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## Women in Marriage and Use of Family Planning Services: A Feminist Approach

**Stella A. Ugwu\*\***

Department of Sociology and Anthropology  
Enugu State University of Science and Technology  
stellabel.ugwu@esut.edu.ng,  
\*\*corresponding author

**Martha Uchenna Ogbuke**

Department of Sociology and Anthropology  
Enugu State University of Science and Technology  
uche.ogbuke@esut.edu.ng

&

**Raphael C. Ofoegbu**

Department of Sociology and Anthropology  
Madonna University Nigeria  
Okija Campus  
rcofoegbu@gmail.com

### Abstract

*After the colonial rules in Nigeria gender inequality has been institutionalized and the scars of gender division of labour especially in decision making in marriage are still being battled with up till the era of fundamental human rights. The study therefore explored the influence of socio-economic and cultural factors on the use of modern family planning services by married women in Nkanu area of Enugu state, Nigeria. It focused on married women's awareness and utilization of modern family planning services, who decides when to access or not to access these family planning services in marriage. Therefore the objectives were to ascertain if married women in the research area were aware and accessed family planning services. Both quantitative and qualitative interviews were conducted with 1002 respondents using interviews, focus group discussions and in-depth interviews. The research design for the study was cross-sectional survey design. Respondents were from Nkanu –West and Enugu-East local government areas of Enugu state and only couples who were currently in union and had been in marriage for at least one year with or without children and had sought family planning services or not participated in the study. The result showed that the married women in the study area have knowledge of modern family planning services; but the decision to use or not was the prerogative of the husband no matter the level of education of wife and even of husband. Therefore the conclusion shows that there is unequal power relationship in marriage, the level of education of couple especially that of the husband and his knowledge of modern family planning services is improved but not the major determinant of use of family planning services in the study area. The researchers recommend that there is dire need for restructuring the socialization process that should be inclusive of socialization agents in the prerogative of fundamental human rights especially in the study area.*

**Keywords:** *Feminism, Fundamental human rights, Family planning services, Awareness of use of family planning services, Advocacy.*

## Introduction

Family planning (FP) is the purposeful regulation of conception or childbirth or the use of devices, chemicals, abortion or other techniques to prevent or terminate pregnancy or voluntary avoidance or delay of pregnancy (Federal Ministry of Health, Nigeria [FMoH], 2005a; Gavin et al., 2014). According to Olaitan (2011), family planning techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management and infertility management. These services are defined as educational, comprehensive medical or social activities which enable couples, individuals including sexually active adolescents and minors to determine freely the number and spacing of their children; avoid getting pregnant and/or even avoid sexually transmitted diseases, to select the means by which this may be achieved. Family planning is sometimes used as a synonym for birth control or child spacing, though it often includes more (Olaitan, 2011).

Modern family planning services was introduced in Nigeria in 1989 (Mairiga, Kullima, Bako, & Kolo, 2010) they are both natural and artificial (Mairiga et al., 2010). The use of modern family planning services implies that the users make concerted efforts to deal with procreation within the context of a sexual relationship. This covers things as varied as when to get pregnant, the number of children that are wanted, how to deal with fertility issues, how to avoid getting pregnant, whether to consider an abortion if an unwanted pregnancy occurs, or adoption, etc. It helps in promotion of gender equality, educational and economic empowerment for women (Kelodjouea, 2015). Despite the known benefits of family planning, globally, more than 120 million women aged 15 to 49 who are married or in a union have an unmet need for family planning (United Nations, 2011) and in Sub-Saharan Africa (SSA) the uptake of the service still remains low (Abdullahi, 2012). In a research carried out by Fagbamigbe, Afolabi, and Idemudia et al. (2018), they noted that modern contraceptive prevalent rate was 9.8% while total demands for contraception was 31.2% indicating 16.1 percent of unmet need and 15.1 percent of met need. According to the Guttmacher Institute (2010), meeting the unmet need for family planning and maternal and newborn health care in Sub-Saharan Africa is estimated to result in a 69 percent reduction in maternal deaths and 57 percent drop in newborn deaths. Women in developing nations are disproportionately affected by an unmet need for family planning with the highest need in Sub-Saharan Africa. According to National Bureau of Statistics [NBS](2012), only about 3.3 percent of women in the poorest households used any method of child-spacing. In contrast, about 25.8 percent of those in the wealthiest households used contraception; antenatal care visits and coverage were not encouraging in the poorest households. According to NBS, in 2012 only about 17.3 percent of women between the ages 15 and 49 used any method of child spacing in Nigeria. In Nigeria like in most developing countries, the utilization of family planning services is not optimal because of a number of factors, such as culture of the people and low status of women (Delano, 2015), education and understanding about health related issues, the ability of women to command resources and make independent decisions

about their fertility, birth control knowledge (Apanga & Adam, 2015; Nwakeze, 2003; Umoh & Udo, 2014). Location, religion and social class, lack of cooperation from spouse, cost, and perceived difficulties with the methods and lack of knowledge about contraceptive methods, community members' awareness and understanding about the methods etc. also serve as determinants of use of family planning services (Bakibinga et al., 2016; Doctor, Findley, Afenyadu, Uzundu & Ashir, 2013).

Negative consequences of lack of use of family planning services are enormous as it affects the individual (psychologically, socially, etc), the family, the community and nation at large. Empirical findings have shown that it leads to increase in maternal illness such as multiple pregnancies, hemorrhage, etc. (Ikpeze, 2010), high rates of unwanted pregnancies, unplanned deliveries, unsafe abortions and maternal mortalities in Sub-Saharan Africa of which Nigeria is no exception (United Nation's Population Fund [UNFPA], 2010). It sometimes leads to social problems in the family and community such as violence, desertion, accusation of infidelity, fear of violence, on the part of the women, mistrust. On the part of the men, it could lead to having multiple sexual partners with its attendant contraction of STIs and HIV/AIDS, affecting sexual and reproductive lives of women and sometimes it leads to maternal death (Ezumah, 2003). Family planning services are aimed at, empowering women by alleviating the burden of excessive child bearing, prevention of unwanted and unplanned pregnancies, providing protection against sexually transmitted infections including HIV/AIDS, drop in unsafe abortions, etc (Umoh & Udo, 2014), yet it has been recorded that the rate of maternal/child morbidity and mortality is high in developing countries when compared to developed countries (Ikpeze, 2010; FMHN, 2005b). With the adverse consequences of non-consent and non-use, and the low understanding of the importance of FP services on the reproductive health of women, concerted efforts must be made economically, socially, politically and otherwise towards ensuring that the negative consequences of lack of use of family planning services are controlled to the barest minimum. This study therefore examined the socio-economic and cultural determinants use of family planning services by married women in Nkanu area of Enugu State and suggests measures that could enhance their effective use of family planning services.

### **Statement of the Problem**

The population of Nigeria is very high due to high maternal fertility of about 5.6 children and above per woman. The issue of family planning and its consequences are not new in Nigeria like in other African countries (Abdullahi, 2012; Kelodjouea, 2015). As in other African countries, Smith et al, (2009) report that at least eight in ten women and nine in ten men know at least one method of family planning, yet utilization of family planning is still low; while 13 percent of currently married women are using a method of family planning, only 8 percent are using modern methods (Abdullahi, 2012; Apanga & Adam, 2015). This is as a result of cultural, economic and social pressures. For example, child-bearing and rearing as well as the number and sex of children define a woman's value and

status in her community; these in turn contribute to women's limited use of family planning services (Engender Health, 2009; Galadanci, 2009).

However, development has increased peoples' attitude to use of family planning services especially among the urban middle class in African societies (Kelodjouea, 2015), Bowman and Kuenyehia's (2003) empirical findings show that in urban areas where there are family planning services, information and enlightenment, the rate of access and usage is low because some women shun the use of western methods which conflict with indigenous beliefs and practices. Moreover of critical importance is male control in the decision making in the household and in particular on reproductive health matters. According to Nwakeze, (2003) most Nigerian women do not access family planning services especially those in the rural areas because in relation to contraception, it is a male prerogative (Mairiga et al., 2010). Male control is a major determinant of women's use of family planning services. Findings have shown that husbands' education is very much important in increasing the use of family planning services by wives. For instance, Kelodjouea (2015) findings show that education of husband is an important factor particularly in those societies where a woman takes her reproductive decision with the consent of her husband.

Also, the nature of women's work in production such as household work (drudgery), to a great extent determines the rate of accessing and using of family planning services (Kelodjouea, 2015). Other factors that affect use of family planning services by married women in Nigeria include poor financing of health care services (Ikpeze, 2010), lack of focus on curative measures and political will by government (Quedraogo, 2005). The disparity in health care services delivery between the remote and non-remote areas as in Nigeria where access and use is limited in rural areas unlike in urban areas, Agujiobi (2003) attributed to ignorance on the part of the rural dwellers and the cause of the ignorance she attributed to lack of presence of Non-Governmental Organisations (NGOs) in the rural areas of Nigeria to educate and enlighten them on the presence and importance of family planning Services. Sometimes the available clinics may not provide decent care because of lack of proper staff and equipment (Engender Health, 2009). Ikpeze (2010) reiterated that one of the five causes of maternal mortality in Nigeria is delay in taking decision to seek medical help. He maintained that the decision to seek help is often domiciled in the male (usually the husband or Oga of the house) who can be ignorant, illiterate and indifferent. Quedraogo (2005) noted that 13 percent of maternal deaths in Africa are due to unplanned pregnancies and risky abortions. These reproductive health problems women experience particularly those that are pregnancy related are preventable; yet they constitute major problems, because most women of reproductive ages do not use family planning services (UNICEF, 2008). The National Demographic Health Survey (NDHS) (2013) shows that only 10% of married women of reproductive age use contraceptives. This it noted is lower than the current Sub-Saharan African average of 17percent. The findings also show large variations for urban and rural locations; while 27 percent of women in urban areas used contraceptives only 9% of them in the rural areas used it. Yet according to UNFPA (2014), some 225 million women who

want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack of access to information or services to lack of support from their partners or communities. UNFPA (2015) noted that access to safe, voluntary family planning is a human right. Family planning is central to gender equality and women's empowerment, and it is a key factor in reducing poverty.

Nkanu area is culture bound and therefore could be described as a traditional society even though some of its communities are close to the city. Little or no academic research on family planning especially as it affects gender power relations in marriage has taken place in this study area, even though pregnancy related problems exist here as in other rural communities in Nigeria. Therefore the study investigated the socio-economic and cultural determinants of use and non-use of family planning

### **Theoretical Perspective**

Marxist feminist perspective is an extension of the theories of production expounded by German social theorists Karl Marx and Fredrick Engels to an examination of the economic and material exploitation of women, the sexual division of labour, especially in domestic work and child care, and women's inequality within the work place (Mills, 1970). Offman and Matheson (2004) asserted that sexual inequality is socially constructed and Mills (1970) noted that it is enforced through the social structures of private property and monogamy which contributed to the decline of women's status. For him, capitalism and monogamy intensified gender inequality. Due to the reproductive role of women, men became engaged fully in capitalist enterprises and this gave them much edge over women even economically. Women who became the proletariat, became economically dependent on their spouses (the bourgeoisie), consequently lacking the ability to make informed decisions on sexuality (Bowman & Kuenyehia, 2003; Safe Motherhood.). This entrenched sexual division of labour and sexual relations both at home and outside the home. Western materialist feminists argued that women as a class are oppressed by material conditions and social relations such as in decision making. For Ortner (1974), other factors that do affect their decision making status, power relations or resource allocation among others are socio-cultural beliefs, attitudes, values, norms, socialization, political and economics of societies, etc. Symke (1991) maintained that subordination of women is further entrenched by the encouragement of women to develop female culture (even by women themselves) which is mainly in nurturing and survival, thereby affecting their ability to decide to access and use family planning services. This places women's reproductive health in danger since their solidarity with gender social construction increases their submission to male control.

Boserup (1970) was of the opinion that the division between the private (female) sphere and public (male) sphere entrenched women subordination to men. Firestone (1971), Robertson (1986) etc. argued that in societies where women work in public sphere their status is increased. Firestone (1971) believed that effective birth control technique can help loosen the chains of women's slavery by giving them more control over whether they

become pregnant. Boserup noted that subjection of women was functional in the society for it allowed men to maintain their authority. Consequently, many women depend on the decisions of their husbands especially in matters relating to reproduction and family planning. Mills saw sex inequality as the chief hindrance to human improvement. Therefore human improvement can be attained only when perfect equality replaces inequality of sexes and no power privilege is given to one side and disability on the other. This infers that when a woman possesses the right to reproductive health care and family planning services without fear or favour, negotiates sex, decides child spacing and how many children to have and when to have them etc then effective family planning services will be said to be established and sexual equality and equity reached.

Marxist feminists advocate revolutionary struggle to overcome subordination of women and this can be done through massive and active writings, periodicals, conventions, organized parties, societies organized and managed by women, etc. The revolutionary struggle is supposed to create ideological consciousness to socialize women positively and to help them secure legal and political protection from male domination. This awareness will empower women to gain reproductive rights and health especially to use of family planning services. Women need the support of policy makers, husbands, health personnel and women's groups to access and use the right type of family planning methods they want. Marxist feminists advocated conflict in order to effect changes. Batliwala (1994) etc noted that there must be class consciousness for a revolution to take place and except women come together, recognize their needs and advance a change, they would continue to be subordinates to males even in matters that affect their health.

## **Materials and Methods**

The study used the cross-sectional survey design. It focused on Nkanu communities who are predominantly found in five local government areas of Enugu state. Data were gathered from Nkanu-East and Enugu-South local government areas of Enugu state purposively. Specifically, one urban area and one rural area were selected from each of the local government areas selected. The urban areas were chosen purposively using the NPC criteria that any community with local government is considered an urban area and the rural areas were selected randomly. For urban areas Edem and Agbani were chosen for urban areas and Ugwogo- Nike and Akegbe-Ugwu were selected as rural areas for Enugu-East and Nkanu-West respectively. The target population was all who were currently in union (married) and had been in marriage for at least one year with or without children, and had sought or not sought family planning services. Both married women and men were used for the research work though the focus was on married women. The rationale for focusing on married women is that male control in decision making in household and in reproductive health is an aspect of the factors militating against women's use of family planning services. The sample size for the study was 1002. It was administered equally to the local government areas chosen and equally to the sexes. Both qualitative and quantitative methods of data collection were used. For qualitative data, both IDIs and FGDs were administered to stake holders of the selected

communities; in all 12IDIs and 12FGDs (comprising 8 participants in each session) were administered. Descriptive statistics was used to analyze the result from the quantitative data while Nvivo 9 was used in analyzing the qualitative data.

## Results and Discussions

This paper was analyzed under these sub-headings

### Knowledge and use of family planning services

Specific constraints militating against married women's use of family planning services

### Knowledge and use of family planning services

A total of 75.8% of the respondents have heard of modern family planning, while majority (67.2%) of the male respondents had of it first time from media and friends indicating their public status, majority (55.4%) of female the respondents heard of it through their ante-natal clinics sessions; indicating their reproductive status, Members of the research area were aware that modern family planning clinics exist in their communities or at least the next neighboring community where they can access it. A higher number of them are also aware of some of the services which the clinics provided especially that of pre-conception counseling and management; yet, very few of these married women access these services even when they had the desire to. This finding supports the report of Smith, et al (2009) on high knowledge of family planning services and low usage. The findings showed that married women with unmet need for family planning face the problems of unwanted pregnancy and closely spaced births which corroborates the findings of Ringheim & and Gribble, 2010) and marital tension.

### Constraints to use of family planning services

The findings of this study showed that most of the respondents are in monogamous union, therefore the desire to outwit co-wife in reproduction is not seen as plausible reason not to seek family planning services. Educationally, majority of the respondents are educated, querying the theory that education increases level of use of family planning services. The mean number of children in the research area is 4.36 which is less than the average of 5.6 children for Nigeria (Abdulahi, 2012) and as found in Mbaise by Onyeneho & Okeibunor (2003). The findings of the study show that location has no influence in the number of children born since there is no significant difference between the average number of children in the rural areas and urban areas (Rural: 4.5 and Urban 4.29). The mean number of children of respondents according to educational level shows those with low education 5.29 average number of children, the middle with 3.91 and the high with 3.9. The average number of children in the research area is below the national average of 5.6 children per woman and majority of the respondents are not users of modern family planning services, because they were of the opinion that modern family planning services have negative health effects; though findings showed that some women used these

services in secret. Accessing in secret was not acceptable in the research area and that is why the woman suffers when her spouse finds out with little or no help from community members of government. Mr. Ede, an FGD respondent reiterated, What prompts a woman to use family planning services in secret is that she could be the type that flirts, in other to get this or that. Findings have shown that in the research area that the major reason for low number of births was the harsh state of the economy and not necessarily the health of married women. Many of the respondents agreed that the educated and working class women use modern family planning services more because they know its importance, yet this group of women noted that the reason they access the planning services family is not because it is beneficial to their reproductive health or they want to stop pregnancy but to maintain their jobs. Education of women in the research area does not have direct relationship with married women's use of family planning services, corroborating Ugwu's (2007) finding that educational achievement of wives does not translate directly to exercise of authority especially in reproductive health and sexuality issues in marriage. Husband's education and knowledge of family planning services have direct influence on wives use of family planning services.

#### Spousal communication

Research findings showed that 52.9 percent of the female respondents who used modern family planning services discussed it with their husbands while 47.1percent of them who discussed it with their spouse did not access the services. For those who did not discuss with spouse, only 13.5% used the services and 86.5% did not. The table shows that only 33. Percent of the total respondents discussed modern family planning services with spouse while the greater percentage (66.3percent) did not. The implication is that sexuality communication is not common in the research area and the research did not go further to enquire the type of sexuality communication that really exists within the research area among couples.

The result shows higher use of modern family planning services by married women whose level of sexuality communication with spouse was high. That notwithstanding, greater percentage (66.3percent) of married women who did not use modern family planning services were among those who either discussed or not discuss family planning services with spouse. Out of this group, 36.4percent were those who discussed and 63.5percent were those who did not have any discussion with husband.

#### Authority dispense in marriage

In the research area, married women are subject to their husbands' decisions irrespective of educational qualification or location. The main reason this is done is to avert marital conflict. In fact there are cases that a married woman may access the services in secret (she cannot negotiate sex) but when her spouse finds out it, it does not usually go down well with her. A female IDI stakeholder from Ugwogo, Mrs. Uzoma in her response noted,

The thing involved in family planning is that if a woman used it secretly, there is a likelihood that problem would occur like the one that happened sometime ago. The woman accessed it without her husband's knowledge, after sometime the lady had problem. They came to me and told me all these, I told them what we are going to do is to ensure that her husband does not find out because if he does, he will ask her who she discussed that with...I know that if a married woman uses it without her husband's knowledge it will be trouble.

Those that sought these services without husbands' permission are usually seen as deviants who do not want to stay under a man. This notion was also supported by qualitative respondents, for instance, a male FGD responded that,

What prompts a woman to use family planning services in secret is that she could be the type that flirts, in other to get this or that, she no longer submits to her husband in the things that concern husband and wife. (Mr. Uwakwe; Agbani)

Another reason was to accord husbands the place of headship in marriage which was customary, not necessarily to prevent unwanted pregnancy. This was corroborated by qualitative respondents. A female IDI respondent, Mrs. Chukwu, from Ugwogo;

..., there are some women who would have four or five children and feel they are okay with the ones they already have to be able to give them quality training so they would want to use family planning services but her husband would not agree to that. He will insist that the woman's decision will not uphold in his house except his own decision.

Greater percentage of the male respondents agreed that they have to permit their wives first before they can access family planning services. Educational levels of male respondents did not alter their views as majority of those with higher education noted that they have to give permission first. Their reasons were to maintain good health and to show that their wives are their responsibilities. The extent of authority of husband in marriage is further clarified by the second place that the kinsmen play in marital conflict and even the community in general.

## **Summary and Conclusion**

In summary, this study found that knowledge of family planning services is very high in the research area but access is very low due to poor sexuality communication in marriage and high authority wielded by husbands in marriage, the wife is under the authority of her husband and by extension that of her husbands' kinsmen. The study also showed that though fecundity is high, the average number of children per woman is less than that for the nation. It was also found that there is an unmet need for family planning services in the research area. The unmet need of family planning services is not for spacing per say as they do not have up to an average number of 5 children per woman. The need for family

planning services is to avoid the fear of conflict that goes with inability to communicate with husband sexuality.

The researchers therefore recommend that since the average number of children in the research area is lower than that of the national with high unmet need for family planning services, studies should be done to determine how these women in the research area maintained low birth rate comparatively even in a patriarchal society. In the research area education alone does not have direct relationship with married women's use of family planning services, the researcher therefore recommends that there is need for enlightenment programme which should include restructuring the socialization process that should be inclusive of socialization agents in the prerogative of fundamental human rights. This may take the form of conferences, seminars, talks, re-structuring the curricula for all levels of education. For immediate result, the husbands should be sensitized on the jeopardy of wife forceful subordination and the subsequent interruption of personality development. It is also important to note here that agencies either of government or non government should wake up to their responsibilities enlighten the members on the usefulness of modern family planning services that may have been the reason ignorance is shown on the part of the educated husbands to support wife to access family planning services.

## References

- Abdullahi, K. M. (2012). *Accessing health care and family planning in Nigeria*. Retrieved from [https://www.wilsoncecenteri.org/site/default/files/Abdullahi presentation pdf](https://www.wilsoncecenteri.org/site/default/files/Abdullahi%20presentation%20pdf)
- Agujiobi, B. (2003). *Risk of HIV/AIDS infection: Gender perspective*. Abakpa Nike. CIDJAP
- Apanga, P. A. & Adam, M. A. (2015). Factors influencing the uptake of family planning services in the Talensi District Ghana. *The Pan African Medical Journal*. 20(10). Retrieved from doi:10.11604/pamj.2015.20.10.5301www.ncbi.nih.gov/pmc/articles/PMC4430143
- Bakibinga, P., Mutombo, N., Mukiira, C., Kamanda, E., Ezech, A. & Muga, R. (2016). The influence of Religion and Ethnicity on family planning approval: A case for women in rural western Kenya. *Journal of Religion and Health* 55(1), 192-205. Springer US. Retrieved from link.springer.com/article/10.1007/s10943-015-0030-9#/page-1
- Batliwala, S. (1994). The meaning of women's empowerment: New concept from action. In G. Sen, A. Germain, & L. C. Chen (Eds.), *Population policies reconsidered: health, empowerment, and rights* (pp. 127 -138). Boston: Harvard University.
- Boserup, E. (1970). *Women's role in economic development*. London: George Allen & unwin.
- Bowman, C. G., & Kuenyehia, A. (2003). *Women and law in sub-saharan Africa*. Accra: Sedco.

- Delano, G. E. (2015, May 11). The traditional methods of birth control. *The Nigerian Observer*. Retrieved from [www.nigeriaobservernews.com/.../traditional-methods-of-birth-control-desired-or-not...](http://www.nigeriaobservernews.com/.../traditional-methods-of-birth-control-desired-or-not...)
- Doctor, H.V., Findley, S. E., Afenyadu, G. Y., Uzundu, C. & Ashir, G. M . (2013). *Awareness, use and unmet need for family planning in rural northern Nigeria*. Retrieved from [www.ncbi.nlm.nih.gov/pubmed/24558787](http://www.ncbi.nlm.nih.gov/pubmed/24558787)
- Engenderhealth. "Overview". Family planning ... and use of reproductive health and family planning services throughout Nigeria. Engenderhealth for a better life. <https://www.engenderhealth.org/..//Nigeria.php>. 2009
- Ezumah, N. N. (2003). Sexuality and gender relations implications for the transmission of HIV/AIDS: Lessons from Awka and Agulu, Anambra State Nigeria. *Journal of the Sociological Sciences*, 1(1), 1-8.
- Fagbamigbe, A. F., Afolabi, R. F. & Idemudia, E. S. (2018). Demand and Unmet Needs of Contraception Among Sexually Active in-union women in Nigeria: Distribution, Associated Characteristics, Barriers and Program Implications. <https://doi.org/10.1177/2158244017754023>
- Federal Ministry of Health Nigeria. (2005a). *Family planning training for physicians and nurses/midwives: National training manual*. Community Participation for Action in the Social Sector (COMPASS). Lagos.
- Federal Ministry of Health Nigeria. (2005b). *Training manual for community based reproductive health promoters: National training manual*. Community Participation for Action in the Social Sector (COMPASS). Lagos.
- Firestone, S. (1971). *The Dialectics of sex*. London: Paladin.
- Galadanci, H. S. (2009). Maternal mortality. In O. C. Ikpeze, (Ed.), *Fundamentals of Obstetrics and Gynaecology*. (pp. 159 -166). Onitsha: Africana First.
- Gavin, L., Moskosky, S., Carter M., Cutis, K., Glass, E., Godfrey, E., Marcell, A., Mautone, S., Pazol, K., Tepper, N. & Zapata, L. (2014). Providing quality family planning services: Recommendations of CDC and U. S. office of population affairs: Recommendations and reports. *Morbidity and mortality weekly report (MMWR)*. April 25 2014/63 (RR04):1-29. Retrieved from [www.cdc.gov/mmwr/.../rr6304a1.htm](http://www.cdc.gov/mmwr/.../rr6304a1.htm)
- Gavin, L., Moskosky, S., Carter M., Cutis, K., Glass, E., Godfrey, E., Marcell, A., Mautone, S., Pazol, K., Tepper, N. & Zapata, L. (2014). Providing quality family planning services: Recommendations of CDC and U. S. office of population affairs: Recommendations and reports. *Morbidity and mortality weekly report (MMWR)*. April 25 2014/63 (RR04):1-29. Retrieved from [www.cdc.gov/mmwr/.../rr6304a1.htm](http://www.cdc.gov/mmwr/.../rr6304a1.htm)
- Guttmacher Institute. (2010). *Sub-Saharan Africa: Facts on investing in family planning and maternal and newborn health*. New York: Guttmacher Institute & UNFPA.
- Guttmacher Institute. (May, 2007) *In brief: Facts about the unmet needs for contraception in developing countries*. New York, NY: The Alan Guttmacher Institute.

- Ikpeze, O. C. (2010). *A Perfect view of women's lives*. A monograph presented for inaugural lecture at the Nnamdi Azikiwe University, Awka. October 14<sup>th</sup>.
- Kelodjouea, S. (2015, January). Trends and determinants of unmet need for FAMILY PLANNING in Cameroon: The role of socio-cultural context. *Sociological study*. 5(1), 39-52. Retrieved from doi:10.17265/2159-5526/2015.01.005.
- Mairiga, A. G., Kullima, A. A., Bako, B. & Kolo, M. A. (2010). Socio-cultural factors influencing decision making related to fertility among the Kanuri tribe of north-eastern Nigeria. *African Journal of Primary Health Care & Family Medicine*. 2(1). Doi:10.4102/phcfm.v2il.94
- Mills, J. S. (1970). *The subjection of women*. New York, NY: W. W. Norton and Company.
- National Bureau of Statistics[ NBS](2012). Millennium development goals performance tracking survey report 2012. Pdf. Retrived from [www.nigerianstat.gov.ng/.../MILLENNIUM DEVELOPMENT%GOALS%20PER...](http://www.nigerianstat.gov.ng/.../MILLENNIUM%20DEVELOPMENT%GOALS%20PER...)
- National Demographic Health Survey (2014). <https://dhsprogram.com/pubs/pdf/FR293pdf>
- Nwakeze, N. M. (2003). Socio-economic determinants of fertility behaviours and preference among Anambra Women. *Journal of the Population Association of Nigeria*, 3(1). 59-67.
- Offman, A. & Matheson, K. (2004). The sexual self-perception of young women experiencing abuse in dating relationships. *A Journal of Research*, 51(9/10), 551-560. Doi:10.1007/511199-04-5465-5
- Olaitan, O. L. (2011). Factors influencing the choice of family planning among couples in South West Nigeria. *Journal of Medicine and Medical Sciences*. 3(7), 227-232.
- Onyeneho, N. & Okeibunor, J. (2003). Sex preferences and fertility in Mbaise households, Imo State Nigeria. *Journal of the Population Association of Nigeria*. 3(1), 68-78.
- Ortner, S. B. (1974). Culture and devaluation of woman. in M. Haralambos and M. Holborn *Sociology: Themes and Perspectives* (7<sup>th</sup> ed.). London: Harpercollins,
- Quedraogo, C. O. (2005). An absolute necessity. *African link*. A Publication of the International Planned Parenthood Federation African Region (IPPFAR), 4(1), 6-7.
- Ringheim, K. & Gribble, J. (2010). *Improving the reproductive health of sub-Saharan African youth: A route to achieve the millennium development goals*. Population Reference Bureau. Retrieved from [www.prb.org/publications/.../2010/youthchartbook.aspx](http://www.prb.org/publications/.../2010/youthchartbook.aspx). Washington, DC.
- Robertson, C. (1986). Ga women and socio economic change in Accra, Ghana. in N. J. Hafkin and E. G. Bay (Eds.). *Women in Africa: Studies in social and economic change*, (pp. 111-134). USA. Stanford University, California.

- Smith, R., Ashford, L., Gribble, J. & Clifton, D. (2009). *Family planning saves lives*. (4<sup>th</sup> ed.). Population Reference Bureau. Retrieved from [www.prb.org/pdf09/familyplanningsaveslives.pdf](http://www.prb.org/pdf09/familyplanningsaveslives.pdf)
- Symke, P. (1991). *Women and health*. Caledonian road, London. Zed Books Ltd.
- Ugwu, S. A. (2007). *Education and women empowerment in Nigeria: A case study of Enugu State*. Imo state University Owerri: Nigeria. Unpublished thesis.
- Umoh, K. A. & Udo, S. B. (2014). Family planning practice in Nigeria: Findings from family physicians in I. Chukwuonye, C. J. Onwuchekwa & M. A. Nnoli (Eds.), *Pioneer Medical Journal*, 4(7). Retrieved from [www.pmjumu.com/index.php/pmj/article/view/62](http://www.pmjumu.com/index.php/pmj/article/view/62)
- United Nations Children's Fund (UNICEF). (2008). *Nigerian demographic health survey*. Retrieved from [www.unicef.org/nigeria/ng\)publications\\_Nigeria\\_DHS2008\\_Final\\_Report.pdf](http://www.unicef.org/nigeria/ng)publications_Nigeria_DHS2008_Final_Report.pdf)
- United Nations Population Fund (2016). Giving women choices: family planning options increase in rural Ethiopia. Retrieved from <http://www.unfamilyplanninga.org/news/giving-women-choices-family-planning-options-increase-rural-ethiopia#sthash.MH6wPZC6.dpuf>
- United Nations Population Fund (UNFPA). (2010). How universal is access to reproductive health? A review of the evidence. New York UNFPA. Retrieved from [http://www.unfamilyplanninga.org/webdav/site/global/shared/documents/publications/2010/universal\\_rh.pdf](http://www.unfamilyplanninga.org/webdav/site/global/shared/documents/publications/2010/universal_rh.pdf)
- United Nations. (2011). *The millennium development goals report*. Retrieved from [www.org/millenniumgoals/11 MDG%20Report EN.pdf](http://www.org/millenniumgoals/11_MDG%20Report_EN.pdf)
- WHO (2015). Maternal health in Nigeria: generating information for action. Retrieved from [https://www.who.int/reproductive health/maternal-health-nigeria/en/](https://www.who.int/reproductive-health/maternal-health-nigeria/en/)