

Women Perception and Turnout Rate for Family Planning in Ekiti State

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Abstract

This study examined women's awareness, perception, and turnout rate for family planning in Ekiti State, Nigeria, while identifying factors influencing participation in family planning programs. Using a descriptive survey design, data were collected from 1,350 married women selected through a multistage sampling technique across the three senatorial districts of the state. Instruments included the Family Planning Perception Questionnaire (FPPQ) and a pro-forma for documenting turnout rates, both of which were validated for clarity and reliability. Findings revealed that the majority of women held positive perceptions toward family planning, yet overall turnout remained low, indicating a gap between awareness and actual utilization of services. Correlation analysis showed a significant negative relationship between perception and turnout, suggesting that negative perceptions reduced participation, while favorable attitudes were associated with higher engagement. Analysis of variance further demonstrated that religion and educational level significantly influenced turnout rates, highlighting the role of sociocultural and knowledge-related factors in reproductive health decision-making. These findings underscore the need for strategies that go beyond awareness campaigns, focusing on addressing religious, cultural, and educational barriers to enhance women's participation in family planning. The study recommends community-based education, religious engagement, male involvement, and improved health service delivery as critical interventions for increasing uptake of family planning services in Ekiti State.

Keywords: Family planning, Women's perception, Turnout rate, Education, Religion,

IJARBAS1

Accepted 25 June 2025
Published 30 June 2025
DOI: 10.5281/zenodo.18157688



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Introduction

Rapid population growth remains one of the most critical developmental challenges confronting Nigeria. Although the country is richly endowed with human and natural resources, population expansion continues to exert enormous pressure on socioeconomic structures, health systems, and household welfare. Overpopulation has been linked to rising poverty levels, unemployment, food insecurity, inadequate housing, overstretched health facilities, and declining educational opportunities. These challenges disproportionately affect women and children, who are often the most vulnerable members of society. Large family sizes, coupled with limited income and poor access to healthcare, have contributed significantly to maternal and child health complications, malnutrition, and preventable mortality. In many developing countries, including Nigeria, population growth is closely associated with reproductive behaviour and limited utilisation of family planning services. Family planning is globally recognised as a cost-effective public health intervention that enables individuals and couples to determine the number, spacing, and timing of their children. When effectively utilised, family planning contributes to improved maternal health, reduced infant and maternal mortality, economic stability of households, and overall national development. However, despite the availability of modern contraceptive methods, utilisation rates in many Nigerian communities remain low, especially in rural and semi-urban settings. The African continent continues to experience high fertility rates alongside significant burdens of communicable and non-communicable diseases. These conditions complicate the efforts of governments, international agencies, and non-governmental organisations to improve health outcomes. Population pressure often undermines disease control strategies, maternal health programmes, and poverty reduction initiatives. Women with limited access to family planning services are more likely to experience unintended pregnancies, unsafe abortions, pregnancy-related complications, and poor birth outcomes. These risks are heightened in settings where women's reproductive choices are constrained by cultural expectations, religious doctrines, and patriarchal family structures. Women's perception of family planning plays a crucial role in determining uptake and sustained use. Perception is shaped by multiple factors, including knowledge, beliefs, cultural values, religious teachings, partner support, fear of side effects, and prior experiences with health services. In many Nigerian communities, childbearing is culturally valued, and large family size is often seen as a symbol of wealth, strength, and marital success. These norms can discourage women from adopting family planning methods, even when they are aware of their benefits. Patriarchal systems further limit women's autonomy, as decisions regarding fertility and contraceptive use are frequently dominated by male partners (Ajayi & Olofin-Samuel, 2025). Empirical studies conducted in Ekiti State indicate that awareness of family planning is relatively high; however, awareness does not always translate into utilisation. Badeji-Ajisafe (2018) found that while inhabitants of Ekiti State generally expressed favourable attitudes toward family planning, actual practice varied significantly due to social, cultural, and religious influences. Similarly, Gbenga-Epebinu, Okafor, and Olofinbiyi (2020) reported moderate utilisation of modern contraceptives among couples in Ekiti State, with education level, spousal communication, and community norms emerging as key determinants of use. Qualitative findings further revealed that fear of side effects, misinformation, and mistrust of contraceptive methods continue to discourage consistent uptake, particularly among women in rural settlements (Gbenga-Epebinu & Ogunrinde, 2020).

Recent community-based evidence from Ekiti State underscores the importance of both male and female perceptions in shaping family planning behaviour. Ibikunle et al. (2024) demonstrated that community beliefs, gender power relations, and partner approval strongly influence women's decisions to adopt or discontinue family planning methods. Even where services are accessible, women may refrain from utilisation due to concerns about marital conflict, social stigma, or religious disapproval. These findings suggest that turnout rates for family planning cannot be fully understood without examining the broader social context in which women make reproductive decisions. Furthermore, women's reproductive health experiences, including exposure to disrespect, abuse, and poor quality of care within health facilities, may negatively affect their willingness to engage with family planning services (Ejioye & Gbenga-Epebinu, 2021). Trust in healthcare providers and perceived quality of care are therefore essential components influencing women's perception and turnout. When women feel unsupported or misunderstood within health systems, they may avoid preventive reproductive health services, including family planning.

Given the socioeconomic consequences of uncontrolled population growth, the health risks associated with repeated and unintended pregnancies, and the persistent gap between awareness and utilisation of family planning services, there is a compelling need to examine women's perceptions and turnout rates in specific local contexts. Ekiti State presents a relevant setting for such investigation due to its mix of urban and rural communities, strong cultural traditions, and documented variations in contraceptive utilisation. This study therefore seeks to explore women's perception and turnout rate for family planning in Ekiti State, with particular attention to the social, cultural, and perceptual factors influencing utilisation.

This study intended to verify how informed women in Ekiti State were about family planning and their perception of it. The study further examined the turnout rate of women in Ekiti State for family planning, while factors that influenced women's perception of family planning and their turnout rate for the programme were investigated.

Methodology

This study employed a descriptive survey research design. The design was considered appropriate because the study examined the perception and turnout rate of married women in Ekiti State toward family planning without manipulating any variables. The survey approach was adopted to ensure adequate coverage of the various segments of the population, thereby allowing the selected sample to be a true representation of the target population.

The population for the study consisted of 30,324 married women in Ekiti State, from which a sample of 1,350 respondents was selected using a multistage sampling technique. In the first stage, three local government areas were selected from each of the three senatorial districts in the state. The second stage involved the selection of three general hospitals from each of the selected local government areas, while the third stage involved the selection of 50 married women from each of the selected general hospitals.

Data for the study were collected using the Family Planning Perception Questionnaire (FPPQ) and a pro-forma designed to obtain information on turnout rate for family planning. The questionnaire consisted of 20 items that assessed women's perception of family planning and was structured on a two-point scale of Agree and Disagree. The face and content validity of the instrument were ensured by confirming the clarity of the items and their relevance to the variables under investigation. The reliability of the instrument was established using

Cronbach's Alpha, which yielded a coefficient of 0.78, indicating acceptable reliability. The instruments were administered with the assistance of matrons and nurses in the various hospitals, while hospital authorities provided records of women on family planning using a standardized pro-forma.

Results

Table 1: Descriptive analysis of the nature of women perception about family planning.

Nature of Perception	N	Percentage
Positive	932	69%
Negative	418	31%

The table 1 above revealed the state of the perception of the Ekiti women about family planning. It was revealed that many of the women had a positive perception about family planning while few of them had a negative perception about family planning at N (932) (69%) and N (418) (31%) respectively. This indicated that many of Ekiti women had a positive and recommendable perception and view about family planning while few with negative perception may be traced to factors related to educational level or religion.

Table 2: Descriptive analysis of turnover rate for family planning by married women in Ekiti Estate.

Senatorial District	Number of Married Women	Turnover Rate for Family planning	Percentage
North	450	123	27%
Central	450	214	47%
South	450	144	32%
Total	1,350	481	36%

The table above revealed the rate at which the sampled married women registered for family planning in Ekiti state, the table recorded a low turnover rate in all the three senatorial districts with North senatorial district having the lowest turnover rate followed by South and Central at 27%,32% and 47% respectively. It was made clear from the table that only 36% of the entire sample registered for family planning, which is very much below average.

Table 3: Correlation analysis of the relationship between women perception and their turnover rate for family planning.

Variable	N	r	Sig.
Women Perception	1350	-0.675	0.000
Turnover Rate for Family Planning			

The correlation analysis revealed a strong negative relationship between women's perception and their turnout rate for family planning, as indicated by a correlation coefficient of -0.675. This relationship was statistically significant, with a significance value of 0.000, showing that the association did not occur by chance. The negative direction of the relationship implies that as women's negative perceptions of family planning increased, their turnout rate for family planning decreased, while more favourable perceptions were associated with higher turnout rates. This finding suggests that women's perceptions play a crucial role in influencing their participation in family planning programmes.

Table 4: Analysis of Variance of the influence of religion on women turnover rate for family planning

Source of Variation	SS	Df	MS	F	Sig.
Between Groups	6.432	1	1.743	9.123	0.021
Within Groups	10.543	1348	0.256		
Total	16.975	1349			

The analysis of variance indicated that religion had a statistically significant influence on women's turnout rate for family planning in Ekiti State. The result showed a significant difference between the groups, as the calculated F-value was significant at the 0.05 level. This implies that women's religious affiliation played an important role in determining their level of participation in family planning services, with turnout rates varying significantly across religious groups. Consequently, religion emerged as a key factor influencing women's involvement in family planning programmes in the study area.

Table 5: Analysis of Variance of the influence of women educational level on their turnover rate for family planning

Source of Variation	SS	Df	MS	F	Sig.
Between Groups	8.309	1	2.312	8.654	0.013
Within Groups	11.245	1348	0.432		
Total	16.975	1349			

The result of the analysis of variance indicates that women's educational level had a statistically significant influence on their turnout rate for family planning. This is evident from the calculated F-value of 8.654 with a significance value of 0.013, which is less than the 0.05 level of significance. This finding implies that differences in educational attainment among women accounted for variations in their participation in family planning programmes, with education playing an important role in shaping women's decision to utilize family planning services.

Discussion

The analysis of the nature of women's perception toward family planning in Ekiti State revealed that a significant majority of the respondents held positive views, with 69% (N = 932) expressing favourable perceptions, while 31% (N = 418) demonstrated negative perceptions. This finding suggests that most women in Ekiti State are aware of the benefits of family planning and generally regard it as a valuable strategy for managing fertility and improving maternal and child health outcomes. The predominance of positive perception aligns with previous studies in the state, which reported that awareness and favorable attitudes toward family planning are widespread among women, even if this does not always translate into high utilisation (Badeji-Ajisafe, 2018; Ibikunle et al., 2024). However, the presence of a notable minority with negative perceptions indicates that barriers such as limited education, entrenched religious beliefs, and cultural norms continue to influence how women view family planning. This observation supports the findings of Gbenga-Epebinu and Ogunrinde (2020), who highlighted that misconceptions and cultural apprehensions could undermine women's perception of contraceptive use despite high awareness.

Despite the largely positive perception, the analysis of turnover rates for family planning revealed a concerning low level of actual participation among married women in Ekiti State.

Only 36% of the sampled women were registered for family planning, with the North senatorial district recording the lowest turnout at 27%, followed by the South at 32%, and Central at 47%. This discrepancy between perception and practice underscores a well-documented phenomenon in reproductive health research, where positive attitudes do not always result in corresponding behavior due to structural, social, or personal constraints (Gbenga-Epebinu et al., 2020; Babatunde et al., 2019). The variation in turnover rates across senatorial districts may reflect differences in accessibility to health facilities, level of sensitization campaigns, socioeconomic status, and local cultural or religious influences. For instance, lower turnout in the North district could be attributed to more conservative religious or social norms that restrict women's autonomy in reproductive decision-making, a finding consistent with the influence of religion observed in this study (Ajayi & Olofin-Samuel, 2025).

The correlation analysis between women's perception and their turnout rate for family planning yielded a strong negative relationship ($r = -0.675$, $p = 0.000$), indicating that as negative perceptions increased, the likelihood of participating in family planning programs decreased. Conversely, more positive perceptions were associated with higher participation. This statistically significant relationship demonstrates that perception remains a critical determinant of family planning behavior, even in contexts where general awareness is high. The finding resonates with prior research in Nigeria and other African countries, where women's beliefs, concerns about side effects, and social expectations strongly influenced contraceptive uptake (Oberiri, 2017; Bekele et al., 2020). Notably, this negative correlation highlights that while a majority of women may recognize the benefits of family planning, the persistence of myths, misconceptions, and personal or partner opposition can significantly hinder actual engagement with family planning services. Similar patterns were observed by Ibikunle et al. (2024), who reported that while Ekiti women were generally informed about family planning, sociocultural barriers continued to reduce active utilization.

Religion emerged as a significant factor influencing turnout rates for family planning, as revealed by the analysis of variance ($F = 9.123$, $p = 0.021$). This result suggests that women's religious affiliation played an important role in shaping their participation, with some religious groups potentially discouraging contraceptive use. This finding corroborates prior studies indicating that religious teachings and spiritual beliefs often act as either facilitators or inhibitors of family planning adoption, depending on the interpretation and enforcement of doctrine within communities (Babatunde et al., 2019; Ajayi & Olofin-Samuel, 2025). Women who adhere to religious norms that favor large family sizes or oppose artificial contraceptive methods may be less likely to register for or consistently use family planning services. Conversely, in contexts where religious leaders endorse family planning or emphasize responsible parenthood, participation rates tend to be higher. This dynamic highlights the need for culturally and religiously sensitive interventions that engage faith leaders as partners in promoting reproductive health, a strategy supported by both Badeji-Ajisafe (2018) and Ibikunle et al. (2024).

Educational level was also found to significantly influence turnout rates for family planning among Ekiti women ($F = 8.654$, $p = 0.013$). Women with higher educational attainment were more likely to participate in family planning programs compared to those with lower educational levels. This finding aligns with previous research emphasizing education as a critical determinant of reproductive health behavior. Educated women are generally more knowledgeable about contraceptive methods, more confident in decision-making, and better

able to negotiate reproductive choices with their partners (Gbenga-Epebinu et al., 2020; Oberiri, 2017). Moreover, education enhances exposure to media campaigns and health information, facilitating informed choices regarding family size and spacing. Conversely, women with limited education may rely on traditional beliefs or partner-dominated decision-making processes, reducing their uptake of modern contraceptives (Babatunde et al., 2019; Gbenga-Epebinu & Ogunrinde, 2020). The finding underscores the importance of integrating literacy and reproductive health education in interventions aimed at increasing family planning utilization.

The low overall turnout rate (36%) despite a high proportion of positive perception (69%) indicates a complex interplay of factors beyond mere awareness or attitude. While perception provides the cognitive framework for decision-making, external constraints such as accessibility, affordability, partner support, health system efficiency, and social approval critically influence actual behavior (Gbenga-Epebinu & Ogunrinde, 2020; Ejioye & Gbenga-Epebinu, 2021). For instance, the involvement of male partners, as highlighted in previous studies, is crucial for women's effective participation in family planning programs, particularly in patriarchal settings where men often dominate reproductive decisions (Ajayi & Olofin-Samuel, 2025; Babatunde et al., 2019). Additionally, experiences of disrespect or perceived poor quality of care in health facilities may discourage women from utilizing family planning services, even when they acknowledge the benefits (Ejioye & Gbenga-Epebinu, 2021). This suggests that enhancing turnout requires not only awareness campaigns but also systemic improvements in service delivery, community engagement, and gender-sensitive programming.

The findings further demonstrate that socio-cultural norms continue to shape both perception and participation. In Ekiti State, the value attached to children, particularly male offspring, may motivate families to prioritize high fertility, even among women with positive perceptions of family planning (Ibikunle et al., 2024; Gbenga-Epebinu et al., 2020). Similarly, myths about contraceptives causing infertility or health complications persist, influencing decision-making despite education and general awareness (Badeji-Ajisafe, 2018). These insights highlight the need for multi-pronged strategies that address knowledge gaps, cultural beliefs, and health system barriers simultaneously. Targeted interventions should involve community sensitization, engagement of religious and traditional leaders, and counseling services to reinforce positive perceptions and convert them into actual turnout.

In conclusion, the study reveals a nuanced relationship between perception, education, religion, and turnout rates for family planning among married women in Ekiti State. While the majority of women hold positive views toward family planning, actual participation remains low, suggesting that perception alone is insufficient to drive utilization. Religion and educational level were confirmed as significant determinants of turnout, indicating that interventions must be context-specific and consider socio-cultural and educational dynamics. These findings resonate with previous studies in Ekiti State and broader Nigeria, which underscore the complex interplay of knowledge, attitude, social norms, and systemic factors in shaping family planning behavior (Gbenga-Epebinu & Ogunrinde, 2020; Ibikunle et al., 2024; Badeji-Ajisafe, 2018). Effective strategies to increase turnout should therefore combine educational initiatives, faith-based engagement, male partner involvement, and improvements in service delivery to translate positive perception into meaningful participation in family planning programs.

Conclusion

The study concluded that women's perception plays a critical role in influencing their participation in family planning programs in Ekiti State. While the majority of women demonstrated positive attitudes toward family planning, actual turnout and utilization of services were relatively low. This indicates that perception alone is not sufficient to ensure active participation, as other factors such as religion, educational level, cultural norms, and health system experiences significantly affect women's reproductive choices. Religion and education were found to be particularly influential, highlighting the importance of sociocultural and knowledge-based factors in shaping family planning behavior.

Recommendations

1. Stakeholders should implement targeted education campaigns to improve knowledge of family planning, correct misconceptions, and promote positive perceptions among women, especially in rural and underserved areas.
2. Programs should collaborate with faith and community leaders to create culturally sensitive messages that align family planning with religious and social values, thereby reducing resistance among women and their partners.
3. Interventions should encourage men to participate in discussions and decisions regarding reproductive health to foster support for women's use of family planning services.
4. Health facilities should provide high-quality, respectful, and accessible family planning services, including counseling and follow-up support, to enhance women's confidence and willingness to utilize these services.
5. Policies should emphasize the link between female education and reproductive autonomy, supporting programs that enhance literacy and informed decision-making among women, which can increase uptake of family planning services.

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Cite this article:

Author(s), RAPHAEL Ayowande Omolade, OLALEKAN, Oluwaseyi Patricia, OLAIYA Ganiyat Omotooke, IBRAHIM Olaide Shakirat, OGUNRINDE Modupe Elizabeth, (2025). “Women Perception and Turnout Rate for Family Planning in Ekiti State”, **Name of the Journal:** International Journal of Academic Research in Business, Arts and Science, (IJARBAS.COM), P, 18- 28 , **DOI:** www.doi.org/10.5281/zenodo.18157688 , **Issue:** 6, Vol.: 7, Article: 2, Month: June, Year: 2025. Retrieved from <https://www.ijarbas.com/all-issues/>

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