

# FACTORS INFLUENCING THE UTILIZATION OF MODERN FAMILY CONTRACEPTIVES AMONG WOMEN OF REPRODUCTIVE AGE IN IKOT OFFIONG AMBAI COMMUNITY, AKPABUYO LOCAL GOVERNMENT AREA, CROSS RIVER STATE

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## ABSTRACT

*This study assessed the utilization of modern family contraceptives among women of reproductive age in Ikot Offiong Ambai community in Akpabuyo local government area. The descriptive research design was adopted for this study. A simple random sampling technique was adopted and balloting by replacement was done to select a total of 154 women of reproductive age (15-49 years) from the health facility, using the Taro Yamane's sample size estimation formula. The instrument used for the study was a self-developed structured questionnaire divided into three (3) sections and consisting of 18 items. The validity and reliability of the instrument was ascertained, the reliability coefficient score is 0.71. The result presented in frequency and percentages. The result of this study observed that the level of awareness of family planning by respondent is high. Further findings showed that religion, spousal influence and sex preference are factors influencing the utilization modern methods of family planning, but income is not a factor. It was recommended that, there should be added efforts in creating awareness on the benefits of modern family planning utilization by government and non-government parastatals so as to aid in the achievement of Millennium Developmental goal five.*

**Keywords:** Family Planning, Spouses, Awareness.

## INTRODUCTION

The wide spread of utilization of family planning (FP) globally among women of reproductive age (15-49 years) is promoted as a mechanism to address reproductive health needs of men, women and couples, as well as the crucial challenge of rapid population increase. In developing countries, the proportion of people using modern family planning methods either for child spacing or

limiting births has been increasing from 9 to 60 per cent in a span of forty years until recently (World Health Organization, 2005a). According to WHO (2005a), Such encouraging figures have led some to claim that research in family planning is no longer a global issue or priority and that a sufficient choice of safe and effective methods is already available.

The opinion above ignores the reality that over 120 million couples do not use contraceptives despite wishes to space or limit their child bearing and that a further 300 million are dissatisfied with the methods they use (WHO, 2003). According to a study carried out by Viravaidya and Sacks (2006) when human reproduction is left unchecked, it results into high birth rates, bringing about large family size with negative effects on the health of the respective mothers and children. Consequently, this leads to negative impact on the family, community and nation at large as a result of economic overload in covering the additional demand.

In 2011, world population stood at 7 billion. Africa accounts for more than 1 billion of world population of which Nigeria has remained the most populous with a total population of about 160 million at the 2006 census (Population Reference Bureau, 2011). The current total fertility rate is estimated to be 5.7 per woman. Low utilization of modern contraceptive is one of the key determinants of high fertility in Nigeria (WHO, 2005c) and Nigeria according to Khurfeld (2006), is already facing a population explosion with the resultant effect that food production cannot match the growing population. Studies have

revealed that in Nigeria today, the birth rates are higher than the world average, although the contraceptive prevalence rate among women of reproductive age (15 – 49 years) has doubled during the previous years, it still remains very low (Nwachukwu & Obasi, 2008).

Modern contraceptives which include hormonal and non-hormonal methods are preferred above the traditional methods like periodic abstinence and coitus interruptus because they are more efficacious and are associated with lower failure rates. The correlates of low contraceptive use include high rates of unintended/ unwanted pregnancies, unsafe abortions leading to sepsis, maternal and perinatal morbidity and mortality, undesirable child spacing etc. which are some of the problems noticed in Ikot Offiong Ambai Community and the acceptance of modern contraceptives is an important component of maternal, new-born, and child health services (WHO, 2005). Also, Bogale, Mekite, Tizta and Eshetu (2011), are of the view that utilization of modern contraceptives plays significant role in fertility reduction by facilitating both the spacing and limiting of pregnancies in women of reproductive age. Importantly, limiting pregnancy in women of reproductive age is vital to the reduction of the risk of maternal and pre-natal complications from early child bearing, thereby resulting in decrease in infant, child and maternal mortality (WHO, 2004).

The factors that influences contraceptive acceptance are multifaceted and challenging. Several studies evident that most women's knowledge and use of contraception is associated with socio-demographic, socio-cultural, socio-economic, spouse influence, obstetric and media exposure related factors were found to contribute on the acceptance of modern contraceptives (Mustapha & Anyul, 2010; Timothy, Nelson & Tom, 2011; Olugbenga-Bello, Abodunrin & Adeomi, 2011).

The overall rates for current contraceptive use were 13.2%, while the rate for modern methods was 9.4%. There are slight improvements over

previous national representative estimates. Specifically, contraceptive prevalent rate (CPR) for modern contraceptives from National Demographic Health Survey (NDHS 2008), data in 1990 and 1999 were 7.5% and 9% respectively. Although there was an increase in the utilization of modern contraceptive methods in 1999 compared to 1990, utilization of family planning seems to have stagnated since 1999. This implies that contraceptive use is still a critical public health agenda in Nigeria.

Monjok, Andrea, Ekabua, and Essien (2010) in their review of contraceptive use in Nigeria and its implication for future policy decisions suggested that “concentration has to be made between those involved with research and those involved with policy and governance. Particularly, research information must be shared to generate political priority with politicians and those who have power to take appropriate action. General regulation of sexual behaviours has been an important concern for many religious groups at various times and in various cultural settings. The relationship between religion and family planning has been recognized as a very important determinant of contraceptive usage (Nwachudwu & Obasi, 2008).

The attitude of religious leaders to family planning and particularly their practice or non-practice of it has some influence on the overall prevalence of family planning practices in a community, because the church is an important organ of social mobilization (Keele, Forste, & Flake 2005). This suggests that religious leaders should not be ignored as potential proponents of family planning. Indeed, society have shown that religious leaders are respected members of the community and had been effective in developing highly successful family planning programmes in the past decade and much of this success has been attributed to the support and guidance provided by the country's religious leaders (Aghajarvan, 2005). Some religions such as Catholicism have restrictions on contraception based on their

beliefs. According to Dixon-Muller (2009), religious believers or observers may choose to avoid certain methods of family planning such as birth control pills, in an effort to live their lives according to the teaching of their religion. Christians draw their inspiration from the life of Jesus of Nazareth, the proclaimed son of God (Poston, 2008). Among Christian denominations today, there are a large variety of positions towards contraception. The Old Testament injunction to “be fruitful and multiply” has its counterpart in the teaching of several religions predominantly throughout sub-Saharan African countries, Nigeria inclusive (Obermeyer, 2004). This is as a result of the belief that the procreation is sacred and any interference with it would bring down the wrath of God. Within Catholicism, the primary purpose of marriage and sexual intercourse is procreation. Every act of intercourse must remain open to conception. Contraception destroys any potential to produce new life and violates the principle of marriage (Schenker, 2005). This conception ban is against un-natural means of contraception, which include chemical and barrier methods. Abstinence and the rhythm method are the only officially approved methods of birth spacing (Schenker, 2005).

Global health has improved considerably over last four decades, but everywhere the health status of the poor compares unfavourably with that of the more affluent sectors of society. Parallel disparities in fertility and in contraceptive use are found between poor and wealthy countries. The world's total fertility rate has dropped dramatically, from 5 children per woman in the early 1950s to 2.6 children per woman today (WHO, 2012). This gap between the rich and poor in the use of contraception has persisted despite general global improvements in socio-economic status and the expansion of family planning services (Kost, 2009). The poor do not have the same access to life-saving and healthy lives as those who are economically better off. However, a difference in fertility between the rich and poor is not an inequality provided the poor have higher fertility because

they want to have more children. Low income and minority women have greater difficulties than other women in avoiding unplanned pregnancy. Seventy-four percent of pregnancies to women with a family income less than 105% of the federal poverty level of unplanned compared with 52% of those among higher income women (Kost, 2009).

According to Olugbenga-Bello, Abodurin, and Adeomi (2011), women who discussed with their husband about modern contraceptives were about seven times more likely to use modern contraceptive methods than women who did not discuss at all. This is in line with studies conducted from Jimma (South West Ethiopia), Kenya, Tanzania, Nigeria and Bangladesh. Also, Kebedede (2006) indicated that those women whose husbands approve using modern contraceptives were almost three times more likely to use modern contraceptives. This is in line with the previous studies in Pakistan and Ethiopia. This implies that male involvement has an important role on the use of modern c o n t r a c e p t i v e s . C o u p l e ' s communication/discussion and husband's approval about contraceptives were significantly associated with modern contraceptive use. However, women's demand for more children has a negative effect on the use of modern contraceptive methods. Improvement in family income or socio-economic status to the higher level has an important role in upgrading usage of modern contraceptive.

According to Bongharts (2005), Sex preference for children has a salient issue in demographic work in developing countries for a long time. In societies with high fertility regimes, sex preference for children is not burdening issue. When fertility declines a relatively greater impact rise over the course of the fertility transition as parent become increasingly effective in achieving their reproductive goals and even the fertility is inflated because of son preference. Recently the fertility impact of son preference has

further intensified by sex-selective abortion a relatively new practice that is growing rapidly in some Asian countries, sex selective abortion inflates the sex ratio at birth and lowers fertility (Bongharts 2005). Interpretation of data of demographic and health surveys revealed a desire for a balanced number of daughters and sons or at least a child of each sex. In contrary parents of Western countries prefer children of both sexes and are much more likely to have a third and fourth birth if existing children are all the same sex, indicating a strong preference for children of both sexes. This increased propensity has added around three percent to the fertility of the cohorts (Kippen, Evans & Gray, 2007). Son are more likely than daughters to provide family labour on the farm or in family business and support their parent at old age, although there is some recognition that sons are no longer a dependable source of old age support (Dharmalingam, 2006).

Considering the present low rate of acceptance and utilization of contraceptives among women of reproductive age in Cross River State, which is at 16%, (Cross River State Ministry of Health, 2010), and particularly at Ikot Offiong Ambai Community, where their attitudes and belief system about the utilization of health facilities is very poor, despite Government's efforts towards free medical services to women of child bearing age and the under-five (5) years. Hence, this paper therefore aims to determine the factors that influence the utilization of modern family planning contraceptives among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A of Cross River State. Despite all impact of modernization and conscientious activity such as awareness programmes, public orientation funding of researches, production of free contraceptives, availability of health services, publication by governmental and non-governmental organizations and also private individual both at the National and International level to promote and enhance the use of contraception and family planning services, the usage of contraceptives are

still on a very low pace and also fertility rate keep increasing at its rate of being due to some seen and unseen institutional norms and values (Adeyemo, Oladipupo, & Omisore 2012). Each year, approximately 287,000 women die from complications related to pregnancy and child birth, with 99% of these deaths occurring in the developing countries. Majority of maternal deaths worldwide are brought about by direct causes such as haemorrhage, infection, obstructed labour, unsafe abortions, and high blood pressure (WHO, 2005b; WHO, 2010; UNDP, 2011).

The Health belief model was adopted for the theoretical framework for this study and it provides the theoretical framework for understanding the dynamics of preventive health behaviours. The HBM is one of the most widely used theoretical framework for understanding health behaviours and is believed to lay the foundation of this study which enables the researcher to discover what is known or unknown about the topic of interest in order to conduct research that adds to the body of knowledge.

## **OBJECTIVES OF THE STUDY**

1. To ascertain the level of awareness of modern family planning contraceptives among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A
2. To determine the influence of religion on acceptance of modern family planning contraceptives among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A.
3. To ascertain the influence of level of income on the acceptance of modern family planning contraceptives among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A.
4. To determine spousal influence on the utilization of modern family contraceptives among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A.

5. To assess the influence of sex preference on utilization of modern family planning methods among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A.

### RESEARCH QUESTIONS

1. What is the level of awareness of modern family planning methods?
2. What is the influence of religion on utilization of modern family planning contraceptives among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A.?
3. Does the level of income influence the utilization of modern family planning contraceptives?
4. Does spouse influence affect the utilization of modern family planning contraceptives among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A.?
5. To what extent does sex preference influence utilization of modern family planning methods among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A.

### MATERIALS AND METHOD

The descriptive research design was adopted for this study. The setting for the study is Ikot Offiong Ambai Community in Akpabuyo L.G.A of Cross River State. Its headquarter is in the town of Ikot Nakanda. It consists of ten (10) council wards, namely: Idundu /Anyanase, Atimbo East, Atimbo West, Ikot Edem Odo, Ikot Eneyo, Ikot Nakanda, Ikot Eyo, Ikang North, Ikang South and Ikang Central. Akpabuyo LGA lies between latitude  $4^{\circ}5'$  and  $5^{\circ}40'$  and longitude  $8^{\circ}25'$  and  $8^{\circ}32'$  East. It lies within the vegetation belt of southern Nigeria and shares the Atlantic coastline with Bakassi to the east and the Republic of Cameroun

to the west. It has an area of  $1,241\text{km}^2$  and populated with 271,395 people (National Population Commission, 2006).

A simple random sampling technique was adopted and balloting by replacement was done to give every woman of reproductive age an equal chance of being selected for the study. Out of the several health facilities found within Akpabuyo L.G.A., the health facility in Ikot Offiong Ambai community Akpabuyo L.G.A. was used because it is the main area of study, which is the Primary Health Care Centre (Maternity), Ikot Offiong Ambai Community. A total of 154 women of reproductive age (15-49 years) were selected from the health facility, from an accessible population of 250 women of reproductive age. The instrument used for the study was a self-developed structured questionnaire consisting of 18 items. The questionnaire was divided into three (3) sections A, B, and C. Section A consisted of 5 questions on the socio-demographic data, while section B consisted of 10 questions and dealt with the level of awareness of modern methods of contraceptives and section C had 3 questions on the spousal influence on the utilization of modern contraceptives. The validity and reliability of the instrument was ascertained, the reliability coefficient was 0.71.

### RESULTS

Table 1 shows that majority of the respondents 52 (34%) were between the age range of 20-24 while minority of the respondents 2 (2%) were between the age range of 45-49. Majority of the respondents 54 (35%) were Pentecostal while minority of the respondent 5 (9%) were Muslims. Thirdly 20% respondents were protestants, 33 (23%) were Orthodox and 20(13%) of the respondents where Catholics. Majority of the respondent 51(33 %) earned 10,000 per month. Forty 26% respondents earned 30,000 per month and only 17 (11%) respondent earned 40,000 and above. Majority

of the respondents 68(44%) had senior secondary certificate while minority of the 40 (26%) had tertiary school qualification.

Majority of the respondents were single 46 (30%) while 30 (19%) were separated, 36 (23%) of the respondents were married.

**Table 1**  
**Socio-demographic characteristics of respondents**

Variables	Category	Frequency	Percentage
Age	15 – 19	6	4
	20 – 24	52	34
	30 – 34	48	31
	35 – 39	38	25
	40 – 44	8	5
	45 – 49	2	1
	Total	154	100
Religion	Catholic	20	13
	Protestant	30	20
	Pentecostal	54	35
	Orthodox	35	23
	Muslim	15	9
	Total	154	100
Income level	10,000 per month	51	33
	20,000 per month	46	30
	30,000 per month	40	26
	40,000 and above per month	17	11
	Total	154	100
Educational status	Primary	46	30
	Secondary	68	44
	Tertiary	40	26
	Total	154	100
Marital status:	Married	36	33
	Single	46	30
	Separated	30	20
	Divorced	24	16
	Widow	18	11
	Total	154	100

Table 2 reveals the level of awareness of modern contraceptive usage among women of reproductive age in Ikot Offiong Ambai Community in Akpabuyo L.G.A. The table shows that 136 (88%), which were majority of the respondents, are aware of family planning while 18 (12%) are not aware. 36 (26%) had the information through friends; 10 (7%) had the information through their neighbors; 30 (22%)

had the information via radio/television; while 10 (7%) had the information from their partners; and 50 (38%) had the information from health facilities. The table also shows that 68 (44%) respondents use various methods of family planning, while 86 (56%) respondent does not engage in family planning at all. Among the 68 (44%) that are engaged in family planning, 30 (20%) uses combined pills; 18

(12%) uses injectables; 5 (3%) uses condoms, 5 (3%) uses natural methods while 8 (5%) uses IUCD, 2 (1%) did sterilization. However, 58 (38%) respondents knew exactly when to take their next dose of contraceptives.

Table 2 reveals that majority 136 (89%) of the respondents are aware of family planning. Out of the 136 respondents that are aware of family planning; 36 (23%) had through friends; 10 (6%) had through their neighbors; 30 (20%) had via radio/television; while 10 (6%) had from their partners; and 50 (33%) had the information from

health facilities. Table 2 further shows that majority 68 (44%) of the respondents uses various methods of family planning. Among the 68 (44%) that are engaged in family planning, 30 (20%) uses combined pills; 18 (12%) uses injectables; 5 (3%) uses condoms, 5 (3%) uses natural methods; 8 (5%) uses IUCD while 2 (1%) uses other methods (sterilization). However, 58 (38%) being majority of the research respondents, knew exactly when to take their next dose of contraceptives. This study conclude that the level of awareness is high.

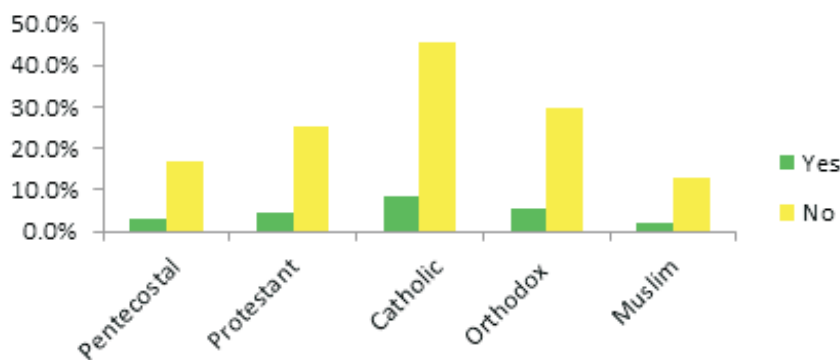
**Table 2**

**Showing level of Awareness of modern contraceptive use**

Statements	Responses		Total/100
	Yes Frequency (%)	No Frequency (%)	
Have you heard about family planning?	136 (88)	18 (12)	<b>15 (100)</b>
Do you use any method of family planning?	68 (44)	86 (56)	<b>154 (100)</b>
Do you know exactly when to take your next dose of contraceptive?	58 (38)	96 (62)	<b>154 (100)</b>
<b>Sources of Awareness of Modern C</b>			
If yes, where did you get the information?			
a. Friends	36 (26)		
b. Neighbours	10 (7)		
c. Radio/television	30 (22)		<b>136 (100)</b>
d. Partners	10 (7)		
e. Health facilities	50 (38)		
If ye s, what type of family planning method are you using currently?			
a. Combine pills	30 (20)		
b. Injectables	18 (12)		
c. Condoms	5 (3)		
d. Natural	5 (3)		
e. IUCD	8 (5)		
f. Others (Sterilization)	2 (1)		

Figure 1 shows that 4% of pentecostals believed in family planning while 20% did not, 5% of Protestants believed in family planning while 30% did not, 10% Catholics believed in family planning while 40% did not, 7% of

Orthodox believed in family planning while 30% did not, 2% of Muslim believed in family planning while 13% did not. This study implies that religious belief is a factor influencing family planning utilization.



**Figure 1: Showing Influence of religious belief on modern family planning utilization.**

Table 3 revealed that majority of the respondents 51 (33%) that utilized modern family planning earned 10,000 per month while minority 17 (11%) of the respondents earned 40,000 and above per month. Other respondents earned between 20,000 to 30,000 per month. Table 3 revealed that majority of the

respondents 14(9%) that utilized modern family planning earned 40,000 and above per month while minority 1(1%) of the respondents earned 10,000 per month. This study conclude that Level of income is not a factor influencing utilization modern family planning.

**Table 3:**

Income	Utilization of modern family planning	
	Frequency	Percentage (%)
Income level		
10,000 per month	51	33
20,000 Per month	46	30
30,000 per month	40	26
40,000 and above per month	17	11
<b>Total</b>	<b>154</b>	<b>100</b>



Table 4 shows that 8 (5%) respondents had approval from their spouse to engage in family planning, while 146 (95%) respondents did not: 119 (77%) respondents agreed with their spouses on the number of children they desire; while 35 (23%) did not and lastly 103 (67%) of

respondents affirmed that there is a reason why their spouses do not allow the use of family planning contraceptives while 51 (33%) did not. This study implies that spousal influence is a factor on contraceptive usage (50%).

**Table 4:  
Showing Spousal influence on contraceptives usage**

Statements	Responses			
	Yes Frequency	%	No Frequency/%	Total/ %
Does your partner approve the use of family planning?	8	(5)	146 (95)	154 (100)
Have you and your spouse discuss number of children to have?	119	(77)	35 (23)	154 (100)
Is there any reason why your spouse does not allow the use of family planning contraceptives?	103	(67)	51 (33)	154 (100)

Table 5 showed that majority of the respondents 68(44%) preferred 4 and above male children, followed by 3 males 55(36%). Table 5 showed that majority of the respondents 68(44%)

preferred 4 and above male children. Sex preference is a factor influencing the utilization of family planning.

**Table 5:  
Influence of sex preference on modern family planning utilization**

Statement	Yes		No		Total/%
	Frequency	(%)	Frequency	(%)	
How many males would you have preferred:					
1	1	(1)	153	(99)	<b>154 (100)</b>
2	30	(19)	124	(81)	<b>154 (100)</b>
3	55	(36)	99	(64)	<b>154 (100)</b>
4 and above	68	(44)	86	(56)	<b>154 (100)</b>
How many females would you have preferred:					
1	12	(8)	142	(92)	<b>154 (100)</b>
2	62	(40)	92	(60)	<b>154 (100)</b>
3	48	(31)	106	(69)	<b>154 (100)</b>
4 and above	32	(20)	122	(80)	<b>154 (100)</b>

## DISCUSSION

Results from this study revealed that the level of awareness of family planning is high. From various sources, and majority had the information mostly from health facilities.

The study shows that religion is a factor influencing utilization of family planning. This finding is in accordance with the study of Schenker (2005) who reported that religion especially catholic, ban family planning as unnatural means of contraception, which include chemical and barrier methods. Abstinence and the rhythm method are the only officially approved methods of birth spacing and are not really affect. These findings are contrary to that of the National Demographic Health Survey (NDHS, 2008), which revealed that data in 1990 and 1999 were 7.5% and 9% respectively, indicating an increase in the utilization of modern contraceptives. This implies that the level of utilization of modern contraceptives is quite low and the outcome may lead to population spike and its associated adverse effects such as unplanned pregnancies, increase in birth rate, criminal abortions, and increase in maternal and infant morbidity and mortality rates in the Community.

Findings of this study showed that spousal influence is a factor influencing utilization of family planning. This implies that male involvement has an important role on the use of modern contraceptives. Thus, the results of this study correlate with that of Olugbenga-Bello et al. (2011), where women who had approval from their husbands about modern contraceptives were about seven times more likely to use modern contraceptive methods than women who did not. Also, Kebedede (2006) indicated that those women whose husbands approve using modern contraceptives were almost three times more likely to use modern contraceptives.

Study reveals that sex preference is a factor influencing utilization of family planning. This

study was affirmed with that of Dharmalingam (2006) which revealed that having one son is imperative for continuation of the family line and many sons provide additional status of the family. He further revealed that sons are not likely than daughters to provide family labor on the farm or in a family business and support their parent at old age. In Nigeria, the preference for a son is very high among men and women and in the absence of a male child, some families develop crises.

The result also revealed that income is not a factor influencing utilization of family planning. This study is not in consistent with Cleland (2005) which stated that the gap between the rich and poor in the use of contraceptives had persisted general global improvement in socio-economic status and the expansion of family planning services. They maintained that the poor do not have the same access to life-saving and health-maintaining interventions as the rich; the rich are able to utilize family planning more because they can afford the cost, compared to the poor. Also, the findings of Kost (2009) reveals that low income and minority women have greater difficulties than other women in avoiding unplanned pregnancy also supports this result.

## NURSING IMPLICATION

This study revealed that Women of child bearing age in Ikot Offiong Ambai Community have good level of awareness of modern contraceptives, and their level of utilization is below average. This in turn may lead to increase fertility rate in the community thereby bringing about high maternal and infant morbidity and mortality, as a result of unintended pregnancies leading to abortion, septicaemia, and increase incidence of haemorrhage, anaemia, child abandonment and sexual transmitted diseases. Hence, this study will enable all stakeholders – Nurses, Doctors, Spouses, Policy Makers, NGOs, non-

NGOs, Religious and Traditional Leaders to understand the various factors that may influence the full utilization of modern contraceptives among women of child bearing age in Ikot Offiong Ambai Community, to ensure improve maternal and child health. Hence, the need to tackle such influencing factors in order to achieve the aims of MDG- 5.

### **CONCLUSION AND RECOMMENDATIONS**

Based on the results, it is concluded that women of child bearing age in Ikot Offiong Ambai Community, in Akpabuyo Local Government Area of Cross River State, level of awareness of modern methods of family planning is high. Religious beliefs, sex preference and spousal influence are factors influencing utilization of modern family planning services. Income is not a factor influencing utilization of family planning. From the findings of the study, it was recommended that, there should be added efforts in creating awareness on the benefits of modern family planning utilization by government and non-government parastatals so as to aid in the achievement of Millennium Developmental goal (MGDs) five (5). Empowerment of women in areas such as employment, higher education, involvement in decision making process and policy formulation should be encouraged. Reproductive health education should be intensified in the secondary school curriculum. Nurses and other health care providers should be more sensitized and retraining workshops should be encourage on family planning so that women of reproductive age will be effectively taught in the cli nics, hospitals, health centers and during home visiting. Extensive/ intensive study should be carried out on this topic in order to yield more valuable results. Involvement of spouse in the full utilization of family planning methods. Involvement of various religious bodies to ensure active

participation in family planning making decision.

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