

# Knowledge of Contraceptive Usage and Cultural Influence on Adoption of Family Planning Information in Cross River State

Tuku, Paulina Mbua <sup>1</sup>, Ofem Ubi Arikpo <sup>2\*</sup>, Onadipe Odunmike T <sup>3</sup>

<sup>1</sup> Health Information Management, Cross River College of Health Technology, Calabar, Cross River State.

<sup>2</sup> Salem University Nigeria, Lokoja, Kogi State.

<sup>3</sup> Health Information Management Department, Ogun state college of health Technology Ilese.

\*Corresponding Author: Ofem Ubi Arikpo, Salem University Nigeria, Lokoja, Kogi State.

Received date: September 03, 2023; Accepted date: September 18, 2023; Published date: September 25, 2023

**Citation:** Tuku, Paulina Mbua, Ofem Ubi Arikpo, Onadipe Odunmike T. (2023), Knowledge of Contraceptive Usage and Cultural Influence on Adoption of Family Planning Information in Cross River State, *J. Women Health Care and Issues*. 6(5); DOI:10.31579/2642-9756/158

**Copyright:** © 2023, Ofem Ubi Arikpo. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

## Abstract

*This study investigated Knowledge of contraceptive use and cultural influence and adoption of family planning information in Cross River State. The main objectives of the study were to determine how religion influence family planning, Find out how knowledge of contraceptive use influence family planning among rural women, and how culture influences family planning among rural women. Three research questions were raised to guide the study. The study adopted a descriptive research design and a sample size of 365 rural women was drawn from 16 primary health care centers in the Northern senatorial district of cross river state. A structured questionnaire and structural interview were used for data collection. Data were analyzed using descriptive statistics and Pearson moment product. The result of the study reveals that more of the Christian rural women 60% participated in the study, a good number of the women have knowledge of contraceptive use, and knowledge of contraceptives has a relationship with Family planning  $N=365$ ,  $r = .914^{**}$ ,  $p < .005$ , culture has a highly significant influence on family planning information of rural women  $N=365$ ,  $r = .754^{**}$ ,  $p < .05$ . thus, it was concluded that more information should be given to rural women on the need for family planning and both religion and culture should be enlightened on the importance of family planning. It is recommended that more sensitization programs should be carried on in the different rural communities.*

**Key words:** knowledge of contraceptive use, culture, and family planning

## Introduction

Knowledge of contraceptive use among the childbearing age (16-49 years) has been of great concern to society for the last ten years. Several kinds of intervention programs have been developed to improve knowledge of contraceptive use which is founded on the postulation that a certain level of knowledge is needed to prompt the women's behavior change related to contraceptive use. Although many educational interventions are seen to have influenced the change in behaviour in women by introducing the use of modern contraceptives. Pazol, Zapata, Dehlendorf, Malcolm, Rosemarin, and Frederiksen (2018) observed that education alone cannot be sufficient for overcoming the issues of contraceptive use in the society, adding that possibly more salient barriers must have risen to hinder contraceptive use in many communities. Therefore, low knowledge of contraceptives has been known in several ways worldwide (Cleland, Harbison, and Shah, 2014), providing women with leaflets about taking the contraceptive pills correctly, which appear to have improved significantly over the year. Similarly, low knowledge of contraceptives is identified as a possible factor of failure to

consistently and correctly use contraceptive methods, it has subsequently become an important cause of unintended pregnancy and dangerous to family planning services in most parts of Africa, especially in Nigerian (Dampsey, Billingsley, Savage and Korte, 2012). Because of the foregoing, the prevalence of several kinds of challenges that prohibit couples from using family planning in many societies is still an issue of concern, particularly with the recent economic instability situation in the global society. Today, a good number of women in developing countries made use of family planning methods to prevent unwanted and accidental pregnancies. Thus, they have recognized the importance of their lack of knowledge (Williamson, Parkes, Wight, Petticrew, and Hart, 2009). Therefore, understanding the importance of knowledge of contraceptive use has become significant to prevent unwanted pregnancy and controlling childbearing. Uganda Bureau of Statistics, ICF International Inc (2012). opines that, lack of knowledge of contraceptive use and the uptake of contraceptive services continues to remain low in many countries like Uganda, and Tanzania among others.

maintaining that only 26% of married women are currently using FP methods and the update of contraceptive pill use has increased from 2.3% in 2006 to 2.9% in 2011, and injectables from 7.7% in 2006 to 14.1% in 2011. Robey, Piotrow, and Salter (1994) added that contraceptive use levels increased from 10 percent in the 1990s to more than 50 percent in the 2000s in developing countries including some sub-Saharan countries. Although there are studies on knowledge of contraceptive use but are limited especially among rural women. McCurdy, Schnatz, Weinbaum, and Junjia (2014) observed that knowledge of contraceptives is almost universal in most African countries with an increase of 19% of expectant mothers receiving FP information from health facilities during parental care clinics at the public health facilities and 58.1% of the women discuss family planning with their spouse. The United Nations Population Division World Contraceptive Use, (2009.) suggests that family planning should not only focus on the planning of when to have children and the use of birth control. Rather, it should have a broad view that will include sex education, prevention, and management of sexually transmitted infections (STIs), preconception counseling and management as well as infertility management. According to the United Nations Department of Economic and Social Affairs, Population Division (2020), Some women use contraception to space their children rather than being limited in their childbearing, emphasizing that in the 2010 Burkina Faso demographic and health survey, 11% of the women were using contraception to space their children, whereas only 5% were seen using it to limit childbearing. Moreover, FP offers a positive view of reproductive life that enables people to make informed choices about their reproduction and well-being. Though, it seems half of the married women in the society now use modern methods of contraception with an estimated number of 200 million women in the world who wish to put a stop to childbearing or rest for at least 2 years of delivery. It is obvious a lot of women living in rural communities seem to have been influenced by traditional gender roles more than women in urban areas, and this must have affected their knowledge of family planning and pregnancy. Further, the analysis of the biodata from the survey study carried out among the Muslim women in Pakistan, Egypt, Jordan, and Indonesia reveals that when women have access to a range of knowledge on contraceptive methods, fertility will eventually fall (Campbell, 2013) Meanwhile, women in the unmet need category are targets of family planning programs since there is a discrepancy between their fertility goals and contraceptive practice. Family Health support program (2011), indicates that the current married women's unmet need in family planning is 26% percent, with 12% percent needing spacing and only 8 % percent having a need for limiting childbirth, While the met need for family planning is only 4 % percent as it varies from community to community. Available studies on the met needs of women in family planning show an urgent call for an intervention that can simultaneously improve women's knowledge of contraceptive use and improve uptake of such services by utilizing sources that they trust (Khan, 1996). Domrei research and consulting (2005) maintained that with the introduction of family planning in most communities, the level of contraception prevalence has increased from 7% in 1995 to 19% in 2000 and 27% in 2005. Adding that the progress noted in contraceptive use was not satisfactory, while, there are new developments in the trend of global contraceptive use in the last 50 years. Kulsoom (2006), added that contraceptive use has a positive influence on family planning, irrespective of the individual place of residence. UNDP (2006) has rated contraceptive use to be significant in some parts of the developed nations like Cambodia in 2004 with 42%, compared to 32% in Laos, 37% in Myanmar, and 72% in Thailand. Alan Guttmacher Institute (1999) suggests that despite the wide range of effective contraceptive options available to women in developed countries, unintended pregnancies continue to occur in large numbers, and rates of sexually transmitted infections remain high. Family planning, therefore, helps couples to understand how to correctly make use of contraceptive methods to plan and maintain the desired number of children in addition to the desired timing and spacing of their childbirth. Hence, contraceptive use does not only decrease unintended pregnancies and reduces infant and maternal mortality and morbidity rate, but has an Approximate number of 214 million childbearing women who may want to

avoid pregnancy without using modern contraceptive methods (WHO, 2018). Nevertheless, the practice of family planning in some counties is influenced by several socio-demographic factors, hence its variation between regions of the world, countries, and within countries. It is very important to state that family planning has the potency to reduce the level of neonatal mortality and maternal in less developing countries. Etuke further maintained that family planning is a fundamental approach to safe motherhood and reproductive right among the different regions of individuals. Korra (2002) opines that the met need is almost six times higher among urban women than rural women with the vast majority of rural women not satisfied with their unmet need for spacing their children. At the same time, Rural women may have a higher prevalence of demand that are not satisfied with the urban women because of the limited availability, accessibility, and acceptability of contraception in the rural communities. In 2012, former Nigerian president Goodluck Jonathan and the president of Congo spoke favorably and supported birth control in Africa, but their view was condemned by many Christians and Muslims, in their statements, they mentioned that contraception use is very sensitive in Africa due to the impact of religious activities in the society (Findlay, 2017). Further, it is a fact that women experience lower status than men in the society and the religious belief and values of certain cultures limit their freedom. Take, for instance, a culture derives from religion and traditions limit women's decision-making ability in relationships and thereby lose control over their sexual lives. Hence, Culture influenced by tradition prohibits the use of contraceptives by certain religions especially when some women cannot leave their homes without consulting their husbands. Also, cultural influence can be so powerful that it can obscure the line between individual desires and community. FP (2020) identified that the implication remains an obstacle to family planning, which affects individual behavior as well as their knowledge of good information. Meanwhile, community beliefs and norms refer to what the members of the community hold about the concept of family planning. It reflects how much autonomy individuals have in making family planning decisions. For instance, in some cultures, many women reject contraception because bearing and raising children is the path to respect and maintain dignity in the society. FP (2020) states that many cultures advocate large size and view the planning of one's childbearing to be wrong and also, believe that young people should not have access to family planning. Arguing that in such a situation, there is a need for practices of social behaviour change for successful family planning. Altai (2004) observed that ethnicity could have a role in determining the practices of family planning, suggesting that if a woman doesn't bear enough, children, especially sons; she will feel "shame," not only in front of her in-laws but also in front of the whole community. That is a result of the dynamic nature of society. It is important to note that society is led by men, so we are living in a patriarchy where there are structures that limit women and see women as inferior to men. They experience lower status than men as a result of their cultural beliefs. Cherkaoui (2000) observed that culture influences women by not giving them opportunities in terms of fertility regulation. stating according to Pakistan Reproductive Health and Family Planning Survey 2000-2001 and Eastern Turkey, husbands' disapproval was the main factor for not using any family planning method among married women. Dixon – Mueller (1999) opine that the larger the differences in reproductive intentions within a community, the more likely that community norms support individual choices of family planning. That means household and community influences can be so powerful that they can obscure the line between individual desires and community norms on the need for family planning. Ankamah et al. (2011) studied key myths and misinformation about family planning in Nigeria, they found that factual information has a positive effect on contraceptive use such as family being effective and not being against religious teachings. Moreover, with whom one discusses family planning was found important, were religious actors had a negative impact on contraceptive use. Osula (2002) in Olawande and Fasasi (2016) asserts that in many religions, there is opposition to human intervention in the reproductive process. The analysis shows that 34.7% of the respondents' religion is not in support of the use of family planning. Burket, on Pathfinder

International (2006) suggests that reaching out to religious leaders to enlist their active support in efforts to reduce maternal mortality and promote healthy families will improve the timing and spacing of pregnancies, this by way of helping religious leaders see the links between reproductive health and families' wellbeing that will enable them to become committed advocates for positive reform of women and their adoption of family planning. Family planning as the name implies is having children by choice and not by chance; it is the process of having a specific number of children at intervals acceptable by individuals or couples to promote the health and welfare of the family. Family planning is not a new idea all over the world and also applies to Cross River state indigen. Samuel (2010) defines family planning as the practices that help individuals or couple to attain certain objectives such as avoiding unwanted pregnancy that brings about unwanted babies at the right time, regulating the interval between pregnancies, controlling the time at which birth occurs about the age of parent and determining the number of children in the family. According to the free Encyclopedia (2013), family planning is of birth control and other techniques to implement such plans which include sexuality education, prevention, and management of sexually transmitted infections, pre-conception counseling, and management of infertility. It further conceptualizes that family planning is an educational, comprehensive medical, or social activity that enables individuals to determine freely the number and spacing of their children and to select how this may be achieved. Family planning may encompass sterilization, as well as pregnancy termination. It also includes raising a child with methods that require a significant number of resources namely: time, social, financial, and environmental. It is a term accepted almost in all the countries in the world and its measures are designed to regulate the number and spacing of children within a family, largely to curb population growth and ensure each family has access to limited resources. Isaiah (2007), observed that family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, and responsible decisions by couples to promote the health and welfare of the family as well as the social development of a country. Rozina, Usma, and Haleema (2008) noted that despite efforts exerted by the Government, the family planning program is not yet as successful as in some neighboring countries. This fact has lost its importance recently as international development strategies and priorities associated with this have changed. Yet increasing numbers of men and women across the country adopt family planning exercises as their right to freely choose the number and spacing of their children. Hughes (2002) suggests that women carry the primary responsibility for family planning in most parts of the world, and should be afforded the power of decision-making and control over their fertility. Family planning helps a couple to become responsible parents" and "Family planning leads to a broken home." but more than four-fifths of women, agreed that family planning helps a woman regain her strength between pregnancies and that it protects the health of mothers. Family planning is not only important to society as a whole; it is a good health measure for the life of mothers, fathers, and children. Hakim, Sultan, and Ahmed (2001) have in their study that approval of family planning was shown by 41% of males, as perceived by their wives in contrast to the studies of Sindh and Punjab, where 78% and 74% of husbands approved the use of contraceptive methods at the time of the survey. In addition, Ali and White (2005) in their study shows that 59% of respondents' husband disapproved of family planning, similar to 54% of

results in a study conducted by Etuk and Ekanem (2003). A similar pattern of results was also found in Eastern Turkey, where the husband's disapproval was the main factor for not using any family planning method among married women.

### Objectives of the study

The objective of this study is to:

- I. Determine how religion can influence family planning
- II. find out how knowledge of contraceptive use influences family planning among rural women.
- III. find out how culture influences family planning among rural women

### Research Questions

- I. What is the knowledge of contraceptive use of rural women on family planning in Northern Senatorial District, Cross River State?
- II. What is the relationship between knowledge of contraceptive use and family planning among rural women in the Northern senatorial district of Cross River State?
- III. How does culture influence the choice of family planning among rural women in the Northern senatorial district of Cross River State?

### Methodology

#### Research Design

The study adopted a descriptive survey design. This is meant to seek the opinion of rural women who are childbearing age 16 - 50, on the knowledge of contraception use and cultural influence on family planning in the Northern Senatorial District of Cross River State. design is most suitable because it helps the researchers to seek the opinion of rural women using questionnaires and structural interviews for data collection.

#### Sampling Technique

A stratified sampling technique was used to select 4 local government areas (Boki, Obanleku, Yala, and Etung). From each of the selected local government areas, four Primary Health Care Centers (PHCs) were randomly selected. In all, 16 PHCs were selected and used for the study. A simple random sampling technique was used to select 365 childbearing rural women that participated in the study. 23 women were selected from each of the 16 PHCs since the population is fairly equal in all selected LGAs. Data was collected through structured interviews and questionnaires and the response rate for the questionnaires was more than 90%. The Cronbach Alpha result for the attitudinal scale questionnaire was 0.72 constructed on family planning.

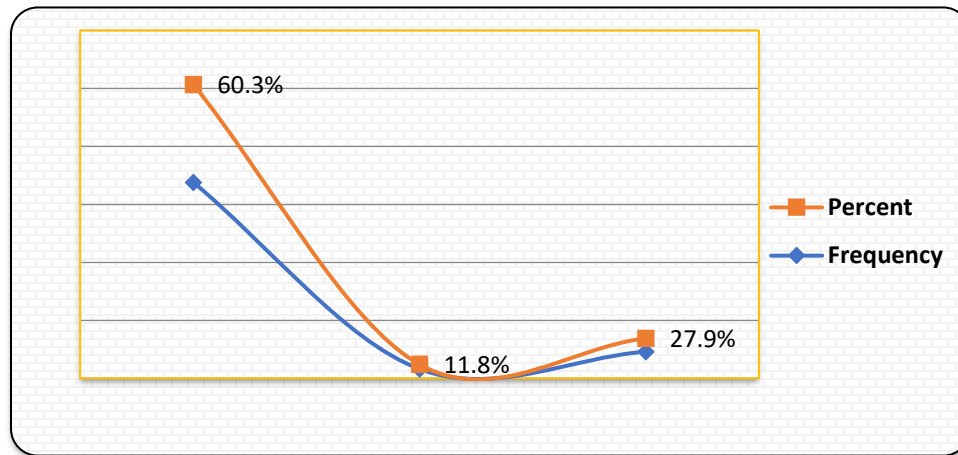
The structural interview was used to determine individual responses on knowledge and contraceptive use. Respondents were asked to name the family planning method they know or are aware of. They were prompted to mention as much as they can with a good description for them to understand. Data generated were analyzed using descriptive statistics, Pearson product-moment correlation

### Results and Findings

	Frequency	Percent
CHRISTIAN	220	60.3
MUSLIM	102	27.9
TRADITIONAL RELIGION	43	11.8
Total	365	100.0

**Table 1:** Descriptive statistics distribution of Religions

In the distribution of the respondents in Table one by religion, 60.3% of the respondents are Christians, 27.9% are Muslims, and 11.8% are traditional worshippers. This indicates that the majority of the respondents are Christians in the distribution of respondents.



**Figure 1:** presents in the table the frequency and percentages score of respondents

**Research Question 1.**

What is the knowledge of contraceptive use of rural women on family planning in a selected LGA in Northern Senatorial District, Cross River State?

xxxxxxx

Contraceptive use	Boki	Etung	Obanleku	Yala
Condom	70 (19.2%)	81 (22.2%)	190 (52.1%)	24 (6.6%)
Oral contraceptives	106 (29.0%)	172 (47.1%)	83 (22.7%)	4 (.9%)
Injectable	201(55.1%)	101(27.7%)	60 (16.4%)	3(.8%)
Periodic abstinence	40 (11.0%)	180 (49.3%)	145 (39.7%)	-
Implants	41 (11.2%)	65 (17.8%)	115 (31.5%)	144(39.5%)
Any method	95(26.0%)	107 (29.3%)	74 (20.3%)	89 (24.4%)
IUD	93.(25.5%)	116 (31.8%)	95 (26.0%)	61 (16.7%)
Others	21 (5.8%)	59 (16.2%)	101(27.7%)	184 (50.4%)

**Table 2:** shows the description of knowledge of contraceptive use of rural women.

Table 2 shows the report and current contraceptive use obtained from a structural interview in LGA. The result of the interview reveals that among the four selected, Obanliku has the highest use of condoms 52.1%, Etung 22.2%, Boki 19.2%, and Yala the least with 6.6%. for oral contraceptive use, Etung has the highest usage 47.1% while the least is Yala, Boki has the highest injectable use 55.1%, while Yala has the least. Etung has the highest number of periodic abstinences with 49.3% and none was used at Yala. The implant is seen to be more in Yala 39.5% and less in Boki 11.2%. Also, the result reveals that for those still using other methods, Etung indicates the

highest 26%, and Obanleku has the least 20%. Etung indicated the highest users of IUD, Obanleku, and Boki had 26%, while Yala was the least 17% of the IUD users.

**Research Question 2.**

What is the relationship between knowledge of contraceptive use of rural women and the adoption of family planning information? This research question was examined with Pearson Product Moment Correlation (PPMC) (Pearson r)

Variable	Mean	St-Dev	Df	N	R	P
KNOWLEDGE OF CONTRACEPTIVE	23.15	6.738	363	365	.914**	<.005
FAMILY PLANNING	55.73	11.503				

\*\* . Correlation is significant at the 0.05 level.

**Table 3:** The table shows the relationship between knowledge of contraceptives and family planning.

Table 3 reveals that there is a significant correlation relationship between knowledge of contraceptives and Family planning, N=365, r = .914\*\*, p<.005. That is, there is a high correlation between knowledge of contraceptive use and family planning. The result further reveals that knowledge of contraceptives has a significant influence on family planning. This implies that knowledge of contraceptives in rural women increases their tendency for family planning. The coefficient of determination (r<sup>2</sup>= 0.914),

reveals that knowledge of contraceptives is accounted for 91.4% of the variation in family planning.

**Research Question 3.**

How does the culture of the society influence the choice of family planning information among rural women? This research question was examined with Pearson Product Moment Correlation (PPMC) (Pearson r)



Variable	Mean	St-Dev	Df	N	R	P
CULTURAL INFLUENCE	23.05	4.021	363	365	.754**	<.005
FAMILY PLANNING	55.73	11.503				

\*\* . Correlation is significant at the 0.05 level.

**Table 4:** The table shows the relationship between Culture Influence and family planning

Table 4. To present correlation of the independent and dependent variables (culture), the variables were tested using the Pearson moment correlation coefficient. The result shows that culture has a highly significant relationship with family planning information of rural women, family planning with N=365,  $r=.754^{**}$ ,  $p<.05$ . That is, there is a relationship between culture and family planning. The table further reveals that culture has a very high influence on family planning. This implies that the culture of rural women tends to increase the level of family planning practice in the area. The coefficient of determination ( $r^2=0.754$ ), reveals that Culture had a very high influence on the family planning of rural women. That is, it accounts for 75.4% of the variation in family planning.

## Results and Discussion

The result of the data analysis is presented in a way to highlight the background variables of the respondents, answer the research questions, and discuss its findings. The descriptive analysis of the study on religion shows that 60% of the respondents are Christians, 28% are Muslims, and 12% are traditional worshippers who neither go to church nor attend mosques. This implies that a good number of the respondents used in the study represent Christians in the Northern senatorial district of Cross River State. According to Dixon-Muller (1999), religious beliefs might choose to avoid certain methods of family planning, such as the birth control pill, to live their lives according to the teachings of their religion. Omran (1992) observed that Muslim and family planning are often seen as incompatible, pointing out that the success of family planning programs in any society depends on the support of religious leaders. Meanwhile, Martin (1995) opined that religion was not found to be the principal influence on the decision to use contraception within North American Christian populations. Rasheed (2010) said that the Qur'an states the limitation of children, which is having not more than four children with a stated age of marriage. The Bible also confirms the statement that family planning is very crucial in a couple's life to adjust favourably to the economic demands of life (Schonfield, 2008). Therefore, the study reveals that the religion of rural women has an influence on family planning in the Northern Senatorial District of Cross River State. Research question one; what is the knowledge of contraceptive use of rural women with women and family planning information? Firstly, the result of the study reveals that a good number of rural women at the PHCs understood the use of contraceptives and various types. As indicated by the various Local Government Areas, the use of contraceptives influences the control of the birth rate. The result of research question 2 show that there is a significant relationship between knowledge of contraceptives and family planning. That is, there is a high correlation between knowledge of contraceptives and family planning. That means when there is a good knowledge of contraceptive use, it influences the adoption of family planning. This is supported by Domrei's research and consulting (2005), which emphasizes that after many years of introduction of family planning, the knowledge and use of contraception prevalence rate has increased from 7% in 1995 to 19% in 2000 and 27% in 2005. Adding that the progress in the use of contraception has not increased to a satisfactory level. Meanwhile, the global trend of contraceptive use has increased over the last 50 years in many regions. According to the UNDP (2006). Fikree Khan, Kadir, Sajan, and Rahbar (2001) argue that there are factors responsible for knowledge of contraceptive use and family planning methods, such include the exposure to messages through media. Potter (1999), also shows that the agreement and involvement of partners are very crucial when determining the choice of

family planning among couples, emphasizing that both couples are advised to have adequate knowledge that will help them make the right decisions on their choice of family planning. The study reveals that the culture of the society has a very high significant relationship with family planning information of rural women and family planning. This implies that the culture of rural women can determine the extent to which family planning in the Northern senatorial district can be adopted. This study is supported by Altai (2004) who observed that ethnicity could have a role in determining the practices of family planning, suggesting that if a woman doesn't bear enough children, especially sons; she will feel "shame," not only in front of her in-laws but also in front of the whole community. Habiger (2007) reveals that the cultural norms of the couples should not neglect the choice of family planning. It also indicates that the family planning method should be encouraged among couples and not just rural women alone. Therefore, for these reasons, a husband's approval of family planning and the ethical beliefs of the community often depend on one or two sons being born.

## References

1. Ankomah, A., Anyanti, J. and Oladosu, M. (2011). Myths, misinformation, and communication about family planning and contraceptive use in Nigeria. *Journal of Contraception*. pp. 95-105.
2. Campbell, M.M., Prata, N. and Potts, M. (2013). The impact of freedom on fertility decline. *The Journal of Family Planning and Reproductive Health Care*, 39(1), pp.44-50.
3. Cherkaoui M (2000). Fertile Changes. *ORGYN*, pp. 27-32. Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) 1979, Part III, articles 10, 12, 14, and 16. Crabb R, Hunsley J. 2006 Utilization of mental health care services among older adults with depression. *J Clin Psychol.DC*, Population Reference Bureau.
4. CLELAND J, HARBISON S, SHAH I. H (2014). UNMET NEED FOR CONTRACEPTION: ISSUES AND CHALLENGES *STUD FAM PLANN*, 45 (2014), pp. 105-122
5. Dempsey A.R, Billingsley C.C Savage A. H, Korte J. E 2012. Predictors and long-acting reversible contraception use among unmarried young adults. *Am J Obstet G*. 206;526e5
6. United Nations Department of Economic and Social Affairs, Population Division (2020). World Fertility and Family Planning 2020: Highlights (ST/ESA/SER.A/440).
7. Etuk SJ, Ekanem AD. 2003. Knowledge, attitude, and practice of family planning amongst women with an unplanned pregnancy in Calabar – Nigeria. *Niger J Physiol Sci*; 18(1-2):65-71.
8. Family Planning 2020 (FP2020). 2013. Announcement by the Democratic Republic of the Congo at the International Conference on Family Planning
9. Family Planning 2020 (FP2020). 2015. Factsheet New Commitments to FP2020
10. Findlay, S. 2017. Nigerian women face their fears and start using contraception. *Financial Times*. 11 October
11. Federal Republic of Nigeria. Ministry of Health. 2017. National Family Planning Communication Plan (2017-2020)

12. Hughes D., 2002. Quality of Health Care for Asian Americans: Findings from the 2001 Commonwealth Fund Health Care Quality Survey. New York: The Commonwealth Fund;
13. Korra, Antenane. 2002. Attitudes toward Family Planning, and Reasons for Nonuse among Women with Unmet Need for Family Planning in Ethiopia. Calverton, Maryland USA: ORC Macro
14. Kopnina, H. and Washington, H. 2016. Discussing why population growth is still ignored or denied. *Chinese Journal of Population Resources and Environment*, 14(2), pp.133-143
15. Khan Mehrab Ali 1996. Factors affecting use of contraception in Matlab, Bangladesh. *J Biosoc Sci.* 1996; 28(3): 265-279.
16. Montez David 2011. Family Planning and Maternal Health in Tanzania. Women Demand for More Information. Audience Scapes Africa Development Research Brief
17. Murphy E. 2004. "Diffusion of Innovations: Family Planning in Developing Countries," *Journal of Health Communication* 9, Supplement 1 (2004): 123-129.7
18. Mccurdy RJ, Schnatz PF, Weinbaum PJ, Zhu Junjia. Contraceptive use in adolescents in Sub-Saharan Africa: evidence from Demographic and Health Surveys. *Conn Med.* 2014; 78(5): 261-272
19. Odimegwu, C. O. 1999. "Family Planning Attitudes and Use in Nigeria: A Factor Analysis." *International Family Planning Perspectives* 25(24): 86-91.
20. Olaitan O.L 2009. Sexual Behaviour of University Students in southwest Nigeria. *Egypt. Acad. J. Biol. Sci. (Zool.)*, 1(1): 85-93. www.eajbs.eg.net.
21. Olawande, T I and Fasasi, L. T 2016. Family planning perception and sustainable development in Nigeria.: 3rd international Conference on African Development Issues. ISSN;2449-Q75x
22. Pazol, K, Zapata L.B, Dehlendore C, Malcolm N.M, Rosmarin R.B, Fredericksen B.N 2018. Impact of contraceptive education on knowledge and decision making: *An updated systematic review A Prev Med*, 55(pp.703-715)
23. Robey, B., P.T. Piotrow, and C. Salter. 1994. Family planning lessons and challenges: Making programs work. *Population Reports, Series J, Number 40.* Baltimore, Maryland USA: Johns Hopkins School of Public Health, Population Information Program.
24. Sharan, M and Thomas W. V 2002. "Spousal Communication and Family Planning Adoption: Effects of a Radio Drama Serial in Nepal." *International Family Planning Perspectives* 28(1):16-25.
25. Stephen, G A, Joseph KB Matovu, Simon S, Elizabeth N. 2016. Knowledge, sources, and use of family planning method among women aged 15-49 years in Uganda. Volume 24, article 39.
26. Sheikh S, Furnham A. 2000. A cross-cultural study of mental health beliefs and attitudes toward seeing professional help. *Soc Psychiatry Psychiatr Epidemiol.*
27. Smith R et al. 2009. Family planning saves lives, 4th ed. Washington
28. United States Agency for International Development (USAID) and Overseas Development Assistance (ODA), Situation Analysis Report: The Family Planning Situation Analysis Study, Washington, DC, USA: USAID; and Great Britain: ODA.
29. Uganda Bureau of Statistics, ICF International Inc. Uganda Demographic and Health Survey. Kampala Uganda and Calverton, Maryland, USA. UBOs and ICF International. 2012
30. United Republic of Tanzania. Ministry of Health, Community Development, Gender, Elderly and Children, 2019. Tanzania National Family Planning Costed Implementation Plan 2019-2023
31. United Nations Development Programme. 2019. 2019 Human Development Index Ranking
32. USAID and Management Sciences for Health. 2006. Rural Expansion of Afghanistan's Community-based Healthcare (REACH): Transforming a Fragile Health System. Cambridge, MA: MSH.
33. World Health Organization (WHO), 2007, Report of a WHO Technical Consultation on Birth Spacing Geneva: WHO.
34. Williamson L.M, Parkes A, Wight D, Petticrew M., Hart J.D 2009, Limits to Modern contraceptive use among young women in developing countries: *A systematic review of quantitative research period Health*, PP. 1-12
35. World Health Organization (WHO). 2018. Family Planning/Contraception
36. World Bank (WB),1993 Effective planning program Washington, DC.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here:

**Submit Manuscript**

DOI: [10.31579/2642-9756/158](https://doi.org/10.31579/2642-9756/158)

**Ready to submit your research? Choose Auctores and benefit from:**

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more <https://www.auctoresonline.org/journals/women-health-care-and-issues>