

# Mass Media as Major Instrument of Family Planning Utilisation in Nigeria

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## Abstract

The universal agenda of ensuring access to sexual and reproductive healthcare services, including; family planning and integration of reproductive health strategies and programmes will remain a mirage in Nigeria if no proper/adequate measure is put in place by the government. Therefore, this study examined effects of selected sociocultural factors on family planning utilisation and advocates the use of mass media in facilitating its effective utilisation. The present study used data from 2013 Nigeria Health and Demographic Survey to understand salient issues about family planning in Nigeria using probit regression analysis. The results showed very low rate of family planning awareness and utilisation among sampled women. Cohabitation, marriage and religion are found to have hazard effect on family planning while increase in age; level of education; wealth index; and parity are found to slightly improve usage of family planning among the women. Therefore, the study suggests holistic measure in harnessing technological advancement of the country through mass media in tackling problem of family planning utilisation. The policy implication of this is that government of Nigeria should take advantage of the mass media in reaching out to her vast population for better behavioural change towards family planning.

**Key words:** Family planning, Mass Media, Utilisation, Health Workers

## Introduction

Family planning (FP) has been proven the world over to be an adequate solution to most reproductive health and gender inequality issues that women face especially in sub-Saharan Africa including Nigeria. If taken seriously, it has immense advantage for national growth and development and as such a nontrivial weapon in the achievement of the Sustainable Development Goals (SDGs). The United Nations (2015) defined Family Planning (FP) as the use of various methods of contraception to regulate the number, timing, and spacing of child births which allow couples particularly women to plan their lives without being overly subject to sexual and social imperatives. Family planning is also defined as a practice by which a couple spaces the number of years between each child they want to give birth to through the use of contraceptive methods (Usman *et al.*, 2017).

According to the Federal Government of Nigeria Family Planning Blueprint, 2014, family planning is one of the most cost-effective ways to prevent maternal, infant and child mortality by reducing the number of unintended pregnancies, abortions, and the proportion of birth which remains a huge challenge to the country. The report also estimated that meeting women's need for modern contraceptives would prevent about one quarter to one-third of all maternal deaths saving 140,000 to 150,000 lives per year. The United Nations (2017) affirmed that contraceptive use help couples and individuals realize their basic right to decide freely and responsibly if, when, and how many children to have. Family planning offers a host of additional health, social and economic benefits; it can help slow the spread of HIV, promote gender equality, reduce poverty, accelerate socioeconomic development and protect the environment. Garg & Singh, (2014) opined that access to high quality affordable sexual and reproductive health services and information including a full range of contraceptive methods, is fundamental to realizing the rights and well-being of women and girls, men and boys. The World Health Organisation & Johns Hopkins Bloomberg School of Public Health (2018) validated that universal access to effective contraception ensures that all people can avoid the adverse health and socioeconomic consequences of unintended pregnancies and have a satisfying sexual life. A woman's ability to space and limit her pregnancies has a direct impact on her health and wellbeing as well as the outcome of each pregnancy (Kio *et al.*, 2016). FP is also the potent cornerstone of a worldwide strategy to slow down population growth (Olawande & Fasasi, 2016).

### **Reasons for Poor Utilisation of Family Planning in Nigeria**

Despite all the advantages of FP as elucidated above, the utilisation in sub-Saharan Africa and Nigeria is abysmally low (Akokuwebe, 2016). This is also corroborated by the findings of the United Nations (2017) which reported that in West Africa, one in five women have an unmet need of family planning and contraceptive use. The United Nations (2015) findings reveal that there still exist substantial gaps in the use of modern methods among couples who want to prevent pregnancy in Nigeria. The reports added that Nigeria contraceptive use was still as low as 29%. The poor utilisation of FP is responsible for overpopulation in Nigeria as opined by Omisakin (2015) which is a major reason the resources are no longer enough to cater for the citizens, hence the increased poverty. Kio *et al.*, (2016) validated the problem of increased population as a major challenge with about 180 million people, and a growth rate of 3.5% stating that Nigeria consistent population will continue to increase level of poverty. The chances of realizing the goals of development in Nigeria according to Ukeghu *et al.*, (2018) will continue to be a mirage except a crucial step is taken to control her birth rate.

Several reasons have been advanced for the low utilisation of FP in Nigeria. For instance, Gabalci & Terzioglu (2010) listed some of such factors to have included the dependability of method, its side effects, reusability, hormonal content, and preference of spouse, extent of knowledge about the method and female health and belief. In a related research, Ochako *et al.*, (2015), reported that fear of side effects and adverse reactions were major barriers to

modern contraceptive use. While the misconception among some women that family planning leads to promiscuity is also a hindrance, dependent on men's approval and decisions to practice is another. Ankomah *et al.*, (2013) in their studies among married young adult in Nigeria affirmed that a number of the respondents were afraid of contraceptives because of side effect. Some made inference either to their sister or friend who used contraceptives and had problems.

Socio-cultural factors have been attested to by other researchers as the main reason FP is not accepted and practiced in Nigeria. OlaOlorun & Hindin (2014) from their studies reveals that in Nigeria, women who decide along with their husbands have better opportunities for the control of their fertility. Odewale *et al.*, (2016) revealed that a woman with strong religion conviction is less likely to use contraceptive though her fertility desire have not been met. Some religions do not allow the use of artificial contraceptives so women practising such religion go for less effective natural methods or abstain completely from contraceptive. Eyayou *et al.*, (2005) reported high fertility among the Suri ethnic group in Nigeria, who their men marry not less than four wives and give birth almost by competition to as many children as possible irrespective of sex. Mairiga *et al.*, (2010) also confirmed from their studies among the Kanuris in Nigeria, that the ideal family size is 16 children. Kanuri men are polygamous and also hold the sole authority of how many children they want. They are majorly Islamic and vehemently reject family planning as they opined it was a tactic to reduce Muslim population. Decision making about how many children to have is not made by women in Africa and this has been a problem on the human right of women especially in Africa.

### **Mass Media as Alternative for Family Planning Awareness and Utilisation**

According to Heiner & Jörg (2009) mass media is defined as media which have their proper program and constituted audience and have means to channel communication that involves transmitting information in some way, shape or form to large numbers of people. Flora *et al.*, (1989) opined that mass media are generally considered to include television, radio, newspapers and magazines and that the strength of these media is that they tend to reach very large audiences. Akpobo (2015) defined health communication as the dissemination of health information by the media in order to influence people's health choices and improve their health literacy for sustainable health development. He listed health communication activities to include: increase audience knowledge and awareness issues; influence behaviours and attitudes towards a healthy issue; demonstrate healthy practices; demonstrate the benefits of behavioural change to public health outcomes; advocate a position on a health issue for policy; increase demand or support for health services; argue against misconceptions about health.

Ajaero *et al.*, (2016) posited that one of the strategies often employed in the promotion of FP is the utilisation of the mass media to make the population aware of the benefits of the use of FP. Naveena (2015) linked mass media to the importance of rural residents and vital national

information; he opined that mass media in form of radio and television are an effective way to persuade target audiences to adopt new behaviour or to remind them of critical information. Grilli *et al.*, (2009) reported from their study that consistent positive effects were observed from planned health campaigns and therefore concluded that mass media campaigns have tremendous positive influence upon the manner in which health services are utilized. The importance of media to health and wellbeing is such that policy should seek to pursue because of its viability (Clive, 2003).

It is imperative to note that earlier researchers as discussed empirically proved that sociocultural factors and side effects of contraceptives are major reasons for low utilisation of FP. This study, while agreeing with earlier researchers' findings however noted a gap in the use of mass media and FP health facilities for advocacies, education, and reorientations etc. of the public about the intricacies, advantages and denouncement of misconceptions and misgivings of opinions about FP. The agenda of SDG goal 3 as given by United Nations (2015) is to ensure healthy lives and promote well-being for all at all ages with the target of reducing the global maternal mortality ratio to less than 70 per 100,000 and end preventable deaths of new-borns and children under five. It also has as one of its target, to ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education and the integration of reproductive health international strategies and programmes. The achievement of this goal in a country like Nigeria will require radical and sporadic action from the government and one possible way by which this can be achieved is to give attention to curative method like FP. Therefore, this study seeks to examine the effects of selected sociocultural factors on family planning utilisation, advocate the use of mass media and FP facilities as potent outlets in facilitating the effective utilisation of FP.

## **RESEARCH METHODOLOGY**

### **Data and Sample**

The Nigeria Demographic and Health Survey carried out in 2013 by the National Population Commission (NPC) Nigeria in conjunction with ICF International published the dataset used for this research in 2014. A sample of 40,320 households from 904 Primary Sampling Units (PSU) which is nationally inclusive was selected. The survey covered both rural and urban areas of the six geo-political zones, which including the 36 states and Federal Capital Territory (FCT). Testable and reliable estimates for key indicators were duly considered. Stratified sampling was used independently in three stages from the sampling frame. Each state was stratified into urban and rural areas respectively and this gave rise to 853 localities being selected with probability proportion to size and the independent selection in each sampling stratum. Consequently, an enumeration area (EA) was randomly picked from the most selected localities with an equal probability selection. The last stage of selection was such that 45 households were selected in every urban and rural cluster using systematic

sampling. This resulted into 119,836 respondents being selected from these randomly selected households.

## Data Analysis

The data for this study are analysed at three levels, namely; univariate, bivariate and multivariate. At the univariate level, distribution of the sociocultural factors, media usage and FP awareness of the respondents is shown using descriptive statistics such as frequencies, percentages and charts. At the bivariate level, the Pearson Chi-square test is used to measure the association between the sociocultural factors and family planning usage, using p-value < 0.05 as the criterion for significance. At the multivariate level of the analysis, the probit regression model is employed using explanatory variables which are significant at the bivariate level to understand family planning usage among respondents. The results are interpreted using the coefficients of the estimates, and a variable is deemed a significant predictor of family planning usage if the p-value associated with the coefficient is < 0.05. All data are analysed using STATA 14.2.

The probit regression model is as stated below:

$$\phi^{-1}(p_i) = \sum_{k=0}^{k=n} \beta_k x_{ik} \quad (1)$$

Where  $\beta$  is the parameter estimates,  $x_i$  is the independent variables,  $p$  is the probability of a response. The independent variables are; Age, religion, level of education, wealth index, relationship status, sex of household head, household size and parity.

## RESULTS

### Univariate Analysis

Figure 1 shows the distribution of respondents by age groups; women aged 35-39 years have the highest percentage (20.7%) while women age 15-19 have the least percentage (1.3%). Figure 2, reveals that more than half (57.7%) of the respondents practice Islam religion, two-fifth (40.9%) practice Christianity while 1.4% are traditionalists. More than half (50.9%) have no education while about one-in-twenty (5.3%) have higher education (see Figure 3). Most (97.3%) of the respondents are ever-married, 1.9% are cohabiting while 0.8% are never-married (Figure 4).

Table 1 shows the frequencies of respondents' attitude towards the use of media. The result as shown in the table indicates that slightly more than two-fifth (41.3%) of the respondents do not use the media at all. While the newspaper/magazine is worst hit as almost 9-in-10



(87.6%) respondents do not read it at all, 7.2% reads it less than once a week and 5.2% reads it at least one a week. Watching television is also poor as more than half (56.2%) respondents do not watch the television at all while 17.3% watches less than once a week and 26.5% watches at least once a week. The radio seemed to be the most patronised of the three as 41.3% of the respondents do not listen to radio at all, about a quarter (24.4%) listens less than once a week while 34.3% listens at least once a week.

In table 2, respondents were asked the means by which they heard about FP. The result as shown represents very poor awareness of FP by respondents. More than two-third (70.5%) of the respondents do not hear about FP jingles from radio while less than one-third (29.5%) hears. The television is poorly hit as it reveals that more than four-fifth (84.4%) respondents have not heard about FP via the television while only 15.6% hears. Newspaper/magazine is worst hit as 95.4% do not hear about FP through the newspaper or magazine.

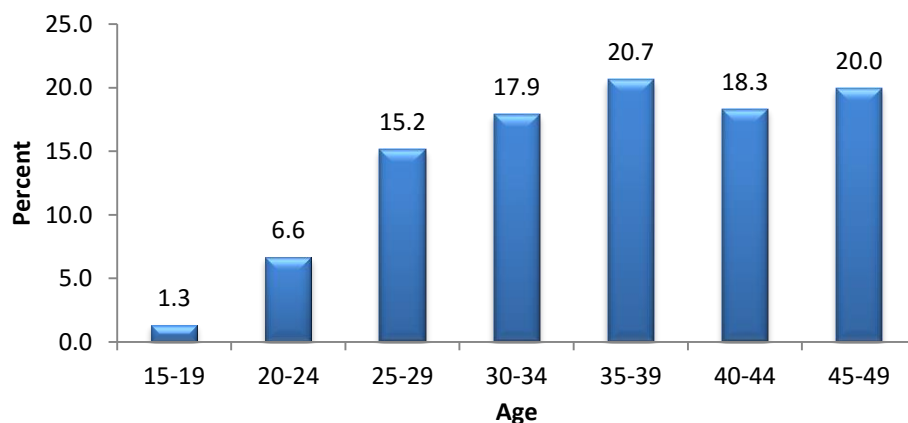


Figure 1: The percentage distribution of respondents by age groups

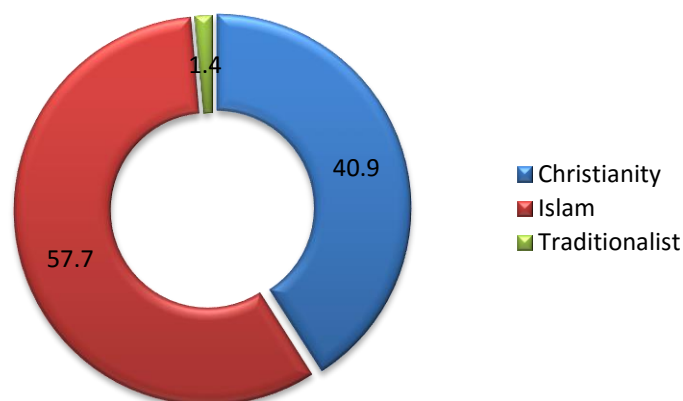


Figure 2: The percentage distribution of respondents by religion

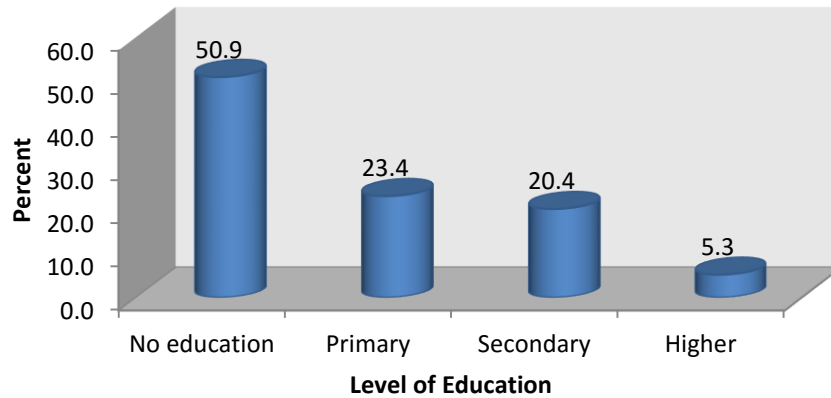


Figure 3: The percentage distribution of respondents by level of education

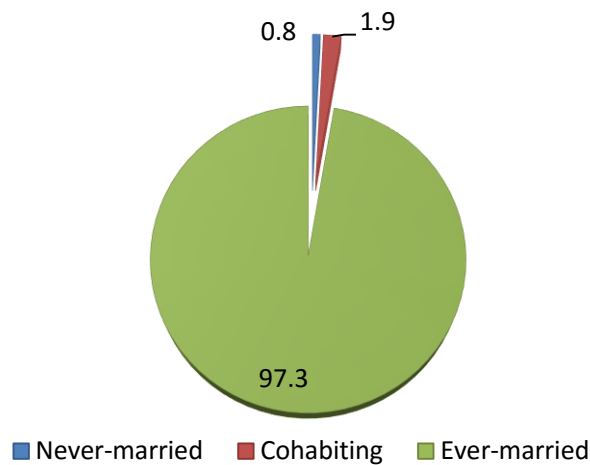


Figure 4: The percentage distribution of respondents by relationship status

**Table 1: Frequencies of using the Media**

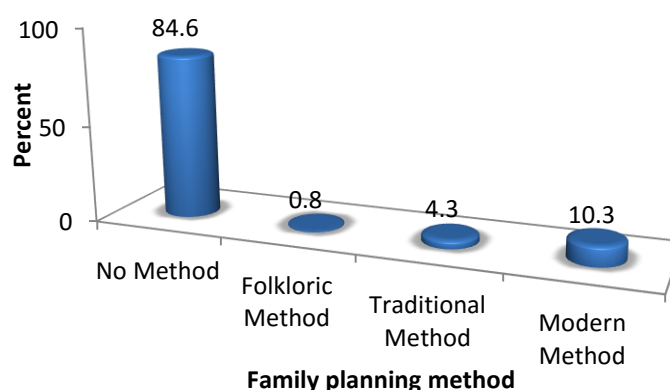
	Frequencies	Percentage
<b>Radio</b>		
Not at all	49,266	41.26
Less than once a week	29,197	24.46
At least once a week	40,923	34.28
Total	11,386	100
<b>Television</b>		
Not at all	67,147	56.24
Less than once a week	20,685	17.28
At least once a week	31,604	26.47
Total	119,386	100
<b>Newspaper/Magazine</b>		
Not at all	104,571	87.59
Less than once a week	8,543	7.16

At least once a week	6,272	5.25
Total	119,386	100

**Table 2: Respondents' Means of FP Awareness**

	Frequencies	Percentage
<b>Heard FP on Radio</b>		
No	84,196	70.52
Yes	35,190	29.48
Total	119,386	100
<b>Heard FP on Television</b>		
No	100,825	84.45
Yes	18,561	15.55
Total	119,386	100
<b>Heard FP on Newspaper/Magazine</b>		
No	113,908	95.41
Yes	5,478	4.39
Total	119,386	100

Figure 5 gives the picture of level of utilisation of FP by different type of methods. The table reveals an abysmal low rate of FP utilisation among respondents as about 85% do not use any method at all, modern method seemed most patronised as 10.3% of respondents, who use any method at all, use modern method while about 4.3% uses traditional and 0.8% uses folkloric method.



**Figure 5: Respondents' Family Planning Utilisation by any Method**

### Bivariate Analysis

Table 3 shows the results of the bivariate analyses using Chi-square tests in examining the association between family planning and sociocultural factors among the women. The results show that age, religion, level of education, wealth index, relationship status, sex of household head, household size and parity are significantly associated with family planning usage among respondents. The results also show that women aged 40-44 years, who are Christians,



with higher education, who are richer, cohabiting, living in household size 1-2, living in household headed by females and those who have four living children have higher percentage of using family planning.

### Multivariate Analysis

Table 4 shows the results of the probit regression model predicting factors associated with family planning usage among respondents. Firstly, the results show that as age increases, there is slight significant increase in family planning usage until age 45-49 years where there is decrease in use. Also, as level of education, wealth index and parity increases, there is significant increase in family planning usage. There is significant less usage of family planning among women who practice Islam (-0.53) and Traditional (-0.27) religions when compared with women who practice Christianity. Also, women who are cohabiting and ever-married are significantly less using family planning when compared with women who are never-married. Women who live in households headed by females have significant less usage of family planning compared to their counterparts who lives in male headed households.

**Table 3: Bivariate analyses of family planning by sociocultural factors**

Independent Variables	Non-use	Use	Total	p-value
<b>Age</b>				<.001
15-19	94.4	5.6	1,570	
20-24	89.8	10.2	7,889	
25-29	87.4	12.6	18,020	
30-34	83.5	16.5	21,287	
35-39	81.1	18.9	24,577	
40-44	80.2	19.8	21,771	
45-49	88.9	11.1	23,753	
<b>Religion</b>				<.001
Christianity	71.3	28.7	48,655	
Islam	93.8	6.2	68,572	
Traditionalist	91.8	8.2	1,640	
<b>Level of Education</b>				<.001
No education	96.4	3.6	60,464	
Primary	79.2	20.8	27,848	
Secondary	67.9	32.1	24,299	
Higher	59.0	41.0	6,256	
<b>Wealth Index</b>				<.001
Poorest	97.6	2.4	28,430	
Poorer	93.9	6.1	27,275	
Middle	83.7	16.3	24,472	
Richer	75.3	24.7	22,065	
Richest	60.7	39.3	16,625	
<b>Relationship Status</b>				<.001
Never-married	69.4	30.6	980	

Cohabiting	67.1	32.9	2,240	
Ever-married	85.1	14.9	115,647	
<b>Sex of household head</b>				<.001
Male	85.2	14.8	103,186	
Female	80.9	19.1	15,681	
<b>Household size</b>				<.001
1-2	83.3	16.7	3,627	
3-5	81.8	18.2	35,682	
6+	85.9	14.1	79,558	
<b>Parity</b>				<.001
No child	96.0	4.0	579	
One child	88.7	11.3	6,397	
Two children	87.2	12.8	11,602	
Three children	83.1	16.9	16,618	
Four children	80.9	19.1	20,093	
Five & More Children	85.2	14.8	63,578	
<b>Total</b>	<b>84.6</b>	<b>15.4</b>	<b>118,867</b>	

**Table 4: Multivariate probit regression model showing determinants of family planning**

Independent Variables	Coefficient	Std. Error	[95% Conf. Interval]	
<b>Age</b>				
15-19	1.00			
20-24	0.18**	0.07	0.05	0.31
25-29	0.13*	0.07	0.00	0.26
30-34	0.16*	0.07	0.03	0.30
35-39	0.24***	0.07	0.11	0.38
40-44	0.27***	0.07	0.14	0.40
45-49	-0.12	0.07	-0.25	0.02
<b>Religion</b>				
Christianity	1.00			
Islam	-0.53***	0.01	-0.55	-0.50
Traditionalist	-0.27***	0.05	-0.37	-0.17
<b>Level of Education</b>				
No education	1.00			
Primary	0.51***	0.02	0.48	0.54
Secondary	0.67***	0.02	0.64	0.71
Higher	0.78***	0.02	0.73	0.82
<b>Wealth Index</b>				
Poorest	1.00			
Poorer	0.18***	0.02	0.13	0.22

Middle	0.55***	0.02	0.50	0.59
Richer	0.73***	0.02	0.68	0.77
Richest	1.03***	0.02	0.99	1.08
<b>Relationship Status</b>				
Never-married	1.00			
Cohabiting	-0.33***	0.05	-0.44	-0.23
Ever-married	-0.52***	0.05	-0.61	-0.43
<b>Sex of household head</b>				
Male	1.00			
Female	-0.17***	0.01	-0.20	-0.14
<b>Household size</b>				
1-2	1.00			
3-5	0.01	0.03	-0.05	0.06
6+	-0.05	0.03	-0.11	0.01
<b>Parity</b>				
No child	1.00			
One child	0.55***	0.12	0.32	0.78
Two children	0.71***	0.12	0.48	0.94
Three children	0.97***	0.12	0.74	1.20
Four children	1.12***	0.12	0.90	1.35
Five & More Children	1.16***	0.12	0.93	1.38

\* Significant at 0.05 level, \*\* Significant at 0.01 level, \*\*\* Significant at 0.001 level and 1.00 is reference category

## DISCUSSION

In a country where non-use of family planning is high and awareness about family planning is low (Doctor *et al.*, 2013, Uwameiye & Halimah, 2016), efforts to encourage the usage must include positive behavioural change towards usage and awareness through media. The present study sought to the effects of selected sociocultural factors on family planning utilisation, advocate the use of mass media and FP facilities as potent outlets in facilitating the effective utilisation of FP using the 2013 NDHS. The study found that there is very low rate of family planning utilisation among women of childbirth age examined in the study collaborating earlier works of Doctor *et al.*, (2013), Ajaero *et al.*, (2016) and Uwameiye & Halimah, (2016).

It was also found out that there was low rate of awareness among the sampled women as only a few of them heard about the family planning from media which possibly accounted for the low usage among them. However, to improve the usage, media in all its forms play major role in family planning intentions and use (Gupta *et al.*, 2003; Mghweno *et al.*, 2017; Rutuja & Balamurugan, 2018).

Increase in age, level of education, wealth index and parity are found to slightly improve usage of family planning among the women. This is not strange as education gives protective effect for family planning i.e. the more educated people becomes; the better informed they

are on the importance of family planning. Richer people are more empowered financially to access different modern methods of family planning which in-turn increases their usage (Igbodekwe *et al.*, 2014). Religion is seen to have hazard effect on family planning in accordance with others studies (Odewale *et al.*, 2016) as religious women and/or whose religion does not permit the use of family planning are less likely to go against their beliefs. Cohabitation and marriage also cause women to use less of family planning most especially younger women as it usually time to explore their marriage or partnership. However, the closer women are to their set number of children, the more likely they use family planning. Another important factor which reduces use of family planning is the female headed household as earlier studies have proved that men's approval is critical to the utilisation of family planning among women (Olaolorun & Hindin, 2014).

### **Conclusion and Policy Implication**

The importance of this study cannot be overemphasized as it has exposed us to the negligence of effective use of mass media as adequate solution to a better utilisation of family planning in Nigeria. In conclusion, like most developing nations, Nigeria is facing serious change in its social structural conditions in the form of modernising influences such as technology and urbanisation. However, this has not been fully harnessed to transform all areas of human endeavours. Therefore, this study also recommends the use of social medial as a means of passing information about family planning for effective communication, better awareness and increased usage. The policy implication of this is that the government of Nigeria should take advantage of the media in reaching out to her large population with messages that will bring about behavioural change towards family planning utilisation. Health facilities and workers should be trained and engaged in community visitation, education and reorientation of the people about the use and importance of family planning. Advocacy and jingles on media, regular family life education should be employed to orientate the people. The implication of large family size should be stressed especially that of poverty and economic hardship.

### **References**

- Ajaero, C.K; Odimegwu, C; Ajaero,I.D & Nwachukwu, C.A (2016) Access to Mass Media Messages, and Use of Family Planning in Nigeria: A Spatio-demographic Analysis from 2013 DHS. BMC Public Health. DOI: 10.1186/s12889-016-2927-2.
- Akokuwebe, M.E (2016) Factors Influencing Accessibility of Family Planning among Women in Rural Communities in Ife Central Local Government Area, Osun State, Nigeria. Ibadan Journal of the Social Sciences, 14 (2): 250-261.
- Akpobo, O. (2015) Mass Media Health Communication: Imperative for Sustainable Health in Nigeria. Mgbakoigba: journal of African Studies, 4: 1-6.

- Ankomah, A; Anyanti, J; Adebayo, S & Giwa, A (2013) Barriers to Contraceptive Use among Married Young Adults in Nigeria: A Quantitative Study. *International Journal of Tropical Disease & Health*, 3 (3): 267-282.
- Clive, S (2003) *Health and Media: An Overview*. Sociology of Health and Illness, 25 (6): 513-531. U.S.A. Blackwell Publishing
- Doctor, H.V; Findley, S.E; Afenyadu, G.Y; Uzondu, C. & Ashir, G.M. (2013) Awareness, Use, and Unmet Need for Family Planning in Rural Northern Nigeria. *African Journal of Reproductive Health*, 17 (4): 107-117.
- Eyayou, Y, Berhane, Y & Zerihum, L (2005) Socio-Cultural Factors in Decisions Related to Fertility in Remotely Located Communities: The Case of the Suri Ethnic Group. *Ethiopian Journal of Health Development*, 18 (3): 172-174.
- Federal Government of Nigeria (2014) *Nigeria Family Planning Blueprint (Scale-Up-Plan)*. Federal Ministry of Health, Nigeria.
- Flora, A.J; Maibach, E.W & Maccoby, N (1989) The Role of Media across Four Levels Health Promotion Intervention. *Annu Rev Public Health*, 10: 181-201.
- Gabalci, E & Terzioglu, F (2010) The Effects of Family Planning Methods used by Women of Reproductive Age on their Sexual life. *Sexuality and Disability*, 28: 275-285.
- Garg, S & Singh (2014) Need for Integration of Gender Equity in Family Planning Services. *Indian Journal of Medical Research*, 140 (1): 5147-5151.
- Grilli, R; Ramsay, C & Minozzi, S (2009) *Mass Media Interventions: Effects on Health Services Utilization*. Cochrane Database of Systematic Reviews. Issues 1. CD000389. DOI: 10.1002/4651858.CD000389.
- Gupta, N; Katende, C & Bessinger, R (2003) Association of Mass Media Exposure on Family Planning Attitudes and Practices in Uganda. *Studies in Family Planning*, 34(1): 19-31.
- Heiner M. & Jörg H. (2009) *Mass Media Research, Working Paper Series of the German Council for Social and Economic Data 111*, German Council for Social and Economic Data (RatSWD).
- Igbodekwe, F. C, Oladimeji, O, Oladimeji, K.E, Ikeola, A.A, Akpa, O.M & Lawson, L (2014) Utilization of Modern Contraceptive among Women of Childbearing Age in Resource Constraint Setting: Evidence from 2008 National Demographic and Health Survey in Nigeria. *Journal of Health Science*, 4 (3): 72-78.
- Kio, J.O; Agbede, C.O; Olayinka, F.E; Ojinni, Y.O (2016) Analysis of Knowledge Attitude & Practice of Women towards Family Planning in Nigeria: Evidence from Ogun State. *Journal of Applied Life Sciences International*, 8 (2): 1-7.
- Mairiga, A, Kullima, A, Bako, B. & Kolo, M (2010) Socio-Cultural Factors Influencing Decision-Making Related to Fertility among the Kanuri Tribe of North-Eastern Nigeria. *African Journal of Primary Health Care & Family Medicine*, 2(1): 1-4.
- Mghweno, L.R; Katamba, P & Nyirabavugirije. A-M (2017) Influence of Mass Media on Family Planning Methods among Couples in Gashenyi Sector Rwanda. *Internal Journal of Multidisciplinary Research and Development*, 4 (6): 336-346.

- National Population Commission (NPC) [Nigeria] and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.
- Naveena, N (2015) Importance of Mass Media in Communicating Health Messages: An Analysis. *IOSR journal of Humanities and Social Science*, 20 (2): 36-41.
- Ochako, R; Mbondo, M; Aloo, S; Kamenyi, S; Thompson, R; Temmermen, M & Kays, M (2015) Barriers to Modern Contraceptive Methods Uptake among young Women in Kenya: A Quantitative Study. *Bio Med central (BMC) Public Health*, 15:118. DOI: 10.1186/s12889-015-1483-1
- Odewale, B.J, Oladosun, M & Amoo, E.O (2016) Fertility Desire & Contraceptive Use among Women in Nigeria. 3<sup>rd</sup> International Conference on Africa Development Issues (CU-ICADI 2016). Covenant University Press.
- OlaOlorun, F.M & Hindin, M.J (2014) Having a Say Matters: Influence of Decision-Making Power on Contraceptive Use among Nigerian Women Age 35-49 Years. *PLoS ONE* 9(6):e98702. Doi:10.1371/journal.pone.0098702
- Olawande, T.I & Fasasi, L.T (2016) Family Planning Perceptions and Sustainable Development in Nigeria. 3<sup>rd</sup> International Conference on African Development. Issues (cu-/CADI 2016) Covenant University Press.
- Omisakin, M.Y.J. (2015) Knowledge, Attitude and Practice of Family Planning among Healthcare Providers in two selected Health centres in Osogbo LG, Osun State. *Women's Health & Gynaecology*, 1 (2): 1-4.
- Rutuja, A.S & Balamurugan, J (2018) The Role of Mass Media in Healthcare Development: A Review Article. *Journal of Advanced Research in Journalism and Mass Communication*, 5 (22): 39-43.
- Ukengbu, A.U; Onyeonoro, U.U; Nwokeukwu, H & Okafor, G.O.C. (2018): Contraceptive Method Preferences, Use & Satisfaction among Women of Reproductive Age (15-49) in Umuahia, Abia State, Nigeria. *Journal of Reproductive Health and Contraception*, 3 (3:16): 1-7.
- United Nations (2017) The Sustainable Development Goals Report 2017 <https://unstats.un.org/sdgs/files/report/2017/thesustainabledevelopmentgoalsreport2017.pdf>
- United Nations, Department of Economic and Social Affairs, Population Division (2015) *World Family Planning 2015- Highlights (ST/ESA/SER.A/414)*. New York
- United Nations, Department of Economic and Social Affairs, Population Division (2017) *World Family Planning 2017- Highlights (ST/ESA/SER.A/414)*. New York
- Usman, S.O; Kalejaiye, O.O; Isola, I.N; Oluwaniyi, O; Ojogbede, A.K; & Adu, A.S (2017) Family planning practices among rural community women in Nigeria. *Journal of Experimental & Integrative Medicine*, 6 (2): 88-92. DOI: 10.5455/ijim.120716or.155



Uwameiye B.E & Halimah E.C (2016) Family Planning Awareness and Usage among Women: Implication for Family Life Education. *British Journal of Education, Society & Behavioural Science*, 16(2): 1-7.

World Health Organisation Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for Health Project (2018) *Family Planning: A Global Handbook for Providers*. Baltimore & Geneva.