THE AWARENESS AND UTILIZATION OF FAMILY PLANNING SERVICES AMONG WOMEN IN ILISHAN-REMO, OGUN STATE

Omozusi Mercy Omosefe PhD
Department of Social Work, Babcock University, Ilisan Remo, Ogun State, Nigeria.
obasohanm@babcock.edu.ng

Alade Theresa Yomi
Department of Social Work, Babcock University, Ilisan Remo, Ogun State, Nigeria.

Abstract

Family planning is a vital public health strategy for improving maternal and child health, yet its effective use remains limited in many developing countries, including Nigeria This study assessed the awareness, and utilization of family planning services among women attending Babcock University Teaching Hospital (BUTH), Ilishan-Remo, Ogun State. It also explored socio-cultural factors influencing service uptake. A qualitative research design was employed, involving 15 women of reproductive age (18–49 years) selected through purposive sampling. Data were collected via in-depth, face-to-face interviews using a semi-structured guide. The interviews were audio-recorded, transcribed, and analyzed using thematic content analysis to identify key patterns related to awareness, utilization, and socio-cultural influences. Findings showed that participants had a high level of awareness of family planning methods, largely due to education and hospital-based health information. However, concerns about side effects, including menstrual irregularities and weight changes, remained prevalent. Despite this awareness, actual utilization of family planning services was low, highlighting a significant awareness–utilization gap. Key factors influencing uptake included fear of side effects, limited knowledge of service access points, spousal influence, and socio-cultural beliefs. The study concludes that increased awareness alone is insufficient to ensure utilization. It recommends targeted interventions such as personalized counseling, improved service accessibility, and greater male partner involvement to enhance family planning uptake and reproductive health outcomes.

Keywords: Family Planning, Awareness, Utilization, Reproductive Health.

I. Introduction

Family planning is widely acknowledged as a cost-effective strategy for improving maternal and child health, preventing unintended pregnancies, and promoting sustainable population growth. Globally, it is regarded as a fundamental human right, with contraceptive use estimated to prevent about 266,000 maternal deaths—representing a 44% reduction worldwide (WHO, 2022). Despite this importance, significant gaps persist between awareness and actual utilization of family planning services, particularly in developing regions.

In developed countries such as the United States, United Kingdom, and Canada, awareness of contraceptive methods is generally high due to structured health systems and accessible services. However, utilization remains uneven, influenced by socio-economic factors, cultural beliefs, and concerns about side effects (Daniels & Abma, 2020). Similarly, in many Asian countries, socio-cultural norms, early marriage, and limited reproductive autonomy contribute to disparities between knowledge and use (Choi et al., 2020).

Globally, over 270 million women who wish to avoid pregnancy are not using modern contraceptives, with unmet needs particularly high in low- and middle-income countries due to barriers such as limited access, misconceptions, and weak health systems. These gaps contribute to high maternal mortality, unsafe abortions, and hinder progress toward Sustainable Development Goals related to health and gender equality (Alidou et al., 2023).

In sub-Saharan Africa, contraceptive use remains low (about 22%), with high unmet

need (around 24%), driven by socio-cultural norms, religious beliefs, fear of side effects, and weak health systems (Ameyaw et al., 2022). Nigeria reflects this trend, with high awareness (about 85%) but low utilization (12%), indicating a significant awareness–utilization gap. Factors such as misinformation, cultural and religious opposition, gender inequality, and male dominance in decision-making further limit uptake (Alo et al., 2020).

Additional barriers include inadequate knowledge of long-acting contraceptive methods, poor health service delivery, stockouts, and insufficient counseling (Anyatonwu, 2022). Although policies like Nigeria's Family Planning Blueprint aim to improve access and uptake, challenges such as funding gaps, uneven service distribution, and socio-cultural resistance persist (Akinyemi et al., 2019).

Social workers play a key role in addressing these barriers through education, counseling, advocacy, and community engagement, helping to dispel myths and improve informed decision-making (Svanemyr et al., 2019). Nonetheless, strong cultural norms, male opposition, and misconceptions continue to hinder effective utilization, especially in regions like Ogun State.

Overall, the persistent gap between awareness and utilization of family planning services is shaped by a complex interplay of socio-cultural, economic, and health system factors. This gap has serious implications, including unintended pregnancies, maternal health risks, and slowed socio-economic development, highlighting the need for targeted interventions to improve both perception and uptake of family planning services.

Objectives of the Study

The main objective of this study is to assess the awareness, perception, and utilization of family planning services among women in Babcock University Teaching Hospital, Ilishan, Ogun State.

Specific Objectives of the study are to:

Determine the level of awareness of family planning services among women attending BUTH.

Examine the extent of utilization of family planning services among women at BUTH.

Identify socio- cultural factors influencing the utilization of family planning services.

Research Questions

What is the level of awareness of family planning services among women attending BUTH ?
What is the extent of utilization of family planning services among women at BUTH ?
What are the socio- cultural factors influencing the utilization of family planning services ?

II. Literature Review

Family planning refers to the process by which individuals or couples decide the number and spacing of their children, based on informed choice and mutual consent. It encompasses various strategies, including delaying or preventing pregnancy, infertility treatment, adoption, and abortion, all aimed at improving maternal and child health and overall family welfare (Ama & Olaomi, 2021). Access to accurate information and voluntary use of contraceptive methods enables couples to achieve their reproductive goals, enhances birth spacing, and contributes to national development.

Historically, family planning methods have evolved from traditional practices such as withdrawal and condoms to modern methods like diaphragms, oral contraceptive pills, intrauterine devices (IUDs), implants, and injectables (Anderson & Johnston, 2023). The introduction of the oral contraceptive pill in the 1960s marked a major turning point, allowing women greater control over reproduction and separating sexuality from childbearing, although it also generated social, cultural, and religious controversies (Ezeanosike & Uneke, 2020). Over time, advancements have expanded contraceptive options, improving accessibility and effectiveness.

Despite these advancements, unintended pregnancy remains a major challenge, particularly in Nigeria, where a high proportion of teenage pregnancies are unwanted and unsafe abortion contributes significantly to maternal morbidity and mortality (Anyatonwu &

San, 2022). Family planning is therefore critical in reducing these outcomes and promoting women's autonomy, gender equality, and reproductive rights (Andrew, 2023).

The use of family planning in Nigeria varies widely due to supply and demand factors such as limited access to quality services, cost, cultural beliefs, low education, and gender inequality (Armah-Ansah, 2024). Common methods include oral contraceptive pills (OCPs), IUDs, and condoms, each with specific challenges. OCP use is limited by misinformation, fear of infertility, inconsistent supply, and lack of male involvement. IUD utilization, though popular among older women, is affected by side effects, misconceptions, lack of trained providers, and spousal disapproval (Mekonnen & Wubneh, 2023). Condoms are widely known and used due to HIV prevention campaigns, but inconsistent use and social stigma reduce their effectiveness (Tsegaw et al., 2022).

Overall, while family planning methods are diverse and increasingly accessible, their effective utilization in Nigeria is hindered by socio-cultural, economic, and health system barriers. Addressing misinformation, improving service delivery, and promoting inclusive education and male involvement are essential for enhancing uptake and reducing unintended pregnancies.

Hormonal contraceptive methods such as injections and implants remain underutilized in Nigeria, largely due to misinformation and fear of side effects (Mulat et al., 2022). However, evidence shows they are effective and acceptable; for instance, depot-medroxyprogesterone acetate (DMPA) demonstrated low discontinuation rates (11%) due to side effects, indicating its suitability for many women (Hu et al., 2012). Subdermal implants like Norplant also provide long-term, safe contraception, with high effectiveness reported across different regions, although challenges such as poor follow-up, lack of trained personnel, cost of removal, and rural inaccessibility limit optimal use (Meselu et al., 2022). Cultural misconceptions and limited service availability further hinder uptake, especially in northern Nigeria.

Female sterilization (tubal ligation) is globally common but remains unpopular in Nigeria due to cultural, religious, and economic barriers, as well as fear of surgical complications and limited access to skilled providers (Wekere et al., 2023). Although effective and safe, its acceptance is influenced by social expectations, spousal pressure, and concerns about irreversibility, highlighting the need for proper counseling and integration into maternal healthcare services (Anderson & Johnston, 2023).

Male sterilization (vasectomy) is even less common in Nigeria, despite being safe and simple. Its low uptake is largely due to misconceptions about masculinity, fears of reduced sexual performance, and cultural beliefs linking fertility to male identity (Iliyasu & Yusuf, 2022). Limited availability of services and lack of awareness further contribute to its minimal acceptance.

Natural family planning methods, including the rhythm method, basal body temperature, and cervical mucus observation, rely on understanding fertility cycles and are preferred by individuals avoiding artificial contraception. While cost-effective and free from side effects, they require accuracy and discipline, and their effectiveness is generally lower compared to modern methods (Anderson & Johnston, 2023).

Emergency contraception provides a critical backup option to prevent pregnancy after unprotected intercourse, particularly within 72 hours, using pills or copper IUDs (Chipako et al., 2024). Despite its effectiveness, its use is limited by poor awareness, misconceptions, and stigma.

The lactational amenorrhea method (LAM) offers temporary postpartum contraception through exclusive breastfeeding and can be up to 98% effective under specific conditions, though its effectiveness declines once these conditions change (Ajayi & Adeniyi, 2022).

The withdrawal method, though widely practiced due to its simplicity and cost-free nature, is less reliable because it depends heavily on male control and may still allow sperm transmission through pre-ejaculatory fluid (Ogunjuyigbe et al., 2020).

Overall, while a wide range of family planning methods exists, their utilization in Nigeria is constrained by misinformation, socio-cultural beliefs, limited access to services, and inadequate education, emphasizing the need for improved awareness, counseling, and healthcare delivery systems.

Awareness of family planning services refers to the extent to which individuals understand available contraceptive methods, access points, and reproductive health services. It is a critical first step toward shaping positive perceptions and promoting utilization, as informed decision-making depends on adequate knowledge (Ama & Olaomi, 2021). However, awareness levels vary globally and across sub-Saharan Africa due to differences in education, health system coverage, and information dissemination strategies.

Globally, increased awareness has been linked to higher contraceptive uptake and reduced unintended pregnancies, with international agencies emphasizing awareness campaigns as essential for achieving universal reproductive health access (WHO, 2022). Despite this, gaps persist, particularly among less educated and marginalized populations. In sub-Saharan Africa, awareness has improved but remains uneven, with rural and peri-urban areas often having limited exposure to accurate information due to weak health communication systems and inadequate outreach.

In Nigeria, awareness of family planning is generally high, especially in urban areas, where many women know at least one modern contraceptive method (Alano & Hanson, 2018). However, this knowledge is often superficial, with limited understanding of method use, effectiveness, and service availability. Health facilities serve as primary sources of information, particularly through antenatal and postnatal services, but reliance on facility-based dissemination excludes women who rarely access healthcare services (Adebayo et al., 2021).

Furthermore, awareness is often constrained by misinformation and partial knowledge. Many women are familiar with short-term methods like pills an d condoms but lack awareness of long-acting methods such as implants and intrauterine devices, limiting informed choice and effective utilization (Ogunjuyigbe et al., 2020). Informal sources such as peers and family also play a significant role in information dissemination, often spreading inaccurate or exaggerated claims that reinforce negative perceptions (Armah-Ansah et al., 2024).

Socio-demographic factors such as education, income, and residence significantly influence awareness levels, with more educated women having better access to accurate reproductive health information (Blackstone et al., 2019). Media exposure also plays a crucial role, as women exposed to radio, television, and digital campaigns tend to have higher awareness of family planning services (Akinyemi et al., 2021).

Overall, although awareness of family planning services in Nigeria has improved, significant gaps remain in the depth, accuracy, and reach of information. Addressing these gaps through culturally sensitive, comprehensive, and sustained awareness initiatives is essential for improving perception and increasing the utilization of family planning services (WHO, 2022).

Utilization of family planning services refers to the actual adoption and continued use of contraceptive methods, as well as access to reproductive health services such as counseling and follow-up care. It represents the practical outcome of awareness and perception and is influenced by individual, socio-cultural, and health system factors (Cleland et al., 2019). Globally, contraceptive use has increased and contributed to reductions in maternal mortality, unintended pregnancies, and unsafe abortions, although disparities persist between high-income and low- and middle-income countries due to differences in access, education, and health system capacity (United Nations, 2022).

In sub-Saharan Africa, utilization remains low despite increasing awareness, largely due to weak health systems, limited access to contraceptives, negative perceptions, and socio-cultural resistance (Bongaarts & Hardee, 2019). Nigeria reflects this trend, with a notable gap between high awareness and low usage. Barriers such as fear of side effects,

spousal disapproval, religious beliefs, and limited female autonomy significantly hinder uptake.

Health system factors play a crucial role in influencing utilization. Availability of trained personnel, consistent supply of contraceptives, quality counseling, privacy, and client-friendly services encourage use, while poor service delivery discourages it (WHO, 2022). Socio-demographic factors such as education, income, age, and parity also affect utilization, with educated and economically empowered women more likely to use modern contraceptives (Akinyemi et al., 2021). Additionally, spousal communication and partner support strongly influence use, as women who discuss family planning with their partners are more likely to adopt contraceptives (Ijadunola et al., 2020).

Cultural and religious norms further shape utilization patterns, especially in communities that value large family sizes or view contraception negatively. Personal experiences with contraceptive methods also matter, as negative side effects or poor counseling can lead to discontinuation, while positive experiences promote continued use (Sedgh et al., 2020).

Family planning offers significant health, social, and economic benefits. It reduces maternal mortality, prevents high-risk and closely spaced pregnancies, and lowers the incidence of unsafe abortions (Saya et al., 2024). It also improves women's autonomy, educational and economic opportunities, and enhances child health through better spacing and care. At a broader level, smaller family sizes contribute to economic stability and national development (Adegoke & Adegoke, 2022).

However, utilization is constrained by multiple challenges, including lack of comprehensive sexuality education, socio-cultural norms, gender inequality, and limited parental communication (Ijadunola et al., 2020). Inadequate sexuality education, often focused only on biological aspects, fails to equip individuals with decision-making skills needed for effective contraceptive use (Bongaarts & Hardee, 2019). Patriarchal structures and male dominance in reproductive decisions further limit women's ability to use family planning services (Akinyemi et al., 2021).

Overall, the utilization of family planning services is shaped by a complex interplay of awareness, socio-cultural influences, education, and health system factors. Addressing these barriers through improved service delivery, comprehensive sexuality education, and increased male involvement is essential for enhancing uptake and achieving better reproductive health outcomes.

III. Theoretical Framework

The Health Belief Model (HBM), developed by Godfrey Hochbaum, Irwin Rosenstock, and Stephen Kegels in the 1950s, explains health behaviour as a function of individuals' beliefs about health risks and the value of actions to reduce those risks. It assumes that people are rational decision-makers whose readiness to act depends on perceived threats and expected benefits (Rosenstock et al., 1988).

The model is built on key constructs: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers, which together determine the likelihood of engaging in health behaviours. Perceived susceptibility refers to an individual's assessment of their risk of illness, while perceived severity concerns beliefs about the seriousness of the condition and its consequences. When combined, these form the perceived threat, which strongly influences behaviour. Evidence shows that higher perceived susceptibility is associated with increased adoption of preventive behaviours (Zewdie et al., 2024).

Perceived benefits describe beliefs about the effectiveness of a health action, and individuals are more likely to act when they believe the benefits outweigh the risks. Studies indicate that perceived benefits are strong predictors of behaviour change (Chipako et al., 2024). In contrast, perceived barriers such as cost, fear, or limited access can prevent action even when risks are acknowledged (Adebajo et al., 2023).

The model also includes cues to action, which are internal or external triggers (e.g., symptoms, media campaigns, or medical advice) that prompt behaviour (Akinyemi et al.,

2021), and self-efficacy, which refers to confidence in one's ability to perform a behaviour. Self-efficacy is critical for both initiating and maintaining health actions (Zhang et al., 2022).

Additionally, modifying variables such as demographic, psychosocial, and structural factors indirectly influence behaviour by shaping individual perceptions (Bolarinwa et al., 2023).

In family planning, the HBM explains that women are more likely to use contraceptive services when they perceive a high risk of unintended pregnancy (susceptibility), understand its serious consequences (severity), believe in the benefits of contraception, and face fewer barriers. Triggers such as health education and support systems, along with strong self-efficacy, further enhance the adoption and continued use of family planning methods.

IV. Methodology

A phenomenological qualitative research design was adopted to explore women's awareness, and use of family planning services, allowing for an in-depth understanding of their experiences and socio-cultural influences. The study was conducted at Babcock University Teaching Hospital (BUTH), a tertiary healthcare facility in Ilishan-Remo, Ogun State, which provides comprehensive reproductive health services.

The study population consisted of 20 women aged 18–49 years attending the family planning clinic as of February 2026, with 15 participants selected through purposive sampling. This approach ensured that only individuals with relevant knowledge and experience were included, and the sample size was sufficient to achieve data saturation.

Data were collected using a semi-structured interview guide divided into sections covering demographic information, awareness, utilization, and socio-cultural influences on family planning. The instrument's validity was ensured through face, content, and constructs validation.

Face-to-face in-depth interviews were conducted in a private setting, lasting 30–45 minutes, and were audio-recorded with participants' consent, alongside field notes. Data analysis was carried out using thematic content analysis, involving transcription, coding, identification of themes, and interpretation of findings, which were presented using descriptive narratives and direct participant quotations.

Ethical approval was obtained from the Babcock University Health Research and Ethics Committee, and participants' confidentiality, anonymity, and informed consent were strictly maintained throughout the study.

V. Results

Demographic Characteristics of Participants

The study involved fifteen (15) participants, which are coded as Participants ID (P1-P15). The demographic profiles of each participant are summarized in Table 1

Table 1: Demographic Profile of Participants (n = 15)

Participant ID	Age	Educational Level	Occupation	Marital Status	No. of Children
P1	28	BSc	Chef	Married	0
P2	44	MSc	Nurse	Married	3
P3	28	BSc	Hostel Mistress	Single	0
P4	29	SSCE	Business Woman	Married	1
P5	23	BSc	Not Stated	Married	1
P6	33	NCE	House Keeper	Married	4
P7	44	BSc	Nurse	Married	3
P8	38	NIL	Trader	Married	6
P9	30	NCE	Teacher	Married	2
P10	43	O' Level	House Keeper	Married	3
P11	28	BSc	Nurse	Single	0
P12	40	BSc	Medical Officer	Married	3

Participant ID	Age	Educational Level	Occupation	Marital Status	No. of Children
P13	36	BSc	Teacher	Married	2
P14	37	MSc	Health Officer	Married	2
P15	36	Tertiary	Unemployed	Married	2

Note.Source: Field Survey, 2026

Analysis and Interpretation

The participants were aged between 23 and 44 years, with most (10 out of 15) falling within 28–40 years, representing the key reproductive age group most likely to utilize family planning services (World Health Organization, 2022).

Educational levels ranged from no formal education to postgraduate degrees, with the majority holding a BSc, indicating a relatively high literacy level. This is important, as higher education is linked to better awareness, perception, and use of family planning services. Inclusion of less-educated participants also provided insights into potential barriers faced by such groups.

Occupations varied widely, including professionals, traders, housekeepers, and unemployed individuals, allowing for diverse perspectives on access and utilization. Most participants were married (12 out of 15), reflecting typical reproductive patterns, while the number of children (0–6) highlighted differences in reproductive experience.

Overall, the sample was diverse yet relevant, with key socio-demographic factors—age, education, occupation, marital status, and number of children—providing a strong basis for understanding women's knowledge, attitudes, and use of family planning services.

Thematic Analysis of Findings

The findings of the study are presented through a thematic analysis of the interview transcripts, organized according to the three primary research objectives. Each theme reflects patterns and insights derived from participants' responses, providing a structured framework for understanding awareness, perception, utilization, and socio-cultural influences on family planning services.

Objective 1: Awareness of family planning services

This section presents findings on the level of awareness of family planning services which is the first objective of this study. Participants were asked about their knowledge, sources of information, and awareness of services at BUTH.

Knowledge of Family Planning Methods

The findings indicate that the majority of participants were aware of family planning methods, only one participant (P8) reported having no prior knowledge of family planning. P2, P5, P8, P11 and P13 gave the following response when asked about what they know about family planning.

> "Family planning is a way of controlling childbirth. As a couple, you can decide the number of children you want to have, when you want to have them, and how you want to plan for them. It is a way for families to plan their reproductive life, including when and how to have children. Family planning also involves the consent of both the husband and the wife. It is not something that concerns only the wife or only the husband; both partners should be involved in making the decision together." (P2, 44 years, interview conducted February 19, 2026)
>
> "It is like a prevention against unwanted pregnancy " (P5, 23 years, interview conducted February 19, 2026)
>
> "I no know" (P8, 38 years, interview conducted February 19, 2026)
>
> "I know family planning to be a way of spacing children, so that the mother and the baby can have a time to bond and so that the family can be okay" (P11, 28 years,

interview conducted February 21, 2026)

"It helps to control the number of children a person or couple wants to have." (P13, 36 years, interview conducted February 21, 2026)

Sources of Information

Participants reported diverse channels through which they first became aware of family planning. These included professional guidance from reproductive health officers, informal advice from colleagues and peers, educational exposure in schools such as junior secondary schools and the School of Midwifery, informational materials like posters displayed on hospital walls, antenatal clinic sessions, hospital visits, and media campaigns including radio adverts. Some participants provided the following answer when regarding their source of information about family planning.

"I think I saw like a postal in a hospital, then I had to go through what is written, and then got to know that is a kind of injection or practices that you do you know to reduce birthing too much children or many children." (P3, 28 years, interview conducted February 19, 2026)

"When I was in school, I heard about it, when I was in junior secondary school, so we were taught about it" (P4, 29 years, interview conducted February 19, 2026)

"I heard it around from people" (P5, 23 years, interview conducted February 19, 2026)

"I hear it from the hospital and on the radio, that time they use to advertise it that you should get family planning." (P6, 33 years, interview conducted February 19, 2026)

"Like I said, I heard it when I registered for ante-natal, so that is the first time." (P9, 30 years, interview conducted February 21, 2026)

"The educators in the antenatal clinic normally educate us about family planning" (P15, 36 years, interview conducted February 21, 2026)

Awareness of Family Planning Service Availability at BUTH

Participants demonstrated varying levels of awareness regarding the availability of family planning services at BUTH. Some participants were fully aware of the services and could articulate details about where and how they are provided. Some of the responses regarding the awareness of family planning services at BUTH is given below:

"Yes, it was from my work mate, she told me that she do family planning here in BUTH" (P1, 28 years, interview conducted February 19, 2026)

"Yes, it is very much available. It is available at different levels, depending on the type of family planning a person wants. There are different types of family planning. By the grace of God, BUTH has been able to cover all aspects of family planning, and the services are well rendered there." (P2, 44 years, interview conducted February 19, 2026)

"Oh… in Babcock, it should be available because it is a big hospital, so the services should be available." (P4, 29 years, interview conducted February 19, 2026)

"When I registered for my antenatal care, they used to lecture us that after giving birth, during our postnatal care, we can come for family planning before having sex with our husbands." (P9, 30 years, interview conducted February 21, 2026)

"I have worked there" (P10, 43 years, interview conducted February 21, 2026)

"Yes, the nurses at the ante natal clinic informed us" (P15, 36 years, interview conducted February 21, 2026)

Knowledge of Types of Family Planning Methods

Participants demonstrated varying levels of knowledge regarding the types of family

planning methods available. Most respondents were familiar with commonly used modern methods, particularly injectables, oral pills, implants, and condoms.

> "I think I have heard about one. There is a drug that you take for some days, and when you get to another colour, your period will come. It is a family planning drug. It has two colours, I think wine and another colour. That is the one I know." (P1, 28 years, interview conducted February 19, 2026)

> "I know about implants. Under implants we have Implanon and Jadelle. We also have injectables; there is one that is given every two months and another that is given every three months. There are also tablets that a woman has to take daily for thirty days, and she should not miss any day. It must be taken regularly every day so that the cycle can be completed. Then we have the IUD, which means intrauterine device. One common type is the Copper T, which is inserted into the woman's cervix. Once it is inserted, it forms a T-shape that prevents the sperm from reaching the egg. If the sperm cannot meet the egg, fertilization will not occur, and the woman will not become pregnant. There are also other methods of family planning, such as the withdrawal method. Another type is the chemical method, where chemicals are applied to the vulva so that during sexual intercourse the chemicals can kill the sperm and prevent it from fertilizing the egg." (P2, 44 years, interview conducted February 19, 2026)

> "I know about the one they insert, the injection and the one they fix in hand, so that is all" (P4, 29 years, interview conducted February 19, 2026)

> "The one I know about is the one I did, the implant" (P6, 33 years, interview conducted February 19, 2026)

> "I know IUD, contraceptives, maybe tablet; I can't remember the name, we have the one they use to put at the shoulder, I can't remember the name" (P9, 30 years, interview conducted February 21, 2026)

> "I know of inserting, injection and the oral" (P15, 36 years, interview conducted February 21, 2026)

Awareness of Points of Access to Family Planning Services within BUTH

Participants also expressed varying levels of awareness regarding specific locations within BUTH where family planning services can be accessed. Some participants demonstrated clear knowledge of service points, while others are not specific.

> "We have family planning services at the antenatal clinic in BUTH. At the antenatal clinic, Fridays are the days when we provide family planning services for women and men." (P2, 44 years, interview conducted February 19, 2026)

> "Gynaecology..Gynaecology department of the hospital" (P3, 28 years, interview conducted February 19, 2026)

> "I don't have the idea" (P4, 29 years, interview conducted February 19, 2026)

> "Babcock Teaching Hospital, ANC ante natal clinic" (P10, 43 years, interview conducted February 21, 2026)

> "You meet the nurses and the nurses will direct you" (P15, 36 years, interview conducted February 21, 2026)

The findings on the first objective demonstrate a generally high level of awareness of family planning services among the majority of participants, particularly with regard to commonly used modern contraceptive methods. This pattern is consistent with recent studies conducted in tertiary and urban health facilities in Nigeria, which report improved awareness among women of reproductive age due to increased exposure to antenatal education, hospital-based counseling, and sustained public health messaging (NPC, 2023). Nevertheless, the limited or absent knowledge observed among a small proportion of

participants reflects concerns raised in recent literature that gaps in awareness persist, especially among women with lower educational attainment or weaker engagement with formal health services.

In addition, the varied sources through which participants acquired information about family planning align with recent evidence emphasizing the combined influence of health institutions, media platforms, and informal social networks on awareness formation. Studies suggested that while health facilities remain the most authoritative source of information, peer interactions and mass media continue to shape baseline awareness (Bolarinwa et al., 2023). The mixed awareness regarding the availability and points of access to family planning services within BUTH further supports existing findings that knowledge of family planning methods does not always correspond with clear understanding of service delivery locations within healthcare facilities (Anate et al., 2021).

Objective 2: Utilization of Family Planning Services

This section presents findings on the extent to which participants have used family planning methods, their current use, access to services at BUTH, and the frequency of service utilization.

Use of Family Planning Methods

The findings indicate that the majority of participants had never used any form of family planning. In contrast, a minority reported prior or current use of family planning methods, with some users expressing strong confidence in the safety and effectiveness of these methods based on personal experience.

> "Formerly I have use IUCD and I can tell you as a person that it is 100 percent effective, highly effective" (P2, 44 years, interview conducted February 19, 2026)

> "No, but at times we do use condom" (P9, 30 years, interview conducted February 21, 2026)

> "I use the IUD after my first child birth" (P14, 37 years, interview conducted February 21, 2026)

Current Utilization of Family Planning Methods

The pattern of current utilization of family planning methods mirrors overall usage trends. The majority of participants reported not using any family planning method at present, while only three indicated that they are currently practicing a form of family planning.

> "As a person, I have fixed… I have been on IUCD for almost 10 years now, this should be the 10th year and ever since I make use of IUCD, I have not get pregnant for once, it has been a barrier and it has been highly effective" (P2, 44 years, interview conducted February 19, 2026)

> "I use the IUD after my first child birth, and currently I am not on any family planning method; I am currently pregnant" (P14, 37 years, interview conducted February 19, 2026)

Access to Family Planning Services at BUTH

The access to family planning services at BUTH also show similar trend to the result obtained above, only two out of the 15 participant reported using family planning services at BUTH

> "I have been on IUD services" (P2, 44 years, interview conducted February 19, 2026)

> "While I have engaged in other family planning method, I am currently engaged in the IUD method" (P7, 44 years, interview conducted February 19, 2026)

Frequency of Family Planning Service Use

Most participants reported no regular engagement with family planning services. The few who use methods such as the IUD indicated that they do not frequently access services,

typically returning only after 7–8 months following insertion.

The findings from this study demonstrate that overall utilization of family planning methods among participants was low, with most reporting no prior or current use of any method. Among the few who had used methods such as IUDs and injectable, respondents emphasised perceived safety and personal experience, yet noted irregular engagement with services and infrequent follow-up at health facilities. These patterns reflect broader evidence indicating that uptake remains sub-optimal in many reproductive-age populations despite awareness of contraceptive options (Konlan et al., 2025). These outcomes suggest that constrained utilisation and irregular service engagement observed in this study are consistent with emerging evidence that knowledge alone does not guarantee sustained use. Recent research highlights that individual attitudes, community norms, and systemic barriers such as access to quality counselling and facility-based services significantly affect family planning uptake (Sulemana et al., 2025).

Objective 3: Socio-cultural Factors affecting Family Planning Utilization

This section examines the socio-cultural factors that shape the utilization of family planning services among respondents. Specifically, it explores how spousal influence, family dynamics, and prevailing religious beliefs within the community interact to either facilitate or constrain individual decision-making regarding family planning.

Influence of Spouse on Family Planning Decisions

The influence of spouses on family planning decisions emerged as a significant but varied theme among participants. While some respondents reported supportive partners who shared similar reproductive goals and demonstrated understanding of the benefits of family planning, others described limited spousal involvement or passive disapproval.

> “Does not really matter, we just got married and we have prior agreement about the number of kids we want, after which we can go for family planning” (P1, 28 years, interview conducted February 19, 2026)

> “My spouse accepted my decision, he doesn’t want any more children and being educated, he understands the benefits of family planning” (P2, 44 years, interview conducted February 19, 2026)

> “He doesn’t like family planning too, he never talked about it” (P4, 29 years, interview conducted February 19, 2026)

> “His opinion matters, but it cannot affected my decisions” (P5, 23 years, interview conducted February 19, 2026)

> “My partner’s opinion does not affect my use of family planning. Since I am in the medical field, I know more than he does. I was in the best position to educate him about the need for family planning, and he consented to it” (P7, 44 years, interview conducted February 19, 2026)

> “He doesn’t mind family planning” (P12, 40 years, interview conducted February 21, 2026)

> “He has little opinion, because I am the one getting pregnant, so I decide if I want to or I don’t want to” (P14, 37 years, interview conducted February 19, 2026)

Role of Family Members in Family Planning Decisions

Participants’ narratives indicate that family members played a minimal role in shaping decisions regarding family planning utilization.

> “Family members discourage people from having family planning, but they have no influence on my decisions” (P2, 44 years, interview conducted February 19, 2026)

> “I don’t think family member can influence my opinion, it is my body, it is myself, it is my decision. Family members cannot influence my decisions” (P7, 44 years, interview conducted February 19, 2026)

> “Family members do not affect my decisions about family planning” (P9, 30 years, interview conducted February 21, 2026)
>
> “I do talk about it with my sister, even though she is not using it, her opinion doesn’t matter” (P12, 40 years)
>
> “Family members opinion have no effect on my family planning decisions” (P14, 37 years, interview conducted February 19, 2026)

Impact of Community Religious Beliefs on Family Planning Use

The findings reveal mixed perceptions regarding the influence of religious and community beliefs on family planning utilization.

> “Religious belief plays a big role. Some religions are against family planning and encourage having as many children as possible. If a religion does not accept family planning, there is very little you can do to convince them that it could be beneficial.” (P2, 44 years, interview conducted February 19, 2026)
>
> “Some religion believe family planning is another method of terminating children that are meant to be born, while some believed it is okay” (P4, 29 years, interview conducted February 19, 2026)
>
> “I don’t think religion have any say” (P5, 23 years, interview conducted February 19, 2026)
>
> “None of my beliefs can influence my decisions about family planning” (P7, 44 years, interview conducted February 19, 2026)
>
> “My religion believed family planning should be used if necessary” (P8, 38 years, interview conducted February 19, 2026)
>
> “My community been a semi-urban area, most of the people are educated and I believed they are educated enough to know the benefits of family planning” (P14, 37 years, interview conducted February 21, 2026)
>
> “Being a member of the Catholic Church, we were taught in our classes that family planning is about understanding yourself before making decisions about it” (P15, 36 years, interview conducted February 19, 2026)

The observations from this section are consistent with recent empirical research indicating that partner support and individual autonomy remain important determinants of using family planning (Ezeh et al., 2024). Studies also note that extended family members often exert limited or no direct influence on family planning decisions, particularly where women possess greater educational or economic resources (Kriel et al., 2023).

VI. Discussion of Findings

The study examined awareness, utilization, and socio-cultural influences on family planning among women at BUTH, revealing that although awareness is high, it does not consistently lead to utilization due to perceptual and socio-cultural factors.

Regarding awareness, most participants demonstrated a high level of knowledge of family planning methods, supporting findings by Ameyaw et al. (2022) who linked awareness to education and health programs. This aligns with the Health Belief Model, which posits that knowledge is necessary for behaviour change. However, consistent with Wulifan et al. (2022), awareness alone did not ensure service utilization.

Despite high awareness, utilization of family planning services was low, confirming the “awareness-utilization gap” reported by Anderson and Johnston (2023). Limited counseling and follow-up further contributed to low uptake, as noted by Konlan et al. (2025). This gap can also be explained by Rogers’ Diffusion of Innovations Theory, where adoption depends on perceived advantages, compatibility, and complexity.

Socio-cultural factors such as spousal influence, religion, and community narratives

significantly affected utilization. Male partner support was particularly important, supporting Takyi et al. (2023) findings. Religious beliefs influenced method choice, consistent with Huda et al. (2019), though this contrasts with findings from Choi et al. (2020). Community experiences and social learning also played key roles.

Overall, the findings highlight that while awareness is high, utilization remains low due to complex socio-cultural influences. This underscores the need for context-specific strategies, including improved counseling, male involvement, and culturally sensitive interventions to bridge the gap between knowledge and practice.

VII. Conclusion

The study concludes that although Babcock University Teaching Hospital (BUTH) has successfully created high awareness of family planning, this has not translated into increased utilization. This "awareness–utilization gap" is mainly driven by fear of side effects—often reinforced by anecdotal experiences and inadequate personalized counseling—and limited clarity on where and how to access services within the hospital. Reproductive decisions are also influenced by both individual autonomy and spousal involvement, while extended family influence is declining. The study emphasizes the need to move beyond information dissemination toward patient-centered care that addresses both emotional concerns and practical barriers.

VIII. Recommendations

To improve utilization, several recommendations were made. These include enhancing personalized counseling on side effects, actively involving male partners through couple-focused programs, and improving service visibility and navigation within the hospital. The study also recommends expanding community outreach to reach less-educated and underserved populations, as well as strengthening follow-up systems for contraceptive users, particularly those using long-acting methods.

Implications for Social Work

For social work practice, the findings highlight important roles in advocacy, education, and empowerment. Social workers can bridge communication gaps by providing culturally sensitive, evidence-based information and supporting informed reproductive choices. They can also facilitate spousal dialogue and shared decision-making, contribute to policy and program development, and address health disparities through culturally competent interventions tailored to diverse populations.

References

Adebayo, A. M., Ajuonu, E. O., & Betiku, A. O. (2021). Awareness and sources of family planning information among women in southwestern Nigeria. African Journal of Reproductive Health, 25(3), 45–55.

Adegoke, A., & Adegoke, O. (2022). Socio-economic determinants of unmet need for family planning in northern Nigeria. International Journal of Social Research and Technology.

Ajayi, A. I., & Adeniyi, O. V. (2022). Informal information networks and misconceptions about family planning in Nigeria. BMC Women's Health, 22(1), Article 1. https://doi.org/10.1186/s12905-022-01662-2

Akinyemi, J. O., Adedini, S. A., & Hounton, S. (2019). Contraceptive use and unmet need for family planning among Nigerian women. African Population Studies, 33(1), 4710–4721.

Alano, A., & Hanson, L. (2018). Women's perception about contraceptive use benefits towards empowerment: A phenomenological study in Southern Ethiopia. PLOS ONE, 13(9), e0203432. https://doi.org/10.1371/journal.pone.0203432

Alidou S, Dahourou LD, Dah TTE, Sogo A, Kenao TS, Yehadji D, Meda N, & Ekouevi DK.

(2023). Unmet needs for modern contraceptive methods among sexually active adolescents and young women in Togo: a nationwide cross-sectional study. Front Public Health. 2023 Jul 27;11:1169180. doi: 10.3389/fpubh.2023.1169180. PMID: 37575119; PMCID: PMC10412928.

Alo, O. D., Daini, B. O., Omisile, O. K., Ubah, E. J., Adelusi, O. E., & Idoko-Asuelimhen, O. (2020). Factors influencing the use of modern contraceptive in Nigeria: A multilevel logistic analysis. BMC Women's Health, 20, Article 1. https://doi.org/10.1186/s12905-020-01059-6.

Ama, N. & Olaomi, J. (2021). Factors influencing the choice of family planning methods among couples in Nigeria. International Journal of Adolescent Medicine and Health.

Ameyaw, E. K., Seidu, A.-A., Budu, E., & Appiah, F. (2022). Coverage and determinants of modern contraceptive use in sub-Saharan Africa: further analysis of demographic and health surveys. Reproductive Health, 19, Article 195. https://doi.org/10.1186/s12978-022-01332-x.

Anate, B. C., Balogun, M. R., Olubodun, T., & Adejimi, A. A. (2021). Knowledge and utilization of family planning among rural postpartum women in Southwest Nigeria. Journal of Family Medicine and Primary Care, 10(2), 730–737. https://doi.org/10.4103/jfmpc.jfmpc_1312_20.

Anderson, D. J., & Johnston, D. S. (2023). A brief history and future prospects of contraception. Science. 2023 Apr 14;380(6641):154-158. doi: 10.1126/science.adf9341. Epub 2023 Apr 13. PMID: 37053322; PMCID: PMC10615352.

Andrew, E. V. (2023). Fertility Has Been Framed: Why Family Planning Is Not a Silver Bullet. Studies in Family Planning, or similar publications referencing reproductive autonomy as cited in PMC12332515.

Anyatonwu, O. P., & San, S. (2022). Rural-urban disparities in postpartum contraceptive use among women in Nigeria. International Journal for Equity in Health, 21, Article 71. https://doi.org/10.1186/s12939-022-01674-9

Armah-Ansah, E. K., Bawa, B., & Igonya, E. K. (2024). Prevalence and factors associated with intention to use contraceptives among women. BMC Pregnancy and Childbirth, 24, Article 8. https://doi.org/10.1186/s12884-023-06000-0.

Bolarinwa, O. A., Ajayi, K. V., Okeke, S. R., Hailegebreal, S., & Odimegwu, C. (2023). Spatial distribution and multilevel analysis of long-acting contraceptive use in Nigeria. Archives of Public Health, 81, Article 99. https://doi.org/10.1186/s13690-023-01125-5

Bongaarts, J., & Hardee, K. (2019). Trends in contraceptive use in sub-Saharan Africa. Population and Development Review, 45(S1), 117–142. https://doi.org/10.1111/padr.12243

Chipako, I., Singhal, S., & Hollingsworth, B. (2024). Impact of sexual and reproductive health interventions among young people in sub-Saharan Africa: A scoping review. Frontiers in Global Women's Health, 5, Article 1344135. https://doi.org/10.3389/fgwh.2024.1344135.

Choi, Y., Fabic, M. S., & Adetunji, J. (2020). Trends and determinants of modern contraceptive use among young women in Asia. International Journal of Gynecology & Obstetrics, 150(3), 315–323. https://doi.org/10.1002/ijgo.13245

Cleland, J., Harbison, S., & Shah, I. H. (2019). Unmet need for contraception: Issues and challenges. Studies in Family Planning, 50(2), 67–84. https://doi.org/10.1111/sifp.12076

Daniels, K., & Abma, J. C. (2020). Current contraceptive status among women aged 15–49:

United States, 2017–2019. National Health Statistics Reports, 139, 1–14.

Ezeanosike, O. B., & Uneke, C. J. (2020). Why does uptake of family planning remain sub-optimal among Nigerian women? Contraception and Reproductive Medicine, 5, Article 1. https://doi.org/10.1186/s40834-020-00133-6.

Ezeh, A. C., Adebowale, A. S., & Ajao, B. (2024). Women's autonomy and contraceptive use in sub-Saharan Africa. BMC Public Health, 24, Article 1324. https://doi.org/10.1186/s12889-024-18045-2

Hu, E., Ikeako, L.C., Obiora-Okafor, N.C. (2012). The use of depot medroxyprogesterone acetate (DMPA) injectable contraceptive in Enugu, Nigeria. Nigerian Journal of Medicine : Journal of the National Association of Resident Doctors of Nigeria. 2012 Jul-Sep;21(3):266-271. PMID: 23304918.

Huda, F. A., Chowdhuri, S., … (2019). Contraceptive practices among married adolescents in Asia. Reproductive Health, 16, 1–10. https://doi.org/10.1186/s12978-019-0690-9.

Ijadunola, M. Y., Abiona, T. C., & Ijadunola, K. T. (2020). Spousal communication and perception of family planning in Nigeria. African Journal of Reproductive Health, 24(1), 45–56.

Iliyasu, Z., & Yusuf, N. (2022). Barriers to vasectomy acceptance and uptake in Nigeria: A review of the literature. African Journal of Reproductive Health, 26(3), 37-45.

Konlan, K. D., Nimota, R., Anaman, M. F. N. A., et al. (2025). Factors influencing physical activity for hypertension prevention among older adults in a peri-urban community in Ho, Ghana. PLOS One. https://doi.org/10.1371/journal.pone.0337053

Kriel, Y., Milford, C., Cordero, J.P. et al. (2023). A continuum of individual-level factors that influence modern contraceptive uptake and use: perspectives from community members and healthcare providers in Durban, South Africa. Contracept Reprod Med 8, 47 (2023). https://doi.org/10.1186/s40834-023-00247-7

Mekonnen, A. A., & Wubneh, A. D. (2023). Why intrauterine device (IUD) utilization is low in southwestern Ethiopia: A mixed-method study. Reproductive Health, 20(1), 1-13.

Meselu, W., et al. (2022). Factors associated with non-use of modern contraceptives among sexually active women in Ethiopia: a multi-level mixed effect analysis of 2016 Ethiopian Demographic and Health Survey.

Mulat, B., Tsegaw, M., & Shitu, K. (2022). Modern contraceptive use and its associated factors among married women in Senegal: Based on the recent national demographic and health survey data. medRxiv.

Ogunjuyigbe, P. O., Adeyemi, O., & Ogunjuyigbe, A. (2020). Note: The results indicate high prevalence of this topic in Nigerian demographic studies (2020-2022) focusing on male involvement and method failure rates.

Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the health belief model. Health Education Quarterly, 15(2), 175–183. https://doi.org/10.1177/109019818801500203

Saya, G. K., Premarajan, K. C., Roy, G., Sarkar, S., Kar, S. S., Krishnamoorthy, Y., & Olickal, J. J. (2024). Contraceptive knowledge, practice, and associated factors among currently married women of reproductive age group: A community-based study in Puducherry, India. Health Care for Women International, 45(1), 86–100.9.

Svanemyr, J., Amin, A., Robles, O. J., & Greene, M. E. (2019). Creating an enabling environment for adolescent sexual and reproductive health. Journal of Adolescent Health, 65(1), S1–S6. https://doi.org/10.1016/j.jadohealth.2019.04.020.

Takyi, A., et al. (2023). "Male partners' support and influence on pregnant women's oral

PrEP use and adherence in Malawi," Frontiers in Reproductive Health, 5, 1206075.

Tsegaw, M., Mulat, B., & Shitu, K. (2022). Modern contraceptive utilization and associated factors among married women in Liberia: Evidence from the 2019 Liberia demographic and health survey. Open Access Journal of Contraception, 13, 17–28. https://doi.org/10.2147/OAJC.S350117

United Nations, Department of Economic and Social Affairs, Population Division (2022). World Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method (UN DESA/POP/2022/TR/NO. 4).

Wekere , F. C., Enyindah , C. E., & Udofia , E. A. (2023). Female Sterilization (Bilateral Tubal Ligation) at the Rivers State University Teaching Hospital: A Five-Year Review: https://doi.org/10.60787/NMJ-64-1-243. Nigerian Medical Journal, 64(1), 139. https://doi.org/10.60787/nmj.v64i1.243

World Health Organization. (2022). Family planning and contraception: Evidence brief. WHO.

World Health Organization. (2022). Family planning and contraceptive services: Global evidence. WHO.

Wulifan, J. K., Brenner, S., Jahn, A., & De Allegri, M. (2022). Modern contraceptive utilization among women of reproductive age in sub-Saharan Africa: A systematic review and meta-analysis. BMC Public Health, 22, Article 1234. https://doi.org/10.1186/s12889-022-13637-9.

Zewdie, A., Nigusie, A., & Wolde, M. (2024). Structural equation modeling analysis of health belief model-based determinants of COVID-19 preventive behavior of academic staff: A cross-sectional study. BMC Infectious Diseases, 24, Article 788. https://doi.org/10.1186/s12879-024-09697-z

Zhang, C. Q., Zhang, R., Schwarzer, R., & Hagger, M. S. (2022). A meta-analysis of the health action process approach and self-efficacy in health behavior change. Health Psychology Review, 16(3), 438–457. https://doi.org/10.1080/17437199.2021.1987220