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SCHOLARLY ARTICLE

The Factors that Influence the use of Contraception among Traders in Eke Awka Market

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ABSTRACT

OBJECTIVES	*To assess the perception, practice/utilization and attitude of family planning among traders in Eke Awka market, Anambra state. We also aim to evaluate determinants of family size among the traders and to assess factors that contribute to increased or decreased utilization of family planning services.*
METHOD	*A descriptive cross-sectional study was done in eke Awka market, Anambra state. This research will utilize a semi-structured interviewer-administered questionnaire. The data were analyzed with SPSS version 23 and summarized using tables, bar charts, pie charts and chi-square tests.*
RESULT	*The mean age of respondents was 27.48 ± 10.9. Among the traders, 2 (1.2%) respondents had no formal education, 7 (4.3%) had only primary school education, 49 (30.1%) had up to secondary school education, 105 (64.4%) had tertiary education. The majority, 148 (96.1%) of the respondents have heard about family planning. Also, according to them, condoms 101 (62%) and pills 101 (62%) constitute the major type of contraception they know about. This is followed by the intrauterine contraceptive device (IUCD) 57 (35%), injectable 50 (30.7%) and implants 50 (30.7%). A total number of 75 (48.4%) respondents have used a method of contraception. The most commonly used methods include; condoms 33 (20.5%), pills 31 (19.3%) and abstinence 19 (11.8%). However, it was clear from our study there was an inadequate utilization of family planning as a fewer number of the respondents have used a method of contraception when compared to those that have never used any method and those that were aware of family planning.*
CONCLUSION	*The study revealed that there is good knowledge of family planning among traders in Eke Awka market, Anambra State. It also demonstrated that the majority of the traders knew that family planning has a positive effect, gives more benefit than harm and improves the quality of life. Despite the fact that a good number admitted that they have used a method of family planning, more efforts should be made by the government to make family planning services readily available, accessible and adequate for women of childbearing age.*

KEYWORDS **Contraception | Eke Awka Market | Family Planning | Antenatal Clinic**

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Background to the Study

Global human population growth amounts to around 83 million annually or 1.1% per year[1]. The global population has grown from 1 billion in 1800 to 7.8 billion in 2020[1]. It is expected to keep growing, and estimates have put the total population at 8.6 billion by mid-2050 and 11.2 billion by 2100[1].

Nigeria, with its current demographics and without intervention, is set to double its population of 206million people in 22years. The government population and health policies recognize family planning as a key intervention however unacceptably high unmet need for contraception exists in the country which may indicate a lack of commitment to family planning[6].

However, family planning services can be defined as educational comprehensive medical or social activities which enable individuals to determine freely the number and spacing of their children and to select the means by which this may be achieved[1]. Family planning may involve consideration of the number of children a woman wishes to have, including the choice to have no children as well as the age at which she wishes to have them. These matters are influenced by external factors such as marital status, career consideration, financial consideration, any disability that may affect the ability to have children and raise them, besides any other considerations. If sexually active family planning may involve the use of contraception and other techniques to control the timing of reproduction[2].

Hence, other techniques commonly used include sexual education, prevention and management of sexually transmitted diseases, preconception counselling and management, and infertility management[2], family planning as defined by the united nations and world health organization encompasses service leading to conception and does not promote abortion as family planning method, although levels of contraceptive uses reduce the need for abortion[4].

Family planning may sometimes be used as a synonym or euphemism for access to and the use of contraception. However, it often involves methods and practices in addition to contraception. Additionally, there are many who might wish to use contraception but are not necessarily married[2]. The contemporary notion of family planning tends to place a woman and her childbearing decisions at the centre of discussion, as notions of women's empowerment and reproductive autonomy have gained traction in many parts of the world. It is mostly applied to a female-male couple who wishes to limit the number of children they have and/or to control the timing of pregnancy[5].

Furthermore, in 2006, the US centre for disease control issued a recommendation, encouraging men and women to formulate a reproductive life plan, to help them in avoiding unintended pregnancies and improve the health of women and reduce adverse pregnancy outcomes[6]. Raising a child requires a significant amount of resources: time[7] social, financial[8], and environmental. Planning can help assure that resources are available. The purpose of family planning is to make sure that any couple, man or woman who has a child has the resources that are needed in order to complete this goal[9]. With these resources a couple, a man or woman can explore the option of natural birth, surrogacy, artificial insemination or adoption. In the other case, if the person does not wish to have a child at a specific time, they can investigate the resources that are needed to prevent pregnancy, such as birth control, contraceptives or physical protection and prevention[9].

Nevertheless, family planning has its merits with may include; allowing women the opportunity to choose when the time is right to have a child, reducing the number of unplanned pregnancies and abortions among women and allowing families to be financially stable before expecting another child and also gives women time to pursue educational and employment goals without worrying about the financial burden of an unplanned pregnancy[10].

Considering some demerits to family planning, these can be due to the side effects of hormonal birth control pills while many women regularly use contraceptives without experiencing any side effects. Some common unwanted side effects of hormonal contraceptives may include weight gain, headache, dizziness and nausea. Other less common but serious side effects may include stroke, blood clots, and ectopic pregnancy[9].

With respect to methods of family planning, some common practice methods may include a hormonal method, barrier method, intrauterine device (IUCD), sterilization method, natural method and emergency method[11]. The hormonal method works by preventing the release of eggs or thickening of cervical mucus to prevent sperm penetration or thinning of the uterine lining to prevent implantation of fertilized eggs, they include pills, injections

and implants. Barrier methods are devices that attempt to prevent pregnancies by physically preventing sperm from entering the uterus or reaching the egg. They include the use of condoms, cervical caps, diaphragms, and contraceptive sponges with spermicides. The intrauterine device (IUD) is a small plastic or copper device inserted into the uterus by trained health welfare. it works by creating a hostile environment for the sperm. Sterilization involves permanent ligation of the male or female reproductive ducts and this is for those women or men who have completed their family size. The natural method involves those methods that do not require or use any device or chemical or machine. The method of lactational amenorrhea involves the use of a woman's natural post-partum infertility which occurs after delivery and may be extended by breastfeeding exclusively for the first six months. The rhythm method involves the knowledge of ovulation timing, fertile or unsafe periods and safe periods so that sexual intercourse can be avoided during unsafe periods. To follow this method, women need to accurately and precisely chart their fertility either through basal body temperature changes or changes in cervical mucous or by following the calendar[12].

However, it is estimated that globally 222 million women in developing countries would like to delay or stop childbearing but do not use any methods of contraceptives. The main reason for the disparity includes limited choice of method, limited access to contraception, fear or experiences of side effects, cultural or religious opposition, poor quality of available resources and gender-based barrier. As a result, 21 million unsafe abortions are carried out every year mostly in developing countries. These shocking figures cause 47,000 maternal deaths annually. Many of these deaths could be prevented if the information on family planning and contraceptives were available and put into practice[1,3].

Furthermore, the promotion of contraceptives and ensuring access to contraceptive methods for women and couples is essential to securing the well-being and autonomy of women while supporting the health and development of communities. Contraception has direct health benefits for maternal and child health such as the prevention of unintended pregnancies and subsequent decrease in maternal mortality and morbidity. Women with unintended pregnancies that are carried to term are more likely to receive inadequate or delayed prenatal care and have poorer health outcomes than women with planned pregnancies. Such poor outcomes may include low infant birth weight, and high perinatal and maternal morbidity and mortality.

Statement of Problem

The fastest growing age bracket in developing countries ranges from 10 to 24 years and this age bracket makes up about 1.8 billion people in the world. This is a time when they are at a crossroads most especially concerning sexual and reproductive health where they have limited information[1].

According to the World Health Organization (WHO) and Guttmacher, approximately 68,000 women die annually as a result of complications of unsafe abortion; and between 2 million and 7 million women each year survive unsafe abortion but sustain long-term damage or disease (incomplete abortion, infection (sepsis), haemorrhage and injury to the internal organs such as puncturing or tearing of uterus). They also conclude that abortion is safer in countries where it is legal, but dangerous in countries where it is outlawed and performed clandestinely[27].

A study carried out in Britain shows an estimated 49% of pregnancies were unintended, and 36% in developing world countries, approximately 15% of pregnancies are unplanned, 29% are ambivalent and 55% are planned[13]. In France, 33% of pregnancies are unintended with only 30% not using contraceptives and 20% using intrauterine device[14].

According to Russia, current pregnancies were tanned 'desired and timely' by 58% of the respondent, while 23% described them as desired but untimely, and 19% said they were 'undesired'[15]. The United State rate of unintended pregnancy is higher than the world average[16]. Almost half (49%) of U.S pregnancies are unintended, with more than 3 million unintended pregnancies per year[17,18].

A study carried out in Nigeria shows that induced illegal abortion is widely practised when a woman confronts an unwanted pregnancy[19]. A rough estimate of about 700,000 illegal abortions is said to be performed clandestinely in Nigeria with about 20,000 deaths resulting from this procedure annually[20].

Complications during pregnancy and childbirth are common causes of death among young girls in developing countries. It is established that complications during pregnancy and childbirth are the second leading killer of females and young women in developing countries[12].

The true global burden of unsafe abortion-related mortality remains unknown. Employing the newest figures of global maternal mortality, the WHO estimates that in 2008 approximately 13% of maternal mortality worldwide, or 47000 deaths was due to unsafe abortion[21]. Such estimates, however, were based on statistics from developing countries and are known to have unreliable data[22]. and because of the often sparse, poor quality data in countries where abortion is least safe are, at best, thought to underestimate the true global incidence of mortality of unsafe abortion[21,22,23].

Significance of Study

The study will create awareness of the importance of contraceptives. Hopefully, the knowledge and practice of contraceptives will improve.

Justification of Study

The study on factors that influence the use of contraceptives among traders in Eke Awka market, will help to minimize pregnancy complications, reduce adolescent pregnancy, reduce infant mortality rate, prevent sexually transmitted infections and also gets people empowered and educated by deciding on what is best for their sexual and reproductive health. According to studies, women greater than thirty-five years, less than 18 years and those who bear more than four children are at increased risk of maternal mortality, these women require family planning.

Research Questions

1. What is the level of knowledge of contraceptives amongst traders in Eke Awka market?

2. What is the attitude of traders in Eke Awka market towards contraceptives?

3. What are the challenges of effective use of contraceptives amongst traders in Eke Awka market?

4. What are the levels of practice of contraceptives family planning amongst traders in Eke Awka market?

Objectives of study

1. To determine the knowledge of contraceptives among traders in Eke Awka market.
2. To determine the attitude of couples towards contraceptives.
3. To determine the level of practice of contraceptives amongst traders in Eke Awka.
4. To determine challenges towards the effective use of contraceptives.

Methodology

Study Area

Eke Awka main market is a daily market located in the south-eastern part of Nigeria, West Africa. Awka is the third largest city in Anambra State. It lies between latitude 6^0,12^0 north and longitude 7^0, 6 east. The temperature is generally between 23^0C-27^0C. Awka has two Local Government areas, Awka North and Awka South Local Government Areas.

Awka South Local Government Area is made up of nine towns namely Amawbia, Awka, Ezinato, Isiagu, Mbaukwu, Nibo, Nise, Okpuno and Umuawulu According to the 2006 Nigeria census, Awka had a population of 301,657.

Study Population

This included traders at Eke Awka market.

Study Design

The study was a cross-sectional descriptive survey on the factors that influence the use of contraceptives among traders at Eke Awka market.

Inclusion Criteria

a. Traders at Eke Awka market.

b. Traders who are stable enough to answer the question

c. Traders who gave consent.

Exclusion Criteria

a. Traders who are in distress.

b. Traders Couples who did not give consent.

Sample Size Determination

The sample size will be determined using Cochran's formula. This formula is used for the estimated population size of less than 10000. $Z^2P(1-P) / d^{2.}$

Sampling Technique/Procedure

Simple random sampling will be done on the nature of the study population, using a simple random sampling to select the respondents.

Research Instrument

A questionnaire component: semi-structured interviewers administered a questionnaire, consisting of four sections, which will be

1) Section A: Socio-demographic characteristics focused on age, sex, educational level, marital status and religion.
2) Section B: Knowledge of family planning which consists of closed-ended questions that focused on respondents' awareness of the importance of family planning.
3) Section C: Attitude towards family planning, which comprises closed-ended questions that focused on the respondents' perception of adherence to family planning.
4) Section D: Practice/use of family planning, factors responsible for non-adherence.

Data Management

Plan for Data Management

Measurement of Variable

The variables being addressed include:

a) Knowledge of family planning and adherence to contraceptives.
b) Attitude towards contraceptives.
c) Factors responsible for non-adherence to contraceptives.

Data Analyses

Questionnaires will be checked for errors and omissions at the end of each day. Data errors will be checked and corrected. Quantitative data will be entered into the computer and will be analyzed using SPSS (Statistical Package of Social Science) version 21. Data analysis to be used includes frequencies, proportion, percentage, and mean and

appropriate table and diagram of the relevant variable will be generated, cross tabulation will be used and a chi-square test will also be used to associate between variables at 5% level of significance.

Ethical Consideration

Consent will be obtained from research respondents before the administration of the questionnaire. The respondents will be assured that confidentiality will be maintained during and after the study and information given was going to be used only for research purposes.

Limitation of Study

1. Information from participants will be based on self-reports with no means of ascertaining its truthfulness.
2. The language barrier between the researchers and respondents, however, we will get an interpreter.

Results

Socio-Demographic Characteristics of the Respondents

A total of 163 traders in Eke Awka market, out of 200 who were approached for the study responded to the questionnaire, giving a response rate of 81.5%.

Four (2.5%) of the respondents fell within the age group of ≤ 19 years, 94 (57.7%) fell within the age group of 20-29 years, 61 (37.4%) fell within the age group of 30-39 years, 2 (1.2%) fell within the age group of 40-49 years, 2 (1.2%) fell within the age group of ≥ 50 years. The mean age of respondents was 27.48 ± 10.9.

Regarding marital status, 46 (28.2%) were single and 117 (71.8%) were married.

2 (1.2%) respondents had no formal education, 7 (4.3%) had only primary school education, 49 (30.1%) had up to secondary school education, and 105 (64.4%) had tertiary education.

157 (96.3%) of the respondents were Christians, 5 (3.1%) were Muslims while one respondent belonged to other religions not mentioned above. Only 2 (1.3%) of the respondents were Hausa by tribe, 5 (3.1%) were Yoruba, while the majority, 153 (95.6%) were Igbo.

Table 1: Socio-demographic characteristics of the patients

Characteristics (N= 163)	Frequency (n)	Percentage (%)
Age group		
≤ 19	4	2.5
20-29	94	57.7
30-39	61	37.4
40-49	2	1.2
≥ 50	2	1.2
Sex		
Male	57	34.9
Female	106	65.0
Marital status		
Single	46	28.2
Married	117	71.8
Education		
None	2	1.2
Primary	7	4.3

Secondary	49	30.1
Tertiary	105	64.4
Religion		
Christianity	157	96.3
Islam	5	3.1
Others	1	0.6
Tribe		
Igbo	153	95.6
Hausa	2	1.3
Yoruba	5	3.1

Knowledge of Family Planning

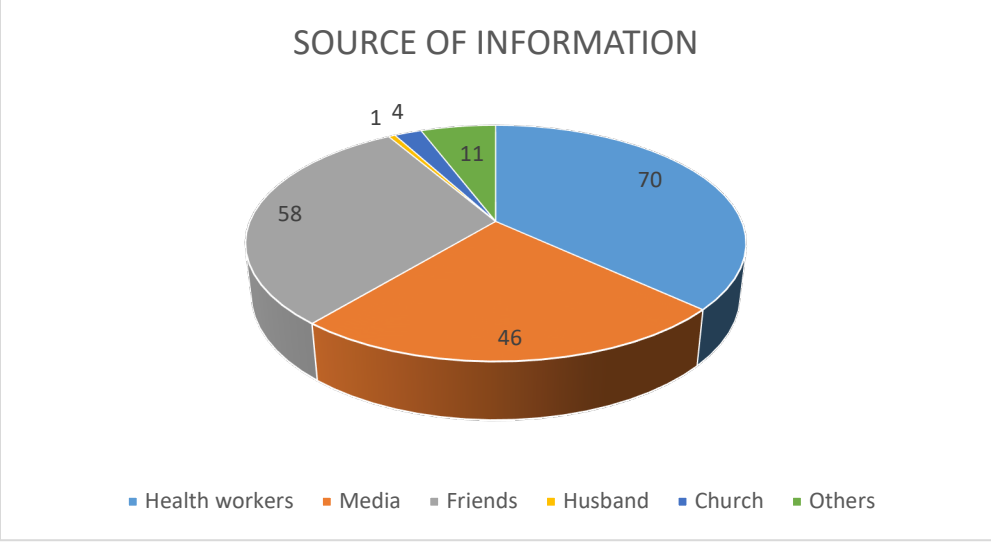
The majority, 148 (96.1%) of the respondents have heard about family planning. Also, according to them, condoms 101 (62%) and pills 101 (62%) constitute the major type of contraception they know about. This is followed by intrauterine contraceptive device (IUCD) 57 (35%), injectable50 (30.7%) and implants 50 (30.7%).

Table 2: Knowledge of family planning

Heard about family planning	*Frequency (n)*	*Percentage (%)*
Yes	148	96.1
No	6	3.9

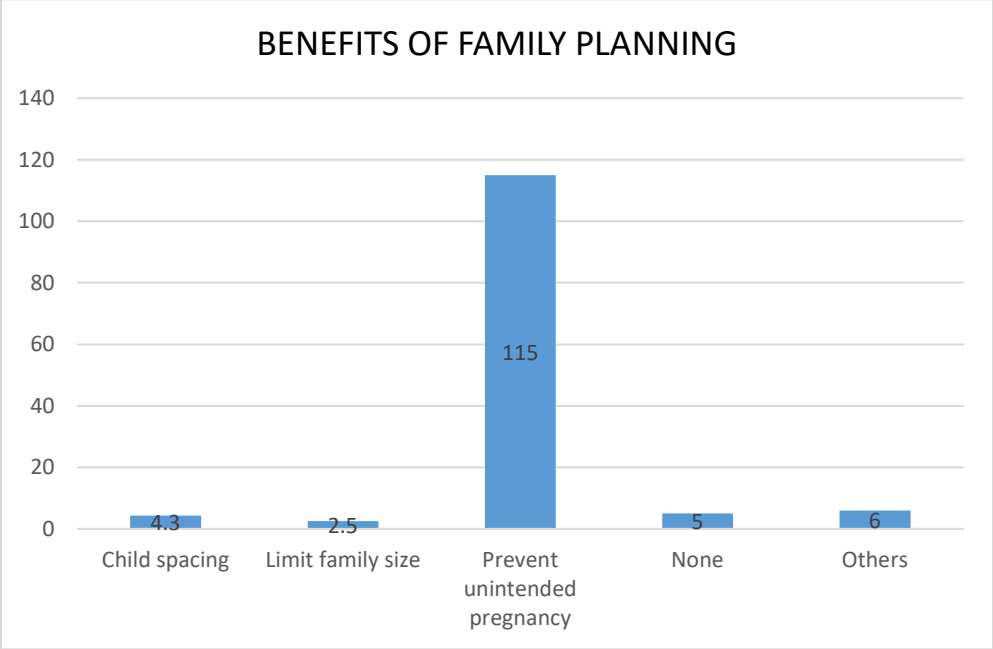
Type of contraception you know about		
Condoms	**101**	**62**
Diaphragm	43	26.4
Pills	101	62
Breastfeeding	45	27.6
Injectable	50	30.7
Intrauterine contraceptive device (IUCD)	57	35
Implants	50	30.7
None	37	22.7
Others	32	19.6

Diagram 1: Knowledge of family planning



The chart above shows that the major sources of information regarding family planning wes gotten from health workers 70 (42.9%), friends 58 (35.6%) and the media 46 (28.2%).

Diagram 2: Knowledge of family planning



The bar chart above illustrates that the prevention of unwanted pregnancy 115 (70.6%) constitutes the highest benefit of family planning according to the respondents.

Attitude Towards Family Planning

Fifty (31.1%) respondents strongly agreed that family planning has a positive effect on health while 11 (6.8%) disagreed. The majority also strongly agreed that family planning gives more benefit than harm 54 (33.1%) and improves the quality of life 59 (36.6%). However, a good number of the respondents were undecided as to whether family planning is burdensome and tiring 62 (39.5%), more costly 68 (44.4%) and whether the side effects of family planning can damage organs of the body 83 (53.5%).

Table 3: Attitude towards family planning

Family planning has a positive effect on health	**Frequency (n)**	**Percentage (%)**
Strongly agree	50	31.1
Agree	52	32.3
Undecided	48	29.8
Disagree	11	6.8
Strongly disagree	0	0
Family planning gives more benefit than harm		
Strongly agree	54	33.1
Agree	51	31.3
Undecided	52	31.9
Disagree	4	2.5
Strongly disagree	2	1.2
Family planning improves the quality of life		
Strongly agree	59	36.6
Agree	45	28

Undecided	47	29.2
Disagree	7	4.3
Strongly disagree	3	1.9
Family planning is burdensome and tiring		
Strongly agree	8	5.1
Agree	19	12.1
Undecided	62	39.5
Disagree	52	33.1
Strongly disagree	16	10.2
Family planning more costly and can't afford the cost		
Strongly agree	5	3.3
Agree	17	11.1
Undecided	68	44.4
Disagree	52	34
Strongly disagree	11	7.2
Side effects of family planning can damage organs of the body		
Strongly agree	8	5.2
Agree	21	13.5
Undecided	83	53.5
Disagree	27	17.4
Strongly disagree	16	10.3

Practices/Utilization of Family Planning

A total number of 75 (48.4%) respondents have used a method of contraception. The most commonly used methods include: condoms 33 (20.5%), pills 31 (19.3%) and abstinence 19 (11.8%). Also, the majority 65 (76.5%) of the respondents were satisfied with the outcome of the contraception while 20 (23.5%) were not satisfied. The commonest reasons for non-satisfaction included; side effects of contraception 10 (40%) and discomfort 7 (28%).

Table 4: Practices/utilization of family planning

Have you used any method of contraception	Frequency (n)	Percentage (%)
Yes	75	48.4
No	80	51.6
If yes, were you satisfied		
Yes	65	76.5
No	20	23.5
If No, Reasons for non-use of contraception		
Husband against it	7	4.3
Against my religion	23	14.3
Unhealthy	15	9.3
Culture	0	0
Seeking for a particular sex	5	3.1
Husband being the only son	3	1.9

Diagram 3: Practice/utilization of family planning

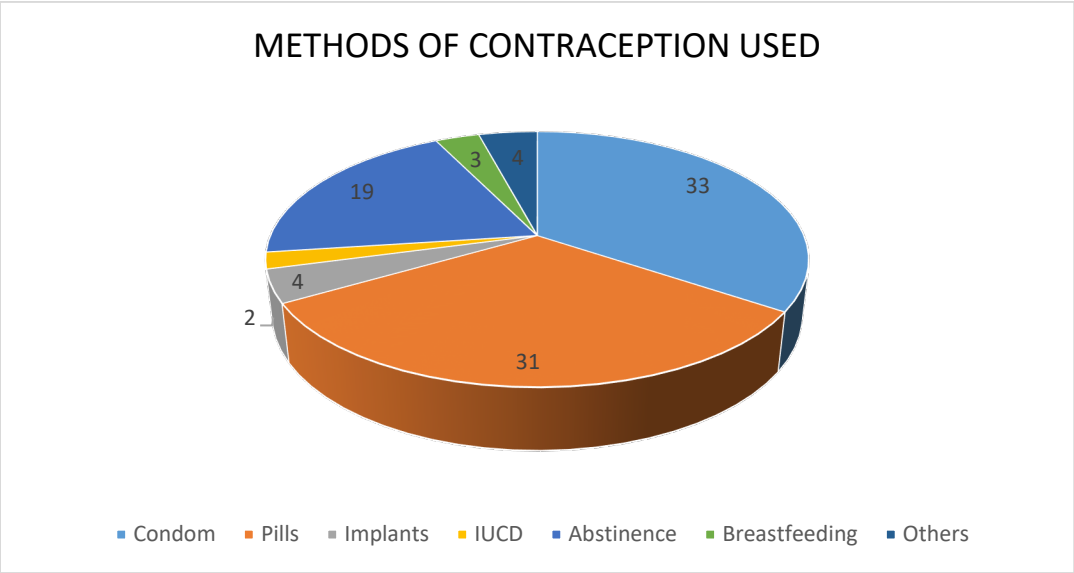
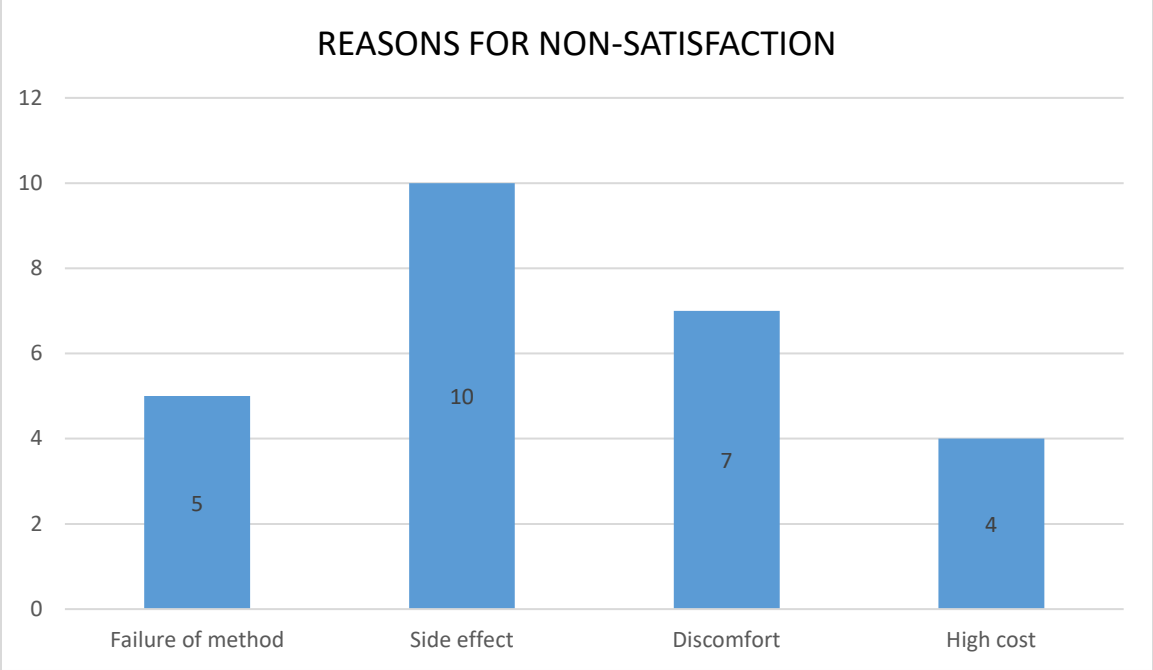


Diagram 4: Practice/utilization of family planning



Comparison of Socio-Demographic Factors of the Respondents and Knowledge of Family Planning

Table 5: Age and knowledge of family planning

Have you heard about family planning?

	AGE GROUP				
	19 Years or younger	20-29 Years	30-39 Years	40-49 Years	50 Years or older
Yes	4	87	53	2	2
	2.7%	58.8%	35.8%	1.4%	1.4%

From the table above, the highest number of respondents 87 (58.8%) who have heard about family planning fell within the age group 20-29 years.

Table 6: Marital status and knowledge of family planning

Have you heard about family planning?

	MARITAL STATUS	
	Single	Married
Yes	42	106
	28.4%	71.6%

The table above shows that more married traders have heard about family planning 106 (71.6%) than single women 42 (28.4%).

Table 7: Religion and knowledge of family planning

HAVE YOU HEARD ABOUT FAMILY PLANNING?	RELIGION		
	Christianity	Islam	Others
Yes	142	5	1
	95.9%	3.4%	0.7%

From the table above, more Christians have heard about health insurance 248 (95.8%).

Table 8: Level of education and knowledge of family planning

HAVE YOU HEARD ABOUT FAMILY PLANNING?	LEVEL OF EDUCATION			
	None	Primary	Secondary	Tertiary
Yes	2	5	42	99
	1.4%	3.4%	28.4%	66.9%
HAVE YOU USED ANY CONTRACEPTIV METHOD?				
Yes				

The table above shows that a greater number of respondents who have heard about family planning had tertiary education.

Relationship between Age and Utilization Of Family Planning

Table 10: Age and utilization of family planning

The table above shows that respondents who fell within the age group of 20-29 years, accounts for the greatest proportion of traders who have used a method of contraception.

Chi-Square Test

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square Number of Valid Cases	6.398[a] 155	3	.094

There is evidence that there is no relationship between the age of the respondents and the utilization of family planning methods. The differences may have been due to chance; hence null hypothesis is accepted. (Chi-square = 6.398, df = 3, $p > 0.005$).

Discussion

This study was a descriptive cross-sectional study that utilized a semi-structured, interviewer-administered questionnaire to assess the factors that influence the use of contraceptives among traders in Eke Awka market, Anambra State.

The mean age of the respondents was 27.48 ± 10.9. The respondents had good knowledge about family planning as the majority, 148 (96.1%) respondents admitted to have heard about family planning. This can be compared to a study done in Murtala Muhammed Specialist Hospital, Kano among grand multiparous women where 102 (43.6%) claimed they have heard about contraception while 33 (14.2%) women conceded ignorance of this. In a similar study done in Igboya Health District of Ife Central Local Government Area of Osun State, among 500 rural women in the reproductive age group, all the respondents (100%) were aware of contraceptives.

From the study, 70 (42.9%) respondents got the information regarding family planning from health workers, 46 (28.2%) got the information from the media, 58 (36.5%) got the information from friends, 1 (0.6%) got from her husband, 4 (2.5%) got the information from the church and 11 (6.7%) got the information from other means not listed above. This can be compared to a different study done in Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria where 224 (65.9%) respondents got the information from health workers and 126 (37.1%) got the information from the radio.

Fifty (31.1%) respondents strongly agreed that family planning has a positive effect on health while 11 (6.8%) disagreed. The majority also strongly agreed that family planning gives more benefit than harm 54 (33.1%) and improves the quality of life 59 (36.6%). However, a good number of the respondents were undecided as to whether family planning is burdensome and tiring 62 (39.5%), more costly 68 (44.4%) and whether the side effects of family planning can damage organs of the body 83 (53.5%).

The study also showed a poor utilization of family planning by the respondents. 75 (48.4%) respondents have used a method of contraception while 80 (51.6%) have not. This is contrary to the findings of a study conducted among grand multiparous women in an antenatal clinic at Murtala Muhammed Specialist Hospital, Kano where up to 88.60% of the women agreed to have used a method of contraception. However, it is similar to a study done in Igboya Health District of Ife Central Local Government Area of Osun State, among 500 rural women in the reproductive age group, where only 18.8% of women have used a method of contraception. The more frequently used methods of contraception include; condom 33 (20.5%), pills 31 (19.3%) and abstinence 19 (11.8%). This is similar to a study conducted among grand multiparous women in an antenatal clinic at Murtala Muhammed Specialist Hospital, Kano where the most popular and used contraceptive among the women was Oral Contraceptive pills (89.80%). This is however contrary to a study done in Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria among 200 women attending the family planning clinic where Intrauterine Contraceptive Device was the most common method used, being chosen by 128 (64%) women. In response to their level of satisfaction with the use of contraception, 65 (76.5%) admitted they were satisfied with the outcome of contraception while 20 (23.5%) were not satisfied. Being

against the respondents' religion 23 (14.3%) constituted the major reason for non-use of contraception and side effects of contraception 10 (40%), constituted the major reason for non-satisfaction with the use of contraception.

Conclusion

The respondents have good knowledge of family planning as evidenced by the participants' response to having heard about family planning and the potential benefits of family planning. This may be due to the fact that most of the respondents possess a minimum of tertiary educational qualification. The major types of contraceptive methods the respondents were aware of include condoms and pills. The majority of the respondents also agreed that family planning has a positive effect on health, gives more benefit than harm and improves the quality of life. However, there was an inadequate utilization of family planning as a fewer number of the respondents have used a method of contraception when compared to those that have never used any method and those that were aware of family planning. Condoms, pills and abstinence were the more frequently used methods of contraception and a good number of respondents agreed they were satisfied with the use of contraception.

Recommendation

Based on the findings from this study, the following recommendations have been made

1. Public health education and enlightenment of women of reproductive age on the benefits of family planning; child spacing, limiting family size and prevention of unintended pregnancy.
2. Integration of family planning services by the government and policymakers in hospitals across all tiers of the health system in other ensure accessible family planning services and effective utilization of family planning.
3. Proper follow-up of patients by healthcare workers to ensure maximum satisfaction with family planning services rendered.
4. Further research by community health specialists to ascertain factors that limit accessibility and utilization of family planning services.
5. Training and re-training of healthcare workers by the government to ensure quality service delivery and wide family planning service coverage.

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