**Media Influence on Modern Family Planning: Knowledge, Attitudes and Practices Among Female Civil Servants in Anambra State, Nigeria**

**Abstract**

Mass media (electronic media) are veritable and indispensable institutions in any health intervention campaign, because they are not only gifted with the powers of wide reach but they break language barriers for sufficient mobilisation, education and sensitisation of the populace. This is a study which assessed the knowledge, attitudes, behaviours, and practices of modern family planning methods among female civil servants of reproductive age in Anambra State. The background of the study is based on maternal and child health promotion, which is anchored on the MFGs and the SDGs. The study is anchored on the Diffusion of Innovation (DOI) theory, and aimed at finding out the proportion of the respondents who are aware of family planning campaign of the health watch magazine programme, ascertaining if the respondents who are aware of the health intervention of the family planning use contraceptives, and finding out if the attitude of the respondents towards family planning. The paper adopted a qualitative survey approach, using the Focus Group Discussion (FGD), and drew a sample of 45 respondents from the population of the study. Three FGD sessions were held for the study at Onitsha North, Awka South, and Nnewi North Local Government Areas of Anambra State. The interview guide was the research instrument, while the explanation-building technique was the method of data presentation. Results obtained revealed that there are significant correlations between the broadcast media campaign on family planning and the level of awareness of the family planning practices among the respondents. Again, results revealed that there is a significant positive relationship between broadcast media campaigns and the practice of family planning among the respondents. There is a significant positive influence on the number of children by the respondents as a result of the broadcast media campaign on family planning. The paper recommended that the Mass media campaign for the health programmes should be reinforced and complemented with other engagement communication paradigms for policy objectives to be achieved.

KEY WORDS: *Knowledge, Attitudes, Behaviours, Practices, Mass, media, Family, and Planning*

**Introduction**

Globally, it has been observed that family planning issues are highly influenced by the scientific use of mass media, especially television, radio, newspapers, and the internet. Similarly, the last three decades have shown that indicators of family planning, such as contraceptive use, unmet need for family planning, and demand satisfied regarding family planning, have a significant association with media exposure (Das et al., 2021; Safieh et al., 2019). Mass media (electronic media) are veritable and indispensable institutions in any health intervention campaign, because they are not only gifted with the powers of wide reach but they break language barriers for sufficient mobilisation, education and sensitisation of the populace (or the target audience). As a result of these potentials, broadcast media have been successfully used in previous health intervention programmes such as the use of the Insecticide Treated Mosquito Nets (ITNs) for pregnant women (Ankomali, Adebayo, Arogundade, Anyanti, Nwokolo, Inyang, Oladipupo, Ipadiola & Meremiku, 2014), the campaign against HIV/AIDS (Lijadu, & Makonjuola, 2015), poliomelytis, exclusive breastfeeding (Ezeaka, 2017), among others. Media may swiftly and affordably deliver information to huge audiences in the form of persuasive messages, entertainment, advertisements, or even dramas. The media has influenced various demographic processes, particularly those involving family planning strategies and incentives as well as health prevention and promotion (Attya & Aboualhuda, 2022).

In pursuance of the foregoing statutory responsibilities/mandates, the Nigerian Television Authority (NTA) has developed a magazine programme called “Health Watch”, through which family health matters are discussed for the benefit of viewers. According to the producer/anchor of the programme, Cynthia Orji (2022), Health Watch deals with varied health-related matters, which include Child Spacing/Family Planning, Exclusive breastfeeding, Immunisation, and other essential family practices. The programme is telecast every Sunday, between 7.30 pm and 8.00 pm. Experts in various fields of family health are brought by the producer to discuss these key health matters (family planning). The producer goes further to conduct vox pops from residents and uses the same in subsequent programmes to sufficiently persuade viewers to adopt the behavioural health practices. Family Planning/Child spacing has significantly featured in this health watch magazine programme. It is against this background, therefore, that this study was set to understand the influence of broadcast media (radio and television) campaigns on family planning choices among couples of reproductive age in Anambra state, Nigeria. This study, therefore, sets out to ascertain the awareness level, attitudes and practices of family planning among couples of reproductive age in Anambra State.

According to the World Bank Group (2019), family planning is concerned with all aspects of reproductive health, fertility regulation, and family planning programmes, targeted at stopping unsafe abortions and preventable pregnancy-related deaths among nursing mothers and women of childbearing age. Specifically, the concept of child spacing is one of the key reasons behind family planning. While tracing the genesis of family planning, Bauserman, Thorsten and Bose (2020) explain that the New York Public Nurse, Margaret Sanger, who conceived the revolutionary idea that women should control their own bodies, was concerned about the adverse effects of frequent child births, miscarriages and abortion.

The philosophy behind child-spacing and family planning is for families/individuals to decide when to start having babies, how many to have, when to have them and when to stop. This philosophy is guided by the fact that pregnancy before the age of 18 years or after the age of 35 years puts the lives of the mother and her baby in danger of diseases and early death (UNICEF, 2018). Furthermore, that a woman should wait for at least 2 years before getting pregnant again, and that there is danger to the life of the mother and her unborn baby, after a woman has had four deliveries, are added raison d’etre to family planning (UNICEF, 2018). It therefore becomes pertinent to find out the level of knowledge, attitudes and behaviours of reproductive couples on this health intervention.

**Statement of the Problem**

Mass media are used variously in the society, to shape culture, influence politics, play important roles in business, as well as affect the daily lives of millions of citizens by shaping their thinking through the issues they (mass media) treat and the ideas they transmit. The media surveys the environment and sets the agenda for the public. They give the public what to think about in a bid to shape their opinions and beliefs, change habits and mould behaviour. In public health promotion, such as the campaign for family planning, expectations are high for the key responsibilities of the mass media. The bogging questions are: what is the proportion of the target population that is aware of the family planning media campaign? What is the significant proportion of the target population that is sufficiently informed about the family planning choices? Has the family planning media campaign influenced the reproductive lives of the target audience? What are the attitudes of the target populace on the family planning campaign? Are the target populations ready to carry out advocacy on family planning choices as a result of the mass media influence on the subject matter? These questions constitute the problems that necessitated this study.

**Objectives of the Study**

The general objective of this study was to evaluate the influence of a broadcast media campaign in creating awareness, changing attitudes, and behaviours about family planning choice among couples of reproductive age in Anambra State. The specific objectives of the study were as follows:

1. To find out the proportion of respondents who are aware of the family planning campaign of the Health Watch magazine programme.
2. To ascertain if the respondents who are aware of the health intervention of the family planning use contraceptives
3. To find out the attitude of the respondents towards family planning.

**Theoretical Framework**

This study is anchored on the diffusion of innovation theory. **Diffusion of Innovation Theory (DOI):** Everett M. Rogers is the principal chronicler of the Diffusion of Innovation theory (McQuail, 2005), and the theory relates to the many attempts to harness mass media to campaigns for technical advance or for health and educational purposes(World Bank Group, 2014). DOI originated in communication to explain how, over time, an idea, a concept, a product, and a thought gain force and spread (diffuses) through a target population/audience, or social system. The outcome of this process is that the target audience/population, as part of a social system, adopts a new idea, behaviour, or product. According to Greerhaulgh, Robert, Macfariance, Bate, and Kyriakidax (2014), adoption in this context means that the target population does something differently from what it has previously (that is, acquires and performs a new behaviour or attitude). The World Bank Group (2009), however, remarks that the key to adoption is that the adopter must perceive the idea, concept, behaviour, attitudes, or a product as new or innovative.

In their model of information diffusion, Rogers (1962), and Rogers and Shoemaker (1973) envisaged four stages: information, persuasion, decision or adoption, and confirmation (Greenhaudgh *et al,* 2014). This implies that the stages by which a person adopts an innovation, and whereby diffusion is accomplished, include awareness of the need for innovation (information and persuasion), decision to adopt (or reject) the innovation, initial use of the innovation to test it, and continued use of the innovation.

Rogers (1962) further explains that the adoption of a new idea, behaviour or product does not happen simultaneously, but rather passes through certain categories of the target audience (Li, 2020). Rogers (1962) identified five adopter categories as: innovators, early adopters, early majority, late majority and the laggards.

1. **Innovators:** These are the people who want to be the first to try the innovation. They are venturesome and interested in new ideas. These people are very willing to take risks, and often, very little needs to be done to appeal to this category of target population.
2. **Early Adopters:** These are people who represent the opinion leaders. They enjoy leadership roles and embrace change opportunities. They are already aware of the need to change, and so are very comfortable adopting new ideas.
3. **Early Majority:** These people are rarely leaders, but they do adopt new ideas before the average person. They typically need to see evidence that the innovation works before they are willing to adopt it.
4. **Late Majority:** These people are sceptical of change and will only adopt an innovation after it has been tried by the majority.
5. **Laggards:** These people are bound by tradition and very conservative. They are very sceptical of change and are the hardest group to bring on board.

The implication of the adopter categories is that the initiator of the new ideas, behaviour or product would not adopt a mass appeal for their campaign messages. The DOI has been used successfully in many fields, including communication, agriculture, public health, criminal justice, social work, and marketing (Choi, Kim & Lee, 2010). In public health, diffusion of innovation theory is used to accelerate the adoption of important public health programmes that typically aim to change the behaviour of a social system. The DOI theory is therefore suitable for this study, because the intervention of family planning is aimed at changing the sexual life of couples by encouraging them to adopt a specified family planning alternative.

 **Conceptualizing Family Planning**

Demand for health literacy in family planning use remains a world problem. It was estimated that more than 225 million women in the developing countries were not capable to access and use family planning services (Mhina, 2024; Ofurum et al., 2023). Family planning is viewed as the ability of couples to anticipate and attain their desired number of children and the spacing and timing of their births. It can also be viewed as the use of birth control measures to determine the spacing of pregnancy and the number of children couples wish to have. The United Nations and the World Health Organisation define family planning as encompassing services leading up to conception (WHO, 2018). According to the United Nations Fund for Population Activities, UNFPA (2018), family planning is defined as the regulation, by birth control methods, of the number, spacing, etc, of children that a family will have. Shaw (2010, p.137) defines “family planning as a voluntary, responsible decision made by individuals and couples, as to the desired family size and timing of birth.” Accordingly, family planning is a basic component of the sexual and reproductive health package.

The World Health Organisation (WHO, 2021, p.4) states that:

*Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and treatment of involuntary infertility. A woman’s ability to space and limit her pregnancies has a direct impact on her health as well as on the outcome of each pregnancy.*

The above excerpt reveals the purposes of family planning, which are improving maternal and child health care and the economic status of women. The Executive Director of UNFPA, Dr. Natalia Kanem (UNFPA, 2021), while addressing the global citizens on the essence of family planning, states that “few things have a greater impact on the life of women than the number and spacing of her children.” There is, therefore, a consensus among donor agencies that family planning is associated with improved maternal health and a reduction in child mortality. Consequently, the hallmark of public health programmes during the 20th century was the achievement of the desired birth spacing and family size. This development reportedly improves the social and economic role of women. Between 2016 and 2022, the WHO Department of Sexual and Reproductive Health and Research (SRH) and FIGO (the International Federation of Gynecology and Obstetrics) undertook a collaboration to enhance family planning care globally. The project aimed to contribute to the reduction of the unmet need for family planning and to improve the quality of services by increasing awareness and use of WHO's best practice tools and guidelines on contraceptive use (Makins et al., 2024).

Historically, family planning is arguably traced back to 1798, when Thomas Malthus (1765 – 1834) articulated his doctrine, attributing virtually all major social and environmental problems to population expansion, associated with the industrial revolution (Shaw, 2010). As a cleric, Malthus opposed artificial methods of fertility control, but advocated abstinence and allowing nature to take its toll. Contrarily, Agenga (2015) posits that birth control emerged as a radical social movement, led by socialist and feminists, in the early 20th century. Agenga (2015) adds that Emma Goldman (1869 – 1940) promoted birth control, not only as a women’s rights and workers' rights, but also as a means of sexual freedom outside of conventional marriages. Soon afterwards, birth control became increasingly medicalised and associated with social and corporate control, as well as control of reproduction within marriages and conventional family life. As the radicals lost their leadership of the birth control movement to professional experts, birth control became aligned with population control.

The United Nations Funds for Population Activities (UNFPA) (2020) informs that the modern birth control movement began in 1912, when a public health nurse, Margaret Sanger, who was concerned about the adverse effects of frequent childbirth, miscarriages, and abortion, initiated efforts to circulate information about and access to contraceptive. UNFPA (2020) adds that in 1916, Sanger opened the first family planning clinic, Brooklyn, New York, to challenge the laws that suppressed the distribution of birth control information. The court challenges that followed the closure of the clinic by the police later established a legal precedent that allowed physicians to provide advice on contraception for health reasons (UNFPA, 2020). WHO (2021) corroborated the foregoing, and states that Sanger continued to open more clinics and challenged legal restrictions during the 1920s and 1930s, and by so doing gained the right of physicians to counsel patients and prescribe contraceptive methods. WHO (2021) informed that during this period, the first part of the 20th century, family planning focused on the need of married couples to space children and limit family size. WHO (2021) also informs that the common contraceptive options in the 20th century, which were identified in the 1978 National probability sample of 1049 ever married while women born during 1901 – 1910, were: the condom, (54%) contraceptive douche (47%), withdrawal (45%), rhythm (24%), cervical diaphragm (17%), infrequent sexual intercourse (8%), intermittent abstinence (6%), and contraceptive sterilization (4%). In 1928, the timing of ovulation was established medically, but the safe interval for intercourse was mistakenly understood to include half the menstrual period (WHO, 2021).

The era of modern contraception began when both the birth control pills and the Intrauterine Device (IUD) became available in 1960 (UNFPA, 2020). The effectiveness and convenience of these devices resulted in widespread changes in birth control. Consequently, WHO (2021) reveals that by 1965, the pill had become the most popular birth control method, followed by the condom method, followed by the condom and contraceptive sterilisation. Federal funding for family planning services was established under the Family Planning Service and Population Research Act in 1920. Prior to that, the International Conference on Human Rights, in 1968, recognised Family Planning as a human right. The conference outcome, known as the Tehran Proclamation, states unequivocally that “parents have a basic right to determine freely and responsibly the number and spacing of their children” (UNFPA, 2021, p. 2). Glennerster and Murray (2021) argue that embedded in this legislative language was a game-changing realisation – women and girls have the right to avoid the exhaustion, depletion and danger of too many pregnancies, too close together. Men and women have as right to choose when and how often to embrace parenthood.

Given the health benefits associated with family planning, WHO, UNFPA, UNICEF, and other international donor agencies have carried out massive public health campaigns and global funding to accelerate knowledge of the health intervention, inspire a positive attitude towards the intervention and practices of the intervention. The global funding and health campaign for family planning was heightened in the year 2000, after the United Nations Millennium Declaration, through which the Millennium Development Goals (MDGs) were derived. Family planning is associated with the MDGs’ targets four (4) and five (5) “reduced by two-third, between 1990 and 2015, the under five mortality rate” (WHO, 2021, p. 2) and “reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio (MMR)” (WHO, 2021, p. 2).

At the expiration of the time frame (2000-2015) set up to achieve the foregoing goals, and particularly leveraging on the impressive achievements recorded, 195 member states of the UN, on 25th September, 2015, launched the Sustainable Development Goals (SDGs) (WHO, 2019). The SDGs came into force on 1 January 2016 for a 15-year period, until 31st December 2030 (Yaya Uthman, & Bishwajil 2018). Among the 17 SDGs, the direct health-related targets came under SDG3: Ensure healthy lives and promote well-being for all at all ages (WHO, 2019).

A consensus statement and full strategy paper on Ending Preventable Maternal Mortality (EPMM) was adopted by the World Health Organisation (WHO), in anticipation of the launch of the SDGs. According to the United Nations Maternal Mortality Estimation Inter-Agency Group (UN-MMEIG)(2017), the EPMNS target for reducing the global Maternal Mortality Ratio (MMR) by 2030 was adopted as SDG target 3.1: Reduce global MMR to less than 70 per 100,000 live births by 2030.

Findings from the UN-MMEIG (2019) revealed that in 2017, about 830 women of reproductive age (15 – 49years) died from pregnancy or childbirth-related complications around the world every day (and 303,000 annual deaths). Again, the findings revealed that between 2000 and 2017, the global Maternal Mortality Ratio (MMR) declined by 38% from 342 maternal deaths per 100,000 live births in 2017(WHO, 2020). The findings further revealed that the sub-sahara African region and southern Asia accounted for 86% of the annual global deaths (254,000) in 2017; while Africa alone accounted for 196,000 (66%) and southern Asia 58,000 (20%)(UNICEF, 2021). Globally, Nigeria is among the top ten countries with the highest annual maternal mortality rate (WHO, 2019). The Planned Parenthood Federation of Nigeria (PPFN)(2019) revealed that in 2015, Nigeria was the topmost of the five countries with the highest annual maternal death (55,000). The Nigerian MMR in 2000 was 1200 per 100,000 live births; 1080 in 2005; 978 in 2010, 931 in 2015, and 917 in 2017 (FMOH, 2019). These statistics, unarguably, place a greater burden on Nigeria and, indeed, African countries, in pursuit of the SDGs target 3.1. A comparative analysis of the percentage reduction in Nigeria’s MMR, between 2000 and 2015 (24%) vis-a-viz the 2030 target would reveal that Nigeria needs to achieve a 93% reduction in MMR. The implication of this is that health promotion campaigns in the area of maternal health have to be systematically and strategically intensified. The campaigns would have to focus on the causes of maternal mortality, the therapeutic measures, and the possible expected behavioural changes.

The different types of family planning methods, according to WHO (2012, p. 3), are:

* Long-Acting Reversible contraception - the implant or intra-uterine device (IUD): Long-term contraception can be a good choice if you want effective, lasting birth control without much maintenance. The IUD, inserted in the uterus, is 99% effective at preventing pregnancy.
* Hormonal Contraception – the pill or the Depo Provera injection: Hormonal birth control involves adjusting your body’s natural estrogen and/or progestin levels to make pregnancy much less likely. Common methods include: birth control pills, vaginal rings.
* Barrier Methods – condoms, sponges, cervical caps, diaphragms, and spermicides: They each work differently, but they all create a sperm barrier during sex to physically prevent sperm from reaching an egg.
* Fertility awareness.
* Permanent Contraception – vasectomy and tubal ligation.

Barrier methods prevent pregnancy between 71% to 88% time, depending on the methods (WHO, 2018).

On the other hand, artificial family planning/birth control includes two hormonal methods (oral contraceptive pills and Depo-Provera), the Intra-uterine device, and the barrier methods (the latex condom, cervical cap, diaphragm, and spermicides). Despite the health benefits associated with family planning, there are still some criticisms. Some critics argue that family planning is not seen by all as a humane and necessary intervention. Habibor and Zainiddinor (2017) posit that family planning is an arena of contestation within broader social and political conflicts, involving religious and cultural injunctions, patriarchal subordination of women, social class formation and global political and economic relations. Habibor and Zainiddinor (2017, p. 142) argue that an attempt to control human reproduction is not entirely a modern phenomenon, adding: throughout history, human beings have engaged in both pro and anti-natalistic practices, directed at enhancing social welfare. In many foraging and agricultural societies, a variety of methods, such as prolonged breastfeeding, were used to space births and maintain an equilibrium between resources and population size.

Whatever the situation may be, the family planning campaign is still a global public health intervention. Mass media have been widely and variably used to create awareness about the intervention and to influence positive behaviour and attitudes towards the intervention.

**Broadcast Media and Family Planning Campaign**

Broadcast media are otherwise called electronic media, and they use electronically transmitted signals to send instant audio and visual messages to a large, heterogeneous audience. These include movies, recordings, radio, television and the Internet. The electronic media have the power to reach a huge audience with environmental health information capable of initiating changes towards a positive environmental health culture. Satellites and the Internet have made mass media truly global. The global nature of broadcast can be harnessed for a positive environmental health culture. For instance, visiting a website can provide one with information on the environmental situation worldwide. More developed countries can offer suggestions about curbing environmental hazards in less developed countries, while people in less developed countries can learn from the efforts of developed countries (a true global village advantage).

Television in particular has the advantage of allowing for active demonstration of events/issues/activities; large national audience outreach (network), some audience targeting, high impact, timely, and a prime source of news. On its part, radio has the advantages of greater flexibility, personalised message, urban-rural coverage, availability, universal coverage, language barriers, and timeliness. These advantages give broadcast media an edge over the print media in terms of audience reach and high coverage, and thus make them veritable channels for health communication.

The need for improvement of the health status of the populace has led to the recent moves by various governments of the day to mount programmes to inform and educate the citizenry. The government uses the broadcast media to shape culture, influence politics, play an important role in business, as well as affect the daily lives of millions by shaping their thinking through the issues they treat and the ideas they transmit. Broadcast media survey the environment and set the agenda for the public. They give the public what to think about in a bid to shape their opinion and belief, change habits, and mould behaviour.

Areas in which the effect of the broadcast media has really been felt include health campaigns, health education, Medicare, and drug abuse awareness. McQuail (2005, p. 477) affirms that "that media have effects is not in doubt, although it is difficult to establish when and to what degree an effect has occurred or is likely to occur... effects when they do occur, involve the interactions of the audience."

When the first case of HIV/AIDS was identified in 1986, not much "noise" was made. However, with the ravaging of lives, others orphaned, workforce reduced, etc., Broadcast media were used to raise a campaign against the scourge and to educate the people on how to prevent it. Broadcast media also help the public know how to live and relate with people living with HIV/AIDS (PLWHA) in order to avoid stigmatisation. Through health education from the various broadcast media, people/are encouraged to get tested and know their status. Testing centres and where and how to get the anti-retroviral therapy (ART) are also publicised by the various media. Though 100 per cent success has not been recorded, broadcast media have created a considerable level of awareness in both rural and urban areas.

As broadcast media engage in campaigns on HIV/AIDS and other health issues, such as the "roll back malaria", "health for all," etc. It is their responsibility to:

1. Provide accurate factual information on a regular basis.

2. Educate the society on community-based structures in prevention and management.

3. Present the opinion of the public on the issue.

4. Present a holistic picture of the issue at hand.

5. Advocate accountability and responsibility in the presentation and management sectors (Kiai, 1998).

The broadcast media create awareness of non-prescription medicines through advertising. Consumers are helped to search for the products they need, and attention is drawn to the drug literature for details necessary for safe and appropriate product use. Direct-to-Consumer (DTC) advertising contributes to a client's knowledge and understanding of the disease condition, awareness of the causative factors, and signs and symptoms. It also shows the availability of medicines and choices that can help, and their compositions. Consumers are given a dosage regimen and encouraged to comply in order to receive the desired effect. These are done on TV, radio and in the print media.

The availability of new prescription or proprietary medicines for the treatment of diseases and ailments *such* as asthma, cancer, hypertension, diabetes mellitus, etc. are usually promoted by the media but detailed information on such drugs are regulated as stated in Cap 535, Part 7, Section 39, subsection 1 and of the Pharmacy and Drug Laws.

The TV documentaries on health issues such as HIV/AIDS bring to the fore information on the disease condition, which includes mode of transmission, signs and symptoms, risk behaviours that can complicate it, treatment available and how to relate with people with the virus, those down with AIDS. The labelling of the product is also a form of information. It must include major precautions, descriptions of serious side effects related to the use of the drug, and three to five most common non-serious adverse reactions that are the most likely to affect the patient's quality of life or outcome of therapy.

Several studies have proved that the mass media are effective tools of mobilisation and influencing changes in attitude (Piotrow *et al,* 1997; Population Information Program [PIP], 2001; Bertrand & Rimon II, 2003). For instance, communication plays a vital role in health promotion and health education. According to the Population Information Program (PIP) of Johns Hopkins University School of Public Health, effective communication empowers people to seek what is best for their own health and to exercise their right to good quality health care (PIP, 2001). Communication is also a vital tool in the promotion of behaviour change in all areas of health, including reproductive health (Bertrand & Rimon II, 2003). All over the world, communication has been employed to address health issues, including fertility, teenage pregnancy, safe motherhood, child survival, sexually transmitted diseases, HIV/AIDS and even violence against women and children. Indeed, as Piotrow *et al* (1997) asserted, communication has been crucial to the wide acceptability of family planning in many countries of the world. According to the scholars Communication is the key process underlying changes in knowledge of the means of contraception, in attitudes towards fertility control and use of contraceptives, in norms regarding ideal family size, and in the openness of local cultures to new ideas and aspirations and new health behaviour (Piotrow *et al,* 1997).

The mass media are generally regarded as channels of communication (Gamble & Gamble, 2002). Millions of people all over the world get their health information from the mass media. The Population Information Program found that people get their family planning information from the mass media and that sometimes it is their main source of information (PIP, 2001). Scholarly studies have proved the Population Information Program right. In a worldwide study, Hornik and McAnany (2001) found evidence of a very substantial association between access to mass media and the level of fertility in a country. In Kenya, in 1992, out of 1,518 people surveyed, 42 per cent said their main source of information was radio and television (PIP, 2001). In Brazil, Potter, Assuncao, Cavenaghi and Caetano (1997) found a substantial association between television ownership and fertility. In West Africa, Westoff and Bankole (1997) found a significant association between various types of media access and contraceptive behaviours and childbearing intentions.

 **Nigeria Television Authority (NTA) and Health Watch**.

 The then Federal Ministry of Government, through Decree 24 of 1977, established the Nigeria Television Authority. With this establishment, the ten existing television stations under the control of the federal government in Nigeria were brought under the control of the federal government of Nigeria. These stations, established by their various regional governments, include: Western Nigeria Television (WUTV), Eastern Nigerian Television (ENTV), and radio Kaduna Television (RKTV). Growing with the dynamics of the society, NTA later expanded, with each state and city in the federation having an ancillary station. In the southeast east Nigeria, the zone network centre of the NTA is in Enugu. Each of the State capital in the zone has NTA stations capitals in the zone has NTA stations controlled by the zonal network. Within this wide operating network, the NTA has become a veritable source for disseminating health information.

Health Watch is a Magazine Programme of the NTA used to disseminate, educate, and change the behaviours/attitudes of residents of the zone on family health matters. The health program has a wide scope, which includes child spacing/family planning. Aids/HIV, prevention of mother-to-child-transmission (P.M.T.C.T), Immunisation, handwashing with soap and water (HWSW), open defecation method (ODM) prevention, and other essential family practices. Health Watch is broadcast every Sunday between 7:30 pm to 8 pm, and it usually features a specialist in particular areas of discussion. With the thrust of seeking to employ some of the great works happening in the health sector, challenge the bad and create positive ideas and actions, Nigerian Watch uses advocacy and communication to influence health policy and seek better health and access to health care. According to Orji (2022), the Nigerian Health Watch provides informed commentary and in-depth analysis of health issues in Nigeria. The programme has a wide outreach and has been recognised across the sector as a strong advocate for the improvement of the health of the people of Nigeria.

Justifying the rationale behind the programme, Orji (2022) argues that given the nature of health issues, they handly feature in media, and thus people lack the information to choose effective health services or demand quality improvement. This implies health matters are complicated issues which need specialists. This gives rise to health communication and health literacy, which play an integral role in the delivery of healthcare and the promotion of health. This means that communication is a persuasive tool that could be used purposefully to alter the behaviour of the recipient in the direction desired by the communication source.

Ahmed, M. and Abdu, S. (2020)**,** in a study cited,*“Association Between Exposure to mass media family planning messages and utilization of modern contraceptives among urban and rural youth Women in Ethiopia,”* posit that family planning helps to reduce poverty, increase gender equality, prevent the spread of sexually transmitted infections (STIs), and reduce maternal, infant, and childhood mortality. The study adopted a comparative cross-sectional design, using the 2016 Ethiopia Demographic and Health Survey (EDHS) data. A total sample of 6401 rural women and 2340 urban women was used for the study. Results obtained from the study revealed that there was no association between women's exposure to mass media family planning messages and utilisation of modern contraceptives. in rural media, family planning messages in urban areas were less likely to use modern contraceptives. The paper concluded that the role of inequalities in modern contraceptive utilisation is shaped by structural and intermediary factors (religion, household wealth, education and number of children).

Eze, B. U. and Okeke, A.A. (2015)used the questionnaire, interviews and direct observation as the methodology to examine *the adoption of family planning measures among couples in New Heaven, Enugu state, Nigeria*. The researchers drew a sample of 150 respondents and randomly administered the questionnaire in 10 streets out of 40 streets in New Heaven, Enugu state. Results of the findings show that there are various factors that influence the use of birth control measures, some of which are marital status, age at marriage, duration of marriage, and occupation. The result also revealed that condom was the most common method of birth control known and used by the respondents. The gap in this study is that it failed to identify how mass media influences the knowledge, attitudes, beliefs and practices of family planning among the respondents. This gap is intended to be filled by this present study.

Glennerster, Murray and Puliquen(2021) carried out their own study titled, *“The media or the message: Experimental Evidence on mass media and modern contraceptive uptake in Burkina Faso.* Glennerster et al (2021) used a sample of 1,500 women receiving radio campaigns for 2-5 years from 16 local radio stations in Burkina Faso for their study and found that women who received radio in non-campaign areas reduced contraception use and had more conservative gender attitudes. The study concluded that access to mass media and varying the content of mass media can change a highly consequential behaviour (fertility decisions), but that the fact depends critically on the quality of the message being delivered.

**Methodology**

This study adopted a qualitative survey approach. Specifically, the Focus Group Discussion (FGD) was used for the survey. FGD was used because it is a veritable method that can be used to explore the meanings of survey buildings that cannot be explained statistically. FDG is also a good method to employ prior to designing a questionnaire. Being a qualitative research approach which gathers a group of people from similar background/experience to discuss a given phenomena/issue of interest to the group, FGD allows participants to agree or disagree with one another so as to produce an insight into how a group think about the phenomenon/ issue, and inconsistencies or variations that exist in terms of benefit and their experiences in practice. FGD is therefore suitable for this study because, aside from its complementary roles to survey, its usage in providing an insight into different opinions involved in a change process. It is frequently used as a qualitative approach to gain an in-depth understanding of a social issue, such as child spacing.

The population of interest for the study is 14,637(www.statistica.com) female civil servants of reproductive age in Anambra state. A sample size of 280 respondents was determined for the study, using the Taro Yamanishi formula. However, considering the experts' view (Nwodu, 2016) that a small sample size is preferable to a large sample size, which may be susceptible to large sampling error, this sample size was judiciously reduced to 45 female civil servants of reproductive age. Three Local government areas(Onitsha North, Awka South and Nnewi North - one from each of the three senatorial zones) were used for the FGD. The interview guide was the instrument for data collection, while the explanation-building technique was the method for data presentation.

**Result and Discussion:**

**Evidence from the Focus Group Study**

The explanation-building technique was used to present the data from the focus group study, as shown below.

**Access to Health Watch Magazine Programme of the Nigerian Television Authority, NTA, By the Participants:** The FGD study commenced with a discussion on the prevalence of ownership and access to television in the study locations. The discussion revealed that all the respondents have television sets in their households. Again, the majority of the participants posited that they watch television frequently, and therefore are conversant with most of the public health programmes broadcast on television. Participants, however, pointed out that the frequency of exposure to television messages was conditional on electricity supply since “power failures” are not an infrequent occurrence in Nigeria. This suggests, in effect, that constant power interruption can mitigate the potential positive influences and television, in particular, in public health promotion.

This notwithstanding, all the participants for the FGD session agreed to have heard and watched family planning messages in the Nigerian Television Authority (NTA). Participants were able to identify some specific family planning campaign messages they had watched in the NTA’s Health watch magazine programme. They include the National Child Spacing Symbol, “wait for me”, “Choices” “The Right Time Condom”, among others. To get some idea of how far back the participants had been exposed to family planning messages in the NTA, they were asked to recall the first time they had heard or seen such public health messages. Although, the respondents appeared not to be quite accurate due to the recall problem, yet the findings generally tended to be supported by the knowledge of when television really became involved in family planning promotion in the country. The earliest reported first-time exposure to family planning broadcasting media campaign by the respondents was between 2000 and 2010. The year 2000 was most fragrantly mentioned. This is perhaps as a result of the fact that the earliest information, education, and communication (IEC) family planning campaigns were integrated into two programmes of the NTA Ibadan (“Kko close”, and “Mulero”) in 1989 (see Piotrow et al, 1990). The case of broadcast media for promoting family was further brought to prominence by the adoption of the National Population Polling in 1988. Therefore, it is not surprising that the participants for the FGD heard and/or watched the media about that time.

**Family planning attitudes were contraceptive behaviour among the participants**. Prior to the examination the influences of family planning messages on the participants, the researcher discussed their contraceptive behavior and attitudes towards family planning. Evidence among the participants confirmed previous findings that contraceptive prevalence is above average among reproductive couples in Nigeria. More than half of the participants claimed to have ever used any of the methods of birth control. Those ever-users varied in terms of method used, age, and number of living children The most identified methods used by the ever-users were IUD, rhythm, pills, rings, condoms. In general, the ages of the ever-users, and the number of living children at first use, ranged from 20-30years, and 0-2 children, respectively, for the younger couples, and 30-40 years and 1-4 children, respectively, for the older couples.

Most of the participants revealed they are using some of the family planning methods mainly for child spacing. The current deplorable economic condition in the country may have made this compelling. According to one of the participants. “I am using a method of family planning in order to space my children, so that I will be able to take proper care of them. “Another participant said, “I use a contraceptive so that I will not get pregnant at this time. “When further asked if she had enough children, she said no, but she intended to rest for a whole year expectedly, the reasons for using family planning choices differ by age group. Current users who said they were using it for spacing belonged to the younger group, and those who were using it for stopping belonged to the older group. In both cases, however, more users expressed the desire to use a method in the future. Some of the reasons to advise for more usage were a lack of interest, husband’s opposition, and the fear of side effects. Some respondents gave instances of side effects from their own experiences or those of their friends For instance, one of the participants revealed as follows:

One friend of mine had an IUD planted in her. After a year, she started bleeding and because of the bleeding, her husband, who did not know when she obtained the method, got to know that she had undergone family planning. She went back to where she it and it was removed. She said she will never use it again.

The absence of privacy in the FG study is often feared to elicit a tendency on the part of the participants to suppress information on sensitive issues. This likelihood was manifested in this study with regard to our discussion of contraception. In the study location, participants were very enthusiastic to discuss knowledge of family planning, but less so when the discussion moved to contraceptive use. They had to be appealed to before they became comfortable enough to talk. There is, therefore, enough evidence to believe that contraceptive use was understood by the participants.

**Steps Taken by the participants, due to Family Planning Campaigns in the NTA**

Since the main objective of media promotion of family planning is to educate the audience and to motivate them to act positively toward family planning, we discussed the effects of the family planning messages that participants claimed to have heard or watched. In other words, what steps or actions did a participant take as a result of the health watch planning message in the NTA? The responses suggest that NTA’s promotion of family planning does indeed influence listeners or viewers not only to adopt a positive attitude toward family planning, but also to adopt contraception. Although every participant did something, more than half said they took one step or another after listening to or watching a family planning promotion in the NTA.

Actions taken by the participants ranged from advocacy, telling other people (particularly spouses and friends) to visiting hospitals or family planning clinics for advice and/or to obtain a method. A number of interesting claims came up during the discussion of this particular issue, some of which showed that both males and females may be becoming more receptive to family planning. Two such statements follow:

“1 made a decision with my husband that by God's grace we will not have more than two children. As things are in the country today, one does not need to be told repeatedly before taking necessary steps to limit the number of children."

"When I heard the family planning message, I told my husband about it. He told me to go to the hospital to inquire more about family planning. When I went, they gave me some information and also recommended the pill that I am currently using." But the story is not always this easy or pleasant. Some of the contentions confirmed the common assumption that some women who would use contraceptives fail to do so because of their husbands' opposition. For instance, one woman claimed:

"I told my husband about a family planning program I watched, and he told me to seek more information about family planning. At that time, the family planning people would not attend to a client if the husband did not accompany her. When I told him that they would not attend to me unless he went with me, he refused, saying that he would never go there. That was how the matter ended."

A similar case was reported as follows:

"I actually watched the family planning show with my husband and we discussed the message. He insisted that he would never support my obtaining a family planning method because once a woman does it, she becomes promiscuous and uncontrollable."

Some women, however, remain strongly convinced that they need to do something about their reproduction and sometimes do so without the husband's consent and knowledge. The statement below shows how a woman did it without her husband's consent when forced to:

"After watching a family planning program, I told my husband that I wanted to obtain a family planning method. He refused to support it, complaining that it enables women to engage in extramarital sex. Even after making him realise that I could get pregnant when we did not want it, he still would not agree. Unfortunately, 1 got pregnant that very month. After having the baby, I raised the issue again, but he still refused to support it. I then went to the hospital without his knowledge, and I was told I could do it without his consent as long as I did not use it to cheat on him. That was how I did it secretly, and he never said anything since then."

**Temporal Order of Exposure to Family Planning Messages and Contraceptive Use**\*

With the knowledge of the prevalence of exposure to family planning messages and contraceptive use among the participants, the discussion shifted to putting the two events into perspective regarding time. In other words, we examined which of the two events- exposure to family planning messages or contraceptive use — occurred first. This was done in two ways. First, we discussed the actual experiences of participants who had heard or seen family planning messages in the media and who had used any method of family planning. Second, we examined the issue based on what the participants perceived to be the prevailing situation in the society.

With regard to actual experiences, more than half of the participants had heard or watched family planning messages before adopting contraception, and the remaining had inadvertently already used contraceptives before being exposed to family planning messages. The experiences of the couples differed by age and location. Whereas the older women tended to be exposed to family planning messages before using any method, the younger ones tended to have used contraceptives before being exposed to family planning messages.

The evidence from the study confirms the. The problem of establishing any causal relationship when the temporal order of the two events cannot be determined. Although a very small sample is involved, the report of the actual experiences of the focus group participants shows that both scenarios are about equally likely. Exposure to family planning messages may influence a woman to adopt family planning, but a woman who is using or has used a method may also be more inclined to listen to or watch a family planning program.

The discussion of the perception of the participants about the prevailing situation with regard to the timing of the two events gave a slightly different impression. As would be expected, there were arguments in support of both possibilities, but the prevailing argument was that couples are more likely to have used methods of birth control before being exposed to family planning messages in the media. This position was held more strongly by the older women

**Conclusion**

The findings in this study were as follows:

There are significant correlations between the broadcast media campaign on family planning and the level of awareness of family planning practices among the respondents. There is a significant positive relationship between the broadcast media campaign and the practice of family planning among the respondents. There is a significant positive influence on the number of children by the respondents as a result of the broadcast media campaign on family planning.

**Recommendations**

In line with the findings made in this study, it is recommended as follows:

1. Mass media campaign for the health programmes should be reinforced and be complemented with other engagement communication paradigms for policy objectives to be achieved.

2. There should be capacity-building programmes on communication and public health promotion among primary health care workers.

3. WHO, UNICEF and other donor agencies should initiate Volunteer Community Mobilizers (VCM) at rural villages. The VCM, as is currently used for the essential family practices programme by UNICEF, should personally visit households and educate them on the need for family planning.

4. WHO, UNICEF and others should partner with the relevant agencies of the federal government (the National Orientation Agency, NOA, for example), to cascade the campaign for family planning campaigns to the grassroots

**Consent**

As per international standards or university standards, respondents’ written consent has been collected and preserved by the author(s).

**Disclaimer (Artificial intelligence)**

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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Author(s) hereby declare that generative AI technologies such as Large Language Models, etc. have been used during the writing or editing of manuscripts. This explanation will include the name, version, model, and source of the generative AI technology and as well as all input prompts provided to the generative AI technology

Details of the AI usage are given below:

1.

2.

3.

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