International Journal of Interdisciplinary Research Methods
Vol.9, No.2, pp.1-14, 2022
Print ISSN: ISSN 2398-712X,
Online ISSN: ISSN 2398-7138

Sources of Information and Attitude of Women Toward Family Planning in Selected Rural Areas in Boki Local Government, Cross River State

Tuku, Paulina Mbua,
Health Information Management
Cross River College of Health Technology, Calabar, Cross River State

Dr. Ofem Ubi Arikpo,
Salem University Nigeria, Lokoja, Kogi State

Citation: Tuku, Paulina Mbua, and Ofem, Ubi Arikpo, (2022) Sources of Information and Attitude of Women Toward Family Planning in Selected Rural Areas in Boki Local Government, Cross River State, *International Journal of Interdisciplinary Research Methods*, Vol.9, No.2, pp.1-14

ABSTRACT: *Family planning is one of the most successful development interventions of the past 50 years. It is unique in its range of potential benefits, encompassing economic development, maternal and child health, and educational advances among others. The evidence is clear: Family planning improves health, reduces poverty, and empowers women. Yet, today, more than 200 million women in the developing world want to avoid pregnancy but do not have the right sources of information on family planning. This made them face many obstacles, including a lack of access to information and health care services. A descriptive survey design was adopted in this study and no variable was manipulated. Rural women of childbearing age were used in this study, stratified sampling technique was used to select 200 respondents from 12 wards in Boki LGA of cross river state. Two valid and reliable instruments were used for data collection. Data were analyzed using descriptive statistics and the Pearson moment product. The result reveals that women between the age of 31 and above are involved in family planning, the level of their education is at SSCE with a percent of (42%), rural women's attitude has a positive relationship with Family planning (N=200, r = .915**, p<.005). It is recommended that childbearing age women in rural communities should be given enough information on family planning as well as its importance in society.*

KEYWORDS: information, attitude, women, family planning, Boki local government, Cross River State.

INTRODUCTION

Family planning is considered an essential component of primary health care and reproductive health that plays a significant role in reducing maternal and newborn morbidity, mortality, the transmission of HIV, etc. The widespread adoption of family

planning represents one of the most dramatic changes of the 20th century. Murphy (2004), observed that the family planning program has contributed to the achievement of the Millennium Development Goals (MDGs) and the targets of the health-for-All Policy for the 21st century, both in Nigeria as well as other African Regions, by reducing child mortality, improving maternal health, and promoting gender equality. In view of the foregoing, over the years, family planning has also supported the achievement of the goals of eradicating extreme poverty and hunger, achieving universal primary education, combating HIV/AIDS, and ensuring environmental sustainability since population growth exacerbates pollution and threatens fragile ecosystems. Meanwhile, family planning is usually used as a synonym for the use of birth control. It is mostly adopted by couples who wish to limit the number of children they want to have, the spacing of children, and control the timing of pregnancy (Olaitan, 2009).

In recognition of its importance, the World Health Organization (WHO 2004) Regional Office for Africa developed a framework (2005−2014) for accelerated action to reposition family planning on national agendas and in reproductive health services, which was adopted by African Minister of Health in 2004. According to WHO Agenda 2020, the framework calls for an increase in efforts to advocate for recognition of "the pivotal role of family planning" in achieving health and development objectives at all levels. Therefore, the reproductive health of women as seen includes her ability to space delay or limit children, as well as her experience with infertility, child loss, or planned or unplanned childlessness in the community.

Nevertheless, the family planning program seems to have lost its importance recently as international development strategies and priorities have changed. Yet increasing numbers of men and women across Africa want to adopt family planning and exercise their right to freely choose the number and spacing of their children. The current environmental situation looks difficult for officials of the program that are trying to meet this growing demand not only in Africa but the entire world. According to the London submission on Family planning in 2012, the Family planning 2020 (FP 2020) initiative was launched to reduce the unmet need for family planning by emphasizing that the goal is to enable 120million women in 69 countries to decide on when to have children (Kopnina and Washington, 2016).

Nigeria is one of the most populous countries in Africa, with more than 88 million people, has a high annual rate of population growth (3.5%) and a total fertility rate of 6.0-lifetime births per woman. Federal Office of Statistics, Nigeria Demographic and Health Survey (1990) additionally confirmed that the country has relatively high levels of infant mortality (104 infant deaths per 1,000 live births) and maternal mortality (800 maternal deaths per 100,000 live births). In response to these proclamations and other serious demographics on health-related issues as a human right, the federal Ministry of Health during her health talks 1992-1993 maintained that the right information, education, and communications campaigns

must be launched to change the narratives of Nigerians' attitudes toward family planning, and thereby increase the level of awareness of those in the rural communities.

The campaign was based on evidence that family planning messages relayed through the mass media can influence contraceptive behavior. For example, in Nigeria, one-quarter of new clients attending a family planning clinic identified a television campaign as their source of referral. Other techniques commonly used in most communities include sexual education, prevention and management of sexually transmitted diseases, preconception counseling, management, and infertility management (Olaitan, 2009). The immediate need to control the high fertility rates among women in the rural part of Nigeria has therefore attracted the interest of many scholars in the academic world to look deep into the need to control the population in our society. Most of the studies covered urban women at various social and professional levels and very few studies have been made among rural women (Olaitan, 2009). Adding that a lot has been done by international agencies and other stakeholders to encourage the use of family planning, methods among women both in rural and urban areas of developing countries including Nigeria.

This notwithstanding, there still exists a great challenge of unmet needs regarding family planning especially in the rural part of Boki local government area as the desired attitudinal and behavioral changes toward family planning are yet to be achieved. United Nations Population fund (2006) suggested that making family planning available to all who need it will reduce both family and national expenditure on reproductive and children's health problems. Hence, families can stretch their budgets further by having fewer children to feed, clothe, and educate when they have the right source of information on family planning

Sources of information on family planning can be critical to uptake the services in family planning. Khan (1996) suggests that the lack of trusted sources of information to women has been considered a key barrier that affects access to utilization of family planning information and services in most parts of Nigerian and particularly in Boki Local government area of Cross Rive State. (Khan 1996, and Montez 2011) observed that the call for the intervention with the right practices of family planning can simultaneously improve women's attitude toward family planning and improve the uptake of such services by utilizing the right source of information that is trusted. Stephen, Joseph, Simon, and Elizabeth (2016) carried out a study on knowledge sources and use of family planning methods among women aged 15 – 49 in Uganda. The study suggests that when respondents were asked to mention any three sources of FP information that they trusted, 60.4% (n=2,033) indicated that they trusted clinic providers, over half (56.9%) mentioned friends while half (51.3%) mentioned the media. Only 33% mentioned health education as one of the three trusted sources of FP information. Accordingly, a study in Nepal demonstrated that women exposed to radio drama had significantly higher odds of believing that their spouses approved of family planning and of having discussed family

planning with them (Sharan and Thomas 2002). Radio programs intended to increase spousal communication may also have an impact on women, given the large audience of radio listeners throughout the nation.

Furthermore, sources of information on family planning have been a controversial issue in Boki local government, the root of the problem is that the rural population is still growing at a high rate. That is because modern family planning has not been fully embraced in the community due to the needs and contrivance of population control that is involved. Today, more than 200 million women in the developing world try to avoid pregnancy but do not have the right information on in using a modern method of contraception. They face many obstacles, including lack of access to information from health care services, cultural and religious opposition from their husbands and communities, misperceptions about side effects, and costs.

Contrary to this view, there is a call for adequate intervention by reorientation to inversely effects on the community as well as the entire state. Additionally, the media play a key role in determining the most important issues of the day, by deciding what information will be published or aired. The media inform the public as well as policy makers. They report to the public on government commitments and plans, and because they reflect community attitudes, the media influence policy makers on the need for family planning programs in the area. Women with media exposure are about four times as likely to use a method of family planning information as women with no media exposure. At the same time, women with no media exposure are highly unlikely to have their demand for family planning satisfied (90 percent of the demand for spacing is not met and 83 percent of the demand for limiting is not met), this in a way has influenced the extent of women behaviour in regard to family planning.

The attitude of women toward family planning is of great importance as it affects the community in terms of their inclinations and behavior. Therefore, an attitude refers to the state of readiness to act or react in a certain manner when confronted with certain stimuli. Attitude is dominant until a stimulus triggers its expression. An adequate assessment of factors influencing attitudes toward family planning needs should therefore be made known to cast a broader net. For this reason, viable family planning programs could, however, be devised through reliable and accurate estimates of the magnitude of the unmet need for family planning. Crabb and Hunsley's (2006), findings on the role of sex are not consistent with some studies finding that women hold more positive attitudes toward professional help-seeking than men. However, such effective behavior has been recognized to be central to both the mean and end of health programs, considered to promote or inhibit women's behaviors at home. Meaning that rural women's attitudes toward the family have been observed to have a reciprocal effect. That is, a positive attitude toward family planning maximizes the possibility that rural women will readily learn more about the subject matter.

According to the Oxford Advanced learners dictionary, ninth edition, attitude is the opinion way of thinking or behavior reflecting these views cited by Ezike (2007), which defined attitude as an internal state that influences or moderates the actions of an individual's choice of actions and makes certain classes of actions possible. Attitude, therefore, seems synonymous with the opinion one holds about a phenomenon. However, the term attitude has been defined in different ways, so it is an evaluation of someone on a range of like to dislike or favorable to unfavorable. It influences both professional and personal behavior. In particular, stigma and discrimination associated with family planning as expressed by mental health professionals as well as the general public results in the underuse of mental health services (Emrich et al. 2003). It has been accepted as something beneficial by the general public in rural communities. In recent times, this attitude is known to have a widespread positive impact on the general public and the well-being of the rural community; and is critical to the achievement of Millennium Development Goals irrespective of their educational level.

The educational level of rural women according to Kulsoon (2006) provides opportunities to be well informed of positive changes in society in respect of their behavior in family planning. The lower level of educational attainment and larger ideal family size with more children have an association with early marriage. Therefore, the practice of family planning has a relation to social and educational empowerment. Lack of educational empowerment has been associated with a lack of family planning knowledge, a nonsupportive attitude, and poor sources of information.

Policymakers have turned their attention to other issues such as HIV/AIDS, infectious diseases, and alleviating persistent poverty. As a result, family planning programs are struggling at a time when universal access to family planning could contribute to solving these issues. It is on this background that this study seeks to investigate on the attitude and knowledge of rural women towards family planning in selected rural areas, Boki local government area of Cross River State

Objectives of the study

This study aims to examine the knowledge and attitude of rural women of Boki L.G., Cross River State, toward family planning information. Specifically,

i. The study sought to identify the kinds of relationship between the demographic variables (age and education) with planning information.
ii. explore the possible sources of information about family planning among rural women.
iii. Find out the state of rural women's attitudes and practice of family planning

Research Questions

-What is the influence of demographic variables (age and education) on rural women and family planning information?
-What are the sources of information about family planning information among rural women?
-To what extent does the attitude of rural women influence family planning information?

METHODOLOGY

Design

The study adopted a descriptive survey design to gather information. This is because it aids in the systematic collection, analysis, and presentation of data to demonstrate a situation or event as it exists. According to Osuala (2005) and Abimbola (2010), descriptive research of this nature is an attempt to give an accurate assessment of characteristics, and document current conditions or attitudes, that is, to describe what exists at the moment or among rural women, using a structured questionnaire for data collection on related variables of the study as regard family planning among rural women in Boki LGA of Cross River State, Nigeria.

Population of Study

The population of the study consists of two thousand and ninety 2090 of all rural women of childbearing age between the ages of 16- and 50 in selected communities in Boki LGA. This is because this group of persons have been involved in a family affair and are still viable to produce more children. The quantitative approach of research was employed with a survey of randomly selected mothers from selected rural communities in Boki LGA, Cross River State.

Sampling Technique and Sample Size

A stratified random sampling technique was used to select the women that participated in the study. The inclusion criteria were ever-married women aged 16–50 years. The sample comprises 25 villages selected from 12 wards in Boki LGA, in the northern senatorial district of Cross River where the health Centre operates. Eight (8) villages were selected from Ajirija, 8, Eight (8) villages from Ekagbe, and Nine (9) villages from Deshishua Abedebede. The selection was made according to the population size of the area. All twenty-five, villages were selected for the study with a sample of 200 respondents randomly selected from the area.

Instruments

Since the study was to investigate the attitudes of rural women toward family planning, the following instruments were used for data collection.
1. A questionnaire that measures women's opinion on family planning information
2. An attitudinal scale

A questionnaire that measures women's opinions on family planning information

This was constructed by the researcher to determine the opinion of rural women on family planning. It consists of two major sections A and B. Section A of the items consists of 2 items meant to elicit demographic information about women while Section B is made up of 20 items focused on issues about their views on family planning. Respondents were given four options to choose from Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD).

An Attitudinal Scale (AS): This instrument was constructed by the researcher to measure the attitude and source of information of rural women toward family planning. the instrument consists of two major sections A and B. Section A consists of items meant to elicit sources of information on family planning, while Section B is made up of 17 items focused on attitudes toward family planning. Respondents were given options to choose from in a 4 Likert form such as; Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD).

Validation of Instrument

Two instruments **(QFP and AS):** were, subjected to face and construct validity. The instruments were pilot tested with 30 rural women who did not form part of the study sample. Internal consistency of the items was established as the attitudinal scale (AS) 5.9 coefficient, while the reliability coefficient of (QFP) Scales was determined using Cronbach Alpha and the index was 0 .82

Data collection procedures

The consent for permission to conduct the research from various villages selected for the study was granted by the community leaders, and the exercise lasted for three (3) weeks.

Procedures of data analysis.

Data collected were analyzed using descriptive statistics, frequency, and percentages of demographic variables of respondents. The descriptive analysis attempts to present pictures or document current conditions or attitudes. To test for relationships that exist between rural women and their attitudes toward family planning. Pearson product-moment correlation coefficient was used to find the association between age, education, and attitude toward family planning.

RESULT

The result of the study is presented as follows:

Research question 1.

What is the influence of demographic variables (age and education) on rural women and family planning information?

Table 1. Age level of Respondents

	Frequency	Percent
16-20	31	15.0
21-25	40	20.0
26-30	64	32.0
31 ABOVE	65	32.5
Total	**200**	**100.0**

Table 1 shows the results of the age level of rural women concerning the adoption of family planning. The result reveals that those women between 31 and above age have 32.5% knowledge of family planning, followed by those at the age level (26-30= 32.0%), followed by (21-25=20.0%), and finally the last age group level (16-20= 15.0%). This shows that the majority of the respondents are 25years old and above.

DISCRIPTIVE STATISTICS OF RURAL WOMEMN AGE AND FAMILY PLANNING

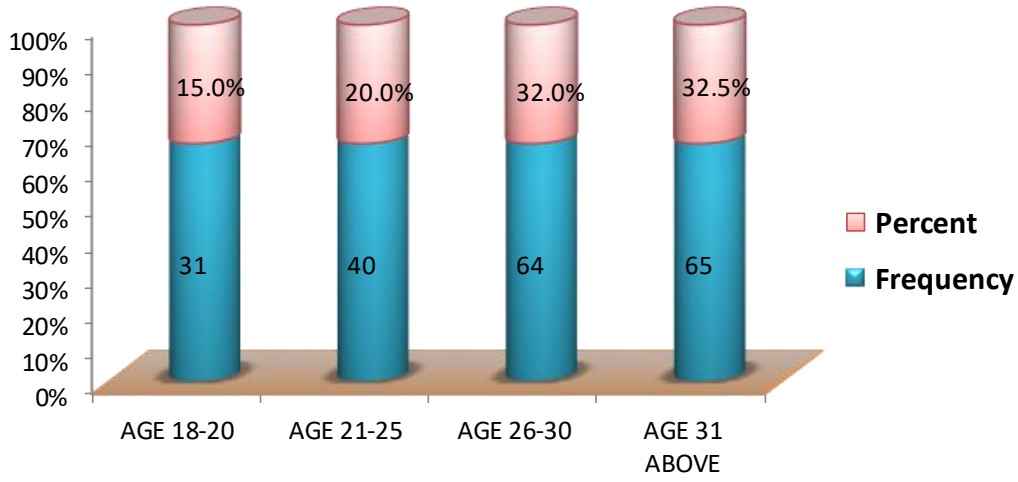

Figure 1 represents the age level of rural women

Table 2. Description of Educational level of Rural Women and Family Planning

	Frequency	Percent
SSCE	84	42.0
DIPLOMA/OND	55	27.5
NCE/HND	45	22.5
BA/BSC/BED	16	8.0
Total	**200**	**100.0**

Table.2 presents a description of the educational qualification of rural women with their level of educational qualification. The result shows that those with SSCE have the highest

frequency (84) with a percent of (42%), followed by those with DIPLOMA/OND having a frequency of (55) with (27%) of percentage. NCE/HND has (22.5%), while the BA/BSC/BED has a percentage of (8%). This, therefore, implies that among the rural women in the community that responded to the questionnaire of the study, most of their highest level of education is DIPLOMA/OND, see fig 2.

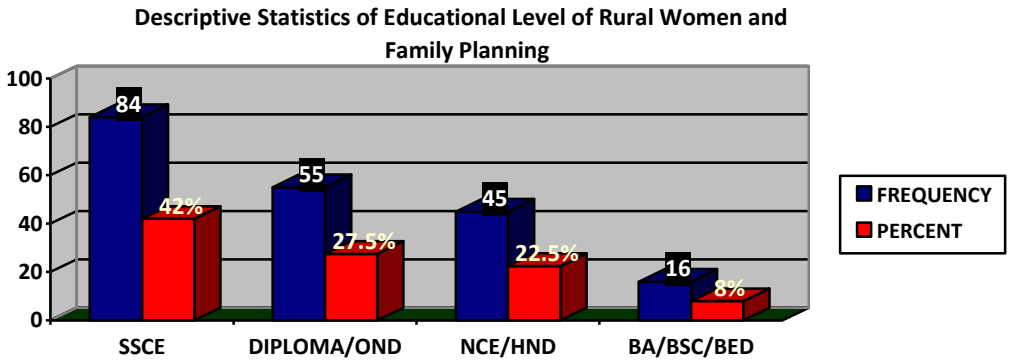

Figure 2. Representing the Educational level of rural women

Research Question 2.
What are the sources of information about family planning information among rural women?

Table 3. Respondents' Sources of Information about Family Planning Programs

	Frequency	Percentage
Family members/siblings/parent	13	6.5%
NGOs /Friends	71	35.5%
Husband	13	6.5%
Age mate and Neighbors	23	11.5%
Nurses/Doctors after childbirth (Clinic)	40	20.0%
Churches/mosque	12	6.0%
Community Meetings/town criers	9	4.5%
Radio/Television	14	7.0%
Books/magazines/Newspapers	5	2.5%
Total	**200**	**100.0**

Table 3. to show the frequency and percentages score of the respondents on their source of information about family planning, the result reveals that all respondents (35.5%) were

aware of the use of family planning through NGO programs/friends and sensitization, followed by the Nurses/Doctors after childbirth (clinic) with (20.0%) as rural women visit a family planning clinic, followed by Age mate and Neighbors having (11.5%), Radio/Television has (7.0%), Family members/siblings/parent (6.5) and Husband (6.5), Churches/mosque (6.0%), Community Meetings/town criers(4.5) and finally from Books/magazines/Newspapers at (2.5%). This, therefore, implies that out of the information gotten by the rural women, NGO programs were seen to have given more awareness about family planning in the rural area

Research question 3.
To what extent does the attitude of rural women influence family planning information?

This research question was examined with Pearson Product Moment Correlation (PPMC) (Pearson r) and the results are presented thus.

Table 4. The table shows the relationship between women's attitudes and family planning.

Variable	Mean	St-Dev	N	Df	R	P
Attitude of Rural Women	54.44	12.598	200	198	.915**	<.005
Family Planning	54.65	12.548				

**. Correlation is significant at the 0.05 level.

Table 4 reveals the correlation coefficient and significance values of attitudes of rural women toward childbearing and family planning. The result shows there is a positive significant relationship between Attitude of women and family planning, N=200, r = .915**, p<.005. Therefore, the result implies that the attitude of rural women has a significant relationship with family planning. The implication is that, if the source of information increases, their tendency for family planning will increase, likewise their attitude will be positive. The coefficient of determination (r^2= 0.837), reveals that attitude had a very high influence on the family planning of rural women. Which accounted for 83.7% of the variation in family planning.

RESULTS AND DISCUSSION

The result of the data analysis is presented in a way to highlight the background variables of the respondents of the study and discuss its findings.

Research question one; what is the influence of demographic variables (age and education) of women on family planning information? Firstly, the result of the study reveals that the age level of rural women influences the adoption of family planning. The result reveals that those women between 31 and above age have 32.5% knowledge of family planning, followed by those at the age level (26-30= 32.0%), followed by (21-25=20.0%), and finally the last age group age level (18-20= 15.0%). This, therefore, indicates that many of the sampled women in the community were mature enough to adopt the practice of family planning, and as such reduces the chance of childbearing. This study contradicts the views of Karra (2002) in his study suggests that age at marriage is not a significant determinant of the overall need for family planning but emerges as significant when spacing and limiting needs are considered separately. Adding that women at married age for the first at 18 ages are significantly less likely to have seen the need for child spacing, moreover, that about 80 percent of women aged 18 t0 24 years have attended information about family planning. That means the changes in marriage socio-economic development of the family could have a combined influence on the marriageable age of the women and the adoption of family planning.

Moreover, the descriptive analysis of the educational level of rural women concerning family planning shows that those with SSCE have the highest frequency (84) with a percent of (42%), followed by those with DIPLOMA/OND having a frequency of (55) with (27%) of percentage.NCE/HND has (22.5%), while the least BA/BSC/BED has a percentage of (8%). This, therefore, implies that among the rural women in the community that responded to the questionnaire of the study, most of their highest level of education is diploma/OND. In addition, implies a positive connection between education and willingness to adopt the use of family planning has also been observed by Sheikh and Furnham (2000). More people are enlightened about education; they are likely to develop accurate information about family planning unlike those with less or no education programs. The observation of the human Development reports (2003) reveals that the level of rural women's education changes the attitude and behavior of people towards modernization and quality of life in general. In addition, the educational level of rural women according to Kulsoon (2006) provides opportunities to be well informed about positive changes in society in respect of their behavior regarding family planning. Even though the family planning service provider comes to visit people and educate the women on the importance of the family planning method, they become confused and will not listen to the service provider, especially those women in the Northern part of Nigeria. In the order ward, considering those in the north without education, most of them said that family planning service providers want them to be barren for life; as such, they tend to withdraw from the services

The result of research question 2 reveals that all respondents (35.5%) are aware of the use of family planning through NGO programs/friends, followed by the Nurses/Doctors after childbirth (clinic) (20.0%) as rural women visit a family planning clinic, followed by Age mate and Neighbors having (11.5%), Radio/Television has (7.0%), Family members/siblings/parent (6.5) and Husband (6.5), Churches/mosque (6.0%), Community Meetings/town criers(4.5) and finally from Books/magazines/Newspapers at (2.5). Ojoko (2000) reveals that the most effective channel of creating awareness among rural women, especially the literate ones, is through their friends and neighbors. Accordingly, a study in Nepal demonstrated that women exposed to radio drama had significantly higher odds of believing that their spouses approved of family planning and of having discussed family planning with them (Sharan and Valente 2002). Radio programs in tended to increase spousal communication may also have an impact on women, given the large audience of radio listeners throughout the nation. Furthermore, focus group discussions, FGDs, and facility surveys showed that posters and charts were the most widely available forms of FP communication materials in health facilities. Other materials such as brochures, audiotapes, and videos, were less readily available. FGDs noted several ways to strengthen existing FP communication materials, such as: ensuring that FP communication materials are culturally appropriate, targeting those who influence decisions around FP use, and ensuring that materials are accessible to clients with low literacy rates by incorporating more graphics and artwork.

The result of research question 3 reveals that there is a significant correlation relationship between women's attitudes and family planning in Boki LGA of Cross River State. N=200, r = .915**, p<.005. That is, there is a relationship between attitude and family planning. The result further reveals that attitude has a very high positive influence on family planning. The finding is in line with Odimegho (1999), who believed that respondents showed a positive attitude toward family planning. Besides, more than half of the respondents (52.8%) said that they considered family planning for the health of the mother and their children. moreover, Smith et al. (2009) in their study opined that women expressed a positive attitude towards family planning, over 95% agreed about the benefits of spacing children and family planning for the health of the child and mother. However, there was some disagreement about the time to start family planning, as 63.7% of them agreed to start family planning immediately only after the birth of the first child. Although, almost all respondents demonstrate positive attitudes in discussing family planning, some respondents disapprove of unmarried or single women discussing contraception. As mentioned by some respondents: in addition, Sotheary and Hay (2003) added that in their study women showed positive attitudes to family planning programs. For example, women are willing to become involved in family planning education and independently seek out family planning information

Given the result, it is important to reemphasize that the age level of rural women adopted for family planning was commendable, thinking their level of education was not significant enough to expose them to a deep knowledge of family planning which implies that the women with SSCE have the highest frequency and percent of education while the least is BA/BSC/BED as the case may be. Furthermore, a number of women indicated that they are aware of family planning programs through NGO activities. The attitude expressed by the rural women was positive and understanding and ready to be involved in the family planning program. Hence, it is recommended that every woman should be encouraged to visit the family planning service providers to be enlightened more on the various family planning choices that will meet their economic status.

References

Cherkaoui M 2000. Fertile Changes. ORGYN, pp. 27-32. Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) 1979, Part III, articles 10, 12, 14, and 16 http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm)

Crabb R, Hunsley J. 2006 Utilization of mental health care services among older adults with depression. J Clin Psychol.DC, Population Reference Bureau.

Etuk SJ, Ekanem AD. 2003. Knowledge, attitude, and practice of family planning amongst women with an unplanned pregnancy in Calabar – Nigeria. *Niger J Physiol Sci*; **18**(1-2):65-71.

Hughes D., 2002. Quality of Health Care for Asian Americans: Findings from the 2001 Commonwealth Fund Health Care Quality Survey. New York: The Commonwealth Fund;

Korra, Antenane. 2002. *Attitudes toward Family Planning, and Reasons for Nonuse among Women with Unmet Need for Family Planning in Ethiopia.* Calverton, Maryland USA: ORC Macro

Kopnina, H. and Washington, H. 2016. Discussing why population growth is still ignored or denied. Chinese Journal of Population Resources and Environment, 14(2), pp.133-143

Khan Mehrab Ali 1996. Factors affecting the use of contraception in Matlab, Bangladesh. J Biosoc Sci. 1996; 28(3): 265-279.

Montez David 2011. Family Planning and Maternal Health in Tanzania. Women Demand for More Information. Audience Scapes Africa Development Research Brief

Murphy E. 2004. "Diffusion of Innovations: Family Planning in Developing Countries," *Journal of Health Communication* 9, Supplement 1 (2004): 123-29.7

Odimegwu, C. O. 1999. "Family Planning Attitudes and Use in Nigeria: A Factor Analysis." *International Family Planning Perspectives* 25(24): 86-91.

Olaitan O.L 2009. Sexual Behaviour of University Students in southwest Nigeria. Egypt. Acad. J. Biol. Sci. (Zool.), 1(1): 85-93. www.eajbs.eg.net.

Robey, B., P.T. Piotrow, and C. Salter. 1994. *Family planning lessons and challenges: Making programs work.* Population Reports, Series J, Number 40. Baltimore,

Maryland USA: Johns Hopkins School of Public Health, Population Information Program.

Sharan, M and Thomas W. V 2002. "Spousal Communication and Family Planning Adoption: Effects of a Radio Drama Serial in Nepal." International Family Planning Perspectives 28(1):16–25.

Stephen, G A, Joseph KB Matovu, Simon S, Elizabeth N. 2016. Knowledge, sources, and use of family planning method among women aged 15-49 years in Uganda. Volume 24, article 39, 10 May 2016

Sheikh S, Furnham A. 2000. A cross-cultural study of mental health beliefs and attitudes toward seeing professional help. Soc Psychiatry Psychiatr Epidemiol.

Smith R et al. 2009. *Family planning saves lives*, 4th ed. Washington

United States Agency for International Development (USAID) and Overseas Development Assistance (ODA), *Situation Analysis Report: The Family Planning Situation Analysis Study*, Washington, DC, USA: USAID; and Great Britain: ODA.

USAID and Management Sciences for Health. 2006. Rural Expansion of Afghanistan's Community-based Healthcare (REACH): Transforming a Fragile Health System. Cambridge, MA: MSH.

World Health Organization (WHO), 2007, *Report of a WHO Technical Consultation on Birth Spacing* Geneva: WHO,

World Bank (WB),1993 Effective planning program Washington, DC.