

# Awareness, Utilization, and Barriers to Family Planning Among Women of Childbearing Age in a Conflict-Affected Setting in Northeastern Nigeria

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## Abstract

Family planning remains a critical public health intervention for improving maternal and child health outcomes, particularly in conflict-affected and resource-constrained settings. This study assessed family planning awareness, preferences, utilization, and barriers among women of childbearing age in Shani Local Government Area (LGA). A descriptive cross-sectional study design employing a mixed-methods approach was used. Structured questionnaires were administered to 386 women aged 15–49 years, of which 380 valid responses (95%) were analyzed using descriptive statistics. Qualitative insights were obtained through focus group discussions to complement quantitative findings. Most respondents were aged 28–37 years, married, had secondary education, and reported low household income. Awareness of family planning was limited, with only half of the respondents reporting prior knowledge of family planning methods. Information sources were predominantly informal, including friends and family, while health facilities and mass media contributed minimally. Utilization was moderate. Fear of side effects, socio-cultural and religious beliefs, and inadequate knowledge emerged as major barriers to utilization. Despite these constraints, the majority of respondents perceived family planning as important for improving women's health and family wellbeing. Access to services was limited, yet many respondents expressed willingness to switch methods or recommend family planning if their concerns were adequately addressed. The findings indicate that although attitudes toward family planning are generally positive, utilization remains suboptimal due to persistent socio-cultural barriers, fear of adverse effects, and poor service accessibility. Strengthening community-based education, improving service delivery, and engaging religious leaders and male partners are critical for enhancing family planning.

**Keywords:** Family Planning, Contraceptive Use, Women of Childbearing Age, Barriers, Conflict-Affected Settings, Northeastern Nigeria.

## Introduction

Family planning is a cornerstone of reproductive health and a key strategy for reducing maternal mortality, preventing unintended pregnancies, and promoting socio-economic development. Globally, increased access to modern contraceptive methods has contributed significantly to improved maternal and child health outcomes. However, in many low- and middle-income countries, particularly those affected by conflict and insecurity, access to family planning services remains limited.

Nigeria has one of the highest maternal mortality ratios globally, with disproportionately high rates in the northern regions. Borno State, located in Northeastern Nigeria, has experienced prolonged insecurity due to armed conflict, leading to widespread displacement, disruption of health services, and deterioration of socio-economic conditions. These challenges have adversely affected access to reproductive health services, including family planning.

In conservative and predominantly rural settings such as Shani

Local Government Area, family planning decisions are often shaped by cultural norms, religious beliefs, gender dynamics, and misconceptions about contraceptive methods. Understanding women's awareness, preferences, and perceived barriers is therefore essential for designing effective interventions that are contextually appropriate and culturally sensitive.

This study was conducted to assess family planning awareness, utilization patterns, and barriers among women of childbearing age in Shani LGA, Borno State, with the aim of providing evidence to inform policy and programmatic interventions in similar conflict-affected settings.

## Materials and Methods

### Study Design and Setting

A descriptive cross-sectional study design utilizing a mixed-methods approach was adopted. The study was conducted in Shani Local Government Area of Borno State, Northeastern Nigeria. Shani LGA is predominantly rural, with limited health infrastructure and a population largely engaged in farming and subsistence livelihoods. The area has been affected by insecurity and displacement, which has further constrained access to healthcare services.

### Study Population

The study population comprised women of childbearing age (15–49 years) residing in selected communities within Shani LGA. Women who were permanent residents and consented to participate were included, while non-residents and women outside the specified age range were excluded.

### Sample Size and Sampling Technique

A sample size of 386 was determined using the Yamane formula at a 5% margin of error. Stratified and multistage sampling techniques were employed to ensure representation across communities and age groups. A total of 380 completed questionnaires were valid for analysis, representing a response rate of 95%.

### Data Collection Methods

Quantitative data were collected using a structured, interviewer-administered questionnaire covering socio-demographic characteristics, awareness of family planning, utilization patterns, preferences, and perceived barriers. The questionnaire was pre-tested and administered by trained female data collectors using the local language.

Qualitative data were obtained through focus group discussions (FGDs) conducted with women of childbearing age to explore deeper socio-cultural perspectives, beliefs, and experiences related to family planning.

### Data Analysis

Quantitative data were analyzed using SPSS version 29. Descriptive statistics, including frequencies and percentages, were used to summarize findings. Qualitative data from FGDs were transcribed, translated, and analyzed thematically to complement quantitative results through complementary data triangulation.

### Ethical Considerations

Ethical approval was obtained from the Maryam Abacha Amer-

ican University of Nigeria Research Ethics Committee and the Borno State Research Ethics Committee. Informed consent was obtained from all participants, and confidentiality was strictly maintained.

## Results

### Socio-Demographic Characteristics

The majority of respondents were aged 28–37 years (43%), married (65.8%), and had attained secondary education (44%). Most respondents were housewives (35.5%) or farmers (31.6%). Household income was generally low, with 42.4% earning below ₦10,000 monthly. Most respondents had between one and five children.

### Awareness and Knowledge of Family Planning

Only 50.3% of respondents reported awareness of family planning. Friends and family were the most common sources of information (40.5%), followed by community health workers (30.8%). Awareness of specific methods varied, with traditional methods, condoms, injectables, and sterilization being the most recognized. Most respondents rated their knowledge as moderate.

### Utilization and Preferences

Approximately 52.6% of respondents had ever used a family planning method, while only 45.3% were current users. Sterilization (42.9%) and injectable contraceptives (22.4%) were the most commonly used methods, reflecting a preference for long-term solutions.

### Barriers to Family Planning Utilization

The most frequently reported barriers included fear of side effects (31.8%), cultural and religious beliefs (25.5%), and lack of adequate knowledge (25.5%). Concerns about health risks and limited access to services further discouraged utilization.

### Perceptions and Future Intentions

Despite barriers, 73.9% of respondents perceived family planning as important, and 73.5% believed it improves women's health. Many respondents expressed willingness to switch methods or recommend family planning if concerns about safety and accessibility were addressed.

## Discussion

This study highlights significant gaps in awareness and utilization of family planning among women of childbearing age in Shani LGA. Although awareness levels are comparable to findings from similar rural and conflict-affected settings, they remain lower than national averages. The reliance on informal information sources underscores the limited reach of formal health education and media campaigns in the area.

The preference for sterilization and injectables suggests a desire for long-term contraceptive solutions, possibly influenced by high parity, economic constraints, and limited access to regular health services. Fear of side effects and socio-cultural beliefs remain major deterrents, consistent with findings from other studies in Northern Nigeria and similar contexts.

Encouragingly, positive perceptions toward family planning indicate potential for improved uptake if services are made more

accessible and culturally acceptable. Engaging religious leaders, male partners, and community influencers may help address misconceptions and improve acceptance.

## Conclusion

The study demonstrates that while women in Shani LGA generally recognize the importance of family planning, utilization remains suboptimal due to limited awareness, fear of side effects, cultural and religious barriers, and inadequate access to services. Addressing these challenges requires a multifaceted approach tailored to the local context [1-20].

## Recommendations

1. Strengthen community-based family planning education using culturally sensitive approaches.
2. Improve accessibility and availability of family planning services, particularly in rural communities.
3. Engage religious leaders, community gatekeepers, and male partners to address socio-cultural barriers.
4. Train healthcare providers to deliver high-quality counseling and address fears related to side effects.
5. Promote continuous monitoring and research to understand evolving preferences and improve service delivery.

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