



## DETERMINANT FACTORS OF MODERN FAMILY PLANNING PRACTICES AMONG WOMEN OF REPRODUCTIVE AGE: A THEORETICAL PERSPECTIVE

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### **Abstract**

*Modern Family planning is one of the most cost-effective ways to prevent maternal, infant, and child mortality. This paper x-rays the determinant factors of modern family planning practices among women of reproductive age in a theoretical perspective. Data collected for this paper were mostly through secondary sources. Findings show that knowledge about modern planning, women's approval of the practice, perceived husband's approval of contraception, and couples discussion about modern family planning are the proximate determinants of modern family planning practice among women of reproductive age. The paper concludes that traditions and misunderstanding are affecting the utilization of modern family planning thereby preventing women of reproductive age to make knowledgeable choices. Premised on these observations, the study recommends that there is a need to expand and intensify education on modern family planning programmes to adequately cater to women of reproductive age, and modern family planning providers should provide accurate, unbiased, and essential information about the various contraceptive methods. This would remove the problem of both real and imagined side effects of helping women to make informed choices.*

**Keywords:** *Modern, Family Planning Practice, Women, Reproductive, Age*

### **Introduction**

Modern Family planning is one of the most cost-effective ways to prevent maternal, infant, and child mortality. It can reduce maternal mortality by reducing the number of unintended pregnancies, the number of abortions, and the proportion of births at high risk. It has been 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 (UNFPA, 2020). Modern 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.

Current attention attracted to the issue of Modern Family planning practices by global bodies like the World Health Organization (WHO) and United Nations Fund for Population Agency (UNFPA) cannot be over-focused. This is owing to the socio-economic allusion and health hazard that a high population growth rate has progressively shown in the economies of the



developing nations of the World. Rapid population growth is a burden on the resources of many developing countries. Unregulated fertility, which contributes to such a situation, contributed to the poor economic development and political instability of these countries (World Health Organization, 2019). Therefore, many countries consider limiting population growth as an important component of their overall developmental goal to improve living standards and the quality of life of the people. This strategy is now enhanced by the availability of effective modern family planning methods. Ever since the 1960s, global institutions like the World Health Organization (WHO), World Bank (WB), United Nation Population Fund Agency (UNPFA), and United Nations Children Education Fund (UNICEF), have firmly upheld family planning as a method of spacing children, having a limited family size (Oyewoga & Odeyemi, 2015).

International Conference on Population and Development (ICPD) Cairo, 1994 stretched out marital health to a more extensive extent of reproductive health and supported the scope of significant objectives for nations to accomplish. The two of the objectives of the meeting incorporate a 75 percent decrease in the maternal mortality proportion by 2015 and all couples and people ought to have the full chance to practice their entitlement to have kids by decision (Rosenfield & Schwartz, 2008). In like manner, the Sustainable Development Goals (SDGs), adopted by United Nations require member countries to achieve a set of 5 goals among which is to improve maternal health by reducing three-quarters of the ratio of women dying in childbirth by 2030.

Modern family planning alludes to modern contraceptive techniques other than traditional or regular family planning strategies (Samuel, 2010). Ozumba (2011) characterized modern family planning, as preventive methods that help the woman avoid unwanted pregnancies. They include all temporary and permanent measures to prevent pregnancies resulting from coitus. Modern family planning methods may be broadly grouped into spacing methods and terminal methods. These methods are further categorized into three sub-categories namely, non-appliance, appliance, and surgical methods.

Non-appliance methods are non-manipulative methods of family planning practice such as pills that are taken orally to avert pregnancy. Non-appliance methods include hormonal methods (oral pills). Davis (2003) observed that oral pills which are hormone-based contraceptives are the most popular and also the most effective non-appliance methods of family planning in the World. He further noted that the first time to start taking your first package of birth-control pills is the day your period begins. The appliance methods refer to any contraceptive instrument; drug, preparation, or thing designed to, prepared or intended to prevent pregnancy. Spermicides are surface active-agents that attach themselves to spermatozoa and inhibit oxygen uptake and kill sperms. They include among others: foams, creams, suppositories, and soluble films (Davis, 2003).

Studies such as (Samuel, 2010; Ozumba, 2011; Adinan, 2013; UNPFA, 2020, & World Health Organization, 2019) have established that there are numerous purposes behind family planning which incorporate to avoid pregnancy, to defer pregnancies, to space youngsters, for the individuals who have every one of the kids they need, to anticipate future pregnancies, and for health and economic reasons. These reasons are often related to the stage of every woman's



reproductive life whether single, new marriage, before birth, after the first child, and before the last child. During each stage, contraceptive choices and needs vary within this context.

The acknowledgment of modern family planning is known to be impacted by social and social variables like family income, age, educational status, and occupation of wedded couples among others. Although modern family planning is widely promoted in Nigeria, it is not without ethical issues. Tragically in numerous religions, there is opposition to human intervention in the reproductive process. This is as a result of the conviction that procreation is consecrated and any interference with it would bring down the anger of God (Aliyu, Sheu, Sambo & Sabitu, 2015).

In certain territories of Nigeria, one of every five women report having encountered an undesirable conception, of these 58% had an abortion and an additional 9% attempted unsuccessfully to end the pregnancy (World Health Organization, 2019). It is estimated that about 25% of women who have an abortion in Nigeria experience serious complications (Ozumba, 2011). Following the health problems inbuilt in women as a result of early pregnancies, unwanted pregnancies, complications, and other health-related problems, adopting modern family planning measures may help reduce unwanted pregnancies and abortions to their barest minimum. On this note, the study examined determinant factors of modern family planning practices among women of reproductive age in a theoretical perspective.

### **Theoretical Framework**

The paper is positioned within the Health Belief Model (HBM). The model attempts to explain and predict health behaviour (Becker, 1960) by focusing on individual beliefs, perceptions, and attitudes. The model has been developed to encompass solutions to practical problems in public health services and was first developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels working in the U.S. Public Health Services (Rosenstock, 1974). From a general perspective, the model posits that there are some predisposing factors that together with certain enabling and supportive factors that lead people in different directions when they make choices related to how they are to treat their illness. These predisposing factors involve health beliefs and attitudes towards the illness, the related treatment, as well as the health services. The health beliefs people hold include general health beliefs such as how “health” in general is perceived and willingness to seek help based on a certain medical direction/treatment. It also includes more specific health beliefs such as perceived susceptibility to the disease, belief in the diagnosis, and perceived severity of the condition (Rosenstock, 1974). The other postulation of the model is that there are “perceived barriers”, which is an individual's assessment of the factors that discourage certain health-related behaviour, whereas “perceived benefits” is an individual's assessment of the factors that are seen as a positive consequence of adopting a certain behaviour. Subsequently, the health Belief Model included certain modifying factors such as demographic variables (e.g. sex, age, ethnicity, occupation), socio-psychological variables (e.g. socioeconomic status, coping strategies), and “cues to action” (e.g. information provided by powerful others, personal experiences) (Becker, 1990; Rosenstock, 1974). This implies that perceptions and experiences of patients, for example, socio-cultural factors or direct or indirect economic costs related to the behaviour are all influential in their decision for health behaviour. The combination of different factors will continuously be interpreted and evaluated and subsequently, the “sum” of perceived negative and positive aspects of treatment leads people in different directions, making different choices related to their health.



This study presupposes that beliefs/perceptions related to family planning and reproduction to be an important factor that affects the practice of family planning and even the choice of what method of family planning to use in Nigeria. The Health Belief Models' emphasis on health beliefs fits this position in the sense that it draws attention to people's beliefs which is central in understanding behavioural varieties related to family planning. Thus, for instance, the belief in the need to have male children accounts for why some couples decide not to use any family planning method especially when they don't have a male child.

Despite a variety of modifying factors that have been added to the HBM, the model has been criticized for focusing too much on individual factors compared to factors such as socio-economic and environmental factors. The strong focus on the individual's part in the model has been suggested to encourage victim-blaming and thrusting too much responsibility upon individuals (Roden, 2004).

It is due to this fact that this study draws upon the Andersen model on the Health Services Utilization (1968) to examine people's perspectives on family planning and the practice in Nigeria. The purpose of this framework is to discover conditions that either facilitate or impede utilization. One of the most widely acknowledged models in the Behavioural Model of Health Services Use (BM), which was developed in 1968 by the US medical sociologist and health services researcher Ronald M. Andersen as a result of the third survey of the Center for Health Administration Studies and the National Opinion Research Center.

The BM is a multilevel model that incorporates both individual and contextual determinants of health services use. In doing so, it "... divides the major components of contextual characteristics in the same way as individual characteristics have traditionally been divided those that predispose ..., enable ..., or suggest the need for individual use of health services". In their most recent explication of the model. Andersen (1968) described these three major components as predisposing factors, enabling factors and need factors.

- i. **Predisposing factors:** Individual predisposing factors include the demographic characteristics of age and sex as "biological imperatives", social factors such as education, occupation, ethnicity and social relationships (e.g., family status), and mental factors in terms of health beliefs (e.g., attitudes, values, and knowledge related to health and health services). Contextual factors predisposing individuals to the use of family planning services include the demographic and social compositions of their communities, collective and organizational values, cultural norms, and political perspectives.
- ii. **Enabling factors:** Financing and organizational factors are considered to serve as conditions enabling services utilization. Individual financing factors involve income and wealth at an individual's disposal to pay for health services and the effective price of health care which is determined by the individual's health insurance status and cost-sharing requirements. Organizational factors entail whether an individual has a regular source of care and the nature of that source. They also include means of transportation, travel time, and waiting time for health care. At the contextual level, financing encompasses the resources available within the community for health services, such as per capita community income, affluence, the rate of health insurance coverage, the relative price of goods and services, methods of compensating providers, and health care expenditures. Organization at this level refers to the amount, varieties, locations, structures, and distribution of health services facilities and personnel. It



also involves physician and hospital density, office hours, provider mix, quality management oversight, and outreach and education programmes. Health policies also fall into the category of contextual enabling factors. Invariably, the economic condition of individuals, government policies, availability of family planning services all have an impact on the practice and perspective of family planning.

- iii. **Need factors:** At the individual level, Andersen differentiate between the perceived need for health services (i.e., how people view and experience their general health, functional state, and illness symptoms) and evaluated need (i.e., professional assessments and objective measurements of patients' health status and need for medical care). At the contextual level, they make a distinction between environmental need characteristics and population health indices. Environmental need reflects the health-related conditions of the environment (e.g., occupational and traffic and crime-related injury and death rates). Population health indices are overall measures of community health, including epidemiological indicators of mortality, morbidity, and disability. This is also a very important factor in the decision for family planning practice. For instance, women with health challenges often engage in family planning than women who are to some extent healthy.

### **Concept of Modern Family Planning**

Family planning is the practice that helps individuals or couples to attain certain objectives such as avoiding unwanted pregnancies, bringing about wanted babies at the right time, regulating, the interval between pregnancies, controlling the time at which birth occurs in relation to the ages of parents and determining the number of children in the family (Samuel, 2010). According to Umbeli, Mukhtarand Abusalab (2005), family planning implies the ability of individuals and couples to anticipate and attain their desired number of children by spacing and timing their births. World Health Organization (WHO) (2001) defines family planning as the practice that helps individual or couples to attain certain objectives such as avoiding unwanted pregnancies, bringing about babies at the right time, regulating interval between pregnancies, controlling the time at which birth occurs in relation to the age of the parents and determining the number of children in the family. Contraception as a method of family planning promotes the survival of infants as it supports birth spacing and reduces high-risk pregnancies (WHO, 2001).

While, Modern family planning is defined as a product or medical procedure that interferes with the reproduction from acts of sexual intercourse (sterilization male/female, intrauterine devices and systems, subdermal implants, oral contraceptives, male/female condoms, injectables, Diaphragms, and cervical caps, etc.) (Ozumba, 2011). Modern family planning include female and male sterilization, oral hormonal pills, the intra-uterine device, male and female condoms, injectables, the implant (including Norplant; Wyeth-Ayerst, Collegeville, PA, USA), vaginal barrier methods, standard days method, lactational amenorrhoea method, and emergency contraception (WHO, 2001)

Modern family planning alludes to preventative strategies for family planning other than traditional or regular family planning (NFP) strategies. Contraceptive techniques are by definition, preventive strategies that help the lady keep away from undesirable pregnancies coming about because of sex (Park, 2007). The modern family planning gadgets are only a change of the old, with a more clear comprehension of their method of activities and unfavorable impacts, assuming any. They are protected and more solid than the once acknowledged



traditional techniques (Oyewoga & Odeyemi, 2015). Modern family planning methods may be broadly grouped into two classes namely; spacing methods and terminal methods. These methods are further categorized into three sub-categories which include: non-appliance methods, appliance methods, and surgical methods.

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Oreachata (2007) referred to non-appliance methods as non-manipulative methods of family planning such as pills which are taken orally to prevent pregnancy, whereas appliance methods according to Park (2007), refer to any contraceptive instrument, drug, preparation or thing designed, prepared or intended to prevent pregnancy. Appliance methods include spermicides, condoms, diaphragm, intrauterine contraceptive devices (IUCDs), Depo-Provera, implant, and abortion. Surgical methods of family planning on the other hand are simple or minor surgical operations for permanent contraception. They include tubal ligation (female sterilization) and vasectomy (male sterilization). Tubal ligation and vasectomy are irreversible family planning methods which once done, the woman or man cannot have children again. The presence of all these family planning methods elicits some attitudes towards them which may be either positive or negative.

### **Determinant Factors of Modern Family Planning Practices**

Modern family planning helps women to avoid unwanted pregnancies, illegal abortions, and childbearing that will threaten their health and that of the children. Family planning involves two concepts contraceptive use and family planning services which are used by couples to bring about healthy sexual relationships among them without fears of unwanted pregnancies and sexually transmitted infections (Ozumba, 2011).

Okoye and Okoye (2007) and Olaitan (2009) further shed light on the role of the two concepts. The latter opines that family planning can be said to be child spacing. He also believes it is a practice whereby prescribed orthodox medicines are used to prevent pregnancy while the previous child grows and the mother's body system recovers sufficiently. Okoye and Okoye (2007) also noted that contraception helps individuals to choose when to have children, prevents unintended pregnancies, averts maternal and child deaths, and prevents abortions.

Recent researches (Adinan, 2013; Oyewoga & Odeyemi, 2015; UNPFA, 2020, & WHO, 2019) have indicated that family planning increases survival, improves the health of millions of people, and helps achieve national goals. World Health Organization (2017) also noted that family planning can help women wait at least two years before trying to become pregnant again, thereby reducing newborn, infant and child deaths significantly. In the same vein, Lasisi, Bassey, Ita and Awoyemi, (2014) believe that family planning could help prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space births, avoid unintended



pregnancies and abortions, and stop childbearing when they have reached their desired family size.

Traditionally, Nigerians have recognized the need for spacing births. For example, abstinence while breastfeeding has been widely practiced in Nigeria in the olden days and according to Oyewoga & Odeyemi, (2015), it is still practiced in Nigeria across northern Nigeria as a method of child spacing. Nnaocha (2002) observed that traditional ways used to prevent pregnancy in the olden days include prolonged lactation, post-natal and sexual abstinence, and polygamy, that is, husband pressure for intercourse is reduced because of too many wives. Other methods include charms/armlets and herbs. With the increased population and diseases as stated by Shareen (2011), the traditional ways have become obsolete, and modern family planning methods for child spacing have been adopted.

With the economic state of the Nation, couples begin to face unwanted pregnancies. Of the 210 million pregnancies occurring each year, according to World Health Organization (2007), nearly 80 million are unintended. Unintended pregnancy is a primary reason for abortion. Each year, approximately 42 million women decide they cannot continue their pregnancies and seek abortions. An estimated 20 million of those abortions are performed either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both resulting in nearly 67,000 deaths annually.

The family is the basic unit of the community and reproduction. The national population is largely influenced by the individual family's reproductive behaviour. Hence, the impact of the population will be felt at both family and national levels. At the family level, the greatest effect of high fertility is on the health of mothers and children. Studies have shown the risk of maternal and infant illness and death is highest in four specific types of pregnancies' before the age of 18 and 35, pregnancies less than two years apart and after the fourth birth, all of which are prevalent here (Davis, 2003). In Nigeria, marital satisfaction is usually based on childbearing. Okediji (2003) observes that childbearing is greatly valued and stands out as a major expectation of marriage in Nigeria. She stressed further that many marriages, if not all appear to be controlled more for childbearing than for other reasons because couples want children who will take over from them when they die but when this expectation fails to be realized, unhappiness comes into the marriage.

Sexual satisfaction has no doubt plays important role in marital satisfaction among couples. Every individual is a sexual being and one of the reasons marriage is instituted is for sexual intimacy. Park (2007) observes that the biological function of intercourse is to assure the perpetuation of the species, but beyond this, in modern marriage, coitus can serve to the husband and wife a sense of emotional warmth, a release from tension and at times, a delightful diversion, no wonder some couples have taken to family planning methods in order to prevent the occurrence of pregnancies.

### **Methods of Modern Family Planning Practices**

According to the World Health Organization (2018), Oyewoga & Odeyemi, (2015) there are various methods of modern family planning. The methods include hormonal contraceptive



methods; oral contraceptive pills; contraceptive implants; emergency contraceptive pills; intrauterine contraceptive devices; barrier methods; and female and male sterilization.

- a. Hormonal Contraceptive Methods:** It includes oral contraceptive pills, injectables, and implants. These methods prevent pregnancy mainly by stopping a woman's ovaries from releasing eggs hormonal methods contain either one or two female sex hormones that are similar to the hormones naturally produced by a woman's body. Hormonal methods are highly effective in preventing pregnancies, and nearly all women can use them. All hormonal methods work by preventing the woman's ovaries from releasing an egg every month. Without an egg, there is nothing for sperm to join with known as fertilizing the egg so pregnancy cannot occur. They also cause the mucus produced by the cervix to become very thick which prevents sperm from entering the uterus. Aliyu, Sheu, Sambo, & Sabitu (2015) noted that some hormonal methods are short-acting, and some are long-acting. The short-acting hormonal methods require either taking a pill every day or getting repeat injections as scheduled. They are very effective when used correctly. They are somewhat less effective when women forget to take a pill or to return for an injection on time. Implants are long-acting hormonal methods, and they are highly effective because, once inserted in the woman's arm, the woman will not require further action for 3 to 5 years depending on the implant being used.
- b. Oral Contraceptive pills should be taken one pill every day.** They are most effective when no pills are missed, the pill is taken at the same time every day, and each new pack of pills is started without a delay Combined oral contraceptives (CoCs). The most commonly used oral contraceptive pills combine two synthetic hormones estrogen and progestin. These oral contraceptives are often referred to as combined pills or simply "the Pill." If a woman remembers to take the Pill every day, the method is close to 100percent effective in preventing pregnancy. However, since some women forget, on average over a year, 8 pregnancies will occur among every 100 women taking the Pill (World Health Organization, 2018; Oyewoga & Odeyemi, 2015).
- c. Contraceptive implants:** These are inserted under the skin of a woman's upper arm and provide continuous, highly effective pregnancy protection for 3 to 5 years, depending on the type of implant when this time is over, new implants can be inserted during the same visit that the old set is removed. Implants are small plastic rods, each about the size of a matchstick. These rods are placed just under the skin on the inside of a woman's upper arm. Implants are almost 99percent effective and can provide 3 to 5 years of protection from pregnancy, depending on the type of implant. Women have found implants to be among the easiest family planning methods to use. After implants are inserted, there are no further actions to take or additional costs until they are removed (World Health Organization, 2018; UNFPA, 2020).
- d. Emergency Contraceptive Pills (ECPs):** Olaitan (2009) stated that Emergency Contraceptive Pills can help prevent pregnancy if taken within 5 days after unprotected sex. The sooner they are taken, the more effective they are. They are not meant to be used for ongoing contraception, in place of a regular method although WHO (2018) added that depending on the implant; irregular vaginal bleeding is common but not harmful. Emergency contraceptive pills (ECPs) are sometimes referred to as the "morning-after pill" because they are taken after unprotected sex has taken place. They contain either progestin alone or progestin and estrogen together, like oral contraceptives. However, the hormone dose in Emergency Contraceptive Pills is higher, and a woman takes only one or two pills.





Emergency contraception works like any other hormonal method by preventing ovulation. There is no evidence that ECPs prevent a fertilized egg from attaching to the uterine lining. They are 75percent to 95percent effective in preventing pregnancy depending on the type of ECP and on how soon after unprotected sex the pills are taken. Providers should help women who use ECPs to choose a regular contraceptive method for ongoing protection against pregnancy. ECPs offer women a second chance to prevent pregnancy after unprotected sex. They do not cause an abortion, and, if taken accidentally by a woman who is already pregnant, they will not harm the woman or the fetus or disrupt the course of pregnancy (WHO, 2018).

- e. **Intrauterine Contraceptive Devices (IUDs or IUCds):** for World Health Organization (2018) are small, flexible plastic devices that are inserted into the woman's uterus. The most common IUDs contain copper, and they work by preventing sperm from reaching an egg. Depending on the type, IUDs can protect for 5 to 12 years. An IUD is a small, often T-shaped plastic device that is wrapped in copper or contains a progestin hormone. A specially trained health care provider inserts the IUD into the uterus. A plastic string tied to the end of the IUD hangs down through the cervix into the vagina. A woman can check that the IUD is in place by feeling for this string inside the vagina. A health care provider uses the string to remove the IUD when the woman wants it removed or it eventually needs to be replaced. Women who are not pregnant can have an IUD inserted at any time. After childbirth, women can have an IUD inserted immediately or within the first two days. IUDs are nearly 100percent effective. They are long-acting, too. Once in place, they can provide 5 to 12 years of protection from pregnancy, depending on the type of IUD. However, a woman can ask to have the IUD taken out at any time. When the IUD is removed, a woman can get pregnant immediately. Women have found the IUD to be among the easiest family planning methods to use: after it is inserted into the uterus there are no further actions a woman must take and no additional costs until the IUD is removed. Women of all ages can use IUDs, whether or not they have had children. It does not cause infertility. Copper-bearing IUD works by creating an environment in the uterus that damages the sperm and keeps them from uniting with an egg. It is effective for up to 12 years.
- f. **Barrier methods are either device (male and female condoms):** In this method, there are a physical blockage of sperm from reaching an egg, or chemicals (spermicides) that kill or damage the sperm in the vagina. The effectiveness of barrier methods greatly depends on people's ability to use them correctly every time they have sex. The most common barrier family planning method is the male condom. Male and female condoms are the only contraceptive methods that protect from STIs, including HIV, in addition to pregnancy (World Health Organization, 2018; Adinan, 2013). Less common barrier methods are diaphragms and cervical caps; they are not readily available in many countries. All of these devices form a mechanical barrier between the sperm and an egg. Finally, spermicides are chemical substances placed in the vagina a foam, a gel, a film, or a tablet, for example. Spermicides work by killing or disabling sperm. Barrier methods should be used every time a couple has sex. The effectiveness of barrier methods depends greatly on people's ability to use them consistently and correctly. If a woman is fertile and does not use the method consistently and correctly, she can become pregnant.
- g. **Female and Male Sterilization:** These are permanent methods of contraception. Sterilization involves a relatively simple surgical procedure that provides life-long protection against pregnancy. Sterilization is appropriate for men and women who are certain they do



not want more children. The permanent methods of contraception are female sterilization, also called tubal ligation, and male sterilization also called vasectomy. Both methods involve minor surgery. This surgery is very safe and in most cases does not require hospitalization (Olaitan, 2009). According to World Health Organization (2018) and Olugbenga (2011) female and male sterilization are close to 100 percent effective and are considered permanent methods of contraception, although a small risk of pregnancy remains. Once a woman or man has the procedure, likely, she or he cannot have any more children because generally the procedure cannot be reversed. The couple must talk over the decision to use a permanent method carefully and be certain that they will not want more children. Female sterilization is a relatively simple surgical procedure. A very small incision is made in a woman's abdomen, and her fallopian tubes are cut and blocked so that eggs cannot move through the tubes to meet the sperm. It has no side effects, and complications are extremely rare when the procedure is performed by a well-trained health care provider. It can be provided almost anytime, including immediately after childbirth, so long as she decides to give birth. Following surgery, a woman may have some abdominal pain and swelling, which goes away in a few days. If possible, she should return to the health care provider after about a week to have the incision checked for infection and to have the stitches removed. Male sterilization or vasectomy is an even simpler surgical procedure. A tiny hole is made in the scrotum (the sac that holds the testicles), and both tubes (vas deferens) that carry a man's sperm to his penis are cut and blocked. This keeps sperm out of the semen, the fluid that is released by a man during an ejaculation. The man can still ejaculate and have an orgasm as before, but there will be no sperm in the semen, and so he will not be able to cause pregnancy. Vasectomy has no side effects, and complications of the surgery are uncommon. After the procedure, a man may have discomfort, swelling, and bruising in the scrotum. These symptoms usually go away within 2 to 3 days (Oyewoga & Odeyemi, 2015).

### **Discussion of Findings**

The literature reviewed examined the determinants of modern family planning practices among women of reproductive age in Nigeria and the methods of modern family planning. It was revealed that knowledge about modern planning, women's approval of the practice, perceived husband's approval of contraception, and couples discussion about modern family planning are the proximate determinants of modern family planning practice among women of reproductive age. It was further observed that the source of knowledge on family planning method has a direct relationship on contraceptive usage among women of reproductive ages. The acceptance of a family planning method is influenced by the ages of the women and that of their husbands among other factors (religion and occupation) (Adinan, 2013; Lasisi, Bassey, Ita & Awoyemi, 2014).

On the methods of modern family planning, the literature reviewed showed that barrier methods are either device (male and female condoms) is the major method utilized in Nigeria. This was supported by (Anyanwu, Ezegbe & Eskay, 2013; Oyewoga & Odeyemi, 2015, Adinan, 2013; Lasisi, Bassey, Ita & Awoyemi, 2014) in their studies that majority of the women used coils (IUDs), condoms, spermicide and indulge in sexual intercourse only on safe periods with their sex partners. Oral contraceptive pills, injectable contraceptives, and intrauterine coil devices (IUCDs) were mostly used, while the implant was not widely used. Fears of fertility, associated



with side effects, and husband's influence were major barriers to women's use of family planning measures.

### **Conclusion and Recommendations**

Many myths and misconceptions are surrounding the utilization of modern family planning, and sometimes they prevent a woman from making an informed choice. Understanding these myths and misconceptions about modern family planning will greatly influence the knowledge and perceptions as well as bring about behavioural change in family planning. Modern Family Planning activities and services were the instruments through which people or nations use to achieve objectives of reducing poverty, maternal and infant mortality, check population explosion, improve the income of its citizens all for a better life. Information is power because it is the basis of making the right decision whether as an individual or as a Government. Therefore, the availability of family planning information has been established to be very vital in this regard. Modern family planning methods were mostly used. Restraints come mostly from or overbearing religious influence, finance/poverty, high illiteracy, and fear of the side effects which emanate from rumours made possible by perhaps minimal or ill crafted information on the jingles. The paper makes the following recommendations;

- i. There is a need to expand and intensify education on modern family planning programmes to adequately cater to women of reproductive age. Government, community leaders, and opinion leaders should solicit support for an education programme on modern family planning for women of reproductive age to ensure the sustainability of the programme.
- ii. The paper recommended that modern family planning providers should provide accurate, unbiased, and essential information about the various contraceptive methods. This would remove the problem of both real and imagined side effects of helping women to make informed choices.
- iii. Government, Non-Governmental Organizations (NGOs), and community-based organizations (CBOs) should embark on behaviour change programmes to educate women on the importance of modern family planning methods on the mother, the health of the Child, and the well-being of the society. Also, the need for more campaign and public enlightenment programmes on modern family planning methods, importance, choices, and benefits, crucially including the religious leaders, to fast track, the information spread, and further improve the use of modern contraceptive methods.

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