Influence of Socio-Demographic Factors on Unmet Needs for Family Planning Among Women in Ido/Osi LGA, Ekiti State, Nigeria

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Abstract—

Background: Unmet need for family planning represents the gap between women's fertility intentions and their contraceptive behaviour. It remains a major public health challenge in Nigeria, contributing to unintended pregnancies, increased maternal morbidity, and poor socio-economic development. Despite national efforts aimed at expanding access to modern contraceptives, significant disparities persist, often driven by socio-demographic factors such as age, education, religion, and employment status. While national and regional studies have examined these predictors extensively, limited evidence exists at the local government level, particularly within Ido/Osi LGA of Ekiti State, where unique socio-cultural and service-delivery patterns may influence family-planning uptake.

Objective: This study examined the influence of socio-demographic factors age, level of education, religion, and employment status on unmet need for family planning among women of reproductive age in Ido/Osi LGA, Ekiti State.

Methodology: A cross-sectional quantitative survey was conducted among women aged 15–49 who had given birth in the last three years. A sample size of 246 was determined using Fischer's formula, and respondents were selected via a multistage sampling technique involving random selection of wards, settlements, households, and eligible individuals. Data were collected using a structured, self-administered questionnaire and analyzed using SPSS version 25. Descriptive statistics (frequencies and percentages) summarized respondents' characteristics and fertility behaviour. Chi-square tests assessed associations between socio-demographic variables and unmet need, while logistic regression was applied for further analysis. Ethical approval was obtained from the Ido/Osi Local Government Health Ethics Committee.

Key Findings: A total of 246 women participated, predominantly aged 25–34 years and mainly residing in rural communities (83.7%). Unmet need for family planning was high, as 59.8% of respondents did not intend their most recent pregnancy. Religion showed a statistically significant association with unmet need (p = 0.002), as did political ward of residence (p < 0.001). Conversely, age, education, employment status, marital status, and income were not significantly associated with unmet need (p > 0.05).

Conclusion: Unmet need for family planning in Ido/Osi LGA remains substantial and is significantly influenced by religious affiliation and geographic location within the LGA. Interventions must therefore be context-specific, addressing cultural and spatial disparities while improving family-planning awareness, counselling, and service accessibility. Tailored community-based strategies and collaboration with religious and local leaders may enhance contraceptive uptake and reduce unmet need.

Keywords: Unmet Need, Family Planning, Socio-Demographic Factors, Reproductive Health, Women Of Reproductive Age, Ido/Osi LGA, Ekiti State.

I. INTRODUCTION

Unmet need of family planning is the gap between the reproductive intentions of women and their contraceptive behaviour, it continues to be a critical issue of public health concern in Nigeria with serious consequences on unintentional pregnancies, maternal morbidity as well as on socio-economic development in general[1,17]. The Nigeria Demographic and Health

Survey (NDHS) also demonstrated that a significant percentage of women of reproductive age still report unmet need of contraception, especially when factors like low accessibility of services and unchanging socio-cultural factors are involved[2]. [2]Noted that although national initiatives have been made to increase access to modern means of contraception, there are still many women who do not have the means or access to exercise their reproductive choice, which leads to unwanted pregnancies and negative maternal and infant health outcomes[18,19]. Unmet need is a frustrating factor to efforts to enhance reproductive health and is not well aligned with the commitments of Nigeria towards global family-planning[3,20,21].

The socio-demographic factors are in the middle stage of determining unmet need, and the latest research highlights their complexity and nuance. As an example, age appears as a powerful predictor: age groups have unique fertility desires, contraceptive knowledge, and autonomy, and all of them are predictors of whether they need family planning or not[3,22]. It is also highly associated with educational attainment and contraceptive intention and use, where higher education tends to enhance awareness, negotiating strength, and availability of services[4,23s]. Religious affiliation also makes the situation more complicated as with beliefs and teachings discouraging the use of contraceptives sometimes, the need is not met among some religious groups further increasing its unmet status[3]. Equally, their employment status or economic participation has some effects on contraceptive behaviours of women by affecting both access and motivation: employed women can have better financial autonomy and greater access to health-services, but also time constraints or social norms may restrict service use[5].

Although these associations have been adequately documented at national and regional levels, there is not much on the functioning of the associations in smaller contexts, within the Ido/Osi Local Government Area (LGA) in Ekiti State. LGAs like Ido/Osi tend to possess distinct demographic structure, service-delivery situations and socio-cultural norms. It is essential to learn about these local dynamics since national-wide policies can miss sub-populations that have unmet need that are particularly high[6]. By using place-based analysis in Ido/Osi LGA, it is possible to determine the groups of women who are most disadvantaged based on their age, education, religion, and employment and what are the barriers to their realization of their family-planning needs[16].

This paper thus looks at how the following socio-demographic variables (age, level of education, religion, and employment status) affect unmet need of family planning among women of reproductive age in Ido/Osi LGA, Ekiti State.

II. METHODS

The study was conducted in Ido-Osi is a Local Government Area situated in the state of Ekiti, Nigeria. The local government has many rural towns and villages. It shares boundaries with many local government areas, including Moba, Ijero, Ilejemeje and Oye. Ido/Osi Local Government Area had a total population of 239,600 inhabitants according to NPC estimation of 2024, one of the sixteen local government areas in Ekiti State, Nigeria. Specifically, Ido/Osi LGA has ten wards, with about fifteen towns. The Local Government Area is predominantly agricultural, with a significant number of individuals engaged in the cultivation of root crops and cereals. There are a few cottage industries in the Local Government Area. They are devoted primarily to processing of agricultural produce. Other industrial undertakings are in the area of printing, bakeries, weaving, carpentry, e.t.c.

The study employed a cross-sectional survey quantitative research design. The quantitative research design was used in this study by collecting information from women in Ido/Osi Local Government Area, Ekiti State, Nigeria with the aids of questionnaires in order to get sufficient data to analysis the research questions. Given the magnitude of the population and the limited time available for the study, it becomes necessary to choose a few elements of the population to accurately represent the entire population. According to the National Reproductive Health Policy and Strategy (2024), 22.6% of the population projection represents the population of women within the reproductive age group amounting to 54.150 women.

The Fischer's formula below was used to calculate sample size of women of child bearing age (15years to 49years) living in Ido/Osi Local Government Area, Ekiti State who gave birth in the last one year to participate in the study.
$$n = Z^2 P(1-P)/I^2$$

Where: n = Sample size [where population> 10,000]
Z= Normal deviation at the desired confidence interval. Z-value at 95% is 1.96
P= Contraceptive Prevalence Rate (Estimated prevalence rate of unmet need for family planning in Ekiti state is 17.8% NPS and NDHS 2024)
Q = (1-P)
D^2 = Degree of precision 0.05.
N =Z^2P(1−P)/D^2
N = 1.96^2 . 0.178(0.822)/ 0.05^2
N = 3.8416 X 0.19 (0.81)/ 0.0025
N = 224

Considering 10% inclusion due to likely non-response rate. The sample size of the study that was used is 246 A multistage sampling technique was used in selecting the respondents. First step involved all women of child bearing age who gave birth in the last three years prior to this study within Ido/Osi LGA where random selection of five wards from the ten wards in Ido/Osi LGA was done using balloting method. Second stage was the simple random selection of one settlements each from the wards selected. The third stage was the simple random selection of fifty houses per settlements for the first four wards and forty six houses for the fifth settlement. The fourth stage was the household listing and selection of one household from the houses selected. The fifth stage was the random selection of an eligible respondent based on the target population ie one person per household, one household per house, two hundred and forty six houses in the five settlements per ward while (246) houses per the LGA. Where no one is eligible in the house selected, we moved to the next house.

An elaborated, self-administered questionnaire was employed as the study's instrument. It was created to collect the necessary variables for the investigation as well as supporting data from the literature. In order to investigate the influence of socio-demographic factors (such as age, education, religion, and employment status) on unmet needs for family planning among women in Ido/Osi LGA, Ekiti State, Nigeria, the questionnaire's items were developed based on the variables deemed required.

Data was quantitatively evaluated. The Statistical Package for Social Sciences (SPSS version 25.0) was used to analyse the data. Descriptive statistics was adopted, and the results were shown in a frequency and percentages table, demographic variables, and women's unmet needs for contraception was examined using the chi-square test and logistic regression models.

The Ethical Committee on Health in Ido/Osi LGA was consulted before the study began to ensure ethical considerations were met. After approval, the researcher informed the participants of the study's voluntary nature and their right to withdraw at any time.

III. RESULT

Table 4.1 Presents the results of the demographic characteristics of respondents and their spouses. The result showed that 4.9% of the respondents fell within the age of 15 – 19 years, 13.4% of the respondents fell within the age of 20 – 24 years, 22.4% of the respondent fall within the age of 25 - 29years, 22.0 % of the respondents fell within the age of 30 - 34 years, 17.5% of the respondents fell within the age of 35 – 39 years, and 19.9% of the respondents fell within the age of 40 – 44 years. About 70.7% of the respondents were Christians, 24.8% of the respondents were Muslim, and 4.5% of the respondents belonged to other religions and traditional religions. It was discovered that 5.6% of the respondents were without formal education, 23.2% of the respondents are had primary school education, and 36.2% of the respondents had secondary school education, 35% of the respondents had post-secondary education. Findings revealed that 16.3% of the respondents lived in urban area, while 83.7% of the respondents lived in rural area. About 20.3% of the respondents resided in Usi ward, 20.3% of the respondents reside in Ilogbo ward, 20.3% of the respondents resided in Ido ward2, 18.8% of the respondents resided in Igbole/Ifihin/Aaye ward, and 20.3% of the respondents resided in Ora/Orin ward in Ido/Osi Local Government Area, of Ekiti State, Nigeria. In all 76.7% of the respondents were working and 23.6% of the respondents were not working. In total 53.7% of the respondents earned less than 20,000 monthly, 23.6% of the respondents earned less than 40,000 monthly, 13.4% of the respondents earned less than 50,000 monthly and 9.3% of the respondents earned more than 100,000 monthly. It was discovered that 42.7% of the respondents married between the ages 15 – 24 years, 50.8% of the respondents married between the ages 25 - 34 years, and 6.5% of the respondents married between the ages 35 - 45years. Finding revealed that 79.7% of the respondents were married/cohabitating, and 20.3% of the respondents were divorced or separated or widowed. About

73.6% of the respondents claimed they were in monogamy family setting, and 26.4% of the respondents belonged to polygamy family setting. It was discovered that 26.0% of the respondents had their husband's age within 20 – 29 years, 30.5% of the respondents had their husband's age within 30 – 39 years, 26% of the respondents had their husband's age within 40 – 49 years, and 16.3% of the respondents had their husband's age within 50 – 59 years, 1.21% of the respondents had their husband's age within 60 – 69years. In all, 87.4% of the respondents were Yoruba, and 12.6% of the respondents were of other ethnic groups. It was discovered that 6.5% of the respondents' husbands had no formal education, 24.4% of the respondents' husbands had primary school education, 35% of the respondents' husbands had secondary education, and 34.1% of the respondents' husbands had post-secondary education. In total, 11% of the respondents' husbands were not working, while 89% of the respondents' husbands were working.

Table: 4.1: Socio-Demographic and other Characteristics

S/N	VARIABLE	RESPONSES	FREQ	%
1	Age	15 - 19years	12	4.9
		20 - 24years	33	13.4
		25 - 29 years	55	22.4
		30 - 34 years	54	22.0
		35 - 39 years	43	17.5
		40 - 44 years	49	19.9
2	Religion	Christianity	174	70.7
		Islam	61	24.8
		Traditional/Other	11	4.5
3	Level of education	No Formal Education	14	5.7
		Primary Education	57	23.2
		Secondary Education	89	36.2
		Post-Secondary Education	86	35.0
4	Place of residence	Urban	40	16.3
		Rural	206	83.7
5	Political Wards	Usi Ward	50	20.3
		Ilogbo Ward	50	20.3
		Ido Ward 2 ward	50	20.3
		Igbole/Ifihin/Aaye Ward	46	18.8
		Ora/Orin Ward	50	20.3
6	Employment Status	Working	188	76.4
		Not working	58	23.6
7	Average Total Monthly Income	<20,000	132	53.7
		$20000 \le 60,000$	58	23.6
		$61000 \le 100,000$	33	13.4
		>100,000	23	9.3
S/N	VARIABLE	RESPONSES	FREQ	%
8	Age at Marriage	15- 24 years	105	42.7
		25- 34 years	125	50.8
		35 - 44 years	16	6.5
9	Marital status	Married/ Cohabitation	196	79.7
		Divorced/Separated/Widow	50	20.3
10	Family type	Monogamy	181	73.6
		Polygamy	65	26.4

11	Husband's age	20 - 29 years	64	26.0
		30 - 39 years	75	30.5
		40 - 49 years	64	26.0
		50 - 59 years	40	16.3
		60 - 69 years	3	1.2
12	Ethnic groups	Yoruba	215	87.4
		Others	31	12.6
13	Level of education of husband	No Formal Education	16	6.5
		Primary Education	60	24.4
		Secondary Education	86	35.0
		Post-Secondary Education	84	34.1
14	Employment Status of Husband	Not working	27	11.0
		Working	219	89.0

Table 4.2 presents the results of the unmet need for contraception among women in Ido/Osi LGA, Ekiti State, Nigeria. It was discovered that 40.2% of the respondents were willing the last time they got pregnant, 59.8% of the respondent were not willing to be pregnant the last time they got pregnant. Finding revealed that 4.5% of the respondents desired to have just one child, 14.2% of the respondents desired to have two children, 30.9% of the respondents desired to have three children, 25.6% of the respondents desired to have four children, while 32% of the respondents desired to have five and more children. Analysis revealed that 13% of the respondents had one child, 21.5% had two children, 33.3% had three children, 19.1% had four children, while 12.2% had five children. Findings showed that 35.4% of the respondents have one male child, 31.3% of the respondents had two male children, 12.2% of the respondents had three male children, 3.2% of the respondents have four or more male children, already and 17.9% of the respondents did not have male children. It was discovered that 38.2% of the respondents had one female child, 23.6% of the respondents had two female children, 12.6% of the respondents had three female children, 2% of the respondents had four or more female children, and 23.6% of the respondents did not have female child. About 39.8% of the respondents were willing to have more children, and 60.2% of the respondents were not willing to have any more children.

Table 4.3: Fertility Behavior among Respondent

S/N	Fertility Preference?	RESPONSES	FREQ	%
1	Wanted to Have Last Pregnancy	Yes (met need)	99	40.2
		No (unmet need)	147	59.8
2	Desired Number of Children	One	11	4.5
		Two	35	14.2
		Three	76	30.9
		Four	63	25.6
		5+	61	24.8
3	Number of Children	One	32	13.0
		Two	53	21.5
		Three	82	33.3
		Four	47	19.1
		5+	32	13.0
4	Number of Male Children	One	87	35.4
		Two	77	31.3
		Three	30	12.2
		Four +	8	3.2
		Number not specified	44	17.9
5	Number of female Children	One	94	38.2
		Two	58	23.6

		Three	31	12.6
		Four +	5	2.0
		Number not specified	58	23.6
6	Want more children	Later	98	39.8
		No more	148	60.2

The Table 4.3 showed that there was a statistical significant relationship between religion and unmet needs for family planning in Ido/Osi LGA, Ekiti State, Nigeria (P<0.05). Political wards of residence was significantly related to unmet needs for family planning in Ido/Osi LGA, Ekiti State, Nigeria (P<0.05).

Table 4.3: Socio-demographic Factors/other factors and Unmet Needs for Family Planning

VARIABLE	WANTED TO HAVE THE LAST PREGNANCY		CHI-SQUARE
	YES	NO	
Age as at last birthday			
15 - 19years	1(0.4%)	11(4.5%)	X^2 = 5.869.
20 - 24years	8(3.3%)	25(10.2%)	P = 0. 319
25 - 29 years	22(8.9%)	33(13.4%)	
30 - 34 years	22(8.9%)	32(13.0%)	
35 - 39 years	14(5.7%)	29(11.8%)	
40 - 44 years	19(7.7%)	30(12.2%)	
Religion			
Christianity	52(21.1%)	122(49.6%)	X^2 = 12.038
Islam	25(10.2%)	36(14.6%)	P = 0.002
Traditional/Other	9(3.7%)	2(0.8%)	
Level of Education			
No Formal Education	2(0.8%)	12(5.0%)	X^2 = 4.002
Primary Education	19(7.7%)	38(14.9%)	P = 0. 261
Secondary Education	31(12.7%)	58(23.7%)	
Post-Secondary Education	39(16.0%)	47(19.2%)	
Residence			
Urban	12(4.9%)	28(11.4%)	X^2 = 1.472
Rural	74(30.1%)	132(53.6%)	P = 0. 479
Political Ward			
Usi Ward	20(8.1%)	30(12.2%)	X^2 = 25.809
Ilogbo Ward	11(4.5%)	39(15.9%)	P= 0.000
Ido Ward 2	24(9.8%)	26(10.5%)	
Igbole/Ifihin/Aaye Ward	27(11.0%)	19(7.7%)	
Ora/Orin Ward	30(12.2%)	20(8.1%)	
Your employment status			
Working	79(32.1%)	109(44.3%)	X^{2} = 5.786
Not working	14(5.7%)	44(17.9%)	P = 0.216
Average Total Income Per Month			
<20,000 monthly	44(17.9%)	88(35.8%)	X^{2} = 1.812
20000 ≤ 60,000 monthly	21(8.5%)	37(15.0%)	P = 0.770
60000 ≤ 100,000 monthly	12(4.9%)	21(8.5%)	
>100,000 monthly	9(3.7%)	14(5.7%)	
Age at marriage			
15- 24 years	43(17.5%)	62(25.2%)	X^2 = 0. 818

25- 34 years	48(19.5%)	77(31.3%)	P = 0.664
35 - 44 years	7(2.8%)	9(3.7%)	
VARIABLE	WANTED TO HAVE THE LAST PREGNANCY		CHI-SQUARE
	YES	NO	
Marital status			
Married	93(37.8%)	103(41.8%)	$X^2 = 1.940$
Cohabitation/Divoiced/Separated/Widow	25(10.2%)	25(10.2%)	P = 0.950
Family type			
Monogamy	67(27.2%)	114(46.3%)	$X^2 = 2.920$
Polygamy	19(7.7%)	46(18.8%)	P= 0.404
Husband's age as at last birthday			
20 - 29 years	20(8.1%)	44(17.9%)	$X^{2 =} 0.655$
30 - 39 years	28(11.4%)	47(19.1%)	P = 0.975
40 - 49 years	21(8.5%)	43(17.5%)	
>50 years	16(6.5%)	27(11%)	
Ethnic groups			
Yoruba	81(32.9%)	134(54.5%)	$X^2 = 3.027$
Others	5(2.0%)	26(10.6%)	P = 0.387
Level of Education of husband			
No Formal Education	8(3.3%)	8(3.3%)	$X^2 = 5.098$
Primary Education	13(5.3%)	47(19.1%)	P = 0.165
Secondary Education	33(13.4%)	53(21.5%)	
Post-Secondary Education	33(13.4%)	51(20.7%)	

The Table 4.4 As seen in the data below, Christian women were more prone to an unmet need of family planning than Muslim women (AOR = 4.98). The confidence interval (0.933 0.949) is abnormally small, but this indicates statistical significance as it does not intersect with 1. This implies that Christianity is largely linked to greater probability of unmet need than Islam. Women in other wards were less likely than Ilogbo Ward to have unmet need.

Unmet need was less expressed in women in Usi Ward (AOR = 0.39) and Ido Ward 2 (AOR = 0.22), but only Ido Ward 2 is statistically significant (CI: 0.065 -0.759). On the same note, Igbo/Ifisin/Aaye Ward respondents were much less likely to experience an unmet need (AOR = 0.16; CI: 0.485-568). This implies that it is protective to live in these wards and reduces the chances of unmet need as opposed to Ilogbo Ward.

Table 4.4: Multivariate Analysis of Socio-demographic Factors and Unmet Needs for Family Planning

Variable	Adjusted Odd ratio	95% C I
Religion		
Christianity	4.98	0.933 – 0.949*
Islam (RC)	1.00	
Political Ward		
Usi Ward	0.39	0.117 - 1.305
Ido Ward 2	0.22	0.065 - 0.759
Igbole/Ifisin/Aaye Ward	0.16	0.48 - 0.568*
Ilogbo Ward (RC)	1.00	
Male involvement in family planning		
No	1.00	
Yes	1.03	0.578 – 0.985*

Significance at p > 0.05

IV. DISCUSSIONS

Socio-demographic data of women in Ido/Osi LGA reveals a young reproductive age with the largest proportion (22.4% and 22.0) falling between 25 years -29 years and 30 years -34 years. This age distribution is representative of a population in the prime reproductive years which holds significant implications on the fertility behaviour and family planning requirements[7]. Women of younger age are more likely to have fertility goals, and due to various contextual factors, such as cultural factors, low autonomy and economic factors, they might have specific obstacles to obtaining access to family planning services[8]. The level of reproductive potential indicated by the large percentage of those aged 35-44 years (37.4% combined) also indicates that the community requires effective contraceptive coverage.

Religion was also one of the key socio-cultural factors, with 70.7% of the participants being Christians and 24.8% Muslims. The analysis established that there was significant statistical correlation between religion and lack of family planning need (p =0.002). This implies that religious beliefs and teachings can influence the attitudes towards contraception, fertility choices, and the preferred family size. Some religious teachings in most Nigerian societies promote great fertility or disapprove the use of modern contraception, which can directly affect the need that is not met[9]. The level of educational attainment was quite high with 36.2 per cent of the respondents completing their secondary education and 35 per cent completing their post-secondary education. In spite of the fact that education is traditionally linked to better knowledge and higher use of family planning, the study under consideration did not find any statistically significant correlation between the level of education and the unmeet need (p = 0.261). This implies that other issues may be more powerful determinants of contraceptive use in the region despite education being an important source of awareness, cultural norms, the influence of the spouse, and the availability of services[10]. This implies that other issues may be more powerful determinants of contraceptive use in the region despite education being an important source of awareness, cultural norms, the influence of the spouse, and the availability of services[5]. Majority (83.7) of the respondents lived in rural communities, although the place of residence was not significantly related to unmet need (p = 0.479). This is a rare phenomenon whereby rural-urban inequalities normally affect access to health facilities. The non-association of this paper might have reflected a homogenous accessibility to family planning services in LGA or reflected a homogenous limitation in accessibility to these services in both rural and urban settings. Political ward of residence, however, showed a high significant association with unmet need (p = 0.000). This implies that ward-level disparities in the forms of health facility access, community values, outreach initiatives, and health worker quality could influence the rate of contraceptive use[11]. A subset of the wards can possess enhanced functionality of PHCs, better mobilization of communities, or more favorable socio-cultural contexts of family planning[12].

There were no significant correlations between the unmet need and employment status, income, age at marriage, marital status, family type, and the age of the husband. To illustrate, the income level did not have significant effects on unmet need even though 76.4 percent of women were employed and more than half made less than ₦20,000 monthly (p = 0.770). This can mean that financial barriers are not as very influential as social or cultural barriers[13]. Likewise, the trends of marriage such as polygamous marriages of which 26.4% respondents reported did not have significant influence on unmet need though the literature tended to believe polygamy is associated with increased fertility desire. According to the fertility behaviour results, there is a large gap in the contraceptive coverage since 59.8% of women did not desire the last pregnancy. The desire to have more family was high with 32% having five or more children and 30.9 percent having three children. The intention of having too many children can be used to stimulate family planning demand, yet when this demand is not met, it may result in unintended pregnancy[14]. The multivariate analysis supports the impact of social factors. Religion also played an important role with an adjusted odds ratio of 4.98 on unmet need meaning that Christian women were more likely to have unmet need than Muslims. Ward variations in politics remained particularly in

Igbole/Ifisin/Aaye Ward (AOR = 0.16) indicating the effectiveness of health services on the wards. All in all, this evidence highlights that cultural and contextual influences, namely, religion, community setting as well as male participation are more determinant of unmet need than personal socio-economic factors[15]. The unmet need in the Ido/Osi LGA will thus need religious sensitivities-based interventions, increased community-based outreach, and male-based family planning interventions.

V. CONCLUSION AND RECOMMENDATION

This research showed that there was a high demand gap of family planning among women in the Ido/Osi LGA with 59.8% of women stating that their last pregnancy was unintended. Despite the fact that the women were mainly in the reproductive age, comparatively educated, and most of them were in employment, unmet need was still high. Religion, and political ward of residence were the key predictors of unmet need. These outcomes emphasize the socio-cultural dynamics and context of social background rather than socioeconomic traits of an individual. Multifaceted initiatives to deal with religious values, reinforcement of health services at the community level, and reinforcement of male-based reproductive health practices will therefore be necessary in enhancing family planning uptake in the community.

The high unmet family planning need among women in the Ido/Osi LGA should be reduced by implementing interventions aimed at empowering family planning services provided by the community, and promoting equal access to every political ward. Contraceptives should also be supplied adequately to health facilities and community health workers should work harder in the outreach, especially in wards with high need. Since religion plays a major role in shaping contraceptive behaviour, religious and community leaders should also be engaged in giving culturally sensitive messages that resonate family planning with the values and beliefs of the people. New health education through familiar means of communication- radio programmes, market campaigns and ward level sensitization will be useful in dispelling myths and making modern contraceptives acceptable. Moreover, the role of male participation should become a priority because spousal support is vital in the use of contraceptives by women. Couple counselling and male-based

outreach have the potential to improve shared decision-making and lower resistance to family planning. Uptake will also improve by strengthening political ward level planning and incorporating family planning services within the normal maternal and child health care, including antenatal and immunization clinics. Altogether, an integrated, culturally competent strategy to tackle community standards, service access, and male involvement is essential to the decrease in unmet need and increase in reproductive health outcomes in Ido/Osi LGA.

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