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**Determinants of Birth-Control Choices Among Female Teachers of
Child-Bearing Age in Selected Secondary Schools in Ibadan
North Local Government of Oyo State**

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Abstract

This study however focused on determinants of birth control choices among female teachers of child-bearing age in selected secondary school in Ibadan North Local Government of Oyo State. The descriptive survey research design were adopted for the study. 429 female teachers of child-bearing age was purposively selected for the study. Demographic data was analysed using simple percentage and frequency counts while linear regression was used to analyse the hypotheses at 0.05 alpha level. Self developed Likert type questionnaire was used as research instrument. The findings showed the respondents differ significantly, in their responses knowledge of birth control methods ($F=391.21$), effectiveness and time duration of birth control methods ($F=233.41$), convenience of use ($F=363.21$), religious belief, spouse influence ($F=118.6$), peer influence ($F=222.6$), current number of children (70.12). This showed a relative contribution of the independent variable on the dependent variable. All the seven hypotheses were rejected.

Knowledge of birth control methods, effectiveness and time duration of birth control methods, convenience of use, religious belief, spouse influence, peers influence and current number of children were found to be the factors that determine birth control choices among female teachers. It is therefore recommended that health education programmes such as seminars, health talks e.t.c. should be organized for women to create more awareness on the various methods of birth control. This will encourage them on the need for contraception and find solution to various reproductive health challenges.

Keywords: Birth control, Female teachers, Child bearing, contraception, intercourse, Reproductive health, safe sex

Introduction

The recent rapid increase in human population over the past two centuries has raised concerns that human beings are beginning to over populate the earth and that the planet may not be able to sustain present or larger number of inhabitants. According to Ogunsemore, Macpherson and Omolade (2011) while quoting United

Nations World Population Prospects Report (2010), the world population is currently growing by approximately 74 million per year. Based on the current world population of 6.5 billion, current United Nations predictions estimates that the world's population will reach 9.2 billion around year 2050 and almost all growth will take place in less developed countries.

Population Reference Bureau PRB (2012) recorded that Nigeria is one of the most populous countries in the world with the population of 170.1 million and the percentage of married women of reproductive or child bearing age (15-49 years) using modern methods of contraception is 8 percent. Overpopulation does not depend only on the size of the population, but on the ratio of population to available and sustainable resources. It also depends on the way resources are used and distributed throughout the population. Ross, J.P. (2007) submitted that overpopulation results from increase in birth and decline in mortality rate due to medical improvements and increase in immigration. This in essence emphasizes the need and urgency for birth control measures among Nigerians.

Most developing countries of the world remain poor today as a result of scarce resources brought about by overpopulation. This is why most people in Africa are suffering miserably from poor nutrition, housing, health and other physical conditions (Odelola, 2005). Okanlawon (2000), observed that poverty and poor health are as a result of too many people putting too much demands on otherwise finite resources. He further explained that overpopulation is associated with low life expectancy, high mortality rates and more disease and illness conditions. The present population growth in Nigeria is already having adverse effects on the socio-economic life of the people. The living standard remains poor, as people continue to suffer from malnutrition and congestion as a result of inadequate food and housing. Youths are roaming about the streets in search of jobs that are not available, social amenities like regular supply of electricity, health services, good roads and communication systems are on the decline. Consequently, there is low life expectancy as rates of morbidity are high. However, it is increasingly being realized that if people are to derive individual benefits from the efforts to improve the standard of living, the present population growth must be controlled.

Ezugwu (2008) lamented that Nigeria is experiencing serious economic crisis as a result of overpopulation. He stated that the total fertility rate in Nigeria is one of the highest in the world; it is 5.7 percent, that is, a Nigerian woman will give birth to an average of six children in her lifetime. According to Oyewo (2009) while quoting Akingbade (2008), large family size as well as short delivery interval lead to overstretching of family resources resulting in poverty, poor child health, poor family health and high child mortality. Ogunsemore, Macpherson and Omolade (2011) while quoting Macmanna (2004) stated that in order to slow population growth, reduce the morbidity, mortality and socio-economic problems associated with child bearing and unsafe abortion, government has made tremendous efforts, among such efforts are the intensive research involving diverse disciplines in the areas of reproductive health, contraceptive technology and the evaluation of an acceptable and effective population control programmes. These programmes have been introduced by national and international agencies and contraceptives are made available.

Reasons for Birth Control

The following, according to Nwoke (2000), are the major reasons and benefits of birth control globally.

Health Reason: One of the goals of the family planning is to help mothers and children achieve maximum health and well being. Infant illness and death is highest in fair specific types of pregnancy such as pregnancy before age 18, pregnancy after age 35, pregnancy after four birth and pregnancy less than two years apart. Therefore, family planning or birth control is an effective way to prevent maternal and infant mortality as it can help couples avoid high risk pregnancies as frequent, repeated and unplanned child-bearing puts tremendous strain on the health of the mother and the financial conditions of the couple. Also, raising a child requires significant amount of resources and planning help assure that resources are available before a child born. It is healthier for the mother to wait at least two years after the previous birth before attempting to conceive (but not more than five years). After a miscarriage or abortion, it is healthier to wait at least six months.

Nutrition Reason: Parents with large families are faced with inadequate nutrition. It is of great importance to a mother to give reasonable gap between one pregnancy and the other. The ideal interval is one which permits the first infant to be both independent of breast milk and able to walk before the next arrives. If this interval is short, the children are prone to protein-calorie malnutrition.

Education Reason: The cost of post-primary and tertiary education is now very high in the society. As a result many families terminate the education of some of their children at senior secondary school level. At this age, many children are confused as they do not know what to do next.

Psychological Reason: Birth control eliminates the fear of unintended pregnancy and increase the sexual intimacy among the couple.

Medical Reason: It decreases maternal and infant mortality and morbidity. It also prepare mothers medically fit for childbearing process and reduce the risk of abortion which may lead to death.

National Development: Birth control boosts economy of a nation by reducing the dependent population and increase the agile independent population and also reduce the rate of overpopulation.

Benefit to Mother: Birth control methods give women option to have baby by choice and not by chance and give them time to pursue academics and employment goals without worrying about the financial burden of an unplanned pregnancy. Also, the life expectancy of women is also prolonged as birth control prevents frequent pregnancy, prolonged lactation and illegal abortion. Also, illnesses and long term ailment are detected and treated during the course of receiving family planning services.

Factors Determining Birth Control Choices

Birth control is mostly adopted by the couples who wish to limit the number of children they want to have and control the timing of pregnancy. The concept of informed choice in family planning can be applied to a wide range of sexual and reproductive health decisions. It focuses on whether to seek to avoid pregnancy,

whether to space and time one's child bearing, whether to use contraception, what birth control method to be used, and whether or when to continue or stop the method. The term birth control choice also refers to the family choice focuses on the individual. To a large extent, community and culture affect a person's attitude towards birth control. Household and community influences can be so powerful that they can obscure the lie between individual desires and community norms. For instance, in some culture, many women reject contraception because bearing and raising of children is the path to respect and dignity in the society. On the other side, most women use contraception because having small families is the norm. also, people choose contraception methods that are commonly used in their community because they know that it is socially acceptable to do so; and they tend to know more about these methods. (Olaitan, 2011).

A myriad of different factors affect a person's personal decision about what type of birth control methods to be used:

- i. **Effectiveness and time duration of birth control methods:-** People who are not in a financial or emotional situation to have children might opt for the most effective type of family planning method in order to avoid pregnancy. A woman or couple with a casual approach towards parenthood might choose to use a least effective certain method of contraception such as natural method or modern methods with short-acting period. (Olaitan, 2011).
- ii. **Religious Belief:-** Some religions such as Catholicism have restrictions on contraception based on the belief that it is God's will to bring children into the world. Some religious believers might choose to avoid certain methods of birth control in an effort to live their lives according to the teaching of their religion (Olaitan 2011).
- iii. **Spouse influence:-** One has to consider the preference of his or her spouse when choosing a birth control option. For instance, some men do not like to have sex using a condom. In that case, women might choose from other birth control methods. Also, men play a role in the decisions to adopt a contraception method. Lack of support from the husband not only hinders contraceptive use but may also lead to premature termination of use of a long-acting method. Moreover, when a woman uses a certain method of contraception without the husband knowing about it, such behaviour may result in serious marital disharmony if the husband learns of it. (Olaitan, 2011).
- iv. **Peers influence:-** Many women use the same family planning methods that others in their social network use. For instance, the women in a community may be encouraged to use one type of contraceptive based on the choices of the early contraceptive users. (Akpamu, Nwoke, Igbinoria and Adisu, 2009).
- v. **Knowledge of birth control methods:-** Some women have been expecting to be more educated on different methods of birth control, most especially the modern methods. They need to get a whole picture of those methods before they can decide to choose one. Lack of knowledge about how to use and side effects of some of these methods is common among

women. These information on gaps need to be addressed if these methods are to be positioned as a viable choice in the minds of women and couples. Some women have the knowledge of methods of contraception than men. For some time in Nigeria, family planning has targeted women, because of the need to be free from excessive child-bearing and to reduce maternal and infant mortality through the use of modern methods. Therefore, most research and information campaigns on family planning focus on women. This shows that most women are aware of certain family planning methods. (Ozumba, Obi and Ijioma, 2005). Studies in the West African sub region have reported very high percentage of women with knowledge of at least one modern method of contraception, but accuracy and adequacy of this knowledge has not been clearly examined. (Oye-Adeniran, Adewole, Odeyemi, Ekanem and Umoh, 2005)

vi. **Convenience of use:** Some choose barrier methods of birth control as it is easy to use and prevent sexually transmitted diseases and the intervention of health professionals is not required before use. (Fisher and Black, 2007).

vii. **Current number of children:-** Having many children may present rather unbearable burden because the responsibility to take care of a child takes q long period before such a child gets economic independence from pregnancy to adulthood, the child looks on its parent for sustenance. Therefore, some women carefully consider this issue and limit the number of their children by choosing a long-acting methods of birth control. Birth control as an important component of family life and sex education is a way of limiting family size to a number which the family can conveniently take care. (Ogunsemore, Macpherson and Omolade, 2011). According to Olaitan (2011), other factors influencing the choice of birth control method include:

(a) **Cost:** Some forms of contraception methods such as tubal ligation for women and vasectomy for men ks very cost compared to other options such as condom, pills etc.

(b) **Health risk:** For people with multiple sexual partners, the choice to use family planning devices helps them to keep healthy. For instances, use of condom can reduce the chance of contracting sexually transmitted diseases.

(c) **Permanence:** Some contraception choices such as vasectomy and tubal ligation are usually permanent. Couple who do not want to have children at present, but would like to have in the future might refuse to choose permanent method and choose a less permanent option such as pills or condoms.

(d) **Socio-economic factors:-** There are some methods of birth control that are expensive for some couple to afford due to their financial situations.

(e) **ender role:-** Some couples want to have a male child, and in cases the family child born to them is female, the family is unhappy. Therefore, the couple may reject contraception as they may wish to have another child in order to have a male child.

(f) **Community norms:** This is the most important factor influencing the choice of family planning among couples. It prescribes how much autonomy an

individual has in making family planning decisions. The larger the differences in reproductive intentions within a community, the more likely the community norms support individual choices. Some couples in the community feel that bearing children is the major aim of their marriage. In some northern part of Nigeria, especially the Islamic believers, they believe that bearing more children will indicate how wealthy they are in which they tend to withdraw from use of birth control methods.

Research Hypotheses

The following hypotheses were tested in the study.

1. Knowledge of the birth control methods will not be a significant determining factor to birth control choices among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.
2. Effectiveness and time duration of birth control methods will not be a significant determining factor to birth control choices among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.
3. Convenience of use will not be a significant determining factor to birth control choices among married teachers of child-bearing age in Ibadan North Local of Oyo State.
4. Religious belief will not be a significant determining factor to birth control choices among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.
5. Spouse influence will not be a significant determining factor to birth-control choices among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.
6. Peers influence will not be a significant determining factor to birth-control choices among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.
7. Current number of children will not be a significant determining factor to birth-control choices among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.

Methodology

The descriptive survey research method was used for the study. This was considered appropriate because it enables the collection of detailed and factual information. It also describes existing phenomena and justifies current conditions and practices (Thomas and Nelson, 2001). The population of this study comprises of all female teachers of child bearing age in public secondary schools in Ibadan North Local Government of Oyo State, Nigeria. Simple random sampling technique of ballot without replacement was used to select fifteen public secondary schools (both junior and senior) out of thirty secondary schools (both junior and senior) in Ibadan North Local Government of Oyo State. Purposive sampling technique was used to select all the female teachers of childbearing age in each selected secondary schools (both junior and senior) as respondents for the study. Therefore the sample size for this study was four hundred and twenty nine (429) respondents.

Research Instrument

A questionnaire titled "Determinants of Birth Control Choices among female-teachers of child-bearing age in selected secondary schools in Ibadan North Local Government of Oyo State" was used for this study. The questionnaire was divided into 8 sections. Section A is designed to gather data on personal information (demographic data), while section B contains items on knowledge of birth control methods as a determinant of birth control choice, section C on effectiveness and time duration of birth control methods as determinant of birth control choice, section D on convenience of use as determinant of birth control choice, section E on religious belief as determinant of birth control choice, section F on spouse influence as determinants of birth control, section G on peers influence as determinants of birth control and section H on current number of children as determinant of birth control choice.

The questionnaire was structured according to the variables to be tested in the study. The questionnaire was a close-ended four points likert scale, indicating the degree of agreement and disagreement with the supplied statements: strongly agree (SA/4), agreed (A/3), strongly disagree (SD/2) and disagree (D/1).

The reliability of the instrument was tested using test-retest method on twenty one female teachers of child-bearing age in Orogun Grammar, Orogun in Akinyele Local Government of Oyo State, who was not part of the study population but having similar characteristics with the area of study. The data collected was thereafter subjected to pearson product moment correlation and a reliability coefficient of 0.72 was obtained. After the reliability of the instrument, 429 questionnaire were distributed to the respondents for this study. However, only 329 questionnaire were retrieved. The administered questionnaire were coded and analysed in line with the research hypotheses.

Results and Discussion

The result showed that 392 respondents participated in the study. 120(30.6%) were single, 268 (67.8%) were married and 6(1.5%) were separated. 34(8.7%) have no child yet, 195(49.7%) have 1-3 children, 160(40.8%) have 4-6 children while only 2(0.5%) have 7 and above children.

Hypothesis 1

Hypothesis the states that the knowledge of the birth control methods will not be a significant determining factor to birth control choice among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.

Table 1 showing multiple regression analysis of knowledge of the birth control methods as determining factor to birth control choice

Number of obs	388.0			
F(4,383)	391.21			
Prob > F	0.0000			
R-squared	0.8034			
Adj R-squared	0.8013			
	Coef.	Std. Err.	T	P> t
Traditional Method	0.7930	0.1148	6.9100	0.0000
Modern Method	-3.1206	0.1917	-16.2800	0.0000
Natural Method	-0.2738	0.2166	-1.2600	0.2070
cons	7.5044	0.1463	51.2800	0.0000

Table 1 shows that there was a significant joint influence of knowledge of traditional, modern and natural methods of birth control on the choice of the methods by the female teachers in Ibadan North Local Government of Oyo State ($F(4,383)=391.21, p<0.000$). The Adjusted R^2 value of 0.8013 shows that the independent variables contributed about 80% to the choice of birth control of female teachers in Ibadan North Local Government. Also the independent impact of the factors shows that knowledge of traditional and knowledge of modern method independently and significantly influence choice of birth control method. Based on these result, the hypothesis was therefore rejected and the alternative is accepted.

Hypothesis 2

Hypothesis two states that effectiveness and time duration of birth control methods will not be a significant determining factor to birth control choice among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.

Table 2: Showing multiple regression analysis of the effectiveness and time duration of birth control methods as determining factor to birth control choice

Number of obs	392			
Prob > F	0.0000			
F(4,273)	233.41			
R-squared	0.6429			
Adj R-squared	0.5357			
	Coef.	Std. Err.	T	P> t
Oral contraceptive	0.9592	0.4199	2.2840	0.0050
Injectable contraceptive	-0.1513	0.2519	-0.6000	0.5480
Implant	1.6750	0.4007	4.1800	0.0000
Tubal ligation	2.7414	0.2432	-11.2700	0.0000
cons	8.0596	0.2652	30.3900	0.0000

The result shows that there was significant joint influence of the effectiveness and time duration of oral contraceptive, injectable contraceptive, implant and tubal ligation ($F(4, 273)=233.41, p<0.000$). The Adjusted R^2 of 0.5357 shows that the independent variables contributed about 53.5% to the choice of birth control method of the female teachers in Ibadan North LGA of Oyo States. The result shows that effectiveness and time duration of implant, oral contraceptive and tubal ligation significantly influences choice of birth control.

The impact of the effectiveness and time duration of injectable contraceptive are not significant. Based on this result, the hypothesis was therefore not confirmed. Hence the alternative hypothesis is accepted.

Hypothesis 3

The third hypothesis which states that convenience of use will not be a significant determining factor to birth control choice among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.

Table 3: Showing multiple regression analysis of the convenience of use the birth control methods as determining factor to birth control choice

Number of obs	392			
Prob > F	0.0000			
R-squared	0.4239			
Adj R-squared	0.4180			
Root MSE	1.5661			
	Coef.	Std. Err.	T	P> t
Female condom	0.8544	0.2334	3.6600	0.0000
Oral pills	-2.1146	0.2412	-8.7700	0.0000
Implant	-2.0140	0.2697	-7.4700	0.0000
Intrauterine	1.9661	0.2782	7.0700	0.0000
cons	7.6647	0.2525	30.3500	0.0000

The F-statistics of ($F(4,312) = 363.21, p<0.000$), shows that there was joint influence of the convenience of female condom, oral pills, implant and intrauterine. The Adjusted R^2 value of 0.4239 showed that the independent variables contributed about 42.3% to the choice of birth control of the female teachers in Ibadan North LGA of Oyo States.

The convenience of use of female condom, oral pills, implant and intrauterine all independently and significantly influence choice of birth control of the female teachers in Ibadan North LGA of Oyo States. With the result, it implies that the null hypothesis is rejected and the alternative is accepted.

Hypothesis 4

The third hypothesis states that religious belief will not be a significant determining factor to birth control choice among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.

Table 4: Showing multiple regression analysis of the effectiveness and time duration of birth control methods as determining factor to birth control choice

Number of obs	392			
Prob > F	0.0000			
R-squared	0.5966			
Adj R-squared	0.5925			
Root MSE	1.3105			
	Coef.	Std. Err.	T	P> t
Religion/natural method	-2.3414	0.1775	13.1909	0.0000
Believe/tubal ligation	-0.7526	0.2181	-3.4500	0.0010
Religion/traditional	2.0029	0.1923	10.4200	0.0000
cons	7.4193	0.2618	28.3400	0.0000

The F-statistics shows the joint significance of the religious variables in determining the choice of birth control. Moreover, Adjusted R^2 of 0.5925 show that the independent variables are able to explain the change in choice of birth control by about 59.2%. All the religious factors significantly influence choice of birth control of the female teachers. This implies that the null hypothesis is therefore rejected, and the alternative is accepted.

Hypothesis 5

We used the multiple regression analysis to test the hypothesis that spouse influence will not be a significant determining factor to birth control choice among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.

Table 5: Showing multiple regression analysis of spouse influence on birth control methods as determining factor to birth control choice

Number of obs	392.0			
F(4, 387)	118.6			
Prob > F	0.0000			
R-squared	0.5506			
Adj R-squared	0.5460			
Root MSE	1.3832			
	Coef.	Std. Err.	T	P> t
Husband suggestion	2.6155	0.2121	12.3300	0.0000
Husband cooperation	-2.2854	0.2539	-9.0000	0.0000
Husband believe	-1.7877	0.1527	-11.7100	0.0000
cons	7.8482	0.2070	37.9200	0.0000

The result established the joint significance of the independent variables. This is confirmed by $(F(4, 387) = 118.6, p < 0.000)$ the coefficient value of the F-test. The Adjusted R^2 of 0.5460 showed that the independent variables jointly explain 54% variation in choice of birth control.

The result further showed that all the spouse factors have significant impact on the choice of birth control of the female teachers in Ibadan North LGA. This implies that the null hypothesis is rejected and the alternative is accepted.

Research Hypothesis 6

Hypothesis six states that peer influence will not be a significant determining factor to birth control choice among female teachers of child-bearing age in Ibadan North Local Government of Oyo State.

Table 6: Showing multiple regression analysis of peer influence on birth control methods as determining factor to birth control choice

Number of obs	392			
Prob > F	0.0000			
R-squared	0.3426			
Adj R-squared	0.3358			
Root MSE	1.673			
	Coef.	Std. Err.	T	P> t
Friend discouragement of intrauterine	0.8471	0.2480	3.4200	0.0010
Implant work for friend	-1.1642	0.3083	-3.7800	0.0000
Oral pill fail friend	-0.1598	0.3167	-0.5000	0.6140
Natural method disap. Friend	-0.7794	0.2876	-2.7100	0.0070
cons	7.8735	0.2863	27.5000	0.0000

The F-statistics of ((F(4, 182.1) = 222.6, $p < 0.000$), confirmed that the all the independent variables have joint significant impact. Moreover, the Adjusted R^2 of showed that the change in choice of birth control is explained by 33%.

Most of the peer influence variables have significant impact on the choice of birth control method adopted by the female teachers of Ibadan North LGA. This requires the rejection of the null hypothesis that peer influence will not have significant impact on the choice of birth control.

Hypothesis 7

This hypothesis states that the current number of Children will not be a significant determining factor to birth control choice among female teachers of child-bearing age in Ibadan North Local Government of Oyo.

Table 7: Showing multiple regression analysis of the impact of the current number of Children on birth control methods as determining factor to birth control choice

Number of obs	392.0			
F(3, 388)	70.12			
Prob > F	0.0000			
R-squared	0.3516			
Adj R-squared	0.3466			
Root MSE	1.6594			
	Coef.	Std. Err.	T	P> t
More children/contraceptive	-0.1657	0.1790	-0.930	0.3550
Enough children/tubal ligation	-1.8249	0.2853	-6.390	0.0000
Can still give birth/injectable	0.8164	0.2770	2.950	0.0030
cons	7.4854	0.2799	27.267	0.0000

It is showed Table that all the variables have joint significance on the choice of birth control (($F(3, 388.1) = 70.12, p < 0.000$). The variable, more children, has negative insignificant impact on the choice of birth control by the female teachers of Ibadan North Local government. Similarly, enough children, has negative significant impact on the choice of birth control. The impact of those that can still give birth of the choice of birth control is positive and significant.

Conclusion

The following conclusions were drawn based on the findings of the study.

1. Knowledge of birth control methods was discovered to be a determinant of birth control choices among female teachers of child-bearing age in selected secondary schools in Ibadan North Local Government of Oyo State.
2. Effectiveness and time duration of birth control methods was a factor that determined birth control choices.
3. Convenience of use also emerged to be a determinant of birth control choices
4. Religious belief of the female teachers was a factor that determined their birth control choices.
5. Spouse influence was a serious factor that determined the choice of birth control methods by the female teachers of child-bearing age.
6. Female teachers were influenced by their peers on their choice of birth control methods.
7. Current number of children was also a major determinant of birth control choices.

Recommendations

It is already established that women choose one method or the other for birth control. It is therefore hoped that more awareness should be put in place for better choice of birth control methods in other to prevent having a child by chance but by choice. In light of the above, the following recommendations are made;

- i. Religious institutions should educate worshippers on the need to embrace birth control methods.
- ii. Government and private organizations should set up family planning centers for adequate support and information to couple in urban and rural areas.
- iii. Couples should be encouraged through counseling to access these facilities.
- iv. Enlightenment campaign and awareness programme should be organized for the populace to inform them on the need to control birth rate.
- v. The government in collaboration with voluntary or non-governmental organisations should assist by providing more contraceptives in the country.
- vi. The family planning providers should ensure that side effects developed by the user of contraceptives are attended to immediately they are noticed.
- vii. Health education programmes e.g. seminars, health talks etc should be organised for women about their reproductive health challenges. This will encourage them on the need for contraception.

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