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## Socio-Demographic Characteristics Associated With the Practice of Family Planning Among Women of Reproductive Age in Selected Mother and Child Hospitals, Lagos State

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**ABSTRACT:** Family planning program is a major pillar and best health investment for the attainment of good maternal and child health which has become a major public health issue in Nigeria over the years. Therefore, the objective of the study was to determine the socio-demographic characteristics associated with the practice of family planning among women of reproductive age in selected Mother and Child Hospitals in Lagos.

A descriptive cross-sectional design was adopted and data collected using self-developed structured questionnaire with reliability index of 0.79, using the sample size of 399. Facilities were selected using purposive sampling method design while the respondents were selected using simple random sampling techniques. The totals of 399 questionnaires were administered. And only were 395 questionnaires were found suitable for analysis. Data were analysed using SPSS version 21 software. Descriptive statistic were used such as frequency tables and percentages and four hypotheses tested using inferential statistics (chi-square and regression) at 0.05 level of significance

Findings revealed respondents mean age of 28.4±4.21years, a literate population with tertiary (56.7%) and secondary (35.4%) education, a married population (85.8%) and sexually active (37.7%), predominantly Christians (80.8%), from monogamous family (89.1%). More than half (52.9%) of the respondents were self-employed and 27.3% civil servants with regular average monthly income of 20,000-49,000(25.8%) and 50,000-99,000(21.8%). Finding also revealed 98.2% of the respondents were aware and have good knowledge of benefits of family planning by 87.4% with utilization rate of 50.9% out of which only 82% were currently on a method with 60.1% satisfaction rate. Study also showed that majority of family planning users were dependent mostly on natural methods which are less effective with poor compliance rate due to its user's dependent which comprises of prolonged breastfeeding (84.4%), Rhythm (72.2%) and withdrawal method (54.1%) in addition to condom use and oral contraceptive pills by 94.2 % and 90.7% respectively while low utilization of recently advocated long-acting reversible contraceptives were recorded. Factors reported to hinder the utilization

of family planning were majorly personal and socio-cultural which include sexual displeasure (92.1%), fear of side effects (73.2%), lack of interest (59.5%), male factors (56.8%) and desire for more children by 53.7%. Statistically, all the demographic factors which include individual income, knowledge and perception about family planning, sexual activeness, religion, marital status and spouse's desired number of children were found to have statistical significant influence on their with p-values of 0.000 except their age ( $P = 0.286$ )

The study concluded that utilization of family planning was fair with good knowledge but the practice was limited mostly by personal and socio-cultural factors. Therefore, improved mass education strategies and men involvement in family planning is recommended. Adequate public education should be intensified with focus on personal and socio-cultural factors with active men and community stake holders' involvement in family planning issue for improved utilization of family planning.

**KEYWORDS:** Family planning, Influencing factors, Practices, Reproductive age women, Utilization

**Word Count:** 489

## INTRODUCTION

The hone of family arranging among ladies of regenerative age is central to the achievement of national wellbeing and advancement of each country and its compelling utilization in creating nations have been found to turn away unintended pregnancies as well as lessening maternal and child mortality. A healthy nation is often said to be a wealthy nation and health status of every nation is measured by the health status of women and children, and consequently their wealth status. A woman's ability to space and limit her pregnancies though effective family planning system has a direct impact on her health and well-being as well as the outcome of each pregnancy. Therefore, it is almost impossible to attain good maternal and child health status without effective utilization of modern family planning. Maternal and child morbidity and mortality has been an age long challenge facing many developing countries, Nigeria inclusive and constituted a major public health challenge of which solution is always being sought.

According to World Health Organization (2012), about 7-10 million women and girls suffer severe and long lasting illnesses resulting from pregnancy and the process of child birth. United Nations Population Fund (UNFPA), 2015 and United Nation Children Emergency Fund (UNICEF) 2015 also reported that about 287,000 women of reproductive age die annually as a result of pregnancy and child birth related complications, mostly from developing countries due to failure to utilize effective family planning services. The sad part of this story is that, this has become a recurring issue and nearly all of these deaths and disabilities are preventable or can be reduced to the barest minimum. (Conde-Agudelo, 2007; Gabrysch & Campbel, 2009). Right to Reproductive health is a basic fundamental human right of every woman. These include right to satisfying and safe sexual life, ability to have children as well as freedom to decide, when and how often to do so (Etuk-Idem, Ndifon, Etowa & Asuquo, 2017). According to London Summit report

(2017), family planning is considered as the health investment, leading health programme, key component of reproductive health services and a major pillar of Safe Motherhood Initiative Programme established to address the issue of increasing maternal deaths and population explosion globally. WHO (2017) asserted that family planning allows individuals and couples to anticipate and attain their desired number of children, spacing and timing of their birth through contraceptive usage, however, this is depends on several factors influencing individual acceptance and utilization of family planning services. Guttmacher Institute's (2012) opinioned that the need and desire for satisfying sexual life and procreation is natural and constitutes basic needs of humans most especially in African setting where children are highly valued in their numbers irrespective of prevailing circumstances and without any serious consideration for the available resources (Ayinde AO et al, 2022). The dire need for effective family planning services cannot be over emphasized as reflected in WHO (2017) fact sheet report that there are about 214 million sexually active women ages 15-49 years in developing countries who are not willing to become pregnant but can if they fail to use any form of family planning methods. United Nation Department of Economic and Social Affairs (UNDENSA) (2015), also reported that 24.2% of sexually active reproductive age women in Sub-Saharan Africa where fertility rate is high are in dear need of family planning/contraceptive services.

Smith, Ashford, Gribble and Clifton (2009) documented that 35million sexually active and fertile women in sub-Saharan Africa's family planning needs are not met, they want to delay conception while some are even willing to stop childbearing but they are not using any form of contraception. This report is also buttressed by Guttmacher Institute (2012) report which state that about 46million abortions are procured globally per year, 35million in developing countries alone out of which 20millions are said to be illegal resulting in 67,000 maternal deaths that constituted 35% of pregnancy related mortality globally and half of the total pregnancy related deaths in Africa (Guttmacher Institute, 2012). WHO (2012) estimated that every minute, 380 women get pregnant out of which 190 are unplanned/unwanted, about 110 of which experience pregnancy complications and at least 40 of which often opted for unsafe abortion with all its attendant consequences contributing substantially to maternal and child morbidity and mortality and all of these problems are worsened by high fertility rate and low contraceptive usage (Asekun-Olarinmoye, Adebimpe, Bamidele, Odu, Asekun-Olarinmoye & Ojofeintimi, 2013).

Nigeria's national Population Commission (2009) report indicated that family planning practice is low in Nigeria with only 23.7% contraceptive utilization among married and sexually active women. This has placed Nigeria as one of the topmost countries with high maternal/infant morbidity and mortality which has persisted for many years despite efforts to combat the menace (Guttmacher Institute, 2012). According to National Population Commission and ICF International (2014) health survey, Nigeria had an estimated population of 88.5million in 1999 and about 167 million in 2013 with fertility rate of about 5.5 to 7 and the highest contraceptive prevalence of 13-23% with daily increase in mortality rate. Based on these, family planning was made an anchor programme in providing solution to maternal and child health problems globally and incorporated into primary Health care services in the Mexico Conference on Population in 1984 (Mohammad, Jannatbi, Md- Khaleel,, & Srinivas ,2015 & UNEFPA, 2015). Family planning programme is thus identified as a single and most effective health programme that is capable of bringing

a wide range of benefits to all and specifically for the attainment of good maternal and child health status (Osifo, Akpamu & Shelu, 2015; Smith *et al.*, 2009).

In furtherance of this, Mohammad, Jannatbi, Md-Khaleel and Srinivas (2015) reported that that an International Conference on Population and Development (ICPD) was held in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995 which emphasized women empowerment including reproductive and sexual rights as the basic tool for development with focus on family planning because many women face inequality in access to reproductive health services (Taiwo, 2012). Effective family planning services has been documented by studies as being capable of reducing child mortality rate by 20% or more, particularly in developing countries with myriads of socio-economic problems where an individual lives on less than a dollar per day (Lasis, Bassey, Ita & Awoyemi, 2014). Currently in Nigeria, family planning service is offered at all levels of health care at a subsidized rate most especially in primary health care facilities located in almost every community, yet its uptake is still being reported by several studies to be low (23.7%) thus contributing significantly to preventable morbidity and mortality rate (Adeleye, Akoria, Shuaib & Ogholo, 2010). Several factors ranging from socio-cultural, personal, demographic among others have been identified by studies to militate against effective and improved utilization family planning methods by women (Hall, Moreau and Trussell, 2012, USAID, 2015 Mohammad *et.al.*, 2015). Several factors have been identified by studies to hinder effective utilisation of family planning among women, which include personal, demographic, socio-economic and cultural (Ozumba, 2011). Adeleye, Akoria, Shuaib and Ogholo, (2010), also opined that women's self-reported barriers /factors influencing their utilisation of family planning could play a central role in formulating interventions to promote contraceptive prevalence rate for the promotion of maternal and child health status (USAID, 2008; Amentie, Abera & Abdulahi, 2015 )

Family planning programme has provided several evidences showing its capability of reducing this menace. Several programs have been established and implemented in line with Millennium Development Goals and reaffirmed in Sustainable Development Goals to reduce maternal mortality burden by 75% for improvement in maternal and child health with lots of inputs from stakeholders across the globe. Despite these concerted efforts over the years, only 44% reduction was achieved at the end of 2015, which translated to annual maternal mortality decline of 2.3% as against the proposed 5.5%, with increased life time risk of maternal death. Based on these, for several decades, Nigeria has remained in the front line and ranked among the topmost countries with poor maternal and child health indicators and one of the fastest growing nations of the world in terms of population growth rate. (UNEFPA, 2015 & UNICEF, 2017)

According to National Population Commission and Integrated Consulting Firm, International (2014), Nigeria population increased from 88.5million in 1999 to 140million in 2006 and it is projected at 170million by the end of 2020 if not controlled as 50% of births contributing to this increase are said to be unplanned. Several studies have been conducted at the local and national level all of which reported low utilization of family planning services.

Several efforts have been put in place which has only increased level of awareness without corresponding increase in family planning utilization and appreciable decrease in mortality rate as the nation's contraceptive prevalence rate is below 25% (United Nation, 2015). As reported by Taiwo (2012) and NPC



(2013), low utilization of family planning was also reported and attributed to several complex factors. . Several policies and programs have been implemented over the years with huge investment to control the menace most of which are anchored on family planning program for their success. However, these efforts seem not to have yielded much and substantial results as maternal and child mortality and uncontrolled population growth rate still remain major health and social challenge in Nigeria. For a breakthrough to be achieved through family planning there is need to understand factors influencing its utilization. It is on this premise that the researcher seek to assess factors influencing the practice of family planning among women of reproductive age in the two selected hospitals in Lagos

Findings from the study would help to provide useful and relevant information on factors influencing the practice of family planning among women of reproductive age that would help the stakeholders in developing strategies and programmes for effective education masses on family planning in order to improve their knowledge for improved utilization. This would go a long way in addressing factors hindering effective utilization of family planning among target group. Findings of this study may also help in making useful recommendations that can possibly help in policy making and designing appropriate programmes that might bring about positive behavioural changes and improvement in family planning uptake among women.

Finally, the study findings may contribute to the existing body of research knowledge on family planning for reference purpose. This may lead to further studies on related issues as well as create a database for the stakeholders in family planning needed for planning and implementation of programmes.

### Objective of the study

The main objective of this study was to determine the socio demographic characteristic factors associated with practice of family among women of reproductive age in selected Mother and Child Hospitals in Lagos. The specific objectives of the study are to:

1. Determine the demographic characteristics of women of reproductive age in selected hospitals in Lagos;
2. Examine the level of practice of family planning among women of reproductive age in the two selected hospitals in Lagos
3. Determine the extent to which demographic characteristics influence the practice of family planning among women of reproductive age in the two selected hospitals in Lagos;
4. Assess the influence of socioeconomic factors on the practice of family planning among women of reproductive age in two selected hospitals in Lagos and
5. Determine the extent to which socio-cultural factors influence the practice of family planning among women of reproductive age in two selected mother and child hospitals in Lagos

### Research Questions

- 1 What is the demographic characteristics of women of reproductive age in selected hospitals in Lagos;

- 2 What is the practice of family planning among women of reproductive age in the two selected hospitals in Lagos
- 3 What personal factors influence the practice of family planning among women of reproductive age in the two selected hospitals in Lagos;
- 4 What influences socioeconomic factors on the practice of family planning among women of reproductive age in two selected hospitals in Lagos and
- 5 What socio-cultural factors influence the practice of family planning among women of reproductive age in two selected mother and child hospitals in Lagos

### Hypotheses

H<sub>01</sub>: There is no significant relationship between personal factors and the practice of family planning among women of reproductive age in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos

H<sub>02</sub>: There is no significant relationship between socio-cultural factors and the practice of family planning among women of reproductive age women in Mother and Child Hospital, Isolo and Lagos Island Maternity, Lagos

H<sub>03</sub>: There is no significant relationship between socio- economic factors and the practice of family planning among women of reproductive age in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos

H<sub>04</sub> : There is no significant relationship between demographic factors and the practice of family planning among women of reproductive age in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos

### Materials and Methods

#### Study area

The study was conducted in two selected Mother and Child Hospitals within Lagos Metropolis. The facilities are Lagos Island Maternity Hospital, Lagos which is selected because of its strategic location and being the oldest, largest maternity hospital in Lagos State and the only facility in Lagos Island dedicated for maternal and child health care services.

#### Study Design

A descriptive cross-sectional study on factors influencing the practice of family planning among women of reproductive age in two selected Mother and Child Hospitals, Lagos.

#### Study Population

The population comprise of all women of reproductive age receiving care during the period of the study at the two selected facilities namely Lagos Island Maternity Hospital and Isolo Mother and Child Hospital, Lagos. These facilities were purposively selected based on the high influx of clients. Island Maternity Hospital was selected being the oldest and the largest maternity hospital in Lagos State with highest population of clients as compared to other facilities as well as being the only dedicated maternity Hospital in Lagos.

Isolo Mother and Child Hospital was also selected based on the population because in addition to serving her catchment area, it's also used by Lagos State University Teaching Hospital to cater for her maternity clients due to on-going renovation of her maternity unit which gives it a similar characteristic with that of Island Maternity Hospital. Island Maternity Hospital receives an average of 180 women of reproductive age attending five different clinics per week, making an average of 340 clients in two weeks while Mother and Child Hospital, Isolo receives an average of 150 women of reproductive age in five different clinics per week, with an average of 300 in two weeks.

### Sampling Technique

The participants used for the study in each of the facility were based on calculated sample size and were selected using systematic random sampling technique which involved the calculation of sampling interval using clinic daily attendance register as the sampling frame.

### Method Data Analysis

Data collected were sorted, coded and analysed using the Statistical Package for Social Sciences (SPSS) version 21 and presentations were done using descriptive statistics: percentage/frequency tables while hypotheses were tested using inferential statistics (chi-square, ANOVA, and multiple regression) at 0.05 level of significance. Chi-square was used to test for association between factors and their practice of family planning while ANOVA was further used to test the direction of the relationship and multiple regression analysis was used to establish the extent to which each variable influences the practice of family planning.

### Ethical Consideration

A letter of clearance and permission was obtained from Babcock University Health Research Ethics Committee (BUHREC) and a letter of introduction obtained from School of Nursing Babcock University through my supervisor which were presented to Lagos State Health Service Commission, management of Lagos Island Maternity Hospital and Isolo Mothers and Child Hospital, Isolo, Lagos in order to obtain permission for data collection. Respondents consent to freely participate in the study was also ensured with explanation on purpose of the study obtained before administering the questionnaire to them. Participants were assured that information collected would be treated with utmost confidentiality and anonymity as no personal identification information will be required or allowed on the instrument. It was also made known to them that they have the right to refuse or participate in the study.

## Result

### Demographic characteristics of the respondents (n=395)

| Variables          | Isolo Mother and Child Hospital(n=189)<br>Frequency/percentage | Island Maternity(n=206)<br>Frequency/Percentage |
|--------------------|----------------------------------------------------------------|-------------------------------------------------|
| <b>Age</b>         |                                                                |                                                 |
| Less than 20 years | 9 (4.8 %)                                                      | 14(6.8%)                                        |
| 20-24 years        | 32( 16.9%)                                                     | 43(20.9 %)                                      |
| 25-29 years        | 54(28.6 %)                                                     | 51(24.8 %)                                      |
| 30years and above  | 94( 49.7%)                                                     | 98(47.6 %)                                      |
| <b>Ethnicity</b>   |                                                                |                                                 |
| Yoruba             | 104(55%)                                                       | 115(55.8%)                                      |
| Igbo               | 50(26.5 %)                                                     | 62(30.1%)                                       |
| Hausa              | 7( 3.7%)                                                       | 6(2.9%)                                         |
| Others             | 28(14.8%)                                                      | 23(11.2 %)                                      |

**Number of children alive**

|              |             |             |
|--------------|-------------|-------------|
| None         | 37(19.6% )  | 32(15.3% )  |
| 1-2          | 45( 23.8% ) | 57(27.7 % ) |
| 3-4          | 73( 36.6% ) | 76(36.9% )  |
| 5 and above  | 28( 14.8% ) | 31(15% )    |
| Non-response | 6( 3.2% )   | 9( 4.4% )   |

**Gender of respondents children**

|                   |             |             |
|-------------------|-------------|-------------|
| Males only        | 23(12.2 % ) | 36(17.5% )  |
| Females only      | 46( 24.3% ) | 57(27.7 % ) |
| Males and females | 79(41.8% )  | 86( 41.7% ) |

**Number of previous pregnancies**

|              |             |              |
|--------------|-------------|--------------|
| None         | 12( 6.3% )  | 16(7.8%)     |
| 1-2          | 51( 27% )   | 53(25.7%)    |
| 3-4          | 97(51.3 % ) | 102(49.5 % ) |
| 5 and above  | 24( 12.7% ) | 27(13.1%)    |
| Non-response | 5( 2.6% )   | 8(3.9 % )    |

**Number of deliveries**

|              |             |            |
|--------------|-------------|------------|
| None         | 27( 14.3% ) | 29(14.1%)  |
| 1-2          | 53(28% )    | 56(27.2%)  |
| 3-4          | 75(39.7 % ) | 79(38.4% ) |
| 5 and above  | 29(15.3% )  | 38(18.4% ) |
| Non-response | 5( 2.6% )   | 4(1.9% )   |

**Age at first delivery (n=338)**

|                    |             |             |
|--------------------|-------------|-------------|
| Less than 20 years | 12( 6.3% )  | 14(6.8 % )  |
| 21-25 years        | 105(55.6% ) | 114(55.3% ) |
| 26 years and above | 64(33.9 % ) | 69(33.5% )  |
| Non-response       | 8( 4.2% )   | 9( 4.4% )   |

As shown in Table 4.1, majority (48.6%) of the respondents were young adults, aged 30 years and above while those within 25-29 years constituted 26.6% of the study sample with the mean age and standard deviation of  $28.4 \pm 4.21$  years, predominantly Yoruba (55.4%) and 28.4% Igbo.

Regarding the respondents obstetric profile, more than half (50.4%) of the sample population had been pregnant about 3-4 times, 26.3%; 1-2 times while 12.9% had been pregnant 5 or more times with 39% achieved 3-4 deliveries, 27.6%, and 17% having delivered 1-2 and 5 or more deliveries respectively while 14.2% were nulliparous women. The highest proportions of the respondents (37.7%) had about 3-4 children alive, 25.8%; 1-2 children while as high as 14.9% of them had 5 or more children, over half (50.5%) have both gender while 31.5% and 18% have only females and males respectively. Findings also revealed that majority (64.8%) of these women had their first delivery at ages 21-25 years while 39.3% delivered their first baby at 26 years and above

**Respondents' practice of family planning (n=395)**

|                                                  | Isolo M&C Hosp. (n=189) | Island Maternity Hosp. (n=206) |
|--------------------------------------------------|-------------------------|--------------------------------|
| <b>Family planning utilization</b>               |                         |                                |
| Utilized                                         | 97(51.3%)               | 108(52.4%)                     |
| Never utilized                                   | 92(49.7%)               | 97(47.1%)                      |
| <b>Family planning methods ever used (n=205)</b> |                         |                                |



|                                                              |            |           |
|--------------------------------------------------------------|------------|-----------|
| Safe period/rhythm method                                    | 71(37.6 %) | 77(37.4%) |
| Withdrawal method                                            | 49(25.9%)  | 62(30.1%) |
| Prolonged breastfeeding method                               | 77((40.7%) | 96(46.6%) |
| Traditional methods such as use of waist band, rings etc     | 14(7.4%)   | 19(9.2%)  |
| Daily pills /oral contraceptive pills                        | 91(48.1%)  | 95(46.1%) |
| Intra uterine contraceptive devices(IUCD)                    | 28(14.8 %) | 32(15.5%) |
| Use of diaphragm/cervical cap                                | 11( 5.8%)  | 14(6.8%)  |
| Use of condom                                                | 88(46.6%)  | 105(51%)  |
| Norplant/implants(insertion into the skin)                   | 26(13.8%)  | 29(14.1%) |
| Injectable (monthly, two or three monthly injections)        | 43(22.8%)  | 48(23.3%) |
| Spermicides e.g. vaginal cream or table                      | 13( 6.9%)  | 18(8.7%)  |
| Surgical/permanent method                                    | 2(1.1%)    | 3(1.5%)   |
| <b>Current utilization of family planning methods(n=205)</b> |            |           |
| Currently utilizing                                          | 91(48.1%)  | 97(47.1%) |
| No longer utilizing                                          | 11( 5.8%)  | 6(2.9%)   |
| <b>Duration of use by current users(n=188)</b>               |            |           |
| Less than 6 months                                           | 8(4.2%)    | 9(4.4%)   |
| 6-12 months                                                  | 16(8.5%)   | 18(8.7%)  |
| 1-2 years                                                    | 35( 18.5%) | 39(18.9%) |
| More than 2 years                                            | 29(15.4%)  | 34(16.5%) |
| <b>Reasons for utilizing family planning (n=188)</b>         |            |           |
| Myself and partner's decision to plan our family             | 32( 16.9%) | 38(18.4%) |
| My personal choice to prevent pregnancy                      | 26(13.8%)  | 31(15%)   |
| Recommended for health reasons                               | 11(5.8 %)  | 15(7.3%)  |
| My partner decision to prevent pregnancy                     | 7( 3.7%)   | 11(5.3%)  |
| Other reasons                                                | 9(4.8 %)   | 7(3.4%)   |
| <b>Satisfaction with method of choice(n=188)</b>             |            |           |
| Satisfied                                                    | 73(38.6%)  | 87(42.2%) |
| Not satisfied                                                | 11(5.8%)   | 17(8.3%)  |
| <b>Reasons for dissatisfaction(n=28)</b>                     |            |           |
| Side effects experienced                                     | 6(3.2%)    | 8(3.9%)   |
| Partners complaint/dislike                                   | 5(2.6%)    | 6(2.9%)   |
| Other reasons                                                | 1(0.5%)    | 2(0.97%)  |
| <b>Consistence use since commencement (n=206)</b>            |            |           |
| Discontinued                                                 | 32(16.9%)  | 43(20.9%) |
| Never discontinued                                           | 63(33.3%)  | 68(33%)   |
| <b>Reasons for non-utilizing family planning ( n=190)</b>    |            |           |
| Reported discomfort/sexual displeasure by others             | 25(13.2%)  | 28(13.6%) |
| Fear of reported side effects by others                      | 38(20.1%)  | 41(19.9%) |
| Lack of partner support/partner disapproval                  | 19(10.1%)  | 23(11.2%) |
| Personal reasons/lack of interest                            | 7(3.7%)    | 12(5.8%)  |
| Desire for more children/love for many children              | 7(3.7%)    | 11(5.3%)  |
| Cultural/in-law disapproval                                  | 11(5.8%)   | 15(7.3%)  |
| Not yet married                                              | 9(4.8%)    | 14(6.8%)  |
| Spiritual/religious disapproval                              | 2(1.1%)    | 5(2.4%)   |
| Other reasons                                                | 5(2.6%)    | 7(3.4%)   |

Table 4.2 reveals that only about half of the entire sample population (51.9%) had ever used any form of family planning out of which 82%(n=205) were currently on a method. Analysis also revealed that out of those who claimed to have used family planning, the most widely utilized methods were condom by 94.1%,

oral contraceptives pills by 90.7% and traditional/natural methods were natural methods which included prolonged breastfeeding by 84.4% and rhythm method by 72.2%. The least acceptable methods were injectable (44.4%), implants/Norplant by 26.8% and Intra uterine contraceptive devices (29.3%). The study revealed that majority (39.4%) of the current users of family planning had used it consistently for about 1-2 years, only 33.5% had been on it for more than 2 years, while 18.1% have been using it for just about 6-12 month. Also, 37.2% them opted for family planning based on spouse request, 30.3% were based on personal choice/decision, while 13.8% were based on medical recommendations on health ground among other reasons with good satisfaction as majority (85.1%) of them reported being contented with their method of choice except for about 15% who attributed their dissatisfactions to the following stated reasons; side effects (50%), spouse dissatisfaction (39.3%) and other personal reasons by 10.7%.

The Table also reveals that more than half (63.6%) had never stopped or opted out of family planning at any point since they commenced the usage except for 39.9% who attributed break in the utilization to; experienced side effect (44%), desire to conceive (32%), failed method (16%) and dissatisfaction and lack of interest by 8%. The study revealed that nearly all (91%) of those currently utilizing family planning had been using it consistently for not less than 6 months, although majority of them were on natural methods of family planning with less effectiveness and high failure rate as compared to the long acting reversible contraceptive

Those who were not using family planning attributed it to the following reasons: reported discomfort/sexual displeasure by others (27.9%), Fear of side effects from others (41.6%), Personal factors (11.9%), Lack of partner support (22.2%), Desire for more children/large family (11.3%), Cultural/in-law reason (13.7%), Not yet married (14.4%), Spiritual/religion factors (3.7%)

#### **Respondents personal factors influencing the practice of family planning (n=395)**

| <b>Variables</b>                                    | <b>Isolo Mother and Child Hospital (n=189)</b> | <b>Island Maternity Hospital (n=206)</b> |
|-----------------------------------------------------|------------------------------------------------|------------------------------------------|
| <b>Family planning awareness (n=395)</b>            |                                                |                                          |
| Good awareness                                      | 187(98.9%)                                     | 201(97.6%)                               |
| Poor awareness                                      | 2(1.1%)                                        | 5(2.4%)                                  |
| <b>Education on family planning methods</b>         |                                                |                                          |
| Educated                                            | 183(%)                                         | 197(95.6%)                               |
| Not educated                                        | 6(3.2%)                                        | 7(4.4%)                                  |
| <b>Sources of information about family planning</b> |                                                |                                          |
| Health facilities/health workers                    | 51(27%)                                        | 55(26.7%)                                |
| Mass media i.e. TV, Radio e.tc                      | 32(16.9%)                                      | 36(17.5%)                                |
| Religious gathering (churches and mosques)          | 44(23.3%)                                      | 48(23.3%)                                |
| Work place/market/business locations                | 17(9%)                                         | 12(5.8%)                                 |
| School /educational institutions                    | 24(12.7%)                                      | 27(13.6%)                                |
| Community/town hall                                 | 10(5.3%)                                       | 14(6.8%)                                 |
| Others                                              | 4(2.1%)                                        | 7(3.4%)                                  |
| <b>Knowledge of benefits of family planning</b>     |                                                |                                          |
| High                                                | 105(55.6%)                                     | 118(57.8%)                               |
| Moderate                                            | 39(20.6%)                                      | 41(19.9%)                                |

|                                                           |            |            |
|-----------------------------------------------------------|------------|------------|
| Low                                                       | 43(22.8%)  | 49(23.8%)  |
| <b>Reported Sexual activeness</b>                         |            |            |
| Active                                                    | 137(72.5%) | 149(72.3%) |
| Not active                                                | 23(12.2%)  | 35(17%)    |
| Non-response                                              | 27(14.3%)  | 24(11.7%)  |
| <b>Self –rated sexual activeness</b>                      |            |            |
| Very active                                               | 43(22.8%)  | 51(2.5%)   |
| Active                                                    | 96(50.8%)  | 101(49.1%) |
| Not active                                                | 29(15.3%)  | 34(16.5%)  |
| Non-response                                              | 19(10.1%)  | 22(10.7%)  |
| <b>Support for family planning use by all women</b>       |            |            |
| Supported                                                 | 165(87.3%) | 181(87.9%) |
| Not supported                                             | 22(11.6%)  | 27(13.1%)  |
| <b>Willingness to recommend family planning to others</b> |            |            |
| Willing                                                   | 158(83.6%) | 167(81.1%) |
| Not willing                                               | 23(12.2%)  | 38(18.4%)  |
| <b>Non-response</b>                                       | 6(3.2%)    | 3(1.5%)    |
| <b>Satisfaction with family planning</b>                  |            |            |
| Satisfied                                                 | 84(44.4%)  | 76(36.9%)  |
| Not satisfied                                             | 12(6.3%)   | 16(7.8%)   |
| Not using at all                                          | 91(48.1%)  | 99(48.1%)  |
| <b>Perception about family planning</b>                   |            |            |
| Positive                                                  | 143(75.7%) | 156(75.7%) |
| Negative                                                  | 44(23.3%)  | 52(25.2%)  |
| <b>Desired number of children</b>                         |            |            |
| 1-2                                                       | 28(14.8%)  | 36(17.5%)  |
| 3-4                                                       | 140(74.1%) | 148(71.4%) |
| 5 and above                                               | 119(63%)   | 24(11.7%)  |

Table above shows a very high level of awareness as almost all (98.3%) the respondents reported being aware about family planning and as high as 96.7% claimed to have been given a form of education about family planning at the health facilities(27.4%),religious gathering;24.1%, and mass media by 18.1% among others sources. Regarding their knowledge about benefits of family planning, the study show high, moderate and low knowledge by 56.5%,20.3% and 23.3% respectively with corresponding positive( 75.5 % ) and negative( 24.3%) attitude towards family planning as demonstrated by the respondents which was based on the assessment of their support for family planning use by all women and willingness to recommend family planning to others which 87.6% were in support and 82.3% were willing to recommend it for others irrespective of their own family planning status. A large proportion (72.4%) of the respondents perceived them self to be sexually, with 49.9% being active and 23.8%; very active Their satisfaction also count as majority of the users reported satisfaction with their method of choice while as high as 48.1% are not using any form of family planning despite their positive attitude towards the practice and 75.7% positive perception about family planning. Also, findings shows that majority(72.9%) desired a large family size of 3-4 children while 16.2% and 10.9% desired 1-2 and 5 or more children respectively

#### **Respondents' and spouses' socio-economic characteristics (n=395)**

| Variables                                     | Isolo MCH(n=189) | Island Maternity(n=206) |
|-----------------------------------------------|------------------|-------------------------|
| <b>Respondents( n=395)</b>                    |                  |                         |
| <b>Education</b>                              |                  |                         |
| Non formal                                    | 5(2.6%)          | 7(3.4%)                 |
| Primary                                       | 8(4.2%)          | 11(5.3%)                |
| Secondary                                     | 63(33.3%)        | 77(37.4%)               |
| Post-secondary/tertiary                       | 113(59.8%)       | 111(53.9%)              |
| <b>Occupation</b>                             |                  |                         |
| Civil servants                                | 52(27.5%)        | 56(27.2%)               |
| Self-employed                                 | 100(52.9%)       | 109(52.9%)              |
| Full time house wife                          | 36(19%)          | 49(23.8%)               |
| Others                                        | 1(0.5%)          | 2(0.97%)                |
| <b>Monthly Income</b>                         |                  |                         |
| Non/no response                               | 7(3.7%)          | 4(1.9%)                 |
| Less than 20,000                              | 27(14.3%)        | 21(10.2%)               |
| 20,000 - 49,000                               | 43(22.8%)        | 59(28.6%)               |
| 50,000-99,000                                 | 41(21.7%)        | 45(21.8%)               |
| 100,000 and above                             | 34(18%)          | 39(18.9%)               |
| <b>Spouse/partner(n=339)</b>                  |                  |                         |
| <b>Education</b>                              |                  |                         |
| Non-formal                                    | 5(2.6%)          | 4(1.9%)                 |
| Primary                                       | 8(4.2%)          | 11(5.3%)                |
| Secondary                                     | 51(27%)          | 63(30.6%)               |
| Tertiary                                      | 94(49.7%)        | 103(50%)                |
| <b>Occupation</b>                             |                  |                         |
| Civil servants                                | 51(27%)          | 56(27.2%)               |
| Self-employed                                 | 116(61.4%)       | 103(50%)                |
| Unemployed                                    | 1(0.5%)          | 3(1.5%)                 |
| Others                                        | 6(3.2%)          | 3(1.5%)                 |
| <b>Average monthly income</b>                 |                  |                         |
| Non/no response                               | 4(2.1%)          | 7(3.4%)                 |
| Less than 20,000                              | 7(3.7%)          | 11(5.3%)                |
| 20,000-49,000                                 | 23(12.2%)        | 28(13.6%)               |
| 50,000-99,000                                 | 61(32.3%)        | 72(35%)                 |
| 100,000 and above                             | 64(33.9%)        | 62(58.5%)               |
| <b>Perceived affordability</b>                |                  |                         |
| Affordable for all                            | 166(87.8%)       | 180(87.4%)              |
| Not affordable for all                        | 23(12.2%)        | 26(12.6%)               |
| <b>Meant for rich people with good income</b> |                  |                         |
| Agree                                         | 47(24.9%)        | 49(23.8%)               |
| Disagree                                      | 142(75.1%)       | 157(76.2%)              |

Table above shows a literate population, over half (56.7%) with tertiary and 35.4%; secondary education, 52.9% of which were self-employed and 27.3% civil servants. Regarding their average monthly income,

majority (47.6%) of them earned between 20,000-99, 000, only 18.5% earned 100, 000 and above while 12.2% earned less than 20,000 per month. Respondents husbands/spouses' socio-economic status analysis revealed that majority of them equally had good formal education with tertiary (58.1%) and secondary (33.6 %) education, majority of which were self-employed (64.6 %) and civil servants ( 31.6 %).

Analysis of the husbands/spouses regular monthly income revealed that majority of them were financially stable as 39.2% and 37.2% received 50,000-99,000 and 100,000 and above respectively while the rest had less than 50,000 as their regular monthly income. Findings also revealed that a good number of the respondents (87.6%) believed that the cost of family planning services was affordable by everyone while 77.7% disagreed that the services was meant for the rich alone.

### Respondents' Socio-cultural factors influencing the practice of family planning

| Variables                                   | Isolo Mother Child Hospital<br>n=189 | Island Maternity Hospital<br>n=206 |
|---------------------------------------------|--------------------------------------|------------------------------------|
| <b>Respondents</b>                          |                                      |                                    |
| <b>Marital status</b>                       |                                      |                                    |
| Married                                     | 165(87.3%)                           | 174(84.5%)                         |
| Single                                      | 21(11.1%)                            | 26(12.6%)                          |
| Others                                      | 3(1.6%)                              | 6(2.9%)                            |
| <b>Type of family if married(n=339)</b>     |                                      |                                    |
| Monogamous                                  | 138(73%)                             | 164(79.6%)                         |
| Polygamous                                  | 16(8.5%)                             | 21(10.2%)                          |
| <b>Religion</b>                             |                                      |                                    |
| Christianity                                | 155(82%)                             | 164(79.6%)                         |
| Islam                                       | 32(16.9%)                            | 36(17.5%)                          |
| Traditional                                 | 2(1.1%)                              | 4(1.9%)                            |
| Others                                      | -                                    | 2(0.97%)                           |
| <b>Ethnicity</b>                            |                                      |                                    |
| Yoruba                                      | 108(57.1%)                           | 111(53.9%)                         |
| Igbo                                        | 53(28%)                              | 59(28.6%)                          |
| Hausa                                       | 5(2.6%)                              | 8(3.9%)                            |
| Others                                      | 23(12.2%)                            | 28(13.6%)                          |
| <b>Spouse desired number of children</b>    |                                      |                                    |
| 1-2                                         | 17(9%)                               | 22(10.7%)                          |
| 3-4                                         | 27(14.3%)                            | 130(63%)                           |
| 5 and above                                 | 19(10.1%)                            | 23(11.2%)                          |
| Non-response                                | 26(13.8%)                            | 31(15%)                            |
| <b>Spouse support for family planning</b>   |                                      |                                    |
| Supported                                   | 131(69.3%)                           | 127(61.7%)                         |
| Not supported                               | 43(22.8%)                            | 58(28.2%)                          |
| Non-response                                | 15(7.9%)                             | 21(10.2%)                          |
| <b>Cultural support for family planning</b> |                                      |                                    |
| Supported                                   | 143(75.7%)                           | 151(73.3%)                         |
| Not supported                               | 37(19.6%)                            | 43(20.9%)                          |



|                                                    |           |            |
|----------------------------------------------------|-----------|------------|
| Non-response                                       | 9(4.8%)   | 12(5.8%)   |
| <b>Spouse encouragement to use family planning</b> |           |            |
| Encouraged                                         | 81(42.9%) | 84(40.8%)  |
| Not encouraged                                     | 99(52.4%) | 104(50.5%) |
| Non-response                                       | 13(6.9%)  | 18(9.7%)   |
| <b>Religious support for family planning</b>       |           |            |
| Supported                                          | 136(72%)  | 148(71.8%) |
| Not supported                                      | 39(20.6%) | 43(20.9%)  |
| Non-response                                       | 13(6.9%)  | 16(7.8%)   |

As shown in above table, nearly all (85.8%) the respondents were married and 11.9% singles 89.1% of which were from monogamous except for 10.9% who belonged to polygamous families. Religion distribution revealed 80.8% Christians and 17.2% Muslims, predominantly Yoruba (55.4%) and 28.4% Igbos, Hausa; 3.3% while other ethnic minorities constituted 12.9% of the sample population. Regarding the respondents' spouses desired number of children, as high as 65.3% of them attested that their spouses wished to have 3-4 children, and 10.6% desired 5 or more children; only 9.9% desired a small family size of 1-2 children, even though 65.3% attested that their partners were in support of family planning use while 40.8% said their husband do encouraged them to use family planning. From the respondents' religion and cultural perspective, as high as 20.8% and 20.8% reported that their cultural values and religious affiliation respectively did not encourage or support the practice of family planning.

### **Respondents' perception on factors influencing the use of family planning**

#### **Isolo Mother and Child Hospital (n=189)**

|                                                                                    | <b>Agree</b> | <b>Disagree</b> | <b>No response</b> |
|------------------------------------------------------------------------------------|--------------|-----------------|--------------------|
| <b>Perception about family planning</b>                                            |              |                 |                    |
| It's meant for only rich people with good income                                   | 17(9%)       | 163(6.9%)       | 7(3.7%)            |
| It's very beneficial to every one                                                  | 145(76.7%)   | 43(22.8%)       | 11(5.8%)           |
| Family planning can help in reducing most of the social problems around us         | 178(94.2%)   | 13(6.9%)        | 5(2.6%)            |
| It's used by the government to prevent people from having children                 | 29(15.3%)    | 141(74.6%)      | 9(4.8%)            |
| It can reduces number of children that can help in supporting family               | 21(11.1%)    | 139(73.5%)      | 27(14.3%)          |
| Family planning can help in reducing the rate of poverty in the county             | 147(77.8%)   | 17(9%)          | 10(5.3%)           |
| Family planning can help in reducing the number of women and children death        | 151(79.9%)   | 34(18%)         | 5(2.5%)            |
| Family planning can make a woman to be promiscuous                                 | 57(30.2%)    | 107(56.6%)      | 14(7.4%)           |
| <b>Personal Factors</b>                                                            |              |                 |                    |
| Fear or experience of side effects such as headache, weight gain, irregular menses | 163(86.2%)   | 51(27%)         | 2(1.1%)            |
| Rumors about Inability to give birth again /infertility after family planning      | 137(72.5%)   | 41(21.7%)       | 19(10.1%)          |
| Desire for more or many children                                                   | 102(54%)     | 64(33.7%)       | 11(5.8%)           |
| Looking for a particular sex of child (male or female)                             | 133(70.4%)   | 56(29.6%)       | 4(2.1%)            |
| Poor awareness/ Inadequate information about family planning                       | 156(82.5%)   | 31(16.4%)       | 21(11.1%)          |
| Past experience of family planning failure by self or from other users             | 109(57.7%)   | 63(33.3%)       | 7(3.7%)            |
| Personal disposition/lack of interest by individual                                | 149(78.8%)   | 27(14.3%)       | 29(15.3%)          |
| Certain health condition such as hypertension, obesity                             | 110(58.2%)   | 72(38.1%)       | 9(4.8%)            |
| Fear of the procedure involved in some methods                                     | 106(56.1%)   | 27(14.3%)       | 23(12.2%)          |
| <b>Economic Factors</b>                                                            |              |                 |                    |
| Family planning is cheap and affordable for all                                    | 169(89.4%)   | 38(20.1%)       | 9(4.8%)            |

|                                                                                 |            |            |          |
|---------------------------------------------------------------------------------|------------|------------|----------|
| It's meant for the rich who can afford them                                     | 148(78.3%) | 39(20.6%)  | 11(5.8%) |
| Methods that are affordable and not usually available for us at all time        | 159(84.1%) | 21(11.1%)  | 8(4.2%)  |
| Unemployment by women may prevent them from using family planning               | 51(27%)    | 103(54.5%) | 11(5.8%) |
| Poverty can hinder people from using family planning                            | 117(61.9%) | 49(25.9%)  | 8(4.2%)  |
| <b>Socio- cultural Factors</b>                                                  |            |            |          |
| Some methods of family planning do prevent sexual pleasure/satisfaction         | 97(51.3%)  | 105(55.6%) | 13(6.9%) |
| Lack of religion support can hinder modern methods of family planning           | 139(73.5%) | 37(19.6%)  | 7(3.7%)  |
| Some culture does not support or encourage the use of family planning           | 113(59.8%) | 64(33.9%)  | 5(2.6%)  |
| Lack of husband/spouse support for family planning(spousal disapproval)         | 131(69.3%) | 47(24.9%)  | 7(3.7%)  |
| Family pressure to have many children / In-laws desire for large family size    | 68(36%)    | 113(59.8%) | 12(6.3%) |
| Far distance of family planning away from women's home or business location     | 106(56.1%) | 64(33.7%)  | 14(7.4%) |
| Lack of discussion with spouse about family planning can hinder its utilization | 117(61.9%) | 82(43.4%)  | 5(2.6%)  |

### Respondents' perception on factors influencing the use of family planning Island Maternity Hospital (n=206)

|                                                                                    | Agree       | Disagree   | No response |
|------------------------------------------------------------------------------------|-------------|------------|-------------|
| <b>Perception about family planning</b>                                            |             |            |             |
| It's meant for only rich people with good income                                   | 21(10.2%)   | 177(85.9%) | 10(4.9%)    |
| It's very beneficial to every one                                                  | 159(77.2%)  | 29(14.1%)  | 8(3.9%)     |
| Family planning can help in reducing most of the social problems around us         | 171(83%)    | 21(10.2%)  | 7(3.4%)     |
| It's used by the government to prevent people from having children                 | 16(7.8%)    | 143(69.4%) | 12(5.8%)    |
| It can reduce number of children that can help in supporting family                | 24(11.7%)   | 156(75.7%) | 31(15%)     |
| Family planning can help in reducing the rate of poverty in the country            | 156(75.7%)  | 21(10.2%)  | 17(8.3%)    |
| Family planning can help in reducing the number of women and children death        | 157(76.2%)  | 41(19.9%)  | 7(3.4%)     |
| Family planning can make a woman to be promiscuous                                 | 63(30.6%)   | 136(66%)   | 18(8.7%)    |
| <b>Personal Factors</b>                                                            |             |            |             |
| Fear or experience of side effects such as headache, weight gain, irregular menses | 131(63.6%)  | 43(20.9%)  | 5(2.5%)     |
| Rumors about Inability to give birth again /infertility after family planning      | 118(57.8%)  | 59(28.4%)  | 21(10.2%)   |
| Desire for more or many children                                                   | 124(60.2%)  | 77(37.4%)  | 18(8.7%)    |
| Looking for a particular sex of child (male or female)                             | 132(64.1%)  | 62(30.1%)  | 8(3.9%)     |
| Poor awareness/ Inadequate information about family planning                       | 117(56.86%) | 51(24.8%)  | 16(7.8%)    |
| Past experience of family planning failure by self or from other users             | 138(67%)    | 73(35.4%)  | 5(2.5%)     |
| Personal disposition/lack of interest by individual                                | 135(65.3%)  | 38(18.4%)  | 17(8.3%)    |
| Certain health condition such as hypertension, obesity                             | 109(52.9%)  | 83(40.3%)  | 12(5.8%)    |
| Fear of the procedure involved in some methods                                     | 187(8.7%)   | 34(16.5%)  | 18(8.7%)    |
| <b>Economic Factors</b>                                                            |             |            |             |
| Family planning is cheap and affordable for all                                    | 114(55.3%)  | 49(23.8%)  | 16(7.8%)    |
| It's meant for the rich who can afford them                                        | 158(76.7%)  | 41(19.9%)  | 8(3.9%)     |
| Methods that are affordable and not usually available for us at all time           | 166(80.6%)  | 27(13.1%)  | 14(6.8%)    |
| Unemployment by women may prevent them from using family planning                  | 75(36.4%)   | 142(68.9%) | 13(6.3%)    |
| Poverty can hinder people from using family planning                               | 131(63.6%)  | 79(38.4%)  | 11(5.3%)    |
| <b>Socio- cultural Factors</b>                                                     |             |            |             |
| Some methods of family planning do prevent sexual pleasure/satisfaction            | 108(52.4%)  | 57(27.7%)  | 15(7.3%)    |
| Lack of religion support for modern methods of family planning                     | 151(73.3%)  | 52(25.2%)  | 11(5.3%)    |
| Some culture does not support or encourage the use of family planning              | 129(62.2%)  | 77(37.4%)  | 7(3.4%)     |
| Lack of husband/spouse support for family planning(spousal disapproval)            | 145(70.4%)  | 53(25.7%)  | 12(5.8%)    |
| Family pressure to have many children / In-laws desire for large family size       | 72(35%)     | 117(56.8%) | 13(6.3%)    |

|                                                                             |            |           |          |
|-----------------------------------------------------------------------------|------------|-----------|----------|
| Far distance of family planning away from women's home or business location | 113(54.9%) | 79(38.3%) | 19(9.2%) |
| Lack of discussion with spouse about family planning                        | 124(60.2%) | 61(29.6%) | 6(2.9%)  |

Table above reveal that majority of the respondent had positive perception about family planning as more than half of them believed that everyone can benefit from family planning, reduced rate of social problems and disagreed it as a tool by the government to prevent people from having more children, and also supported its role in poverty mortality rate reduction, and reduction which shows a good level of information and perception about family planning. On the average, majority of the respondent attested based on their perception about family planning that personal, socio-economic and socio-cultural factors greatly influence the utilization of family planning by women of reproductive age with the exception of unemployment.

**Hypothesis 1:** There is no significant relationship between respondents' personal factors and their practice of family planning

#### Relationship between personal factors and practice of family planning

| Variable                                 | Practice family planning |          | X <sup>2</sup> | D f | P-value |
|------------------------------------------|--------------------------|----------|----------------|-----|---------|
|                                          | Yes                      | No       |                |     |         |
| <b>Knowledge of family planning</b>      |                          |          |                |     |         |
| High                                     | 196(87.9)                | 27(12.1) | 7.207          | 2   | 0.027   |
| Moderate                                 | 69(86.3)                 | 11(13.8) |                |     |         |
| Low                                      | 70(76.1)                 | 22(23.9) |                |     |         |
| <b>Attitude</b>                          |                          |          |                |     |         |
| Negative                                 | 37(88.1)                 | 5(11.9)  | 0.394          | 1   | 0.530   |
| Positive                                 | 298(84.4)                | 55(15.6) |                |     |         |
| <b>Occupation</b>                        |                          |          |                |     |         |
| Civil servant                            | 91(84.3)                 | 17(15.7) | 1.443          | 3   | 0.696   |
| Self –employed                           | 176(84.2)                | 33(15.8) |                |     |         |
| Unemployed                               | 66(88.0)                 | 9(12.0)  |                |     |         |
| Others                                   | 2(66.7)                  | 1(33.3)  |                |     |         |
| <b>Sexual activeness</b>                 |                          |          |                |     |         |
| Yes                                      | 323(86.4)                | 51(13.6) | 13.179         | 1   | 0.000   |
| No                                       | 12(57.1)                 | 9(42.9)  |                |     |         |
| <b>Self- Rating of sexual activities</b> |                          |          |                |     |         |
| Very active                              | 232(86.2)                | 37(13.8) | 2.308          | 3   | 0.511   |
| Active                                   | 36(85.7)                 | 6(14.3)  |                |     |         |
| Non active                               | 13(100.0)                | 0(0.0)   |                |     |         |
| No response                              | 42(84.0)                 | 8(16.0)  |                |     |         |
| <b>Perception about family planning</b>  |                          |          |                |     |         |
| Positive                                 | 323(87.1)                | 48(12.9) | 24.035         | 1   | 0.000   |
| Negative                                 | 12(50.0)                 | 12(50.0) |                |     |         |

As shown in Table 4.7, respondents' knowledge (p-value 0.027), sexual activeness (p-value 0.000) and respondents' perception about family planning (p-value 0.000) were found to have significant statistical influence on their practice of family planning.

#### Model Summary

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1     | .101 <sup>a</sup> | .010     | .080              | .3580                      |

a. Predictors: (Constant), Personal factors

The table provides R and R square. The R value represents the simple correlation with coefficient of 0.101, which indicates a low degree of positive correlation. The R square value indicates how much of the total variation in the dependent variable (practice of family planning) can be influenced by the independent variable (personal factors). In this case, personal factors can positively influence the practice of family planning by 8.0%, which is very low.

#### ANOVA<sup>a</sup>

| Model |            | Sum of Squares | Df  | Mean Square | F     | Sig.              |
|-------|------------|----------------|-----|-------------|-------|-------------------|
| 1     | Regression | .524           | 1   | .524        | 4.087 | .044 <sup>b</sup> |
|       | Residual   | 50.362         | 393 | .128        |       |                   |
|       | Total      | 50.886         | 394 |             |       |                   |

a. Dependent Variable: Practice family planning

b. Predictors: (Constant), Personal factor

The ANOVA Table indicates that the regression model predicts the dependent variable significantly well, here  $P=0.044$ , which is less than 0.05. Therefore, the regression model statistically predicts the outcome variable (i.e. it is a good fit for the data).

#### Coefficient<sup>a</sup>

| Model |                 | Unstandardized Coefficients |            | Standardized Coefficients | T      | Sig. |
|-------|-----------------|-----------------------------|------------|---------------------------|--------|------|
|       |                 | B                           | Std. Error | Beta                      |        |      |
| 1     | (Constant)      | 1.203                       | .031       |                           | 38.756 | .000 |
|       | Personal factor | -.077                       | .038       | -.101                     | -2.022 | .044 |

a. Dependent Variable: Practice family planning

Based on Table 4.16, personal factors influenced practice of family planning, and contribute statistically significantly to the practice of family planning ( $P<0.05$ ). Based on this, personal factors influenced practice of family planning and contribute statistically significantly to the practice of family planning ( $P<0.05$ ), hence the null hypothesis is rejected in favour of the alternate hypothesis which says there is

a significant statistical association between personal factors and the practice of family planning among women of reproductive age in the two selected mother and Child Hospitals in Lagos

**Hypothesis 2:** There is no significant relationship between respondents' socio-economic factors and their practice of family planning

**Relationship between socio-economic factors and practice of family planning**

| Variable                                                   | Practice family planning |          | X <sup>2</sup> | Df | P-value |
|------------------------------------------------------------|--------------------------|----------|----------------|----|---------|
|                                                            | Yes                      | No       |                |    |         |
| <b>Respondents average monthly income</b>                  |                          |          |                |    |         |
| None                                                       | 8(72.7)                  | 3(27.3)  | 27.620         | 4  | 0.000   |
| Less than 20,000                                           | 39(81.3)                 | 9(18.8)  |                |    |         |
| 20,000-49,000                                              | 96(94.1)                 | 6(5.9)   |                |    |         |
| 50,000-99,000                                              | 59(68.6)                 | 27(31.4) |                |    |         |
| 100,000 and above                                          | 67(91.8)                 | 6(8.2)   |                |    |         |
| <b>Husbands/partners average income</b>                    |                          |          |                |    |         |
| None                                                       | 11(84.6)                 | 2(15.4)  | 7.819          | 4  | 0.098   |
| Less than 20,000                                           | 12(85.7)                 | 2(14.3)  |                |    |         |
| 20,000-49,000                                              | 47(94.0)                 | 3(6.0)   |                |    |         |
| 50,000-99,000                                              | 114(83.2)                | 23(16.8) |                |    |         |
| 100,000 and above                                          | 116(92.8)                | 9(7.2)   |                |    |         |
| <b>Respondents Occupation</b>                              |                          |          |                |    |         |
| Civil servants                                             | 91(84.3)                 | 17(15.7) | 1.443          | 3  | 0.696   |
| Self –employed                                             | 176(84.2)                | 33(15.8) |                |    |         |
| Unemployed                                                 | 66(88.0)                 | 9(12.0)  |                |    |         |
| Others                                                     | 2(66.7)                  | 1(33.3)  |                |    |         |
| <b>Husband/Spouse Occupation</b>                           |                          |          |                |    |         |
| Civil servants                                             | 93(89.4)                 | 11(10.6) | 3.934          | 4  | 0.415   |
| Self –employed                                             | 183(88.4)                | 24(11.6) |                |    |         |
| Unemployed                                                 | 4(100.0)                 | 0(0.0)   |                |    |         |
| Clergy                                                     | 7(100.0)                 | 0(0.0)   |                |    |         |
| Others                                                     | 13(76.5)                 | 4(23.5)  |                |    |         |
| <b>Family planning is very costly</b>                      |                          |          |                |    |         |
| Agree                                                      | 94(88.7)                 | 12(11.3) | 0.737          | 1  | 0.692   |
| Disagree                                                   | 240(85.7)                | 40(14.3) |                |    |         |
| <b>Family planning is mean for the rich</b>                |                          |          |                |    |         |
| Agree                                                      | 79(89.8)                 | 9(10.2)  | 1.009          | 1  | 0.315   |
| Disagree                                                   | 256(85.6)                | 43(14.4) |                |    |         |
| <b>Respondents Educational qualification</b>               |                          |          |                |    |         |
| Non formal education                                       | 9(75.0)                  | 3(25.0)  | 2.217          | 3  | 0.529   |
| Primary                                                    | 16(84.2)                 | 3(15.8)  |                |    |         |
| Secondary                                                  | 123(87.9)                | 17(12.1) |                |    |         |
| Post -secondary/Tertiary                                   | 187(83.5)                | 37(16.5) |                |    |         |
| <b>Spouse/husband education</b>                            |                          |          |                |    |         |
| None formal education                                      | 15(83.3)                 | 3(16.7)  | 2.858          | 3  | 0.582   |
| Primary                                                    | 7(100.0)                 | 0(0.0)   |                |    |         |
| Secondary                                                  | 97(88.2)                 | 13(11.8) |                |    |         |
| Post-secondary/Tertiary                                    | 179(89.1)                | 22(10.9) |                |    |         |
| <b>Perceived affordability of family planning services</b> |                          |          |                |    |         |
| Affordable for all                                         | 240(85.7)                | 40(41.3) | 0.737          | 1  | 0.692   |



Not affordable for all

94(88.7)

12(11.3)

As shown in Table 4.8, almost all the determinants of socio-economic factors were found not to have statistical significance association with respondent's practice of family planning except for their personal average monthly income (p-value 0.000)

#### Model Summary

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1     | .256 <sup>a</sup> | .066     | .063              | .3478                      |

a. Predictors: (Constant), Economic Factor

The Table provides R and R square. The R value represents the simple correlation and is 0.256, which indicates a moderately average degree of correlation. The R square value indicate how much of the total variation in the dependent variable (practice of family planning) can be influenced by the economic factors. In this case economic factors have a significant positive influence on the practice of family planning can increase the utilization rate by up to 63.0%.

#### ANOVA<sup>a</sup>

| Model |            | Sum of Squares | Df  | Mean Square | F      | Sig.              |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1     | Regression | 3.343          | 1   | 3.343       | 27.632 | .000 <sup>b</sup> |
|       | Residual   | 47.543         | 393 | .121        |        |                   |
|       | Total      | 50.886         | 394 |             |        |                   |

a. Dependent Variable: Practice family planning

b. Predictors: (Constant), Economic Factors

The ANOVA Table indicates that the regression model predicts the dependent variable significantly well, here  $P=0.000$ , which is less than 0.05. Therefore, the regression model statistically predicts the outcome variable (i.e. it is a good fit for the data)

#### Coefficients<sup>a</sup>

| Model            | Unstandardized Coefficients |            | Standardized Coefficients | T      | Sig. |
|------------------|-----------------------------|------------|---------------------------|--------|------|
|                  | B                           | Std. Error | Beta                      |        |      |
| 1                | 1.633                       | .093       |                           | 17.525 | .000 |
| Economic Factors | -.253                       | .048       | -.256                     | -5.257 | .000 |

a. Dependent Variable: Practice family planning

Socio-economic factors influenced practice of family planning and contributes statistically significantly to the practice of family planning ( $P<0.05$ ), hence null hypothesis is rejected

There is a significant statistical association between socio-economic factors and the practice of family planning among women of reproductive age in the two selected Mother and Child Hospitals, Lagos

**Hypothesis 3:** There is no significant relationship between respondents' socio-cultural factors and their practice of family planning

**Relationship between socio-cultural factors and practice of family planning**

| Variable                                    | Practice family planning |          | X <sup>2</sup> | DF | P-value |
|---------------------------------------------|--------------------------|----------|----------------|----|---------|
|                                             | Yes                      | No       |                |    |         |
| <b>Religion</b>                             |                          |          |                |    |         |
| Christianity                                | 269(84.3)                | 50(15.7) | 12.919         | 3  | 0.005   |
| Islam                                       | 60(88.2)                 | 8(11.8)  |                |    |         |
| Traditional                                 | 6(100.0)                 | 0(0.0)   |                |    |         |
| Others                                      | 0(0.0)                   | 2(100.0) |                |    |         |
| <b>Marital Status</b>                       |                          |          |                |    |         |
| Single                                      | 27(57.4)                 | 20(42.6) | 31.115         | 2  | 0.000   |
| Married                                     | 300(88.5)                | 39(11.5) |                |    |         |
| Divorced/separated                          | 7(87.5)                  | 1(12.5)  |                |    |         |
| <b>Husband support for family planning</b>  |                          |          |                |    |         |
| Yes                                         | 210(85.7)                | 35(14.3) | 0.414          | 1  | 0.520   |
| No                                          | 125(88.0)                | 17(12.0) |                |    |         |
| <b>Cultural support for family planning</b> |                          |          |                |    |         |
| Agree                                       | 182(85.8)                | 30(14.2) | 0.206          | 1  | 0.650   |
| Disagree                                    | 153(87.4)                | 22(12.6) |                |    |         |
| <b>Lack of religious support</b>            |                          |          |                |    |         |
| Agree                                       | 158(83.2)                | 32(16.8) | 3.721          | 1  | 0.054   |
| Disagree                                    | 177(89.8)                | 20(10.2) |                |    |         |
| <b>Ethnicity</b>                            |                          |          |                |    |         |
| Yoruba                                      | 188(85.8)                | 31(14.2) | 3.216          | 3  | 0.359   |
| Hausa                                       | 11(84.6)                 | 2(15.4)  |                |    |         |
| Igbo                                        | 97(86.6)                 | 15(13.4) |                |    |         |
| Others                                      | 39(76.5)                 | 12(23.5) |                |    |         |
| <b>Spouse desire number of children</b>     |                          |          |                |    |         |
| 1-2                                         | 49(90.7)                 | 5(9.3)   | 3.488          | 2  | 0.0175  |
| 3-4                                         | 247(82.9)                | 51(17.1) |                |    |         |
| 5 and above                                 | 39(90.7)                 | 4(9.3)   |                |    |         |
| <b>Type of marriage/family</b>              |                          |          |                |    |         |
| Monogamous                                  | 265(87.7)                | 37(12.3) | 1.517          | 1  | 0.218   |
| Polygamous                                  | 35(94.6)                 | 2(5.4)   |                |    |         |

As shown in Table 4.9 Analysis of the socio-cultural factors revealed that there is a significant statistical association between respondents' religion, marital status, religious support for family planning, spouses' desired number of children and their practice of family planning. These factors significantly influence their utilization of family planning

**Model Summary**

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1     | .324 <sup>a</sup> | .105     | .103              | .3404                      |

a. Predictors: (Constant), Socio-Cultural Factors

The Table provides R and R square. The R value represents the simple correlation and is 0.324, which indicates a moderately average degree of correlation. The R square value indicate how much of the total variation in the dependent variable (practice of family planning) can be influenced by the independent variable (socio-cultural factors). In this case positive socio-cultural factors can influence (increase) the practice of family planning by 10.0%.

#### ANOVA<sup>a</sup>

| Model        | Sum of Squares | Df  | Mean Square | F      | Sig.              |
|--------------|----------------|-----|-------------|--------|-------------------|
| 1 Regression | 5.352          | 1   | 5.352       | 46.195 | .000 <sup>b</sup> |
| Residual     | 45.534         | 393 | .116        |        |                   |
| Total        | 50.886         | 394 |             |        |                   |

a. Dependent Variable: Practice family planning

b. Predictors: (Constant), Socio-Cultural Factors

The ANOVA Table indicates that the regression model predicts the dependent variable significantly well, here  $P=0.000$ , which is less than 0.05. Therefore, the regression model statistically predicts the outcome variable (i.e. it is a good fit for the data)

#### Coefficients<sup>a</sup>

| Model                 | Unstandardized Coefficients |            | Standardized Coefficients | T      | Sig. |
|-----------------------|-----------------------------|------------|---------------------------|--------|------|
|                       | B                           | Std. Error | Beta                      |        |      |
| 1 (Constant)          | 1.656                       | .076       |                           | 21.747 | .000 |
| Socio-Cultural Factor | -.055                       | .008       | -.324                     | -6.797 | .000 |

a. Dependent Variable: Practice family planning

Based on this, socio-cultural factors influenced practice of family planning and contributes statistically significantly to the practice of family planning ( $P<0.05$ ), hence there is a significant statistical association between socio-cultural factors and the practice of family planning among women of reproductive age in the two selected mother and Child Hospitals in Lagos

**Hypothesis 4:** There is no significant relationship between respondents' demographic variables and their practice of family planning

#### Association between demographic factors and practice of family planning

| Variables                | Practice family planning |          | X <sup>2</sup> | D f | P-Value |
|--------------------------|--------------------------|----------|----------------|-----|---------|
|                          | Yes                      | No       |                |     |         |
| Number of children alive |                          |          |                |     |         |
| None                     | 13(61.9)                 | 8(38.1)  | 62.010         | 3   | 0.000   |
| 1-2                      | 56(62.2)                 | 34(37.8) |                |     |         |

|                                       |           |           |        |   |       |
|---------------------------------------|-----------|-----------|--------|---|-------|
| 3-4                                   | 225(94.1) | 14(5.9)   |        |   |       |
| 5 and above                           | 40(90.9)  | 4(9.1)    |        |   |       |
| <b>Age (years)</b>                    |           |           |        |   |       |
| Less than 20                          | 14(9.2 )  | 9( 11.1 ) |        |   |       |
| 20 – 24                               | 66(83.5)  | 13(16.5)  | 2.505  | 3 | 0.286 |
| 25 – 29                               | 94(81.0)  | 22(19.0)  |        |   |       |
| 30years and above                     | 175(87.5) | 25(12.5)  |        |   |       |
| <b>Gender of respondents children</b> |           |           |        |   |       |
| Males only                            | 70(70.07) | 29(29.3)  | 38.364 | 2 | 0.000 |
| Females only                          | 46(78.0)  | 13(22.0)  |        |   |       |
| Male and female                       | 206(95.4) | 10(4.6)   |        |   |       |
| <b>Number of previous pregnancies</b> |           |           |        |   |       |
| None                                  | 17(60.7)  | 11(39.3)  | 24.18  | 3 | 0.000 |
| 1-2                                   | 98(94.2)  | 6(5.8)    |        |   |       |
| 3-4                                   | 177(88.9) | 22(11.1)  |        |   |       |
| 5 and above                           | 42(82.4)  | 9(17.6)   |        |   |       |
| <b>Number of deliveries</b>           |           |           |        |   |       |
| None                                  | 47(83.9)  | 9(16.1)   | 15.309 | 4 | 0.000 |
| 1-2                                   | 87(79.8)  | 24(22.0)  |        |   |       |
| 3-4                                   | 131(85.1) | 23(14.9)  |        |   |       |
| 5 and above                           | 64(95.5)  | 1(1.5)    |        |   |       |
| No response                           | 6(66.7)   | 3(33.3)   |        |   |       |
| <b>Age at first delivery</b>          |           |           |        |   |       |
| Less 20 years                         | 24(92.3)  | 2(7.7)    | 40.121 | 3 | 0.000 |
| 20-25 years                           | 201(91.8) | 18(8.2)   |        |   |       |
| 26years and above                     | 103(77.4) | 30 (22.6) |        |   |       |
| None response                         | 7(41.2)   | 10(58.8)  |        |   |       |

Analysis shown in table 4.9, that almost all the respondents demographic characteristic have statistical significant influence on their practice of family planning except the respondents age with p-value 0.000

#### Model Summary

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1     | .098 <sup>a</sup> | .010     | .007              | .3403                      |

a. Predictors: (Constant), Demographic Factors

The Table provides R and R square. The R value represents the simple correlation coefficient of 0.098, which indicates low degree of correlation. The R square value indicate how much of the total variation in the dependent variable (practice of family planning) can be influenced by the independent variable (demographic factors). In this case demographic factors influenced the practice of family planning by 7% which is low but positive correlation except for their age

#### ANOVA<sup>a</sup>

| Model |            | Sum of Squares | Df  | Mean Square | F     | Sig.              |
|-------|------------|----------------|-----|-------------|-------|-------------------|
| 1     | Regression | .433           | 1   | .433        | 3.738 | .050 <sup>b</sup> |
|       | Residual   | 44.580         | 385 | .116        |       |                   |

|       |        |     |  |  |  |
|-------|--------|-----|--|--|--|
| Total | 45.013 | 386 |  |  |  |
|-------|--------|-----|--|--|--|

a. Dependent Variable: Practice family planning

b. Predictors: (Constant), Demographic Factors

The ANOVA Table indicates that the regression model predicts the dependent variable significantly fairly well, here  $P=0.050$ . Therefore, the regression model statistically predicts the outcome variable (i.e. it is a good fit for the data)

#### Coefficients<sup>a</sup>

| Model               | Unstandardized Coefficients |            | Standardized Coefficients | T      | Sig. |
|---------------------|-----------------------------|------------|---------------------------|--------|------|
|                     | B                           | Std. Error | Beta                      |        |      |
| 1 (Constant)        | 1.235                       | .055       |                           | 22.458 | .000 |
| Demographic Factors | -.067                       | .035       | -.098                     | -1.933 | .050 |

a. Dependent Variable: Practice family planning

Based on the Table, demographic factors influenced practice of family planning, and as well showed that demographic factor contributes statistically significantly to the practice of family planning ( $P<0.05$ ).

Based on this, demographic factors influenced practice of family planning and contributes statistically significantly to the practice of family planning ( $P<0.05$ ), hence there is a significant statistical association between demographic factors and the practice of family planning among women of reproductive age in the two selected mother and Child Hospitals in Lagos

#### Discussion of Findings

**Research Objective one: To assess the practice of family planning among women of reproductive age in Mother and Child Hospital, Isolo and Island Maternity Hospital, Lagos**

As shown shown that, only 51.9 % of the entire sample population had ever used any form of family planning despite their self- reported sexual activeness. Of this number (205), 82% of them were currently on family planning. This shows a little improvement from previous studies and this may be associated by intense publicity about family planning and improved commitment to family planning services at a subsidized rate to make it affordable for all. This improved utilization rate is similar to that of Oyewoga and Odeyemi (2012), who reported 56% utilization, Tayo *et. al.*, (2014) and Adeyemi *et.al.*, (2016) with 49.7% utilization rate. This may be associated with the current increasing awareness creation at all levels as well as inclusion of health education on family planning in almost all the clinics involving reproductive health including ante-natal and post natal clinics This 51.9 % utilization rate is higher and contradicts the report of Tayo, *et. al.*, (2014) study in Lagos which reported current utilization rate of only 25.4%. However, majority of the users opted for less effective and users dependent natural methods which comprises of rhythm and prolong breastfeeding methods. Although this is considered low as compared to their level of awareness and knowledge but contrary to very low utilization of 23.7 - 25% reported by National Population Commission (2013), Adeleye *et.al.*, (2010), Lasis *et. al.*, (2014) and United Nation (2015). This increased utilization as compared to previous studies may be influenced by respondents' high literacy



level and increasing level of awareness through mass education on family planning at all levels in recent times. This finding supported the report of Uganda Bureau Of Statistics (2011), Oluwole *et.al.*, (2016) and Etuk-Idem *et.al.*, (2017), all of which reported high literacy with at least secondary school education as significant factor for improved family planning utilization. However, this utilization rate corresponds with the level of respondents attested rate of spousal support for family planning as shown in Table 4.9 where only 44.3% of their spouses were in support of family planning as reported by Olaitan (2011) and UBOS (2011).

As shown in Table 4.2, the utilization of currently advocated more effective, long acting reversible contraceptive methods which include Norplant, Intra Uterine Contraceptive Devices and injectable were very low despite the high level of awareness and good knowledge about the benefits of family planning demonstrated by the respondents as majority of them opted for natural family planning methods which comprises of prolonged breastfeeding, rhythm and withdrawal methods which are less effective, user dependent with higher failure rate as compared to other methods with the exception of condom use which is 94.2% and oral contraceptive pills of 90.7%. This is supported the report of Okeowo and Olujide (2014), where most users were reported to be dependent on natural family planning methods with less efficacy and high failure rate.

**Research Objective two: To identify demographic factors that influence the practice of family planning among women of reproductive age in mother and child hospital, Isolo and Lagos Island Maternity Hospital, Lagos**

Table shows that about half (48.6%) of the respondents were young adults, ages 30 and above and those between 25-29 years constituted 29.4% of the study population with the mean age of 28 years and  $SD \pm 4.21$  years which may be a significant factor for the improved utilization. This may be due to the fact that the highest proportion of Nigerian population consists of young adults who are sexually active and are within their reproductive age. This is in congruent with UNICEF (2015) study who reported that younger age below 20 years contributes significantly to unmet need for family planning among women. Also more than half of them had been pregnant about 3-4 times, 26.3%; 1-2 times while 12.9% had been pregnant 5 or more times with 39% achieved 3-4 deliveries, 27.6%, and 17% having delivered 1-2 and 5 or more deliveries respectively while only 14.2% were nulliparous women. This may be associated with Nigerians high fertility rate. The highest proportions of the respondents (37.7%) had 3-4 children alive, 25.8%; 1-2 children while as high as 14.9% of them had 5 or more children, over half (50.5%) have both gender while 31.5% and 18% had only females and males respectively. Findings also revealed that majority (64.8%) of these women had their first delivery at ages 21-25 years while 39.3% delivered their first baby at 26 years and above, This is in support of Apanga and Ayamba (2015) study report where high parity and deliveries, early age at marriage and deliveries were found to improve the acceptance and utilization of family planning among women were reported to increase the likelihood of family planning utilization which is line with the findings of Okeowo and Olujide (2014) who reported women demographic factors such as number of previous pregnancies and deliveries as a significant predictors of family planning use.

**Research Objective three: To describe the extent to which personal factors influence the practice of family planning of reproductive age women in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos**

As shown, majority (72.4%) of the respondents reported to be sexually active with desire for large family size viz-a viz 3-4 children by 72.9% and 5 and more children by 10.9%. This may be attributed to most Nigerian cultures where children are valued in their numbers and seen as the family pride. This is also compounded by the cultural premium placed on certain sex of a child whereby if such is yet to be gotten by the family, the woman continues to try until her desired is met in order to secure her position in the family. This is in line with findings of Oyewoga and Odeyemi (2012) study where desire for large family size was reported as the major factor influencing poor utilization of family planning. This is reflective of their reproductive characteristics where over half of them had achieved 3-4 pregnancies and 12.9% with 5 or more pregnancies with corresponding deliveries of 3-4 children by 37.7% and 14.9% with 5 or more children alive. This may be associated with most African cultural where children are value in their numbers. This finding also buttressed the fact of high fertility rate and low family planning utilization as reported by National Population Commission (2014) and UNICEF, (2015).

Also, a good number of respondents demonstrated high level of awareness, good knowledge of the benefits of family planning positive attitude towards family planning. However, this does not translate to high utilization rate. This may be due to the fact that majority of the respondents partners did not have supportive attitude towards family planning. Regarding their perception about personal factors that could have influenced on the use of family planning, majority reported that fear of side effects of family planning, wrong belief and misconception such as infertility following the use of family planning and child sex preference. Also, desire for large family size/more children, past negative experience about family planning, inadequate information about family planning, individual health status and fear of certain procedure among others as some of the personal factors that could influence the use of family planning among women of reproductive age. These factors are similar to those reported by Lasis *et.al.*, (2014) as personal factors influencing the practice of family planning. Similar factors were equally reported by Apanga and Ayamba (2015) and Anyeah (2017). These have also been identified as significant part of personal factors influencing the practice of family planning which cannot be under estimated as reported by Imbareen, Haleema and Zehra (2011), Amentie *et al* (2015), Tinua *et.al.*(2016) and Adeyemi *et.al.* (2016). This was also supported by Ankomah, Anyati, Adebayo and Giwa (2013), who reported fear of side effect as a major influence on family planning utilization by women among other personal factors reported by the study.

**Research Objective four: To assess the influence of socio-economic factors on the practice of family planning among women of reproductive age in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos**

It shows that some socio-economic factors such as poverty (82.3%%) and unemployment (78.2%) were supported by majority of the respondents to influence the practice of family planning while only few of them supported the influence of other socio-economic factors such as high cost and non-availability of family planning service among others as nearly all of them (87.6%) reported that family planning is cheap

and affordable for anyone who have interest or sees the need for it use. This may be influenced by the level of mobilization, education and awareness creation by all the stakeholders as part of their commitment for the achievement of sustainable development goals of improving maternal and child health through effective family planning services. This finding corresponds with that of UBOS (2011), Gizaw and Regassa (2011) and Lasis *et.al.*,(2014) where economic factors were reported to significantly influence the practice of family planning among reproductive age women. Analysis as shown in table 4.8 shows that economic factors has no statistical significant relationship with the practice of family except for respondents personal income with p-value of 0.000 This is supported by Gizaw and Regassa (2011) and UBOS (2011) studies report. This shows the place of women empowerment for financial independence as a significant factor for improved family planning utilization as poverty is said to prevent individual from taking decision without external influence due to financial dependency. This finding is also supported by Gizaw and Regassa (2011) who reported low socio-economic status of women as significant factor hindering improved utilization of family planning services by women.

**Research Objective five: To determine the influence of socio-cultural factors on the practice of family planning among women of reproductive age in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos**

As shown in Table , majority of the respondents and their partners reported desire for large family size despite the high level of awareness and good knowledge about family planning. Also, nearly all the respondents are married, with as high as 10.9% belongs to polygamous families. Regarding the respondents' religion and cultural perspective, as high as 20.8% and 20.8% reported that their cultural values and religious affiliation respectively does not encourage nor support the family planning. Study also revealed that less than half of the respondents' spouses had no positive attitude towards the use of family planning and also reported desire for large family size. Some of the factors reported for non -utilization and discontinuation of family planning were lack of spousal and cultural support for family planning. Those who reported dissatisfaction also attributed it majorly to spousal complaint/dislike. Majority of the respondents perceived some socio-cultural factors as a significant influence on the practice of family planning by women which include: lack of husband/spouse support for family planning by 62%, cultural beliefs/value system (53.7%), in-laws influence (52.2%), sexual displeasure by some methods (51.9%) and poor communication between couples due to male dominance in African culture (50.4%). Other factors listed were not supported by the majority of the respondents though their percentages were also significant enough to influence their practice of family planning. This be due to male dominance culture in most African settings which are deep rooted in culture and religious beliefs. This is in line with Okeowo and Olujide (2014), where spousal/men influence, cultural beliefs and values were reported to have impact on family planning utilization. Polygamous as part of cultural value system and younger age at marriage resulting in poor spousal communication and male dominance were also reported by Asekun-Olarinmoye *et. al.*,(2010), ineffective spousal communication and discussion about family planning by Aliyu, Shehu,

Sambo and Sabitu (2010), Abdul, Shittu, Madugu, Adaji and Aliyu (2012). This is supported by Ankomah, Anyati, Adebayo & Giwa (2013). Major reasons attributed to discontinuation and non-utilization of family planning includes: discomfort/sexual displeasure, lack of partner support, desire for more children/large family among others by Lasis *et.al* (2014) study

#### 4.3 Discussion of Hypotheses

**Hypothesis one: There is no significant relationship between personal factors and the practice of family planning among reproductive age women in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos**

As shown in Table above, personal factors have significant influence on utilization of family planning with the simple positive correlation value of 0.583 which indicates a moderately average degree of correlation. The R square value indicate how much of the total variation in the dependent variable (practice of family planning) can be influenced by the independent variable (personal factor). In this case personal factors influenced the practice of family planning by 34.0%. Utilization was in favor of those with positive factors such as good knowledge and positive attitude towards family planning. Therefore, there is statistical relationship between individual personal factors and their practice of family planning. This is support of Ankomah *et. al.* (2013) and Okeowo & Olujide (2014) studies who identified personal factors as major influence on the practice of family planning among women

**Hypothesis two: There is no significant relationship between socio-cultural factors and the practice of family planning of reproductive age women in Mother and Child Hospital, Isolo and Lagos Island Maternity, Lagos**

Based on the study findings as shown in Table above, socio cultural factors significantly predicts practice of family planning and statistically significant to the practice of family planning ( $P < 0.05$ ) with the correlation value of 0.103, which indicates a low degree of correlation. This shows how much of the total practice of family planning can be influenced by socio-cultural factors). In this case cultural factor influenced the practice of family planning by only 30.1% which is very low and not significant enough to prevent the practice of family planning among women of reproductive age. This is in line with Ankomah *et.al.* (2013), Lasis *et. al.* (2014) and Okeowo and Olujide (2014) studies where cultural factors such as male dominance, early age at marriage and poor communication between spouse as major influence on family planning

**Hypothesis three: There is no significant relationship between women socioeconomic factors and the practice of family planning among reproductive age women in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos**

Table above indicates that the regression model predicts the dependent variable significantly well, ( $P=0.001$ ). Therefore, the regression model statistically predicts the practice of family planning. Based on this value, economic factors predict practice of family planning, and contributes statistically significant to the practice of family planning. The adjusted R value represents the simple correlation and 0.63, which indicates very high degree of correlation which shows how much of the practice of family planning can be influenced by socioeconomic factors. In this case economic factors influenced the practice of family planning by 65.7% which is very high predictor of family planning service utilization. This is in line with the report of UBOS,(2011) study where economic factors were identified as major determinant of family planning utilization among women, supported by Lasis *et. al.*(2014) and Etuk-Idem *et. al.*(2017)

**Hypothesis four: There is no significant relationship between women demographic factors and the practice of family planning among reproductive age women in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos**

As shown in Table above, all the demographic factors were found to have statistical significant influence on the practice of family planning except for respondents' age with p-value of 0.005. The R value represents the simple correlation coefficient of 0.098, which indicates low degree of correlation. The R square value indicate how much of the total variation in the dependent variable (practice of family planning) can be influenced by the independent variable (demographic factors). In this case demographic factors influenced the practice of family planning by 7% which is low but positive correlation except for their age. That is positive values will encourage the use of family planning and vice versa. This is in support of of Apanga and Ayamba (2015), Okeowo and Olujide(2014) studies which empazised the roles of deographic factors on the utilization of family planning by women

**SUMMARY, CONCLUSION AND RECOMMENDATIONS**

**Summary**

The study was conducted to explore factors influencing the practice of family planning among women of reproductive age in Mother and Child Hospital, Isolo and Lagos Island Maternity Hospital, Lagos with the aim of improving on the long standing low utilization of family planning in Nigeria being a major area of concern for improving maternal and child health status. The study employed a descriptive cross sectional survey using six research questions and objectives as well as three hypotheses developed. The total of 395 respondents proportionately selected were survey from the two purposively selected Mother and Child Hospitals in Lagos.

The study reveals high level of awareness of family planning and good knowledge of benefits of family planning as well as an improved utilization of family planning among women though their practice does not commensurate with their level of awareness and knowledge demonstrated and most acceptable methods are natural methods which have been proven to be less effective with poor compliance resulting in high failure rate while the mother methods with high degree of effectiveness and long acting were seldom used by the respondents. Demographic factors identified to have significant impact on the use of family planning include their marital status and women economic factor. Other factor of significant impacts include personal such as fear of side effects, misinformation/poor knowledge about family planning, desire for large number of children, child sex preference, past experience with family planning, ill-health and fear of



medical procedures while socio-cultural factors identified include lack of sexual satisfaction by either or both party, cultural beliefs and practices, lack of spousal support/approval, poor communication between partners due to male dominance and in-laws influence. Religious factor receives less approval as well as economic factors as influencing factors for family planning utilization

Although there is an improvement in the utilization of family planning as compared to previous studies but the level of practice does not correlate with the level of awareness and knowledge and majority of these women still desired large family size

### Conclusion

It is concluded the study have been able to establish good awareness of almost all the methods of family planning and knowledge as well as improved utilization of family planning among women of reproductive age but with poor acceptance of modern methods with proven efficiency and long acting and less failure rate. A good number of them depend on natural family planning methods which include prolonged breastfeeding, withdrawal method as well as condom use and oral contraceptive pills. Factors identified to have significantly influenced the acceptance and utilization of family planning was mostly personal and socio-cultural factors most especially spousal support and poor communication about family. These factors need to be critically evaluated with the aim of proffering solutions to them. More awareness is required with special interventional program designed to address these factors in order to improve family planning utilization with improved satisfaction. hence, there is need to strengthen the educational program with focus on these factors as well as continuing mass awareness creation and education on the benefits of family planning

### Recommendations

Based on the finding of this study, the following recommendations are made:

1. Adequate sensitization and involvement of men in family planning issues, making some of the community stakeholder's part of the family planning committee should be done to ensure their full participation and support for family planning. This is because spousal disapproval and male dominance was identified as part of the socio-cultural factors reported to have significant influence on women practice of family planning
2. Its highly recommended that a comprehensive facility based education programme with focus on factors influencing family planning utilization to correct misconceptions should be done
3. There should be continuous in-service training for family planning service providers for knowledge enhancement which will help in proper client evaluation prior to choice of family planning methods to reduce the incidence of side effects for continuing utilization
4. The study identified personal factors such as misconception, fear of side effects among others of which adequate and correct information is the key, therefore, intensive continuing awareness and mass education on family planning is highly needed with right information to the public



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