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Demographic Factors Influencing Family Planning Practices Among Married Residents in Ilorin West Local Government Area, Kwara State

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Abstract- ***This study examined the impact of contraceptive awareness and key demographic attributes on family planning practices among married residents in Ilorin West LGA, Nigeria. By adopting a descriptive survey design, data were collected from 215 married respondent across six randomly selected wards using a multistage sampling technique with structured questionnaire administered and analyzed using descriptive statistic and Spearman correlation tested at 0.05 significance level. Findings revealed that respondents exhibited a high level of awareness of fertility control measures, with scores ranging from M = 2.85; SD = 0.85 to M = 2.90; SD = 0.81 and a composite mean of 2.88, indicating substantial knowledge of contraceptive methods from health workers, media, and interpersonal networks. Educational background also influenced family planning practices, with mean scores from M = 2.77; SD = 0.82 to M = 2.91; SD = 0.87 and a composite mean of 2.84, while religious beliefs exerted minimal influence, with ranging score from M = 1.65; SD = 0.67 to M = 2.18; SD = 1.04 and overall mean of 2.35. Spearman correlation results indicated that awareness of family planning (rho = 0.254, p = 0.000) and educational background (rho = 0.372, p = 0.000) significantly and positively influenced family planning practices as p<0.05, whereas religious belief (rho = 0.097, p = 0.158) had no significant effect as p>0.05. The study postulated that awareness and education significantly enhance family planning strategies, while religious affiliation is less influential and recommends that government and health agencies should intensify awareness campaigns, incorporate family planning education into formal and informal learning and customarily sensitive strategies to stimulate wider utilization of fertility.***

Keywords: Family Planning Practices, Awareness level, Educational Background, Religious Belief, Married Residents

I. INTRODUCTION

Rapid population growth continues to place significant pressure on the socioeconomic resources of many developing nations, including Nigeria which make family planning plays a key role. Family planning, widely recognized as a crucial public health and development intervention, refer to ability of individuals and couples to anticipate and attain their desired number of children and ensure proper spacing between births through effective contraceptive methods (WHO, 2025). International development agencies encompassing World Bank, United Nations Population Fund, and World Health Organization consistently underscore reproductive governance initiatives as indispensable mechanisms for mitigating maternal mortality, curtailing unplanned fertility, and improving overall population well-being (WHO, 2025; UNFPA, 2022). Ensuring equitable access to contemporary fertility regulation technologies not only safeguards individual reproductive autonomy but also advances national development goals by lowering public health expenditures, strengthening maternal and child health indices, and enabling households to manage economic resources with greater sustainability and foresight (UNFPA, 2024; UNFPA, 2023).

Numerous communities across Nigeria continue to grapple with persistently low uptake of fertility regulation measures and a markedly high unmet demand for reproductive governance services. Recent evidence presented by Sani et al. (2025) reveals that Nigeria's total fertility rate has declined from 5.3 births per woman in 2018 to 4.8 in 2024. Despite this gradual reduction, the utilization of fertility regulation measures among currently married women remains comparatively low, hovering around fifteen percent, while the proportion of women whose reproductive regulation needs are adequately met still falls below half. In addition, gender dynamics, that is male involvement, and household decision-making power significantly shape family planning practices as a study in Abia State found that male involvement in contraceptive decision making strongly influenced whether couples adopted modern family planning services (Amuzie et al., 2022). This underscores the importance of

considering both spouses when assessing uptake of family planning in marital settings.

Cultural orientation and religious ideology equally constitute pivotal determinants shaping fertility regulation behaviours in socially conservative environments. A recent investigation by Speizer et al. (2025) reported that prevailing perceptions regarding the alignment of reproductive regulation practices with religious doctrine continue to impede uptake among married couples. Likewise, in several regions of Nigeria, personal belief systems and deeply rooted religious convictions have been linked to marked hesitation toward adopting contemporary fertility control methods (Adeyemi and Bukoye, 2023). Despite decades of promotion and global efforts, the uptake of family planning practices among couples in various Nigerian communities remains inadequate. Cultural norms, religious beliefs, insufficient awareness, and varying educational levels significantly influence reproductive decisions in which within this context, investigating how demographic factors such as educational background, religious belief and awareness level influence family planning practices among married residents becomes critical. Therefore, this study examines how awareness level, educational background, and religious belief, influence reproductive regulation practices among married residents in Ilorin West Local Government Area of Kwara State, Nigeria.

Research questions

1. Does level of awareness of family planning influence their planning practices?
2. Does educational background of married residents influence their family planning practices?
3. Does religion belief of married residents influence their family planning practices?

Research Hypotheses

H_{01}: The level of awareness of married residents on family planning practices will not significantly influence their family planning practices

H_{02}: The educational background of married resident will not significantly influence their family planning practices

H_{03}: The religious belief of married resident will not significantly influence their family planning practices

II. LITERATURE REVIEW

Concept of Family Planning

Family planning encompasses the intentional and voluntary measures undertaken by individuals or couples to determine and achieve their preferred number of offspring, as well as to plan the timing and spacing of births through the application of fertility control strategies or other procreative management techniques (Moses & Sampou, 2023; WHO, 2025). Scholars such as McDonald et al., (2024) and Nwadiaru et al., (2025) further underscore that these practices empower couples to avert unintended pregnancies, mitigate maternal and infant morbidity and mortality risks, and exercise greater control over their reproductive trajectories in alignment with their socioeconomic resources and personal aspirations. This contraceptive comprises a spectrum of methods that include modern and traditional contraceptive techniques. Modern methods include hormonal methods (oral pills, injectables, implants), barrier methods (condoms), intra-uterine devices (IUDs), sterilization (male and female), and other long-acting reversible contraceptives. Traditional methods include practices such as, condom, withdrawal (coitus interruptus), rhythm or fertility-awareness methods, abstinence during fertile periods, and other informal or “natural” approaches to avoid conception (Morhason-Bello et al., 2022; WHO, 2023). These modern methods are generally more effective in preventing unwanted pregnancies than traditional methods.

Beyond birth control, family planning represents a broader health and social policy tool. It supports reproductive autonomy, contributes to maternal and child health, and plays a key role in sustainable development by reducing pressure on healthcare systems and enabling families to allocate resources more effectively (Titiyos et al., 2023; WHO, 2025). In numerous low- and middle-income nations, the adoption of contemporary fertility regulation strategies has been associated with significant enhancements in maternal and child health indicators, reductions in unsafe abortions and unintended pregnancies, and expanded opportunities for women’s educational advancement and participation in the workforce (Nwadiaru et al., 2025).

However, the adoption of reproductive regulation practices remains suboptimal in many settings despite high awareness. Evidence from recent studies points to gaps in family planning literacy, limited

accessibility to services, and sociocultural or structural barriers that hinder utilization (Nwadiaru et al., 2025). This underscores that while the conceptual framework of family planning offers clear health and social benefits, translating that into consistent and widespread use requires addressing knowledge gaps, accessibility, social norms, and individual or couple level determinants.

Family Planning in Nigeria

Family planning in Nigeria remains a critical component of public healthiness and population management, yet it faces persistent challenges in awareness, accessibility, and utilization despite several national policies and programs such as National Family Planning Blueprint 2020 to 2024, the Nigeria Reproductive Health Policy, and the National Population Policy 2022 introduced, aimed at promoting modern contraceptive methods, Nigeria continues to experience low contraceptive prevalence rates, high fertility, and significant unmet needs for family planning among women of reproductive age. According to Sani et al. (2025), although awareness of family planning is relatively high, actual utilization remains limited, with disparities influenced by education, socioeconomic status, urban versus rural residence, and regional variations. The researchers observed that higher educational attainment, urban residency, and exposure to media and health facility counseling significantly increased contraceptive uptake, highlighting the influence of social determinants on family planning behavior.

Boadu (2022) reported that in sub-Saharan Africa, including Nigeria, modern contraceptive prevalence is approximately 22 percent, with injections, implants, and condoms being the most commonly used methods and highlight barriers in utilization including cultural norms, spousal opposition, misinformation, and inadequate access to services, which collectively contribute to the persistent gap between knowledge and practice. Similarly, Agbeja et al. (2025) emphasized that age, wealth status, and fertility intentions significantly affect contraceptive use, underscoring the need for targeted interventions for different demographic groups.

Government and non-governmental initiatives have sought to improve family planning adoption through community-based programs, media campaigns, and integration of reproductive health education into schools. However, the success of these interventions often depends on culturally sensitive approaches, male partner involvement, and addressing logistical and informational barriers. Purnamasari and Puspita (2025) contend that strengthening reproductive regulation in Nigeria necessitates a multifaceted approach integrating educational initiatives, improved accessibility to health services, and active community engagement, thereby fostering informed reproductive decision making and advancing maternal and child health outcomes.

Awareness and Demographic Influences on Family Planning

Awareness and demographic characteristics of individuals and couples play a significant role in shaping family planning practices among which are age, educational attainment, marital status, income level, and number of living children etc.

Awareness and Knowledge of Family Planning

Awareness and knowledge of family planning methods are critical determinants of contraceptive uptake among married residents. Nwadiaru et al. (2025) emphasized that individuals who possess comprehensive knowledge about modern and traditional contraceptive methods are more likely to adopt family planning practices effectively. However, the words awareness encompasses understanding of method availability, proper use, side effects, and benefits of birth spacing. Studies in Nigeria have shown that low levels of awareness correlate with reliance on ineffective methods or nonuse of contraception, resulting in high rates of unintended pregnancies and unmet need for family planning (Kupoluyi et al., 2023). Educational campaigns, counseling services, and access to accurate reproductive health information have been shown to improve knowledge and positively influence attitudes toward contraceptive use (WHO,2023). Therefore, demographic factors such as exposure to health information, literacy, and prior experience with family planning services significantly affect adoption and consistent use of contraceptives.

Educational Background

Education constitutes a fundamental determinant in shaping reproductive regulation practices among conjugal couples especially when they understand the benefits of contraceptive use, recognize the health risks associated with high fertility, and access reproductive health services effectively (Boadu, 2022; Adeyemi & Bukoye, 2023). Women with higher levels of education are often empowered to

make informed decisions about spacing and limiting births, negotiate contraceptive use with their partners, and challenge sociocultural norms that discourage contraception (McDonald et al., 2024). Similarly, men with higher educational attainment are more likely to support their spouses in adopting family planning methods, thereby increasing uptake. Empirical studies in Nigeria have shown a positive correlation between educational attainment and modern contraceptive use, highlighting that education enhances reproductive autonomy and mitigates barriers related to misconceptions and fear of side effects (Amuzie et al., 2022).

Religious Beliefs

Religious beliefs about child and birth control also play a significantly role among most married couples. In many communities, religious doctrine shapes perceptions of contraception, dictating whether modern methods are acceptable or discouraged (Adeyemi & Bukoye, 2023; Speizer et al., 2025). For instance, couples who strictly adhere to conservative religious teachings may prefer natural methods or avoid contraceptives altogether due to perceived moral or ethical objections. Conversely, more liberal religious interpretations often support the health and welfare benefits of family planning, facilitating uptake among adherents. Religious leaders also play a crucial role by influencing community norms and guiding couples in reproductive decision-making. Empirical evidence by Boadu, 2022 indicates that religious affiliation and intensity of practice are significantly associated with contraceptive use and spacing of births, highlighting that interventions to improve family planning uptake must account for religious context and beliefs.

Age is another critical factor, with younger couples often more receptive to spacing births, while older couples may focus on limiting family size. Similarly, household income and socioeconomic status influence access to and utilization of family planning services, with financially stable families more able to afford services and sustain consistent use (Nwadiaru et al., 2025). The number of living children also affects contraceptive behavior; couples with several children are more likely to adopt permanent or long-acting methods to prevent additional pregnancies (McDonald et al., 2024). Understanding these demographic determinants is essential for designing effective interventions that target specific populations and enhance reproductive health outcomes.

III. EMPIRICAL REVIEW

Several empirical studies have examined the awareness, use, and determinants of family planning and modern contraceptive methods among women in Nigeria and sub-Saharan Africa, highlighting persistent knowledge-practice gaps and socio-demographic inequalities. Obisesan et al., (2023) found that among 1,188 married women aged 15 to 40 in Ibadan, overall awareness of family planning was extremely high at 94.3 percent. Awareness of specific methods was also substantial, including condoms at 82.6 percent, oral contraceptives at 75.7 percent, injectables at 75.5 percent, and intrauterine devices at 65.3 percent. Yet actual use was disproportionately low, with only 10 percent using withdrawal, 8.1 percent oral contraceptives, 5.2 percent intrauterine devices, and 4.7 percent condoms and highlight barriers to include husbands' opposition, fear of complications, and inadequate knowledge. Also, Boadu (2022) analyzed demographic and health survey data from 37 African countries and reported that modern contraceptive prevalence remained low at just 22 percent. Among users, injectable contraceptives accounted for 39.4 percent, implants for 26.5 percent, and condoms for 17.5 percent. Education, parity, marital status, and access to media or health counselling were strong predictors of use, while women with no education or low economic status showed significantly lower odds of adoption.

Similarly, Sani et al. (2025) examined 36,179 women aged 15–49 participating in the 2018 Nigerian Demographic and Health Survey and found notable regional differences: intention to use contraception was highest in the South East at 44.85 percent and lowest in the North East at 34.76 percent. Also, higher education level was also found as a strong predictor as those with higher level found showing 2.657 times increased contraceptive intention nearly threefold (AOR 2.657), while rural residence, Muslim faith, and younger age reduced likelihood of use. Likewise, a systematic reviews by Feriani et al (2024) reinforce these quantitative patterns by using synthesized 25 global studies and identified age, education, attitudes, geographic inequalities, gender norms, and spousal influence as critical determinants of uptake. While studies by Imo et al. (2025), Agbeja

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et al. (2025), and Bolarinwa (2024) further highlight doctrinal barriers such as; fear of side effects, service access limitations, and persistent inequality gaps by wealth, region, and education. Collectively, these findings show that bridging the knowledge-practice gap requires culturally sensitive interventions, stronger community engagement, and improved access to modern family planning services.

IV. METHODOLOGY

This study adopted a descriptive survey research design, deemed appropriate for systematically eliciting empirical data on respondents' awareness, demographic attributes, and behavioural dispositions toward family planning practices. The design enabled the researcher to capture, with precision, participants' perceptions and self-reported practices within their natural living without manipulating any variables. The population for the study comprised all married residents across the twelve wards in Ilorin West LGA and multistage sampling procedure was adopted to derive a representative sample in which at first stage, simple random sampling using lucky-dip technique was used to select six wards from the twelve wards by preparing six labelled "YES" and six labelled "NO out of which neutral selector randomly drew the slips individually and the pick YES was Ajikobi, Badari, Okaka I, Oke-Ogun II, Alanamu, and Ubandawaki. In the second stage, respondents within each selected ward were stratified into male and female married residents by ensuring gender representation while last stage was applied based on the population distribution of each ward, culminating in the selection of 215 respondents (108 males and 107 females). Data were elicited through a structured questionnaire comprising two major sections. Section A captured essential demographic characteristics of the respondents. Section B consisted of items measuring educational background, religious belief, awareness of family planning, and actual family planning practices, arranged across a 4-point Likert response continuum while the validity of the instrument was ensured through expert review by senior lecturer in the Department of Health Promotion and Environmental Health Education, University of Ilorin. Reliability was established via a pilot administration to 20 married residents in Ilorin South LGA, producing a Cronbach alpha coefficient of 0.744 indicating high internal consistency. The data collection was assisted by two trained research assistants who were thoroughly briefed on the study objectives, ethical procedures and the collected data were analyzed using descriptive statistics and Spearman rank-order correlation at a 0.05 significance level.

V. RESULTS

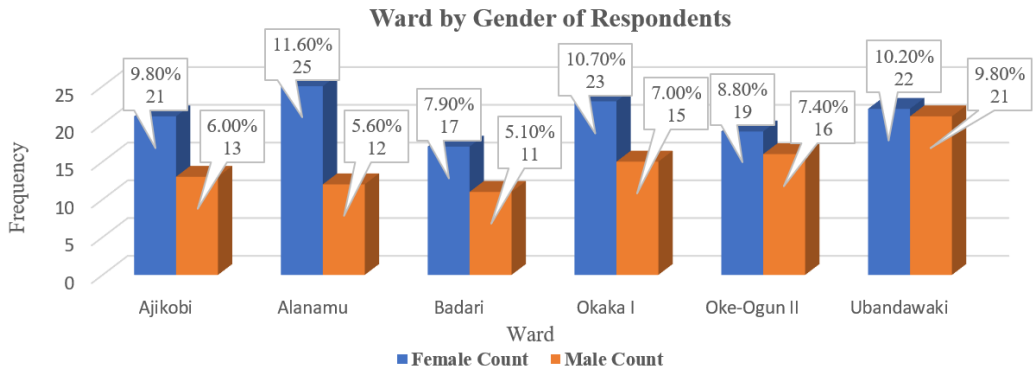

Fig. 1 Distribution of respondents by type

Figure 1 above presents the distribution of respondents across the selected wards for this study, showing that the largest group of respondents 43 (20.0%) came from Ubandawaki ward, followed by 38 (17.7%) and 37 (17.2%) respondents from Okaka I and Alanamu wards respectively. Respondents from Oke-Ogun II and Ajikobi wards accounted for 35 (16.3%) and 34 (15.8%) respectively, while smaller proportions of respondents 28 (13.0%) and 28 (13.0%) were from Badari ward. Gender distribution across the wards indicates that more females 127 (59.1%) participated compared to males 88 (40.9%), reflecting a higher female representation in all the wards surveyed.

Research Question one: Does level of awareness of family planning influence their planning practices?

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Table 1: Respondents' Perceptions on Awareness of family planning

S/N	Statement	Frq.	SA	A	D	SD	Mean	Std.	Remark
1.	I know what contraceptive or family planning services is and all methods available in my community	215	39 (18.1%)	126 (58.6%)	38 (17.7%)	12 (5.6%)	2.89	0.76	Agree
2.	Health workers from ministry and community programmes have taught me about different contraceptive methods	215	38 (17.7%)	123 (57.2%)	44 (20.5%)	10 (4.7%)	2.88	0.75	Agree
3.	Family, friends, radio, television, and social media help me learn more about family planning	215	49 (22.8%)	103 (47.9%)	49 (22.8%)	14 (6.5%)	2.87	0.84	Agree
4.	The information I receive really helps me clear wrong beliefs and choose the best family planning method that suits me and my family	215	45 (20.9%)	120 (55.8%)	34 (15.8%)	16 (7.4%)	2.90	0.81	Agree
5.	With the awareness and knowledge I have about contraceptive methods, I can talk about family planning with my spouse and stay informed about new methods	215	49 (22.8%)	99 (46.0%)	52 (24.2%)	15 (7.0%)	2.85	0.85	Agree
	Total / Average	1075	220 (20.4%)	571 (53.0%)	217 (20.1%)	67 (6.2%)	2.88	0.80	Agree

Table 1 presents the mean and standard deviation scores capturing respondents' perceptions of their awareness of family planning and the extent to which this awareness informs their reproductive practices. The findings reveal that a considerable proportion of married residents possess a clear understanding of contraceptive services and the variety of methods available within their communities, as reflected in item 1 (mean = 2.89). and further acknowledged that guidance from health personnel in ministerial and community-based programs enhances their knowledge of diverse contraceptive options (item 2, mean = 2.88), while information accessed through familial networks, peers, radio, television, and social media serves as a vital source of learning (item 3, mean = 2.87). Additionally, they reported that such awareness helps dispel misconceptions and enables them to select appropriate methods for their households (item 4, mean = 2.90) and to engage in informed spousal discussions while remaining abreast of innovations (item 5, mean = 2.85). The overall mean of 2.88 and standard deviation of 0.80 indicate that respondents broadly agree that awareness positively and substantively influences their family planning practices.

Research Question two: Does educational background of married residents influence their family planning practices?

Table 2: Respondents' Perceptions on educational background on family Planning

S/N	Statement	Frq.	SA	A	D	SD	Mean	Std.	Remark
1.	Being educated really makes it easy and helpful to understand information	215	46 (21.4%)	111 (51.6%)	43 (20.0%)	15 (7.0%)	2.87	0.83	Agree

S/N	Statement	Frq.	SA	A	D	SD	Mean	Std.	Remark
	about family planning and how to use it correctly								
2.	What I learned during school days makes me more willing to use family planning methods in preventing unwanted pregnancy	215	56 (26.0%)	95 (44.2%)	47 (21.9%)	17 (7.9%)	2.88	0.89	Agree
3.	My teachers in school always talk about family planning and benefits of child spacing and it really helps me understand health messages, know the risks, and choose the right planning method that best fit my family	215	36 (16.7%)	110 (51.2%)	52 (24.2%)	17 (7.9%)	2.77	0.82	Agree
4.	With my knowledge, I understand the risk and benefit associated with contraceptive options and I know where to get best planning services	215	57 (26.5%)	97 (45.1%)	46 (21.4%)	15 (7.0%)	2.91	0.87	Agree
5.	I believe that educated couples make better decisions about family planning than those who did not go to school because people with little or no education avoid family planning due to misinformation	215	36 (16.7%)	107 (49.8%)	60 (27.9%)	12 (5.6%)	2.78	0.79	Agree
	Total / Average	1075	231 (21.5%)	520 (48.3%)	248 (23.0%)	76 (7.1%)	2.84	0.82	Agree

Table 2 also presents the respondents' perceptions of how their educational background shapes family planning practices and the findings reveal a strong consensus that formal education significantly enhances individuals' ability to comprehend and appropriately apply information concerning contraceptive and family planning methods (item 1, mean = 2.87), while further show that knowledge gained during their academic experiences increases their likelihood of utilizing family planning as a proactive strategy to prevent unintended pregnancies (item 2, mean = 2.88). Pedagogical engagements, particularly discussions on family planning and the benefits of child spacing, were noted to reinforce understanding of public health messages, improve evaluation of reproductive risks, and facilitate informed selection of contraceptive options (item 3, mean = 2.77). Moreover, education equips these individuals with analytical skills to assess the risks and benefits of different contraceptive methods and identify credible sources of high-quality services (item 4, mean = 2.91) whereas overall mean of 2.84 and standard deviation of 0.82 indicate that respondents broadly agree that educational background exerts a substantial and positive influence on family planning practices.

Research Question three: Does religion belief of married residents influence their family planning practices?

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Table 3: Respondents' perceptions on religion belief about family planning

S/N	Statement	Frq.	SA	A	D	SD	Mean	Std.	Remark
1.	My religion influences my decision to use or not use any method of family planning	215	3 (1.4%)	15 (7.0%)	101 (47.0%)	96 (44.7%)	1.65	0.67	Disagree
2.	What my religion teaches affects how I feel about different types of contraceptives option	215	9 (4.2%)	32 (14.9%)	124 (57.7%)	50 (23.3%)	2.00	0.74	Disagree
3.	I sometimes seek guidance from religious leaders when deciding about which family planning options is best for my family	215	24 (11.2%)	67 (31.2%)	47 (21.9%)	77 (35.8%)	2.18	1.04	Disagree
4.	My religion supports some family planning methods, like natural methods, and discourages others	215	13 (6.0%)	36 (16.7%)	110 (51.2%)	56 (26.0%)	2.03	0.82	Disagree
5.	The religious beliefs of my spouse and the teachings in my community influence how we plan our family	215	33 (15.3%)	132 (61.4%)	48 (22.3%)	2 (0.9%)	2.91	0.64	Agree
	Total / Average	1075	82 (7.6%)	282 (26.2%)	430 (39.8%)	281 (26.1%)	2.35	0.78	Disagree

Table 3 indicate that religion exerts a generally limited influence on the reproductive decisions of married residents as the majority of respondents refuted the assertion that their religious affiliation directly dictates whether they adopt or refrain from specific contraceptive methods (item 1, mean = 1.65) and similarly disagreed that religious teachings substantially shape their attitudes toward various forms of contraception (item 2, mean = 2.00). Also, participants reported that guidance from religious leaders is infrequently consulted when making decisions about family planning (item 3, mean = 2.18), and they disagreed that religious doctrines prescribe or proscribe contraceptive methods in a manner that strongly influences their choices (item 4, mean = 2.03). However, respondents moderately agreed that the religious beliefs of their spouses and broader community teachings exert some influence on their decisions (item 5, mean = 2.91) whereas inclusive mean of 2.35 and standard deviation of 0.78 suggest that, in general, religious belief is not a decisive determinant of family planning practices among these married respondents.

Table 4: Respondents' perceptions on family planning practices

S/N	Statement	Frq.	SA	A	D	SD	Mean	Std.	Remark
1.	My spouse and I currently use or have used family planning to prevent unwanted pregnancy and to space my children	215	49 (22.8%)	105 (48.8%)	47 (21.9%)	14 (6.5%)	2.88	0.83	Agree
2.	My spouse and I discuss about family planning	215	46 (21.4%)	117 (54.4%)	37 (17.2%)	15 (7.0%)	2.90	0.81	Agree

S/N	Statement	Frq.	SA	A	D	SD	Mean	Std.	Remark
	and reach conclusion in choosing the best method								
3.	My spouse and I prefer using modern contraceptives method than traditional method, especially when health workers guide me	215	45 (20.9%)	110 (51.2%)	42 (19.5%)	18 (8.4%)	2.85	0.85	Agree
4.	Cost, distance to the clinic, access to family planning nurse and side effects from using contraceptive method affect how I and my spouse use family planning	215	12 (5.6%)	69 (32.1%)	70 (32.6%)	64 (29.8%)	2.13	0.91	Disagree
5.	I plan to continue using family planning to prevent unwanted pregnancy and also encourage others to use it	215	36 (16.7%)	134 (62.3%)	44 (20.5%)	1 (0.5%)	2.95	0.63	Agree
	Total / Average	1075	188 (17.5%)	535 (49.8%)	240 (22.3%)	112 (10.4%)	2.74	0.75	Agree

Table 4 presents highlight on the extent to which married residents actively participate in reproductive decision-making. The findings reveal a predominantly positive disposition toward the adoption and consistent use of family planning methods. A considerable proportion of respondents affirmed that they currently utilize, or have previously utilized, family planning to prevent unintended pregnancies and ensure appropriate birth spacing (item 1, mean = 2.88). Participants further reported engaging in substantive spousal discussions to jointly select the most suitable contraceptive method (item 2, mean = 2.90) and expressed a clear preference for modern contraceptive options, particularly when guided by healthcare professionals (item 3, mean = 2.85). Conversely, respondents indicated that practical and logistical constraints, such as cost, distance, personnel availability, or side effect concerns, do not substantially hinder their family planning practices (item 4, mean = 2.13), while finally demonstrate strong commitment to continued use and advocacy of family planning (item 5, mean = 2.95). With overall mean of 2.74 and standard deviation of 0.75, the findings reflect a high level of engagement, informed decision-making, and sustained reproductive health commitment.

Hypotheses testing

H_{01}: The level of awareness of married residents on family planning practices will not significantly influence their family planning practices

H_{02}: The educational background of married resident will not significantly influence their family planning practices

H_{03}: The religious belief of married resident will not significantly influence their family planning practices

Table 5: Summary of Spearman Correlation showing relationship between Awareness and demographic factors and family planning practices among married residents

Spearman's rho	Awareness level of Family Planning	Educational Background & Family Planning	Religion Belief & Family Planning	Family Planning Practices
Awareness level of Family Planning	1.000	0.250**	-0.030	0.254**

		0.000	0.664	0.000
Educational Background & Family Planning	0.250** Sig. = 0.000	1.000	-0.033 0.632	0.372** 0.000
Religion Belief & Family Planning	-0.030 0.664	-0.033 0.632	1.000	0.097 0.158

*Decision**. Correlation is significant at the 0.01 level and 0.05 (2-tailed). N=215*

H_{01}:The correlation between awareness level and family planning practices is positive and statistically significant (Spearman's rho = 0.254, p = 0.000). Since p(0.000)<0.05, the null hypothesis one is rejected, indicating that higher awareness significantly influences the adoption of family planning methods among married residents.

H_{02}: Educational background shows a moderate, positive, and statistically significant correlation with family planning practices (Spearman's rho = 0.372, p = 0.000) which also made null hypothesis two to be rejected subsequently as p(0.000)<0.05, confirming that higher educational attainment enhances engagement in family planning practices.

H_{03}: In contrast, the correlation between religious belief and family planning practices among married resident is weak and not statistically significant (Spearman's rho = 0.097, p = 0.158). Given that p (0.158) > 0.05, the null hypothesis is retained, indicating that religious conviction exerts minimal influence on the adoption of family planning methods among married residents

VI. DISCUSSION OF FINDINGS

The analysis of research question one revealed that respondents demonstrated a high level of awareness regarding family planning, as indicated by mean scores ranging from M = 2.85; SD = 0.85 to M = 2.90; SD = 0.81 and a composite mean of 2.88. This suggests that participants possess adequate knowledge of contraceptive methods and access information from health workers, media, and interpersonal networks. These findings support Boadu (2022) and Sani et al. (2025), who noted that awareness significantly enhances informed reproductive choices and contraceptive adoption. Research question two showed that educational background positively influences family planning practices, with means ranging from M = 2.77; SD = 0.82 to M = 2.91; SD = 0.87 and a composite mean of 2.84, indicating that education improves understanding, decision making, and uptake of contraceptives (Bolarinwa, 2024; Agbeja et al., 2025). Research question three indicated minimal religious influence on family planning decisions, with means from M = 1.65; SD = 0.67 to M = 2.18; SD = 1.04 and a composite mean of 2.35, showing that religion is not a major determinant compared with education and awareness (Imo et al., 2025; Feriani et al., 2024).

Hypothesis One (H_{01}): The hypothesis that the level of awareness of married residents on family planning practices will not significantly influence their family planning practices was rejected. The Spearman correlation coefficient between awareness and family planning practices was rho = 0.254, p = 0.000, indicating a positive and statistically significant relationship at the 0.05 level. This implies that married residents with higher awareness of family planning are more likely to engage in effective family planning practices. This finding is consistent with previous studies, such as Obisesan et al., (2023), who reported a gap between awareness and actual utilization, highlighting the importance of knowledge in promoting contraceptive use. Similarly, Boadu (2022) observed that education and exposure significantly increase the likelihood of using modern contraceptives. Sani et al. (2025) also found that higher awareness and knowledge directly improve contraceptive intention in Nigeria, while Feriani et al. (2024) emphasized that bridging knowledge-practice gaps requires effective dissemination of information and culturally sensitive interventions.

Hypothesis Two (H_{02}): The hypothesis that the educational background of married residents will not significantly influence their family planning practices was rejected as the correlation between educational background and family planning practices was rho = 0.372, p = 0.000, indicating a significant positive relationship at the 0.05 level. This suggests that married residents with higher educational attainment are more likely to adopt and practice family planning methods effectively. This aligns with empirical evidence from Sani et al. (2025), who identified education as a strong predictor

of contraceptive intention. Agbeja et al. (2025) also reported that educational attainment increases the likelihood of modern contraceptive use among women in Nigeria. Ayo-Bello and Quinn-Walker (2025) highlighted that educated women are more receptive to family planning messages and can make informed reproductive decisions. Bolarinwa (2024) further demonstrated that education reduces inequalities in contraceptive uptake, particularly in urban versus rural settings.

Hypothesis Three (H_{03}): The hypothesis which stated that religious beliefs of married residents will not significantly influence their family planning practices was accepted as the correlation between religious belief and family planning practices was rho = 0.097, p = 0.158, which is not statistically significant at the 0.05 level. This indicates that religious beliefs do not have a meaningful impact on family planning practices among married residents in this study. This finding is consistent with Imo et al. (2025), who found that while religious leaders may influence preferences for natural methods, religion alone does not significantly alter contraceptive uptake. Feriani et al. (2024) similarly reported that individual-level determinants like knowledge and education outweigh religious influences. Ayo-Bello and Quinn-Walker (2025) noted that cultural and spousal factors often mediate the impact of religion on contraceptive behavior, and Doctor et al. (2014) highlighted low uptake due to accessibility and knowledge barriers rather than religious opposition.

VII. CONCLUSION

Based on the findings of this study, it can be inferred that both awareness and educational background among married residents constitute pivotal determinants of family planning practices while religious belief exerts a limited influence. Possessing comprehensive knowledge of contraceptive options, coupled with exposure to information through health personnel, media, and peer networks, as well as formal education, empowers residents to make reproductive health decisions, engage in constructive spousal discussions, and adopt suitable family planning methods. The hypotheses findings further indicates that respondents generally possess high awareness levels and educational preparedness, which significantly enhance their capacity to implement family planning strategies effectively but in contrast, religious belief integral to the broader socio-cultural milieu, does not emerge as a decisive determinant of contraceptive uptake, with only a moderate influence observable in specific instances related to spousal convictions or community teachings. These therefore, underscore the necessity of prioritizing awareness initiatives and educational interventions as critical mechanisms for promoting consistent and informed adoption of family planning practices.

VIII. RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made:

1. Government agencies, health organizations, and community-based programs should intensify awareness initiatives, utilizing health personnel, media, social networks, and peer educators to disseminate accurate and comprehensive information on contraceptive methods.
2. Formal and informal education programs should incorporate family planning and reproductive health education as part of curriculum and community outreach efforts and significant emphasis should be placed on equipping individuals with skills in assessing benefits, risks, and accessibility of various contraceptive methods to enhance adoption and sustained use.
3. Given the importance of spousal communication highlighted in the findings, interventions from federal or ministry agency should target couples jointly, by introducing couple-centered counseling sessions that highlight discussions on reproductive goals and collaborative decision-making.
4. Contraceptive agencies should incorporate cultural and faith-sensitive strategies in family planning programs by engaging community and religious leaders to provide accurate information and reduce hesitancy among couples.

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