

4.4 Motivation to Utilize Family Planning Services

The women agreed that their religion encourages their use of family planning methods. Over a third (76; 35.5%) agreed that family planning can promote promiscuity while 5.6% of the women were indifferent about the statement (Table 4.5). The statement which inquired about the side effects of family planning methods such as women looking sick had a combination of 125 women agreeing to that. The proportion of women who strongly agreed that their cultural norms do not support the use of family planning was 22.4% (48) and 44.9% (96) respectively. Regarding the cost of procuring the family planning services, 36 (16.8%) women strongly agreed that family planning is not affordable to them while 31.8% of the women agreed. Seventy seven women reported that their husbands did not approve of a use of family planning method.

The motivation of women to use family planning methods was computed on a 40-point rating scale with a mean (SD) of 17.35(6.076). Most of the women (72.4%; 155) had a low level of motivation to use family planning methods (Table 4.6).

4.5 Self-Efficacy to Utilize Family Planning

The women's self-efficacy to use family planning was assessed using a 9-item likert scale. Eighty six women (40.2%) agreed that they were confident in discuss family planning with their husbands while 25.7% of the women strongly agreed. About a third of the sample of market women reported that they could confidently use a female condom while 21.5% disagreed. Only 21.5% of the women reported confidently that they could access family planning services while 24.3% of the women disagreed. The proportion of women who strongly agreed to being able to advice friends and family on the utilization of family planning was 24.8% (53) and only 24 women (11.2%) strongly disagreed to being able to do this. Eighty women (37.4%) reported that they were not afraid to approach health workers to discuss family planning while 19.6% (42) of the women strongly disagreed. About the negotiation of family planning with spouses, 20.6% (44) of the women strongly agreed that they could while 13.6% (29) disagreed (Table 4.7).

The items which sought information of the self-efficacy of women to use family planning methods were computed on a 36-point rating scale. The mean (SD) of the women's self-efficacy was 20.40(6.328). About half of the women reported to have moderate level of self-efficacy 120 (56.1%), while 66 (30.8%) women had a high level (Table 4.8).

Table 4.5: Distribution of Women’s Motivation for Family Planning Utilization

	Items	SA	A	N	D	SD
1	My religion encourages me to use family planning services.	50(23.4)	101(47.2)	8(3.7)	24(11.2)	31(14.5)
2	I believe that family planning can promote promiscuity.	76(35.5)	76(35.5)	12(5.6)	31(14.5)	19(8.9)
3	I feel that family planning usage could make me look sick.	45(21.0)	80(37.4)	5(2.3)	49(22.9)	35(16.4)
4	Contraceptives usage makes me look sickly and weak	36(16.8)	91(42.5)	13(6.1)	45(21.0)	29(13.6)
5	My village norms and culture do not support the use of family planning services.	48(22.4)	96(44.9)	18(8.4)	38(17.8)	14(6.5)
6	Family planning is not accepted in my marital life setting.	40(18.7)	61(28.5)	28(13.1)	55(25.7)	30(14.0)
7	Family planning is costly to do, I cannot afford it	36(16.8)	68(31.8)	30(14.0)	52(24.3)	28(13.1)
8	Family planning is not easily accessible in my locality	38(17.8)	82(38.3)	22(10.3)	44(20.6)	28(13.1)
9	Contraceptives is not easily accessible in my locality	39(18.2)	92(43.0)	19(8.9)	42(19.6)	22(10.3)
10	My husband does not approve my usage of F.P	48(22.4)	77(36.0)	26(12.1)	39(18.2)	24(11.2)

Table 4.6: Motivation of Women to Family Planning Utilization

Motivation	N	%	Mean(SD)
Low	155	72.4	17.35(6.076)
High	59	27.6	
Total	214	100	

Table 4.7: Distribution of Women’s Self-Efficacy to Utilize Family Planning Methods

S/N	Items	SA	A	N	D	SD
1	I will be confident to discuss family planning with my husband	55(25.7)	86(40.2)	11(5.1)	34(15.9)	28(13.1)
2	I am confident I can use the female condom without assistance.	28(13.1)	70(32.7)	24(11.2)	46(21.5)	46(21.5)
3	I can help my husband apply his condom	36(16.8)	82(38.3)	12(5.6)	50(23.4)	34(15.9)
4	I can access where to obtain family planning services	46(21.5)	77(36.0)	19(8.9)	52(24.3)	20(9.3)
5	I can advise my friends and family about family planning	53(24.8)	80(37.4)	9(4.2)	48(22.4)	24(11.2)
6	I can become sterile after adopting any family planning method	56(26.2)	71(33.2)	10(4.7)	42(19.6)	35(16.4)
7	I am not afraid to approach health providers in the clinics to discuss family planning.	60(28.0)	80(37.4)	10(4.7)	22(10.3)	42(19.6)
8	I am confident I can discuss family planning with my friends	55(25.7)	88(41.1)	25(11.7)	23(10.7)	23(10.7)
9	I am confident about negotiating condom use with my husband	44(20.6)	88(41.1)	12(5.6)	29(13.6)	41(19.2)

Table 4.8: Self-Efficacy of Women on Utilization of Family Planning

Self-efficacy	N	%	Mean(SD)
Low	28	13.1	20.40(6.328)
Moderate	120	56.1	
High	66	30.8	
Total	214	100	

4.6: Utilization of Family Planning Services

During the study, less than half of the market women stated that they used a family planning method. Over half of them (53.7%) used oral contraceptives. 43% (92) used condoms, 71 women (33.2%) used injectable while 30.4% reported to use implants (Table 4.9).

Table 4.9: Respondents' distribution on family planning utilization

S/N	Items	Yes	%	No	%
1	Do you use any form of family planning method?	144	67.3	70	32.7
2	Do you use Oral contraceptive Pills?	115	53.7	99	46.3
3	Do you use Intra uterine device (IUD)?	58	27.1	156	72.9
4	Do you use Condom?	92	43.0	122	57.0
5	Do you use Injectables?	71	33.2	143	66.8
6	Do you use Spermicides?	29	13.6	185	86.4
7	Do you use Implants?	65	30.4	149	69.6
8	Ever done tubal ligation?	33	15.4	181	84.6

Table 4.10: Summary of Descriptive Statistics

Variables	N	Points	Mean	SD
Knowledge	214	11	6.95	1.867
Motivation	214	40	17.35	6.076
Self-Efficacy	214	36	20.40	6.328

4.7 Test of Hypothesis

4.7.1 Research Hypothesis 1: There is a significant association between the utilization of family planning and the knowledge of family planning services by the married market women of Paikon Kore.

The relationship between the women's level of knowledge and the utilization of family planning services was assessed using the correlation analysis. There was a negative correlation ($r = -0.189$, $p = 0.005$) between level of knowledge and the utilization of family planning services (Table 4.11). This indicates that there is an inverse relationship between the level of knowledge and the utilization of family planning services. As the knowledge of the women increases, there level of utilization decreases. However, this correlation was statistically significant.

4.7.2: Research Hypothesis 2: There is a significant association between the utilization of family planning services and the motivation of the married market women in Paikon Kore Gwagwalada, FCT Abuja.

The relationship between the level of motivation and the utilization of family planning services was assessed and a Pearson Product correlation value of ($r = -0.185$, $p = 0.007$) was generated. This shows that there was a negative correlation between the two variables (Table 4.11). The higher the motivation of the women is, the lower the utilization of the services. This inverse relation however is statistically significant.

4.7.3 Research Hypothesis 3: There is a significant association between the utilization of family planning services and the self-efficacy of married market women in Paikon Kore Gwagwalada, FCT Abuja.

The bivariate relationship between self-efficacy of women and the utilization of family planning services was tested using a Pearson correlation analysis. The result shows that the correlation was negative indicating the inverse relationship($r = -0.131$, $p = 0.055$). The relationship was not statistically significant (Table 4.11).

4.7.4: Research hypothesis 4: There is a significant relationship between the socio-demographic characteristics (number of children, level of education and monthly income) of market women in Paikon Kore Gwagwalada and the utilization of family planning services.

The selected socio-demographic characteristics – monthly income, level of education and number of children were tested to determine the association with the market women's utilization of family planning services. The results show that monthly income had a positive relationship ($r = 0.106$, $p = 0.123$) with the utilization of family planning services (Table 4.12). The correlation however was not statistically significant. Level of education also was reported to have a correlation with utilization of family planning services ($r = -0.153$, $p = 0.002$). The relationship was significant at (Table 4.12). The market women's monthly income also had a correlation ($r = 0.104$, $p = 0.526$) with utilization of family planning services but the relationship was not statistically significant (Table 4.12).

Table 4.11: Relationship between Knowledge, Motivation and Self-efficacy with the Utilization of Family Planning Services

S/N	Variable	Df	R	p-value
1	Knowledge	214	-0.189	0.005*
2	Motivation	214	-0.185	0.007*
3	Self-Efficacy	214	-0.131	0.055

*significant at $p < 0.05$

Table 4.12: Relationship between Selected Socio-Demographic characteristics (Number of Children, Monthly income and Level of Education) and the Utilization of Family Planning Services

Variables	FP Utilization		Total	χ^2	p-value
	Yes	No			
1. Monthly income					
< 5,000	93	34	127	0.106	0.123
5,000 – 20,000	26	24	50		
20,000 – 50,000	19	6	25		
> 50,000	6	6	12		
Total	144	70	214		
2. Level of Education					
Uneducated	24	21	25	-0.153	0.002*
Primary	39	22	47		
Secondary	61	21	102		
Tertiary	18	2	195		
Post-Tertiary	2	4	31		
Total	144	70	214		
3. Number of Children					
1	35	18	53	0.104	0.526
2	61	23	84		
3	29	20	49		
4	19	7	26		
5	0	2	2		
Total	144	70	214		

4.8 Discussion of Findings

This study explored the factors influencing the uptake of family planning services. The level of knowledge, motivation and self-efficacy were the factors accessed based on the Information, Motivation and Behavioral Skills Model.

Among the 214 women included in this study, 45 had no formal education and the most represented age group was 26 – 30 years. The findings of the study show that a little over a third of the women to have only two children. This proportion had the highest frequency for the number of children the women had. Fertility rate around the world have drastically dropped from five children per woman in the early 1950s to 2.5 children per woman. This success is largely due to growing uptake and compliance with modern contraceptives, especially in the developed world.

The level of knowledge of women on family planning was good with most of the women reporting to have information about family planning. A high level of knowledge was also reported from findings in a study conducted by Sultan, Ali, Bardai, Kanpurwala, Punjwani (2018). Majority of the women stated that they knew one of the major benefits of family planning which is helping women to limit their number of children.

The findings of this study showed that there was no correlation between the uptake of family planning and the women's number of children. A study in Zambia conducted by Imasiku, Odimegwu, Adedini, & Ononokpono (2014) showed findings that there was a negative correlation between number of previous children or pregnancies and the women's unmet need for family planning. This indicates that as the number of children of the woman increases, so does her unmet need reduce. This shows that the more children she has, the higher her exposure to family planning is. This could be due to the quality of information she receives from the health facility during her pre-natal visits. Also, the multiparous women would be older unlike their counterparts who have 3 or less children. The women with more children could have less frequent sexual activities and this could influence their interest to use contraceptives. The findings of a study conducted by Ijarotimi *et al.*, (2013) show that women of low parity used more contraceptives in Osun State compared to the older women.

Findings showed that two-third of the women currently used a family planning method. In comparison with a study carried out by Nasir, Tahir, Zaidi (2010), the level of the utilization of a family planning method among the women is lower than that of this current study. The most commonly used method was the condom, followed by the implants. The use of modern contraceptives such as implants and injectables is an encouraging finding. The choice of contraceptive could easily be due to cost variations of the options available to the women, religious belief and misinformation. This is similar to the study conducted by Imasiku, Odimegwu, Adedini, & Ononokpono (2014).

The level of motivation of the women to use family planning was low. The women reported some misconceptions which could have generated from lack of adequate information about family planning. There were over a third of the women who strongly believed that using a contraceptive would make them promiscuous.

The level of education had a negative correlation with the utilization of family planning services. The result indicates that the higher the level of education, the lower the women's utilization will be. The finding is in contrast to the results from a study carried out by Miller (2009) in which the level of education increased the women's autonomy and financial decision. Also, they women could have better to information which will reinforce their uptake of family planning.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

Family planning is an essential tool in the efforts to control births, space children and reducing maternal mortality. The goal of reproductive health for women is to improve access to health care, reduce costs of services and ultimately achieve health status for women. The result of this study revealed the factors affecting the utilization of family planning services among the participants. The Motivation and Self efficacy of the women was quite inadequate.

5.2 Conclusion

This study revealed that the women had a high levels of knowledge on family planning services. Majority of the women reported to have the knowledge that family planning helps limiting the number of children a woman can have and helping in spacing of child birth. The level of motivation of women to use family planning methods was low. The level of self-efficacy of women to use family planning methods was low. About half of the women reported to have moderate level of self-efficacy.

5.3 Recommendations

Based on the findings from this study, the following recommendations are hereby made

1. Effective family planning counseling especially for women of lower levels of education should focus on the benefits of modern contraceptives. More attention should be drawn to the modern contraceptives and birth spacing services. In addition, the women should have adequate information on the possible side effects.
2. More surveys should be carried out with larger populations to evaluate the barriers to uptake and perception about the different perceptions and attitudes of this population.
3. Health care providers' should intensify efforts to demystify the wrong information women have especially regarding modern contraceptives.
4. The provision and delivery of family planning services for all women should be a priority to the achievement of this goal, hence, efforts should be focused on massive promotion of facilities through which family planning services could be easily accessible

5. Programs can be organized to involve men in the sensitization of community members on family planning.
6. The media would be an important tool in the dissemination of information because of the increase in use of the internet.

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33	I can advice my friends and family about family planning					
34	I can become sterile after adopting any family planning method					
35	I am not afraid to approach health providers in the clinics to discuss family planning.					
36	I am confident I can discuss family planning with my friends					
37	I am confident about negotiating condom use with my husband					

Section E: Current use of Family planning methods.

In this section, with the use of a biro pen, which one of the following statements apply to Family planning; choose Yes or No for each of the listed question, by ticking ()

- | Family planning methods | Yes | No |
|--|------------|-----------|
| 38. Do you use any form of family planning method? | Yes () | No () |
| 39. Do you use Oral contraceptive Pills? | Yes () | No () |
| 40. Do you use Intra uterine device (IUD)? | Yes () | No () |
| 41. Do you use Condom? | Yes () | No () |
| 42. Do you use Injectables? | Yes () | No () |
| 43. Do you use Spermicides? | Yes () | No () |
| 44. Do you use Implants? | Yes () | No () |
| 45. Do you use tubal ligation? | Yes () | No () |
| 46. Others (Specify) _____ | | |