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Family Planning Methods Utilization among Women of Reproductive Age in Ebonyi North Zone of Ebonyi State

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Abstract

This study investigated family planning methods utilization among women of reproductive age in Ebonyi North Zone, Ebonyi State. Five research questions and four hypotheses guided the study. The study employed cross-sectional research design. The study was conducted in Ebonyi North Zone Abakaliki, Ebonyi State. The population of the study comprised of 7525 women of reproductive age in Ebonyi North Zone, Ebonyi State and 752 participated in the study. Multi-stage sampling technique was adopted in the selection of the sample. The instrument for data collection was structured questionnaire labeled: Family Planning Methods Utilization Questionnaire (FPMUQ). Internal consistency of the instrument was determined using Cronbach alpha co-efficient r and the overall reliability coefficient was 0.87.Mean, standard deviation, One Way Analysis of Variance (ANOVA) and t-test statistics were used to analyze the data. The results showed that women of reproductive age in Ebonyi North Zone utilized family planning methods to a low extent (1.87± 0.06). The same trend was observed when individual characteristics namely; education, years in marriage, location and parity were tracked. However, women with tertiary education (2.10± 0.51), 21years and above in marriage (1.97± 0.57), women residing in urban (2.30± 0.37) and those with 5 children and above (2.00± 0.56) utilize family planning methods better than others. When ANOVA statics was run, significant differences were observed in the extent of family planning methods utilization among the women regarding level of education (F-value 24.952, p=0.000), years in marriage (F-value 16.582, p=0.000), location (t-value 18. 097, p=0.000) and parity (F-value 21.159, p=0.000). The study concluded that women of reproductive age in Ebonyi North zone utilized family planning methods to low extent and the implication is that it will lead to increase in population size, unsafe abortion and other life threatening Sexual Reproductive Health (SRH) problems which the use of family planning methods would have been prevented. The authors recommended, among others, that government and Non-Governmental Organizations through health educators should intensify activities toward creating awareness on the need for use of family planning methods to avert some reproductive health problems among the women.
Keywords: Family Planning, Family Planning Methods, Family Planning Methods Utilization, Women of Reproductive Age

Introduction

The issue of family planning methods utilization has raised interest among scholars. For example, Okelade (2016) reported that in every developing nation, women of reproductive age especially in Nigeria carries large burden of poor health related to closely spaced pregnancies and child birth. There are millions of women of reproductive ages who are not using contraceptives in spite of the expressed desire to space or limit the number of birth (Okelade, 2016). In Ethiopia, Misganu, Akine, Emebet, Jebeje, Mekonnen and Sinafikish (2017) reported that women of reproductive age had a low extent of family planning methods utilization. In Nigeria, Iniabasi and Adindu (2013) found that family planning methods were available but not well-utilized by the participants. Nagasa, Jiregna, and Abulie (2015) affirmed that this lead to increase in population, unsafe abortion, sexually transmitted

infections (STIs), HIV and AIDS, and other life threatening, which the use of family planning methods would have been prevented.

Family planning (FP) is the ability of women to anticipate and attain their desired number of children, spacing and timing of their births (Alemeyehu, Dejene & Zelalem, 2018). Family planning is the ability of women to control the timing and number of their pregnancies *(*Mackfallen, Anasel & Upendo, 2014). Contextually, family planning refers to planning size of the family in a manner well-suited with physical and socio-economic resources of couples and conducive to health and welfare of affiliates of the family through the use of various methods. Family planning methods include implants, withdrawer, injectable, condom, diaphragm, breastfeeding, rhythm method and oral contraceptive (Adizue, Anonyuo, Guraguri & Anyanti, 2016). In implants method soft tubes of progestin is been inserted under the skin of a woman's arm. The implant then prevents pregnancy for 3 to 5 years and is removed depending on the type of implant. Withdrawal involves pulls penis out of the woman's vagina away from woman genitals before ejaculation during sexual intercourse. In injectable, women is given a hormone injection to keep her from getting pregnant. The Intra-Uterine Device (IUD) is a small object made of plastic, or of plastic and copper that has 2 small strings attached which is inserted inside the womb, and the strings hang down into the vagina. Condom is a narrow bag of thin rubber that the man wears on his penis while having sex and the bag traps the man's sperm so as not to get into the woman's vagina or womb. A female condom is a lubricated pouch made of thin, soft plastic that fits loosely inside a woman's vagina which is fits into the vagina and covers the outer lips of the genitals (vulva). It prevents pregnancy by keeping sperm out of the vagina. The diaphragm and cervical cap are both shallow cups made of soft rubber that are worn in the vagina during sex and may be left in vagina for at least 6 hours after sexual intercourse, and as long as 24 hours (but no longer). In tubal ligation the tubes that carry the egg to the uterus are cut or tied.

These methods help women to avoid unwanted births, bring about wanted births, regulate the intervals between pregnancies to control time at which births occur in relation to ages of women, and determine the number of children in the family, preventing abortion, limiting the number of pregnancies (Park, 2007). It's also assist families in achieving the number of children, desired, with appropriate spacing and timing to ensure optimal growth and development of each family member, improves the health of mothers and contributes to the nation's social and economic development. Hampton and Nagy (2013) disclosed that family planning methods may be only effective in controlling birth and help to achieve number of desired birth if it is well utilized. The authors described family planning methods utilization as the extent to which women make use of methods of family planning which are already available. Utilization of family planning methods by women of reproductive age directly contributes to the improvement of children's health and growth; it also indirectly contributes to children's wellbeing and development by improving maternal health (Hatcher, Rinehart, Blackburn, Gellwr & Shelton, 2003). For instance, adequately spaced children can be well fed and healthier than closely spaced children and women of reproductive age can have time and good health to care for their children. Women of reproductive age are women within the age bracket of 15-49years.

Some demographic variables of women of reproductive age such as level of education, years in marriage, location and parity play a significant role in the family planning methods utilization (Macfallen, Anasel & Upendo, 2014). On education, Abdurahman, Desalegn, Amsalu and Megabiaw (2014) noted that women with tertiary education had higher extent of family planning utilization, followed with those with secondary while non-formal and primary have low extent of utilization. Also, there was significance difference in the extent of family planning methods utilization by level of education, years in marriage, location and parity.

Study in Nigeria found that women had a low extent of family planning methods utilization but had high utilization on breastfeeding, coitus interrupts, condom and safe period calculation and low utilization on tubal ligation and vasectomy family planning methods (Okeowo & Olujide, 2014). Iniabasi and Adindu (2012) revealed that women of childbearing age have low extent of family planning methods utilization in rural community of Nigeria. Eyong and Ivi (2017) study revealed low extent of family planning services utilization by women of childbearing age based on years in marriage and that there was no significant difference in the extent of family planning methods utilization based on years in marriage. The authors further found that oral contraceptive was the main methods of family planning utilized by the women. Md and Md (2015) reported that women of reproductive age in Bangladesh had a low extent of family planning methods utilization. Alemeyehu, Dejene and Zelalem (2018) found that in all the family planning methods, such as injectable, implants and pills studied, women in Southeast Ethiopia had a low extent of utilization.

In Ethiopia, Misganu etal (2017) reported a low extent of contraceptive pill utilization among women of reproductive age. Those with children 2-3years utilized contraceptive pill higher than those with 1-2years and 5years and above. Those with tertiary and secondary education have high extent of contraceptive pill utilization

than those with primary education, however, non-formal education have low utilization. There were significant differences in the utilization of family planning methods among the participants by level of education and parity. Amela, Effiong, Nwagu, Petra and Atam(2018) found significant difference in the extent of utilization of family planning methods among adolescents in Enugu State, Nigeria.

Study in Ghana by Gaetano, Lutuf, Zaake and Annika (2014) found low extent of contraceptive pills utilization among female adolescents based on location. Rural adolescents had a low extent of utilization than urban. There was significant difference in the extent of contraceptive pills utilization among female adolescents in Ghana based on location and level of education. Uwaezuoke, Uzochukwu, Nwagbo and Onujekwe (2004) found significant difference in the contraceptive use among female in Kenya. Those with tertiary and secondary education have higher utilization than those with non-formal and primary education. This implies that increasing educational status enhances access to health services and access to information. On parity, Alemeyeh, Dejene and Zelalem(2018) found that those women with 2-3years children had high utilization of family planning than those with 1-2years while those with 5years and above had low utilization of family planning methods. The study found that there was difference in the extent of family planning methods utilization based on parity.

In Nigeria women of reproductive age carry largely avoidable burden of poor health related to closely spaced pregnancies and child birth (Okeowo & Olujide, 2014). Despite numerous public health issues and human rights calling for a strong focus on sexual and reproductive health especially on the benefits of family planning methods utilization. International Conference on Family Planning (ICFP) (2013) reported that Nigeria has experienced high maternal mortality rates (544/100,000 live births), largely due to short birth spacing and poor health delivery system. Based on this premise, the researchers investigated family planning methods utilization among women of reproductive age in Ebonyi North zone, Ebonyi State.

Statement of the Problem

The worldwide rate of unintended pregnancy in 2012 was 53 per 1,000 women aged 15–44 with the highest regional rate in Africa (Sedgh, Singh & Hussain (2012). Utilization of contraceptive methods could avert 54 million unintended pregnancies, 79,000 maternal deaths and one million infant deaths each year (Bongaarts & Cleland, 2012). WHO (2015) reported that Nigeria is still one of ten countries that accounted for nearly 59% of global maternal deaths in 2015 as a result of lack of spacing pregnancies. International Conference on Family Planning (ICFP) (2013) reported that Nigeria had experienced high maternal mortality rates (544/100,000 live births), largely due to short birth spacing and poor health delivery system. The Body concluded that despite extensive researches showing effectiveness and acceptability of long acting reversible methods of contraceptives (LARCs) such as implants and intra-uterine contraceptive device (IUCD) in population and other contraceptive methods, there is still under-utilization of family planning methods in Nigeria generally.

Ebonyi State had the highest percentage (97.0%) of women who are married and are not using any contraceptive methods to space their children (Demographic Statistic Bulletin (2017). In Ebonyi North zone of Ebonyi State, it is common practice for women to have too many children, too close to one another and each reproductive age woman on average is expected to have atleast eight to ten children. As a consequence, the researchers observed that the population size of each family has grown dramatically but economic growth has not kept in parallel with it. Such an unbalanced population size will inevitably have a negative impact on the wellbeing of each person in the family, their education, State and nation at large. Most of them cannot send their children to school, nor feed them, even to have control over the number of children they have. This is the prevailing situations and no study of this kind has covered the extent of family planning methods utilization specifically on women of reproductive age in Ebonyi North Zone on their demographic variables like level of education, years in marriage, location and parity. Hence, the researchers investigated the family planning methods utilization among women of reproductive age in Ebonyi North Zone, Ebonyi State.

Purpose of the Study

The main purpose of the study was to determine family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State. Specifically the study determined extent of :
1. Family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State.
2. Family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on level of education.
3. Family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on years in marriage

4. Family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on location
5. Family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on parity.

Research Questions
The following research questions guided this study.
1. What is the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State?.
2. What is the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on level of education?
3. What is the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on years in marriage?
4. What is the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on location?
5. What is the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on parity?

Research Hypotheses
The study tested the following research hypotheses at 0.05 level of significance
1. There is no significant difference in the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on level of education.
2. There is no significant difference in the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on years in marriage.
3. There is no significant difference in the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on location.
4. There is no significant difference in the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone Abakaliki, Ebonyi State based on parity.

Methods
This study employed cross-sectional research design. The study was conducted in Ebonyi North Senatorial Zone Abakaliki, Ebonyi State. Ebonyi North Senatorial Zone is located at Ebonyi North and made up of four local Government Area namely: Abakaliki, Ebonyi, Izzi, and Ohaukwu. There are known for Agriculture and each reproductive age women on average are expected to have at least eight to ten children and must marry in time. The population of the study comprised of 7,525 women of childbearing age (Abakaliki 1882, Ebonyi 1881, Izzi 1884 and Ohaukwu 1871) and 752 participated in the study representing 10% of the population of study. This sample was adjudged representative of the population based on Nwana's (2007) rule of thumb, which stipulated that when a population is a few thousand, 10% sample should be used. Multi-stage sampling technique was adopted in the selection of the sample. In the first stage, the researchers identified 4 local Government Area (LGA) that made up the Zone. The second stage involved a purposive elimination of all unmarried male on each LGAs. The third stage involved the stratification of reproductive women into their different LGAs, from which 10% of women in each LGAs of the Zone were selected using simple random sampling technique of balloting without replacement. The procedure yielded a total sample of 752 women of reproductive age used in this study. The instrument for data collection was a 19-item structured questionnaire labeled: Family Planning Methods Utilization Questionnaire (FPMUQ). The response columns of the questionnaire were arranged as follows: Always = 4, occasionally=3 Rarely = 2, and never=1 as the case may be. The instrument was validated by three experts in the Department of Human Kinetics and Health Education, Ebonyi State University, Abakaliki. Internal consistency of the instrument was determined using Cronbach alpha co-efficient and the overall reliability coefficient was 0.87, which is higher than a coefficient of 0.60 for good instrument (Ogbazi and Okpala, 1994). In order to establish the extent of family planning methods utilization, the criterion mean was set at 2.50 indicating that any mean below 2.50, was considered as low extent of family planning methods utilization while any mean score of 2.50 or above was considered high extent of family planning methods utilization. Out of 752 copies of questionnaire distributed 697 copies representing 96% were retrieval and used for data analysis. Research questions were answered using mean and standard deviation. One Way Analysis of Variance (ANOVA) statistic was employed to test hypotheses

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1, 2 and 4 and t-test was used to test hypothesis 3. The entire hypotheses were tested at 0.05 alpha level of significance.

Results

Table 1: Mean and Standard Deviation of Family Planning Methods Utilization among Women of Reproductive Age in Ebonyi North Zone

S/N	Items	$\bar{x}$	SD	Decision
1	Contraceptive pill	1.91	1.23	L
2	Injectable	1.79	1.14	L
3	Implants	1.63	1.04	L
4	Intrauterine contraceptive	1.50	0.91	L
5	Condom	2.09	1.21	L
6	Diaphragm	1.41	0.85	L
7	Cervical Cap	1.42	0.85	L
8	Tubal ligation	1.43	0.89	L
9	Breastfeeding	2.68	1.29	H
10	Abstinence	2.40	1.24	L
11	Rhythm	2.31	1.33	L
12	Billings Ovulation	2.45	1.25	L
13	Withdrawal	2.42	1.26	L
14	Waistband	1.77	1.12	L
15	Armband	1.70	1.06	L
16	Use of padlock and key	1.60	1.05	L
17	Douching	1.79	1.12	L
18	Medicated feather	1.61	1.04	L
19	Medicated Ring	1.56	1.03	L
	Grand mean	**1.87**	**1.06**	L

Key: H= High extent of Utilization
L= Low extent of Utilization

The data presented in Table 1 show that only item 9 obtained a mean score of 2.68±1.29 above 2.50 which is the acceptance mean while every other item obtained mean scores below 2.50 respectively with the grand mean of 1.87 and standard deviation of 1.06. This indicates that women of reproductive age in Ebonyi North zone utilized family planning methods to low extent.

Table 2: Mean and Summary of ANOVA of Family Planning Methods Utilization among Women of Reproductive Age in Ebonyi North Zone based on Level of Education

Variables	N	$\bar{x}$	SD	df	F-value	p-value	Decision
No Formal Education	166	1.95	0.49	3	24.952	0.000	Significant
Primary Education	161	1.67	0.56				
Secondary Education	164	1.72	0.54				
Tertiary Education	206	2.10	0.51				
Grand mean	**697**	**1.86**	**0.53**				

Data in Table 2 show that the women of reproductive age in Ebonyi North zone utilized family planning methods to a low extent based on level of education (1.86±0.53.). Summary of ANOVA on the extent of family planning methods utilization showed that there was significant difference in the extent of family planning method utilization among women of reproductive age in Ebonyi North Zone based on level of education. This is evident from the F-cal value which was 24.952 and p-value of 0.000 which was less than 0.05 level of significance. However, the hypothesis was rejected.

Table 3: Mean and Summary of ANOVA of Family Planning Methods Utilization among Women of Reproductive Age in Ebonyi North Zone based on Years in Marriage

Variables	N	$\bar{x}$	SD	df	F-value	p-value	Decision
1-10 Years	209	1.69	0.52	2	16.582	0.000	Significant
11-20 Years	221	1.91	0.51				
21years &above	267	1.97	0.57				
Grand mean	**697**	**1.86**	**0.53**				

Data in Table 3 show the responses on different years in marriage based on the family planning methods utilization. The grand mean indicates that women of reproductive age despite their different years in marriage utilize family planning methods to a low extent based on years in marriage. Those that have spent 21 years and above had higher mean (1.86 ±0.53) than 1-10years (1.69±0.52) and 11-20years (1.91±0.51). Summary of ANOVA on the extent of family planning methods utilization showed that there was significant difference in the extent of family planning method utilization among women of reproductive age in Ebonyi North Zone based on years in marriage. This can be seen where the F-cal 16.582 was significant at p-value of 0.000 at 0.05 level of significant. Thus, the hypothesis was rejected.

Table 4: Mean and t-test statistic of Family Planning Methods Utilization among Women of Reproductive Age in Ebonyi North Zone based on Location

Variables	N	$\bar{x}$	SD	df	F-value	p-value	Decision
Rural	459	1.64	0.49	695	18.097	0.000	Significant
Urban	238	2.30	0.37				
Grand mean	**697**	**1.97**	**0.43**				

Result in Table 4 show that the respondents from rural and urban areas utilized family planning methods to a low extent based on location (1.97 ±0.43). However, urban women of reproductive ages had higher mean score of (2.30 ±0.37) than the rural ones (1.64±0.49), suggesting that, there was difference in the extent of family planning methods utilization among reproductive age women in Ebonyi North based on location. Summary of ANOVA indicated significant difference in the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone based on location. This is shown in the Table where t-value of 18.097 was significant at p=0.000. However, the hypothesis was rejected.

Table 5: Mean and Summary of ANOVA of Family Planning Methods Utilization among Women of Reproductive Age in Ebonyi North Zone based on Parity

Variables	N	$\bar{x}$	SD	df	F-value	p-value	Decision
1-2 children	209	1.71	0.55	2	21.159	0.000	Significant
3-4 children	159	1.78	0.44				
5 & above children	329	2.00	0.56				
Grand mean	**697**	**1.83**	**0.52**				

Data in Table 5 indicate that each of the groups scored below a criterion mean of 2.50 set for the study. This show that the respondents in all the groups utilized family planning methods to a low extent based on parity. However, those who had 5 children and above had higher mean (2.00±0.56) than 1-2 ($\bar{x}$ =1.71±0.55) and those that had children 2-3 children (1.78 ±0.44). Summary of ANOVA indicated that the F-cal of 21.159 was significant at p-value of 0.000 at 0.05 level of significant. This suggests that there was significant difference in the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone based on parity. However, the hypothesis was rejected.

Discussion

Data in Table 1 showed that women of reproductive age in Ebonyi North Zone of Ebonyi State utilized family planning methods to a low extent. This finding was expected and prove the observation earlier made in the study that it is common practice among women of reproductive age to have too many children, too close to one another and each reproductive age woman on average is expected to have atleast eight to ten children, showing that the participants do not utilize family planning methods. This finding is in line with Okeowo and Olujide (2014)

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which found that women in Nigeria had a low extent of family planning methods utilization. Alemeyehu, Dejene and Zelalem (2018) which found that in all the family planning methods such as injectable, implants and pills studied women in Southeast Ethiopia had low extend of utilization agreed with this present study. This implies that if this trend continues in Ebonyi North, there is tendency that there will be increase of unwanted birth and having children without child spacing and the truth remains that high maternal mortality rates will still ravage in Nigeria.

Data in Table 2 indicated that difference exists in the family planning methods utilization among women of reproductive age in Ebonyi North Zone based on level of education. However, women of reproductive age in Ebonyi North zone utilized family planning methods to a low extent based on level of education. This is because each of the subgroups has a mean score of below 2.50 criterion mean set for the study. Those with tertiary education had higher utilization than those with non-formal education, primary and secondary education. This showed that education is pre-requisite for family planning utilization among women of reproductive age in Ebonyi North Zone. This difference was significant based on level of education. This finding supported Abdurahman, Desalegn, Amsalu, and Megabiaw (2014) study which found significance difference in the extent of family planning methods utilization based on level of education. The implication of this study is that increasing educational status enhances access to health services and access to information.

Result presented in Table 3 showed that difference exist in the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone based on years in marriage. Data indicated that women of reproductive age despites their different years in marriage utilized family planning methods to a low extent based on years in marriage. Those that have spent 21 years and above in marriage had higher utilization than 1-10years and 11-20years.This is not surprised finding based on the fact that the participants who had spent higher years in marriage might have utilized the methods and probably knows the implication of child spacing. This showed that years in marriage determine the extent women might utilize family planning and as women years in marriage increase, there is tendency that they could utilize family planning methods, hence years in marriage is an advantage to family planning utilization. The difference was significant based on years in marriage in Table 7. This finding is in line with Eyong and Ivi (2017) study which revealed low extent of family planning services utilization by women of childbearing age based on years in marriage.

Data in Table 4 revealed that respondents from rural and urban areas utilized family planning methods to a low extent. However, urban women of reproductive ages utilized higher than the rural ones. The study further found that there was significant difference in the extent of family planning methods utilization among women of reproductive age in Ebonyi North based on location. This finding was expected because those in urban might have access to family planning methods than those in rural. The Disu (2012) affirmed that family planning methods seem not to be widely utilized in both urban and rural populations of developing countries supported the finding of this present study. This finding supported the assertion of Gaetano, Lutuf, Zaake and Annika (2014) which found low extent of contraceptive pills utilization among female adolescents in Ghana based on location. Rural adolescents had a low extent of utilization than urban and there was significant difference in the utilization of contraceptive pill among female adolescents in Ghana based on location.

Results in Table 5 revealed that women of reproductive age in Ebonyi North Zone utilized family planning methods to a low extent based on parity. However, those women with 5 children and above utilized family planning methods higher than those with 1-2 children and 3-4 children. This finding Summary of ANOVA indicated that there was significant difference in the extent of family planning methods utilization among women of reproductive age in Ebonyi North Zone based on parity. This finding supported Misganu et al (2017) that reported a low extent of contraceptive pill utilization among women of reproductive age in Ethiopia. This finding might have been occasioned by the vast experience those who had 5 children and above women have had as it relates to number of childbearing.

Conclusion

Based on the findings of this study, the study concluded that women of reproductive age in Ebonyi North Zone, Ebonyi State utilized family planning methods to a low extent. Thus, contraceptive pill, injectable, implants, intrauterine, condom, diaphragm, cervical cap, tubal ligation, abstinence, rhythm, billings ovulation, withdrawal, waistband, armband, use of padlock and key, douching, medicated feather and medicated ring but utilized family planning methods to a high extent on breastfeeding. Furthermore, differences exists in the extent of family planning methods utilization based on level of education, years in marriage, location and parity. There were significance differences based on level of education, years in marriage, location and parity.

Recommendations

The following recommendations were made to the government, health educators, Non-Governmental Organizations, health counselors, ministry of health and women of reproductive age:

1. Health educators should provide accurate, unbiased and essential information about family planning methods utilization to women whose marriages are still young to improve on the utilization of family planning methods.
2. The establishment of Counseling Unit (CU) should be given prominence in all the available health centres or clinics located in both rural and urban to enable women of reproductive age to access the services when in need.
3. Non-Governmental Organization should organize campaign on family planning methods utilization in different places and occasions to create awareness on the family planning utilization especially among the women with 1-4 children.
4. Ministry of health should design interventions that will increase awareness of family planning methods, correct existing misconceptions, and to showcase and increase available RSH services using veritable tools including, radio, telephone and the internet especially to women with non formal education, primary and secondary education.

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