

garp.org.ng



GARP INTERNATIONAL JOURNAL OF HEALTH SCIENCES



garp.org.ng



Vol. 1, Issue 2, Pp. 1-18; JUL., 2026

THE PERCEPTION OF MARRIED WOMEN ON FAMILY PLANNING IN ILORIN SOUTH LOCAL GOVERNMENT AREA ILORIN, KWARA STATE

Adeniyi, Mary Oluwatoyin

Department of Health Education, Faculty of Education, University of Ilorin
Kwara State Nigeria

maryadeniyi012@gmail.com

ABSTRACT

ARTICLE INFO

Received Date: 13th Jun., 2026

Date Revised Received: 20th Jun., 2026

Accepted Date: 15th Jul., 2026

Published Date: 27th Jul., 2026

Citation: Adeniyi, Mary Oluwatoyin (2026): The Perception of Married Women on Family Planning in Ilorin South Local Government Area, Ilorin Kwara State: GARP INTER. J. of Health Sciences Vol.1, Issue 2, Pp.1-18. Jul, 2026.

This study investigated the perception of married women on family planning in Ilorin South Local Government Area, Kwara State. The purpose of this study was to examine the perception of family planning on income and family health (ii) effects on health (iii) cost (iv), as a cause of infertility (v), and society, among married women. The population consists of one hundred (100) respondents. A multistage sampling technique was used for the study. Researcher's designed a structured questionnaire, which was validated by three experts from the Department of Health Promotion and Environmental Health Education at the University of Ilorin, to collect information from the respondents. The completed questionnaires were analyzed using descriptive statistics of frequency counts and percentages for the demographic data, while inferential statistics of the Chi-square (χ^2) statistical tool were used to analyze the hypotheses using the Statistical Package for the Social Sciences (SPSS) version 25.0 to present and decide whether to reject or accept the stated hypotheses. A coefficient of $r=0.64$ was obtained. The findings of the study show that: Married women significantly perceive family planning as a means to maximize income and improve family health in Ilorin South Local Government Area, Kwara State; Married women significantly perceive family planning as having negative effect on their health in Ilorin South Local Government Area, Kwara State; Married women significantly perceive family planning as being expensive in Ilorin South Local Government Area, Kwara State; Married women significantly perceive family planning as a cause of infertility in Ilorin South Local Government Area, Kwara State; married women significantly perceive family planning as socially unacceptable in Ilorin South Local Government Area, Kwara State. Based on this finding, it was concluded that family planning is a means of reproductive health, it contributes to maximizing income and improving family health. Based on this result, it was recommended that the government provide free family planning services and employ health educators in various local primary health centers to sensitize married women on the benefits of family planning for their health and wellbeing.

Keywords: Family Planning, cause of infertility, Environmental Health, Health Promotion, primary health centers, Perception of Married women

Introduction

Family planning refers to the use of contraception and other methods of birth control to regulate the number, timing, and spacing of human births. Samuel (2010), defined family planning as the practice that helps individuals or married couples to attain certain objectives, such as avoiding unwanted pregnancies, bringing about wanted babies at the right time, regulating the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of parents and determining the number of children in the family. Thus, family planning is a means of reproductive health (Ngwu, 2014).

The practice of family planning has called for global attention because of its importance in decision making on population growth and issues of development. Child bearing and the use of contraceptives are some of the most important decisions on reproduction that could be taken by couples to curtail the number of children they want to have. Therefore, the issue of family planning and its methods has led many married women to either accept family planning or reject it (Paul, 2010).

Family planning is widely acknowledged as an important intervention towards achieving Sustainable Development Goals (SDGs) as it has proven to reduce maternal and child mortality. Family planning can prevent unwanted pregnancies and unsafe abortions. Some family planning methods such as condom usage can protect individuals from Sexually Transmitted Infections (STIs) including HIV/AIDS (Chingpaye 2013). Family planning has also been found to promote gender equality as well as promote educational and economic empowerment for women. Despite the enormous benefits of family planning services, the uptake of the service still remains low in Sub-Saharan Africa including Nigeria (Eliason, 2013).

However, according to World Health Organization, (2016) family planning is the practice that allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy (WHO, 2016). Therefore, family planning services are defined as educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved (Burke, 2010).

According to Almuam, (2007), family planning is defined as birth spacing, preventing unwanted pregnancies or securing wanted pregnancies. Onokerhoraye (1997) sees family planning as "the provision of birth prevention information services and appliances. It also involves teaching men and women about their bodies and teaching them how to prevent births usually with contraceptives but sometimes also with abortion or sterilization". Family planning could further entail making decisions on the number of children couples want to have by using different methods to achieve that, ranging from contraceptives to use of condoms, male and female sterilization among others (Encarta, 2010).

There has been a lot of campaign on the use of family planning and reduction of population from country to country especially in Nigeria. Even at that, a study by NPC (2009) indicates that contraceptive use is still low in many developing countries. This could be related to lack of adequate information and ignorance as postulated by Adinma & Nwosu (2005). Reshma (2015) added that, other factors such as culture, low education, poverty and poor access to information on contraceptive are among numerous reasons that have been identified by scholars to militate against the use of family planning methods. Traditional values also play a big role in family planning acceptance and decision, as many cultures and traditions support giving birth to as many children as possible.

Family planning is perceived as a thing of pride. In places like Jesse Ethiopie West Local Government Area of Delta state, a man with many children is regarded as a strong and rich man, as such, family planning acceptance is very minimal. Traditional values feature prominently because the cultural valuation of children is evident in studies which indicate that, among Nigerians, having fewer than five surviving children negatively affected the use of family planning methods (Lawoyin, 2002).

Statement of the Problem

Family Planning (FP) is having the desired number of children and when you want to have them by using safe and effective modern methods. Proper birth spacing is having children 3 to 5 years apart, which is best for the health of the mother, her child, and the family. Family planning enables a woman to determine the time, spacing, and frequency of pregnancy with a range of methods. The acceptance and use of family planning among married women in Nigeria has

become a contentious problem. Against this backdrop, married women tend to give birth to many children, forgetting the importance and benefit of family planning. Ignorance, illiteracy, African traditional values and norms, husband dominance among others have come against the practice of family planning among married women.

This is a problem, serious problem in that in view of the global economic challenge and that of security, where children that are not catered for by parents turn out to be security threats or wayward.

An unplanned family brings about unbudgeted responsibilities and indeed population explosion at large. Therefore, the study seek to study perception of married women on family planning, do they have adequate knowledge on family planning and is it acceptable among them.

Objectives of the Study

The main objective of this study is to examine the perceptions of married women towards family planning in Ilorin South Local Government Area, Kwara State. Specifically, the study seeks to:

1. Examine the perceptions of married women regarding family planning as a means of maximizing family income and improving family health in Ilorin South Local Government Area, Kwara State.
2. Determine the perceptions of married women regarding the negative health effects of family planning in Ilorin South Local Government Area, Kwara State.
3. Assess the perceptions of married women regarding the cost of family planning in Ilorin South Local Government Area, Kwara State.
4. Investigate the perceptions of married women regarding family planning as a cause of infertility in Ilorin South Local Government Area, Kwara State.
5. Examine the perceptions of married women regarding the social acceptability of family planning in Ilorin South Local Government Area, Kwara State.

Research Questions

This study seeks to answer the following research questions:

1. What are the perceptions of married women regarding family planning as a means of maximizing family income and improving family health in Ilorin South Local Government Area, Kwara State?

2. What are the perceptions of married women regarding the negative health effects of family planning in Ilorin South Local Government Area, Kwara State?
3. What are the perceptions of married women regarding the cost of family planning in Ilorin South Local Government Area, Kwara State?
4. What are the perceptions of married women regarding family planning as a cause of infertility in Ilorin South Local Government Area, Kwara State?
5. What are the perceptions of married women regarding the social acceptability of family planning in Ilorin South Local Government Area, Kwara State?

Research Hypotheses

The following null hypotheses were formulated to guide the study:

- **H₀₁:** Married women do not significantly perceive family planning as a means of maximizing family income and improving family health in Ilorin South Local Government Area, Kwara State.
- **H₀₂:** Married women do not significantly perceive family planning as having negative health effects in Ilorin South Local Government Area, Kwara State.
- **H₀₃:** Married women do not significantly perceive family planning as being expensive in Ilorin South Local Government Area, Kwara State.
- **H₀₄:** Married women do not significantly perceive family planning as a cause of infertility in Ilorin South Local Government Area, Kwara State.
- **H₀₅:** Married women do not significantly perceive family planning as socially unacceptable in Ilorin South Local Government Area, Kwara State.

Literature Review

The literature I reviewed is related to this study. I have made efforts to review several e-copies of literatures and articles on a few studies that are based on family planning especially a most recent study. This literature has been arranged in such a way that it would be possible for readers of this study to comprehend and assimilate. World Health Organization (1948) defined health as a state of complete physical, mental and social well-being, not merely the absence of diseases.

Health is fundamental for human existence, without good health, living is terrible and frustrating. That is why everyone both young and old must strive to attain and achieve a maximum health that will keep them going through life, this can only be done with acquiring knowledge on how to live healthy.

This review is therefore devoted to looking at the existing literatures on various aspects of the subject "The perception of family planning among married women". This literature is being treated under the following headings:

1. Concept of family planning
2. Types of family planning
3. Method of family planning
4. Benefits of family planning
5. Factors affecting utilization of family planning
6. The effect of family planning on the health of women.
7. How Can Communities and the Government Help

The Concept of Family Planning

Family planning is defined as the ability of individuals and couples to attain their desired number of children and plan the spacing and timing of their births through use of contraceptive methods (WHO, 2014). Family planning simply means preventing unwanted pregnancies by safe methods of prevention. This is considered to be part of the basic human rights of all individuals or couples as it was endorsed by the International Conference on Population and Development in Cairo in 1994 (Worku, 2008).

Family planning is usually used as a synonym for the use of birth control. It is most adopted by couples who wish to limit the number of children they want to have and control the timing of pregnancy, also known as spacing of children. Family planning may encompass sterilization, as well as pregnancy termination. It also includes raising a child with methods that require significant amount of resources namely: time, social, financial and environmental (Moronkola & Blumenthal (2010).

Harlap, (2011) described family planning as the arrangement, spacing and initiation of children in a family based upon the wishes and social circumstances of the parents. It could also mean the spacing of birth so as to achieve maximum health and comfort for mother, child, and the entire family. Family planning is an important preventive measure against maternal and child morbidity and mortality. It is an

essential component of primary health care and reproductive health. It plays a major role in reducing maternal and neonatal morbidity and mortality. It confers important health and development benefits to individuals, families and communities and the nation at large. Family planning helps women to avoid unwanted pregnancies, illegal abortions and child bearing that will threaten their own personal health and that of the children (Ogunbayo, 2007).

Family planning involves two concepts – contraceptive use and family planning services which is used by couples to bring about healthy sexual relationships among them without fears of unwanted pregnancies and sexually transmitted infections (Duzo & Mohammed, 2011).

Contraceptives

Contraceptives, especially pills, contain a small amount of man-made estrogen and progestin hormones. These hormones work to inhibit the body's natural cyclical to prevent pregnancy. Pregnancy can be prevented by a combination of factors. The oral contraceptive usually stops the body from ovulating. Hormonal contraceptives also change the cervical mucus to make it difficult for the sperm to go through the cervix and find an egg. Hormonal contraceptives can also prevent pregnancy by changing the lining of the womb so it is unlikely the fertilized egg will be implanted.

Contraceptives have been used worldwide since ancient times. Writings in Egyptian papyri, the Bible, and Greek and Roman texts indicate the usage of various herb and root preparations for contraception and abortion (Agboola, 2006). When families use modern contraception methods, they are empowered to determine the timing, number and spacing of their children, reducing deaths and improving the health of both mothers and their babies. Family planning also involves ensuring access to preferred contraceptive methods for women and couples to securing the well-being and autonomy of women, while supporting the health and development of families and communities. (Johns Hopkins Center For Communication, 2018).

Family Planning Services

Family planning services are defined as educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved (Cooper, 2012). It provides benefits of good health and wellbeing of women and families throughout the world.

This keeps the prospective parents healthy and without a child until a time of their choice. Family planning also includes teaching teens and children about sexuality and reproduction to keep them from having children before they are ready and providing contraception (Worku, 2008).

Types of family planning

There are two types of family planning; one of them refers to natural family planning in which a woman's natural infertile phases are emphasized upon and the other is artificial family planning (John Cleland, 2006).

Natural Family Planning

The natural family planning methods do not include any chemical or foreign body introduction into the human body. Most people who are very conscious of their religious beliefs are more inclined to use the natural way of birth control.

Some want to use natural methods because it is more cost effective (Sheila, 1972).

Artificial family planning

The artificial family planning can be defined as any product, procedure or practice that uses artificial or unnatural means to prevent pregnancy it includes preventing the sperm from reaching the ovum, inhibiting ovulation, preventing implantation, killing the sperm, and preventing the sperm from entering the seminal fluid (Beverly, 2002).

Methods of family planning

Gribble (2012) identified methods of contraceptives which include barrier methods, hormonal birth control, intrauterine devices (IUDs), sterilization, and behavioral methods. They are used before or during sex while emergency contraceptives are effective for up to a few days after sex. Effectiveness is generally expressed as the percentage of women who become pregnant using a given method during the first year and sometimes as a lifetime failure rate among methods with high effectiveness, such as tubal ligation. It was also stated that the most effective methods are those that are long acting and do not require ongoing health care visits.

While all methods of birth control have some potential adverse effects, the risk is less than that of pregnancy. After stopping or removing many methods of birth control, including oral contraceptives, IUDs, implants and injections, the rate of pregnancy during the subsequent year is the same as for those who used no birth control (Cooper 2012).

Approximately 38% of the 210 million pregnancies that occur throughout the world each year are unintended,

a figure that is appallingly high (Sedgh, 2014). This is a serious problem, as unintended pregnancies often have significant long-term negative health consequences for both mother and child. One proposed method of addressing the issue of unintended pregnancy is through contraception (Klima, 1998). Contraception, also referred to as birth control, is an umbrella term used to describe methods or devices designed to prevent pregnancy. There are many different methods of contraception available today, and many of them are safe and effective if used properly.

Family planning methods can be broadly classified into Reversible (Temporary) methods and Irreversible (Permanent) methods.

Reversible Family planning methods

Also known as Spacing methods, these are temporary in nature, hence do not have any permanent contraceptive effect.

They includes; Natural method, Barrier method, Intra uterine devices, Non- hormonal contraceptives, Hormonal contraceptives.

Irreversible Family planning methods

Also known as Sterilization, these are permanent methods. They need to be carefully thought about and opted for. This FP method is best for people who have already completed their family. They includes; Vasectomy (men) and Tubectomy (women).

Reversible / Spacing (Temporary Methods) Natural Method of Family Planning

Abstinence: This is the avoidance of sexual intercourse among married couples for a particular period of time. Samuel (2010) believes that, abstaining from sex is the commonest and most effective natural family planning method which can also prevent sexually transmitted infections and HIV/AIDS provided it is strictly and honestly practiced.

The Calendar or Rhythm Method: This method of contraceptive according to Trussell (2011) estimates a woman's likelihood of fertility based on a record of previous menstrual cycles. According to the menstrual cycle, about 12 – 14 days a female period begins, she is considered to be most fertile. This is when she ovulates (release egg). This period is mostly likely for her to get pregnant. The method requires to keep accurate records of menstrual cycles, and to abstain from unprotected intercourse, when couples are not ready. However, it needs to be used with other applicable method.

Withdrawal Method: This involves removing the penis from the vagina before ejaculating. Thus, ejaculation should be away from the vagina. However, it requires extreme self-control on the part of the man. The man controls his emotion so as not to reach a climax during intercourse. Mobalanle, (2005) asserted that, the method is very unreliable as a small amount of semen may escape or ejaculation may occur unexpectedly. Not all men can control this and it could lead to emotional disturbances and psychological complication. Thus, the woman finds their own sexual responses upset. However, the withdrawal method demands the sudden removal of the penis from the vagina. This process makes sex uninteresting, unsecured, and dangerous to prevent unwanted pregnancy and STIs.

Lactation Amenorrhea (LAM): LAM is a temporary method of contraception based upon breast-feeding. Sucking during breast-feeding releases natural hormone which prevents ovulation acting as a protection against pregnancy. (Idowu, 2005) cited in (Alana, 2017).

Barrier Method

This method stops the sperm from uniting with the egg and acts as a barrier. Different barrier methods are male condom or female condom, Foam tablets or Spermicidal jellies.

Male Condom

A condom is a contraceptive choice available to men and women. It acts as a barrier to the passage of seminal fluid into the vagina. Condoms also protect from RTI/STI. Samuel (2010), a male condom is made of a thin latex sheath, which is rolled over the erect penis of the male partner before sexual intercourse. It prevents the sperms from entering into vagina and coming in contact with the female egg.

Female condom

These are also latex rubber sheaths that are specially designed for females and pre-lubricated with spermicide. It lines the entire vagina thereby preventing seminal fluid containing sperms from entering the uterine cavity and preventing pregnancy (Idowu and Akinsanya, 2016). Also, this design may reduce the potential for transfer of infectious organisms between sex partners, particularly genital ulcer diseases.

Foam Tablets or Spermicidal Jellies

Spermicides are barrier birth control methods that are bought over the counter. Once inserted, these contraceptives kill sperm. Vaginal spermicides are

available in several forms: spermicidal jelly, cream, foam tablets, suppositories, sponge and film. Most use the chemical nonoxynol-9 against sperm. Bartman, Stolpen, Pretorius and Malamud (2001), believe that as contraceptives, spermicide may be used alone. However, the pregnancy rate experienced by couples using only spermicide is higher than that of couples using other methods. Therefore, they are most effective when combined with contraceptive barrier methods such as: diaphragms, condoms, among others.

Intra Uterine Devices

It is a device made of polyethylene / plastic, which is inserted in the uterus for prevention of pregnancy. The different types of IUD's are –Copper T, CuT-380A, ML-375, Nova T, Progestasert and LNG 20. The most common IUCD available is Copper T (CuT) in which a thin copper wire is coiled around the vertical stem of T. It causes changes in the uterus lining and hence prevents the implantation of the fertilized egg. It also decreases sperm motility, thereby preventing fertilization in the fallopian tube (Noone 2000). A complete examination by the doctor is essential before an IUCD is inserted.

It can be left in the uterus for 3 years after which it has to be removed and reinserted, if required.

Non – Hormonal Contraceptives

Non Hormonal Oral Contraceptives like Saheli are non-steroidal. They have weak estrogenic with potent anti-estrogenic properties. They inhibit preparation of uterine cavity for implantation of fertilized ovum and accelerate ovum transport. A pill is taken twice a week for three months and is followed by once a week dose, on the same day each week (Darney, 2007).

Hormonal Contraceptives

Hormonal contraceptives include; oral contraceptives pills, injectable contraceptives and emergency contraceptives (Nelson, 2010).

Oral Contraceptive Pills

OCP's or Oral Contraceptive Pills are an efficient and reversible contraceptive choice available to women. It is the best birth spacing method that is available to women. OCP's are a combination of female sex hormones, which are normally present in a woman's body. Contraceptive pill contains artificial (synthetic) versions of hormones. They mimic the action of estrogen and progesterone on the body. When taken correctly, the pill interferes with the normal cycle to prevent pregnancy (Trussell, 2011).

Injectable Contraceptives (IC)

Injectable contraception is a form of contraception that is injected into a muscle (usually buttock or upper arm) to stop pregnancy by releasing progestogen into the body. Progestogen is a hormone which works by stopping the release of ripe eggs by the ovary (ovulation), making the mucus (sticky fluid) at the opening of the uterus thicker so sperm cannot get through and changing the lining of the uterus so a fertilized egg cannot take hold. Darney (2007), there are 3 different varieties of IC available today, which are as follows –

1. Monthly Injectable – Cyclofem/ Cycloprovera and Mesigyna/ Norigynon.
2. Bi-monthly Injectable – Noristerat and Norethindrone Enanthate.
3. Quarterly Injectable – DMPA (Depo medroxy progesterone acetate).

Emergency Contraceptive (EC)

Emergency Contraceptive Pills (ECPs) simply refers to a situation after having an unprotected sex, and then it is possible to use pills within 72 hours (3 days) of the intercourse. Trussell, Elizabeth, Cleland and Kelly (2014), described Emergency Contraceptive Pills as drugs that are intended to disrupt or delay ovulation or fertilization which are necessary for pregnancy. Emergency Contraceptive Pills and abortion pills are not the same.

They also concluded that, Emergency Contraceptive Pills work by preventing or delaying ovulation and therefore preventing pregnancy, not by abortion. Gemzell-Danielsson, Kristina, Rabe, Thomas, Cheng, and Linan (2013), identify types of emergency contraceptive pills as: Combined estrogen and progestin pills, progestin-only (levonorgestrel) pills, and antiprogesterin (ulipristal acetate or mifepristone) pills.

Irreversible/ Permanent Methods Sterilization

Sterilization is an irreversible and permanent family planning method. It is a contraceptive choice for men and women who do not want to have more children or couples who have already completed their family (Robert, 2011).

Vasectomy

Vasectomy is a surgical procedure for male sterilization or permanent contraception. Trussell (2011) belief this operation is done where by a small vasectomy deference is cut off and the separated ends are tied.

It is a surgical procedure that consists in cutting the tubes that carry sperm. This procedure blocks the path between the testes and the urethra due to which the sperm cannot leave the testes and hence cannot reach the egg. Vasectomy does not interfere with sexual desire, erection, ejaculation, orgasm and sexual pleasure. However, the method is irreversible and it leads to permanent impotence (Larry, 2012).

Tubectomy

This method is used for the females. This could also be called “Tuba tie”. It is a contraceptive device by which the fallopian tubes are cut and tied separately with small part cut off during surgical minor operation. This procedure blocks the path between the ovaries and the uterus. Hence, the woman cannot conceive again because the fallopian tubes are tied. According to Trussell (2011), the sperm cannot reach the egg to fertilize it and the egg cannot reach the uterus. The reliability rate is 100%. It provides for fullest sexual enjoyment since there is no fear of unwanted pregnancy. But it entails permanent sterility since the tie is irreversible and irrevocable (Anderson, 2013).

Benefits of Family Planning

The benefits of family planning have become increasingly recognized worldwide, including improved health, economic, and social outcomes for women and families, as well as public health, economic, and environmental benefits at the population-level (Cleland, 2006).

Health benefits to the mother

Contraceptive use reduces maternal mortality and improves women's health by preventing unwanted and high-risk pregnancies and reducing the need for unsafe abortions. Some contraceptives also improve women's health by reducing the likelihood of disease transmission and protecting against certain cancers and health problems (Singh 2014).

Family planning has very clear health benefits; the prevention of unintended pregnancies which results in a subsequent decrease in maternal morbidity and mortality. Contraception allows the spacing of pregnancies, delaying pregnancies in young girls who are at an increased risk of health problems from early childbearing, and preventing pregnancies among older women who also face increased risks (Cleland 2012). It also enables women who wish to limit the size of their families to do so. By reducing rates of unintended pregnancies, contraception also reduces the need for unsafe abortion (Stover and Ross, 2010).

Benefits to the children

Together with other health services, such as diarrhoea and pneumonia management, the nutrition programme and the expanded programme on immunization, family planning directly contributes to the improvement of children's health and growth. It also indirectly contributes to children's wellbeing and development by improving maternal health (John, 2006). Adequately spaced children can be wellfed and healthier than closely spaced children. Mothers can have ample time and good health to care for their children. Parents should be able to seek healthcare for them without being constrained (Marleen, 2008).

Social and economic benefits

Family planning reduces health risks to women and gives them more control over their reproductive lives. With better health and greater control over their lives, women can take advantage of education, employment and civic opportunities. Families with fewer children are often able to send those children to school so girls get a chance to attain higher education, and as an outcome, the age of their first marriage is often later

and their years of fertility reduced. They also benefit from being an employee. In general, having a larger proportion of well-educated, healthy, productive and self-sufficient families can contribute a great deal to the social and economic development of a county (Jacqueline 2016).

Presentation of Results and Discussion of Findings

This chapter presents the analysis of data gathered for the study through the questionnaire.

The demographic information is analyzed with frequency and percentage while the research questions are answered with the use of frequency, mean and standard deviation. The decision mean value is 2.50. Therefore, any mean value that is less than 2.50 is deemed to be disagreement while any mean above the 2.50 bench-mark is adjudged to be agreement. The research hypotheses are tested with the use of inferential statistics of one sample t.test.at 0.05 level of significance. The results are presented in tables as follows:

Demographic Information of Respondents

Table 1

Frequency and Percentages of Married Women

S/No.	Demography	Variables	Frequency	Percent (%)
1	Age in Years	20-25 years old	23	26.1
		26-31 years old	30	34.1
		32-35 years old	14	15.9
		36 years old and above	21	23.9
		Total	88	100.0
2	Education Level	None	4	4.5
		Primary	10	11.4
		Secondary	14	15.9
		Tertiary	60	68.2
		Total	88	100.0
3	Religion	Christianity	49	55.7
		Islam	38	43.2
		Others	1	1.1
		Total	88	100.0
4	Tribe	Igbo	18	20.5
		Hausa	15	17.0
		Yoruba	49	55.7
		Others	6	6.8
		Total	88	100.0
5	Number of Children	0-2	41	46.6
		3-4	32	36.4
		5-6	11	12.5
		7 and above	4	4.5
		Total	88	100.0

Table 1 presents the demographic information of respondents. From the table, the women between ages of 20-25 years old are 23 (26.1%), age 26-31 are 30 (34.1), age 32-35 are 14 (15.9%) while those that are 36 years old and above are 21 (23.9%). Regarding the married women educational level, 4 (4.5%) of them have no formal education, 10 (11.4%) had primary education, 14 (15.9%) had secondary education, and 80 (68.2%) had tertiary education. With respect to their religion, those who practice Christianity are 49 (55.7%), those that practice Islam are 38 (43.2), while only one person (1 (1.1%) practice other religion, With respect to the respondents tribe 18 (20.5%) are Igbo, 15 (17.0) are Hausa, 49 (55.7) are Yoruba while those from other tribes are 6 (6.8%). Regarding the married women number of children, those with 1-2 children are 41 (46.6%), 3-4 are 32 (36.4%), 5-6 are 11 (12.5) and those with 7 children or more are 4 (4.5). Therefore larger number of the respondents are

within the ages of 26-31 years old, most the married women had tertiary education, majority of them are Christians, larger percentage of the respondents are Yoruba by tribe and most of them have between 0-2 children'

Answering of Research Questions

Research Question 1: Will married women perceive family planning as a means to maximize income and improve family health in Ilorin South Local Government Area, Kwara state?

Table 2

Frequency, Mean And Standard Deviation of Perception on Family Planning as Means of Maximizing Income and Improve Family Health.

S/No.	PERCEPTION ON FAMILY PLANNING	SD	D	A	SA	Mean	Std. Deviation
TO MAXIMIZE INCOME							
6.	I believe family planning can help me maximize my income	10	52	22	4	2.23	.707
7.	I view family planning as a way to enhance my family financial situation	14	54	17	3	2.10	.695
8.	I believe with fewer children I can invest more in my children's health and well-being	26	39	22	1	1.98	.773

Table 2 presents the perception of women on family planning as a means to maximize income and improve family health. The results on the table indicates that women disagree with all the statements that family planning can help maximize income, family planning as a way to enhance family financial situation, with fewer children one can invest more in children's health and well-being and that family planning can help achieve financial security and better health for the family with mean value of 2.23, 2.10, 1.98 and 2.09 respectively, Since all the mean values and the average mean (2.10) are below the 2.50 cut off mean value for agreement it implies that women did not perceive family planning as a means of maximizing family income and improve family health.

Research Question 2. Will married women perceive family planning as being expensive in Ilorin South Local Government Area, Kwara state?

Table 3

Frequency, Mean and Standard Deviation of Married Women Perception on family Planning as Being Expensive

S/No.	FAMILY PLANNING PERCEIVED AS	SD	D	A	SA	Mean	Std. Deviation
BEING EXPENSIVE							
14.	I feel the cost of family planning is not Affordable	2	23	51	12	2.83	.682
15.	I believe I cannot cover the expenses associated with family planning	2	27	40	19	2.86	.776
16.	I perceive the long-term use of family planning can lead to financial constraint	5	17	44	22	2.94	.822
		9	67	135	53	2.88	.760

Table 3 presents the married women perception of family planning as being expensive in Ilorin South Local Government Area, Kwara state. The table reveals that all the statements on the table are agreed upon by the respondents. The married women agreed that the cost of family planning is not affordable (2.83), they cannot cover the expenses associated with family planning (2.86), and that the long-term use of family planning can lead to financial constraint (2.94). The mean value of the responses and the average mean of 2.88 which are above the 2.50 benchmark for agreement indicates that married women in Ilorin South Local Government Area, Kwara

state perceive family planning as being expensive.

Research Question 3. Will married women perceive family planning as socially unacceptable in Ilorin South Local Government Area, Kwara state?

Table 4

Frequency, Mean and Standard Deviation of Married Women Perception on Family Planning as Socially Unacceptable

S/No.	FAMILY PLANNING PERCEIVED AS SOCIALLY UNFAVOURABLE	SD	D	A	SA	Mean	Std. Deviation
20.	I believe that family planning is not acceptable in my society	8	33	34	13	2.59	.853
21.	I perceive that my community values larger families over smaller ones	7	37	42	2	2.44	.676
22.	I perceive that people in my society believe that those who engage in family planning are irresponsible	9	43	32	4	2.35	.728
23.	I believe that women who have fewer children than expected are looked down upon in my society	12	22	38	16	2.66	.933
		36	135	146	35	2.51	.797

Table 4 presents the analysis of data on the perception of married women on family planning as socially unacceptable in Ilorin South Local Government Area, Kwara state. Results from the table indicate that married women agreed that family planning is not acceptable in their society with mean value of 2.59 and that women who have fewer children than expected are looked down upon in my society with mean value of 2.66. However they disagreed with the statement that their community values larger families over smaller ones with mean value of 2.44 and that people in their society believe that those who engage in family planning are irresponsible with mean value of 2.35. thus married women in Ilorin South Local Government Area, Kwara state are in between two opinion on the social acceptability of family planning.

Ho1 -Married women will not significantly perceive family planning as a means to maximize income and improve family health in Ilorin South Local Government Area, Kwara state.

Table 5

Hypothesis Testing of no significant perception of family planning as a means to maximize income and improve family health.

P.

	N	Mean	SD	df	t	Value
Perception on family planning to maximize income	88	2.10	.757	87	29.6	.000

Table 5 presents the test of hypothesis of no significance in the perception of married women on family planning as a means to maximize income and improve family health in Ilorin South Local Government Area, Kwara state. From the table, the probability value of 0.00 is less than 0.05 level of significance, therefore the null hypothesis of no significance is hereby rejected. This implies that there is significance in the perception of married women on family planning as a means to maximize income and improve family health.

Ho3- Married women will not significantly perceive family planning as being expensive in Ilorin South Local Government Area, Kwara state

Table 6

Hypothesis Testing of no significant perception of family planning as being expensive

P.

	N	Mean	SD	df	t	Value
Family planning perceived as being expensive	88	2.88	.760	87	38.9	.000

Table 6 presents the test of hypothesis of no significance in the perception of married women on family planning as being expensive in Ilorin South Local Government Area, Kwara state. From the table the probability value of 0.00 is less than 0.05 level of significance, therefore we hereby reject the null hypothesis of no significance in the perception of married women. This implies that the perception of married women on family planning as being expensive is significant.

Ho4- Married women will not significantly perceive family planning as cause of infertility in Ilorin South Local Government Area, Kwara state.

Table 7

Hypothesis Testing of no significant perception of family planning as cause of infertility

P.

	N	Mean	SD	df	t	Value
Family planning as a cause of infertility	88	2.73	.877	87	28.0	.000

Table 7 presents the test of hypothesis of no significance in the perception of married women on family planning as cause of infertility in Ilorin South Local Government Area, Kwara state.

From the table, the probability value of 0.00 is less than 0.05 level of significance, therefore the null hypothesis of no significance is hereby rejected. This implies that the perception of married women on family planning as cause of infertility in Ilorin South is significant.

Ho5- Married women will not significantly perceive family planning as socially unacceptable in Ilorin South Local Government Area, Kwara state

Table 8

Hypothesis Testing of no significant perception of family planning as socially unacceptable

P.

	N	Mean	SD	df	t	Value
Family planning perceived as socially unacceptable	88	2.51	.797	87	28.5	.0

Table 8 presents the test of hypothesis of no significance in the perception of married women on family planning as socially unacceptable. From the table, the probability value of 0.00 is less than 0.05 level of significance, therefore the null hypothesis of no significance is hereby rejected. This implies that there is significance in the perception of married women on family planning as socially unacceptable.

Discussion of findings

The following are the discussion of findings for this study;

Hypotheses 1: There is significance in the perception of married women on family planning as a means to maximize income and improve family health. This finding corroborates with the findings of John Bongaarts (2012), who found that women who perceive family planning positively are more likely to have smaller family sizes, allowing them to allocate their resources more efficiently. This perception is often linked to an understanding that smaller family sizes can lead to better economic stability and increased income for the family. Women who perceive family planning as a means to control their reproductive choices and plan for their family's future are more likely to participate in economic decision-making within the household. This empowerment can lead to better financial planning and resource allocation, positively affecting family income (Martha). Family planning contribute to maximizing income and

financial stability, whereas it should always be a personal choice made by individuals or couples based on their own values, goals, and circumstances.

Hypotheses 2: The perception of married women on family planning is significant as having a negative effect on married women health in Ilorin South Local Government Area, Kwara State. This findings is in agreement with Linda S. Williams who said that some family planning methods can have side effects, such as irregular periods or hormonal changes. Fear of experiencing these side effects may lead to a negative perception of family planning's impact on health.

Hypotheses 3: The perception of married women in Ilorin South Local Government Area, Kwara state on family planning as being expensive is significant. This finding is in line with the findings of Amina Ahmed (2019) who revealed that the cost of contraceptives, especially long-acting methods like intrauterine devices (IUDs) and implants, can be a barrier for women seeking family planning services in Kwara state. The upfront costs and recurring expenses for contraceptive methods can indeed strain family budgets, reinforcing the perception of expense. Samuel Oladipo's (2020) also found that the limited availability of free family planning services in certain health facilities in Ilorin South contributes to this perception. When women have to pay for services that should ideally be provided at no cost, it reinforces the belief that family planning is financially burdensome also socioeconomic status of women

plays a crucial role in shaping their perception of family planning as expensive. Women with lower incomes may find it challenging to afford contraceptive methods.

Hypotheses 4: The perception of married women on family planning as cause of infertility is significant in Ilorin South Local Government Area. This finding corroborates with the findings of Marianne Ojiambo () who found that many women in low-income settings perceive family planning methods, especially contraceptives like hormonal pills or intrauterine devices (IUDs), as potential causes of infertility.

However, this perception is often based on misconceptions rather than scientific evidence. Misinformation and lack of comprehensive education on family planning can contribute to the perception of family planning methods as causes of infertility. Women who receive accurate information about the safety and effectiveness of various contraceptives are less likely to hold these misconceptions. Women who believe that contraceptives may lead to infertility may be less likely to use them, leading to unintended pregnancies. This can have significant consequences for maternal and child health, as well as overall family well-being. Addressing this perception is crucial for promoting family planning and reproductive health. Effective strategies may include comprehensive education programs, community outreach, and increased access to family planning services. Dispelling myths and providing accurate information can empower married women to make informed choices about their reproductive health, ultimately benefiting both their individual well-being and that of their families.

Hypotheses 5: There is significance in the perception of married women on family planning as socially unacceptable in Ilorin South Local Government Area. This findings is in agreement with the findings of Adefalujo and Olugbenga (2015) the researcher both revealed the profound influence of cultural and religious beliefs on family planning perceptions. In societies where certain religious or cultural norms discourage contraception, married women perceive family planning as socially unacceptable due to fear of social stigma or religious condemnation. Also In communities where women are expected to prioritize their roles as mothers and wives above all else, using contraception may be viewed as deviating from societal expectations.

Summary

This study was conducted mainly to examine the perception of married women on family planning in

Ilorin South Local Government Area, Kwara State. The review of the related literature was done based on the concept of family planning, benefits of family planning, factors affecting utilization of family planning, effects of family planning and appraisal of reviewed related literature.

A descriptive research design of survey type was used in the conduct of the study. The populations of the study were all married women in Ilorin South Local Government. A multi-stage sampling technique was used to select one hundred (100) respondents from the population. The research instrument used for the study was a questionnaire developed by the researcher and the questionnaire was validated and tested for reliability. The instrument was administered by the researcher and research assistants. The data gathered were analyzed using frequency counts and percentage for the demographic data and research question, while inferential statistics of Chi-square was used to test the hypotheses postulated. Needed conclusions and recommendation recommendations were made for the study.

Major Findings

1. Therefore larger number of the respondents are within the ages of 26-31 years old, most the married women had tertiary education, majority of them are Christians, larger percentage of the respondents are Yoruba by tribe and most of them have between 0-2 children
2. The married women did not perceive family planning as a means of maximizing family income and improve family health.
3. The married women see family planning as cause of infertility in Ilorin South Local Government Area, Kwara state.
4. Married women are in between two opinion on the social acceptability of family planning in Ilorin South Local Government Area, Kwara state.
5. There is significance in the perception of married women on family planning as a means to maximize income and improve family health
6. There is significance in the perception of married women on family planning as being expensive in Ilorin South Local Government Area, Kwara state.
7. The perception of married women on family planning as cause of infertility is significant in Ilorin South Local Government Area.
8. There is significance in the perception of

married women on family planning as socially unacceptable in Ilorin South Local Government Area

Conclusions

Based on the findings of the study, the following conclusions were made:

1. Married women do not perceive family planning as a means to maximize income and improve family health in Ilorin South Local Government Area, Kwara State.
2. Married women do not perceive family planning as having negative effect on their health in Ilorin South Local Government Area, Kwara State.
3. Married women do not perceive family planning as being expensive in Ilorin South Local Government Area, Kwara State.
4. Married women do not perceive family planning as a cause of infertility in Ilorin South Local Government Area, Kwara State.
5. Married women do not perceive family planning as socially unacceptable in Ilorin South Local Government Area, Kwara State.

Recommendations

Based on the conclusion of the study, the following recommendations were made:

1. Health Educators should be employed in various government owned primary health centers to teach the married women on the benefits of the family planning on their finances and health.
2. Married women should take the use of family planning programme seriously in order to maximize their income so as to improve their family health and wellbeing.
3. Government at all level should adopt family planning services where they will personally monitor maternal health issues especially related to family planning.
4. Government should provide free family planning services at different primary health centers for married women.
5. Health Educators should be employed in various local primary health centers to sensitize married women
6. Government should address social and cultural stigmas associated with family planning through public awareness campaign and community health education to challenge misconception and promote acceptance of family planning as responsible choice.

Reference

- Adinma J.I.B., Nwosu B.O. (2005). "Family planning knowledge and practice among Nigerian women attending an antenatal clinic". *Adv contraceptive* 11(4): 335-344.
- Agboola, A. (2006). A textbook of Obstetrics and Gynecology for students. *Journal of Adolescent Health*, 28(5),421-431.
- Alana, O. O. (2017). Awareness and Utilization of Family Planning among the Couples of Paikokore Community in Gwangbalada Area Council, Abuja Nigeria. An Unpublished B.Sc Project, Department of Sociology, Nigeria Police Academy, Wudil Kano State.
- Almuam, Y.K.A. (2007). Knowledge, attitude and practice towards modern family planning in Mukalla,
- Yemen. A Thesis submitted in partial fulfillment for the requirements of the degree of Master of Science (Family Health). Retrieved August 19th, 2011.
- Bartman, K. T., Stolpen, A., Pretorious, E. S. and Malamud, D. (2001). Distribution of a Spermicide containing Nonoxynol - 9 in the Vaginal Canal and the Upper Female Reproductive Tract. *Asian Journal of Medicine Sciences*.16(6): 1151 – 1154.
- Bongaarts J. (1984). Implications of Fertility Trends for Contraceptive Practice, Population and Development Review, 10(2): 341-352. [This considers the relationship between total fertility rate and contraceptive prevalence.]
- Burke, S (2010). Fertility Control. In: W. Kluwer (ed.). Contraception, Sterilization and Abortion. Philadelphia: Williams and Wilkins Publishing. 382 – 395.
- Cleland, G. and Kelly, S. S. (2014). Emergency Contraception, A Last Chance to Prevent Unintended Pregnancy. *Population Research Work at Princeton University*, 2(5): 12 – 23.
- Cooper, B. (2012). Family Planning and Contraceptive Use: The Component of the Decision making Process. *Studies in Family Planning*, 22(4), 478-491.
- Duze, M. C. and Mohammed, I. Z. (2006). Male Knowledge, Attitude and Family Planning Practices in Northern Nigeria. *African Journal of Reproductive Health*. Vol. 10(3). 53-65.
- Ekundayo, O. (1985). *Methods of Family Planning*. Ado Ekiti: Mann Printing Press. Students (Youths) in Nigeria Universities. *Research on Humanities and Social Science*. 6(3): 92 – 106.

- Gemzell-Danielsson, Thomas, K. I. and Linan, R. (2013). Emergency Contraception. *Asian Journal of Medicine Sciences*.2(4): 190-194.
- Gribble, J.N. (2012). Achieving a demographic dividend. *Population Bulletin* 67
- Idowu, O. A. and Akinsanya, J. O. (2016). Assessment of Sexual Abstinence and the use of Condom among Undergraduate Students (Youths) in Nigeria Universities. *Research on Humanities and Social Science*.6(3): 92 – 106.
- Ishola, G. P. and Feyisetan, B. J. (2002). Community - based Study of Contraceptive Behaviour in Nigeria. *Africa Journal of Reproductive Health*. 10(2): 90 -104.
- Johns Hopkins Center for Communication (2018). Interventions for helping women follow prescriptions for medications. *Cochrane Database of Sys Reviews*.
- Khan, M. E. and Patel, B. C. (2005). Male Involvement in Family Planning: A Study of Agra - District, Indian. *International Journal of Modern Contraceptives Methods*.1(1): 15 – 35.
- Klima, C. (1998). Unintended pregnancy Consequences and solutions for a worldwide problem. *Journal Of Nurse-Midwifery*, 43(6), 483-491.
- Lawoyin, T. O, Osinowo, H. Babatunde, M, Bajomo, T. G., Betiku, A. O., Biakolo, Busari, K. T. & Fehintola, A. (2002). "Family planning in rural Nigeria: A study among men". *Africa Journal of Medical Science*, 31(2): 159-162
- Lwelamira, J., Mnyamagola, G. and Msaki, M. M. (2012). Knowledge, Attitude and Practice towards Modern Contraceptives among Married Women of Reproductive Age in Mpwapwa District, Central Tanzania. *Current Research Journal of Social Sciences*. 4(3): 235 - 245.
- Mobalanle, G. O. (2005). Knowledge, Attitudes and Practices of Contraception in Women of Reproductive Age. *Research on Medical Sociology*. 2(1): 25 – 41.
- National Population Commission (NPC) Nigeria and ICF Macro (2009). "Nigeria demographic and health survey 2008. Abuja Nigeria": National Population Commission Abuja and ICF Macro USA.
- Ngwu, C. N. (2014). Awareness and Attitude of Family Planning among Rural Women of Nsukka Local Government Area: Implications for Social Work Intervention. *Mediterranean Journal of Social Sciences*, 5(27): 1404 - 1410.
- Noone, G. (2000). Fertility Regulation among Women in Rural Communities around Jimma. *The Ethiopian Journal of Health Development*. 14 (2): 117 – 125.
- Samuel, E. (2010). *Human Sexuality*
- Nwosu, U. M., Eke, R. A. and Chigbu, L. N.(2011). "Factors Influencing the Practice of Modern Family Planning in Rural Communities of Abia State, Nigeria". *ABSU Journal of Environment, Science and Technology* 1, 128-136
- Ogunjugigbe, P. O. (2002). Spousal Communication, Changes in Partner, Attitudes and Contraceptive Use among the Yoruba's of the Southwest Nigeria. *Indian Journal of Community Medicine*. 4(2): 112 -116.
- Onokerhoraye, A.G. (1997). "Health and Family Planning Services in Nigeria: A Spatial Perspective". *The Benin Social Sciences Series for Africa*, University of Benin, Benin. pp. 1-353.
- Reshma MS. (2015). "Awareness in women perception for family planning a case study of Baliyana villag" (Rohtak) *International Journal of Multidisciplinary Research and Development* 2(2): 161-163.
- Ross, J., Stover J., and Adelaja D. (2007). *Family Planning Programs in 2004: New Assessments in a Changing Environment*, International Family Planning Perspectives, 33(1): 22-30.
- Samuel, E. (2010). *Human Sexuality and Family Health Education*.Nsukka: Afro - Orbis Publication Limited.
- Sebastian, E. (2014). Determinants of Family Planning use among Women of Reproductive Age in Ghana. *Journal on Family Planning Primary Care*. 1(1): 43 -47.
- Sedgh, G., Singh, S., & Hussain, R. (2014). Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends. *Studies In Family Planning*, 45(3), 301-314
- Tadesse, F. and Headey, D. (2012). Urbanization and Fertility Rates in Ethiopia. *Journal for Social Sciences*. 5(2): 97 - 108.
- Tadesse, F. and Headey, D. (2012). Urbanization and Fertility Rates in Ethiopia. *Journal for Social Sciences*. 5(2): 97 - 108.
- Trussell, J. (2011). Contraceptive failure in the United States. *Contraception*, 83(5), 397-404.
- Undelikwo VA, Osonwa OK, Ushie MA, et al. Family planning behavior and decision-making among couples in Cross River State, Nigeria. *International Journal of Learning and Development* 2013; 1(3): 100–120.

Worku F. (2008) Practice of Family Planning Methods among Married Men and Women Reproductive Health for Health Science Students. , 26(3), 246-258.

World Health Organization. (2014). Family planning fact sheet. WHO. 3(1), 100-120.