RESEARCH ARTICLE

Psycho-Social Predictors of Utilization of Modern Family Planning Methods among Married Men and Women in Ijebu-Igbo

Fasanmi Samuel Sunday | Adeoye, Emmanuel Olusegun | Oyewole Oluwatosin Mary

Abstract
This study examines the knowledge of family planning, perceived fear of side effects and social variables as predictors of utilization of family planning methods in Ijebu-Igbo. Opinions of two hundred and fifty participants who are married and residents of Ijebu Igbo were sampled using questionnaire. Five hypotheses were generated and tested using Pearson Product Moment Correlation and regression analysis. Results showed that marital status accounted for 26% of variance in utilization of family planning method, with a regression coefficient of $\beta = -0.26$ ($P<0.01$). The five blocks of predictor variables account for only 17% of the variance; employment status, also significantly predicted utilization of family planning method ($\beta = -0.21$, $P<0.05$) explaining, together with marital status, 26% of the variance in utilization of family planning method (accounting for $R^2$ – change of 0.11, $P<0.01$). Results also showed that the lower the perceived fear of side effect, the better their level of utilization of family planning method. Religion has significant influence on the utilization of family planning methods which confirmed second hypothesis. The implications of the study were discussed and it was recommended that health education that will be tailored around knowledge of family planning should be organized both by governmental and non-governmental organizations since it was found that knowledge of family planning methods is key to their utilization.

Keywords: Fear of side effect, Knowledge of family planning utilization, Education

1 | INTRODUCTION

The World Bank Indicators put Nigeria fertility rate at 5.46% in 2017 with population of 2.6% annual change in 2018. This is consistent with the traditional myth of large family postulation in Africa, and especially in Nigeria. Population growth has been a problematic issue all over the world consequently; many developed countries have approved and resorted to birth control or family planning. Kantorová, Wheldon, Ueffing, Dasgupta (2020) rightly observed that among the 1.9 billion Women of Re-
productive Age group (15-49 years) worldwide in 2019, 1.1 billion have a need for family planning; of these, 842 million are using contraceptive methods, and 270 million have an unmet need for contraception. United Nations, Department of Economic and Social Affairs, Population Division (2019) reported that in 2019, 190 million women of reproductive age worldwide who want to avoid pregnancy do not use any contraceptive method, up from 156 million in 2000. The proportion of women with unmet need for family planning stands currently at 10 per cent, a proportion that has remained unchanged since 2000. The proportion of women who have their need for family planning satisfied with modern methods (SDG indicator 3.7.1) has increased from 74 to 76 per cent from 2000 to 2019. Despite this seemingly improvement, Kantorova, et al., (2020) found out that the proportion of the need for family planning satisfied by modern methods, Sustainable Development Goals (SDG) indicator 3.7.1, was 75.7% globally in 2019, yet less than half of the need for family planning was met in Middle and Western Africa. (1–15)

The Nigeria Demographic and Health Survey (NDHS, 2014) showed that only 14.5% of couples in country reported using any methods of contraception. The southwestern Nigeria is rated higher on contraceptive usage than the other parts of the Nigeria (Ajayi, Adeniyi, Akpan, 2018), yet, the NDHS report shows that 38% of women in southwestern Nigeria are using any form of contraceptives. However, the findings from National Bureau of Statistics (2015) and other smaller studies in the region suggest that the rate could be higher Ajayi, Adeniyi, Akpan (2018) Adeyemi, Adekanle, Komolafe (2008), Olamijulo, Oluronfemi (2012), Asekun-Olarinmoye, Adebimpe, Bamidele, Odu, Asekun-Olarinmoye, Ojofeitimi (2013), Idowu, Deji , & Ogunlaja, Olajide (2015). . However, it is important to note that the smaller studies were conducted among specific population (women attending antenatal care services and women residing in rural communities), which may explain their results.

Family planning, which is an essential component of Primary Health Care (PHC) in the Alma-Alta Declaration and of reproductive health at the International Conference on Population and Development, is a determinant factor in shedding maternal and newborn morbidity and mortality. The World Health organization (2015) asserted that family planning contributes towards the actualization of the Sustainable Development Goals (SDGs) and the target of the Health-for-All Policy.

The World Health Organization (WHO, 2013) stated that family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. This is achieved through use of contraceptive methods. 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. In effect, family planning is the regulation and control of the rate of child birth by individuals, both married and unmarried.

In developing nations like Nigeria, children are valued as they not only demonstrate the masculinity of the men but equally provide the extra useful hands in communities where agriculture is the major source of income. Besides, aged parents and extended family relations depend on their children for maintenance at old age. Hence, they are reluctant to limit birth.

Ability of a woman to start a successful, continuous and appropriate contraceptive method is influenced by many different factors; e.g. access to the health care, cultural attitudes and personal attitude can all be considered as obstacles to apply correct use and effective method of the women to family planning objectives. (Beekle & McCabe, 2013) in a study on awareness and determinants of family planning practice showed that knowledge and access to the services alone could not be adequate for acceptance of contraceptive devices. Furthermore, in developing countries, where women are dependent upon old traditions and social constraints, knowledge and

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awareness about family planning acceptance would not be the only decisive factor as well as reduction in reproductively rate.

Tendency to use a contraceptive method as well as any other desire depends upon the individual’s general attitude toward using that method (Norouzi, Abedi, Farmahini-Farahani, 2002) Knowing individuals’ attitudes can be of high importance. Provided with being aware from people’s attitudes, their behavior would be predicted and be controlled, and as we all know, predicting and controlling the behaviors is of high importance for many people like community health practitioners (Karimi, 2012). Furthermore, it should be noted that although sexual relationship, pregnancy and child birth are inevitable part of the human beings everywhere, social and cultural environment in this regard have such high diversity so that they cause that not all the contraception methods and devices be equally accepted everywhere (Khoza, 2004). Method-related issues, including health concerns and side effects, affect a variety of decisions related to contraception— including whether to use contraception at all. In 28 out of 34 developing countries, method-related issues are the second most common category of reasons for not using contraception among women, after fertility-related reasons (Khan, Mishra, Arnold & Abderrahim, 2007).

Education provided by nurses focusing on contraception for lactating women should indicate the most appropriate contraceptive methods that can be used during breastfeeding, while considering the sociocultural status of the family (Cardoso & Nascimento, 2010). A professional involved in such education must encourage breastfeeding because of its many benefits, including increasing the interval between pregnancies, causing oxytocin release into circulation thus reducing stress and mood swings, promoting uterine involution, and preventing anemia by decreasing postpartum bleeding. Antunes, et al (2008) opined that contraception can be classified as either natural, barrier, hormonal, or mechanical.

The most appropriate contraceptive methods for lactating women are hormone-free methods such as the use of intrauterine devices (IUDs), barrier methods, and the lactational amenorrhea method (LAM). LAM involves the indication of an amenorrheic condition by the woman maintaining regular breastfeeding throughout the day and night, without providing any food supplements and/or liquids to the child during the first 6 months after childbirth; this method has an efficiency of up to 98% in most cases. However, since most women find it difficult to implement this method, the most appropriate alternative would be breastfeeding in association with another contraceptive method that does not interfere with the quality or quantity of maternal milk (Moura, Silva & Galvão, 2010).

With global expansion of contraceptive information and services, contraceptive technologies have continually improved and contraceptive prevalence has risen throughout most of the world. However, access to mainstream contraceptive methods is more limited in sub-Saharan Africa than elsewhere; on average contraceptive prevalence in Africa is approximately 27%, less than half the average throughout the world (Bisika, Short, & Wontumi, 2007). The accessibility problem poses a threat to the effectiveness of contraceptive usage in Nigeria.

A study in the United States showed that there are a series of complicated factors for non-use or ineffective use of contraceptive methods among Hispanic women. Although economic factors and access to the health care are important factors, it has been proven that knowledge, attitude and cultural values impact on reproductively behavior. Ozgoli, Almadi, Golli, & Akbarzadeh (2004) also in their study showed that the proponents of vasectomy start sterilization with poor awareness and positive attitude and eligible individuals did not undergo it with neutral attitude.

Thus, this study is poised to know the influence of knowledge of modern contraceptive methods, perceived fear side effects, education status, marital status, age, and religious belief on the utilization of family planning methods in Ijebu Igbo, Ogun State. (1–15)
2 | RESEARCH METHOD

2.1 | Design

This study adopts a sample survey design because only a sample of the population was studied. This design is used to investigate the behavior, feelings and thoughts of the sampled population towards family planning utilization.

2.2 | Participants

This contains background information on the area of study and the description of the participants used for the study. A total of eleven (11) council wards were identified in Ijebu-Igbo, Ogun State. The target population for this study consisted sample representative of married adults, both male and female from six (6) randomly selected council wards out of the 11 council wards identified. A total of two hundred and fifty (250) participants were then accidentally picked for the study.

42% of the total respondents were employed while 38% were self-employed. It was also revealed that 20% of the participants were unemployed. 32% were male while 70% were female. All the participants were literates. 12% indicated they had Primary School Leaving Certificate, 30% indicated they had SSCE, 12% had Diploma, 18% had NCE while 12% said they had Degree. 14% indicated they had Post Graduate Degree while 2% did not indicate their qualifications.

2.3 | Sampling Technique

Simple random sampling technique in which every participant has equal chance of being selected from the study was used in selecting the participants for this study.

2.4 | Method of Data Collection

250 structured questionnaires were distributed to the sampled couple by the researcher. In the course of the exercise, the respondents responded to the questionnaire on the spot and face-to-face with the researcher. The data were collected from the responses of these 250 couple who formed the subjects of the study.

2.5 | Method of Administration

The researcher personally administered the questionnaire to the respondents. This is because the researcher was present to explain any ambiguity or confusion to the respondents in order to eliminate the possibility of misinterpretation of the questions and to ensure that the questionnaire is being completed by the actual individual to whom the questionnaire is meant.

2.6 | Psychometric Properties

Questionnaire comprising of four sections was used for this study. Single item variables of sex and age were contained in section A of the questionnaire. Section B consisted of knowledge of family planning method questionnaire, Section C consisted of utilization of family method and Section D has fear of side effect questionnaire.

Knowledge of family planning method Questionnaire

The scale consisted of 14 items that were generated based on literature and experience. The items were structured in YES (1) or NO (0) format. The content validity of the instrument was done by the researcher and the supervisor. The item-total correlation showed that all the items are good for the study. A Cronbach Alpha reliability coefficient of 0.77 was recorded for the scale. Thus, the scale is reliable.

Utilization of family planning method questionnaire

The scale consisted of 5 items that were generated based on literature and experience. The items were structured in YES (1) or NO (0) format. The content validity of the instrument was done by the researcher and his supervisor. The item-total correlation showed that all the items are good for the study. A Cronbach Alpha reliability coefficient of 0.30 was recorded for the scale. Thus, the scale is reliable.

Fear of side effect questionnaire

The scale consisted of 5 items that were generated based on literature and experience. The items were
structured in Likert format ranging from strongly agree (5) to strongly disagree (1). The content validity of the instrument was done by the researcher and the supervisor. The item-total correlation showed that all the items are good for the study. A Cronbach Alpha reliability coefficient of 0.77 was recorded for the scale. Thus, the scale is reliable.

2.7 Method of Data Analysis

The data collected were analyzed using Pearson r correlation and hierarchical regression analysis. Frequencies and percentages were also used to analyze the biodata information.

3 RESULTS

The means, standard deviations and zero-order correlations of variables measured with interval scales and the results of the hypotheses tested are presented in this chapter. Table 1 showed a correlation matrix of the variables measured in the continuous format in this study.

Table 1 showed the correlation among the sampled variables. The table revealed that sex, \{r (248) - .19; P < .01\}, employment status \{r (248) -.19; P < .01\}, and fear of side effect \{r (248) -.48; P < .01\}, have significant negative relationship with utilization of family planning method. The table also showed that education \{r (248) .17; P < .01\}, and knowledge \{r (248) .13; P < .01\}, are positively related to utilization of family planning method. However, the table revealed that age has no \{r (248) .01; P > .05\}, significant relationship with utilization of family planning method. The implication of these findings is that positive correlation portends that the higher one is favourably disposed towards the utilization of family planning method, the higher one’s score on that particular variable and vice versa. Negative correlation implies that the lower the level of utilization of family planning method, the higher the score of the participant on the other variable.

Thus, hypothesis one which states that knowledge has significant relationship on the utilization of family planning methods is accepted. Also, hypothesis three which states that educational level has significant influence on the utilization of family planning methods is accepted. Fear of side effect has significant influence on the utilization of family planning methods, which confirmed the fourth hypothesis.

Table 2 showed that marital status, employment status, religion, sex, age, knowledge, and fear of side effect will independently and jointly predict utilization of family planning methods. Hierarchical regression analyses were performed with stepwise (forward criterion) inclusion of predictor variables. The demographic variables of marital status, employment status, religion, sex, age, were used as control and entered first, followed by the predictor variables. As shown in Table 2, in equation 1 marital status accounted for 26% of variance in utilization of family planning method, with a regression coefficient of $\beta = -.26$ ($P < .01$). This implies that marital status explained 26% variance in utilization of family planning method. The five blocks of predictor variables account for only 17% of the variance; employment status, also significantly predicted utilization of family planning method ($\beta = -.21$, $P < .05$) explaining, together with marital status, 26% of the variance in utilization of family planning method (accounting for $R^2$ – change of .11, $P < .01$). The negative value of the beta weight implies that employed participants (coded 2) are associated with higher utilization of family planning method. In equation 6, the addition of knowledge ($\beta = .38$, $P < .01$) increased the variance explained by $R^2$ – change = .08, ($P < .01$). In equation 7, the addition of fear of side effect ($\beta = -.44$, $P < .01$) increased the variance by $R^2$ – change = .17 ($P < .01$). The negative value of the beta weight implies that the lower the perceived fear of side effect, the better their level of utilization of family planning method. Thus, religion has significant influence on the utilization of family planning methods which confirmed second hypothesis.

4 DISCUSSION

Hypothesis one revealed that knowledge had a significant relationship with utilization of family planning methods among couple that are residents in
TABLE 1: Correlation matrix of the scaled variables

| Variables | Mean | SD  | 1   | 2    | 3    | 4    | 5    | 6   | 7   |
|-----------|------|-----|-----|------|------|------|------|-----|-----|
| Sex       | 1.68 | .47 | -   | -    | -    | -    | -    | -   | -   |
| Age       | 3.44 | 1.55| -.61**| -    | -    | -    | -    | -   | -   |
| Education | 3.31 | 1.63| -.24**| .28**| -    | -    | -    | -   | -   |
| EPLST     | 1.78 | .75 | .37**| -.58**| -.43**| -    | -    | -   | -   |
| FOSE      | 15.04| 5.34| .27**| -.17**| -.05 | .11  | -    | -   | -   |
| KNLDE     | 6.92 | 3.15| .04  | .25**| .07  | -.05 | -.16**| -   | -   |
| UTILZT    | 2.08 | 1.67| -.20**| -.01 | .18**| -.19**| -.48**| .13*| -   |

**TABLE 2: Beta value, R2 and F ratios for factors predicting utilization of family planning methods

| Variables   | Eqn1  | Eq2  | Eq3  | Eq4  | Eq5  | Eq6  | Eq7  |
|-------------|-------|------|------|------|------|------|------|
| Marital status | -.26**| -.27**| -.23**| -.23**| -.15*| -.27**| -.21**|
| Employment   | -.21**| -.25**| -.20**| -.32**| -.32**| -.34**| -    |
| Religion     | .16*  | .16*  | .18**| .13*  | .21**| -    | -    |
| Sex          | -.15* | -.29**| -.36**| -.22**| -    | -    | -    |
| Age          | -.30**| -.41**| -.38**| -    | -    | -    | -    |
| Knowledge    | .38** | .21**| -    | -    | -    | -    | -    |
| FOSE         | -     | -.44**| -    | -    | -    | -    | -    |
| R2           | .06   | .10  | .12  | .14  | .17  | .25  | .42  |

| F            | 16.85**| 14.65**| 11.98**| 10.51**| 10.98**| 14.99**| 26.48**|

** significant at .01 level of confidence, * significance at .05 level of confidence EPLST= employment status, FOSE= fear of side effects.

Ijebu-Igbo, Ogun State. Several studies in the six geopolitical zones in Nigeria indicate that contraceptive knowledge and awareness, especially among female students aged 15 to 24 years, is very high. In one study done in Ilorin, the methods mostly known by respondents were the condom (69.0%), the oral contraceptive pill (OCP. 38.8%), IUCD (29%), and periodic abstinence (32.9). With most respondents being able to name at least one method of contraception, unfortunately, all of the studies that showed good knowledge and awareness did not show a strong prevalence of use of contraception. Instead, these studies showed a high level of sexual activity corresponding with a low contraceptive prevalence. The average age of sexual debut in many of the studies ranged between 12 and 20 years. The consequence of high sexual activity and low contraceptive use is an increased frequency of unplanned pregnancies and subsequent induced abortions or unplanned deliveries. Studies reveal that a high percentage of adolescents and adults have had at least one unwanted pregnancy leading to induced abortion. The reasons given in these studies for not using contraceptives were fear of side effects, objections from their partner, conflicts with their religious beliefs, objections from family members, not thinking about using contraceptives, and unplanned sexual debut.

Hypothesis two revealed that religion had a significant relationship with utilization of family planning methods. This is in line with findings from others research. Some religious bodies, such as Catholicism and Islam, have restrictions on contraception based on the belief that it is God’s will to bring children into the world. According to Dixon-Muller (1999), religious believers or observers might choose to avoid certain methods of family planning, such as birth control pill, in an effort to live their lives according to the teachings of their religion. Central to the beliefs of Islam is that Allah—God—is the creator of the universe and humankind. Their practice of many wives is aimed at having many children as this is the will of Allah. Some fundamentalist Muslims insist that any form of contraception violates God’s intentions.
Hypothesis three revealed that employment status had a significant relationship with utilization of family planning methods. It has been found out that women form about 36.2% (compared to 23% of men) of the illiterate population in Nigeria (National Bureau of Statistics, 2018). This situation makes it difficult to enter the high status employment of the public sector. For instance, women’s proportion in federal civil service was 24.1% in 1991 and increased to 36% in 1997 (Federal Office of Statistics, 2016). Such women, therefore, end up in the informal sector of the economy. Ogunleye-Adetona (1996) discovered that women in southeastern Nigeria that are in the informal sector of the economy and low educational attainment had high fertility rate. This was due to the ease with which they can bear and bring up children without fear of losing their job due to frequent maternity leave. Women and children also form the bulk of the people living in poverty (United Nations Information and Children’s Education Fund, 2000). Poverty and low standard of living induces a large family size because more children are believed to serve as a source of cheap labor and old age security (United Nations Information and Children Education Fund, 2018).

Hypothesis four revealed that educational level has significant influence on the utilization of family planning methods. In line with this, using education as a variable to determine the knowledge, attitude and practice of family planning in Ibadan, Adeleye and Adeleye (2013) sampled 200 women from the outpatient clinic of University College Hospital (UCH) Ibadan. Ninety-six per cent of their samples were married, 93 per cent were aged 15-44 years and 68 per cent illiterate. They found that abstinence was the common method used mainly by the illiterates (80%) and 20% literate respondents. Besides, the knowledge and practice of modern family planning method were generally low (38%). They concluded that education was positively related to the knowledge and practice of contraception.

Also, education influence the age at marriage, incidence of marriage, attitude to child bearing, spacing of children and use of contraception. Evidence from sample survey conducted in some tropical African countries has shown that fertility varies according the level of education of women. In India, “a 10% increase in the female literacy rate seems to be associated with 0.5 declines in total fertility rate”. If this is true then, in order to reduce fertility, it would be necessary to arrange for 80% female literacy. This kind of example shows the importance of female literacy despite the control of other factors like husband literacy, income level of households and others. Education affects the supply of children through these intervening variables; age at first marriage, breast feeding. Education tends to increase the age at first marriage, thereby decreasing the number of years dedicated to child bearing, (UN). Prolong breastfeeding is one of the traditional practice that serves as a means of contraception. Studies have shown that female education and contraceptive use are related, through education, the level of awareness of contraceptives increases and its correct usage will also increase. Women form about 36.2% (compared to 23% of men) of the illiterate population in Nigeria (National Bureau of Statistics, 2018).

Hypothesis five reveals that fear of side effect has significant influence on the utilization of family planning methods. This is in line with the a study on knowledge, attitude, and practice of family planning methods amongst 334 women in a high density, low income urban area of Enugu sate, Nigeria, reveals that the respondents were familiar with contraceptive methods. More than 80% of them were aware on none method or the other, while condom, injectable and IUCD were the commonest modern methods known. In general, most of the respondents (over 86%) approved of family planning, 9.3% disapproved while 4.8% could not make up their minds. Only 20% of respondents were currently using a form of contraceptive. 75% of them have ever used one form or another. Most of the women (91%) not using any method gave husbands objection as a reason for the non-use. This was followed by religion (26%), cost (3.9%) and fear of side effect (19.5%). Based on the findings of this study, the following recommendations were suggested:

- Religious gatherings should be used as an avenue for awareness creation on family planning methods because from the findings, religion has significant relationship with family planning utilization.
- More job opportunities should be created by the government because of affordability of family plan-
ning methods; the findings reveal that those that are gainfully employed use family planning methods more than those who are not.

- Governmental and non-governmental organizations should engage the services of psychologist in order to change the orientation of couple towards family planning utilizations with regards to the fear of side effect since this study reveals that the fear of side effect has significant relationship with the utilization of family planning methods.

- Health education that will be tailored around knowledge of family planning should be organized both by governmental and non-governmental organizations since it was found that knowledge of family planning methods is key to their utilization.

- Health care personnel should provide accurate information about family planning methods to women during antenatal visits and routine immunization since this study reveals that adequate information is not provided during these visits.

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