

## Evaluation of the Factors Influencing the Use of Contraceptives and Family Planning Methods Among Youths in Calabar Metropolis, Nigeria

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### Abstract

**Background:** The rapid increase in the proportion of sexually active adolescents is exposing large numbers of youths to the risk of unwanted pregnancies and sexually transmitted diseases including HIV/AIDS. This is because the knowledge of contraceptive and family planning methods use in Nigeria is low, resulting in serious reproductive health problems such as unwanted pregnancies, unsafe induced abortion, high rate of vesico - vaginal fistula, (VVF) high maternal mortality rates, sexually transmitted infections (STIs), HIV/AIDS and above all, increase in population in both rural and urban areas.

The main thrust of this study was to evaluate the factors influencing the use of contraceptives and family planning methods among youths in Calabar Metropolis of Cross River State, Nigeria.

**Methods:** This was a cross-sectional study. The study population were all youths between the ages of 15-30 years in Calabar Metropolis. Non-probability sampling involving purposive and simple random sampling technique were adopted in the selection of two hundred and forty (240) respondents. The data for this study were obtained primarily through the questionnaire and personal interviews. The quantitative and descriptive approaches were adopted. The data were analyzed using frequency tables and percentage distribution.

**Results:** The findings of the study showed that religious barriers, cultural barriers and educational status/level of awareness of the youths greatly influenced their knowledge and use of contraceptives and family planning methods.

**Conclusion:** The study revealed that the adolescents of Calabar Metropolis had knowledge of the use of contraceptives and other family planning methods, but this did not translate to actual practice due to some factors such as religious barriers, cultural barriers as well as their educational status/level of awareness. It was therefore concluded that religious and cultural barriers which impede the use of contraceptives and family planning methods by youths should be modernized to imbibe the concept of proper use of contraceptive to protect them from preventable diseases like HIV/AIDS, sexually transmitted diseases as well as guide against unwanted pregnancies and promote child spacing.

**Keywords:** Contraceptives, Family planning, religious barrier, Cultural barrier and Educational status/level of awareness

### Introduction

Massive increase in population without corresponding rise in the world resources to care for the numerous needs of the people is one of the major global problems affecting societies today [1]. This alarming situation has raised concerns that, if the population explosion was allowed to continue, a time will come when the world food supply will not be able to keep pace with the growing population especially in developing nations.

While developed nations have been able to deal with the challenges of rising population, sadly the developing countries such

as Nigeria, with their high fertility rates and very high population growth rates are still grappling with the problem of uncontrolled population upsurge [2]. Demographic projections show that the Nigerian population might experience a constant increase in the next decades. By 2050, it is forecast that the population will double to over 400 million people, compared to 2019 [3].

The World Health Organization (2018) estimated that in every year, approximately 21 million girls between the ages of 15 and 19 years, and 2 million girls aged below 15 years become pregnant in developing regions, with an estimated 16 million

girls between ages 15 and 19 years and 2.5 million girls below the age 16 years giving birth [4]. Approximately half of these pregnancies (49%), reported among adolescents between ages 15–19 who live in low-income regions, are unintended, and over 50% result in abortions, usually under unsafe conditions (WHO, 2018) [4].

The rapid increase in the proportion of sexually active adolescents is exposing large numbers of youths to the risk of unwanted pregnancies and sexually transmitted diseases including HIV/AIDS [1]. This is because the knowledge of contraceptive and family planning methods use in Nigeria is low, resulting in serious reproductive health problems such as unwanted pregnancies, unsafe induced abortion, high rate vesico vaginal fistula, high maternal mortality rates, sexually transmitted infections (STIs), HIV/AIDS and above all, increase in population in both rural and urban areas.

According to World Health Organization (2012) family planning is the use of modern contraception and other methods of birth control to regulate the number, timing, and spacing of human births. It allows parents, particularly mothers to plan their lives without being overly subject to sexual and social imperatives. It is an educational, comprehensive medical or social activity which enables individuals to determine freely the number and spacing of their children and to select how this may be achieved [6]. The use of contraception prevents pregnancy-related health risks for women, especially for adolescent girls, and when births are separated by less than two years, the infant mortality rate is 45% higher than it is when births are 2-3 years and 60% higher than it is when births are four or more years apart [7]. It offers a range of potential non-health benefits that encompass expanded education opportunities and empowerment for women, and sustainable population growth and economic development for countries [7].

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, the use of modern contraception has risen slightly, from 54% in 1990 to 57.4% in 2015 (World Health Organization, 2016). Regionally, the proportion of women aged 15–49 reporting the use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2015. In Africa, it went from 23.6% to 28.5%, in Asia, it has risen slightly from 60.9% to 61.8%, and in Latin America and the Caribbean it has remained stable at 66.7% (World Health Organization, 2016). Reasons for this slow increase include: limited choice of methods; limited access to services, particularly among young, poorer and unmarried people; fear of the experience of side-effects; cultural or religious opposition; poor quality of available services; users' and providers' bias against some methods; and gender-based barriers to accessing services.

The various contraceptive options that are available include: Natural family planning methods, barrier devices, hormonal contraceptives, intrauterine devices and sterilization. All the methods except sterilization are temporary contraceptive options that can be practiced as long as pregnancy is not desired. Barrier devices are mechanical barriers between the sperm and the egg. The common barrier devices include: Male condom, fe-

male condom and diaphragm [8].

In Nigeria, youths tend to be less informed, less experienced, and less comfortable in accessing reproductive health services than adults. Adolescents often lack basic reproductive health knowledge and access to affordable and confidential health services [9]. This has affected their utilization of these services especially in Calabar Metropolis of Cross River State despite the sensitization efforts of the government. The government has also formulated and launched many programmes to carry the youths along in the implementation strategy specially to create awareness on the prevention of VVF, sexually transmitted diseases and unwanted pregnancies. It is against this background that this study seeks to evaluate those factors influencing the use of contraceptives and family planning methods among youths in Calabar Metropolis of Cross River State.

## **Methodology**

### **Study design**

This was a cross-sectional study.

### **Research Area**

The study was carried out in Calabar Metropolis in Cross River State. The metropolis is made up of Calabar Municipality and Calabar South.

### **Population of the Study**

The study population were all youths between the age of 15 - 30 years in Calabar Metropolis.

### **Sample and Sampling Technique**

Non-probability sampling involving purposive and simple random sampling technique was adopted in the selection of one hundred and twenty (120) respondents from each of the two Local Government Areas (Calabar Municipality and Calabar South) giving a total sample size of two hundred and forty (240).

### **Procedure for Data Collection**

The data for this study was obtained primarily through the questionnaire and personal interviews. In administering the research instrument, copies of the questionnaire were delivered by hand, thereby, creating a face-to-face situation, which provided an opportunity for clarification of misunderstanding questions and for probing. Here the researchers gave the instrument to only the respondents they met at the field at the time of data collection who were willing to respond and give information from 2019 - 2021.

### **Method of Data Analysis**

The quantitative and descriptive approaches were adopted. The data were analyzed using frequency tables and percentage distribution.

### **Consent to participate**

Informed written consent was taken from study participants. Information obtained was treated with high level of confidentiality as personal identifiers were not used in the study. Ethical considerations were given utmost considerations in all aspects of the research

## Results

**Table 1: Demographic characteristics of respondents (n=240)**

Variables	Frequency	Percentage
<b>Age group</b>		
15-19	75	31.3
20-24	115	47.9
25-30	50	20.8
<b>Sex</b>		
Male	102	42.5
Female	138	57.5
<b>Marital status</b>		
Single	146	60.8
Married	87	36.3
Divorced	5	2.1
Widowed	2	0.8
<b>Educational qualification</b>		
No formal education	5	2.1
Primary education	28	11.7
Secondary education	145	60.4
Post-secondary education	62	25.8
<b>Number of children</b>		
0-2	88	36.7
3-5	142	59.2
6 and above	10	4.1
<b>Religion</b>		
Christianity	220	91.7
Islam	16	6.6
Traditional worshipper	0	0
Others	4	1.7
<b>Occupation</b>		
Farming	15	6.3
Business/petty	122	50.8
Civil servant	51	21.3
Unemployed and others	52	21.6
<b>Income level</b>		
#0,00 - #30,000	137	57.1
#30,000 - #50,000	58	24.2
#50,000 - #100,000	24	10
#100,000 and above	21	8.7
Source: Fieldwork, 2022		

Table 1 shows that most (47.9%) of the respondents were in the age bracket of 20-24 years. Majority (57.5%) of the respondents were female and also (60.8%) of the respondents were single. Majority (60.4%) of the respondents attained secondary education. Similarly, a lot (59.2%) of the respondents have between

3-5 children. Greater number (98.3%) of the respondents were Christians by faith. A high number (50.8%) of the respondents were doing business/petty trading. Majority (57.1%) of the respondents earn between #0,00 - #30,000 monthly.

**Table 2: Factors influencing the utilization of contraceptives and family planning methods (n =240)**

Variables	SA (%)	A (%)	D (%)	SD (%)
My religion forbids the use of contraceptive.	75(31.2)	141(58.8)	8(3.3)	16(6.7)
My religion preaches about natural family planning only.	44(18.3)	168(70)	10(4.2)	18(7.5)
My religion has a strong impact on the adoption of contraceptive use.	67(27.9)	149(62.1)	14(5.8)	10(4.2)
My religion sees children as gifts from God.	230(95.8)	10(4.2)	0	0
My culture forbids me from using contraceptive.	184(76.7)	45(18.8)	6 (2.5)	5(2)
My culture believes that a woman must bear children to please her husband and family.	202(84.2)	35(14.6)	2(0.8)	1(0.4)
My culture believes that only promiscuous women use contraceptives.	39(16.3)	184(76.7)	10(4.1)	7(2.9)
My culture sees contraceptive as against the order of nature because children are regarded as wealth in the family.	48(20)	152(63.3)	25(10.4)	15(5.3)
I have a good knowledge about contraceptives.	86(35.8)	145(60.4)	5(2.1)	4(1.7)
Health providers always educate us on the use of contraceptives.	78(32.5)	151(62.9)	7(2.9)	4(1.7)
We are taught on the use of family planning.	172(71.7)	40(16.7)	15(6.2)	13(5.4)
Contraceptive knowledge is directing associated with the educational status of an individual.	155(64.6)	52(21.7)	16(6.7)	17(7)
Source: Fieldwork, 2022				

Table 2 shows that majority of the respondents (58.8%) agreed that their religion forbids the use of contraceptive while (70%) of respondents agreed that their religion preaches about natural family planning. Similarly, (62.1%) of the respondents agreed that religion has a strong impact on the adoption of contraceptive use. A greater number of respondents (95.8%) strongly agreed that their religion sees children as gifts from God. Majority of the respondents (76.7%) strongly agreed that culture forbids them from using contraceptive. Most of the respondents (84.2%) strongly agreed that their culture believes that a woman must bear children to please her husband and family. Greater number of the respondents (76.7%) agreed that their culture believes that only promiscuous women use contraceptives. Similarly (63.3%) of the respondents agreed that culture sees contraceptive as against the order of nature because children are regarded as wealth in the family. Majority of the respondents (60.4%) agreed that they have a good knowledge about contraceptives. Most of the respondents (62.9%) agreed that health providers always educate them on the use of contraceptives. Majority of the respondents (71.7%) agreed that they were thought on the use of family planning. Majority of the respondents (64.6%) strongly agreed that contraceptive knowledge is directly associated with the educational status of an individual.

## Discussion

The findings from the study revealed that various socio-cultural factors greatly influenced the utilization of family planning methods and contraceptive by youths in Calabar Metropolis. Religious barriers were one of the major factors that negatively influenced the utilization of contraceptives and family planning methods. Although majority of the respondents agreed that their religion forbids the use of contraceptive as it preaches about natural family planning, religion still had a strong impact on the adoption of contraceptive use and it sees children as gifts from God. The findings are in support of the study by Ilyas, Alam, Ahmad and Ghafoor (2009) on religious beliefs and issues of fertility, contraceptive adoption, and abortion that can differ greatly among Protestant Christians, Catholics, Muslims, and

traditionalists [10]. Dingeta et al. (2021) assessed the relationship between contraceptive utilization and socio-cultural factors among young married women in Eastern Ethiopia, using multi-variable logistic regression analysis [11]. The study found low contraceptive utilization, however socio-cultural factors such as religion were found to be responsible for low contraceptive utilization among the young married women in rural Ethiopia. Also, the strongest obstacle to the use of contraception among women of child bearing age and as well as adolescents has been their belief that family planning decisions were made by their husband and fertility is determined by God's will (<http://www.fmpre.gov.cn/eng>). Boniface et al. (2006) in their study maintained that religion plays a significant role in decision to use contraception among women of child bearing age [1]. They observed that Muslims tend to have a higher disapproval rate for contraceptive use than other religions, while among the Christian fold the Catholic Church disapproves of contraception even though it sanctions family planning. It was therefore not surprising that more Catholic faithful in the southeastern region do not use contraceptive due to religion.

Shaikh Tayyaba and Vijaya (2011) contended that although, the educational level is higher among Muslim women, but after primary education most of them have studied in religious schools which make them follow religious beliefs and affiliation strongly [12]. This strongly explains why majority of Muslim women forbid the use of contraceptives under any condition which negatively affect their perception of contraceptive especially those of child bearing age. Hayford and Morgan (2009) in their own opinion pointed that there are three conditions that produce religious effects on fertility [13]. First, that religion must disseminate norms about specific fertility-related behaviors. In addition, religious organizations must be able to enforce conformity to these norms among its members either through social influence or through sanctions. Finally, that religion is most likely to be influential when members feel a strong sense of religious solidarity, that is, when religion is a highly salient aspect of individual identity. They maintained that the association between

traditional family attitudes, importance of religion, and higher intended family size suggest that the relationship between fertility intentions and family values is not the result of behavioral intervening variables, but represents a conceptual linkage between family size and other aspects of family formation. The Catholic Church sanctions only abstinence and the Natural Family Planning method (NFP) as suitable techniques for birth control. Shaikh Tayyaba and Vijaya (2011) supported the fact that if a couple wants to use family planning method, education and knowledge about family planning are essential so that it can be possible to prevent contraception failure, knowledge about different methods of contraception, so that the most suitable method can be chosen and knowledge about where such methods are available [12]. The awareness regarding contraceptive methods is relatively limited among Muslims. Information given to users by providers regarding contraceptive methods is usually inadequate; most providers have a bias towards sterilization which affects the general perception about the use of contraceptives among women of child bearing age in Muslim societies.

The findings of the study equally indicated that cultural belief and practice of the people affected their utilization of contraceptives and family planning methods. Majority of the respondents strongly agreed that culture forbids them from using contraceptive and that their culture beliefs that a woman must bear children to please her husband and family. Some believe that only promiscuous women use contraceptives. This finding supported the views of Hogan (2006) that culture is the way of life of a social group; the group's total man-made environment, including products of the groups which are transmitted from one generation to another [14]. Culture is fingered as one major factor affecting population control and the perception of contraceptive use among youths in society. Oba, Ebong and Okim (2009) contended that population management has been in existence from time immemorial in the cultural life of the people of Nigeria [15]. They argued that certain cultural practices forbid the use of contraceptive as it is seen as a taboo by the people. This culture contributes in no small measure in the growth of population of different areas of the country against the interest of national development. They advocated for a serious attitudinal change among members of such societies especially youths that practice such culture as it has over bearing influence on their knowledge of contraceptive use. Momnang (2005) argued that it is a taboo in most if not all African communities to discuss sex freely [16]. It is even a taboo for parents to discuss sex matters with their children and this absence of sex education has resulted in young people growing up and being completely ignorant of matters relating to sex and contraceptive use which in turn affect the birth rate in the society.

Elkan, Rekha and Mizanur (2008) posited that cultural barriers impede young women in rural India, especially northern India (including Bihar), from postponing childbearing [17]. Parents and relatives are eager to see newly married women become pregnant and give birth soon after marriage and cohabitation. Many feared that the capacity for child bearing may decline with age, and therefore believe it is wise to have children as early as possible. Some of the beliefs which he may encountered among other things include: women must bear children to please their husbands; only promiscuous women use contraceptives; contra-

ception is a means to control the African-American population and all sexual acts must be open to procreation.

The findings of study also revealed that educational level of the people and the level of their awareness influence their utilization of contraceptives and family planning methods. Majority of the respondents accepted having good knowledge of contraceptives from health providers. They agreed that knowledge of use of family planning and contraceptives is directly associated with the educational status of an individual. This confirmed what Hayat, Bashir, Dalhatu and Ibrahim (2021) discovered from their study that most of the women (81.8%) have good knowledge about contraception, and their perception towards contraception was positive [18]. The study also established that the most common method used was hormonal contraception Implants (86.4%). However, health benefits and couple decision are identified as the main factors that influence the choice of contraceptive method. The study recommends massive enlightenment campaign about the usefulness and health benefit of family planning. Nsubuga et al. (2016) investigated contraceptive use, knowledge, attitude, perception and sexual behavior among female university students in Uganda [19]. The study established that knowledge about contraceptives method is high, still perceived acceptability of contraceptive use is also higher. Malini and Narayanan (2014) argued that even though some women are aware of the availability of family planning services, they are not properly informed about the various forms of family planning methods and how they work [20]. Some of the women who went for family planning services were not adequately counselled on the side effects of some of the family planning methods.

Tilahun et al (2013) tried to understand family planning knowledge, attitude and practice among married couples in Jimma Zone, Ethiopia. Findings from the study showed that family planning methods are well-known to the study population [21]. However, long term contraceptive methods are the most acceptable to women, while traditional methods are better known to men. Moreover, increased knowledge and awareness about contraceptive method was attributed to formal education. Idonije, Oluba and Otamere (2011) in a study on knowledge, attitude and practice of contraception among secondary school students in Ekpoma, Nigeria, revealed that there is a dearth of information about contraception among secondary school students in Nigeria thus culmination in their low level of knowledge on the safety and importance of contraception in the prevention of unwanted pregnancy and sexually transmitted diseases (STD) [22]. Even among the informed, detailed knowledge and practice of contraception was very low. There is therefore urgent need to educate Nigerian youths about contraception, with emphasis on available methods and correct timing of use. Mung'ong'o, Mugoyela and Kimaro (2010) in their study, showed that majority of secondary school students in this study were found to have good to average knowledge on contraception, but this did not translate into an increased level of use [23]. The proportion of secondary school students using contraceptives was still very low making them vulnerable to unwanted pregnancies and STDs.

Early age basic knowledge and access to contraceptive services needs to be enhanced. Teenagers in this study preferred pharmacies and other drug outlets for contraceptive services. There is a

need to strengthen the training of pharmacists and other health care professionals to enable them to provide quality counseling services on choice and proper use of contraceptives. Williamson et al. (2009) contended that few sexually active adolescents especially students in developing countries use modern contraceptive methods such as oral contraceptives and condoms, and although there is considerable variation between countries, uptake is generally much lower than in developed countries [24]. They estimated that 37% of unmarried, sexually active women aged 15-24 years in sub-Saharan Africa use contraception but only 8% use a non-barrier method. The choice of implant rather than oral or injectable contraceptives could have a big impact on unintended pregnancy in this age group and attributed the success achieved to greater promotion of modern methods of contraceptives through public enlightenment and education by governments of the aforementioned countries. Okojie (2000) in a study of contraceptive use among university students in Edo State with reference to female undergraduates of the University of Benin and Edo State University, Ekpoma, revealed that most of the students had previous knowledge of contraception through friends, health workers, mass media and sex education [25]. Majority of the students considered one factor or other before choosing a contraceptive.

Asuquo, Ekuri and Nsemo (2010) in their research conducted to assess the level of awareness, attitude and practice of contraceptives among adolescents in selected secondary schools in Akpabuyo L. G. A., Cross River State, revealed that not all the respondents had knowledge of where to obtain contraceptives, some use local available remedies such as herbal (pepper) enema, as a form of contraceptives and as such information are derived or obtained from friends [26]. Once women of child bearing age are properly enlightened on contraceptive usage, they can make informed decisions concerning their reproduction and become good citizens that can contribute meaningfully to community and national development. The study also revealed that awareness of contraceptives was proportional to educational level hence the more people are educated and informed the more they have knowledge about contraceptives [27, 28].

## Conclusion

Based on the findings of the study, it was observed that the youths of Calabar Metropolis had knowledge of use of contraceptives and other family planning methods but this did not translate to actual practice due to some factors such as religious barriers, cultural barriers as well as their educational status/level of awareness. It was therefore concluded that religious and cultural barriers which impede the use of contraceptives and family planning methods by youths should be modernized to give room for proper use of contraceptive to protect them from preventable disease like HIV/AIDS, sexually transmitted diseases as well as guide against unwanted pregnancies and promote child spacing for efficient family planning, personal health benefits and national development.

It is further recommended that information about contraception and other family planning methods should be provided to the youths in the schools through the school curriculum and sponsored radio/television programmes in both English and indigenous languages.

Government at all levels should subsidize the prices of some contraceptive devices such as condom (male and female), spermicides, contraceptive sponge, diaphragm and cervical cap to encourage youths to afford them for effective family planning.

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