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Socioeconomic Determinants of Family Planning Utilisation Among Married Women in Galtimari Ward, Jere LGA, Nigeria

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Abstract

This study investigated the socioeconomic factors influencing the utilisation of family planning services among married women in the Galtimari Ward of the Jere Local Government Area of Borno, Nigeria. Primary data were collected through questionnaires, and secondary data were sourced from the National Population Commission. The results were analysed using linear regression, and thematic analysis was used to analyse the qualitative data. Purposive sampling, a non-probability sampling method, was used to administer 150 questionnaires to all respondents. The study revealed that the level of education, awareness of family planning methods, access to family planning services, barriers index, number of children, husband approval, and good knowledge of family planning all influenced the utilisation of family planning services to varying degrees ($P < 0.05$). However, the predominant factor that significantly influenced the utilisation of family planning in Galtimari was husband approval on a woman's decision to use family planning, while barriers such as fear of side effects, stigma, and religious disapproval were strong deterrents. Several factors influenced the choice and utilisation of family planning services within the study area; therefore, the state government should provide family planning services and make them accessible and affordable, religious and traditional leaders should be engaged as partners in promoting family planning, family

planning counselling should be offered, and couple-based antenatal counselling should be introduced to reduce resistance from male partners.

Keywords: Contraceptive Use, Family Planning Utilisation, Healthcare Services, Northern Nigeria, Socioeconomic Determinant, Reproductive Health.

Introduction

Family planning utilisation among married women varies significantly across different regions, influenced by cultural, religious, and socioeconomic factors. Contraceptive prevalence rates are notably high in Northern and Western Europe. For instance, in 2015, approximately 77% of married or in-union women in Northern Europe reported using some form of contraception (Statista Research Department, 2016). This widespread adoption is facilitated by comprehensive sexual education, accessible healthcare services, and supportive policies that empower women to make informed reproductive choices. However, even within these regions, there are pockets of unmet needs (Stewart, 2024). In 2021, over 6% of women in Europe expressed a desire to stop or delay childbearing but were not using any contraceptive method, with Southern Europe exhibiting a higher unmet need at 11% (Stewart, 2024).

In contrast, African countries exhibit diverse patterns of family planning utilisation. In sub-Saharan Africa, the overall prevalence of modern contraceptive use among married women remains low. A comprehensive analysis of demographic and health surveys from 36 countries in the region revealed a pooled prevalence of 18.36%, with notable variations between countries. Lesotho reported the highest usage at 59.79%, while Chad reported the lowest at 5.04% (United Nations Population Fund, 2019). These disparities underscore the need for tailored interventions that consider the unique contexts of each nation (Tesema et al., 2022). In Nigeria, awareness of family planning methods among Nigerian women is relatively high, particularly in the South West, South East, and South-South regions. However, in Northern Nigeria, awareness is low and is gathering momentum compared to that in the Southern Regions. Despite high levels of awareness, family planning remains low, presenting significant challenges to reproductive health initiatives in the country. Several barriers contribute to the low uptake of family planning services. Cultural and religious beliefs play a significant role; in Lagos State, 40.9% of non-users cited traditional or religious restrictions as reasons for not utilising family planning services (Kanma-Okafor et al., 2019). Fear of side effects is another prevalent concern. In an urban slum in Enugu, 79.7% of non-users reported fear of side effects as the primary deterrent, and 9.3% discontinued use due to adverse effects (Aniwada et al., 2017). Additionally, spousal refusal and health concerns were identified as significant barriers in Osun State, accounting for 19.2% and 17.0% of non-use, respectively (Amu., 2021).

In Borno State, Nigeria, family planning among married women is influenced by several factors. The study by Geidam et al. (2007) revealed that the prevalence of current contraceptive use was moderate, and most clients used pills. Previous contraceptive counselling and education were found to be the strongest determinants of contraceptive use. Another study by Isa et al., (2023) showed that most respondents were aware of and knowledgeable about family planning, less than half practice family planning, and most had never been involved in family planning; this may be attributed to negative perceptions recorded among them on family planning and the health care system. Healthcare providers in the region often require spousal consent before offering family planning services, and some male providers may refuse treatment if the husband objects, especially in the absence of female providers (Sinai et al., 2024). These dynamic underscores the importance of engaging men in family planning education and decision-making processes to foster supportive environments for contraceptive use.

Culture influences family planning utilisation among the Kanuri, the major ethnic group in the state. The Kanuri practice polygamy to have many children, and teenage marriage is common (Mairiga et al., 2010). Kanuri mothers breastfeed their children for two or more years, believing that not doing so causes poor child health and death. The community recognises the role of breastfeeding in pregnancy prevention. Despite wanting many children, closely repeated pregnancies *konkomi* are considered taboo. The Kanuri maintain 2–3-year gaps between children for proper child-rearing. Prolonged breastfeeding *Nganji Yaye* for pregnancy prevention is widely practiced in all communities. Traditional child-spacing methods included amulets *guru, laya* tied to women's bodies, spiritual invocations on items like padlocks, and dried herbs *Nganji Yandeye* consumed after menstruation to prevent pregnancy until the next cycle. Kanuri men participated in traditional child-spacing practices (Mairiga et al., 2010). In view of the above, the primary objective of this study was to investigate the factors influencing the utilisation of family planning services among married women in the Galtimari Ward of the Jere Local Government Area of Maiduguri.

Literature Review

Several determinants have been identified as significant predictors of modern contraceptive use among married women in sub-Saharan Africa. Educational attainment plays a crucial role; women with primary education have higher odds of using modern contraception, and this likelihood increases for those with secondary or higher education (Tesema et al., 2022). In addition, in many parts of Nigeria, especially in the northern regions, educational opportunities for women are limited, contributing to low levels of contraceptive use (Hutchinson et al., 2021). For example, nearly two-thirds of adult women in north-western Nigeria have no formal education, which correlates with lower contraceptive use (Hutchinson et al., 2021). Enhancing female education could serve as a catalyst for improved family planning uptake. Employment status also influences contraceptive use; employed women are more likely to use modern methods than unemployed women (Terefe et al., 2024).

In many communities, large families are culturally valued, and contraceptive use may be perceived as contrary to religious teachings. For instance, in north-western Nigeria, misconceptions about family planning, such as the belief that contraceptives are dangerous to a woman's health or can harm her womb, deter utilisation (Hutchinson et al., 2021). Additionally, patriarchal social structures limit women's autonomy over reproductive decisions, further hindering contraceptive use (Hutchinson et al., 2021). Engaging religious and community leaders in family planning advocacy can help align these practices with cultural and religious values, thereby enhancing acceptance.

Several determinants have been identified as significant predictors of modern contraceptive use among married women in sub-Saharan Africa. Educational attainment plays a crucial role; women with primary education have higher odds of using modern contraception, and this likelihood increases for those with secondary or higher education (Tesema et al., 2022). However, contextual factors in Borno State and the Galtimari ward remain underexplored. In addition, in many parts of Nigeria, especially in the northern regions, educational opportunities for women are limited, contributing to low levels of contraceptive use (Hutchinson et al., 2021); however, specific data on Borno State are scarce. For example, nearly two-thirds of adult women in north-western Nigeria have no formal education, which correlates with lower contraceptive use (Hutchinson et al., 2021). Enhancing female education could serve as a catalyst for improved family planning uptake. Employment status also influences contraceptive use; employed women are more likely to use modern methods than unemployed women (Terefe et al., 2024). The effects of conflict, displacement, and cultural norms on contraceptive access in Borno State remain inadequately understood. The absence of studies specific to Borno on contraceptive use, limited comprehension of conflict's impact on family planning, and insufficient examination of cultural barriers in Borno State constitute significant research gaps.

In many communities, large families are culturally valued, and contraceptive use may be perceived as contrary to religious teachings. For instance, in north-western Nigeria, misconceptions about family planning, such as the belief that contraceptives are dangerous to a woman's health or can harm her womb, deter utilisation (Hutchinson et al., 2021). Additionally, patriarchal social structures limit women's autonomy over reproductive decisions, further hindering contraceptive use (Hutchinson et al., 2021). Incorporating religious and community leaders into family planning advocacy efforts can facilitate the alignment of these practices with cultural and religious values, thereby increasing their acceptance. Nevertheless, there is a paucity of context-specific data regarding Galtimari Ward in Borno State. This includes a limited understanding of the cultural values influencing family planning in Galtimari Ward, an absence of specific studies addressing misconceptions about contraceptives within this ward, and an unclear impact of community leaders' involvement in family planning advocacy in this particular context.

Socioeconomic factors also play a significant role in contraceptive uptake. Avidime et al., (2010) argued that in regions where children are viewed as economic assets, there may be less motivation to limit family size. Conversely, in urban areas with higher living costs, families

may prefer fewer children to allocate resources more effectively. Economic empowerment programs that improve household incomes can influence decisions regarding family size and contraceptive use. In addition, Kabeer (2016) found that the availability and accessibility of healthcare services are critical determinants of family planning utilisation. Inadequate healthcare infrastructure, particularly in rural areas, limits access to contraceptives and family planning counselling. The effects of conflict and displacement on economic empowerment in Galtimari Ward remain largely unexplored, and there is limited understanding of the healthcare infrastructure and accessibility within this region.

Alabi et al., (2019) revealed that gender dynamics within households significantly affect family planning utilisation. In many Nigerian communities, men are the primary decision-makers regarding family size and contraceptive use. Husband's opposition has been identified as a significant barrier to contraceptive use among women. Promoting spousal communication and involving men in family planning programs can enhance mutual understanding and support for contraceptive use. For Mosha et al., (2013), government policies and political commitment significantly influence the availability and acceptance of family planning services. In some African countries, political leaders have discouraged contraceptive use, affecting public perception and utilisation. In Nigeria, consistent support and funding for family planning programs are essential to ensure the availability of services and commodities, thereby improving utilisation rates. Nonetheless, the influence of male-dominated decision-making on contraceptive use in the Galtimari Ward remains unexplored. Furthermore, there is limited understanding of local government policies and political commitment to family planning in the Jere LGA. Additionally, there is a lack of specific studies evaluating the effectiveness of spousal communication interventions within this context.

Materials and Methodology

Study Area

This study was conducted in the Jere Local Government Area (LGA) of Borno State, located in the North-eastern geopolitical division of Nigeria. Geographically, it lies between latitudes 11°45′N and 12°00′N and longitudes 13°15'E and 13°30'E. According to the National Population Commission, the population of Jere LGA was estimated to be over 211,204 the 2006 national census. However, owing to natural population growth and the influx of internally displaced persons (IDPs) caused by insurgency in neighbouring areas, the current population is likely to be well over 400,000. The population is relatively young, with a high proportion of people under the age of 30 years. This demographic structure presents both opportunities and challenges for the local economy and infrastructure, especially in sectors such as education, housing, and employment. The LGA is characterised by both rural and urban features, including informal settlements and growing residential estates. This local government area shares its boundaries with the Maiduguri Metropolitan Council to the east, Konduga LGA to the south, Mafa to the north, and parts of the Lake Chad basin to the west.

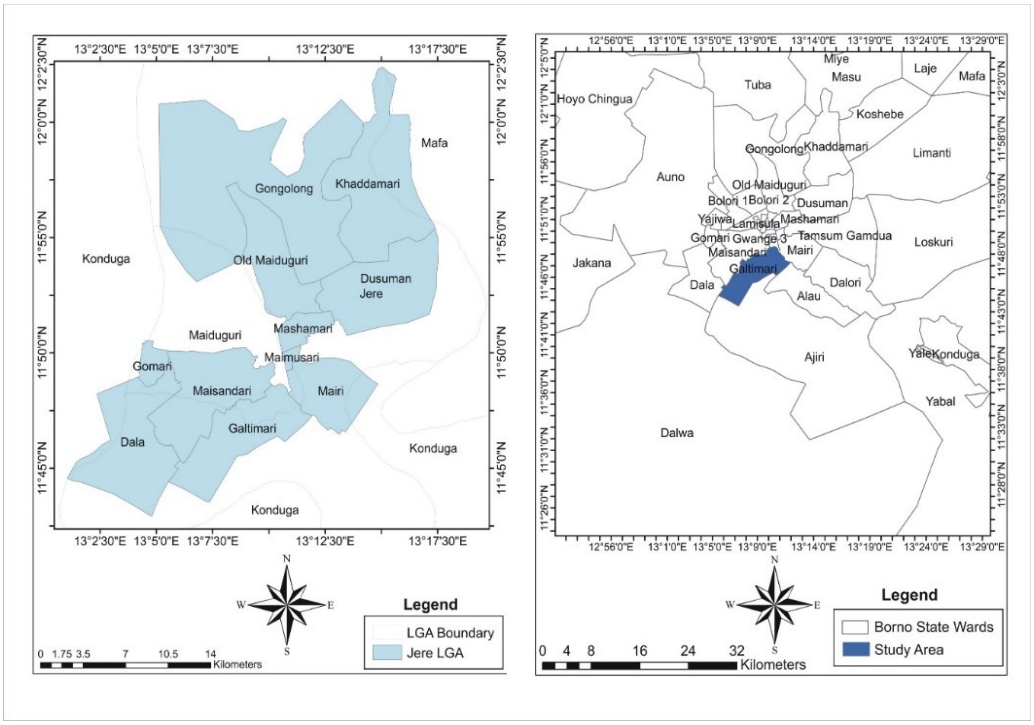


Figure 1: Study Area

Source: Department of Geography FUTMINNA (2025).

Methods

Data Collection

This study relied on primary data, comprising information on the sociodemographic characteristics of the respondents (e.g., educational level, number of children, and husband's approval). A survey research design was employed using questionnaire schedules to collect primary data.

The secondary data collected included the population of the Jere LGA. The sources of the data included records from the National Population Commission (NPC) publications, published and unpublished information obtained from books, journals, seminar papers, and student projects, among others.

Sample and Sampling Procedure

Population of the Study

Married women in Galtimari Ward who received maternal healthcare services at the Galtimari dispensary were the population of this study. This was done because they are the main group whose experiences, choices, and behaviours regarding family planning were studied. They are directly involved in making decisions about child spacing and contraceptive use, which makes their views and practices important for understanding the level of family planning utilisation in the area.

Sample Size

A total of 150 respondents were used in this study to represent the larger population of married women in Galtimari Ward. The 150 participants were purposively selected using convenience sampling. However, care was taken to ensure that they came from different parts of the ward and reflected various ages, backgrounds, and experiences.

Sampling Technique

This study was conducted in Galtimari, an administrative ward in Jere LGA, Borno State. A multistage sampling technique was used in this study. In the first stage, Galtimari Dispensary was purposively selected because of the maternal healthcare services provided in the facility. All married women receiving maternal healthcare services at the OPD were selected using convenience sampling. Healthcare providers were also purposively selected for the in-depth interviews.

Data Analysis

Linear regression was used to determine the factors influencing the utilisation of family planning (education, awareness, access, and barriers, etc.). The qualitative data were analysed thematically, allowing for the interpretation of open-ended responses and interviews by identifying recurring themes and patterns.

Validity and Reliability

A preliminary study involving a limited number of participants was conducted prior to data collection. The objective of this pre-testing was to assess the reliability, validity, and efficacy of the data collection instrument in accurately measuring the variables of interest.

Ethical Considerations

Given the sensitive nature of this study, a letter of introduction was procured from the Department of Sociology and Anthropology at the health facility. This study adhered to the ethical standards of social science research. Informed consent was obtained from all participants, who were given the option to participate voluntarily and withdraw from the study at any time without facing any adverse consequences. Measures were implemented to ensure the confidentiality of all data and information collected through the questionnaires, thereby preventing unauthorised access by third parties.

Results

Factors Influencing the Utilisation of Family Planning

The decision regarding where to seek medical treatment is a complex process influenced by a multitude of factors, among which socioeconomic determinants play a significant role. The interplay between an individual's socioeconomic status and their choice of healthcare facility is a crucial aspect of healthcare access and utilisation for family planning. This study examined various socioeconomic factors, including educational level, awareness of family planning,

access to family planning, barriers index, number of children, husband approval, and good knowledge of family planning, to determine the factors that influence family planning as well as to ascertain which of these socioeconomic variables influence family planning the most.

Model Summary

Table 1: Model Summary of Regression Analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.682	0.465	0.441	0.492

The model summary indicates that the multiple linear regression model explains approximately 46.5% of the variance in family planning utilisation ($R^2 = 0.465$). This implies that the selected independent variables collectively provide a strong explanation for whether or not a respondent uses or considers family planning. The adjusted R^2 value (0.441) confirms the reliability of the model, accounting for the number of predictors included.

Regression Coefficients

Table 2: Coefficients of Predictor Variables

Predictor Variable	Unstandardised B	Std. Error	Beta (β)	t-value	Sig. (p)
(Constant)	0.312	0.145	—	2.15	0.034
Education Level	0.218	0.072	0.256	3.03	0.003
Awareness of FP Methods	0.194	0.089	0.192	2.18	0.031
Access to FP Services	0.152	0.071	0.174	2.14	0.034
Barriers Index	–0.223	0.068	–0.267	–3.28	0.001
Number of Children	0.138	0.061	0.159	2.26	0.026
Husband's Approval	0.263	0.084	0.282	3.13	0.002
Good Knowledge of FP	0.185	0.077	0.207	2.40	0.018

Source: Author's work, (2025).

The results in Table 2 present the linear regression tests that indicate which independent variables (factors) are statistically significant in relation to the utilisation of family planning. The results indicate that educational level, awareness of family planning methods, access to family planning services, barriers index, number of children, husband approval, and good knowledge of family planning are all statistically significant. These factors influence the choice and utilisation of family planning in Galtamari.

Educational Level in Relation to Utilisation of Family Panning

The results of the linear regression test presented in Table 2 indicate that higher levels of education are significantly associated with increased utilisation of family planning with ($P < 0.05$). For each step increase in education (e.g., from primary to secondary), the likelihood of using family planning increases. This supports prior studies that link educational attainment with health-seeking behaviour.

Awareness of Family Planning Services in Relation to Utilisation of Family Panning

For awareness of family planning, the results in Table 2 show that awareness of family planning also significantly predicts utilisation with ($P < 0.05$). Respondents who are informed about family planning methods are more likely to consider or use them. This reinforces the need for consistent information dissemination through healthcare workers and media channels.

Access to Family Planning in Relation to Utilisation of Family Planning Services

In terms of access to family planning services, the results in Table 2 show that accessibility is a significant predictor ($P < 0.05$). Those who report easy access to family planning services are more likely to utilise them. Distance to clinics, availability of staff, and affordability should thus be prioritised in policy implementation.

Barriers Index in Relation to Utilisation of Family Planning Services

Barriers to family planning services were also strongly associated with utilisation ($P < 0.05$) (Table 2). This indicates that the more barriers a woman perceives, including fear of side effects, spousal disapproval, or religious beliefs, the less likely she is to use family planning. Therefore, family planning education programmes should address both real and perceived barriers.

Number of Children in Relation to Utilisation of Family Planning Services

In terms of the number of children, the results in Table 2 show that the number of children also significantly predicts the use of family planning with ($P < 0.05$). This indicates that women with more children are slightly more likely to adopt family planning. This may be linked to the desire to limit further births for economic or health reasons.

Husband's Approval in Relation to Utilisation of Family Planning Services

Husband's approval in terms of the utilisation of family planning services was also found significant predictor of family planning utilisation ($P < 0.05$) (Table 2). When spouses approve or encourage the use of family planning, utilisation increases significantly. This finding suggests that male involvement is crucial in reproductive health campaigns.

Good Knowledge of Family Planning in Relation to Utilisation of Family Planning Services

A good understanding of family planning also significantly enhances its utilisation ($P < 0.05$; Table 2). Women who correctly identify family planning as a tool for spacing or limiting childbirth are more likely to use it, highlighting the role of accurate information.

Discussion

The findings of this study reveal that several socioeconomic factors significantly influence the utilisation of family planning among married women in Galtimari. Key among these are education, awareness, access to services, number of children, husband's approval, knowledge

accuracy, and sociocultural barriers. These results are consistent with, and sometimes deviate from, previous scholarly work in the field of reproductive health.

Education was a significant predictor of family planning utilisation. Educational attainment plays a crucial role in the decision-making process for family planning utilisation. This is because individuals with higher levels of education are more likely to possess a better understanding of information, enabling them to make informed choices about the type of family planning services to access and use. Respondents with higher levels of formal education were more likely to use or consider using family planning methods. This finding aligns with the results of Hutchinson et al. (2021), who observed that women with secondary or tertiary education in Nigeria were significantly more likely to utilise modern contraceptives than those with no formal education. Education empowers women with the knowledge and autonomy needed to make informed decisions about their reproductive health. Furthermore, educated women tend to access health information more effectively and are more likely to question traditional beliefs that may hinder family planning. Conversely, women with little or no education may hold misconceptions or rely on misinformation, which could deter the adoption of such methods. The consistency between this study and previous findings reinforces the argument for incorporating reproductive health education into adult literacy and community outreach programmes in rural and semi-urban areas.

Regarding awareness of family planning, the study found that respondents who had heard of family planning methods were significantly more likely to use them. This finding aligns with the report by Wulifan et al. (2017), who identified awareness as a fundamental determinant of contraceptive uptake in northern Ghana. Similarly, Adebimpe and Olugbenga-Bello (2012) emphasised that a high level of awareness often translates into increased usage, provided that the information is accurate and accessible. In Galtimari, health workers were identified as the main source of family planning information. This underscores the importance of training and equipping frontline health professionals to serve not only as service providers but also as educators. While the study shows a strong link between awareness and use, it also highlights that awareness alone is insufficient; it must be accompanied by a good understanding and a supportive environment.

Access to family planning services also proved to be a significant determinant of utilisation. Respondents who indicated that services were close and accessible were more likely to use family planning methods. This finding conforms to the findings of Blackstone and Nwaozuru (2017), who identified physical proximity and facility quality as key enablers of contraceptive use in sub-Saharan Africa. Similarly, a study by Stephenson et al. (2007) found that, even where awareness was high, poor access to facilities, long distances, and a lack of transportation were major barriers to utilisation. In Galtimari, while some respondents reported proximity to health centres, others highlighted poor staffing and inconsistent availability of contraceptive supplies. This suggests a need to not only increase the number of service points but also ensure that they are consistently staffed, well-resourced, and culturally sensitive.

Barriers, such as fear of side effects, religious beliefs, partner disapproval, and community stigma, were negatively associated with family planning use. These findings resonate with

earlier studies by Bawah et al. (2019) and Fagbamigbe et al. (2016), who identified sociocultural resistance as a formidable obstacle to the adoption of modern contraceptives in northern Nigeria. In communities like Galtimari, where traditional and religious norms are deeply entrenched, fear of being judged or ostracised often deters women from accessing services, even when they are aware and willing. This also aligns with Ajaegbu (2013), who found that religious objections were particularly prominent among Islamic communities in the northern region. However, this study goes further to show that while religion and fear are important, partner disapproval may even play a larger role, suggesting that gender dynamics within the household significantly mediate health decisions.

The number of children a woman has is also positively associated with her likelihood to use family planning. This supports the findings of Onwujekwe et al. (2012), who reported that women with four or more children in southeastern Nigeria were more motivated to use contraceptives, often to reduce economic burdens or protect maternal health. Similarly, in a study conducted in Kenya by Ochako et al. (2015), it was observed that women tend to initiate family planning after achieving their desired family size. In the context of Galtimari, this finding may be influenced by both economic considerations and the health implications of frequent childbirth. However, it also reflects a reactive rather than a proactive approach to reproductive health, in which women only consider family planning after experiencing the challenges of large families.

Husband's approval was a particularly strong predictor in this study. Women who reported that their spouses supported family planning were significantly more likely to use it. This finding aligns with existing literature, which highlights that Kanuri men participated in traditional child-spacing practices (Mairiga et al., 2010). Generally, it is the husbands who make the decisions and pay for healthcare services, especially where the fees charged are sometimes high. Most women therefore depend on their husbands a lot in everything that involves money because of their financial situation, which is very poor, their level of education, which is low, lack of empowerment of women, and the culture and religion of the north, which makes men the breadwinners, thereby weakening the capacity of the wives to pay and make decisions in the choice of healthcare facilities and services to utilise (Ahmed, 2012). The analysis of respondents' educational qualifications reveals a significant reliance on husbands for permission, which is further influenced by religious and cultural factors. This echoes the findings of Mboane and Bhatta (2015), who also found that male involvement was a key determinant of contraceptive use in Mozambique. In many patriarchal societies, including northern Nigeria, men are primary decision-makers, and their support or opposition can directly affect a woman's autonomy over her reproductive choices. This finding underscores the urgent need for male-inclusive family planning programs that aim not only to educate men but also to engage them as allies in promoting maternal and child health.

A good knowledge of family planning, specifically understanding it as a method for spacing or limiting births was also associated with increased utilisation. This aligns with the research of Akintade et al. (2011), who noted that the misinterpretation of family planning as a tool for preventing infertility or encouraging promiscuity was common among low-income Nigerian

communities, thereby hindering its uptake. In the present study, women who demonstrated an accurate understanding were more empowered to consider or adopt family planning. This suggests that improving the quality of information shared (not just the quantity) is crucial. Educational interventions should focus on debunking myths and presenting family planning as a positive health strategy rather than a cultural threat.

Conclusion

Multiple factors influence the choice and utilisation of family planning services among married women in the Galtimari Ward of the Jere Local Government Area of Borno State. Additionally, variations in the utilisation of family planning services exist among married women with different socioeconomic characteristics. This study reveals that the educational level, awareness of family planning methods, access to family planning services, barriers index, number of children, husband approval, and good knowledge of family planning all influence the utilisation of family planning services to varying degrees. However, the predominant factor that significantly influences the utilisation of family planning in Galtimari is the husband 's approval of a woman's decision to use family planning. Spousal approval significantly increases uptake, whereas barriers such as fear of side effects, stigma, and religious disapproval are strong deterrents. These results suggest that family planning is not merely a personal decision but a socially negotiated practice, embedded within familial, religious, and cultural structures. Therefore, the study recommends that the government should provide family planning services and make them accessible and affordable; religious and traditional leaders should be engaged as partners in promoting family planning; family planning counselling should be offered; couple-based counselling should be introduced to reduce resistance from male partners; and continuous data collection, community feedback, and impact assessment should be institutionalised to monitor the success of family planning programs. Specifically, the government should provide accessible and affordable family planning services and support community-based advocacy programs. While religious and traditional leaders engage as partners in promoting family planning, they should leverage their influence to encourage male partner approval and support. Healthcare providers should offer family planning counselling and couple-based counselling to address concerns and reduce male partner resistance. In addition, community leaders should facilitate community feedback and support local advocacy efforts to promote family planning uptake.

Limitations

Pregnant women who receive maternal healthcare are likely to express an interest in family planning and may be in the process of making decisions regarding future pregnancies. In addition, these women can offer valuable insights into family planning needs, preferences, and barriers during the postpartum period. Collecting data using a purposive sampling method during antenatal care visits can be both efficient and convenient for both respondents and researchers. However, despite the strengths of this study, it is important to note that a random sampling technique would provide more generalisable results. Women receiving antenatal

care may not represent the entire population of women of reproductive age or those not accessing healthcare services. Consequently, the findings may not be applicable to women who do not have access to antenatal care or are currently not pregnant. Respondents' perspectives on family planning may be influenced by their current pregnancy or recent childbirth experiences. To mitigate these limitations, data were obtained from secondary sources.

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