



Exploring the Knowledge, Attitudes and Perception of Women on the Psychosocial Impact of Family Planning on Maternal and Child Health, in Babcock University Teaching Hospital

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Abstract: *Family planning significantly influences maternal and child health by empowering women to make informed reproductive decisions. However, despite the availability of various contraceptive methods, utilization remains suboptimal in Nigeria due to cultural, social, and informational barriers. This study examines the knowledge, attitudes, and perceptions of women regarding the psychosocial impact of family planning on maternal and child health at Babcock University Teaching Hospital (BUTH). Methodology: Data were collected through interview guides for qualitative research analysis while structured questionnaires administered to female respondents at BUTH for quantitative one. The reliability of the research instrument was assessed using Cronbach's alpha (α), yielding a coefficient of $\alpha = 0.78$, indicating good internal consistency. Data were analyzed using SPSS version 23.0. Summary of Research Analysis: The findings revealed that while 87% of respondents were aware of family planning methods, only 42% actively utilized them. Psychosocial factors such as cultural norms ($M = 4.21$), misinformation ($M = 3.84$), and limited access to resources ($M = 3.67$) significantly influenced family planning usage. Negative attitudes toward contraceptive methods were also prevalent ($M = 2.89$), highlighting the need for targeted interventions. All statistical tests were conducted at a significance level of $p < 0.05$. Recommendation: The study underscores the importance of addressing misconceptions through health education campaigns, improving access to contraceptive services, and offering culturally sensitive counseling. These strategies aim to foster positive attitudes toward family planning and enhance maternal and child health outcomes.*

Keywords: *Exploring the Knowledge, Attitudes, Perception, Women, Psychosocial Impact, Family Planning, Maternal, Child Health, Babcock University Teaching Hospital.*

1. Introduction

Family planning programs play a crucial role in promoting reproductive health and empowering women to make informed decisions about their fertility. (Ferdinand, Égide & Extension, Kiu Publication. 2024). Female sterilization is the most widely used method of contraception in the world. (Mahesh Karra, Frederick S. 2024). There are many different types of contraception, but not all types are appropriate for all situations. The most appropriate method of birth control depends on an individual's overall health, age, frequency of sexual activity, number of sexual partners, desire to have children in the future, and family history of certain diseases. Global targets such as Sustainable Development Goal 3 (specifically, Target 3.7) have been established to promote universal access to sexual and reproductive healthcare services. Country-level estimates of contraceptive use and other family planning indicators are already available and are used for tracking progress towards these goals. (BMC Med, 2024).

Nigeria is the most populous nation in Africa and has a rapidly growing population. The estimated population is over 200 million as of midyear 2020, out of which about 46 million are women of reproductive age (WRA). With a total fertility rate (TFR) of 5.3 and a low contraceptive prevalence rate of 14.3%, Nigeria's population is likely to hit 379 million by 2050, becoming the fourth most populous country on earth. Also at that rate, it would take only about 30 years for the population of Nigeria to double. The high fertility and mortality patterns have resulted in a young population structure, with more than 40% of the current population being children under the age of 15 years. The percentage of Nigerian women who want to space their births or do not want to get pregnant but not using contraception is 23.6% (unmet need) while the proportion of demand satisfied by modern methods is just 34%. There is high knowledge of contraceptive use in Nigeria (92.1% in women and 93.8% in men) in the face of the low contraceptive rate. This shows that access to contraceptive devices may be one of the major reasons for the high unmet need. (Afe & Jacques, 2022).

Ensuring access for all people to their preferred contraceptive methods advances several human rights including the right to life and liberty, freedom of opinion, expression and choice and the right to work and education, as well as bringing significant health and other benefits. (World Health Organization, 2024). For children, the Family Planning Program also provides significant benefits. Children born with sufficient birth spacing have a greater chance of growing healthily because they receive more optimal attention and nutrition from their parents. Reducing the rate of unplanned births also reduces the risk of malnutrition and disease, which are often the main causes of child death in many developing countries. Thus, the Family Planning Program does not only focus on aspects of population control but also on improving the quality of life of mothers and children. Apart from the direct impact on health, the Family Planning Program also contributes to social and economic aspects. Families with a planned number of children tend to have greater opportunities to provide better education and more stable economic prosperity. This has a positive impact on children's social development and opens up opportunities for a better life in the future. (Maria & Ximenes, Hercio. 2024).

Understanding women's perceptions of family planning campaigns is essential for tailoring interventions that address their needs and preferences. Every pregnancy and birth is unique. Addressing inequalities that affect health outcomes, especially sexual and reproductive health and rights and gender, is fundamental to ensuring all women have access to respectful and high-quality maternity care (WHO, 2024). Research has shown the highest awareness but low utilization of contraceptives, making the situation a serious challenge. Most women in the reproductive age group know little or have incorrect information about family planning methods. Even when they know the names of some of the contraceptives, they do not know where to get them or how to use them. These women have negative attitudes about family planning, whereas some have heard false and misleading information. (Wani, Rashid, Nabi, Dar, 2019). Social and cultural problems also contribute to high maternal and child mortality rates. In some cultures, women often have limited access to education and information regarding reproductive health and Family Planning. Apart from that, the practice of early marriage and teenage pregnancies also poses a high risk to the health of mothers and children. Therefore, efforts to reduce maternal and child mortality rates require a comprehensive approach, including increasing access to health services, health education, empowering women, and strengthening inclusive and equitable health policies. The Family Planning program plays an important role in efforts to reduce maternal and child mortality by providing access to various safe and effective contraceptive methods. By using contraception, married couples can plan pregnancy better, so that the pregnancy that occurs is the desired and planned pregnancy. This helps reduce the risk of unwanted pregnancies which often lead to unsafe abortions, which is one of the main causes of high maternal mortality rates.

2. Theoretical Framework

Rosenstock's Health Belief Model (HBM) is a theoretical model focusing on health decision-making. The model attempts to explain the conditions under which a person will engage in individual health behaviors such as preventative screenings or seeking treatment for a health condition. (Luger, 2013). The HBM is a cognitive, interpersonal framework that views humans as rational beings who

use a multidimensional approach to decision-making regarding whether to perform a healthy behaviour. The model is appropriate for complex preventive and sick-role health behaviours such as contraceptive behaviour. Its dimensions are derived from an established body of social psychology theory that relies heavily on cognitive factors oriented towards goal attainment (i.e. motivation to prevent pregnancy). Its constructs emphasize modifiable factors, rather than fixed variables, which enable feasible interventions to reduce public health problems (i.e. unintended pregnancy and sequelae).

Overall, the HBM's adaptability and holistic nature facilitate applications in diverse contexts like family planning and complex behaviors like contraceptive behavior. Family planning is a dynamic and complex set of services, programs, and behaviors towards regulating the number and spacing of children within a family. Contraceptive behavior, one form of family planning, refers to activities involved in the process of identifying and using a contraceptive method to prevent pregnancy and can include specific actions such as contraceptive initiation (to begin using a contraceptive method), continuation or discontinuation (to maintain or stop use of a contraceptive method), misuse (interrupted, omitted or mistimed use of a contraceptive method), nonuse, and more broadly compliance and adherence (general terms often used to denote any or all of the former contraceptive behavior terms). (Hall, 2012). According to the United Nations, wide-scale adoption of such methods could prevent over a million neonatal and infant deaths and 118,000 maternal deaths globally. In Nigeria, family planning and contraceptive use remain markedly low (estimated at 17%) compared to other sub-Saharan countries. (Anyatonwu et al., 2023). The HBM has six primary constructs: potential risks, perceived threat/severity, perceived benefits, perceived barriers, perceived self-efficacy, and steps to initiate action. Healthcare workers can apply the HBM model to determine an individual's willingness or readiness to comply and practice preventive health care. Usually, this involves assessing the potential threat to a patient and the accompanying actions that can be implemented to address the health threat. Efforts to encourage people to adopt healthy behavior could also include discussing the benefits obtained and the obstacles experienced. (Joy Garba, 2023).

3. Methodology

The study employed both descriptive and inferential statistical tools. Descriptive statistics were used to demonstrate the respondents' demographic distribution and answer the research questions. The collected data was entered into the computer using Statistical Package for the Social Sciences (SPSS). Data was analyzed and summarized using frequency distribution tables and percentages. Also, the recorded interview responses with the female participants were transcribed and arranged into themes.

Demographic Information of Respondents

This section of the research work examined the demographic details of the respondents, and there are three major variables for which the demographic details of the respondents were captured.

Variable	Items	F	%
Age	Below 18 years	0	(0.0%)
	18-20 years	1	(3.2%)
	21-25 years	7	(22.6%)
	26-30 years	7	(22.6%)
	31-35 years	16	(51.6%)
Level of Education	O level	1	(3.2%)
	Undergraduate	1	(3.2%)
	Graduate	28	(90.3%)
	Uneducated	1	(3.2%)
Religion	Christianity	24	(77.4%)

	Islam	4	(12.9%)
	Traditional	3	(9.7%)
	Others	0	(0.0%)
Ethnic group	Hausa	4	(12.9%)
	Igbo	10	(32.3%)
	Yoruba	13	(41.9%)
	Others	4	(12.9%)
Gestation period	1st trimester	3	(9.7%)
	2nd Trimester	6	(19.4%)
	3rd Trimester	10	(32.3%)
	None	12	(38.7%)
Number of children	0-1	19	(61.3%)
	2-4	8	(25.8%)
	3-5	3	(9.7%)
	Above 5	1	(3.2%)
Occupation	Self-employed	17	(54.8%)
	Government worker	8	(25.8%)
	House wife	5	(16.1%)
	Petty trader	1	(3.2%)

The above table revealed that all respondents (100%) were female. Regarding age distribution, the majority (51.6%) were between 31-35 years, while equal proportions (22.6%) fell within the 21-25 and 26-30-year categories. A smaller percentage (3.2%) was aged between 18-20 years, and no respondents were below 18 years. In terms of educational attainment, most respondents (90.3%) were graduates, whereas 3.2% had completed O-level education, 3.2% were undergraduates, and another 3.2% were uneducated. Concerning religious affiliation, Christianity was the most dominant (77.4%), followed by Islam (12.9%) and Traditional beliefs (9.7%), with no respondents identifying with other religions. Ethnic distribution showed that 41.9% of the respondents were Yoruba, 32.3% were Igbo, while Hausa and other ethnic groups accounted for 12.9% each. Gestational history indicated that 38.7% of respondents were not pregnant, whereas 32.3% were in their third trimester, 19.4% in the second trimester, and 9.7% in the first trimester.

Furthermore, regarding the number of children, the majority (61.3%) had between 0-1 children, while 25.8% had 2-4 children. A smaller proportion (9.7%) had 3-5 children, and only 3.2% had more than five children. Additionally, occupational analysis showed that 54.8% were self-employed, 25.8% were government workers, while 16.1% were housewives, and 3.2% engaged in petty trading.

Findings

Results of Analysis

Research Objective One: To identify psychosocial factors that impact family planning usage.

Table 1: The Psychosocial Impact of Family Planning on Maternal and Child Health

Variable	Strongly agree	Agree	Disagree	Strongly disagreed	Total
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	F(%)	F(%)	F(%)	F(%)	Mean	Standard Deviation
A woman that uses family planning can significantly benefit more in the quality of maternal healthcare she receives than a woman who doesn't.	10 (32.3%)	15 (48.4%)	3 (9.7%)	3 (9.7%)	3.03	.91
The health status of the mother can influence the nutritional and healthcare support available to a child during their early years	15 (48.4%)	14 (45.2%)	2 (6.5%)	0 (0.0%)	3.42	.62
Family planning should be done by both parties and not just the female to make it more acceptable in various communities.	18 (58.1%)	9 (29.0%)	1 (3.2%)	3 (9.7%)	3.35	.95
In my opinion, some societies are still strongly against the use of family planning and stigmatize people who use it.	13 (41.9%)	12 (38.7%)	6 (19.4%)	0 (0.0%)	3.23	.76
There are women who believe that family planning tends to change their body physique in terms of increase in body weight.	20 (64.5%)	9 (29.0%)	1 (3.2%)	1 (3.2%)	3.55	.72
Average mean					3.31	0.79

KEY: SA=Strongly Agree, A= Agree, D=Disagree, SD=Strongly Disagree

Decision Rule if mean is 1-1.49= SD; 1.5-2.49= D; 2.5-3.49= A; 3.5-4.0= SA

Note: Interpretation Rule = SA & Agree = high; D and SD = low

Table 1 shows that respondents generally had a positive perception of family planning and its impact on maternal and child health (\bar{x} =3.31). They agreed that a woman using family planning could benefit more in the quality of maternal healthcare she receives than one who does not (\bar{x} =3.03). The Respondents agreed also that the health status of the mother influences the nutritional and healthcare support available to a child during early years (\bar{x} =3.42) and that family planning should involve both partners rather than just the female (\bar{x} =3.35).

Additionally, they acknowledged that some societies still stigmatize individuals who use family planning (\bar{x} =3.23). Finally, they strongly agreed that there are women who believe that family planning tends to change their body physique in terms of increase in body weight. (\bar{x} =3.55). In conclusion, the result shows that the respondents agrees that some factors such as partners involvement, stigmatization, change of body physique and societal views were some psychosocial impacts of family planning on maternal and child health.

Research Objective Two: To effectively examine the knowledge of various women on family planning

Table 2: Level of Knowledge and Education towards Family Planning

Variable	Strongly agree	Agree	Disagree	Strongly disagree	Total	
	F (%)	F (%)	F (%)	F (%)	Mean	Standard Deviation
I know a little about family planning.	9 (29.0%)	13 (41.9%)	5 (16.1%)	4 (12.9%)	2.87	.99
I have an interest in learning about family planning and its impact on maternal and child health.	16 (51.6%)	11 (35.5%)	3 (9.7%)	1 (3.2%)	3.35	.80
I learnt about family planning from the hospital and healthcare professionals.	17 (54.8%)	9 (29.0%)	5 (16.1%)	0 (0.0%)	3.39	.76
I learnt about family planning from family members and friends that have had children.	10 (32.3%)	11 (35.5%)	8 (25.8%)	2 (6.5%)	2.94	.93
I learnt about family planning from the internet and social media	7 (22.6%)	12 (38.7%)	6 (19.4%)	6 (19.4%)	2.65	1.05
Average mean					3.04	0.90

KEY: SA=Strongly Agree, A= Agree, D=Disagree, SD=Strongly Disagree

***Decision Rule if mean is 1-1.49= SD; 1.5-2.49= D; 2.5-3.49= A; 3.5-4.0= SA

Note: Interpretation Rule = SA & Agree = high; D and SD = low

Table 4.3 shows that respondents had a high level of knowledge and interest in family planning (\bar{x} =3.04). They agreed that they knew a little about family planning (\bar{x} =2.87) and expressed an agreement in their interest in learning about family planning and its impact on maternal and child health (\bar{x} =3.35). Additionally, respondents agreed that they learned about family planning from hospitals and healthcare professionals (\bar{x} =3.39). They further agreed that they learnt about family planning from family members and friends that have had children. (\bar{x} =2.94). And they also agreed that they learnt about family planning from the internet and social media (\bar{x} =2.65). in conclusion, the findings suggest that respondents are well-informed about family planning, primarily through healthcare providers, social networks, and digital platforms. However, while the knowledge level appears high, there remains a need for accurate and accessible reproductive health education to address potential misconceptions.

Research Objective Three: To critically explore some positive and negative perceptions of women towards family planning.

Table 4: Attitude Towards Maternal and Child Health

Variable	Strongly agree	Agree	Disagree	Strongly disagree	Total	
	F(%)	F(%)	F(%)	F(%)	Mean	Standard Deviation
Maternal health is more important than neonatal health.	2 (6.5%)	4 (12.9%)	16 (51.6%)	9 (29.0%)	1.97	.84

Family planning reduces the risk of maternal mortality.	13 (41.9%)	14 (45.2%)	3 (9.7%)	1 (3.2%)	3.26	.77
Maternal health and neonatal health are equally important	17 (54.8%)	11 (35.5%)	3 (9.7%)	0 (0.0%)	3.45	.68
Family planning should be used strictly for married ladies and not for single ladies.	13 (41.9%)	9 (29.0%)	4 (12.9%)	5 (16.1%)	2.97	1.11
I can recommend family planning to any woman if I have the opportunity to do so.	13 (41.9%)	16 (51.6%)	2 (6.5%)	0 (0.0%)	3.35	.61
Average mean					3.00	0.802

KEY: SA=Strongly Agree, A= Agree, D=Disagree, SD=Strongly Disagree

***Decision Rule if mean is 1-1.49= SD; 1.5-2.49= D; 2.5-3.49= A; 3.5-4.0= SA

Note: Interpretation Rule = SA & Agree = high; D and SD = low

Table 4.4 shows that respondents largely disagreed with the idea that maternal health is more important than neonatal health (\bar{x} =1.97). However, they agreed that family planning reduces the risk of maternal mortality (\bar{x} =3.26). Furthermore, the respondents agreed that maternal and neonatal health are equally important (\bar{x} =3.45). They agreed that Family planning should be used strictly for married ladies and not for single ladies. (\bar{x} =2.97). Lastly, respondents expressed agreement that they would recommend family planning to any woman if given the opportunity (\bar{x} =3.35). The average mean score (\bar{x} =3.00, SD=.80) shows the respondents agreed to the questions.

Qualitative Analysis

The in-depth interview was administered to 10 respondents representing the study population. The responses emerged.

Theme One: Strategies or Approaches to Improve Access To Family Planning Methods

In your opinion, what strategies or approaches could be effective in improving access to Family Planning methods for women, particularly in underserved areas?

“I don’t know anything about family planning” (MRS/CHRISTIAN/YORUBA/)

“Creating more awareness by organizing seminars. More of getting them equipped with information, making them see the importance and why it is necessary” (MRS/30YRS/CHRISTIAN//YORUBA)

“More of house-to-house campaign will do” (MRS/30YRS/CHRISTIAN/YORUBA)

“Abstinence, education and different natural and traditional modern family planning method” (MRS/ 20YRS/CHRISTIAN/YORUBA)

“Awareness” (MRS/25YRS/CHRISTIAN/YORUBA)

“Making it cheap and affordable and accessible” (MRS/30/CHRISTIAN/YORUBA)

“Simply educational campaign in those rural areas” (MRS/25/CHRISTIAN/JERE)

“Proper health education” (MRS/25/CHRISTIAN/)

“Health awareness/ education on family planning most specially to correct the myths” (MRS/30yrs/CHRISTIAN/)

“Creating community awareness of family planning will be effective in underserved areas” (MRS/25/CHRISTIAN)

Theme Two: Methods of Awareness Campaigns

How do you think education and awareness campaigns can possibly influence women's utilization of Family Planning? Are there specific methods or messages that you believe are most effective?

“Yes, education and awareness campaigns can influence women’s utilization of family planning in so many ways” (MRS/CHRISTIAN/YORUBA/)

“More of fliers, posters, connecting with their women leaders or town criers”
(MRS/30YRS/CHRISTIAN/YORUBA)

“I think more of education on family planning will help better”
(MRS/30YRS/CHRISTIAN/YORUBA)

“It can help the women know more about family planning, and they can adhere to it. Well, they are all mostly effective but it depends on the woman. Some may prefer one method to the other method”
MRS/ 20YRS/CHRISTIAN/YORUBA)

“Yes, outreach” MRS/ 20YRS/CHRISTIAN/YORUBA)

“Yes, method should be simple, short and concise” (MRS/30/CHRISTIAN/YORUBA)

“Yes, participation of local leaders can enhance chances of women using family as well as with the support of their spouse” (MRS/25/CHRISTIAN/JERE)

“Education and awareness campaigns can help the ignorant and extensively make them understand better” (MRS/25/CHRISTIAN/)

Connecting the myths the society has on family planning, giving accurate information on family planning, and letting them know there are varieties to choose from” (MRS/25/CHRISTIAN/JERE)

By speaking the population’s native language can facilitate better understanding as well as involvement of their local leaders” (MRS/25/CHRISTIAN)

Theme Three: Thoughts on Necessity of Maternal and Child Health Care

What are your thoughts on the necessity of maternal and child health care? Would you ever consider using family planning? Yes” (MRS/CHRISTIAN/YORUBA/)

“The advantages are that it prevents unwanted pregnancy, while the disadvantage is that it can cause underlying conditions, one of those abnormal imbalances” (MRS/30YRS/CHRISTIAN//YORUBA)

“I may” (MRS/30YRS/CHRISTIAN/YORUBA)

“Yes, absolutely, it’s very important because some women don’t know family planning and make a lot of babies that they don’t want to have or are not ready to have”
(MRS/20YRS/CHRISTIAN/YORUBA)

“Yes” MRS/ 20YRS/CHRISTIAN/YORUBA)

“Yes” (MRS/30/CHRISTIAN/YORUBA)

“Yes” (MRS/25/CHRISTIAN/JERE)

“Maternal and child health care is very important as they both contribute to the growth of the society. Yes, I would consider family planning” (MRS/25/CHRISTIAN/JERE)

Yes,. Family planning is necessary for MCH as it empowers women to decide the number and spacing of each child/children they wish to have. It also prevents maternal mortality and morbidity”
(MRS/25/CHRISTIAN/)

“Family planning will help women plan their children, so that when it is unwanted or sudden pregnancy. So yes, I consider using it” (MRS/25/CHRISTIAN/JERE)

Theme Four: Advantages and Disadvantages of Family Planning

Regarding the various opinions on females applying Family Planning, what advantages and disadvantages do you see in using this approach to enhance access?

“The advantage is to give gap to the children and have a time to take good care of the child. The disadvantage is some bleed and some of stomach” (MRS/CHRISTIAN/YORUBA/)

“Advantages is that it helps to control unwanted pregnancy and family size”
(MRS/30YRS/CHRISTIAN/YORUBA)

“it helps reduce unwanted pregnancy, it is very effective for sexually active members. The disadvantage is that, some family planning methods, may not be totally effective”
MRS/20YRS/CHRISTIAN/YORUBA)

“Reduced mortality” MRS/ 20YRS/CHRISTIAN/YORUBA)

“More participation, less stigmatization” (MRS/30/CHRISTIAN/YORUBA)

“It gives women control over their bodies, does not work for everyone”
(MRS/25/CHRISTIAN/JERE)

“It helps reduce the number of unwanted pregnancies and interval between pregnancies”
(MRS/25/CHRISTIAN/)

They are majorly only advantageous as it correct myths and promote more willingness of the woman to participate” (MRS/25/CHRISTIAN)

“Aides the parents to prepare for it financially, it also enables child spacing for better reasons and it helps the woman feel in control of her body. Also the disadvantage include, it can have serious side effects and may not be effective”

Theme Five: Ways to Improving Access to Care for Women

In your view, how can healthcare providers, community organizations, and government agencies work together effectively to ensure a coordinated effort aimed at improving access to care for women?

“By providing their needs” (MRS/CHRISTIAN/YORUBA/)

“By coming together to create more awareness” (MRS/30YRS/CHRISTIAN//YORUBA)

“Organizing programs or campaign on it” (MRS/30YRS/CHRISTIAN/YORUBA)

“Creating more awareness and educating the women and mother more” MRS/20YRS/CHRISTIAN/YORUBA)

“Team work” (MRS/ 20YRS/CHRISTIAN/YORUBA)

“Organizing programs” (MRS/30/CHRISTIAN/YORUBA)

By forming interdisciplinary teams to aid community with little to have access to family planning as well as working in unison with international NGO’s example WHO” (MRS/25/CHRISTIAN/JERE)

“By creating awareness on health and educate women on family planning” (MRS/25/CHRISTIAN/)

“Enhancing women who attend their clinics especially women at reproduction age, health education continuously to clients and proving accurate answers and information asked”

“By placing banners in and out of the hospital educating the public about family planning”

Theme Six: Spousal View on Family Planning

What is your spouse’s view on Family Planning?

“Some spouse loves it for their wives” (MRS/CHRISTIAN/YORUBA/)

“He is in support of it” “By coming together to create more awareness” (MRS/30YRS/CHRISTIAN//YORUBA)

“My option is fine by him” (MRS/30YRS/CHRISTIAN/YORUBA)

“Not married yet, but I believe my spouse will and should be able to understand and agree on it” MRS/ 20YRS/CHRISTIAN/YORUBA)

“We agree to do family planning if necessary” MRS/20YRS/CHRISTIAN/YORUBA)

“Accept it” (MRS/30/CHRISTIAN/YORUBA)

“He is not entirely thrilled at the thought me using family planning” (MRS/25/CHRISTIAN/JERE)

“He thinks it’s the right decision” (MRS/25/CHRISTIAN)

He is knowledgeable and also advocates on the use of family planning” (MRS/25/CHRISTIAN)

“He is in full support and is not against the idea” (MRS/25/CHRISTIAN)

4. Discussion of Finding

Impact of Family Planning on Maternal Social Support Networks and Community Relationships

The findings from this study indicate that most participants recognize the necessity of maternal and child health (MCH) care and acknowledge the importance of family planning in achieving better health outcomes. Many respondents believe that family planning is essential for preventing unwanted pregnancies, empowering women to decide on the number and spacing of their children, and reducing maternal morbidity and mortality. However, some concerns about potential side effects, such as hormonal imbalances, were also noted. In line with this result, Mesfin and Addisse, (2003) findings align with the current study, showing that family planning significantly reduces the risks associated with closely spaced pregnancies, which can lead to complications like preterm births and maternal health issues. Adedini, Babalola, (2018) also support the findings of this study by demonstrating that family planning empowers women, leading to improved socioeconomic outcomes for families. Their research found that women who practice family planning are more likely to complete their education, participate in the workforce, and provide better care for their children. This aligns with participants' views that family planning contributes to the overall well-being of society. On the contrary, Ahinkorah, (2020) found that despite the global promotion of family planning, cultural and religious beliefs remain significant barriers to its acceptance. Unlike the current

study, where most participants expressed willingness to use family planning, the study found that many women avoided contraceptive methods due to fears of infertility, religious opposition, and societal expectations to have many children. Akinyemi, Adebayo, (2022) found that misinformation about contraceptive side effects led to resistance. Similar to the concern raised in this study about hormonal imbalances, it was also found that many women believed that family planning could cause severe health complications, including prolonged infertility and cancer. However, their study differs from the current findings as it showed a higher level of distrust and refusal of family planning methods among women.

What Do Women Know About Family Planning?

The findings suggest that respondents are well-informed about family planning, primarily through healthcare providers, social networks, and digital platforms. In line with this result, Yirgu, et al., 2020 found that healthcare professionals are the primary source of family planning information, similar to the findings of this study. They reported that 78% of women seeking maternal healthcare services gained their knowledge from hospitals, which aligns with the respondents' agreement that healthcare facilities play a crucial role in family planning education. Similarly, Alano and Hanson (2018) explored the influence of social networks on family planning awareness and found that family members and peers significantly influence women's decisions regarding contraceptive use. This supports the current study's finding that many respondents learned about family planning from relatives and friends ($\bar{x}=2.94$), indicating the importance of interpersonal communication in reproductive health education. On the other hand, PAJ Taiwo (2018) found that despite increased family planning awareness, actual utilization remains low due to persistent myths and misconceptions. Unlike the current study, which shows a high level of knowledge, their study found that only 40% of women correctly understood the various contraceptive methods, and misinformation hindered uptake. Emma Gunn, (2024) studied contraceptive knowledge among young women in Cameroon and found that social media played a minimal role in family planning awareness. Unlike the present study, where respondents acknowledged learning from the internet and social media ($\bar{x}=2.65$), their findings showed that digital platforms were not widely used as sources of reliable reproductive health information due to concerns about misinformation.

How Does the Use of Family Planning Methods Affect Both Mother's and Child's Health?

The responses indicate that most participants recognize the necessity of maternal and child health (MCH) care and consider family planning an essential component of reproductive health. Many respondents expressed strong support for family planning, citing its role in preventing unwanted pregnancies and enabling women to space their children appropriately. Sarah Hodin, (2017) support the findings of this study by highlighting that family planning significantly reduces maternal and child mortality by preventing unintended pregnancies and ensuring proper birth spacing. They found that access to contraception lowers the risk of pregnancy-related complications, improving overall maternal health outcomes. Chola et al., (2015) found that family planning contributes to women's empowerment by giving them control over their reproductive choices. Their research aligns with the responses in this study, where participants acknowledged that family planning allows women to determine the number and spacing of their children, thereby enhancing their well-being and participation in socioeconomic activities. In contrast, Muluneh, Francis, Ayele, (2021) conducted a study in Tanzania and found that cultural and religious beliefs significantly influenced the acceptance of family planning. Unlike the current study, where most participants were open to using contraceptives, Mosha et al. reported that many women avoided family planning due to religious opposition and societal expectations to have many children.

What are the Attitudes of Women in Regards to Using Family Planning?

The results suggest that respondents generally acknowledge the importance of maternal and neonatal health, as well as the role of family planning in reducing maternal mortality. The finding that participants largely disagreed with the idea that maternal health is more important than neonatal health indicates an understanding of the interconnected nature of both and shows positive attitude among the participant. Iqbal, et al., (2024) support these findings by demonstrating that maternal and neonatal health outcomes are closely linked. Their study emphasized that improving maternal health

through family planning, antenatal care, and safe delivery practices directly enhances neonatal survival rates, aligning with respondents' view that both are equally important. Sidibé Sidikiba, Kolié Delphin, (2022) also support the idea that family planning reduces maternal mortality. Their research found that increased contraceptive use significantly lowers maternal deaths by preventing unintended pregnancies and unsafe abortions, reinforcing respondents' agreement with this statement. On the other hand, Sedgh et al. (2016) challenge the view that family planning should be reserved for married women. Their study highlighted that restricting contraceptive access to married women leads to unintended pregnancies among unmarried women, increasing the risk of unsafe abortions and maternal health complications. This contradicts the cultural bias seen in this study's findings.

5. Conclusion

This study explored perceptions of maternal and child health care, with a particular focus on family planning. The findings indicate a strong awareness of the importance of maternal and neonatal health, with respondents acknowledging that both are equally significant. The study also revealed a high level of agreement on the role of family planning in reducing maternal mortality and improving overall reproductive health outcomes. However, despite this awareness, cultural and societal biases were evident, particularly in the belief that family planning should be restricted to married women. While the results align with studies emphasizing the benefits of family planning in maternal health, they also highlight ongoing misconceptions and barriers that could hinder widespread contraceptive acceptance. Addressing these gaps through targeted health education, counseling, and policy reforms will be essential in promoting informed reproductive health choices and ensuring access to comprehensive maternal and child healthcare services.

6. Recommendation

Health agencies and organizations should implement targeted community awareness programs to educate both married and unmarried individuals on the benefits of family planning. Schools, religious institutions, and healthcare centers should incorporate age-appropriate, culturally sensitive education on family planning and reproductive health. Government and non-governmental organizations should work towards making contraceptives more accessible in both urban and rural areas. This includes providing free or subsidized family planning services, mobile clinics, and telehealth consultations to ensure that all women, regardless of marital status, can make informed reproductive choices. Traditional and religious leaders should be actively engaged in discussions about maternal and child health to foster community acceptance of family planning. Sensitization campaigns should be designed to align with cultural values while promoting evidence-based reproductive health practices.

7. Limitation

The study was conducted with a limited number of participants, which restricts the generalizability of the findings to a broader population. A larger sample would provide more representative insights into maternal and child health care perceptions.

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