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# Family Planning Awareness and Utilization among Mothers Attending Antenatal Care at Kampala International University Ishaka Bushenyi District, Western Uganda

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## ABSTRACT

Family Planning services are preventive health services that provide quality, low cost and easily accessible reproductive health care to women and men during their reproductive years. Family planning is often limited to the use of contraception. However, family planning provides a holistic service that aims to promote a positive view of sexuality and enable people to make informed choices about their sexual and reproductive health and well-being. It also ensures that resources are available for raising a child in significant amounts, which include time, finance and social environment at intervals mutually determined by both partners to have their desired number of children. Studies indicates that the utilization of family planning services in Uganda is low when compared to high population growth rate in Africa, high fertility that translates into high population growth. Many scholars reported that it is likely that the utilization of family planning services can alter the population growth rate. Studies have also shown that contraceptive knowledge and usage is very low in Uganda, hence the reason for the high fertility and increase population. The study aimed at determining the awareness and utilization of family planning among mothers attending antenatal care at Kampala international university Ishaka Bushenyi district western Uganda. A descriptive cross-sectional study was conducted. 349 questionnaires were distributed to 349 women of reproductive age of which all of them were retrieved. Data were analyzed using Statistical Package for Social Sciences (SPSS). Descriptive statistics were used to summarize and organize the data. Pearson's Chi-square test was used to test for association between variables and the level of significant was set at 5% (0.05) Results from this study show that (84.4%) respondent's utilization of family planning services depends on husband's acceptance of the family planning method. The study also found that the mothers' attitudes towards contraception and their beliefs all influence the utilization of family planning. Academic attainment and knowledge of family planning methods were significant and influenced family planning use. The study showed that family planning used depends on the husband's acceptance of the family planning method. This study also recommends that spouses be continuously involved in family planning education as their approval influences family planning. It is hoped that the knowledge of this research will help health care givers to provide adequate health education to clients and family in the community to expand their knowledge of family planning services to ensure adequate child spacing and reproductive health. Thus, preventing unintended pregnancies, reduce maternal and child morbidity and mortality rate.

**Keywords:** Family Planning services, Health services, Use of contraception, Sexual and reproductive health, Population growth rate.

## INTRODUCTION

Globally family planning is recognized as a key saving intervention for mothers and their children [1]. It reduces the number of deaths among women by preventing unwanted pregnancies which account for about 30% of all births in Sub-Saharan Africa [2]. Despite the enormous benefit of FP, the uptake of the services still remains low in Sub-Saharan Africa and the strongest factor affecting is awareness [3].

In Uganda, 34% of married women have an unmet need for FP with it being higher in rural areas than in town areas (37% and 23%), [4]. In 2011, only 30% of currently married women are using contraceptives [4]. Compared to a global average of 63% [4], 13% are in need of limiting and 20.3% are in need of birth spacing [4]. 44% of pregnancies are unplanned and abortion rates are high in Uganda. [5]; [4]. Yet one of the key factors affecting utilization is lack of awareness [6]. Due to the unmet need for FP about 34% [7], the ministry of health developed the FP cost implementation plan that enhanced fundraising using the gap analysis. It lays out the government's proposed strategies to increase access to FP, reduce unmet need from 34% to 10% and increase the modern contraceptive prevalence from 26% to 50% by 2020 The utilization of FP services depends on the awareness [6], belief [8], attitude [9], and other confounding factors [10]. Evidence suggests that utilization of FP among mothers attending ANC in Uganda is still lacking because the unmet need for FP is still high 28% [11], as compared to the met neighboring countries in Sub-Saharan Africa. Studies elaborate that awareness about FP methods has a serious consequence on the attractiveness because successful use of the rhythm method depends on part of being aware of when during the ovulatory cycle a woman is most likely to conceive [8]. Although awareness is the key factor, attitude of people is important, because some people viewed children as investment goods [9], and people's beliefs have to be changed mostly among clients that IUDs may disappear into the body [12]. In view of the studies above, a study was needed about awareness attitude and belief with other confounding factors how they affect utilization of FP among mothers attending ANC at KIU-TH, Ishaka-Bushenyi, Western Uganda. A descriptive study was conducted and the data obtained was a determinant for utilization of FP.

**Statement of Problem**

The utilization of FP is still a challenge in developing countries. In a study conducted in Ghana, out of 280 participants, 89% (249) of the respondents were aware of FP services, 18% (50) had used FP services in the pastand majority of the respondents had not accessed FP services. 82% had not accessed FP services and of these, 92% (230) were not using any FP service. Of those, 90% were opposed by their husbands, as well as misconception about family planning methods, 83% (191/230) were [13]. Although most women were aware of FP services in Talensi district the uptake of the services was low. Utilization of FP services can easily be improved through the government scaling up FP services in the district to make it more accessible. There is need for the office of the district health directorate to intensify health education on the benefits of FP with male involvement [13]. According to Shelley 2014, ensuring that women and men have access to a full range of contraceptive methods (short term, long term and permanent), to satisfy their reproductive needs at different levels. Fear of side effects, educating women about their bodies and when they are most at risk of getting pregnant, and breaking down cultural and social barriers to contraceptive use will improve utilization of FPS [14]. In Uganda, lack of awareness, cultural factors and distance from government health units affect the utilization of FP methods [9]. Low utilization of FP results in giving birth to many children whose needs cannot be adequately met, parents fail to save, provide inadequate nutrition and health care. there is poor maternal health which affects mothers' ability to look after the baby [9], because of lack of awareness and failure to utilize FP, it is estimated that majority of the pregnancies in Uganda occur within the risky period because 20% of all births occur less than 24 months and 71% less than 34 months since last pregnancy [15]. 44% of all pregnancies are unplanned and abortions are high [2], [4], of which 38% of unwanted pregnancies result into abortions [16], and 21% of abortions and end up in maternal death [16]. No study has been done in KIU-TH Ishaka-Bushenyi District to know the effect

of awareness in utilization of family planning among mothers attending ANC. the study was meant to find out the knowledge, attitude and belief of FP among these mothers that will help establish the knowledge deficiency and magnitude of the problem and draw a plan for provision of appropriate solution.

## METHODOLOGY

### Study Design

The research design was a descriptive cross-sectional study. Self-administered structured questionnaire that was delivered by hand was used to collect data from participant. All respondents answered the same questions which were constructed in English language which is the language of communication in the setting where research was done. Questions were framed in a way that is easy to understand using simple English expressions. Difficult technical terms were avoided in the preparation of the questionnaire.

### Area of Study

Kampala international University Teaching Hospital is located in Ishaka town which is a municipality in Bushenyi district. The population of Bushenyi Ishaka municipality 41,219 (census 2014). It is found approximately 62 kilometers westof Mbarara town. Ishaka has a population of 16,646 where females are 8,840 [4]. KIU-TH has a bed capacity of 700, providing both outpatient and inpatient services. The study was carried out at ANC of KIU-TH which is part of obstetric department. It has 7 specialists, 18 senior house officer and 14 midwives. It also has maternity ward, gynecologic clinic and mother and child health clinic. The inpatients department is the maternity ward which has a bed capacity of 74 with a gynecology section, two isolation rooms, prenatal and postnatal wardand a pre-eclamptic side room, a first stage room with 10 bed capacity, a labor suit with three delivery beds and an excavation procedure bed isolated. The department also has two functioning theatres, one in maternity for elective and emergency C/S only and other found in major theatre for elective and emergency gynecologic procedures. A minimum of eighty patients are received at ANC in a month. The study participants were coming from the catchment areas of Bushenyi such as Rubirizi, Mitooma and other neighboring areas.

### Study Population.

All women attending antenatal care at KIU-TH were considered for inclusion in this study.

### Inclusion Criteria

Women receiving antenatal care who offer written consent and emancipated minors were included in the study.

### Exclusion Criteria

- Women with positive history of hormonal disorder.
- Women with systems illness / co morbid conditions.
- All women that did not consent to the study.

### Sample Size determination

The sample size was will be determined using the KishLeslie (1965) formula.

$n = Z^2P(1-P)/E^2$

Where:

n= estimated minimum sample size required.

P= proportion of a characteristic in a sample (34.8% by UBOS et al 2016).

Z= 1.96(for 95% confidence interval)

E= margin of error set at 5 %(0.05).

$n = (1.96)^2 \times 0.348(1-0.348)/ (0.05)^2$

**n = 349** as the minimum sample size

### Sampling Technique Procedure

Simple random sampling technique methods were used to select participants to ensure equal chance of being selected for the study. All pregnant women who meet the inclusion criteria were approached and invited to participate in the study.

### Data Collection Instrument

Structured pre-tested questionnaires were used for each participant's medical records to collect information on attitude, belief and knowledge that may be associated with or affect utilization and awareness of FP among women attending ANC at KIU-TH.

**Data Collection Procedure**

I went to ANC, gave questionnaires and collected the information needed for this research.

**Validity of Data Collection Instruments.**

The data collection instruments were pretested in Kiryandongo general hospital to identify possible sources of errors that may arise during data collection. To make a content validity index, 20 respondents who were not part of the sample population were given the questionnaire and measure the inter respondent agreement. The agreement of more than 80% was a measure that the items of the questionnaire could give us the true picture of the attitude, belief and knowledge about awareness and utilization of FP among women attending ANC.

**Reliability of Data Collection Instruments**

Data was obtained by a pre-determined questionnaire and I considered that; the items of the questionnaire were reproductive and consistent.

**Data Analysis Plan**

Data on questionnaires was entered in Microsoft Excel Version 2010 and thereafter exported to SPSS version 16.0. Attitude, beliefs and knowledge were summarized as means and medians, standard deviations and for continuous variables were determined. Proportions, percentages and frequencies were used for categorical variable using SPSS version 16.0.

**Quality Control**

Inclusion and exclusion criteria were strongly adhered to. A common pretested and pre-edited questionnaire was used. The questionnaires were checked for competences before collection to ensure valid data is obtained.

**Ethical Consideration**

**Informed Consent and Respect for Participants.**

Voluntary recruitment was done and informed consent was sought. Informed consent from participants was obtained after fully explaining the details of the study to them in English and local languages. The participants were not forced to be enrolled against their will.

**Privacy and Confidentiality**

Identification of participants was by means of numerical code. Details of participants were kept safely. There was no disclosure of participants names to the public and all identities were removed from the results before publication.

**Sampling Technique**

Systematic random sampling method was used where I got 10 women who qualify every day from Monday to Friday per week till the sample size was achieved.

**Approval Procedure**

Approval to carry out the study was sought from the department of obstetrics and gynecology KIU-TH management, faculty of clinical medicine and dentistry then finally KIU research ethics committee (KIU -REC)

**Respect to Community and Feedback**

The procedures involved in this study were against the local community beliefs and traditions and culture. My study findings were communicated to the head of Obstetrics and Gynecology Department of KIU-TH as well as Bushenyi Municipality Health office as a form of feedback.

## RESULTS

### Socio-demographic characteristics.

**Table 1: Distribution of socio-demographic characteristics of respondents (n=349)**

| Characteristics | | Frequency | Percentage (%) |
|---|---|---|---|
| Age range (years) | 15-24 | 130 | 37.2 |
| | 25-34 | 139 | 39.8 |
| | 35-44 | 54 | 15.5 |
| | 45-54 | 26 | 7.5 |
| Marital status | Married | 134 | 38.5 |
| | Single | 200 | 57.3 |
| | Divorced | 4 | 1.1 |
| | Widow | 11 | 3.1 |
| Education level | No education | 12 | 3.4 |
| | Primary education | 36 | 10.4 |
| | Secondary education | 102 | 29.2 |
| | Tertiary education | 199 | 57 |
| Employment status | Employed | 54 | 15.6 |
| | Unemployed | 44 | 12.5 |
| | Student | 175 | 50.0 |
| | Retired | 76s | 21.9 |
| Parity | None | 196 | 56.2 |
| | 1-2 children | 80 | 22.9 |
| | 3-4 children | 47 | 13.5 |
| | >5 children | 26 | 7.3 |
| Religion | Orthodox | 112 | 32.1 |
| | Protestant | 179 | 51.3 |
| | Catholic | 11 | 3.2 |
| | Muslim | 41 | 11.7 |
| | Pagan | 4 | 1.1 |
| | Others (specify) | 2 | 0.6 |

Table 1 presents descriptive analysis of the socio-demographic information of study participants.

Majority 139(39.8%) of the participants were within 25-34yrs of age whilst 26 (7.3%) of the participants were within 45-54 years. About half, 179(51.3%) of respondents were Protestants. Participants were mainly educated to tertiary level 199 (57%) with12 participant (3.4%) having no form of education. Half of the participants were students 175(50.0%) while others were either employed or retired. Only a small percentage was unemployed 44 (12.5%) Majority of the participants were single unmarried females 200(57.3%). Most of the participants had no child 196 (56.2%). The result of this study reveals that 153 (43.7%) of women had at least one child.

**Attitude on Family Planning**

**Table 2: Frequency distribution of respondent's attitude on Family Planning (n=349)**

| Characteristics | | Frequency | Percentage (%) |
|---|---|---|---|
| Health education is important for women who want to use contraceptives. | Yes | 310 | 88.8 |
| | No | 39 | 11.2 |
| Contraceptives should be used to limit the number of children | Yes | 246 | 70.5 |
| | No | 103 | 29.5 |
| Contraceptives should be used to increase the time interval between children. | Yes | 278 | 79.6 |
| | No | 71 | 20.4 |
| The ideal age of having a first child is 20-30 years. | Yes | 268 | 76.8 |
| | No | 81 | 23.2 |
| The ideal number of children should be between 3-5. | Yes | 282 | 80.9 |
| | No | 67 | 19.1 |
| Is the purpose of marriage to have children? | Yes | 110 | 31.6 |
| | No | 239 | 68.4 |
| Do you view your children as a source investment to support you at old age? | Yes | 299 | 85.6 |
| | No | 50 | 14.4 |
| Do you think there may be an impact on women's physical and mental health after abortion? | Yes | 259 | 74.3 |
| | No | 90 | 25.7 |
| Do you think there may be an impact on women's pregnancy after abortion? | Yes | 112 | 32.2 |
| | No | 237 | 67.8 |
| Do you think mothers attending ANC need to learn sexual knowledge? | Yes | 267 | 76.4 |
| | No | 82 | 23.6 |

Table 2 presents the participants' attitude on family planning. 310 (88.8%) agreed that health education is important for women who want to use contraceptives and 246 (70.5%) agreed that contraceptives should be used to limit the number of children.

**Beliefs on Family Planning**

**Table 3: Frequency distribution of respondent's beliefs on Family Planning (n=349)**

| Characteristics | | Frequency | Percentage (%) |
|---|---|---|---|
| Discussing about contraception with spouse is embarrassing | Yes | 166 | 47.7 |
| | No | 183 | 52.3 |
| My husband does not approve my use of contraceptive | Yes | 159 | 45.6 |
| | No | 190 | 54.4 |
| Religious believe can prevent women from using contraceptives | Yes | 236 | 67.6 |
| | No | 113 | 32.4 |
| Cultural beliefs can prevent women from using contraceptives | Yes | 225 | 64.5 |
| | No | 124 | 35.5 |
| Husband's objections to contraceptives can prevent women from using contraceptives | Yes | 307 | 87.9 |
| | No | 42 | 12.1 |
| Do you think use of some contraceptives reduce sexual pleasure | Yes | 132 | 37.9 |
| | No | 217 | 62.1 |

Table 3 presents the participants' beliefs on family planning. 166 (47.7%) acknowledged that discussing about contraception with spouse is embarrassing and 236 (67.6%) acknowledged that religious beliefs can prevent women from using contraceptives.

**Knowledge on Family Planning**

**Table 4: Frequency distribution of respondent's knowledge on Family Planning (n=349)**

| Characteristics | | Frequency | Percentage (%) |
|---|---|---|---|
| Have you heard of family planning methods? | Yes | 346 | 99 |
| | No | 3 | 1 |
| Tick the family planning method you know? | 1-2 methods | 121 | 34.7 |
| | 3-4 methods | 59 | 16.8 |
| | All methods | 169 | 48.4 |
| Where did you first learn about family planning methods? | Hospital | 125 | 35.8 |
| | Mass media | 48 | 13.7 |
| | Friends | 121 | 34.7 |
| | Church | 11 | 3.2 |
| | Literature | 44 | 12.6 |
| Does family planning methods decrease sexual urge? | Yes | 131 | 37.5 |
| | No | 218 | 62.5 |
| Do some of the methods prevent STI? | Yes | 204 | 58.5 |
| | No | 145 | 41.5 |
| Do you know the type of services rendered in family planning clinics? | Yes | 145 | 41.5 |
| | No | 204 | 58.5 |
| If yes, please list the type of services to known to you? | Pregnancy test &counseling | 20 | 5.4 |
| | Pregnancy test and health education | 38 | 10.8 |
| | Pregnancy test and family planning | 28 | 8.1 |
| | Counseling and health Education | 28 | 8.1 |
| | Counseling and family Planning | 36 | 10.4 |
| | Family planning and health education | 57 | 16.2 |
| | Family planning and STI's | 20 | 5.4 |
| | Health education and STI's | 9 | 2.7 |
| | Health education and cervical test | 9 | 2.7 |
| | Cervical test and family Planning | 9 | 2.7 |
| | Cervical test and breast exams | 9 | 2.7 |
| | Contraceptive use | 66 | 19.0 |
| | Health education | 20 | 5.4 |
| Which of the following modern family planning methods are available in the community? | Hormonal pills | 232 | 66.3 |
| | Hormonal implants | 4 | 1.2 |
| | Hormonal injections | 16 | 4.7 |
| | Condom | 97 | 27.9 |
| Where do you obtain family planning methods in the community? | Primary health center | 197 | 56.5 |
| | Chemist | 102 | 29.3 |
| | IUTH | 23 | 6.5 |
| | **Other** | **27** | **7.6** |

Table 4 illustrates the frequency distribution of participants' knowledge of family planning methods. Nearly all participants 346(99.0%) had heard about family planning services and knowledgeable about methods of contraception. Only 3(1.0%) had no prior knowledge of family planning. More participants 169(48.4%) knew all methods of contraception and first learnt about

family planning methods in the hospital 125(35.8%) Majority of the participants218 (62.5%) were aware that family planning methods does not decrease sexual urge. They 204(58.9%) also agreed that it prevents Sexually Transmitted Infection (STI). More participants 145(41.5%) were aware of the services rendered in a typical family planning service. Hormonal pills 232(66.3%) were the most common contraceptive method used by the participants and the women mostly obtain these hormonal pills from the primary health center 197(56.5%).

**Utilization of family planning method**

**Table 5: Distribution of utilization of family planning methods**

| Characteristics | | Frequency | Percentage (%) |
|---|---|---|---|
| Percentage of respondents who were sexually active at the time of this research | Sexually active | **258** | 74.0 |
| | Not sexually active | **91** | 26.0 |
| Have you used any family planning method before? | Yes | **164** | 46.9 |
| | No | **185** | 53.1 |
| If yes, are you currently using any family planning methods? | Yes | **167** | 47.9 |
| | No | **182** | 52.1 |
| **If yes, tick the method** | Hormonal method | **106** | 30.4 |
| | Barrier method | **76** | 21.7 |
| | Fertility awareness | **68** | 19.6 |
| | Emergency pills | **15** | 4.4 |
| | Abstinence | **53** | 15.2 |
| | Withdrawal method | **31** | 8.7 |
| When last did you visit the family planning clinic? | Within the last 1 month | **24** | 6.7 |
| | Within the last 3 months | **58** | 16.7 |
| | Within the last 6 months | **58** | 16.7 |
| | Others (within the last six months and above) | **209** | 60.0 |
| Do you have time for your follow up visit to family planning clinic | Yes | 105 | 30.2 |
| | No | 244 | 69.8 |
| level of respondents' knowledge on family planning methods | High | 244 | 69.8 |
| | Low | 105 | 30.2 |

Table 5 shows distribution of the utilization of family planning methods. About three-quarter of the participants 258(74.0%) were sexually active at the time of this study, of which more participants 185(53.1%) have never used any family planning methods. Amongst the participants who had used a family planning method 164(46.9%), less than half of them 167(47.9%) was currently using a type of family planning method. Hormonal methods 106(30.4%) were the most commonly used. Fewer participants 24(6.7%) visited the family planning services regularly and more participants 244(69.8%) appear not to have time for follow up visits.

**Table 6: Association between respondents' socio-demographic characteristics and family planning utilization**

| Variables | | Utilization of family planning services | | Pearson chi-square X2 (P-value) | df | Remark |
|---|---|---|---|---|---|---|
| | | Low utility | High utility | | | |
| Age range (years) | 15-24 | 15 | 21 | 6.991 (0.072) | 3 | No significant association |
| | 25-34 | 6 | 32 | | | |
| | 35-44 | 5 | 10 | | | |
| | 45-54 | 1 | 6 | | | |
| Education level | Primary | 3 | 7 | 8.711 (0.013) | 2 | There is a significant association |
| | Secondary | 7 | 21 | | | |
| | Tertiary | 17 | 40 | | | |
| Level of knowledge of family planning methods | Low level | 9 | 20 | 6.569 (0.037) | 1 | There is a significant association |
| | High level | 18 | 49 | | | |

Tables 6 showed that there was a significant association between academic attainment and level of knowledge on family planning methods of females of reproductive age under study and utilization of family planning services as the p-values < 0.05.

## DISCUSSION

### Socio demographic characteristics

Most of the females in the community were between the age ranges of 25-34 years; this indicates that most of the females were in their prime age and sexually active as shown in Table 1, therefore, women could become unintentionally pregnant if family planning services are not utilized. Majority of the respondents were Protestants showing that the area of study that's the population around Ishaka municipality and Bushenyi district at large is predominated by Protestants. Without restrain family planning services can be utilized by anyone living in the community. According to the field survey, academic attainment of the respondents was mostly of tertiary level of education with only twelve respondents having no formal education exposure. Due to the establishment of secondary schools and an international university in the community (KIU-TH), half of the respondents were students, corresponding to the high number of single females. About forty-four percent of the respondents had children comprising of single, married, divorced or widowed females. With majority who had more than one child having a minimal age interval between each child at 2 years, which is adequate age interval for exclusive breastfeeding, and recuperation of a mother for another pregnancy [17]-[24]. 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 [17].

### Attitude on Family Planning

Majority of the mothers agreed that health education is important for women who want to use contraceptives and that contraceptives should be used to limit the number of children to about 3-5 and to increase the time interval between children. Majority of the mothers also acknowledged that the purpose of marriage is not to have children. In other words, the mothers had a good attitude towards family planning and this increased their utilization of family planning.

### Beliefs on Family Planning

Majority of the mothers acknowledged that religious beliefs, cultural beliefs and husband's objections to contraceptives can prevent women from using contraceptives. This could probably deter some mothers from optimal utilization of family planning. Most of the mothers gave a negative response to these thoughts;

Discussing about contraception with spouse is embarrassing, do you think use of some contraceptives reduce sexual pleasure and only a small number affirmed to the fact that their husbands don't approve their use of contraceptives. So husbands' denial of their wives to contraception limits the utilization of family planning.

**Knowledge on family planning**

Most of the respondents knew the family planning services available in the community, which are taught in the family planning clinics for the benefits of females who are sexually active and want to prevent unwanted pregnancies and for couples who wished to space the births of their children. The family planning services available in the community are inclusive of counseling on the provision of family planning methods, breast examinations, cervical screening, pregnancy test, health education on sexually transmitted infections (STF's) amongst other private issues that are personal to the client provided by the family planning clinic staff.

**Utilization of family planning**

Majority of the respondents were aware of the available methods of family planning in the community mostly from friends while the least was from the mass media. Condom, hormonal pills and injections are readily available family planning methods in the community, as condoms and hormonal pills can be easily purchased over the counter without a doctor's prescription and the individual does not require the assistance of trained personnel to administer the medications or use the condom compare to the use of hormonal injections or other methods of family planning. The total number of condoms provided by Kampala international University is adequate but fear among the people limits their use and their utilization as a form of contraception. People feel shy to go and ask for condoms yet they are an essential form of family planning and are readily available hence reduced utilization and unnecessary pregnancies. Educational attainment and level of knowledge about family planning methods were statistically significant to family planning use. The findings of the current study echoed in many other studies [18], [25]-[28], found that well educated women are more willing to engage in innovative behavior than less educated women and in many developing countries, the use of family planning methods remains innovative; [19], reported a positive association between educational level of both women and their spouses and use of contraceptive methods.

## CONCLUSION

As identified from the study, female of reproductive age utilized family planning methods that are available in their community, which is inclusive of condom, hormonal pills and hormonal injections found in the primary health care centers' and in the patent medicine store that serve the community. Family planning services help men and women of childbearing age make informed decisions about their reproductive health. The benefits of family planning extend well beyond the individual seeking advice or treatment. Access to these services empowers people to make appropriate choices for their lifestyle and have a positive impact on society. Women who can plan the number and timing of the birth of their children enjoy improved health, experience fewer unplanned pregnancies and births, and are less likely to have an abortion and its resultant complication. Access to family planning services is vital to the health and future of females leading to safe motherhood. The ability to plan the number and spacing of births increases the likelihood for positive health outcomes for women, men, and their children. Improving knowledge about contraception and ensuring access to effective family planning options for residents in need are essential to decreasing unintended pregnancies and increasing intended pregnancies. Changes in attitudes towards contraception among women will increase their practice of contraception and improve their reproductive health. The knowledge of this research will help healthcare givers to provide adequate health education to clients and family in the community to expand their knowledge of family planning services to ensure

adequate child spacing and reproductive health. In addition, nurses and midwives will be able to provide adequate health information to people in the community on the benefits of child spacing through the family planning methods to enhance their utilization and prevent unintended pregnancy and abortions.

**Recommendations**

Based on the findings of this study the following recommendations were made; Family planning services should be made available, accessible and affordable to high-risk groups. Counseling should be done in religious institution to propagate the knowledge of family planning and encourage the utilization of the services by their members to enhance their reproductive health. Men plays an active part in their family's decision making, therefore health care provider should educate men on benefit of family planning services to enhance its acceptance and utilization among women of reproductive age. Lastly, the public should be enlightened on family planning services through the mass media, as it is the largest means of dissemination of information.

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