

## Utilization of Family Planning Services and Promotion Strategies Among Married Couples in Imo State, Nigeria.

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### Abstract

*The study investigated utilization of family planning services and promotion strategies among married couples in Imo State, Nigeria. Five specific objectives and three null hypotheses guided the study. A descriptive survey research design was adopted for the study. The population of the study consisted of 1,649,032 married couples in Imo State. The sample size for the study consisted of 1,220 married couples drawn using multi-stage sampling procedure. Three instruments were used for data collection in this study. They include Utilization of Family Planning Service Questionnaire (UFPSQ), family planning utilization in-depth interview guide (FPUIDIG) and promotion strategies for utilization of family planning services (PSFPU). The quantitative data were analyzed using frequency counts, percentages and Chi-square while the qualitative data were transcribed and analyzed thematically. The findings of the study indicated that low proportion of married couples (42.9%) utilized contraceptives. 44.7 per cent utilized fertility awareness methods, 43.7 per cent utilized barrier method (condom, diaphragm), 42.2 per cent utilized hormonal method (pills and injectable), 47.8 per cent utilized implants, 43.0 per cent utilized Intrauterine devices (copper-T), 36.2 per cent utilized sterilization. There was a significant difference in the proportion of married couples that utilized FP services based on level of education, religion, and gender ( $p < .05$ ). Moreover, all the formulated promotion strategies were appropriate for promoting family planning services utilization. Based on these findings, the author recommended among others that the Government, health planners and all other stakeholders should adopt and implement the formulated promotion strategies to improve the utilization of FPS and Family planning Centres should be erected in strategic places in the autonomous communities to ensure that it is accessible to the married couples. This will help for sustainable growth and development of Imo State and Nigeria generally.*

**Key words:** Family Planning Services, Contraceptives, Intrauterine Devices, Injectable, Diaphragm.

### Introduction

Family planning services (FPSs) are indispensable aspects of primary health care aimed at reducing morbidity and mortality associated with unplanned pregnancies, and unsafe abortion. These unplanned pregnancies and unsafe abortion have resulted in millions of maternal deaths in developing countries including Africa. These have continued to be major reproductive health problems globally (World Health Organization [WHO] (2017). About 250 million pregnancies occurred worldwide with unplanned pregnancies constituting about 80 million, and 46 million pregnancies aborted unsafely (Family Health International [FHI], 2014). Specifically, an estimate of 600,000 maternal death related to pregnancy occur worldwide each year and a total of 52,900 maternal death occur in Nigeria (WHO, 2015). Also, WHO reported that 13% of these deaths is due to unsafe abortion and globally approximately 50 million women resort to induced abortion each year, of this at least 610,000 pregnancy terminations occur in Nigeria. According to Okorochukwu and Ezem in Duru, Emelumadu, Iwu, Agunwa, Nwaogbo and Ndukwe (2018), the rate of maternal mortality and other pregnancy related conditions is high in Imo State. The authors who carried out a study on the trend of maternal mortality in Imo State observed that the mean mortality ratio was 1,985 per 100,000 deliveries which is very high. The researchers added that there are large numbers of married women who wish to avoid or delay pregnancies but are not using any effective FPSs.

Family planning services are very important assets in the nation's bid for greater tomorrow. In an effort to ensure that married couples have access to FPSs, Nigerian government has established health facilities all over the country. Imo state in particular established more than 369 hospitals and health centers where FPSs are carried out (Federal Office of Statistics [FOS], 2000). Nigeria has

adopted family planning as a strategy to curb high rate of population growth and high maternal mortality but the adoption of this service is still low (National Population Commission [NPC] Nigeria and ICF International, 2014). Several studies have revealed that in spite of the efforts made by Government in this direction; the adoption rate of family planning facilities and services in Nigeria remains largely insignificant (Duru et al., 2018; Ndukwe, 2018). The researchers attributed this to some cultural practices which are impinging on the health of women and due to high fertility rate in Nigeria. In addition, WHO (2017) revealed that an estimate of 123 million couples mainly in developing countries are not using family planning services despite their desire to space and limit childbearing. United Nations Population Fund [UNFPA] (2014) had stated that about 225 million women in developing countries would like to delay or stop pregnancy or child bearing, but are not using any safe and efficient family planning methods or contraceptives for reasons ranging from lack of access to FPSs, lack of support from partner and poor communication. The report further added that if all women with an unmet need for contraceptives were able to use the available ones, an additional 24 million abortion, (14 million which are unsafe), 70,000 maternal deaths and 500,000 infant deaths would be prevented.

Contraceptive use is one of the components of family planning services aimed at reducing unwanted pregnancy, timing pregnancy and spacing pregnancy as well as controlling maternal and child mortality and regulation of the population growth. Contraceptive is a device that is used to prevent fertilization of the ovum by the spermatozoa. Amentie (2015) defined contraceptives as a method of family planning to prevent maternal death by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortion and stop childbearing when they reach their desired family size. Contraceptives therefore are devices that prevent pregnancy and allow women to achieve the number of pregnancies they desired. Some of these contraceptives are traditional family planning methods, natural family planning methods, use of hormones, intrauterine devices, chemical barriers and diaphragm and male and female condom (Alenoghene, Isah, Isara, Ameh, & Adam, 2015; Ashimu, Amole, Ugwa & Ohonsi, 2016; Kana, Tagurum, Hassan, Afolanianmi, Ogbeyi, Difa, Amede & Churdam, 2016; Eyong & Eghong, 2017).

Utilization of contraceptives may be determined by many socio-demographic factors, however this study focused on educational factor, religious factor and gender. Educational factors mean the awareness and knowledge of the individuals about family planning services and level of education of the individual. Ajong, Njotang, Yakum, Essi, Essiben, Eko, et al. (2016) stated that lack of education makes the utilization of family planning services very low. Hence, level of education is an important variable that can determine the level of utilization of family planning services. Several studies on the use of family planning and contraceptives revealed that education has significant influence on utilization of FPSs (Amentie, 2015; Eyong & Eghong, 2017; Madubuchukwu & Ayuba, 2017; Endriyas, Eshete, Mekonen, Migananan, Shigaraw, & Ayele, 2017). Religious factor is all about the belief of the people. It is another factor that is capable of influencing family planning services utilization. Stacey (2016) stated that religion plays a significant role in influencing the decision about FPSs. It is worthy to note that since there are many religions in the world, there are also different opinions on family planning services. Studies on effect of religious factors on the use of family planning revealed a significant effect of religion on FP use (Obasohan, 2015; Mulongo, Lihana, Githuku, Gura, & Karanga, 2017). Hence, this study investigated Christianity, African traditional religion and Islamic religion as the three major religions in Nigeria. Gender refers to a social construct that differentiates a man from a woman. Gender is mostly interchanged with sex; while sex is a biological characteristic due to physical appearances and changes, gender is a social construct due to societal responsibilities and expectations (Azubuike, 2015). Studies showed that men are less likely to utilize family planning services considering their role as the head of the family while the women rely on the decision of the males or the husbands (Oluwatosin & Abimbola, 2015; Ndukwe, 2018; Ondeki, Wanyoike, Gichuchi, Minuya & Ndiranya, 2018). This has resulted to some of the women utilizing planning family without the consent of their husbands

The word promotion means to improve the quality, growth and development of any programme. Promotion according to WHO (1999), is a process of enabling one increase access and quality of activities. In the context of health, promotion can mean a process of increasing control over and improving one's health. Strategy on the other hand is a mean of improving the condition of the future through justified and approved means. Campbell and Graham (2006) defined strategy as a way

of shaping the future and is a human attempt to get desirable ends with suitable means. Therefore, promotion strategies could mean mapped out actions to improve the quality of a programme. Promotion strategies are proactive actions that would help to enhance and improve family planning services (Ajaegbu, 2013). Ajaegbu (2013), and Arisukwu, Igbolekwu and Oyeyibo (2019) reported that lack of family planning services in many locations has resulted in drastic decrease in utilization. Some of the promotion strategies are establishing family planning centers in each community, recruitment of staff or health care providers, community and faith-based organization involvement, health education through community extension services and social media, financial incentives through free or subsidized family planning services prices and supplying enough materials to the family planning facilities (Okechi, Wawire, & Mburu, 2017; Arisukwu, Igbolekwu, & Oyeyibo, 2019).

Imo State is one of the states in the South Eastern Nigeria. Imo State is made up of twenty-seven local government areas. Greater proportion of the married couples in this state has high large family due to high fertility rate (Duru, et al, 2018; Ndukwe, 2018). This has resulted to increase in unplanned pregnancy and increase in the rate of maternal and infant mortality. Majority of the women in this area are having problems associated with pregnancy and childbearing. There are numerous complaints of unplanned pregnancies among the women and many of them will opt for abortion which is unsafe due to the local and crude way it is carried out. This situation has led to increase in the death of these women with other pregnancy related conditions. Hence, if the contraceptives are utilized effectively, they will help in alleviating these problems. It is against this backdrop that the researcher investigated utilization of family planning services among married couples and formulated promotion strategies in Imo State of Nigeria. Specifically, the study sought to determine; the proportion of married couples that utilize FPSs; proportion of married couples that utilize FPSs based on level of education, proportion of married couples that utilize FPSs based on religion, proportion of utilization of FPSs among married couples based on gender and to formulate promotion strategies for utilization of FPSs among married couples in Imo State.

### **Research Questions**

Five research questions guided the study:

1. What is the proportion of married couples that utilize FPSs in Imo State in the past six months?
2. What is the proportion of married couples that utilize FPSs based on education in Imo State?
3. What is the proportion of married couples that utilize FPSs based on religion in Imo State?
4. What is the proportion of married couples that utilize FPSs based on gender in Imo State?
5. What promotion strategies are appropriate for utilization of FPSs among married couples in Imo State?

### **Hypotheses**

Three null hypotheses were postulated and tested at .05 level of significance.

1. There is no significant difference in the proportion of married couples that utilized of FPSs based on education in Imo State.
2. There is no significant difference in the proportion of married couples that utilized FPSs based on religion in Imo State.
3. There is no significant difference in the proportion of married couples that utilized FPSs based on gender in Imo State.

### **Method**

The study adopted a descriptive survey research design. Nworgu (2015) posited that descriptive research design describes situations as they exist in the natural setting and determines relationships that exist between specific events. The population of the study consisted of 1,649,032 married couples in Imo State. The sample size for the study consisted of 1,220 respondents. The multi-stage sampling procedure was employed to draw the sample for the study. Three instruments were used for data collection in this study. They are Utilization of Family Planning Service Questionnaire (UFPSQ) for quantitative data, family planning utilization in-depth interview guide (FPUIDIG) for qualitative data, promotion strategies for utilization of family planning services (PSFPU) generated quantitatively and qualitatively. Five experts from the Department of Human Kinetics and Health Education, University of Nigeria, Nsukka validated the UFPSQ. Cronbach Alpha was used to test the reliability of UFPSQ which yielded reliability indexes of 0.82. The PSFPU was validated by 20 health experts who

adjudged the appropriateness of the formulated promotional strategies. The quantitative data were analyzed and answered using frequency counts and percentages while Chi-square was used to test the hypotheses at 0.05 level of significance. The qualitative data were transcribed and analyzed thematically. The use of FPS measurement was; 50 and above indicates high utilization while below 50% indicates low utilization (WHO, 1999).

### Results

**Table 1: Proportion of Married Couples that Utilized FPS in Imo State in the last six months (n=1,199)**

| Components of FPS  | Utilized |             | Not Utilized |             |
|--|----------|-------------|--------------|-------------|
|  | f        | %           | f            | %           |
| Fertility Awareness Methods (FAM) (ovulation, thermal and withdrawal method) | 536      | 44.7        | 663          | 55.3        |
| Barrier method (condom, diaphragm,)  | 524      | 43.7        | 675          | 56.3        |
| Hormonal method (pills and injectable)                                       | 509      | 42.2        | 690          | 57.6        |
| Use of implants  | 574      | 47.8        | 625          | 52.2        |
| Intrauterine devices (copper T)  | 516      | 43.0        | 683          | 57.0        |
| Sterilization  | 482      | 36.2        | 717          | 63.8        |
| <b>Overall %</b>   |          | <b>42.9</b> |              | <b>57.1</b> |

Data in Table 1 reveal that overall; there was low utilization (42.9%) of FPS among married couples in Imo state. Specifically, the table shows that 44.7 per cent utilized fertility awareness methods, 43.7 per cent utilized barrier method (condom, diaphragm), 42.2 per cent utilized hormonal method (pills and injectable), 47.8 per cent utilized implants, 43.0 per cent utilized Intrauterine devices (copper-T), 36.2 per cent utilized sterilization. This means that low proportion of married couples utilized contraceptives in Imo State in the last six months.

**Table 2: Proportion of Married Couples that Utilized FPS based on Educational Level in Imo state (n=1,199).**

| Components of FPS                              | NFE<br>(n=81) |             | PRYEDU<br>(n=132) |             | SEC EDU<br>(n=416) |             | TER EDU<br>(n=570) |             |
|--|---------------|-------------|-------------------|-------------|--------------------|-------------|--------------------|-------------|
|  | UT<br>f%      | NUT<br>f%   | UT<br>f%          | NUT<br>f%   | UT<br>f%           | NUT<br>f%   | UT<br>f%           | NUT<br>f%   |
| FAM (ovulation, thermal and withdrawal method) | 37(45.7)      | 44(54.3)    | 59(44.7)          | 73(55.3)    | 210(50.5)          | 206(49.5)   | 323(56.7)          | 247(43.3)   |
| Barrier method (condom, diaphragm)             | 31(38.3)      | 50(61.7)    | 58(43)            | 74(56.1)    | 272(65.4)          | 144(34.6)   | 363(63.7)          | 257(57.1)   |
| Hormonal method (pills and injectable)         | 24(29.6)      | 57(70.4)    | 50(37.9)          | 82(62.1)    | 190(45.7)          | 226(54.3)   | 278(48.8)          | 302(53.2)   |
| Use of implants                                | 35(43.2)      | 46(56.8)    | 43(32.6)          | 89(67.4)    | 170(40.9)          | 246(59.1)   | 277(48.6)          | 292(51.4)   |
| Intrauterine devices (copper T)                | 29(35.8)      | 52(64.2)    | 60(45.4)          | 72(54.6)    | 151(36.3)          | 265(63.7)   | 256(44.9)          | 314(55.1)   |
| Sterilization                                  | 30(37)        | 51(63)      | 52(39.4)          | 80(60.6)    | 136(32.5)          | 280(67.5)   | 244(42.8)          | 326(57.2)   |
| <b>Overall %</b>                               | <b>38.3</b>   | <b>61.7</b> | <b>41.8</b>       | <b>58.2</b> | <b>45.2</b>        | <b>54.8</b> | <b>49.1</b>        | <b>50.9</b> |

**Key: NFE-Non-Formal education, PRYEDU-Primary Education, SEC EDU-Secondary Education, TER EDU-Tertiary Education**

Data in Table 2 show that overall, TER EDU (49.1%) utilized FPS more than married couples with SEC EDU (45.2%), PRYED (41.8%) and NFE (38.3%).

**Table 3: Proportion of Married Couples that utilized FPS based on Religion in Imo State (n=1,199)**

| Components of FPS                              | CHR (n=1014) |             | ATR(n=44)   |             | ISL(n=141)  |             |
|--|--------------|-------------|-------------|-------------|-------------|-------------|
|  | UT           | NUT         | UT          | NUT         | UT          | NUT         |
|  | f(%)         | f(%)        | f(%)        | f(%)        | f(%)        | f(%)        |
| FAM (ovulation, thermal and withdrawal method) | 546(53.8)    | 468(46.2)   | 19(43.2)    | 25(56.8)    | 63(44.7)    | 78(55.3)    |
| Barrier method (condom, diaphragm,)            | 706(69.6)    | 308(30.4)   | 20(45.5)    | 24(54.5)    | 83(58.9)    | 58(41.1)    |
| Hormonal method (pills and injectable)         | 515(50.8)    | 499(49.2)   | 13(29.6)    | 31(70.4)    | 45(31.9)    | 96(68.1)    |
| Use of implants                                | 388(38.3)    | 626(61.7)   | 12(27.3)    | 32(72.7)    | 38(26.9)    | 103(73.1)   |
| Intrauterine devices (copper T)                | 237(23.4)    | 777(76.6)   | 10(22.7)    | 34(72.3)    | 34(24.1)    | 107(75.9)   |
| Sterilization                                  | 113(11.1)    | 901(88.9)   | 4(9.1)      | 40(90.9)    | 29(20.6)    | 112(79.4)   |
| <b>Overall %</b>                               | <b>46.7</b>  | <b>53.3</b> | <b>39.6</b> | <b>60.4</b> | <b>44.5</b> | <b>55.5</b> |

**Key:** UT=Utilized, NUT=Not utilized; CHR=Christian; ATR=African Traditional Religion; ISL= Islam.

Data in Table 3 show that overall, Christian married couples (46.7%) utilized FPS more than Islam married couples (44.5%), and ATR (39.6%).

**Table 4: Proportion of Married Couples that Utilize FPS based on Gender in Imo State (n=1,199)**

| Components of FPS                              | Male (n=599) |             | Female (n=600) |             |
|--|--------------|-------------|----------------|-------------|
|  | NUT          |             | UT             | NUT         |
|  | f(%)         | f(%)        | f(%)           | f(%)        |
| FAM (ovulation, thermal and withdrawal method) | 315(52.2)    | 284(47.5)   | 321(53.6)      | 279(46.6)   |
| Barrier method (condom, diaphragm,)            | 420(70.1)    | 179(71.5)   | 404(67.3)      | 196(32.7)   |
| Hormonal method (pills and injectable)         | 171(28.5)    | 428(71.5)   | 338(56.4)      | 262(43.6)   |
| Use of implants                                | 32(5.3)      | 567(94.7)   | 293(48.8)      | 307(51.2)   |
| Intrauterine devices (copper T)                | 11(1.8)      | 589(98.2)   | 169(28.2)      | 431(71.8)   |
| Sterilization                                  | 136(22.7)    | 463(77.3)   | 146(24.3)      | 454(75.7)   |
| <b>Overall %</b>                               | <b>38.5</b>  | <b>61.5</b> | <b>48.7</b>    | <b>51.3</b> |

Data in Table 4 show that overall; female married couples (48.7%) utilized FPS more than male married couples (38.5%).

**Table 5: Promotion Strategies for the Utilization of FPSs among Married Couples in Imo state (n=20)**

| Promotion Strategies  | Appropriate |         | Inappropriate |        |
|---|-------------|---------|---------------|--------|
|   | f(%)        | f(%)    | f(%)          | f(%)   |
| 1. Government should ensure adequate provision of contraceptives to allow couples find a method suitable to them.   | 20(100.0)   | 0(0.0)  | 0(0.0)        | 0(0.0) |
| 2. Primary health care should effectively integrate all family planning issues into maternal and child health services.   | 20(100.0)   | 0(0.0)  | 0(0.0)        | 0(0.0) |
| 3. Community-level health education awareness programme should be implemented to address misconceptions and social norms that may affect use of modern contraceptives | 15(75.0)    | 5(25.0) | 5(25.0)       | 0(0.0) |
| 4. Government and non-governmental; organizations should subsidize the cost of contraceptives   | 13(65.0)    | 7(35.0) | 7(35.0)       | 0(0.0) |

|   |           |          |
|---|-----------|----------|
| 5. Health educators should provide educational materials such as info graphics to teach these married couples about the benefits of contraceptive use to increase their uptake of contraceptives.   | 19(95.0)  | 1(5.0)   |
| 6. Empowerment programmes such as skill acquisition programme, free educational services, reproductive health advocacy programme should be organized for the women to enhance their capacities to make informed decision about their reproductive health. | 14(70.0)  | 6(30.0)  |
| 7. The less educated should make use of sexuality education to increase their knowledge of family planning services   | 20(100.0) | 0(0.0)   |
| 8. Family life education which includes family planning should be integrated into adult education or distant education programme and less educated couples increase their knowledge of FPS and their utilization.   | 20(100.0) | 0(0.0)   |
| 9. Other NGOs and stakeholders should provide information to campaign and sensitize the religious members on the need for FP services   | 14(70.0)  | 6(30.0)  |
| 10. Faith-based organization could sensitize women on the need for adoption and use of family planning services.  | 15(75.0)  | 5(25.0)  |
| 11. Gender stereotypes should be abolished to encourage male participation in family planning services  | 20(100.0) | 0(0.0)   |
| 12. Gender stereotypes should be abolished to encourage male participation in family planning services  | 20(100.0) | 0(0.0)   |
| 13. Community should remove cultural factors that hinder participation in FP and allow equal access for men and women   | 15(75.0)  | 5(25.0)  |
| 14. Males should be encouraged to support their wives to utilize family planning services   | 8(40.0)   | 12(60.0) |
| 15. Married couples should together discuss family planning and use it together   | 16(80.0)  | 4(20.0)  |

Data in Table 5 show that most of the formulated promotion strategies were appropriate for effective utilization of FPS among married couples in Imo State.

**Table 6: Summary of Chi-square Test on Proportion of Married Couples that Utilized FPS based on Level of Education (n=1199)**

| Variable<br>Edu Level | Utilization of Family<br>Planning Services |                  | $\chi^2$   | df     | p-val |                      |
|-----------------------|--|------------------|------------|--------|-------|----------------------|
|                       | N  | Utilized<br>O(E) |            |        |       | Not utilized<br>O(E) |
| NFE                   | 81   | 31(38.3)         | 50(61.7)   | 39.056 | 3     | .001*                |
| PRYED                 | 132  | 55(41.8)         | 77(58.2)   |        |       |                      |
| SEC EDU               | 416  | 188(45.2)        | 228(54.8)  |        |       |                      |
| TER                   | 570  | 280(49.1)        | 290(50.9)  |        |       |                      |
| <b>Total</b>          | <b>1199</b>                                | <b>646</b>       | <b>553</b> |        |       |                      |

Key: O = Observed Frequencies, (E) = Expected Frequencies, df = Degree of freedom, \*significant (p<p.05)

Data in Table 6 show Chi-square value of 39.056 with a p-value of .001 which was less than .05 level of significance at 3 degree of freedom ( $\chi^2 = 39.056$ ; df=3; p= .000<.05). This shows that a significant difference was found in the proportion of married couples that utilized FPS based on level of education. Thus, the null hypothesis was rejected. This implied that education level of married couples was associated with utilization of FPS.

**Table 7: Summary of Chi-square Test on Proportion of Married Couples that Utilized FPS based on Religion (n=1,199).**

| Variable     | Components of FPSs |                  |                      | $\chi^2$ | df | p-value |
|--------------|--------------------|------------------|----------------------|----------|----|---------|
|              | N                  | Utilized<br>O(E) | Not utilized<br>O(E) |          |    |         |
| Christianity | 1014               | 557(546.3)       | 457((467.7)          | 53.368   | 2  | .001*   |
| Traditional  | 44                 | 19(23.7)         | 25(20.3)             |          |    |         |
| Islam        | 141                | 70(76.0)         | 71(65.0)             |          |    |         |
| <b>Total</b> | <b>1199</b>        | <b>646</b>       | <b>553</b>           |          |    |         |

\*significant,

Data in Table 7 show the Chi-square value of 53.368 with a p-value of .001 which is less than .05 level of significance at 2 degree of freedom ( $\chi^2 = 53.368$ ;  $df=3$ ;  $p= .000 < .05$ ). This shows that a significant difference was found in the proportion of married couples that utilized FPS based on religion. Thus, the null hypothesis was rejected. This implies that religious affiliation of married couples was associated with utilization of FPS.

**Table 8: Summary of Chi-square Test on the Proportion of Married Couples that Utilized FPS based on Gender (n=1,199).**

| Variable     | Components of FPSs |                  |                      | $\chi^2$ | df | p-value |
|--------------|--------------------|------------------|----------------------|----------|----|---------|
|              | N                  | Utilized<br>O(E) | Not utilized<br>O(E) |          |    |         |
| Male         | 599                | 279(322.7)       | 320(276.3)           | 2.860    | 1  | .001*   |
| Female       | 600                | 367(323.3)       | 233(276.7)           |          |    |         |
| <b>Total</b> | <b>1199</b>        | <b>646</b>       | <b>553</b>           |          |    |         |

\*significant,

Data in Table 8 show the Chi-square value of 2.860 with a p-value of .001 which was less than .05 level of significance at 1 degree of freedom ( $\chi^2 = 2.860$ ;  $df=1$ ;  $p= .001 < .05$ ). This shows that a significant difference was found in the proportion of married couples that utilized FPS based on gender. Thus, the null hypothesis was rejected. This implied that married couples differ in their utilization of FPS based on gender.

### *Discussions*

Data in Table 1 showed that there was low utilization (42.9%) of FPSs among married couples in Imo State. This finding is not surprising but expected because of the increase in rate of pregnancy and childbirth, the incessant news of death of childbearing mothers in the study area which has been a source of concern to the inhabitants of the area and its environs. This finding tallies with that of Eyong and Eghong (2017), which revealed that low number of women utilized contraceptives. The study of Endriyas, Eshete, Mekonen, Migananaw, Shiferaw, and Ayele (2017) however, contradicts this finding which revealed that contraceptive utilization was high (53.3%) among women of reproductive age, nearly three-fourth of the current users were using short term contraceptive methods. Result from qualitative data revealed that some married couples are not utilizing the contraceptives. The major ones they agreed using are the condom and withdrawal method, only just a few agreed to the use of pills and injections. Others do not even want to hear about it not to talk of using it. One of the male respondents vehemently said that he will never use it all his life because God want us to produce and multiply therefore it against the will of God.

Data in Table 2 revealed that low proportion of married couples about 49.1 per cent (TER), 45.2 per cent for (SEC), 41.8 per cent for PRYED and 38.3 per cent for (NFE) utilized FPS. The findings showed that the more educated utilized the services more than the less educated. This implies that educational status influences married couple's utilization of FPS. This finding is in line with that of

Maduabuchukwu and Ayuba (2017), Mulongo, Lihana, Githuku, Gura, and Karanga (2017), Vijayasree (2017) and Ndukwe (2018) which discovered that educational status has a positive impact on the utilization of FPS. Further finding in table 6 revealed that there was a significant difference in the proportion of married couples that utilized FP services based on level of education. This implies that married couples differ in their utilization of family planning services based on their level of education. This coincides with the findings of Amentie (2015) and Vijayasree (2017) which discovered that a significant difference was found in the educational level of the married women in their utilization of family planning methods. From the qualitative IDI responses, it also revealed that the more educated especially those of tertiary institution utilized family planning services more than those from secondary and primary education. This supports Alenoghene, Isah, Isara, Ameh, and Adam (2015), Ashimu, Amole, Ugwa and Ohonsi (2016), and Madubuchukwu and Ayuba (2017) who stated that education is a major determinant of the use of family planning services. A female teacher specifically stated that she is interested in family planning services because it has helped her to maintain her marriage, her home and the number of children she needs. But another man of primary education level even rejected the interview on hearing about family planning but consented to it because it was explained to him that family planning has other components apart from birth control. The man stated that family planning is fake, it is not working and has heard the news of how it disappointed a lot of people.

Data in Table 3 revealed that high proportion of Christian married couples about 64.9 per cent utilized family planning services while low proportion of Islam (49.6%) and ATR (43.9%) utilized FP services. The findings imply that Christians utilize FPS more than the Islam while Islam utilized FPS more than ATR. Finding in table 7 showed that a significant difference exists in the use of FPS based on religion. These findings were not surprising but expected because among all religions, Christians seem to be the religion that is more enlightened about family planning issues and regulation of pregnancy, this could also be as a result of their religion guideline, faith and church official guideline or as a result of the impact of their religious leaders. This finding is in consonance with that of Obasohan (2015) who observed higher contraceptive use among Christians than Muslims in Nigeria. Mulongo, Lihana, Githuku, Gura, and Karanga (2017), and Eyong and Eghong (2017) in support of this finding stated that some religion encourages male domination which constrains women authority and power which could limit their ability to make important decision in service utilization. This finding corresponds with the findings of the qualitative data (IDI) which revealed that one of the reasons for non-acceptance of family planning services is religious belief. Some of them claimed that their religious faith and belief is against FP especially use of contraceptives, that, they do not want to incur the wrath of God. One of the female respondents stated that everything about FP is against God because it might lead to termination of pregnancy. One clergy man refused to grant the interview because he does not want to discuss his family affair but, on much persuasion, he rejected the use of contraceptives.

Data in Table 4 showed that low proportion of females (48.7%) and males (38.5%) utilized contraceptives. This finding showed that females used contraceptives more than males. Table 8 revealed that a significant difference exists between male and female couples' use of FPSs. The findings were not surprising but expected because it is a known fact in the society that males are not interested in family planning issues and have rather seen it as women matter. The findings tally with the findings of Adelekan, Omoregie, and Edom (2014), Ondeki, Wanyoike-Gichuhi, M'imunya and Ndirangu (2015) and Oluwatosin and Abimbola (2015) which found out that men were aware of contraceptives but uptake of service is a problem hence some may prefer their wives to go for it. Data from the IDI revealed that female respondents utilized FPS more than the male respondents. One of the male respondents said that he has been going for these services because of the inability to impregnate the wife and the treatment has been effective. Another male respondent reported that he does not like the services and will never partake in them.

Findings in Table 5 showed that most of the formulated strategies were appropriate for the utilization of family planning services by the married couples in Imo State. These findings agree with the assertion of Ajaegbu (2013) which maintained that promotion strategies will motivate people value the importance healthcare services and utilize them. Okech, Wawire and Mburu (2017), and Arisukwu, Igbolekwu and Oyeyibo (2019) clearly suggested that quality health education by health educators and community health workers could help in changing attitude and behaviour towards FPS



and positive decision could be made on using family planning services. The authors hence suggested that provision of quality health education should be given high consideration. Conclusively, funding of FPS by government, non-governmental organization and others support is an effective strategy to promote the utilization FPS. Therefore, government of Nigeria and others stakeholders should make FPS accessible and affordable to those seeking the services to increase its utilization which will in turn reduce the population growth which is affecting the achievement of the stated sustainable development goals as well as improve the health and wellbeing of women, children, families and the society at large.

### ***Conclusion***

The findings of this study revealed that low proportion of married couples utilized contraceptives. This finding is not to the benefit of this nation and its stated sustainable goals, therefore demands all hands to be on deck to increase the proportion of utilization of contraceptives. FPS has been regarded as women's issue which made most men not to attend or go for it. This is because the society is male dominated; hence the opinion of the women is not always recognized. This is the reason why most women are utilizing these services without the consent of their spouses. As a result, the need for male participation in FPS intervention becomes imperative. In addition, the use of religions leaders and faith-based organization to increase utilization of FPS is very important. Moreover, there is need for women empowerment through education to enable them know their reproductive rights.

### ***Recommendations***

1. Health education and campaign on adequate utilization of FPS should be conducted by professional health educators and other health personnel regularly at the community health centers and village market squares to help increase utilization of FPSs.
2. Government and non-governmental agencies should procure more FP devices for the married couples in the communities and distribute to encourage them.
3. State government should make sure that private health practitioners have FPS unit where married couples that patronize them will receive the services.
4. Women should be empowered by increasing their level of education so as to increase use of FPS.
5. Religious leaders should ensure that FPSs is part of their sermon and can also organize seminars for married couples to encourage them on the need to use FPSs.
6. Male participation is an effective intervention, so men should be encouraged to use the services which will affect their spouse utilization as well.

### ***References***

- Adelekan, A., Omoregie, P., & Edom, E. (2014). Male involvement in family planning: Challenges and way forward. *International Journal of Population Research*. Retrieved at <http://www.ijpor.10416457,9>,
- Ajaegbu, O. O. (2013). Perceived challenges of using maternal health care services in Nigeria. *Art and Social Sciences Journal*, 65(3), 47-68.
- Ajong, A.B., Njotang, P.N., Yakum, M, N., Essi, M.J., Essiben, F., Eko, F. E, et al. (2016). Determinants of unmet need for family planning among women in urban Cameroon: A cross sectional survey in Biyem-Assi Health District, Yaounde. *BMC Womens Health*, 16(4).
- Amentie, M. (2015). Utilization of family planning services and influencing factors among women of childbearing age in Assosa Districr Beninshangul Gumuz Regional State West Ethiopia. *Science Journal of Clinical Medicine*, 4(3),52.0
- Arisukwu, O., Igbolekwu, C.O., & Oyeyibo, B. E. (2019). Knowledge and perception of emergency contraceptives among adolescent girls in OImo State, Nigeria. *Sexuality and Culture*. 24, 273-290.

- Azubuike, A.S. (2015). Effect of guided inquiry method on academic achievement and attitude of students in Physical and Health education at the Upper Basic Education level in Imo State. (Master's Thesis). Abia State University, Uturu, Abia State.
- Alenoghena, I.O., Isah, E.C., Isaac, A.R., Ameh, S.S., & Adam, V.Y. (2015). Uptake of family planning services among women of reproductive age in Edo North Senatorial zone Edo state Nigeria. *Sub-Saharan African Journal of Medicine*, 2, 154-159. Retrieved from <http://www.ssajm.org/text.asp?21/5/2017>.
- Ashimu, A.O., Amole, T.G., Ugwa, E.A., & Ohonsi, A. O. (2016). Awareness, practice and predictors of family planning by pregnant women attending a tertiary hospital in a semi-rural community of North West Nigeria. *Journal of Basics and Clinical Reproductive Sciences*, 5, 6-11. Retrieved from <http://www.jbcrs.org> on 5/7/2017.
- Campbell, O., & Graham, W. (2006). Maternal survival and strategies for reducing maternal mortality: Getting on what works. *Lancet*, 268, 1284-1299.
- Duru, C.B., Emelumadu, O.F., Iwu, A.C., Ohanla, L., Agunwa, C.C., Nwaogbo, E., & Ndukwe (2018). Socio-demographic determinants of family planning services among women of reproductive age in urban communities of Imo state. *Open Access Library Journal*, 5, 24627. Retrieved at <https://doi.org/10.4236/oalib>.
- Endriyas, M., Eshete, A., Mekonen, E., Migananaw, T., Shiferaw, M., & Ayele, S.C. (2017). Contraceptive utilization and associated factors among women of reproductive age group in Southern Nations Nationalities and Peoples Region, Ethiopia: Cross Sectional Survey Mixed Methods. *Contraceptive and Reproductive Medicine*, 2, 10. Retrieved at <http://doi.org/10.1186/540834-01-6-0036-z>.
- Eyong, C., & Eghong, I.E. (2017). Utilization of family planning services among women of child bearing age (15-45 years) from 2011 to 2013 in Calabar South local Government area of Cross River State, Nigeria. *International Journal of Public Health, Pharmacy and Pharmacology*, 2(1), 13-23.
- Federal Office of Statistics (2000). Nigeria demographic and health survey 1990.
- Kana, M.A., Tagurun, T.O., Hassan, I.Z., Afolaran, O.T., Ogunyemi, G.O., Difa, J.A., Amade, & Clurden, O.O. (2016). Prevalence and determinant of contraceptive use in rural North Eastern Nigeria: Result of a mixed qualitative and quantitative assessment. *Annals of Nigerian Medicine*, 10(1), 3-10. Retrieved from [www.anmjournals.com/article.asp?](http://www.anmjournals.com/article.asp?)
- Maduabuchukwu, I., & Ayuba, I. I. (2017). Grand-multiparity: The reasons women give for high parity in South-South Nigeria. *Clinical Medicine Research*, 6(3), 92-98. Retrieved at doi: 10.11648/j.cmr.20170603.16
- Mulongo, A.M., Lihana, R.W., Githuku, J., Gura, Z., & Karanga, S. (2017). Factors associated with uptake of dual contraception among HIV-infected women in Bungoma county, Kenya: A cross-sectional study. *The Pan African Medical Journal*, 28(1), Retrieved at <http://www.panafrican-med-journal.com/content/series/28/1/2/full>.
- National Population Commission [NPC] Nigeria and ICF International (2014). *Nigeria Demographic and Health Survey [NDHS], 2013*. Abuja: Nigeria, and Rockville, Maryland, USA: NPC and ICF International.
- Ndukwe, E.N. (2018). Socio-demographic determinants of family planning services utilization among women of reproductive age in urban communities of Imo state, Nigeria. *Access Library Journal*, 5, <https://doi.org/10.4236/aalib.1104627>
- Nworgu, B.G. (2015). *Educational research: Basic issues and methodology*. Ibadan: Wisdom Publishers Ltd.
- Obasohan, P.E. (2015). Religion, ethnicity and contraceptive use among reproductive age women in Nigeria. *International Journal of MCH and AIDS*, 3(1), 63-73.
- Okech, T.O., Wawire, N.W., & Mburu, T. K. (2017). Contraceptive use among women of reproductive age in Kenya's city slums. *International Journal of Business and Social Science*, 2(1), 22- 42.
- Oluwatosin, S.A.I., & Abimbola, A. A. (2015). Knowledge, attitude, practice and choice of family planning methods among non-literate married women in Ile- Ife, Osun State *Journal of Psychology and Behavioural Science*, 3(2), 114-121. Retrieved on line at <http://yediran.d>.
- Ondeki, D.K., Wanyoike-Gichuhi, J., M'imunya, J.M., & Ndirangu, G. (2015). Knowledge and

attitude of infertile couples on male participation in infertility management at Kenyatta National hospital.

- Stacey, D. (2016). What do religion say about birth control and family planning. *Retrieved at* <https://www.verywellhealth.com-906618>
- UNFPA. (2014). Making pregnancy & child birth safer (Fact Sheet). UNFPA Initiative for Reproduction Health in Asia in cooperation with German Foundation for world population.
- Vijayasree, L. (2017). Influence of education and occupation on FP in rural Shimpert RR District TS India. Doi 10.21746/ijbio.2017.11.
- WHO (1999). *Report of the inter-agency meeting on advocacy strategies meeting for health and development: development communication in action*. Geneva: Author.
- WHO (2015). *Family planning//contraception: WHO, Media centre*. Available from <http://who.int/mediacentre/factsheets/fs351/en/>.
- WHO (2017). *Maternal mortality, estimate, developed by WHO, UNICEF and World Bank*. Geneva: WHO.