
ASSESSMENT OF UTILIZATION OF FAMILY PLANNING SERVICES AMONG MARRIED COUPLES BASED ON GENDER AND AGE IN TARABA STATE, NIGERIA

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ABSTRACT

The purpose of the study was to assess the utilization of family planning services based on gender and age among married couples in Taraba State, Nigeria. In order to accomplish this purpose, two specific objectives with corresponding research questions were posed to guide the study. Two null hypotheses were postulated and tested at 0.05 level of significance. A descriptive survey research design was adopted for the study. The population of the study consisted of 1,649,032 married couples in Taraba State. The sample size for the study consisted of 1,200 married couples. The multi-stage sample procedure with appropriate techniques was employed to draw up the sample for the study. The instrument was researchers-structured questionnaire titled "Utilization of Family Planning Service Questionnaire (UFPSQ)" which was used to collect quantitative data. Cronbach Alpha coefficient was used to test the reliability of UFPSQ and a Reliability index of .87 was obtained. The quantitative data were analyzed using frequency and percentages to answer the research questions and Chi-square statistic was used to test the hypotheses at 0.05 level of significance. The findings of the study indicated that high proportion of married couples (51.4%) utilized sexuality education, high proportion of married couples (58.9%) utilized preconception counselling services, low proportion of married couples (45.5%) utilized infertility management services, high proportion of married couples (64.8%) utilized STIs management services and low proportion of married couples (42.9%) utilized contraceptives. Further findings indicated that about high proportion of TER (55.3%), planning services. More findings revealed that there was a significant difference in the proportion of married couples that utilized FP services based on gender ($\chi^2 = 2.860$; $df = 1$; $p = .001 < .05$), age ($\chi^2 = 16.148$; $df = 2$; $p = .000 < .05$). Based on these findings, the study recommended that family planning centers should be erected in strategic places in the various

communities in the State to ensure that it is accessible and affordable to the married couples among others. This will help for a sustainable growth and development of Taraba State and Nigeria generally.

Keywords: *Assessment, Utilization, Family Planning Services, Married Couples, Gender and Age.*

INTRODUCTION

Family planning is among the reproductive health services designed for couples to determine the number and spacing of their children through effective method of birth control. The utilization of family planning services among married couples in Taraba State, Nigeria became a concerned to the investigators because no study has been conducted on it previously in the State. Planned Parenthood Federation of Nigeria PPFN (2014) defined family planning as a programme which entails spacing of pregnancies and childbirth appropriately, regulating family size in relation to the available family resources as well determining when to stop bearing and undesirable pregnancies. This implies that family planning takes care of the entire family as well as the nation at large. Onuzulike (2018) averred that family planning is large umbrella that caters for the wellbeing of family members as concerns their feeding, daily care and housing. WHO (2013) defined family planning as a programme that allows individuals or couples to anticipate and attain their desired number of children and the spacing and timing of birth. This study adopted PPFN (2014) definition of family planning because it is all encompassing, hence, FPS takes care of appropriate spacing of pregnancy, timing pregnancy, regulating family birth as well as reducing maternal mortalities and morbidities. However, family planning can only be achieved through family planning services.

Family Planning Services (FPS) are activities that are offered to help couples achieve pregnancy, space and time their pregnancies. Allen (2014) defined FPSs as making conscious and informed decisions about the initiation of sexual activity and safe and effective use of contraceptive to time a pregnancy. Okoye (2017) held a similar view that FPSs involve adequate spacing of pregnancy for health reasons and small family for economic reasons. The authors confirmed that babies born spaciouly to each other tend to have good quality care, abundance of quality food, high chance of receiving quality education to the desired level, good training and adequate quality care. Similarly, WHO (2012) defined FPSs

as educational, comprehensive, medical or social activities which enable individuals at every stage to determine freely the number and spacing of their children and to select the means by which this may be achieved. From the definitions, it is noted that everybody can benefit from FPSs even the infertile couples can utilize FPSs to solve their problems of infertility. In other words, every married couple regardless of fertility status benefit from FPSs. Eyong and Eghong (2017) opined that the goal of family planning service is to assist families in managing their fertility, achieving the number of children desired, with appropriate spacing and timing to ensure optimal growth and development of each family member. The author stressed that failure to plan and manage fertility can adversely affect the health of the mother, children and entire family, then subsequently, the community. In this study, FPSs are defined as all the essential health care services aimed at helping married couples plan, space and time their pregnancies, treat sexually transmitted infections as well as help infertile ones have their own children.

The utilization of FPSs is therefore essential for improved maternal and child health, reduction of the population growth as well as achievement of the sustaining development goals. In other words, when FPSs are well utilized they will reduce unplanned pregnancies, unsafe abortions, prevent and effectively treat STIs, reduce infertility rate and help infertile couples manage their conditions effectively, all these will lend credence to the nations bid to sustainable growth and development. Actually, FPSs are mapped out to meet the Sustainable Development Goals (SDGs) 3, which is to reduce the global maternal mortality ratio to less than 70 per 100,000 births. In fact, all the SDGs are achievable through effective utilization of family planning services, this is to say that family planning services is one of the global strategies in preventing maternal and child mortality, checkmating the growth rate of the population, empowering the women as well as creating an environment in which they will not only survive but thrive and see their environment health and wellbeing transformed (National Family Planning Communication Plan, 2017).

Family planning service encompass numerous measures designed to preserve the health of the mothers, their children and the entire household. These measures are the components of family planning services. The components of FPSs according to Olaitan (2011) include sexuality education, treatment of sexually transmitted diseases, preconception counselling, contraceptives use and management of

infertility. FPSs comprise family planning education or sexuality education, family planning methods or contraceptive use, sexually transmitted disease prevention and infertility management (Nwosu, 2014). Garvin, (2014) listed the components of FPSs to include providing contraception health services to improve infant and maternal outcomes, and provide sexually transmitted infections (STIs) screening and treatment services. The author stated that STIs/HIV screening and other preconception health services are considered family planning because they improve women's and men's health and influence a person's ability to conceive or have a healthy birth outcome. In this study, Olaitans (2011) components of family planning services were adopted because they are available in Nigeria but not in the study area.

Married couples should be given basic fertility advise and counseling on how to manage infertility. Federal Ministry of Health (2010) outlined some infertility procedures as counseling, assisted reproduction techniques which include fertility medication (these are fertility drugs to be taken to enhance pregnancy such as Clomid, Crinone, Doctine, factreletc); in vitro fertilization (IVF) (this is a procedure where matured eggs are collected from the ovaries and fertilized by sperm in a laboratory, then the fertilized eggs or embryo are implanted in the uterus); artificial insemination (AI) (a deliberate introduction of sperm into the female's cervix or uterine cavity to achieve pregnancy through in vitro fertilization); assisted hatching (AH) (this is the procedure aimed at assisting the implantation of the fertilized embryo to the womb); cryopreservation (freezing) (this is the process of freezing human gametes, embryos, or ovarian or testicular tissues with a view to use them in assisted reproductive treatment). others reproductive surgery (this is surgery done at the ovary, fallopian tubes to treat reproductive problems such as endometriosis, uterine fibroid, pelvic adhesion, tubal occlusion, ovarian cyst and congenital or acquired abnormalities); surrogacy (where the surrogate mother carry the child of the intended parents to full term with a legal backing); and adoption (this is referred to as a legal transfer of a child from the biological parents to another person who will become the psychosocial parent(s) (Akinlaye & Truter, 2011).

Contraceptive Use (CTCU) is another component of FPSs. Contraceptive is a device that is used to prevent fertilization of the ovum by the spermatozoa. Some of this contraceptives includes use of hormones, intrauterine devices (IUDs), chemical barriers (spermicides)

and diaphragm and male condom. Onuzulike (2018) listed different contraceptives as the natural, the artificial and the permanent contraceptives. The author categorized the natural method to include breastfeeding, abstinence, withdrawal, billings or ovulation method, the artificial as the hormonal, mechanical and chemical methods while the permanent contraceptive is female and male sterilization. According to Olaitan (2019), natural methods include the one that can be used without introduction of any chemical, examples of such methods include, abstinence, calendar or rhythm method, cervical mucus method, and coitus interrupts popularly known as withdrawal. According to CDC and WHO (2011), there are methods called modern contraceptive methods (MCMs) which include fertility awareness methods (FAMs), MCMs includes injectable, sterilization, oral contraceptives (OCPs), barrier methods, long-acting reversible contraceptive (LARCs), implants and IUDs; while FAMs include standard day methods, two-day method, lactation amenorrhea method (LAM) and withdrawal method. Malarcher, Speiler, Fabic, Jordan, Starbird, and Kenon (2016) reported FAMs as modern contraceptives because these methods meet the criteria for modern contraceptives which include effective at pregnancy prevention. Therefore, these contraceptives are used to reduced unplanned pregnancies and abortions, and to facilitate spacing of births. They also have a lot of health and social benefits to mothers and their children. These components of family planning services will be very beneficial if they are utilized effectively. Therefore, the study tried to determine the proportion of married couples utilizing these components of family planning services in order to formulate promotion strategies to improve their utilization.

Utilization is the use of something in order to enjoy its benefit. Utilization according to Onah, Ikeakor, and Iloabuchi (2016) is the use of something especially for practical purposes. Utilization of family planning services involves people's use of family planning services. Utilization in this study means adequate use or effective use of all the components of family planning services for the benefit of married couples. Studies have indicated that adequate utilization of family planning services is related to improved maternal and child health outcomes (Navaneetham & Dharmalingan, 2010; Mekonen & Mekonen, 2012; Babalola & Fatusi, 2019). Utilization of FPSs is therefore essential for improved maternal health related outcomes, reduction of the population growth as well as achievement of the sustainable development goals. In other words, when

FPSs are well utilized they will reduce unplanned pregnancies, unsafe abortions, prevent and effectively treat STIs, reduce fertility rate and help infertile couples manage their conditions effectively, all these will lend credence to the nations bid to sustainable growth and development. World Health Organization (2012) affirmed that the health of the mother and her child can be drastically improved if FP services are effectively utilized. Fosu (2011) reported that without effective utilization of family planning services, achieving the objectives of family planning may be 'chasing a wind' even when the services are provided. Fosu categorized utilization into poor or low utilization and effective or high utilization. Poor or low utilization refers to less than fifty per cent use of service of the services and effective or high utilization refers to fifty and more than fifty per cent use of the services. Therefore, there is need to determine the utilization of family planning services in order to formulate some strategies to promote high and effective utilization of FPSs by married couples in Taraba State.

Married couples are two individuals; a man and a woman who are legally joined together as husbands and wives. This is supported by Uchendu (2017) who defined married couples as two spouses who are married and not living apart or separate from each other. Married couples have the right to choose and decide the number of children they wish to have as well as when to have them. The infertile married couples also have the right to know the exact means of achieving pregnancy and have their own children. These benefits underscore the need for effective utilization of FPSs among the married couples. However, FP services may be underutilized or not utilized at all by the married couples in the study area. It is therefore necessary for married couples to promote their reproductive health through effective utilization of FPS. However, the utilization of FPS could be affected by some socio-demographic factors.

Gender refers to a social construct that differentiates a man from a woman. Gender is mostly interchanged with sex; while sex is a biological characteristic due to physical appearances and changes, gender is a good construct due to societal responsibilities and expectations (Azubuike, 2015). It is a term used to analyze the roles, responsibility, constraints, opportunities and needs of women and men in all areas and in a given social context (Kannon, 2008). Males are less likely to utilize family planning services considering their roles as the head of the family while the females rely on the decision of the males or the husbands. Some

women may desire to utilize family planning but their husbands may not allow it. This has resulted to some of the women utilizing family planning without the consent of their husbands (Adelekan, Omoregie & Edom, 2014). Onuzulike (2018) reported that women do not know their reproductive right which have led them to have more children than they desire. In the actual sense, women no matter where they are residing should know their reproductive right and be able to dictate when to have sex and when to have children.

Age is noted to be one of the variables that can influence the utilization of family planning services among married couples. For the women, the child bearing age ranges from 15-49 years. There are also variations in the age range. According to Maggie (2018), women of earlier stage of 15-20 are the premature and the highest risk group, those from 21-30 are at better age and lesser risk and have greater chances of having more children, those from 31-40 have lesser chance of conceiving because fertility tends to decline after 30 and those after 40 years of age are more likely to experience miscarriages and have children with chromosomal defects than younger women. Age therefore seems to play a very important role in determining the level of utilization of family planning services. Onah, ikeakor and Iloabuchi (2016) opined that younger women have enhanced knowledge of modern health care services including family planning. Adelekan, Omoregie and Edom (2014) affirmed that age is one of the predictive factors to male utilization of family planning services.

The authors re-emphasized that those of the lower age from 20-30 have lower mean of utilization while those of the higher age 30-40 have higher mean of utilization. By implication, the age of couples both male and females tends to determine their level of utilization of family planning services because their age might also determine their fertile period especially for the females. It is against this backdrop that the researchers investigated the utilization of family planning services among married couples in Taraba State of Nigeria to fill this gap.

STATEMENT OF THE PROBLEM

Family planning services (FPSs) are strategies mapped out to meet the Sustainable Development Goals (SDGs) 3 and 4, which is to reduce the global maternal mortality ratio to less than 70 per 100, 000 births. They are among the global strategies in preventing maternal and child

mortality, checkmating the growth rate of the population, empowering the women as well as creating an environment in which they will not only survive but thrive and see their environment health and wellbeing transformed including the health of the families and development of communities for sustainable development.

Unfortunately, despite the benefit of family planning services, the proportion of married couples utilizing family planning services is still very low in some developing countries, Nigeria inclusive and Taraba State in particular. It was revealed that among women who have unmet need for family planning, only low proportion utilize some of the components of family planning services. This low utilization of family planning services has undermined the quality of maternal reproductive health and exposes women to reproductive health risk. This situation is worrisome. Married couples in Taraba State seems to be experiencing marked underutilization of available family planning services as revealed by some data in the various health facilities in the State (Ebizie, 2018); Nwachukwu & Obasi, 2018; and Duru, Emelumadu, Iwu, Agunwa, Nwaogbo & Ndukwe, 2018). This situation could be attributed to some socio-demographic factors which include cultural, religious, poor socio-economic status and level of education among others peculiar to the State. Moreover, the researchers observed that most of this women experienced too many pregnancies and large family size which have exposed them to danger. Majority of the pregnancies were unplanned which ended up in unsafe abortions and eventually death, hence the incessant news of death of pregnant women in the study area. However, most of the previous studies in Nigeria and data in Taraba State, in particular, conducted on family planning service utilization focused on awareness, acceptance and the utilization of contraceptives among women and none of these studies considered the married couples nor formulated assessment of utilization to the best of researchers' knowledge. This is the crux of this study.

Purpose of the Study

The purpose of the study was to assess the utilization of family planning services among couples based on gender and age in Taraba State, Nigeria. Specifically, the study sought to:

1. Ascertain the proportion of married couples that utilize planning services based on Gender in Taraba State;

2. Ascertain the proportion of married couples that utilize planning services based on age in Taraba State;

Research Questions

The following research questions guided the study:

1. What is the proportion of married couples that utilize family planning services based on gender in Taraba State?
2. What is the proportion of married couples that utilize family planning services based on age in Taraba State?

Hypotheses

The following hypotheses were postulated and tested at 0.05 level of significance:

Ho₁. There is no significant difference in the proportion of married couples that utilize family planning services based on gender in Taraba State.

Ho₂. There is no significant difference in the proportion of married couples that utilize family planning services based on age in Taraba State.

Significance of the Study

Findings on the utilization of preconception counseling by married couples in Taraba State will help service providers, public health educators, married couples, government and the general public to take a positive move to increase PCC utilization. When this study is published and get to their reach, the service providers will intensify efforts to provide the married couples with the appropriate PCC service they need. The public health educators will organize educational talks or seminar on the need for PCC. The government will see more need to provide more FP materials and health care facilities that will make easy for effective utilization of preconception counseling. The married couples will understand that the PCC is very important and will help improve their lives and that of their families, hence will increase the utilization of PCC. The general public will acknowledge the need for PCC and will be a source of encouragement to those in need of the service.

MATERIALS AND METHODS

Research Design

The study adopted a descriptive survey research design. Nworgu (2015) posited that descriptive research design describes situations as they exist

in the natural setting and determines relationships that exist between specific events. This design however studies the characteristics of a sample of a population at the same time. Oluwatosin and Abimbola (2014) who carried out a study on knowledge, attitude, practice and choice of family planning methods among non-literate married women in Ile-Ife, Osun State successfully used this design. The design is therefore considered appropriate for use in this study because it gave current information on the utilization of family planning services among married couples in Taraba State, Nigeria.

Population for the Study

The population of married couples for this study in an estimate of 1,649,032, which include 830,261 men and 818,771 women, which is 31.6% of the entire population in Taraba State (National Population Commission/ Taraba State Planning and Economic Development Commission, 2016) The study population consisted of men and women who are legally married and lived for more than one year in the study area.

Sample and Sampling Techniques

The sample size for the study consisted of 1,200 respondents. The sample includes 600 men and 600 women. The sample size of men and women is in line with the suggestion of Cohen, Manion and Morrison (2011), which states that when the population is 1,000,000 and above, at 95% confidence level and confidence interval of 5%, a sample of 600 respondents will be selected as minimum. The multi-stage sampling procedure was employed to draw up the sample for the study.

Instrument for Data Collection

The researchers-structured instrument was used for data collection in this study. The instrument was a researchers-structured questionnaire titled "Utilization of Family Planning Services Questionnaire (UFPSQ)", used to collect quantitative data.

Validity of the Instrument

The face validity of UFPSQ was established by experts. The experts were given the copies of the instruments accompanied with the specific objectives, research questions and hypotheses to examine the suitability of the items of the instruments as well as the coverage of the specific objectives of the study. The experts' criticisms and judgment were used to

prepare the final version of the instruments of which was used to collect data for the study.

Reliability of the Instrument

To determine the reliability of UFPSQ, Cronbach Alpha method of reliability was used. Cronbach Alpha is used to determine or estimate internal consistency of the instrument (Gemson&Kyamru, 2013). The UFPSQ was administered to 20 married couples from Numan LGA of Adamawa State who are not part on the selected sample. Finally, a reliability index of .87 was obtained for the family planning utilization questionnaire. According to the reliability table of value developed by Gemson and Kyamru (2013), a reliability index of .60 and above, should be adjudged reliable enough for use in the study, but if yield less than .60, it is unreliable. Therefore, the instrument was found reliable for the study.

Method of Data Collection

The researchers presented letters to the heads of each community seeking their permission to administer the instruments to their subjects. A brief letter assuring the confidentiality of their responses was attached to each copy of the questionnaire. 1,200 copies of the questionnaire were distributed.

Method of Data Analysis

The data collected were cross checked and coded for accuracy and completeness. Properly completed copies of UFPSQ were coded and analyzed using Statistical Package for Social Sciences (SPSS version 20). The responses on the utilization of FPSs were analyzed using frequency and percentages; this is because the items in "very often, often and rarely" were categorized as utilized while the item "not at all" became not utilized. The utilization limit was set as follows: high utilization (50% and above), low utilization (below 50%). The null hypotheses were tested using Chi-square statistics at .05 level of significance.

Results

Research Question One

What is the proportion of married couples that utilize family planning services based on gender in Taraba State? Data answering this question are contained in Table 1.

Table 1
Proportion of Married Couples that Utilized Family Planning Services
Based on Gender in Taraba State (n=1,199)

S/N	Components of FPS	Male (n=599)		Female (n=600)	
		UT f%	NT f%	UT f%	NT f%
Sexuality Education					
1	Education on quality and good parenthood	339(56.6)	260(43.4)	493(82.2)	107(17.8)
2	Education on family relationship	330(55.1)	269(44.9)	497(82.9)	103(17.1)
3	Education on anatomical and physiological aspect of the body in relation to sexuality	321(53.6)	278(46.4)	481(80.2)	119(19.8)
4	Education on sexual health decision	277(46.2)	322(53.8)	376(62.7)	224(37.3)
5	Education on love and friendship	260(43.4)	339(56.6)	387(64.5)	213(35.5)
6	Education on pregnancy and childbirth	266(43.4)	339(56.6)	397(65.3)	203(34.7)
7	Education on fertility	319(53.3)	280(46.7)	375(62.5)	225(37.5)
8	Education on birth control	289(48.2)	310(51.8)	359(59.8)	214(40.2)
	Cluster%	43.2	56.8	59.6	40.4
Preconception Counseling					
9	Medical/genetic counseling	359(59.9)	240(40.1)	440(73.4)	160(26.6)
10	Gynecological history	285(47.6)	314(52.4)	340(56.7)	260(43.3)
11	Counseling on contraceptive use	302(50.4)	297(49.6)	360(60.0)	240(40.0)
12	Counseling over chronic health conditions	296(49.4)	303(50.6)	452(75.4)	148(24.6)
13	Counseling on danger of miscarriages or termination of pregnancy	271(41.3)	328(58.7)	368(61.3)	232(38.7)
14	Counseling on danger of Drug or substance abuse	383(47.2)	316(52.8)	468(78.0)	132(22.0)
	Cluster%	49.3	50.7	68.5	31.5
Infertility Services					
15	Infertility counseling	258(43.1)	341(56.9)	385(64.2)	215(35.8)
16	Fertility medication	241(40.2)	358(59.8)	364(60.7)	236(39.3)
17	Artificial reproductive	256(42.6)	343(57.4)	295(49.3)	305(50.7)
18	Reproductive surgery	238(39.6)	361(60.4)	248(41.3)	352(58.7)
19	Adoption	254(42.3)	345(57.7)	332(55.4)	268(44.6)
20	Surrogacy	114(19.0)	485(81.0)	164(27.3)	436(72.7)
	Cluster%	41.3	58.7	49.7	50.3
STIs Management Services					

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21	Screening and examination of client	286(47.7)	313(52.3)	446(74.4)	154(25.6)
22	Performing necessary test	353(58.9)	246(41.1)	356(59.3)	244(40.7)
23	Educating the client based on information after examination and testing	350(58.4)	249(41.6)	355(59.2)	245(40.8)
24	Counseling the client on STDs	256(42.4)	343(57.2)	358(59.7)	242(40.3)
25	Providing treatment or referring the client to appropriate quarters	295(49.2)	304(50.8)	316(52.7)	284(43.7)
26	Information on use of condom and spermicides to prevent re-infection	295(49.2)	340(56.8)	319(53.2)	281(46.8)
27	Regular medical checkups for compliance with treatment rudiment	291(48.6)	308(51.4)	306(51.0)	294(49.0)
28	Encouraging personal hygiene	334(55.6)	266(44.4)	373(62.2)	227(37.8)
29	Information on preventive measures	296(49.6)	303(50.6)	365(60.8)	235(39.2)
	Cluster%	60.4	39.6	69.2	30.8
	Use of Contraceptive				
30	FAM (ovulation, thermal and withdrawal method)	315(52.2)	284(47.5)	321(53.6)	279(46.6)
31	Barrier methods (condom, diaphragm)	420(70.1)	179(71.5)	404(67.3)	196(32.7)
32	Hormonal method (pills and injectable)	171(28.5)	428(71.5)	338(56.4)	262(43.6)
33	Use of implants	32(5.3)	567(94.7)	293(48.8)	307(51.2)
34	Intrauterine devices (Copper-T)	11(1.8)	589(98.2)	168(28.2)	431(71.8)
35	Sterilization	136(22.7)	463(77.3)	146(24.3)	454(75.7)
	Cluster%	38.5	61.5	48.7	51.3
	Grand%	43.5		61.7	

Key: UT = Utilized, NUT = Not utilized

Data in Table 1 show that overall use of all components of family planning services is 43.5% for males and 61.7% for female. Specifically, it reveals that females (59.6%) utilized sexuality education more than males (43.2%). The table further shows that females (68.5%) utilize preconception counseling more than males (49.3%). Also, females (49.7%) utilize infertility services more than females (41.3%).

Table 1 also reveals that females (69.2%) utilize STIs services more than males (60.4%) and females (48.7%) utilize contraceptives more than males (38.5%). This implies that high proportion of females utilize sexuality and preconception counseling services while low proportion utilize infertility management services. And low proportions of male

utilize sexuality, preconception and infertility management services in Taraba State. Generally, this therefore implies that high proportion of female utilize FPS while low proportion of male utilize FPSs.

Research Question Two

What is the proportion of married couples that utilize family planning services based on Age in Taraba State? Data answering this question are contained in Table 2.

Table 2

Proportion of Married Couples that Utilized Family Planning Services Based on Age in Taraba State (n=1,199)

S/N	Components of FPS	15-30years(n=273)		31-40years(n=570)		41-49years(n=356)	
		UT f%	NUT f%	UT f%	NUT f%	UT f%	NUT f%
Sexuality Education							
1	Education on quality and good parenthood	139(49.1)	134(49.1)	347(60.9)	223(39.1)	146(41.0)	210(59.0)
2	Education on family relationship	135(49.5)	138(50.5)	346(60.7)	224(39.3)	147(41.3)	209(58.7)
3	Education on anatomical and physiological aspect in relation to sexuality	175(85.1)	98(16.9)	240(42.1)	330(57.9)	187(52.5)	169(47.5)
4	Education on sexual health decision	124(45.4)	149(54.6)	329(57.7)	241(42.3)	181(50.8)	175(49.2)
5	Education on love and friendship	125(45.8)	148(54.2)	242(42.5)	328(57.5)	200(56.2)	156(43.8)
6	Education on pregnancy and childbirth	175(84.1)	98(16.9)	344(60.5)	226(39.6)	93(23.6)	263(73.9)
7	Education on fertility	161(59.0)	112(49.0)	334(58.6)	236(41.4)	139(39.0)	217(61.0)
8	Education on birth control	168(61.5)	105(38.5)	321(56.3)	249(43.7)	129(3.2)	227(63.8)
	Cluster%	60.1	39.9	42.2	57.8	51.9	48.1
Preconception Counseling							
9	Medical/genetic counseling	136(49.8)	137(50.2)	309(54.2)	261(45.8)	186(52.2)	170(47.8)
10	Gynecological history	131(48.0)	142(52.0)	319(56.0)	251(44.0)	115(32.3)	241(67.7)
11	Counseling on contraceptive use	168(61.5)	105(38.5)	229(40.2)	341(59.8)	175(49.2)	181(50.8)
12	Counseling over chronic health conditions	145(53.1)	128(46.9)	360(63.2)	210(36.8)	233(65.4)	123(34.5)
13	Counseling on danger of miscarriages or termination	158(57.9)	115(42.1)	268(47.0)	302(53.0)	175(49.2)	181(50.8)

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	of pregnancy						
14	Counseling on danger of Drug or substance abuse	146(53.5)	127(46.5)	273(48.2)	295(51.8)	191(53.7)	165(46.3)
	Cluster%	59.0	41.0	61.9	38.1	55.8	44.2
	Infertility Services						
15	Infertility counseling	186(68.1)	87(31.9)	366(64.2)	204(35.8)	191(53.7)	165(46.3)
16	Fertility medication	124(45.4)	149(54.6)	253(44.4)	317(55.6)	178(50.0)	178(50.0)
17	Artificial reproductive	124(45.4)	149(54.6)	272(47.7)	298(52.3)	135(37.9)	221(62.1)
18	Reproductive surgery	147(53.8)	126(46.2)	255(44.7)	315(55.3)	136(38.2)	220(61.8)
19	Adoption	158(57.9)	115(42.1)	284(49.8)	286(5.2)	144(40.4)	212(59.6)
20	Surrogacy	122(44.7)	115(55.3)	239(41.9)	331(58.1)	117(32.9)	239(67.1)
	Cluster%	45.0	55.0	48.8	51.2	42.7	57.3
	STIs Management Services						
21	Screening and examination of client	178(65.2)	95(34.8)	335(58.8)	235(41.2)	129(41.3)	227(63.8)
22	Performing necessary test	160(58.6)	113(41.4)	342(60.0)	228(40.0)	147(41.3)	209(58.7)
23	Educating the client based on information after examination and testing	160(58.6)	113(41.4)	336(59.0)	234(41.0)	149(41.9)	207(58.1)
24	Counseling the client on STDs	172(63.0)	101(37.0)	341(59.8)	229(40.2)	191(53.7)	165(46.3)
25	Providing treatment or referring the client to appropriate quarters	159(58.2)	114(41.8)	342(60.0)	228(40.0)	85(23.9)	271(76.1)
26	Information on use of condom and spermicides to prevent re-infection	161(59.0)	112(41.0)	254(62.1)	216(37.9)	93(26.1)	263(73.9)
27	Regular medical checkups for compliance with treatment rudiment	162(59.3)	111(40.7)	343(60.2)	227(39.8)	146(41.0)	210(58.9)
28	Encouraging personal hygiene	173(63.4)	100(36.6)	291(51.1)	279(48.9)	192(53.9)	164(46.1)
29	Information on preventive measures	165(60.4)	108(39.6)	331(58.0)	239(42.0)	159(44.7)	197(55.3)
	Cluster%	70.6	29.4	68.8	68.8	55.0	45.0
	Use of Contraceptive						
30	FAM (ovulation, thermal and withdrawal method)	152(55.7)	121(44.3)	302(53.0)	268(47.0)	182(51.1)	174(48.9)
31	Barrier methods (condom, diaphragm)	135(49.5)	138(50.5)	288(50.5)	282(49.5)	91(25.6)	265(74.4)
32	Hormonal method (pills and injectable)	108(39.6)	165(60.4)	189(33.2)	381(66.8)	152(42.7)	204(57.3)
33	Use of implants	111(40.7)	162(59.3)	281(49.3)	289(50.7)	142(39.9)	214(60.1)
34	Intrauterine devices (Copper-T)	88(32.2)	185(67.8)	249(43.7)	321(56.3)	129(36.2)	227(63.8)
35	Sterilization	8(6.6)	255(93.4)	27(4.7)	543(95.3)	28(8.1)	327(91.9)

Cluster%	37.4	62.6	49.5	50.5	43.9	56.1
Grand%	54.4		54.2		49.9	

Key: UT = Utilized, NUT = Not utilized

Data in Table 2 show that overall use of all component of family planning services based on age is 54.4% for 15-30 years old couples, 54.2% for couples 31-40 years old and 49.9% for couples 41-49 years old. Specifically, table reveals that 60.1% of couples 15-30year-old utilize sexuality education more than 51.9% of couples 41-49 years old 42.2% of couples with 31-40 years old. Table further reveals that 61.9% of couples 31-40-year-old utilize preconception counseling more than 59.0% of couples 15-30 years old and 55.8% of couples 41-49 years old. Table also reveals that 48.8% of couples 31-40-year-old utilize infertility services more than 45.0% of couples 15-30 years old and 42.7% of couples with 41-49 years old.

More results revealed that 70.6% of couples 15-30-year-old utilize STI services more than 68.8% of couples 31-40-year-old utilize contraceptives more than 43.9% of couples 41-49 years old and 37.4% of couples with 15-30 years old. This means that married couples of 15-30 years and 31-40 years have high utilization of FPS while couples of 41-49 years have low utilization of FPSs.

Hypothesis One

Ho. There is no significant difference in the proportion of married couples that utilize family planning services based on gender in Taraba State. Data testing this hypothesis are contained in Table 3.

Table 3: Summary of Chi-square Analysis of No Significance Difference on the Proportion of Married Couples that Utilized FP Services Based Gender (n=1,199)

Variable	Utilization of Family Planning Services			X ²	df	p-val
	Utilized		Not utilized			
	N	O(E)	O(E)			
Male	599	278(322.7)	320(276.3)	2.860	1	.001*
Female	600	367(323.3)	233(276.7)			
Total	1199	646	553			

*significant **not significant

Data in Table 3 shows the overall Chi-square value of 2.860 with p-value of .001 which is less than .05 level of significance at 1 degree of freedom ($\chi^2 = 2.860$; $df = 1$; $p = .001 < .05$). this shows that a significant difference is found in the proportion of married couples that utilized FPS based on gender. Thus, the null hypothesis is rejected. This implies that married couples do differ in their utilization of FP services based on gender.

Hypothesis Two

Ho₂. There is no significant difference in the proportion of married couples that utilize family planning services based on age in Taraba State. Data testing this hypothesis are contained in Table 4.

Table 4: Summary of Chi-square Analysis of No Significance Difference on the Proportion of Married Couples that Utilized FP Services Based Age (n=1,199)

Variable	Utilization of Family Planning Services			X ² df	p-val
	Utilized	Not utilized	O(E)		
Years	N	O(E)	O(E)		
15 – 20	273	149(147.1)	124(125.9)		
21 – 40	570	319(307.1)	251(262.9)	16.148 2	.000*
41 – 49	356	178(191.8)	178(161.2)		
Total	1199	646	553		

*significant **not significant

Data in Table 4 shows the overall Chi-square value of 16.148 with p-value of .000 which is less than .05 level of significance at 1 degree of freedom ($\chi^2 = 16.148$; $df = 2$; $p = .000 < .05$). this shows that a significant difference is found in the proportion of married couples that utilized FPS based on age. Thus, the null hypothesis is rejected. This implies that married couples differ in their utilization of FP services based on age.

DISCUSSION

The findings of the study are discussed as follows:

Data in Table 1 showed that high proportion of females (61.7%) utilized FPS while low proportion of males (43.5%) utilized all the components of FP services. Specifically, females (59.6%) and males (43.2%) utilized sexuality education. Females (68.5%) and males (49.3%) utilized preconception counseling. Also, females (49.7%) and males (41.3%) utilized infertility services. About (69.2%) females and (60.4%) males

utilized STI management services and (48.7%) females and (38.5%) males utilize contraceptives. This finding showed that females used all family planning services except infertility and contraceptives while the males do not use them except STIs management services. The finding was not surprising but expected because it is a known fact in the society that males are not interested in family planning issues and have rather seen it as a women matter. On specific items, high proportion of females utilized sexuality education, this Olaitan (2011) stated is one of the determinants of effective utilization of contraceptives. This tally with Elsinga, Jong-Ptyer and Van (2007) who revealed that female services by the male and female respondents, this is agreed by Stephen and Chandra (2000) and Makush, Petta, Osis and Amondea's (2010) study which revealed that infertility management service was very low which could be attributed to unavailability and inaccessibility of the services especially at the low income area. This utilization of family planning services by the females and non-utilization by the males is a clear indication of gender disparities in health service utilization.

The finding tallies with the finding of Adelekan, Omoregie, and Edom (2014) on male involvement in FPS utilization. The study showed that majority of the males have never participated in FPS with their wives, this could be attributed to the preconception that FP use is women's activity. The authors recommended that community sensitization of male involvement in FP should be provided by the government and non-governmental agencies. The finding also agrees with the finding of Ondeki, Wanyoike-Gichuhi, M'imunya and Ndirangu (2015) that discovered that male participation in infertility management was 1.8% by the men and 67.5% by the women. The authors revealed that male partners who participated were more involved in the care of their partners in terms of paying hospital bills, decision making and accepting treatment. Apanga and Adam (2014) also found out that men were aware of FPS in Talensi area but uptake of service was low. On the contrary, Onwuzurike and Ugochukwu (2011) found out that 91% of non-use of family planning methods among married women in a community in Enugu State Nigeria was as a result of their husband being against it.

Data in Table 3 revealed that there was a significant difference ($\chi^2 = 2.860$; $df = 1$; $p = .000 < .05$) is found in the proportion of married couples that utilize FP services based on gender. This finding is not surprising but expected because gender has been a significant factor in family planning utilization. This is because females tend to use FPS more

than the male, knowing fully well that the whole burden of pregnancy, childbearing and their consequences lies on them. The finding agrees with Olaitan's (2011) study which reported that there was significant influence in the involvement of males and females on the use of family planning, in Southwest Nigeria. The significant difference in the proportion of male and female respondents that utilized family planning services showed that males are still proving stubborn in family planning utilization. This is the more reason why most women are using the services without their husband's consents. Therefore, effort should be intensified on male participation as an effective strategy to promote family planning service utilization.

Data in Table 2 showed that high proportion of married couples (54.4%) of 15 – 30 years old couples, high proportion of married couples (54.2%) of 31 – 40 years old, but low proportion of married couples (49.9%) of 41 – 49 years old utilized FP services. This finding implies that the married couples from age 15 – 30 years and 31 – 40 years have high utilization of family planning services while those from 41 – 49 years have low utilization of FPS. This finding was very surprising for it was expected that those of age 41 – 49 should use FPS because they should have gotten the number of children and might not want to have more children again. And they also need this services to keep their family and sexual life healthy. This therefore means that age is a factor in determining the utilization of family planning services, hence the younger age utilized family planning services more than the older age. This finding however contradicts with Kisa, Zaynologu and Delibas (2013) result which revealed that men 40 years old and over used FPM more than men in the age group 20 – 29 years. Rate of use by men age 20 – 29 with 5 or more children and men 40 years and over was high. There is also increased use with both age and duration of marriage. The study is also contradicted by the study of Ali and Okud (2013) which revealed that age is not associated with FP utilization.

Data in Table 4 showed that there was significant difference ($\chi^2 = 16.148$; $df = 2$; $p = .000 < .05$) in the proportion of married couples that utilize FP services based on age. This is surprising because was expected that everybody should utilize these services no matter their ages so as to improve their reproductive health. This confirmed the finding of Stephen and Chandra (2011) study which revealed that age is a significant factor in determining FP utilization. The author moreover stated that more

specialized services were more prevalent among women aged 30 or older. The study of Husseini (2011) contradicts this finding and reported there was no statistical significant association between age and family planning method uptake. This finding therefore implies that age specific intervention programme should be organized for all age groups to make sure they partake of these services and more awareness should be created to make all utilize family planning services no matter the age.

CONCLUSION

Based on the findings and discussion of the study, the following conclusions were drawn:

1. Low proportion (43.5%) of male respondents and high proportion (61.7%) of female respondents utilized all the components of FP services.
2. High proportion (54.4%) of married couples 15 – 30 years and (54.2%) of 31 – 40 years utilized FPS while low proportion (49.9%) of 41 – 49 years utilized FP services.
3. There was a significant difference ($\chi^2 = 2.860$; $df = 1$; $p = .001 < .05$) in the proportion of married couples that utilized FP services based on gender.
4. There was a significant difference ($\chi^2 = 16.184$; $df = 2$; $p = .000 < .05$) in the proportion of married couples that utilized FP services based on age.

RECOMMENDATIONS

1. Health education and campaign on adequate utilization of FPS should be conducted by professional health educators and other health personnel regularly at the community health centers and village market squares.
2. Government should ensure the functionality of all primary health centers and make sure there is adequate provision of FPS materials and equipment.
3. Family planning centers should be erected in strategic places in the various communities to ensure that it is accessible to the married couples.
4. Community leaders as well will contribute by encouraging their subjects to utilize the services by using village and town meetings as avenue to talk about family planning services.

5. Mass media and social media should incorporate FPS as one of the programme in their sector in order to make sure that all the married couples benefit from FPS.

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