Socio- Economic Status and the Utilization of Modern Family Planning Methods among Sexually Active Women in Nasarawa Southern Senatorial Zone

Elizabeth Njo Obimbua
Department of Sociology,
Faculty of Social Sciences,
Federal University Gusau, Zamfara State.
elizabethobimbua@fugusau.edu.org
+2348069835183
&

David B. Ugal
Department of Sociology
Faculty of Social Sciences
Federal University of Lafia,
Nasarawa State, Nigeria.
drdaveugal@gmail.com
+2348103065528
DOI: https://doi.org/10.57233/gujos.v5i1.13

Abstract
This study assessed socio-economic status and the utilization of modern family planning methods among sexually active women in Nasarawa South Senatorial Zone, Nasarawa State. This is premised on the thesis thatthe family being the bedrock of society, there is the need for proper family planning to drive meaningful development. The study specifically examined key socio-economic factors affecting the utilization of modern family planning methods among sexually active women in Nasarawa South Senatorial Zone of Nasarawa State. Such factors include level of education, occupation, income and location of residence. Data were collected using Questionnaire and key informant interview (KII). A total of 1067 questionnaire copies was administered, out of which 1,025, representing 96.1% return rate, were used for the analysis. The study which was conducted in Awe, Doma, Keana, Lafia and Obi, the five Local Government Areas that constitute the Nasarawa South Senatorial Zone, found that location of residence, educational level, occupation and income level, influence use of modern family planning methods among women in the study location and. recommends that Government and Non-Governmental organizations should intensify campaigns on girl-child education, enhance vocational and income generating activities for women and girls as well as create job opportunities for women to mitigate poverty. It also recommends that appropriate contraceptives should be made available to desiring women to boost family planning.

Keywords: Education, Family Planning; Girl Child; Non-utilization; Poverty; Socio-economic.
.

Introduction

Family planning is so essential that it is one of the twelve pillars of reproductive health and its main goal is to help women protect themselves from unintended pregnancies (Federal Ministry of Health, 2005; Ugwu, 2022).Nationsstabilize their population growth by reduction in the rate of maternal and infant mortality when they adopt effective family planning strategies. These empower women to pursue and acquire quality education, vocational/ income generating skills and engage in occupationsthat help alleviate poverty among women. (Osakinle 2010; Utoo, Swende,Utoo, and Ifenne , 2012). As at 2021, the number of women within reproductive age 15-49 years globally was 1.9 billion. Even though about 874 million women are using a modern contraceptive, however,164 million women who desire to delay or avoid pregnancy do not utikize any method of family planning due to several factors which include cost of using contraceptives, United Nations Population Fund (UNFPA, 2023). The UNFPA (2023), estimated that over 50 million womenexperience unintended pregnancies globally, about 40% of this number engages in unsafe abortion, resulting in death or life long disabilities.

The costs of contraception greatly limit the use of such contraceptives (Aremu, 2020). Similarly, the Nigeria Demographic and Health Survey (NDHS, 2018) and Asif MF & Pervaiz Z. (2019)found thatsocioeconomic factors such as educational level, location of residence, poverty and unemployment showed significant association with unmet need for modern contraception while women fromthe poorest households are worst affected(Arsalan, Moiz, Muhammad and Kassim, 2022).

In Ethiopiawomen of reproductive age who earn a higher household monthly income and are urban residents are more likely to access good knowledge of family planning and this influences the use of modern family planning (Delayehu, Balkachew, Alula, Tewodros, Munir, Merhawi, Berhem and Yonas (2020. In Nigeria, studies byEkholuenetale, Owobi and Shishi (2022) found decreasing prevalence of contraceptive uptake among women, a situation attributable to the socio-economic status of women, such as their level of education, household wealth, location of residence and household income. It is a fact that increasing women's socioeconomic status can increase contraceptive use.Studies by Alo, Daini, Omisile, Ubah, delusi and Idoko-Asuelimhen (2020) found that educational level, occupation and residence location, among other factors, have significant influence on the use of modern contraceptives, while Alapa and Akubo (2020),assert that women's education enhances their

reproductive rights on the spacing,number and timing of child bearing. This implies that women who have some level of education either at the secondary or tertiary levels can decide to adopt the utilization of modern family methods to achieve their reproductive and developmental goals especially when they are gainfully employed.

The Nigeria Demographic and Health Survey (NDHS, 2018) reported a low rate of use among married women and uptake remains lowest in Northern States. However, women residing in urban areas have higher access and use of contraceptives. This suggests thatthe highest predictors of contraceptive uptake are income, occupation, location of residence and wealth index. Several efforts both by government and international organization to increase access to modern family for women have been reported. The World Health Organization (WHO, 2017) noted that the Bill & Melinda GatesFoundationlaunched the Family Planning 2020 partnership in 2012 to assist more women meet their contraceptive needs. Similarly, (Ahinkorah; AmeyawandSeidu, 2020; UNFPA 2020;) acknowledged that the United Nations Population Fund(UNFPA) and United Nations Children's Fund **(**UNICEF) have made tremendous efforts through their programmes to strengthen national health systems by advocating for family planning supportive policies through ensuring a steady and reliable supply of quality contraceptives in Sub-Sahara African countries where the unmet needs are reportedly high.

Despitew the existence of numerous studies on socio-economic factors and use of modern family planning globally and Nigeria particularly, there isgap in literature as no literature existed on the influence of socio-economic status and use of modern family planning among sexually active women. It is in this light that this studyassesses the influence of socio-economic status and the utilization of modern family planning methods among sexually active women in Nasarawa South Senatorial Zone, Nasarawa State.

Specifically, the objective of study was to: **examine key socio-economic factors affecting the utilization of modern family planning** methods among sexually active women in Nasarawa South Senatorial Zone of Nasarawa State.

Hypothesis

i. $H_{0:\ The}$socio- economicstatus of sexually active women does not have significant influence on the use of modern family planning methods.

Methodology

The study adopted a cross sectional survey research design. Cross sectional survey is relevant for this study because it is a population-based study which gives room for generalization on the entire population using selected samples. It also allows for direct observation by the researcher for the phenomenon under investigation. It also helped in collecting data from a large population of women of reproductive age by careful sampling without bias.

A mixed methods approach was adopted which enables triangulation and aids the validation of findings. The mixed methods comprised both quantitative and qualitative approaches whileprimary data were collected using questionnaire and Key Informant Interview (KII). Thesample distribution for the study was women of reproductive age from 15-49 years from various ethnic groups and walks of life.A total of 1067 respondents were arrived at using the Cochran formula for sample sizedetermination.

Multi stage sampling technique was used in the selection of respondents for the study. Cluster sampling technique was first used to divide the study area into clusters using the existing internal structure of the Local Government Areas (LGAs). Nasarawa South is made up of five Local Governments: Awe, Doma, Keana, Lafia, and Obi, all of which served as the first cluster of study. Five (5) wards were then selected randomly from each local government area making a total of twenty-five (25) wards for the study.

The next stage involved the selection of the sample size that represented a cluster**.** To give room for fair representation of samples from a cluster, the population size of each cluster was drawn using proportionate sample. A structured questionnaire was used to generate data for the study. The questionnaire covered four (4) sections, A, B, C and D. The first section contained questions on the socio-demographic characteristics of the respondents. The subsequent sections contained general questions on socio-economic status and utilization of modern family planning methods among sexually active women in Nasarawa Southern Senatorial Zone.

Key Informant Interview was conducted to gain deeper understanding of the correlation betweensocio-economic status and the utilization of modern contraceptives among sexually active women in the study area. The KII guide contained open-ended questions which allowed the interviewees the liberty to speak extensively on their knowledge of modern family. It also afforded the interviewer the opportunity to probe further for more responses.

An interview schedule was used to elicit responses from the participants selected from among women of reproductive age who have used one or more types of modern contraceptives in the study area. Three of such women were selected per Local Government Area for the 5 LGAs making a total of 15 participants. Each interview session lasted about 45 minutes and electronic recording devices such as phones were used to record the interviews while the researchers and their assistants took notes in the course of the exercise. The KII was carried out on women who confirmed having used or are currently using, at least one type of family planning method. Data for the study were collected by the researchers with the support of five (5) trained research assistants from the study area.

The data analysis was done using quantitative and qualitative methods. The analysis was executed with the aid of the Statistical Package for Social Sciences (SPSS) software version 26.0and presented both descriptively and inferentially. The analysis was conducted at the Univariate level using descriptive statistics and presented with the use of frequency distribution tables, means and standard deviation while at the bivariate level, the Chi-square test of dependence was used. The qualitative data on the other hand were transcribed and content analysed. Respondents' views and special notations expressed during the interview sessions with emphasis on the main objectives of the study were extracted and used as illustrative quotes. The results generated from the interviews complimented data from the quantitative results.

Results

A total of 1067 copies of questionnaire was administered, out of which 1,025, representing 96.1% return rate, were used for the analysis. Respondents indicated their socio-demographic characteristics as follows;age, marital status, education, occupations, religious affiliation,and income and location residence as requested by the questionnaire. These demographic variables were deemed important in determining their influence on respondents' socio-economic status and contraceptive use.

The results relating to the respondents' demographic characteristics are presented in table 1.0

Table 1.0: Percentage distribution of respondents by Socio-demographic characteristics

Variables	Frequency(N=1025)	Percentage(100)
Age		
15-19	33	3.2
20-24	130	12.7
25-29	256	25.0
30-34	223	21.8
35-39	196	19.1
40-44	111	10.8
45-49	76	7.4
Marital status		
Single	231	22.5
Married	658	64.2
Widowed	69	6.7
Divorced	41	4.0
Separated	26	2.5
Educational background		
Non-formal	99	9.7
Primary	213	20.8
Incomplete secondary	201	19.6
Completed secondary	302	29.5
Tertiary	210	20.5
Occupation		
Farming	322	31.4
Self employed	212	20.7
Private employed	130	12.7
Government employed	260	25.4
Students (Unemployed)	101	9.9
Religious affiliation		
Islam	533	52.0
Christianity	476	46.4
Traditional	16	1.6
Income		
<30,000	215	21.0
30,000-39,000	338	33.0
40,000-49,000	223	21.8
50,000-59,000	105	10.2
60,000 -69,000	80	7.8
70, 000 and above	64	6.2
Location		
Urban	463	45.2
Rural	562	54.8

Source: Field Survey, 2025

The results presented in table 1.0 show that 100% of respondents are within the reproductive ages, however 62.7% are between the ages of 15 to 34 years which constitute the more fertile periods of a woman's life.The implication of this is that women in coitus relationships in the study location may need contraceptives to avoid unplanned pregnancies for both married and unmarried females and to also properly plan and space children for the married women.The

distribution on the educational background of the respondents showed that there was much value on education as 90.4% of respondents had one form of education or the other.

In terms of occupation, 31.4% were farmers with 54.8% of the respondents residing in rural communities where there is vast expanse of arable land for farming. The massive engagement of women in farming activities as a means of livelihood could be due to lack of white collar jobs. Also campaigns for Nigerian citizens to be actively engaged in the agricultural sector to be able to earn a living and help Nigeria become a food sufficient country may have also accounted for the huge engagement of the sample population in farming activities.

The income level of the respondents is relatively low as most of them (33.0%) earn a monthly income of between 30,000 and 39,000 Naira while only (6.2%) earn monthly income above 70,000 Naira. The implication of the poor financial status of women in the study location is that a lot of women may find it difficult to engage in family planning where out-of-pocket payment is enforced.Respondents' religious affiliation showed that adherents of Islam were 52.0 % while Christians accounted for 46.4%. The table showed that 1.6% of the respondents were traditional worshipers.

Table 2.0: Socio-economic status and use of modern family planning

Variables	Often	None	Not often	Total
Education Level				
Non Formal	11	48	40	99
Primary	19	160	34	213
Incomplete Secondary	33	86	82	201
Complete Secondary	70	73	159	302
Tertiary	46	21	143	210
Occupation				
Farming	27	206	89	322
Self employed	29	21	162	212
Private employed	38	33	59	130
Govt. employed	36	92	132	260
Students (Unemployed)	49	36	16	101
Income				
<30000	12	87	116	215
30000-39000	28	203	107	338
40000-49000	84	32	107	223
50000-59000	19	26	60	105
60000-69000	13	16	51	80
70000 and above	23	24	17	64
Location				
Urban	132	96	235	463
Rural	47	292	223	562

Source: Researchers' compilation

Data presented in table 2.0 showed the socio-economic status and use of modern family planning with 3 scale rating of “often”, “none” and “not often”. The number of respondents who have completed secondary school or have a tertiary level of education and often use modern family planning method are 70 and 46; while those who do not often use are 159 and 143 respectively. This is higher compared to the other lower levels of education of respondents, thereby implying that formal education influences the use of modern family planning in the study location. Those who belong to the students / unemployed respondent’ category are 49 and they who often use modern family planning whereas those in private and government employment are 162 and 132 respondents. This category does not often use modern family planning, implying that the type of occupation one has, can determine whether or not they use modern family very often or not often.

Also, women in the income ofrange N40, 000.00- N49, 000.00 are most likely to use modern family as 84 of the respondents reported often using modern family planning whereas those with less than N3, 000.00 income are less often to use modern family planning with 12 respondents in this category often using. This implies that the higher a woman earns the more likely she can afford to use modern family Planning.

Furthermore, women residing in urban areas are more likely to use modern family planning with 132 respondent saying they often use while only 47 respondents often use modern family planning in the rural areas. This implies that settlement type influences the use of Family planning. This further the demonstrated that socio-economic status of women drive the use of modern family planning among sexually active women.

The data presented in Table 3.0 represent the Chi-Square test of socio -economic variables of the respondents and their use of modern family methods.

Table 3.0: Chi-Square test of socio-economic status and use of modern family planning

Variables	Often	None	Not often	Total	X^2	Df	P Value
Education Level							
Non Formal	11	48	40	99			
Primary	19	160	34	213	170.008	8	.000
Incomplete Secondary	33	86	82	201			
Complete Secondary	70	73	159	302			
Tertiary	46	21	143	210			
Occupation							
Farming	27	206	89	322			
Self employed	29	21	162	212	140.458	8	.000
Private employed	38	33	59	130			
Govt. employed	36	92	132	260			
Students (Unemployed)	49	36	16	101			
Income							
<30000	12	87	116	215			
30000-39000	28	203	107	338	336.470	10	.000
40000-49000	84	32	107	223			
50000-59000	19	26	60	105			
60000-69000	13	16	51	80			
70000 and above	23	24	17	64			
Location							
Urban	132	96	235	463	41.863	2	.000
Rural	47	292	223	562			

Source: Researchers' compilation

The Chi-square test results presented in table 3.0 revealed that socio- economicstatus has influence on the use of modern family planning methods among women in the study area. Key socio-economic variables examined are occupation; educational level, income and location all significantly influence the use of modern family planning methods. The results were found to be significant at $P< 0.05$ for all the variables. This implies that the null hypothesis which states that the socio- economicstatus of sexually active women does not have significant influence on the use of modern family planning methods was rejected and the alternate accepted

Majority of the participants during the KII confirmed that that socio- economic status has influence on their use of modern contraceptives. A 27 year old woman stated that:

> Engaging in family planning using modern methods regularly is sometimes a problem forme because of cost of obtaining. I find it difficult to buy contraceptives sometime even when I know I need it. At the end, i don't bother when I don't have money.

This shows that when modern contraceptives come at a cost that women in communities cannot afford, their unmet need for family planning will continue especially for many women who may be earning low income or whose partners may not be able to support them due to financial constraints. And even though a woman is married and cannot afford contraceptives she may have unplanned pregnancy or resort to the use of traditional or natural methods which in most cases is not reliable. In line with this, another woman, a 32 year old stated that:

> We do not have health facilities in this community where a woman can walk in and get proper family planning. Locating a primary health care facility properly equipped with family planning services suitable for any woman is quite a distance. What we have around are just drug stores that just recommend any pill for women and the pills sometimes cause a lot of problem. There was a time I took one and continued to bleed after my normal monthly flow and I was so afraid. I told one of my friends about it and she told me it once happened to her and she stopped usage. I never used it again after my experience.

The opinions from the interview sessions corroboratethe quantitative data results. The statements from the various key informants highlighted, implied that despite the fact that women may be aware of some family planning methods such awareness may not necessarily determine the use of modern family methods due to factors relating to their socio economic status such as income, cost, location, among other socio-economic conditions as revealed in this study.

Discussion of Findings

The study assessed the socio - economic status of women vis-a-vis the use of modern family planning methods among sexually active women. The study revealed that key socio-economic statuses such as location of residence, educational level, occupation and income level, are key determinants of the use of modern family planning methods among sexually active women in the study location. This finding agrees with those from the study of Ekholuenetale, etal, (2022) which assessed the effects of women's socioeconomic position on modern approaches to birth control in sub-Saharan Africa wherein it observed that the prevalence of modern methods of contraceptive uptake among women is decreasing due to their socio-economic status.

A studyon out-of-pocket payment for modern contraception carried out by Radovich*,* Barasa, Cavallaro, Wong, Borghi, Lynch, Lyons, Abuya and Benova (2019) noted tha*t*poverty has

been reported to be a barrier to access to contraceptives; this is a commonly reported determinant of access to health services, particularly in contexts where out-of-pocket payment is prevalent. When a woman takes a decision to utilize modern family planning services but the services are not free but rendered for a fee beyond what she can afford, she will decline using such a method because of her low socio-economic status.In a comparative study on the association between socioeconomic factors and unmet needs for modern contraception across low- and lower-middle-income countries of Asia and sub-Saharan Africa in general, conducted byAsibul, etal, (2022) found that belonging to the poorest households is significantly associated to unmet need of modern contraception. In line with this finding a study carried out by Delayehu, etal (2020) in Ethiopia found that socio economic factors which included earning a higher household monthly income are predictors of knowledge and use of modern family planning methods. Studies carried out in Nigeria particularly, also revealed that the socio-economic status of women influence their use of modern contraceptive.

A study conducted by Alo, etal, (2020) found that the socio-economic status of women among other factors have significant influence on the use of modern contraceptives Also, a study by Aremu (2020) on the influence of socioeconomic status on women's preferences for modern contraceptive providers observed that costs of contraception usually limit the use of contraceptives and this usually determines choices women make on whether to engage in use of contraceptives or explore natural or traditional methods to meet their needs for contraception.

All this findings confirm that many women in Nigeria including women in Nasarawa South Senatorial zone where this study was carried out are unable to utilize modern family planning methods from which they could benefit while others with low socio-economic status are more likely to continue to suffer the problem of unmet needs for modern family planning due to factors associated with their socio-economic status.

Findings from the report of the Nigerian Demographic Health Survey (NDHS, 2018) revealed that use of modern contraceptives remains low among women. Even though various factors could be responsible for the low use of modern family planning methods, the finding from this study clearly shows that socio-economic status is one of such factors. The socio-demographic distribution of participants in Nasarawa South Senatorial Zone showed that

majority of the study participants are low income earners. It is therefore not surprising to find that socio-economic status influences use of modern contraceptives in the study location.

Conclusion

The use of modern family planning among sexually active women in communities of Nasarawa Southern Senatorial Zone is influenced by diverse factors. The study showed that women who completed secondary school or have tertiary level of education, more often than not, use Family Planning than their counterpart with no formal education. Students / Unemployed and privately employed women more often, use modern family planning devices compared to women with other types of occupation. The study revealed that women who earn N40, 000.00.00 and above, more often use modern family than with lower income counterparts. The study also indicated that women residing in urban areas where health care facilities are better equipped more often use family planning compared to those in underserved rural areas with less equipped health facilities.

Recommendations

The study recommends as follows:

i. The Nasarawa State Government with the support of the Federal and Non-Governmental Organizations (NGOs) should intensify campaigns on girl child education, provide vocational and income generating opportunities for women and girls as well as create jobs for women to mitigate poverty.
ii. Relevant agencies should also encourage usage of modern family planning methods among desiring women by providing appropriate contraceptives to women regardless of their socio-economic status.

References

Ahinkorah B.; Ameyaw E and Seidu A., (2020).Socio‐economic and demographicpredictors of unmet need for contraceptionamong young women in sub‐Saharan Africa:evidence fromcross‐sectionalsurveys. *ReprodHealth. 17:163* https://doi.org/10.1186/s12978-020-01018-2

Alapa A.& Akubo J. (2020). Effects of formal education on women's attitude towards family planning at Karu Local Government Area of Nasarawa State.*Salem University Journal of Management & Social Sciences*.Vol. 3, No. 3, 78-101. https://www.academia.edu/49272196/Effect_of_Formal_Education_on_Womens_Attitude_Towards_Family_Planning_at_Karu_Local_Government_Area_of_Nasarawa_State

Alo, O. D., Daini, B. O., Omisile, O. K., Ubah, E. J., Adelusi, O. E. & Idoko-Asuelimhen, O. (2020). Factors influencing the use of modern contraceptives in Nigeria: A multilevel logistic analysis using linked data from performance monitoring and accountability 2020. BMC Women's Healthvolume 20(191).https://doi.org/10.1186/s12905-020-01059-6

Aremu, O. (2013).The influence of socioeconomic status on women's preferences for modern contraceptive providers in Nigeria: A multilevel choice modelling.Patient Preference and Adherence. 7(default):1213-20.DOI:10.2147/PPA.S51852

Arsalan K, Qureshi M, Daniyal M and Tawiah K (2022)Impact of sociocultural factors on contraceptive use: A case study of Pakistan.Biomed Research International (4):1-23. DOI:10.1155/2022/2939166

Asibul I A., Islam M and Rahman M (2022). Association between Socioeconomic Factors and Unmet Need for Modern Contraception among the Young Married Women: A comparative study across the low- and lower-middle-income countries of Asia and Sub-Saharan Africa.PLOS Glob Public Health.2 (7):e0000731. Doi: 10.1371/journal.pgph.0000731

Asif, M.F. and Pervaiz, Z. (2019). Socio-Demographic determinants of unmet needs for family planning among married women in Pakistan. BMC Public Health, 19, Article No. 1226. (In Eng.) https://doi.org/10.1186/s12889-019-7487-5

Delayehu, B., Balkachew, N., Alula, M. T., Tewodros., Munir., Merhawi., Berhem & Yonas (2020). Knowledge and attitude towards family planning among women of reproductive age in emerging regions of Ethiopia. *Journal of Multidisciplinary Healthcare*. Volume 13.DOI:10.2147/JMDH.S277896

Ekholuenetale, M.; Owobi, O.U.; Shishi, B.T. (2022). Socio-economic position in modern contraceptive uptake and fertility rate among women of childbearing age in 37 sub-Saharan countries. World. MDPI, 3, 858–875. https://doi.org/10.3390/world3040048

Federal Ministry of Health (2005).National Family Planning/Reproductive Health Service Protocols. Retrieved from https://scorecard.prb.org/wp-content/uploads/2018/05/National-Family-Planning_Reproductive-Health-Service-Protocols-Revised-Edition-2010.Nigeria.pdf

NDHS (2013) Nigeria Demographic and Health Survey. Retrieved from https://dhsprogram.com/pubs/pdf/fr293/fr293.pdf

NDHS (2018). Nigeria Demographic and Health Survey 2018. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjauuWkNqEAxWIQEEAHdqNBFUQFnoECBAQAQ&url=https%3A%2F%2Fdhsprogram.com%2Fpubs%2Fpdf%2FFR359%2FFR359.pdf&usg=AOvVaw0xbgO2uExlLBFN4NWTCY7A&opi=89978449

Osakinle EO (2010). Family planning practices among secondary school women teachers in Ekiti State,Nigeria. Int NGO J;.5(3): 65-67.4.http:// www.academicjournals.org/INGOJ

Radovich E., Barasa EW.,Cavallaro F & Wong K (2019). Who pays and how much? A cross-sectional study of out-of-pocket payment for modern contraception in Kenya. BMJ Open · DOI: 10.1136/bmjopen-2018-022414

United Nations Department of Economic and Social Affairs, Population Division (UN) (2022). World Family Planning 2022; Meeting the changing needs for family planning: Contraceptive use by age and method Retrieved from https:// www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2023/Feb/undesa_pd_2022_world-family-planning.pdf

Ugwu, S. A. (2022).When culture plays a determinant role in the adoption of family Planning amongst Families. *ESUT JOURNAL OF SOCIAL SCIENCES*, *4*(2). Retrieved from https://esutjss.com/index.php/ESUTJSS/article/view/110.

Utoo, BT, Swende, TZ ,Utoo, and Ifenne, DI (2012).Barriers to utilization of modern methods of family Ppanning amongst women in a community South-South of Nigeria. Trop J Obstet Gynaecol, 29 (1), https://www.researchgate.net/publication/334769298_BARRIERS_TO_UTILIZATION_

United Nations Population Fund (2023).Family Planning. Retrieved from https://eeca.unfpa.org/sites/default/files/pub pdf/51_SRH%20Expo%20Materials_consult%20on%20family%20planning%20factsheet.pdf

WHO (2017).Providing family planning services to women in Africa. Bull World Health Organ. *95:614*–615. Doi: 10.2471/BLT.17.020917.