

ASSESSMENT OF KNOWLEDGE AND THE UTILIZATION OF FAMILY PLANNING METHODS AMONG MARRIED WOMEN IN SELECTED COMMUNITIES IN TARAUNI L.G.A., KANO STATE

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Abstract

The purpose of this study was to assess knowledge and the utilization of family planning methods among married women in selected communities of Tarauni Local Government Area. The study provided insights to family planning educators and reproductive health researchers/workers for understanding the criteria that can be used to examine the knowledge and use of family planning methods. Moreover, the study was guided by two research questions. Survey design was used for it. The population consists of 11, 503 women attending the antenatal clinic of the public primary healthcare facilities (PPHFs) in selected communities (Tarauni Gabas, Unguwa Uku Gari, Babbangiji and Hotoro) of Tarauni LGA. The sample size for the study, which is three-hundred-and-seventy (370), comprised three-hundred-and-thirty married women. A sample size 370 was drawn using a cluster random sampling. The instrument used for data collection was a self-developed questionnaire with a reliability coefficient of 0.87. The data collected were analysed using frequency counts, percentages, mean and standard deviation. The findings of the study revealed a good knowledge of traditional family planning methods among married women with a significant number having a poor knowledge of modern family planning methods. The study also revealed high levels of the utilization of family planning methods but with traditional methods being the most used. The study recommended, among others, the need for government and non-governmental organizations to embark on more vigorous sensitization campaigns to equip married women with knowledge of modern family planning methods and their efficacies and limitations.

Keywords: Family planning, Kano State, Methods, Tarauni, Usage

Introduction

Family planning is one of the important health promotion activities undertaken at the community level to control the number of children in a family and the intervals between their births. Family planning, according to United Nations Population Funds Agency (UNPFA) (2008), is a recognized basic human right that enables individuals and couples to determine the number and

spacing of their children. Many countries have approved and resorted to birth control or family planning. Contraceptive use as a family planning practice has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. One reason offered why family planning in Asia has been relatively more successful than in sub-Saharan Africa is that Asia has experienced significant socioeconomic change. In addition, vigorous population campaigns in the region involved local community leaders and other influential people. With more than 175 million people, Nigeria is the most populous country in Africa and the seventh most populous country in the world. With an annual population growth rate of 3.2 percent and a total fertility rate of 5.5, Nigeria is projected to be the third most populous country behind India and China by 2050 (Nigeria Demographic Health Survey, NDHS, 2013). Problems resulting from rapid increase in population have necessitated the need for more robust fertility regulations in Africa at large and in Nigeria in particular. Concerted efforts have been made to increase the desire for small families and then provide contraceptives (modern family planning services) as a means of controlling fertility in Nigeria with little results.

In Kano State, the dramatic increase in the demand for family planning services across all social categories of women (rural and urban women) is hampered by commodity stock outs at both government and private facilities due to the fact that family planning commodities are procured and supplied to states by the Federal Ministry of Health (FMoH). Data from secondary health facilities are grossly under-reported and other Primary Health Centres (PHCs) do not even report consumption data, which are used by the FMoH to supply commodities to the state (Kike, 2019). Despite increasing number of health facilities rendering family planning services in Kano State, the acceptance rate of contraception is generally low though the prevalence is increasing. The commonest method of contraception is injectable and the clinic personnel are the source of information to the majority of their clients (Ibrahim & Abubakar, 2013). Thus, the purpose of this study is to assess knowledge and the use of family planning services among married women in selected communities (Tarauni Gabas, Unguwa Uku Gary, Babbangiji and Hotoro) of Tarauni Local Government Area.

Family planning has been conceptualized in many ways among scholars. An expert committee of WHO (1971) defined it as a way of living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couples in order to promote the health and welfare of the family, group and thus contribute effectively to the social development

of the country and the conscious effort of couples to regulate the number and spacing births through artificial and natural methods of contraception. Therefore, family planning connotes conception control to avoid unwanted pregnancy and abortion a means by which couples control reproduction, plan the timing of birth and have as many babies as they want. It is a system of limiting family size and the frequency of childbearing by the appropriate use of contraceptive techniques. In support of the definition above, Samuel (2010) sees family planning as the practice that helps individuals or married 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. Thus, family planning is a means of birth control.

Somba, Mbonile, Obure and Mahande (2014) viewed contraception as a family planning method, which comprises the use of both scientific and traditional techniques, such as injection, pills, IUD and natural spacing, etc. Most of the widely used methods of birth control were introduced after 1960. They are categorized into traditional methods also known as behavioural and modern methods (Encyclopedia Americana, 2014).

Traditional family planning methods are those that rely principally on action by one or both sexual partners rather than on drugs, devices or surgery. According to Encyclopedia Americana, (2014), they include: abstinence, prolonged breast-feeding, postcoital douching, withdrawal and related techniques. On the other hand, modern family planning methods involve the use of contraceptive drugs, devices and surgery to regulate conception. According to Encyclopaedia Americana (2014), at least nine major categories of drugs and devices exist, which include: oral contraceptives, minipills, postcoital pills, injections, subdermal contraceptive implants, intra-uterine devices (IUD's), vaginal spermicides, virginal barriers and condoms. The first five rely on steroid hormones that interfere with ovulation. Therefore, family planning is a birth control mechanism that involves the use of pills, condoms, spermicides, intra-uterine devices, diaphragms, vaginal rings and traditional methods for proper child spacing and protection against sexually transmitted diseases. Rahman and Kabir (2005) asserted that knowledge and awareness of family planning methods relates to whether a couple has heard of or is aware of any family planning methods. They maintained that, although women have knowledge of family planning, their use of contraceptives is low. Ayub and Khan (2015) affirm that improper knowledge or less

education leads to low usage of contraceptives. Okanlawon, Reeves and Agbaje (2010) posited that knowledge and awareness of contraceptive methods are important factors that influence the utilization of family planning services among married women. In the same vein, Nigerian women with positive attitudes towards contraception (i.e those who approved family planning and those who discouraged many children) were found to use contraceptives more than other women (Longwe, Huisman & Smits, 2012). Therefore, knowledge of contraceptives is considered one of the essential factors associated with the effective use of these methods.

Duru, Nnebue, Iwu, Oluoha, Ndukwu and Nwaigbo (2018) reported high awareness of family planning among women of reproductive age in both urban and rural communities of Imo State as 99.1% and 96.1%, respectively. According to them, family planning methods most known in the rural areas of this survey were injection (53.8%), pills (53.6%), condoms (52.2)%, and intrauterine contraceptive devices (IUCD)/loops (33.2%), while the least known were Diaphragm (0.7%) and vasectomy (0.9%). The commonest known in the urban area were pills (62.6%), injection (61.9%) and condoms (60.6%), with the least known being traditional methods. Duru, et al. (2018) reported that in both the urban and rural areas, the commonest used methods were condoms (31.3%) respectively. This was followed by injections, pills and IUCD/loop in the rural areas of the survey while in the urban, it was followed by natural family planning/rhythm method, withdrawal methods, IUCD and injections. The least used method in both rural and urban communities of the survey was the traditional followed by abstinence in the rural (0.92% each) and vaginal foams/jelly/Spermicide (1.02%) in the urban area.

Objectives of the Study

Specific objectives of the study include:

- i. To examine knowledge of family planning services among married women in selected communities of Tarauni Local Government Area (LGA), Kano State.
- ii. To assess level the of the utilization of family planning services among married women in selected communities of Tarauni Local Government Area (LGA), Kano State.

Research Questions

The study was guided by two research questions:

- i. What is the extent of knowledge about family planning methods among married women in the selected communities of Tarauni Local Government Area (LGA), Kano State?

- ii. To what extent have married women utilized family planning methods in the selected communities of Tarauni Local Government Area (LGA), Kano State?

Methodology

This section of the study contains the methodological procedures used in carrying out the study.

Research Design

Survey design was used for this study and involves the systematic collection of data from an entire population or a sample drawn from the population through the use of a questionnaire, interview and observation in order to find out the opinion of individuals. Nworgu (2006) opined that survey design is concerned with collecting data from a sample of a population in order to describe the conditions or relationships that exist, opinions that are held, processes that are going on, effects that are evident or trends that are developing.

Population of the Study

The population of the study consists of 11, 503 women attending the antenatal clinic of the public primary healthcare facilities (PPHFs) in the four selected communities of Tarauni LGA (Unguwa Uku Gari, Tarauni, Unguwar Gano and Hotoro). The population figure was obtained from Tarauni Local Government Health Department (TLGHD) in 2019.

Table 1: Population of the Study

Communities	Public Primary Health Facilities	Names of Public Primary Health Facilities	Antenatal Care Attendance
Unguwa Uku Gari	1	Unguwa Uku Maternal and Child Health	5, 809
Tarauni	1	Tarauni Primary Health Centre	1223
Unguwar Gano	2	Yar Akwa Health Post	376
		Rinji Health Post	1, 307
Hotoro	3	Hayin Dae Primary Health Centre	581
		Hotoro Health Post	1, 035
		Sunusi Suleiman ARTV Staff Clinic	1, 172
Total	7		11, 503

Source: Tarauni Local Government Health Department (2019)

Sample and Sampling Technique

A sample size of 370 was drawn from the study population using a cluster random sampling technique. Krejcie and Morgan (1970) pointed out that a researcher should not use a sample size less than 370 for a study population of 11,503. The sample size determination is shown in Table 2;

Table 2: Distribution of the sample

Communities	Public Primary Health Facilities	Names of Public Primary Health Facilities	Antenatal Care Attendance	Sample Size
Unguwa Uku Gari	1	Unguwa Uku Maternal and Child Health	5, 809	187
Tarauni	1	Tarauni Primary Health Centre	1223	39
Ungwar Gano	2	Yar Akwa Health Post	376	12
		Rinji Health Post	1, 307	42
Hotoro	3	Hayin Dae Primary Health Centre	581	19
		Hotoro Health Post	1, 035	33
		Sunusi Suleiman ARTV Staff Clinic	1, 172	38
Total	7		11, 503	370

Research Instrument

Self-developed questionnaire was used for data collection and captioned, “Family Planning Methods Questionnaire (FPMQ)” was designed for married women attending antenatal clinic. It comprised of 42 items organized in two sections, “A and B”. Section “A” sought to collect demographic data of the respondents while section “B”, which is further divided into two clusters, sought information from them to answer the research questions. Cluster (i) sought to examine the knowledge of family planning practices among the respondents, while cluster (ii) sought to assess their level of utilization of family planning practices (See Appendix A).

Reliability of the Instrument

The reliability of the instrument was established using the test-retest method of reliability estimate. Copies of the questionnaire were administered to twenty (20) married women attending antenatal clinic at Kabuga Primary Health Centre, Gwale LGA of Kano State. After a period of three weeks, fresh copies of the same instruments were re-administered. Then data collected in the first and second instances were computed using Person Product Moment Correlation. The correlation co-efficient of 0.87 was obtained.

Data Collection Procedure

The researcher engaged two research assistants, who are indigenes of Tarauni LGA. They were briefed and trained before the field survey on the procedure for administering and collecting back

the questionnaire. All the items in it were discussed during the training, which took a period of two days.

The research assistants assisted the researcher in distributing the questionnaire to three-hundred-and-seventy (370) married women during their weekly antenatal clinic taking place every Monday, Tuesday and Wednesday in the public primary health facilities within the selected communities in Tarauni Local Government Area of Kano State. With the help of the two research assistants, all the items in the questionnaire were first explained in English language and then interpreted in Hausa to the respondents in order to enhance their understanding of the research instrument. Completed questionnaires were collected and then sorted out.

Methods of Data Analysis

Data collected on the research questions were analyzed using frequency counts, percentage, mean, and standard deviation. To get the calculated mean response for each item, the 4-points rating scale was used and assigned numerical values as follows:

Rating Category I	Rating Category II
Strongly Agree [SA]: 4 Points	Always Utilize [AU]: 4 points
Agree [A]: 3 Points	Often Utilize [OFU]: 3 points
Disagree [D]: 2 Points	Occasionally Utilize [OCU]: 2 points
Strongly Disagree [SD]: 1 Point	Never Utilize [NU]: 1 point

Rating Category I was used to analyze Research Questions 1, while Rating Category II was used to analyze Research Question 2. Therefore, the criterion mean is 2.50. The decision rule is that where the calculated mean is less than the criterion mean, the responses were not accepted, but where the calculated mean is equal or more than the criterion mean, the responses were accepted. The decision rule applies to both rating categories specified above.

Results

Research Question 1: What is the extent of knowledge of family planning methods among married women in selected communities of Tarauni Local Government Area (LGA), Kano State?

Table 3: Result on knowledge of family planning methods among married women

S/n	Statements of variables	Mean	Std. Dev.	Decision	Rank Order
1	Family planning methods are means of preventing unplanned pregnancies, high risk pregnancies and guarding against short interval between pregnancies.	2.93	0.2447	Accepted	5
2	Modern family methods include: oral contraceptive pills, Injections, Condoms, Implants, Intra Uterine Devices, Sterilization and Diaphragm	2.89	1.2662	Accepted	6
3	Traditional family methods include: Periodic abstinence, Withdrawal method, Lactational amenorrhea method and Folk method.	3.22	0.9648	Accepted	2
4	Implants and Intra Uterine Device are long acting reversible contraception that last for a long time.	2.65	1.0192	Accepted	7
5	Pills and injections are hormonal contraceptives that use hormones to prevent pregnancy.	2.50	1.2824	Accepted	10
6	Condoms and diaphragm are barrier methods that stop sperm from entering the vagina as well as protect against sexually transmitted Diseases (STDs)	2.58	1.1272	Accepted	8
7	Sterilization is a permanent contraception which prevents all future pregnancies and it is very difficult or impossible to reverse.	2.28	1.1565	Rejected	11
8	Lactational Amenorrhea is a temporary family planning method based on the natural effect of breastfeeding on fertility.	3.17	0.9940	Accepted	3
9	Periodic abstinence entails not having sexual intercourse within a window of time, from seven days before ovulation and three days after, when a woman could get pregnant.	2.94	1.1631	Accepted	4
10	Withdrawal method is the practice of withdrawing the penis from the vagina before ejaculation to prevent pregnancy.	3.59	3.3719	Accepted	1
11	Folk method involves abdominal massage or use of herbs to prevent fertilization of the egg.	2.54	0.9835	Accepted	9
	Total	2.84	1.2340	Accepted	

Table 3 shows that items numbered 1 to 11 have mean ratings ranked in the descending order of magnitude: 3.59, 3.22, 3.71, 2.94, 2.93, 2.89, 2.65, 2.58, 2.54, 2.50 and 2.28, respectively. Each of these items has a mean rating that is greater than the criterion mean of 2.50 except item 7 with

a mean rating of 2.28. Also, Table 3 shows the overall mean of 2.84, which is greater than the criterion mean. This, therefore, implies that the respondents' knowledge of the various methods of family planning except sterilization is good. However, their knowledge of modern family methods is relatively low.

Research Question 2: What is the level of utilization of family planning methods among married women in selected communities of Tarauni Local Government Area (LGA), Kano State?

Table 4: Result on family planning methods ever used by married women

S/N	Items	Frequency	Percentage (%)
1	Oral contraceptives pills	189	51
2	Injections	198	54
3	Condoms	195	52.7
4	Implants	195	53
5	Withdrawal	351	94.9
6	Intra Uterine Device (IUD)	130	35
7	Periodic Abstinence	260	70
8	Lactational Amenorrhea	250	68
9	Folk method	193	52
10	Sterilization	0	0
11	Diaphragm	0	0
12	Others	Nil	Nil

N=370

Results presented in Table 4 depict that majority (94.9%) of the respondents have ever used the withdrawal method, followed by 70% of the respondents who have ever used Periodic Abstinence with 68%, 56%, 54%, 53%, 52.7%, 52%, 51% and 35% have ever used lactational amenorrhea, injections, implants, condoms, folk method, oral contraceptive pills and intra uterine device (IUD), respectively. While none of the respondents has ever used sterilization and diaphragm. This implies that traditional family planning methods, such as periodic abstinence, lactational amenorrhea and withdrawal, were more commonly used by the respondents. However, over fifty per cent used modern family planning methods, such as injections, implants and oral contraceptive pills, while sterilization and diaphragm methods were not utilized by them.

Table 5: Result on Frequency of utilization of family planning methods among married women

S/N	Items	Mean	Std. Deviation	Decision	Rank Order
1	Oral contraceptives pills	2.53	1.4997	Accepted	8
2	Injections	2.59	1.4881	Accepted	5
3	Condoms	3.53	0.4993	Accepted	1
4	Implants	2.57	1.0260	Accepted	6
5	Withdrawal	3.07	0.8684	Accepted	2
6	Intra Uterine Device (IUD)	1.67	1.0237	Rejected	9
7	Periodic Abstinence	2.99	1.3325	Accepted	3
8	Lactational Amenorrhea	2.73	0.8469	Accepted	4
9	Folk method	2.54	1.53	Accepted	7
10	Sterilization	Nil	Nil	Nil	Nil
11	Diaphragm	Nil	Nil	Nil	Nil
12	Others	Nil	Nil	Nil	Nil
Total		2.69	1.1238	Accepted	

N=370

Table 5 revealed that all the items numbered 1 to 9 have mean ratings ranked in the order of a descending magnitude: 3.53, 3.07, 2.99, 2.73, 2.59, 2.57, 2.54, 2.53 and 1.67, while items 10, 11 and 12 which have zero responses. Each of the items numbered 1 to 9 has a mean rating that is greater than the criterion mean of 2.50 except item 6, which has a mean rating of 1.67. Table 4.2 further revealed the overall mean of 2.69, which is greater than the criterion mean. This means that the respondents frequently utilize various family planning methods, such as oral contraceptive pills, injections, condoms, implants, withdrawal, periodic abstinence, lactational amenorrhea and folk method, whereas sterilization and diaphragm are not utilized at all. Comparatively, traditional family planning methods are more frequently utilized, which are less reliable in terms preventing unwanted conception.

Discussion of the Findings

The result of the study revealed that knowledge of family planning methods, such as periodic abstinence, withdrawal method, lactational amenorrhea method, folk method, oral contraceptive pills, injections, condoms, implants, intra uterus device and diaphragm, is high among married women in selected communities of Tarauni LGA. This pattern of high knowledge about family planning is in line with Duru, Nnebue, Iwu, Oluoha, Ndukwu and Nwaigbo (2018), who reported high awareness of family planning among women of reproductive age in both urban and rural communities of Imo State at 99.1% and 96.1% respectively. According to them, the family planning methods most known in the rural areas of this survey were injection(53.8%), pills

(53.6%), condoms(52.2%), and intrauterine contraceptive devices (IUCD)/loops 33.2%, while the least known were Diaphragm 0.7% and vasectomy (0.9%). The commonest known in the urban area are pills(62.6%), injection (61.9%) and condoms (60.6%), with the least known being traditional methods. This high awareness may be due to increased contraceptive information disseminated through the mass media and the high economic hardship being experienced in the country, causing families to look for ways of limiting their family size. Having good knowledge reduces misconceptions and fears about contraceptives and creates positive attitudes towards family planning.

The finding is similar to the views of Okanlawon, Reeves and Agbaje (2010), who posited that knowledge and awareness of contraceptive methods are important factors that influence the utilization of family planning services among married women. The finding of this study is also similar to that of Longwe, Huisman and Smits (2012), who opined that the more knowledge people have about family planning, the more likely they would accept and use contraceptives.

On the level of utilization, the study found that the most commonly and frequently used family planning methods are withdrawal (94.4%), periodic abstinence (70%) and lactation amenorrhea (68%), followed by injections (54%), implants (53%), Condom (52.7%), Folk method (52%) and oral contraceptive pills (51%) while the Intra Uterine Device (35%) is the least used method. This implies that majority of the married women utilize traditional family planning methods in the selected communities of Tarauni LGA. This finding is not in line with the Duru, et al. (2018) findings that in both the urban and rural areas the commonest used methods were condoms (31.3%) respectively. This was followed by injections, pills and IUCD/loop in the rural areas of the survey while in the urban, it was followed by natural family planning/rhythm method, withdrawal methods, IUCD and injections. The least used method in both rural and urban communities of the survey was the traditional method, followed by abstinence in the rural, (0.92% each) and vaginal foams/jelly/Spermicide (1.02%) in the urban area.

The high level of utilization of traditional family planning methods may be due to fear of the side effects associated with the use of modern contraceptives, including socio-cultural practices. On the other hand, the high usage of contraceptives, such as injections, implants, oral contraceptive pills and condoms, is because these methods are cheap to purchase and are sometimes given out free to respondents at the various primary health centres by government and nongovernmental organizations (NGOs). Not using of sterilization and diaphragm is due to the non-availability of

the services in the various primary health centres in the four selected communities of Tarauni LGA.

This study provides information on policy issues to family planning educators, reproductive health workers and couples. Despite the fact that contraceptive usage has increased over a period of time, there exists a knowledge and practice -gap regarding contraception. Also, despite the availability and affordability of modern family planning methods, a large number of married women still use traditional family planning methods, which are less reliable. The reasons for not using any modern family planning methods could be lack of knowledge about their efficacies/limitations and religious beliefs.

A good knowledge of a particular thing influences its practice. Thus, an improvement in a person's knowledge about family planning will lead to a better attitude towards it. Family planning education can be a useful tool not just in improving people's knowledge but their attitudes as well. Through health education on family planning, negative attitudes on family planning will be changed, since promoting a more positive attitude towards family planning is a vital step in the actual acceptance of family planning methods by people. This stresses the need for more effective health education on family planning, as it is an effective way of increasing the knowledge and attitude regarding family planning among women, who attend antenatal and postnatal clinics.

Conclusion

It is evident from this study that knowledge of family planning methods is good even if relatively low while using family planning methods among married women is high. However, a larger proportion (number) of married women use traditional family planning methods, which are less reliable compared to modern contraceptives.

Recommendations

Based on the findings and conclusion drawn from the study, the following recommendations are made:

- i. The government and nongovernmental organizations should embark on more vigorous sensitization campaigns to equip married women with the knowledge of modern family planning methods and their effectiveness and limitations.

- ii. Health workers, especially those serving at the antenatal and post-natal units, should continuously educate married women during antenatal and post-natal care on the benefits of modern family planning methods.

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