

**KNOWLEDGE OF FACTORS RESPONSIBLE FOR THE UNMET NEED OF
FAMILY PLANNING AMONG WOMEN OF REPRODUCTIVE AGE IN EGOR
LOCAL GOVERNMENT AREA, EDO STATE**

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ABSTRACT

This study is a cross-sectional descriptive survey which has looked at the knowledge of factors responsible for the unmet needs of family planning among women of reproductive age in Egor Local Government Area of Edo State. Unmet need of family planning is one of the great public health advances of the past century. Enabling women to make informed decisions about whether and when to have children reduces unintended pregnancies as well as maternal and newborn deaths. The study objective was to examine factors responsible for unmet needs amongst women of reproductive age. The study population was 1540 and a sample size of 289 women attending primary health Centre in Egor LGA of Edo State. The questionnaire method was used to elicit respondent's responses on the subject under discussion. The study found that despite the influence of social demography character of respondent's choices of contraceptives. Gender, education has nothing to do with family planning; family planning is a conscious effort by those who sees it as a better means of adjusting their family size and contraceptive encourages promiscuity amongst teenage girls. As most of them like experimenting with sex. The study therefore recommends that stakeholders in the medical profession should encourage family to use one or more methods of contraceptives and the myth that children are gifts from God should be discouraged a contraceptive is a means of reducing poverty and preventing unwanted pregnancy and abortion. Not unmet needs.

KEYWORDS: *Family planning, Knowledge, Reproductive age, Reproductive health, Unmet need, Utilization, Women*

INTRODUCTION

In every society, there is always the need to procreate and keep a continual flow of the family. This, especially within the African culture, is highly encouraged (Oyedokun, 2017). The major forms of artificial contraception are the barrier methods, of which the commonest is the condom or sheath. Others include, the

contraceptive pill, which contains synthetic sex hormones helps prevents ovulation in the female; intrauterine devices, such as the coil, which prevent the fertilized ovum from implanting in the uterus; and male or female sterilization. Unplanned pregnancy poses a major public health challenge to women of reproductive age worldwide, especially in

developing countries. It has been estimated that about 80 million (38%) of the 210 million pregnancies that occur annually, are unplanned, and about 46 million (22%) end up in abortion (WHO, 2020).

Existing research literature has shown that women lag behind in the knowledge of unmet needs. Existing literature suggests that understanding the causes of unmet need for family planning requires better understanding (Machiyama and Cleland, 2014). In a cohort study in Nairobi Kenya carried out in NUHDSS by APHRC is located in Korogocho and Viwandani slums, which are 6 to 7km from Nairobi city Centre. The consist of 24000 households in the two settlements (National AIDS Control Council, 2014). The study found that women lack on issues relating to unmet needs. In developing countries especially in Africa, reproductive health has been a great concern to many health practitioners as access to quality maternal health services is generally poor with significant negative health consequences such as high maternal mortality and morbidity. Family planning is a key factor in achieving the Sustainable Development Goals (SDG), SDG 1 focused on the need to end poverty in all its forms everywhere. Estimate has it that more than 700 million people or 10 percent of the world's population still lives in extreme poverty, struggling to fulfil the most basic needs like health, education, and access to water and sanitation (STAG, 2017). Aljazeera report, forty percent of Nigerians live below the poverty line. Meaning, more than 82 million Nigeria live on less than a (\$1) dollar according to Nigeria National Bureau of Statistics (NBS). The National Bureau of Statistics (NBS), in a report about poverty and inequality from

September 2018 to October 2019, said 40 percent of people in the continent's most populous country lived below its poverty line of 137,430 naira (\$381.75) a year. The fact represents 82.9 million people (Aljazeera, 2021). This shows that the rapid population growth outstrips economic growth, which stands at about 2 percent. The United Nations estimates that Nigeria will have a population of 400 million by 2050.

The truth is, women use contraception not only as a way to prevent unintended pregnancies, but also to improve their health and health of their families (Oyedokun, 2017). Increased access to contraception is directly linked to declines in maternal and infant mortality. Among the 1.9 billion women of reproductive age (15-49 years) living in the world in 2019, 1.1 billion have a need for family planning, that is, they are either current users of contraceptives or have an unmet need for family planning. Of these 1.1 billion women, 842 million are users of modern methods of contraception and 80 million are users of traditional methods of contraception. In 2019, 190 million women of reproductive age worldwide who want to avoid pregnancy do not use any contraceptive method, up from 156 million in 2000 (Kantorová, et al, 2020). The proportion of women who have their need for family planning satisfied with modern methods (SDG indicator 3.7.1) has increased from 74 to 76 per cent from 2000 to 2019 (UN Department of Economics and Social Affairs, 2019). The World Health Organization in 2016 highlighted that 12% of women aged between 15–49 years who were married or in union wanted to avoid pregnancy but had no access to or were not using an effective method of contraceptives. However, many of these women either

rely on traditional and less effective methods of contraception or fail to use any method at all due to one barrier or another. These barriers include lack of awareness, lack of access, cultural factors, religious beliefs, opposition to use by partners or family members, and fear of health risks and side effects of contraceptives (Monjok *et al.*, 2016). In Sub-Saharan Africa, the rate of population growth is one of the highest in the world, compared to the rest of the world. Adamu, asserted, Nigeria like most countries in the sub-Saharan Africa is characterized by a high fertility rate of 5.0% lifetime birth per woman and a rapid population growth rate of 3.5% (Adamu, 2016). For instance, with a population of over 200 million people, Nigeria is already facing a population explosion. Most of the population is a young population, with 42.54% between the ages of 0–14 (A Global Handbook, 2018).

Reports as started above, have shown a high number of fruitful married women who would not like to have children now and like to wait till later but are not using any form of family planning methods. This has been attributed to lack of access to a full range of modern family planning methods, dearth of convincing information on family planning or fear of side effects and therefore these women are unable to meet their reproductive health needs (WHO, 2020). In recent times, campaigns for improved sexual and reproductive health of women through the use of contraceptives have been one of the world's major public health interventions. It has been advocated by international organizations, governments, and nongovernmental organizations as well as charity and community-based organizations. Worldwide, several million women who desire contraceptives are not

using it despite huge investments in contraceptives. Prior to 2016, it was estimated that about US\$3.1 billion was spent annually on education, promotion, production, and distribution of various family planning (FP) methods to about 600 million people who use modern contraceptives worldwide (Kent, 2016). The Gates Foundation had stressed that voluntary family planning remains one of the most cost-effective investments a nation can offer its present and future and that “every \$1 spent on FP translate to \$6 savings to be expended on other livelihood services” (The Gates Foundation, 2015). In Nigeria, US\$603 million has been budgeted to achieve full-scale FP program for 2013–2018 (Federal Government of Nigeria, 2014). Compared with 3% in 2003, 22% of the 2015 Nigeria government total expenditure went on public health of which contraception is a major component (U.S. Agency for International Development [USAID], 2015). This study aims to assess the knowledge of factors responsible for the unmet need of family planning among women of reproductive age in Egor LGA of Edo State, with a view to identifying the underlying causes and recommend interventions to improve family planning utilization and in turn improve reproductive health. The objectives of this study are, to determine the level of knowledge of family planning among women of reproductive age in Egor LGA, Edo state, to identify factors responsible for the unmet need of family planning among women of reproductive age and to assess the impact of knowledge of family planning on the utilization of family planning services among women of reproductive age in Egor LGA of Edo State.

MATERIALS AND METHOD

Research Design

This study is a cross-sectional descriptive survey. A cross-sectional descriptive survey is that survey method that measure respondent's attitudes and opinion at a particular point of study. This type of survey, surveys data that can be used to assess the prevalence of conditions in a population.

Research Setting

The research study will be carried out in Egor LGA of Edo State. Egor LGA is bordered by Oredo LGA and Ovia South East LGA. Egor LGA has 10 political wards and a population of 229, 681. Population of children (6-12years) stood at 54,808. Male 27,895 and female 26,913 (Census Result, 2006). An estimated population as at 2020 stood at 258, 442 (Wikipedia, 2021). Egor LGA has members of several tribal groups such as

the Esan, Bini, and the Owan. The area is home to Christians, Muslims, and traditional worshippers while the Bini, Owan and Esan languages are spoken in the area.

Target Population

The study population consist of all women population in Egor LGA within the ages of 18-45years. A total of 26,913 women forms the study population. In other to ascertain the validity of the research study. This study will judgmentally identify Uselu Primary Health Centre, Egor Benin City and Use Primary Health Centre, Egor Benin City. The health facilities have a good number of attendance of women coming for antenatal care. A total of 1540 participants were sample in 6 months from two hospitals. The figures were obtained from the health records of the respective hospitals.

Table 1: Sampling Frame of women population attending the two Primary Health Centres

Months	Women's Attendant (April 1 st 2020 – September, 31 st 2021)		
Months	Uselu Primary Health Centre, Egor LGA, Benin City	Use Primary Health Centre, Egor LGA, Benin City	Total
April	128	114	242
May	149	155	304
June	125	138	263
July	152	114	266
August	126	111	237
September	109	119	228
n=6	789	751	1540

Sampling Techniques and Sample Size

The study adopts a stratified sampling technique in the selection of her sample size. The sampled women will be assigned

a number and placed in a bowl. Fifty percent of respondents per month were taken.

Table 2: Sampling Frame of women population attending the two Primary Health Centres

Women's Attendant (April 1 st 2020 – September, 31 st 2021)			
Months	Uselu Primary Health Centre, Egor LGA, Benin City	Use Primary Health Centre, Egor LGA, Benin City	Total
April	128	114	242 (121%)
May	149	155	304(152%)
June	125	138	263(131.5%)
July	152	114	266(133%)
August	126	111	237(118.5%)
September	109	119	228(114%)
n=6	789	751	1540 (770%)

In other to get the sample respondents for the study. Taro Yamane (1967) formula was use as a guide.

$$n = \frac{N}{1 + N(e)^2}$$

n = the sample size

N = population Size = 770

e = Coefficient of confidence or error terms = (0.05)

l = constant

$$= \frac{770}{1 + 770(0.05)^2}$$

$\frac{770}{2.925} = 263$ Repondents + 10% attrition rate was added.

That is, 263 + 26 = 289 respondents.

Instrumentation for Data Collection

The questionnaire methods will be used in this study to collect respondent's responses on the subject under discussion. The questionnaire has interrelated questions designed to solicit respondent's responses on the subject under discussion. The questionnaire was ordinal in scale with 20 item questions on respondent's knowledge of factors responsible for unmet need of family planning among women of reproductive age in Egor LGA of Edo State. The questionnaire is divided into four sections. That is:

1. Section A: Social demographic characteristics.

2. Section B: Knowledge of factors responsible for unmet need.

3. Section C: Factors Responsible for unmet needs

4. Section D: Reasons/Causes for unmet needs

Validity of the Study

Face and content validity techniques will be used to ensure the legitimacy of the research question guiding the study. In other to ascertain the validity of the research instrument, will be given to the project supervisor and two other experts to ascertain the face and content validity of the instrument. The final draft (questionnaire) that was approved by the project supervisor will be incorporated in the design of the questionnaire which will then distribute to the sampled respondents.

Reliability of the Study

The test-re-test method of reliability will be used to estimate the reliability. A small sample size of 12 women will be given the questionnaire to fill and the process will be repeated again after an interval of three weeks. The result from the test showed remarkable consistency used for the study.

Method of Data Collection

The data for the study will be extracted through primary source (questionnaire). The questionnaire will be administered firsthand by the researcher and will be assisted by two volunteers.

Method of Data Analysis

Data collected will be analysed using, descriptive statistics (tables, percentages, bar chart)

Ethical Consideration

The research topic was initially approved by the ethical committee of the National Open University of Nigeria. At Egor LGA, the local government authority ascertained the validity of the research as approved the ethical committee member of the LGA. The principle of consistency was adhered to. When respondents were approach on the need to ascertain the knowledge and awareness of unmet need and contraceptives, verbal and written consent will be obtained, brief explanation

was carried out. Respondents who will have a drawback will be replaced immediately before going on with the questionnaire administration. The researcher will not coerce any respondents thus; respondents will be allowed to quit at any stage without intimidation of any kind.

RESULT

A total of 289 respondents were sampled in other to examine knowledge and factors responsible for the unmet needs of family planning among women of reproductive age in Egor LGA of Edo State. A spatial representation of respondents' details is explained below.

Table 3: Socio-demographic characteristics of Respondents

Variables		Frequency	Percent
Age	18 – 21	56	19.4
	22 -25	25	8.7
	26- 29	62	21.5
	30-33	21	7.3
	34 -37	57	19.7
	38 Above	68	23.5
	Total	289	100
Academic Qualification	Primary	34	11.8
	Secondary	57	19.7
	Tertiary	198	68.5
	None	0	0
	Total	289	100
Religion	Christianity	263	91.0
	Islam	26	8.9
	African Traditional	0	0
	Others	0	0
	Total	289	100
Occupation	Civil Servant	59	20.4
	Private Worker	37	12.8
	Self –employed	181	62.6
	House wife	12	4.2
	Total	289	100
Number of Children	1	72	24.9
	2	142	49.1
	3	38	13.2
	4	21	7.3
	Above 4	16	5.5
	Total	289	100

Socio-demographic Characteristics of Respondents

Age: When respondents were asked what their age were, 56 respondents representing 19.4% answered 18 – 21 years. 25 respondents representing 8.7% answered 22-25years. 62(21.5%) answered 26 – 29years. 21 respondents representing 7.3% answered 30-33 years. 57(19.7%) answered 34 – 37years and 68 respondents representing 23.5% answered 38 above years.

Academic Qualification: When respondents were asked about their academic qualification, 34 respondents representing 11.8% answered they have primary certification while 57 respondents representing 19.7% answered they have secondary certificate and 198 respondents representing 68.5% answered they have tertiary certificate.

Religion: When respondents were asked about their religious inclination, 263 respondents were Christian representing 91.0% and 26 were Islam representing 8.9%. The large number of persons who

are Christians were subject to environmental factors.

Occupation: When respondents were about their occupation. 59 respondents representing 29.4% were civil servant while 37 respondents representing 12.8% were private workers. 181 respondents representing 62.6% were self-employed and 12 (4.2%) were housewife.

Number of Children: When respondents were asked about their number of children, 72 respondents representing 24.9% had 1 kid. 142 respondents representing 49.1% had 2 kids. 38 respondents representing 13.2 had 3 kinds. 21 respondents representing 7.3% had 4 kids. 16 (5.5%) had above 4 children.

Interpretation of table 3:

Respondents’ social demographic variables have been looked into from the data gathered from the field, the study found that there is a significant relationship between social demographic variable and unmet needs of women of reproductive age in Egor LGA of Edo State.

Table 4: Knowledge of Unmet Needs

Variable	SA	A	Und.	D	SD	x ²	Decision
Unmet need is abstaining from sex %	59 20.4	48 16.6	31 10.7	61 21.1	90 31.1	2.7 100.0	Proactive
Unmet need for family planning points to the gap between women’s reproductive desire to avoid pregnancy and contraceptive behaviour %	75 25.9	91 31.5	24 8.3	48 16.6	51 17.7	3.3 100.0	Accept
Unmet need for family planning refers to a discrepancy between expressed fertility preferences and practice of contraception %	12 4.2	18 6.2	21 7.2	178 61.6	60 20.8	2.1 100.0	Reject
Contraceptive enhances promiscuity among girls %	2 0.7	19 6.6	31 10.7	162 56.1	75 25.9	2 100.0	Reject
Failure to access family planning enhances your choices for Unmet needs %	17 5.9	21 7.3	-	172 59.5	79 19.7	2.1 100.0	Reject

The task in table 2 was to examine respondent's knowledge of unmet needs on the subject under study. When respondents were asked:

Unmet need is abstaining from sex: when this question was asked to respondents if unmet needs means abstaining from sexual intercourse. 59 respondents representing 20.4% and 48 (16.6%) agree while 31 respondents representing 10.7% remains undecided in their opinion. 61(21.1%) and 90(31.1%) disagree. the research question has a means score of 2.7 and was rejected.

Unmet need for family planning points to the gap between women's reproductive desire to avoid pregnancy and contraceptive behaviour: when this question was asked to respondents 75 respondents representing 25.9% and 91(31.5%) agree while 24 respondents representing 8.3% remains undecided. 48(16.6%) disagree and 51(17.7%) strongly disagree.

Unmet need for family planning refers to a discrepancy between expressed fertility preferences and practice of contraception: When respondents were asked if unmet need for family planning

refers to a discrepancy between expresses fertility reference and practice of contraceptives. 12(4.2%) and 18(6.2%) respondents disagree while 21 respondents representing 7.2% remains undecided. 178 respondents representing 61.6% and 60(20.8%) respondents disagree.

Contraceptive enhances promiscuity among girls: when this question was put before respondents, 2 of the respondents representing 0.7% and 19(6.6%) agree with the research question while 31(10.7%) respondents were undecided. 162(56.1%) and 75(25.9%) respondents disagree.

Failure to access family planning enhances your choices for unmet needs: when this question was asked to respondents. 17 (5.9%) and 21(7.3%) agrees. 172 (59.5%) and 79(19.7%) disagree.

Interpretation of Table 4: The task in table 2 was to examine respondent's knowledge of unmet needs for contraceptives. The study found that there is significant relationship between respondent's knowledge and women needs for contraceptives.

Table 5: Factors Responsible for Unmet Needs

Variables	SA	A	Und.	D	SD	χ^2	Decision
Fear of not getting pregnant	53	18	7	163	48	2.5	Reject
%	18.3	6.2	2.4	56.4	16.6	100.0	
Lack of information	6	19	-	185	79	1.9	Reject
%	2.1	6.6	-	63.3	27.3	100.0	
Job time reduces the number of time couples meet per week	82	192	6	9	-	4.2	Accept
	28.4	66.4	2.1	3.1	-	100.0	
Educational attainment	46	81	12	71	79	2.8	Proactive
	15.9	28.0	4.2	24.6	27.3	100.0	
Fear of contaminating Sexual Transmitted Disease (STD)	21	11	-	182	75	2.0	Reject
	7.3	3.8	-	62.9	25.9	100.0	
Husband support	69	118	18	62	22	3.5	Accept
	23.9	40.8	6.2	21.5	7.6	100.0	

The task in table 5 is to examine factors responsible for unmet needs. When respondents were asked if

Fear of not getting pregnant encourages the needs for unmet needs. 53 respondents representing 18.3% and 18(6.2%) agree with the research question while 7 respondents representing 2.4% remains undecided while 163(56.4%) and 48(16.6%) disagree with the research question.

Lack of information: when respondents were asked if lack of information factors unmet needs. 6 respondents representing 2.1% strongly agree. 19(6.6%) agree and 185(63.3%) respondents disagree and 79(27.3%) strongly disagree.

Job time reduces the number of time couples meet per week: when this question was put before respondents 82 respondents representing 28.4% and 192(66.4%) agrees and 6(2.1%) respondents remains undecided and 9(3.1%) disagree.

Educational attainment: When respondents were asked if educational attainment factored needs for unmet needs amongst women. 46 respondents representing 15.9% and 81(28.0%) agree

while 12 respondents representing 4.2% remains undecided. 71(24.6%) and 79(27.3%) disagree.

Fear of contaminating Sexual Transmitted Disease (STD): when respondents were asked this question. 21 respondents representing 7.3% and 11(3.8%) agree. 182 (62.9%) and 75(25.9%) disagree with the research question.

Husband support: when respondents were asked if husband support promotes unmet needs amongst women. 69 respondents representing 23.9% and 118(40.8%) respondents agree while 18(6.2%) respondents remain undecided. 62(21.5%) and 22(7.6%) disagree.

Interpretation of Table 5:

The task here was to examine factors responsible for the unmet needs of family planning amongst women of reproductive age. The study found that there are significant factors hindering women's choice for unmet needs of contraceptives. The study found job time to be of significant factor militating women's choices for unmet needs.

Table 6: Causes of Unmet Needs

Variables	SA	A	Und.	D	SD	χ^2	Decision
Unsure fertility preference	17	31	35	107	99	1.8	Reject
%	5.9	10.7	12.1	37.0	34.3	100.0	
Social cultural beliefs	8	2	12	175	92	1.8	Reject
%	2.8	0.7	4.2	60.6	31.8	100.0	
Economic barrier (finance)	119	163	-	5	2	4.4	Accept
%	41.2	56.4		1.7	0.7	100.0	
Perceived low risk of getting pregnancy	164	62	15	38	10	4.2	Accept
%	56.8	21.5	5.2	13.2	3.5	100.0	
Partner-related factors	48	162	15	35	29	1.9	Reject
%	16.6	56.1	5.2	12.1	10.0	100.0	

The task in table 6 was to examine causes of unmet needs amongst women.

When these questions were put before respondents if:

Unsure fertility preference: 17 respondents representing 5.9% and 31(10.7%) agrees with the research question and 35 respondents representing 12.1% remains undecided in their opinion. 107 respondents representing 37.0% and 99 (34.3%) disagree.

Social cultural beliefs: when respondents were asked this question 10 respondents representing 3.4% agrees while 12 respondents representing 4.2% remains undecided. 175(60.6%) respondents and 92(31.8%) respondents disagree.

Economic barrier (finance): When this question was put before respondents if economic constrain result to women's behavior towards unmet needs. 119 respondents representing 41.2% strongly agree. 163 (56.4%) agree as well. 5(1.7%) disagree. 2(0.7%) remains strongly disagree. The means score was 4.4 and the research question was accepted as valid.

Perceived low risk of getting pregnancy: when this question was put before respondents, 164(56.8%) and 62(21.5%) respondents agree. 15 respondents representing 5.2% remains undecided. 38 respondents representing 13.2% and 10(3.5%) disagree. The means score of the research question was 4.2 and the research question was valid.

Partner-related factors: when respondents were asked this question if partner related factors enhance women's need for unmet needs. 48 respondents representing 16.6% and 162 (56.1%) respondents agree. 15(5.2%) remains undecided. 35 (12.1%) and 29(10.0%) strongly agree.

Interpretation of Table 6:

The study found that partner related factors have significant impact on women of reproductive age on their choices for unmet needs. **Answering of Research Questions**

Four research questions were put before respondents in other to examine factors responsible for the unmet needs of family planning among women of reproductive age in Egor LGA of Edo State. When respondents were asked if:

Research Question 1: What is the level of knowledge of factors responsible for unmet needs of family planning among women of reproductive age in Egor LGA of Edo State? In other to answer this research question, table 5 was used as a guide. In table 5, 5 research questions were asked to respondents 4 of such questions were rejected and 1 accepted (table 5.2). In the accepted question, respondents were asked if "unmet need for family planning points to the gap between women's reproductive desire to avoid pregnancy and contraceptive behaviour" 30 respondents representing 10.4% agree while 24 (8.3%) respondents were undecided. 99 respondents representing 34.3% as valid. The researcher concludes, there is a significant relationship women knowledge and unmet needs.

Research Question 2: What are the factors responsible for unmet needs of family planning amongst women of reproductive age in Egor LGA of Edo State? Table 6 was used as a guide to answer this research question 2. In table 6, 6 research questions were put before respondents 2 of such questions were accepted, three rejected and 1 proactive. The study found that respondents job time has a significant influence on choices and needs for contraceptives. In table 6.3 respondents were asked if "Job time reduces the number of time couples meet per week" 82 respondents representing 28.4% and 192(66.4%) agree. 6 respondents representing 2.1% remains undecided and 9(3.1%) disagree.

Research Question 3: What are the reasons/causes for unmet need of family planning amongst women of reproductive age in Egor LGA of Edo State?

In other to answer this research question table 7 was used as a guide. In table 7, 2 research questions were accepted and 3 questions were rejected. The study found that amongst the questions asked to ascertain reasons or causes of unmet needs amongst reproductive age women. Table 7.5 (Partner-related factors) has a significant impact on the causes and reasons for unmet needs. Thus, 210 respondents representing 72.7% agree and 15 respondents representing 5.2% remains undecided. 64 respondents representing 22.2% disagree.

Research Question 4: Does social-demographic characteristics of women influence unmet need for family planning in Egor LGA of Edo State?

In other to answer this question, respondents' social demographic variables were used as a guide. The study found that social demographic variables of respondents had a significant impact on women unmet needs.

DISCUSSION OF FINDINGS

The study found that respondents in table 1, 2, 3 and 4 shows that social demographic variables have a significant impact on the women's needs for unmet needs for contraceptives in Edo State. In a study carried out in Sokoto titled "Influence of socio-demographic variables on the choice of contraceptives among women attending ANC unit at specialist hospital Sokoto, Sokoto State, Nigeria" (Aliyu *et al.* 2018). The issues which impact women's reproductive health rights in relation to contraception relate to availability, accessibility,

affordability, literacy, tradition, and culture. The findings of this study established age, occupation and level of education to be related with the usage and choice of contraceptives among women attending family planning unit at a Specialist hospital in Sokoto. In table 5 respondent's knowledge of unmet needs for contraceptives shows that there is significant relationship between respondent's knowledge and women needs for contraceptives. In table 6, the task here was to examine factors responsible for the unmet needs of family planning amongst women of reproductive age. The study found that there is significant factors hindering women's choice for unmet needs of contraceptives. The study found job time to be of significant factor militating women's choices for unmet needs. In table 7, the study found that partner related factors have significant impact on women of reproductive age on their choices for unmet needs.

CONCLUSION

The study being a cross-sectional descriptive survey has looked at factors responsible for the unmet needs of family planning among women of reproductive age in Egor LGA in Edo State.

According to the Health and Human Development Office on Women's Health, the male latex condom is the best method for protecting against sexual infections, including HIV/AIDS. Polyurethane condoms are an effective alternative if either partner has a latex allergy. Natural condoms do not prevent the spread of STDs because of the presence of tiny pores (holes) that may allow viruses such as HIV, hepatitis B, and herpes to spread. Logically, women having unmet needs are not immune from any of the

aforementioned diseases. It is therefore stated that no method of contraception can fully prevent pregnancy, using a condom with every sex act can lower the risk of transmission of diseases.

RECOMMENDATIONS

1. Despite the awareness level of family planning amongst women. Women still lack the knowledge and importance of it. Thus, stockholders in the medical profession should encourage family to used one or more methods of contraceptives.
2. Local-state approached should be legislated. Teenagers below 18+ should be ban from sex. Most unmet pregnancy and sexual transmitted diseases take its place from 12 – 25 years of age.
3. The myth that children are God-given should be discouraged a contraceptive is a means of reducing poverty and preventing unwanted pregnancy and abortion. Not unmet needs.

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