%), indicating they are actively within their childbearing years.

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Table 4.2: Awareness and Knowledge of Family Planning

S/N	Item	Response Options	Frequency (n)	Percentage (%)
6	Have you ever heard of family planning?	Yes	92	87.6%
		No	13	12.4%
7	If yes, where did you first learn about family planning?	Hospital/Healthcare provider	38	36.2%
		Media	37	35.2%
		Friends/Relatives	18	17.1%
		Community outreach programme	12	11.1%
8	How would you rate your knowledge of family planning?	Poor	15	14.3%
		Average	30	28.6%
		Good	40	38.1%
		Excellent	20	19.0%

The majority of respondents (87.6%) have heard of family planning. Primary information sources were hospitals/healthcare providers (36.2%) and media (35.2%). Regarding knowledge level, 38.1% rated their knowledge as good, 28.6% as average, while 33.3% rated it as excellent or poor.

Table 4.3: Utilization of Family Planning

S/N	Item	Response Options	Frequency (n)	Percentage (%)
9	Have you ever used any family planning method	Yes	68	64.8%
		No	37	35.2%
10	If yes, which method(s) have you used	Pills	12	17.6%
		Intrauterine Device (IUDs)	8	11.8%
		Condoms	20	29.4%
		Implants	10	14.7%
		Injectable contraceptives	14	20.6%
		Others	4	5.9%
11	How often do you use family planning	Always	28	26.7%
		Occasionally	25	23.8%
		Rarely	15	14.3%
12	What are your reasons for using family planning	Family planning	45	42.9%
		Health-related issues	15	14.3%
		Other	8	7.6%
13	If you do not use family planning, why	Lack of knowledge	6	5.7%
		Cultural/religious beliefs	8	7.6%
		Fear of side effects	12	11.4%
		Partner/spousal disapproval	7	6.7%
		Others	4	3.8%

Most respondents (64.8%) have used a family planning method, while 35.2% have not. Among users, condoms were most common (29.4%), followed by injectables (20.6%) and pills (17.6%). Only 26.7% use family planning consistently. The main reason for use was to limit or space births (42.9%). Among non-users, fear of side effects (11.4%), cultural/religious beliefs (7.6%), and partner disapproval (6.7%) were the main barriers.

Table 4.4: Factors Influencing the Use of Family Planning

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S/N	Item	Response Options	Frequency (n)	Percentage (%)
14	Influence of cultural and religious beliefs on family planning use	Strong influence	35	33.3%
		Moderate influence	40	38.1%
		No influence	30	28.6%
15	Does your spouse/partner support the use of family planning?	Yes	65	61.9%
		No	40	38.1%
16	How affordable is family planning in your area?	Very affordable	38	36.2%
		Somewhat affordable	42	40.0%
		Not affordable	25	23.8%
17	Are family planning methods easily accessible in your community?	Yes	70	66.7%
		No	35	33.3%
18	Have you experienced any challenges accessing family planning?	Yes	48	45.7%
		No	57	54.3%

Regarding socio-cultural influences, 33.3% of respondents reported strong influence of cultural and religious beliefs on family planning decisions, while 38.1% reported moderate influence. Spousal support was high, with 61.9% stating their partner supports family planning. Affordability was favorable, with 76.2% finding services very or somewhat affordable. Accessibility was also good, as 66.7% confirmed services are easily available, yet 45.7% still reported experiencing challenges in accessing services.

Table 4.5: Impacts on Maternal and Child Health

S/N	Item	Response Options	Frequency (n)	Percentage (%)
19	Do you think family planning improves maternal health outcomes?	Yes	82	78.1%
		No	23	21.9%
20	How has the use of family planning affected your health or that of someone you know?	Improved health	64	61.0%
		No change	27	25.7%
		Negative effects	14	13.3%
21	Do you think family planning helps in improving child health outcomes (e.g., better spacing between births)?	Yes	80	76.2%
		No	25	23.8%
22	Have you or someone you know experienced any side effects from using family planning?	Yes	39	37.1%
		No	66	62.9%
23	Would you recommend the use of family planning to others?	Yes	88	83.8%
		No	17	16.2%

Most respondents (78.1%) believe family planning improves maternal health outcomes, and 61.0% reported improved health from its use. Regarding child health, 76.2% agreed family planning improves child health through better birth spacing. Side effects were experienced or known by 37.1% of respondents. Despite this, a strong majority (83.8%) indicated willingness to recommend family planning to others.

Hypotheses Testing using Statistical Tool

This study will test the hypothesis using the chi-square statistical tool, with the formula:

$$x^2 = \frac{\sum(O - E)^2}{E}$$

Where:

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Where, O =observed frequency
E = Expected frequency
Note: when calculating the chi square if (X^2) is greater than (>) the critical value (a1), the null hypotheses (Ho) was rejected and the alternative hypotheses (H1) was accepted

Hypothesis: "There is no significant difference between the level of awareness and knowledge of modern contraceptives among women of childbearing age in Ilorin West Local Government, Kwara State, Nigeria."

Table 4.6: Awareness and Knowledge of Family Planning

Options	Observed Frequency (O)	Expected Frequency (E)	Residual (O−E)	(O−E)²	(O−E)² / E
Poor Knowledge	15	26.25	11.25	126.56	4.82
Average Knowledge	30	26.25	3.75	14.06	0.54
Good Knowledge	40	26.25	13.75	189.06	7.20
Excellent Knowledge	20	26.25	6.25	39.06	1.49
Total	**105**				**14.05**

Degree of Freedom (DF) = n – 1 = 4 – 1 = **3, Level of significance** = 0.05, **Critical value at DF = 3** is **7.81**
Since the calculated value of χ^2 = 14.05 is greater than the critical value of 7.81, we reject the null hypothesis (H_{O1}) and accept the alternative hypothesis (H1)**.** There is a significant difference between the level of awareness and knowledge of modern contraceptives among women of childbearing age in Ilorin West Local Government Area of Kwara State, Nigeria. This suggests that while awareness may be high, the depth and quality of knowledge varies significantly among respondents.

Discussion of Findings

The findings from this study provide critical insights into the awareness, utilization, influencing factors, and health impacts of modern contraceptives among women of reproductive age. The data reveals both progress and persistent challenges in family planning adoption, aligning with and diverging from existing literature in significant ways.

The findings reveal that awareness and knowledge of family planning among women of childbearing age in Ilorin West Local Government Area is notably high. An overwhelming majority (87.6%) indicated they had heard about family planning, underscoring widespread exposure to the concept. This suggests that awareness campaigns particularly through hospitals and media have achieved significant penetration. The prominence of hospitals or healthcare providers (36.2%) and media outlets (35.2%) as the primary sources of information highlights the effectiveness of structured and formal communication in educating women. In contrast, grassroots efforts such as community outreach and interpersonal sources like friends or relatives had a relatively lower influence. The varied self-assessment of knowledge with 38.1% rating it as good and 28.6% as average further supports the notion of a generally informed population, although knowledge depth may still be inconsistent. However, the limited influence of community programs (11.1%) suggests missed opportunities for grassroots engagement, which studies show can enhance acceptance in conservative settings (Sedgh & Hussain, 2020).

Notably, while 57.1% rated their knowledge as good/excellent, 42.9% reported only average or poor understanding. This disparity echoes research indicating that basic awareness often lacks depth regarding method-specific efficacy, side effects, and proper use (Tilahun *et al*., 2021). Such knowledge gaps contribute to method discontinuation and inconsistent use, as seen in Table 4.3.

The findings show that a substantial proportion of the respondents are actively engaged in

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family planning practices, with 64.8% reporting usage of at least one method. This high level of engagement signifies that awareness is translating into actual behaviour for a majority of women. Notably, the most commonly used method was the male condom (29.4%), followed by injectables (20.6%), pills (17.6%), and implants (14.7%). The preference for short-term and non-invasive methods suggests that women may favour options that are more accessible, easier to manage, and less permanent. Long-term or less familiar methods such as intrauterine devices (11.8%) and other unspecified methods (5.9%) had lower patronage, indicating potential gaps in knowledge, availability, or confidence in those methods. This aligns with studies attributing low LARC uptake to misconceptions, provider bias, and access barriers (Secura *et al*., 2020). The 5.9% "other" category may include traditional methods, which remain prevalent in regions with limited healthcare access (Bearak *et al*., 2020). Inconsistent use (38.1% occasional/rare) is concerning, as it heightens unintended pregnancy risks. This pattern, also observed in Sub-Saharan Africa (Ali *et al*., 2021), stems from poor counseling, side effects, and partner interference. Motivations centered on birth spacing (42.9%) rather than health benefits (14.3%) suggest limited understanding of contraceptives' role in reducing maternal mortality (Ahmed *et al*., 2020).

The findings indicate that consistency in the use of family planning methods varies significantly among the users. Only 26.7% of respondents reported always using family planning methods, while 23.8% admitted to occasional use and 14.3% rarely use them. This inconsistency could point to barriers such as accessibility, side effects, or intermittent support from partners. Furthermore, the main reason cited for using family planning limiting or spacing births (42.9%) reflects a practical approach to reproductive health, with some using it for health-related reasons (14.3%) or other motives (7.6%). The responses emphasize that the dominant driver of family planning usage remains the desire to control fertility.

The findings highlight several significant barriers among the 35.2% of women who do not use any family planning method. The fear of side effects was the most cited reason (11.4%), followed by cultural or religious beliefs (7.6%), and partner disapproval (6.7%). These reasons are deeply rooted in socio-cultural norms and misinformation. A smaller proportion also mentioned lack of knowledge (5.7%) and other unspecified factors (3.8%). This data confirms that, although awareness is high, actual uptake is hindered by fears and societal perceptions, requiring targeted education and community engagement strategies to bridge the gap.

The findings suggest that socio-cultural and religious factors significantly influence contraceptive decisions among women. A combined 71.4% of respondents acknowledged either strong (33.3%) or moderate (38.1%) influence from cultural and religious beliefs, confirming that social norms continue to play a pivotal role in reproductive choices. Meanwhile, spousal support emerged as a critical enabling factor, with 61.9% of respondents indicating they received encouragement from their partners. However, the 38.1% without such support signals a potential barrier to consistent use, stressing the need to involve men in family planning awareness campaigns. Cultural/religious influences (71.4% reporting some impact) corroborate studies linking conservative norms to contraceptive hesitancy (Gavin *et al*., 2021). Partner support (61.9%) aligns with evidence that male approval doubles modern method uses (Do & Kurimoto, 2022). Affordability and accessibility were generally favorable, yet 23.8% cited cost barriers, and 33.3% faced access challenges consistent with equity gaps in family planning services (Chola *et al*., 2020). The 45.7% reporting systemic challenges (e.g., stockouts, provider shortages) reflects common health system weaknesses (Sully *et al*., 2020).

The findings also show that while family planning services are generally perceived as accessible (66.7%), and affordable to a degree (with 76.2% finding them very or somewhat affordable), challenges still exist. Notably, 45.7% reported difficulties in accessing services despite their availability. This contradiction points to systemic or situational challenges, such as long distances, long waiting times, or provider-related issues. Although cost is not the dominant barrier, the 23.8% who find services

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unaffordable represent a significant group that may be underserved.

The findings further demonstrate a widely positive perception of the health benefits of family planning. A majority (78.1%) agreed that it improves maternal health, and 61.0% observed or personally experienced improved health outcomes. While a small segment (13.3%) reported negative effects, the overall sentiment favours the health-enhancing potential of family planning. Similarly, 76.2% believed that child health benefits from improved spacing of births, reinforcing the argument that family planning contributes positively to family well-being. Despite some reported side effects (37.1%), the overall experience remains positive. Strong agreement on maternal (78.1%) and child health (76.2%) benefits aligns with evidence linking contraception to reduced maternal mortality and improved child spacing (Stover *et al*., 2021). However, 37.1% reported side effects, a known deterrent to sustained use (Hubacher *et al*., 2021). The 13.3% citing negative health impacts warrants improved counseling to manage expectations and method switching (Turok *et al*., 2020). Despite this, 83.8% would recommend family planning, highlighting its perceived net benefits.

Finally, the findings reveal a strong endorsement of family planning, with 83.8% of respondents willing to recommend it to others. This willingness underscores a prevailing trust in the system and recognition of its benefits, even amid some personal or community-level challenges. The high recommendation rate, in the context of noted side effects and socio-cultural obstacles, indicates a strong belief in family planning as a beneficial practice worth advocating. This highlights the potential for peer influence and community-level advocacy to further promote informed and voluntary use.

Conclusion

Based on the findings of this study, it is evident that awareness and knowledge of modern contraceptives among women of reproductive age in Ilorin West Local Government Area are relatively high. The majority of respondents (87.6%) have heard of family planning, and a significant portion described their knowledge as either good or average. Hospitals and media were the most common sources of information, indicating that formal health systems and mass communication channels are effective in disseminating information on reproductive health. Despite this, only 64.8% of the respondents had used any form of family planning, showing a gap between awareness and actual usage.

The study also concluded that various barriers still affect family planning uptake, including fear of side effects, cultural beliefs, and lack of partner support. Although 61.9% reported receiving spousal support and 66.7% stated that services were accessible, 45.7% still experienced challenges in accessing them. A notable percentage (78.1%) believed family planning improves maternal health, and 76.2% agreed it enhances child health outcomes, indicating a positive perception of its benefits. However, concerns about side effects and affordability remain, as highlighted by 37.1% and 23.8% of respondents, respectively. Therefore, while family planning is well known and generally accepted, there is a need for improved education, access, and support systems to enhance consistent and effective use among women.

Recommendations

The following recommendations were made;

1. Healthcare providers should intensify sensitization campaigns through both clinical and community-based channels to increase accurate knowledge of family planning.
2. Media outlets should continue to promote family planning awareness but with more emphasis on addressing common misconceptions and fears of side effects.
3. Male involvement initiatives should be introduced to encourage spousal support and shared decision-making in contraceptive use.
4. Local health authorities should ensure consistent availability and affordability of contraceptives in both urban and rural parts of Ilorin West.
5. Community leaders and religious influencers should be engaged in awareness programs to

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mitigate cultural and religious resistance to family planning.

6. Follow-up services should be provided for women experiencing side effects to improve satisfaction and encourage continuous use of family planning methods.

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