

Knowledge, determinants and unmet needs for postpartum family planning use among women attending immunization clinic at Bowen University Teaching Hospital, Ogbomoso, Oyo State, Nigeria

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Abstract

Background: Most women in extended post partum period often have desire to use family planning. Disappointedly, majority of such women end up having unplanned or unwanted children. Little is currently known about factors responsible for such unmet family planning need among Nigerian women. **Objectives:** To assess the prevalence and determinants of unmet need for post partum family planning (PPFP) among women in Oyo State, south-west, Nigeria.

Methodology: This cross-sectional analytic study was carried out using systematic sampling technique among 444 women attending immunization clinic in Ogbomoso, Nigeria. A pre-tested questionnaire was used for data collection and data analysis was done using SPSS version 17. Chi-square test and binary logistic regression were used for analysis.

Result: The mean age of the respondents was 36±9. Majority (65.7%) of the respondents demonstrated poor knowledge on PPFP. More than half (54.0%) of them had unmet need for limiting while 46.0% had unmet need for spacing. Fear of side effects was the commonest reason for lack of PPFP use (17.4%). Unmet need was significantly associated with marital status, educational status and level of awareness about PPFP. Level of awareness was the only significant predictor of unmet need among our study participants (OR; 2.973, 95%CI; 0.119-0.459).

Conclusion: Our study shows a high unmet need for PPFP among women in Ogbomoso, thus there is need for a more programmatic focus on women in their extended post partum periods. There is need for more awareness program on PPFP to increase contraceptive uptake in Nigeria.

Keywords: Knowledge, determinants, post partum, family planning, unmet need

Résumé

Contexte: La plupart des femmes en période de post-partum étendue ont souvent le désir d'utiliser la planification familiale. Désenchantement, la majorité de ces femmes finissent par avoir des enfants non planifiés ou non désirés. La connaissance est à présent peu sur les facteurs responsables de ces besoins non satisfaits de planification familiale chez les femmes nigérianes.

Objectifs: Pour évaluer la prévalence et les déterminants de besoins non satisfaits en matière de planification familiale post-partum (PFPP) chez les femmes dans l'État d'Oyo, sud-ouest, Nigeria.

Méthodologie: Cette étude transversale analytique a été réalisée en utilisant la technique d'échantillonnage systématique parmi 444 femmes fréquentant la clinique de vaccination à Ogbomoso, Nigeria. Un questionnaire testé auparavant a été utilisé pour la collecte des données et l'analyse des données a été réalisée à l'aide du logiciel SPSS version 17. Le test du chi carré et de régression logistique binaire ont été utilisés pour l'analyse.

Résultat: L'âge moyen des répondants était de 36 ± 9 ans. La majorité (65,7%) des personnes interrogées ont manifesté une mauvaise connaissance sur PFPP. Plus de la moitié (54,0%) d'entre eux avaient besoin non satisfait d'abandon 46,0% avaient besoin non satisfait d'espacement. La crainte des effets secondaires était la raison la plus commune pour défaut d'usage PFPP (17,4%). Le besoin non satisfait est significativement associée à l'état matrimonial, au niveau d'éducation et au niveau de prise de conscience des répondants sur PFPP. Le niveau de sensibilisation était le seul facteur prédictif significatif des besoins non satisfaits parmi nos participants à l'étude (OR; 2,973, IC 95%; 0,119 - 0,459).

Conclusion: Notre étude montre une forte demande non satisfaite de PFPP chez les femmes à Ogbomoso, donc il y a un besoin de concentration plus programmatique sur les femmes dans leurs périodes post-partum étendues. Il y a une nécessité pour plus de programme de sensibilisation sur la PFPP pour augmenter l'intégration de la contraception au Nigeria.

Mots-clés: Connaissance, déterminants, post-partum, planification familiale, besoins non satisfaits

Background

Post partum period is the time which is usually given less emphasis regarding family planning by policy makers, service providers and users. However, it is the time with a rising risk of unwanted pregnancies and often frustrated desire for contraceptive protection. The contraceptive behaviours of women in postpartum period are often different from other times in their reproductive cycles. Post partum family planning is defined as the initiation and use of contraceptives during the first year after delivery [1]. Failure to recognize this period as central to the success of any family planning program has led to high unmet needs for contraception in most countries of the world, including Nigeria.

Maternal mortality ratio for Nigeria is still high at 545 per 100,000 live births [2]. In an effort to reduce high maternal deaths in Nigeria, family planning can be an important and effective strategy. Fewer unwanted pregnancies mean fewer pregnancy related deaths. According to Berber *et al* in 2007, commencing family planning during the post partum period proved to lengthen birth spacing and improve maternal and infant health [3]. However, increasing body of evidence has shown that by 7-9 months after delivery, most postnatal women are exposed to pregnancy, yet have not obtained contraceptives [4].

Analysis of Demographic and Health Surveys (DHS) of 27 countries by Ross and Winfrey in 2001 revealed that 65% of women surveyed who were within 12 month postpartum period wanted to avoid becoming pregnant during the period but were not using any contraceptive method [5]. In Ile-Ife, a town in southwest Nigeria, Adeyemi *et al* in 2005 found high level of awareness of family planning and unmet needs of 59.4% among women attending antenatal clinic at a tertiary health institution [6]. The Nigerian Demographic and Health Survey (NDHS) in 2008 reported 14.6% and 9.7% as the contraceptive prevalence rate and the proportion of married women using a modern method of contraception respectively [7]. Despite availability of family planning commodities at no cost to the client, the 2013 NDHS report shows minimal improvement in the reproductive health indices.

Although many studies have been conducted on the determinants and control of fertility among women in reproductive age group generally; few studies have examined the role of post-partum contraception in achieving contraceptive goals. The objective of this study, therefore, was to assess the level of awareness, knowledge, determinants of use and unmet needs of women of reproductive age group on postpartum family planning methods.

Materials and methods

The study was conducted at the immunization unit of Bowen University Teaching Hospital (BUTH) in Ogbomoso- North Local Government Area of Oyo

State, Nigeria. Oyo State is located in the southwest geopolitical zone of the country. Ogbomoso town has a population of 1,200,000 inhabitants as at the last Population Census for Nigeria in 2006 [8]. The town also hosts two tertiary health institutions; LadokeAkintola University Teaching Hospital (a public institution) and Bowen University Teaching Hospital which is a missionary institution. Other private and public health centres are equally available, offering primary care services.

A cross-sectional analytic study design was utilized. The study population was women who had delivered within the last one year and brought their infants for immunization. The minimum sample size was calculated using the Lesley Kish formula for estimating single proportion. Based on report of a previous study done in south west Nigeria [6], a prevalent rate of 59.4% was used as the proportion of Nigerian women who had unmet need for post partum family planning. The precision was set at 5%. a non response rate of 19% was assumed and corrected for. A total of 444 women were selected using systematic sampling technique within a period of three months. The sampling interval was calculated by dividing the calculated sample size by average daily attendance at the immunization clinic. The first participant was selected by balloting. Women attending immunization clinic but had not delivered a baby in the last one year preceding the survey and those who failed to give their consent were excluded from the study.

Data were obtained using a semi-structured interviewer guided questionnaire. Data were collected on socio-demographic characteristics of respondents, their awareness, knowledge and prior use of family planning, antenatal contraceptive counselling and unmet need for contraception. For respondents who preferred to answer the questions in their native language, the questionnaire was translated to Yoruba language. Back translation was done by linguistic experts to preserve the original meaning of the questions asked. The quantitative data obtained were entered using epidata and analyzed using SPSS (Version 17). Initial analyses were done by generating frequency tables and graphs. Appropriate bivariate analysis was carried out to assess statistical association depending on the type of the variables and a Stepwise logistic regression model was performed to identify factors determining unmet need for family planning during the extended postpartum period. Variables in the model were selected based on whether they were significant at bivariate level and whether they have been reported in literatures as predictors of unmet need. The level of statistical significance was set at p value < 0.05 . The adjusted odds ratio and 95% confidence interval were obtained to determine factors associated with unmet need to use family planning during extended postpartum period. Potential confounders such as age of the respondents were also controlled for during the analysis.

Ethical approval for this study was obtained from Bowen University Teaching Hospital's Research and Ethics Committee. The study instrument was anonymous as no personal identifier such as name was required. Written informed consents were obtained from all respondents. Participation of women attending the immunization clinic was voluntary and their confidentiality was assured. Data security was also ensured in the process of data management.

Assessment of respondents' knowledge on post partum family planning: five simple questions were asked regarding PFP; each correct response attracted 1 point. Respondent who had 0-2 points were classified as having "poor knowledge", those who scored 3 points were grouped together as having "fair knowledge" while respondents who had 4-5 points had good knowledge"

Classification of respondents' social class: using Oyedeji's classification of Social Class [10], respondents' socio-economic status was classified into three, namely: low, middle and high. This classification used a composite score of respondents' educational levels and occupational types of their spouses as shown in the table below;

**Respondents' socio-economic classification using Oyedeji's classification of social class
Father's occupational type**

Class	Occupation
5	Senior public servant, professionals, managers, large scale traders, businessmen and contractors
4	Intermediate grade public servant and secondary school teachers
3	Skilled workers-primary school teachers, professional drivers, artisans, business women
2	Unskilled workers such as petty traders and labourers
1	Unemployed, full-time house wife, students and subsistence farmers
Mother's educational levels	
5	University graduates or equivalents
4	Teaching or other professional training certificate holders e.g National College of Education, school of nursing
3	School certificate or grade 2 teachers certificate holders or equivalents
2	Modern three and primary six certificate holders
1	Those who could either just read and write or were illiterate

Social class categories

Score of 2-4 in both categories = Low social class
Score of 5-7 in both categories = Middle social class
Score of 8-10 in both categories = High social-class.

Table 1: Respondents' socio-demographic characteristics

Socio-demographic characteristics	N=444	N (%)
<i>Age</i>		
20-29	87	19.6
30-39	209	47.1
40-49	104	23.4
>=50	44	9.9
<i>Marital Status</i>		
Never Married	45	10.1
Married	365	82.2
Separated	16	3.6
Divorced	13	2.9
Widowed	5	1.1
<i>Ever attended any school</i>		
Yes	404	91.0
No	40	9.0
<i>Total</i>		
<i>Levels of education</i>		
No formal education	40	9.0
Primary school	47	10.6
Secondary school	52	11.7
Grade 2/OND	179	40.3
Bsc/HND	126	28.4
<i>Socio-economic status</i>		
Low	48	11.0
Middle	199	45.0
High	197	44.0
<i>Religion</i>		
Christianity	369	83.1
Islam	62	14.0
Traditional	13	2.9
<i>Place of residence</i>		
Ogbomoso	284	64.0
Outside Ogbomoso	84	18.9
Outside Oyo State	76	17.1
<i>Living situation</i>		
Live alone	60	13.5
Live with spouse	337	75.9
Live with parents	33	7.4
Live with relatives	10	2.3
Others	4	0.9

Results

A total of 444 respondents were interviewed with the mean age of 36±9. There were 209 respondents within the age group of 30-39 years but none was less than 20 years of age. Majority (82.2%) of the respondents were married and 91.0% of them had attained certain levels

of education. Only 10.1% of them were never married while 1.1% were widows. Majority (91.0%) of the respondents attained certain levels of education but 9% had no formal education. Respondents in the middle socio-economic class constituted the largest proportion (45.0%), 44.0% were in the high socio-economic class while only 11% of them were in the low socio-economic class. Majority (82.2%) of the respondents were Christians (Table 1).

Majority (78.6%) of the respondents were aware of post-partum family planning (Figure 1) but most (65.7%) of them demonstrated poor knowledge (Figure 2). Mass media were their commonest sources of information (reported by 44.6% of the respondents) (Figure 3).

Previous use of family planning and ANC attendances

More than half (59.0%) of the respondents had ever used any family planning method in the past. The commonest type of family planning method ever used was condom (27.1%). Other methods used were as shown in Table 2. Most (53.8%) of the respondents stopped using contraception in order to have another child, however, 26.3% of them stopped due to the appearance of side effects (Table 2).

As shown in Table 3, 80.4% (357) of respondents attended antenatal clinic in their last pregnancy but only 44.3% of them had four or more antenatal visits. Majority of the respondents (90.8%) had counselling on post-partum family planning.

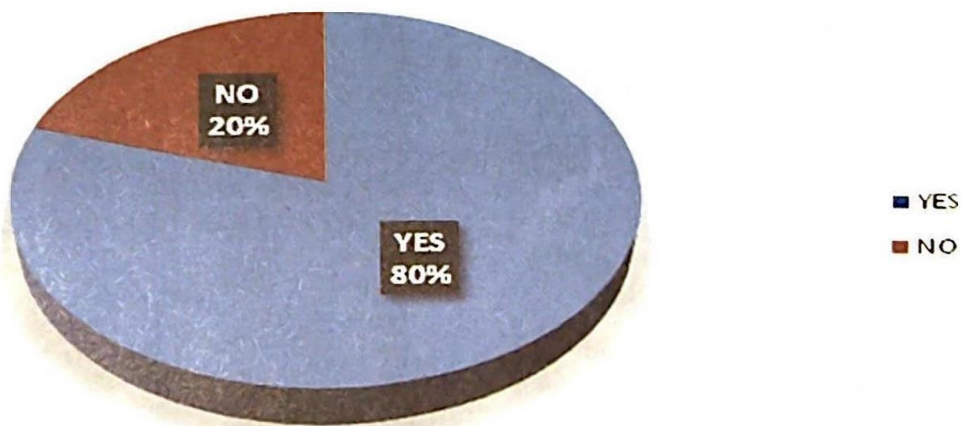


Fig.1: Respondents' awareness on post partum family planning

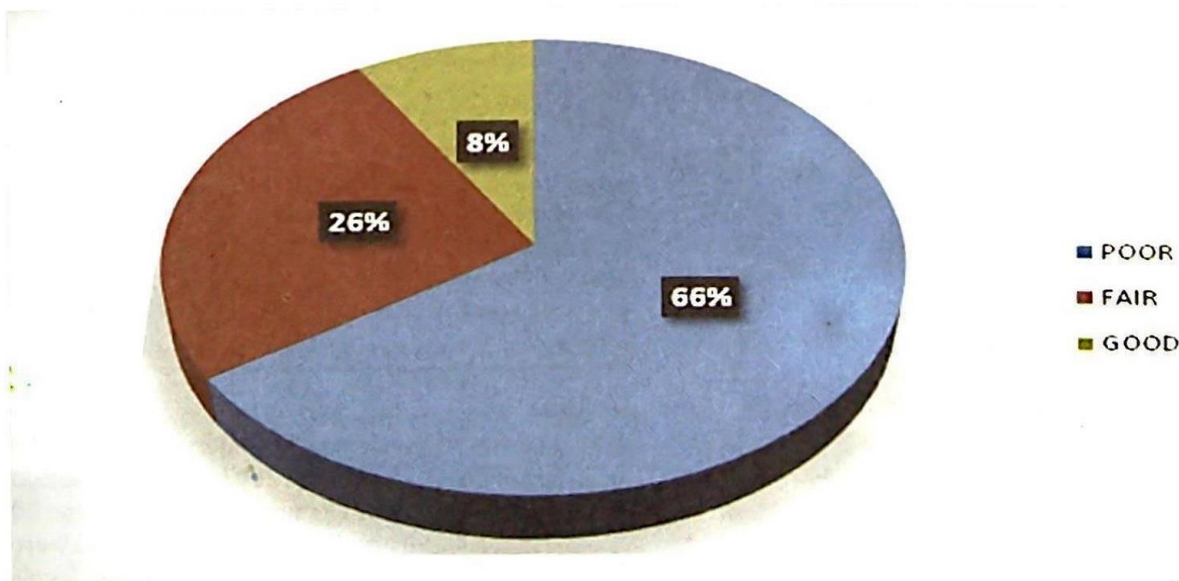


Fig. 2: Respondents knowledge on post partum family planning

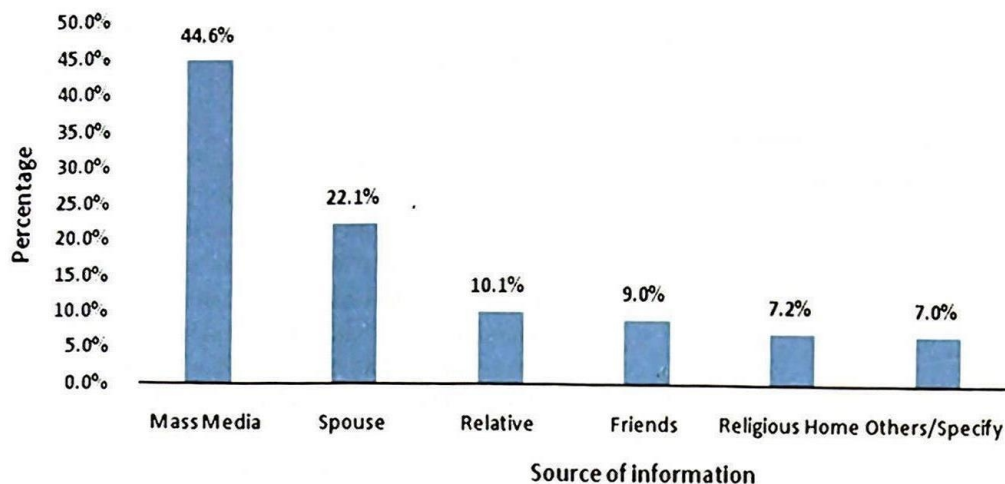


Fig. 3: Respondents' sources of information on post partum family planning

Table 2: Previous use of family planning by respondents

Past use of family planning	N=444	n (%)
<i>Ever use</i>		
Yes	262	59.0
No	182	41.0
Total	444	100.0
<i>Types of family planning method ever used</i>		
Oral Pill	25	9.5
Emergency family planning pill	13	5.0
Condom	71	27.1
IUCD	53	20.2
Implant	21	8.0
Injectibles	62	23.7
Sterilization	8	3.1
Others	9	3.4
Total	262	100.0
<i>Reason for stoppage</i>		
To plan another pregnancy	141	53.8
Not sexually active during breast feeding	23	8.8
Appearance of side effects	69	26.3
Location not easily accessible	8	3.1
Partners refusal	14	5.3
Other reasons	7	2.7
Total	262	100.0

Table 3: Respondents' ANC attendance

Past ANC attendance	N	n%
<i>Attended ANC In the last pregnancy</i>		
Yes	357	80.4
No	87	19.6
Total	444	100.0
<i>Frequency of ANC visits</i>		
One visit	55	15.4
Two visits	61	17.1
Three visits	83	23.2
Four or more visits	158	44.3
Total	357	100.0
<i>Any counselling on PFP during ANC visits</i>		
Yes	324	90.8
No	33	9.2
Total	357	100.0
<i>When counselled to start family planning after birth</i>		
0-6 months	229	64.1
7-12 Months	77	21.6
After 12 months	51	14.3
Total	357	100.0

Needs and unmet needs for post-partum family planning

Although majority of the women interviewed (66.0%) did not intend delaying the birth of their current infants, about 20% of them did not plan to have their last babies. Moreover, almost one-third of the respondents (34.0%) desired to postpone the

Table 4: Respondents' needs and UNMET needs for post-partum family planning

Respondents' needs of PFPF	N= 444	n (%)
<i>Planned to have the last baby</i>		
Yes	358	80.6
No	86	19.4
Total	444	100.0
<i>Desired to delay the last pregnancy</i>		
Yes	150	34.0
No	294	66.0
Total	444	100.0
<i>Intended period of delay</i>		
One year	28	18.7
Two years	50	33.3
Three years	72	48.0
Total	150	100.0
<i>UNMET needs for limiting</i>		
Yes	46	54.0
No	40	46.0
Total	86	100.0
<i>UNMET needs for spacing</i>		
Yes	69	46.0
No	81	54.0
Total	150	100.0
<i>Reasons for UNMET needs for PFPF</i>		
Never heard of PFPF	40	17.0
Fear of side effects	41	17.4
Service location too far from Where I live	30	13.0
Spousal refusal	35	15.0
Non availability of preferred Method	31	13.1
Felt not at risk of pregnancy	30	12.7
No enough money	29	12.3
Total	236	100.0

birth of their current infants. The desired period of delay of pregnancy varied; almost half (48.0%) of them wanted a three years delay, 33.3% of them wanted a two year delay and 18.7% wanted a one year delay. More than half (54.0%) of the women who did not wish to have any more children failed to use any form of family planning to achieve their aims (i.e had unmet need for limiting). Similarly, 46.0% of those who wished to postpone having their current babies did not use any form of family planning to achieve their desire (had unmet need for spacing). In all, fear of side effects was the commonest reason

given for not using family planning to either stop having more children or post pone having their current children (17.4%) (Table 4)

Bivariate analysis

In Table 5, significantly higher proportion of study participants with unmet need for post partum family planning was found among married women (55.6%, $p=0.02$) compared to those who were not. Similarly, the proportion was significantly higher among respondents who had ever attended school compared to those who had no formal education (54.7%, $p=0.00$). Also, the proportion of respondents with unmet need was significantly higher among women who were living with their spouses compared to women with other living arrangements (56.1%, $p=0.04$). As shown in Table 6, the prevalent of unmet need was significantly higher among women who were aware of post partum family planning compared to those who were not aware (58.7%, $p=0.000$).

Multivariate analysis

Table 7 present the result of the multivariate analysis of factors associated with unmet needs for post-partum family planning. Women within 30-39 age group were more likely to have unmet need for post-partum family planning compared to women in the 20-29 age group (OR; 1.66, 95% CI; 0.668-4.122). However, respondents in high socio-economic class were less likely to have unmet need compared to those in lower socio-economic class (OR; 0.78). Women who had good knowledge were more likely to have unmet need compared to those with poor knowledge of post partum family planning (OR; 1.47, 95%CI; 0.559-3.843). These variables were however not significantly predicting unmet need for post partum family planning. Meanwhile, respondents who were not aware of Post partum family planning methods were significantly less likely to have unmet need compared to those who were aware (OR; 0.15, 95% CI; 0.0084-0.276).

Discussion

Respondents in our study had high level of awareness with regards to post partum family planning but most of them demonstrated poor knowledge of same (78.66%). A similar study conducted in 2013 by Doctor *et al* among women in rural communities in Northern Nigeria recorded a lower level of awareness (43.0%) of women about any method of family planning [11]. The disparity could have been due to the fact that most of the study participants in our

Table 5: Association between respondents' socio-demographic characteristics and unmet needs for post partum family planning (PPFP)

Socio-Demographic Characteristics	Number of respondents (N)=236	UNMET need for PPFP YES N=115 n (%)	X ²	p-value
<i>Age</i>				
20-29	45	16 (35.6)	4.269**	0.203
30-39	117	62 (53.0)		
40-49	47	25 (53.2)		
>=50	27	12 (44.4)		
<i>Marital Status</i>				
Never married	30	8 (26.7)	16.747**	0.002*
Married	180	100 (55.6)		
Separated	13	2 (15.4)		
Divorced	9	3 (33.3)		
Widowed	4	2 (50.0)		
<i>Ever attended school</i>				
Yes	203	111 (54.7)	20.6	0.000*
No	33	4 (12.1)		
<i>Socio-economic status</i>				
Low	32	5 (15.6)	17.45**	4.602
Middle	100	50 (50.0)		
High	104	60 (57.7)		
<i>Religion</i>				
Christianity	183	88 (48.0)	1.845**	0.605
Islam	45	24 (53.3)		
Traditional	8	3 (37.5)		
<i>Place of residence</i>				
Ogbomoso	166	87 (52.4)	4.353**	0.113
Outside Ogbomoso	34	16 (47.1)		
Outside Oyo State	36	12 (33.3)		
<i>Living situation</i>				
Live alone	34	10 (29.4)	15.385**	0.004*
Live with spouse	171	96 (56.1)		
Live with parents	23	6 (26.0)		
Live with relatives	8	3 (37.5)		

*significant at $p < 0.05$ **likelihood Chi-square test used

Table 6: Association between respondents' awareness, knowledge and unmet need for post partum family planning

Awareness and knowledge on PPFP	Number of respondents N=236	Unmet need for PPFP Yes N=115 n(%)	X ²	p-value
<i>Aware</i>				
Yes	177	104 (58.7)	28.449	0.000*
No	59	11 (18.6)		
<i>Knowledge on PPFP</i>				
Poor	142	70 (49.3)	0.065**	0.968
Fair	62	30 (48.3)		
Good	32	15 (46.8)		

*significant at $p < 0.05$ ** likelihood Chi-square test done

study were from middle socio-economic class, mostly educated and lived in urban areas, whereas, most of the study participants in the northern Nigerian study were from rural communities and were in the lower socio-economic class.

Our study revealed that most (59.0%) of the study participants had ever used any form of family planning; condom was the commonest method ever used (27.1%) while sterilization was the least preferred method (3.1%). Among respondents who had ever used any family planning methods, desire for another pregnancy was the most prevalent reason for stoppage (53.8%). This is in keeping with findings of a 2011 multi-national study conducted by Curtis *et al* on contraceptive discontinuation and unintended pregnancy, where most women

Table 7: Factors associated with unmet needs of post-partum family planning

Variable	OR	P-Value	95% C.I
<i>Age</i>			
20-29 (RC)			
30-39	1.66	0.276	0.668-4.122
40-49	0.69	0.345	0.320-1.489
>=50	0.85	0.698	0.369-1.949
<i>Socio-economic class</i>			
Low (RC)			
Middle	0.43	0.407	0.059-3.152
High	0.78	0.615	0.293-2.069
<i>Aware of PPF</i>			
No(RC)			
Yes	0.15*	0.000	0.0084-0.276
<i>Knowledge On PPF</i>			
Good (RC)			
Fair	1.78	0.220	0.709-4.459
Poor	1.47	0.436	0.559-3.843
<i>Marrital Status</i>			
Never Married (RC)			
Married	0.26	0.260	0.024-2.739
Separated	0.43	0.460	0.047-3.992
Divorced	1.82	0.676	0.109-30.444
Widowed	0.27	0.336	0.018-3.946

*significant at $P < 0.05$

discontinued family planning on account of wanting to get pregnant again [11].

Our study revealed high unmet need both for spacing and limiting; 46.0% and 56.0% respectively. Among respondents with unmet need, perceived fear of side effects was the most predominant reason for not using family method to achieve their family planning aims; reported in about 17.4% of the women. Findings in our study were not too different from similar studies around the world. For example, Adeyemi *et al* in 2005 reported a high unmet need of 59.4% among women in Ile-Ife, south west Nigeria in spite of high awareness level [6]. Etuk *et al* in 2003 reported incidence of 30% for unintended pregnancies among women in Calabar, south east Nigeria [12]. In 2001, secondary analysis of the DHS reports from 27 countries by John *et al* revealed that two-third of women interviewed had unmet need for family planning [13]. Also, secondary analysis of the 2011 Ethiopian DHS report showed a higher proportion of 74% unmet need among Ethiopian women; although the study examined women who were 2 years post partum rather than women within one year post partum period used in the present study [14]. A similar study conducted among urban slum dwellers of Delhi in 2004, however reported a lower unmet need of 22.6%

for spacing and 27.2% for limiting regardless of the high knowledge score [1]. Whereas our study participants were largely urban dwellers with majority belonging to middle socio-economic class, the Delhi study involved slum dwellers.

The 2013 Nigerian Demographic and Health Survey (DHS)[16] reported a much lower overall unmet need for contraception of 16% (12% for spacing and 4% for limiting) compared to our findings. The discrepancy in the two findings could have been due to methodological differences; for economic reasons, the present study used women attending Immunization clinic in a tertiary institution whereas the DHS as expected was a National as well as a community- based study. Women bringing their wards to the hospital are expected to have better health seeking behaviour, have better knowledge and better demands for family planning methods than women in the community.

At the bivariate level, unmet need was found to be significantly associated with such variables as marital status, ever attended school, living situation and respondents' level of awareness. Out of these variables, only respondents' level of awareness was found to be a significant predictor of unmet need at the multi-variate level. However, women within 30-39 age group were more likely to have unmet needs for post-partum family planning compared to women in low socio-economic age groups. This could be due to the fact that most women in this age group had either completed their families or are nearing completion. They are expected to have increased desire either to postpone having their next children or even stop having more children compared to women in the 20-29 age groups. The present study also shows that women in high socio-economic class are less likely to have unmet need compared to women in low socio-economic class (although not statistically significant).

In 2013, Peter reported a similar finding that richest women who were currently married in Uganda were 42% less likely to have unmet need [16]. The 2013 NDHS report for Nigeria also revealed similar findings as unmet need was observed to have varied inversely with respondents' levels of education and wealth quintiles. Women in high socio-economic class are expected to have better financial capacity and enhanced access to information for positive decision making regarding family planning services compared to women in low socio-economic class. This could have been responsible for the low unmet need among our respondents; they had probably used at least a family planning method to achieve their reproductive goals prior to the time of the survey.

Unmet need was equally discovered to be inversely related to respondents' awareness levels and knowledge scores on postpartum family planning. Women who had good knowledge were less likely to have unmet need compared with respondent who had poor knowledge. This is not unexpected because increased awareness and knowledge could be viewed as evidence of increased interest in post partum family planning leading to increased utilization of family planning services before the survey hence the low unmet need among such women.

Conclusion

Our study revealed high unmet need for family planning among women in their extended post partum period in the south western part of Nigeria. This is against the backdrop of intense efforts from governmental and non-governmental agencies working to ensure excellent access of the citizenry to family planning services. It is therefore imperative for policy makers to direct their efforts to women in their extended post partum period. As the present study shows, majority of the women interviewed demonstrated poor knowledge on post partum family planning; there is therefore need for more awareness program to improve the knowledge scores of women in the south western part of Nigeria regarding post partum family planning. The present study provides such information for programming that may be required for brilliant decision making towards achieving the reproductive and family planning goals for Nigeria. Such studies as the present one will help a great deal in stemming the tide of the worsening maternal and child health indicators plaguing the nation.

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