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Influence of Socioeconomic Determinants on Access and Utilization of Family Planning Services among Women of Reproductive Age in Oyo West Local Government Area, Oyo State, Nigeria"

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Annotation: Background: Family planning services are critical for promoting reproductive health and managing population growth. However, accessibility and utilization of these services among women of childbearing age remain significant challenges in many regions, including Oyo West, Nigeria. Limited access to family planning can lead to unintended pregnancies, increased maternal and child morbidity, and adverse socio-economic outcomes. Understanding the factors that influence the use of these services is essential for developing effective interventions and policies to enhance reproductive health.

Objective: This study aimed to assess the utilization and accessibility of family planning services among women of childbearing age in Oyo West, examining demographic characteristics, socio-economic factors, and barriers to service use.

Method of Analysis: A cross-sectional survey was conducted involving 300 women. Data were collected through structured questionnaires and analyzed using descriptive statistics to identify patterns in service utilization and accessibility.

Results: The findings revealed that the mean age of respondents was 27.8 years, with 90% reporting poor accessibility to family planning services. A significant majority (70.1%) preferred natural family planning methods, while 59.8% indicated a preference for barrier methods such as condoms. Additionally, 70% of respondents highlighted inadequate information and education as barriers, and 65% experienced challenges related to service availability at health centers.

Conclusion: The study highlights significant gaps in the accessibility and utilization of family planning services in Oyo West, emphasizing the need for targeted interventions to improve resource availability, enhance awareness, and address socio-economic barriers. These findings underscore the importance of comprehensive strategies to promote effective family planning service delivery.

Keywords: Family planning, accessibility, utilization, women, socio-economic factors, reproductive health.

Introduction

Nigeria's family planning (FP) program was launched several decades ago with the aim of promoting reproductive health, reducing maternal and child mortality, and contributing to sustainable development. Despite these goals, the country continues to face significant challenges in achieving adequate contraceptive use among its population. As of 2018, Nigeria had one of the lowest contraceptive prevalence rates (CPR) in Africa, at just 17%. Consequently, the country's fertility rate remains high, averaging 5.3 births per woman, with even higher rates in certain regions—such as the Northwest and Sokoto State, where the total fertility rate reaches 7.0, among the highest in Nigeria (NPC, 2018). Sokoto also reported a CPR as low as 2.1% in 2018 (NPC, 2018), reflecting a stark regional disparity in contraceptive use and accessibility.

Multiple barriers contribute to the low acceptance and utilization of family planning methods across the country. These include religious beliefs, limited accessibility to family planning services, cultural factors like patriarchy, and insufficient male involvement in reproductive health decisions (Ijadunola et al., 2020). Furthermore, there is a lack of awareness about the types, benefits, and potential side effects of family planning methods, as well as persistent misconceptions about contraception, leading many to avoid these methods altogether. There is also a lack of understanding regarding the economic and health benefits associated with family planning among both healthcare providers and the general population (FMoF, 2019).

In response to these issues, Nigeria set a national CPR target of 27% for modern contraceptive methods by 2020, aiming to avert approximately 31,000 maternal deaths, 1.5 million child deaths, and more than 70,000 cases of maternal morbidity and disability (FP2020). Globally, the World Health Organization (WHO) estimated that 303,000 women died from pregnancy-related complications in 2015, with Sub-Saharan Africa accounting for 66% of these deaths (WHO, UNICEF, UNFPA, World Bank Group, UN Population Division, 2019). Nigeria's maternal mortality ratio ranks among the highest in the world, accounting for 31% of all deaths among women of reproductive age (Ajah et al., 2019). Family planning remains a cost-effective intervention to lower maternal morbidity and mortality and is critical to achieving the Sustainable Development Goals (SDGs) related to health and gender equality (Starbird, Norton, & Marcus, 2016). Family planning has become increasingly studied and recognized as an essential tool for promoting family health and controlling population growth (Hassan et al., 2018). As part of reproductive, maternal, and child health interventions, family planning aids in preventing maternal mortality, reducing preterm births, and lowering the incidence of neonatal and infant mortality (Ojo, Ndikom, & Peter, 2020). Family planning is described as the service provided to individuals and couples to assist them in regulating the timing and number of births through traditional or modern contraceptive methods. It supports couples in achieving desired family size and birth spacing, which is essential for the health of both mothers and children (Amarin & Abduljabbar, 2020). Couples possess a basic human right to freely determine the number and timing of their children (Karen & Charlotte, 2019). Empowering individuals, particularly women, to make informed decisions about family size and spacing is vital for gender equality and the enhancement of reproductive health. The use of contraceptives not only reduces unintended pregnancies but also supports healthy birth outcomes by decreasing the risks associated with closely spaced pregnancies, sexually transmitted infections (STIs), and HIV transmission (Adebowale, Adeoye, & Palamuleni, 2023).

In low- and middle-income countries (LMICs), family planning uptake remains limited due to various socio-economic barriers (Thongmixay et al., 2020). Research shows that family planning empowers couples, especially those in poverty, by helping them to have fewer children and allocate resources more effectively. It also provides a framework for reducing high-risk pregnancies, reproductive tract infections, and the economic burden on families, which ultimately aids in national progress and social stability (Alana, 2017; Okech, Wawire, & Mburu, 2021). Despite its recognized benefits, Nigeria continues to struggle with high fertility rates and unmet family planning needs. Studies indicate that effective contraceptive use could potentially prevent up to 90% of abortions, 20% of pregnancy-related morbidity, and a significant portion of maternal deaths worldwide (Mahfouz et al., 2023).

Modern family planning methods encompass a range of options, including intrauterine contraceptive devices (IUDs), implants, injectables, oral contraceptives, sterilization, and condoms, among others, while traditional methods include rhythm, withdrawal, and folk practices (Mulatu et al., 2020; NPC &

ICF, 2019). Modern contraceptive use is an essential intervention for reducing maternal and child mortality. Studies estimate that access to effective contraception could prevent approximately 30% of maternal deaths and 90% of abortion-related deaths among women (Tsui, McDonald-Mosley, & Burke, 2020). In Nigeria, the unmet need for family planning among married women aged 15–49 remains high, at 19% (NPC & ICF, 2019), and only 12% of these women use modern contraceptive methods. With Nigeria's population growth rate at 2.6% as of 2018 (Isa et al., 2020), the strain on public resources and social infrastructure continues to intensify. High fertility rates, especially in regions with limited access to family planning services, contribute to economic and social challenges, further exacerbating health disparities and maternal mortality risks.

The significance of this study lies in its potential to inform policies and programs that promote equitable access to family planning services. By providing data on the socio-economic determinants of family planning access and use, the study offers evidence that can guide interventions aimed at overcoming barriers to service utilization and promoting reproductive health equity. It also seeks to enhance service delivery by identifying utilization patterns and addressing the gaps that prevent effective access to family planning in the community. Through these insights, the study contributes to efforts that support reproductive rights and gender equality by empowering women to make informed decisions about their reproductive health. Additionally, the findings contribute to the academic discourse on socio-economic influences on health service access, supporting the development of targeted public health strategies in similar contexts. This study focuses on women of childbearing age in Oyo west LGA, with a particular emphasis on contraceptive methods, socio-economic factors, and demographic characteristics that influence family planning use. By examining these dynamics within the local context, the research aims to provide a comprehensive understanding of family planning accessibility and utilization, which can inform future policies and research efforts on reproductive health.

Methods

Research design

This study employed a descriptive survey research design, chosen for its suitability in capturing respondents' perspectives without manipulating the variables of interest. Descriptive survey designs are widely utilized for studies involving large populations, as they allow for the systematic collection and analysis of data on individuals' attitudes, opinions, and behaviors. This approach facilitated the gathering of comprehensive information from respondents within the study area, providing valuable insights into the socio-economic factors affecting family planning access and utilization.

Study area

The study was conducted in selected public primary health care centers in Oyo West Local Government Area (LGA) of Oyo State, Nigeria. Oyo West LGA is situated between latitude 7.8408º N and longitude 3.9339º E, with its administrative headquarters located in Ojongbodu, Oyo town. The climate in Oyo West is marked by a distinct dry season, spanning from November to March, and a rainy season, which occurs from April to October. This region also experiences occasional strong winds and storms, typical of the climate in southwestern Nigeria.

Sampling technique and Sample size determination

The study utilized a multi-stage sampling technique across three distinct stages. In the first stage, a simple random sampling method was employed to select five out of the eleven political wards within Oyo West Local Government Area, Oyo State. Following this, five health facilities were randomly selected from within the chosen wards, ensuring a diverse representation of primary health care centers. Finally, a proportionate-to-size sampling technique was used to determine the number of respondents from each of the selected primary health care centers, providing a representative sample aligned with the population size of each facility. The sample size was determined using Leslie Fischer's formula for calculating sample size in populations exceeding 10,000 individuals. The estimated minimum sample size was based on a 95% confidence level, with a prevalence of modern contraceptive uptake identified as 0.52 in a previous study conducted in Nigeria by Chima, Lawoyin, Ilika, and Nnebue (2016). The level of precision was set at 0.05, resulting in an initial sample size of approximately 353. To account for an anticipated 10% non-response rate, the sample size was adjusted, leading to a final requirement of around 388. However, for this study, a total of 300 questionnaires were administered to ensure adequate representativeness and generalizability of the findings.

Research instrument

A self-structured questionnaire was utilized as the primary research instrument for this study. This questionnaire was carefully designed and divided into two distinct sections: Section A and Section B. Section A focused on gathering demographic characteristics of the respondents, including information such as age, marital status, educational background, and socioeconomic status. This data provided a comprehensive profile of the participants and allowed for a better understanding of how these characteristics might influence their access to and utilization of family planning services. Section B, on the other hand, was aimed at measuring the key variables pertinent to the study, including knowledge of family planning methods, attitudes towards contraception, and the perceived barriers to accessing family planning services. This structured approach ensured that the questionnaire effectively captured the necessary data to address the research objectives while facilitating a thorough analysis of the factors influencing family planning utilization among women of reproductive age.

To ensure the validity of the instrument, the questionnaire was submitted to the candidate's project supervisor for review, correction, and proper modification. Additionally, a copy of the drafted questionnaire was provided to experts in measurement and evaluation to determine its face and content validity. This process was essential to verify that the instrument accurately measures what it intends to measure. The reliability of the instrument was established through a pilot study conducted on 45 women of childbearing age, selected from two private hospitals that were not involved in the main study. The reliability coefficient obtained from this pilot study indicated the level of reliability of the instrument, demonstrating the extent to which it measures what it was designed to measure. The reliability coefficient was determined using the Cronbach Alpha statistical tool, which yielded a value of $r = 0.628$ at a 0.05 level of significance. This result indicates that the instrument is reliable for the intended study.

Data analysis

Descriptive statistics, including frequency counts, percentages, and pie charts, were used to analyze the data and address the research questions. The Statistical Package for the Social Sciences (SPSS) software facilitated these analyses, enabling effective data management and statistical computation. These methods provided a clear overview of the respondents' demographic characteristics and illustrated the distribution of key variables related to family planning utilization. Frequency counts summarized the number of respondents in each category, while percentages revealed the proportion of specific behaviors. Pie charts visually represented the data for easier interpretation. This approach helped identify trends and patterns within the data, highlighting concerns regarding access to and utilization of family planning services. By utilizing SPSS for descriptive statistical techniques, the analysis aimed to deliver a comprehensive summary of the findings, enhancing understanding of the factors influencing family planning among women of reproductive age in the study area.

Ethical considerations

Ethical considerations were integral to the research process to ensure the protection of participants and the integrity of the study. A letter of introduction was obtained from the Community Health Officers Training Program at the University College Hospital in Ibadan. This letter specified the researcher's name and the research topic, serving as formal authorization to conduct the study within the community. Each questionnaire included a clear statement emphasizing the non-inclusion of personal identifying information, which was critical in maintaining a high level of confidentiality regarding the responses provided by participants. This approach reassured participants that their privacy would be safeguarded throughout the research process. Participants were informed of their rights, including the right to withdraw from the study at any time without any repercussions. Informed consent was obtained from all participants, ensuring that they voluntarily agreed to partake in the research. By prioritizing ethical considerations, the study aimed to foster trust between the researcher and participants, thus enhancing the reliability and validity of the findings while contributing to responsible research practices.

Results

Table 1: Socio-Demographic Characteristics of Respondents

Variables	Frequency	Percentage
Age	**(n=300)**	
18-22	30	10.0
23-27	75	25.0
28-32	105	35.0
33-37	60	20.0
38-42	30	10.0
Mean±S.D	27.8±5.58	
Religion		
Christian	165	55.0
Muslim	100	33.3
Traditional Worshiper	35	11.7
Tribe		
Yoruba	210	70.0
Igbo	50	16.7
Hausa	20	6.7
Others	20	6.7
Employment Status		
Employed	120	40.0
Unemployed	40	13.3
Skilled	110	39.7
Unskilled	30	10.0
Monthly Income (#)		
Less than 30,000	45	15.0
30,000-50,000	170	56.7
51,000-70,000	15	5.0
71,000 and above	70	23.3
No of Children		
One	75	25.0
Two	175	58.3
Three	25	8.3
Four	25	8.3

The age distribution of the respondents indicates that the majority, 105 individuals (35.0%), fell within the 28-32 age range, followed by 75 respondents (25.0%) aged 23-27. The mean age of the participants was 27.8 years, with a standard deviation of 5.58 years, reflecting a relatively young population. In terms of religious affiliation, the majority identified as Christians, comprising 165 respondents (55.0%), while 100 respondents (33.3%) were Muslims, and 35 individuals (11.7%) practiced traditional worship. The tribal distribution revealed that the Yoruba ethnic group was predominant, with 210 respondents (70.0%), followed by 50 Igbo respondents (16.7%), while the Hausa and other tribes each accounted for 6.7% of the population. Regarding employment status, 120 respondents (40.0%) were employed, whereas 40 (13.3%) were unemployed. Among those employed, 110 respondents (39.7%) were skilled, and 30 (10.0%) were unskilled workers. Monthly income analysis showed that a significant portion of respondents, 170 individuals (56.7%), earned between 30,000-50,000naira, while 45 respondents (15.0%) earned less than 30,000naira. Lastly, concerning the number of children, most respondents had two children, totaling 175 individuals (58.3%), followed by 75 respondents (25.0%) with one child, and a smaller proportion had three (8.3%) or four children (8.3%) (Table 1)

Table 2: Accessibility of Family Planning Services

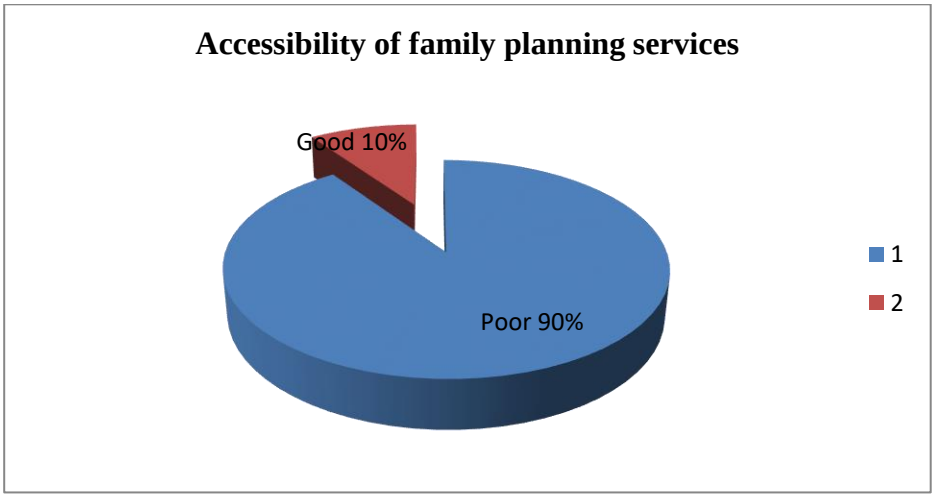
Items	Frequency	Percentage
Assessment without cost		
Yes	255	85.0
No	45	15.0

Unavailability of Materials at Centers		
Yes	195	65.0
No	105	35.0
Voluntary sterilization services		
Yes	165	55.0
No	135	45.0
Lack of Family Planning Service		
Yes	180	60.0
No	120	40.0
Rules and regulations restraints		
Yes	185	61.7
No	115	38.3
Inadequate Information/Education		
Yes	210	70.0
No	90	30.0
Affordability of Services		
Yes	225	75.0
No	75	25.0

The data presented in Table 2 illustrates the accessibility of family planning services among respondents. A significant majority, 85.0%, reported that assessments for family planning services were conducted without cost, indicating high accessibility in this area. However, 65.0% of respondents expressed concerns regarding the unavailability of materials at health centers, which may impede effective service delivery.

In terms of voluntary sterilization services, 55.0% of participants indicated availability, while 45.0% noted a lack of such services. Additionally, 60.0% of respondents acknowledged a lack of family planning services, and 61.7% reported that rules and regulations served as constraints to accessing these services. Furthermore, inadequate information and education on family planning were highlighted by 70.0% of respondents as a barrier, suggesting a need for improved awareness and educational initiatives. Affordability was another significant factor, with 75.0% of respondents confirming that services were affordable. Overall, while there are positive indicators of accessibility in some areas, the findings highlight critical gaps in service availability and the need for enhanced educational efforts to improve overall access to family planning services.

Fig 1: Accessibility of Family Planning Services



A significant majority of respondents, accounting for 90%, reported experiencing poor accessibility to family planning services. In contrast, only a small fraction, comprising 10%, indicated that they had good accessibility to these services. This disparity highlights a pressing concern regarding the availability and ease of access to family planning resources, suggesting that a substantial portion of the population may be hindered in their ability to obtain necessary reproductive health services. The findings underscore the need for interventions aimed at improving accessibility and ensuring that family planning services are readily available to all individuals in the community.(figure 1)

Table 3: Influence of Socio-Economic Factors on Accessibility and Utilization of Family Planning Services

Items	Frequency	Percentage
Financial Capacity		
Yes	210	70.0
No	90	30.0
Educational Status		
Yes	195	65.0
No	105	35.0
Monthly income restraints		
Yes	168	56.0
No	132	44.0
Free service availability		
Yes	195	65.0
No	105	35.0
Ethnicity problem		
Yes	60	20.0
No	240	80.0
Access to health information		
Yes	225	75.0
No	75	25.0
Distance to facility		
Close	180	60.0
Far	120	40.0
Influence of family opinion		
Yes	150	50.0
No	150	50.0
Availability of Transportation		
Yes	195	65.0
No	105	35.0

The socio-economic factors influencing accessibility and utilization of family planning services were assessed across several indicators. Financial capacity showed a notable impact, with 70.0% of respondents indicating sufficient financial means positively influenced their access to these services, whereas 30.0% reported financial constraints. Educational status also played a significant role, as 65.0% affirmed that higher educational levels facilitated service utilization, while 35.0% encountered challenges potentially linked to lower educational attainment. Monthly income restraints affected access for 56.0% of participants, with 44.0% stating it did not limit their service usage. The availability of free services was beneficial for 65.0% of respondents, suggesting that cost-free options considerably enhance access, though 35.0% did not report this as a determining factor. Ethnic-related barriers were relatively low, with only 20.0% indicating issues tied to ethnicity, and 80.0% reporting no such hindrance. Access to health information was crucial, as 75.0% of respondents acknowledged that access to relevant information promoted their utilization of family planning services, compared to 25.0% who noted no impact from information access. Proximity to health facilities influenced 60.0% of participants who lived nearby, enhancing their accessibility, whereas 40.0% who lived farther faced possible limitations.

Family influence was evenly split, with 50.0% feeling family opinion affected their decisions on family planning service use, while the other half reported no impact. Additionally, transportation availability was a significant factor, as 65.0% confirmed that accessible transport facilitated their service use, with 35.0% noting transportation as a barrier. These findings highlight the importance of addressing socio-economic factors, including financial and educational support, information dissemination, and transportation to improve family planning service accessibility and utilization. (Table 3)

Table 4: Barriers to Accessing and Utilizing Family Planning Services in Oyo West

Items	Frequency	Percentage
Distance barriers		
Yes	60	20.0
No	240	80.0
Time constraints		
Yes	225	75.0
No	75	25.0
Cultural Restriction		
Yes	135	45.0
No	165	55.0
Religion Opposition		
Yes	105	35.0
No	195	65.0
Cost of family planning service		
Yes	45	15.0
No	255	85.0
Limited awareness		
Yes	180	60.0
No	120	40.0
Social stigma		
Yes	90	30.0
No	210	70.0
Lack of trained providers		50.0
Yes	150	50.0
No	150	
Inadequate facility resources		
Yes	165	55.0
No	135	45.0

The barriers to accessing and utilizing family planning services among respondents in Oyo West revealed notable constraints. Distance posed a barrier for 20.0% of respondents, with 80.0% reporting no issues related to proximity. Time constraints impacted 75.0% of respondents, underscoring scheduling as a significant hindrance. Cultural restrictions affected 45.0% of respondents, while 55.0% experienced no such limitations, suggesting that cultural factors may play a moderate role in accessibility. Religious opposition was a barrier for 35.0% of respondents, while 65.0% did not consider it an impediment, indicating some influence but limited prevalence across the population. Cost of services remained a minimal barrier, with only 15.0% of respondents identifying it as an issue, and a substantial 85.0% indicating affordability or access to free services.

Awareness levels also presented challenges, as 60.0% of respondents reported limited awareness, while 40.0% did not consider it a barrier. Social stigma was an obstacle for 30.0% of respondents, with the majority (70.0%) reporting no stigma-related concerns. Additionally, the lack of trained providers influenced access for 50.0% of respondents, emphasizing the importance of provider competency in service utilization. Finally, inadequate resources within facilities were a barrier for 55.0% of respondents, pointing to infrastructure limitations as another area for improvement in family planning service provision.

Table 5: Patterns of Family Planning Service Utilization Among Women of Childbearing Age in Oyo West

Items	Frequency	Percentage	Mean	Rank
Preference for condom (Barrier)				
Yes	178	59.8	2.6	2nd
No	122	40.2		
Injection				
Yes	170	56.7	2.4	4th
No	130	43.3		

Natural method				
Yes	210	70.1	3.1	1st
No	90	29.9		
Tubal sterilization				
Yes	90	29.9	2.3	5th
No	210	70.1		
Implants method is preferable				
Yes	175	58.3	2.6	2nd
No	125	41.7		

The data presented in Table 5 illustrate the patterns of family planning service utilization among women of childbearing age in Oyo West. A total of 300 respondents provided insights into their preferences regarding various family planning methods. The preference for natural methods emerged as the most favored option, with 210 respondents (70.1%) indicating a preference for this approach, which ranked first with a mean score of 3.1. In contrast, tubal sterilization was the least preferred method, with only 90 respondents (29.9%) selecting it, resulting in a mean score of 2.3, ranking it fifth. Generate a The use of condoms as a barrier method was preferred by 178 respondents (59.8%), ranking it second with a mean score of 2.6, along with the implants method, which also ranked second with 175 respondents (58.3%) expressing preference and a mean score of 2.6. The injection method was indicated by 170 respondents (56.7%), placing it fourth with a mean score of 2.4. These findings reflect the varying levels of acceptance and utilization of different family planning methods among women in the region, highlighting the significant inclination toward natural methods and the need for improved awareness and accessibility regarding other family planning options.

Discussion

The analysis of demographic characteristics among respondents revealed important insights into the age distribution and religious affiliations of participants. The majority, comprising 105 individuals (35.0%), were aged between 28 and 32 years, followed by 75 respondents (25.0%) in the 23 to 27 age bracket. The mean age of participants was calculated at 27.8 years, with a standard deviation of 5.58 years, indicating a relatively young demographic. This aligns with existing literature that suggests younger populations are increasingly utilizing family planning services (Gonzalez et al., 2021). In terms of religious affiliation, a predominant 55.0% identified as Christians, while 33.3% were Muslims, and 11.7% practiced traditional worship. This distribution is significant, as religious beliefs can influence attitudes toward family planning and reproductive health services (Mwaikenda et al., 2023). Furthermore, the ethnic composition revealed that 70.0% of respondents were of the Yoruba ethnic group, followed by 16.7% of Igbo descent, with the Hausa and other tribes accounting for 6.7%. Ethnicity often intersects with socio-cultural norms that affect the accessibility and acceptance of family planning services (Raghavan et al., 2022). Regarding employment status, 120 respondents (40.0%) reported being employed, while 40 (13.3%) were unemployed. Among those employed, the data indicated that 110 respondents (39.7%) held skilled positions, and 30 (10.0%) were classified as unskilled workers. These findings suggest that employment status plays a crucial role in economic stability, which in turn influences access to family planning services (Okonofua et al., 2020). Monthly income data revealed that a significant portion of respondents, 170 individuals (56.7%), earned between 30,000 and 50,000, while 15.0% earned less than 30,000, indicating that economic factors are critical determinants of service utilization. With respect to the number of children, the majority of respondents (58.3%) reported having two children, with 75 respondents (25.0%) having one child. Only a smaller proportion had three (8.3%) or four children (8.3%). The preference for smaller family sizes may reflect a growing awareness of family planning benefits among women of childbearing age (Akinyemi et al., 2022).

Notably, a significant majority (85.0%) of respondents indicated that assessments for family planning services were conducted at no cost, demonstrating high accessibility in this area. However, 65.0% expressed concerns regarding the unavailability of materials at health centers, suggesting barriers that could impede effective service delivery. Regarding the availability of voluntary sterilization services, 55.0% of participants acknowledged such services, while 45.0% noted their absence. Additionally, 60.0% recognized a lack of family planning services, and 61.7% reported that rules and regulations acted as constraints on their access. These findings echo previous research highlighting the need for

policy adjustments to enhance access to family planning resources (Smith et al., 2022). Moreover, inadequate information and education on family planning were identified by 70.0% of respondents as significant barriers, indicating an urgent need for improved awareness and educational initiatives in the community (Sulaiman et al., 2023). Affordability also emerged as a crucial factor, with 75.0% of respondents affirming that services were financially accessible.

The socio-economic factors influencing the accessibility and utilization of family planning services were assessed across various indicators. Financial capacity was a notable determinant, with 70.0% of respondents indicating that sufficient financial means positively impacted their access to services. In contrast, 30.0% reported financial constraints as a barrier. Educational status similarly influenced access, as 65.0% affirmed that higher educational levels facilitated service utilization, whereas 35.0% faced challenges potentially associated with lower educational attainment (Chinaka et al., 2022). Monthly income restraints affected 56.0% of participants, with 44.0% stating that income did not limit their service usage. The availability of free services was beneficial for 65.0% of respondents, indicating that cost-free options significantly enhance access to family planning resources. Ethnic-related barriers were minimal, with only 20.0% indicating issues related to ethnicity, while 80.0% reported no such hindrance. Access to health information was critical, as 75.0% acknowledged that information availability promoted their utilization of family planning services. Proximity to health facilities positively influenced 60.0% of participants living nearby, enhancing accessibility, while 40.0% faced limitations due to distance. Family influence on service utilization was evenly split, with 50.0% feeling family opinions affected their decisions. Transportation availability emerged as a significant factor, with 65.0% confirming that accessible transport facilitated their service use. These findings underscore the need to address socio-economic determinants, including financial and educational support, information dissemination, and transportation, to improve accessibility to family planning services (Nwaneri et al., 2021).

Barriers to accessing and utilizing family planning services were also identified among respondents in Oyo West. Distance was cited as a barrier by 20.0% of respondents, with 80.0% reporting no issues related to proximity. Time constraints affected 75.0%, indicating scheduling difficulties as a significant hindrance. Cultural restrictions impacted 45.0%, while 55.0% experienced no such limitations, suggesting that cultural factors may play a moderate role in accessibility. Religious opposition affected 35.0%, whereas 65.0% did not perceive it as an impediment, indicating a degree of influence but limited prevalence across the population. The cost of services was identified as a minimal barrier by only 15.0%, with 85.0% indicating affordability or access to free services.

Awareness levels also presented challenges, as 60.0% reported limited awareness of available family planning services, while 40.0% did not perceive this as a barrier. Social stigma was an obstacle for 30.0%, with the majority (70.0%) reporting no stigma-related concerns. The lack of trained providers influenced access for 50.0% of respondents, emphasizing the importance of provider competency in service delivery. Additionally, inadequate resources within facilities were a barrier for 55.0%, indicating infrastructure limitations as an area needing attention in family planning service provision. Data on the utilization patterns of family planning services among women of childbearing age in Oyo West reveal significant insights. Among the 300 respondents, a clear preference for natural family planning methods emerged, with 210 respondents (70.1%) favoring this approach, which ranked first with a mean score of 3.1. Conversely, tubal sterilization was the least preferred method, with only 90 respondents (29.9%) selecting it, resulting in a mean score of 2.3 and ranking it fifth. The use of condoms as a barrier method was preferred by 178 respondents (59.8%), ranking second with a mean score of 2.6. The implants method also ranked second, with 175 respondents (58.3%) expressing a preference and a mean score of 2.6. The injection method was indicated by 170 respondents (56.7%), placing it fourth with a mean score of 2.4. These findings underscore the varying levels of acceptance and utilization of different family planning methods among women in the region, highlighting a significant inclination toward natural methods while also emphasizing the necessity for improved awareness and accessibility regarding other family planning options (Bamidele et al., 2022).

Conclusion

This study investigated the utilization and accessibility of family planning services among women of childbearing age in Oyo West, providing insights into demographic characteristics, socio-economic factors, and barriers to service use. The findings revealed a predominantly young population, with many

identifying as Christians from the Yoruba ethnic group. Employment status and income significantly influenced access to family planning services, highlighting the importance of economic stability.Despite free assessments, a substantial portion of respondents reported poor accessibility, pointing to gaps in essential resources at health centers. Inadequate information and education on family planning were also identified as barriers, with many respondents expressing a need for improved awareness. The study found a strong preference for natural family planning methods, although there was notable interest in barrier methods like condoms and implants, suggesting varying levels of acceptance among different options. Socio-economic factors, including financial capacity, education, and access to health information, are critical for enhancing service utilization. Barriers such as distance, time constraints, cultural restrictions, and lack of trained providers complicate access.

To address these challenges, targeted interventions are essential. Improving the availability of resources at health centers is vital to enhance accessibility to family planning services. Additionally, increasing awareness and education through community outreach programs can empower women with information about their reproductive health choices. Strengthening training for healthcare providers will ensure effective delivery of services, while engaging community leaders can help address cultural barriers. Overall, the findings highlight the urgent need for initiatives aimed at improving accessibility and awareness of family planning services in Oyo West. Future research should evaluate the effectiveness of specific strategies implemented to enhance family planning services and their impact on reproductive health outcomes in the community.

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